

# ProviderOne Provider System User Manual



## Submitting an Institutional Claim

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### Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation.

Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.

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**Document Number:** WAMMIS-TRAIN-PTM-INSTCLM-06-02

**Last updated on:** January 7, 2012

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# Submitting an Institutional Claim

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Using ProviderOne to Submit an On-line Institutional Claim  
Using Direct Data Entry and Batch Upload

The following ProviderOne tasks and topics are covered in  
this section:

- The ProviderOne On-line Claims Submission Process
- Accessing and Navigating the Institutional Claim Form
- Knowing When Data Entry is Required
- Accessing On-line Billing Instructions
- About Medicare Crossover Claims
- Completing the Basic Claim Info Section
- Saving a Claim and Retrieving a Saved Claim
- Submitting the Claim and Adding Backup Documentation
- Submitting an On-line Institutional Batch Claim

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## The ProviderOne On-line Claims Submission Process

The following section describes the process of submitting an Institutional Claim using ProviderOne Direct Data Entry.

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

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

Each of these steps are covered in detail in the following pages.

Upon successful submission of the claim ProviderOne assigns a Transaction Control Number (TCN) to each claim. The TCN uniquely identifies the claim and is helpful when searching for a claim, and tracking the claim payment.

Claims Submission Final Dialog - Windows Internet Explorer

**Submitted Institutional Claim Details**

TCN: [REDACTED] ←

Provider NPI: [REDACTED]

Client ID: [REDACTED]

Date of Service: 9/9/2009 0:0:0-9/112009 0:0:0

Total Claim Charge: 2514.69

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

**Attachment List:**

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
<input type="checkbox"/>	1	ShowAttachmentServlet.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

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

Print Print Cover Page Ok

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## Accessing and Navigating the Institutional Claim Form

### Accessing the Institutional Claim Form



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



ProviderOne displays the Claim Submission page.

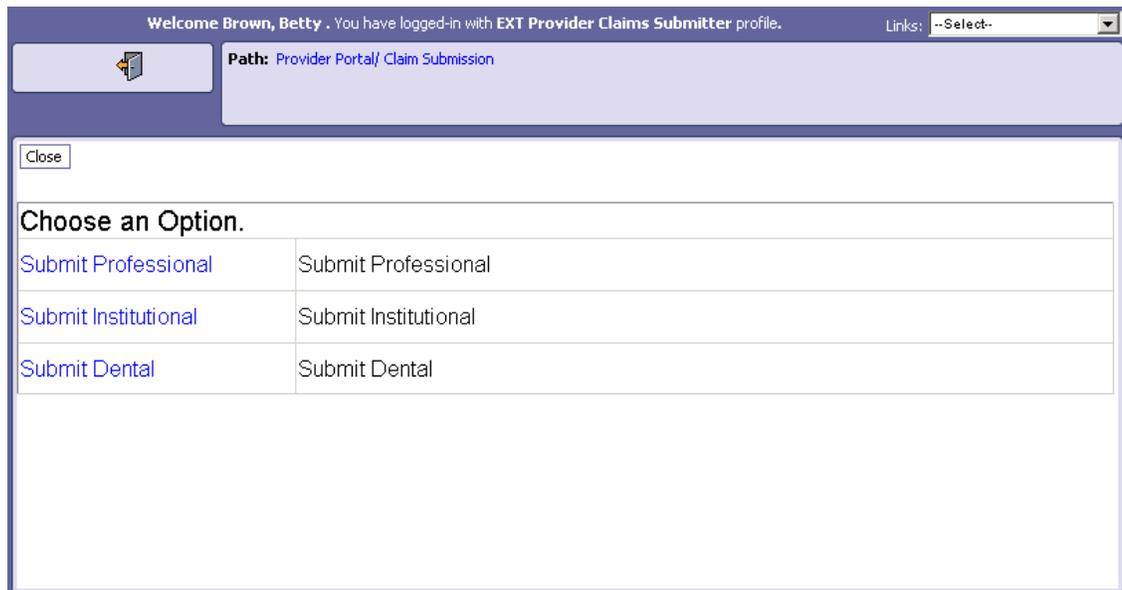


Figure 1 – Claim Submission Page



Select the Submit Institutional hyperlink.

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Choose an Option.	
<a href="#">Submit Professional</a>	Submit Professional
<a href="#">Submit Institutional</a>	Submit Institutional
<a href="#">Submit Dental</a>	Submit Dental



ProviderOne displays the Institutional Claim form.

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

Path: Provider Portal/ Claim Submission/ Submit Institutional Claim

Close Save Claim Submit Claim Reset

**Institutional Claim:**

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

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 2857403

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for providers other than the Billing Providers.

**BILLING PROVIDER**

\* Provider NPI:  \* Taxonomy Code:

Top

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

+ Additional Subscriber/Client Information

Top

**CLAIM INFORMATION**

Go to Other Claim Info to enter additional claim information not displayed on this page.

**CLAIM DATA**

Patient Account No.:

Medical Record Number:

\* Type Of Facility:

\* Bill Classification:

\* Statement Dates: From: mm dd cyy To: mm dd cyy

Figure 2 – Institutional Claim Direct Data Entry Form

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## Navigating the Institutional Claim Form



Navigate to major sections within the form by clicking the links located in the form header, clicking the scroll bar, or clicking the top hyperlinks located throughout the form.

Close Save Claim Submit Claim Reset

**Institutional Claim:**

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

**Basic Claim Info** Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 2857403

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for providers other than the Billing Providers.

**BILLING PROVIDER**

\* Provider NPI:  \* Taxonomy Code:

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

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## Knowing When Data Entry is Required

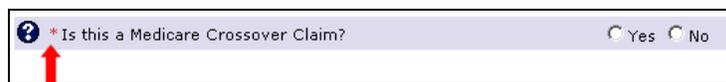
### Required Fields

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



**BILLING PROVIDER**  
\* Provider NPI:  \* Taxonomy Code:   
↑ ↑

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



? \* Is this a Medicare Crossover Claim?  Yes  No  
↑

### Optional and Situational Data Entry Panels

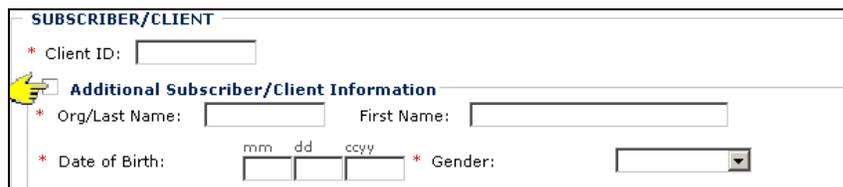
Additional data entry fields are located within expandable  data entry panels.



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

These data entry panels may or may not be necessary depending on the claim being submitted.

Clicking on expander buttons  reveal additional data entry options.



**SUBSCRIBER/CLIENT**  
\* Client ID:   
 **Additional Subscriber/Client Information**  
\* Org/Last Name:  First Name:   
\* Date of Birth:  mm dd cyy \* Gender:

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

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## Accessing Online Billing Instructions



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

<b>Institutional Claim:</b>	
Note: asterisks (*) denote required fields.	
<a href="#">Basic Claim Info</a>	<a href="#">Billing Instructions</a>
<a href="#">Other Claim Info</a>	



ProviderOne displays the external Billing Instructions web page.

### About the Billing Instructions Page

- This page launches in a separate browser window.
- If necessary, keep this window open while completing the Claim Form.

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## About Medicare Crossover Claims

If you are submitting a Medicare Crossover Claim you must answer the following question with a Yes and input the Medicare Claim specific information.

? Is this a Medicare Crossover Claim?  Yes  No

This question appears on the Basic Claim Info form, in the CLAIM INFORMATION, CLAIM DATA section. Answering Yes causes ProviderOne to expand the Medicare Crossover Items area in the CLAIM DATA section (see graphic below).

? \* Is this a Medicare Crossover Claim?  Yes  No

**Medicare Cross Over Items**

Medicare Days Covered:

\* Amount Paid by Medicare: \$       \* Medicare's Inpatient Deductible: \$

\* Medicare Co-insurance: \$       \* Medicare Allowed Amount: \$

\* Medicare Adjudication Date:  mm  dd  ccyy

The following form entry blocks also pertain to Medicare and appear in the OTHER INSURANCE INFORMATION section of CLAIM DATA.

**Medicare Inpatient Adjudication Information**

<p>Covered Days Or Visits Count: <input style="width: 100px;" type="text"/></p> <p>Lifetime Psychiatric Days: <input style="width: 100px;" type="text"/></p> <p>Remark Code: <input style="width: 100px;" type="text"/></p> <p>Claim MSP Pass-Through Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Capital FSP DRG Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Capital DSH DRG Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Capital IME Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Cost Report Day Count: <input style="width: 100px;" type="text"/></p> <p>Claim PPS Capital Outlier Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Non-payable Professional Component Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Remark Code 1: <input style="width: 100px;" type="text"/></p> <p>Remark Code 3: <input style="width: 100px;" type="text"/></p>	<p>Claim DRG Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Claim Disproportionate Share Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Claim PPS Capital Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Capital HSP DRG Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Old Capital Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Operating Hospital Specific DRG Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Operating Federal Specific DRG Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Claim Indirect Teaching Amount: \$ <input style="width: 100px;" type="text"/></p> <p>PPS Capital Exception Amount: \$ <input style="width: 100px;" type="text"/></p> <p>Remark Code 2: <input style="width: 100px;" type="text"/></p> <p>Remark Code 4: <input style="width: 100px;" type="text"/></p>
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<input type="checkbox"/> Medicare Outpatient Adjudication Information			
Reimbursement Rate:	<input type="text"/>	%	HCPCS Payable Amount: \$ <input type="text"/>
Remark Code 1:	<input type="text"/>		Remark Code 2: <input type="text"/>
Remark Code 3:	<input type="text"/>		Remark Code 4: <input type="text"/>
Remark Code 5:	<input type="text"/>		
ESRD Paid Amount:	\$ <input type="text"/>		Professional Component: \$ <input type="text"/>

## Completing the Basic Claim Info Section

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

### PROVIDER INFORMATION

- BILLING PROVIDER

### SUBSCRIBER/CLIENT INFORMATION

- SUBSCRIBER/CLIENT

### CLAIM INFORMATION

- CLAIM DATA
- Is this a Medicare Crossover Claim?
- EPSDT INFORMATION
- CONDITION INFORMATION
- OCCURRENCE INFORMATION
- OCCURRENCE SPAN INFORMATION
- VALUE INFORMATION
- OTHER INSURANCE INFORMATION
- PRIOR AUTHORIZATION
- DIAGNOSIS INFORMATION
- PROCEDURE INFORMATION
- ATTENDING PHYSICIAN INFORMATION
- OTHER PHYSICIAN INFORMATION
- BILLING NOTE

### SERVICE LINE ITEM INFORMATION

- SERVICE LINE ITEMS

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

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## PROVIDER INFORMATION

PROVIDER INFORMATION	
Go to Other Claim Info to enter information for providers other than the Billing Providers.	
<b>BILLING PROVIDER</b>	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>

**Figure 3 - Institutional Claim - PROVIDER INFORMATION**



Enter the Billing Provider NPI and the Billing Provider Taxonomy Code.

<b>BILLING PROVIDER</b>	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>

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SUBSCRIBER/CLIENT INFORMATION



The screenshot shows a form titled "SUBSCRIBER/CLIENT INFORMATION". Below the title is a sub-section "SUBSCRIBER/CLIENT" containing a required field for "Client ID" with a text input box. Below this is a red expandable icon followed by the text "Additional Subscriber/Client Information".

Figure 4 - Institutional Claim - SUBSCRIBER/CLIENT INFORMATION

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



Enter the Client ID.



This is a smaller version of the screenshot above, showing the "SUBSCRIBER/CLIENT" section with the "Client ID" field and the "Additional Subscriber/Client Information" expandable section.



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



The screenshot shows the expanded "Additional Subscriber/Client Information" section. It includes a checkbox for the section title, a required field for "Org/Last Name", a "First Name" field, a "Date of Birth" field with a date picker (mm dd ccy) and a required field for "Gender" with a dropdown menu.

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

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## CLAIM INFORMATION

**CLAIM INFORMATION**

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

**CLAIM DATA**

Patient Account No.:

Medical Record Number:

\* Type Of Facility:

\* Bill Classification:

\* Statement Dates: From:    To:

Admission Date/Hour:    -  :

\* Priority(Type) Admission/Visit:

Point Of Origin Admission/Visit:

Discharge Hour:  :

\* Discharge Status:

\* Total Claim Charge: \$

Patient Est. Amount Due: \$

DRG Code:

? \* Is this a Medicare Crossover Claim?  Yes  No

**+ Additional Claim Data**

Top

- + EPSDT INFORMATION**
- + CONDITION INFORMATION**
- + OCCURRENCE INFORMATION**
- + OCCURRENCE SPAN INFORMATION**
- + VALUE INFORMATION**
- + OTHER INSURANCE INFORMATION**
- + PRIOR AUTHORIZATION**
- + DIAGNOSIS INFORMATION**
- + PROCEDURE INFORMATION**
- + ATTENDING PHYSICIAN INFORMATION**
- + OTHER PHYSICIAN INFORMATION**
- + BILLING NOTE**

**Figure 5 - Institutional Claim - CLAIM INFORMATION**

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Complete the CLAIM DATA section.

CLAIM DATA	
Patient Account No.:	<input type="text"/>
Medical Record Number:	<input type="text"/>
* Type Of Facility:	<input type="text"/>
* Bill Classification:	<input type="text"/>
* Statement Dates:	From: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy To: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy
Admission Date/Hour:	<input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy - <input type="text"/> hh : <input type="text"/> mm
* Priority(Type) Admission/Visit:	<input type="text"/>
Point Of Origin Admission/Visit:	<input type="text"/>
Discharge Hour:	<input type="text"/> hh : <input type="text"/> mm
* Discharge Status:	<input type="text"/>
* Total Claim Charge:	\$ <input type="text"/>
Patient Est. Amount Due:	\$ <input type="text"/>
DRG Code:	<input type="text"/>



If this is a Medicare Crossover Claim, answer the question with Yes and complete the Medicare Cross Over Items segment. Otherwise, answer No.

* Is this a Medicare Crossover Claim? <input type="radio"/> Yes <input type="radio"/> No	
<b>Medicare Cross Over Items</b>	
Medicare Days Covered:	<input type="text"/>
* Amount Paid by Medicare: \$	<input type="text"/>
* Medicare Co-insurance: \$	<input type="text"/>
* Medicare Adjudication Date:	<input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy
* Medicare's Inpatient Deductible: \$	<input type="text"/>
* Medicare Allowed Amount: \$	<input type="text"/>



If necessary, expand and complete the Additional Claim Data.

<input type="checkbox"/> <b>Additional Claim Data</b>	
Delay Reason Code:	<input type="text"/>
Provider Accept Assignment Code:	<input type="text"/>
Benefits Assignment Certification:	<input type="text"/>
Release Of Information Code:	<input type="text"/>
Auto Accident State:	<input type="text"/>



Expand and complete the EPSDT INFORMATION segment.

<input type="checkbox"/> <b>EPSDT INFORMATION</b>	
* Certification Condition Indicator:	<input type="radio"/> Yes <input type="radio"/> No
* Condition 1:	<input type="text"/>
Condition 2:	<input type="text"/>
Condition 3:	<input type="text"/>

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Open and complete the **CONDITION INFORMATION** segment. If more than one Condition Code needs to be entered, click the **Add Another** hyperlink.

<input type="checkbox"/> <b>CONDITION INFORMATION</b>
1 * Condition Code: <input type="text"/> <a href="#">Add Another</a>



Open and complete the **OCCURRENCE INFORMATION** segment. If more than one Occurrence Code is needed, click the **Add Another** hyperlink.

<input type="checkbox"/> <b>OCCURRENCE INFORMATION</b>
1 * Occurrence Code: <input type="text"/> * Occurrence Date: <input type="text"/> <a href="#">Add Another</a>



Open and complete the **OCCURRENCE SPAN INFORMATION** segment. If more than one Occurrence Code Span is needed, click the **Add Another** hyperlink.

<input type="checkbox"/> <b>OCCURRENCE SPAN INFORMATION</b>
1 * Occurrence Code: <input type="text"/> * From Date: <input type="text"/> <input type="text"/> <input type="text"/> * Through Date: <input type="text"/> <a href="#">Add Another</a>



Open and complete the **VALUE INFORMATION** segment. Click the **Add Another** hyperlink to add multiple Value Codes.

<input type="checkbox"/> <b>VALUE INFORMATION</b>
1 * Value Code: <input type="text"/> * Value Amount: \$ <input type="text"/> <a href="#">Add Another</a>



Open the **OTHER INSURANCE INFORMATION** segment. To enter payer information, click the **OTHER PAYER INSURANCE INFORMATION** hyperlink. Click the **Add Another** hyperlink to add information about additional payers.

<input type="checkbox"/> <b>OTHER INSURANCE INFORMATION</b>
<input checked="" type="checkbox"/> 1 <b>OTHER PAYER INSURANCE INFORMATION</b>
<a href="#">Add Another</a>

Complete this segment if the client has additional insurance coverage other than Medicare or Medicare Advantage plans.



Open the **OTHER PAYER INSURANCE INFORMATION** segment.

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**1 OTHER PAYER INSURANCE INFORMATION**  
 \* Payer/Insurance Organization Name:   
 **Additional Other Payer Information**  
 Claim Check or Remittance Date:  mm  dd  ccy  
 Number Type:  PA/Referral No.:   
 Payer Claim Adjustment:  Yes  No  
 **Secondary ID Information**  
 **COB Monetary Amounts**  
 **Other Subscriber Information**  
 **Other Insurance Coverage**  
 **Medicare Inpatient Adjudication Information**  
 **Medicare Outpatient Adjudication Information**  
 **Secondary ID Information**  
 **CLAIM LEVEL ADJUSTMENTS**  
 **OTHER PAYER OPERATING PROVIDER**  
 **OTHER PAYER BILLING PROVIDER**  
 **OTHER PAYER OTHER PROVIDER**  
 **OTHER PAYER ATTENDING PROVIDER**  
 **OTHER PAYER SERVICE FACILITY PROVIDER**



Enter the Payer/Insurance Organization Name.

Open and complete the Additional Other Payer Information segment.

**Additional Other Payer Information**  
 \* ID:  \* ID Type:   
 Address Line 1:  Address Line 2:   
 City:  State:   
 Zip Code:  Country:



Complete the additional data entry fields.

Claim Check or Remittance Date:  mm  dd  ccy  
 Number Type:  PA/Referral No.:   
 Payer Claim Adjustment:  Yes  No



Open and complete the Secondary ID Information segment.

**Secondary ID Information**  
 1 \* ID Type:  \* ID Number:   
 2 ID Type:  ID Number:



Open and complete the COB Monetary Amounts segment.

**COB Monetary Amounts**  
 COB Payer Paid Amount:   
 **Additional COB Monetary Amounts**



Open and complete the Additional COB Monetary Amounts segment.

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**Additional COB Monetary Amounts**  
Non-Covered Charge Amount: \$  Remaining Patient Liability Amount: \$



Open and complete the Other Subscriber Information segment.

**Other Subscriber Information**  
Subscriber Member ID:   
Subscriber Last Name:  First Name:  MI:  Suffix:   
Insured's Group or Policy Number:  Insured's Group or Plan Name:   
 **Additional Other Subscriber Information**



Open and complete the Additional Other Subscriber Information segment.

**Additional Other Subscriber Information**  
Entity Qualifier:   
Address Line 1:  Address Line 2:   
City:  State:   
Zip Code:  Country:   
Relation to Individual:   
Claim Filing Code:   
\* Payer Responsibility Sequence Number:

**NOTE: Other subscriber information is useful if Medicaid is unaware of the private insurance, otherwise it is not necessary to complete.**



Open and complete the Other Insurance Coverage segment.

**Other Insurance Coverage**  
Benefits Assignment Certification:   
Release Of Information Code:



Open and complete the Medicare Adjudication Information segment.

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<input type="checkbox"/> Medicare Inpatient Adjudication Information			
Covered Days Or Visits Count:	<input type="text"/>	Claim DRG Amount:	\$ <input type="text"/>
Lifetime Psychiatric Days:	<input type="text"/>	Claim Disproportionate Share Amount:	\$ <input type="text"/>
Remark Code:	<input type="text"/>	Claim PPS Capital Amount:	\$ <input type="text"/>
Claim MSP Pass-Through Amount:	\$ <input type="text"/>	PPS Capital HSP DRG Amount:	\$ <input type="text"/>
PPS Capital FSP DRG Amount:	\$ <input type="text"/>	Old Capital Amount:	\$ <input type="text"/>
PPS Capital DSH DRG Amount:	\$ <input type="text"/>	PPS Operating Hospital Specific DRG Amount:	\$ <input type="text"/>
PPS Capital IME Amount:	\$ <input type="text"/>	PPS Operating Federal Specific DRG Amount:	\$ <input type="text"/>
Cost Report Day Count:	<input type="text"/>	Claim Indirect Teaching Amount:	\$ <input type="text"/>
Claim PPS Capital Outlier Amount:	\$ <input type="text"/>	PPS Capital Exception Amount:	\$ <input type="text"/>
Non-payable Professional Component Amount:	\$ <input type="text"/>	Remark Code 1:	<input type="text"/>
Remark Code 1:	<input type="text"/>	Remark Code 2:	<input type="text"/>
Remark Code 3:	<input type="text"/>	Remark Code 4:	<input type="text"/>



Open and complete the Medicare Outpatient Adjudication Information segment.

<input type="checkbox"/> Medicare Outpatient Adjudication Information			
Reimbursement Rate:	<input type="text"/> %	HCPCS Payable Amount:	\$ <input type="text"/>
Remark Code 1:	<input type="text"/>	Remark Code 2:	<input type="text"/>
Remark Code 3:	<input type="text"/>	Remark Code 4:	<input type="text"/>
Remark Code 5:	<input type="text"/>		
ESRD Paid Amount:	\$ <input type="text"/>	Professional Component:	\$ <input type="text"/>



Open and enter Secondary ID Information.

<input type="checkbox"/> Secondary ID Information			
1	* ID Type: <input type="text"/>	* ID Number: <input type="text"/>	
2	ID Type: <input type="text"/>	ID Number: <input type="text"/>	



Open and complete the CLAIM LEVEL ADJUSTMENTS segment.

<input type="checkbox"/> CLAIM LEVEL ADJUSTMENTS						
1	* Group Code :	<input type="text"/>	* Reason Code :	<input type="text"/>	* Amount : <input type="text"/>	Quantity : <input type="text"/>
2	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
3	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
4	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
5	Group Code :	<input type="text"/>	Reason Code :	<input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>



Enter Other Provider Information.

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**OTHER PAYER OPERATING PROVIDER**  
Provider NPI:

**OTHER PAYER BILLING PROVIDER**  
Provider NPI:

**OTHER PAYER OTHER PROVIDER**  
Provider NPI:

**OTHER PAYER ATTENDING PROVIDER**  
Provider NPI:

**OTHER PAYER SERVICE FACILITY PROVIDER**  
Provider NPI:



Open and complete the PRIOR AUTHORIZATION segment.

**PRIOR AUTHORIZATION**

1. \* Prior Authorization Number:

2. Prior Authorization Number:



Open and complete the DIAGNOSIS INFORMATION segment. Use the Add Another hyperlink to add multiple E-Codes.

**DIAGNOSIS INFORMATION**

\* Principal Diagnosis Code:  Present On Admission:

Admitting Diagnosis Code:

1 \* E-Code:  Present On Admission:  [Add Another](#)

Reason For Visit: 1:  2:  3:

**NOTE: Do not use decimals or spaces when entering Diagnosis Codes.**



Open and complete the Other Diagnosis Information segment.

**Other Diagnosis Information**

1 \* Other Diagnosis Code:  Present On Admission:  [Add Another](#)



Open and complete the PROCEDURE INFORMATION segment.

**PROCEDURE INFORMATION**

\* Principal Procedure Code:  Procedure Date:



If additional Procedure Codes must be entered, open and complete the Other Procedure Information segment. Use the Add Another hyperlink to add multiple codes.

**Other Procedure Information**

1 \* Other Procedure Code:  Procedure Date:    [Add Another](#)

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Open and complete the ATTENDING PHYSICIAN INFORMATION segment.

**ATTENDING PHYSICIAN INFORMATION**

\* Provider NPI:  Taxonomy Code:



Open and complete the OTHER PHYSICIAN INFORMATION segment.

**OTHER PHYSICIAN INFORMATION**

Provider NPI:



Open and complete the BILLING NOTE segment.

**BILLING NOTE**

\* Type Code:

\* Note:

characters remaining:

## SERVICE LINE ITEM INFORMATION

**SERVICE LINE ITEM INFORMATION**

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

---

**Service Line Items**

\* Revenue Code:

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

Service Date/First Date of Service:  mm  dd  ccyy

Last Date of Service:  mm  dd  ccyy

\* Service Units:

\* Total Line Charges: \$  Non-covered Line Charges: \$

Line Item Control Number:

**Medicare Crossover Items**

National Drug Code:

**Drug Identification**

**Additional Service Line Information**

---

**Previously Entered Line Item Information**

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges
			1	2	3	4	From	To			

**Figure 6 - Institutional Claim - SERVICE LINE ITEM INFORMATION**



Complete the Service Line Items section.

**Service Line Items**

\* Revenue Code:

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

Service Date/First Date of Service:  mm  dd  ccyy

Last Date of Service:  mm  dd  ccyy

\* Service Units:

\* Total Line Charges: \$  Non-covered Line Charges: \$

Line Item Control Number:



If this is a Medicare Crossover Claim Line Item, open and complete the Medicare Crossover Items segment.

**Medicare Crossover Items**

\* Medicare Deductible: \$  \* Medicare Coinsurance: \$

\* Medicare Paid: \$

\* Medicare Paid Date:  mm  dd  ccyy



If necessary, enter a National Drug Code. Open and complete the Drug Identification segment.

# ProviderOne Provider System User Manual

National Drug Code:

**Drug Identification**

\* Unit Code:  \* National Drug Unit Count:

Prescription or Compound Drug Association Number:



Open and complete the Additional Service Line Information segment.

**Additional Service Line Information**

Sales Tax Amount:  Facility Tax Amount:

## Adding the Service Line Item to the Claim

All other claim information should be completed before adding the Service Line Item to the claim.



Click the Add Service Line Item button.



ProviderOne adds the line item to the claim and shifts to the top of the claim form.



To view the new line item, click the Service tab.

**Institutional Claim:**

Note: asterisks (\*) denote required fields.

**Basic Claim Info** | Other Claim Info

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



ProviderOne displays the SERVICE LINE ITEM INFORMATION section. All previously entered line item data has been cleared from the form. The service line item has been added to the Previously Entered Line Item Information table.

**Previously Entered Line Item Information**

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0120							2	1710	0	<a href="#">Delete or Other Service Info</a>	



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

## Updating a Service Line Item



To update a service line item, click the hyperlink in the Line No column for the service line item to be updated.

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
<a href="#">1</a>	0120								2	1710	0	<a href="#">Delete or Other Service Info</a>
<a href="#">2</a>	0250c1X								2	85		<a href="#">Delete or Other Service Info</a>



ProviderOne returns to the top of the claim form.



Click the Service tab to return to the SERVICE LINE ITEM INFORMATION section.

**Institutional Claim:**

Note: asterisks (\*) denote required fields.

Basic Claim Info    Other Claim Info

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



After editing existing data and/or adding additional data, click the Update Service Line Item button.

Add Service Line Item    **Update Service Line Item**

## Deleting a Service Line Item



Click the Delete hyperlink of the Service Line Item you want to delete.

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

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
<a href="#">1</a>	0120								2	1710	0	<a href="#">Delete or Other Service Info</a>

# ProviderOne Provider System User Manual

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## **Saving the Claim and Retrieving a Saved Claim**

### Requirements for Saving an Institutional Claim

The following Institutional Claim Form data entry elements must be completed before a claim can be saved:

#### PROVIDER INFORMATION

- Billing Provider NPI
- Billing Provider Taxonomy

#### SUBSCRIBER/CLIENT

- Client ID

Entering the Client ID will not automatically populate the first and last name field. If you want to see the client's last name on the saved claim list you will need to expand the Additional Subscriber/Client Information segment and enter the client's name.

#### CLAIM INFORMATION

- Is this a Medicare Crossover Claim?

#### SERVICE LINE ITEM INFORMATION

- Line Items are not required for saving a claim.
- To include line items in a saved claim, the line item must be added to the claim using standard claim data entry steps.

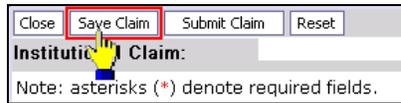
Required data entry fields that appear as a result of answering claim form questions must be completed before the claim can be saved.

## Saving the Claim

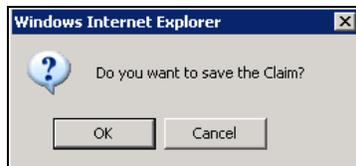


Complete all required data entry.

Click the Save Claim button.



ProviderOne displays the following confirmation dialog.



Click OK to proceed or Cancel to return to the claim form.

If necessary, correct any missing data or invalid data entry errors identified by ProviderOne.



If no data entry errors or missing data are detected ProviderOne saves the claim and closes the claim form.

# ProviderOne Provider System User Manual

## Retrieving a Saved Claim



From the Provider Portal, click the Retrieve Saved Claims hyperlink.



ProviderOne displays the Saved Claims List.

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

Figure 7 – Saved Claims List



Click the Link icon to retrieve a claim.

<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/>	▶	552233661	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	552233661	[REDACTED]	[REDACTED]	BobS



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



Continue with Institutional Claim data entry.

# ProviderOne Provider System User Manual

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Once a saved claim has been retrieved and submitted it will be removed from the Saved Claims List.

For more information on managing the Saved Claims List, see the Managing Claims Provider System User Manual.

## Submitting the Claim and Adding Backup Documentation

### Submitting the Claim



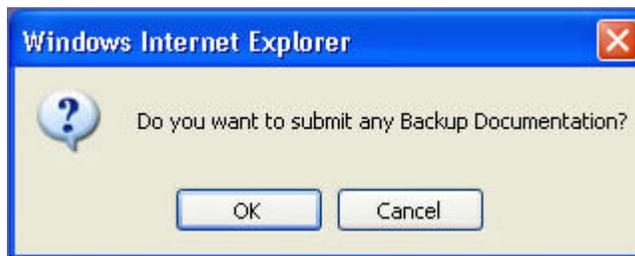
Click the Submit Claim button.



The screenshot shows a web form with buttons for 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. The 'Submit Claim' button is highlighted with a red box and a yellow mouse cursor. Below the buttons, the text reads 'Institutional Claim:' followed by a note: 'Note: asterisks (\*) denote required fields.' There are two tabs: 'Basic Claim Info' (selected) and 'Other Claim Info'. At the bottom, there are links for 'Billing Provider', 'Subscriber', 'Claim', and 'Service'.



ProviderOne displays the following prompt.



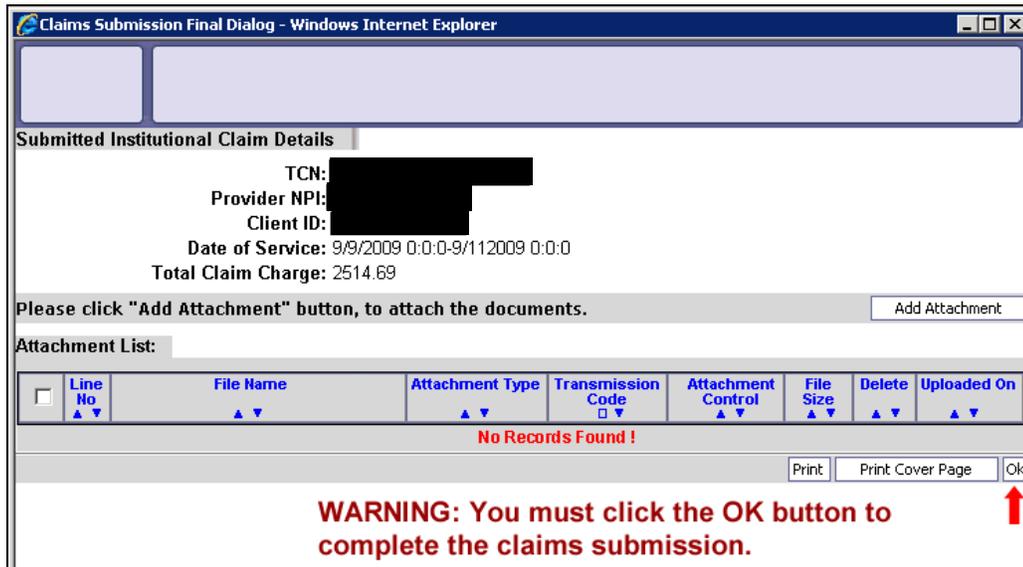
Click OK to display the Claim Backup Documentation form.



Click the Cancel button if there is no backup documentation.



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



Submitted Institutional Claim Details

TCN: [REDACTED]  
 Provider NPI: [REDACTED]  
 Client ID: [REDACTED]  
 Date of Service: 9/9/2009 0:0:0-9/11/2009 0:0:0  
 Total Claim Charge: 2514.69

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

Attachment List:

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

**WARNING: You must click the OK button to complete the claims submission.**

**Figure 8 - Submitted Institutional Claim Details**



To print this information, click Print.

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

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

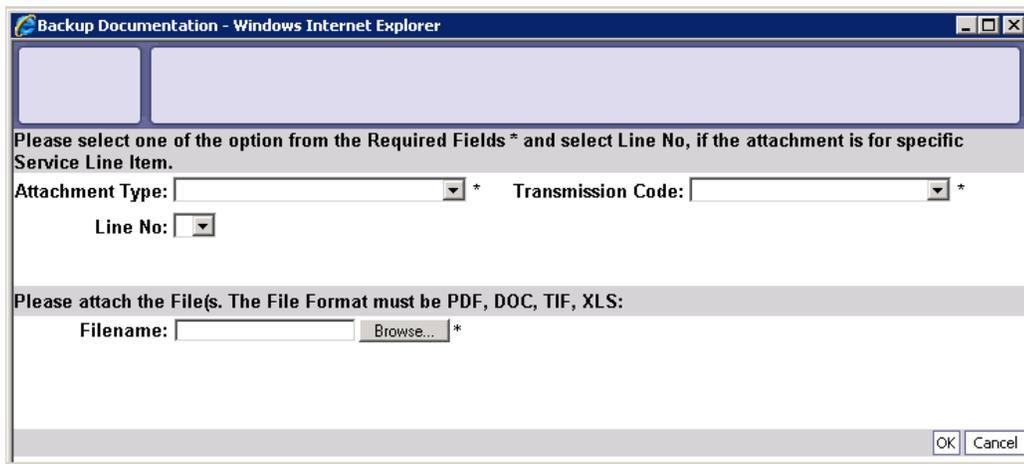
## Submitting Claims Backup Documentation

If you responded OK to the Internet Explorer prompt after clicking the Submit Claim button, ProviderOne displays the Claims Backup Documentation form.



To submit additional backup documentation, click the Add Attachment button.

ProviderOne displays the Claims Backup Documentation form.



The screenshot shows a web browser window titled "Backup Documentation - Windows Internet Explorer". The form contains the following elements:

- A header bar with a blue background.
- A text instruction: "Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item."
- Two dropdown menus: "Attachment Type:" and "Transmission Code:", both marked with an asterisk (\*).
- A "Line No:" dropdown menu.
- A text instruction: "Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:"
- A "Filename:" text input field followed by a "Browse..." button, marked with an asterisk (\*).
- At the bottom right, there are "OK" and "Cancel" buttons.

**Figure 9 - Claims Backup Documentation**



Select the Attachment Type and Transmission Code.

### **If the Transmission Code is BM: By Mail**



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

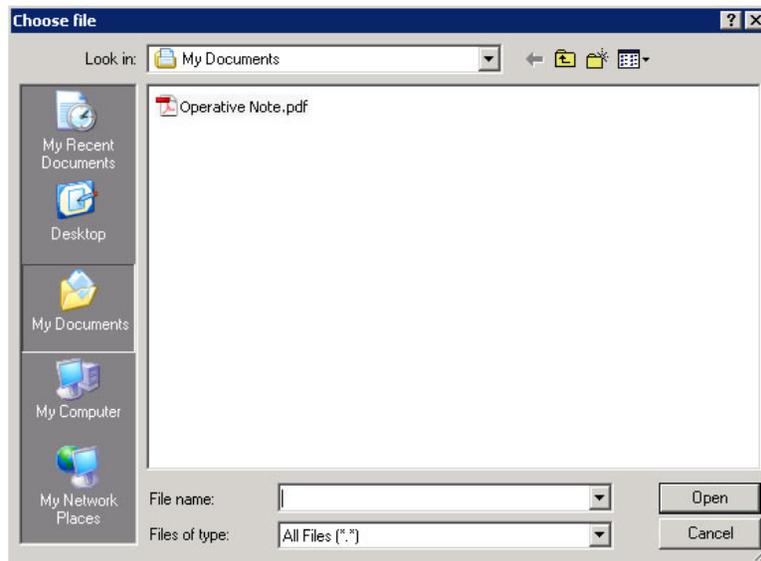
### **If the Transmission Code is EL: Electronically Only**



Click the Browse button.



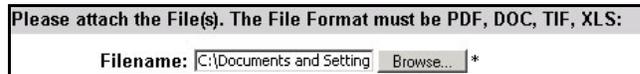
ProviderOne displays a Windows Choose File dialog.



Select the file to attach and click the Open button.



ProviderOne displays the file in the Filename field.



Click the OK button.



ProviderOne generates a TCN and displays the Submitted Institutional Claim Details page. The new attachment appears in the attachment list.



To print this information click Print.



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

Claims Submission Final Dialog - Windows Internet Explorer

**Submitted Institutional Claim Details**

TCN: [REDACTED]  
 Provider NPI: [REDACTED]  
 Client ID: [REDACTED]  
 Date of Service: 9/9/2009 0:0:0-9/11/2009 0:0:0  
 Total Claim Charge: 2514.69

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

**Attachment List:**

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
<input type="checkbox"/>	1	ShowAttachmentServelt.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

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

Print Print Cover Page **OK**

**WARNING: You must click the OK button to complete the claims submission.**

Figure 10 - Submitted Institutional Claim Details

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

## Printing the Attachment Cover Page



Click the Print Cover Page button.



ProviderOne displays a PDF preview of the Cover Page.



Fill in the information required, print this cover page, and include with mailed attachments.

**NOTE:** After entering data into a field on the form, you must press the tab key or click outside of a data field to update the bar code with the date entered. Updated bar codes will be wider than bar codes that have not been updated.

**DO NOT** use previously saved cover pages, each page has a bar coding unique to the current claim.

## Printing the Claim Details



To print a copy of the claim, click the Print button.



ProviderOne displays a PDF preview of the claim details.



Print or Save this PDF file.

## Submitting an Online Batch Claim

### Before Uploading Your Document

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

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

The file you are uploading must be less than or equal to 50MB in size.

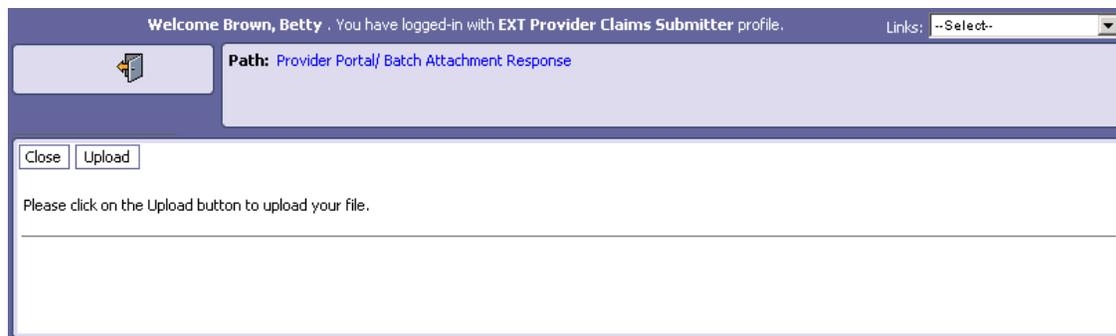
### Accessing the Batch Attachment Response Page



From the Provider Portal, click the On-line Batch Claims Submission (837) link.



ProviderOne displays the Batch Attachment Response page.



**Figure 11 - Batch Attachment Response**



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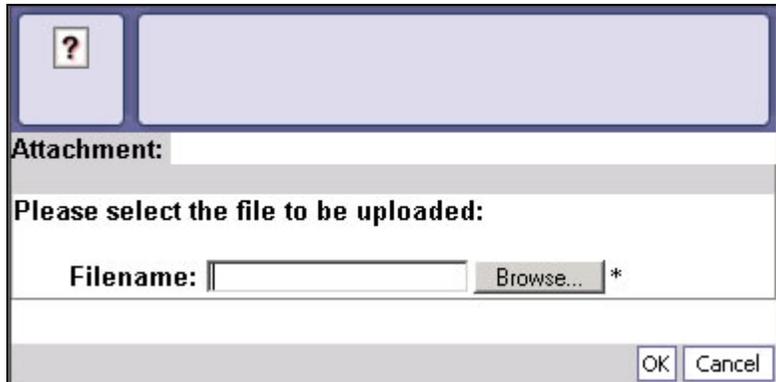
## Submitting the Document



Click the Upload button.



ProviderOne displays the Attachment page.



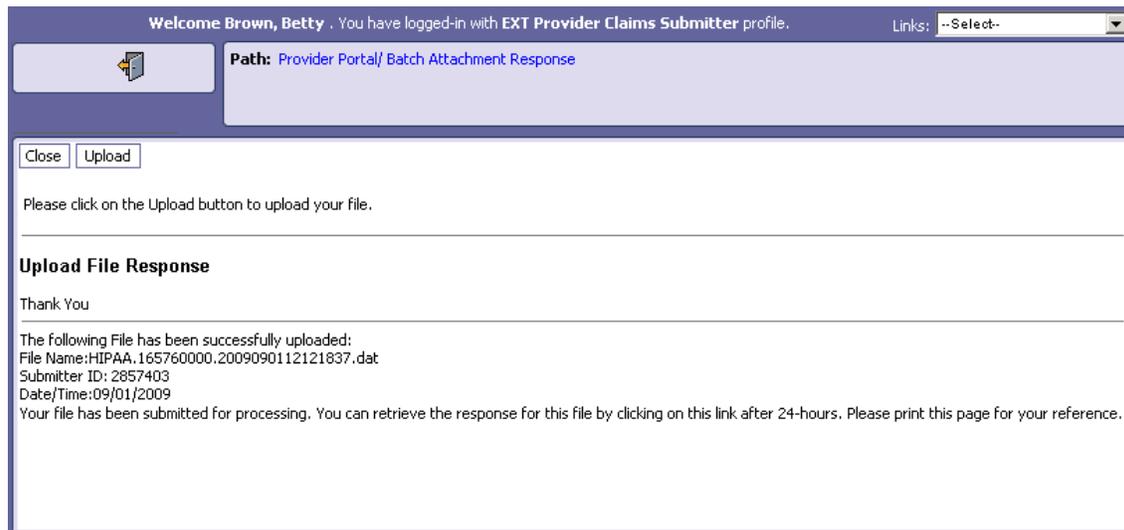
**Figure 12 - Attachment**



Click the Browse button, select the file to upload, and click the OK button.



If the Upload was successful, ProviderOne displays the Upload File Response.



**Figure 13 - HIPAA Batch Response – Upload File Response**



Click the Close button.

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# Appendix

Other Claim Info and Other Service Line Info sections are not required for Direct Data Entry Claims submission using ProviderOne.

This section is for reference only.

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## Completing the Other Claim Info Section

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

### CLAIM INFORMATION

- MISCELLANEOUS CLAIM

### SPECIALIZED SERVICES INFORMATION

- CLAIM NOTE
- TREATMENT CODE INFORMATION
- OPERATING PHYSICIAN
- RENDERING PHYSICIAN
- REFERRING PHYSICIAN

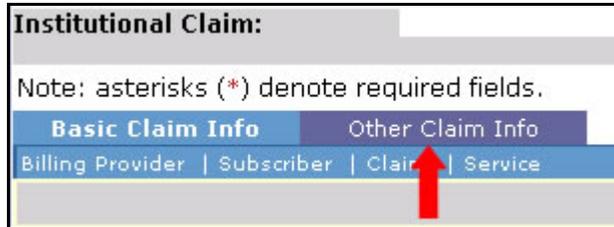
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## Accessing Other Claim Info

You must complete the Basic Info form before you can access the Other Claim Info form.



Access the Other Claim Info form by clicking the Other Claim Info tab.



**Institutional Claim:**

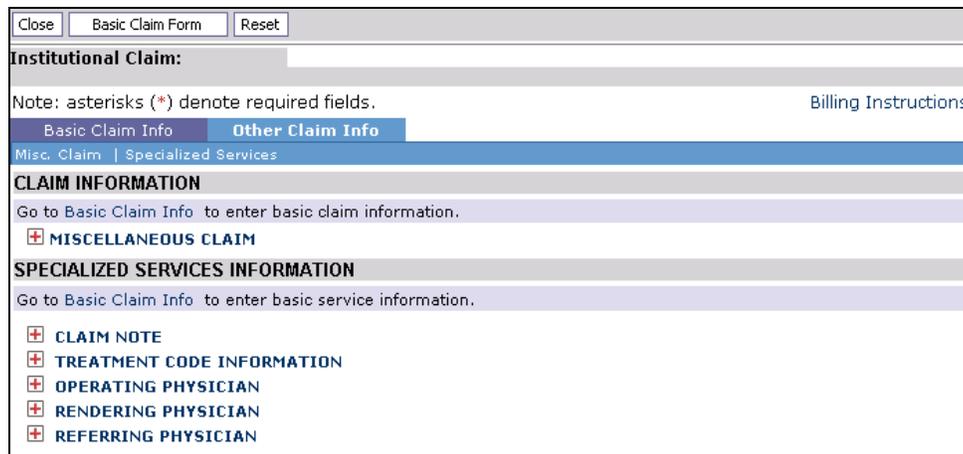
Note: asterisks (\*) denote required fields.

Basic Claim Info | **Other Claim Info**

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



ProviderOne displays the Other Claim Info form.



Close Basic Claim Form Reset

**Institutional Claim:**

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

Basic Claim Info | **Other Claim Info**

Misc. Claim | Specialized Services

**CLAIM INFORMATION**

Go to Basic Claim Info to enter basic claim information.

+ MISCELLANEOUS CLAIM

**SPECIALIZED SERVICES INFORMATION**

Go to Basic Claim Info to enter basic service information.

+ CLAIM NOTE

+ TREATMENT CODE INFORMATION

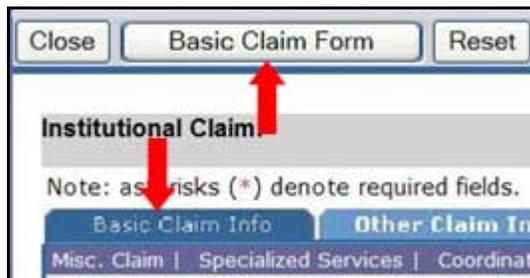
+ OPERATING PHYSICIAN

+ RENDERING PHYSICIAN

+ REFERRING PHYSICIAN



After completing the form, return to the Basic Claim Info form by clicking the Basic Claim Info tab or Basic Claim Form button.



Close **Basic Claim Form** Reset

**Institutional Claim**

Note: asterisks (\*) denote required fields.

Basic Claim Info | Other Claim Info

Misc. Claim | Specialized Services | Coordinat



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## CLAIM INFORMATION

**CLAIM INFORMATION**

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

MISCELLANEOUS CLAIM

**Figure 14 - Institutional Claim - CLAIM INFORMATION**

### Enter MISCELLANEOUS CLAIM

**MISCELLANEOUS CLAIM**

Investigational Device Exemption ID:

Demonstration Project ID:

File Information:

**SERVICE AUTHORIZATION INFORMATION**

**SERVICE FACILITY**

**MISCELLANEOUS CLAIM**

Investigational Device Exemption ID:

Demonstration Project ID:

File Information:

**SERVICE AUTHORIZATION INFORMATION**

Service Authorization Exception Code:

Peer Review Authorization Number:

**SERVICE FACILITY**

Provider NPI:

## SPECIALIZED SERVICES INFORMATION

**SPECIALIZED SERVICES INFORMATION**

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

- CLAIM NOTE
- TREATMENT CODE INFORMATION
- OPERATING PHYSICIAN
- RENDERING PHYSICIAN
- REFERRING PHYSICIAN

**Figure 15 - Institutional Claim - Other Claim Info - SPECIALIZED SERVICES INFORMATION**

### Enter CLAIM NOTE

CLAIM NOTE

\* Type Code:

\* Note:

characters remaining:

### Enter TREATMENT CODE INFORMATION

TREATMENT CODE INFORMATION

\* Treatment Code 1:

Treatment Code 2:

Treatment Code 3:

Treatment Code 4:

Treatment Code 5:

Treatment Code 6:

Treatment Code 7:

Treatment Code 8:

Treatment Code 9:

Treatment Code 10:

Treatment Code 11:

Treatment Code 12:

### Enter OPERATING PHYSICIAN

OPERATING PHYSICIAN

Provider NPI:

## Enter RENDERING PHYSICIAN

<input type="checkbox"/> <b>RENDERING PHYSICIAN</b>
Provider NPI: <input type="text"/>

## Enter REFERRING PHYSICIAN

<input type="checkbox"/> <b>REFERRING PHYSICIAN</b>
Provider NPI: <input type="text"/>

## Completing the Other Service Info Section

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

### SERVICE LINE PROVIDER INFORMATION

- OPERATING PHYSICIAN INFORMATION
- OTHER OPERATING PHYSICIAN INFORMATION
- RENDERING PROVIDER INFORMATION
- REFERRING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO

This page is intentionally blank.

## Accessing Other Service Info

Other Service Info is applied to individual Service Lines.



To open the Other Service Info form for an individual Service Line, click the Other Service Info hyperlink for the Service Line.

Previously Entered Line Item Information											
Click a Line No. below to view/update that Line Item Information.											
Line No	Rev. Code	Proc. Code	Modifiers			Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From				
1	0120							2	1710		Delete or Other Service Info

↑



ProviderOne displays the Other Service Info form.

SERVICE LINE PROVIDER INFORMATION
Go to Basic Claim Info to enter basic service line information.
<input type="checkbox"/> OPERATING PHYSICIAN INFORMATION
<input type="checkbox"/> OTHER OPERATING PHYSICIAN INFORMATION
<input type="checkbox"/> RENDERING PROVIDER INFORMATION
<input type="checkbox"/> REFERRING PROVIDER INFORMATION
<input type="checkbox"/> SERVICE LINE ADJUDICATION INFO

This page is intentionally blank.

## OTHER SERVICE LINE INFORMATION

**SERVICE LINE PROVIDER INFORMATION**

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

- OPERATING PHYSICIAN INFORMATION
- OTHER OPERATING PHYSICIAN INFORMATION
- RENDERING PROVIDER INFORMATION
- REFERRING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO

**Figure 16 - Institutional Claim - OTHER SERVICE LINE INFORMATION**

### Enter Physician and Provider Information

**OPERATING PHYSICIAN INFORMATION**

Provider NPI:

---

**OTHER OPERATING PHYSICIAN INFORMATION**

Provider NPI:

---

**RENDERING PROVIDER INFORMATION**

Provider NPI:

---

**REFERRING PROVIDER INFORMATION**

Provider NPI:

### Enter SERVICE LINE ADJUDICATION INFO

**SERVICE LINE ADJUDICATION INFO**

**1 SERVICE LINE ADJUDICATION**

[Add Another](#)

**SERVICE LINE ADJUDICATION INFO**

**1 SERVICE LINE ADJUDICATION**

*Other Payer Primary ID: <input type="text"/>	*Service Line Paid Amount: \$ <input type="text"/>
*Claim Check or Remittance Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy	*Paid Service Line Unit Count: <input type="text"/>
Procedure Qualifier: <input type="text"/>	Procedure Code: <input type="text"/>
Procedure Code Description: <input type="text"/>	Bundled Line Number: <input type="text"/>
Procedure Code Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>	
*Revenue Code: <input type="text"/>	
Remaining Patient Liability Amount: <input type="text"/>	

**SERVICE ADJUSTMENT**

**SERVICE ADJUSTMENT**

1	* Group Code : <input type="text"/>	* Reason Code : <input type="text"/>	* Amount : <input type="text"/>	Quantity : <input type="text"/>
2	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
3	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
4	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
5	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>