



How to Submit SBHS Claims in ProviderOne

School-Based Health Care Services Program

August 2020

Submitting SBHS Claims

This training is intended for self-billing school districts who participate in the SBHS program.

- This training will show self-billing school districts how to submit fee-for-service direct data entry (DDE) claims into the ProviderOne portal.
- In this training, you will learn how to:
 - Create and submit claims for students who are covered by Title XIX Medicaid only
 - Create and submit claims for students who are covered by private insurance (TPL) as primary and Medicaid as secondary
 - Create claim templates to speed-up the claim entry process
 - View, edit, and resubmit denied claims
 - View and read the remittance advice (RA)

Training Overview

- **Submitting SBHS claims:** Slides 4-44
- **Saving and retrieving a claim:** Slides 45-49
- **Claim inquiry:** Slides 50-53
- **Timely billing info:** Slides 54-58
- **Adjust/void a claim:** Slides 59-61
- **Resubmit denied claims:** Slides 62-64
- **Claim templates:** Slides 65-70
- **Reading the remittance advice:** Slides 71-76
- **Contact information:** Slide 77

Logging into ProviderOne

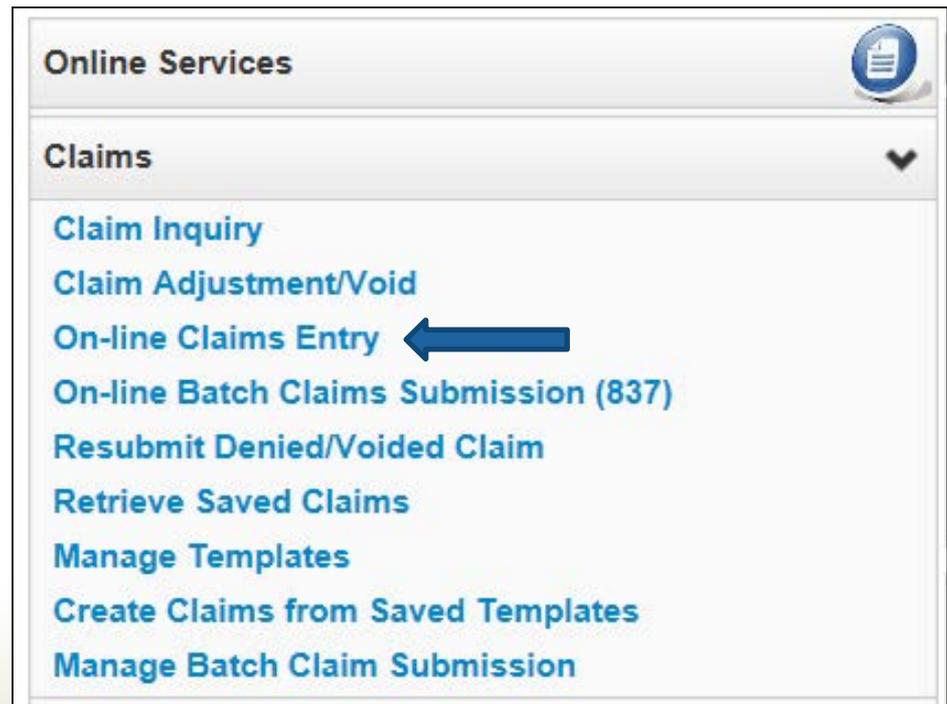
- Before logging into ProviderOne:
 - Make sure your are using one of the following and your pop-up blockers are turned OFF:

Computer operating systems	Internet browsers
Windows <ul style="list-style-type: none"> • 10 • 8.1 • 8 • 7 	Internet Explorer <ul style="list-style-type: none"> • 11 • 10
Macintosh <ul style="list-style-type: none"> • OS 10.12 Sierra • OS X 10.11 El Capitan • OS X 10.10 Yosemite 	Google Chrome <ul style="list-style-type: none"> • 55.0.2883 • 54.0.2840
	Firefox <ul style="list-style-type: none"> • 50.0.2 • 45.5.1 ESR
	Safari <ul style="list-style-type: none"> • 10.0.1

Log in to ProviderOne

- Log into [ProviderOne](#) using the appropriate profile: **EXT Provider Super User** or **EXT Provider Claim Submitter**.

➤ Once logged in, from the Provider Portal select the **Online Claims Entry** option located under the Claims heading.



Screenshot of Claim Template

Close Save Claim Submit Claim Reset

Professional Claim

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

Basic Claim Info | Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID:

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

? * Is the Billing Provider also the Rendering Provider? Yes No

? * Is this service the result of a referral? Yes No

[Top](#)

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

+ **Additional Subscriber/Client Information**

? Is this claim for a Baby on Mom's Client ID? Yes No

? * Is this a Medicare Crossover Claim? Yes No

+ **OTHER INSURANCE INFORMATION**

[Top](#)

CLAIM INFORMATION

Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+ **PRIOR AUTHORIZATION**

+ **CLAIM NOTE**

+ **EPSDT INFORMATION**

+ **CONDITION INFORMATION**

Screenshot of Claim Template, cont.

* Is this claim accident related? Yes No

CLAIM DATA

Patient Account No.:

* Place of Service:

Additional Claim Data

Diagnosis Codes: * 1: 2: 3: 4: 5: 6:
7: 8: 9: 10: 11: 12:

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: * Service Date To:

Place of Service:

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

* Submitted Charges: \$ Diagnosis Pointers: * 1: 2: 3: 4:

* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Billing Provider Information

- Section 1: Enter **Billing Provider NPI** and **Billing Provider Taxonomy**

The screenshot shows a web form titled "PROVIDER INFORMATION". Below the title is a link: "Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers." The form has a section for "BILLING PROVIDER" with two input fields: "* Provider NPI:" and "* Taxonomy Code:". Below these are two questions with radio button options: "* Is the Billing Provider the Rendering Provider?" (Yes/No) and "* Is this service the result of a referral?" (Yes/No). Two blue arrows point upwards from the text below to the NPI and Taxonomy Code input fields.

Enter the school district's
NPI here.

Enter the SBHS billing provider
taxonomy **25130000X** here.

Rendering/Servicing Provider Information

- The Rendering Provider is the servicing provider who provided the service to the student. You will choose “No” when asked if the billing provider is also the rendering provider. .

* Is the Billing Provider also the Rendering Provider? Yes No

- Enter the Rendering (Performing/Servicing) **Provider NPI** and **Taxonomy Code**. A list of SBHS approved taxonomy codes can be found in the [SBHS Billing Guide](#).

* Is the Billing Provider also the Rendering Provider? Yes No

RENDERING (PERFORMING) PROVIDER

* Provider NPI: * Taxonomy Code:

Rendering/Servicing Provider Information

- Reminder: A servicing provider must be enrolled under your school district's ProviderOne account with an SBHS approved taxonomy code before you can submit claims!
- School districts can review the [How to Enroll Servicing Providers](#) training for instructions on how to enroll providers.

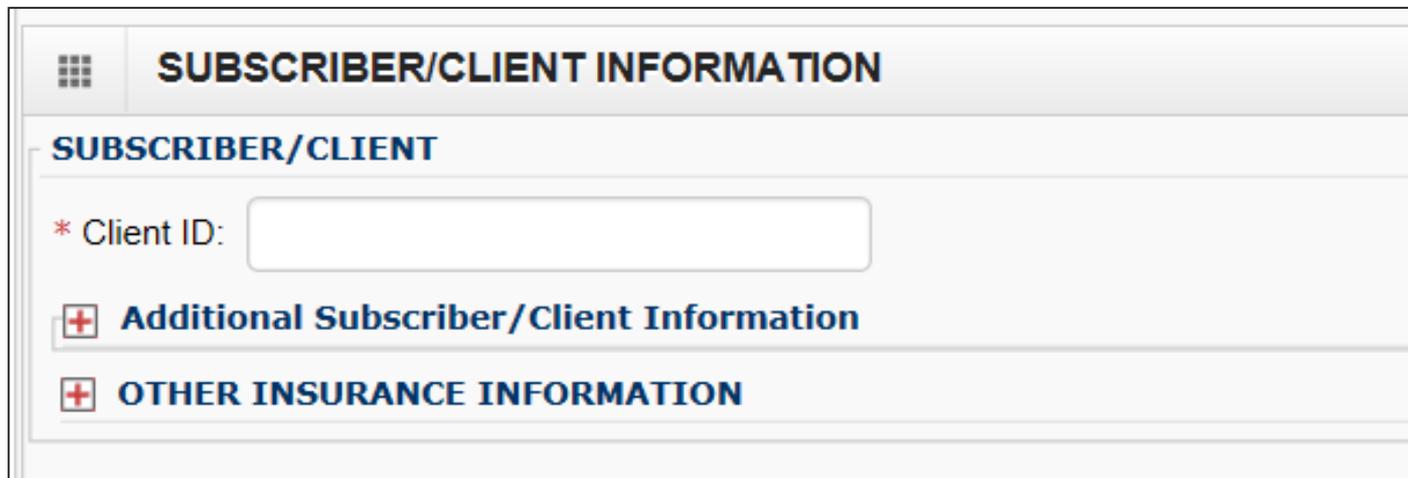
Referring Provider Information

- Answer **No** to this question and continue to the next section.

 * Is this service the result of a referral? Yes No

Subscriber/Client Information

➤ Section 2: Subscriber/Client Information

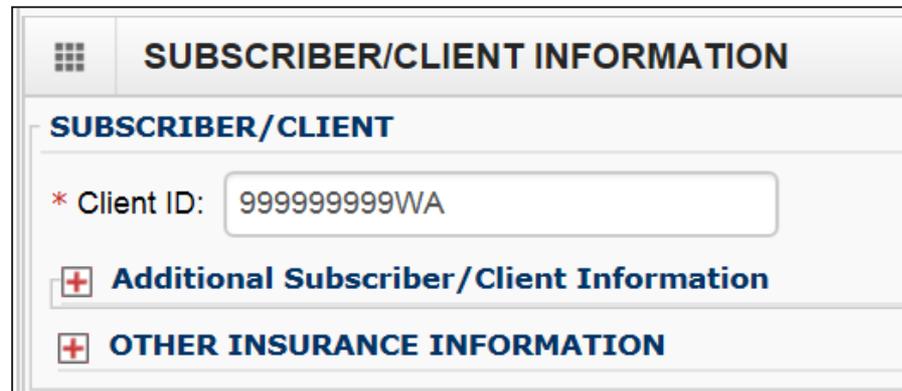


The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". The form has a header bar with a grid icon and the title. Below the header, there is a section titled "SUBSCRIBER/CLIENT" with a plus sign icon. Under this section, there is a field labeled "* Client ID:" followed by an empty text input box. Below the input box, there are two expandable sections, each with a plus sign icon: "Additional Subscriber/Client Information" and "OTHER INSURANCE INFORMATION".

➤ This is where you will enter the student's information.

Subscriber/Client Information

- Enter the **Subscriber/Client ID** found on the WA Medicaid/ProviderOne services card. This ID is a 9-digit number followed by **WA**.
 - Example: **999999999WA**



The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". Under the heading "SUBSCRIBER/CLIENT", there is a field for "* Client ID:" with the value "999999999WA" entered. Below this field are two expandable sections, each with a red plus sign icon: "Additional Subscriber/Client Information" and "OTHER INSURANCE INFORMATION".

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

Subscriber/Client Information

- Once the field is expanded enter the **Student's Last Name**, **Date of Birth**, and **Gender**.
 - Date of birth must be in the following format:
MM/DD/YYYY.
 - The additional information fields are not needed.

☰ SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

- **Additional Subscriber/Client Information**

<p>* Org/Last Name: <input type="text"/></p> <p style="font-size: 0.8em; margin-left: 20px;">mm dd ccy</p> <p>* Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="font-size: 0.8em; margin-left: 20px;">mm dd ccy</p> <p>Date of Death: <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>First Name: <input type="text"/></p> <p>* Gender: <input type="text"/> ▼</p> <p>Patient Weight: <input type="text"/> lbs</p>
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Patient is pregnant: Yes No

Student Covered by Private Insurance

These next few slides provide directions on how to bill for a student who has primary insurance coverage through a third party liability (TPL) such as Regence, Cigna, Tri-Care, etc. with Medicaid as secondary coverage. **If a student does not have TPL coverage, skip to Slide 23.**

- If a student has private insurance coverage as primary and Medicaid as secondary, it is up to the district whether they choose to seek Medicaid reimbursement for this student (HCA does not require school districts to bill for these students).
- If your district decides to bill HCA for students with TPL, the district must bill TPL prior to billing Medicaid (Medicaid is always the payer of last resort).

Note: View the [Checking Medicaid Eligibility](#) training to view if a student has private insurance in addition to Medicaid.

Students Covered by Private Insurance

- If your district decides to seek Medicaid reimbursement for a student who is covered by TPL, the district must:
 - Obtain parental consent (per IDEA regulations)
 - Submit at least one claim annually to the private insurance company before billing HCA in order to get a claim denial
- The claim denial letter will contain a “group code” and “remark code”.
- The district must enter the “group code” and “remark code” on the SBHS claim.

Students Covered by Private Insurance

- If the student has other commercial insurance, open the **Other Insurance Information** section by clicking on the red + expander. If there is no insurance, skip over this.



- Then open up the **1 Other Payer Insurance Information** section by clicking on the red + expander.



Students Covered by Private Insurance

- Enter the **Payer/Insurance Organization Name**.
- Open up the **Additional Other Payer Information** section by clicking on the red (+) expander.

[-] OTHER INSURANCE INFORMATION

[-] 1 OTHER PAYER INSURANCE INFORMATION

- [+] Other Subscriber Information
- [+] Secondary ID Information
- [+] Other Insurance Coverage
- [+] Medicare Outpatient Adjudication Information

Other Payer Information

* Payer/Insurance Organization Name:

[+] Additional Other Payer Information

Students Covered by Private Insurance

- In the **Additional Other Payer Information** section fill in the following:

Other Payer Information

* Payer/Insurance Organization Name:

Enter the Insurance Carrier Code number and the ID Type.

- Additional Other Payer Information

Entity Qualifier:

*ID: *ID Type:

mm dd cyyy

Claim Check or Remittance Date:

Number Type: PA/Referral No.:

Payer Claim Adjustment: Yes No

+ Secondary ID Information

Students Covered by Private Insurance

- Use the Insurance **Carrier Code** found on the client eligibility screen under the Coordination of Benefits section as the ID number for the 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

- To obtain the **Carrier Code**, view the [Checking Medicaid Eligibility](#) training to view if a student has private insurance in addition to Medicaid.

Students Covered by Private Insurance

- Enter the total amount paid by the commercial private insurance in the **COB Payer Paid Amount** field.

Other Payer Information

* Payer/Insurance Organization Name:

- Additional Other Payer Information

Entity Qualifier:

*ID: *ID Type:

mm dd cyy
Claim Check or Remittance Date:

Number Type: PA/Referral No.:

Payer Claim Adjustment: Yes No

+ Secondary ID Information

COB Monetary Amounts

COB Payer Paid Amount:

+ Additional COB Information

- Most private insurance companies will not pay for school-based claims. If you receive a denial from the insurance company, enter a “0” here.

Students Covered by Private Insurance

- Click on the red + to expand the **Claim Level Adjustments** section.

Other Payer Information

* Payer/Insurance Organization Name:

Additional Other Payer Information

Entity Qualifier:

*ID: *ID Type:

mm dd cyy

Claim Check or Remittance Date:

Number Type: PA/Referral No.:

Payer Claim Adjustment: Yes No

Secondary ID Information

COB Monetary Amounts

COB Payer Paid Amount:

Additional COB Information

CLAIM LEVEL ADJUSTMENTS

Students Covered by Private Insurance

- Enter the adjustment **Group Code** and **Reason Code** (Number Only) which can be found on the denial letter you received from the insurance company.

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"/>

- Under the amount, enter \$0.

Note: The agency only accepts the standardized HIPAA compliant group and reason codes. These can be located at the [Washington Publishing Company's \(WPC\) website](#).

Claim Information

➤ Section 3: Claim Information Section

CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

PRIOR AUTHORIZATION

CLAIM NOTE

EPSDT INFORMATION

CONDITION INFORMATION

* Is this claim accident related? Yes No

CLAIM DATA

Patient Account No.:

* Place of Service:

Additional Claim Data

Diagnosis Codes: * 1: 2: 3: 4: 5: 6:

7: 8: 9: 10: 11: 12:

For SBHS claims, you do not need to enter information under any of these sections.

Is the Claim Accident Related?

- This question will always be answered **NO**.

 * Is this claim accident related? Yes No

Patient Account Number

- The **Patient Account No.** field allows the school district to enter their internal student account numbers assigned to the student. This field is optional.

CLAIM DATA	
Patient Account No:	<input type="text" value="123456"/>

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.

Place of Service

- Choose the appropriate **Place of Service (POS)** from the drop down.
- For SBHS claims, choose the place of service that best matches the location of the student: **POS 03-SCHOOL, POS 12-HOME, or POS 99-OTHER** unless services were provided through telemedicine.
- For services provided through **telemedicine, choose POS “02”**.

* Place of Service: 

- Additional directions on how to bill for services provided through telemedicine are available in the [SBHS Billing Guide](#).

Note: The Place of Service is required in this section but can still be added to the line level of the claim. Line level is **NOT** required.

Diagnosis Codes

- Enter the appropriate ICD-10 **Diagnosis Code** or codes.

Diagnosis Codes: * 1:	<input type="text" value="R69"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>	6:	<input type="text"/>
7:	<input type="text"/>	8:	<input type="text"/>	9:	<input type="text"/>	10:	<input type="text"/>	11:	<input type="text"/>	12:	<input type="text"/>

Note: All SBHS claims use diagnosis code R69 (Illness, unspecified).

Basic Service Line Items

➤ Section 4: Basic Line Item Information

☰
⤴
BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

<p>* Service Date From: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="ccyy"/></p> <p>Place of Service: <input type="text" value=""/> <input type="button" value="v"/></p> <p>* Procedure Code: <input type="text" value=""/></p> <p>* Submitted Charges: \$ <input type="text" value=""/></p> <p>* Units: <input type="text" value=""/></p>	<p>* Service Date To: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="ccyy"/></p> <p>Modifiers: 1: <input type="text" value=""/> 2: <input type="text" value=""/> 3: <input type="text" value=""/> 4: <input type="text" value=""/></p> <p>Diagnosis Pointers: * 1: <input type="text" value="v"/> 2: <input type="text" value="v"/> 3: <input type="text" value="v"/> 4: <input type="text" value="v"/></p>
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+ Medicare Crossover Items

National Drug Code:

+ Drug Identification

+ Prior Authorization

+ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

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

Line Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
No	From To		1	2	3	4	1	2	3	4				

Basic Service Line Items

- Enter the **Service Date From:**

	mm	dd	ccyy
* Service Date From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Enter the **Service Date To:**

	mm	dd	ccyy
* Service Date To:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The dates of service must be in the format of a 2 digit month, 2 digit day, and 4 digit year (e.g. 10/03/2016).

Basic Service Line Items

- The **Place of Service Code** is not required here as it is already entered at the Claim Level. However, you may enter here as well.

Place of Service: 

01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

Basic Service Line Items

- Enter the **Procedure Code**:

* Procedure Code:

Note: Use current codes listed in the [SBHS Billing Guide](#).

- Enter the appropriate procedure **Modifier(s)** if needed.

Modifiers: 1: 2: 3: 4:

Note: For the SBHS program, the only time a modifier is required is when services are provided through telemedicine. When services are provided through telemedicine, enter modifier 95 with the corresponding procedure code.

Basic Service Line Items

➤ Enter **Submitted Charges**:

* Submitted Charges: \$

Note: If the dollar amount is a whole number, no decimal point is needed.

Note: Use the current [SBHS Fee Schedule](#) to determine the submitted charges. When billing for multiple units, the school district will need to determine the appropriate charge. For example, if the rate of the code is \$25 and the provider bills two units, enter \$50 as the submitted charge.

Basic Service Line Items

- Enter appropriate **Diagnosis Pointer**:

Diagnosis Pointers: * 1: 2: 3: 4:

1
10
11
12
2
3
4
5
6
7
8
9

Note: Because the SBHS program only utilizes one diagnosis code, this will always be “1”.

Basic Service Line Items

- Enter procedure **Units**:

* Units:

Note: At least 1 unit is required.

Note: To determine the appropriate number of units, school districts can review the section “Using Untimed and Timed Procedure Codes” in the [SBHS Billing Guide](#).

Basic Service Line Items

- SBHS claims do not require prior authorization. Do not enter anything in this section.

 **Prior Authorization**

- The **Additional Service Line Information** is not needed for claims submission.

 **Additional Service Line Information**

Add Service Line Items

- Click on the **Add Service Line Item** button to list the procedure line on 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. Total Submitted Charges: \$ 150.00

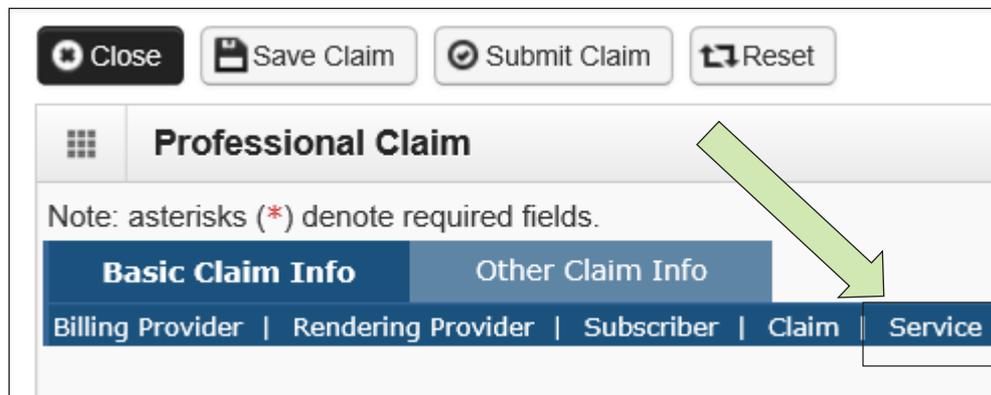
Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	06/01/2016	06/01/2016	99214					1				150	1		Delete or Other Service Info

Note: Please ensure all necessary claim information has been entered before clicking the **Add Service Line Item** button to add the service line to the claim.

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

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.



The screenshot shows a web interface for a "Professional Claim". At the top, there are four buttons: "Close", "Save Claim", "Submit Claim", and "Reset". Below the buttons is a header "Professional Claim" with a grid icon. A note states: "Note: asterisks (*) denote required fields." There are two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Below the tabs is a navigation bar with five links: "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service". A green arrow points to the "Service" link.

- Then follow the same procedure as outlined above for entering data for each line.

Update Service Line Items

- Update a previously added service line item by clicking on the **Line No.** of the line that needs to be updated. This will repopulate the service line item boxes for changes to be made.

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 150.00

Line No	Service Date		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	06/01/2016	06/01/2016	99214					1				150	1		Delete or Other Service Info

Note: Once the line number 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 boxes and make corrections.

Update Service Line Items

- Once the service line is corrected, click on the **Update Service Line Item** button to add corrected information on 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. Total Submitted Charges: \$ 175.00

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	06/01/2016	06/01/2016	99214					1				175	1		Delete or Other Service Info

Note: Once the **Update Service Line Item** button is chosen, ProviderOne will refresh 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.

Delete Service Line Items

- A service line can easily be deleted from a claim before submission by clicking on the **Delete** option at the end of the added service line.

+ Add Service Line Item ✎ Update Service Line Item

Previously Entered Line Item Information

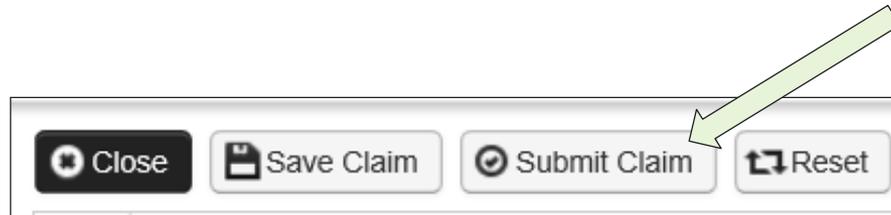
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 175.00

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	06/01/2016	06/01/2016	99214					1				175	1		Delete or Other Service Info

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

Submit Claim for Processing

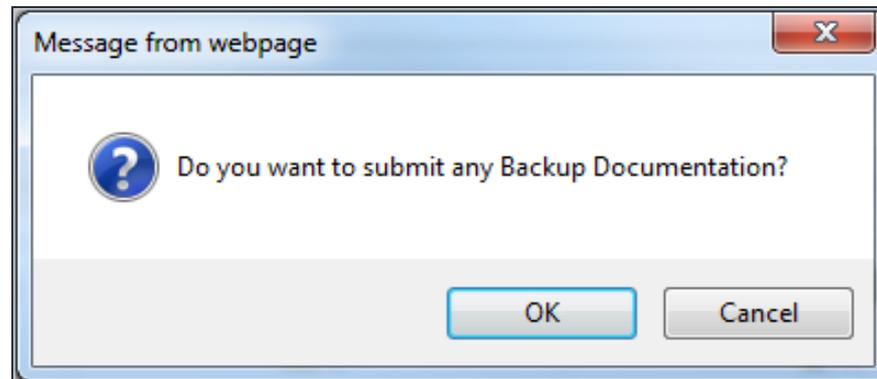
- When the claim is ready for processing, click the **Submit Claim** button at the top of the claim form.



Note: Make sure the browser **Pop Up Blocker** is off or your system will not allow the claim to be submitted.

Submit Claim for Processing

- Click on the **Submit Claim** button to submit the claim. ProviderOne should then display this prompt:



- Click on the **Cancel** button if no backup is to be sent (no backup is required for SBHS claims).

Submit Claim for Processing – No Backup

- ProviderOne now displays the **Submitted Professional Claim Details** screen.
- Click on the **Submit** button to finish submitting the claim.

Submitted Professional Claim Details:

TCN: 201711800093105000
 Provider NPI: 1801231717
 Client ID: 999999998WA
 Date of Service: 06/01/2016-06/01/2016
 Total Claim Charge: \$ 175.00

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
No Records Found !							

[Print](#)
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Saving and Retrieving a Direct Data Entry Claim

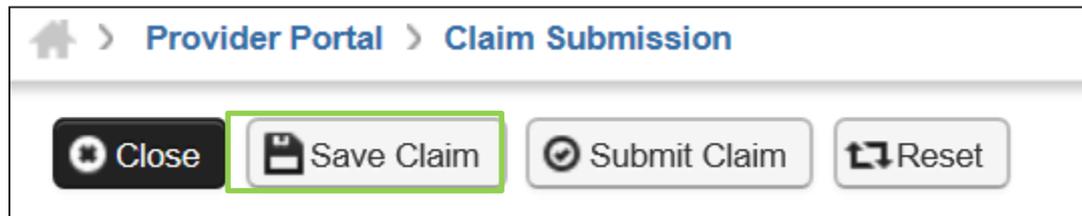
Saving a Direct Data Entry Claim

- ProviderOne allows a provider to save a claim if you are interrupted during the process of entering.
- You can retrieve the saved claim to finish entering the needed information and submit the claim.
- The following data elements are the minimum required to be completed before a claim can be saved:

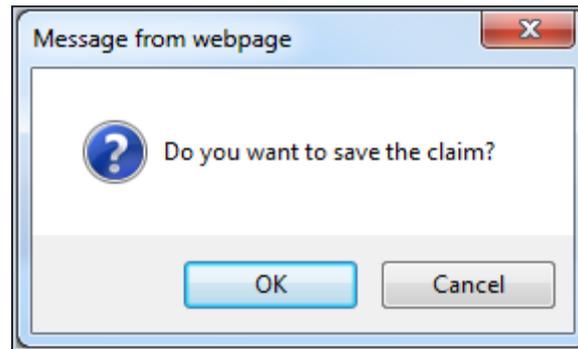
Section 1: Billing Provider Information	Section 2: Subscriber/Client Information	Section 3: Claim Information
Billing Provider NPI	Client ID number	Is this claim accident related? 
Billing Provider Taxonomy		
Is the Billing Provider also the Rendering Provider? 		

Saving a Direct Data Entry Claim

- Save the claim by clicking on the **Save Claim** button.



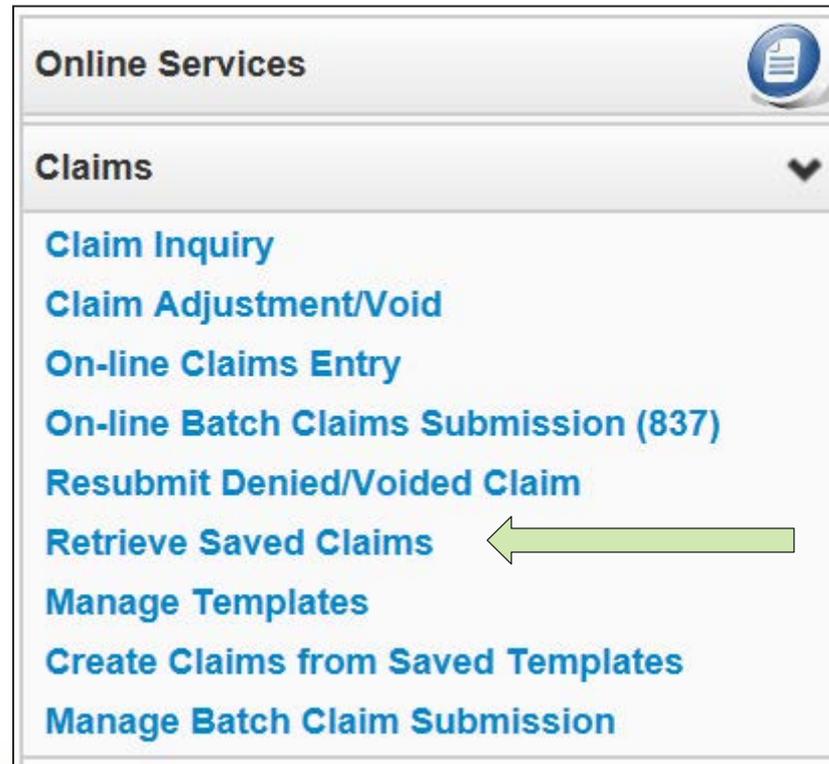
- ProviderOne now displays the following confirmation box:



- Click the **OK** button to proceed or **Cancel** to return to the claim form.
- Once the **OK** button is clicked, ProviderOne checks the claim to make sure the minimum data fields are completed.
- If all data fields are completed, ProviderOne saves the claim and closes the claim form.

Retrieving a Saved Direct Data Entry Claim

- At the Provider Portal, click on the **Retrieve Saved Claims** hyperlink.



Retrieving a Saved Direct Data Entry Claim

- ProviderOne displays the **Saved Claims List**:
 - Click on the Link Icon to retrieve a claim.

Close Delete

Saved Claims List

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

Save Filter My Filters

Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
	5100000004	999999998WA	Doe	PRU

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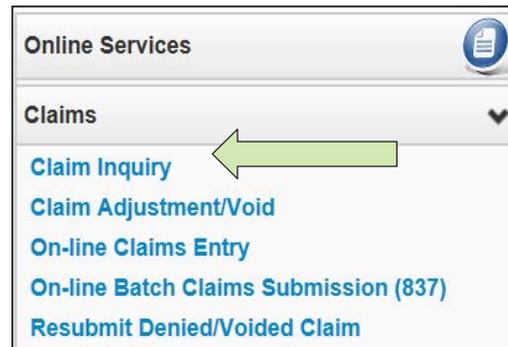
- The system loads the saved claim in the correct DDE claim form screen.
- Continue to enter data, then submit the claim as normal.
- Once a saved claim has been retrieved and submitted, it will be removed from the Saved Claims List.

Claim Inquiry

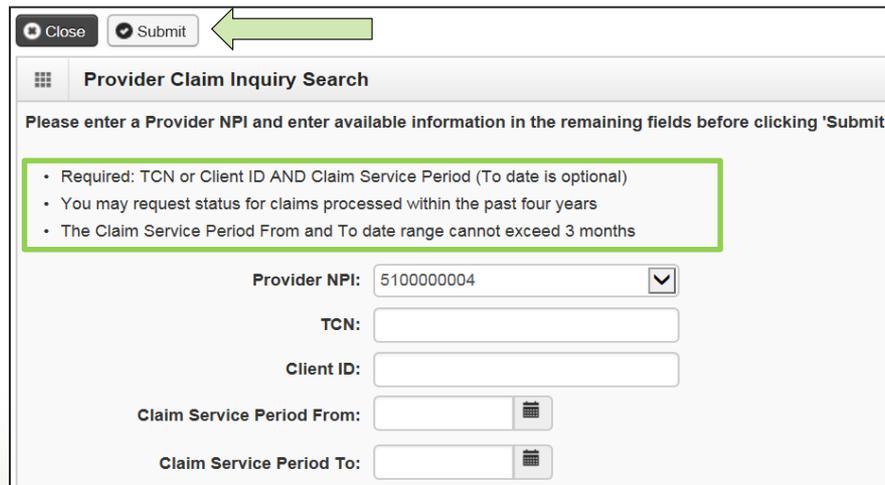
Claim Inquiry

➤ How do I find claims in ProviderOne?

- **Claim Inquiry**



➤ Enter search data then submit

A screenshot of the 'Provider Claim Inquiry Search' form. The form has a 'Close' button and a 'Submit' button, with a green arrow pointing to the 'Submit' button. The form title is 'Provider Claim Inquiry Search'. Below the title, there is a instruction: 'Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit''. A green box highlights the following instructions:

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

The form fields are:

- Provider NPI: 5100000004 (with a dropdown arrow)
- TCN: (empty text box)
- Client ID: (empty text box)
- Claim Service Period From: (empty text box with a calendar icon)
- Claim Service Period To: (empty text box with a calendar icon)

Claim Inquiry

➤ Claim TCN's returned

- Click on TCN number to view the claim data.
 - Denied claims will show the denial codes.
 - Easiest way to find a timely TCN number for re-billing.

Close
Provider NPI: 5100000004

☰ Claim Inquiry Providers List
▲

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
<input type="checkbox"/>	201600400003942000	01/15/2015	0: Cannot provide further status electronically.	\$60.00	\$0.00	John	999999998WA
<input type="checkbox"/>	201600400003943000	01/15/2015	0: Cannot provide further status electronically.	\$60.00	\$0.00	John	999999998WA
<input type="checkbox"/>	201600400003944000	01/15/2015	0: Cannot provide further status electronically.	\$60.00	\$0.00	John	999999998WA

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SaveToXLS

Viewing Page: 1

⏪ First
⏪ Prev
Next ⏩
Last ⏩

Why can't I pull up my claim?

- There are many reasons why you might not be able to retrieve a claim (for any system functions):
 - It has been adjusted, you can't retrieve a claim that has already been adjusted.
 - It has been replaced by another claim.
 - It hasn't finished processing.
 - It was billed under a different domain.
 - You could be using the wrong profile.
 - Trying to do a resubmit on a paid claim or an adjustment on a denied claim.
 - Claims you billed with an NPI not reported in ProviderOne.
 - Claims you billed with an ID only rendering provider NPI number as the pay-to provider.

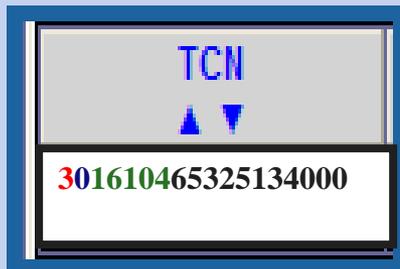
Timely Billing

Timely Billing

- What are the agency's timeliness guidelines?
 - The initial billing must occur within **365** days from the date of service on the claim.
 - Providers are allowed **24 months** years total to resubmit, modify or adjust an initial claim that was previously assigned a TCN.
 - The agency uses the Julian calendar on claim numbers for tracking.

What is a TCN?

**TCN=Transaction
Control Number**



**18 digit number that
ProviderOne assigns to
each claim received for
processing. TCN numbers
are never repeated.**

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 prove timeliness?

- Direct Data Entry (DDE) Claims
 - Resubmit Original Denied/Voided Claim
 - ProviderOne will automatically detect the timely claim number as the timely TCN is now attached to the new transaction.

Adjust / Void a Claim

Adjust/Void a Paid Claim

- Select **Claim Adjustment/Void** from the Provider Portal.

A screenshot of a web application menu. The menu is titled 'Online Services' and has a 'Claims' dropdown. Under 'Claims', there are two options: 'Claim Inquiry' and 'Claim Adjustment/Void'. A green arrow points to the 'Claim Adjustment/Void' option.

- Enter the **TCN** number if known; or
- Enter the **Client ID** and the **From-To date** of service and click the **Submit** button.

Note: Per WAC 182-502-0150 claims can only be adjusted/voided in ProviderOne 24 months from the date of service.

A screenshot of a web form titled 'Provider Claim Adjust Void Search'. The form has a 'Close' button and a 'Submit' button (highlighted with a green box). Below the title, there is a instruction: 'Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit''. A green box highlights the following instructions:

- 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

The form contains the following fields:

- Provider NPI: 510000004 (dropdown menu)
- TCN: (text input field)
- Client ID: (text input field)
- Claim Service Period From: (calendar icon)
- Claim Service Period To: (calendar icon)

Adjust/Void a Paid Claim

- The system will display the paid claim(s) based on the search criteria.

Close Adjust Void Claim ←

Provider NPI: 1447329578

Provider Claims Adjust Void List

	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID	Child Tcn
<input checked="" type="checkbox"/>	201600700488853000	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

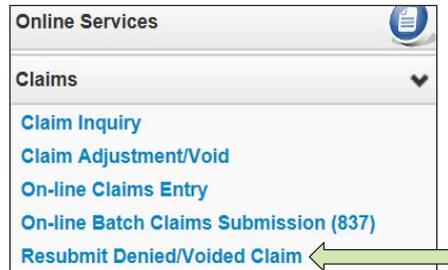
First Prev Next Last

- Check the box of the TCN to adjust/void.
- ProviderOne loads the DDE screen with the claim data.
 - Update the claim information to adjust, then submit.
 - Claim data cannot be changed when doing a void, just submit the void.

Resubmit Denied Claims

Resubmit a Denied Claim

- Select **Resubmit Denied/Voiced** Claim from the Provider Portal.



- Enter **TCN**, if known; or
- Enter the **Client ID** and the **From-To date** of service and click the **Submit** button.

Close
Submit

Provider Claim Inquiry 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 request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI:

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Resubmit a Denied Claim

- The system will display the claim(s) based on the search criteria.

Close Retrieve ←

Provider NPI: 5100000004

Provider Claims Model List

	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
<input checked="" type="checkbox"/>	201600400003942000	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

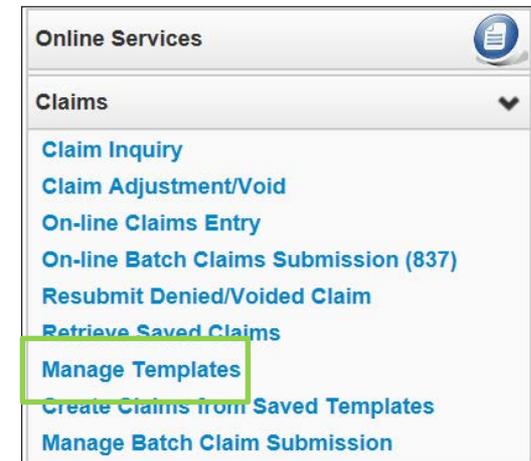
- Check the box of the TCN to resubmit and click **Retrieve**.
- ProviderOne loads the DDE screen with the claim data.
 - Update the claim information that caused the claim to deny, then submit.

Claim Templates

Creating a Claim Template

➤ ProviderOne allows creating and saving templates:

- Log into ProviderOne.
- Click on the **Manage Templates** hyperlink
- At the Create a Claim Template screen, use the dropdown to choose the **Type of Claim**.
- Click the **Add** button.



Close Add

Create a Claim Template

Type Of Claim: Professional

Edit View Delete SaveAs/Copy Create Batch Create Batch All Auto Batch

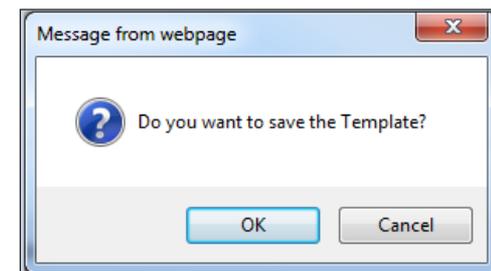
Claims Template List

Filter By : [] And []

Creating a Claim Template

- Once a template type is picked the system opens the DDE screen:

- Name the template then fill in as much data as wanted on the template.
- Click on the **Save Template** button and the system verifies you are saving the template.



Note: The minimum information required to save a template is the **Template Name** and answer required questions. 

Creating a Claim Template

- After the template is saved it is listed on the **Claims Template List**.

The screenshot displays a web application interface for managing claim templates. It is divided into two main sections: 'Create a Claim Template' and 'Claims Template List'.

Create a Claim Template Section:

- Buttons: Close, Add
- Section Title: Create a Claim Template
- Form: Type Of Claim: Professional (dropdown menu)
- Buttons: Edit, View, Delete, SaveAs/Copy, + Create Batch, + Create Batch All, B Auto Batch

Claims Template List Section:

- Buttons: Filter By (dropdown), And, Go, Save Filter, My Filters (dropdown)
- Table:

	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	John Doe	Professional	PRU	05/03/2017

At the bottom of the interface, there are navigation and utility buttons: View Page: 1, Go, + Page Count, SaveToXLS, Viewing Page: 1, First, Prev, Next, Last.

- Additional templates can be created by:
 - Copying a template on the list; or
 - Creating another from scratch.
- Templates can be edited, viewed, and deleted.

Submitting a Template Claim

➤ Claims can be submitted from a template:

- Log into ProviderOne.
- Click on the **Create Claims from Saved Templates**.
- At the **Saved Templates List** find the template to use (sort using the sort tools outlined).

Online Services

Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates**
- Manage Batch Claim Submission

Close

Create Claim from Saved Templates List

Filter By : [] [] And [] [] [] Go

Save Filter My Filters

Template Name	Type	Last Updated By	Last Updated Date
John Doe	Professional	PRU	05/03/2017

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

First Prev Next Last

Submitting a Template Claim

- Click on the template name.
- The DDE screen is loaded with the template.

Provider Portal > Create Claims Templates List

Close Save Claim Submit Claim Reset

Professional Claim

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

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 200320900

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: 1801231717 * Taxonomy Code: 207Q00000X

* Is the Billing Provider also the Rendering Provider? Yes No

* Is this service the result of a referral? Yes No

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 999999998WA

- Enter or update the data for claim submission then submit as normal.

Reading the Remittance Advice (RA)

Reading the Remittance Advice (RA)

➤ How do I retrieve the PDF file for the RA?

- Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter, or Super User** profile.



- At the Portal click on the hyperlink **View Payment**.

- The system will open your list of RAs.

RA/ETRR Number ▲▼	Check Number ▲▼	Check/ETRR Date ▲▼	RA Date ▲▼	Claim Count ▲▼	Charges ▲▼	Payment Amount ▲▼	Adjusted Amount ▲▼	Download ▲▼
500649639			08/06/2015	2	\$300.00	\$0.00	\$300.00	
500955089			12/16/2015	1	\$100.00	\$0.00	\$100.00	

View Page: 1 Viewing Page: 1

- Click on the **RA number** in the first column to open the whole RA.

Reading the Remittance Advice (RA)

➤ The Summary Page of the RA shows:

- Billed and paid amount for Paid claims
- Billed amount of denied claims
- Total amount of adjusted claims
- Provider adjustment activity

RA Number: 8765432 Warrant/EFT # 852741!								Warrant/EFT Date: 05/29/2014		Prepared Date: 05/30/2014 RA Date: 05/30/2014				
Warrant/EFT Amount: \$9325.93				Payment Method: EFT				Page 2						
Claims Summary								Provider Adjustments						
Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
1122334455	Paid	\$28930.00	\$16114.57	\$0.00	\$0.00	\$0.00	\$9325.93	1122334455	214148190028/ 40140123456789 0000	System Initiated	NOC Invoice	\$0.00	\$0.00	\$3266.00
1122334455	Denied	\$6525.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1122334455	214148190028/ 40149870123456 0000	System Initiated	NOC Referred to CARS	\$3266.00	\$3266.00	\$0.00
1122334455	Adjustments	-\$2981.00	-\$3371.87	\$0.00	\$0.00	\$0.00	-\$3266.00							
1122334455	In Process	\$5946.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Total Adjustment Amount												\$3266.00		

Reading the Remittance Advice (RA)

➤ Adjustments:

- P1Off (offset) adjustments: These adjustment amounts can carry over on each week's RA until the amount is paid off or reduced by the amount paid out for claims adjudicated that week.
 - Claims that caused these carry over adjustment amounts can be on previous RAs.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.
- NOC (non-offset) Referred to CARS: System-generated recoveries or adjustments that are referred to OFR for collection.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.

➤ Retention Policy:

- Providers must keep RA's on file for 6 years per Washington Administrative Code (WAC).

Reading the Remittance Advice (RA)

➤ The RA is sorted into different Categories as follows (screen shown is sample of Denials):

- Paid
- Denied
- Adjustments
- In Process

RA Number: 500955089 Warrant/EFT #: Warrant/EFT Date: Prepared Date: 12/16/2015 RA Date: 12/16/2015

Category: Denied Warrant/EFT #: 5100000004 Page 3

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes /NCPDP Rejection Codes
Client, Pseudo 999999998WA	201534801403737000 Professional Claim	1		12/01/2015- 12/01/2015	96152	3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N255 N290 N95	170 = \$100.00
Document Total:				12/01/2015-12/01/2015		3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N255,N29 0	16,B7
Category Total:						3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Billing Provider Total:						3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

Reading the Remittance Advice (RA)

- EOB Codes
 - Adjustment Reason Codes and Remark Codes for denied claims & payment adjustments are located on the last page of the RA

Adjustment Reason Codes / NCPDP Rejection Codes

119 : Benefit maximum for this time period or occurrence has been reached.
 15 : The authorization number is missing, invalid, or does not apply to the billed services or provider.
 16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
 35 : Lifetime benefit maximum has been reached.
 96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Codes

N20 : Service not payable with other service rendered on the same date.
 N329 : Missing/incomplete/invalid patient birth date.
 N37 : Missing/incomplete/invalid tooth number/letter.
 N39 : Procedure code is not compatible with tooth number/letter.

- The complete list of Federal codes can be located at the [Washington Publishing Company's \(WPC\) website.](#)

Questions?

For assistance with submitting direct data entry SBHS claims, contact Provider Relations at ProviderRelations@hca.wa.gov

For **SBHS policy/program questions**, contact Shanna Muirhead, SBHS Program Manager at:

Email: Shanna.Muirhead@hca.wa.gov

Tel: 360-725-1153

SBHS webpage: <https://www.hca.wa.gov/sbhs>