



Operational instructional series:

Direct Data Entry of a Professional 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 Professional claim in ProviderOne

- The object of this presentation is to take a provider step by step through the process of submitting a professional 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



Billing Provider Information

- Enter the billing provider NPI and taxonomy code
 - This will likely be the NPI and Taxonomy Code of the clinic/office where the service was performed and where you would like payment to be received.

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



Pay-To-Provider Information

- If the “Pay-To-Provider” is the same as the “Billing Provider” you just entered answer the question “**YES**” and go on to the next question.



* Is the Billing Provider also the Pay-To Provider?



Yes



No

➤ Note: In most cases the “Pay-To-Provider” and “Billing Provider” are the same.



Rendering Provider Information

- If the “Rendering Provider” is the same as the “Billing Provider and Pay-To-Provider” you just entered answer the question “**YES**” and go on to the next question.

 * Is the Billing Provider or Pay-To Provider also the Rendering Provider? Yes No

- If the “Rendering Provider” is different than the “Billing Provider and Pay-To-Provider” you entered in the previous question, answer “**NO**” and enter the “Rendering (Performing) Provider” NPI and Taxonomy Code.

 * Is the Billing Provider or Pay-To Provider also the Rendering Provider? Yes No

RENDERING (PERFORMING) PROVIDER

* Provider NPI: Taxonomy Code:



Referring Provider Information

- If the service “IS” a result of a referral answer “Yes” to this question.

➤ Note: Only the provider NPI number is required for referring providers

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

REFERRING PROVIDER INFORMATION

* Provider NPI: Taxonomy Code:

- If the service is “NOT” the result of a referral answer the question “NO” and continue on to next section.

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



Subscriber/Client Information

- Enter the Subscriber/Client ID off of the WA Medicaid medical card. This ID is a 9 digit number followed by a “WA”
 - Example: 123456789WA

SUBSCRIBER/CLIENT INFORMATION	
SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>
	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:

* Date of Birth: mm dd ccyy * Gender:

Date of Death: mm dd ccyy Patient Weight: lbs

Patient is pregnant: Yes No



Baby on Mom's Client ID

- If claim is for a baby being billed under the mom's ID select **"Yes"** otherwise choose **"No"** and continue to next question.



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



Yes



No

- Note: If claim is for a baby using the mom's ID, use the baby's last name, the baby's date of birth, and gender when filling out the "Subscriber/Client" information on previous slide. Be sure to add the claim note SCI=B when billing for a baby using mom's ID.



Insurance Other Than Medicaid

- If the client ONLY has Medicaid for medical coverage answer this question “**NO**” and continue to next question.
- If the client DOES have insurance other than Medicaid answer this question “**YES**”



* Does the subscriber have insurance other than Medicaid?

Yes No

➤ 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

- Prior Authorization is located under the “Claim Information” section

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

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



Claim Note

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



- To add the “Claim Note”, click on the red “+” to expand the “Claim Note” section.

- Enter the “**Type Code**” and “**NOTE**”. ProviderOne allows up to 80 characters.

CLAIM NOTE

* Type Code:

* Note:

characters remaining: 80

*** Remember only add comments that are required for the processing of the claim!



EPSDT Information

- The “EPSDT Information” red (+) expander is **NOT** needed for medical claims at this time. You can skip over this and continue on to the next question.



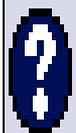
EPSDT INFORMATION



Is the Claim Accident Related?

■ This question will almost always be answered “**NO**” as Washington Medicaid has a specific casualty office that handles claims where another insurance may be primary.

- The Casualty office can be reached at 800-562-3022 ext 15462



* Is this claim accident related?



Yes



No



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 that 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.



Additional Claim Data

- The “Additional Claim Data” red (+) expander will allow the provider to enter the patient’s spend down amount.



- If patient has a spend down click on the red (+) expander to display the below image. Enter the spend down in the “Patient Paid Amount” box.

Additional Claim Data

Place of Service:

Delay Reason Code:

Provider Signature on File: Yes No

Special Program Type Code:

Medicare Assignment Code:

Benefits Assignment Certification: Yes No

Release Of Information Code:

Patient Signature Source Code:

Patient Paid Amount:

Contract Code:



Diagnosis Codes

- Enter the appropriate ICD-9 diagnosis code or codes.

Diagnosis Codes: * 1: 2: 3: 4:
5: 6: 7: 8:

➤ Note:

- At least 1 diagnosis code is required for all claims.
- ProviderOne will allow up to 8 ICD-9 diagnosis codes.
- Do not enter decimal points to DX codes. ProviderOne will add these in once the claim is submitted.



Medicare Crossover Claim

- If the claim is considered a Medicare Crossover answer the question “**YES**”, this includes Managed Medicare Advantage Plans (Medicare Part C)
- 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.

➤ Note: If the claim is a Medicare Crossover and the question is answered “**YES**” the Medicare information will be entered in the “**Basic Service Line Items**” section. We have recorded a webinar specific to Medicare Crossovers located at:

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



Basic Service Line Items

- Enter the “From Service Date”

* Service Date From: mm dd ccyy

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- Enter the “To Service Date”

* Service Date To: mm dd ccyy

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



Basic Service Line Items

- Enter the “Place of Service Code”

* Place of Service:



➤ Note: Use the “Blue Arrow” drop down to display all POS codes loaded in ProviderOne.

- POS codes available to choose are shown below:

01-Pharmacy	21-Inpatient Hospital	52-Psychiatric Facility - Partial Hospitalization
03-School	22-Outpatient Hospital	53-Community Mental Health Center
04-Homeless Shelter	23-Emergency Room - Hospital	54-Intermediate Care Facility/Mentally Retarded
05-Indian Health Service Free-standing Facility	24-Ambulatory Surgical Center	55-Residential Substance Abuse Treatment
06-Indian Health Service Provider-based Facility	25-Birthing Center	56-Psychiatric Residential Treatment Center
07-Tribal 638 Free-standing Facility	26-Military Treatment	57-Non-residential Substance Abuse Treatment Facility
08-Tribal 638 Provider-based Facility	31-Skilled Nursing	60-Mass Immunization Center
09-Prison-Correctional Facility	32-Nursing	61-Comprehensive Inpatient Rehabilitation
11-Office	33-Custodial Care	62-Comprehensive Outpatient Rehabilitation
12-Home	34-Hospice	65-End Stage Renal Disease Treatment
13-Assisted Living Facility	41-Ambulance - Land	71-Public Health Clinic
14-Group Home	42-Ambulance - Air or Water	72-Rural Health Clinic
15-Mobile Unit	49-Independent Clinic	81-Independent Laboratory
16-Temporary Lodging	50-Federally Qualified Health Center	99-Other Place of Service
20-Urgent Care Facility	51-Inpatient Psychiatric	



Basic Service Line Items

- Enter the “Procedure Code”

* Procedure Code:

➤ Note: Use current codes listed in the coding manuals.

- Enter the appropriate procedure “Modifier/s” if needed.

Modifiers:

1:

2:

3:

4:

➤ Note: ProviderOne allows up to 4 Modifiers to be added to a single CPT code.



Basic Service Line Items

■ Enter “Submitted Charges”

* Submitted Charges: \$

➤ Note: If dollar amount is a whole number no decimal point is needed.

➤ Note: The Agency request providers to enter their usual and accustom charges here. If you have billed a Commercial Insurance primary or Medicare, please enter the same charges here as billed to the primary. A provider billing for DME supplies that required prior authorization please enter the same amount here as was on the authorization request as they must match.



Basic Service Line Items

- Enter appropriate “Diagnosis Pointer”

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

1
2
3
4
5
6
7
8

- Note:
- At least one DX pointer is required.
 - Up to 4 DX codes can be added per service line.
 - Diagnosis Pointer 1 is the primary DX code.
 - Diagnosis Pointer drop down corresponds with DX codes entered previously.



Basic Service Line Items

- Enter procedure “Units”

* Units:

➤ Note: At least 1 unit required

- Contract Code is not a required field

Contract Code:



Basic Service Line Items

- If claim is a “Medicare Crossover” claim complete the following.

+ Medicare Crossover Items					
* Medicare Deductible:	\$	<input type="text"/>	* Medicare Coinsurance:	\$	<input type="text"/>
* Medicare Paid:	\$	<input type="text"/>	* Medicare Allowed Amount:	\$	<input type="text"/>
* Medicare Paid Date:	mm	dd	ccyy		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

➤ Note: These boxes only appear if you have answered “**YES**” to the question “Is this a Medicare Crossover Claim?”

➤ Note: For complete instructions on how to submit a Medicare Crossover claim please view the online webinar and presentation slides at <http://hrsa.dshs.wa.gov/provider/training.shtml>



Basic Service Line Items

- Enter “National Drug Code” (NDC) if billing an injectable procedure code.

National Drug Code:

- The “Drug Identification” red (+) expander is not needed when billing for injectable procedure codes.

+ Drug Identification



Basic Service Line Items

- If a “Prior Authorization” number needs to be added to a line level procedure code, click on the red “+” to expand the “Prior Authorization”.



PRIOR AUTHORIZATION

➤ Note: If a Prior Authorization number was entered previously on the claim it is not necessary to enter it again here.

- The “Additional Service Line Information” is not needed for claims submission.



Additional Service Line Information



Add Service Line Items

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



Previously Entered Line Item Information

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

Total Submitted Charges: \$ 75.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number		
	From	To		1	2	3	4	1	2	3	4					
1	01/01/2011	01/01/2011	99214					1				75.00	1			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

Professional 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 allowing changes to be made.

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

Total Submitted Charges: \$ 75.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number		
	From	To		1	2	3	4	1	2	3	4					
1	01/01/2011	01/01/2011	99214					1				75.00	1			Delete or Other Service Info

➤ Note: Once the line number is chosen, ProviderOne will refresh 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. Total Submitted Charges: \$ 150.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2011	01/01/2011	99214					1				150.00	1		Delete or Other Service Info

➤ Note: Once Update Service Line Item is chosen, ProviderOne will refresh 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.

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 150.00

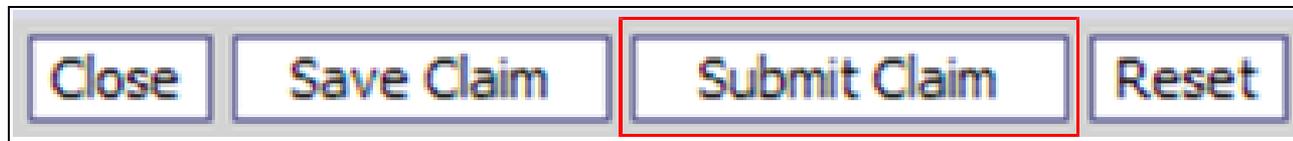
Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2011	01/01/2011	99214					1				150.00	1		Delete or Other Service Info

➤ Note: Once the service line item is deleted it will be permanently removed from 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 you are 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 Professional Claim Detail” screen
- Click on the “OK” button to finish submitting the claim

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Professional Claim Details:

TCN: 200925500000001000
Provider NPI: 5522336671
Client ID: 198333777WA
Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0
Total Claim Charge: 1159

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

The screenshot shows a web browser window titled "Windows Internet Explorer". The page content includes a help icon (question mark) and a message: "Please select one of the options from the Required Fields * and select Line No, if the attachment is for a specific Service Line item." Below this are two dropdown menus: "Attachment Type:" and "Transmission Code:", both marked with an asterisk. A "Line No:" dropdown menu is also present. A second message reads: "Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:". Below this is a "Filename:" text box with a "Browse..." button, also marked with an asterisk. A red arrow points down to the "OK" button, which is next to a "Cancel" button.

- 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 Professional Claim Details” page is displayed.

Submitted Professional Claim Details:

TCN: 201127300000016000
 Provider NPI: 1342222999
 Client ID: 300655596WA
 Date of Service: 10/20/2010-10/20/2010
 Total Claim Charge: 75

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	FAQDentalTPL.doc	EB	EL		242kb	X	09/30/2011

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

Print Print Cover Page Ok

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

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- 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 Professional Claim Details” page click on the “Print cover Page “ button.

Submitted Professional Claim Details:

TCN: 201127300000014000
 Provider NPI: 1342222999
 Client ID: 300655596WA
 Date of Service: 10/20/2010-10/20/2010
 Total Claim Charge: 75

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	09/30/2011

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

Print Print Cover Page Ok

↑



Submit Claim for Processing – With Backup

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

TCN: 201127300000014000
Provider NPI: 1342222999
Client ID: 300655596WA
Date of Service: 10/20/2010-10/20/2010
Total Claim Charge: 75

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	09/30/2011

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

Print Print Cover Page **Ok**

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>