The "Adjust, Void, & Resubmit" Social Service Medical How To provides instructions on:

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

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

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

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

Adjust Paid Claim

There are two actions you can perform on a **paid claim**: Adjust and Void. This section is on how to Adjust a paid claim.

1. From the Provider Portal

2. Click on Claim Adjustment/Void

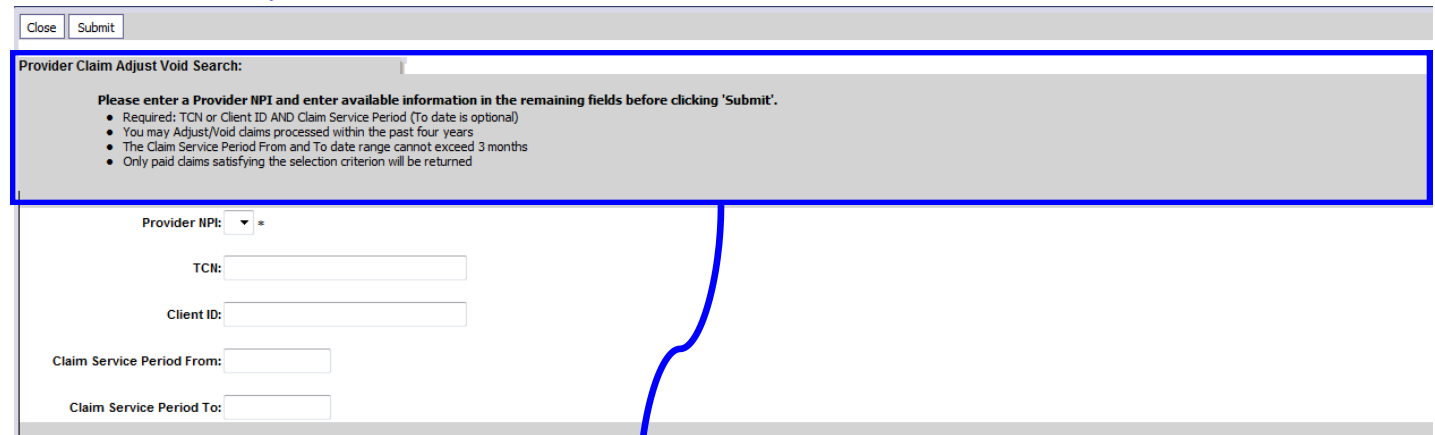*1 Social Service Medical Portal Page*

2 Click on

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

3 Claim Adjust/Void Search

3. Claim Adjust/Void
   Search page appears

4. Search requirements

| Close | Submit |

Provider Claim Adjust Void Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI: ▼ *

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

4

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

You can search by:
- Transaction Control Number (TCN) or
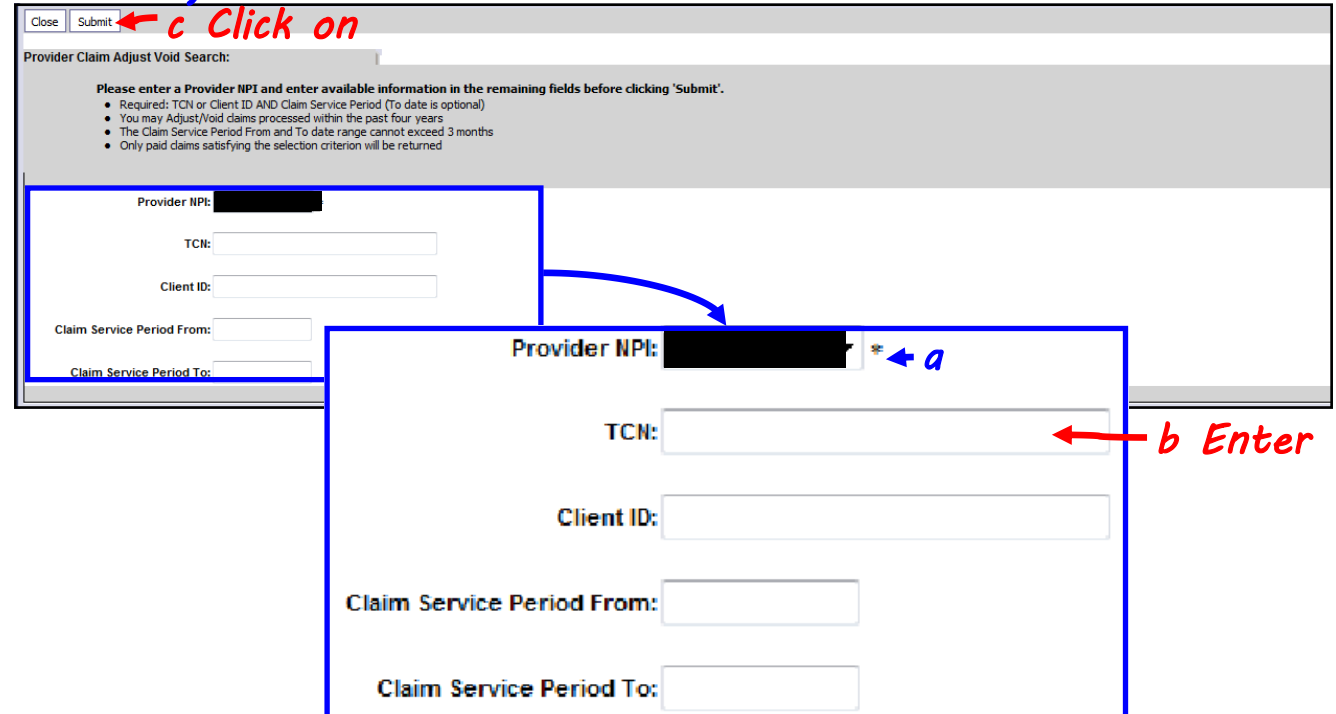- Client ID and Claim Service Period (From & To Date)

Search requests must be for claims submitted within the past 4 years.

The Claim Service Period (From Date & To Date) cannot exceed 3 months.

Transaction Control Number (TCN) Search

a. NPI

b. Enter Transaction Control Number (TCN)

c. Click on Submit

Claim Adjust/Void Search

← c Click on

Provider Claim Adjust Void Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Provider NPI: ← a

TCN: ← b Enter

Client ID:

Claim Service Period From:

Claim Service Period To:

Client ID Search

a. NPI

b. Enter Client ID number

c. Enter Claim Service Period from date

d. Enter Claim Service Period To date

e. Click on Submit

Claim Adjust/Void Search

e Click on

Provider Claim Adjust Void Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Provider NPI: *a NPI*

TCN:

Client ID: *b Enter*

Claim Service Period From: *c Enter*

Claim Service Period To: *d Enter*

From and To date cannot exceed 3 months.

5. Claims Adjust Void List appears

6. To adjust a paid claim, click on ☐ next to the Transaction Control Number (TCN)

7. Click on Adjust

7 Click on

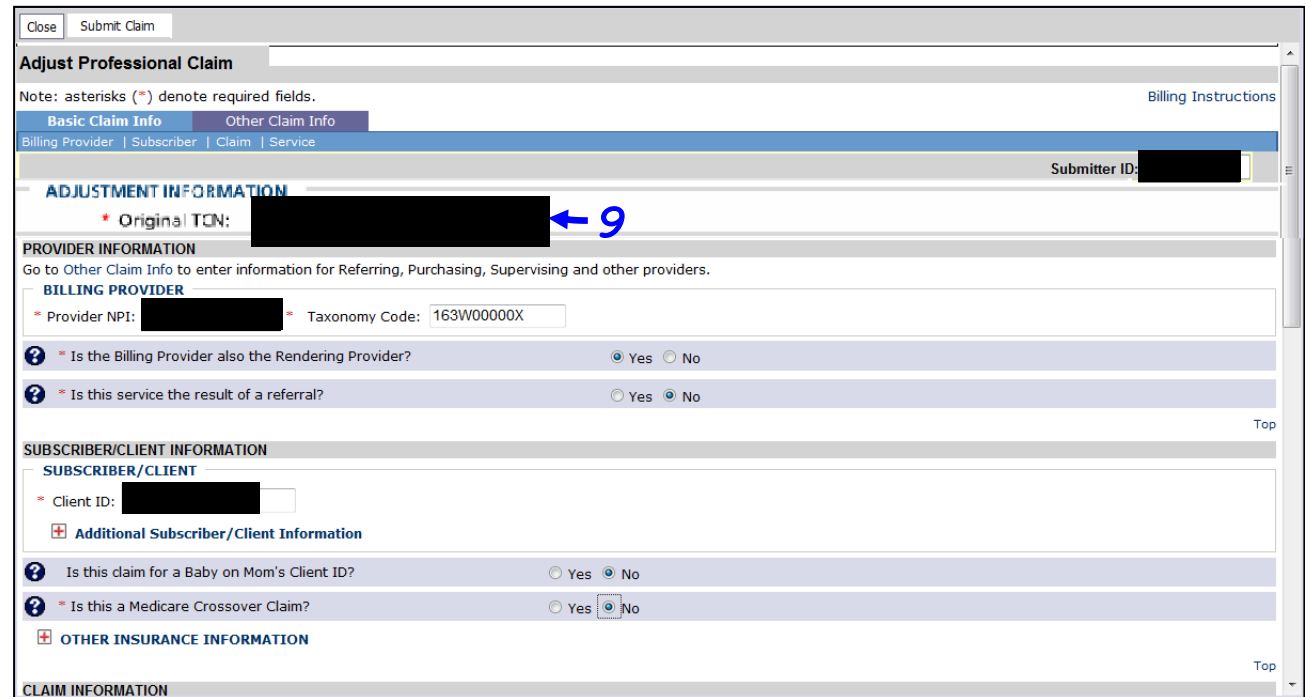*5 Claims Adjust Void List*

6 Click on

8. The Adjust Professional Claim page appears

9. The screen is similar to the Billing Screen; however, the page includes an Original Transaction Control Number (TCN)

There are four ways you can adjust the paid claim:

- *Change/correct information*

- *Delete Service Lines*

- *Modify Service Line data*

- *Add Service Lines*

8 Adjust Professional Claim

To delete a service line: removes a Service Line

a. Click on Delete at the end
   of the service line

Adjust Professional Claim

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

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: $ 300.00

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pntrs 1	2	3	4	Submitted Charges	Units	PA Number	
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				150	4		Delete or Other Service Info

a Click on

b. Line clears

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

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: $ 300.00

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pntrs 1	2	3	4	Submitted Charges	Units	PA Number	
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info

b Line clears

To change a service line: Change Basic Line Information.

a. Click on service line number   *Adjust Claim*

a Click on →

b. Service line information shows

b →

To change a service line cont.:

c. Change data field(s) as needed: IE Units

d. Click on Update Service Line

e. Service Line appears with changes

c Change *Adjust Claim* *d Click on* *e*

To add a service line:

a. Enter Basic Service Line Information

b. Click on Add Service Line

a Enter

Adjust Claim

BASIC LINE ITEM INFORMATION

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

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy

Service Date To: mm dd ccyy

Place of Service:

Procedure Code:

Modifiers: 1: 2: 3: 4:

Submitted Charges: $

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

Units:

➕ **Medicare Crossover Items**

National Drug Code:

➕ **Drug Identification**

b Click on

➕ **Prior Authorization**

➕ **Additional Service Line Information**

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

[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: $ 262.50

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pntrs 1	2	3	4	Submitted Charges	Units	PA Number	
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				112.50	3		Delete or Other Service Info

c. Service Line appears

[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: $ 318.75

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pntrs 1	2	3	4	Submitted Charges	Units	PA Number	
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				112.50	3		Delete or Other Service Info
3	01/08/2015	01/08/2015	H2019	HQ				1				56.25	3		Delete or Other Service Info

c →

10. Click on Submit Claim

11. Backup Document Pop-up appears

12. Click on Cancel (Social Service Medical claims do not require documentation)

13. Adjust Claim Detail appears

14. Note: The adjusted claim has a new Transaction Control Number (TCN)

15. Click on OK to submit Adjusted Claim

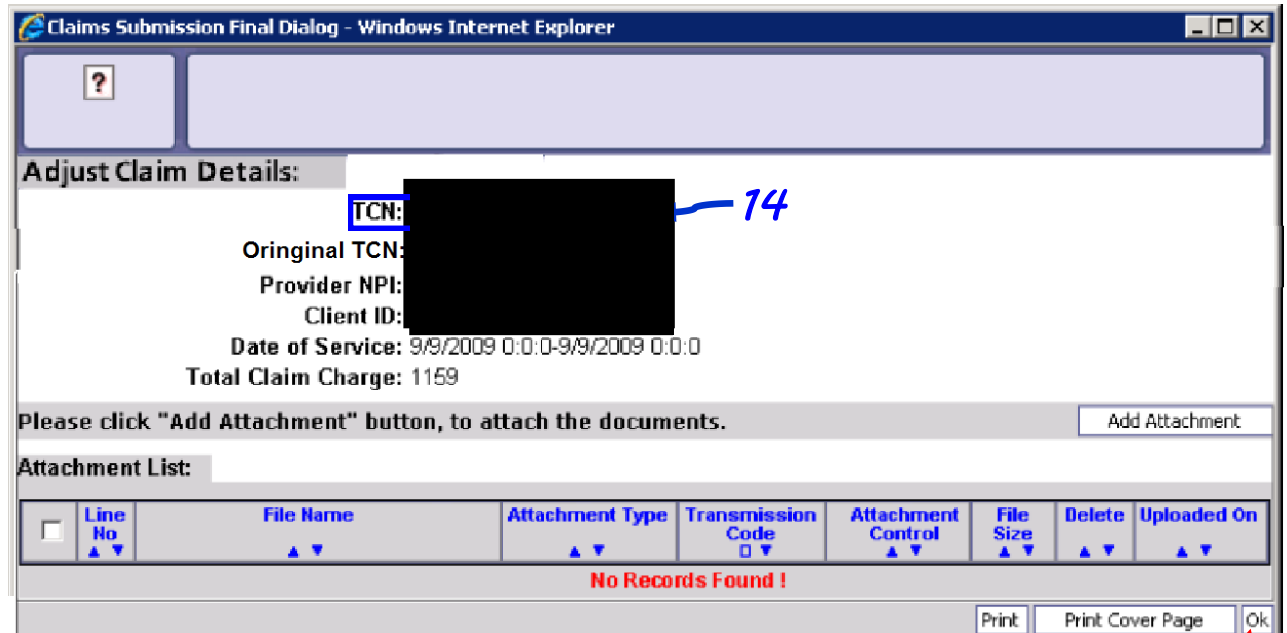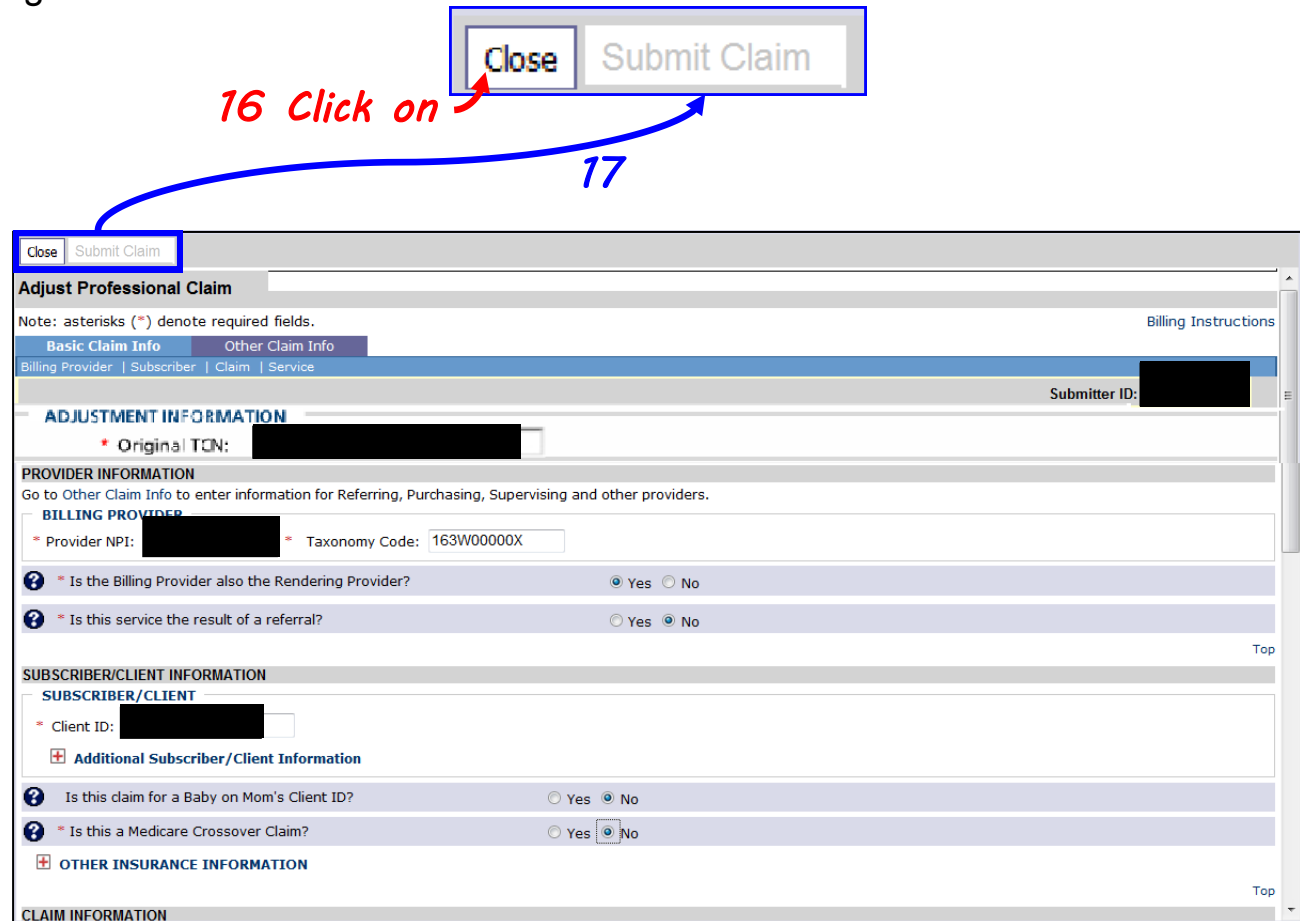ProviderOne gives the adjusted claim a new TCN to help keep track of changes that are made to the original claim.

| Close | Submit Claim |

10 Click on

11 Backup Pop-up

Windows Internet Explorer

? Do you want to submit any Backup Documentation?

| OK | Cancel |
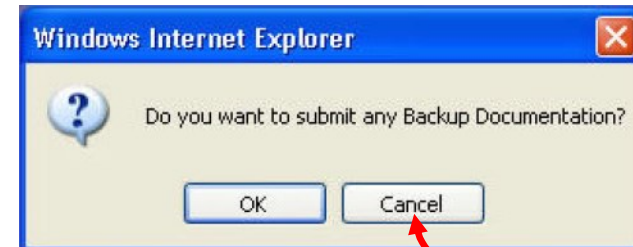
12 Click on

13 Adjust Claim Details

Claims Submission Final Dialog - Windows Internet Explorer

Adjust Claim Details:

TCN: ▬▬▬ *14*
Oringinal TCN: ▬▬▬
Provider NPI: ▬▬▬
Client ID: ▬▬▬
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.　　Add Attachment

Attachment List:

☐	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ☐▼	Attachment Control ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼

No Records Found !

| Print | Print Cover Page | Ok |

15 Click on

16. Notice that the Submit button is now "greyed out" indicating the adjustment has been submitted

17. Click on Close

16 Click on

17

Close | Submit Claim

Adjust Professional Claim

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

| Basic Claim Info | Other Claim Info |

Billing Provider | Subscriber | Claim | Service

Submitter ID:

ADJUSTMENT INFORMATION

* Original TCN:

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

BILLING PROVIDER

* Provider NPI: * Taxonomy Code: 163W00000X

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

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

Top

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

➕ Additional Subscriber/Client Information

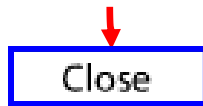? Is this claim for a Baby on Mom's Client ID?   ○ Yes ● No

? * Is this a Medicare Crossover Claim?   ○ Yes ● No
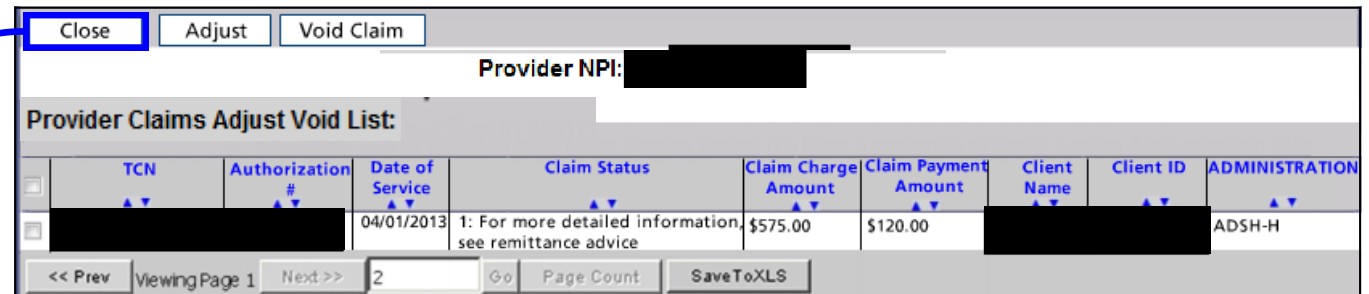
➕ OTHER INSURANCE INFORMATION

Top

CLAIM INFORMATION

18. Claims Adjust Void List appears. The original TCN is shown, but cannot be adjusted a second time

19. Click on Close to return to the Provider Portal

19 Click on

18 Claims Adjust Void List

To void a paid claim.

1. From the Claim Adjust Void List

2. To void a paid claim, click on ☐ next to the Transaction Control Number (TCN)

3. Click on Void Claim

3 Click on

Void Claim

1 Claim Adjust Void List

2 Click on

Voiding a claim results in the payment being taken back by ProviderOne. The system will reduce voided amount from future claims.
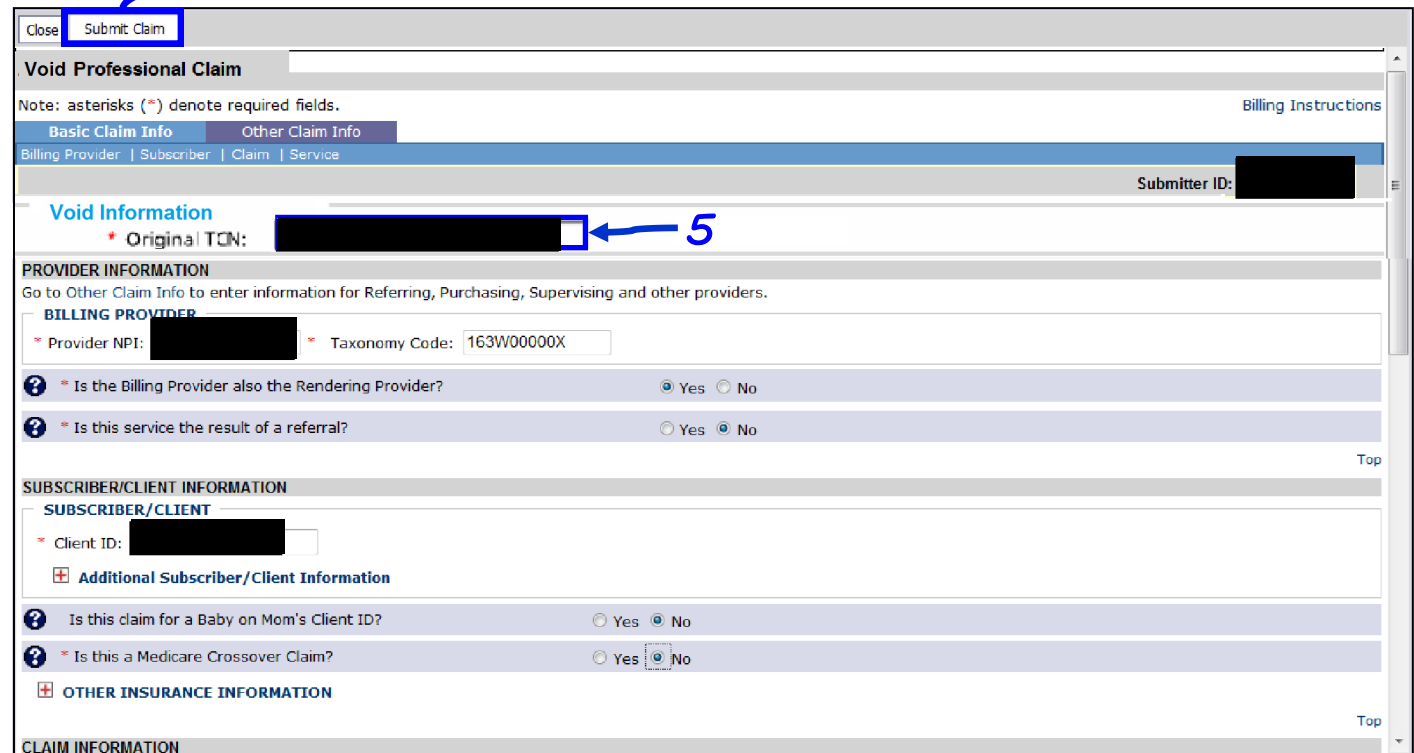
4. Void Claim page appears with all fields greyed out

5. Note specific Transaction Control Number (TCN)
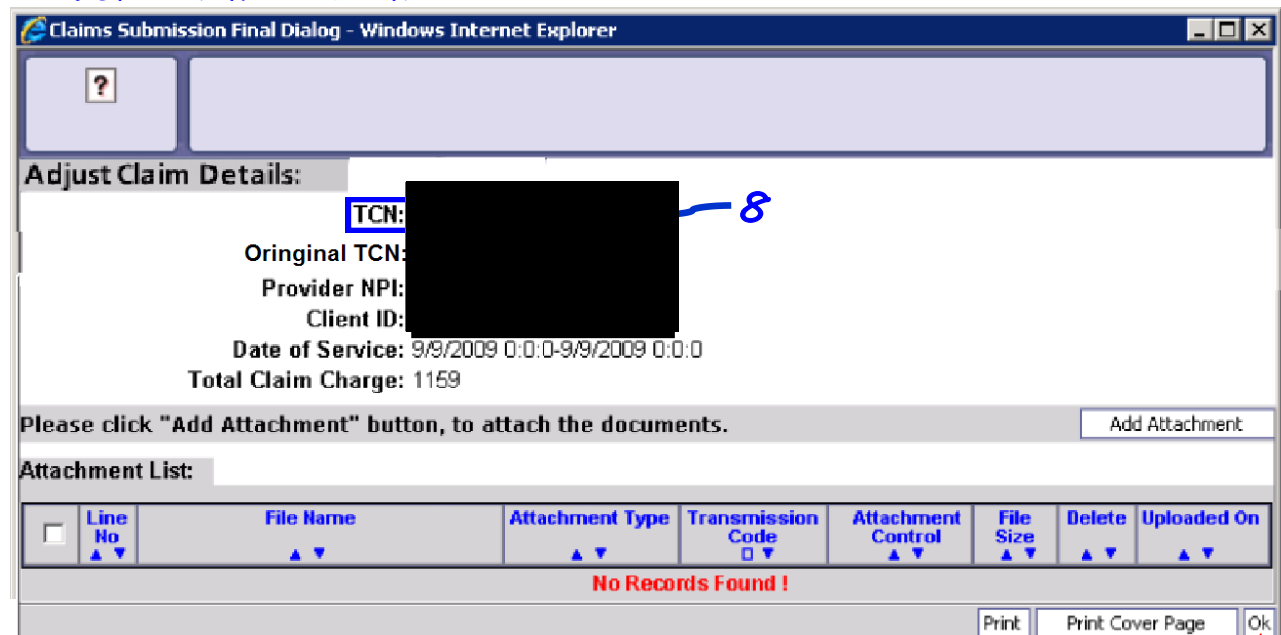
6. To void this claim, click on Submit Claim

6 Click on

| Close | Submit Claim |

4 Void Claim

Close | Submit Claim

Void Professional Claim

Note: asterisks (*) denote required fields.

Billing Instructions

| Basic Claim Info | Other Claim Info |

Billing Provider | Subscriber | Claim | Service

Submitter ID: ▮

Void Information
* Original TCN: ▮▮▮▮▮   *← 5*

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

BILLING PROVIDER
* Provider NPI: ▮▮▮   * Taxonomy Code: 163W00000X

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

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

Top

SUBSCRIBER/CLIENT INFORMATION
SUBSCRIBER/CLIENT
* Client ID: ▮▮▮
⊞ Additional Subscriber/Client Information

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

? * Is this a Medicare Crossover Claim?   ○ Yes ⦿ No

⊞ OTHER INSURANCE INFORMATION

Top

CLAIM INFORMATION

7. Void Claim Detail appears

8. Note: The adjusted claim has a new Transaction Control Number (TCN)

9. Click on OK to submit voided claim
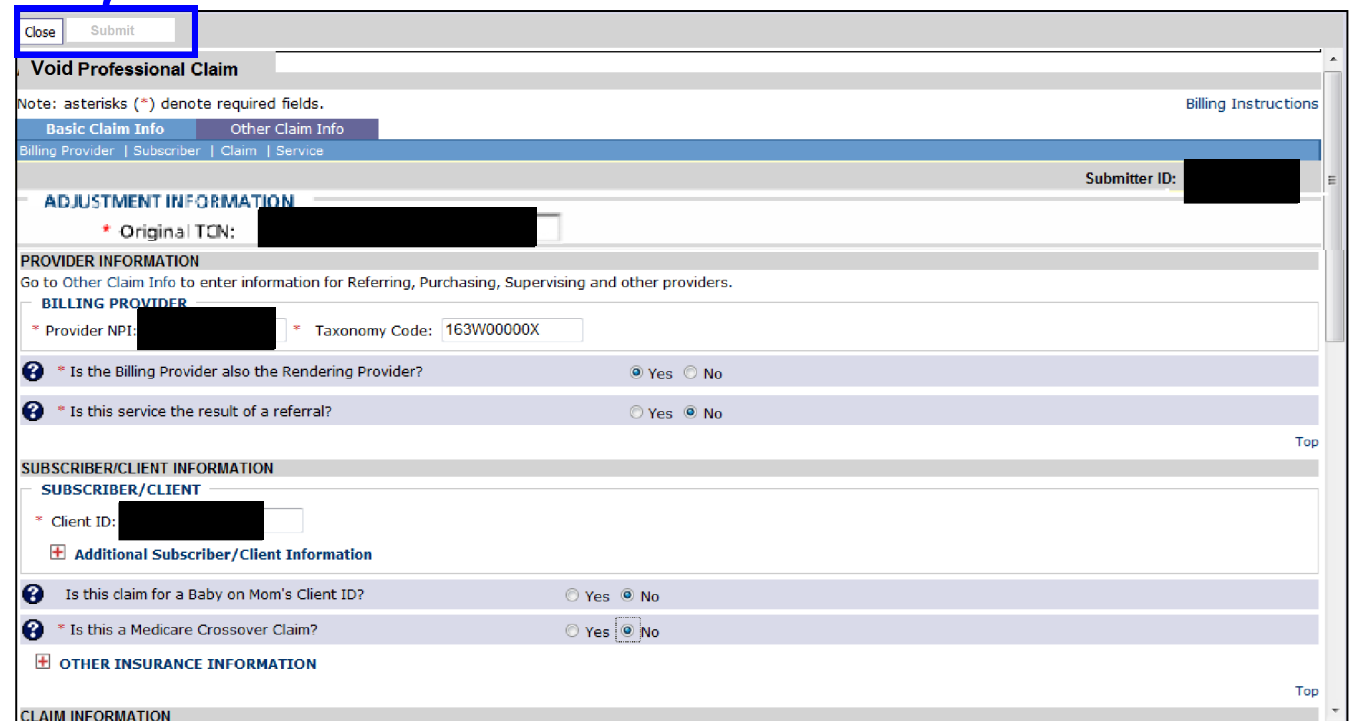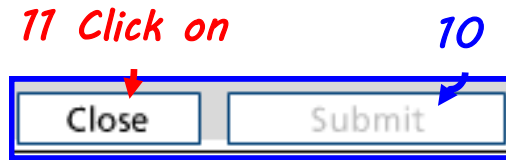
7 Void Claim Details

ProviderOne gives the voided claim a new TCN to help keep track of changes that are made to the original claim.

10. **Notice** that the Submit button is now "greyed out" indicating that the change has been submitted
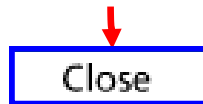
11. **Click on** Close

12. Claim Adjust Void List appears. The original TCN is shown, but cannot be adjusted or voided

13. Click on Close to return to the Provider Portal

13 Click on

12 Claims Adjust Void List

To view or resubmit a voided claim, select Social Service Resubmit Denied/Void from the Provider Portal.

This section is on how to resubmit a denied or voided claim.

1 Social Service Medical Portal Page

1. From the Provider Portal

2. Click on Resubmit Denied/Void

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

3. Provider Claim Model
Search page appears

4. Search requirements

3 Provider Claim Model Search

| Close | Submit |

Provider Claim Model Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

Provider NPI: ▢ *

TCN: ▢

See page 3 and 4 for search instructions.

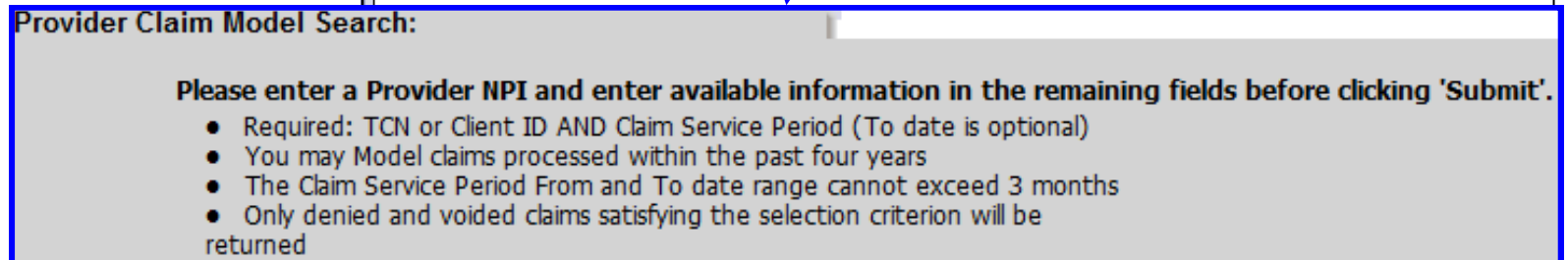*4*

Provider Claim Model Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

You can search by:
- Transaction Control Number (TCN) or
- Client ID and Claim Service Period (From & To Date)

Search requests must be for claims submitted within the past 4 years.

The Claim Service Period (From Date & To Date) cannot exceed 3 months.

5. Claims Model List page appears

6. To resubmit a denied claim, click on ☐ next to the Transaction Control Number (TCN)

7. Click on Retrieve

← *7 Click on*

5 Claims Model List

6 Click on →

8. Billing Screen appears

8 Billing Screen

Common denial problems include:

a. Wrong Taxonomy Code

b. Didn't enter an Authorization Code or Authorization is "In Error"

c. Diagnosis Code is too general and requires 4 or 5 digits

Common denial problems include:

d. Incorrect or missing client date of birth

d

SUBSCRIBER/CLIENT INFORMATION
SUBSCRIBER/CLIENT
* Client ID: ▮▮▮▮
☐ **Additional Subscriber/Client Information**
* Org/Last Name: ▮▮▮▮   First Name: ▮▮▮▮
* Date of Birth: ▮▮▮▮ (mm dd ccyy)   * Gender: M-Male
Date of Death: (mm dd ccyy)   Patient Weight: ___ lbs
Patient is pregnant: ○ Yes ○ No

e. Using a date range for a Service Code with a 1/4, 1/2, hour, per visit, each, or mile unit type

e

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: $ 112.50

Line No	Service Dates From	To	Proc. Code	Modifiers 1 2 3 4	Diagnosis Pntrs 1 2 3 4	Submitted Charges	Units	PA Number	
1	01/01/2015	01/31/2015	H2019		1	112.50	3		Delete or Other Service Info

> The Medical Provider "Basic Billing" How To Guide titled "Submit Social Service Medical or Shared Services Claim" provides step by step instructions on finding the common denial reason information.

9. **Correct** the errors

10. **Click on** Submit

11. Backup Document Pop-up appears

12. Click on Cancel (Social Service Medical claims do not require documentation.)

11 Backup Pop-up

Windows Internet Explorer

? Do you want to submit any Backup Documentation?

OK   Cancel

12 Click on

13. Void Claim Detail appears

14. Note: The resubmitted claim has a new Transaction Control Number (TCN)

15. Click on OK to submit the claim to ProviderOne

13 Void Claim Details

Claims Submission Final Dialog - Windows Internet Explorer

Submit Professional Claim Details:

TCN: —14
Provider NPI:
Client ID:
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.   Add Attachment

Attachment List:

☐	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ☐▼	Attachment Control ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
			No Records Found !					

Print   Print Cover Page   Ok

15 Click on

ProviderOne gives the resubmitted claim a new TCN to help keep track of changes that are made to the original claim.

16. New Billing Page appears

17 Click on Close

18. Social Service Claims Model List appears

19. Click on Close

17 Click on

16 Billing Page

Close

19 Click on

18 Claims Model List

Common Adjustment & Denial Codes

ProviderOne

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

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	1. Claimed dates of service are not within the authorization period 2. The authorization line is in error	1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted	1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim