



Operational instructional series:

Direct Data Entry of a Institutional Claim

**Presented by the Provider Relations Team
Office of the Chief Medical Officer
Washington Medicaid
10-14-2011**



How to submit a Direct Data Entry Institutional claim in ProviderOne

- The object of this presentation is to take a provider step by step through the process of submitting an institutional claim directly into ProviderOne.
- This presentation will only utilize fields that would be required to process the claim in ProviderOne.
- This presentation also demonstrates how to add backup documentation to the claim if it is required.



Accessing ProviderOne

- Use web address

<https://www.waproviderone.org>

- Ensure that your system “Pop Up Blocker” is turned “**OFF**”

- Login using assigned Domain, Username, and Password

- Click on the “Login” button

ProviderOne Home

?

Domain:

Username:

Password:

Login

To Reset Password, Click here

If you are a Client, Click here

Creating new Session, Click here



Determine what profile to use

Welcome
to the
Medicaid Management Information System
for



Select a profile to use during this session:

EXT Provider Super User	▼	*	Go
EXT Provider Claims Submitter			
EXT Provider Eligibility Checker-Claims Submitter			

For claims submission choose one of the following profiles

- EXT Provider Super User
- EXT Provider Claims Submitter
- EXT Provider Eligibility Checker – Claims Submitter



Provider Portal

- From the Provider Portal select the “Online Claims Entry” option located under the “Claims” Heading

Provider Portal:	
Online Services:	
Claims	Hide/Max
Claim Inquiry	
Claim Adjustment/Void	
On-line Claims Entry	
On-line Batch Claims Submission (837)	
Resubmit Denied/Voided Claim	
Retrieve Saved Claims	
Manage Templates	
Create Claims from Saved Templates	
Manage Batch Claim Submission	



Provider Portal

■ Choose the type of claim that you would like to submit.

- Professional is the HCFA 1500
- Institutional is the UB04
- Dental is the 2006 ADA form

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Provider Information

- Enter the billing providers NPI and taxonomy code

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for providers other than the Billing Providers.

BILLING PROVIDER

* Provider NPI:

* Taxonomy Code:

➤ Note: Use only taxonomy codes that are in your Provider registration with the Agency.



Subscriber/Client Information

- Enter the Subscriber/Client ID number found on the WA Medicaid medical card. This ID is a 9 digit number followed by a “WA”

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

+ Additional Subscriber/Client Information

- Click on the red “+” to expand the “**Additional Subscriber/Client Information**” that is required.



Subscriber/Client Information Continued

- Once the field is expanded enter the “Patient’s Last Name, Date of Birth, and Gender.”
 - Date of birth must be in the following format: mm/dd/ccyy
 - Additional shown information is not needed.

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

* Org/Last Name: First Name:

* Date of Birth: mm dd ccyy * Gender:

➤ Note: Client first name is optional. If entered this will be returned on the providers weekly remittance and status report (RA)



Claim Information/Data

■ The next section is for “Claim Information”. The next few slides will go over each of these boxes.

➤ Note: Not all information shown here will be required to be completed. This will depend on your type of institutional claim.

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:



Patient Account Number

- The “Patient Account No” field allows the provider to enter their internal patient account numbers that have been assigned by their practice management system.

Patient Account No.:

➤ Note: Using the providers internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.



Medical Record Number

- The “Medical Record Number” field allows the provider to enter their internal medical record numbers that have been assigned by their practice management system.

Medical Record Number:

➤ Note: The medical record number is an optional step. If one is not entered continue on to the next question.



Type of Facility

- Enter the “Type of Facility” using the drop down option.

* Type Of Facility:

1-Hospital
2-Skilled Nursing
3-Home Health +
4-Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christi
5-Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly refe
6-Intermediate Care
7-Clinic
8-Special Facility

➤ Note: The “Type of Facility” is a required field on every institutional claim submitted.



Bill Classification

- Enter the “Bill Classification” using the drop down option.

* Bill Classification:

- 1C-Rural Health
- 1E-Inpatient (Including Medicare Part A)
- 1S-Hospice (non-hospital based)
- 2C-Hospital Based or Independent Renal Dialysis Center
- 2E-Inpatient (Medicare Part B only)
- 2S-Hospice (hospital-based)
- 3C-Free Standing
- 3E-Outpatient
- 3S-Ambulatory Surgery Center
- 4C-Outpatient Rehabilitation Facility (ORF)
- 4E-Laboratory Services Provided to Non-patients
- 4S-Free Standing Birthing Center
- 5C-Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- 5E-Intermediate Care - Level I
- 5S-Critical Access Hospital
- 6C-Community Mental Health Center
- 6E-Intermediate Care - Level II
- 6S-Residential Facility
- 7C-Federally qualified health center
- 7E-Subacute Inpatient (Revenue Code 19X required when this bill type is used, however 19X may be used w
- 8E-Swing Beds
- 9C-Other
- 9S-Other

➤ Note: The “Bill Classification” is a required field on every institutional claim submitted.



Statement Dates

- Enter both the “From” and “To” dates of service.

* Statement Dates:	From:	mm	dd	ccyy	To:	mm	dd	ccyy
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011

➤ Note: The “Statement Dates” is a required field on every institutional claim submitted.



Admission Date/Hour

- Enter the “Admission Date” and “Admission Hour/Minute”.

Admission Date/Hour:	mm	dd	ccyy	-	hh	:	mm
	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	:	<input type="text"/>

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011

➤ Note: Please notice that the hours and minutes must appear in 24 hour time. The format must be in the 2 digit hour and 2 digit minute. Example 3:30 pm in standard time would be 15:30 in 24 hour time.

➤ Note: The “Admit Date and Hour” is a situational field. It is only needed on inpatient claims.



Priority (Type) Admission/Visit

- Enter the correct “Priority (Type) Admission/Visit” from the drop down menu.

Priority(Type) Admission/Visit:

	▼
1-Emergency	
2-Urgent	
3-Elective	
4-Newborn	
5-Trauma Center	
9-Information Not Available	

➤ Note: The “Priority (Type) Admission/Visit” is a situational. It is only needed on inpatient claims.



Point of Origin Admission/Visit

- Enter the correct “Point of Origin Admission/Visit” from the drop down menu.

Point Of Origin Admission/Visit:

- 1-Non-Health Care Facility Point
- 2-Clinic
- 3-HMO Referral
- 4-Transfer from a Hospital (Diff
- 5-Transfer from a Skilled Nursin
- 6-Transfer from Another Health C
- 7-Emergency Room
- 8-Court/Law Enforcement
- 9-Information Not Available
- A-Transfer From a Critical Acces
- B-Transfer From Another Home Hea
- C-Readmission to Same Home Healt
- D-Transfer from One Distinct Uni
- E-Transfer from Ambulatory Surge
- F-Transfer from Hospice and is U

➤ Note: The “Point of Origin Admission/Visit” is a situational field. It is only needed on inpatient claims.



Discharge Hour

- Enter the correct “Discharge Hour and Minute”

Discharge Hour: hh mm

<input type="text"/>	:	<input type="text"/>
----------------------	---	----------------------

➤ Note: Please notice that the hours and minutes must appear in 24 hour time. The format must be in the 2 digit hour and 2 digit minute. Example 3:30 pm in standard time would be 15:30 in 24 hour time.

➤ Note: The “Discharge Hour” is a situational field. It is only needed on inpatient claims.



Discharge Status

■ Enter the correct
“Discharge Status” using
the drop down menu

➤ Note: The “Discharge Status”
is a required field on every
institutional claim submitted.

* Discharge Status:

01-Discharged to home or self car
02-Discharged/transferred to a sh
03-Discharged/transferred to Skil
04-Discharged/transferred to an i
05-Discharged/transferred to a De
06-Discharged/transferred to home
07-Left against medical advice or
08-Discharged/transferred to home
09-Admitted as an inpatient to th
20-Expired
21-Reserved
30-Still Patient
40-Expired at home
41-Expired in a medical facility
42-Expired - place unknown
43-Discharged/transferred to a fe
50-Hospice - home
51-Hospice - medical facility
61-Discharged/transferred to hosp
62-Discharged/transferred to an i
63-Discharged/transferred to a Me
64-Discharged/transferred to a nu
65-Discharged/transferred to a ps
66-Discharged/transferred to a Cr
70-Discharged/transferred to anot
71-Discharged/transferred/referre
72-Discharged/transferred/referre



Total Claim Charge

- Enter the correct “Total Claim Charge” for the claim.

* Total Claim Charge:

\$

➤ Note: The “Total Claim Charge” is a required field on every institutional claim submitted.

➤ Note: The “Total Claim Charge” must match the total of all the service lines on claim.



Patient Est. Amount Due

- Enter the “Patient Est. Amount Due” for the claim.

Patient Est. Amount Due:

\$

➤ Note: The “Patient Est. Amount Due” is situational field on the institutional claim. Do not enter the spenddown amount here as it is entered as value code data. See the Value Code slide below.



DRG Code

- Enter the “DRG Code” for the claim.

DRG Code:

➤ Note: The “DRG Code” is not required to be entered. ProviderOne will determine the correct “DRG Code” to put on the claim by the data that is billed such as diagnosis and procedure codes.



Medicare Crossover Claim

- If Medicare did not make a payment answer the question “**NO**”

? * Is this a Medicare Crossover Claim? Yes No

➤ Note: WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a co-pay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.



Medicare Crossover Claim

- If the claim is considered a Medicare Crossover answer the question “**YES**”, this includes Managed Medicare Advantage Plans (Medicare Part C). Answering “**YES**” will open additional required questions to be filled out. This information will come from the Medicare EOMB

? * 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 cyy

➤ Note: WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a co-pay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.



Additional Claim Data; EPSDT Information

➤ Note: The “Additional Claim Data” and “EPSDT Information” red (+) expander is **NOT** needed for institutional claims at this time. You can skip over this and continue on to the next question.

+ Additional Claim Data

+ EPSDT INFORMATION



Condition Information

- If the claim requires a “Condition Code” use the red (+) expander to enter this information. If no “Condition Code” is needed proceed to next question

CONDITION INFORMATION

CONDITION INFORMATION

1 * Condition Code:

[Add Another](#)

➤ Note: ProviderOne will allow for more than one “Condition Code” to be added. Click on the “Add Another” option and ProviderOne will display additional boxes for entry of this information.



Occurrence Span Information

- If the claim requires an “Occurrence Code Span” use the red (+) expander to enter this information. If there is no “Occurrence Code Span” needed proceed to next question



OCCURRENCE SPAN INFORMATION

1 * Occurrence Code:

* From Date: mm dd cyy

* Through Date: mm dd cyy

Add Another

➤ Note: ProviderOne will allow for more than one “Occurrence Code Span” to be added. Click on the “Add Another” option and ProviderOne will display additional boxes for entry of this information.

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011



Value Information

- If the claim requires a “Value Code and Value Amount” use the red (+) expander to enter this information. If there is no “Value Code and Value Amount” needed proceed to next question.

VALUE INFORMATION

VALUE INFORMATION

1 * Value Code: * Value Amount: \$ [Add Another](#)

➤ Note: ProviderOne will allow more than one “Value Code and Value Amount” to be added. Click on the “Add Another” option and ProviderOne will display additional boxes for entry of this information.

➤ Note: This is where a clients Spenddown will be reported. Currently the spenddown value code is 66, then enter the patient participation amount. For patients that have an EMER participation amount enter that as a value code (D3) and the participation amount.



Other Insurance Information

- If the client ONLY has WA Medicaid coverage continue to next question.
- If the client DOES have insurance other than WA Medicaid, this information will need to be entered by utilizing the red (+) expanders.

OTHER INSURANCE INFORMATION

OTHER INSURANCE INFORMATION
 1 OTHER PAYER INSURANCE INFORMATION
Add Another

➤ Note: Information on how to fill out the required insurance information is located on the Provider Relations website. A webinar and presentation PowerPoint has been created to assist providers in billing the primary insurance secondary claims. This information is located at webpage: <http://hrsa.dshs.wa.gov/provider/training.shtml>



Prior Authorization

- If a “Prior Authorization” number needs to be added to the claim, click on the red (+) to expand the “Prior Authorization” fields.



PRIOR AUTHORIZATION



PRIOR AUTHORIZATION

1. * Prior Authorization Number:

2. Prior Authorization Number:

➤ Note: We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim



Diagnosis Information

- All institutional claims require a “Principal Diagnosis Code” and “Admitting Diagnosis Code”. Use the red (+) expander to enter the “Diagnosis Information”

DIAGNOSIS INFORMATION

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:

 **Other Diagnosis Information**

- Note: Per numbered memo 11-30 Present on Admission (POA) codes will be required to adjudicate all inpatient claims. Use the drop down option to choose the correct POA.
- Note: E-Codes are not required but are situational.



Diagnosis Information - continued

- If more than one “Diagnosis Code” needs to be attached to claim use the red (+) expander titled “Other Diagnosis Information” to add in these additional codes. Use the “Add Another” option to continue adding more 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:

Other Diagnosis Information

Other Diagnosis Information

1 * Other Diagnosis Code: Present On Admission: Add Another

➤ Note: Use the “Add Another” option to continue adding more diagnosis codes.



Procedure Information

- Enter the applicable “Procedure Codes” to billed on the claim here for “**Inpatient**” claims. Use the red (+) expander to enter the “Procedure Information”

PROCEDURE INFORMATION

PROCEDURE INFORMATION

* Principal Procedure Code: Procedure Date: mm dd ccyy

 Other Procedure Information

➤ Note: Outpatient procedure codes will be entered at line level of the claim

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011



Procedure Information - continued

- Use the “Other Procedure Information” red (+) expander to enter the additional procedure codes applicable.

PROCEDURE INFORMATION

* Principal Procedure Code: Procedure Date: mm dd cyy

Other Procedure Information

Other Procedure Information

1 * Other Procedure Code: Procedure Date: mm dd cyy [Add Another](#)

➤ Note: To add even more procedure codes click on the “Add Another” option until all procedure codes have been added.

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011



Attending Physician Information

- All institutional claims require an “Attending Provider”. Click on the red (+) expander to enter the NPI and taxonomy code for the “Attending Provider”

ATTENDING PHYSICIAN INFORMATION

- **ATTENDING PHYSICIAN INFORMATION**

* Provider NPI:

Taxonomy Code:



Other Physician Information

- The “Other Physician Information” is an optional step. If there is the need to add additional providers onto claim click on the red (+) expander to enter the NPI for the “Other Provider”

OTHER PHYSICIAN INFORMATION

OTHER PHYSICIAN INFORMATION

Provider NPI:



Claim Note

- If a note needs to be added onto the claim to assist in the adjudication please add it here.

 **BILLING NOTE**

- To add the “Claim Note”, click on the red “+” to expand the “**Billing Note**” section.
 - Enter the “**Type Code**” and “**NOTE**”. ProviderOne allows up to 80 characters.

BILLING NOTE

* Type Code:

* Note:

characters remaining:

*** Remember only add comments that will assist in the processing of the claim!



Service Line Item Information

- The next few slides will deal with what is needed for the service lines added to the institutional claim

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 this page.

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



Service Line Item Information

- Enter the appropriate “Revenue Code”. This should be a four (4) digit number

* Revenue Code:

- Enter the “Procedure Code”. This will be used for “**Outpatient**” claims only.

Procedure Code:

- Enter any appropriate “Modifiers” for outpatient procedure being billed here.

Modifiers:

1:

2:

3:

4:



Service Line Item Information

- Enter the appropriate “From Service Date” and “Last Date of Service”.

Service Date/First Date of Service:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Date of Service:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011



Service Line Item Information

- Enter the total “Service Units” for procedure.

* Service Units:

- Enter the “Total Line Charges” for procedure.

* Total Line Charges: \$

- Enter any “Non-Covered Charges” for procedure.

Non-covered Line
Charges: \$

- The “Line Item Control Number” is not needed for submission of an institutional claim.

Line Item Control
Number:



Service Line Item Information

Medicare Crossover Items

- Note: The “Medicare Crossover Items” does not need to be filled out on line level.



Service Line Item Information

- Enter the “National Drug Code” for any injectible procedure.

National Drug Code:

- “Drug Identification” is not needed for the submission of the insitutional claim.

 **Drug Identification**



Service Line Item Information

- “Additional Service Line Information” is not needed for the submission of the insitutional claim.

+ Additional Service Line Information



Add Service Line Items

- Click on the “Add Service Line Item” button to list the procedure line on the claim.

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.

Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0450	99282					12/01/2011	12/01/2011	1	100.00		Delete or Other Service Info

➤ Note: Please ensure you have entered any necessary claim information before clicking the “Add Service Line Item” button to add the service line to the claim.

➤ Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.



Add Additional Service Line Items

- If additional service lines need to be added, click on the “**Service**” hyperlink to get quickly back to the “**Basic Service Line Items**” section.

Close Save Claim Submit Claim Reset

Institutional Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

- Then follow the same procedure for entering data for each line.



Update Service Line Items

- Update a previously added service line item by clicking on the line number of line that needs to be updated. This will repopulate the service line item boxes for changes to be made.

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	0450	99282					12/01/2011	12/01/2011	1	100.00		Delete or Other Service Info

➤ Note: Once the line number is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **“Service”** hyperlink to quickly return to the service line item boxes and make corrections.



Update Service Line Items

- Once the service line is corrected, click on the “Update Service Line Item” button to add corrected information on the claim.

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	0450						12/01/2011	12/01/2011	1	150.00		Delete or Other Service Info

➤ Note: Once “Update Service Line Item” is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the “**Service**” hyperlink to quickly return to the service line item section to view and verify that changes were completed.



Delete Service Line Items

- A service line can easily be “Deleted” from the claim before submission by clicking on the “Delete” option at the end of the added service line.

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

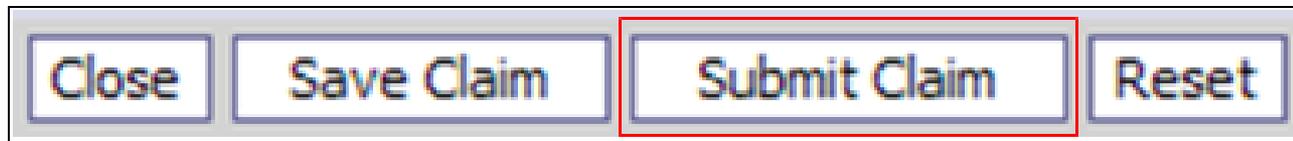
Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	From	To				
1	0450						12/01/2011	12/01/2011	1	150.00		Delete or Other Service Info

➤ Note: Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidentally deleted the provider will need to re-enter the information following previous instructions.



Submit Claim for Processing

- When ready to submit the claim for processing, click the “Submit Claim” button at the top of the claim form.





Submit Claim for Processing

- Click on the “Submit Claim” button to submit your claim. ProviderOne should display this prompt:



- Click on the “**OK**” button if you have backup to submit
- Click on the “**Cancel**” button if no backup is to be submitted.



Submit Claim for Processing – No Backup

- ProviderOne now displays the “Submitted Institutional Claim Detail” screen
- Click on the “OK” button to finish submitting the claim

Submitted Institutional Claim Details:

TCN: [REDACTED]
Provider NPI: [REDACTED]
Client ID: [REDACTED]
Date of Service: [REDACTED]
Total Claim Charge: 150

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 ▲ ▼
No Records Found !								

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



Submit Claim for Processing – With Backup (Electronic File Attached)

- The “Claims Backup Documentation” page is displayed

Windows Internet Explorer

Please select one of the options from the Required Fields * and select Line No, if the attachment is for a specific Service Line item.

Attachment Type: * Transmission Code: *

Line No:

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:

Filename: Browse... *

OK Cancel

- Enter the Attachment Type
- Pick one of the following Transmission Codes:
 - EL-Electronic Only or Electronic file,
 - Then browse to find the file name
- Click the “OK” button



Submit Claim for Processing – With Backup (Electronic File Attached)

- The “Submitted Dental Claim Details” page is displayed.

Submitted Institutional Claim Details:

TCN: [REDACTED]
Provider NPI: [REDACTED]
Client ID: [REDACTED]
Date of Service: [REDACTED]
Total Claim Charge: 150

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"/>	0	Institutional DDE screenshots 1.doc	EB	EL		594kb	X	12/16/2011

Viewing Page 1

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

- All you need to do now is push the “OK” button to submit your claim.



Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- The “Claims Backup Documentation” page is displayed

Windows Internet Explorer

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: * Transmission Code: *

Line No:

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:

Filename: *

- Enter the Attachment Type
- Pick one of the following Transmission Codes:
 - BM : By Mail
 - FX : Fax
- Click the “OK” button



Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- If you are sending paper documents with the claim, at the “Submitted Dental Claim Details” page click on the “Print cover Page” button.

Submitted Institutional Claim Details:

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: [REDACTED]
 Total Claim Charge: 150

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"/>	0	BM	EB	BM		0kb	X	12/16/2011

Viewing Page 1 1 Page Count

↑



Submit Claim for Processing – With Backup

■ Fill in the boxes with the appropriate information. When completed click on the “Print Cover Sheet” and mail to:

Electronic Claim Back-Up
Documentation
PO Box 45535
Olympia, WA 98504-5535

OR

Fax 1-866-668-1214

ProviderOne

ECB Attachment Submission Cover Sheet

Provider Identifier Type 
(Select Identifier type)

Provider ID
(Please enter numeric value. Length based on Identifier type.)



TCN
(Please enter 18 or 21 digit numeric value starting with 1,2,3,4 or 9.)



Date of Service
(Please use the Date Time Picker to select date.)



ProviderOne Client ID
(Please enter 9 digit numeric value and suffix with WA or wa.)



Instructions will not appear on the printed coversheet

Please use the Print Cover Sheet Button Above to print ONLY.

FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.

01/07/2011 Ver 2.0



Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- All you need to do now is push the “OK” button to submit your claim

Submitted Institutional Claim Details:

TCN: [REDACTED]
 Provider NPI: [REDACTED]
 Client ID: [REDACTED]
 Date of Service: [REDACTED]
 Total Claim Charge: 150

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"/>	0	BM	EB	BM		0kb	X	12/16/2011

Viewing Page 1

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



Reference Information

General Information about Medicaid:

- Summarized in the new ProviderOne Billing and Resource Guide

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

- See the new Provider Training web site for links to recorded Webinars, E-Learning, and Manuals

<http://www.dshs.wa.gov/provider/training.shtml>