



Provider Portal Training Guide

Welcome to the QuickCap provider portal. With this Provider Portal guide, you can learn how to use features such as submitting authorization requests and claims, viewing statuses of existing records, and communicating directly with the Humboldt IPA. You can also use other available features for a better user experience.

Logging in:

1. As a reminder, all users must access QuickCap using their **own individual user account**. Shared or group accounts are not permitted.
2. In addition, QuickCap allows **only one active workstation session per user at a time**. Logging in on a second device will automatically end the first session.
3. These requirements support **two-factor authentication (2FA)**, system security, and accurate activity tracking.
4. If you experience access issues, please contact support at 707-443-4563.
5. To access QuickCap, Go to: <https://portal.humboldtipa.com>

Humboldt IPA

User Name

Password

Remember me on this computer?

Login **First Time User**

[Forgot Password?](#) [Forgot Username?](#)

If you are unable to login, please contact us at
 csr@humboldtipa.com 707-443-4563

- a. If existing user, you were sent an email with login and temporary password on 1/5/26 (go live date). You will be prompted to change password.
- b. Two factor authentication: Each time you login, you will receive a pop-up to enter your 'Dynamic Access Code', which will go the email assigned to your login, the email will contain a 6 digit access code for you to enter before you proceed.

c. Once logged in, please setup your 5 security questions and answers:

| |
|--|
| Where did you spend your childhood summers? |
| What was the last name of your favorite teacher? |
| What was the last name of your best childhood friend? |
| What was your favorite food as a child? |
| What was the last name of your first boss? |
| What is the name of the hospital where you were born? |
| What is your main frequent flier number? |
| What is the name of the street on which you grew up? |
| What is the name of your favorite sports team? |
| What was your first pet's name? |
| What is the last name of your best man at your wedding? |
| What is the last name of your maid of honor at your wedding? |
| What is the name of your favorite book? |
| What is the last name of your favorite musician? |
| Who is your all-time favorite movie character? |
| What was the make of your first car? |
| What was the make of your first motorcycle? |
| Who is your favorite author? |

d. **NEW users:** Click on First Time User and complete fields.

brown

.....

Remember me on this computer?

[Login](#) [First Time User](#)

*First Name:

*Last Name:

*Title:

*Organization Tax ID:

*Name of the Organization:

*Office Phone:

Cell No:

Date of Birth:

Fax:

*Email:

*Address:

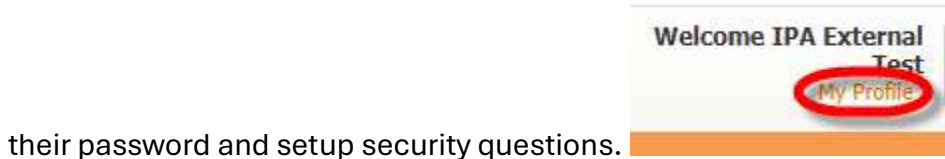
(Please provide the address of the Primary Organization)

*City:

*State:

*Zip:

e. Once logged in, the 'My Profile' link in the top right of the screen, allows a user to change



Profile Change Password/Secret Question Contact Information

Security

Username: ipaexttest

*Old Password:

*New Password:

*Password must be between 8 and 25 character(s) and includes at least 1 alphabet(s) (A-Z / a-z), 2 number(s) (0-9), 1 special character(s) (Allowed: + = _ , & @ : ? ! * () \$ # [] +)

*Confirm Password:

*Email: support@humboldtipa.com

*Your forgotten password will be sent to this email address upon request.

*Secret Question 1: Where did you spend your childhood summers? ▼

*Secret Question 2: What was the last name of your favorite teacher? ▼

*Secret Question 3: What was the last name of your best childhood friend? ▼

*Secret Question 4: What was your favorite food as a child? ▼

*Secret Question 5: What was the last name of your first boss? ▼

The QuickCap Home Screen

The QuickCap home screen has the following major parts: the left pane and the right pane. The left pane shows the list of modules in QuickCap. Clicking on this pane will expand the module and provide links within the system to click on. After clicking on module links, the right pane will show the content for that specific submodule.



The Authorization/Referral Module

The **Authorization/Referral** module allows you to submit a new authorization and check the status of an existing authorization.

Authorization/Referral


How to submit an authorization:



1. Click on 'New Auth Entry'
2. The pane appears as shown, complete the items in red:

The screenshot shows the 'Authorization' form with several fields circled in red to indicate where information needs to be entered:

- Member ID (with a magnifying glass icon)
- DOB (with a magnifying glass icon)
- Priority (set to 'ROUTINE')
- *POS (set to '11 - OFFICE')
- *Requested Dt (set to '12-21-2025')
- Upload Documents/Additional Details (button)
- *Prov ID (with a magnifying glass icon)
- *Referring To (with a magnifying glass icon)
- *Diag 1 (with a magnifying glass icon)
- Service Category (with a magnifying glass icon)
- Clinical Indication For Request (button)

3. Find the Member – click on the magnifying glass to search for patient: . Enter necessary details to find the member.

Note: If you are built as a primary care physician (PCP) user or office, you can enter minimal information to find any members attached to your provider profile or Tax ID. This includes partial letters of first or last name, partial IDs, or combinations of all this information.

If you are built as a non-PCP user, you are required to provide details of the member that includes the member ID, first name, last name, and date of birth.

Once the details are provided and your first authorizations are created, you can create authorizations for these same members using just their member IDs.

NOTE: The member may show multiple times, depending on what health plans they are attributed to. (ie:

Dental, Vision, etc.):

| Member ID | Name | Health Plan | PCP Name | DOB | Emp Grp | Secondary ID | Other ID | HP Effective Fi |
|-------------|------------|---------------------------|----------------|------------|---------|--------------|----------|-----------------|
| 29501 | [REDACTED] | Humboldt IPA Dental Plans | DEFAULT PCP | 11-25-1961 | | | | 10-01-2015 |
| 928A7803520 | [REDACTED] | Anthem HMO | GRIFFIN, CAROL | 11-25-1961 | | JQK | | 12-01-2024 |
| 29501 | [REDACTED] | Humboldt IPA Vision Plans | DEFAULT PCP | 11-25-1961 | | | | 10-01-2015 |

4. Select the priority of the request. The Priority defaults to Routine. Use drop down to change. If you select **Urgent** priority, window pops up to enter required information.

Required information for urgent requests Close

ABUSE OF URGENT PA STATUS WILL BE MONITORED. Urgent Request MUST be reserved for requests that are potentially life threatening or pose a significant risk to the continuous care of the patient in the provider's best professional judgement. Please explain reason for urgency in Clinical Indications for Request section below.

* Person Requesting: * Phone Number: * Fax Number:

Email Address:

Address:

Reason for Request/Comments:

Add

5. In the **Requested Dt** box, you can view the requested date of the submission.


Note:

The **Requested Dt** box is not editable and always default to the date and exact time of submission.

6. From the **POS** drop-down list, select the place of service.

Note:

If you select inpatient places of service, the **Admit Dt** and **Types of Diagnosis Codes** boxes appear.

7. Optionally, in the **Service Req Dt** (ie scheduled surgery) box, enter a future date when the service should be performed, scheduled for, or for the authorization to become effective. The entered date will be reviewed by your contracted medical or administrative group and approval is subject to their discretion.
8. **Requesting Provider:** this is your practice provider. This will default to the PCP from the practice. You cannot change this to outside providers unless you are a specialist office. You can then select the requesting provider for providers within your organization.
9. **Referring to Provider:** Who you are sending the referral to. You can also click the search symbol  to open the **Provider Search** window where you can search for a provider ID. This includes the complete database of providers. Enter the necessary details such as referring provider, contact, specialty, provider, office, phone number, and fax number. You can select by specialty to see all providers in that specialty.
10. In **Facility Provider Information**, enter the facility provider details. For example, if surgery, enter surgical center, hospital, etc. NOTE: You do NOT need to enter a facility unless auth is for imaging or a procedure.

Note:

A facility can be added directly into the **Referring To Provider** box.

The **Facility Provider Information** section is only used if a specific individual is selected in the **Referring To Provider** box, and where the service is performed in a separate facility.

Facility Provider Information is not mandatory.

11. **Diagnosis:** Enter all the ICD codes related to the request. If know the diagnosis code, can start entering and system will bring up the list. Or use the search box to select. Select the most specific diagnosis code, do not select a code that has 'No' in the 'Billable' column; otherwise, you will get a message you cannot select that code.
12. **Service requested.** enter all the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes and the applicable information related to the requested services. Use search to find code. Enter all diagnosis associated with auth request. Can also select NDC if applicable. **If no auth required for CPT, alert pops up.** Click ok, and follow your workflow for scheduling patient:

portal.humboldtipa.com says

Service Code Alerts:

Service Code: 99245

1. THIS CODE DOES NOT REQUIRE PRIOR AUTHORIZATION.
2. YOU DO NOT NEED TO SUBMIT AUTHORIZATION FOR THIS CODE.
3. CLICK CANCEL TO EXIT OUT OF THE AUTHORIZATION SUBMISSION.

13. **Clinical Indication for Request** – include a brief summary note for the reason for referral.
14. **Upload Documents/Additional Details.** NOTE: Documents are **required** for each new authorization request. Click on 'Upload Documents/Add'l Details'.

Basic Details **Upload Documents/Additional Details**

— Additional Member Details

Guardian Name:

Requested by Member?

- a. No need to enter a 'priority' for the documents. It is not required.
- b. File: Choose file/progress notes/imaging files, etc. needed for the authorization.
(upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only.)

Documents

• Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only)

| Category | Priority | File | Notes | Delete |
|-------------|---------------|---|-------|--|
| NOTES | None Selected | Choose File PlacingOrde...entsRD.docx | | <input checked="" type="checkbox"/> Internal |
| None Select | None Selected | Choose File No file chosen | | <input checked="" type="checkbox"/> Internal |

Add a Document

- c. If you want to add another document, click the **Add a Document** button.
- d. After you verify the entered information, click **Save**.

e. After you save the authorization request, the auth number is presented:

humboldtqa.quickcap.net says

Your Authorization/Referral request has been submitted. Authorization Tracking number is 20251223T8800001 [REQUESTED]



| The **Print Auth** button

- f. You can click the button to print or export the authorization request.
- g. If you want to do another request for another member, click on 'save and add for another member'.

How to Search for an authorization

NOTE: Three years of data has been migrated from the EZNet system so you can search in past 3 years of history.

To search for an authorization, do the following:

1. In the left pane of the QuickCap home screen, click the View/Search Authorization submodule to open the **Authorization/Referral-Status Search** pane.
2. In the search criteria section, you can do any of the following: (NOTE: you can use minimal information such as name to search for authorizations. Clicking on the 'Search' button without any search criteria will show all open authorizations). The authorizations that are presented are for the user's organizations' members, if you are the PCP or specialist for that authorization.

- In the **Member ID** box, type the ID of the member.

You can also click the search symbol to open the **Member Search** window where you can search and select for a specific member.

- In the **Last Name** box, type the last name of the member.
- In the **First Name** box, type the first name of the member.
- In the **DOB** box, enter the date of birth (DOB) of the member.
- **Auth. No** box, type the authorization number. **NOTE:** For the authorizations that were processed in EZNet these have a new authorization number; however, you can still find the authorization, using the member name, DOB, etc. Going forward for auths submitted in 2026, you will be able to use this search option.
- From the **Group** drop-down list, select the applicable group name.
- In the **Request/Receive Date From** and **Request/Receive Date To** boxes, enter the request or receive date range of the authorization.

- From the **Group Location** drop-down list, select the applicable group location name.
- In the **Auth. Date From** and **Auth. Date To** boxes, enter the date range of the authorization.
- In **Place of Service**, enter the place of service (POS) that you want to include or exclude in the search.
- In the **Requesting physician ID** box, type the ID of the requesting physician.

You can also click the search symbol to open the Provider **Search** window where you can search and select for a provider.

- From the **Status** drop-down list, select the status of the authorization.
- From the **Reason** drop-down list, select the applicable reason.
- In the **Requesting Org ID** box, enter the ID of the requesting organization.

You can also click the search symbol to open the **Organization Search** window where you search and select for an organization.

- In the **Referring To physician ID** box, enter the ID of the referring physician.

- **Note:**

- You can view the following authorization statuses : **Requested, Approved, and Denied** in the **Authorization No. Status** column.

The Eligibility Module

In the Eligibility module, you can verify the member eligibility.



| The Eligibility module

Verify a member eligibility

To verify a member eligibility, follow these steps:

1. From the **Eligibility** module, select the **Member Verification** submodule to open the **Eligibility – Member Verification** pane.



2. In the **Eligibility – Member Verification** pane, enter the necessary information in the search criteria section. You do not have to enter the *complete* first/last name, but dob is required.

The Eligibility - Member Verification pane

3. Click **Verify Eligibility**.

If the member exists in the system, their details will be displayed as shown below.

| Details | Member ID | Name | Gender | Date of Birth | Member SSN | Health Plan | Provider ID | Name | Other Coverage? | Resp. Code | Policy # | HP Status | PCP Status |
|---------|------------|--------------------|--------|---------------|------------|-------------|-------------|----------------|-----------------|------------|----------|-----------|------------|
| | 0298761003 | CLEMENT II DOMINGO | M | 12-03-1965 | | CHP | 1497829147 | CHOU KRISTINU. | No | | | Active | Inactive |
| | 0558643712 | BORDE CHANDU | F | 04-09-1998 | | HMR | 1497829147 | CHOU KRISTINU. | No | | | Active | Inactive |

The member details in the search results section if the member is verified

You can click the **View Details** symbol to view additional member information.

The Claims Module

Verify the status of a claim – Claims Search/Status

To verify the status of a claim, follow these steps:

1. From the Claims module, select the Claims Search/Status submodule to open the **Claims Search** pane.
2. In the **Claims Search** pane, enter the necessary information in the search criteria section. NOTE: Three years of data has been migrated from EZNet.

The Claim Search pane

3. Click **Claim Search** to show the results in the **Claim Details** section of the entered information in search criteria.

Note:

It is mandatory to enter the applicable information in at least one field to search for claims.

You can view the status of the claim in the **Status** column.

Click **Print CMS 1500** if you want to view and print the claim in CMS 1500 format.

| Claim # | Received Date | Service Date | Auth # | Place of Service | Member | Provider | Organization | Rendering Provider | Payee | Billed Amount | Contract Amount | Net Amount | Company | Outcome |
|-----------------|---------------|--------------|--------|------------------|------------------------|-------------------------|-------------------------------------|-------------------------|--------------|---------------|-----------------|------------|---------|---------|
| 202411058370001 | 10-01-2024 | 09-15-2024 | | 11 OFFICE VISIT | 8000644101 HALL ANNE N | 149782147 CHOU KRISTINA | 44055666 NICK KIVIERA MEDICAL GROUP | 149782147 CHOU KRISTINA | Organization | \$876.00 | \$0.00 | N/A | DEMO | HOME |

| Service Date | Service Code | Modifier(s) | Diag. Code | Financial Resp. | Adjust Descr. | Paid Date | Check # | Qty | Billed | Contract | CoPay | Coinsurance | Deductible | Adjnd | Net | Admin. Fee/Withhold | Status |
|---------------|------------------------------|-------------|------------|-----------------|---------------|-----------|---------|------|----------|----------|--------|-------------|------------|--------|-----|---------------------|------------|
| F: 09-15-2024 | 2002P | | 000.04 | JPA | | | | 1.00 | \$256.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |
| T: 09-15-2024 | CLJN SIGN VOL OVRLD ASSESS | | 000.04 | JPA | | | | 1.00 | \$126.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |
| F: 09-15-2024 | 10091 | | 000.04 | JPA | | | | 1.00 | \$252.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |
| T: 09-15-2024 | BETA BLOCKER THERAPY RXD/TXN | | 000.04 | JPA | | | | 1.00 | \$212.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |

Print CMS 1500 View EDI Claim

| Claim # | Received Date | Service Date | Auth # | Place of Service | Member | Provider | Organization | Rendering Provider | Payee | Billed Amount | Contract Amount | Net Amount | Company | Outcome |
|-----------------|---------------|--------------|--------|-----------------------|------------------------|-------------------------|-------------------------------------|-------------------------|--------------|---------------|-----------------|------------|---------|---------|
| 202206308370001 | 06-24-2024 | 06-16-2024 | | 21 INPATIENT HOSPITAL | 100007701 ADAMS STEVEN | 149782147 CHOU KRISTINA | 44055666 NICK KIVIERA MEDICAL GROUP | 149782147 CHOU KRISTINA | Organization | \$110.66 | \$0.00 | N/A | DEMO | HOME |

| Service Date | Service Code | Modifier(s) | Diag. Code | Financial Resp. | Adjust Descr. | Paid Date | Check # | Qty | Billed | Contract | CoPay | Coinsurance | Deductible | Adjnd | Net | Admin. Fee/Withhold | Status |
|---------------|--------------------------------|-------------|------------|-----------------|---------------|-----------|---------|------|---------|----------|--------|-------------|------------|--------|-----|---------------------|------------|
| F: 06-16-2024 | 90716 | | 0601 | JPA | | | | 1.00 | \$71.14 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |
| T: 06-16-2024 | VAR VACCINE LIVE SUBQ | | 723 | JPA | | | | 1.00 | \$39.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |
| F: 06-16-2024 | G0000 | | 0771 | JPA | | | | 1.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |
| T: 06-16-2024 | ADMINISTRATION INFLUENZA VIRUS | | 723 | JPA | | | | 1.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | \$0.00 | IN-PROCESS |

View EDI Claim Print 10004

The Claim Details section

Note:

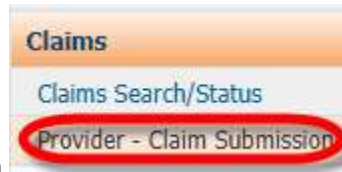
The adjustment code and net amount on the claim may be subject to change until the **Status** is **Processed**. Additionally, the **Show EOB** button appears if the status of the claim is **Processed**.



The Show EOB button

Provider – Claim Submission

- Used for submitting claims via the portal.



- Go to Claims>Provider-Claim Submission
- Select member via Last Name, First Name, DOB



- Select CMS1500 if provider claim.
- Select Dental if dental claim. NOTE: UB04 coming in next version.
- Provider defaults to PCP. If different, select provider of service via magnifying glass or



- Place of service defaults to office. Change if appropriate via dropdown.

Add

- Enter diagnosis code(s), click 'Add'.
- Enter service dates, codes, modifiers, etc. Click 'Add'. Add additional codes if applicable.
- NOTE : You do NOT need to attach notes, operative reports, etc. If we need those, we will request.

| | | | |
|--------|--------|---------------|--|
| Ref. 2 | 1.00 | Unit | |
| Ref. 3 | Ref. 4 | Billed Amount | |

- Yellow fields are mandatory.

Alert

Claim Saved Successfully. Claim #: 20260305T8800001

Print Claim OK

- Click 'Submit'. Successful Message :

Submission of Secondary Claims, where Humboldt IPA is secondary payer.

- Complete above steps to create claim.
- Attach EOB: Go to 'Attachments', choose file and submit EOB.

Documents
(The maximum size allowed per document is 20 MB.)

Attachments: File

Choose File No file chosen

+ Add more documents

The Payment Processing Module

In the **Payment Processing** module, you can generate explanation of benefits (EOBs) for members whose claims are submitted and paid.

PDR

Payment Processing

Reports


The Payment Processing submodule

Print a claim explanation of benefits

To print a claim explanation of benefits, follow these steps:

1. From the **Payment Processing** module, select the **Claims EOB** submodule to open the **Claims – Explanation of Benefits** pane.

- In the **Claims – Explanation of Benefits** pane, enter the necessary information in the applicable boxes.

You can also click the search symbol  to open the applicable window where you can search for members, organizations, and providers.

Note:

You can skip the search criteria if you want to generate EOBs for multiple members from a particular organization.

- In the **Check No** box, enter the check number used to pay the EOB.

You can click the **Retrieve Checks** button to open the **Check No Search** window where you can search for the check number.

Check No Search Close

Check Prefix: Check No.: Check Amount:

From Date: 06-01-2024 To Date: 12-01-2024 Search Clear

[1 to 10 of 10] 1 Page(s): 1

| Prefix | Check No | Paid Date | Organization Name | Amount | EFT Payment? |
|--------|----------|------------|--|----------|--------------|
| 1 | 1564256 | 11-05-2024 | NICK RIVIERA MEDICAL GROUP - 444555666 | \$945.01 | |
| 1 | 1564249 | 10-08-2024 | NICK RIVIERA MEDICAL GROUP - 444555666 | \$956.07 | |
| 1 | 1564151 | 10-08-2024 | NICK RIVIERA MEDICAL GROUP - 444555666 | \$16.55 | ✓ |

The Check No Search window

In the window, you can enter the check number or the date range to search for a particular check.

When you enter the check number, the applicable date automatically appears in the **Paid Date From and To boxes**.

- Click the **Summary EOB** button to view the explanation of payments document as shown below.

Print Note: To navigate different pages, please enter specific page number. Please click on Close button while closing report for better performance. Close

SALES DEMO
3233 N. Arlington Heights Rd Suite 307, Arlington Heights, IL, 60004, Phone: (847) 232-1006

Explanation Of Payments

Provider: SMITH ADAM

PAY TO: Nick Riviera Medical Group, 999 Wellness Blvd, Sacramento, CA 95835

Provider Number: 888777, Part of: 444555666

Member: Finkle Ray, Member ID: 444666, Patient Number: ABC1235, Place of Service: 20 URGENT CARE FACILITY

| From Date | To Date | CPT Code | Billed | Contract | Units | Allowed | Adjustment | Copy | Withhold | Other Ins | Pay | Adjustment Details |
|------------------------------|---------|----------|----------|----------|-------|----------|------------|-------|----------|-----------|--------|--------------------|
| 6/5/24 | 6/5/24 | 99214 | 1,000.00 | 1,000.00 | 1 | 1,000.00 | 0.00 | 25.00 | 9.75 | 0.00 | 973.85 | 121 |
| Total for patient # ABC1235: | | | 1,000.00 | 1,000.00 | | 1,000.00 | 0.00 | | 9.75 | 0.00 | 973.85 | |

Notes:

Member: Finkle Ray, Member ID: 444666, Patient Number: , Place of Service: 11-OFFICE VISIT

| From Date | To Date | CPT Code | Billed | Contract | Units | Allowed | Adjustment | Copy | Withhold | Other Ins | Pay | Adjustment Details |
|----------------------|---------|----------|--------|----------|-------|---------|------------|--------|----------|-----------|--------|--------------------|
| 2/25/24 | 2/25/24 | 99202 | -25.48 | 34.30 | -2 | -68.60 | -15.00 | -25.00 | 0.00 | 0.00 | -28.82 | 355 |
| Total for patient #: | | | -25.48 | 34.30 | | -68.60 | -15.00 | | 0.00 | 0.00 | -28.82 | |


Notes:

| | | | | | | | | | | | | |
|-----------------|--------|----------|--------|--------|------|------|--------|--|--|--|--|-----------------------|
| Provider Total: | 774.69 | 1,034.30 | 931.40 | -15.00 | 9.75 | 0.00 | 945.01 | | | | | |
| Pay To Total: | 774.69 | 1,034.30 | 931.40 | -15.00 | 9.75 | 0.00 | 945.01 | | | | | Check Number: 1564356 |

The Explanation of Benefits summary

5. Click the **Print** button to print the document.

You can also click the **Print this report** symbol  to print the document.

Click the **Export this report** symbol  to export the document.

You can export the document in RPT, PDF, Word, Excel, RTF, CSV and XML file format.

Coming soon! (Providers can generate their own cap reports), Need to know the EFT check number in order to search. Need to test. Confirm when migration of these will occur so we can test/search.

The Information Module

In the Information module, you can search and view the code references for ICD codes, CPT codes, and modifiers.



| The Information module

Search for CPT codes

To search for CPT codes, follow these steps:

1. From the Information module, select the Code Reference - CPT submodule to open the **CPT Search** pane.



| The Code Reference - CPT submodule

2. In the **CPT Search** pane enter the necessary information in the search criteria section.



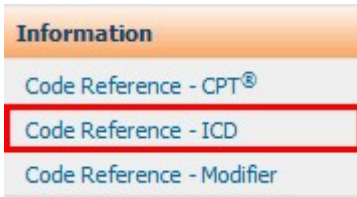
| The **CPT Search** pane

3. Click **Search**.

Search for ICD codes

To search for ICD codes, follow these steps:

1. From the Information module, select the Code Reference - ICD submodule to open the **ICD Search** pane.



The Code Reference - ICD submodule

2. In the **ICD Search** pane, enter the necessary information in the search criteria section.



The ICD Search pane

Note:

Select the **Show Mapping** button if you want to have comparable ICD code map between ICD-9 and ICD-10.

3. Click **Search**.

The search results section will display as shown below.

| ICD Code | Description | Medium Description | Long Description | Version | Active From | Active To | Billable? |
|----------|--------------------------------|-----------------------------------|-----------------------------------|---------|-------------|-----------|-----------|
| 999.99 | Unspecified | Unspecified | Unspecified | ICD-10 | 01-01-1980 | | Yes |
| 9WB | MANIPULATION / ANATOMICAL REGI | MANIPULATION / ANATOMICAL REGIONS | Manipulation / Anatomical Regions | ICD-10 | 10-01-2015 | | No |

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Note: This mapping might not be truly equivalent - it is only an approximation. [ICD Description details](#)

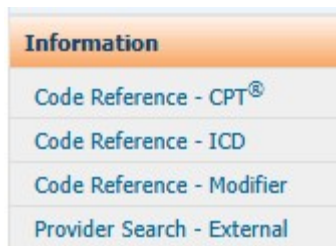
The search results section

Click the **ICD Description Details** symbol to view more detailed information.

Search for modifier codes

To search for modifier codes, follow these steps:

1. From the **Information** module, select the **Code Reference - Modifier** submodule to open the **Modifier Search** pane.



The Code Reference - Modifier submodule

2. In the **Modifier Search** pane, enter the necessary information in the search criteria section.



■ The **Modifier Search** pane

3. Click **Find Modifier**.
4. **Provider Search – External**. Can search on providers in the QuickCap database that were migrated from EZNet and any new providers going forward.

NOTE: PDR lookup and submission coming in future.