

Submit Social Service Claims

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Definitions

Client ID: The client's ProviderOne ID number, 9 digits followed by WA, *ex: 123456789WA*.

EFT: Electronic Funds Transfer, also called direct deposit. This is an electronic payment sent directly into your bank account on file.

Provider ID: The providers ID number for ProviderOne, 7 digits. This is the same as the Domain number. You will see this listed on the authorization with a 2 digit location code such as 01, *ex: 123456701*.

Remittance Advice: An explanation of each claim payment including paid claims and amounts, overpayments, denied claims and denial reasons.

TCN: Transaction Control Number; also called the claim number. This is an 18 digit number assigned to a claim for tracking purposes.

Warrant: A paper check issued for claim payments.

Basic Billing Details

With ProviderOne, you can determine when and how often you are paid based on when you submit claims. You can enter claims at any time.

ProviderOne pays on Fridays. Claims submitted by **5pm on Tuesdays** may be paid as follows:

- ◆ If you have EFT (Electronic Funds Transfer/ Direct Deposit) your payment will be in your account on **Friday**.
- ◆ If you are paid by warrant, it will be put in the mail on **Friday**.
- ◆ When you are paid your Remittance Advice (RA) will be posted in ProviderOne on **Friday**.

Weekly Pay Schedule

Sun Mon Tue Wed Thu Fri Sat

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Note:

Claims successfully entered after the weekly deadline of 5pm on Tuesday will be paid on Friday of the next week. Holidays may delay receipt of paper warrants dependent on mailing schedules. Check with your local post office for more information about holiday mailing schedules.

Deadline is 5pm each Tuesday to submit claims and receive payment the following Friday.

Possible paydays. Refer to your method of payment description for more details.

Two Week Pay Schedule

To be paid every two weeks:

- ◆ Submit your claims within the 7 day period ending on Tuesday of the payment week.
- ◆ When you are paid, your RA will be posted in ProviderOne on **Friday**.

Sun Mon Tue Wed Thu Fri Sat

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Note:

Claims successfully entered after the weekly deadline of 5pm on Tuesday will be paid on Friday of the next week.

Holidays may delay receipt of paper warrants dependent on mailing schedules. Check with your local post office for more information about holiday mailing schedules.

Deadline is 5pm each Tuesday to submit claims and receive payment the following Friday.

Possible paydays. Refer to your method of payment description for more details.

To be paid monthly:

- ◆ Choose your Friday payday.
- ◆ To receive payment the first week of the following month submit your claims within the first 7 day period of that month. (See calendar)
- ◆ When you are paid, your RA will be posted in ProviderOne on **Friday**.

Month of service	First Available Claim Dates of New Month
5pm Tuesday Deadline	Pay Date

Note:

Claims successfully entered after the weekly deadline of 5pm on Tuesday will be paid on Friday of the next week.

Claiming for an entire month will result in varying pay dates throughout the year depending on what day of the week the month ends and its relationship to the first Tuesday and Friday of the new month.

Month Service Was Performed

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Following Month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Claims submitted before the first available **Tuesday** will process that evening for payment the following Friday.

You may not bill for future dates. To bill for an entire month, submit claims the first available date of the new month.

Unit Types

Your authorization will have a certain number of units that you are authorized to provide for a given service code and date range. Different service codes can have different types of units, your authorization will also tell you what the unit type is. The possible types of units you may be authorized for are:

1/4 Hour: 1 unit = 15 minutes.

1/2 Hour: 1 unit = 30 minutes.

Hour: 1 unit = 60 minutes.

Each: 1 unit per each occurrence of the service.

Per visit: 1 unit per visit that led to performance of the service. (May have multiple visits on the same day).

Mile: 1 unit per mile driven to provide the service.

Daily: 1 unit = 1 day.

Monthly: 1 unit = 1 month.

Note:

Each service line spans a single day, all units of a specific code for the same day should be on the same line. (See Date Range, pg. 9, for daily & monthly unit types)

The number of units provided on each day of service can be more than 1. (Except daily and monthly units)

Daily and Monthly date ranges:

Date range from and to dates must be consecutive (in a row with no breaks), within the same calendar month, and use daily or monthly units.

The number of units must equal the number of days in the range for daily unit types or 1 unit for the month within the range for monthly unit types.

When you add service lines, the date range will be a single service line. A note will appear on your billing page telling you that the date range will be broken down into individual daily service lines when the claim is processed. (More details in Submitting Basic Bill, pg.)

A date range, or span, can only be used when:

- ◆ *Unit Type = daily or monthly.*
- ◆ *Days were worked consecutively.*
- ◆ *The date range is within the same calendar month.*
- ◆ *The number of units match the number of days, for daily units.*
- ◆ *For monthly unit types, 1 unit per range. The maximum date range is one calendar month, date ranges of less than a month will be prorated by ProviderOne.*

Submit Basic Bill

This section is on how to submit a basic bill.

This process is direct entry, meaning that you will in all the needed billing information into a billing form.

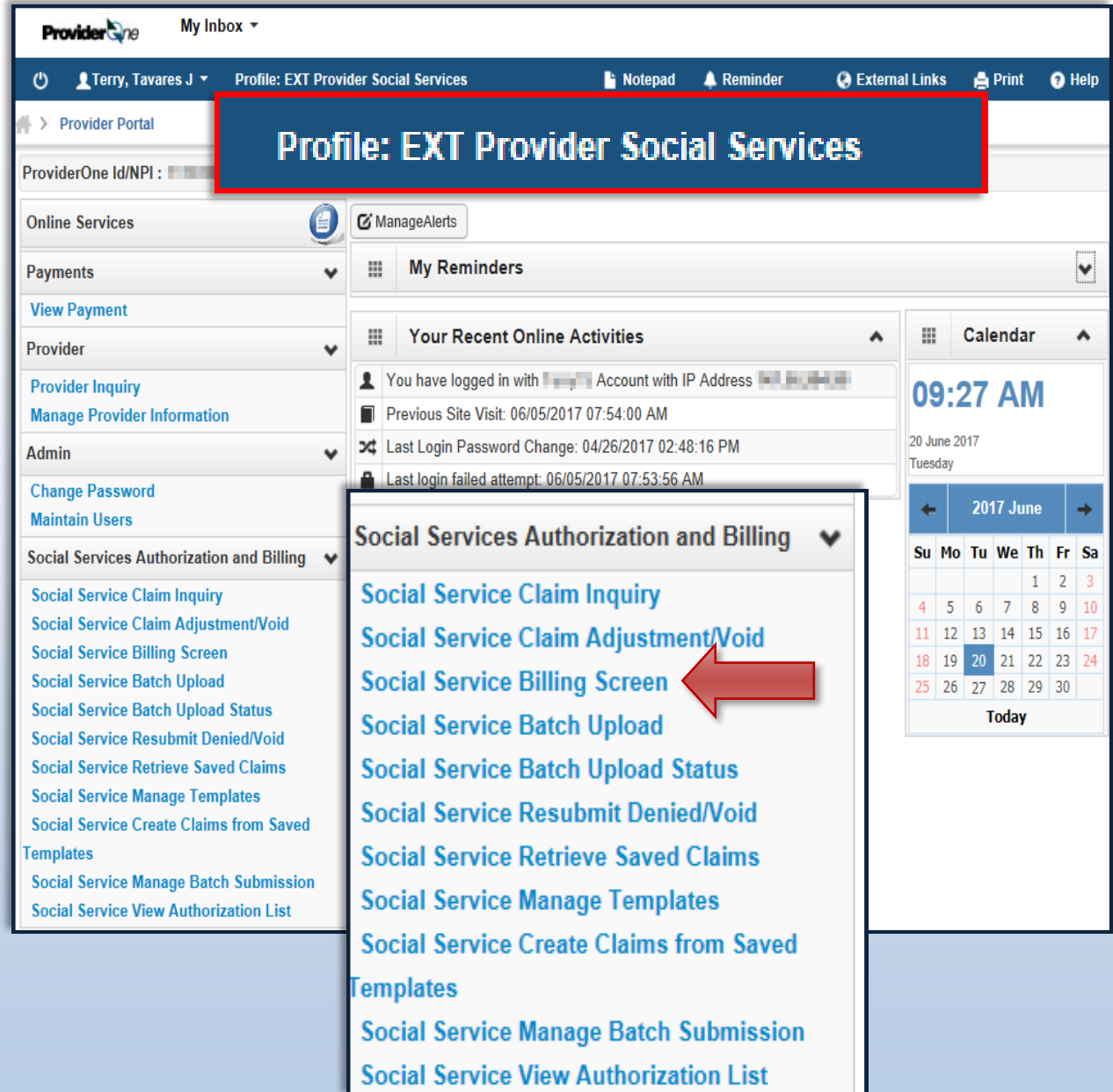
The direct entry process is the basis for building and submitting templates and for adjusting claims.

To submit a basic bill:

- ◆ Log in to ProviderOne using the 'EXT Provider Social Services' profile,
- ◆ Click on 'Social Service Billing Screen'.

Note:

You must turn off your pop-up blocker before you begin billing.



ProviderOne My Inbox
 Profile: EXT Provider Social Services
 Profile: EXT Provider Social Services
 Social Services Authorization and Billing
 Social Service Claim Inquiry
 Social Service Claim Adjustment/Void
 Social Service Billing Screen
 Social Service Batch Upload
 Social Service Batch Upload Status
 Social Service Resubmit Denied/Void
 Social Service Retrieve Saved Claims
 Social Service Manage Templates
 Social Service Create Claims from Saved Templates
 Social Service Manage Batch Submission
 Social Service View Authorization List

The 'Social Service Billing Screen' appears.

Enter the following information:

- ◆ 'Provider ID' (7 digit domain plus 2 digit location code),
- ◆ 'Client ID' (Client ID ends in WA),
- ◆ 'Authorization Number'.

Note:

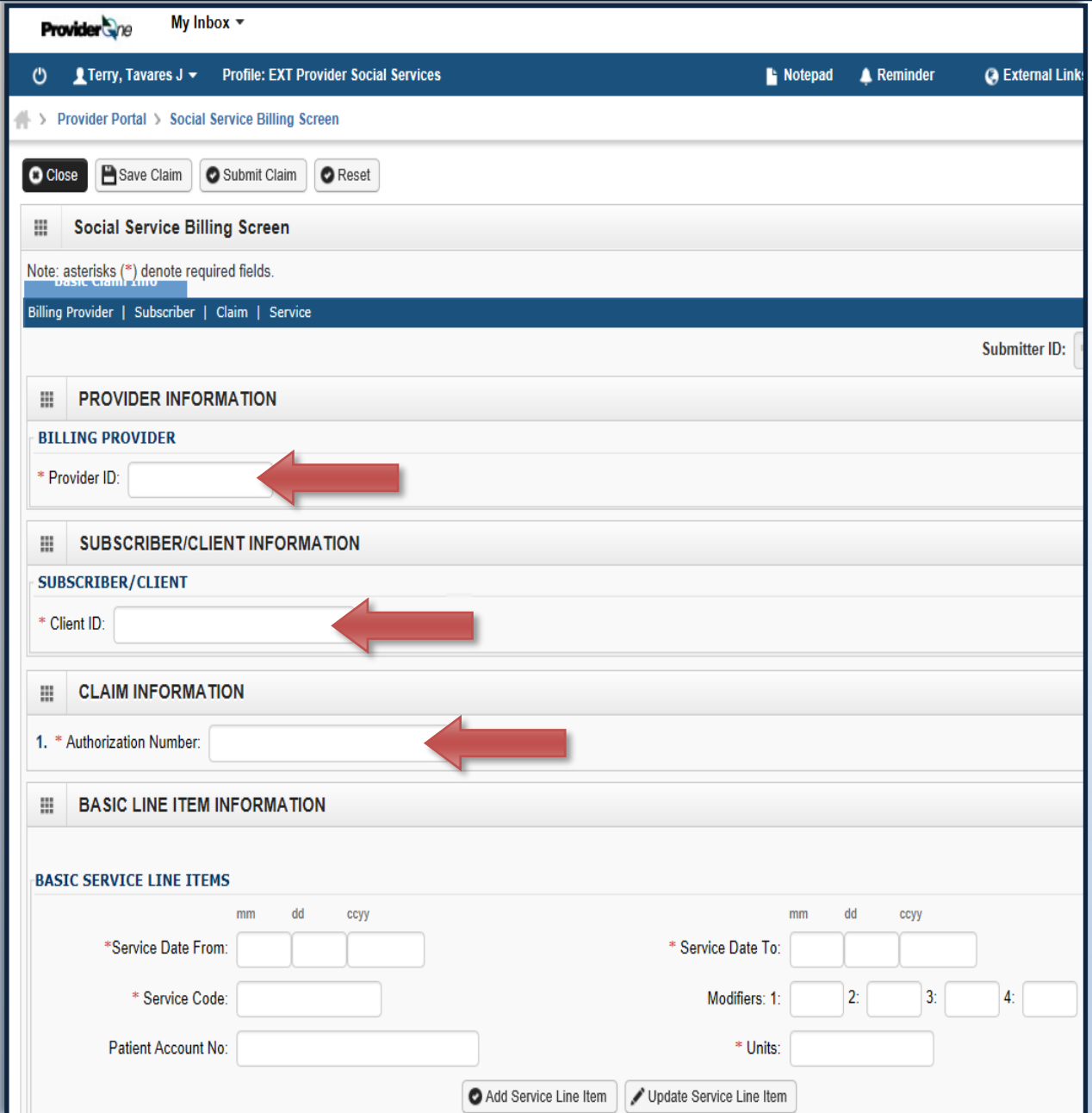
You must turn off your pop-up blocker before you begin billing.

Asterisks (*) denote required fields.

The billing information is taken directly from the authorization.

Exporting the authorization to an Excel file allows you to copy and paste information for accuracy.

Check your authorization before each billing. Authorizations may change.



Under 'Basic Line Item Information' fill out the following information:

- ◆ Enter 'Service Date From',
- ◆ Enter 'Service Date To',
- ◆ Enter 'Service Code',
- ◆ Enter 'Modifier' (if applicable),
- ◆ Enter 'Units'. (see unit types)

Note: Asterisks (*) denote required fields.

☰ **BASIC LINE ITEM INFORMATION**

BASIC SERVICE LINE ITEMS

<p>*Service Date From: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/> ←</p> <p>* Service Code: <input type="text" value="T1020"/> ←</p> <p>Patient Account No: <input type="text"/></p>	<p>* Service Date To: <input type="text" value="01"/> <input type="text" value="31"/> <input type="text" value="2017"/> ←</p> <p>Modifiers: 1: <input type="text" value="U1"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p> <p>* Units: <input type="text" value="31"/> ←</p>
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Electronic Visit Verification (EVV) Items:

If you are billing for a Home Care Agency or Consumer Directed Employer providing personal care services to independent living clients, then EVV information is required to be submitted with your claims. Click on the red + to expand this section.

Note:

If you are not billing for a Home Care Agency or Consumer Directed Employer providing personal care services to independent living clients you can skip this and the next page (14, 15, & 16) and resume on page 17.

BASIC SERVICE LINE ITEMS

mm dd cyy

*Service Date From:

* Service Code:

Patient Account No:

+ ELECTRONIC VISIT VERIFICATION (EVV) ITEMS



- ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

SS Servicing Only ProviderOne ID:

Hours Minutes Seconds

Service Start Time:

Longitude (+/-000.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)

Service Start Time Geo-Data:

Client-Provider Proximity for Start Time: Yes No

Hours Minutes Seconds

Service End Time:

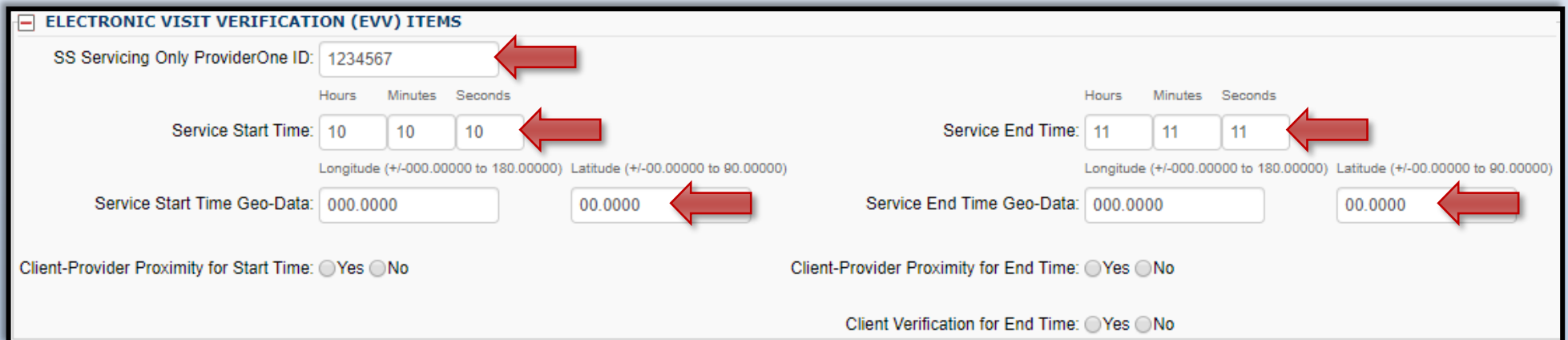
Longitude (+/-000.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)

Service End Time Geo-Data:

Client-Provider Proximity for End Time: Yes No

Client Verification for End Time: Yes No

- ◆ In order to meet the Cures Act requirements, these fields are required:
 - ⇒ **SS Servicing Only ProviderOne ID**,
 - ⇒ **Service Start/End Time**,
 - ⇒ **Service Start/End Time Geo-Data**.
- ◆ These fields are optional at this time:
 - ⇒ **Client-Provider Proximity for Start/End Time**, this refers to if your EVV solution verifies that the provider and the client are nearby at the time the service starts/ends, such as through location technology or an affixed electronic device at the client's location.
 - ⇒ **Client Verification for End Time**, this refers to if your EVV solution includes having the client verify that the service was performed at the end of the service episode.



ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

SS Servicing Only ProviderOne ID:

Service Start Time: Hours: Minutes: Seconds:

Service End Time: Hours: Minutes: Seconds:

Service Start Time Geo-Data: Longitude (+/-000.00000 to 180.00000): Latitude (+/-00.00000 to 90.00000):

Service End Time Geo-Data: Longitude (+/-000.00000 to 180.00000): Latitude (+/-00.00000 to 90.00000):

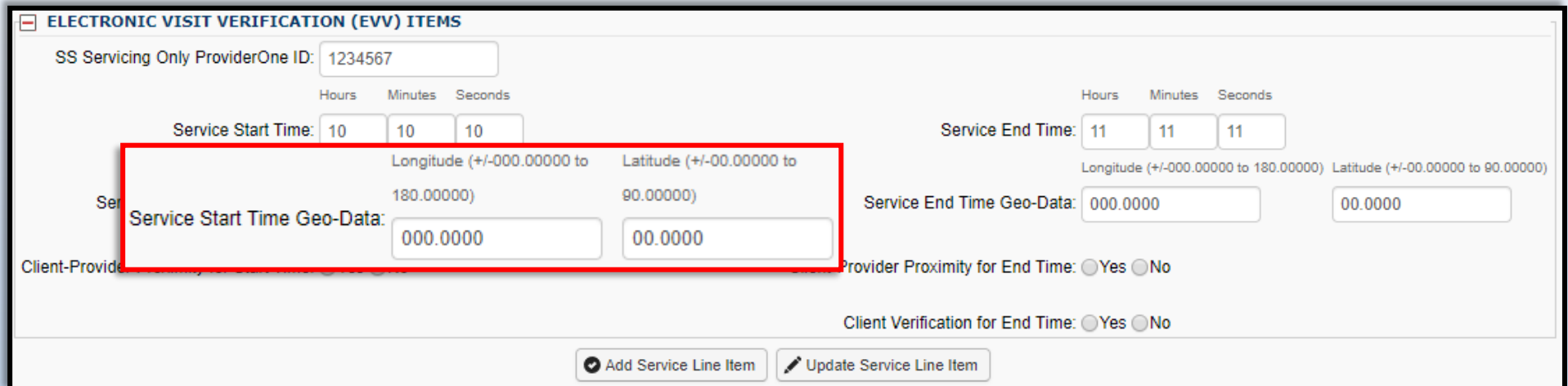
Client-Provider Proximity for Start Time: Yes No

Client-Provider Proximity for End Time: Yes No

Client Verification for End Time: Yes No

Notes about Geo-Data:

- ◆ All Geo-Data entries must be entered to at least 4 decimal places.
- ◆ Geo-Data is required if the **Service Start/End Time** is at the client's home.
- ◆ Geo-Data is optional if the **Service Start/End Time** is in the community, however, your claim will be denied if either of these fields are left blank.
 - ⇒ Please include the generic Longitude/Latitude values of 000.0000 and 00.0000 if you do not capture Geo-Data in the community.



ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

SS Servicing Only ProviderOne ID: 1234567

Hours Minutes Seconds
Service Start Time: 10 10 10

Hours Minutes Seconds
Service End Time: 11 11 11

Longitude (+/-000.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)
Service Start Time Geo-Data: 000.0000 00.0000

Longitude (+/-000.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)
Service End Time Geo-Data: 000.0000 00.0000

Client-Provider Proximity for End Time: Yes No

Client Verification for End Time: Yes No

Once all billing information is entered, select 'Add Service Line Item'.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

*Service Date From:	mm	dd	ccyy		* Service Date To:	mm	dd	ccyy				
	01	01	2017			01	31	2017				
* Service Code:	T1020				Modifiers: 1:	U1	2:		3:		4:	
Patient Account No:					* Units:	31						

When billing for services that have the DAILY unit type ProviderOne will display a message in **red** that says:

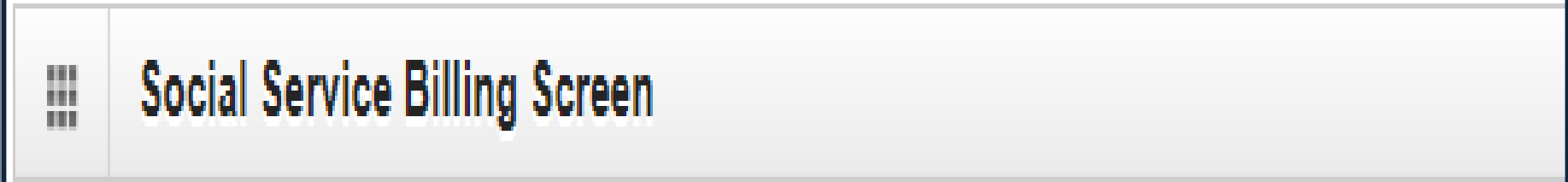
The service line will be split into separate service lines; one for each day within the span you have entered. (This is only applicable when submitting more than one Date of Service.)

Note:

ProviderOne will display instructional information before this message if any data entered is incorrect, i.e., **Provider ID**, **Client ID**, **Authorization Number**; or if **Service Date To** is earlier than **Service Date From**. Correct data per the message and continue.



The service line will be split into separate service lines one for each day within the span you have entered.



The 'Basic Service Line Items' section clears. This allows entry of any subsequent service lines before submitting your claim, i.e., billing for multiple months.

Additional service lines must be for the same authorization. Different service codes are allowed if they are from the same authorization.

A claim service line appears under 'Previously Entered Line Item Information'. The claim service line will show service dates, service code and modifier, as well as units entered. The total charges submitted will also be available to view.

Check the line information for accuracy.

BASIC SERVICE LINE ITEMS

*Service Date From: * Service Date To:


* Service Code: Modifiers: 1: 2: 3: 4:

Patient Account No: * Units:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 5398.03

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	01/01/2017	01/31/2017	T1020	U1				31	Delete



To enter additional service lines there are two options.

Option 1:

- ◆ Enter basic service line information in the cleared fields

⇒ Service Date From/To,

⇒ Service Code,

⇒ Modifier,

⇒ Units.

Note: You can add up to **31** service lines per claim.

- ◆ Click on 'Add Service Line Item'. (The new service line appears; shown below as line #2.)

BASIC SERVICE LINE ITEMS

*Service Date From:

 * Service Date To:

* Service Code:

 Modifiers: 1: 2: 3: 4:

Patient Account No:

 * Units:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 10273.67

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	01/01/2017	01/31/2017	T1020	U1				31	Delete
2	02/01/2017	02/28/2017	T1020	U1				28	Delete

Option 2:

- ◆ Click on a **service line number**,
- ◆ The entered service line information populates,
- ◆ Enter **new data**,
- ◆ Click on 'Add Service Line Item'.
- ◆ New service line appears. (Shown below as line #3.)

BASIC SERVICE LINE ITEMS

*Service Date From: mm dd ccy 03 01 2017 *Service Date To: mm dd ccy 03 31 2017
 * Service Code: T1020 Modifiers: 1: U1 2: 3: 4:
 Patient Account No: * Units: 31

↑

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 15671.70

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	01/01/2017	01/31/2017	T1020	U1				31	Delete
2	02/01/2017	02/28/2017	T1020	U1				28	Delete
3	03/01/2017	03/31/2017	T1020	U1				31	Delete

Editing a Service Line:

You may see the information previously entered has an error. To correct the data so that the service line is correct:

- ◆ Select the line number you wish to edit,
- ◆ The service line data appears,
- ◆ Make the needed correction to the service line data,
- ◆ Now select 'Update Service Line Item'.

Note:

The new data you have entered will now be shown on the chosen line. (Shown below as line #2.)

BASIC SERVICE LINE ITEMS

*Service Date From: mm dd ccy 03 01 2017 * Service Date To: mm dd ccy 03 31 2017
 * Service Code: T1020 Modifiers: 1: U1 2: 3: 4:
 Patient Account No: * Units: 31

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 15671.70

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	01/01/2017	01/31/2017	T1020	U1				31	Delete
2	02/01/2017	02/28/2017	T1020	U1				28	Delete
3	03/01/2017	03/31/2017	T1020	U1				31	Delete

Deleting a Service Line:


You may have need to remove a previously added service line. To remove the service line:

- ◆ Determine which line needs to be deleted in the 'Previously Entered Line Item Information' section,
- ◆ Click 'Delete' at the end of the line you wish to remove,

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

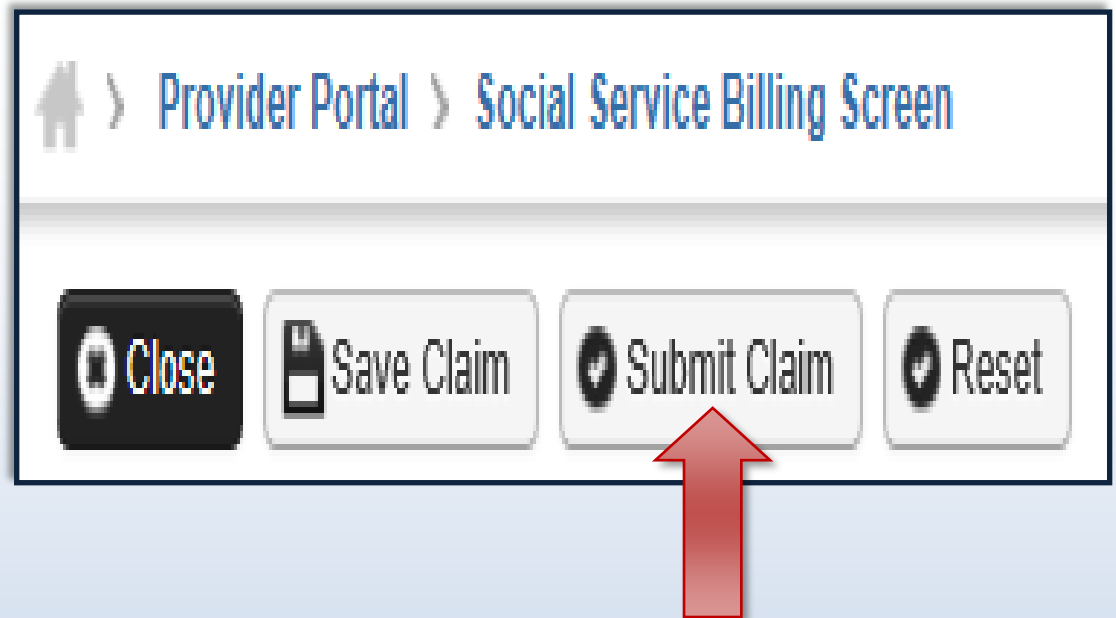
Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	09/21/2019	09/21/2019	T1019					1	Delete
2	09/22/2019	09/22/2019	T1019					1	Delete



- ◆ The line disappears from the claim.

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	09/21/2019	09/21/2019	T1019					1	Delete

Once all service line information is entered and checked for accuracy, click '**Submit Claim**' at the top of the screen.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Providers should turn off pop-up blockers before logging in to ProviderOne.

*Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.*

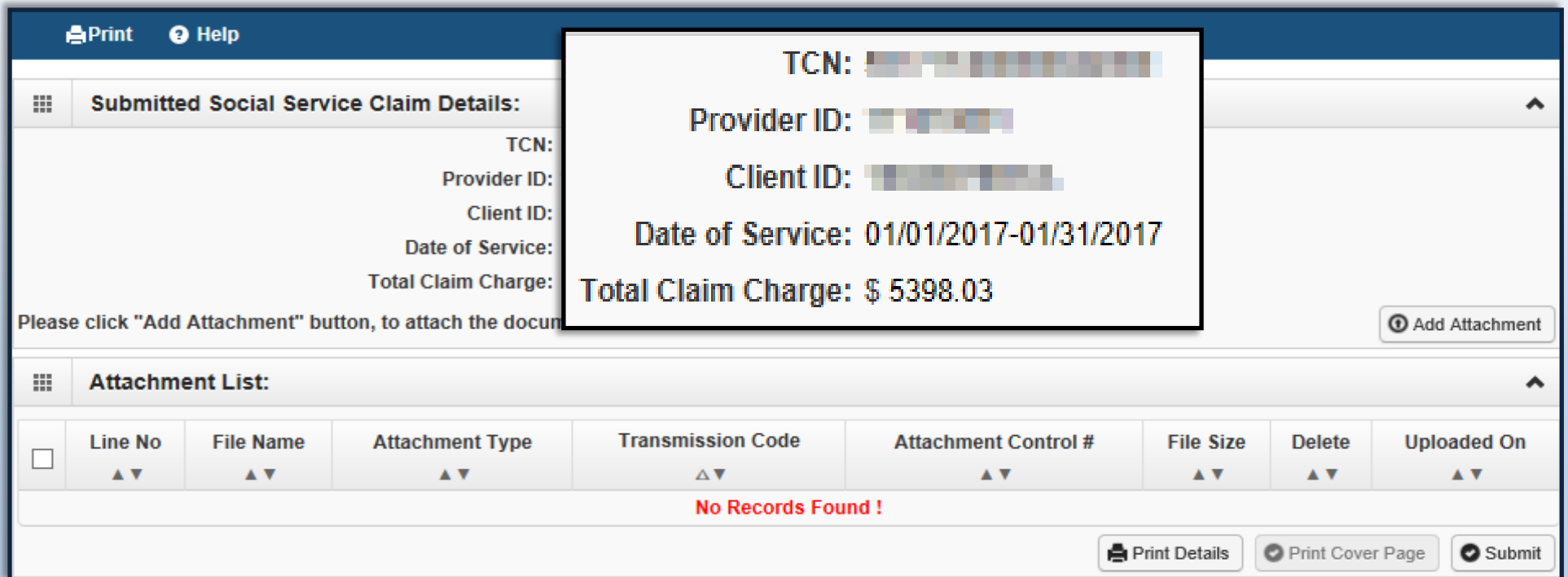
To remedy this, log out of ProviderOne, turn off your browser's pop-up blockers, then log in to ProviderOne again and return to the billing screen to start over.

With the pop-up blockers turned off, select **'Submit Claim'**. The **'Submitted Social Service Claim Details'** screen appears.

Here you will see the **TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Note:

'No Records Found!' refers to attachments such as backup documentation. Social Service providers will not add attachments.



Print Help

Submitted Social Service Claim Details:

TCN: [REDACTED]
 Provider ID: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: 01/01/2017-01/31/2017
 Total Claim Charge: \$ 5398.03

Please click "Add Attachment" button, to attach the document.

Add Attachment

Attachment List:

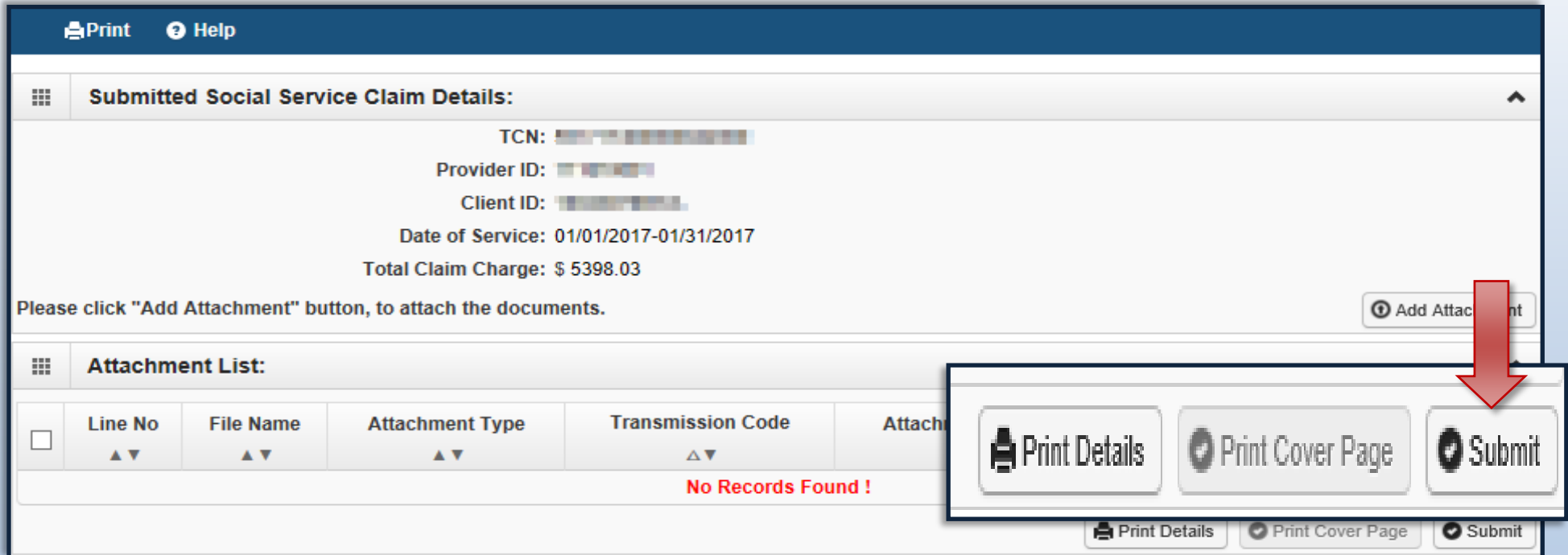
Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							

Print Details Print Cover Page Submit

When you see the '**Submitted Social Service Claim Details**' screen you may want to record the information. You may print, print to a file on your machine or record this information in another manner.

*****However, your claim has not yet been submitted*****

To submit the claim, you must click on the '**Submit**' button (*located in the bottom right corner of the page*) to complete the claims submission and send the claim to ProviderOne for processing.



Print Help

Submitted Social Service Claim Details:

TCN: [REDACTED]
Provider ID: [REDACTED]
Client ID: [REDACTED]
Date of Service: 01/01/2017-01/31/2017
Total Claim Charge: \$ 5398.03

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List:

Line No	File Name	Attachment Type	Transmission Code	Attachment
No Records Found !				

Print Details Print Cover Page Submit

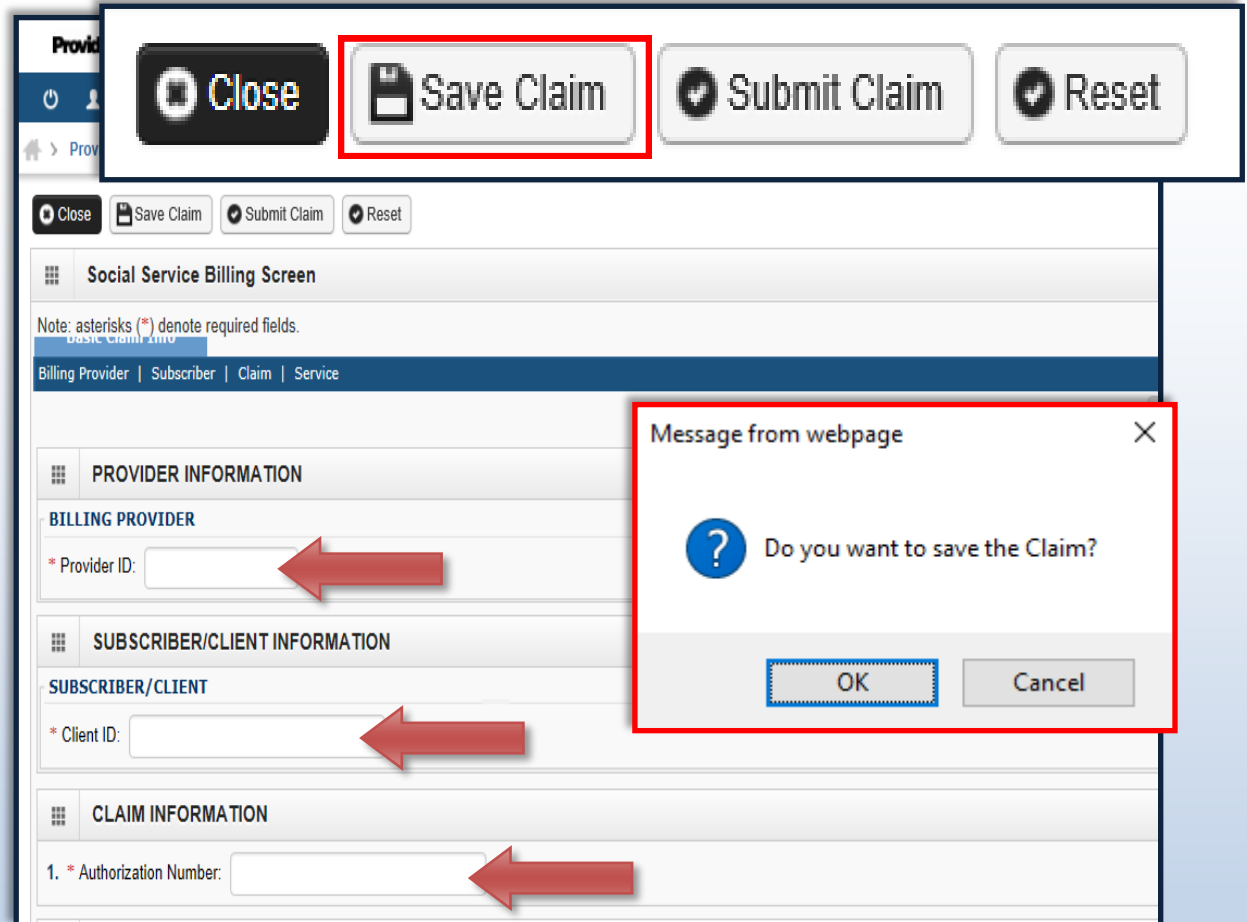
Print Details Print Cover Page Submit

Saved Claims

You may need to stop your work and return to complete it at a later time.

To save a basic bill:


- ◆ While in the **'Social Service Billing Screen'**,
- ◆ Make sure you have filled out at least these three fields:
 - ⇒ **'Provider ID'**,
 - ⇒ **'Client ID'**,
 - ⇒ **'Authorization Number'**.
- ◆ Click on **'Save Claim'**. (Located near the top left of the screen.)
- ◆ Confirm that you would like to save the claim by pressing **'OK'** on the pop-up message.



The screenshot shows the 'Social Service Billing Screen' interface. At the top, there are four buttons: 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. The 'Save Claim' button is highlighted with a red box. Below the buttons, the screen is divided into sections: 'PROVIDER INFORMATION', 'SUBSCRIBER/CLIENT INFORMATION', and 'CLAIM INFORMATION'. The 'PROVIDER INFORMATION' section contains a 'BILLING PROVIDER' subsection with a required field for '* Provider ID:'. The 'SUBSCRIBER/CLIENT INFORMATION' section contains a 'SUBSCRIBER/CLIENT' subsection with a required field for '* Client ID:'. The 'CLAIM INFORMATION' section contains a required field for '1. * Authorization Number:'. Red arrows point to these three fields. A 'Message from webpage' dialog box is overlaid on the screen, containing a question mark icon and the text 'Do you want to save the Claim?'. The dialog box has 'OK' and 'Cancel' buttons. The 'OK' button is highlighted with a blue border.

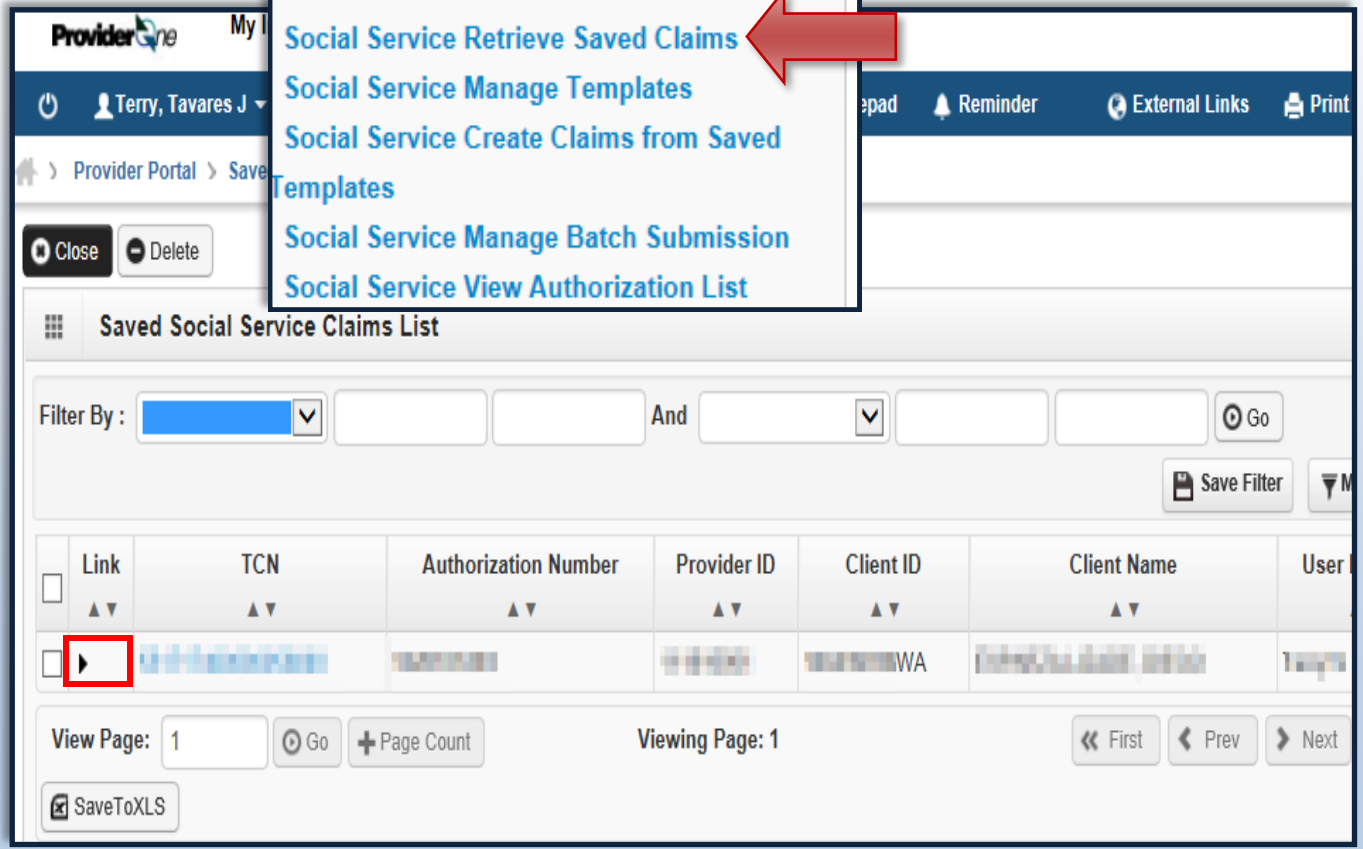
Retrieve Saved Claim

In order to retrieve a claim you have saved:

- ◆ Log in to ProviderOne using the 'EXT Provider Social Services' profile,
- ◆ Click on 'Social Service Retrieve Saved Claims'.
- ◆ Click on the  next to the claim you want to retrieve.

Social Services Authorization and Billing ▾

- [Social Service Claim Inquiry](#)
- [Social Service Claim Adjustment/Void](#)
- [Social Service Billing Screen](#)
- [Social Service Batch Upload](#)
- [Social Service Batch Upload Status](#)
- [Social Service Resubmit Denied/Void](#)
- [Social Service Retrieve Saved Claims](#)
- [Social Service Manage Templates](#)
- [Social Service Create Claims from Saved Templates](#)
- [Social Service Manage Batch Submission](#)
- [Social Service View Authorization List](#)



ProviderOne My Profile


Terry, Tavares J

Provider Portal > Saved Social Service Claims List

Close Delete

Filter By: [dropdown] [input] And [dropdown] [input] [Go]

Save Filter [dropdown]

Link	TCN	Authorization Number	Provider ID	Client ID	Client Name	User
	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]

View Page: 1 [Go] + Page Count Viewing Page: 1

SaveToXLS

« First < Prev > Next


Note:
 You can see that a TCN has been created for the claim, however, this TCN is not known to ProviderOne for claims processing until you complete the claim submission.

Retrieve Saved Claim

Once the claim you wish to finish has been selected, the basic billing screen appears.

The previously saved information will populate. From here the process continues the same as submitting any other claim. (Refer to [pgs. 13-25](#) for instructions.)

Note: If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Attempting to click 'Submit Claim' again will return an error message that the information you are trying to submit has been queried by another user. To remedy this, close out of the screen you are on, turn off your browser's pop-up blockers, then re-enter the billing screen and submit a new claim.

Close
Save Claim
Submit Claim 

Social Service Billing Screen

Note: asterisks (*) denote required fields. Billing

Billing Provider | Subscriber | Claim | Service

Submitter ID:

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

CLAIM INFORMATION

1. * Authorization Number:

BASIC LINE ITEM INFORMATION


BASIC SERVICE LINE ITEMS

* Service Date From:

* Service Code:

Patient Account No:

Enter new data



* Service Date To:

Modifiers: 1: 2: 3: 4:

* Units:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 0.00

Line No	Service Dates		Service Code	Modifiers				Units
	From	To		1	2	3	4	

Below is a short list of common Adjustment Reason and Remarks Codes you may find on your Remittance Advice (RA)

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	<ol style="list-style-type: none"> 1. Claimed dates of service are not within the authorization period 2. The authorization line is in error 	<ol style="list-style-type: none"> 1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	<ol style="list-style-type: none"> 1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted 	<ol style="list-style-type: none"> 1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim