

Washington State
Health Care Authority

How to do a Resubmit of a
paper claim using ProviderOne

Changing the NPI or taxonomy code on the line level of a CMS-1500 Professional claim format

Why is this information on the line level?

- This issue only occurs on paper claims.
- Paper claims are not a HIPAA compliant form of claim submission and populate the HIPAA compliant ProviderOne system differently than an electronic claim submission.
- On the paper claim form the rendering provider and taxonomy is at the line level.

When would I change or update this information?

- Reported the incorrect NPI on the claim.
- Reported the incorrect taxonomy on the claim.
- The Agency's paper claim scanner missed or entered the NPI and/or taxonomy code incorrectly.

How can I tell it is a paper claim submission?

- Get the TCN of the claim to correct.
- Each digit of the TCN number has a meaning.
 - The first digit is called the Claim Medium Indicator.
 - If the first digit is a "1" that indicates a paper submission.
- Here is a chart with other designations for the claim number.

1 st digit-Claim Medium Indicator	2 nd digit-Type of claim	3 rd thru 7 th digits-date claim was received
<ul style="list-style-type: none">• 1-paper• 2-Direct Data Entry• 3-electronic, batch submission• 4-system generated (Credits/Adjustment)	<ul style="list-style-type: none">• 0-Medical• 2-Crossover or Medical	<ul style="list-style-type: none">• 3rd and 4th digits are the year• 5th, 6th and 7th digits are the Julian day the claim was received

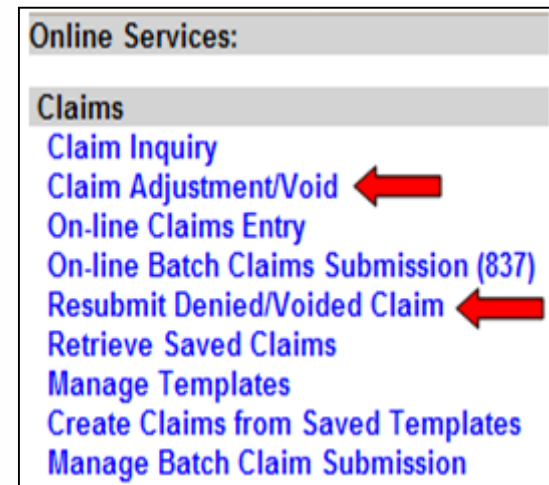
- Example TCN: **101210465325134000**
- The example is a paper medical claim for 2012 which was received on April 13th. The other digits are internal numbers.

How do I change this information?

- Determine the status of the claim.
 - The paid or partially paid claim must be adjusted most times using the ProviderOne Provider Portal feature “Claim Adjustment/Void”.
 - The denied claim can be corrected by using the ProviderOne Provider Portal feature “Resubmit Denied/Voided claim”.

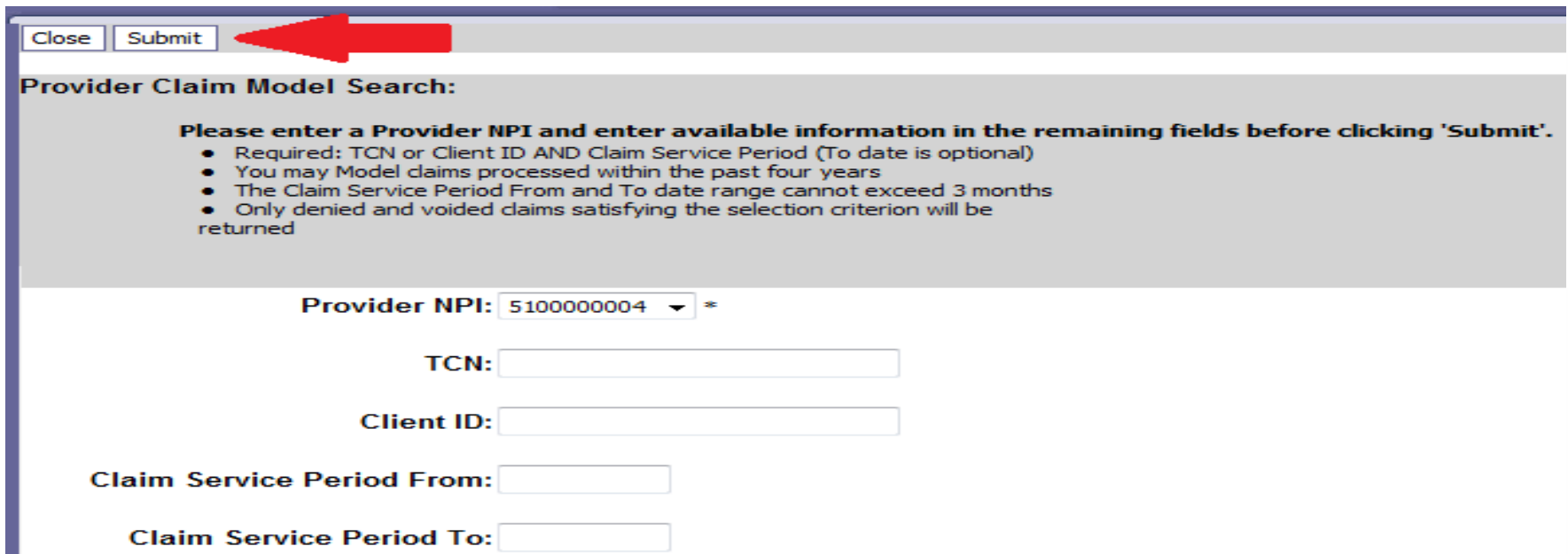
How do I change this information?

- Log into ProviderOne
- Use one of the following profiles
 - **Super User**
 - **Claims Submitter**
 - **Eligibility Checker-Claims Submitter**
- Select the option under the Claims heading based on the status of your claim.
 - Paid/partially paid claim - **Claim Adjustment/Void**
 - Denied claim - **Resubmit Denied/Voiced Claim**



How do I change this information?

- Now you will need to enter the TCN (Transaction Control Number) or the client ID and dates for the claim you wish to modify and then click on the "Submit" button.



The screenshot shows a web form titled "Provider Claim Model Search". At the top left, there are two buttons: "Close" and "Submit". A red arrow points to the "Submit" button. Below the buttons, the form has a header "Provider Claim Model Search:" followed by instructions: "Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'." Below the instructions are five input fields: "Provider NPI:" with a dropdown menu showing "5100000004" and an asterisk; "TCN:" with an empty text box; "Client ID:" with an empty text box; "Claim Service Period From:" with an empty text box; and "Claim Service Period To:" with an empty text box.

How do I change this information?

- After the screen refreshes you will have a screen, as illustrated below, displaying the claim data (or a possible list of claims).

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

Path: [Provider Portal/](#) [Provider Claim Model Search/](#) [Provider Claims Model List](#)

Close Retrieve

Provider NPI: 5522336671

Provider Claims Model List:

<input type="checkbox"/>	TCN □ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼
<input type="checkbox"/>	200734500000001703	01/03/2011	1-For more detailed information, see remittance advice	\$827.35	\$0.00		

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

How do I change this information?

- Click in the box to the left of the TCN, then click on the "Retrieve" button. Your claim data will populate the DDE claim form screen.

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

Path: Provider Portal/ Provider Claim Model Search/ Provider Claims Model List

Close Retrieve

Provider NPI: 5522336671

Provider Claims Model List:

<input type="checkbox"/>	TCN □ ▾	Date of Service ▲ ▾	Claim Status ▲ ▾	Claim Charged Amount ▲ ▾	Claim Payment Amount ▲ ▾	Client Name ▲ ▾	Client ID ▲ ▾
<input type="checkbox"/>	20073450000001703	01/03/2011	1-For more detailed information, see remittance advice	\$827.35	\$0.00		

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How do I change this information?

- After claim information has been populated scroll down to the bottom of DDE screen to find the line data (see illustration below).

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

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 115

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/03/2013	01/03/2013	99213					1				100	1		Delete or Other Service Info
2	01/03/2013	01/03/2013	90471					1				15	1		Delete or Other Service Info

How do I change this information?

- To the far right on each line listed, click on the hyperlink that says "Other Service Info".
- This following process will have to be done on each line that needs to be modified.

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

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 115

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/03/2013	01/03/2013	99213					1				100	1		Delete or Other Service Info
2	01/03/2013	01/03/2013	90471					1				15	1		Delete or Other Service Info

How do I change this information?

- After the screen refreshes it will look like the screen shot below.

Close Basic Claim Form Reset

Professional Claim:

Note: asterisks (*) denote required fields.

Other Service Info

Rendering Provider | Referring Provider | Purchasing Provider | Ordering Provider | Supervising Provider | Service Facility | OP
PA/Referral No. | Drug Info | DME Info | DMERC Info | Health Care Info | Home Oxygen Info | Ambulance Info | Line Notes |
Spinal Manipulation | Purchased Service | Line Adjudication | Miscellaneous Info | Test Results | Form ID Info |

OTHER SERVICE LINE INFORMATION

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

+ RELEVANT DATES

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

How do I change this information?

- Click on the  expander next to "Rendering Provider Information".

Close Basic Claim Form Reset

Professional Claim:

Note: asterisks (*) denote required fields.

Other Service Info

Rendering Provider | Referring Provider | Purchasing Provider | Ordering Provider | Supervising Provider | Service Facility | OP
PA/Referral No. | Drug Info | DME Info | DMERC Info | Health Care Info | Home Oxygen Info | Ambulance Info | Line Notes |
Spinal Manipulation | Purchased Service | Line Adjudication | Miscellaneous Info | Test Results | Form ID Info |






OTHER SERVICE LINE INFORMATION

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

RELEVANT DATES

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

How do I change this information?

- At this point you can now enter the missing data or update any incorrect information.

Close Basic Claim Form Reset

Professional Claim:

Note: asterisks (*) denote required fields.

Other Service Info

Rendering Provider | Referring Provider | Purchasing Provider | Ordering Provider | Supervising Provider | Service Facility | OP
PA/Referral No. | Drug Info | DME Info | DMERC Info | Health Care Info | Home Oxygen Info | Ambulance Info | Line Notes |
Spinal Manipulation | Purchased Service | Line Adjudication | Miscellaneous Info | Test Results | Form ID Info |

OTHER SERVICE LINE INFORMATION

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

RELEVANT DATES

SERVICE LINE PROVIDER INFORMATION

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

RENDERING PROVIDER INFORMATION

* Provider NPI: Taxonomy Code:

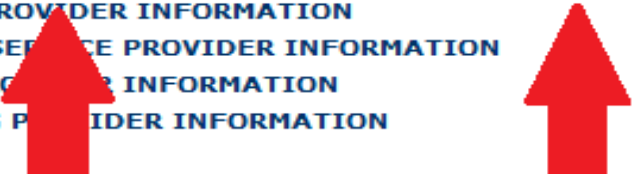
REFERRING PROVIDER INFORMATION

PURCHASED SERVICE PROVIDER INFORMATION

ORDERING PROVIDER INFORMATION

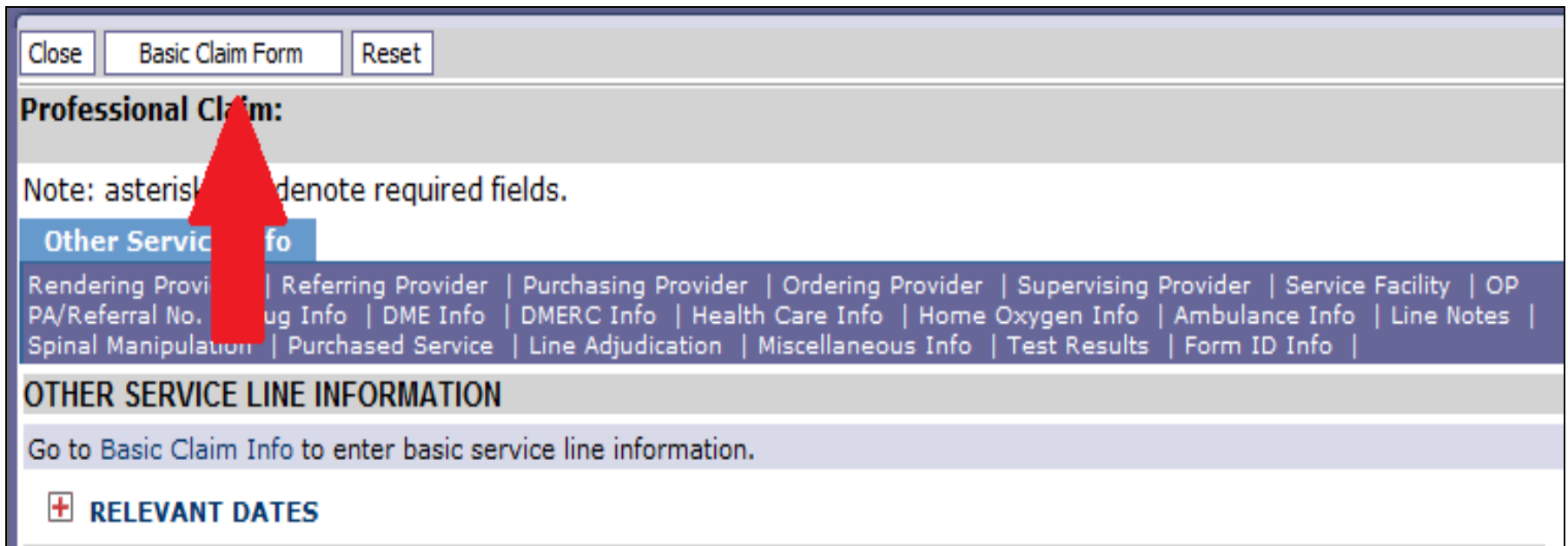
SUPERVISING PROVIDER INFORMATION

Top



How do I change this information?

- After entering your updates return to the Basic Claim Form screen by clicking on the “Basic Claim Form” button as indicated.



The screenshot shows a web application interface for a 'Basic Claim Form'. At the top, there are three buttons: 'Close', 'Basic Claim Form', and 'Reset'. Below these is a section titled 'Professional Claim:'. A red arrow points to the 'Basic Claim Form' button. Underneath, there is a note: 'Note: asterisks denote required fields.' Below the note is a blue header for 'Other Service Info' with a list of links: 'Rendering Provider', 'Referring Provider', 'Purchasing Provider', 'Ordering Provider', 'Supervising Provider', 'Service Facility', 'OP PA/Referral No.', 'Drug Info', 'DME Info', 'DMERC Info', 'Health Care Info', 'Home Oxygen Info', 'Ambulance Info', 'Line Notes', 'Spinal Manipulation', 'Purchased Service', 'Line Adjudication', 'Miscellaneous Info', 'Test Results', and 'Form ID Info'. Below this is a section titled 'OTHER SERVICE LINE INFORMATION' with a message: 'Go to Basic Claim Info to enter basic service line information.' At the bottom left, there is a red cross icon followed by the text 'RELEVANT DATES'.

How do I change this information?

- After you have made all the changes/updates you wanted to make to the claim you can now submit your claim.
- If the original claim had backup attached you must send it again attached to this claim.
- Remember to click on the "Submit" button at the last screen to send your claim!
- Step by step instructions can be found in the [ProviderOne Billing and Resource Guide](#).

How do I change this information?

- Visit the [ProviderOne Resources](#) web page for additional training materials and resources.
- Find the individual program Medicaid Provider Guides:
 - [Professional rates and billing guides](#)
 - [Hospital rates](#)
- Find other Medicaid information, visit the [Billers and Providers](#) home page.