



How to resubmit a paper claim using ProviderOne

Provider Relations Unit
June 2017

Why is this process necessary?

- Washington Apple Health (Medicaid) implemented paperless billing as of October 1, 2016.
 - ✓ See the [ProviderOne Billing and Resource Guide webpage](#) and scroll down to **Paperless billing at HCA** for more information.
 - ✓ If a provider was approved temporarily to continue billing paper claims, their temporary extension expired April 1, 2017.
 - ✓ All tribal billing offices were exempted from this requirement and may continue billing paper.
- All providers must submit electronic claims:
 - ✓ By using the direct data entry (DDE) function through the ProviderOne portal; or
 - ✓ By submitting HIPAA EDI claims.

Why is this process necessary?

- Some providers are still transitioning to electronic billing.
- This process will show how to bring up a previously submitted paper claim in ProviderOne and correct it using DDE.

How can I tell it is a paper claim submission?

- Get the TCN or claim number of the claim to correct.
- Each digit of the TCN has a meaning:
 - ✓ The first digit is called the Claim Medium Indicator.
 - ✓ If the first digit is a “1,” that indicates a paper claim submission.
 - ✓ A 3 represents a HIPAA EDI claim.
 - ✓ A 2 represents a DDE claim submitted through ProviderOne.
- See the next slide for complete details on reading a TCN or claim number.

How do I read a TCN?

1st digit-Claim Medium Indicator

- 1-paper
- 2-Direct Data Entry
- 3-electronic, batch submission
- 4-system generated (Credits/Adjustment)

2nd digit-Type of Claim

- 0-Medical/Dental
- 2-Crossover or Medical

3rd thru 7th digits-Date Claim was Received

- 3rd and 4th digits are the year
- 5th, 6th and 7th digits are the day it was received

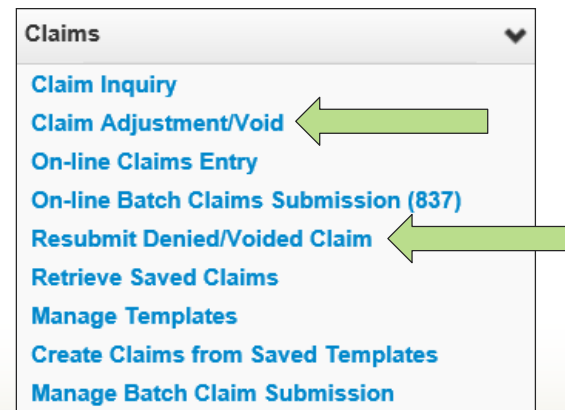
Example TCN:

301610465325134000

- 3** Electronic submission via batch
- 0** Medical claim
- 16** Year claim was received-2016
- 104** Day claim was received-April 13

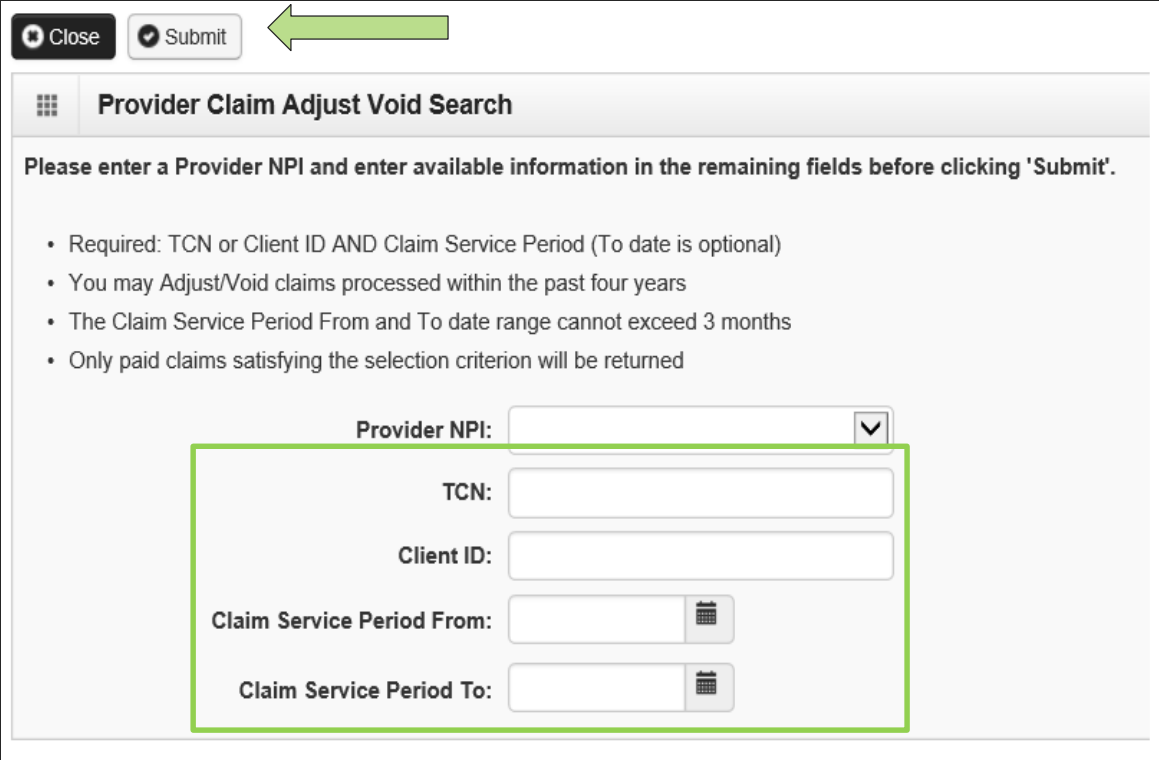
How do I process a correction using DDE?

- Log into ProviderOne using one of the following profiles:
 - ✓ EXT Provider Super User
 - ✓ EXT Provider Claims Submitter
 - ✓ EXT Provider Eligibility Checker – Claims Submitter
- Select the option under the Claims heading based on the status of the claim needing correction:
 - ✓ **Claim Adjustment/Void** for paid or partially paid claim;
 - ✓ **Resubmit Denied/Voided Claim** for claim denials.



How do I process an adjustment using DDE?

- If you clicked on **Claim Adjustment/Void**, enter the TCN or client ID and dates of service for the claim you wish to modify on the **Provider Claim Adjust Void Search** screen and click **Submit**.



Close Submit

Provider Claim Adjust Void Search

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

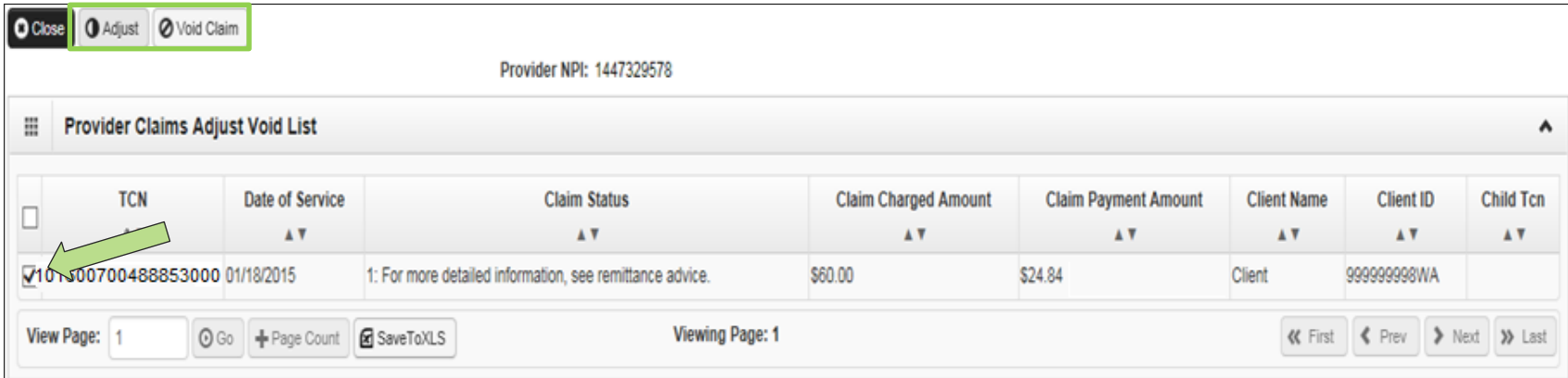
Client ID:

Claim Service Period From:

Claim Service Period To:

How do I process an adjustment using DDE?

- ProviderOne will bring up the TCN you entered or a list of claims for that date of service.
- Check the box next to the TCN you would like to correct, and click either the **Adjust** or **Void Claim** button.



Close Adjust Void Claim

Provider NPI: 1447329578

Provider Claims Adjust Void List

<input type="checkbox"/>	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID	Child Tcn
<input checked="" type="checkbox"/>	101000700488853000	01/18/2015	1: For more detailed information, see remittance advice.	\$60.00	\$24.84	Client	999999998WA	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Voiding a claim allows you to send the payment back to HCA.
 - ✓ The claim screen will be grayed out so no changes can be made.
- Clicking the Adjust button will repopulate the claim screen for any corrections to be made.
- Submit the claim as normal.

How do I resubmit a denied claim using DDE?

- If you clicked on **Resubmit Denied/Voiced Claim**, enter the TCN or client ID and dates of service of the claim you wish to modify on the **Provider Claim Model Search** screen and click **Submit**.

The screenshot shows a web form titled "Provider Claim Model Search". At the top, there are two buttons: "Close" and "Submit". A green arrow points from the "Submit" button towards the left. Below the buttons is a header section with a grid icon and the title "Provider Claim Model Search". Underneath the header, there is a instruction: "Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'." Below this instruction is a list of bullet points:

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

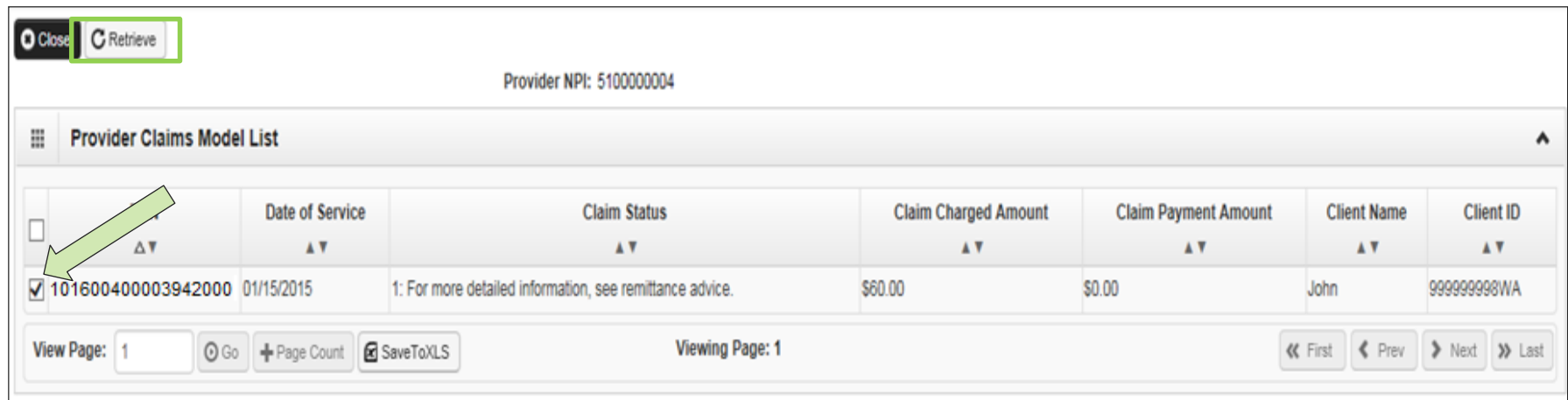
 The form fields are:

- Provider NPI: A dropdown menu.
- TCN: A text input field.
- Client ID: A text input field.
- Claim Service Period From: A date input field with a calendar icon.
- Claim Service Period To: A date input field with a calendar icon.

 A green rectangular box highlights the TCN, Client ID, and Claim Service Period From and To fields.

How do I resubmit a denied claim using DDE?

- ProviderOne will bring up the TCN you entered or a list of claims for that date of service.
- Check the box next to the TCN you would like to correct, and click the **Retrieve** button.



Close Retrieve

Provider NPI: 5100000004

Provider Claims Model List

	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
<input type="checkbox"/>						
<input checked="" type="checkbox"/>	01/15/2015	1: For more detailed information, see remittance advice.	\$60.00	\$0.00	John	999999998WA

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Clicking the Retrieve button will repopulate the claim screen for any corrections to be made.
- Submit the claim as normal.

NPI and taxonomy denials on professional claims

- If a professional claim was submitted using a CMS 1500 claim form, the NPI and taxonomy used for the servicing or rendering provider will be populated at both the claim level and the line level in ProviderOne.
- If you received a denial for a servicing/rendering provider NPI or taxonomy on your paper claim submission, you must take extra steps to correct this information using the **Resubmit Denied/Voided Claim** DDE feature of ProviderOne.

NPI and taxonomy denials on professional claims

- Once you have retrieved your claim in ProviderOne, make the correction of the NPI and/or taxonomy if necessary in the claim level area.
- To correct the information on the service line, you can do one of two things:
 - ✓ Delete the NPI and taxonomy on the service line altogether; or
 - ✓ Correct the information on the service line.

NPI and taxonomy denials on professional claims

- Once the claim screen has been repopulated, scroll down to the Basic Line Item Information area.
- Click on the **Other Service Info** hyperlink to the right of the Previously Entered Line Item Information:

+ Add Service Line Item ✎ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 100.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2017	01/01/2017	99213					1				100	1		Delete Other Service Info





NPI and taxonomy denials on professional claims

- On the Other Service Line Information screen, click the red **+** to expand the **Rendering Provider Information** section:

The screenshot shows a software interface for 'Other Service Line Information'. At the top, there are navigation tabs: 'Other Service Info' (selected), 'Rendering Provider', 'Referring Provider', 'Purchasing Provider', 'Or...', 'Home Oxygen Info', 'Ambulance Info', 'Line Notes', and 'Spinal Manipul...'. Below the tabs is a section header 'OTHER SERVICE LINE INFORMATION' with a grid icon. Underneath is a light blue instruction bar: 'Go to Basic Claim Info to enter basic service line information.' This is followed by a section header 'RELEVANT DATES' with a red plus icon. Below that is another section header 'SERVICE LINE PROVIDER INFORMATION' with a grid icon. Underneath is another light blue instruction bar: 'Go to Basic Claim Info to enter basic service line information.' This is followed by three expandable sections, each with a red plus icon: 'RENDERING PROVIDER INFORMATION', 'REFERRING PROVIDER INFORMATION', and 'PURCHASED SERVICE PROVIDER INFORMATION'. A green arrow points to the red plus icon of the 'RENDERING PROVIDER INFORMATION' section.

NPI and taxonomy denials on professional claims

- This allows you to either remove the information completely; or
- Correct the NPI and/or taxonomy based on the services rendered:

	OTHER SERVICE LINE INFORMATION
Go to Basic Claim Info to enter basic service line information.	
	RELEVANT DATES
	SERVICE LINE PROVIDER INFORMATION
Go to Basic Claim Info to enter basic service line information.	
	RENDERING PROVIDER INFORMATION
* Provider NPI:	<input type="text"/>
Taxonomy Code:	<input type="text"/>

NPI and taxonomy denials on professional claims

- At the top of the Other Service Info section, click the **Basic Claim Form** button to return to the main claim screen.

Provider Portal > Claim Submission

Close Basic Claim Form Reset

Professional Claim:

Note: asterisks (*) denote required fields.

Other Service Info

Rendering Provider | Referring Provider | Purchasing Provider | Other Service Info | Home Oxygen Info | Ambulance Info | Line Notes | Spinal Manipulation

OTHER SERVICE LINE INFORMATION

Note: Do not click the Close button here. It will return you to the main claim form, but you will lose the information you entered on the Other Service Info tab.

- Back on the Claim Submission screen, submit the claim as you normally would.

Resources

- [ProviderOne Billing and Resource Guide](#)
- ProviderOne training resources:
 - ✓ [Fact sheets](#)
 - ✓ [Webinars](#)
- [Provider billing guides and fee schedules](#)
- [Hospital reimbursement](#)
- HCA [Forms and publications](#)