

# **Social Service Medical Adjust, Void and Resubmit Claims**

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**1099 Provider:** A provider that receives a 1099 tax document at the end of the year. Except for Individual ProviderOne providers, all providers contracted with DSHS are 1099 providers.

**Adjust Claim:** To make changes to a paid claim and submit the revised claim to be processed

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

**Denied Claim:** A claim where one or more denial reasons are present, causing the entire claim to be denied. There is no payment.

**Non-Offset Adjustment:** A method of recouping overpayments where the debt is sent to the Office of Financial Recovery (OFR) for collection.

**Offset Adjustment:** A method of recouping overpayments where future payments are reduced until the debt is repaid.

**Overpayment:** A debt owed to the State. May be due to a voided claim or an adjusted claim that pays less than the original claim.

**Paid Claim:** A claim where at least one service line was not denied. There may or may not be a payment associated with a paid claim, a claim can be considered paid even if the payment was \$0.

**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*.

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

**Voided Claim:** A claim that was originally paid, and then later was canceled and the payment taken back.

# Overpayments

# Overpayments

Overpayments can be generated when a paid claim is voided or adjustment. When a claim is voided it will generate an overpayment because the State has paid out money for a claim that is being cancelled. When adjusting a claim an overpayment may be generated if the new paid amount is less than the original claim paid. There are two choices for how to process an overpayment: an offset or a non-offset adjustment.

**Non-offset:** This is the default option for 1099 providers. The debt (*overpayment*) is automatically sent to the Office of Financial Recovery (*OFR*). *OFR* then contacts you, the provider, to address the debt. You will receive a letter from *OFR* informing you of the debt and how to correct the overpayment, along with your administrative hearing rights if there is any dispute to the information provided.

**Offset:** For this option, you have to submit an e-mail or call (please see details below on how to do this). In this option, the ProviderOne system will deduct the debt from all paid claims submitted until the debt is satisfied within a **6** month window. The deduction is reflected in the summary on your Remittance Advices (*RAs*). No letter is generated. After **6** months, if the debt is not satisfied, any remaining balance will be sent to *OFR* for recovery as a non-offset adjustment.

## NON-OFFSET

Any debt sent to OFR will result in an overpayment letter to the provider. There will be a reason code on the letter that gives some information as to why the overpayment was made. Refer to your Remittance Advice (RA) associated with the adjustment, this will be generated the same week as the OP notice is generated, to see the specific days or service lines being recouped.

Below are the most common reason codes, with a description, for adjustments initiated by a state worker:

- ◆ **AA** - An audit identified this payment as not being valid.
- ◆ **P1** - Goods or services not provided. This may apply to the entire claim or only dates or services. Refer to your RA for additional details.
- ◆ **P2** - Goods or services authorized in error. Refer to your RA to see specific dates impacted, and review your authorization list to see any changes made to the authorizations.
- ◆ **P3** - Provider not eligible to provide goods or services. This means that you were not eligible for payment for the dates of service that resulted in the overpayment.
- ◆ **P4** - Client not eligible to receive goods or services.
- ◆ **P5** - Rate paid was incorrect. This could mean that either the unit or daily rate was incorrect or the total amount authorized was incorrect.
- ◆ **P6** - Multiple payments were made for the same goods or services.

## OFFSET

If you want the debt to be deducted from paid claims as an offset, you can submit a message to the Medical Assistance Customer Service Center (MACSC) via the '**Contact Us**' web form requesting that the adjustment be processed. Please provide the following information:

- ◆ **Provider Number**
- ◆ **TCN**
- ◆ **P1 Client ID**
- ◆ **Adjust as Offset or Non-Offset** (*1099 provider claims are defaulted to Non-Offset*)
- ◆ **Description of what changes need to be made and why.**

For example:

- ◆ **Provider Number:** 11XXXXXX06
- ◆ **TCN:** 61XXXXXXXXXXXXXXXX000
- ◆ **P1 Client ID:** 1XXXXXXXXXWA

### **Adjust as Offset Description** (*example*):

*Client responsibility was not taken out of claim, although I received a letter stating that the client received client responsibility. Case manager verified client responsibility was correct in the system.*

### **MACSC Call Center**

[Contact Us web form:](#)

**Call:** 1-800-562-3022

- *Option 4 for Provider Services*
- *Option 1 for Social Services*

# Social Service Medical

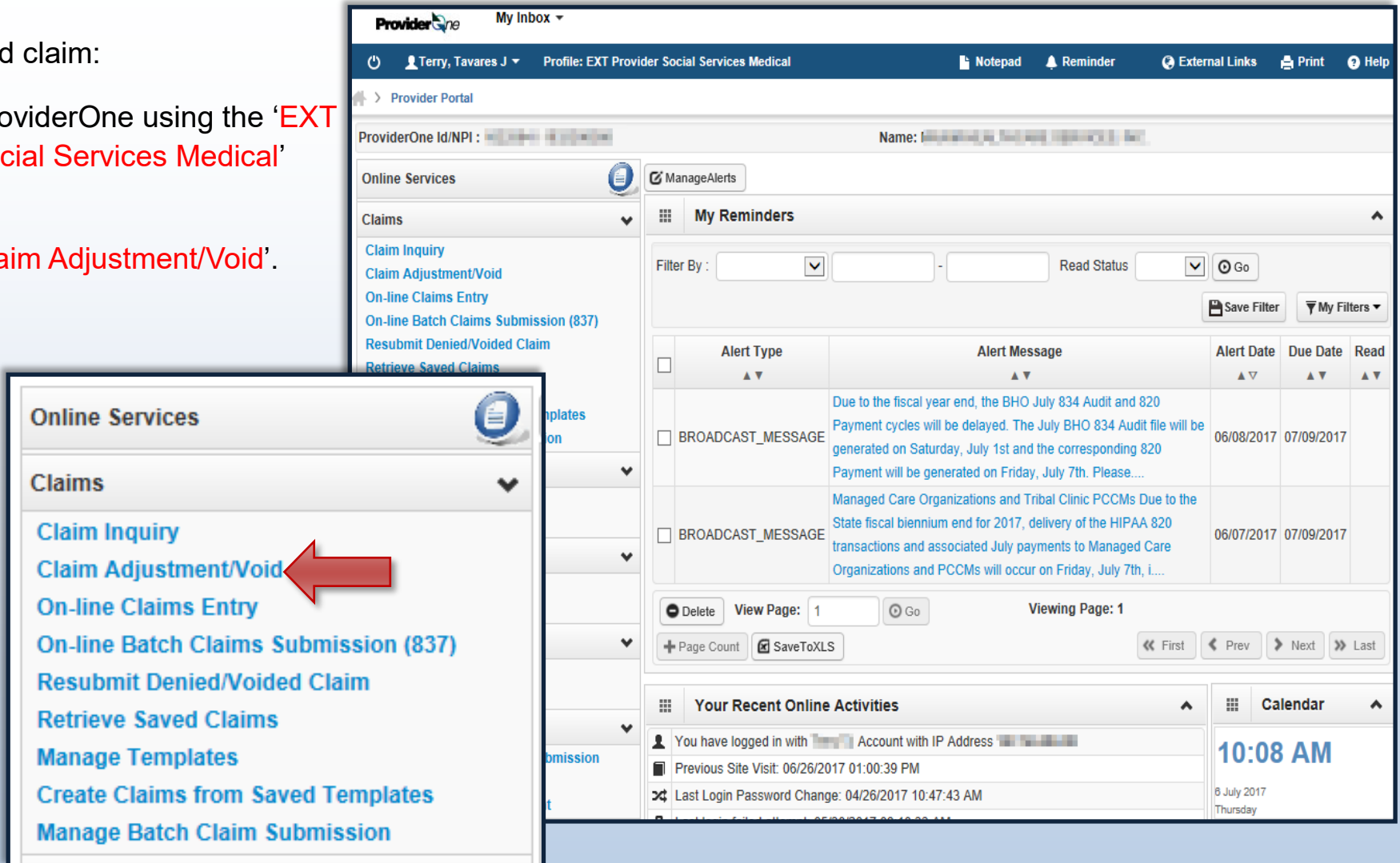
## Adjust, Void and Resubmit Claims

# Adjust Claims



To adjust a paid claim:

- ◆ Log in to ProviderOne using the 'EXT Provider Social Services Medical' profile,
- ◆ Click on 'Claim Adjustment/Void'.



The screenshot shows the ProviderOne web application interface. The user is logged in as Terry, Tavares J. The profile is EXT Provider Social Services Medical. The interface includes a navigation menu on the left with 'Claims' expanded, showing options like 'Claim Inquiry', 'Claim Adjustment/Void', and 'On-line Claims Entry'. A red arrow points to 'Claim Adjustment/Void'. The main content area displays 'My Reminders' with a table of alerts.

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> BROADCAST_MESSAGE	Due to the fiscal year end, the BHO July 834 Audit and 820 Payment cycles will be delayed. The July BHO 834 Audit file will be generated on Saturday, July 1st and the corresponding 820 Payment will be generated on Friday, July 7th. Please...	06/08/2017	07/09/2017	
<input type="checkbox"/> BROADCAST_MESSAGE	Managed Care Organizations and Tribal Clinic PCCMs Due to the State fiscal biennium end for 2017, delivery of the HIPAA 820 transactions and associated July payments to Managed Care Organizations and PCCMs will occur on Friday, July 7th, i...	06/07/2017	07/09/2017	

The interface also shows 'Your Recent Online Activities' and a 'Calendar' widget displaying the time 10:08 AM on Thursday, 8 July 2017.

The **'Provider Claim Adjust/Void Search'** page appears. There are search requirements to be aware of when searching for claims.

The **'Provider NPI'** associated to the domain currently in use will automatically be listed in the Provider NPI dropdown. You can search by:

- ◆ **TCN** (*Transaction Control Number*) or,
- ◆ **Client ID and Claim Service Period.** (*From and To Date*)

**Note:**

*Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.*

The screenshot shows the 'Provider Claim Adjust Void Search' interface. A callout box highlights the search requirements:

- 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

The form fields visible in the screenshot are:

- Provider NPI: [Dropdown menu]
- TCN: [Text input field]
- Client ID: [Text input field]
- Claim Service Period From: [Date picker]
- Claim Service Period To: [Date picker]

## Search Using the TCN:

- ◆ Enter the 'TCN',
- ◆ Click on 'Submit'. (Located near the top left corner of the page.)

The screenshot shows the 'Provider Claim Adjust Void Search' interface. At the top left, there are 'Close' and 'Submit' buttons. A red arrow points to the 'Submit' button. Below the buttons is a search bar with the text 'Please enter a P'. The main content area contains a list of instructions:

- 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

Below the instructions are input fields for:

- Provider NPI: [dropdown menu]
- TCN: [input field with a red border and a clear 'X' button]
- Client ID: [input field]
- Claim Service Period From: [input field with a calendar icon]
- Claim Service Period To: [input field with a calendar icon]

## Search Using Client ID and Claim Service Period:

- ◆ Enter the '**Client ID**' (client ID ends in WA and is found on the authorization) **and**,
- ◆ Enter '**Claim Service Period From**' date in MM/DD/YYYY format, (Claim Service To date is optional. Not using this date may return multiple claims.)
- ◆ Click on '**Submit**' (located near the top left corner of the page).

The screenshot shows the 'Provider Claim Adjust Void Search' interface. A red arrow points to the 'Submit' button in the top left corner. A red box highlights the 'Client ID' field with the text 'Enter the Client ID'. Another red box highlights the 'Claim Service Period From' and 'Claim Service Period To' date fields, which contain the dates 02/01/2016 and 02/29/2016 respectively.

**Close** **Submit**

### Provider Claim Adjust Void Search

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:

**Enter the Client ID**

Claim Service Period From: 02/01/2016

Claim Service Period To: 02/29/2016

The 'Provider Claims Adjust Void List' appears.

## To Adjust a Paid Claim:

- ◆ Check the  box next to the Transaction Control Number (TCN).
- ◆ Click on 'Adjust'.

**Note:**

The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.

Close

Adjust

Void Claim

**Provider Claims Adjust Void List** ▲

	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	Child Tcn ▲▼
<input type="checkbox"/>	[REDACTED]	02/05/2016	1: For more detailed information, see remittance advice.	\$212.50	\$212.50	[REDACTED]	[REDACTED]WA	

View Page:  Go Page Count SaveToXLS

Viewing Page: 1

First 
 Prev 
 Next 
 Last

The 'Adjust Professional Claim' page appears.

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

If there has been a change that does not require you to change any data, click 'Submit' at this point and finish sending the claim to ProviderOne for processing.

### Example:

The rate associated to the service has changed since the claim was submitted and paid. To adjust the claim, do the following:

- ◆ Locate the claim,
- ◆ Once the claim information loads, select 'Submit' and finish the claim submission as you would a new claim.

The claim will be reprocessed using the new authorization data under a new TCN.

The screenshot shows the 'Adjust Professional Claim' page in the ProviderOne system. The page is titled 'Adjust Professional Claim' and includes a 'Submit Claim' button. A red box highlights the 'ADJUSTMENT INFORMATION' section, which contains a field for 'Original TCN:'. A red arrow points to this field. Below this section are sections for 'PROVIDER INFORMATION' and 'SUBSCRIBER/CLIENT INFORMATION'. The 'PROVIDER INFORMATION' section includes fields for 'Provider NPI' and 'Taxonomy Code', and two 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 field for 'Client ID' and two questions: 'Is this claim for a Baby on Mom's Client ID?' and 'Is this a Medicare Crossover Claim?'. The 'OTHER INSURANCE INFORMATION' section is partially visible at the bottom.

In the next few pages, we will explore the different options available when adjusting paid claims.

## This includes:

- ◆ Modifying Service Line data
- ◆ Adding Service Lines
- ◆ Voiding Service Lines

## Modifying Service Line Data:

- ◆ Click on a 'Service Line Number',
- ◆ The corresponding service line information appears,
- ◆ Make needed changes to the data fields.

### Note:

Diagnosis pointer information does not need to be updated if there is no additional diagnosis being added.

Note: Please ensure you have entered any necessary claim information (found in the other sections)

Previously Entered Line Item Information

Click a Line No. below to view/update that line item

Line No	Service Dates		Proc. Code
	From	To	
1	02/05/2016	02/05/2016	H2019
2	02/26/2016	02/26/2016	H2019

**BASIC SERVICE**

\* Service Date From:    \* Service Date To:

Place of Service:

\* Procedure Code:  Modifiers: 1:  2:  3:  4:

\* Submitted Charges: \$  Diagnosis Pointers: \* 1:  2:  3:  4:

\* Units:  **Update applicable data**

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections)



**Update Service Line Item**

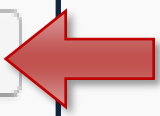
- ◆ Click on **'Update Service Line'**.
- ◆ The service line updates with the new information. *(line #2 shown below)*

**Note:**

Make sure to select **'Update Service Line Item'** rather than **'Add Service Line Item'** unless your adjustment is to add service dates on new lines.

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: \$ 212.50

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	02/05/2016	02/05/2016	H2019					1				85	4		Void or Other Service Info
2	02/26/2016	02/26/2016	H2019					1				127.5	6		Void or Other Service Info



## Adding Service Line Data:

- ◆ Locate and select the claim you wish to update, ([see pgs. 9-12](#))
- ◆ Enter 'Basic Service Line' information,
- ◆ Click on 'Add Service Line'.
- ◆ The new service line appears. (Line #2 shown below)

### BASIC SERVICE LINE ITEMS

\* Service Date From:   
                         
 \* Service Date To:

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

Modifiers: 1:  2:  3:  4:

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

**+ Medicare Crossover Items**

National Drug Code:

**+ Drug Identification**

**+ Prior Authorization**

**+ Additional Services**

Note: Please ensure you have completed all 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: \$ 212.50


Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	02/05/2016	02/05/2016	H2019					1				85	4	Void or Other Service Info
2	02/26/2016	02/26/2016	H2019					1				127.5	6	Void or Other Service Info

## Voiding Service Line Data:

- ◆ Locate and select the claim you wish to update, ([see pgs. 9-12](#))
- ◆ Determine which line needs to be voided in the 'Previously Entered Line Item Information' section,
- ◆ Click 'Void' at the end of the line you wish to remove,

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 212.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	02/05/2016	02/05/2016	H2019					1				85	4		 <a href="#">Void</a> or <a href="#">Other Service Info</a>
2	02/26/2016	02/26/2016	H2019					1				127.5	6		<a href="#">Void</a> or <a href="#">Other Service Info</a>

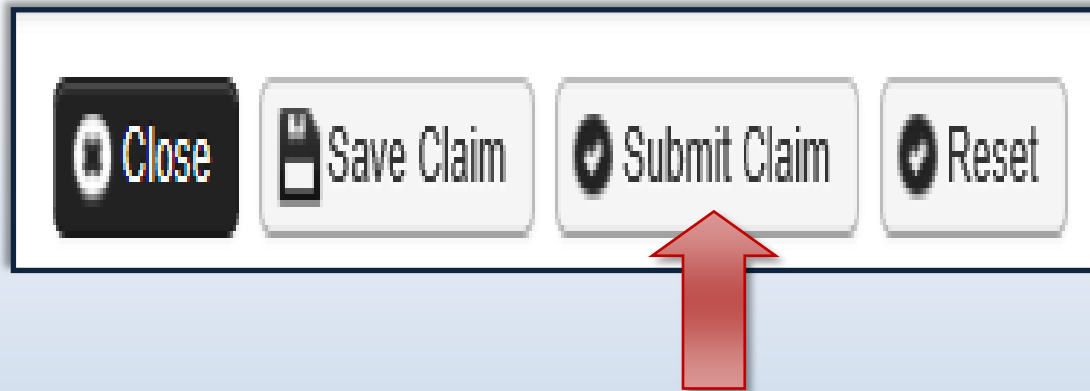
- ◆ The line disappears from the claim, and any subsequent lines will change numbers to match the new order.

# Adjust Claims

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 which allows you 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.*

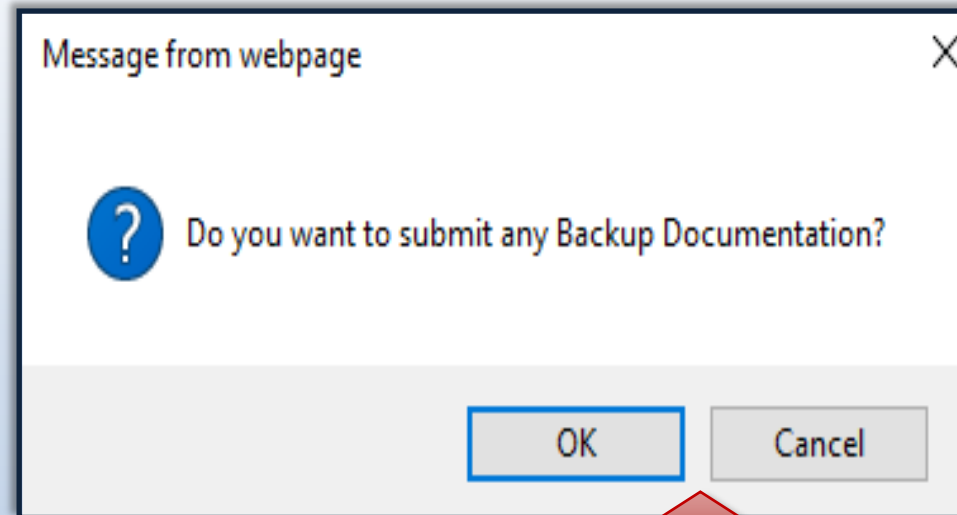
*Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.*

*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 '**Adjust Professional Claim**' page to begin again.*

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'** the **'Adjust Professional Claim Details'** page appears. The adjusted claim will have a new **'TCN'** number. This allows for tracking of the changes made to the original claim.

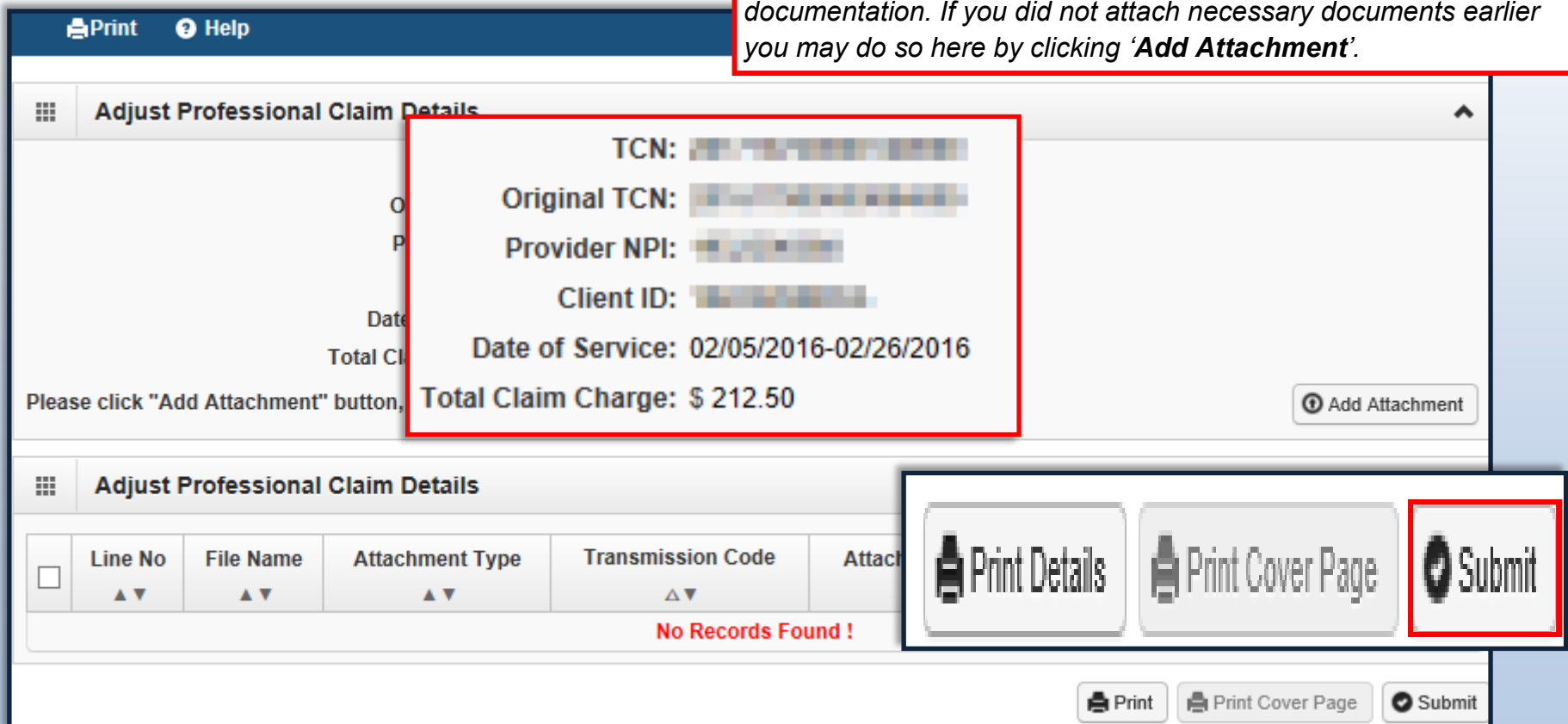
Claim details will include the new **TCN**, **Original TCN**, **Provider NPI**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Click on **'Submit'** to send the adjusted claim to ProviderOne for processing.

**Note:**

*Make sure to click **'Submit'** on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.*

***'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  
**Adjust Professional Claim Details**  
 TCN: [REDACTED]  
 Original TCN: [REDACTED]  
 Provider NPI: [REDACTED]  
 Client ID: [REDACTED]  
 Date of Service: 02/05/2016-02/26/2016  
 Total Claim Charge: \$ 212.50  
 Add Attachment

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

Print Details Print Cover Page **Submit**  
 Print Print Cover Page Submit

## Void Paid Claims

## To Void a Paid Claim:

- ◆ Locate and select the claim you wish to update, ([see pgs. 9-12](#))
- ◆ Check the  box next to the TCN,
- ◆ Click on 'Void Claim'.

### Note:

Voiding a claim results in the payment being taken back by ProviderOne as a Non-Offset Adjustment, if you want it to be taken back as an Offset Adjustment, contact the MACSC call center. The debt/overpayment is sent to OFR. Voiding of claims should only be done with instructions from MACSC. ([See page 7](#))

Close

Adjust

Void Claim

**Provider Claims Adjust Void List**

	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	Child Tcn ▲▼
<input type="checkbox"/>	██████████	02/05/2016	1: For more detailed information, see remittance advice.	\$212.50	\$212.50	██████████	██████████WA	

New Page:  Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

The 'Void Professional Claim' page appears with all the fields greyed out.

- ◆ Please note the specific TCN,
- ◆ To void this claim, click on 'Submit'. (Located near the top left corner of the page.)

The screenshot shows the 'Void Professional Claim' page in the ProviderOne system. At the top, there are navigation elements including 'My Inbox', a user profile 'Terry, Tavares J', and the profile name 'EXT Provider Social Services Medical'. Below this is a breadcrumb trail: 'Provider Portal > Provider Claim Adjust Void Search > Provider Claims Adjust Void List > Void Pro'. The main content area has a 'Close' button and a 'Submit Claim' button, with a red arrow pointing to the latter. The form is divided into several sections: 'VOID INFORMATION' (highlighted with a pink box), 'PROVIDER INFORMATION', and 'SUBSCRIBER/CLIENT INFORMATION'. The 'VOID INFORMATION' section contains a field for '\* Original TCN:'. The 'PROVIDER INFORMATION' section includes fields for '\* Provider NPI:' and '\* Taxonomy Code: 163W00000X', along with two questions: '\* Is the Billing Provider also the Rendering Provider?' (radio buttons for Yes/No) and '\* Is this service the result of a referral?' (radio buttons for Yes/No). The 'SUBSCRIBER/CLIENT INFORMATION' section includes a field for '\* Client ID: [redacted]WA' and two more questions: 'Is this claim for a Baby on Mom's Client ID?' (radio buttons for Yes/No) and '\* Is this a Medicare Crossover Claim?' (radio buttons for Yes/No). At the bottom, there is a section for 'OTHER INSURANCE INFORMATION'.



# Void Paid Claims

The **'Adjust Social Services Claim Detail'** appears. The adjusted claim will have a new **'TCN'** number. This allows for tracking of the changes made to the original claim.

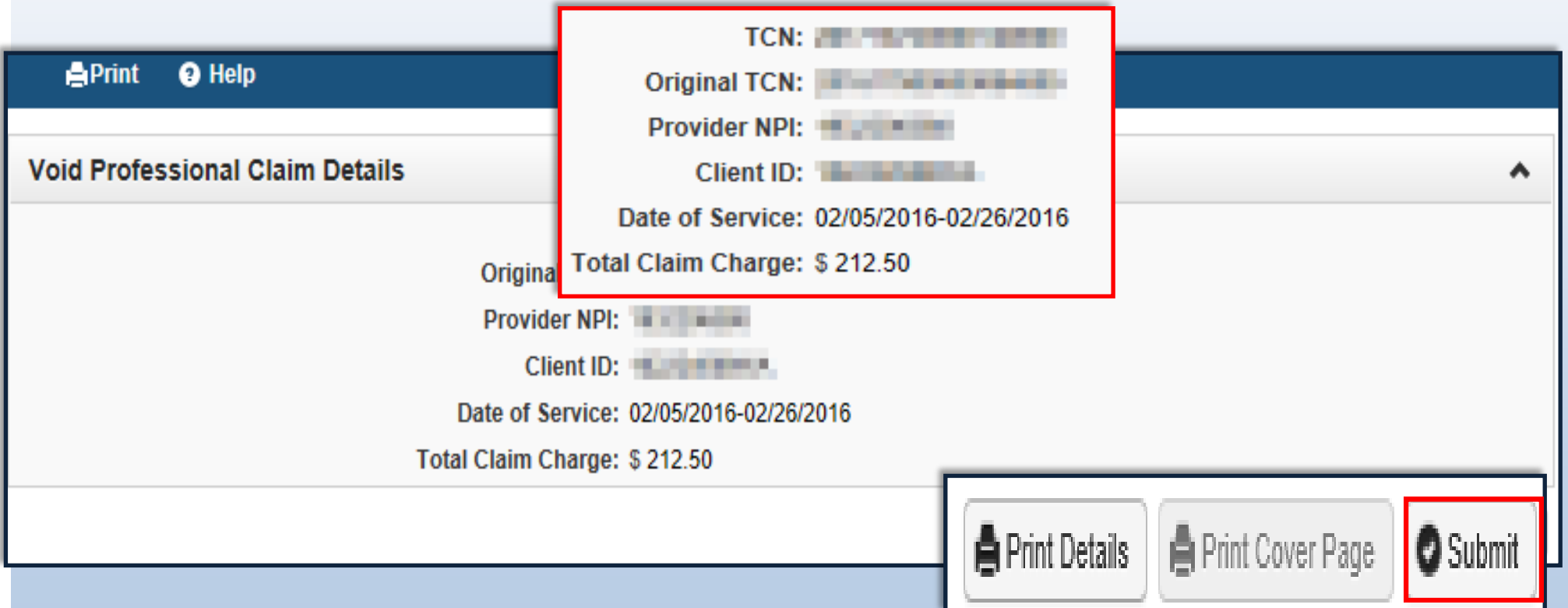
Claim details will include the new **TCN**, **Original TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Click on **'Submit'** to submit the voided claim.

**Note:**

*Make sure to click **'Submit'** on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.*

***'No Records Found!'** refers to attachments such as backup documentation. Social Service providers will not add attachments.*



**Print** **Help**

### Void Professional Claim Details

Original **TCN:** [REDACTED]  
**Original TCN:** [REDACTED]  
**Provider NPI:** [REDACTED]  
**Client ID:** [REDACTED]  
**Date of Service:** 02/05/2016-02/26/2016  
**Total Claim Charge:** \$ 212.50

**Provider NPI:** [REDACTED]  
**Client ID:** [REDACTED]  
**Date of Service:** 02/05/2016-02/26/2016  
**Total Claim Charge:** \$ 212.50

**Print Details** **Print Cover Page** **Submit**

# Resubmit Denied or Voided Claims

To resubmit a denied claim:

- ◆ Login to ProviderOne using the 'EXT Provider Social Services Medical' profile,
- ◆ Click on 'Resubmit Denied/Voiced Claim'.

The screenshot displays the ProviderOne portal interface. At the top, a blue banner with a red border contains the text "Profile: EXT Provider Social Services Medical". Below this, the page title is "Provider Portal". A search bar for "ProviderOne Id/NPI" is visible. The main navigation area includes "Online Services" and "ManageAlerts". A dropdown menu is open under "Claims", listing several options: "Claim Inquiry", "Claim Adjustment/Void", "On-line Claims Entry", "On-line Batch Claims Submission (837)", "Resubmit Denied/Voiced Claim" (highlighted with a red arrow), "Retrieve Saved Claims", "Manage Templates", "Create Claims from Saved Templates", and "Manage Batch Claim Submission". To the right, there are sections for "My Reminders" and "Alert Type".

The 'Provider Claim Model Search' page appears. There are search requirements to be aware of when searching for claims.

The 'Provider NPI' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

- ◆ **TCN** (*Transaction Control Number*) or,
- ◆ **Client ID and Claim Service Period** (*From and To Date*).



**Note:**

*Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.*

**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:

Client ID:

Claim Service Period From:  

Claim Service Period To:  

## Search Using the TCN:

- ◆ Enter the 'TCN',
- ◆ Click on 'Submit'. (Located near the top left corner of the page.)

**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:

Client ID:

Claim Service Period From:

Claim Service Period To:

## Search Using Client ID and Authorization Number:

- ◆ Enter the 'Client ID' (Client ID ends in WA and is found on the authorization) **or**,
- ◆ Enter the 'Authorization Number' and,
- ◆ Enter 'Claim Service Period From' date in MM/DD/YYYY format, (Claim Service To date is optional. Not using this date may return multiple claims.)
- ◆ Click on 'Submit'. (Located near the top left corner of the page.)

The screenshot shows the 'Provider Claim Model Search' interface. At the top, there are 'Close' and 'Submit' buttons. A red arrow points to the 'Submit' button. Below the buttons, the page title is 'Provider Claim Model Search'. A message reads: 'Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit''. Below this, there are four bullet points: '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', and 'Only denied and voided claims satisfying the selection criterion will be returned'. The form fields are: 'Provider NPI: 1932206380', 'TCN: [empty]', 'Client ID: 102224508WA', 'Claim Service Period From: 02/01/2016', and 'Claim Service Period To: Optional'. A red box highlights the 'Claim Service Period To' field, and a red box highlights the 'Client ID' field. A red box also contains the text 'Enter the Client ID and Claim Service Period From' with arrows pointing to the 'Client ID' and 'Claim Service Period From' fields.

The 'Social Service Claims Model List' appears.

### To Resubmit a Denied or Voided Claim:

- ◆ Check the  box next to the 'TCN'.
- ◆ Click on 'Retrieve'.

**Note:**

*The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.*

Close Retrieve

Provider NPI:

**Provider Claims Model List**

	TCN <small>▲▼</small>	Date of Service <small>▲▼</small>	Claim Status <small>▲▼</small>	Claim Charged Amount <small>▲▼</small>	Claim Payment Amount <small>▲▼</small>	Client Name <small>▲▼</small>	Client ID <small>▲▼</small>
<input checked="" type="checkbox"/>	<span style="background-color: #ccc; padding: 2px 20px;"></span>	01/15/2015	1: For more detailed information, see remittance advice.	\$60.00	\$0.00	<span style="background-color: #ccc; padding: 2px 20px;"></span>	<span style="background-color: #ccc; padding: 2px 20px;"></span>

View Page:  Go Page Count SaveToXLS

Viewing Page: 1

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The billing screen appears.

- ◆ The options available for service lines when resubmitting a claim are the same as when adjusting a claim. ([See pgs. 14-18](#))
- ◆ Changes may be needed to other information in the professional claim as well.
- ◆ Common reasons a claim may be denied include:
  - ⇒ Incorrect Taxonomy,
  - ⇒ Missing Social Service Authorization number or authorization is in error status,
  - ⇒ Diagnosis code is too general.

**PROVIDER INFORMATION**

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI:  \* Taxonomy Code:

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

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

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**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**

**Note:**

*You must turn off your pop-up blocker before you begin billing.*

*Asterisks (\*) denote required fields.*

*The billing information is taken directly from the authorization.*

*Exporting the authorization to an Excel file allows you to copy and paste information for accuracy.*

***Check your authorization before each billing.***

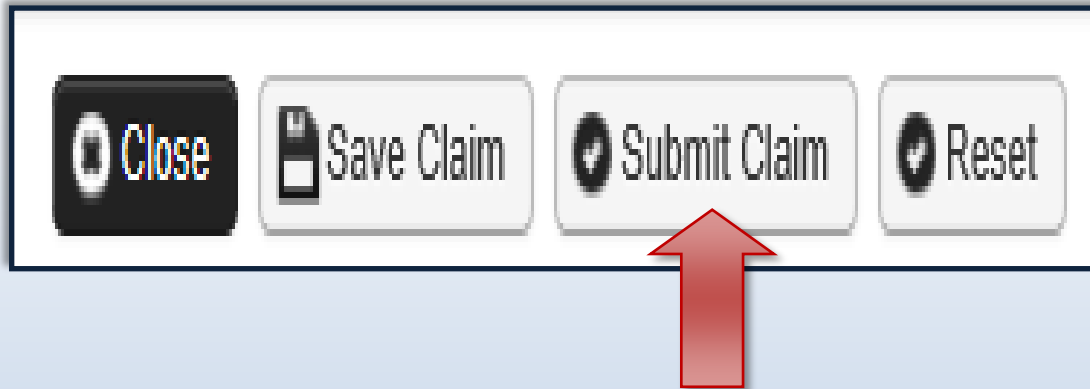
***Authorizations may change.***



Once all 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 which allows you 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.*

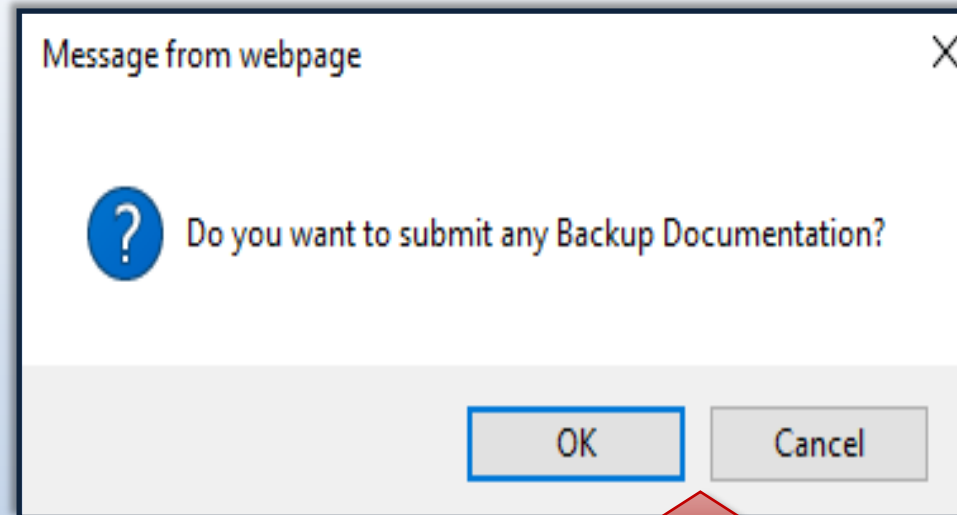
*Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.*

*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.



# Adjust Claims

The **'Submit Professional Claim Details'** page appears. The resubmitted claim will have a new **'TCN'** number. This allows for tracking of the changes made to the original claim.

Click on **'Submit'** to send the adjusted claim to ProviderOne for processing.

**Note:**  
Make sure to click **'Submit'** on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.  
**'No Records Found!'** refers to attachments such as backup documentation. Social Service providers will not add attachments.

Print Help

### Adjust Professional Claim Details

TCN: [REDACTED] ←

Original TCN: [REDACTED]

Provider NPI: [REDACTED]

Client ID: [REDACTED]

Date of Service: 02/05/2016-02/26/2016

Total Claim Charge: \$ 212.50

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

### Adjust Professional Claim Details

Line No	File Name	Attachment Type	Transmission Code
No Records Found			

Print Details Print Cover Page Submit

Print 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