

ProviderOne Provider System User Manual



Submitting a Dental 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

Document Number: WAMMIS-TRAIN-PTM-MGCLM-06-02

Last updated on: January 8, 2012

Table of Contents

Submitting a Dental Claim.....	5
The ProviderOne On-line Claims Submission Process	7
Accessing and Navigating the Dental Claim Form	9
Knowing When Data Entry is Required	13
Accessing Online Billing Instructions	15
Completing the Basic Claim Info Section	17
Saving the Claim and Retrieving a Saved Claim.....	32
Submitting the Claim and Adding Backup Documentation	36
Submitting an Online Batch Claim.....	44
Appendix.....	50
Completing the Other Claim Info Section	52
Completing the Other Service Info Section.....	58

ProviderOne Provider System User Manual

This page is intentionally blank.

Submitting a Dental Claim

Using ProviderOne to Submit an On-line Dental 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 Dental Claim Form
- Knowing When Data Entry is Required
- Accessing On-line Billing Instructions
- 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 Dental Batch Claim

ProviderOne Provider System User Manual

This page is intentionally blank.

The ProviderOne On-line Claims Submission Process

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

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

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

Each of these steps are 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.

Submitted Dental Claim Details:

TCN: [REDACTED]
Provider NPI: [REDACTED]
Client ID: [REDACTED]
Date of Service: 9/1/2009 0:0:0-9/1/2009 0:0:0
Total Claim Charge: 135

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 !								

Figure 1 - Submitted Dental Claim Details

ProviderOne Provider System User Manual

This page is intentionally blank.

Accessing and Navigating the Dental Claim Form

Accessing the Dental Claim Form



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



ProviderOne displays the Claim Submission page.

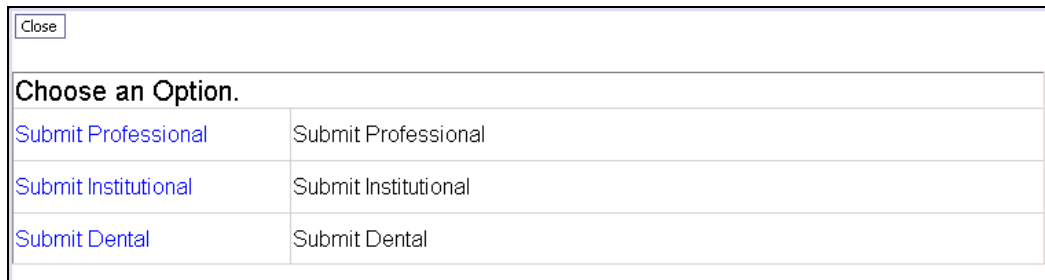
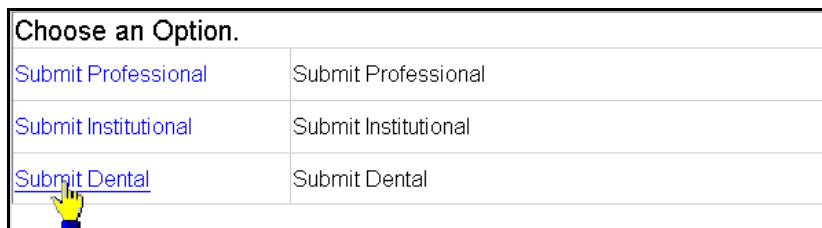


Figure 2 – Claim Submission Page



Select the Submit Dental hyperlink.



ProviderOne displays the Dental Claim form.

ProviderOne Provider System User Manual

The screenshot displays the 'Dental Claim' data entry form. At the top, a navigation bar shows the user is logged in as 'Brown, Betty' with the profile 'EXT Provider Claims Submitter'. The breadcrumb path is 'Provider Portal / Claim Submission / Submit Dental Claim'. Below the navigation bar are buttons for 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. The form is titled 'Dental Claim:' and includes a note: 'Note: asterisks (*) denote required fields.' There are two tabs: 'Basic Claim Info' (selected) and 'Other Claim Info'. A 'Billing Instructions' link is also present. A 'Submitter ID' field contains the value '101195300'. The form is divided into several sections: 'PROVIDER INFORMATION' with a note to go to 'Other Claim Info' for other providers; 'BILLING PROVIDER' with fields for 'Provider NPI' and 'Taxonomy Code', and a question 'Is the Billing Provider also the Rendering Provider?' with 'Yes' and 'No' radio buttons; 'SUBSCRIBER/CLIENT INFORMATION' with a 'Client ID' field and expandable sections for 'Additional Subscriber/Client Information' and 'OTHER INSURANCE INFORMATION'; and 'CLAIM INFORMATION' with a note to go to 'Other Claim Info' for additional information and a 'CLAIM DATA' section with a 'Patient Account No.' field. 'Top' links are provided for navigation within the sections.

Figure 3 – Dental Claim Direct Data Entry Form

ProviderOne Provider System User Manual

Navigating the Dental 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.

Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claim Submission/ Submit Dental Claim

Close Save Claim Submit Claim Reset

Dental Claim:

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

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 101195300

PROVIDER INFORMATION

Go to Other Claim Info to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

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

SUBSCRIBER/CLIENT INFORMATION Top

Note: For information about the Other Claim Info tab see the appendix.

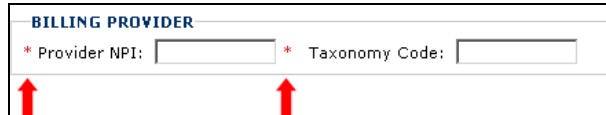
ProviderOne Provider System User Manual

This page is intentionally blank.

Knowing When Data Entry is Required

Required Fields

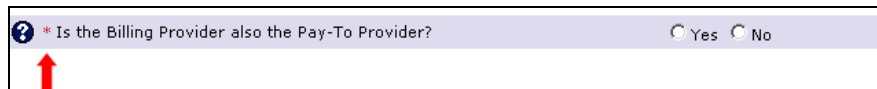
Required fields are marked with an asterisk and must be completed to submit the claim.



BILLING PROVIDER
* Provider NPI: * Taxonomy Code:

Two red arrows point to the asterisks on the labels "Provider NPI" and "Taxonomy Code".


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

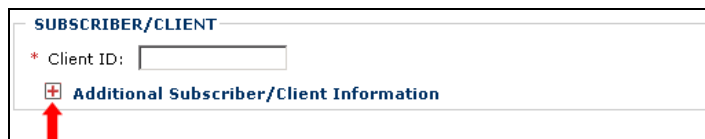



* Is the Billing Provider also the Pay-To Provider? Yes No

A red arrow points to the asterisk on the question label.

Optional and Situational Data Entry Panels

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

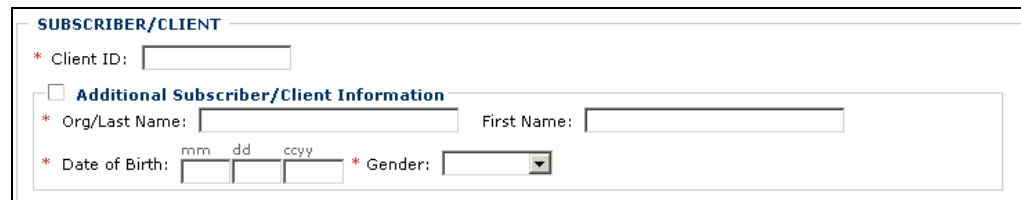


SUBSCRIBER/CLIENT
* Client ID:
 Additional Subscriber/Client Information

A red arrow points to the plus icon next to the expandable panel label.

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.



SUBSCRIBER/CLIENT
* Client ID:
 Additional Subscriber/Client Information
* Org/Last Name: First Name:
* Date of Birth: m m d d c c y y * Gender:

IMPORTANT: Fields located within expanded data entry panels and marked with an asterisk are required “only if the data entry panel is opened”.

ProviderOne Provider System User Manual

This page is intentionally blank.

Accessing Online Billing Instructions



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

The screenshot shows a web form titled "Dental Claim:". Below the title is a note: "Note: asterisks (*) denote required fields." To the right of this note is a red arrow pointing to the text "Billing Instructions". Below the note are two tabs: "Basic Claim Info" (which is selected) and "Other Claim Info". At the bottom of the form, there is a navigation bar with the following links: "Billing 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.

ProviderOne Provider System User Manual

This page is intentionally blank.

Completing the Basic Claim Info Section

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

PROVIDER INFORMATION

- BILLING PROVIDER
- RENDERING (PERFORMING) PROVIDER

SUBSCRIBER/CLIENT INFORMATION

- SUBSCRIBER/CLIENT
- OTHER INSURANCE INFORMATION

CLAIM INFORMATION

- CLAIM DATA
- PRIOR AUTHORIZATION
- CLAIM NOTE
- Accident Related

BASIC LINE ITEM INFORMATION

- BASIC SERVICE LINE ITEMS
- Prior Authorization

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

ProviderOne Provider System User Manual

This page is intentionally blank.

PROVIDER INFORMATION

PROVIDER INFORMATION
Go to [Other Claim Info](#) to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

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

Top

Figure 4 - Dental 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. Otherwise, answer Yes.

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

RENDERING (PERFORMING) PROVIDER

* Provider NPI: * Taxonomy Code:

ProviderOne Provider System User Manual

This page is intentionally blank.

SUBSCRIBER/CLIENT INFORMATION



Figure 5 - Dental Claim - SUBSCRIBER/CLIENT INFORMATION

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



Enter the Client ID.

Click the red expander symbol to open the Additional Subscriber/Client Information segment and enter the Org/Last Name, Date of Birth, and select the Gender.



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



If the patient is covered by insurance other than Medicaid open and complete the OTHER PAYER INSURANCE INFORMATION. Use the Add Another link to add information about multiple payers.



The following steps apply only if the patient has insurance coverage other than Medicaid.

OTHER PAYER INSURANCE INFORMATION

1 OTHER PAYER INSURANCE INFORMATION

Other Payer Information

* Payer/Insurance Organization Name:

Additional Other Payer Information

COB Monetary Amounts

COB Payer Paid Amount:

Additional COB Information

OTHER PAYER BILLING PROVIDER

OTHER PAYER ASSISTANT SURGEON

CLAIM LEVEL ADJUSTMENTS

Other Subscriber Information

Other Insurance Coverage



Complete the Other Payer Information segment.

Other Payer Information

* Payer/Insurance Organization Name:

Additional Other Payer Information



Enter the Payer/Insurance Organization Name.



Open and complete the Additional Other Payer Information segment. If necessary complete the Secondary ID Information segment.

Additional Other Payer Information

* ID: * ID Type:

Claim Check or Remittance Date:

Number Type: PA/Referral No.:

Secondary ID Information

Secondary ID Information

1 * ID Type: * ID Number:

2 ID Type: ID Number:



Complete the COB MONETARY AMOUNTS segment.

COB Monetary Amounts

COB Payer Paid Amount:

Additional COB Information



Open and complete the Additional COB Information segment.

Additional COB Information

COB Total Non-Covered Amount: \$ Remaining Patient Liability: \$



Complete the OTHER PAYER BILLNG PROVIDER segment.

ProviderOne Provider System User Manual

OTHER PAYER BILLING PROVIDER
Provider NPI:



Complete the **OTHER PAYER ASSISTANT SURGEON** section.

OTHER PAYER ASSISTANT SURGEON
Provider NPI:



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 Subscriber Information** segment.

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



Complete the **Additional Other Subscriber Information** segment.

Additional Other Subscriber Information

Entity Qualifier:	<input type="text"/>	Address Line 2:	<input type="text"/>
Address Line 1:	<input type="text"/>	State:	<input type="text"/>
City:	<input type="text"/>	Country:	<input type="text"/>
Zip Code:	<input type="text"/>		
Relation to Individual:	<input type="text"/>		
Claim Filing Code:	<input type="text"/>		
Insurance Type Code:	<input type="text"/>		
* Payer Responsibility Sequence Number Code	<input type="text"/>		



Complete the **Other Insurance Coverage** segment.

Other Insurance Coverage
Benefits Assignment Certification:
Release Of Information Code:
 Secondary ID Information



Complete the **Secondary ID Information** segment.

ProviderOne Provider System User Manual

<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"/>

CLAIM INFORMATION

CLAIM INFORMATION

Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.:

* Service Date: mm dd ccyy

* Place of Service:

Additional Claim Data

Diagnosis Codes

PRIOR AUTHORIZATION

CLAIM NOTE

* Is this claim accident related? Yes No

Figure 6 - Dental Claim - CLAIM INFORMATION



Complete the CLAIM DATA segment.

CLAIM DATA

Patient Account No.:

* Service Date: mm dd ccyy

* Place of Service:

Additional Claim Data

Diagnosis Codes



Complete the Additional Claim Data segment.

Additional Claim Data

Delay Reason Code:

Provider Signature on File: Yes No

Special Program Type Code:

Provider Accept Assignment Code:

Benefits Assignment Certification:

Release Of Information Code:

Service Authorization Exception Code:

Patient Paid Amount:

Appliance Placement Date: mm dd ccyy



Open the PRIOR AUTHORIZATION segment and enter any Prior Authorization numbers that apply to this claim.

PRIOR AUTHORIZATION

1. * Prior Authorization Number:

2. Prior Authorization Number:

ProviderOne Provider System User Manual



Open and complete the CLAIM NOTE segment.

The screenshot shows a form segment titled "CLAIM NOTE" with a collapse icon. It contains three fields: a dropdown menu for "Type Code", a large text area for "Note", and a "characters remaining" indicator showing "80".



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

The screenshot shows a form segment titled "RELATED CAUSES INFORMATION" with a collapse icon. At the top, there is a question: "* Is this claim accident related?" with radio buttons for "Yes" (selected) and "No". Below this, there are two dropdown menus for "Related Causes: 1." and "2.". At the bottom, there are input fields for "Accident State:", "Accident Country:", and "Accident Date:" (with sub-labels "mm", "dd", "ccyy").

BASIC LINE ITEM INFORMATION

BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: \$

Place of Service:

Modifiers: 1: 2: 3: 4:

+ Diagnosis Pointers

+ Tooth Information

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

Service Date: (If different from the claim service date)

Appliance Placement Date:

Oral Cavity Designation: 1: 2:

3: 4:

5:

+ Prior Authorization

+ Additional Service Line Information

Figure 7 - Dental Claim - BASIC LINE ITEM INFORMATION



Complete the BASIC SERVICE LINE ITEMS segment.

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: \$

Place of Service:

Modifiers: 1: 2: 3: 4:

+ Diagnosis Pointers

+ Tooth Information

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

Service Date: (If different from the claim service date)

Appliance Placement Date:

Oral Cavity Designation: 1: 2:

3: 4:

5:

ProviderOne Provider System User Manual



Complete the Tooth Information segment.

Tooth Information
1. * Tooth Code/Number: [Add Another](#)
Tooth Surface: 1: 2: 3: 4: 5:

Note: DO NOT use the Add Another link.



Complete the Prior Authorization segment.

Prior Authorization
1. * Prior Authorization Number:
2. Prior Authorization Number:



Complete the Additional Service Line Information segment (Optional).

Additional Service Line Information
Replacement Date: m m d d c c y y Prior Placement Date: m m d d c c y y
Line Item Control Number: Prosthesis, Crown or Inlay Code:
Sales Tax Amount: \$

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.



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.

Dental Claim:
Note: asterisks (*) denote required fields.

 | | |

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

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 60

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntbs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D0120	60														1					Delete or Other



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

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: \$ 60

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntbs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D120	60														1					Delete or Other



ProviderOne returns to the top of the claim form.



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

Dental Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info	Other Claim Info
Billing 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.

Deleting a Service Line Item



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

ProviderOne Provider System User Manual

This page is intentionally blank.

Saving the Claim and Retrieving a Saved Claim

Requirements for Saving a Dental Claim

The following Dental 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?

SUBSCRIBER/CLIENT INFORMATION

- Client ID

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.

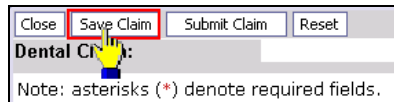
Required data entry fields that appear as a result of answering claim form questions must be completed before the claim can be saved.

Saving the Claim

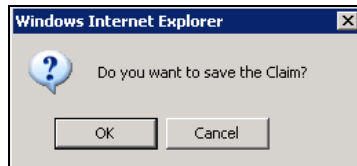


Complete all required data entry.

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.



ProviderOne displays the Saved Claims List.

Close Delete

Saved Claims List:

Filter By : [] And [] Go

<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/>	▶	[REDACTED]	[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]	[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

<< Prev Viewing Page 1 Next >> 3 Go Page Count SaveToXLS

Figure 8 – Saved Claims List



Click the Link icon to retrieve a claim.

Close Delete

Saved Claims List:

Filter By : [] And [] Go

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



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

ProviderOne Provider System User Manual



Continue with Dental Claim data entry.

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.

Submitting the Claim and Adding Backup Documentation

Submitting the Claim



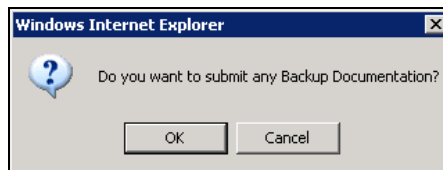
Click the Submit Claim button.



The screenshot shows a web interface with a top navigation bar containing buttons for 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. Below the navigation bar is a section titled 'Dental Claim:' with a red arrow pointing to the 'Submit Claim' button. Underneath, there is a note: 'Note: asterisks (*) denote required fields.' Below the note are two tabs: 'Basic Claim Info' (selected) and 'Other Claim Info'. At the bottom, there are four links: 'Billing Provider', 'Subscriber', 'Claim', and 'Service'.



ProviderOne displays the following prompt.



The screenshot shows a 'Windows Internet Explorer' dialog box with a question mark icon and the text: 'Do you want to submit any Backup Documentation?'. Below the text are two buttons: 'OK' and 'Cancel'.



Click OK to display the Claim Backup Documentation form.



Click the Cancel button if there is no backup documentation.



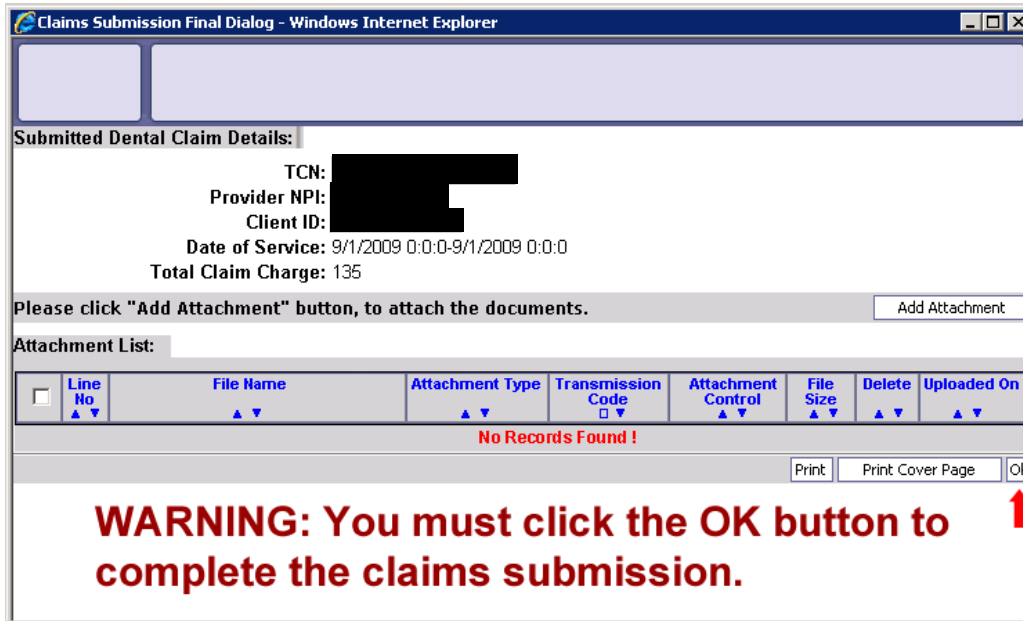
ProviderOne generates a TCN for the new claim and displays the Submitted Dental Claim Details page.



To print this information click Print.



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



Submitted Dental Claim Details:

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: 9/1/2009 0:0:0-9/1/2009 0:0:0
 Total Claim Charge: 135

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 Dental Claim Details

CAUTION "READ THIS": If you don't click OK, the claim is not transmitted.

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.

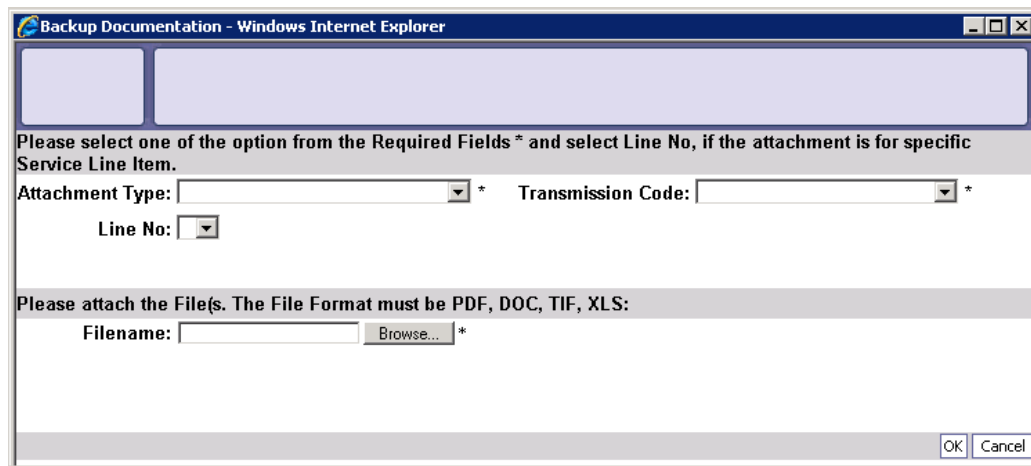


Figure 10 - Claims Backup Documentation



Select the Attachment Type and Transmission Code.

If the Transmission Code is BM: By Mail



If the Transmission Code is BM:By Mail, click the OK button.

If the Transmission Code is FX: By Fax



If the Transmission Code is FX: By Fax, click the OK button.

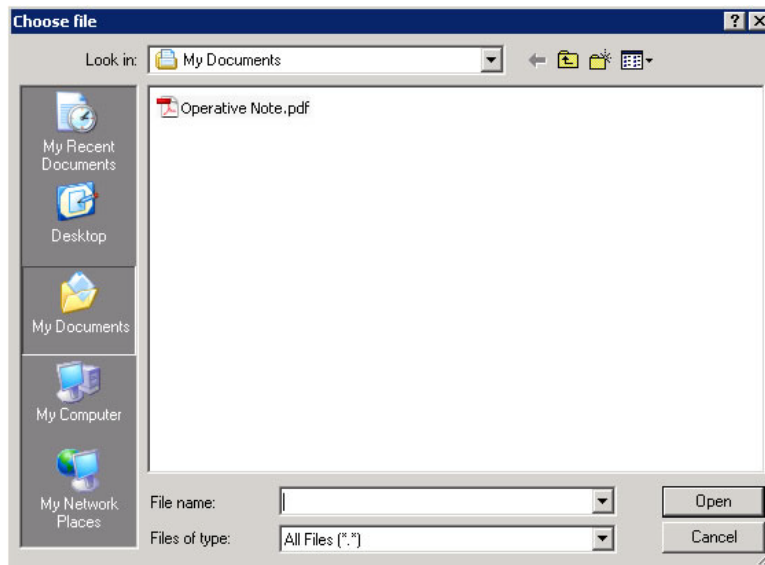
If the Transmission Code is EL: Electronically Only



Click the Browse button.



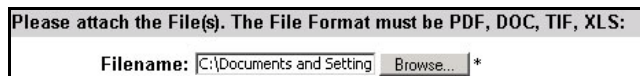
ProviderOne displays a Windows Choose File dialog.



Select the file to attach and click the Open button.



ProviderOne displays the file in the Filename field.



Click the OK button.



ProviderOne generates a TCN and displays the Submitted Dental 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.

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Dental Claim Details:

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: 9/1/2009 0:0:0-9/1/2009 0:0:0
 Total Claim Charge: 135

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

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 11 - Submitted Dental Claim Details

CAUTION "READ THIS": If you don't click OK, the claim is not transmitted.

The page intentionally blank.

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.

The page is intentionally blank.

Submitting an Online Batch Claim

Before Uploading Your Document

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

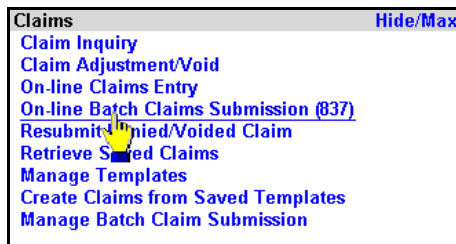
You must be authorized (tested and approved by CNSI) to submit HIPAA files over the web to ProviderOne.

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.

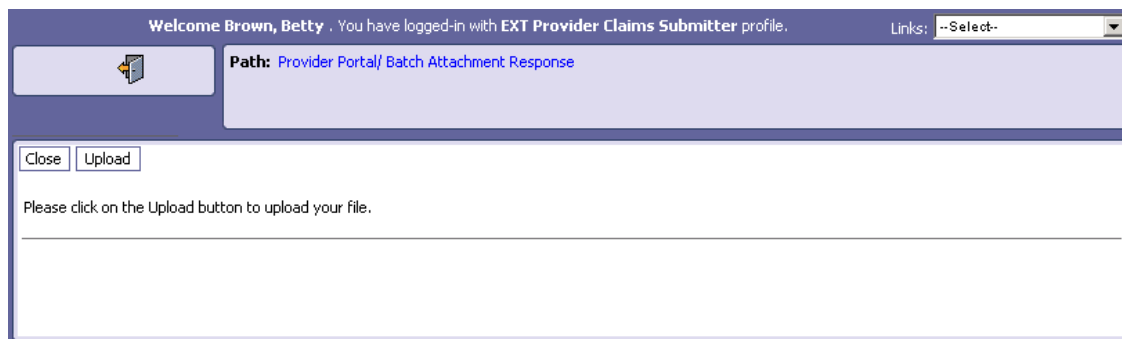


Figure 12 - Batch Attachment Response

This page is intentionally blank.

Submitting the Document



Click the Upload button.



ProviderOne displays the Attachment page.

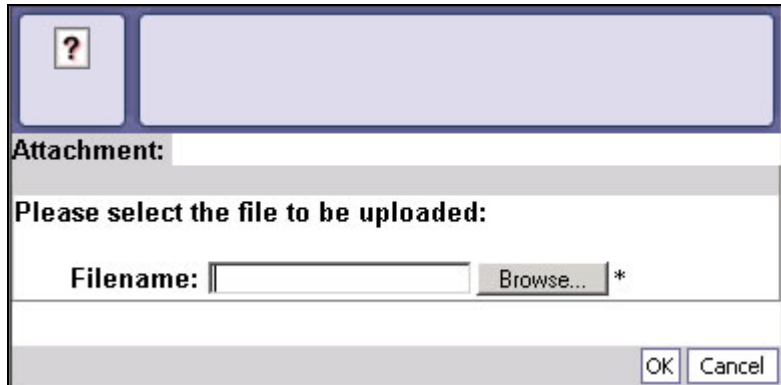


Figure 13 - Attachment



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.

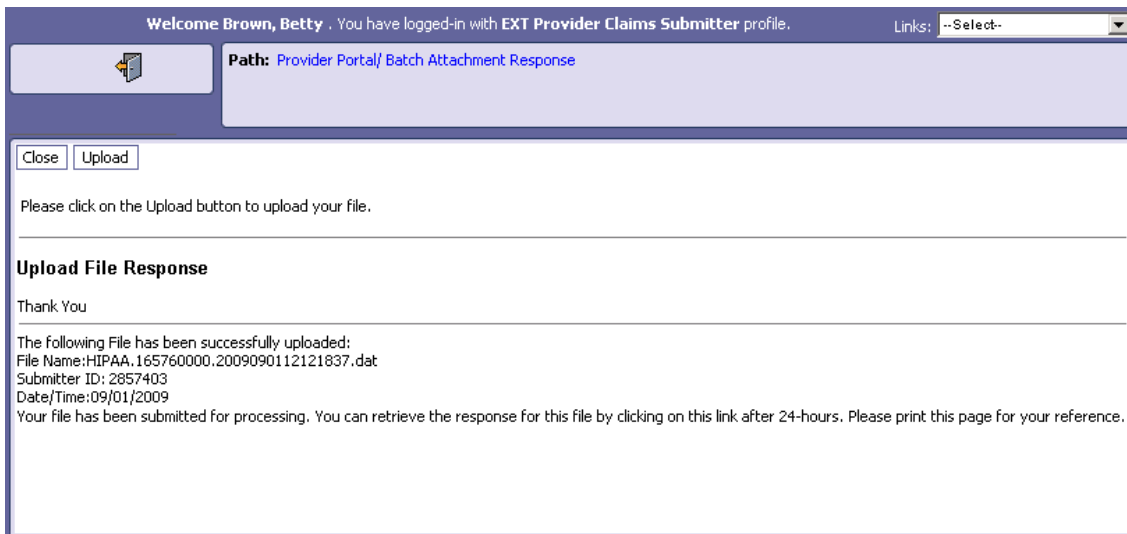


Figure 14 - HIPAA Batch Response – Upload File Response



Click the Close button.

This page is intentionally blank.

Table of Figures

Figure 1 - Submitted Dental Claim Details.....	7
Figure 2 – Claim Submission Page.....	9
Figure 3 – Dental Claim Direct Data Entry Form.....	10
Figure 4 - Dental Claim - PROVIDER INFORMATION	19
Figure 5 - Dental Claim - SUBSCRIBER/CLIENT INFORMATION	21
Figure 6 - Dental Claim - CLAIM INFORMATION	25
Figure 7 - Dental Claim - BASIC LINE ITEM INFORMATION	27
Figure 8 – Saved Claims List.....	34
Figure 9 - Submitted Dental Claim Details.....	37
Figure 10 - Claims Backup Documentation.....	38
Figure 11 - Submitted Dental Claim Details.....	40
Figure 12 - Batch Attachment Response	44
Figure 13 - Attachment	46
Figure 14 - HIPAA Batch Response – Upload File Response.....	46
Figure 12 - Dental Claim - Other Claim Info - CLAIM INFORMATION	56
Figure 16 - Dental Claim – Other Service Info.....	60
Figure 17 - Dental Claim - Other Claim Info – CLAIM INFORMATION.....	61
Figure 18 - Dental Claim - Other Claim Info – SERVICE LINE PROVIDER INFORMATION.....	62

This page is intentionally blank.

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.

This page is intentionally blank.

Completing the Other Claim Info Section

The Other Claim Info section has one sub-section.

CLAIM INFORMATION

- REFERRING PROVIDER INFORMATION
- ORTHODONTIC TOTAL MONTHS OF TREATMENT
- TOOTH STATUS
- SERVICE FACILITY
- SUPERVISING PROVIDER

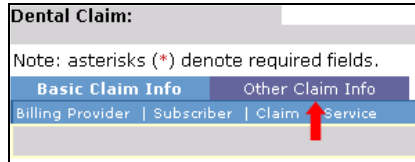
This page is intentionally blank.

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.



Dental Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info | Other Claim Info

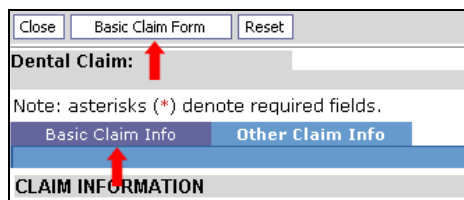
Billing Provider | Subscriber | Claim | **Service**



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.



Close | Basic Claim Form | Reset

Dental Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info | **Other Claim Info**

CLAIM INFORMATION

This page is intentionally blank.

CLAIM INFORMATION

CLAIM INFORMATION

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

- REFERRING PROVIDER INFORMATION**
- ORTHODONTIC TOTAL MONTHS OF TREATMENT**
- TOOTH STATUS**
- SERVICE FACILITY**
- SUPERVISING PROVIDER**

Figure 15 - Dental Claim - Other Claim Info - CLAIM INFORMATION



Complete the REFERRING PROVIDER INFORMATION segment.

REFERRING PROVIDER INFORMATION

* Provider NPI:



Complete ORTHODONTIC TOTAL MONTHS OF TREATMENT segment.

ORTHODONTIC TOTAL MONTHS OF TREATMENT

Orthodontic Total Months of Treatment:

Orthodontic Treatment Months Remaining:



Complete the TOOTH STATUS segment.

TOOTH STATUS

1	Tooth Number <input type="text"/>	Tooth Status Code <input type="text"/>	Add Another
---	-----------------------------------	--	-----------------------------

Use the [Add Another](#) link to enter information on multiple Tooth Numbers.



Complete the SERVICE FACILITY segment.

SERVICE FACILITY

Provider NPI:



Complete the SUPERVISING PROVIDER segment.

SUPERVISING PROVIDER

Provider NPI:



ProviderOne Provider System User Manual

Completing the Other Service Info Section

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

CLAIM INFORMATION

- TREATMENT DATES

SERVICE LINE PROVIDER INFORMATION

- RENDERING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO

This page is intentionally blank.

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.

Add Service Line Item		Update Service Line Item																				
Previously Entered Line Item Information																						
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 135																						
Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pnts				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number		
			1	2	3	4	1	2	3	4	1	2	3	4	5							
1	D120	65														1						Delete or Other
2	D1120	70																				Delete or Other



ProviderOne displays the Other Service Info form.

Other Service Info

Line Adjudication

CLAIM INFORMATION

Go to Basic Claim Info to enter basic claim information.

TREATMENT DATES

SERVICE LINE PROVIDER INFORMATION

Go to Basic Claim Info to enter basic service line information.

RENDERING PROVIDER INFORMATION

SERVICE LINE ADJUDICATION INFO

Figure 16 - Dental Claim – Other Service Info

CLAIM INFORMATION

CLAIM INFORMATION

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

TREATMENT DATES

Figure 17 - Dental Claim - Other Claim Info – CLAIM INFORMATION



Complete the TREATMENT DATES segment.

TREATMENT DATES

Treatment Start Date:

Treatment Completion Date:

SERVICE LINE PROVIDER INFORMATION

SERVICE LINE PROVIDER INFORMATION

Go to Basic Claim Info to enter basic service line information.

- RENDERING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO

Figure 18 - Dental Claim - Other Claim Info – SERVICE LINE PROVIDER INFORMATION



Complete the **RENDERING PROVIDER INFORMATION** segment.

RENDERING PROVIDER INFORMATION

* Provider NPI: Taxonomy Code:



Complete the **SERVICE LINE ADJUDICATION INFO** segment.

SERVICE LINE ADJUDICATION INFO

1 SERVICE LINE ADJUDICATION

[Add Another](#)

1 SERVICE LINE ADJUDICATION

*Other Payer Primary ID: <input type="text"/>	*Service Line Paid Amount: \$ <input type="text"/>
*Claim Check or Remittance Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy	*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"/>
Remaining Patient Liability Amount: <input type="text"/>	3: <input type="text"/> 4: <input type="text"/>

SERVICE ADJUSTMENT



Complete the **SERVICE ADJUSTMENT** segment.

SERVICE ADJUSTMENT

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"/>