

ProviderOne Provider System User Manual



Submitting an Institutional Claim

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation.

Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.

ProviderOne Provider System User Manual

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Submitting an Institutional Claim

Using ProviderOne to Submit an On-line Institutional Claim
Using Direct Data Entry and Batch Upload

The following ProviderOne tasks and topics are covered in
this section:

- The ProviderOne On-line Claims Submission Process
- Accessing and Navigating the Institutional Claim Form
- Knowing When Data Entry is Required
- Accessing On-line Billing Instructions
- About Medicare Crossover Claims
- Completing the Basic Claim Info Section
- Saving a Claim and Retrieving a Saved Claim
- Submitting the Claim and Adding Backup Documentation
- Submitting an On-line Institutional Batch Claim

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The ProviderOne On-line Claims Submission Process

The following section describes the process of submitting an Institutional Claim using ProviderOne Direct Data Entry.

The high-level steps for submitting an on-line Institutional Claim using ProviderOne are:

- Using the EXT Provider Claims Submitter user profile, access the online claim form.
- Complete the Basic Claim Info section.
- Attach any supporting documentation.
- Submit the Claim.

Each of these steps are covered in detail in the following pages.

Upon successful submission of the claim ProviderOne assigns a Transaction Control Number (TCN) to each claim. The TCN uniquely identifies the claim and is helpful when searching for a claim, and tracking the claim payment.

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Institutional Claim Details

TCN: [REDACTED] ←

Provider NPI: [REDACTED]

Client ID: [REDACTED]

Date of Service: 9/9/2009 0:0:0-9/112009 0:0:0

Total Claim Charge: 2514.69

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

Attachment List:

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
<input type="checkbox"/>	1	ShowAttachmentServlet.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page Ok

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Accessing and Navigating the Institutional Claim Form

Accessing the Institutional Claim Form



From the Provider Portal, select the On-line Claims Entry link and click the On-line Claims Entry link.



ProviderOne displays the Claim Submission page.

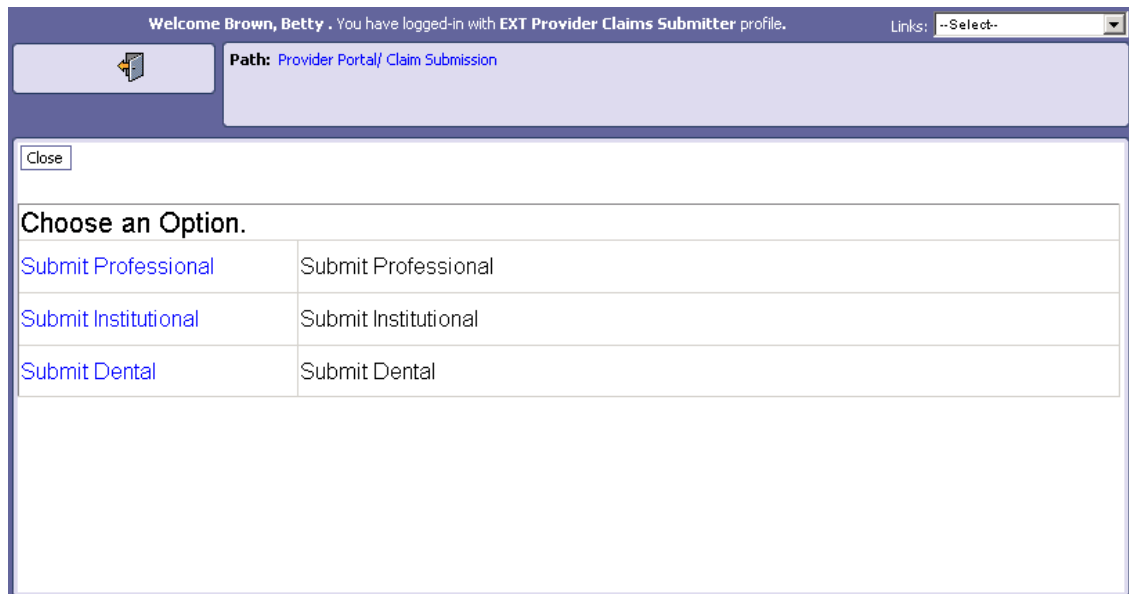


Figure 1 – Claim Submission Page



Select the Submit Institutional hyperlink.

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Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental



ProviderOne displays the Institutional Claim form.

Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claim Submission/ Submit Institutional Claim

Close Save Claim Submit Claim Reset

Institutional Claim:

Note: asterisks (*) denote required fields. Billing Instructions

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 2857403

PROVIDER INFORMATION

Go to Other Claim Info to enter information for providers other than the Billing Providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

Top

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

+ Additional Subscriber/Client Information

Top

CLAIM INFORMATION

Go to Other Claim Info to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.:

Medical Record Number:

* Type Of Facility:

* Bill Classification:

* Statement Dates: From: mm dd cyy To: mm dd cyy

Figure 2 – Institutional Claim Direct Data Entry Form

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Navigating the Institutional Claim Form



Navigate to major sections within the form by clicking the links located in the form header, clicking the scroll bar, or clicking the top hyperlinks located throughout the form.

Close Save Claim Submit Claim Reset

Institutional Claim:

Note: asterisks (*) denote required fields. Billing Instructions

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 2857403

PROVIDER INFORMATION

Go to Other Claim Info to enter information for providers other than the Billing Providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

Top

Note: For information about the Other Claim Info tab see the appendix.

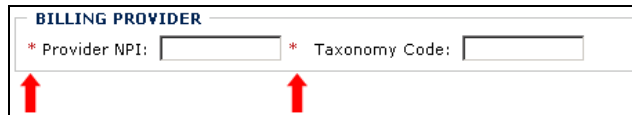
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Knowing When Data Entry is Required

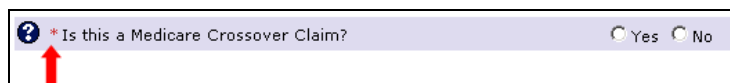
Required Fields

Required fields are marked with an asterisk and must be completed to submit the claim.




The screenshot shows a form titled "BILLING PROVIDER". It contains two input fields: "* Provider NPI:" and "* Taxonomy Code:". Both fields have a red arrow pointing to them, indicating they are required.

Questions marked with an asterisk must be answered to submit the claim.




The screenshot shows a question: "* Is this a Medicare Crossover Claim?". To the right of the question are radio buttons for "Yes" and "No". A red arrow points to the asterisk on the question, indicating it is required.

Optional and Situational Data Entry Panels

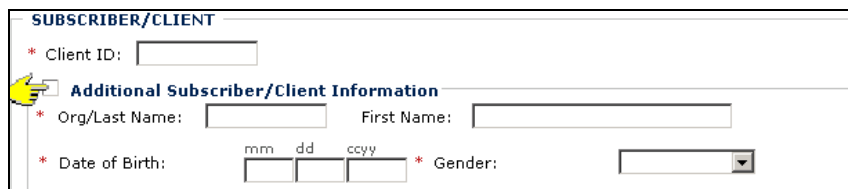
Additional data entry fields are located within expandable  data entry panels.



The screenshot shows a form titled "SUBSCRIBER/CLIENT". It contains one input field: "* Client ID:". Below this field is an expandable panel labeled  "Additional Subscriber/Client Information". A red arrow points to the plus icon, indicating it can be expanded.

These data entry panels may or may not be necessary depending on the claim being submitted.

Clicking on expander buttons  reveal additional data entry options.



The screenshot shows the "SUBSCRIBER/CLIENT" section with the "Additional Subscriber/Client Information" panel expanded. It contains several input fields: "* Client ID:", "* Org/Last Name:", "First Name:", "Date of Birth:" (with sub-fields for mm, dd, and cyy), and "* Gender:". A yellow arrow points to the plus icon on the left of the expanded panel.

IMPORTANT: Fields located within expanded data entry panels and marked with an asterisk are required "only if the data entry panel is opened".

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Accessing Online Billing Instructions



From the Institutional Claim form, click the Billing Instructions link.

The screenshot shows a web form titled "Institutional Claim:". Below the title is a note: "Note: asterisks (*) denote required fields." To the right of this note is a red arrow pointing to the text "Billing Instructions". Below the note and arrow are two tabs: "Basic Claim Info" (which is highlighted in blue) and "Other Claim Info".



ProviderOne displays the external Billing Instructions web page.

About the Billing Instructions Page

- This page launches in a separate browser window.
- If necessary, keep this window open while completing the Claim Form.

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About Medicare Crossover Claims

If you are submitting a Medicare Crossover Claim you must answer the following question with a Yes and input the Medicare Claim specific information.

? Is this a Medicare Crossover Claim? Yes No

This question appears on the Basic Claim Info form, in the CLAIM INFORMATION, CLAIM DATA section. Answering Yes causes ProviderOne to expand the Medicare Crossover Items area in the CLAIM DATA section (see graphic below).

? * Is this a Medicare Crossover Claim? Yes No

Medicare Cross Over Items

Medicare Days Covered:

* Amount Paid by Medicare: \$ * Medicare's Inpatient Deductible: \$

* Medicare Co-insurance: \$ * Medicare Allowed Amount: \$

* Medicare Adjudication Date: mm dd ccyy

The following form entry blocks also pertain to Medicare and appear in the OTHER INSURANCE INFORMATION section of CLAIM DATA.

Medicare Inpatient Adjudication Information

Covered Days Or Visits Count: <input type="text"/>	Claim DRG Amount: \$ <input type="text"/>
Lifetime Psychiatric Days: <input type="text"/>	Claim Disproportionate Share Amount: \$ <input type="text"/>
Remark Code: <input type="text"/>	Claim PPS Capital Amount: \$ <input type="text"/>
Claim MSP Pass-Through Amount: \$ <input type="text"/>	PPS Capital HSP DRG Amount: \$ <input type="text"/>
PPS Capital FSP DRG Amount: \$ <input type="text"/>	Old Capital Amount: \$ <input type="text"/>
PPS Capital DSH DRG Amount: \$ <input type="text"/>	PPS Operating Hospital Specific DRG Amount: \$ <input type="text"/>
PPS Capital IME Amount: \$ <input type="text"/>	PPS Operating Federal Specific DRG Amount: \$ <input type="text"/>
Cost Report Day Count: <input type="text"/>	Claim Indirect Teaching Amount: \$ <input type="text"/>
Claim PPS Capital Outlier Amount: \$ <input type="text"/>	PPS Capital Exception Amount: \$ <input type="text"/>
Non-payable Professional Component Amount: \$ <input type="text"/>	Remark Code 2: <input type="text"/>
Remark Code 1: <input type="text"/>	Remark Code 4: <input type="text"/>
Remark Code 3: <input type="text"/>	

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<input type="checkbox"/> Medicare Outpatient Adjudication Information			
Reimbursement Rate:	<input type="text"/>	%	HCPCS Payable Amount: \$ <input type="text"/>
Remark Code 1:	<input type="text"/>		Remark Code 2: <input type="text"/>
Remark Code 3:	<input type="text"/>		Remark Code 4: <input type="text"/>
Remark Code 5:	<input type="text"/>		
ESRD Paid Amount:	\$ <input type="text"/>		Professional Component: \$ <input type="text"/>

Completing the Basic Claim Info Section

The Basic Claim Info section of the Institutional Claim Form consists of four sub-sections.

PROVIDER INFORMATION

- BILLING PROVIDER

SUBSCRIBER/CLIENT INFORMATION

- SUBSCRIBER/CLIENT

CLAIM INFORMATION

- CLAIM DATA
- Is this a Medicare Crossover Claim?
- EPSDT INFORMATION
- CONDITION INFORMATION
- OCCURRENCE INFORMATION
- OCCURRENCE SPAN INFORMATION
- VALUE INFORMATION
- OTHER INSURANCE INFORMATION
- PRIOR AUTHORIZATION
- DIAGNOSIS INFORMATION
- PROCEDURE INFORMATION
- ATTENDING PHYSICIAN INFORMATION
- OTHER PHYSICIAN INFORMATION
- BILLING NOTE

SERVICE LINE ITEM INFORMATION

- SERVICE LINE ITEMS

Note: SUBSCRIBER/CLIENT refers to the patient receiving services.

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PROVIDER INFORMATION

PROVIDER INFORMATION	
Go to Other Claim Info to enter information for providers other than the Billing Providers.	
BILLING PROVIDER	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>

Figure 3 - Institutional Claim - PROVIDER INFORMATION



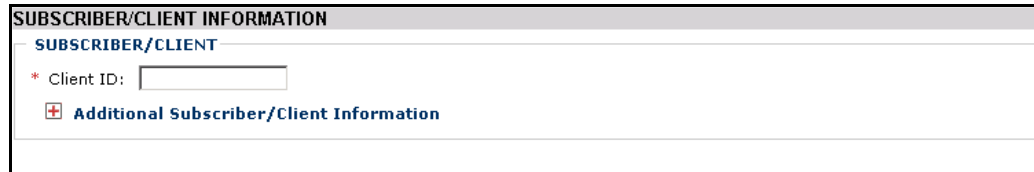
Enter the Billing Provider NPI and the Billing Provider Taxonomy Code.

BILLING PROVIDER	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>

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SUBSCRIBER/CLIENT INFORMATION



SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

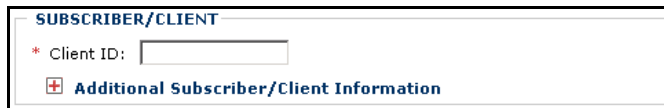
+ Additional Subscriber/Client Information

Figure 4 - Institutional Claim - SUBSCRIBER/CLIENT INFORMATION

Note: SUBSCRIBER/CLIENT refers to the patient receiving services.



Enter the Client ID.



SUBSCRIBER/CLIENT

* Client ID:

+ Additional Subscriber/Client Information



Click the red expander symbol to open the Additional Subscriber/Client Information segment and enter the Org/Last Name, Date of Birth, and select the Gender.



Additional Subscriber/Client Information

* Org/Last Name: First Name:

* Date of Birth: mm dd ccy * Gender:

NOTE: The Org/Last Name, Date of Birth, and Gender fields must be completed before submitting the claim.

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This page is intentionally blank.

CLAIM INFORMATION

CLAIM INFORMATION

Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.:

Medical Record Number:

* Type Of Facility:

* Bill Classification:

* Statement Dates: From: To:

Admission Date/Hour: - :

* Priority(Type) Admission/Visit:

Point Of Origin Admission/Visit:

Discharge Hour: :

* Discharge Status:

* Total Claim Charge: \$

Patient Est. Amount Due: \$

DRG Code:

* Is this a Medicare Crossover Claim? Yes No

+ Additional Claim Data

Top

- + EPSDT INFORMATION**
- + CONDITION INFORMATION**
- + OCCURRENCE INFORMATION**
- + OCCURRENCE SPAN INFORMATION**
- + VALUE INFORMATION**
- + OTHER INSURANCE INFORMATION**
- + PRIOR AUTHORIZATION**
- + DIAGNOSIS INFORMATION**
- + PROCEDURE INFORMATION**
- + ATTENDING PHYSICIAN INFORMATION**
- + OTHER PHYSICIAN INFORMATION**
- + BILLING NOTE**

Figure 5 - Institutional Claim - CLAIM INFORMATION

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Complete the CLAIM DATA section.

CLAIM DATA	
Patient Account No.:	<input type="text"/>
Medical Record Number:	<input type="text"/>
* Type Of Facility:	<input type="text"/>
* Bill Classification:	<input type="text"/>
* Statement Dates: From:	mm dd cyy <input type="text"/> To: mm dd cyy <input type="text"/>
Admission Date/Hour:	mm dd cyy <input type="text"/> - hh : mm <input type="text"/>
* Priority(Type) Admission/Visit:	<input type="text"/>
Point Of Origin Admission/Visit:	<input type="text"/>
Discharge Hour:	hh : mm <input type="text"/>
* Discharge Status:	<input type="text"/>
* Total Claim Charge:	\$ <input type="text"/>
Patient Est. Amount Due:	\$ <input type="text"/>
DRG Code:	<input type="text"/>



If this is a Medicare Crossover Claim, answer the question with Yes and complete the Medicare Cross Over Items segment. Otherwise, answer No.

* Is this a Medicare Crossover Claim? <input type="radio"/> Yes <input type="radio"/> No	
Medicare Cross Over Items	
Medicare Days Covered:	<input type="text"/>
* Amount Paid by Medicare: \$	<input type="text"/>
* Medicare Co-insurance: \$	<input type="text"/>
* Medicare Adjudication Date:	mm dd cyy <input type="text"/>
* Medicare's Inpatient Deductible: \$	<input type="text"/>
* Medicare Allowed Amount: \$	<input type="text"/>



If necessary, expand and complete the Additional Claim Data.

<input type="checkbox"/> Additional Claim Data	
Delay Reason Code:	<input type="text"/>
Provider Accept Assignment Code:	<input type="text"/>
Benefits Assignment Certification:	<input type="text"/>
Release Of Information Code:	<input type="text"/>
Auto Accident State:	<input type="text"/>



Expand and complete the EPSDT INFORMATION segment.

<input type="checkbox"/> EPSDT INFORMATION	
* Certification Condition Indicator:	<input type="radio"/> Yes <input type="radio"/> No
* Condition 1:	<input type="text"/>
Condition 2:	<input type="text"/>
Condition 3:	<input type="text"/>

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Open and complete the **CONDITION INFORMATION** segment. If more than one Condition Code needs to be entered, click the **Add Another** hyperlink.

<input type="checkbox"/> CONDITION INFORMATION
1 * Condition Code: <input type="text"/> Add Another



Open and complete the **OCCURRENCE INFORMATION** segment. If more than one Occurrence Code is needed, click the **Add Another** hyperlink.

<input type="checkbox"/> OCCURRENCE INFORMATION
1 * Occurrence Code: <input type="text"/> * Occurrence Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Add Another



Open and complete the **OCCURRENCE SPAN INFORMATION** segment. If more than one Occurrence Code Span is needed, click the **Add Another** hyperlink.

<input type="checkbox"/> OCCURRENCE SPAN INFORMATION
1 * Occurrence Code: <input type="text"/> * From Date: <input type="text"/> <input type="text"/> <input type="text"/> * Through Date: <input type="text"/> <input type="text"/> <input type="text"/> Add Another



Open and complete the **VALUE INFORMATION** segment. Click the **Add Another** hyperlink to add multiple Value Codes.

<input type="checkbox"/> VALUE INFORMATION
1 * Value Code: <input type="text"/> * Value Amount: \$ <input type="text"/> Add Another



Open the **OTHER INSURANCE INFORMATION** segment. To enter payer information, click the **OTHER PAYER INSURANCE INFORMATION** hyperlink. Click the **Add Another** hyperlink to add information about additional payers.

<input type="checkbox"/> OTHER INSURANCE INFORMATION
<input checked="" type="checkbox"/> OTHER PAYER INSURANCE INFORMATION
Add Another

Complete this segment if the client has additional insurance coverage other than Medicare or Medicare Advantage plans.



Open the **OTHER PAYER INSURANCE INFORMATION** segment.

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1 OTHER PAYER INSURANCE INFORMATION
 * Payer/Insurance Organization Name:
 Additional Other Payer Information
 Claim Check or Remittance Date: mm dd ccy
 Number Type: PA/Referral No.:
 Payer Claim Adjustment: Yes No
 Secondary ID Information
 COB Monetary Amounts
 Other Subscriber Information
 Other Insurance Coverage
 Medicare Inpatient Adjudication Information
 Medicare Outpatient Adjudication Information
 Secondary ID Information
 CLAIM LEVEL ADJUSTMENTS
 OTHER PAYER OPERATING PROVIDER
 OTHER PAYER BILLING PROVIDER
 OTHER PAYER OTHER PROVIDER
 OTHER PAYER ATTENDING PROVIDER
 OTHER PAYER SERVICE FACILITY PROVIDER



Enter the Payer/Insurance Organization Name.

Open and complete the Additional Other Payer Information segment.

Additional Other Payer Information
 * ID: * ID Type:
 Address Line 1: Address Line 2:
 City: State:
 Zip Code: Country:



Complete the additional data entry fields.

Claim Check or Remittance Date: mm dd ccy
 Number Type: PA/Referral No.:
 Payer Claim Adjustment: Yes No



Open and complete the Secondary ID Information segment.

Secondary ID Information
 1 * ID Type: * ID Number:
 2 ID Type: ID Number:



Open and complete the COB Monetary Amounts segment.

COB Monetary Amounts
 COB Payer Paid Amount:
 Additional COB Monetary Amounts



Open and complete the Additional COB Monetary Amounts segment.

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Additional COB Monetary Amounts
Non-Covered Charge Amount: \$ Remaining Patient Liability Amount: \$



Open and complete the Other Subscriber Information segment.

Other Subscriber Information
Subscriber Member ID:
Subscriber Last Name: First Name: MI: Suffix:
Insured's Group or Policy Number: Insured's Group or Plan Name:
 Additional Other Subscriber Information



Open and complete the Additional Other Subscriber Information segment.

Additional Other Subscriber Information
Entity Qualifier:
Address Line 1: Address Line 2:
City: State:
Zip Code: Country:
Relation to Individual:
Claim Filing Code:
* Payer Responsibility Sequence Number:

NOTE: Other subscriber information is useful if Medicaid is unaware of the private insurance, otherwise it is not necessary to complete.



Open and complete the Other Insurance Coverage segment.

Other Insurance Coverage
Benefits Assignment Certification:
Release Of Information Code:



Open and complete the Medicare Adjudication Information segment.

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<input type="checkbox"/> Medicare Inpatient Adjudication Information			
Covered Days Or Visits Count:	<input type="text"/>	Claim DRG Amount:	\$ <input type="text"/>
Lifetime Psychiatric Days:	<input type="text"/>	Claim Disproportionate Share Amount:	\$ <input type="text"/>
Remark Code:	<input type="text"/>	Claim PPS Capital Amount:	\$ <input type="text"/>
Claim MSP Pass-Through Amount:	\$ <input type="text"/>	PPS Capital HSP DRG Amount:	\$ <input type="text"/>
PPS Capital FSP DRG Amount:	\$ <input type="text"/>	Old Capital Amount:	\$ <input type="text"/>
PPS Capital DSH DRG Amount:	\$ <input type="text"/>	PPS Operating Hospital Specific DRG Amount:	\$ <input type="text"/>
PPS Capital IME Amount:	\$ <input type="text"/>	PPS Operating Federal Specific DRG Amount:	\$ <input type="text"/>
Cost Report Day Count:	<input type="text"/>	Claim Indirect Teaching Amount:	\$ <input type="text"/>
Claim PPS Capital Outlier Amount:	\$ <input type="text"/>	PPS Capital Exception Amount:	\$ <input type="text"/>
Non-payable Professional Component Amount:	\$ <input type="text"/>	Remark Code 1:	<input type="text"/>
Remark Code 1:	<input type="text"/>	Remark Code 2:	<input type="text"/>
Remark Code 3:	<input type="text"/>	Remark Code 4:	<input type="text"/>



Open and complete the Medicare Outpatient Adjudication Information segment.

<input type="checkbox"/> Medicare Outpatient Adjudication Information			
Reimbursement Rate:	<input type="text"/> %	HCPCS Payable Amount:	\$ <input type="text"/>
Remark Code 1:	<input type="text"/>	Remark Code 2:	<input type="text"/>
Remark Code 3:	<input type="text"/>	Remark Code 4:	<input type="text"/>
Remark Code 5:	<input type="text"/>	ESRD Paid Amount:	\$ <input type="text"/>
ESRD Paid Amount:	\$ <input type="text"/>	Professional Component:	\$ <input type="text"/>



Open and enter Secondary ID Information.

<input type="checkbox"/> Secondary ID Information			
1	* ID Type: <input type="text"/>	* ID Number: <input type="text"/>	
2	ID Type: <input type="text"/>	ID Number: <input type="text"/>	



Open and complete the CLAIM LEVEL ADJUSTMENTS segment.

<input type="checkbox"/> CLAIM LEVEL ADJUSTMENTS						
1	* Group Code :	<input type="text"/>	* Reason Code :	<input type="text"/>	* Amount : <input type="text"/>	Quantity : <input type="text"/>
2	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
3	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
4	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
5	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>



Enter Other Provider Information.

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OTHER PAYER OPERATING PROVIDER
Provider NPI:

OTHER PAYER BILLING PROVIDER
Provider NPI:

OTHER PAYER OTHER PROVIDER
Provider NPI:

OTHER PAYER ATTENDING PROVIDER
Provider NPI:

OTHER PAYER SERVICE FACILITY PROVIDER
Provider NPI:



Open and complete the PRIOR AUTHORIZATION segment.

PRIOR AUTHORIZATION

1. * Prior Authorization Number:

2. Prior Authorization Number:



Open and complete the DIAGNOSIS INFORMATION segment. Use the Add Another hyperlink to add multiple E-Codes.

DIAGNOSIS INFORMATION

* Principal Diagnosis Code: Present On Admission:

Admitting Diagnosis Code:

1 * E-Code: Present On Admission: [Add Another](#)

Reason For Visit: 1: 2: 3:

NOTE: Do not use decimals or spaces when entering Diagnosis Codes.



Open and complete the Other Diagnosis Information segment.

Other Diagnosis Information

1 * Other Diagnosis Code: Present On Admission: [Add Another](#)



Open and complete the PROCEDURE INFORMATION segment.

PROCEDURE INFORMATION

* Principal Procedure Code: Procedure Date:



If additional Procedure Codes must be entered, open and complete the Other Procedure Information segment. Use the Add Another hyperlink to add multiple codes.

Other Procedure Information

1 * Other Procedure Code: Procedure Date: [Add Another](#)

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Open and complete the ATTENDING PHYSICIAN INFORMATION segment.

ATTENDING PHYSICIAN INFORMATION

* Provider NPI: Taxonomy Code:



Open and complete the OTHER PHYSICIAN INFORMATION segment.

OTHER PHYSICIAN INFORMATION

Provider NPI:



Open and complete the BILLING NOTE segment.

BILLING NOTE

* Type Code:

* Note:

characters remaining:

SERVICE LINE ITEM INFORMATION

SERVICE LINE ITEM INFORMATION

Click on the Other Svc Info link associated with each added Service Line Item to enter line item information other than that displayed or

Service Line Items

* Revenue Code:

Procedure Code: Modifiers: 1: 2: 3: 4:

Service Date/First Date of Service: mm dd ccyy

Last Date of Service: mm dd ccyy

* Service Units:

* Total Line Charges: \$ Non-covered Line Charges: \$

Line Item Control Number:

Medicare Crossover Items

National Drug Code:

Drug Identification

Additional Service Line Information

Previously Entered Line Item Information

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges
			1	2	3	4	From	To			

Figure 6 - Institutional Claim - SERVICE LINE ITEM INFORMATION



Complete the Service Line Items section.

Service Line Items

* Revenue Code:

Procedure Code: Modifiers: 1: 2: 3: 4:

Service Date/First Date of Service: mm dd ccyy

Last Date of Service: mm dd ccyy

* Service Units:

* Total Line Charges: \$ Non-covered Line Charges: \$

Line Item Control Number:



If this is a Medicare Crossover Claim Line Item, open and complete the Medicare Crossover Items segment.

Medicare Crossover Items

* Medicare Deductible: \$ * Medicare Coinsurance: \$

* Medicare Paid: \$

* Medicare Paid Date: mm dd ccyy



If necessary, enter a National Drug Code. Open and complete the Drug Identification segment.

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National Drug Code:

Drug Identification

* Unit Code: * National Drug Unit Count:

Prescription or Compound Drug Association Number:



Open and complete the Additional Service Line Information segment.

Additional Service Line Information

Sales Tax Amount: Facility Tax Amount:

Adding the Service Line Item to the Claim

All other claim information should be completed before adding the Service Line Item to the claim.



Click the Add Service Line Item button.



ProviderOne adds the line item to the claim and shifts to the top of the claim form.



To view the new line item, click the Service tab.

Institutional Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info | Other Claim Info

Billing Provider | Subscriber | Claim | **Service**



ProviderOne displays the SERVICE LINE ITEM INFORMATION section. All previously entered line item data has been cleared from the form. The service line item has been added to the Previously Entered Line Item Information table.

Previously Entered Line Item Information

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0120								2	1710	0	Delete or Other Service Info



Repeat this process until all service line items have been added to the claim.

Updating a Service Line Item



To update a service line item, click the hyperlink in the Line No column for the service line item to be updated.

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0120								2	1710	0	Delete or Other Service Info
2	0250c1X								2	85		Delete or Other Service Info



ProviderOne returns to the top of the claim form.



Click the Service tab to return to the SERVICE LINE ITEM INFORMATION section.

Institutional Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | **Service**



After editing existing data and/or adding additional data, click the Update Service Line Item button.

Add Service Line Item **Update Service Line Item**

Deleting a Service Line Item



Click the Delete hyperlink of the Service Line Item you want to delete.

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0120								2	1710	0	Delete or Other Service Info

ProviderOne Provider System User Manual

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Saving the Claim and Retrieving a Saved Claim

Requirements for Saving an Institutional Claim

The following Institutional Claim Form data entry elements must be completed before a claim can be saved:

PROVIDER INFORMATION

- Billing Provider NPI
- Billing Provider Taxonomy

SUBSCRIBER/CLIENT

- Client ID

Entering the Client ID will not automatically populate the first and last name field. If you want to see the client's last name on the saved claim list you will need to expand the Additional Subscriber/Client Information segment and enter the client's name.

CLAIM INFORMATION

- Is this a Medicare Crossover Claim?

SERVICE LINE ITEM INFORMATION

- Line Items are not required for saving a claim.
- To include line items in a saved claim, the line item must be added to the claim using standard claim data entry steps.

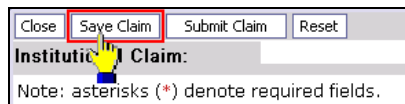
Required data entry fields that appear as a result of answering claim form questions must be completed before the claim can be saved.

Saving the Claim

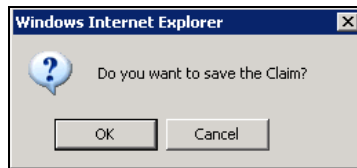


Complete all required data entry.

Click the Save Claim button.



ProviderOne displays the following confirmation dialog.



Click OK to proceed or Cancel to return to the claim form.

If necessary, correct any missing data or invalid data entry errors identified by ProviderOne.



If no data entry errors or missing data are detected ProviderOne saves the claim and closes the claim form.

ProviderOne Provider System User Manual

Retrieving a Saved Claim



From the Provider Portal, click the Retrieve Saved Claims hyperlink.



ProviderOne displays the Saved Claims List.

<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BobS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BobS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	SallyS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	SallyS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	[REDACTED]	BettyB

Figure 7 – Saved Claims List



Click the Link icon to retrieve a claim.

<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/>	▶	552233661	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	552233661	[REDACTED]	[REDACTED]	BobS



ProviderOne loads the saved claim data into the Institutional Claim Form.



Continue with Institutional Claim data entry.

ProviderOne Provider System User Manual

Once a saved claim has been retrieved and submitted it will be removed from the Saved Claims List.

For more information on managing the Saved Claims List, see the Managing Claims Provider System User Manual.

Submitting the Claim and Adding Backup Documentation

Submitting the Claim



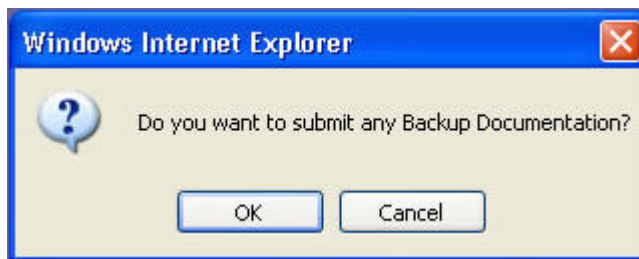
Click the Submit Claim button.



The screenshot shows a web form with buttons for 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. The 'Submit Claim' button is highlighted with a red box and a yellow mouse cursor. Below the buttons, the text 'Institutional Claim:' is visible, followed by a note: 'Note: asterisks (*) denote required fields.' There are two tabs: 'Basic Claim Info' (selected) and 'Other Claim Info'. At the bottom, there are links for 'Billing Provider', 'Subscriber', 'Claim', and 'Service'.



ProviderOne displays the following prompt.



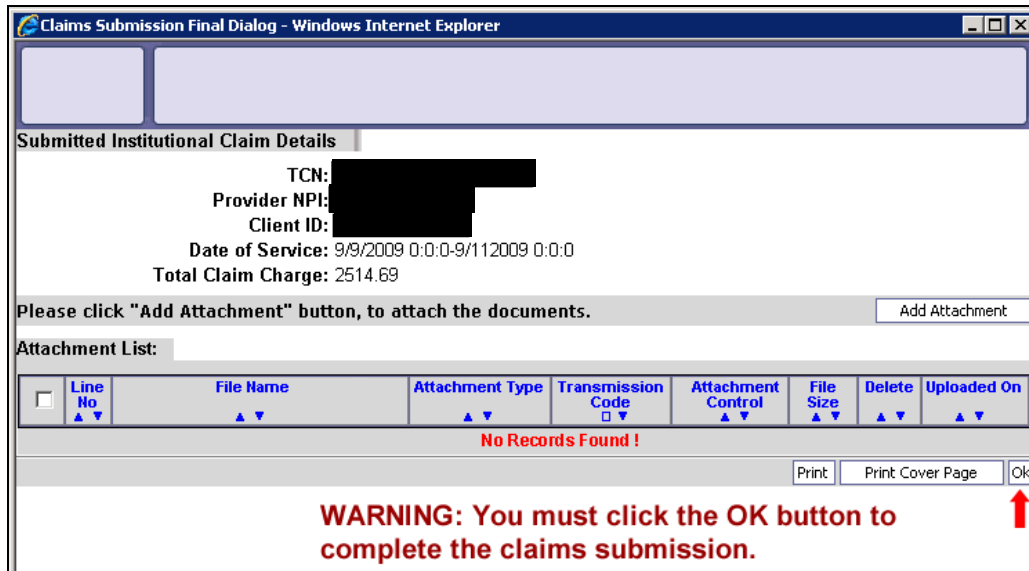
Click OK to display the Claim Backup Documentation form.



Click the Cancel button if there is no backup documentation.



ProviderOne generates a TCN for the new claim and displays the Submitted Institutional Claim Details page.



Submitted Institutional Claim Details

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: 9/9/2009 0:0:0-9/11/2009 0:0:0
 Total Claim Charge: 2514.69

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

Attachment List:

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

WARNING: You must click the OK button to complete the claims submission.

Figure 8 - Submitted Institutional Claim Details



To print this information, click Print.

Click OK to finalize this transaction. Failure to click OK will void this transaction.

CAUTION "READ THIS": If you don't click OK, the claim is not transmitted.

Submitting Claims Backup Documentation

If you responded OK to the Internet Explorer prompt after clicking the Submit Claim button, ProviderOne displays the Claims Backup Documentation form.



To submit additional backup documentation, click the Add Attachment button.

ProviderOne displays the Claims Backup Documentation form.

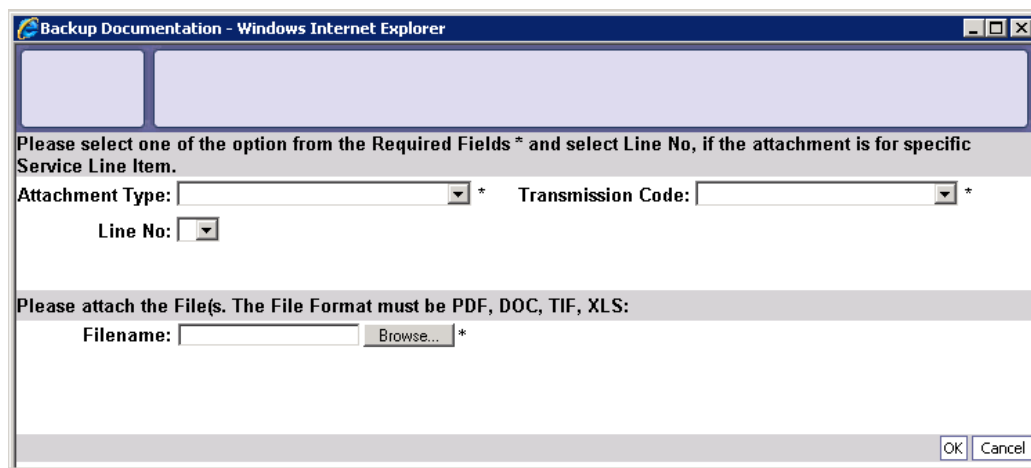


Figure 9 - Claims Backup Documentation



Select the Attachment Type and Transmission Code.

If the Transmission Code is BM: By Mail



If the Transmission Code is BM:By Mail, click the OK button.

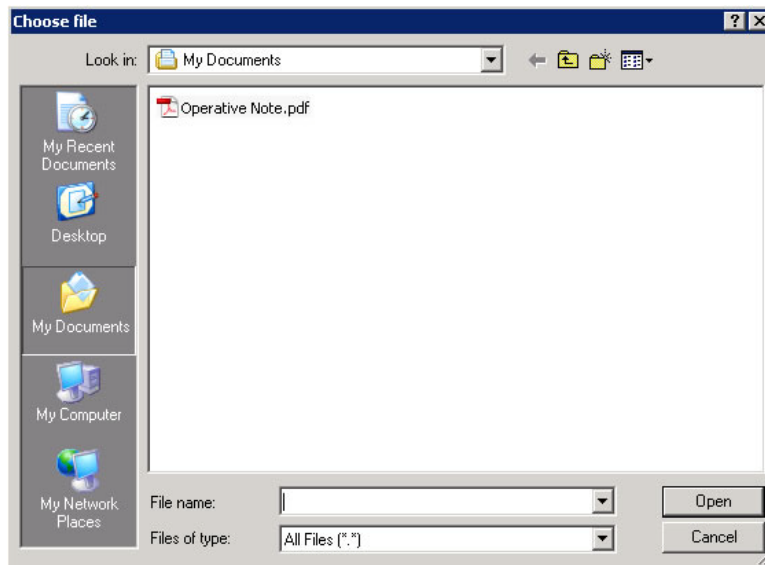
If the Transmission Code is EL: Electronically Only



Click the Browse button.



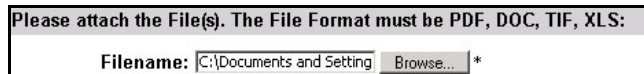
ProviderOne displays a Windows Choose File dialog.



Select the file to attach and click the Open button.



ProviderOne displays the file in the Filename field.



Click the OK button.



ProviderOne generates a TCN and displays the Submitted Institutional Claim Details page. The new attachment appears in the attachment list.



To print this information click Print.



Click OK to finalize this transaction. Failure to click OK will void this transaction.

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Institutional Claim Details

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: 9/9/2009 0:0:0-9/11/2009 0:0:0
 Total Claim Charge: 2514.69

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

Attachment List:

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
<input type="checkbox"/>	1	ShowAttachmentServlet.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

Print Print Cover Page **OK**

WARNING: You must click the OK button to complete the claims submission.

Figure 10 - Submitted Institutional Claim Details

CAUTION "READ THIS": If you don't click OK, the claim is not transmitted.

Printing the Attachment Cover Page



Click the Print Cover Page button.



ProviderOne displays a PDF preview of the Cover Page.



Fill in the information required, print this cover page, and include with mailed attachments.

NOTE: After entering data into a field on the form, you must press the tab key or click outside of a data field to update the bar code with the date entered. Updated bar codes will be wider than bar codes that have not been updated.

DO NOT use previously saved cover pages, each page has a bar coding unique to the current claim.

Printing the Claim Details



To print a copy of the claim, click the Print button.



ProviderOne displays a PDF preview of the claim details.



Print or Save this PDF file.

Submitting an Online Batch Claim

Before Uploading Your Document

You must be enrolled as a Trading Partner in the ProviderOne system.

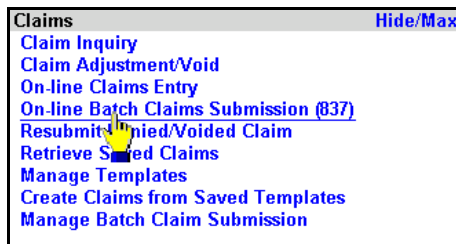
You must be authorized (tested and approved by CNSI) to submit HIPAA files over the web to ProviderOne.

The file you are uploading must be less than or equal to 50MB in size.

Accessing the Batch Attachment Response Page



From the Provider Portal, click the On-line Batch Claims Submission (837) link.



ProviderOne displays the Batch Attachment Response page.

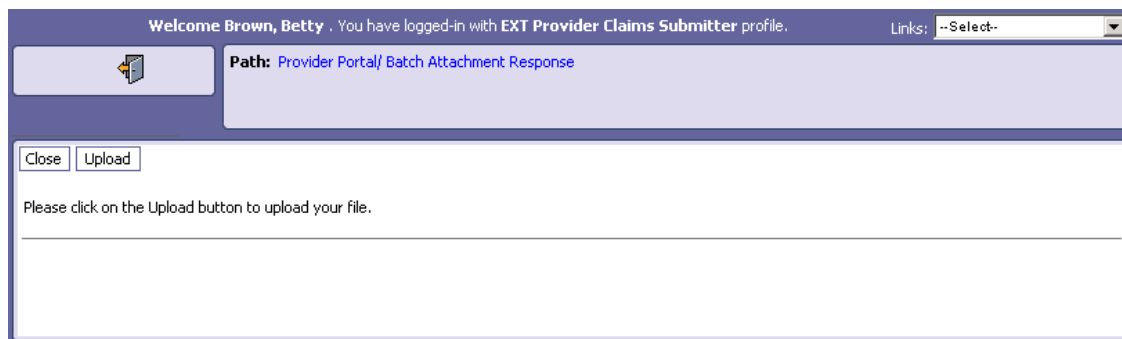


Figure 11 - Batch Attachment Response

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Submitting the Document



Click the Upload button.



ProviderOne displays the Attachment page.

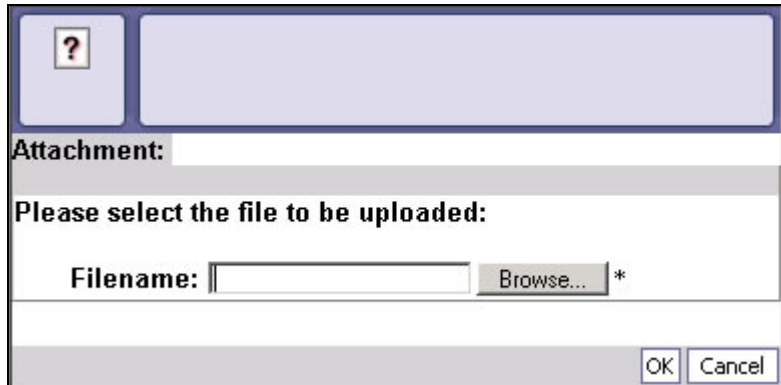


Figure 12 - Attachment



Click the Browse button, select the file to upload, and click the OK button.



If the Upload was successful, ProviderOne displays the Upload File Response.

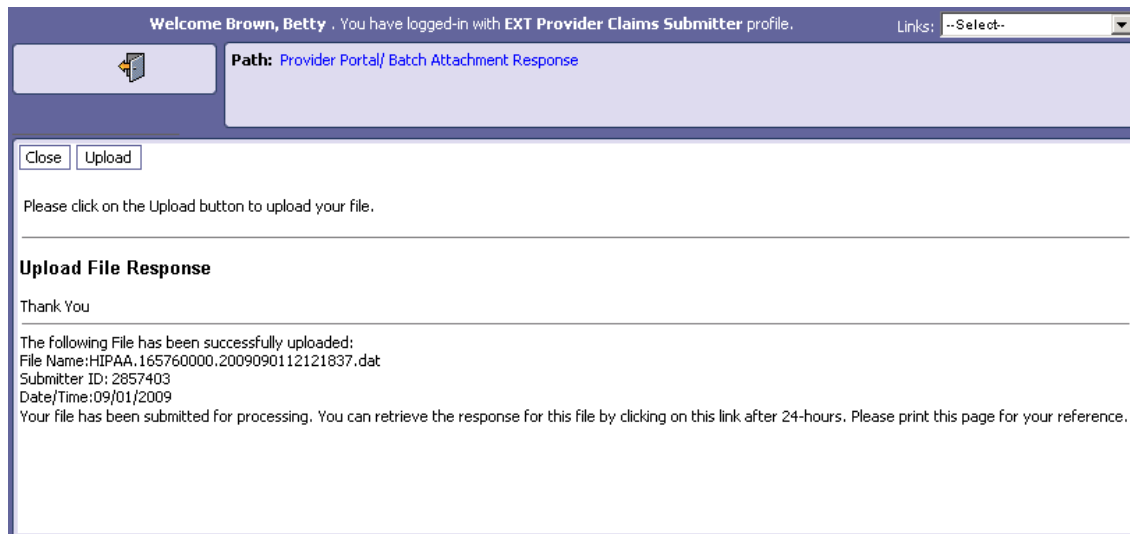


Figure 13 - HIPAA Batch Response – Upload File Response



Click the Close button.

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Appendix

Other Claim Info and Other Service Line Info sections are not required for Direct Data Entry Claims submission using ProviderOne.

This section is for reference only.

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Completing the Other Claim Info Section

The Other Claim Info section consists of the following sub-sections.

CLAIM INFORMATION

- MISCELLANEOUS CLAIM

SPECIALIZED SERVICES INFORMATION

- CLAIM NOTE
- TREATMENT CODE INFORMATION
- OPERATING PHYSICIAN
- RENDERING PHYSICIAN
- REFERRING PHYSICIAN



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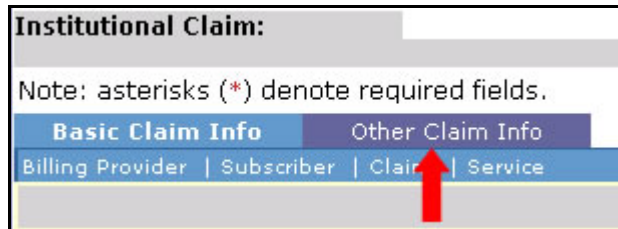
This page is intentionally blank.

Accessing Other Claim Info

You must complete the Basic Info form before you can access the Other Claim Info form.



Access the Other Claim Info form by clicking the Other Claim Info tab.



Institutional Claim:

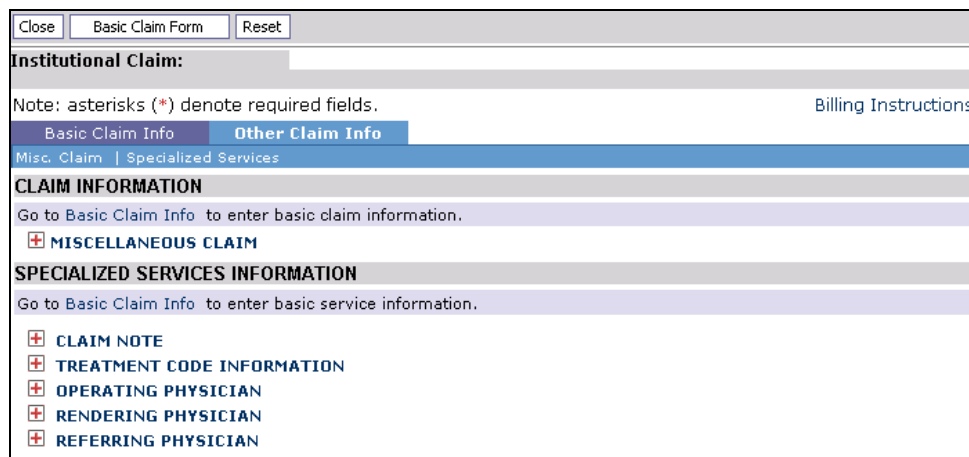
Note: asterisks (*) denote required fields.

Basic Claim Info | **Other Claim Info**

Billing Provider | Subscriber | **Claim** | Service



ProviderOne displays the Other Claim Info form.



Close Basic Claim Form Reset

Institutional Claim:

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info | **Other Claim Info**

Misc. Claim | Specialized Services

CLAIM INFORMATION

Go to Basic Claim Info to enter basic claim information.

+ MISCELLANEOUS CLAIM

SPECIALIZED SERVICES INFORMATION

Go to Basic Claim Info to enter basic service information.

+ CLAIM NOTE

+ TREATMENT CODE INFORMATION

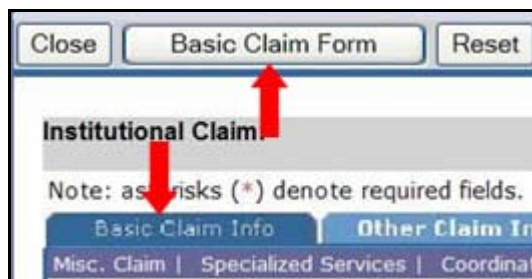
+ OPERATING PHYSICIAN

+ RENDERING PHYSICIAN

+ REFERRING PHYSICIAN



After completing the form, return to the Basic Claim Info form by clicking the Basic Claim Info tab or Basic Claim Form button.



Close **Basic Claim Form** Reset

Institutional Claim

Note: asterisks (*) denote required fields.

Basic Claim Info | Other Claim Info

Misc. Claim | Specialized Services | Coordinat

This page is intentionally blank.

CLAIM INFORMATION

CLAIM INFORMATION

Go to [Basic Claim Info](#) to enter basic claim information.

MISCELLANEOUS CLAIM

Figure 14 - Institutional Claim - CLAIM INFORMATION

Enter MISCELLANEOUS CLAIM

MISCELLANEOUS CLAIM

Investigational Device Exemption ID:

Demonstration Project ID:

File Information:

SERVICE AUTHORIZATION INFORMATION

SERVICE FACILITY

MISCELLANEOUS CLAIM

Investigational Device Exemption ID:

Demonstration Project ID:

File Information:

SERVICE AUTHORIZATION INFORMATION

Service Authorization Exception Code:

Peer Review Authorization Number:

SERVICE FACILITY

Provider NPI:

SPECIALIZED SERVICES INFORMATION

SPECIALIZED SERVICES INFORMATION

Go to [Basic Claim Info](#) to enter basic service information.

- CLAIM NOTE
- TREATMENT CODE INFORMATION
- OPERATING PHYSICIAN
- RENDERING PHYSICIAN
- REFERRING PHYSICIAN

Figure 15 - Institutional Claim - Other Claim Info - SPECIALIZED SERVICES INFORMATION

Enter CLAIM NOTE

CLAIM NOTE

* Type Code:

* Note:

characters remaining:

Enter TREATMENT CODE INFORMATION

TREATMENT CODE INFORMATION

* Treatment Code 1:

Treatment Code 2:

Treatment Code 3:

Treatment Code 4:

Treatment Code 5:

Treatment Code 6:

Treatment Code 7:

Treatment Code 8:

Treatment Code 9:

Treatment Code 10:

Treatment Code 11:

Treatment Code 12:

Enter OPERATING PHYSICIAN

OPERATING PHYSICIAN

Provider NPI:

Enter RENDERING PHYSICIAN

<input type="checkbox"/> RENDERING PHYSICIAN
Provider NPI: <input type="text"/>

Enter REFERRING PHYSICIAN

<input type="checkbox"/> REFERRING PHYSICIAN
Provider NPI: <input type="text"/>

Completing the Other Service Info Section

The Other Service Info section consists of the following sub-sections.

SERVICE LINE PROVIDER INFORMATION

- OPERATING PHYSICIAN INFORMATION
- OTHER OPERATING PHYSICIAN INFORMATION
- RENDERING PROVIDER INFORMATION
- REFERRING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO

This page is intentionally blank.

Accessing Other Service Info

Other Service Info is applied to individual Service Lines.



To open the Other Service Info form for an individual Service Line, click the Other Service Info hyperlink for the Service Line.

Previously Entered Line Item Information											
Click a Line No. below to view/update that Line Item Information.											
Line No	Rev. Code	Proc. Code	Modifiers			Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From				
1	0120							2	1710		Delete or Other Service Info



ProviderOne displays the Other Service Info form.

SERVICE LINE PROVIDER INFORMATION
Go to Basic Claim Info to enter basic service line information.
+ OPERATING PHYSICIAN INFORMATION
+ OTHER OPERATING PHYSICIAN INFORMATION
+ RENDERING PROVIDER INFORMATION
+ REFERRING PROVIDER INFORMATION
+ SERVICE LINE ADJUDICATION INFO

This page is intentionally blank.

OTHER SERVICE LINE INFORMATION

SERVICE LINE PROVIDER INFORMATION

Go to [Basic Claim Info](#) to enter basic service line information.

- OPERATING PHYSICIAN INFORMATION
- OTHER OPERATING PHYSICIAN INFORMATION
- RENDERING PROVIDER INFORMATION
- REFERRING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO

Figure 16 - Institutional Claim - OTHER SERVICE LINE INFORMATION

Enter Physician and Provider Information

OPERATING PHYSICIAN INFORMATION

Provider NPI:

OTHER OPERATING PHYSICIAN INFORMATION

Provider NPI:

RENDERING PROVIDER INFORMATION

Provider NPI:

REFERRING PROVIDER INFORMATION

Provider NPI:

Enter SERVICE LINE ADJUDICATION INFO

SERVICE LINE ADJUDICATION INFO

1 SERVICE LINE ADJUDICATION

[Add Another](#)

SERVICE LINE ADJUDICATION INFO

1 SERVICE LINE ADJUDICATION

*Other Payer Primary ID: <input type="text"/>	*Service Line Paid Amount: \$ <input type="text"/>
*Claim Check or Remittance Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> cyy	*Paid Service Line Unit Count: <input type="text"/>
Procedure Qualifier: <input type="text"/>	Procedure Code: <input type="text"/>
Procedure Code Description: <input type="text"/>	Bundled Line Number: <input type="text"/>
Procedure Code Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>	
*Revenue Code: <input type="text"/>	
Remaining Patient Liability Amount: <input type="text"/>	

SERVICE ADJUSTMENT

SERVICE ADJUSTMENT

1	* Group Code : <input type="text"/>	* Reason Code : <input type="text"/>	* Amount : <input type="text"/>	Quantity : <input type="text"/>
2	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
3	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
4	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
5	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>