

On occasion, there may be a need to adjust claims. When you adjust a **Transaction Control Number** (*TCN* or *claim number*), you have two choices in how to process an overpayment: an **offset** or a **non-offset** adjustment.

Non-offset –This is the default option for 1099 providers. The debt (*overpayment*) is automatically sent to the Office of Financial Recovery (*OFR*). OFR then contacts you, the provider, to address the debt. You received the letter from OFR because you did an adjustment on your claim, resulting in an overpayment. You will also receive your administrative hearing rights if there is any dispute to the information provided.

Offset –For this option, you have to submit an e-mail or call (please see details below on how to do this). In this option, the ProviderOne system will deduct the debt (*overpayment*) from all paid claims submitted until the debt is satisfied within a **6** month window. The deduction is reflected in the summary on your Remittance Advices (RAs). No letter is generated. After **6** months, if the debt is not satisfied, it will be sent to OFR for recovery.

Note:

The claim can only be reprocessed as offset when the claim does not need to be “altered”, then it can be reprocessed as offset. If the client, the dates, procedure code, the units or rate need to be changed, the provider must adjust the claim themselves.

Examples of when offset is available: Client responsibility was not correct, RAC changed, authorization changed by case manager.

If you want the debt to be deducted from paid claims as an offset, you can submit a message via the **'Contact Us'** web form requesting that the adjustment be processed. Please provide the following information:

- ◆ **Provider Number**
- ◆ **TCN**
- ◆ **P1 Client ID**
- ◆ **Adjust as Offset or Non-Offset** (*1099 provider claims are defaulted to Non-Offset*)
- ◆ **Description of what changes need to be made and why.**

For example:

- ◆ **Provider Number:** 11XXXXXX06
- ◆ **TCN:** 61xxxxxxxxxxxxxxxx000
- ◆ **P1 Client ID:** 1XXXXXXXXXWA

To use the Contact US web form, copy and paste the following link to your web browser:
https://fortress.wa.gov/hca/p1contactus/SSProvider_WebForm

Adjust as Offset Description (example):

Client responsibility was not taken out of claim, although I received a letter stating that the client received client responsibility. Case manager verified client responsibility was correct in the system.

Any debt sent to OFR will result in an overpayment letter to the provider. There will be a reason code on the letter that gives some information as to why the overpayment was made.

Below are the most common reason codes with a description:

- ◆ **AA-Audit** - An audit identified this payment as not being valid. A state worker adjusted the claim to create the overpayment.
- ◆ **P1** - Goods or services not provided. A state worker initiated the claim to be adjusted because the goods or services were not provided.
- ◆ **P2** - Goods or services authorized in error. A state worker initiated the claim to be adjusted because the goods or services were authorized in error.
- ◆ **P3** - Provider not eligible to provide goods or services. A state worker initiated the claim to be adjusted because the client was not eligible to receive the service.
- ◆ **P4** - Client not eligible to receive goods or services. A state worker initiated the claim to be adjusted because the goods or services were not provided.
- ◆ **P5** - Rate paid was incorrect. A state worker initiated the claim to be adjusted because the rate paid was incorrect.
- ◆ **P6** - Multiple payments were made for the same goods or services. A state worker initiated the claim to be adjusted because more than one payment was made for the same time period.

To adjust a paid claim:

- ◆ Login to ProviderOne using the 'EXT Provider Social Services' profile,
- ◆ Click on 'Social Service Claim Adjustment/Void'.

Note:

Paid Claim: A claim where at least one service line was paid, even if that payment was \$0.

Adjust Claim: To change and resubmit a paid claim. When adjusting a paid claim, you can: change/correct information; delete Service Lines; modify Service Lines; or add Service Lines. Adjusting a paid claim can result in no change, additional payment, or an overpayment to the provider.

Void Claim: A canceled paid claim. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.

Denied Claim: A claim where the entire claim was denied.

The screenshot displays the ProviderOne user interface. At the top, the user is logged in as 'Terry, Tavares J' and the profile is identified as 'Profile: EXT Provider Social Services'. The main navigation area includes sections for 'Online Services', 'Payments', 'Provider', and 'Admin'. A dropdown menu is expanded under 'Social Services Authorization and Billing', listing various options such as 'Social Service Claim Inquiry', 'Social Service Claim Adjustment/Void', 'Social Service Billing Screen', and 'Social Service Batch Upload'. A red arrow points to the 'Social Service Claim Adjustment/Void' option. On the right side, there is a 'My Reminders' section, 'Your Recent Online Activities' (showing login and password change events), and a calendar for June 2017.

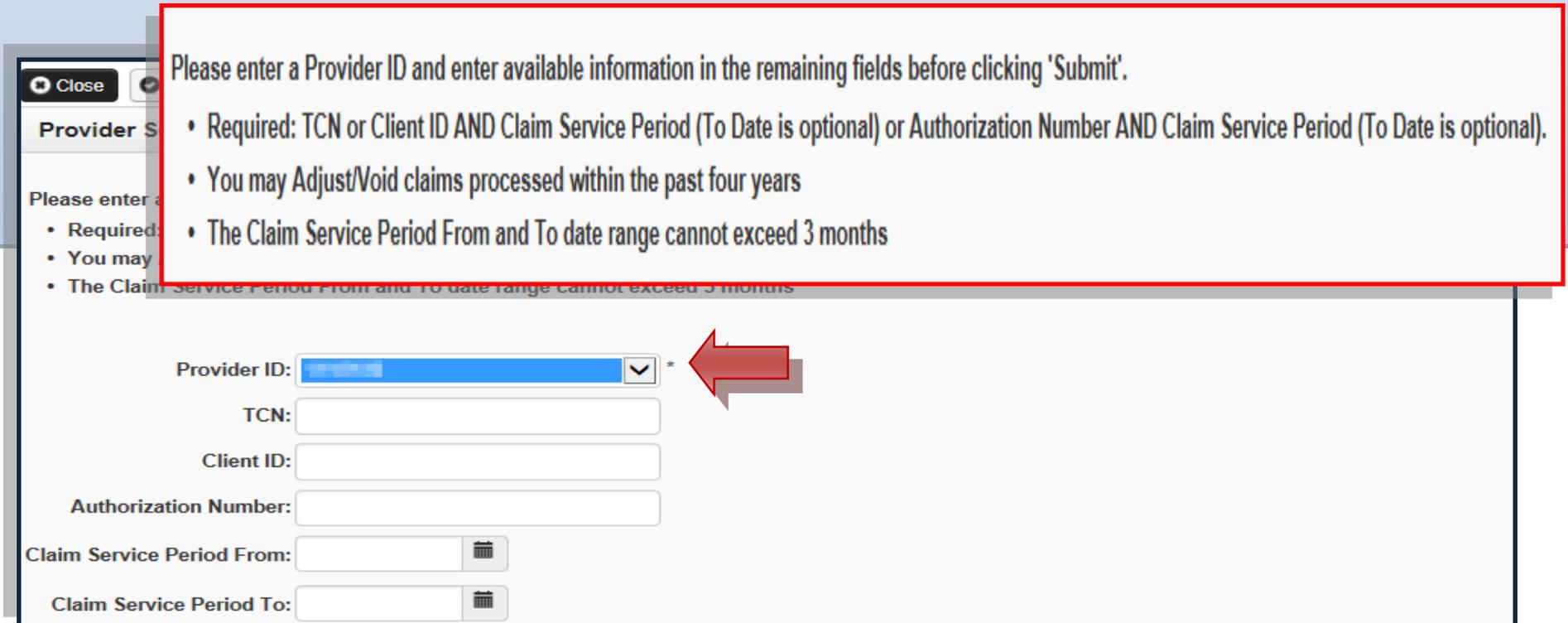
Adjust, Void and Resubmit Claims

The '**Provider Social Service Claim Adjust/Void Search**' page appears. There are search requirements to be aware of when searching for claims (*shown below in red box*).

The '**Provider ID**' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

- ◆ **TCN**, or
- ◆ **Client ID and Claim Service Period** (*From and To Date*).

Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.



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

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number 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

Provider ID: ▼

TCN:

Client ID:

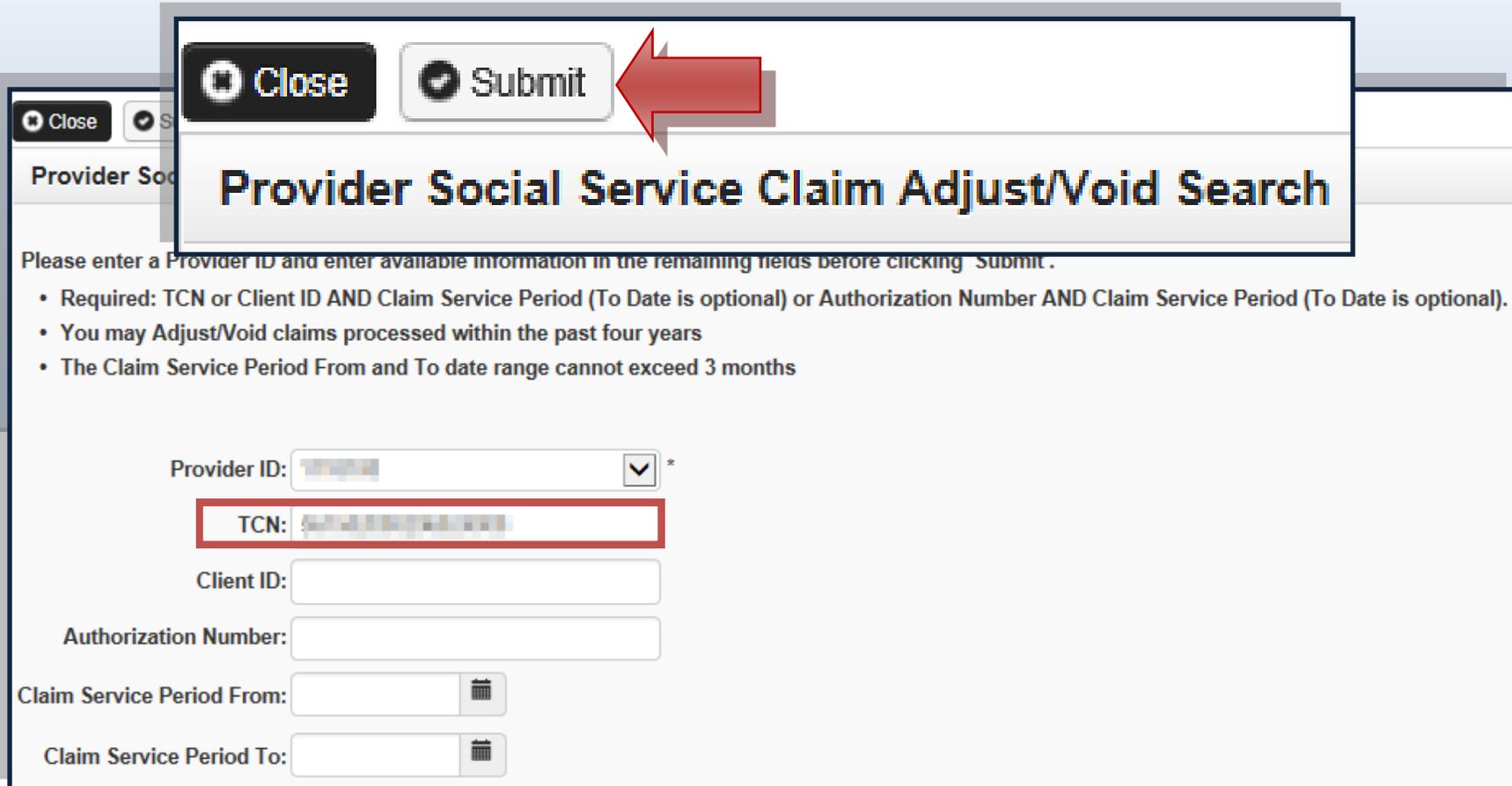
Authorization Number:

Claim Service Period From:

Claim Service Period To:

Search Using the TCN:

- ◆ Enter the 'TCN',
- ◆ Click on '**Submit**'. (Located near the top right corner of the page.)



Close **Submit**

Provider Social Service Claim Adjust/Void Search

Please enter a Provider ID and enter available information in the remaining fields before clicking "Submit".

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number 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

Provider ID: *

TCN:

Client ID:

Authorization Number:

Claim Service Period From:

Claim Service Period To:

Search Using Client ID and Authorization Number:

- ◆ Enter the '**Client ID**' (client ID ends in WA and is found on the authorization) **or**,
- ◆ Enter the '**Authorization Number**' and,
- ◆ Enter '**Claim Service Period From**' date in MM/DD/YYYY format (claim Service To date is optional. Not using this date may return multiple claims),
- ◆ Click on '**Submit**' (located near the top left corner of the page).

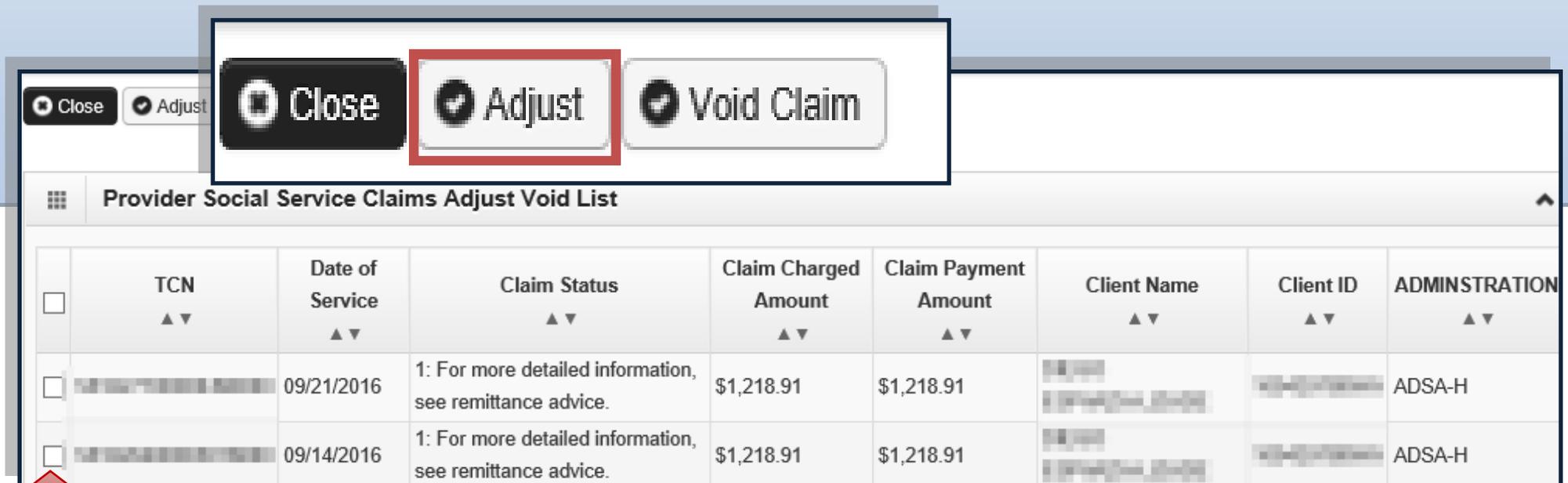
The screenshot shows the 'Provider Social Service Claim Adjust/Void Search' form. At the top left, there are 'Close' and 'Submit' buttons. A red arrow points to the 'Submit' button. Below the title bar, there is a message: 'Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit''. Below this message are three bullet points: 'Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional)', 'You may Adjust/Void claims processed within the past four years', and 'The Claim Service Period From and To date range cannot exceed 3 months'. The form fields are: 'Provider ID' (dropdown menu), 'TCN' (text input), 'Client ID' (text input), 'Authorization Number' (text input), 'Claim Service Period From' (date input with a calendar icon, highlighted with a red box and containing '09/21/2016'), and 'Claim Service Period To' (date input with a calendar icon). A red box highlights the 'Client ID' and 'Authorization Number' fields, with two arrows pointing to it from a text box that says 'Enter the Client ID or the Authorization Number'.

The 'Provider Social Service Claims Adjust Void List' appears.

To Adjust a Paid Claim:

- ◆ Check the box next to the TCN.
- ◆ Click on 'Adjust'.

Note: The populated list will show the Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.



Close Adjust Close Adjust Void Claim

Provider Social Service Claims Adjust Void List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	ADMINISTRATION ▲▼
<input type="checkbox"/>	[REDACTED]	09/21/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	[REDACTED]	[REDACTED]	ADSA-H
<input type="checkbox"/>	[REDACTED]	09/14/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	[REDACTED]	[REDACTED]	ADSA-H

The 'Adjust Social Services Claim' page appears.

The screen is similar to the Billing Screen; however, the page includes a 'Original Transaction Control Number'.

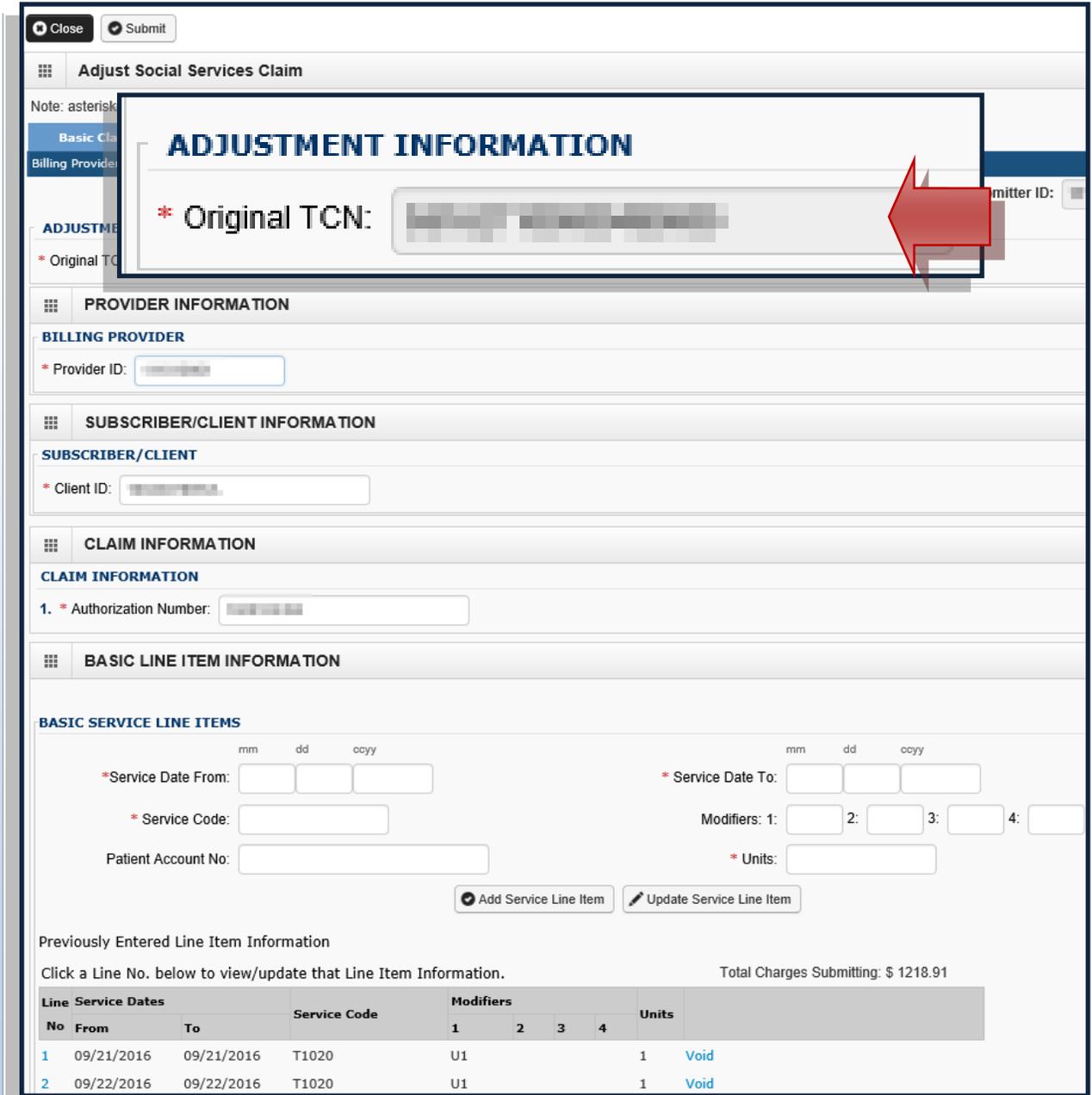
If there has been a change that does not require you to change any data, click 'Submit' at this point and finish sending the claim to ProviderOne for processing.

Example:

The rate associated to the service has changed since the claim was submitted and paid. To adjust the claim, do the following:

- ◆ Locate the claim,
- ◆ Once the claim information loads, select 'Submit' and finish the claim submission as you would a new claim.

The claim will be reprocessed using the new authorization data under a new TCN.



Note: asterisk
 Basic Cl
 Billing Provider
 ADJUSTME
 * Original TC

ADJUSTMENT INFORMATION

* Original TCN:

mitter ID:

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

CLAIM INFORMATION

CLAIM INFORMATION

1. * Authorization Number:

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

mm dd ccpy

* Service Date From:

* Service Date To:

* Service Code:

Modifiers: 1: 2: 3: 4:

Patient Account No:

* Units:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 1218.91

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/22/2016	09/22/2016	T1020	U1				1	Void

In the next few pages, we will explore the different options available when adjusting paid claims.

This includes:

- ◆ Modifying Service Line data
- ◆ Adding Service Lines
- ◆ Deleting Service Lines

Modifying Service Line Data:

- ◆ Click on a **'Service Line Number'**,
- ◆ The corresponding service line information appears,
- ◆ Make needed changes to the data fields,
- ◆ Click on **'Update Service Line'**.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

*Service Date From: * Service Date To:

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	Void
	From	To		1	2	3	4		
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/22/2016	09/22/2016	T1020	U1				1	Void

Note: A red arrow points to the '2' in the 'Line No' column of the second row.

BASIC SERVICE LINE ITEMS

*Service Date From: * Service Date To:

* Service Code: **Update applicable data** Modifiers: 1: 2: 3: 4:

Patient Account No: * Units:

Note: A red box highlights the 'Update applicable data' text and the 'Update Service Line Item' button. Arrows point from this box to the 'Service Code' and 'Modifiers' fields.

The new service line appears with the updated information (*line #2 shown below*).

If your changes are complete, submit the claim adjustment as you would a new claim by clicking **'Submit'** (*located near the top left corner of the page*).

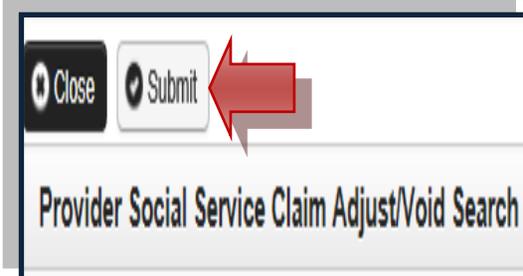
Note:

Make sure to select **'Update Service Line Item'** rather than **'Add Service Line Item'** unless your adjustment is to add service dates on new lines.

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/23/2016	09/23/2016	T1020	U1				1	Void



Close Submit

Provider Social Service Claim Adjust/Void Search



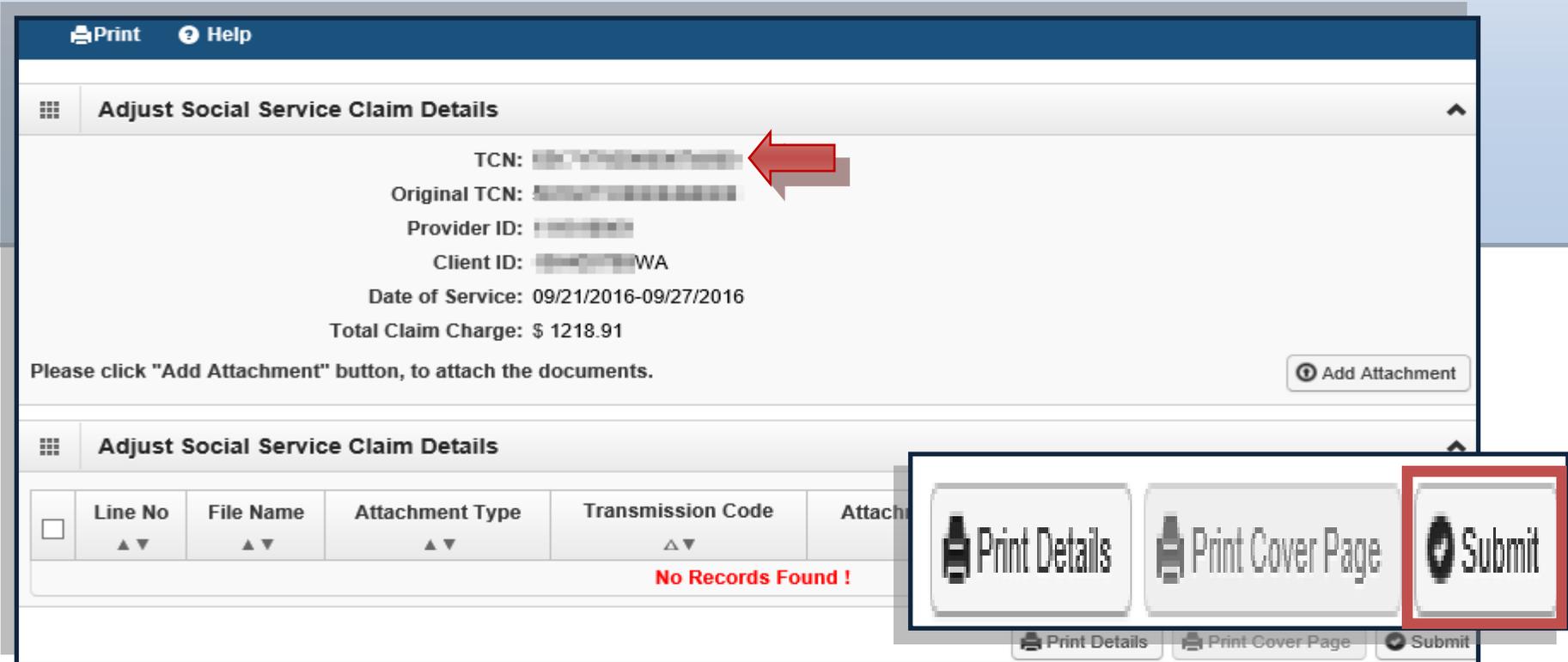
Add Service Line Item Update Service Line Item

The **'Adjust Social Service Claim Detail'** appears. The adjusted claim will have a new **'TCN'**. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN**, **Original TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Click on **'Submit'** to send the adjusted claim to ProviderOne for processing.

Note: Make sure to click **'Submit'** on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.



Print Help

Adjust Social Service Claim Details

TCN: [REDACTED] ←

Original TCN: [REDACTED]

Provider ID: [REDACTED]

Client ID: [REDACTED] WA

Date of Service: 09/21/2016-09/27/2016

Total Claim Charge: \$ 1218.91

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

Adjust Social Service Claim Details

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

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

Print Details Print Cover Page Submit

Adding Service Line Data:

- ◆ Locate and select the claim you wish to update, (see pgs. 6-8)
- ◆ Enter 'Basic Service Line' information,
- ◆ Click on 'Add Service Line'.
- ◆ The new service line appears.
(Line #2 shown below)
- ◆ Once all the lines are entered, submit the claim by selecting 'Submit'.
(Located near the top left corner of the page.)

Close
Submit

Adjust Social Services Claim

Note: asterisks (*) denote required fields.

Basic Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID:

ADJUSTMENT INFORMATION

* Original TCN:

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

CLAIM INFORMATION

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

*Service Date From:

* Service Code:

Patient Account No:

* Service Date To:

Modifiers: 1: 2: 3: 4:

* Units:

Enter applicable data

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 Charges Submitting: \$ 1218.91

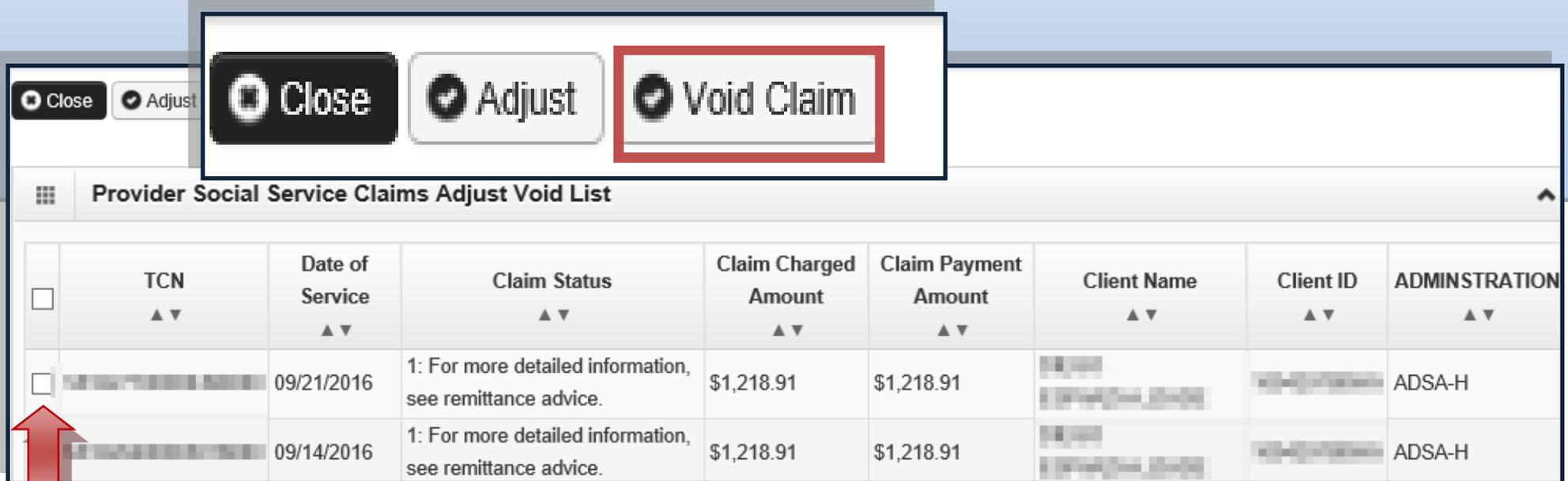
Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/22/2016	09/22/2016	T1020	U1				1	Void

To Void a Paid Claim:

- ◆ Locate and select the claim you wish to update, (see pgs. 6-8).
- ◆ Check the box next to the TCN,
- ◆ Click on 'Void Claim'.

Note:

Voiding a claim results in the payment being taken back by ProviderOne (this is known as Non-offset per page 1). The debt/overpayment is sent to OFR. Voiding of claims should only be done with instructions from the MACSC call center.



Close Adjust Close Adjust Void Claim

Provider Social Service Claims Adjust Void List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	ADMINISTRATION ▲▼
<input type="checkbox"/>	[REDACTED]	09/21/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	[REDACTED]	[REDACTED]	ADSA-H
<input type="checkbox"/>	[REDACTED]	09/14/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	[REDACTED]	[REDACTED]	ADSA-H

The **'Void Social Services Claim'** page appears with all the fields greyed out.

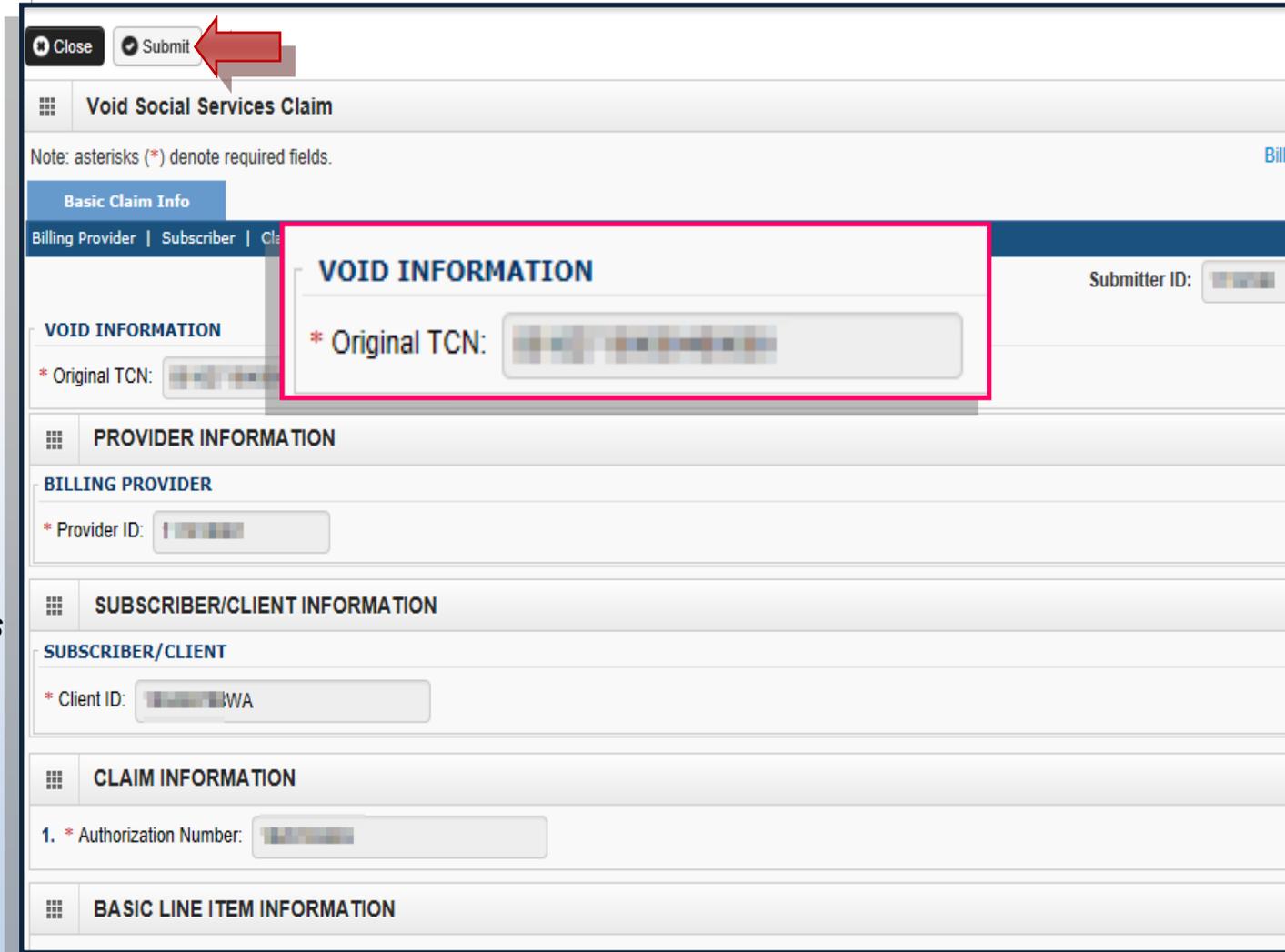
- ◆ Please note the specific TCN.
- ◆ To void this claim, click on **'Submit'** (located near the top left corner of the page).

Note:

Voiding a claim results in the payment being taken back by ProviderOne (this is known as Non-offset per page 1).

The debt/overpayment is sent to OFR.

Voiding of claims should only be done with instructions from the MACSC call center.



Close Submit

Void Social Services Claim

Note: asterisks (*) denote required fields.

Basic Claim Info

Billing Provider | Subscriber | Claim

Submitter ID: [REDACTED]

VOID INFORMATION

* Original TCN: [REDACTED]

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID: [REDACTED]

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: [REDACTED] WA

CLAIM INFORMATION

1. * Authorization Number: [REDACTED]

BASIC LINE ITEM INFORMATION

Void Paid Claims

The 'Adjust Social Services Claim Detail' appears. The adjusted claim will have a new 'TCN'. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN**, **Original TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Click on 'Submit' to submit the voided claim.

Note: Make sure to click 'Submit' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.

Print Help

Adjust Social Service Claim Details

TCN: [REDACTED] ←

Original TCN: [REDACTED]

Provider ID: [REDACTED]

Client ID: [REDACTED] WA

Date of Service: 09/21/2016-09/27/2016

Total Claim Charge: \$ 1218.91

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

Adjust Social Service Claim Details

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

Print Details Print Cover Page **Submit**

Print Details Print Cover Page Submit

To resubmit a denied claim:

- ◆ Login to ProviderOne using the 'EXT Provider Social Services' profile.
- ◆ Click on 'Social Service Claim Resubmit Denied/Void'.

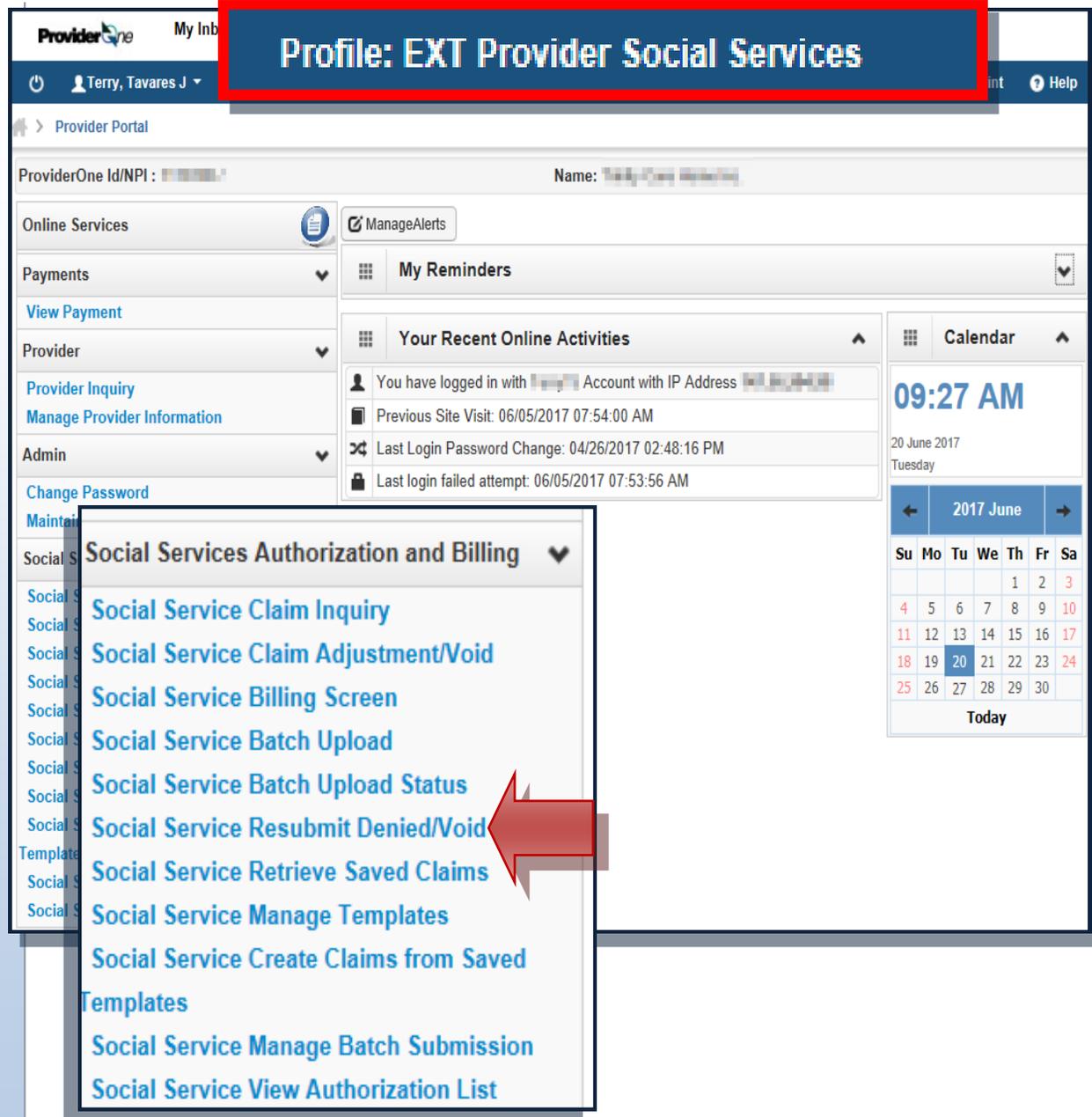
Note:

Paid Claim: A claim where at least one service line was paid, even if that payment was \$0.

Adjust Claim: To change and resubmit a paid claim. When adjusting a paid claim, you can: change/correct information; delete Service Lines; modify Service Lines; or add Service Lines. Adjusting a paid claim can result in no change, additional payment, or an over-payment to the provider.

Void Claim: A canceled paid claim. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.

Denied Claim: A claim where the entire claim was denied.



The screenshot shows the ProviderOne portal interface. At the top, a blue header bar displays the user profile: "Profile: EXT Provider Social Services". Below this, the user is logged in as "Terry, Tavares J". The main content area includes a navigation menu on the left with categories like "Online Services", "Payments", "Provider", "Admin", and "Social S...". A central panel shows "Your Recent Online Activities" with details of the current login. On the right, there is a "Calendar" widget showing the date "09:27 AM" on "Tuesday, 20 June 2017". A dropdown menu is open under "Social Services Authorization and Billing", listing various options. A red arrow points to the "Social Service Resubmit Denied/Void" option in this menu.

The 'Provider Social Service Claim Model Search' page appears. There are search requirements to be aware of when searching for claims (*shown below in red box*).

The 'Provider ID' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

- ◆ **TCN** or,
- ◆ **Client ID and Claim Service Period** (*From and To Date*).

Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.

The screenshot shows a web form titled "Provider Social Service Claim Model Search". A red rectangular box highlights the top section of the form, which contains the following text:

Provider Social Service Claim Model Search

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

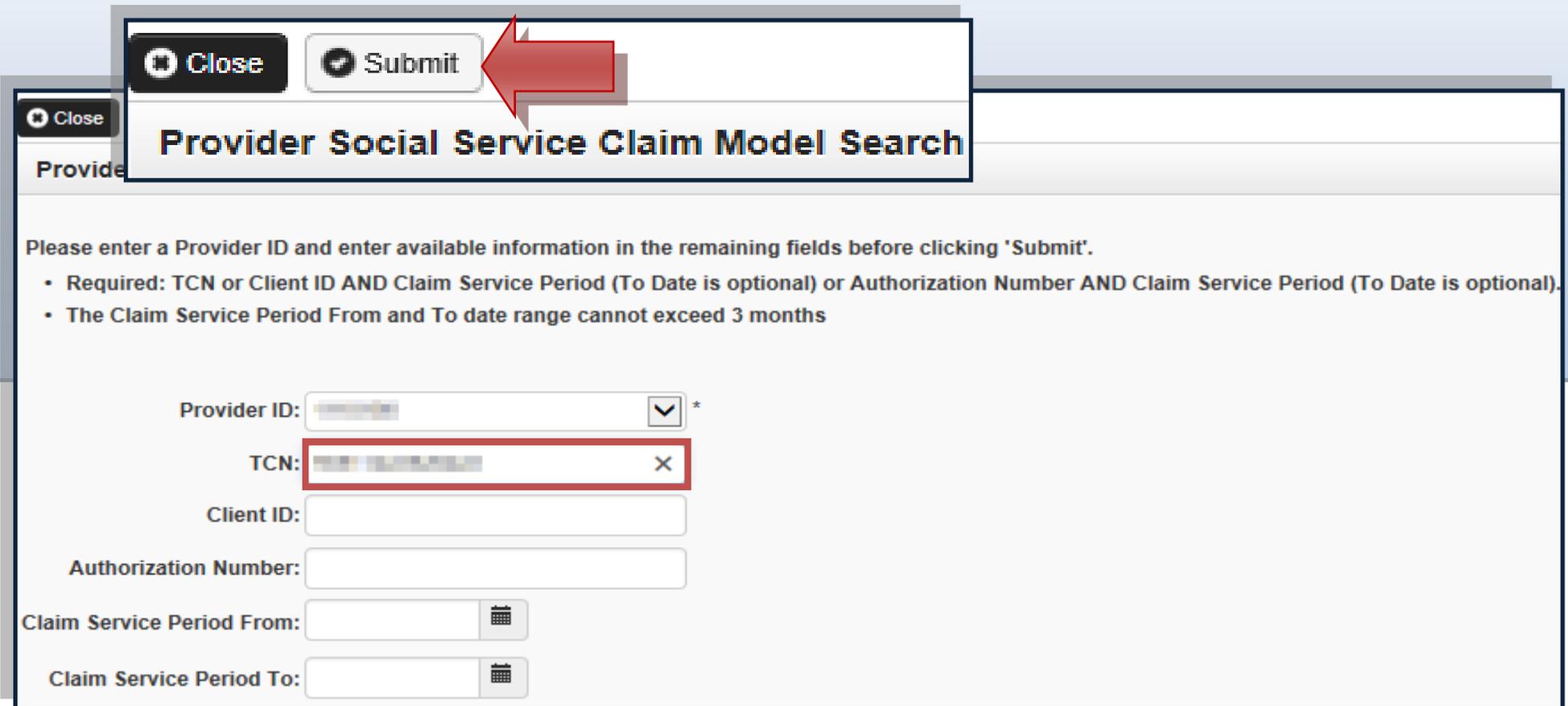
- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional).
- The Claim Service Period From and To date range cannot exceed 3 months

Below the highlighted section, the form includes the following fields:

- Provider ID: A dropdown menu with a downward arrow icon. A red arrow points to this field.
- TCN: A text input field.
- Client ID: A text input field.
- Authorization Number: A text input field.
- Claim Service Period From: A date picker field.
- Claim Service Period To: A date picker field.

Search Using the TCN:

- ◆ Enter the 'TCN',
- ◆ Click on '**Submit**' (located near the top right corner of the page).



Close **Submit**

Provider Social Service Claim Model Search

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

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional).
- The Claim Service Period From and To date range cannot exceed 3 months

Provider ID: *

TCN:

Client ID:

Authorization Number:

Claim Service Period From: 

Claim Service Period To: 

Search Using Client ID and Authorization Number:

- ◆ Enter the 'Client ID' (Client ID ends in WA and is found on the authorization) or,
- ◆ Enter the 'Authorization Number' and,
- ◆ Enter 'Claim Service Period From' date in MM/DD/YYYY format. (Claim Service To date is optional. Not using this date may return multiple claims.)
- ◆ Click on 'Submit' (located near the top left corner of the page).

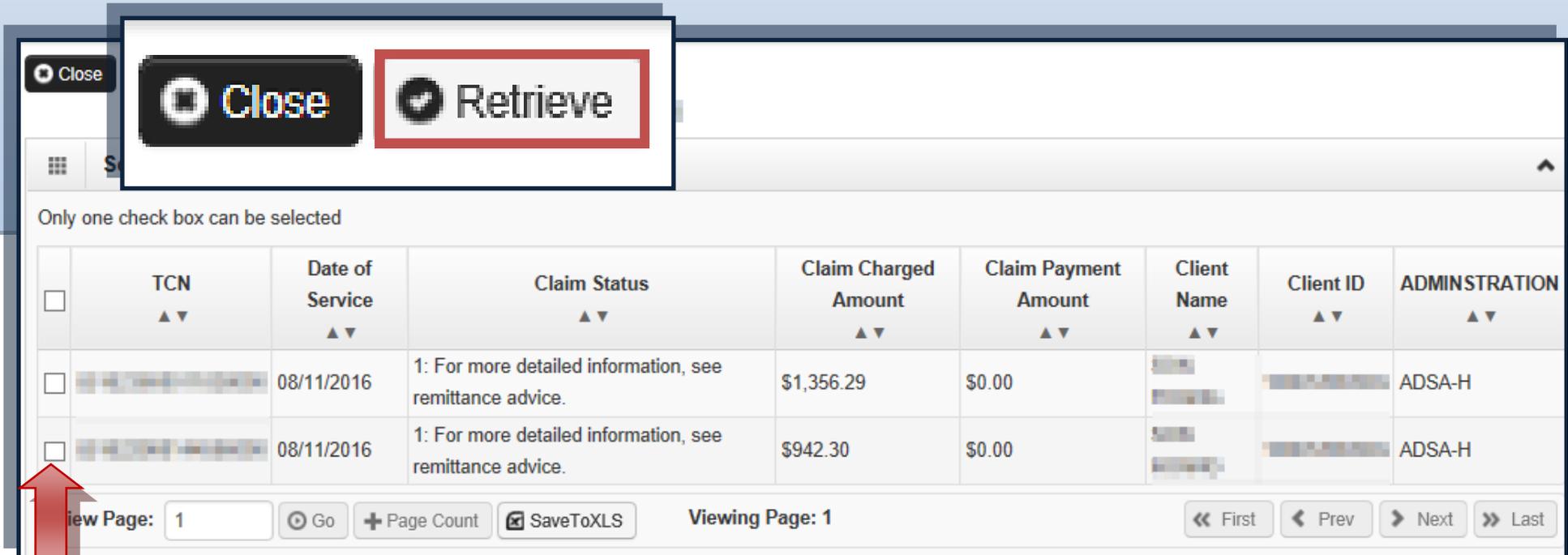
The screenshot shows the 'Provider Social Service Claim Model Search' form. A red box highlights the 'Close' and 'Submit' buttons at the top left, with a red arrow pointing to the 'Submit' button. Below the form title, instructions state: 'Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit''. Two bullet points follow: 'Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional)' and 'The Claim Service Period From and To date range cannot exceed 3 months'. The form fields include: 'Provider ID' (dropdown menu), 'TCN' (text input), 'Client ID' (text input), 'Authorization Number' (text input), 'Claim Service Period From' (date input with calendar icon, containing '09/21/2016'), and 'Claim Service Period To' (date input with calendar icon). A red box highlights the 'Client ID' and 'Authorization Number' fields, with a red box containing the text 'Enter the Client ID or the Authorization Number' and two black arrows pointing to these fields. The 'Claim Service Period From' field is also highlighted with a red box.

The 'Social Service Claims Model List' appears.

To Resubmit a Denied or Voided Claim:

- ◆ Check the box next to the TCN.
- ◆ Click on 'Retrieve'.

Note: The populated list will show the Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.



Close

Close Retrieve

Only one check box can be selected

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	ADMINISTRATION ▲▼
<input type="checkbox"/>	[REDACTED]	08/11/2016	1: For more detailed information, see remittance advice.	\$1,356.29	\$0.00	[REDACTED]	[REDACTED]	ADSA-H
<input type="checkbox"/>	[REDACTED]	08/11/2016	1: For more detailed information, see remittance advice.	\$942.30	\$0.00	[REDACTED]	[REDACTED]	ADSA-H

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

The basic billing screen appears.

- Click on 'Service Line Number'.
- Service line information shows (*information previously entered will populate into fields.*)
- Make changes to the appropriate data fields.
- The new service line will appear with the changes.
- Click on 'Update Service Line'.

NOTE:

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

Asterisks () denote required fields.*

The billing information is taken directly from the authorization.

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

Check your authorization before each billing. Authorizations may change.

Previously Entered Line Item Information

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

Line No	Service Dates	Service Code	Modifiers
From	To		1
1	09/21/2016	09/21/2016	T1020 U1
2	09/22/2016	09/22/2016	T1020 U1

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

CLAIM INFORMATION

1. * Authorization Number:

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccy

* Service Date To: mm dd ccy

* Service Code:

Modifiers: 1: 2: 3: 4:

Patient Account No:

* Units:

Information previously entered will be populated

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

Your pop-up blockers must be turned off to allow the Claim Detail screen to appear.

If the pop-up blockers are not turned off, the screen will flash and no pop-up will appear which allows you to complete billing.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen.

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

To remedy this, close out of the screen you are on, turn off your browsers pop-up blockers, then re-enter the billing screen and submit a new claim.

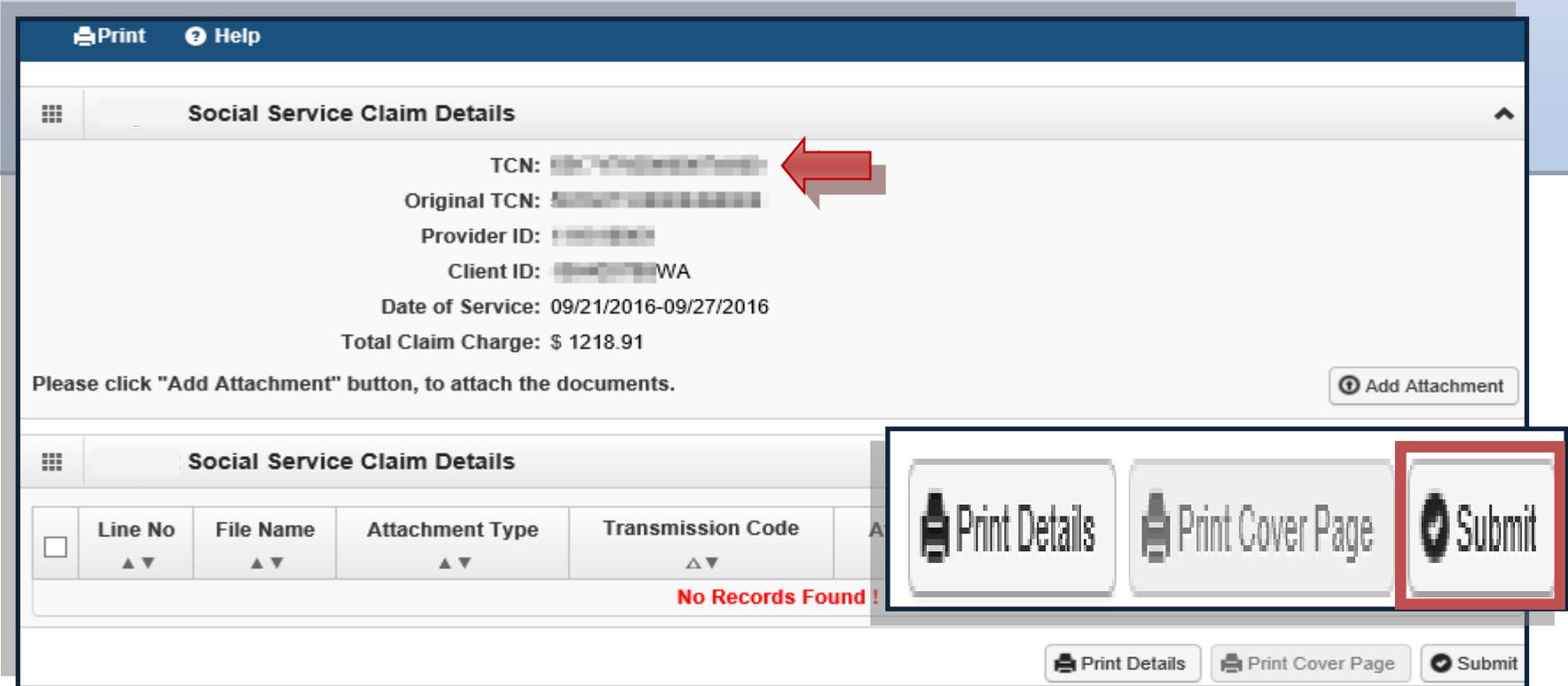
The Social Service Claim Detail screen appears.

Please note that the resubmitted claim has a new 'TCN'.

Click on 'Submit'.

The resubmitted claim is now sent to ProviderOne for processing.

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



Social Service Claim Details

TCN: [REDACTED] ←

Original TCN: [REDACTED]

Provider ID: [REDACTED]

Client ID: [REDACTED] WA

Date of Service: 09/21/2016-09/27/2016

Total Claim Charge: \$ 1218.91

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

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

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

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

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