

The Social Services Medical/Shared Services claims do not use all the data elements that are required for standard professional medical claims submission.

The following instructional pages pertain to **Social Services Medical** related claims **ONLY**.

This “Social Service Medical Online Claims Entry” How-To provides instructions on:

- ◆ **Pay Periods**..... 2
- ◆ **Unit Types**..... 5
- ◆ **Date Range**..... 6
- ◆ **Submitting a Professional Claim**..... 7
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- ◆ **Editing Service Lines**..... 21

Note regarding internet browser settings:

*Providers should turn **off** popup blockers before logging into ProviderOne.*

Having popup blockers on or enabled will not allow full functionality of claims submissions.

Payment for services should be pursued in the order below:

1. *Private insurance*
2. *Medicare*
3. *Managed Care*
4. *WA Apple Health (HCA)*
5. *DSHS (ADSA)*

Pay Periods

With ProviderOne, you choose when you get paid. You can enter claims at anytime.

ProviderOne pays on Fridays. Claims submitted by **Tuesday at 5 pm** will be paid as follows:

- ◆ If you have EFT (Electronic Fund Transfer/ Direct Deposit) your payment will be in your account on **Friday**.
- ◆ If you are paid by paper check, it will be mailed on **Friday**.
- ◆ When you are paid, your Remittance Advice (RA) will be posted in ProviderOne on **Friday**.

Note:

Claims successfully entered after the Tuesday deadline of 5pm will be processed the Tuesday of the following week and payment made the Friday of that week.

Holidays may delay receipt of paper warrants dependent on mailing schedules. Check with you local post office for more information about holiday mailing schedules.

Weekly Pay Schedule

Sun Mon Tue Wed Thu Fri Sat

| | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

Deadline is 5pm each Tuesday to submit claims and receive payment the following Friday.

Possible paydays. Refer to your method of payment description for more details.

Pay Periods

ProviderOne pays on Fridays. Claims must be submitted by **Tuesday at 5 pm** for payment the following **Friday**.

To be paid every two weeks:

- ◆ Choose your Friday paydays.
- ◆ Submit your claims within the 7 day period ending in Tuesday of the payment week.
- ◆ When you are paid, your Remittance Advice (RA) will be posted in ProviderOne on **Friday**.

Note:

Claims successfully entered after the Tuesday deadline of 5pm will be processed the Tuesday of the following week and payment made the Friday of that week.

Holidays may delay receipt of paper warrants dependent on mailing schedules. Check with you local post office for more information about holiday mailing schedules.

Two Week Pay Schedule

Sun Mon Tue Wed Thu Fri Sat

| | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

Deadline is 5pm each Tuesday to submit claims and receive payment the following Friday.

Possible pay days. Refer to your method of payment description for more details.

Pay Periods

ProviderOne pays on Fridays. Claims must be submitted by **Tuesday at 5 pm** for payment the following **Friday**.

To be paid monthly:

- ◆ Choose your Friday payday.
- ◆ To receive payment the first week of the following month, submit your claims within the first 7 day period of that month (see calendar).
- ◆ When you are paid, your Remittance Advice (RA) will be posted in ProviderOne on **Friday**.

| | |
|----------------------|--|
| Month of service | First Available Claim Dates of New Month |
| 5pm Tuesday Deadline | Pay Date |

Note:

Claims successfully entered after the Tuesday deadline of 5pm will be processed the Tuesday of the following week and payment made the Friday of that week.

Claiming for an entire month will result in varying pay dates throughout the year depending on what day of the week the month ends and its relationship to the first Tuesday and Friday of the new month.

Month Service Was Performed

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |

Following Month

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

Claims submitted before the first available **Tuesday** will process that evening for payment the following Friday.

You may not bill for future dates. To bill for an entire month, submit claims, the first available date of the new month.

Unit Types:

1/4 hour = 15 min.

1/2 hour = 30 min.

Hour = 60 min.

Each = Each occurrence of the service.

Per visit = Every visit that led to performance of the service. *(May have multiple visits on same day.)*

Mile = Each mile driven to provide the service.

Daily = Each day the service was provided in a given month.

Monthly = Each month the service was provided *(See your authorization for the unit.)*

- ◆ Each service line is a single day *(see date range for daily & monthly unit types pg. 6).*
- ◆ The number of units provided on each day of service can be more than 1 *(except daily).*

Date Range (Daily and Monthly Only):

Date range from and to dates must be consecutive (*in a row with no breaks*) within the same calendar month, and daily or monthly units.

Social Service Medical claims must have an individual service line for each date of service.

The number of units must equal the number of days in the range for daily unit types, or 1 unit for the month within the range for monthly unit types.

When you Add Service Line, the date range will be a single service line. A note will appear on your billing page telling you that the date range will be broken down into individual daily service lines when the claim is processed.

A date range, or span, can only be used when:

- ♦ *Unit Type = daily or monthly*
- ♦ *Days were worked consecutively, in a row with no breaks.*
- ♦ *The date range is within the same calendar month.*
- ♦ *The number of units match the number of days (daily units).*
- ♦ *For monthly, 1 monthly unit per range (max. date range is one calendar month, less than month date ranges will be prorated by ProviderOne).*

Submitting a Professional Claim

To submit a professional claim, first log in to ProviderOne using the **'EXT Social Services Medical'** profile.

From the **'Provider Portal'** select **'Online Claims Entry'**.

Before starting the claim process, you should have the following information at hand:

- ◆ Your National Provider Identifier (*NPI*)
- ◆ Taxonomy
- ◆ Client ID
- ◆ Client birthdate
- ◆ Client gender
- ◆ Authorization number
- ◆ Diagnosis code
- ◆ Service/procedure code
- ◆ Modifier
- ◆ Unit rate
- ◆ Unit type

Note:

*If you have previously created templates, you can submit claims using the **'Create Claims From Saved Templates'** functionality.*

The screenshot shows the ProviderOne interface. A central dropdown menu titled 'Online Services' is open, listing various options. A red arrow points to 'On-line Claims Entry'. The background shows the 'Provider Portal' sidebar with a search bar and a list of services. A top navigation bar includes 'Reminder', 'External Links', 'Print', and 'Help'. A status bar at the bottom shows the time as 10:25 AM on 1 June 2017, along with a calendar for June 2017.

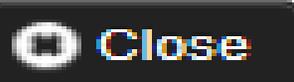
Submitting a Professional Claim

The **'Choose an Option'** page appears. Social Service Medical providers will choose **'Submit Professional'**. After choosing 'Submit Professional' the professional claims page will appear.

Note:

Social Service Medical 'Type of Claim' is Professional.

If you have previously created templates, you can submit claims using the 'Create Claims From Saved Templates' functionality.

| | |
|---|------------------------------------|
|  | |
| <p>Choose an Option.</p> | |
| <p>Submit Professional</p> | <p>Submit Professional</p> |
| <p>Submit Institutional</p> | <p>Submit Institutional</p> |
| <p>Submit Dental</p> | <p>Submit Dental</p> |

The '**Professional Claim**' screen appears. Unlike when building a template, there is no field for a '**Template Name**'.

Enter:

- ◆ **National Provider Identifier (NPI)**
- ◆ **Taxonomy Code** associated to the service you are contracted to provide.*

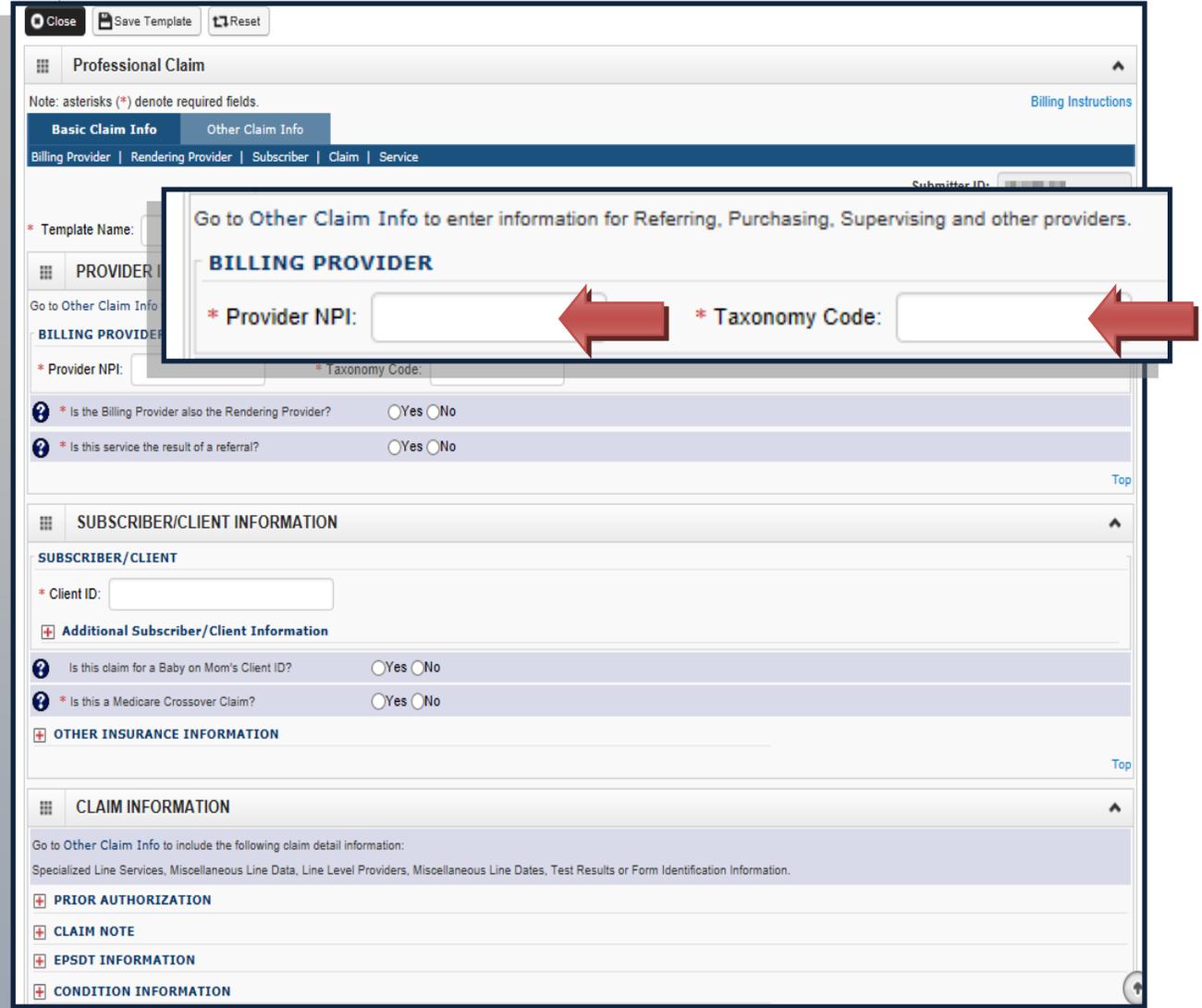
Note:

Asterisks () denote required fields.*

**Durable Medical Equipment (DME) providers do not have contracts with DSHS.*

Work performed is done so in accordance with their Core Provider Agreement (CPA) with the Washington State Health Care Authority (HCA).

When entering taxonomy information, use the appropriate assigned taxonomy for the service provided either through your DSHS contract or CPA with HCA.



Close Save Template 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: [redacted]

* Template Name: [redacted]

PROVIDER INFORMATION

Go to Other Claim Info

BILLING PROVIDER

* Provider NPI: [input field] * Taxonomy Code: [input field]

* 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: [input field]

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

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

Next:

- ◆ Select 'Yes' for the question, "***Is the Billing Provider also the Rendering Provider?***"
- ◆ Select 'No' for the question, "***Is this service the result of a referral?***"*

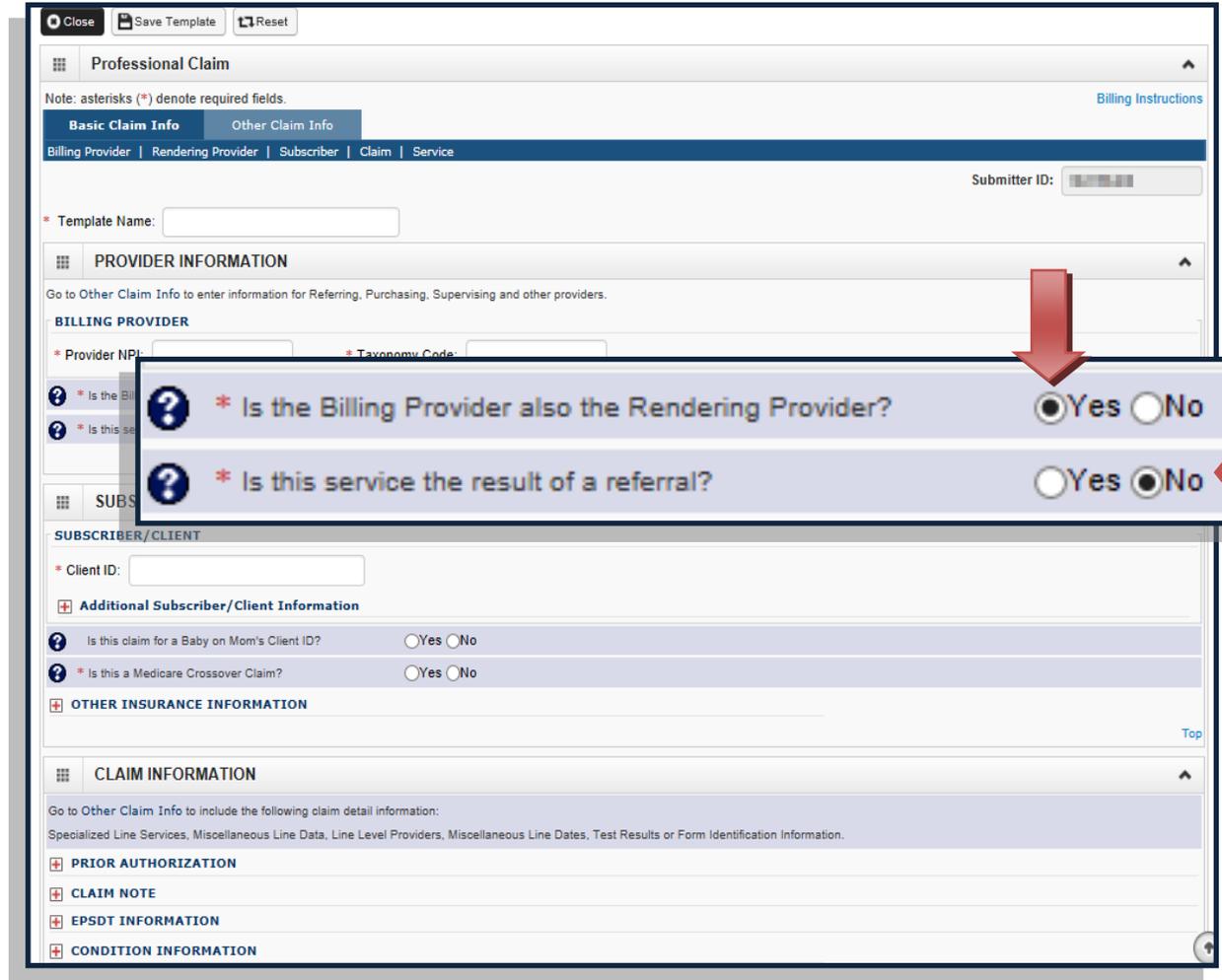
Note:

Asterisks () denote required fields.*

**For some shared services, a referral may be required.*

If required, select 'Yes' for the question, "Is this service the result of a referral?"

When answering yes, another field will appear asking for the referring provider NPI number. Enter the referring provider NPI and continue creating your Template.



Close Save Template 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: [REDACTED]

* Template Name: [REDACTED]

PROVIDER INFORMATION

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

BILLING PROVIDER

* Provider NPI: [REDACTED] * Taxonomy Code: [REDACTED]

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

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

SUBSCRIBER/CLIENT

* Client ID: [REDACTED]

+ 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

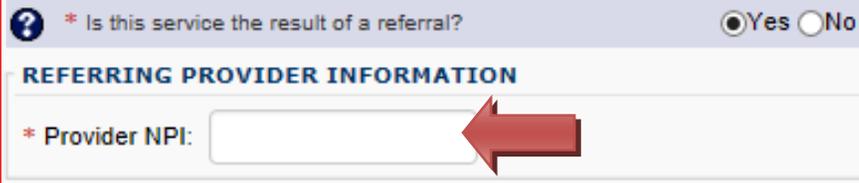
Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+ PRIOR AUTHORIZATION

+ CLAIM NOTE

+ EPSDT INFORMATION

+ CONDITION INFORMATION



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

REFERRING PROVIDER INFORMATION

* Provider NPI: [REDACTED]

Next under 'Subscriber/Client Information':

- ◆ Enter the **Client ID** (client ID ends in WA)
- ◆ Open the  next to 'Additional Subscriber/Client Information'
- ◆ Enter the client's

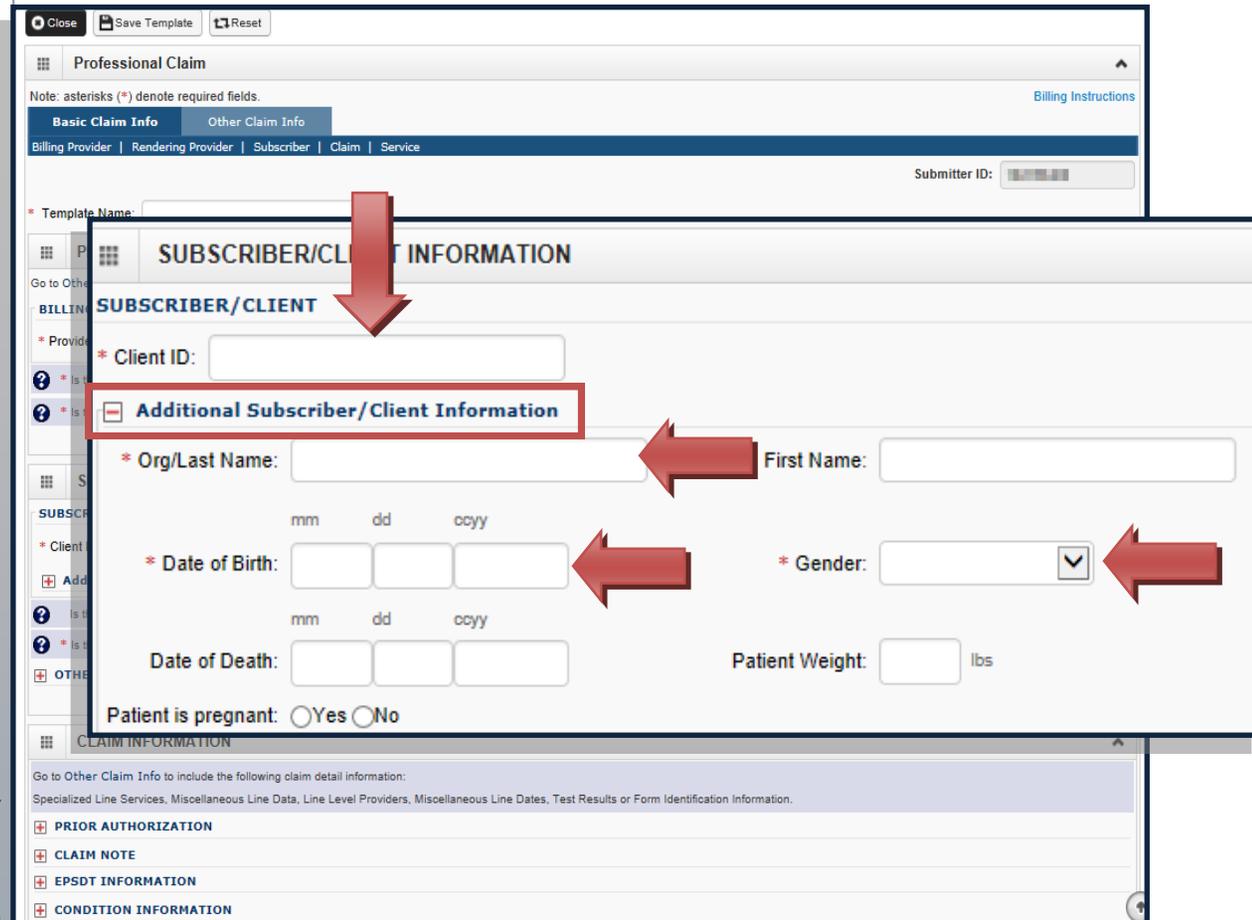
Last Name
Date of Birth
Gender

Note:

Asterisks () denote required fields.*

Client last name, DOB, and gender are the only required fields.

Patient is pregnant and Patient Weight fields do not apply.



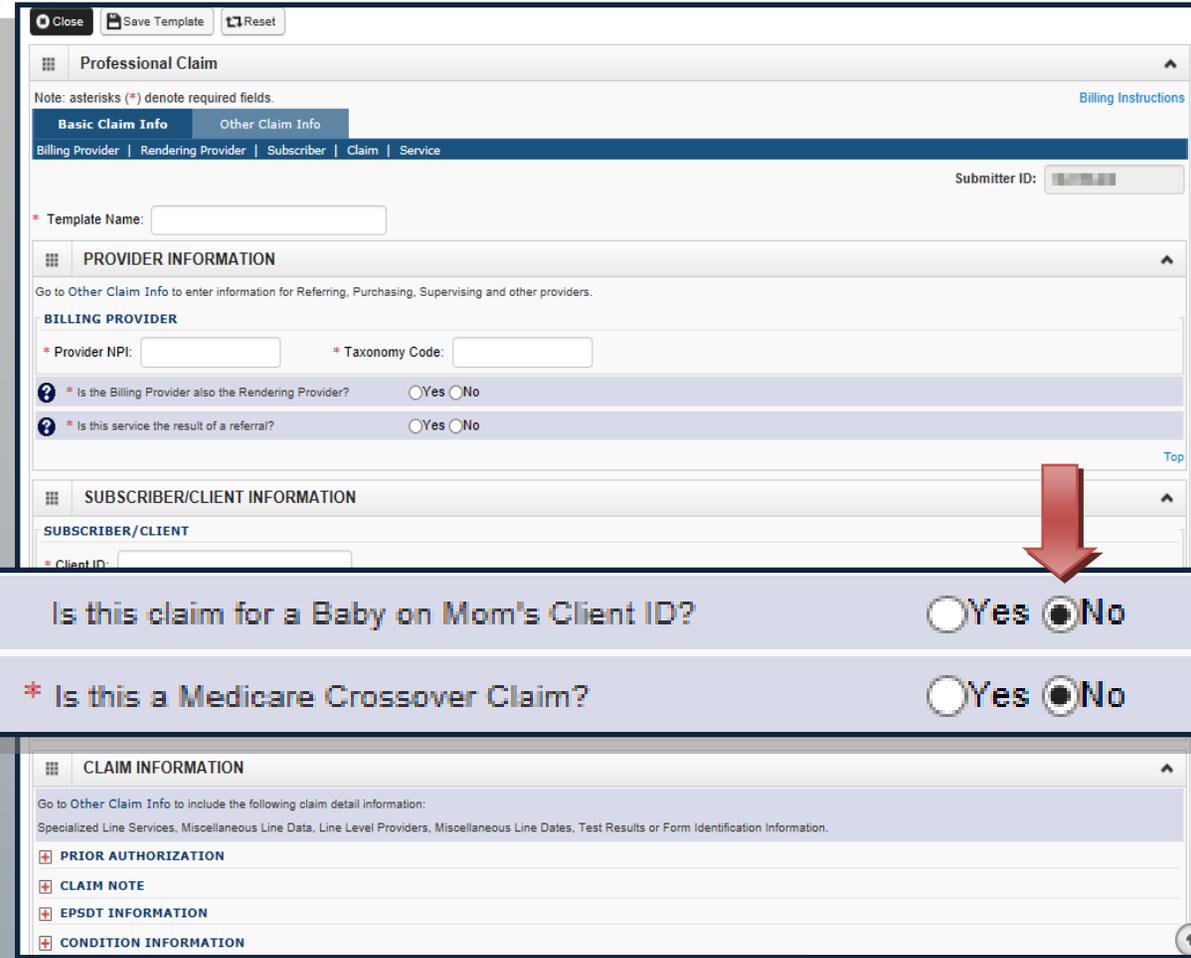
Next under '**Subscriber/Client Information**':

Answer '**No**' to the questions:

- ◆ Is this claim for a Baby on Mom's Client ID?
- ◆ Is this a Medicare Crossover Claim?

Note:

Asterisks () denote required fields.*



Close Save Template 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: [REDACTED]

* Template Name: [REDACTED]

PROVIDER INFORMATION

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

BILLING PROVIDER

* Provider NPI: [REDACTED] * Taxonomy Code: [REDACTED]

? * 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: [REDACTED]

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

? * Is this a Medicare Crossover Claim? Yes No

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

Next under 'Claim Information':

Open the  next to 'Prior Authorization':

- Enter the approved authorization number for the client.

Certain claims may require a claim note. Please refer to your billing guide for more information.

Recent system changes to ProviderOne have changed how claim notes are read.

If a specific program or service requires you to enter a claim note as instructed in a program billing guide, they will still be read by the system.

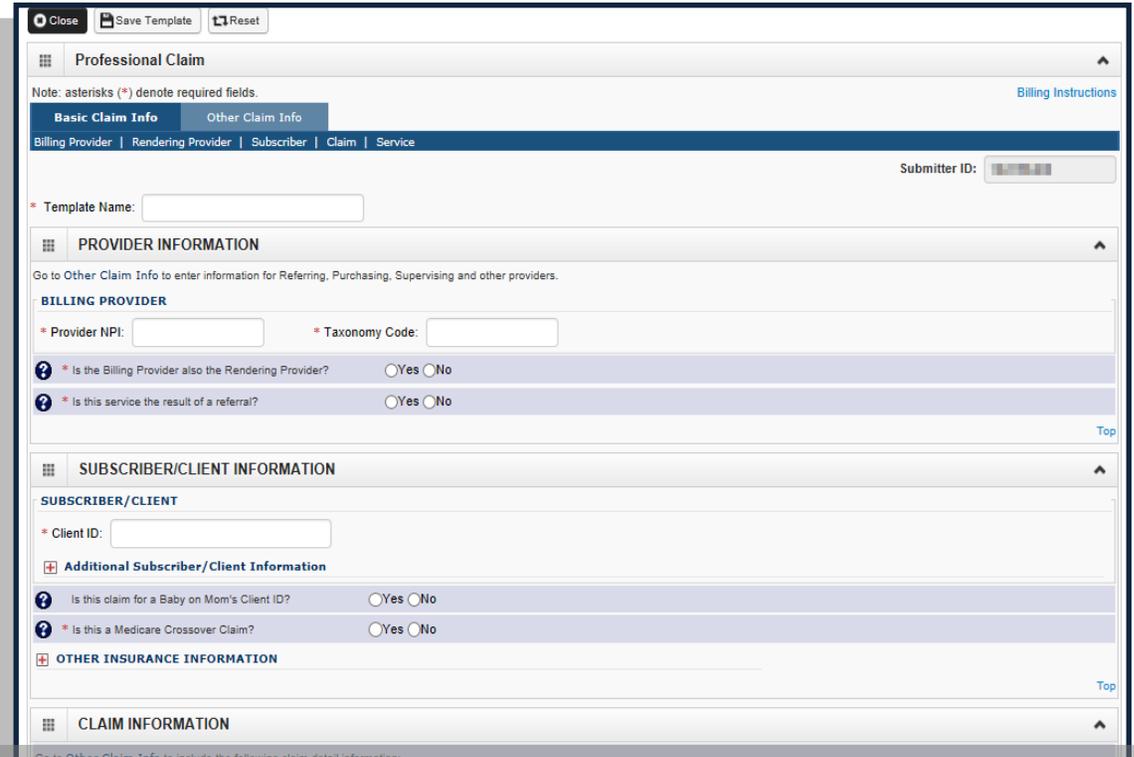
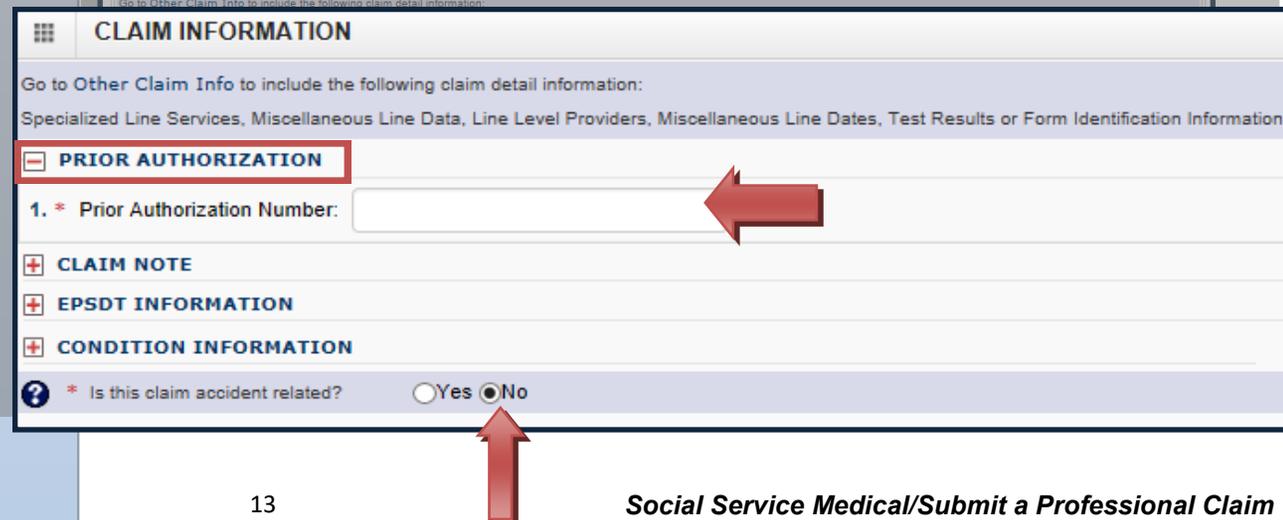
If no claim note is needed, skip this option.

- Answer 'No' to the question, "Is this claim accident related?"

Note:

Asterisks () denote required fields.*

Claim Note, EPSDT Information and Condition Information are not applicable to these claims.

Next under 'Claim Data':

Using the dropdown menu, choose the appropriate 'Place of Service'.

Most social services performed will be in either an office or the client's home.

If service is performed outside of those locations, choose the appropriate place of service from the list.

Note:

Asterisks (*) denote required fields.

Adult Family Homes, Assisted Living Facilities, and Enhanced Service Facilities are residential settings and thus considered the client's home.

CLAIM DATA

Patient Account No.:

* Place of Service: 01-PHARMACY

+ Additional Claim

Diagnosis Codes: * 1:

7:

BASIC LINE

Click on Other Svc Info in e
Attachment, Drug, DMERC
Transport, Line Item Note,

BASIC SERVICE LINE

* Service Date From:

Place of Service:

* Procedure Code:

01-PHARMACY

02-Telehealth

03-SCHOOL

04-HOMELESS SHELTER

05-INDIAN HLTH SVC FREE-STANDING FACILITY

06-INDIAN HLTH SVC PROVIDER-BASED FACILITY

07-TRIBAL 638 FREE-STANDING FACILITY

08-TRIBAL 638 PROVIDER-BASED FACILITY

09-PRISON/CORRECTIONAL FACILITY

11-OFFICE ←

12-Home

13-ASSISTED LIVING FACILITY

14-Group Home

15-MOBILE UNIT

16-TEMPORARY LODGING

17-WALK-IN RETAIL HEALTH CLINIC

18-PLACE OF EMPLOYMENT - WORKSITE

19-Off Campus-Outpatient Hospital

20-URGENT CARE FACILITY

21-INPATIENT HOSPITAL

22-On Campus-Outpatient Hospital

23-EMERGENCY ROOM - HOSPITAL

24-AMBULATORY SURGICAL CENTER

25-BIRTHING CENTER

26-MILITARY TREATMENT FACILITY

31-SKILLED NURSING FACILITY (SNF)

32-NURSING FACILITY

33-CUSTODIAL CARE FACILITY

34-Hospice

Next under 'Claim Data':

Enter the appropriate **ICD-10** 'Diagnosis Code'.

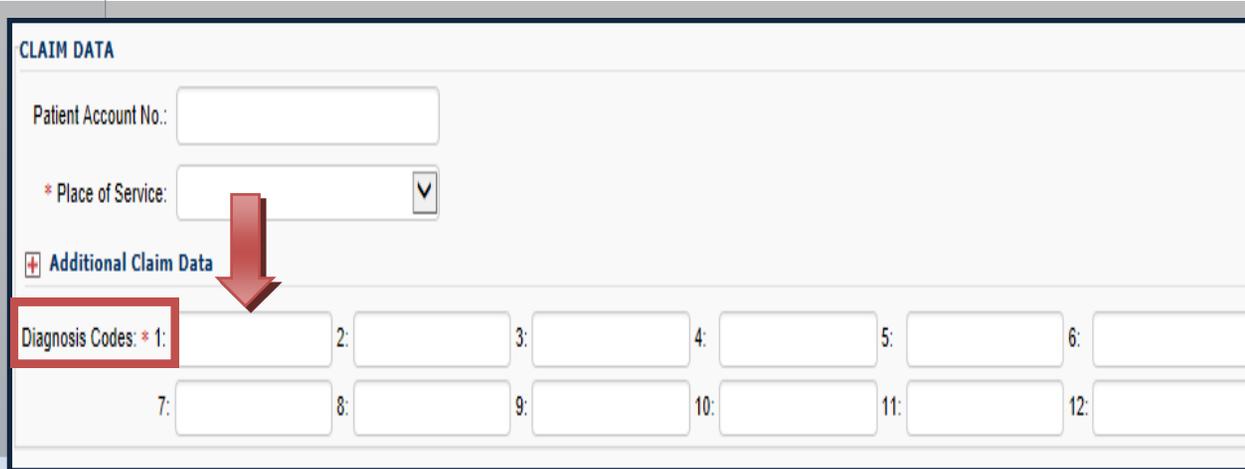
- ◆ At least **1** diagnosis code (*DX*) is required for all claims.
- ◆ ProviderOne will allow up to **12 ICD-10** diagnosis codes.
- ◆ **Do not enter decimal points in DX codes.** ProviderOne will add any decimals to the DX code once the claim is submitted.

Note:

Asterisks (*) denote required fields.

ICD-10 diagnosis codes can be found from many online resources.

Client case managers and MACSC call center staff cannot supply ICD-10 diagnosis codes. Please use the online resources available to determine the appropriate code(s) based on the clients diagnosis.



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:

Next under 'Basic Line Item Information':

- ◆ Enter 'Service Date From' and 'Service Date To'. Claims are for a single day per line. Service From and To dates are the same.
- ◆ Enter 'Procedure Code' and 'Modifier' (if applicable).

☰ **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: | mm | dd | ccyy | | mm | dd | ccyy | | | |
| | 01 | 01 | 2017 | ← | 01 | 01 | 2017 | ← | | |
| Place of Service: | <input type="text" value=""/> | | | | | | | ▼ | | |
| * Procedure Code: | <input type="text" value="H2014"/> | | | ← | → | Modifiers: 1: | <input type="text" value="U5"/> | 2: <input type="text" value=""/> | 3: <input type="text" value=""/> | 4: <input type="text" value=""/> |
| * Submitted Charges: \$ | <input type="text" value=""/> | | | | Diagnosis Pointers: * 1: | <input checked="" type="checkbox"/> | 2: <input type="checkbox"/> | 3: <input type="checkbox"/> | 4: <input type="checkbox"/> | |
| * Units: | <input type="text" value=""/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Submitting a Professional Claim

Next under 'Basic Service Line Items':

- ◆ Enter '**Submitted Charges**' (The provider is responsible for the calculation of submitted charges. $Unit \times Rate = Submitted\ Charge$.)
- ◆ Enter the number of '**Units**'.
- ◆ Select the corresponding '**Diagnosis Pointer**' number from the diagnosis pointers dropdown. (Entered data into #1 diagnosis code box = #1 diagnosis pointer.)

BASIC SERVICE LINE ITEMS

| | |
|--|---|
| <p>* Service Date From: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/></p> <p>Place of Service: <input type="text" value=""/> <input type="button" value="v"/></p> <p>* Procedure Code: <input type="text" value="H2014"/></p> <p>* Submitted Charges: \$ <input type="text" value="32.96"/> ←</p> <p>* Units: <input type="text" value="4"/> ←</p> <p><input type="checkbox"/> Medicare Crossover Items</p> <p>National Drug Code: <input type="text" value=""/></p> <p><input type="checkbox"/> Drug Identification</p> <p><input type="checkbox"/> Prior Authorization</p> <p><input type="checkbox"/> Additional Service Line Information</p> | <p>* Service Date To: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/></p> <p>Modifiers: 1: <input type="text" value="U5"/> 2: <input type="text" value=""/> 3: <input type="text" value=""/> 4: <input type="text" value=""/></p> <p>Diagnosis Pointers: * 1: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <ul style="list-style-type: none"> 1 10 11 12 2 3 4 5 6 7 8 9 </div> ←</p> <p>2: <input type="text" value=""/> <input type="button" value="v"/> 3: <input type="text" value=""/> <input type="button" value="v"/> 4: <input type="text" value=""/> <input type="button" value="v"/></p> |
|--|---|

Submitting a Professional Claim

Once the service line information has been entered, click **'Add Service Line Item'**. The Basic Service Line Information clears. This allows entry of any subsequent service lines before submitting your claim, i.e., billing for multiple days in a month.

Additional service lines must be for the same authorization. Different service codes are allowed if they are from the same authorization.

A claim service line appears under **'Previously Entered Line Information'**. The claim service line will show service dates, service code and modifier, units and submitted charges.

Check the line information for accuracy.

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: \$ 32.96

| Line No | Service Dates | | Proc. Code | Modifiers | | | | Diagnosis Pntrs | | | | Submitted Charges | Units | PA Number | |
|---------|---------------|------------|------------|-----------|---|---|---|-----------------|---|---|---|-------------------|-------|-----------|--|
| | From | To | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| 1 | 01/01/2017 | 01/01/2017 | H2014 | U | 5 | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |

Adding Service Lines

To enter additional service lines, there are 2 options.

Option 1:

- ◆ Enter basic service line items in the cleared fields:
 - ⇒ *Service Date From/To,*
 - ⇒ *Service Code and Modifier,*
 - ⇒ *Submitted Charges, Units and Diagnosis Pointer.*
- ◆ Click on 'Add Service Line Item'. (The new service line appears. Shown below as line #2.)

Note:

Each line must be for the **same authorization number.**

Different Service Codes can be used as long as they are from the same authorization number.

You can add up to **50** claim service lines per bill.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccy: 01 12 2017 * Service Date To: mm dd ccy: 01 12 2017

Place of Service:

* Procedure Code: H2014 Modifiers: 1: U5 2: 3: 4:

* Submitted Charges: \$ 32.96 Diagnosis Pointers: * 1: 1 2: 3: 4:

* Units: 4

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: \$ 65.92

| Line No | Service Dates | | Proc. Code | Modifiers | | | | Diagnosis Ptrns | | | | Submitted Charges | Units | PA Number | |
|---------|---------------|------------|------------|-----------|---|---|---|-----------------|---|---|---|-------------------|-------|-----------|------------------------------|
| | From | To | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| 1 | 01/01/2017 | 01/01/2017 | H2014 | U5 | | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |
| 2 | 01/12/2017 | 01/12/2017 | H2014 | U5 | | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |

Billing for each date of service shown in picture

Adding Service Lines

Option 2:

- Click on a **service line number**.
- The entered service line information populates.
- Enter **new data**.
- Click on 'Add Service Line Item'.
- New service line appears (shown below as line #3).

Note:

Each line must be for the **same authorization number**.

Different Service Codes can be used as long as they are from the same authorization number. You can add up to **50** claim service lines per bill.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd cyy 01 24 2017 * Service Date To: mm dd cyy 01 24 2017

Place of Service:

* Procedure Code: H2014 Modifiers: 1: U5 2: 3: 4:

* Submitted Charges: \$ 32.96 Diagnosis Pointers: * 1: 2: 3: 4:

* Units: 4

Enter new data

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: \$ 98.88

| Line No | Service Dates | | Proc. Code | Modifiers | | | | Diagnosis Pntrs | | | | Submitted Charges | Units | PA Number | |
|---------|---------------|------------|------------|-----------|---|---|---|-----------------|---|---|---|-------------------|-------|-----------|------------------------------|
| | From | To | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| 1 | 01/01/2017 | 01/01/2017 | H2014 | U | 5 | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |
| 2 | 01/12/2017 | 01/12/2017 | H2014 | U | 5 | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |
| 3 | 01/24/2017 | 01/24/2017 | H2014 | U | 5 | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |

Billing for each date of service shown in picture

Editing a Service Line:

You may see that information previously entered has an error. To correct the data so that the service line is correct:

- ◆ Select the line number you wish to edit.
- ◆ The service line data appears.
- ◆ Make the needed correction to the service line data.
- ◆ Now select 'Update Service Line Item'.

Note:

The new data you have entered will now be shown on the chosen line (line #3 shown in picture).

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd cyy 01 24 2017 * Service Date To: mm dd cyy 01 24 2017
 Place of Service:
 * Procedure Code: H2014 Modifiers: 1: U5 2: 3: 4:
 * Submitted Charges: \$ 32.96 Diagnosis Pointers: * 1: 2: 3: 4:
 * Units: 4

Enter new data

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

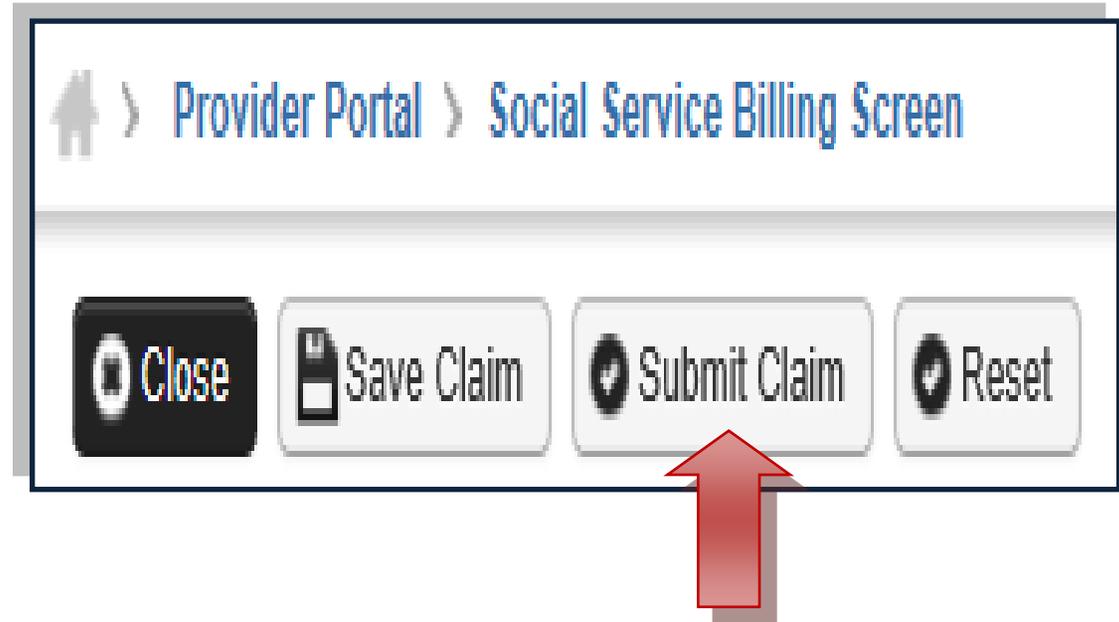
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 98.88

| Line No | Service Dates | | Proc. Code | Modifiers | | | Diagnosis Pntns | | | | Submitted Charges | Units | PA Number | | |
|---------|---------------|------------|------------|-----------|---|---|-----------------|---|---|---|-------------------|-------|-----------|--|--|
| | From | To | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | | | | | 4 |
| 1 | 01/01/2017 | 01/01/2017 | H2014 | | | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |
| 2 | 01/12/2017 | 01/12/2017 | H2014 | | | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |
| 3 | 01/24/2017 | 01/24/2017 | H2014 | | | | | 1 | | | | 32.96 | 4 | | Delete or Other Service Info |

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. Providers should turn off pop-up blockers before logging into ProviderOne.

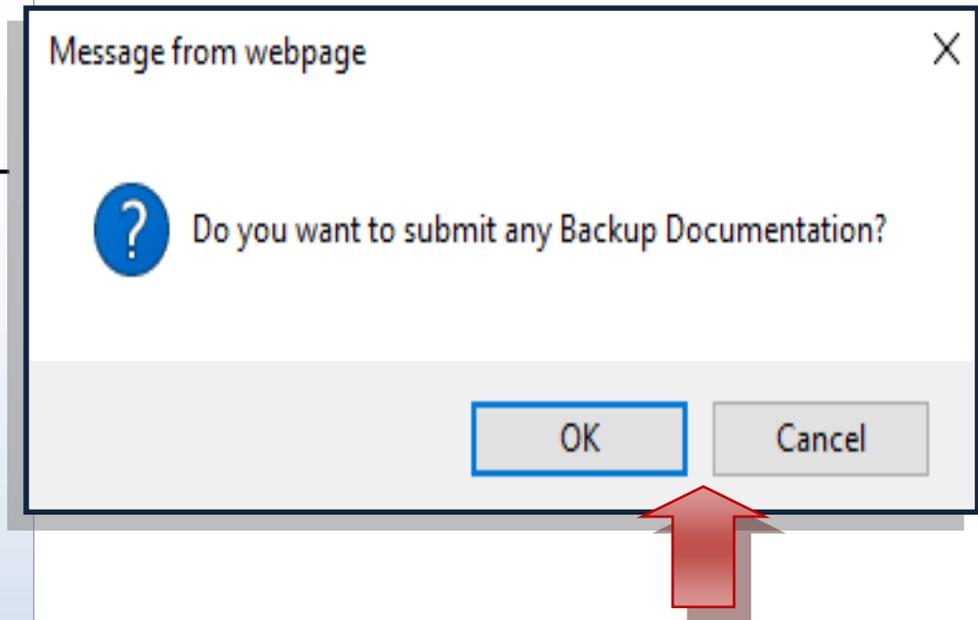
Attempting to click 'Submit Claim' again will return an error message that the information you are trying to submit, has been queried by another user.

To remedy this, log out of ProviderOne, turn off your browser's pop-up blockers, then login to ProviderOne again and return to the billing screen to submit a new claim.

A message will appear asking, “**Do you want to submit any Backup documentation?**”

Certain shared services require backup documentation such as a denial from another payer. If required, select ‘**OK**’ and upload the needed documentation before continuing to submit the claim.

If no backup documentation is needed, select ‘**Cancel**’ and continue submitting the claim.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Providers should turn off pop-up blockers before logging into ProviderOne.

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, log out of ProviderOne, turn off your browser's pop-up blockers, then login to ProviderOne again and return to the billing screen to submit a new claim.

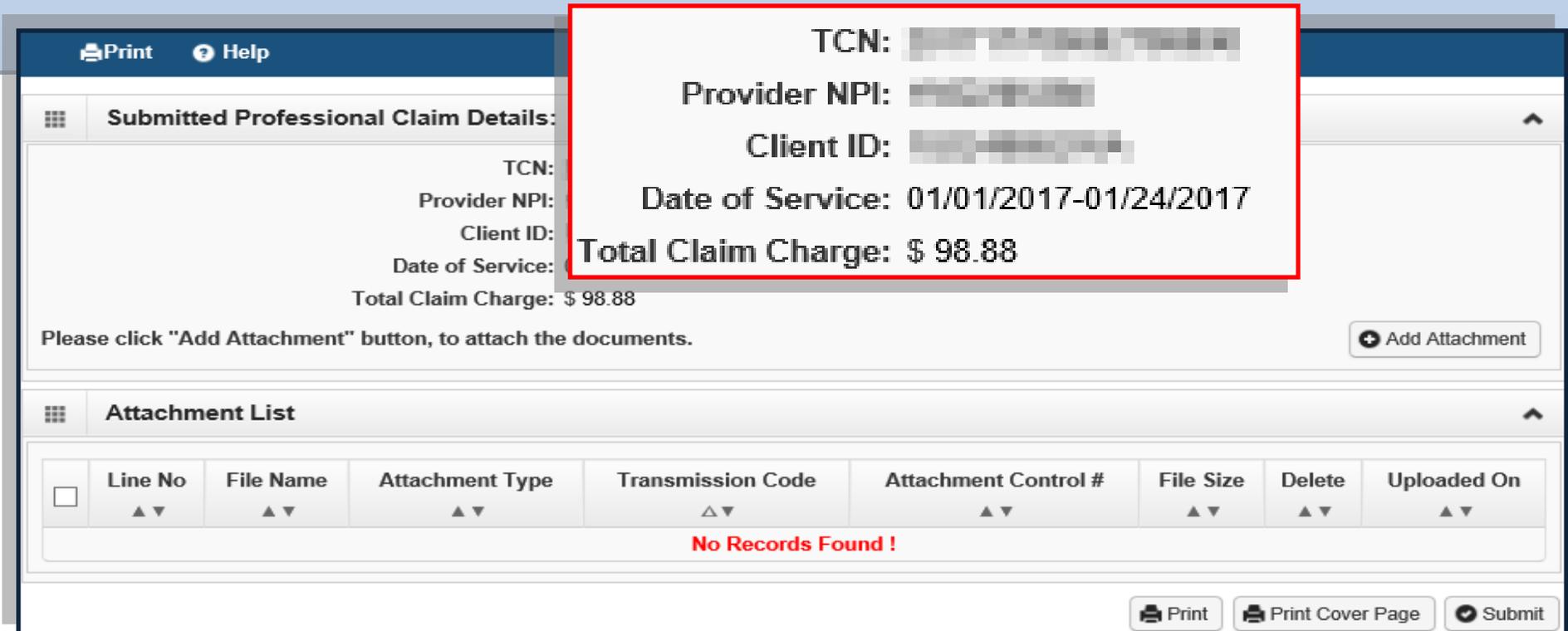
With the pop-up blockers turned off, select submit claim. The **'Submitted Social Service Claim Details'** screen appears.

Here you will see the **'Transaction Control Number'** (TCN). The TCN is the **18** digit unique identifier for each submitted claim. The TCN is used to identify and track claims.

You will also see the **'Provider NPI'**, **'Client ID'**, **'Date of Service'**, and **'Total Claim Charge'**.

Note:

No records found refers to attachments such as backup documentation. Social service providers will not add attachments. Social Service Medical providers may need to add attachments. Refer to your service billing guides for more information.



Print Help

Submitted Professional Claim Details:

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: 01/01/2017-01/24/2017
 Total Claim Charge: \$ 98.88

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 Print Cover Page Submit

When you see the **Submitted Social Service Details** or **TCN Pop-Up** screen you will want to record the information. You may print, print to a file on your machine, or record this information in another manner.

*****However, your claim has not yet been submitted.*****

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.

Note:

No records found refers to attachments such as backup documentation. Social service providers will not add attachments. Social Service Medical providers may need to add attachments. Refer to your service billing guides for more information.

Print Help

Submitted Professional Claim Details:

TCN: [REDACTED]
Provider NPI: [REDACTED]
Client ID: [REDACTED]
Date of Service: 01/01/2017-01/24/2017
Total Claim Charge: \$ 98.88

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

Attachment List

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

Print Details Print Cover Page Submit

Print 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 |