

ProviderOne Provider System User Manual



Submitting a Professional Claim

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation.

Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.

ProviderOne

Provider System User Manual

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Provider System User Manual

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Submitting a Professional Claim

Using ProviderOne to Submit an On-line Professional Claim
Using Direct Data Entry and Batch Upload

The following ProviderOne tasks and topics are covered in this section:

- The ProviderOne On-line Claims Submission Process
- Accessing and Navigating the Professional Claim Form
- Knowing When Data Entry is Required
- Accessing On-line Billing Instructions
- About Medicare Crossover Claims
- Completing the Basic Claim Info Section
- Saving the Claim and Retrieving a Saved Claim
- Submitting the Claim and Adding Backup Documentation
- Submitting an On-line Professional Batch Claim

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The ProviderOne On-line Claims Submission Process

The following section describes the process of submitting a Professional Claim using ProviderOne Direct Data Entry.

The high-level steps for submitting an on-line Professional Claim using ProviderOne are:

- Using the EXT Provider Claims Submitter user profile, access the online claim form.
- Complete the Basic Claim Info section.
- Attach any supporting documentation.
- Submit the Claim.

Each of these steps is covered in detail in the following pages.

Upon successful submission of the claim ProviderOne assigns a Transaction Control Number (TCN) to each claim. The TCN uniquely identifies the claim and is helpful when searching for a claim, and tracking the claim payment.

The screenshot shows a Windows Internet Explorer window titled 'Claims Submission Final Dialog - Windows Internet Explorer'. The main content area displays 'Submitted Professional Claim Details' with fields for TCN (redacted), Provider NPI (redacted), Client ID (redacted), Date of Service (9/9/2009 0:0:0-9/9/2009 0:0:0), and Total Claim Charge (1159). Below this, a message says 'Please click "Add Attachment" button, to attach the documents.' An 'Add Attachment' button is visible. A 'Attachment List' table follows, showing two attachments: 'ShowAttachmentServlet.xls' (Line No 1, File Name: ShowAttachmentServlet.xls, Attachment Type: application/vnd.ms-excel, Transmission Code: EL, Attachment Control: , File Size: 23kb, Uploaded On: 09/01/2009) and 'BM' (Line No 2, File Name: BM, Attachment Type: , Transmission Code: BM, Attachment Control: , File Size: 0kb, Uploaded On: 09/01/2009). The table has columns for Line No, File Name, Attachment Type, Transmission Code, Attachment Control, File Size, Delete, and Uploaded On. At the bottom, there are navigation buttons (« Prev, Viewing Page 1, Next >>, Go, Page Count, SaveToXLS), a Print button, a Print Cover Page button, and an Ok button.

Figure 1 – Submitted Professional Claim Details

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Accessing and Navigating the Professional Claim Form

Accessing the Professional Claim Form



From the Provider Portal, select the On-line Claims Entry link and click the On-line Claims Entry link.



ProviderOne displays the Claim Submission page.

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

Figure 2 – Claim Submission Page



Select the Submit Professional hyperlink.

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

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ProviderOne displays the Professional Claim form.

Figure 1 - Professional Claim Direct Data Entry Form

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Navigating the Professional Claim Form



Navigate to major sections within the form by clicking the links located in the form header, clicking the scroll bar, or clicking the Top hyperlinks located throughout the form.

The screenshot shows the 'Professional Claim' form interface. At the top, there are four buttons: Close, Save Claim, Submit Claim, and Reset. Below them is a title bar with the text 'Professional Claim:' followed by a scroll bar. A note says 'Note: asterisks (*) denote required fields.' To the right, a 'Billing Instructions' link is visible. The main content area has a blue header bar with tabs: 'Basic Claim Info' (selected), 'Other Claim Info', 'Billing Provider', 'Rendering Provider', 'Subscriber', 'Claim', and 'Service'. A red arrow points up from the bottom of this bar towards the tabs. Below this is a section titled 'PROVIDER INFORMATION' with a note: 'Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.' Another red arrow points up from the bottom of this section towards the tabs. Under 'BILLING PROVIDER', there are fields for 'Provider NPI' and 'Taxonomy Code', both marked with an asterisk. Two questions follow: 'Is the Billing Provider also the Rendering Provider?' and 'Is this service the result of a referral?'. Each question has 'Yes' and 'No' radio buttons. A red arrow points up from the bottom of the second question towards the tabs. In the bottom right corner of the form area, there is a 'Top' link with a red arrow pointing to it.

Note: [REDACTED] information about the Other Claim Info tab see the appendix.

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Knowing When Data Entry is Required

Required Fields

Required fields are marked with an asterisk and must be completed to submit the claim.

A screenshot of a 'BILLING PROVIDER' data entry panel. It contains two fields: 'Provider NPI:' and 'Taxonomy Code:', both of which have red asterisks next to them, indicating they are required. Two red arrows point upwards from the bottom of the page towards these fields.

Questions marked with an asterisk must be answered to submit the claim.

A screenshot of a question panel. It asks 'Is the Billing Provider also the Rendering Provider?' with options 'Yes' and 'No'. A red arrow points upwards from the bottom of the page towards the question text.

Optional and Situational Data Entry Panels

Additional data entry fields are located within expandable data entry panels.

A screenshot of an 'OTHER INSURANCE INFORMATION' panel. It features an expander button with a plus sign and a red arrow pointing upwards from the bottom of the page towards it.

These data entry panels may or may not be necessary depending on the claim being submitted.

Clicking on expander buttons reveal additional data entry options.

A screenshot of an 'Additional Subscriber/Client Information' panel. It shows various fields like 'Org/Last Name', 'First Name', 'Date of Birth', 'Gender', 'Date of Death', 'Patient Weight', and 'Patient is pregnant'. An expander button with a plus sign is visible at the top left. A yellow hand cursor icon is shown clicking on the expander button.

NOTE: As a general rule, as long as an expander is closed and no data has been entered in the expanded data segment, ProviderOne will not generate an error message when the submit claim button is clicked. However, if any data fields located in an expanded data segment are filled in, then all required fields in that segment must be completed before clicking the submit button or an error message will be generated.

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Accessing Online Billing Instructions



From the Professional Claim form, click the Billing Instructions link.

The screenshot shows a software interface for a 'Professional Claim'. At the top, there are buttons for 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. Below this is a section titled 'Professional Claim:' with a note: 'Note: asterisks (*) denote required fields.' To the right of this note is a red arrow pointing to a blue link labeled 'Billing Instructions'. At the bottom of the form, there are tabs for 'Basic Claim Info' (which is selected) and 'Other Claim Info'. Below the tabs, there are links for 'Billing Provider', 'Rendering Provider', 'Subscriber', 'Claim', and 'Service'.



ProviderOne displays the external Billing Instructions web page.

About the Billing Instructions Page

- This page launches in a separate browser window.
- If necessary, keep this window open while completing the Claim Form.

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About Medicare Crossover Claims

Identify the Medicare Crossover Claim

If this is a Medicare Crossover Claim answer the following question with a Yes. This question exists in the SUBSCRIBER/CLIENT section.

SUBSCRIBER/CLIENT INFORMATION	
SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>
+ Additional Subscriber/Client Information	
?	Is this claim for a Baby on Mom's Client ID? <input type="radio"/> Yes <input type="radio"/> No
?	* Is this a Medicare Crossover Claim? <input type="radio"/> Yes <input type="radio"/> No

SUBSCRIBER/CLIENT INFORMATION: Medicare Crossover Items

Answering Yes causes ProviderOne to expand the Medicare Crossover Items segment where Medicare data is entered.

Medicare Cross Over Items	
* Amount Paid by Medicare: \$ <input type="text"/>	* Medicare Deductible: \$ <input type="text"/>
* Medicare Co-insurance: \$ <input type="text"/>	* Medicare Allowed Amount: \$ <input type="text"/>
* Medicare Adjudication Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy	

BASIC LINE ITEMS: Medicare Crossover Items

Medicare Crossover pertaining to Line Items are entered in the BASIC LINE ITEMS section of the claim form.

Medicare Crossover Items	
* Medicare Deductible: \$ <input type="text"/>	* Medicare Coinsurance: \$ <input type="text"/>
* Medicare Paid: \$ <input type="text"/>	* Medicare Allowed Amount: \$ <input type="text"/>
* Medicare Paid Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy	

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Completing the Basic Claim Info Section

The Basic Claim Info section of the Professional Claim Form consists of four sub-sections.

PROVIDER INFORMATION

- BILLING PROVIDER
- RENDERING (PERFORMING) PROVIDER
- REFERRING PROVIDER

SUBSCRIBER/CLIENT INFORMATION

- SUBSCRIBER/CLIENT
- Claim is for Baby on Mom's Client Id
- Medicare Crossover Claim
- OTHER INSURANCE INFORMATION

CLAIM INFORMATION

- PRIOR AUTHORIZATION
- CLAIM NOTE
- EPSDT INFORMATION
- CONDITION INFORMATION
- Accident Related
- CLAIM DATA

BASIC LINE ITEM INFORMATION

- BASIC SERVICE LINE ITEMS

Note: SUBSCRIBER/CLIENT refers to the patient receiving services.

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PROVIDER INFORMATION

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

Figure 4 - Professional Claim - PROVIDER INFORMATION



Enter the Billing Provider NPI and the Billing Provider Taxonomy Code.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:



Answer No and complete this segment if the Rendering Provider is different from the Billing Provider or the Pay-To Provider. Otherwise, answer Yes.

* Is the Billing Provider also the Rendering Provider? No

RENDING (PERFORMING) PROVIDER

* Provider NPI: * Taxonomy Code:



Answer Yes and complete this segment if this service is the result of a referral. Otherwise, answer No.

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

REFERRING PROVIDER INFORMATION

* Provider NPI:

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SUBSCRIBER/CLIENT INFORMATION

The screenshot shows a software window titled "SUBSCRIBER/CLIENT INFORMATION". Under the "SUBSCRIBER/CLIENT" section, there is a field labeled "* Client ID:" with a text input box. Below it is an expandable section titled "Additional Subscriber/Client Information" indicated by a red plus sign. This section contains two questions: "Is this claim for a Baby on Mom's Client ID?" with radio buttons for "Yes" and "No", and "Is this a Medicare Crossover Claim?" with radio buttons for "Yes" and "No". At the bottom of this section is another expandable area titled "OTHER INSURANCE INFORMATION" with a red plus sign. A "Top" button is located at the bottom right of the window.

Figure 5 - Professional Claim – SUBSCRIBER/CLIENT INFORMATION

Note: SUBSCRIBER/CLIENT refers to the patient receiving the services.



Enter the Client ID.

A screenshot of the "SUBSCRIBER/CLIENT" section. It features a field for "Client ID" with an asterisk and a text input box. Below it is the "Additional Subscriber/Client Information" section, which is currently collapsed, indicated by a red plus sign.



Click the red expander symbol to open the Additional Subscriber/Client Information segment.



Enter the Org/Last Name, Date of Birth, and select the Gender. Complete other fields as necessary.

A screenshot of the "Additional Subscriber/Client Information" expanded section. It contains fields for "Org/Last Name" and "First Name", a date input field for "Date of Birth" (mm dd ccyy) with a dropdown for "Gender", a date input field for "Date of Death" (mm dd ccyy), a weight input field for "Patient Weight" (lbs), and a radio button group for "Patient is pregnant" (Yes or No).

- If this claim is for a baby on the Mother's ID, the Date of Birth and Gender should be the baby's.

NOTE: The Org/Last Name, Date of Birth, and Gender fields must be completed before submitting the claim.



If this claim is for a Baby on the Mom's Client ID, answer Yes. Otherwise, answer No.

A screenshot of a question and answer pair. The question is "Is this claim for a Baby on Mom's Client ID?" followed by radio buttons for "Yes" and "No".

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If this is a Medicare Crossover claim, click Yes and complete the Medicare Crossover Items segment, otherwise click No.

* Is this a Medicare Crossover Claim? Yes No

Medicare Cross Over Items

* Amount Paid by Medicare: \$ * Medicare Deductible: \$
* Medicare Co-insurance: \$ * Medicare Allowed Amount: \$
* Medicare Adjudication Date: mm dd ccyy

The following steps apply only if the patient has insurance coverage other than Medicaid or answered the question above with YES.

OTHER INSURANCE INFORMATION



If the patient has insurance other than Medicaid expand the OTHER INSURANCE INFORMATION segment.

OTHER INSURANCE INFORMATION



Use the Add Another hyperlink to add information on more than one payer.

OTHER INSURANCE INFORMATION
1 OTHER PAYER INSURANCE INFORMATION
[Add Another](#)



To add information on a payer, click the OTHER INFORMATION INSURANCE INFORMATION expander.



ProviderOne expands the OTHER INSURANCE INFORMATION segment.

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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

COB Monetary Amounts

COB Payer Paid Amount:

Additional COB Information

CLAIM LEVEL ADJUSTMENTS

OTHER PAYER REFERRING PROVIDER INFORMATION

OTHER PAYER RENDERING PROVIDER INFORMATION

OTHER PAYER BILLING PROVIDER INFORMATION

OTHER PAYER SUPERVISING PROVIDER - SECONDARY ID INFORMATION

OTHER PAYER SERVICE FACILITY LOCATION INFORMATION

[Add Another](#)



Expand and complete the Other Subscriber Information section.

Other Subscriber Information

Other Subscriber Information

Subscriber Member ID:

Subscriber Last Name: First Name: MI: Suffix:

Insured's Group or Policy Number: Insured's Group or Plan Name:

Additional Other Subscriber Information

NOTE: Provide as much information as possible about the other insurance coverage.
Subscriber Member ID refers to the other insurance.



If necessary, open and complete the Additional Other Subscriber Information segment.

Additional Other Subscriber Information

Entity Qualifier:

Address Line 1: Address Line 2:

City: State:

Zip Code: Country:

Relation to Individual:

Claim Filing Code:

Insurance Type Code:

* Payer Responsibility Sequence Number Code

NOTE: If the Additional Other Subscriber Information segment is open, the Payer Responsibility Sequence Number Code must be selected.

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Expand and complete The Secondary ID Information segment.

<input type="checkbox"/> Secondary ID Information		
1	* ID Type: <input type="button" value="▼"/>	* ID Number: <input type="text"/>
2	ID Type: <input type="button" value="▼"/>	ID Number: <input type="text"/>



Expand and complete the Other Insurance Coverage segment.

<input type="checkbox"/> Other Insurance Coverage	
Benefits Assignment Certification:	<input type="button" value="▼"/>
Release Of Information Code:	<input type="button" value="▼"/>
Patient Signature Source Code:	<input type="button" value="▼"/>



If this is a Medicare Crossover claim, expand and complete the Medicare Outpatient Adjudication Information segment.

<input type="checkbox"/> Medicare Outpatient Adjudication Information		
Reimbursement Rate:	<input type="text"/> %	HCPSC Payable Amount: \$ <input type="text"/>
Remark Code 1:	<input type="text"/>	Remark Code 2: <input type="text"/>
Remark Code 3:	<input type="text"/>	Remark Code 4: <input type="text"/>
Remark Code 5:	<input type="text"/>	
ESRD Paid Amount:	\$ <input type="text"/>	Professional Component: \$ <input type="text"/>



Complete the Other Payer Information segment.



Enter the Payer/Insurance Organization Name.

<input type="checkbox"/> Other Payer Information	
* Payer/Insurance Organization Name:	<input type="text"/>
<input type="checkbox"/> Additional Other Payer Information	



Open the Additional Other Payer Information segment, enter the ID and select the ID Type. Complete other data entry fields as necessary.

<input type="checkbox"/> Additional Other Payer Information		
Entity Qualifier:	<input type="button" value="▼"/>	
* ID:	<input type="text"/> * ID Type: <input type="button" value="▼"/>	
Claim Check or Remittance Date:	mm <input type="text"/> dd <input type="text"/> ccyy <input type="text"/>	
Number Type:	<input type="button" value="▼"/>	PA/Referral No.: <input type="text"/>
Payer Claim Adjustment:	<input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Secondary ID Information		



If necessary, open the Secondary ID Information segment and provide additional ID information.

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<input type="checkbox"/> Secondary ID Information		
1	* ID Type: <input type="text"/>	* ID Number: <input type="text"/>
2	ID Type: <input type="text"/>	ID Number: <input type="text"/>



Complete the COB Monetary Amounts segment.



Enter the COB Payer Paid Amount.

COB Monetary Amounts	
COB Payer Paid Amount:	<input type="text"/>
<input type="checkbox"/> Additional COB Information	



If necessary, complete the Additional COB Information segment.

<input type="checkbox"/> Additional COB Information	
COB Total Non-Covered Amount: \$	<input type="text"/>
Remaining Patient Liability: \$ <input type="text"/>	



Complete the Claim Level Adjustments segment.

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"/>	



Complete the Other Referring, Rendering, and Billing Provider Information segments.

<input type="checkbox"/> OTHER PAYER REFERRING PROVIDER INFORMATION	
* Provider NPI: <input type="text"/>	
<input type="checkbox"/> OTHER PAYER RENDERING PROVIDER INFORMATION	
* Provider NPI: <input type="text"/>	
<input type="checkbox"/> OTHER PAYER BILLING PROVIDER INFORMATION	
* Provider NPI: <input type="text"/>	



Complete the Other Payer Supervising Provider – Secondary ID Information segment.

<input type="checkbox"/> OTHER PAYER SUPERVISING PROVIDER - SECONDARY ID INFORMATION		
1	* ID Type: <input type="text"/>	* ID Number: <input type="text"/>
2	ID Type: <input type="text"/>	ID Number: <input type="text"/>
3	ID Type: <input type="text"/>	ID Number: <input type="text"/>



Complete the Other Payer Service Facility Location Information segment.

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<input type="checkbox"/> OTHER PAYER SERVICE FACILITY LOCATION INFORMATION
Entity Type: <input type="button" value="▼"/>
<input checked="" type="checkbox"/> Secondary ID Information



Optionally, enter Secondary ID Information.

<input type="checkbox"/> Secondary ID Information
1 * ID Type: <input type="button" value="▼"/> * ID Number: <input type="text"/>
2 ID Type: <input type="button" value="▼"/> ID Number: <input type="text"/>
3 ID Type: <input type="button" value="▼"/> ID Number: <input type="text"/>

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CLAIM 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

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:

[Top](#)

Figure 6 - Professional Claim - CLAIM INFORMATION



If applicable, open the PRIOR AUTHORIZATION segment and enter claim Prior Authorization numbers.

PRIOR AUTHORIZATION

1. * Prior Authorization Number:

2. Prior Authorization Number:



If applicable, open the CLAIM NOTE segment, select the Type Code from the dropdown and enter the Note.

CLAIM NOTE

* Type Code:

* Note:

characters remaining:



If applicable, open the EPSDT INFORMATION segment and enter EPSDT information.

EPSDT INFORMATION

* Certification Condition Indicator: Yes No

* Condition 1:

Condition 2:

Condition 3:



Enter a Condition Code. Click the Add Another link to add multiple Condition Codes.

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<input type="checkbox"/> CONDITION INFORMATION
1 * Condition Code: <input type="text"/>
Add Another



If this claim is accident related, answer Yes and complete the RELATED CAUSES INFORMATION date entry fields. Otherwise, answer No.

<input type="checkbox"/> * Is this claim accident related?	<input checked="" type="radio"/> Yes <input type="radio"/> No
RELATED CAUSES INFORMATION	
Related Causes: 1. *	<input type="text"/> 2. <input type="text"/>
Accident State: <input type="text"/>	Accident Country: <input type="text"/>
Accident Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy	



Complete the CLAIM DATA section.

CLAIM DATA
Patient Account No.: <input type="text"/>
* Place of Service: <input type="text"/>
<input checked="" type="checkbox"/> Additional Claim Data
Diagnosis Codes: * 1: <input type="text"/> 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"/>



If applicable, enter the Patient Account No. The Patient Account Number refers to the Number used by the Provider to identify the patient.



Select the required Place of Service.



Open the Additional Claim Data segment and complete the date entry fields.

<input type="checkbox"/> Additional Claim Data
Delay Reason Code: <input type="text"/>
Provider Signature on File: <input type="radio"/> Yes <input checked="" type="radio"/> No
Special Program Type Code: <input type="text"/>
Provider Accept Assignment Code: <input type="text"/>
Benefits Assignment Certification: <input type="text"/>
Release Of Information Code: <input type="text"/>
Patient Signature Source Code: <input type="text"/>
Patient Paid Amount: <input type="text"/>
Contract Code: <input type="text"/>
Anesthesia Related Procedure Code 1: <input type="text"/>
Anesthesia Related Procedure Code 2: <input type="text"/>



Enter Diagnosis Codes. Do not include decimal points when entering Diagnosis Codes.

Diagnosis Codes: * 1: <input type="text"/> 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"/>
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BASIC LINE ITEM INFORMATION

BASIC LINE ITEM INFORMATION													
<p>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, Item Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Action.</p>													
BASIC SERVICE LINE ITEMS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>* Service mm dd ccyy</p> <p>* Date mm dd ccyy From: <input type="text"/></p> <p>Place of Service: <input type="text"/></p> <p>* Procedure Code: <input type="text"/></p> <p>* Submitted Charges: \$ <input type="text"/></p> <p>* Units: <input type="text"/></p> </td> <td style="width: 50%;"> <p>* Service mm dd ccyy</p> <p>Date To: <input type="text"/></p> <p>Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p> <p>Diagnosis *1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Pointers: <input type="text"/></p> </td> </tr> </table>												<p>* Service mm dd ccyy</p> <p>* Date mm dd ccyy From: <input type="text"/></p> <p>Place of Service: <input type="text"/></p> <p>* Procedure Code: <input type="text"/></p> <p>* Submitted Charges: \$ <input type="text"/></p> <p>* Units: <input type="text"/></p>	<p>* Service mm dd ccyy</p> <p>Date To: <input type="text"/></p> <p>Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p> <p>Diagnosis *1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Pointers: <input type="text"/></p>
<p>* Service mm dd ccyy</p> <p>* Date mm dd ccyy From: <input type="text"/></p> <p>Place of Service: <input type="text"/></p> <p>* Procedure Code: <input type="text"/></p> <p>* Submitted Charges: \$ <input type="text"/></p> <p>* Units: <input type="text"/></p>	<p>* Service mm dd ccyy</p> <p>Date To: <input type="text"/></p> <p>Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p> <p>Diagnosis *1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Pointers: <input type="text"/></p>												
<p>+ Medicare Crossover Items</p> <p>National Drug Code: <input type="text"/></p> <p>+ Drug Identification</p> <p>+ Prior Authorization</p> <p>+ Additional Service Line Information</p>													
<p>Note: Please ensure you have entered any necessary claim information (sections on this or another page) before adding this service line item.</p>													
<input type="button" value="Add Service Line Item"/> <input type="button" value="Update Service Line Item"/>													
<p>Previously Entered Line Item Information</p>													
<p>Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ <input type="text"/></p>													
<input type="button" value="Line No."/>	<input type="button" value="Service Dates"/>		<input type="button" value="Proc. Code"/>		<input type="button" value="Modifiers"/>		<input type="button" value="Diagnosis Pnts"/>		<input type="button" value="Submitted Charges"/>		<input type="button" value="Units"/>	<input type="button" value="PA Number"/>	
	<input type="button" value="From"/>	<input type="button" value="To"/>	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>			

Figure 7 - Professional Claim - BASIC LINE ITEM INFORMATION

Complete the BASIC LINE ITEM INFORMATION Section



Complete the data entry for the service line item.

BASIC SERVICE LINE ITEMS											
<p>* Service mm dd ccyy</p> <p>* Date mm dd ccyy From: <input type="text"/></p> <p>Place of Service: <input type="text"/></p> <p>* Procedure Code: <input type="text"/></p> <p>* Submitted Charges: \$ <input type="text"/></p> <p>* Units: <input type="text"/></p>	<p>* Service mm dd ccyy</p> <p>Date To: <input type="text"/></p> <p>Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p> <p>Diagnosis *1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Pointers: <input type="text"/></p>										



If this claim is a Medicare Crossover claim, complete the data entry for the Medicare Crossover Items.

+ Medicare Crossover Items											
<p>* Medicare Deductible: \$ <input type="text"/></p> <p>* Medicare Paid: \$ <input type="text"/></p> <p>* Medicare Paid Date: mm dd ccyy</p>						<p>* Medicare Coinsurance: \$ <input type="text"/></p> <p>* Medicare Allowed Amount: \$ <input type="text"/></p>					

ProviderOne Provider System User Manual



If applicable, enter the National Drug Code and fill in Drug Identification Information.

National Drug Code:	<input type="text"/>
<input type="checkbox"/> Drug Identification	
* Unit Code:	<input type="text"/>
* National Drug Unit Count:	
Prescription or Compound Drug Association Number:	<input type="text"/>
Prescription Date	mm <input type="text"/> dd <input type="text"/> ccyy <input type="text"/>



If this service line item required Prior Authorization, open the Prior Authorization segment and enter the Prior Authorization.

<input type="checkbox"/> Prior Authorization
1. * Prior Authorization Number: <input type="text"/>
2. Prior Authorization Number: <input type="text"/>



Open the Additional Service Line Information and, if applicable, complete any date entry.

<input type="checkbox"/> Additional Service Line Information			
EPSDT Indicator:	<input type="radio"/> Yes <input type="radio"/> No	Family Planning Indicator:	<input type="radio"/> Yes <input type="radio"/> No
Emergency Indicator:	<input type="radio"/> Yes <input type="radio"/> No	Co-Pay Waiver:	<input type="radio"/> Yes <input type="radio"/> No

Adding Service Lines Item to the Claim

All other claim information should be completed before adding the Basic Service Line Item to the claim.



Click the Add Service Line Item button.

<input type="button" value="Add Service Line Item"/>	<input type="button" value="Update Service Line Item"/>
--	---



ProviderOne adds the line item to the claim and shifts to the top of the claim form.



To view the new line item, click the Service tab.

Professional Claim:	<input type="text"/>
Note: asterisks (*) denote required fields.	
<input type="button" value="Basic Claim Info"/> <input type="button" value="Other Claim Info"/>	
<input type="button" value="Billing Provider"/> <input type="button" value="Rendering Provider"/> <input type="button" value="Subscriber"/> <input type="button" value="Claim"/> <input type="button" value="Service"/>	

ProviderOne Provider System User Manual



ProviderOne displays the BASIC LINE ITEM INFORMATION section. All previously entered line item data has been cleared from the form. The service line item has been added to the Previously Entered Line Item Information table.

Previously Entered Line Item Information											Total Submitted Charges: \$ 239	
Line No	Service Dates		Proc. Code	Modifiers		Diagnosis Ptrns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2			
1	09/09/2009	09/09/2009	2610	50				1		239	1	Delete or Other Service Info



Repeat this process until all service line items have been added to the claim.



ProviderOne Provider System User Manual

Updating a Service Line Item



To update a service line item, click the hyperlink in the Line No column for the service line item to be updated.

Previously Entered Line Item Information											
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 239											
Line No	Service Dates		Proc. Code	Modifiers		Diagnosis Ptnrs		Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4
1	09/09/2009	09/09/2009	2610	50				1		239	1



ProviderOne returns to the top of the claim form.



Click the Service Tab to return to the BASIC LINE ITEM INFORMATION section.

Professional Claim:											
Note: asterisks (*) denote required fields.											
Basic Claim Info				Other Claim Info							
Billing Provider Rendering Provider Subscriber Claim				Service							



ProviderOne shifts to the BASIC LINE ITEM INFORMATION section and populates the fields with data from the selected service line item.



After editing existing data and/or adding additional data, click the Update Service Line Item button.

Add Service Line Item	Update Service Line Item
---------------------------------------	--



Deleting a Service Line Item



Click the Delete hyperlink of the Service Line Item to be deleted.

Previously Entered Line Item Information											
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 1373											
Line No	Service Dates		Proc. Code	Modifiers		Diagnosis Ptnrs		Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4
1	09/09/2009	09/09/2009	2610	50				1		279	1

[Delete or Other Service Info](#)



ProviderOne Provider System User Manual

Saving the Claim and Retrieving a Saved Claim

Requirements for Saving a Professional Claim

The following Professional Claim Form data entry elements must be completed before a claim can be saved:

PROVIDER INFORMATION

- Billing Provider NPI
- Billing Provider Taxonomy
- Is the Billing Provider also the Rendering Provider?
- Is this service the result of a referral?

SUBSCRIBER/CLIENT INFORMATION

- Client ID
- Is this a Medicare Crossover Claim?

Entering the Client ID will not automatically populate the first and last name field. If you want to see the client's last name on the saved claim list you will need to expand the Additional Subscriber/Client Information segment and enter the client's name.

CLAIM INFORMATION

- Is this claim accident related?

BASIC SERVICE LINE ITEMS

- Line Items are not required for saving a claim.
- To include line items in a saved claim, the line item must be added to the claim using standard claim data entry steps.

Required data entry fields that appear as a result of answering claim form questions must be completed before the claim can be saved.



ProviderOne Provider System User Manual

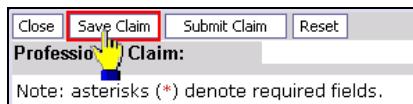
Saving the Claim



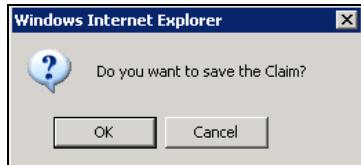
Complete all required data entry.



Click the Save Claim button.



ProviderOne displays the following confirmation dialog.



Click OK to proceed or Cancel to return to the claim form.



If necessary, correct any missing data or invalid data entry errors identified by ProviderOne.



If no data entry errors or missing data are detected ProviderOne saves the claim and closes the claim form.



ProviderOne Provider System User Manual

Retrieving a Saved Claim



From the Provider Portal, click the Retrieve Saved Claims hyperlink.

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



ProviderOne displays the Saved Claims List.

<input type="checkbox"/>	Link ▲▼	Billing Provider NPI □▼	Client ID ▲▼	Client Last Name ▲▼	User Login ID ▲▼
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]		BettyB
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BobS
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BobS
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]		SallyS
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	SallyS
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BettyB

Figure 8 – Saved Claims List



Click the Link icon to retrieve a claim.

<input type="checkbox"/>	Link ▲▼	Billing Provider NPI □▼	Client ID ▲▼	Client Last Name ▲▼	User Login ID ▲▼
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]		BettyB
<input type="checkbox"/>	►	[REDACTED]	[REDACTED]	[REDACTED]	BobS



ProviderOne loads the saved claim data into the Professional Claim Form.



Continue with Professional Claim data entry.



ProviderOne Provider System User Manual

Once a saved claim has been retrieved and submitted it will be removed from the Saved Claims List.

For more information on managing the Saved Claims List, see the Managing Claims Provider System User Manual.



ProviderOne Provider System User Manual

Submitting the Claim and Adding Backup Documentation

Submitting the Claim



Click the Submit Claim button.



ProviderOne displays the following prompt.



Click OK to display the Claim Backup Documentation form.



Click the Cancel button if there is no backup documentation.



ProviderOne generates a TCN for the new claim and displays the Submitted Professional Claim Details page.



To print this information click Print.



Click OK to finalize this transaction. Failure to click OK will void this transaction.



ProviderOne Provider System User Manual

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Professional Claim Details:

TCN: [REDACTED]
Provider NPI: [REDACTED]
Client ID: [REDACTED]

Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0
Total Claim Charge: 1159

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

Attachment List:

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
No Records Found !								

WARNING: You must click the OK button to complete the claims submission.

Figure 9 - Submitted Professional Claim Details

CAUTION “READ THIS”: If you don’t click OK, the claim is not transmitted.



ProviderOne Provider System User Manual

Submitting Claims Backup Documentation

If you responded OK to the Internet Explorer prompt after clicking the Submit Claim button, ProviderOne displays the Claims Backup Documentation form.



To submit additional backup documentation, click the Add Attachment button.



ProviderOne displays the Claims Backup Documentation form.

Figure 9 - Claims Backup Documentation



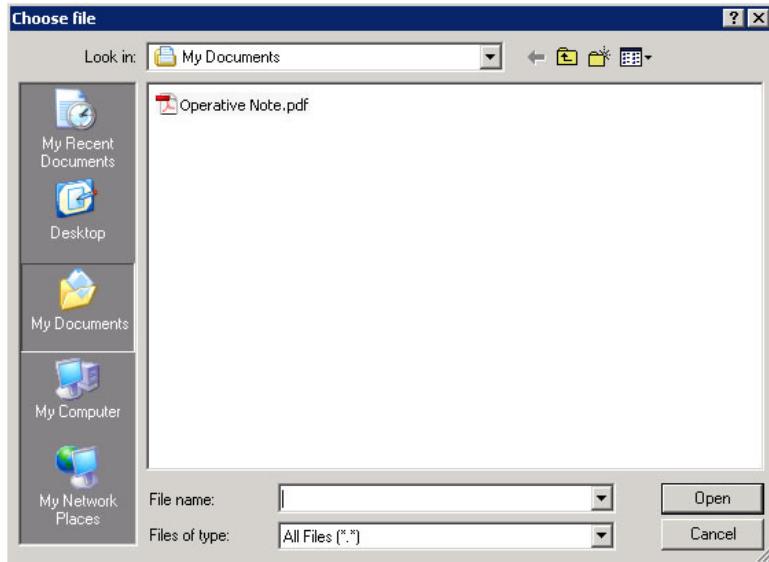
Select the Attachment Type and Transmission Code. If the Transmission Code is EL, click the Browse button and select the file to upload.
If the Transmission Code is BM:By Mail, click the OK button.



ProviderOne displays a Windows Choose File dialog.



ProviderOne Provider System User Manual



Select the file to attach and click the Open button.



ProviderOne displays the file in the Filename field.

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

Filename: C:\Documents and Setting *



Click the OK button.



ProviderOne generates a TCN and displays the Submitted Professional Claim Details page. The new attachment appears in the attachment list.



To print this information click Print.



Click OK to finalize this transaction. Failure to click OK will void this transaction.



ProviderOne Provider System User Manual

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Professional Claim Details:

TCN: [REDACTED]
Provider NPI: [REDACTED]
Client ID: [REDACTED]

Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0
Total Claim Charge: 1159

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

Attachment List:

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
<input type="checkbox"/>	1	ShowAttachmentServlet.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

<< Prev Viewing Page 1 Next>> 1 Go Page Count SaveToXLS Print Print Cover Page Ok

WARNING: You must click the OK button to complete the claims submission.

Figure 10 - Submitted Professional Claim Details

CAUTION “READ THIS”: If you don’t click OK, the claim is not transmitted.



ProviderOne Provider System User Manual

Printing the Attachment Cover Page



- Click the Print Cover Page button.
- ProviderOne displays a PDF preview of the Cover Page.
- Fill in the information required, print this cover page, and include with mailed attachments.

NOTE: After entering data into a field on the form, you must press the tab key or click outside of a data field to update the bar code with the date entered. Updated bar codes will be wider than bar codes that have not been updated.

DO NOT use previously saved cover pages, each page has a bar coding unique to the current claim.

Printing the Claim Details



- To print a copy of the claim, click the Print button.
- ProviderOne displays a PDF preview of the claim details.
- Print or Save this PDF file.



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ProviderOne Provider System User Manual

Submitting an Online Batch Claim

Before Uploading Your Document

You must be enrolled as a Trading Partner in the ProviderOne system.

You must be authorized (tested and approved by CNSI) to submit HIPAA files over the web to ProviderOne.

The file you are uploading must be less than or equal to 50MB in size.

Accessing the Batch Attachment Response Page



From the Provider Portal, click the On-line Batch Claims Submission (837) link.



ProviderOne displays the Batch Attachment Response page.

Figure 11 - Batch Attachment Response



ProviderOne Provider System User Manual

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ProviderOne Provider System User Manual

Submitting the Document



Click the Upload button.

ProviderOne displays the Attachment page.

The screenshot shows a Windows-style dialog box titled 'Attachment'. At the top left is a question mark icon. Below it is a large empty text area labeled 'Attachment:'. In the center, there is a message 'Please select the file to be uploaded:'. Below this is a row with a 'Filename:' label, a text input field, and a 'Browse...' button. At the bottom right are 'OK' and 'Cancel' buttons.

Figure 12 - Attachment



Click the Browse button, select the file to upload, and click the OK button.

If the Upload was successful, ProviderOne displays the Upload File Response.

The screenshot shows a web-based application interface. At the top, a banner says 'Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile.' and 'Path: Provider Portal/ Batch Attachment Response'. Below this is a toolbar with 'Close' and 'Upload' buttons. A message 'Please click on the Upload button to upload your file.' is displayed. Under the heading 'Upload File Response', it says 'Thank You'. It then lists the following information: 'The following File has been successfully uploaded: File Name:HIPAA.165760000.2009090112121837.dat', 'Submitter ID: 2857403', 'Date/Time:09/01/2009', and 'Your file has been submitted for processing. You can retrieve the response for this file by clicking on this link after 24-hours. Please print this page for your reference.'

Figure 13 - HIPAA Batch Response – Upload File Response



Click the Close button.



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Appendix

Other Claim Info and Other Service Line Info sections are not required for Direct Data Entry Claims submission using ProviderOne.

This section is for reference only.



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ProviderOne Provider System User Manual

Completing the Other Claim Info Section

The Other Claim Info section consists of the following sub-sections.

CLAIM INFORMATION

- RELEVANT DATES
- MISCELLANEOUS CLAIM
- SERVICE FACILITY

SPECIALIZED SERVICES INFORMATION

- AMBULANCE
- PATIENT CONDITION - VISION

CLAIM PROVIDER INFORMATION

- SUPERVISING PROVIDER



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ProviderOne Provider System User Manual

Accessing Other Claim Info

You must complete the Basic Info form before you can access the Other Claim Info form.



Access the Other Claim Info form by clicking the Other Claim Info tab.

The screenshot shows a software interface titled "Professional Claim". At the top, there is a note: "Note: asterisks (*) denote required fields." Below this is a horizontal menu bar with two tabs: "Basic Claim Info" (which is blue and bold) and "Other Claim Info" (which is white). Underneath the tabs, there are four buttons: "Billing Provider", "Subscriber", "Claim", and "Service". A red arrow points to the "Claim" button.



ProviderOne displays the Other Claim Info form.



After completing the form, return to the Basic Claim Info form by clicking the Basic Claim Info tab or Basic Claim Form button.

The screenshot shows the same "Professional Claim" form. At the top, there are three buttons: "Close", "Basic Claim Form" (which is blue and bold), and "Reset". Below these is the title "Professional Claim" and a note about required fields. The tab bar at the bottom has "Basic Claim Info" and "Other Claim Info" (both white). Underneath the tabs, there are four buttons: "Relevant Dates", "Misc. Claim", "Service Facility Info", and "CLAIM INFORMATION". Two red arrows point upwards from the bottom of the page towards the "Basic Claim Form" button and the "Other Claim Info" tab.



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ProviderOne Provider System User Manual

CLAIM INFORMATION

CLAIM INFORMATION		
Go to Basic Claim Info to enter basic claim information.		
<input checked="" type="checkbox"/> RELEVANT DATES	<input checked="" type="checkbox"/> MISCELLANEOUS CLAIM	<input checked="" type="checkbox"/> SERVICE FACILITY

Enter RELEVANT DATES

<input checked="" type="checkbox"/> RELEVANT DATES	
Date Last Seen:	mm dd ccyy
Admission Date:	mm dd ccyy
Assumed Care Date:	mm dd ccyy
Last Menstrual Date:	mm dd ccyy
Disability Begin Date:	mm dd ccyy
Last Worked Date:	mm dd ccyy
Hearing & Vision Prescription Date:	mm dd ccyy
Last X-ray Date:	mm dd ccyy
Property and Casualty Date of First Contact:	mm dd ccyy
Discharge Date:	mm dd ccyy
Relinquished Care Date:	mm dd ccyy
Onset of Current Illness:	mm dd ccyy
Disability End Date:	mm dd ccyy
Authorized Return to work Date:	mm dd ccyy
Acute Manifestation Date:	mm dd ccyy
Initial Treatment Date:	mm dd ccyy

Enter MISCELLANEOUS CLAIM

<input checked="" type="checkbox"/> MISCELLANEOUS CLAIM	
CLIA Number:	<input type="text"/>
Investigational Device Exemption ID:	<input type="text"/>
Mammography Certification Number:	<input type="text"/>
Homebound Certification Indicator:	<input type="radio"/> Yes <input type="radio"/> No
Service Authorization Exception Code:	<input type="text"/>
File Information:	<input type="text"/>
Medical Record Number:	<input type="text"/>
Demonstration Project ID:	<input type="text"/>

Enter SERVICE FACILITY

<input checked="" type="checkbox"/> SERVICE FACILITY	
Provider NPI:	<input type="text"/>



ProviderOne Provider System User Manual

SPECIALIZED SERVICES INFORMATION

SPECIALIZED SERVICES INFORMATION
Go to Basic Claim Info to enter basic service information.
AMBULANCE
PATIENT CONDITION - VISION
Top

Enter AMBULANCE

<input type="checkbox"/> AMBULANCE
* Ambulance Transport Reason Code: <input type="text"/>
* Transport Distance: <input type="text"/> Miles Patient Weight: <input type="text"/> lbs.
Round Trip Purpose Description: <input type="text"/>
Stretcher Purpose Description: <input type="text"/>
If the patient was admitted to the hospital, please enter the admission date in the Other General Claim Information section.
CERTIFICATION CONDITIONS
* Certification Condition Indicator: <input type="radio"/> Yes <input type="radio"/> No
* Condition 1. <input type="text"/>
Condition 2. <input type="text"/>
Condition 3. <input type="text"/>
Condition 4. <input type="text"/>
Condition 5. <input type="text"/>
PICK-UP LOCATION
DROP-OFF LOCATION

<input type="checkbox"/> PICK-UP LOCATION
Address Line 1: <input type="text"/> Address Line 2: <input type="text"/>
City: <input type="text"/> State: <input type="text"/>
Zip Code: <input type="text"/> Country: <input type="text"/>
<input type="checkbox"/> DROP-OFF LOCATION
Org/Last Name: <input type="text"/>
Address Line 1: <input type="text"/> Address Line 2: <input type="text"/>
City: <input type="text"/> State: <input type="text"/>
Zip Code: <input type="text"/> Country: <input type="text"/>

Enter PATIENT CONDITION - VISION

<input type="checkbox"/> PATIENT CONDITION - VISION
* Certification Condition Indicator: <input type="radio"/> Yes <input type="radio"/> No
* Code Category: <input type="text"/>
* Condition 1. <input type="text"/>
Condition 2. <input type="text"/>
Condition 3. <input type="text"/>
Condition 4. <input type="text"/>
Condition 5. <input type="text"/>



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CLAIM PROVIDER INFORMATION

CLAIM PROVIDER INFORMATION

Go to [Basic Claim Info](#) to enter information about the Billing, Referring and Rendering providers.

SUPERVISING PROVIDER

Enter SUPERVISING PROVIDER

SUPERVISING PROVIDER

Provider NPI:



ProviderOne Provider System User Manual



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Completing the Other Service Info Section

The Other Service Info section consists of the following sub-sections.

OTHER SERVICE LINE INFORMATION

- RELEVANT DATES

SERVICE LINE PROVIDER INFORMATION

- RENDERING PROVIDER INFORMATION
- REFERRING PROVIDER INFORMATION
- PURCHASED SERVICE PROVIDER INFORMATION
- ORDERING PROVIDER INFORMATION
- SUPERVISING PROVIDER INFORMATION

SERVICE LINE CLAIM INFORMATION

- SERVICE FACILITY INFORMATION

OTHER LINE ITEM INFORMATION

- DME SERVICE
- DMERC
- AMBULANCE
- SERVICE NOTES
- FILE INFO
- PURCHASED SERVICE
- SERVICE LINE ADJUDICATION INFO

CLAIMS MANAGEMENT SYSTEM (CMS) INFORMATION

- MISCELLANEOUS LINE INFORMATION
- TEST RESULT INFORMATION
- FORM IDENTIFICATION INFORMATION



ProviderOne Provider System User Manual

Accessing Other Service Info

Other Service Info is applied to individual Service Lines.



To open the Other Service Info form for an individual Service Line, click the Other Service Info hyperlink for the Service Line.

Previously Entered Line Item Information									
Click a Line No. below to view/update that Line Item Information.					Total Submitted Charges: \$ 239				
Line No	Service Dates		Proc. Code	Modifiers 1 2 3 4	Diagnosis Ptnrs 1 2 3 4	Submitted Charges 1 239	Units 1	PA Number	Delete or Other Service Info
	From	To							
1	09/09/2007	09/09/2007	20610 50		1	239	1		



ProviderOne displays the Other Service Info form.



ProviderOne Provider System User Manual

OTHER SERVICE LINE INFORMATION

OTHER SERVICE LINE INFORMATION	
Go to Basic Claim Info to enter basic service line information.	
<input checked="" type="checkbox"/>	RELEVANT DATES

Enter RELEVANT DATES

<input type="checkbox"/> RELEVANT DATES			
Date Last Seen:	mm dd ccyy	Date Shipped:	mm dd ccyy
Last Certification:	mm dd ccyy	Certification Revision:	mm dd ccyy
Begin Therapy:	mm dd ccyy	Last X-ray Date:	mm dd ccyy
		Initial Treatment Date:	mm dd ccyy
Test Date			
Test Qualifier:	<input type="button" value="▼"/>	Test Date:	mm dd ccyy



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ProviderOne Provider System User Manual

SERVICE LINE PROVIDER INFORMATION

SERVICE LINE PROVIDER INFORMATION

Go to [Basic Claim Info](#) to enter basic service line information.

RENDERING PROVIDER INFORMATION
 REFERRING PROVIDER INFORMATION
 PURCHASED SERVICE PROVIDER INFORMATION
 ORDERING PROVIDER INFORMATION
 SUPERVISING PROVIDER INFORMATION

[Top](#)

Enter RENDERING PROVIDER INFORMATION

RENDERING PROVIDER INFORMATION

* Provider NPI: Taxonomy Code:

Enter REFERRING PROVIDER INFORMATION

REFERRING PROVIDER INFORMATION

* Provider NPI:

Enter PURCHASED SERVICE PROVIDER INFORMATION

PURCHASED SERVICE PROVIDER INFORMATION

Provider NPI:

Enter ORDERING PROVIDER INFORMATION

ORDERING PROVIDER INFORMATION

Provider NPI:

Enter SUPERVISING PROVIDER INFORMATION

SUPERVISING PROVIDER INFORMATION

Provider NPI:



ProviderOne Provider System User Manual

SERVICE LINE CLAIM INFORMATION

SERVICE LINE CLAIM INFORMATION
Go to Basic Claim Info to enter basic service line information.
<input checked="" type="checkbox"/> SERVICE FACILITY INFORMATION
Top

Enter SERVICE FACILITY INFORMATION

<input type="checkbox"/> SERVICE FACILITY INFORMATION
Provider NPI: <input type="text"/>



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ProviderOne Provider System User Manual

OTHER LINE ITEM INFORMATION

OTHER LINE ITEM INFORMATION

Go to [Basic Claim Info](#) to enter basic service line item data.

- DME SERVICE**
- DMERC**
- AMBULANCE**
- SERVICE NOTES**
- FILE INFO**
- PURCHASED SERVICE**
- SERVICE LINE ADJUDICATION INFO**

[Top](#)

Enter DME SERVICE

DME SERVICE

* Procedure Code:

Frequency: * Length of Medical Necessity: Days

DME Rental Price: \$ DME Purchase Price: \$

Enter DMERC Information

DMERC

Attachment Transmission Code:

* Certification Type Code: * Number of Months Needed:

* Certification Condition Indicator: Yes No

* Code Category:

* Condition 1:
Condition 2:

Enter AMBULANCE

AMBULANCE

* Transport Reason:

* Transport Distance: Miles Patient Weight: lbs.

Round Trip Purpose Description:

Stretcher Purpose Description:

If the patient was admitted to the hospital, please enter the admission date in the Relevant Dates section.

- CERTIFICATION CONDITIONS**
- PICK-UP LOCATION**
- DROP-OFF LOCATION**

CERTIFICATION CONDITIONS

* Certification Condition Indicator: Yes No

* Condition 1:
Condition 2:
Condition 3:
Condition 4:
Condition 5:



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PICK-UP LOCATION

Address Line 1: Address Line 2:
City: State:
Zip Code: Country:

DROP-OFF LOCATION

Org/Last Name:
Address Line 1: Address Line 2:
City: State:
Zip Code: Country:

Enter SERVICE NOTES

SERVICE NOTES

* Type:
* Code:
* Note:
characters remaining:

Enter FILE INFO

FILE INFO

File Information:

Enter PURCHASED SERVICE Information

PURCHASED SERVICE

Purchased Service Provider ID: Purchased Service Charge \$
Amount:

Enter SERVICE LINE ADJUDICATION

SERVICE LINE ADJUDICATION INFO

1 SERVICE LINE ADJUDICATION

Add Another



ProviderOne Provider System User Manual

<input type="checkbox"/> 1 SERVICE LINE ADJUDICATION			
*Other Payer Primary ID:	<input type="text"/>	*Service Line Paid Amount:	\$ <input type="text"/>
*Claim Check or Remittance Date:	mm <input type="text"/> dd <input type="text"/> ccyy <input type="text"/>	*Paid Service Line Unit Count:	<input type="text"/>
*Procedure Qualifier:	<input type="text"/>	*Procedure Code:	<input type="text"/>
Procedure Code Description:	<input type="text"/>	Bundled Line Number:	<input type="text"/>
Procedure Code Modifiers:	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/> 4: <input type="text"/>
Remaining Patient Liability Amount:	<input type="text"/>		
<input type="checkbox"/> SERVICE ADJUSTMENT			
1 * Group Code :	<input type="text"/>	* Reason Code :	<input type="text"/>
2 Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>
3 Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>
4 Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>
5 Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>
		* Amount :	<input type="text"/>
		Quantity :	<input type="text"/>



ProviderOne Provider System User Manual

CLAIMS MANAGEMENT SYSTEM (CMS) INFORMATION

CLAIMS MANAGEMENT SYSTEM (CMS) INFORMATION

Go to [Basic Claim Info](#) to enter basic service line item data.

- MISCELLANEOUS LINE INFORMATION
- TEST RESULT INFORMATION
- FORM IDENTIFICATION INFORMATION

Enter MISCELLANEOUS LINE INFORMATION

MISCELLANEOUS LINE INFORMATION

Immunization Batch Number: Postage Claimed Amount:
Sales Tax Amount: Referring CLIA Number:
CLIA Number: Mammography Certification Number:
Line Item Control Number: Hospice Employer Provider Indicator: Yes No

Enter TEST RESULT INFORMATION

TEST RESULT INFORMATION

Current Line Number:

* Test Measurement ID:

* Test Measurement Qualifier:

* Test Results:

[Add Line Item](#) [Update Line Item](#)

Previously Entered Test Result(s)

Click a Measurement ID below to view/edit that Test Result Information.

Test Measurement ID	Test Measurement Qualifier	Test Result
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ProviderOne Provider System User Manual

Enter FORM IDENTIFICATION INFORMATION

<input type="checkbox"/> FORM IDENTIFICATION INFORMATION	
* Form Type:	<input type="text"/>
* Form ID:	<input type="text"/>
<input type="checkbox"/> SUPPORTING DOCUMENTATION INFORMATION	
* Question Number or Letter: <input type="text"/>	
Possible Responses to Question Referenced Above:	
Question Response:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Reference ID Response:	<input type="text"/>
Percent Response:	<input type="text"/> %
Date Response:	mm <input type="text"/> dd <input type="text"/> ccyy