

# Creating Social Service Medical Templates

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**Batch:** A mass billing of several claims submitted at once.

**Client ID:** The client's ProviderOne ID number, 9 digits followed by WA, *ex: 123456789WA*

**Provider ID:** The provider's ID number for ProviderOne, 7 digits. This is the same as the Domain number. You will see this listed on the authorization with a 2 digit location code such as 01, *ex: 123456701*.

**Provider NPI:** The provider's National Provider Identifier.

**TCN:** Transaction Control number; also called the claim number. This is an 18 digit number assigned to a claim for tracking purposes.

**Template:** A template is a reusable billing page that automatically fills out certain pieces of information.

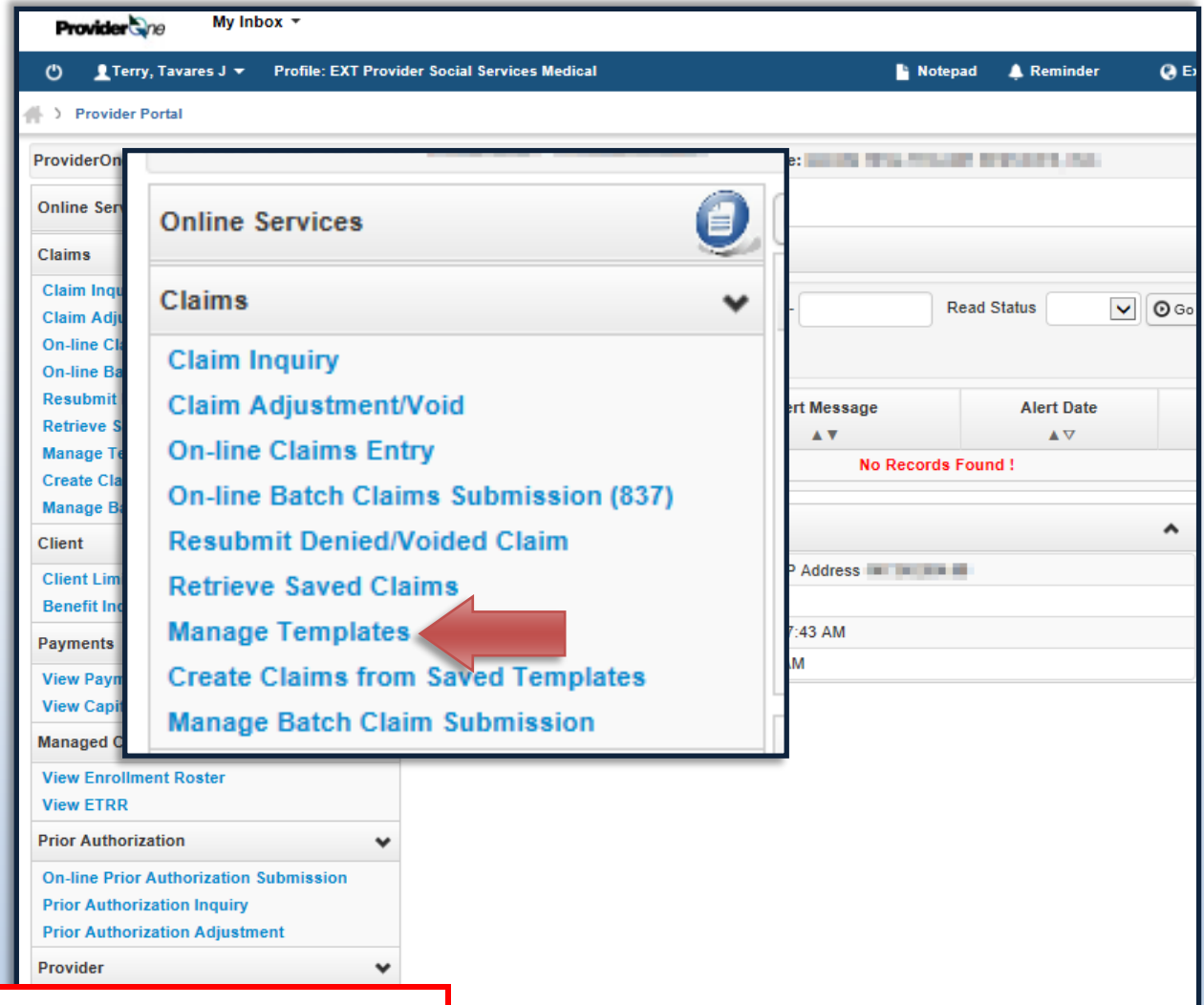
## Create a Template

Templates can be used when you have repetitive billing; where the claim is the same, or nearly the same, each time you bill. With a template, you create a billing page that is reusable.

Using templates is a great way to save time and make billing easier.

Having templates with previously saved information will help cut down on errors by reducing the amount of data entry for each claim.

To create a social service template, first log in to ProviderOne using the 'EXT Provider Social Services Medical' profile. Then select 'Manage Templates'.



**Note:**


*Creating a template is not the same as submitting a claim.*

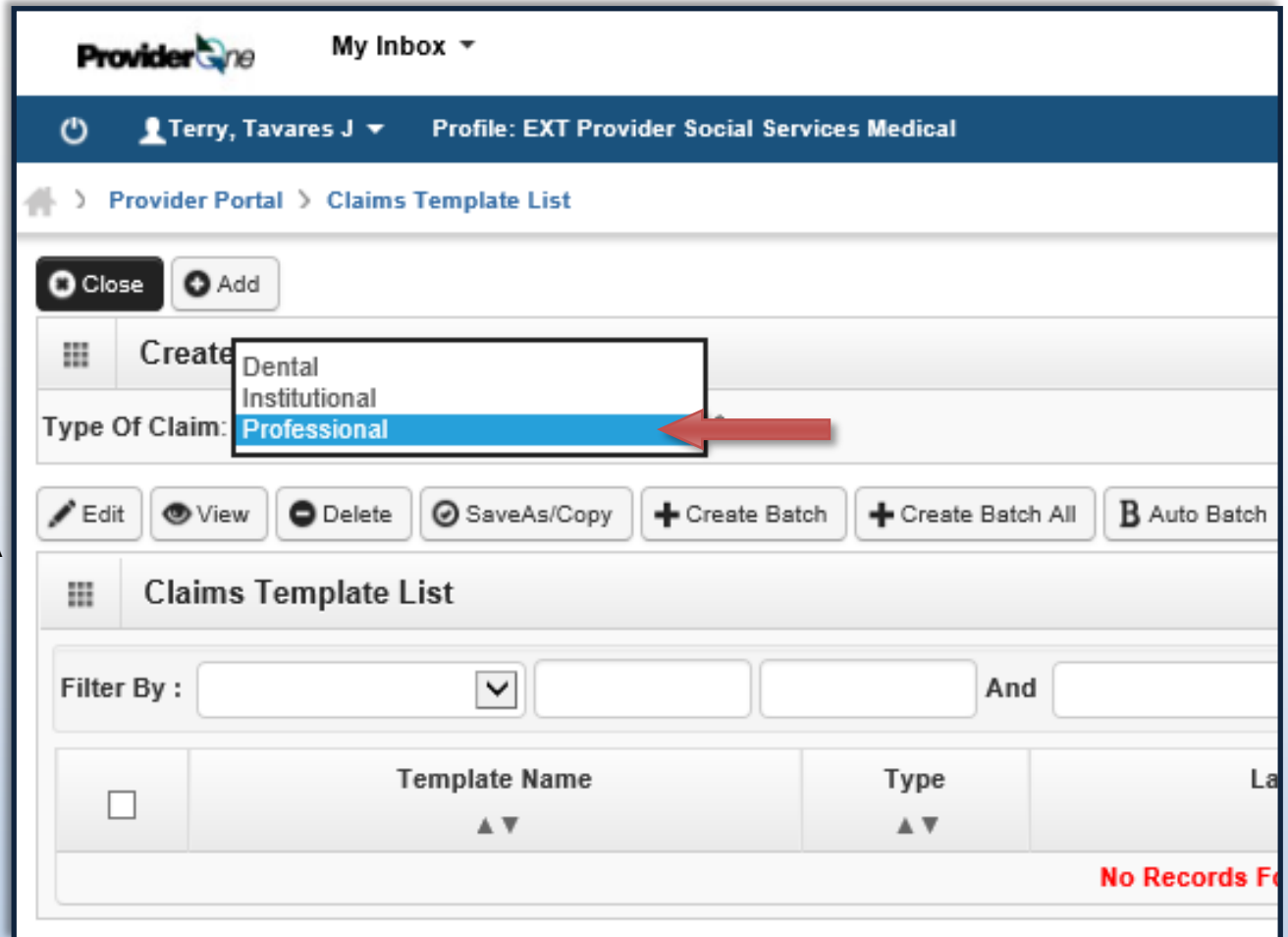
*Managing templates is for adding or removing templates. No claims can be submitted from the 'Manage Templates' area.*

The **'Create Claim Template'** page appears.

Here you will see any previously saved templates.

When there are a large number of templates you can use the **'Filter By'** function to find a template.

Columns can be sorted from A-Z or Z-A by using the  controls below the name of each column.

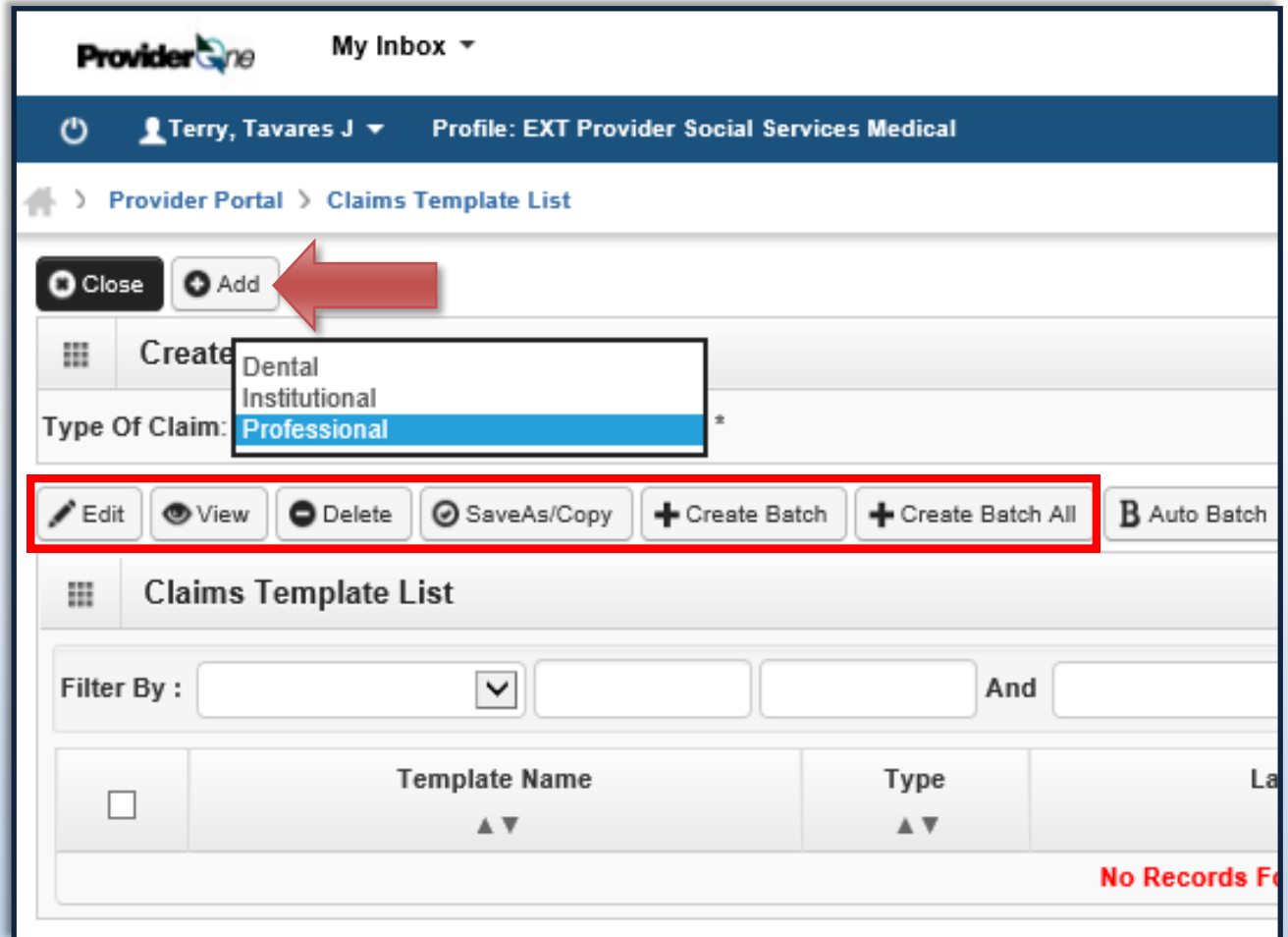


The screenshot displays the 'Create Claim Template' interface in ProviderOne. At the top, the user is identified as Terry, Tavares J, with a profile of 'EXT Provider Social Services Medical'. The breadcrumb trail indicates the user is in the 'Provider Portal' > 'Claims Template List' section. A 'Close' button and an 'Add' button are present. The 'Type Of Claim' dropdown menu is open, showing options for 'Dental', 'Institutional', and 'Professional', with 'Professional' selected and highlighted by a red arrow. Below the dropdown are several action buttons: 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. A 'Filter By' section is visible below the buttons, consisting of a dropdown menu and input fields. Below the filter section is a table header for 'Claims Template List' with columns for 'Template Name' and 'Type'. The table currently shows 'No Records Found'.


**Note:**  
The Social Service Medical **'Type of Claim'** is "Professional".

The 'Create a Social Service Claim Template' page can be used to do several things:

- ◆ **Add** a new template.
- ◆ **Edit** a saved template.
- ◆ **View** a saved template.
- ◆ **Delete** a saved template.
- ◆ Change template name or **SaveAs/ Copy** template.
- ◆ **Create** a template batch.
- ◆ To create a new template, make sure to choose "Professional" as the claim type and then click on '**Add**'.



ProviderOne My Inbox ▾  
 Terry, Tavares J ▾ Profile: EXT Provider Social Services Medical  
 Provider Portal > Claims Template List

Close Add 

Create  
 Type Of Claim: 
 Dental  
 Institutional  
 Professional \*

Edit View Delete SaveAs/Copy Create Batch Create Batch All B Auto Batch

Claims Template List

Filter By :  ▾  And

<input type="checkbox"/>	Template Name ▲▼	Type ▲▼	La
No Records Found			

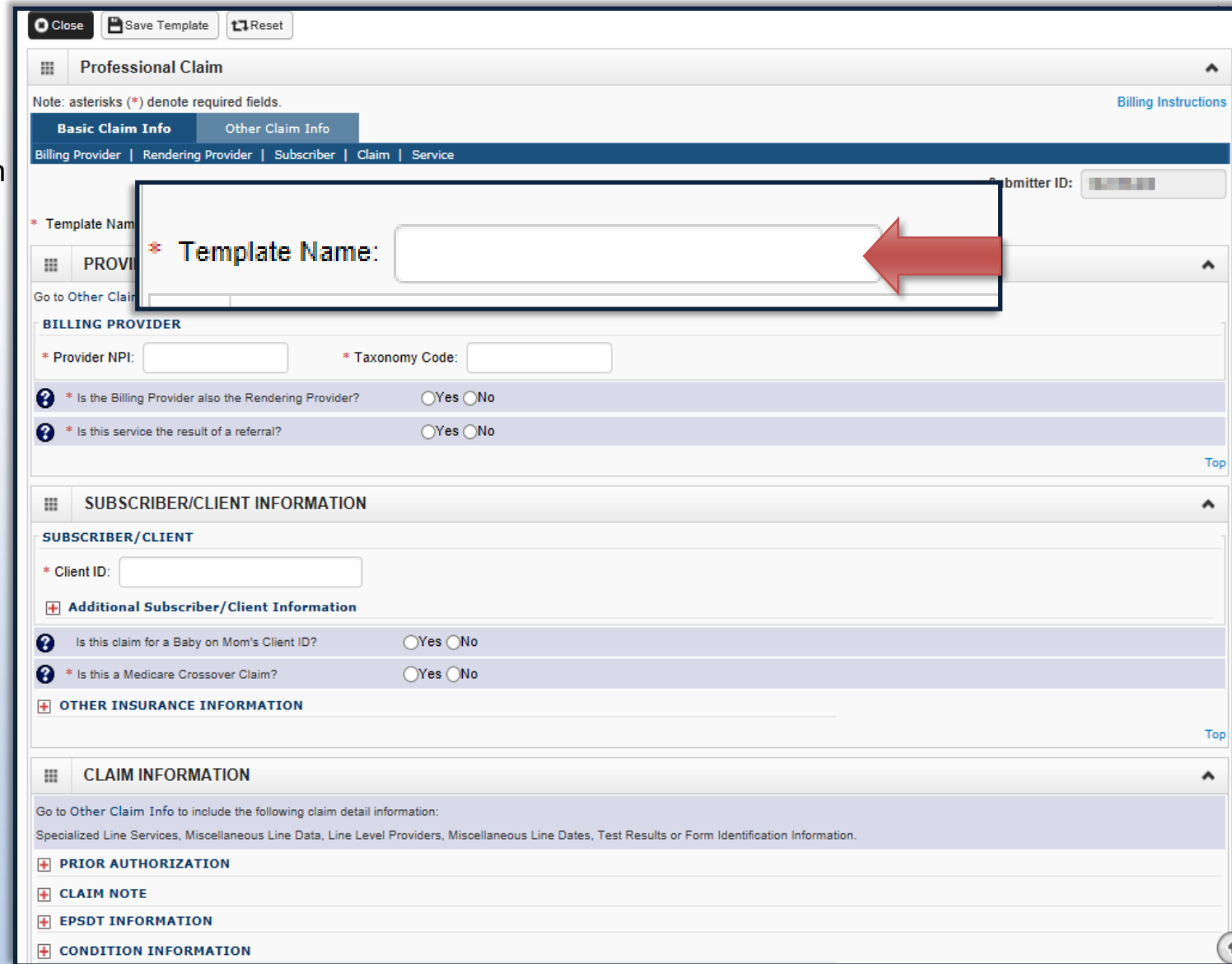
The 'Professional Claim' screen appears. This page is a Professional Billing page with an added **Template Name** field.

- ◆ Enter a **Template Name**. This is determined by you and is only used to identify the template.

**Note:**

*ProviderOne will check the following before allowing the template to be saved:*

- ◆ *Provider NPI,*
- ◆ *Taxonomy Code,*
- ◆ *Client ID,*
- ◆ *Authorization Number.*



The screenshot shows the 'Professional Claim' form in the ProviderOne system. At the top, there are buttons for 'Close', 'Save Template', and 'Reset'. Below the title, there is a note: 'Note: asterisks (\*) denote required fields.' and a link for 'Billing Instructions'. The form is divided into several sections: 'Basic Claim Info' (with a sub-section 'Other Claim Info'), 'Billing Provider', 'Subscriber/Client Information', and 'Claim Information'. The 'Template Name' field is highlighted with a red box and a red arrow pointing to it. The 'Billing Provider' section includes fields for 'Provider NPI' and 'Taxonomy Code', and two radio button questions: 'Is the Billing Provider also the Rendering Provider?' and 'Is this service the result of a referral?'. The 'Subscriber/Client Information' section includes a 'Client ID' field and two radio button questions: 'Is this claim for a Baby on Mom's Client ID?' and 'Is this a Medicare Crossover Claim?'. The 'Claim Information' section includes expandable sections for 'Prior Authorization', 'Claim Note', 'EPSDT Information', and 'Condition Information'.



The 'Professional Claim' screen appears.

Enter the following information:

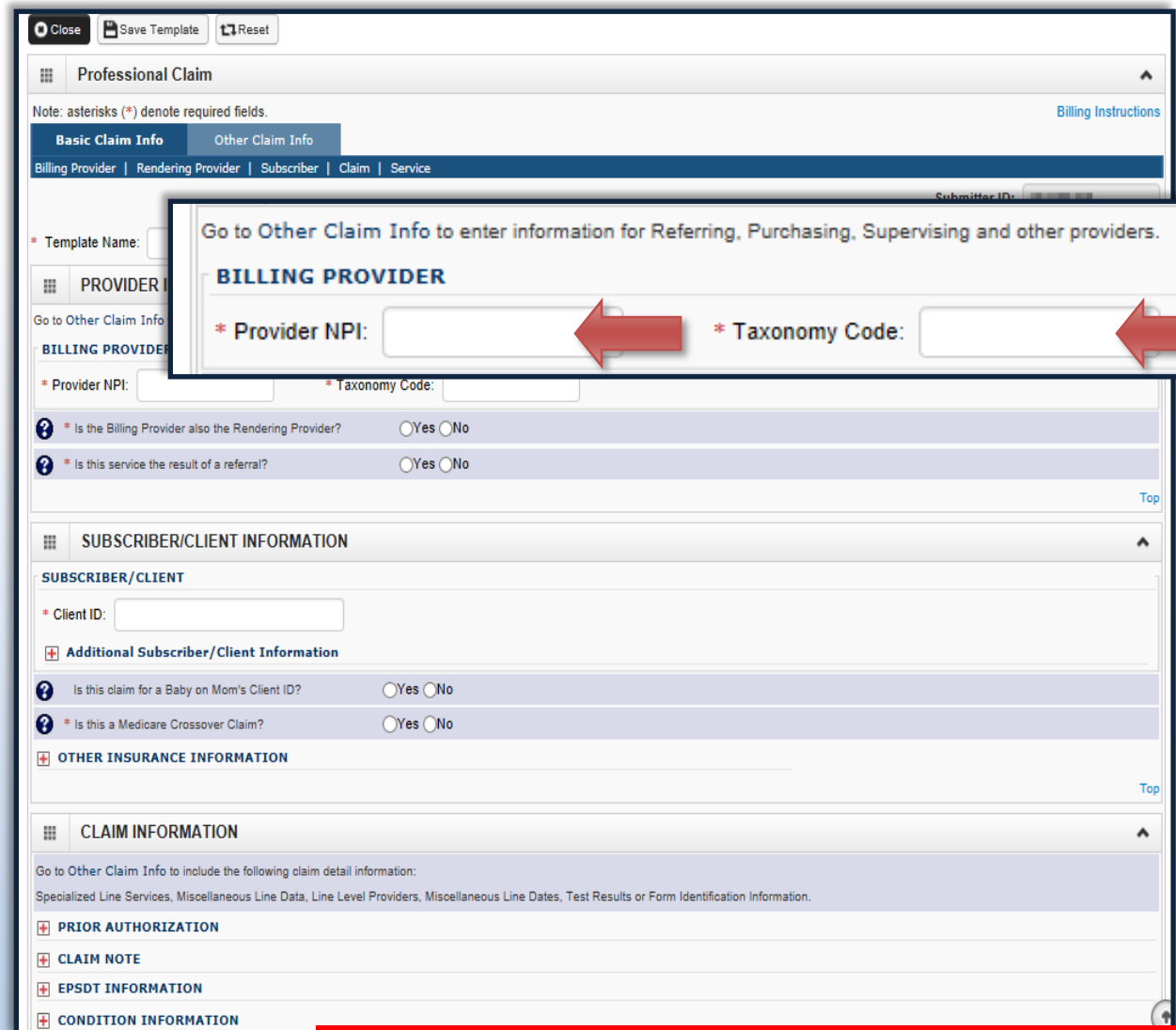
- ◆ 'Provider NPI',
- ◆ 'Taxonomy Code' associated with the service you are contracted to provide.

**Note:**

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

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

*When entering taxonomy information, use the appropriate assigned taxonomy for the service provided either through your DSHS Contract or the CPA.*



**Note:**

*You must turn off your pop-up blocker before you begin billing. Asterisks (\*) denote required fields.*

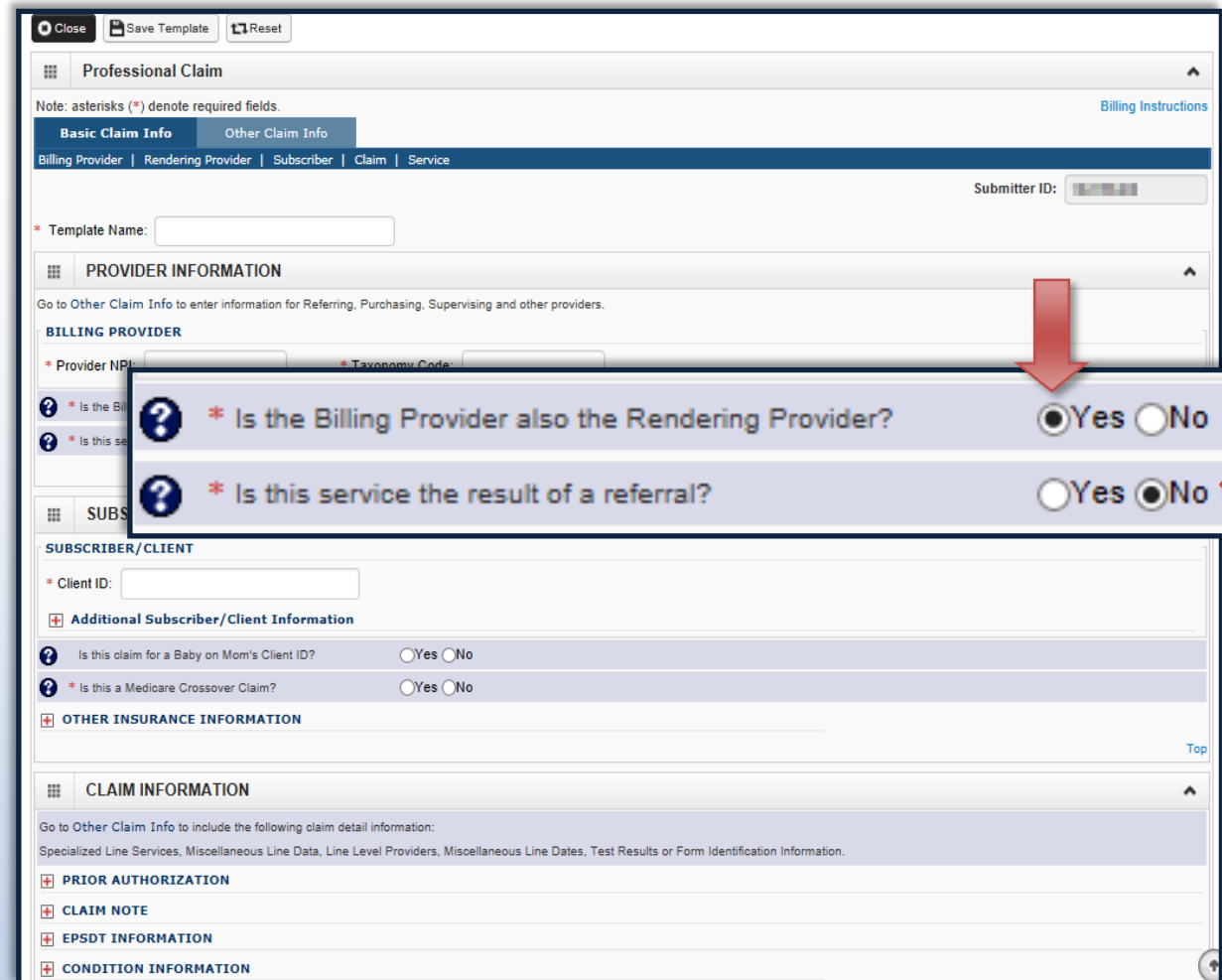
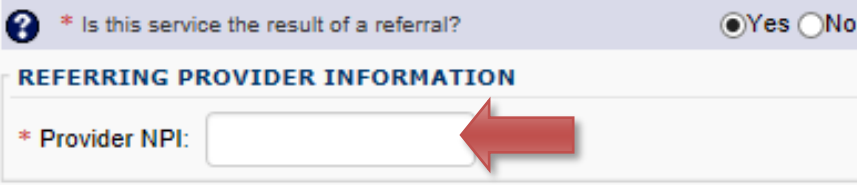
- ◆ Select 'Yes' for the question, ***"Is the Billing Provider also the Rendering Provider?"***
- ◆ Select 'No' for the question, ***"Is this service the result of a referral?"***

**Note:**


*Some shared services do require referrals.*

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

*When answering yes another field will appear asking for the referring provider NPI number. Enter the referring provider NPI and continue submitting your claim.*

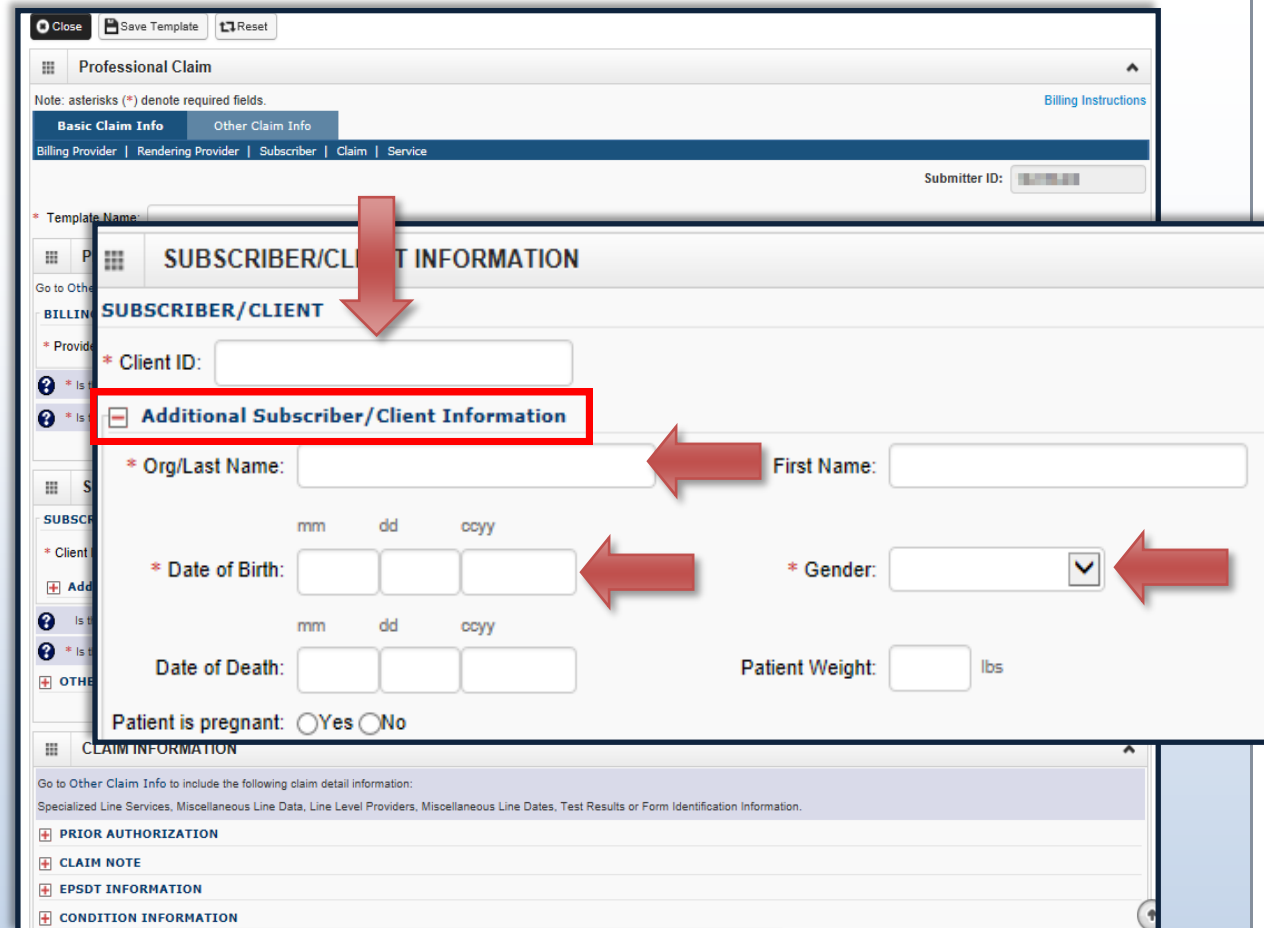
## Under 'Subscriber/Client Information':

- ◆ Enter the 'Client ID' (Client ID ends in WA),
- ◆ Click the  next to 'Additional Subscriber/Client Information',
- ◆ Enter the following information for the client:
  - ⇒ 'Last Name',
  - ⇒ 'Date of Birth',
  - ⇒ 'Gender'.

### Note:

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

Patient is pregnant and Patient Weight fields do not apply.



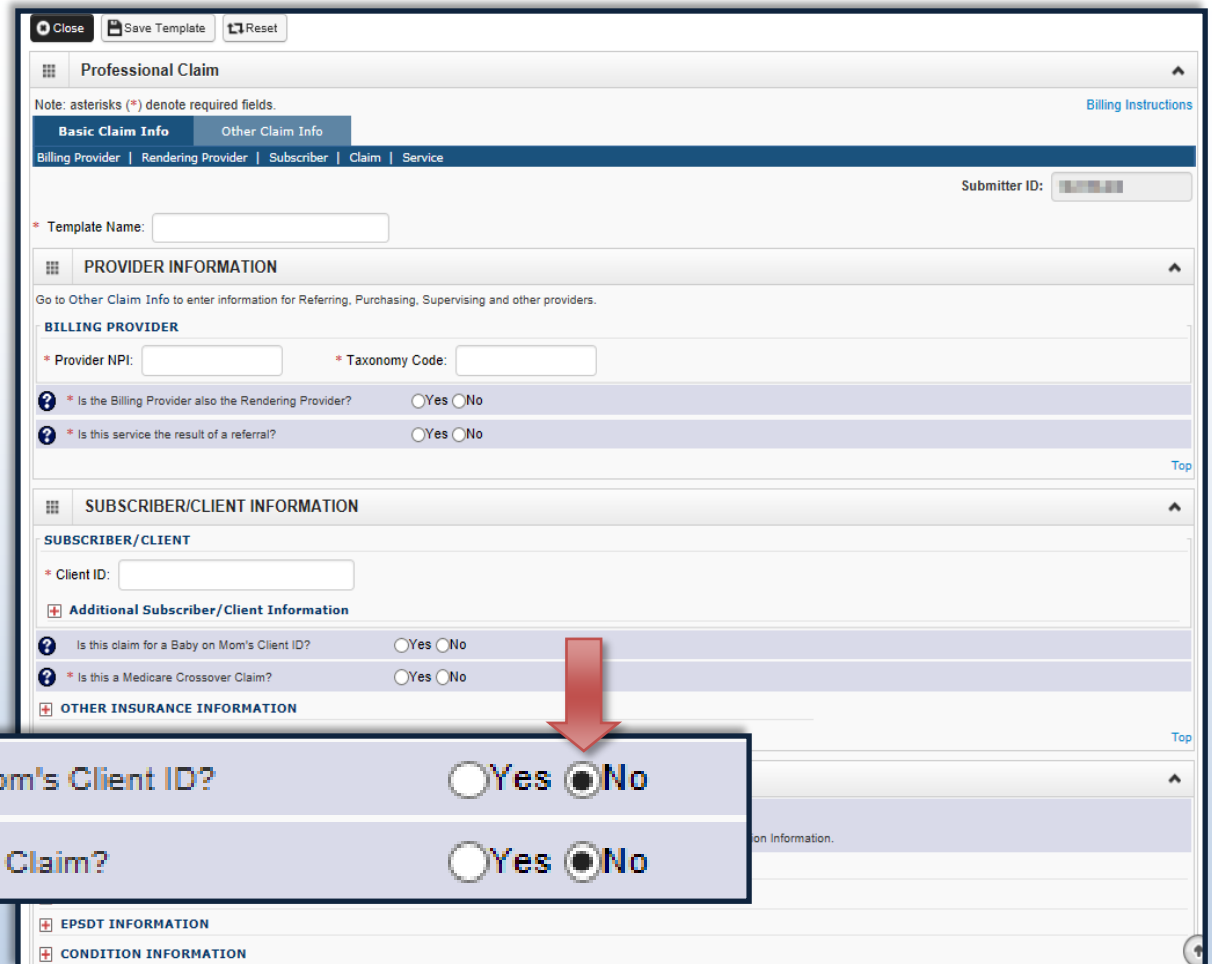
The screenshot shows the 'Professional Claim' form with the 'SUBSCRIBER/CLIENT INFORMATION' section expanded. The 'Client ID' field is highlighted with a red box. The 'Additional Subscriber/Client Information' section is also highlighted with a red box. Red arrows point to the 'Org/Last Name', 'Date of Birth', 'Gender', and 'Patient is pregnant' fields.

Under 'Subscriber/Client Information':

◆ Answer 'No' to the questions:

⇒ "Is this claim for a Baby on Mom's Client ID?"

⇒ "Is this a Medicare Crossover Claim?"



Close Save Template Reset

### Professional Claim

Note: asterisks (\*) denote required fields. [Billing Instructions](#)

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: [REDACTED]

\* Template Name: [REDACTED]

### PROVIDER INFORMATION

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

#### BILLING PROVIDER

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

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

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

### SUBSCRIBER/CLIENT INFORMATION

#### SUBSCRIBER/CLIENT

\* Client ID: [REDACTED]

+ 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

+ EPSDT INFORMATION

+ CONDITION INFORMATION

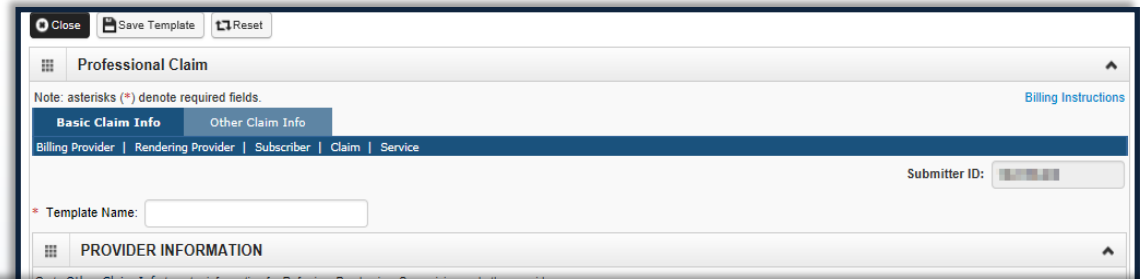
Under 'Claim Information',

Click the  next to 'Prior Authorization'.

- ◆ Enter the approved authorization number for the client.
  - ⇒ Some claims may require a claim note. If you think a note is required please refer to the program specific billing guide for more information.
  - ⇒ If no note is needed, skip this option.
- ◆ Answer 'No' to the question "Is this claim accident related?"

**Note:**

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



Professional Claim

Note: asterisks (\*) denote required fields. [Billing Instructions](#)

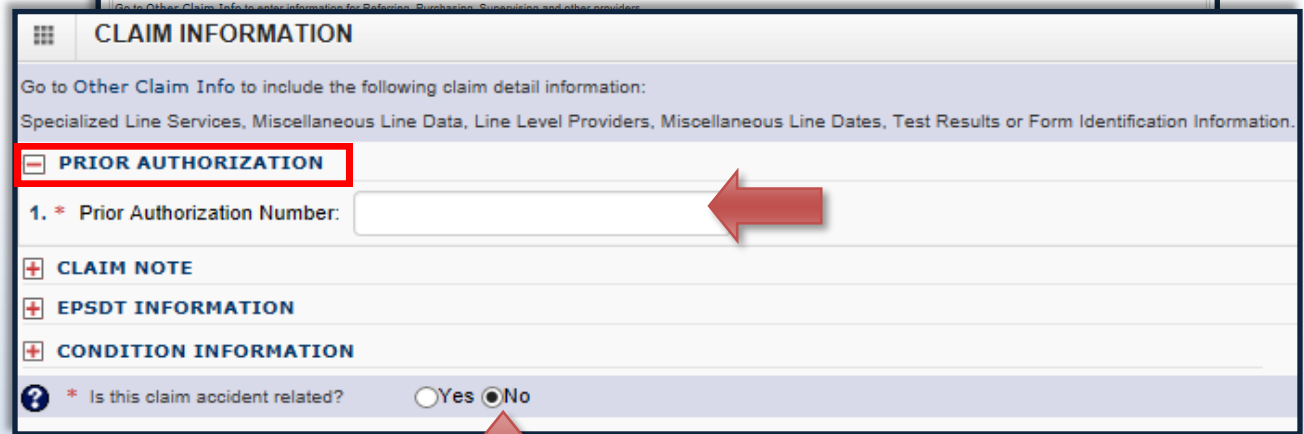
Basic Claim Info | Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID:

\* Template Name:

PROVIDER INFORMATION



CLAIM INFORMATION

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

**PRIOR AUTHORIZATION**

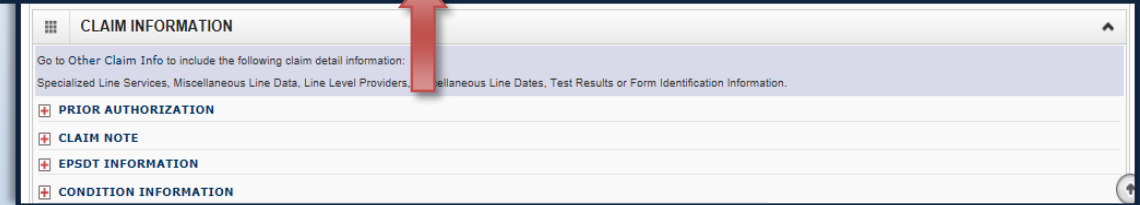
1. \* Prior Authorization Number:

+ CLAIM NOTE

+ EPSDT INFORMATION

+ CONDITION INFORMATION

? \* Is this claim accident related?  Yes  No



CLAIM INFORMATION

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

+ PRIOR AUTHORIZATION

+ CLAIM NOTE

+ EPSDT INFORMATION

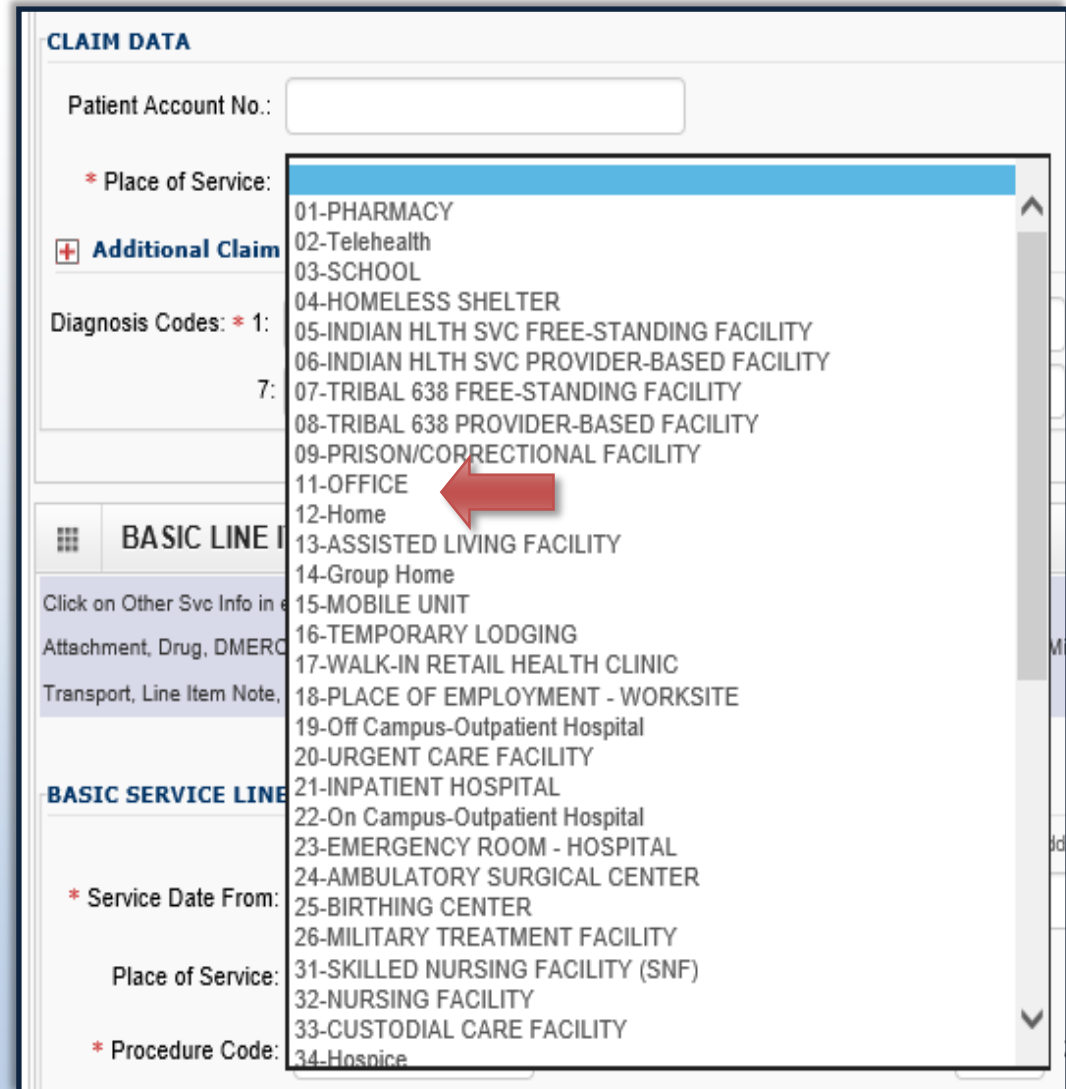
+ CONDITION INFORMATION

Under 'Claim Data',

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

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

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



The screenshot shows a web form titled 'CLAIM DATA'. It includes fields for 'Patient Account No.', 'Place of Service', 'Additional Claim', and 'Diagnosis Codes'. A dropdown menu is open for 'Place of Service', displaying a list of 34 options. A red arrow points to '11-OFFICE' in the list. Below the dropdown, there are sections for 'BASIC LINE ITEM' and 'BASIC SERVICE LINE'.

Place of Service Code	Place of Service Description
01	PHARMACY
02	Telehealth
03	SCHOOL
04	HOMELESS SHELTER
05	INDIAN HLTH SVC FREE-STANDING FACILITY
06	INDIAN HLTH SVC PROVIDER-BASED FACILITY
07	TRIBAL 638 FREE-STANDING FACILITY
08	TRIBAL 638 PROVIDER-BASED FACILITY
09	PRISON/CORRECTIONAL FACILITY
11	OFFICE
12	Home
13	ASSISTED LIVING FACILITY
14	Group Home
15	MOBILE UNIT
16	TEMPORARY LODGING
17	WALK-IN RETAIL HEALTH CLINIC
18	PLACE OF EMPLOYMENT - WORKSITE
19	Off Campus-Outpatient Hospital
20	URGENT CARE FACILITY
21	INPATIENT HOSPITAL
22	On Campus-Outpatient Hospital
23	EMERGENCY ROOM - HOSPITAL
24	AMBULATORY SURGICAL CENTER
25	BIRTHING CENTER
26	MILITARY TREATMENT FACILITY
31	SKILLED NURSING FACILITY (SNF)
32	NURSING FACILITY
33	CUSTODIAL CARE FACILITY
34	Hospice

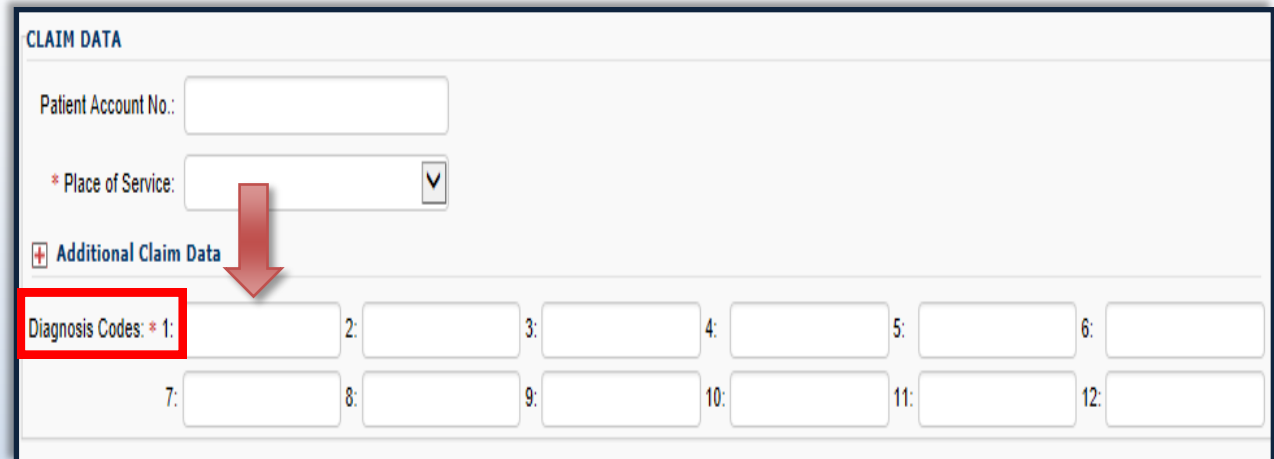
**Note:**

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

Under 'Claim Data',

Enter the 'Diagnosis Codes',

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



**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:

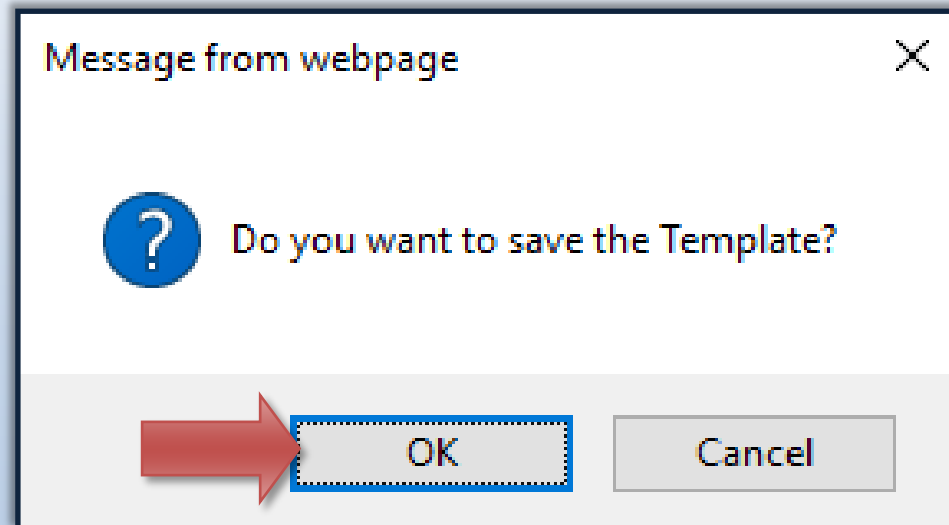
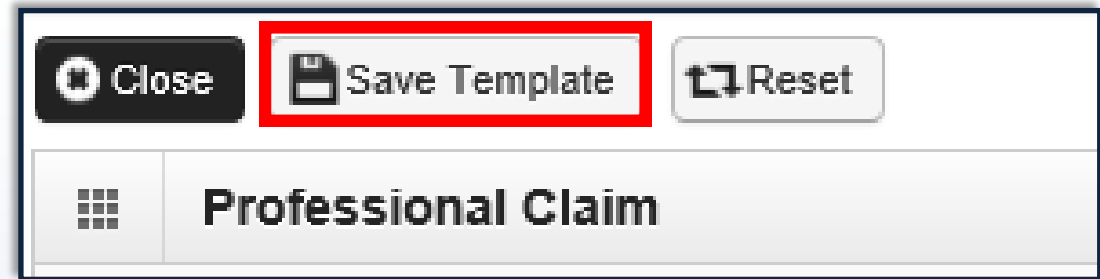
**Note:**

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

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

At this point you have entered the minimum required information needed to save a template.

- ◆ To save the template, click on '**Save Template**' in the upper left corner of the screen.
- ◆ After choosing to save the template you will be asked, "**Do you want to save the Template?**"
- ◆ Select '**OK**' to confirm the save of the template. Select '**Cancel**' if you are not ready to save the template or need to make changes.



**Note:**

*In ProviderOne, 'OK' signifies a YES response and 'Cancel' a NO response.*

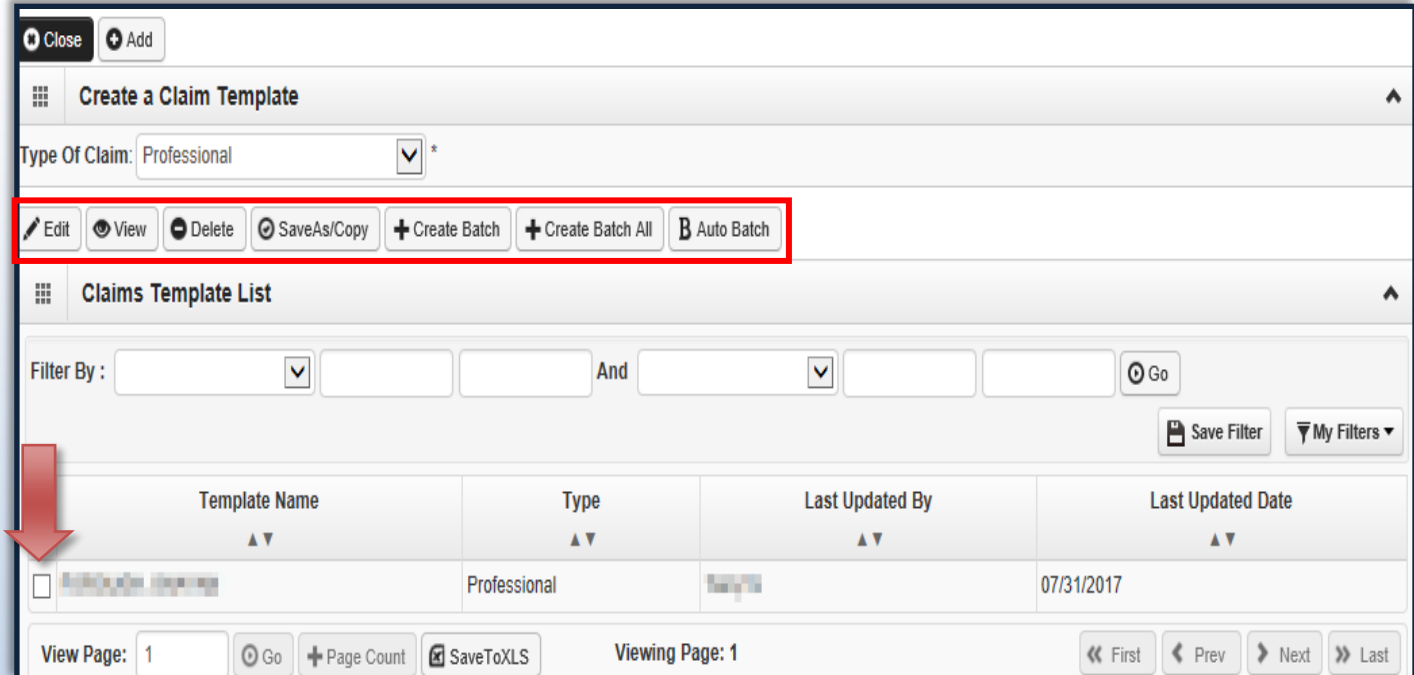


You will now be returned to the **'Create a Claim Template'** page.

Here, you will see the template you have created. You can see the template name, template type, the user who made the last update and the last updated date.

To edit any information on the template, check the box next to the template name and select **'Edit'**. Make the needed edits and save the template.

To view or delete the template, check the box next to the template name and choose the appropriate action button.



The screenshot displays the 'Create a Claim Template' interface. At the top, there are 'Close' and 'Add' buttons. Below is a section titled 'Create a Claim Template' with a dropdown menu for 'Type Of Claim' set to 'Professional'. A red box highlights a row of action buttons: 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. Below this is a 'Claims Template List' section with a 'Filter By' field and 'Go' button. A table lists templates with columns for 'Template Name', 'Type', 'Last Updated By', and 'Last Updated Date'. A red arrow points to the first row, which has a checkbox selected. The table footer shows 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Template Name	Type	Last Updated By	Last Updated Date
<input checked="" type="checkbox"/> [Redacted]	Professional	[Redacted]	07/31/2017

## Copy a Template

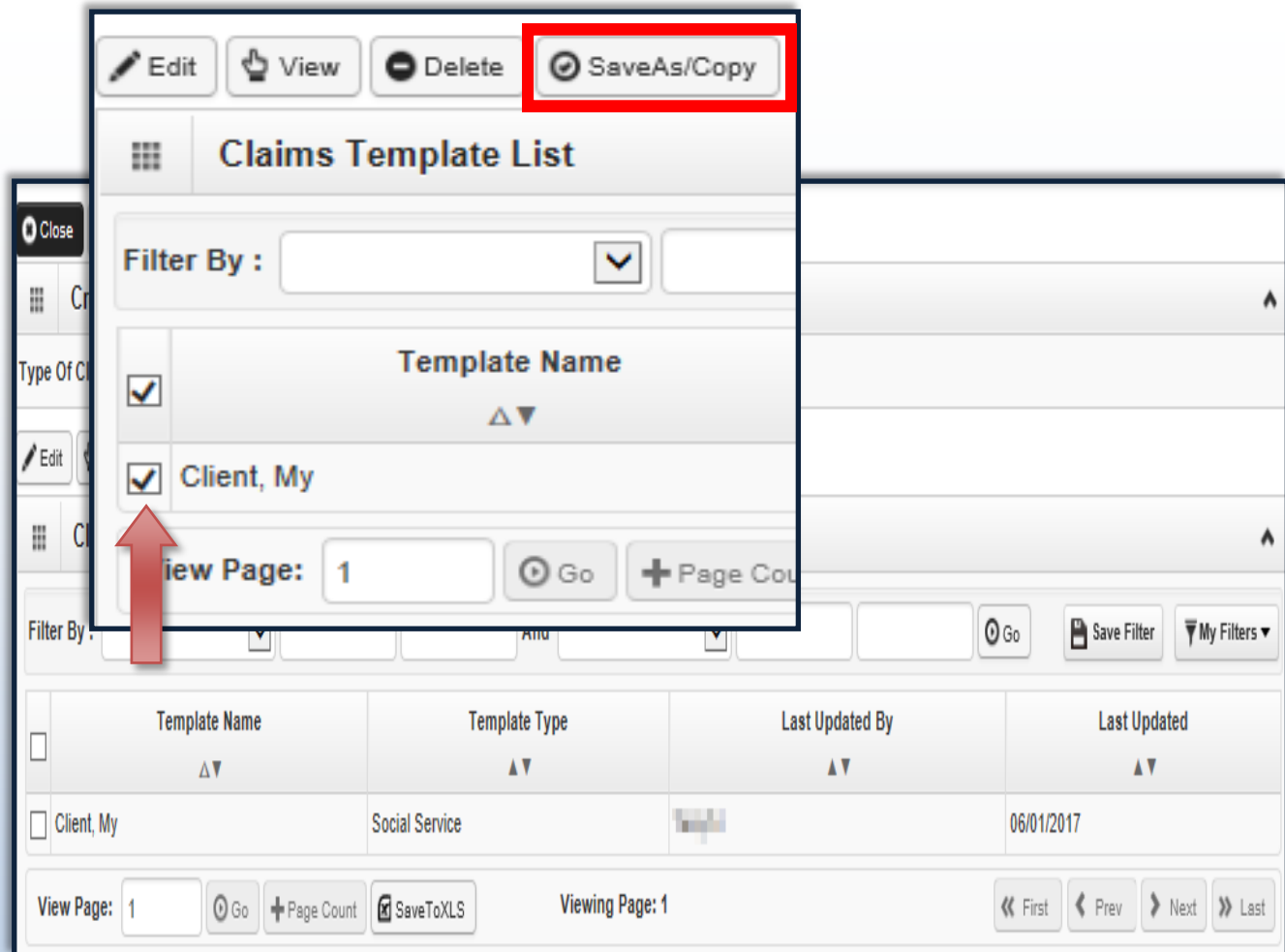
# Copy a Template

As a way to save time, you can use the template you have just created to make similar templates for other clients.

To do this, you can make a copy of an existing template, change the client information, rename the template, and save.

## To Copy a Template:

- ◆ Check the box next to the desired template name, then
- ◆ Select **'SaveAs/Copy'**.



The screenshot shows the 'Claims Template List' interface. At the top, there is a toolbar with buttons for 'Edit', 'View', 'Delete', and 'SaveAs/Copy'. The 'SaveAs/Copy' button is highlighted with a red box. Below the toolbar is a 'Filter By' dropdown menu. The main area displays a list of templates. The first template is 'Client, My', which has a checked checkbox next to its name. A red arrow points to this checkbox. Below the list is a 'View Page: 1' field and a 'Go' button. At the bottom, there is a table with columns for 'Template Name', 'Template Type', 'Last Updated By', and 'Last Updated'. The table contains one row with the template 'Client, My' and type 'Social Service', last updated on '06/01/2017'. At the very bottom, there are navigation buttons for 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', and 'Viewing Page: 1', along with 'First', 'Prev', 'Next', and 'Last' buttons.

### Note:

*Creating new templates from a previously saved template can save you time. However, be mindful of the information being entered.*

*Incorrect authorization numbers, provider IDs or Client IDs will cause the claim submitted with the template to be denied.*

# Copy a Template

After choosing 'SaveAs/Copy', the original saved template appears.

## To Update the Template:

- ◆ Change the **Template Name**,
- ◆ Change the **Client ID**,
- ◆ Open the **+** next to 'Additional Subscriber/Client Information' and change the client's:
  - ⇒ **Last Name**,
  - ⇒ **Date of Birth**,
  - ⇒ **Gender**.
- ◆ Open the **+** next to 'Prior Authorization', change the **Authorization Number**.
- ◆ Change the **Diagnosis Code**,
- ◆ To save the name template, click on 'Save Template'.

\* Template Name:

\* Client ID:

**Additional Subscriber/Client Information**

\* Org/Last Name:  First Name:

\* Date of Birth:    **Change DOB** \* Gender:

Date of Death:    Patient Weight:  lbs

Patient is pregnant:  Yes  No

**PRIOR AUTHORIZATION**

1. \* Prior Authorization Number:

Diagnosis Codes: \* 1:  3:  4:  5:  6:

7:  8:  9:  10:  11:  12:

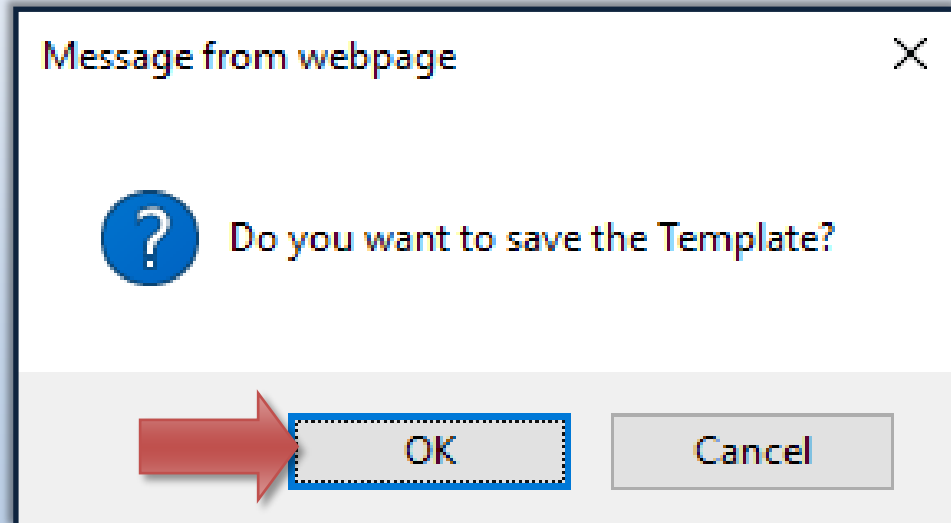
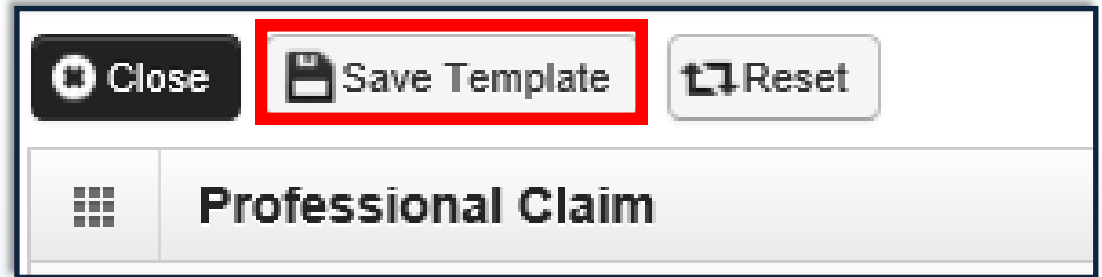
### Note:

The **Provider NPI** will remain the same when copying a template.

# Copy a Template

After choosing to save the template you will be asked, “Do you want to save the Template?”

Select ‘OK’ to confirm the save of the template. Select ‘Cancel’ if you are not ready to save the template or need to make changes.



**Note:**

*In ProviderOne, ‘OK’ signifies a YES response and ‘Cancel’ a NO response.*

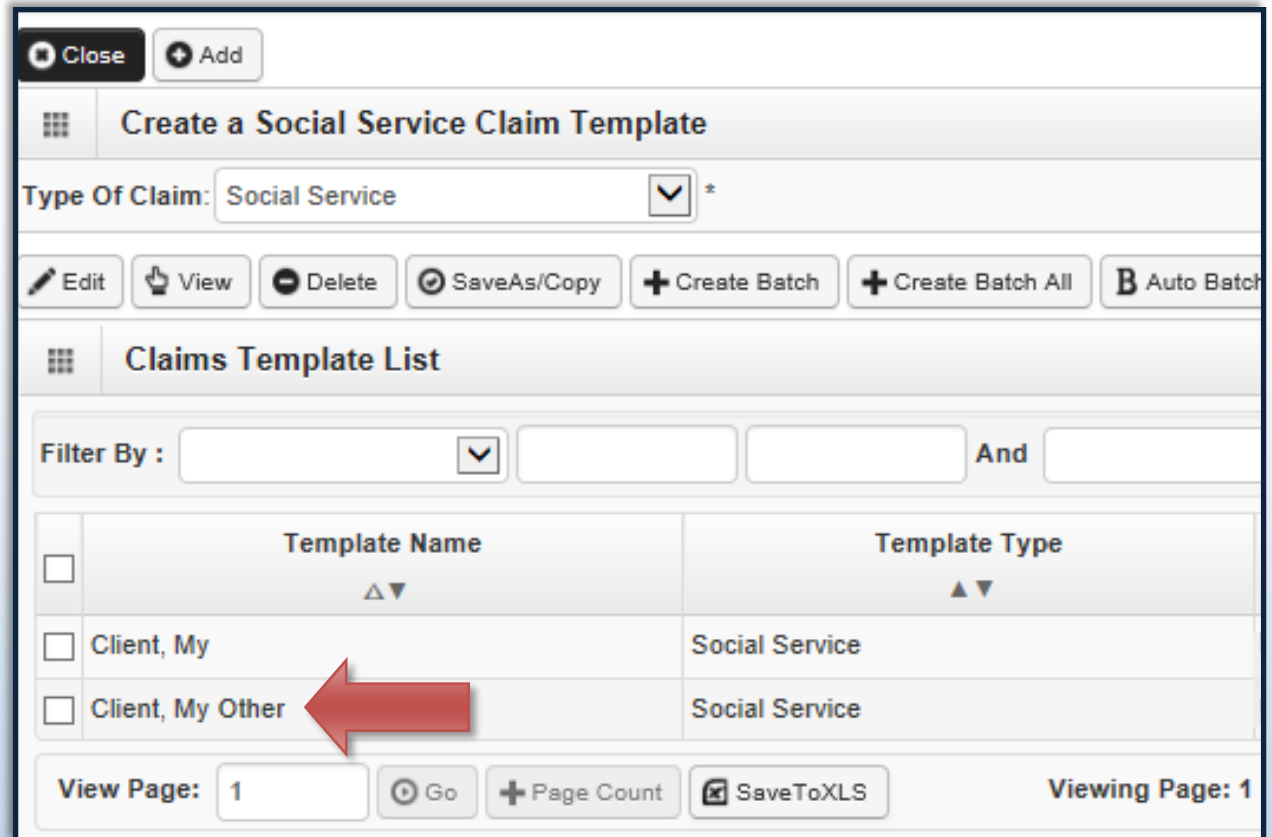
You will now be returned to the 'Create a Claim Template' page.

The new, saved, template will be shown along with the original template.

Repeat the process as many times as needed.

To edit any information on the template, check the box next to the template name and select 'Edit'. Make the needed edits and save the template.

To view or delete the template, check the box next to the template name and choose the appropriate action button.



The screenshot shows a web interface for creating and managing claim templates. At the top, there are 'Close' and 'Add' buttons. Below is a header for 'Create a Social Service Claim Template' with a dropdown menu for 'Type Of Claim' set to 'Social Service'. A row of action buttons includes 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. Below this is a 'Claims Template List' section with a 'Filter By' dropdown and search fields. The list contains two entries:

	Template Name	Template Type
<input type="checkbox"/>	Client, My	Social Service
<input type="checkbox"/>	Client, My Other	Social Service

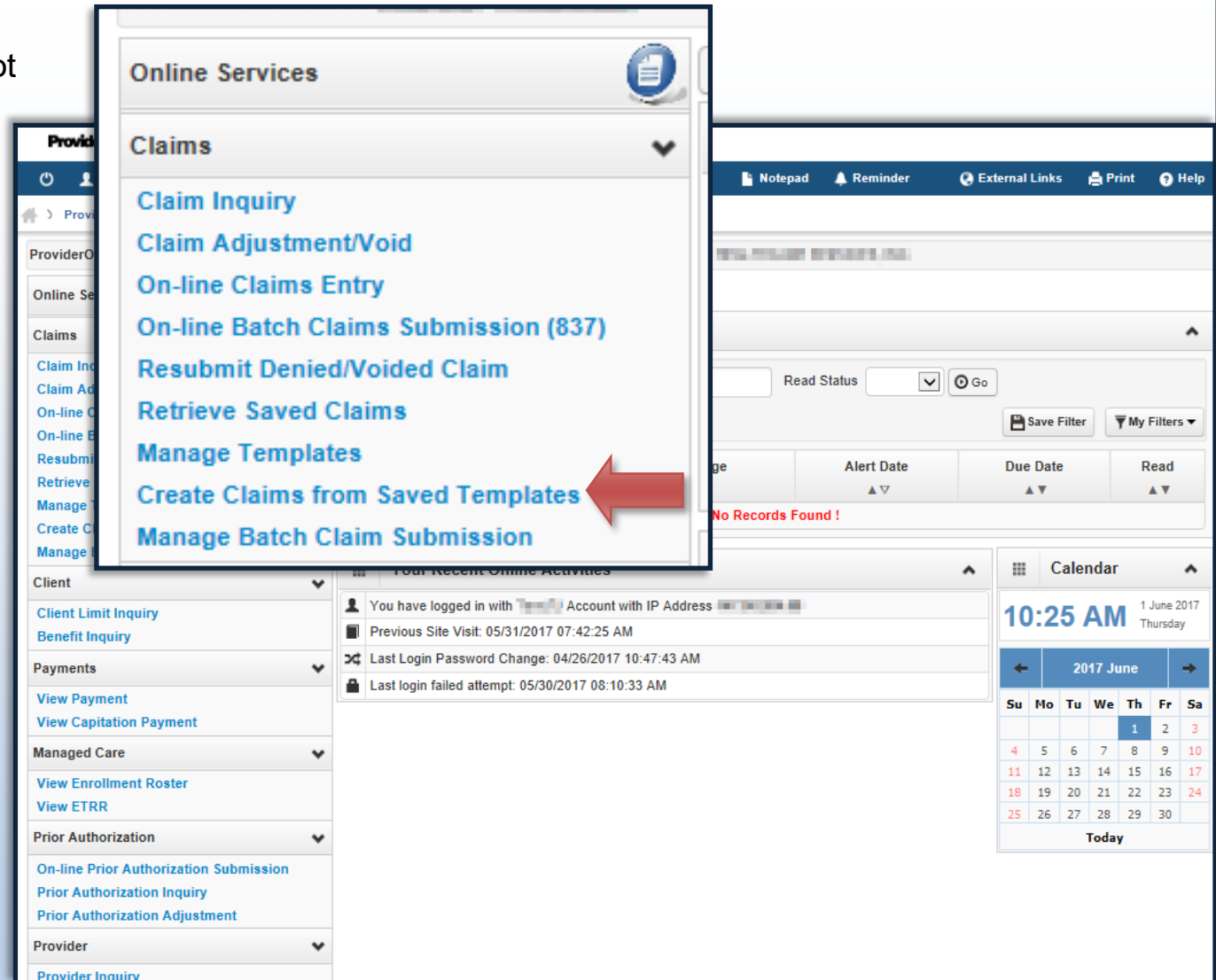
A red arrow points to the 'Client, My Other' template. At the bottom, there are 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' controls.

## Submitting Claims from Saved Templates

As previously mentioned, claims cannot be submitted from the 'Manage Templates' field.

To submit claims using the templates you have saved, first log in to ProviderOne using the 'EXT Provider Social Services Medical' profile.

From the Provider Portal 'Create Claims from Saved Templates'.



The screenshot displays the ProviderOne portal interface. A dropdown menu titled 'Online Services' is open, showing a list of options. The option 'Create Claims from Saved Templates' is highlighted with a red arrow. The background shows the main portal content, including a search bar, a table with columns for 'Alert Date', 'Due Date', and 'Read', and a calendar widget for June 2017.

Alert Date	Due Date	Read

No Records Found !

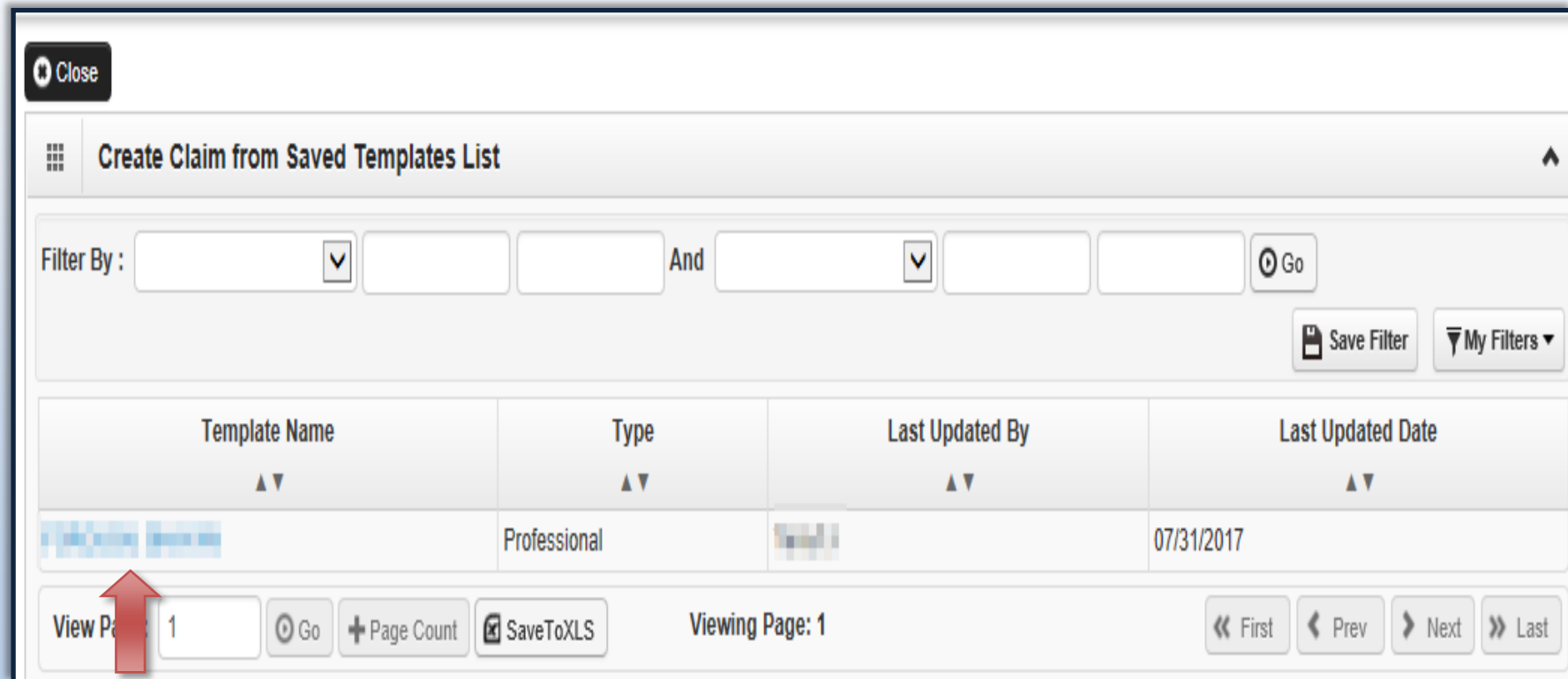
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	



The **'Create Claim from Saved Templates List'** appears.

Here you will see the names of all your templates. Take note that the template names are blue hyperlinks. When selected, they will load the information of the saved template.

To continue, click the blue hyperlinked template name.



Close

### Create Claim from Saved Templates List

Filter By: [ ] [ ] And [ ] [ ] [Go]

Save Filter My Filters

Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<a href="#">[Redacted]</a>	Professional	[Redacted]	07/31/2017

View Page: 1 [Go] + Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

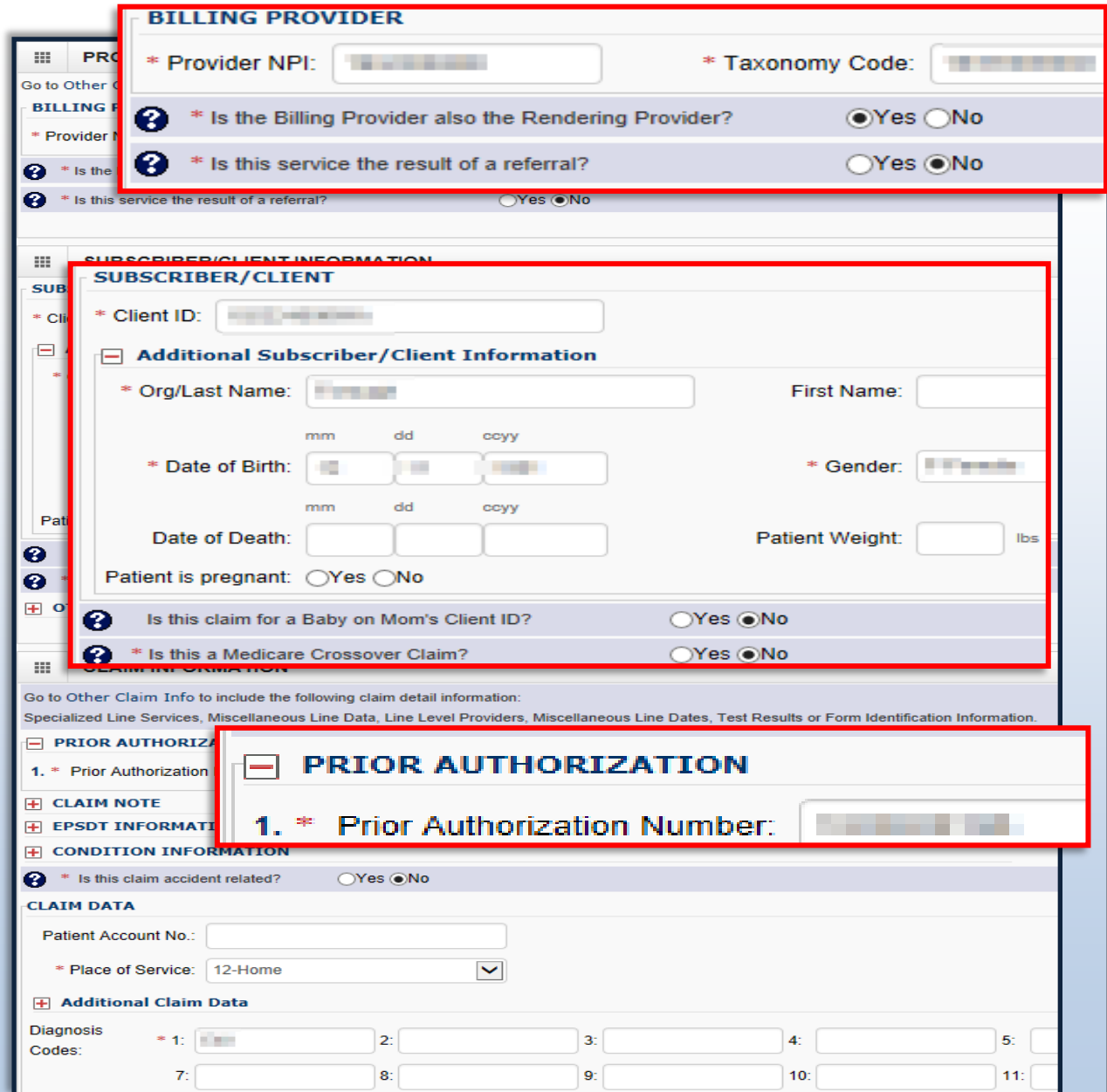
You will now see the saved information that corresponds to the chosen template.

This will include:

- ◆ Provider NPI,
- ◆ Taxonomy Code,
- ◆ Client ID, Last Name, Date of Birth and Gender,
- ◆ Authorization Number.
- ◆ Place of Service,
- ◆ Diagnosis Code.

**Note:**

*If at this point you discover any incorrect information that has been entered, close out of the current screen and return to the 'Manage Templates' area to make the needed corrections.*



The screenshot shows the 'Submitting Claims from Saved Templates' interface. Three sections are highlighted with red boxes:

- BILLING PROVIDER:** Includes fields for Provider NPI, Taxonomy Code, and checkboxes for 'Is the Billing Provider also the Rendering Provider?' (Yes/No) and 'Is this service the result of a referral?' (Yes/No).
- SUBSCRIBER/CLIENT:** Includes fields for Client ID, Org/Last Name, First Name, Date of Birth (mm/dd/ccyy), Gender, Date of Death, Patient Weight (lbs), and checkboxes for 'Is this claim for a Baby on Mom's Client ID?' and 'Is this a Medicare Crossover Claim?'.
- PRIOR AUTHORIZATION:** Includes a field for '1. \* Prior Authorization Number:'.

Other visible sections include 'CLAIM DATA' with Patient Account No., Place of Service (12-Home), and 'Diagnosis Codes' (1-11).

Under 'Basic Line Item Information' fill out the following information:

- ◆ Enter 'Service Date From' and 'Service Date To'. Unless billing for a daily or monthly unit type, claims are for a single day per line so From and To dates should be the same.
- ◆ Enter 'Procedure Code' and 'Modifier' (if applicable).

**Note:**  
 You must turn off your pop-up blocker before you begin billing.  
 Asterisks (\*) denote required fields.

**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**

	mm	dd	ccyy		mm	dd	ccyy
* Service Date From:	<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="2017"/>	* Service Date To:	<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="2017"/>
Place of Service:	<input type="text" value=""/>						
* Procedure Code:	<input type="text" value="H2014"/>			Modifiers: 1:	<input type="text" value="U5"/>	2:	<input type="text" value=""/>
* Submitted Charges: \$	<input type="text" value=""/>			Diagnosis Pointers: * 1:	<input type="text" value=""/>	2:	<input type="text" value=""/>
* Units:	<input type="text" value=""/>			3:	<input type="text" value=""/>	4:	<input type="text" value=""/>

Under 'Basic Line Item Information':

- ◆ Enter 'Submitted Charges' (The provider is responsible for the calculation of submitted charges. Units x Rate = Submitted Charge.),
- ◆ Enter the number of 'Units',
- ◆ Select the corresponding 'Diagnosis Pointer' number from the diagnosis pointers dropdown (Data entered into the first diagnosis code box = #1 diagnosis pointer).

**BASIC SERVICE LINE ITEMS**

<p>* Service Date From: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/></p> <p>Place of Service: <input type="text" value=""/> <input type="button" value="v"/></p> <p>* Procedure Code: <input type="text" value="H2014"/></p> <p>* Submitted Charges: \$ <input type="text" value="32.96"/> </p> <p>* Units: <input type="text" value="4"/> </p> <p><input type="checkbox"/> <b>Medicare Crossover Items</b></p> <p>National Drug Code: <input type="text" value=""/></p> <p><input type="checkbox"/> <b>Drug Identification</b></p> <p><input type="checkbox"/> <b>Prior Authorization</b></p> <p><input type="checkbox"/> <b>Additional Service Line Information</b></p>	<p>* Service Date To: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/></p> <p>Modifiers: 1: <input type="text" value="U5"/> 2: <input type="text" value=""/> 3: <input type="text" value=""/> 4: <input type="text" value=""/></p> <p>Diagnosis Pointers: * 1: <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1 10 11 12 2 3 4 5 6 7 8 9         </div>  2: <input type="text" value="v"/> 3: <input type="text" value="v"/> 4: <input type="text" value="v"/></p>
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Once the service line information has been entered, click 'Add Service Line Item'.

The 'Basic Service Line Items' section clears. This allows entry of any subsequent service lines before submitting your claim, i.e., billing for multiple days in a month.


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

A claim service line appears under 'Previously Entered Line Item Information'. The claim service line will show service dates, service code and modifier, as well as units entered. The total charges submitted will also be available to view.

**Check the line information for accuracy.**

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





Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 32.96

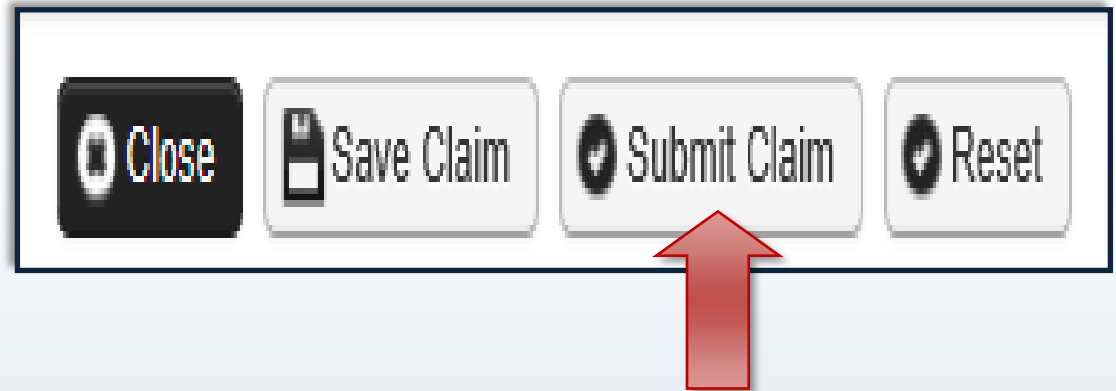
Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	01/01/2017	01/01/2017	H2014	U	5			1				32.96	4	<a href="#">Delete or Other Service Info</a>

For information on adding, modifying or deleting service lines, please see [‘Submitting Social Service Medical Claims’ on the Health Care Authority’s website](#).

Once all service line information is entered and checked for accuracy, click **‘Submit Claim’** at the top of the screen.

Your pop-up blockers must be turned off to allow the Claim Detail screen to appear.

If the pop-up blockers are not turned off, the screen will flash and no pop-up will appear, making it impossible to complete billing.



**Note:**

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

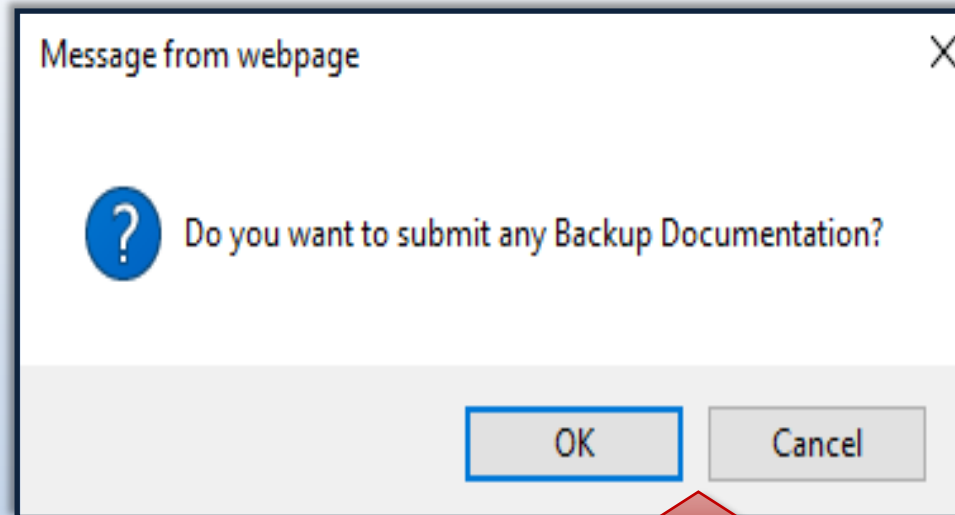
*Attempting to click **‘Submit Claim’** again will return an error message that says: The information you are trying to submit has been queried by another user.*

*To remedy this, log out of ProviderOne, turn off your browser’s pop-up blockers, then log in to ProviderOne again and return to the billing screen to start over.*

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

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

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

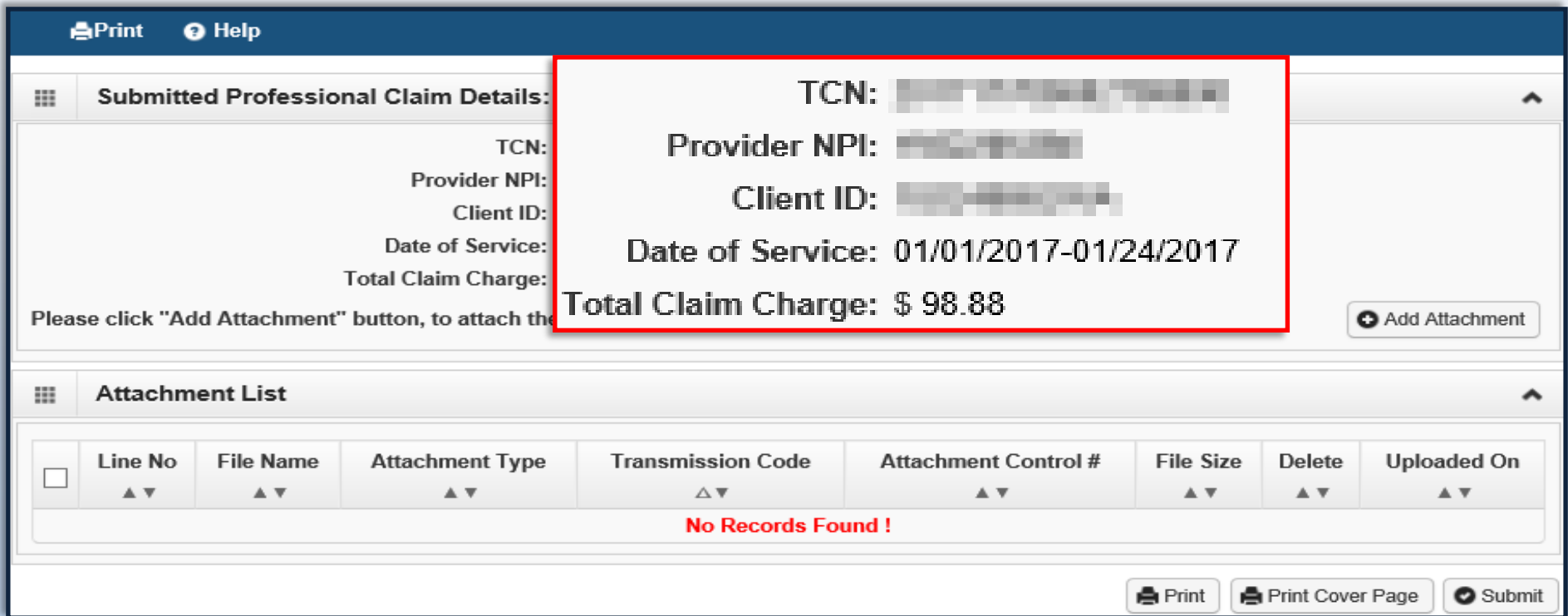


Once you have clicked 'Submit Claim' the 'Submitted Professional Claim Details' page appears.

Claim details will include the new **TCN**, **Provider NPI**, **Client ID**, **Date of Service** and **Total Claim Charge**.

**Note:**

**'No Records Found!'** refers to attachments such as backup documentation. If you did not attach necessary documents earlier you may do so here by clicking 'Add Attachment'.



Print Help

**Submitted Professional Claim Details:**

TCN: [REDACTED]

Provider NPI: [REDACTED]

Client ID: [REDACTED]

Date of Service: 01/01/2017-01/24/2017

Total Claim Charge: \$ 98.88

Please click "Add Attachment" button, to attach the

Add Attachment

**Attachment List**

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
<b>No Records Found !</b>							

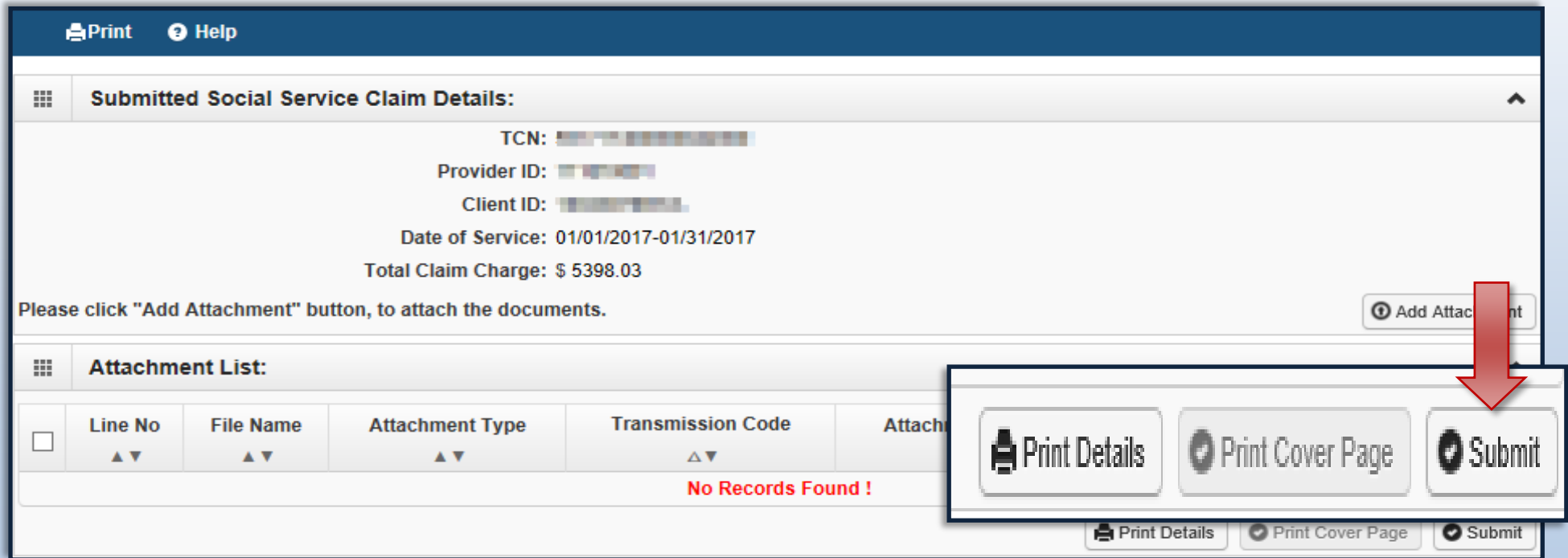
Print Print Cover Page Submit



When you see the '**Submitted Professional Claim Details**' screen you may want to record the information. You may print, print to a file on your machine or record this information in another manner.

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

To submit the claim, you must click on the '**Submit**' button (*located in the bottom right corner of the page*) to complete the claims submission and send the claim to ProviderOne for processing.



Print Help

**Submitted Social Service Claim Details:**

TCN: [REDACTED]  
Provider ID: [REDACTED]  
Client ID: [REDACTED]  
Date of Service: 01/01/2017-01/31/2017  
Total Claim Charge: \$ 5398.03

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

**Attachment List:**

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

Print Details Print Cover Page **Submit**

Print Details Print Cover Page Submit

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

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	<ol style="list-style-type: none"> <li>1. Claimed dates of service are not within the authorization period</li> <li>2. The authorization line is in error</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact your case worker if you have questions about the authorization dates</li> <li>2. Contact your case worker if you have questions about authorization errors</li> </ol>
18- Exact duplicate claim/service	<ol style="list-style-type: none"> <li>1. Claimed the same units on two different lines for the same day, or</li> <li>2. Claim is an exact duplicate of one already submitted</li> </ol>	<ol style="list-style-type: none"> <li>1. Adjust the claim and report the number of units on a single claim line</li> <li>2. No action is needed if duplication was unintended.</li> </ol>
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