



# Direct Data Entry of an Institutional Claim

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# Accessing ProviderOne

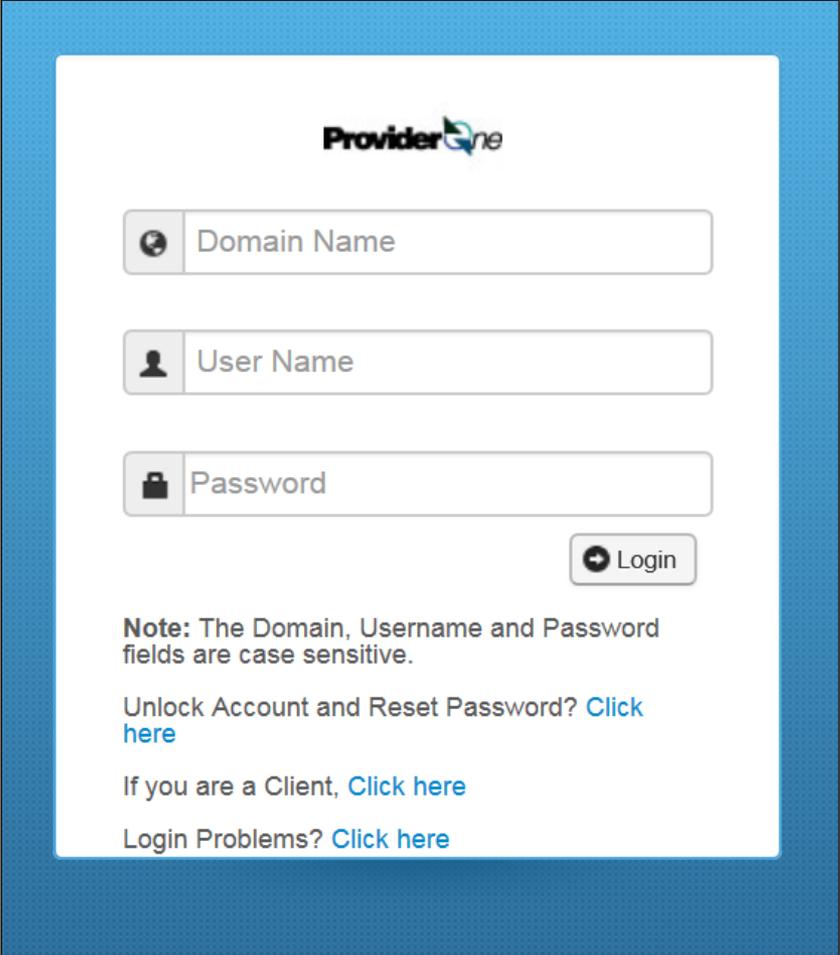
# Accessing ProviderOne

## ➤ Before logging into ProviderOne:

- Make sure you are using one of the following browsers:
  - Microsoft Internet Explorer version 6.0 and above for Windows
  - Google Chrome, Firefox, Microsoft Edge
  - If using a MAC computer, make sure you are using the Safari browser (only browser compatible for MAC)
- Turn **OFF** the Pop Up Blockers

# Accessing ProviderOne

- Use web address  
<https://www.waproviderone.org>
- Ensure that your system **“Pop Up Blockers”** are turned **“OFF”**
- Login using assigned Domain, Username, and Password
- Click the **“Login”** button



The screenshot shows the ProviderOne login interface. At the top center is the "ProviderOne" logo. Below it are three input fields: "Domain Name" with a globe icon, "User Name" with a person icon, and "Password" with a lock icon. To the right of the password field is a "Login" button with a right-pointing arrow. Below the input fields is a note: "Note: The Domain, Username and Password fields are case sensitive." Underneath the note are three links: "Unlock Account and Reset Password? Click here", "If you are a Client, Click here", and "Login Problems? Click here".

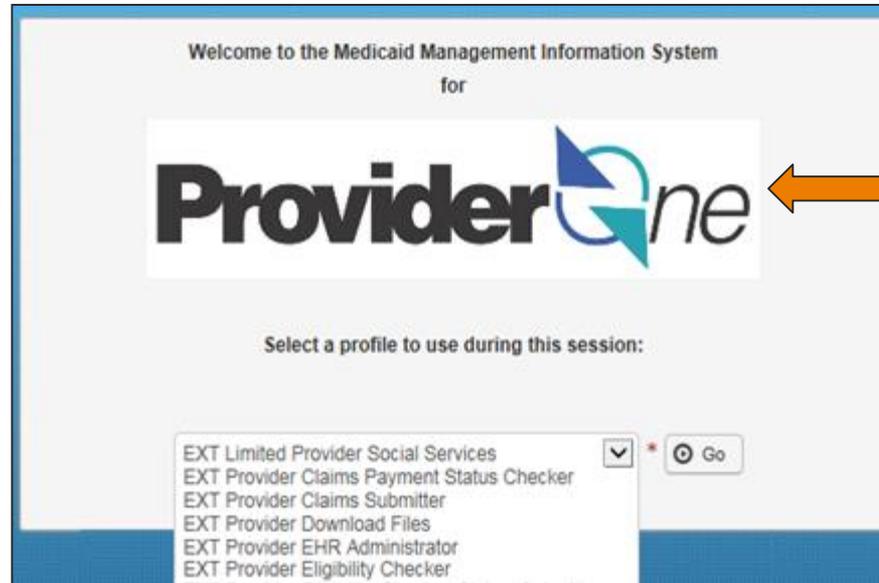
# Direct Data Entry (DDE) Claims

- ProviderOne allows providers to enter claims directly into the payment system.
- All claim types can be submitted through the DDE system:
  - Professional (CMS 1500)
  - Institutional (UB-04)
  - Dental (ADA Form)
- Providers can CORRECT and RESUBMIT denied or previously voided claims.
- Providers can ADJUST or VOID previously paid claims.

# Determine What Profile to Use

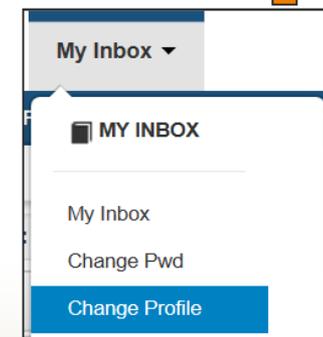
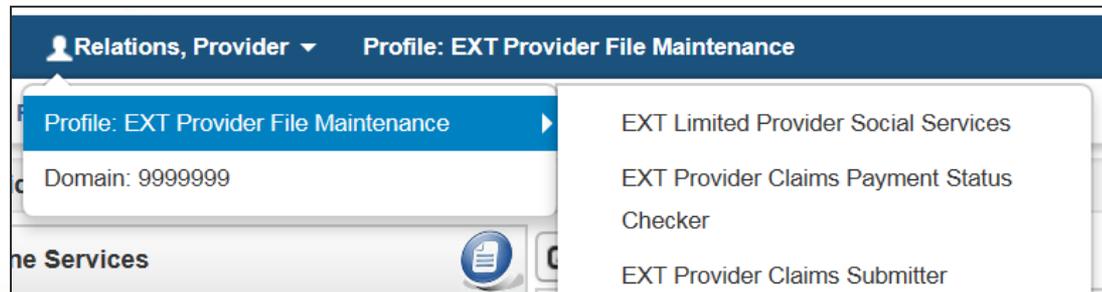
With the upgrade to 3.0, ProviderOne allows you to change your profile in more than one place.

➤ At initial login:



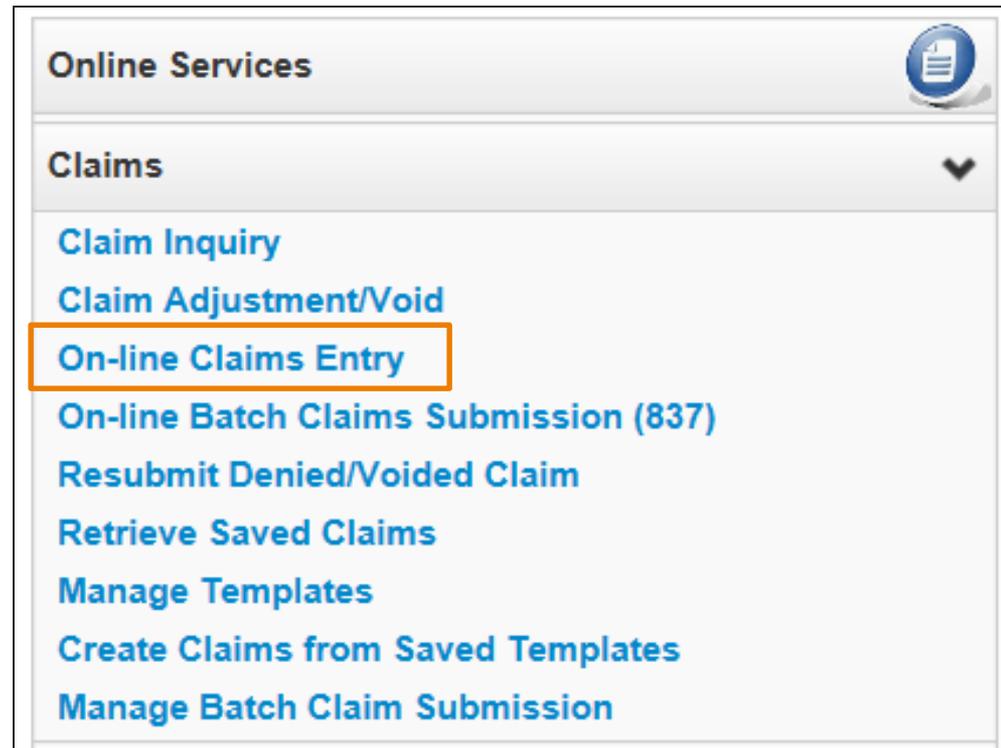
Note: Using "My Inbox" to change profiles, takes you back to the main profile screen.

➤ And in the portal:



# Direct Data Entry (DDE) Claims

- From the Provider Portal select the **Online Claims Entry** option located under the Claims heading.



# Direct Data Entry (DDE) Claims

➤ Choose the type of claim that you would like to submit with the appropriate claim form:

- Professional – CMS 1500
- Institutional - UB04
- Dental - 2012 ADA

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

# Direct Data Entry (DDE) Claims

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:

**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:  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

# Direct Data Entry (DDE) Claims

**Additional Claim Data**

**EPSDT INFORMATION**

**CONDITION INFORMATION**

**OCCURRENCE INFORMATION**

**OCCURRENCE SPAN INFORMATION**

**VALUE INFORMATION**

**OTHER INSURANCE INFORMATION**

**PRIOR AUTHORIZATION**

**DIAGNOSIS INFORMATION**

**PROCEDURE INFORMATION**

**ATTENDING PHYSICIAN INFORMATION**

**BILLING NOTE**

**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 on this page.

**Service Line Items**

Revenue Code:   
 Procedure Code:       Modifiers: 1:  2:  3:  4:   
mm dd cyy  
 Service Date/First Date of Service:     
mm dd cyy  
 Last Date of Service:     
 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			

# Direct Data Entry (DDE) Claims

## ➤ Section 1: Billing Provider Information

- Enter the Billing Provider NPI and Taxonomy code

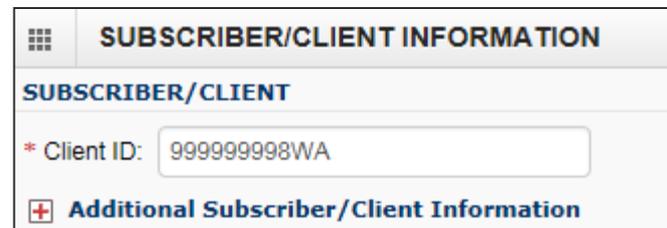
PROVIDER INFORMATION	
Go to <a href="#">Other Claim Info</a> to enter information for providers other than the Billing Providers.	
<b>BILLING PROVIDER</b>	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>

Note: This will be the NPI and Taxonomy Code of the facility where the service was performed and where you would like payment to be received.

# Direct Data Entry (DDE) Claims

## ➤ Section 2: Subscriber/Client Information

- Enter the Subscriber/Client ID found on the WA Medicaid services card. This ID is a 9-digit number followed by **WA**.
  - Example: **999999998WA**



The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". Below the title is a section labeled "SUBSCRIBER/CLIENT". Inside this section, there is a field for "\* Client ID:" with the value "999999998WA" entered. At the bottom of the section, there is a red plus sign icon followed by the text "Additional Subscriber/Client Information".

- Click on the red **+** to expand the Additional Subscriber/Client Information to enter additional required information.

# Direct Data Entry (DDE) Claims

## ➤ Section 2: Subscriber/Client Information (continued)

- Once the field is expanded enter the **“Patient’s Last Name, Date of Birth, and Gender”**.
  - Date of birth must be in the following format: **MM/DD/CCYY**.
  - Additional shown information fields are not needed

The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". The form is divided into sections. The first section is "SUBSCRIBER/CLIENT" and contains a required field for "Client ID". Below this is an expandable section titled "Additional Subscriber/Client Information". This section contains three required fields: "Org/Last Name" and "First Name" (both text boxes), and "Date of Birth" (three separate boxes for month, day, and year, with labels "mm", "dd", and "ccyy" below them). To the right of the date fields is a "Gender" dropdown menu.

# Direct Data Entry (DDE) Claims

## ➤ Section 3: Claim Information

- The next section is for "Claim Information". The next few slides will go over each of these boxes.

Note: Not all information shown here will be required to be completed. This will depend on your type of institutional claim.

**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:

# Direct Data Entry (DDE) Claims

## ➤ Patient Account Number

- The Patient Account No. field allows the provider to enter their internal patient account numbers assigned to the patient by their practice management system.

CLAIM DATA	
Patient Account No.:	<input type="text"/>

Note: Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.

# Direct Data Entry (DDE) Claims

## ➤ Medical Record Number

- The “Medical Record Number” field allows the provider to enter their internal medical record numbers that have been assigned by their practice management system

Medical Record Number:

Note: The medical record number is an optional step. If one is not entered continue on to the next question

# Direct Data Entry (DDE) Claims

## ➤ Type of Facility

- Enter the “Type of Facility” using the drop down option

\* Type Of Facility:

- 1-Hospital
- 2-Skilled Nursing
- 3-Home Health +
- 4-Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christi
- 5-Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly refe
- 6-Intermediate Care
- 7-Clinic
- 8-Special Facility

Note: The type of facility is a required field on every institutional claim submitted

# Direct Data Entry (DDE) Claims

## ➤ Bill Classification

- Enter the “Bill Classification” using the drop down option

\* Bill Classification:

- 1C-Rural Health
- 1E-Inpatient (Including Medicare Part A)
- 1S-Hospice (non-hospital based)
- 2C-Hospital Based or Independent Renal Dialysis Center
- 2E-Inpatient (Medicare Part B only)
- 2S-Hospice (hospital-based)
- 3C-Free Standing
- 3E-Outpatient
- 3S-Ambulatory Surgery Center
- 4C-Outpatient Rehabilitation Facility (ORF)
- 4E-Laboratory Services Provided to Non-patients
- 4S-Free Standing Birthing Center
- 5C-Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- 5E-Intermediate Care - Level I
- 5S-Critical Access Hospital
- 6C-Community Mental Health Center
- 6E-Intermediate Care - Level II
- 6S-Residential Facility
- 7C-Federally qualified health center
- 7E-Subacute Inpatient (Revenue Code 19X required when this bill type is used, however 19X may be used w
- 8E-Swing Beds
- 9C-Other
- 9S-Other

Note: The bill classification is a required field on every institutional claim submitted

# Direct Data Entry (DDE) Claims

## ➤ Statement Dates

- Enter both the "From" and "To" dates of service

	mm	dd	ccyy		mm	dd	ccyy
* Statement Dates: From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	To:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year. For example 10/01/2016

Note: The statement date is a required field on every institutional claim submitted

# Direct Data Entry (DDE) Claims

## ➤ Admission Date/Hour

- Enter the “Admission Date” and “Admission Hour/Minute”

	mm	dd	ccyy	-	hh	:	mm	
Admission Date/Hour:	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	:	<input type="text"/>	

Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year. For example 10/01/2016

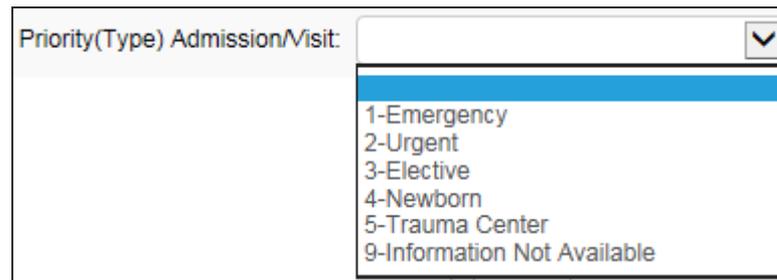
Note: The hours and minutes must appear in 24 hour time. The format must be in the 2 digit hour and 2 digit minute. For example 3:30 pm in standard time would be 15:30 in 24 hour time

Note: The statement date is a situational field. It is only needed on inpatient claims

# Direct Data Entry (DDE) Claims

## ➤ Priority (Type) Admission/Visit

- Enter the correct "Priority (Type) Admission/Visit" from the drop down menu.



Priority(Type) Admission/Visit

- 1-Emergency
- 2-Urgent
- 3-Elective
- 4-Newborn
- 5-Trauma Center
- 9-Information Not Available

Note: This is a situational field. It is only needed on inpatient claims

# Direct Data Entry (DDE) Claims

## ➤ Point of Origin Admission/Visit

- Enter the correct "Point of Origin Admission/Visit" from the drop down menu.

Point Of Origin Admission/Visit:

- 1-Non-Health Care Facility Point
- 2-Clinic or Physician's Office
- 3-HMO Referral
- 4-Transfer from a Hospital (Diff
- 5-Transfer from a Skilled Nursin
- 6-Transfer from Another Health C
- 7-Emergency Room
- 8-Court/Law Enforcement
- 9-Information Not Available
- A-Transfer From a Critical Acces
- B-Transfer From Another Home Hea
- C-Readmission to Same Home Healt
- D-Transfer from One Distinct Uni
- E-Transfer from Ambulatory Surge
- F-Transfer from Hospice Facility

Note: This is a situational field. It is only needed on inpatient claims

# Direct Data Entry (DDE) Claims

## ➤ Discharge Hour

- Enter the correct "Discharge Hour and Minute"

Discharge Hour:  :

Note: The hours and minutes must appear in 24 hour time. The format must be in the 2 digit hour and 2 digit minute. For example 3:30 pm in standard time would be 15:30 in 24 hour time

Note: This is a situational field. It is only needed on inpatient claims

# Direct Data Entry (DDE) Claims

## ➤ Discharge Status

- Enter the correct "Discharge Status" using the drop down menu

\* Discharge Status: [v]

- #-Invalid Value
- 01-Discharged to home or self car
- 02-Discharged/transferred to a sh
- 03-Discharged/transferred to Skil
- 04-Discharged/transferred to an i
- 05-Discharged/transferred to a De
- 06-Discharged/transferred to home
- 07-Left against medical advice or
- 08-Discharged/transferred to home
- 09-Admitted as an inpatient to th
- 0R-LEGACY
- 1-Discharged to home or self car
- 10-Reserved
- 11-Reserved
- 12-Reserved
- 13-Reserved
- 14-Reserved
- 15-Reserved
- 16-Reserved
- 17-Reserved
- 18-Reserved
- 19-Reserved
- 2-Discharged/transferred to a sh
- 20-Expired
- 21-Discharged/transferred to Cour
- 22-Reserved
- 23-Reserved
- 24-Reserved
- 25-Reserved

Note: There are more options listed on the drop down than shown on this slide

Note: This field is required on every institutional claim submitted

# Direct Data Entry (DDE) Claims

## ➤ Total Claim Charge

- Enter the correct "Total Claim Charge" for the claim

\* Total Claim Charge: \$

Note: The total claim charge must match the total of all the service lines on claim

Note: This field is required on every institutional claim submitted

# Direct Data Entry (DDE) Claims

## ➤ Patient Est. Amount Due

- Enter the correct "Patient Est. Amount Due" for the claim

Patient Est. Amount Due: \$

Note: The patient est. amount due is a situational field on the institutional claim. Do not enter the spenddown amount here as it is entered as a value code on the institutional claim. See the value code slide below.

# Direct Data Entry (DDE) Claims

## ➤ DRG Code

- Enter the "DRG Code" for the claim

DRG Code:

Note: The DRG code is not required to be entered. ProviderOne will determine the correct DRG code to put on the claim by the data that is billed such as diagnosis and procedure codes

# Medicare Crossover Claim

- If Medicare did not make a payment answer the question **“NO”**

 \* Is this a Medicare Crossover Claim?  Yes  No

Note: WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a co-pay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.

# Medicare Crossover Claim

- If the claim is considered a Medicare Crossover answer the question **“Yes”**, This includes Managed Medicare Advantage Plans (Medicare Part C). Answering **“Yes”** will open additional required questions to be filled out. This information will come from the Medicare EOMB

**?** \* 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-payment: \$

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

mm    dd    cyyy

\* Medicare Adjudication Date:

Note: WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a co-pay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.

# Additional Claim Data; EPSDT Information

 **Additional Claim Data**

 **EPSDT INFORMATION**

Note: The “Additional Claim Data” and “EPSDT Information” red (+) expander is **NOT** needed for institutional claims at this time. You can skip over this and continue on to the next question

# Condition Information

- If the claim requires a "Condition Code" use the red (+) expander to enter this information. If no "Condition Code" is needed proceed to the next question

A rectangular box with a white background and a thin black border. At the top left, there is a red minus sign (-) inside a small square, followed by the text "CONDITION INFORMATION" in a bold, blue, sans-serif font. Below this, the text "1 \* Condition Code:" is displayed in a blue font, followed by a white rectangular input field. To the right of the input field, the text "Add Another" is written in a blue font.

Note: ProviderOne will allow for more than one "Condition Code" to be added. Click on the "Add Another" option and ProviderOne will display additional boxes for entry of this information

# Occurrence Information

- If the claim requires an "Occurrence Code" use the red (+) expander to enter this information. If no "Occurrence Code" is needed proceed to the next question

 **OCCURRENCE INFORMATION**

 **OCCURRENCE INFORMATION**

1 \* Occurrence Code:

\* Occurrence Date:  mm  dd  ccyy [Add Another](#)

**Note:** ProviderOne will allow for more than one "Occurrence Code" to be added. Click on the "Add Another" option and ProviderOne will display additional boxes for entry of this information

**Note:** The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year. For example 01/01/2016

# Occurrence Span Information

- If the claim requires an “Occurrence Code Span” use the red (+) expander to enter this information. If no “Occurrence Code Span” is needed proceed to the next question

 **OCCURRENCE SPAN INFORMATION**

 **OCCURRENCE SPAN INFORMATION**

1 \* Occurrence Code:

\* From Date:  mm  dd  ccyy

\* Through Date:  mm  dd  ccyy [Add Another](#)

**Note:** ProviderOne will allow for more than one “Occurrence Code Span” to be added. Click on the “Add Another” option and ProviderOne will display additional boxes for entry of this information

**Note:** The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year. For example 01/01/2016

# Value Information

- If the claim requires an “Value Code and Value Amount” use the red (+) expander to enter this information. If no “Value Code and Value Amount” is needed proceed to the next question



[-] VALUE INFORMATION  
  
1 \* Value Code:  \* Value Amount: \$  [Add Another](#)

Note: ProviderOne will allow for more than one “Value Code and Value Amount” to be added. Click on the “Add Another” option and ProviderOne will display additional boxes for entry of this information

Note: This is where a client’s spenddown will be reported. Enter the spenddown value code of 66, and then enter the patient participation amount. For patients that have an EMER participation amount enter that as a value code (D3) and then enter this participation amount

# Other Insurance Information

- If the client **ONLY** has WA Medicaid coverage continue to the next question
- If the client **DOES** have insurance other than WA Medicaid, this information will need to be entered by utilizing the red (+) expanders

 **OTHER INSURANCE INFORMATION**

# Other Insurance Information

- Click on the red (+) expander titled "1 Other Payer Insurance Information"
- Enter the Payer/Insurance Organization Name
- Click on the red (+) expander titled "Additional Other Payer Information"

The screenshot shows a web form with the following structure:

- A main section titled "OTHER INSURANCE INFORMATION" with a red minus sign icon.
- Inside this section, a sub-section titled "1 OTHER PAYER INSURANCE INFORMATION" is expanded, indicated by a red minus sign icon.
- Within the sub-section, there is a text input field with the label "\* Payer/Insurance Organization Name:". The input field is highlighted with an orange border.
- Below the sub-section, there is another section titled "Additional Other Payer Information" with a red plus sign icon.

# Other Insurance Information

- In the “Additional Other Payer Information” section fill in the following:
  - ID
  - ID Type

- OTHER INSURANCE INFORMATION

- 1 OTHER PAYER INSURANCE INFORMATION

\* Payer/Insurance Organization Name:

- Additional Other Payer Information

\* ID:

Address Line 1:

City:

Zip Code:

\* ID Type:

Address Line 2:

State:

Country:

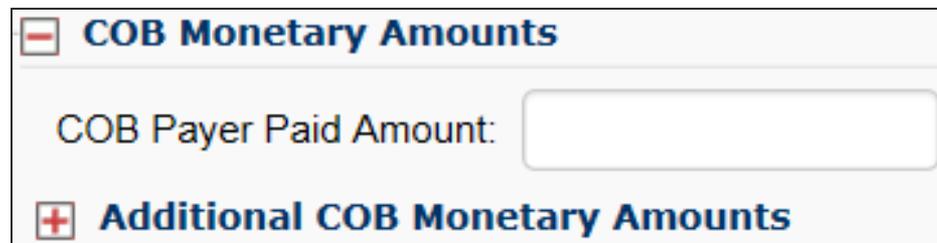
# Other Insurance Information

- What “ID” number do I use in the “Additional Other Payer Information” section?
  - Use the Insurance Carrier Code found on the client eligibility screen or
  - The ID issued out by the commercial insurance company

Coordination of Benefits Information									
Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
30: Health Benefit Plan Coverage	C1: Commercial	CIGNA DENTAL	DN18					01/01/2012	12/31/2999
30: Health Benefit Plan Coverage	C1: Commercial	CIGNA HEALTHCARE	CH55					01/01/2012	12/31/2999

# Other Insurance Information

- Click on the red (+) expander and open the “COB Monetary Amounts” section
  - Enter the amount paid by the commercial insurance company



**COB Monetary Amounts**

COB Payer Paid Amount:

**Additional COB Monetary Amounts**

# Other Insurance Information

- Click on the red (+) expander and open the “Claim Level Adjustments” section
  - Enter at least one each of the following:
    - Group Code
    - Reason Code
    - Amount

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

# Prior Authorization

- If a prior authorization number needs to be added to the claim, click on the red (+) expander and open the "Prior Authorization" fields

 **PRIOR AUTHORIZATION**

 **PRIOR AUTHORIZATION**

1. \* Prior Authorization Number:

Note: For institutional claims this is the only area to enter an authorization number. If more than one authorization number needs to be added, enter the additional ones in the "Billing Note" section

# Diagnosis Information

- All institutional claims require a “Principle Diagnosis Code” and “Admitting Diagnosis Code”. click on the red (+) expander and open the “Diagnosis Information” fields to enter these codes

**+** **DIAGNOSIS INFORMATION**

**-** **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:

**+** **Other Diagnosis Information**

Note: The agency requires present on admission (POA) indicators on all inpatient claims. All inpatient claims will be reviewed for health care acquired conditions (HCAC) and will not receive additional payment related to treatment of the HCAC. For more information, see WAC 182-502-0022

# Diagnosis Information

- If more than one diagnosis code needs to be attached to the claim use the red (+) expander titled "Other Diagnosis Information" to add in these additional codes. Use the "Add Another" option to continue adding more 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:

**[+] Other Diagnosis Information**

**[-] Other Diagnosis Information**

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

# Procedure Information

- Enter the applicable procedure codes to be billed on the claim here for inpatient claims. Use the red (+) expander to enter the "Procedure Information" fields

 **PROCEDURE INFORMATION**

 **PROCEDURE INFORMATION**

\* Principal Procedure Code:  Procedure Date:

mm      dd      ccy

 **Other Procedure Information**

Note: Outpatient procedure codes will be entered at the line level of the claim

Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/01/2016

# Procedure Information

- Use the “Other Procedure Information” red (+) expander to enter the additional procedure codes applicable

- PROCEDURE INFORMATION

mm      dd      cyy

\* Principal Procedure Code:  Procedure Date:

+ Other Procedure Information

- Other Procedure Information

mm      dd      cyy

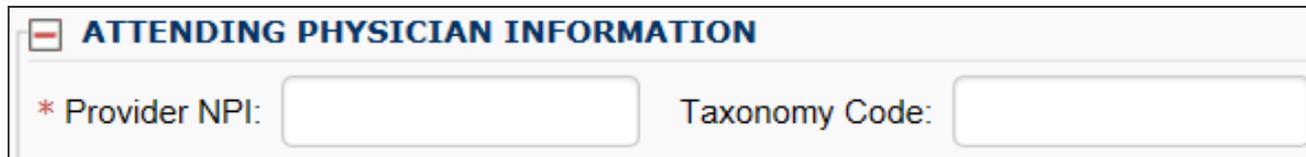
1 \* Other Procedure Code:  Procedure Date:    Add Another

Note: To add even more procedure codes click on the “Add Another” option until all procedure codes have been added

Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/01/2016

# Attending Physician Information

- All institutional claims require an attending provider. Click on the red (+) expander to enter the NPI and taxonomy code for the “Attending Provider”



**ATTENDING PHYSICIAN INFORMATION**

\* Provider NPI:  Taxonomy Code:

# Billing Note

- To add a "Billing Note", click on the red (+) expander to open the billing note section
- Enter the "Type Code" and "Note". ProviderOne will allow up to 80 characters



The screenshot shows a form titled "BILLING NOTE" with a minus sign icon in the top left corner. The form contains two required fields: "\* Type Code:" followed by a dropdown menu with a downward arrow, and "\* Note:" followed by a large text input area. At the bottom left of the form, there is a label "characters remaining:" followed by a small input box containing the number "80".

Note: Remember only add comments that will assist in the processing of the claim

# Other Physician Information

- The “Other Physician Information” is an optional step. If there is the need to add additional providers click on the “Other Claim Info” tab in the upper left corner of claim form or the hyperlink above the “Billing Provider” section

	<b>Institutional Claim</b>
Note: asterisks (*) denote required fields.	
<b>Basic Claim Info</b>	<b>Other Claim Info</b>

-OR-

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

# Other Physician Information

- Enter the appropriate “Other Physician Information” as needed by clicking on the red (+) expander

Close
Basic Claim Form
Reset

**Institutional Claim:**

Note: asterisks (\*) denote required fields.

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

Note: Only the provider NPI Number is needed for the “Other Physicians”

# Other Physician Information

- Click on either the “Basic Claim Form” button or tab to return to the main claim screen.

Close Basic Claim Form Reset

**Institutional Claim:**

Note: asterisks (\*) denote required fields.

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

# Direct Data Entry (DDE) Claims

## ➤ Section 4: Service Line Item Information

- The next few slides will deal with what is needed for the service lines added to the institutional claim

☰ **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 on this page.

**Service Line Items**

\* Revenue Code:

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

Service Date/First Date of Service:     
mm dd cyyy

Last Date of Service:     
mm dd cyyy

\* 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**

# Direct Data Entry (DDE) Claims

## ➤ Revenue Code

- Enter the appropriate “Revenue Code”. This should be a four (4) digit number

\* Revenue Code:

# Direct Data Entry (DDE) Claims

## ➤ Procedure Code

- Enter the “Procedure Code”. This will be used for “Outpatient” claims only

Procedure Code:

# Direct Data Entry (DDE) Claims

## ➤ Modifiers

- Enter any appropriate “Modifiers” for outpatient procedures

Modifiers: 1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
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# Direct Data Entry (DDE) Claims

## ➤ Service Date

- Enter the appropriate “Service Date/First Date of Service” and “Last Date of Service”

	mm	dd	ccyy
Service Date/First Date of Service:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	mm	dd	ccyy
Last Date of Service:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year. For example 01/01/2016

# Direct Data Entry (DDE) Claims

## ➤ Service Units

- Enter the total “Service Units” for the procedure

\* Service Units:

# Direct Data Entry (DDE) Claims

## ➤ Total Line Charges

- Enter the “Total Line Charges” for the procedure

\* Total Line Charges: \$

# Direct Data Entry (DDE) Claims

## ➤ Non-Covered Line Charges

- Enter any “Non-Covered Line Charges” for the procedure

Non-covered Line Charges: \$

# Direct Data Entry (DDE) Claims

## ➤ Line Item Control Number

- The “Line Item Control Number” is not needed for submission of an institutional claim

Line Item Control Number:

# Direct Data Entry (DDE) Claims

## ➤ Medicare Crossover Items

- The “Medicare Crossover Items” does not need to be filled out at the line level

 **Medicare Crossover Items**

# Direct Data Entry (DDE) Claims

## ➤ National Drug Code

- Enter the “National Drug Code” for any injectable procedure

National Drug Code:

# Direct Data Entry (DDE) Claims

## ➤ Drug Information

- The “Drug Information” is not needed for the submission of the institutional claim

 **Drug Identification**

# Direct Data Entry (DDE) Claims

## ➤ Additional Service Line Information

- “Additional Service Line Information” is not needed for the submission of an institutional claim

 **Additional Service Line Information**

# Direct Data Entry (DDE) Claims

## ➤ Add Service Line Items

- Click on the “Add Service Line Item” button to add the procedure line onto the claim

+ 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.

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0450	99282					10/10/2016	10/10/2016	1	100.00		<a href="#">Delete or Other Service Info</a>

Note: Please ensure you have entered all necessary claim information before clicking the “Add Service Line Item” button.

Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form

# Direct Data Entry (DDE) Claims

## ➤ Add Additional Service Line Items

- If additional service lines need to be added, click on the “Service” hyperlink to get quickly back to the “Basic Service Line Items” section
- Follow the same procedures for entering data for the additional line items.

 <b>Institutional Claim</b>			
Note: asterisks (*) denote required fields.			
<b>Basic Claim Info</b>		<a href="#">Other Claim Info</a>	
<a href="#">Billing Provider</a>	<a href="#">Subscriber</a>	<a href="#">Claim</a>	<a href="#">Service</a>

# Direct Data Entry (DDE) Claims

## ➤ Update Service Line Items

- Update a previously added service line item by clicking on the line number that needs to be updated. This will repopulate the service line item boxes for changes to be made.

+ 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.

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0450	99282					01/01/2017	01/01/2017	1	100.00		<a href="#">Delete</a> or <a href="#">Other Service Info</a>

**Note:** Once the line number is chosen, ProviderOne will refresh to screen and return to the top of the claim form. Use the "Service" hyperlink to quickly return to the service line item boxes and make corrections.

# Direct Data Entry (DDE) Claims

## ➤ Update Service Line Items

- Once the service line is corrected, click on the “Update Service Line Item” button to add the corrected information on the clam.

+ 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.

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0450	99282					01/01/2017	01/01/2017	1	400.00		<a href="#">Delete</a> or <a href="#">Other Service Info</a>

**Note:** Once “Update Service Line Item” is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the “Service” hyperlink to quickly return to the service line item section to view and verify that changes were completed.

# Direct Data Entry (DDE) Claims

## ➤ Delete Service Line Items

- A service line can easily be deleted from the claim before submission by clicking on the “Delete” options at the end of the added service line.

**Previously Entered Line Item Information**

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

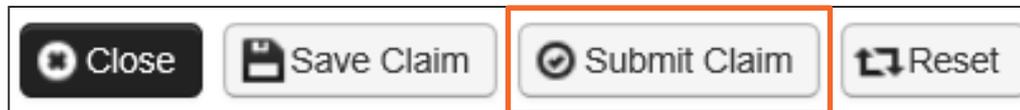
Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0450	99282					01/01/2017	01/01/2017	1	400.00		<a href="#">Delete</a> or <a href="#">Other Service Info</a>

**Note:** Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidently deleted the provider will need to re-enter the information following the previous instructions.

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing

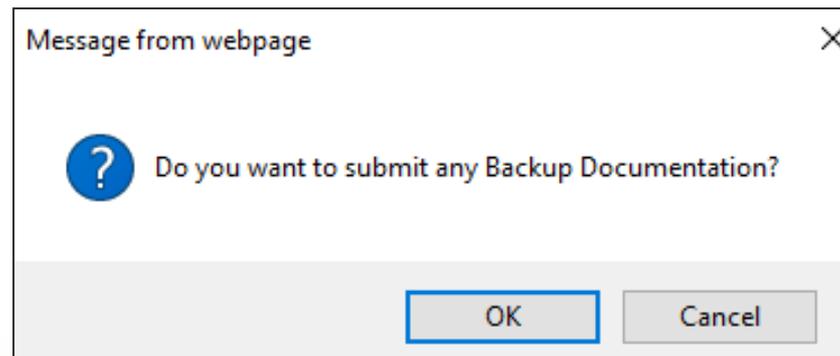
- When ready to submit the claim for processing, click the “Submit Claim” button at the top of the claim form.



# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing

- Click on the “Submit Claim” button to submit your claim. ProviderOne should display this dialogue box.
- Click on the “Ok” button if you have backup to submit with the claim.
- Click on the “Cancel” button if no backup needs to be submitted with the claim.



# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – No Backup

- ProviderOne now displays the “Submitted Institutional Claim Detail” screen.
- Click on the “Submit” button to finalize the submission of the claim.

**Submitted Institutional Claim Details:**

TCN: 201711100080448000  
 Provider NPI: 1801051735  
 Client ID: 999999998WA  
 Date of Service: 01/01/2017-01/01/2017  
 Total Claim Charge: \$ 150.00

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 !							

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – With Backup (Electronic File Attached)

- ProviderOne displays the “Claims Backup Documentation” screen.
  - Enter the “Attachment Type” from the dropdown
  - Choose the “Transmission Code” of “EL-Electronically Only”
  - Click on the “Browse” button to find the electronic file to attach to claim
- Click the “OK” button

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

Attachment Type:  \*      Transmission Code:  \*

Line No:

---

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS-

Filename:  Browse... \*

OK Cancel

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – With Backup (Electronic File Attached)

- ProviderOne now displays the “Submitted Institutional Claim Detail” screen.
- Click on the “Submit” button to finalize the submission of the claim.

**Submitted Institutional Claim Details:**

TCN: 201711100104115000  
 Provider NPI: 1801051735  
 Client ID: 99999998WA  
 Date of Service: 01/01/2017-01/01/2017  
 Total Claim Charge: \$ 150.00

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
0	appendix_o.pdf	EB	EL		378kb	X	04/21/2017

View Page:     Viewing Page: 1

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – With Backup (mail or fax)

- ProviderOne displays the “Claims Backup Documentation” screen.
  - Enter the “Attachment Type” from the dropdown
  - Choose the “Transmission Code” of “BM-By Mail” or “FX-By Fax”
- Click the “OK” button

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

Attachment Type:  \*      Transmission Code:  \*

Line No:

---

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS-

Filename:  Browse... \*

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – With Backup (mail or fax)

- If you are sending paper documents with the claim, at the “Submitted Dental Claim Details” page click on the “Print Cover Page” button.

**Submitted Institutional Claim Details:**

TCN: 201711100104115000  
 Provider NPI: 1801051735  
 Client ID: 999999998WA  
 Date of Service: 01/01/2017-01/01/2017  
 Total Claim Charge: \$ 150.00

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

**Attachment List**

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
0	BM	EB	BM		0kb	X	04/21/2017

View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

Print Print Cover Page Submit

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – With Backup (mail or fax)

- Fill in the boxes with the appropriate information. When completed click on the “Print Cover Sheet” and mail to:
  - Electronic Claim Back-Up Documentation  
PO Box 45535  
Olympia, WA 98504-5535
- OR
- Fax 1-866-668-1214

**ProviderOne**

**ECB Attachment Submission Cover Sheet**

Provider Identifier Type  (Select identifier type.)

Provider ID  (Please enter numeric value. Length based on identifier type.)



TCN  (Please enter 18 or 21 digit numeric value starting with 1,2,3,4 or 9.)



Date of Service  (Please use the Date Time Picker to select date.)



ProviderOne Client ID  (Please enter 9 digit numeric value and suffix with WA or wa.)



Instructions will not appear on the printed coversheet.  
Please use the Print Cover Sheet Button Above to print ONLY.  
FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET. 03/12/2012 Ver 3.0

# Direct Data Entry (DDE) Claims

## ➤ Submit Claim for Processing – With Backup (mail or fax)

- Click on the “Submit” button to finalize the submission of the claim.

**Submitted Institutional Claim Details:**

TCN: 201711100104115000  
 Provider NPI: 1801051735  
 Client ID: 999999998WA  
 Date of Service: 01/01/2017-01/01/2017  
 Total Claim Charge: \$ 150.00

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

**Attachment List**

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
<input type="checkbox"/> 0	BM	EB	BM		0kb	X	04/21/2017

View Page:  [Go](#) [+ Page Count](#) [SaveToXLS](#) Viewing Page: 1

[First](#) [Prev](#) [Next](#) [Last](#)

[Print](#) [Print Cover Page](#) [Submit](#)

# Online Resources

- Provider Enrollment webpage and email:
  - [providerenrollment@hca.wa.gov](mailto:providerenrollment@hca.wa.gov)
  - Webpage: <https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider>
- Provider Relations webpage and email:
  - [providerrelations@hca.wa.gov](mailto:providerrelations@hca.wa.gov)
  - <https://www.hca.wa.gov/billers-providers/providerone-resources>
- HCA Forms webpage:  
<http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>
- Washington Administrative Code webpage – Administration of Medical Programs: <https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/apple-health-medicaid-manual-wac-index>