

The “Adjust, Void, & Resubmit” How To provides instructions on:

- Adjust Paid Claim .....2
  - Delete Service Line .....8
  - Change Service Line .....10
  - Add Service Line .....12
- Void Paid Claim .....17
- Resubmit Denied or Voided Claim .....22
- Common Denial Remarks Codes .....31



**Paid Claim:** A claim where at least one service line was paid, even if that payment was \$0.

**Adjust Claim:** To change and resubmit a paid claim. When adjusting a paid claim, you can: *change/correct information; delete Service Lines; modify Service Lines; or add Service Lines.* Adjusting a paid claim can result in no-change, additional payment, or an over-payment to the provider.

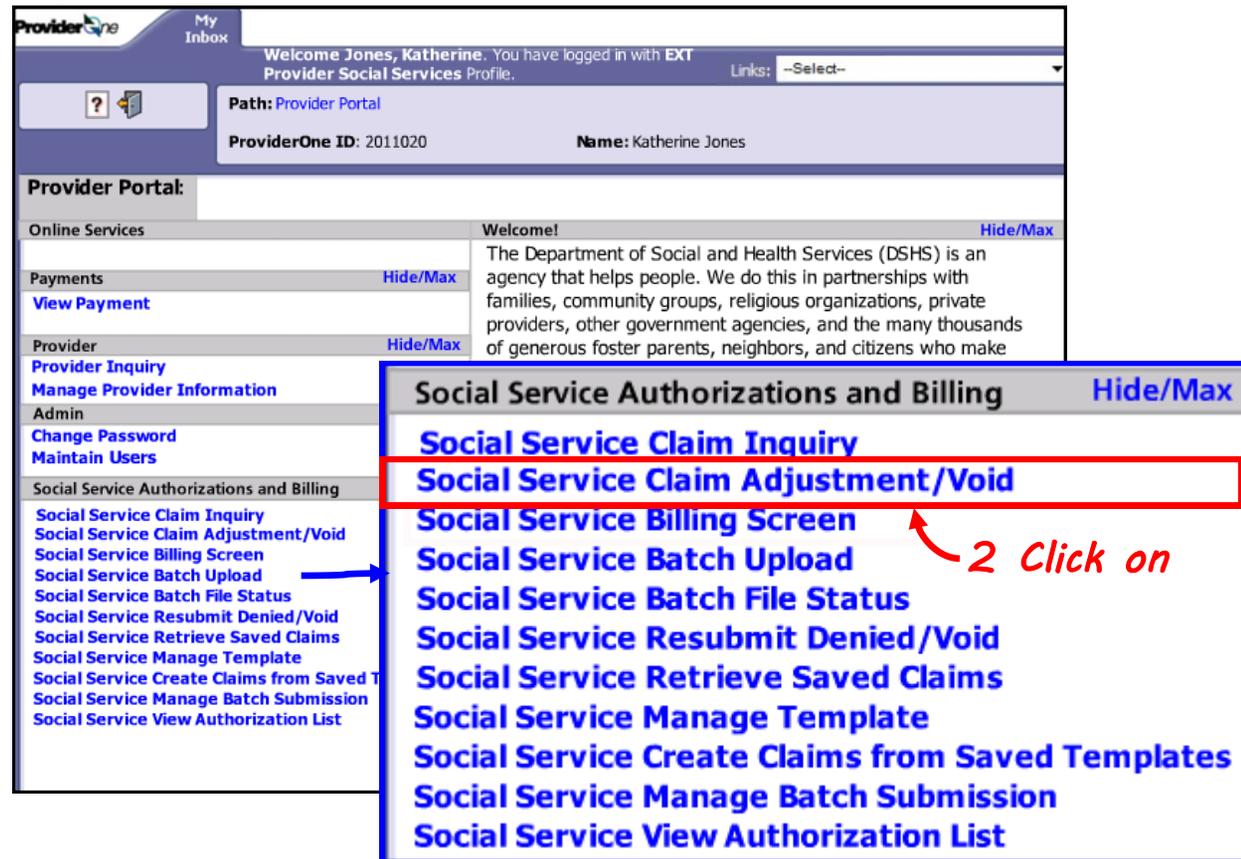
**Void Claim:** A canceled paid claim. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.

**Denied Claim:** A claim where the entire claim was denied.

There are two actions you can perform on a **paid claim**: Adjust and Void. This section is on how to Adjust a paid claim.

## 1 Provider Portal

1. From the [Provider Portal](#)
2. **Click on** Social Service Claim Adjustment/Void



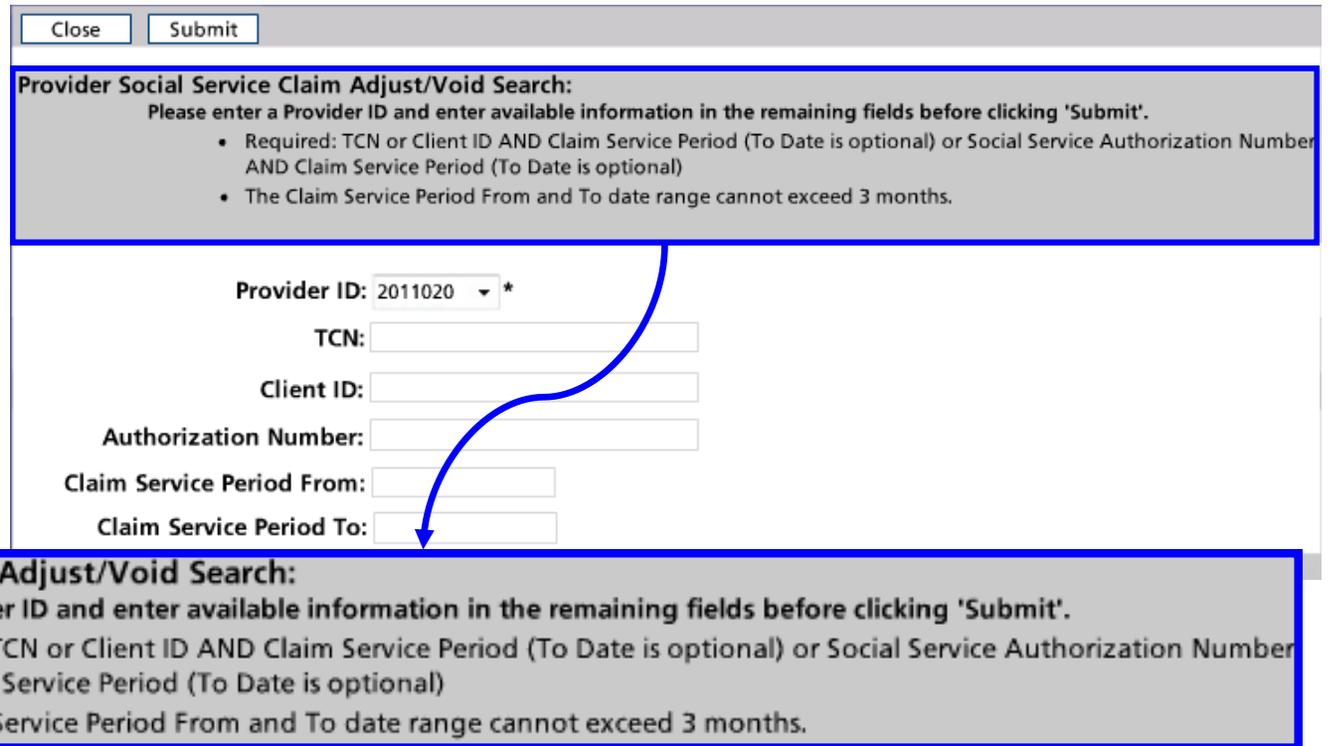
The screenshot shows the Provider Portal interface. The top navigation bar includes 'My Inbox', a welcome message for Katherine Jones, and a dropdown menu for 'Links'. Below this, the 'Path: Provider Portal' and 'ProviderOne ID: 2011020' are displayed. The main content area is divided into two columns. The left column contains a 'Provider Portal' section with a search icon and a list of menu items: 'Online Services', 'Payments', 'Provider', 'Provider Inquiry', 'Manage Provider Information', 'Admin', 'Change Password', 'Maintain Users', and 'Social Service Authorizations and Billing'. The right column contains a 'Welcome!' message and a 'Social Service Authorizations and Billing' section. The 'Social Service Authorizations and Billing' section is expanded, showing a list of menu items: 'Social Service Claim Inquiry', 'Social Service Claim Adjustment/Void', 'Social Service Billing Screen', 'Social Service Batch Upload', 'Social Service Batch File Status', 'Social Service Resubmit Denied/Void', 'Social Service Retrieve Saved Claims', 'Social Service Manage Template', 'Social Service Create Claims from Saved Templates', 'Social Service Manage Batch Submission', and 'Social Service View Authorization List'. A red box highlights the 'Social Service Claim Adjustment/Void' menu item, and a red arrow points to it with the text '2 Click on'.

**Paid Claim:** A claim where at least one service line was paid, even if that payment was \$0.

3. Social Service Adjust/  
Void Search page  
appears

4. Search requirements

## 3 Social Service Adjust/Void Search



Close Submit

**Provider Social Service Claim Adjust/Void Search:**  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

Provider ID: 2011020 \*  
TCN:   
Client ID:   
Authorization Number:   
Claim Service Period From:   
Claim Service Period To:

**Provider Social Service Claim Adjust/Void Search:**  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

You can search by:

- Transaction Control Number (TCN) or
- Client ID and Claim Service Period (From and To Date) or
- Authorization # and Claim Service Period (From and To Date).

Search requests must be for claims submitted within the past 4 years.

The Claim Service Period (From Date & To Date) cannot exceed 3 months.

## Transaction Control Number (TCN) Search

- Verify Provider ID
- Enter Transaction Control Number (TCN)
- Click on Submit

### Social Service Adjust/Void Search

← *c Click on*

**Provider Social Service Claim Adjust/Void Search:**  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

Provider ID: 2011020 ▾ ← *a*

TCN: 221385465325134 ← *b Enter*

Client ID:

Authorization Number:

Claim Service Period From:

Claim Service Period To:

## Client ID & Authorization Number Search

a. **Verify** Provider ID

b. Search

1. **Enter** Client ID number

Or

2. **Enter** Authorization number

c. **Enter** Claim Service Period from date

d. **Enter** Claim Service Period To date (optional)

e. **Click on** Submit

### Social Service Adjust/Void Search

Close Submit *← e Click on*

**Provider Social Service Claim Adjust/Void Search:**  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

Provider ID: 2011020 *← a*

TCN:

Client ID: 200907004WA *↔ b1 or b2 Enter*

Authorization Number: 12345678901 *↔ b1 or b2 Enter*

Claim Service Period From: 04/01/2013 *← c Enter*

Claim Service Period To: 06/01/2013 *← d Enter*

From and To date cannot exceed 3 months.

5. Claim Adjust Void List appears

6. To adjust a paid claim, click on  next to the Transaction Control Number (TCN)

7. Click on Adjust

*7 Click on*

*5 Claim Adjust Void List*

ProviderOne ID: 2011020									
Provider Social Service Claims Adjust Void List:									
<input type="checkbox"/>	TCN	Authorization #	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID	ADMINISTRATION
<input type="checkbox"/>	221385465325134000	1000000234	03/26/2013	1: For more detailed information, see remittance advice	\$150.00	\$150.00	Bill Waters	200907004WA	ADSH-H
<input type="checkbox"/>	221385465325258594	1000000584	04/01/2013	1: For more detailed information, see remittance advice	\$575.00	\$120.00	Bill Waters	200907004WA	ADSH-H

*6 Click on*

<input type="checkbox"/>	TCN	Authorization #	Date of Service
<input type="checkbox"/>	221385465325134000	1000000234	03/26/2013
<input type="checkbox"/>	221385465325258594	1000000584	04/01/2013

8. The Adjust Social Service Claim page appears
9. The screen is similar to the Billing Screen; however, the page includes a Transaction Control Number (TCN)

There are four ways you can adjust the paid claim:

- *Change/correct information*
- *Delete Service Lines*
- *Modify Service Line data*
- *Add Service Lines*

## 8 Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000 ← 9

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:  Modifiers: 1:  2:  3:  4:  \* Units:

Patient Account No:

---

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void
2	03/27/2013	03/27/2013	SA420					10	Void

To delete a service line.

- a. **Click on** Void at the end of the service line

## Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:       Modifiers: 1:  2:  3:  4:       \* Units:

Patient Account No:

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void
2	03/27/2013	03/27/2013	SA420					10	Void

2	03/27/2013	03/27/2013	SA420					10	Void
---	------------	------------	-------	--	--	--	--	----	------

*a Click on*



To delete a service line cont.

b. Service line **clears**

## Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:       Modifiers: 1:  2:  3:  4:       \* Units:

Patient Account No:

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	Void
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void

b →

Click a Line No. below to view/update that Line Item Information.									Total Charges Submitting: \$150.00
Line No	Service Dates		Service Code	Modifiers				Units	Void
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void

To change a service line: Change Basic Service Line Information.

- a. **Click on** service line number
- b. Service line information shows

## Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

\* Service Date From: 03/26/2014 \* Service Date To: 03/26/2014

\* Service Code: SA420 Modifiers: 1: 2: 3: 4: \* Units: 10

Patient Account No:

Add Service Line Item
Update Service Line Item

---

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void
2	03/27/2013	03/27/2013	SA420					10	Void

*a Click on* →

*b* ↓

To change a service line cont.:

- c. **Change** data field(s) as needed: IE Units
- d. **Click on** Update Service Line
- e. Service Line **appears** with changes

## Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

\* Service Date From: 03/26/2014      \* Service Date To: 03/26/2014

\* Service Code: SA420      Modifiers: 1: [ ] 2: [ ] 3: [ ] 4: [ ]      Units: 1

Patient Account No: [ ]

Add Service Line Item
Update Service Line Item

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					1	Void
2	03/27/2013	03/27/2013	SA420					10	Void

e →

c Change

d Click on

To add a service line.

- a. **Enter** Basic Service Line Information
- b. **Click on** Update Service Line

## Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234 a Enter

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:       Modifiers: 1:  2:  3:  4:       \* Units:

Patient Account No:

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. b Click on Total Charges Submitting: \$150.00

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void
2	03/27/2013	03/27/2013	SA420					10	Void

To add a service line cont.

c. Service Line appears

## Adjust Social Service Claim

Close
Submit

**Adjust Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

---

**ADJUSTMENT INFORMATION**

\* Original TCN: 221385465325134000

---

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

---

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

---

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

---

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:       Modifiers: 1:  2:  3:  4:       \* Units:

Patient Account No:

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void
2	03/27/2013	03/27/2013	SA420					10	Void
3	03/28/2013	03/28/2013	SA420					10	Void

c →

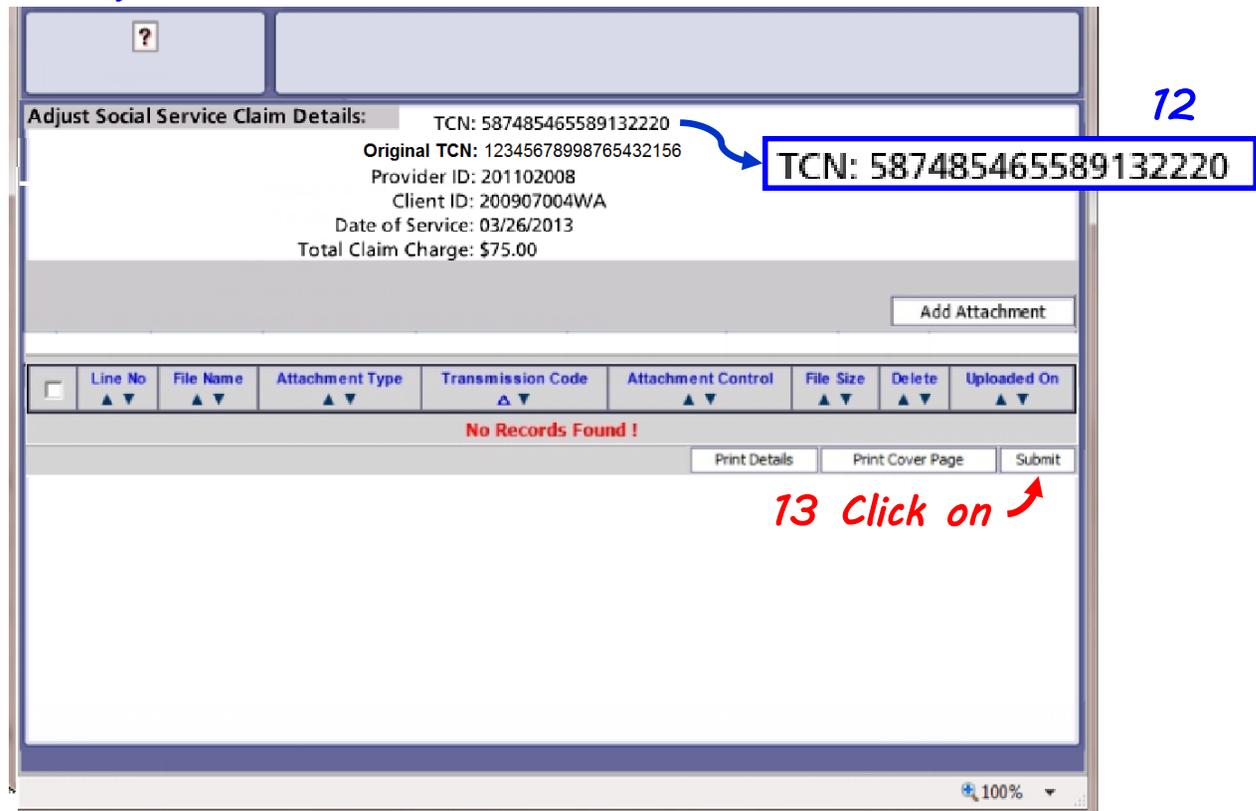
10. Once you have made all the changes on a claim, **click on** Submit



11. Adjust Social Service Claim Detail **appears**

## 11 Adjust Social Service Claim Details

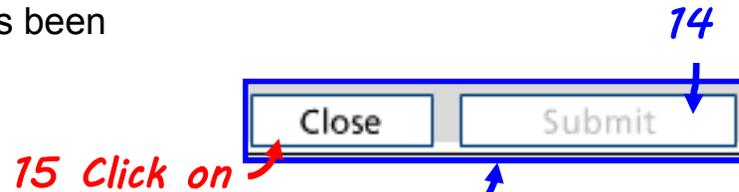
12. **Note:** The adjusted claim has a new Transaction Control Number (TCN)



13. **Click on** Submit to submit the Adjusted Claim

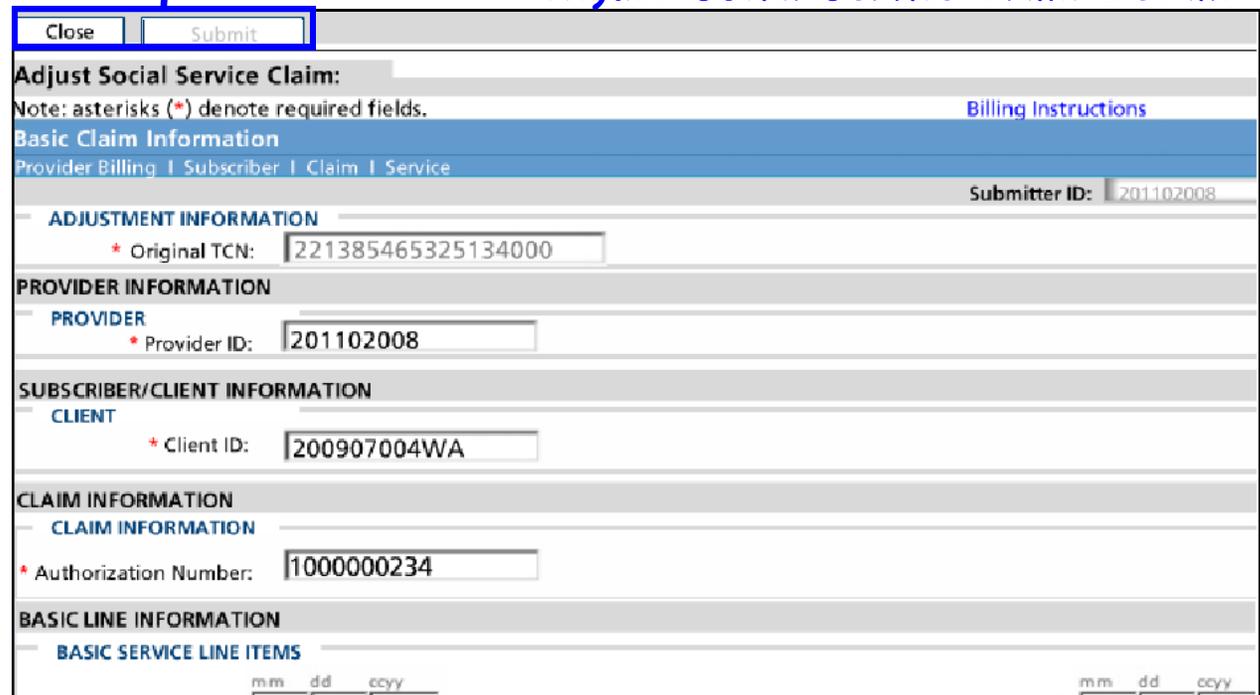
ProviderOne give the adjusted claim a new TCN to help keep track of changes that are made to the original claim,

14. Notice that the Submit button is now “greyed out” indicating the adjustment has been submitted



15. Click on Close

*Adjust Social Service Claim Details*



The screenshot shows the 'Adjust Social Service Claim' form. At the top, there are 'Close' and 'Submit' buttons. Below them is the title 'Adjust Social Service Claim:' followed by a note: 'Note: asterisks (\*) denote required fields.' and a link for 'Billing Instructions'. The form is divided into several sections: 'Basic Claim Information' (with sub-sections for Provider Billing, Subscriber, Claim, and Service), 'ADJUSTMENT INFORMATION' (with a required field for Original TCN: 221385465325134000), 'PROVIDER INFORMATION' (with a required field for Provider ID: 201102008), 'SUBSCRIBER/CLIENT INFORMATION' (with a required field for Client ID: 200907004WA), 'CLAIM INFORMATION' (with a required field for Authorization Number: 1000000234), and 'BASIC LINE INFORMATION' (with a sub-section for BASIC SERVICE LINE ITEMS). The form includes date pickers at the bottom right.

- 16. Claims Adjust Void List [appears](#). The original TCN is show, but cannot be adjusted a second time
- 17. **Click on** Close to return to the Provider Portal

*17 Click on*

*16 Claims Adjust Void List*



Close Adjust Void Claim

ProviderOne ID: 2011020

Provider Social Service Claims Adjust Void List:

TCN	Authorization #	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID	ADMINISTRATION
221385465325258594	1000000584	04/01/2013	1: For more detailed information, see remittance advice	\$575.00	\$120.00	Bill Waters	200907004WA	ADSH-H

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

To void a paid claim.

1. From the **Claim Adjust Void List**



*1 Claim Adjust Void List*

2. To void a paid claim, **click on**  next to the Transaction Control Number (TCN)

Close		Adjust		Void Claim		ProviderOne ID: 2011020				
Provider Social Service Claims Adjust Void List:										
	TCN	Authorization #	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID	ADMINISTRATION	
<input type="checkbox"/>	221385465325134000	1000000234	03/26/2013	1: For more detailed information, see remittance advice	\$150.00	\$150.00	Bill Waters	200907004WA	ADSH-H	
<input type="checkbox"/>	221385465325258594	1000000584	04/01/2013	1: For more detailed information, see remittance advice	\$575.00	\$120.00	Bill Waters	200907004WA	ADSH-H	

3. **Click on** Void Claim

*2 Click on*

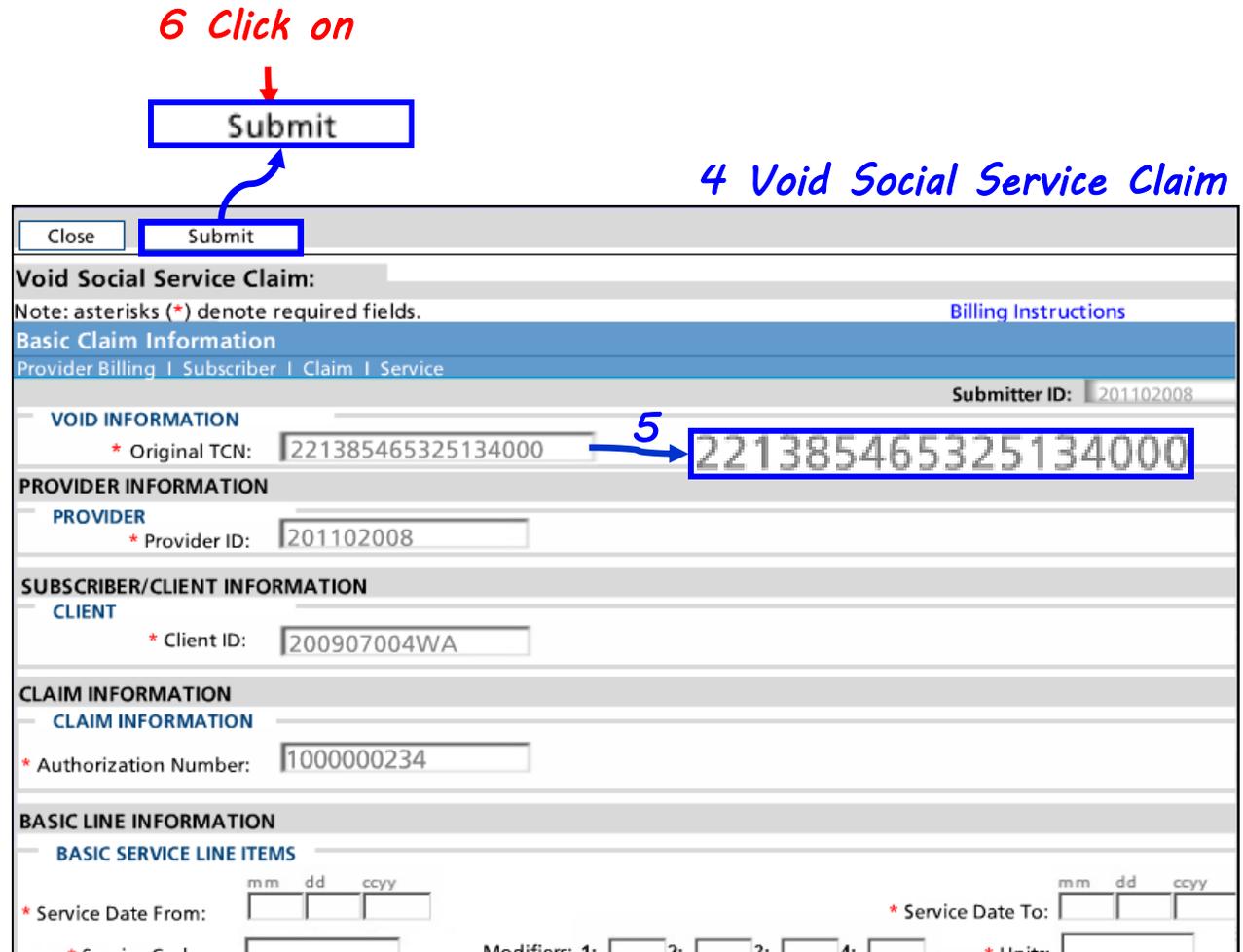
	TCN	Authorization #	Date of Service
<input type="checkbox"/>	221385465325134000	1000000234	03/26/2013
<input type="checkbox"/>	221385465325258594	1000000584	04/01/2013

Voiding a claim results in the payment being taken back by ProviderOne. The system will reduce voided amount from future claims.

- Void Social Service Claim page appears with all the fields greyed out
- Note specific Transaction Control Number (TCN)
- To void this claim, click on Submit

*6 Click on*

*4 Void Social Service Claim*



Close Submit

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

**Basic Claim Information**  
Provider Billing | Subscriber | Claim | Service Submitter ID: 201102008

**VOID INFORMATION**  
\* Original TCN: 221385465325134000 **5** → 221385465325134000

**PROVIDER INFORMATION**  
**PROVIDER**  
\* Provider ID: 201102008

**SUBSCRIBER/CLIENT INFORMATION**  
**CLIENT**  
\* Client ID: 200907004WA

**CLAIM INFORMATION**  
**CLAIM INFORMATION**  
\* Authorization Number: 1000000234

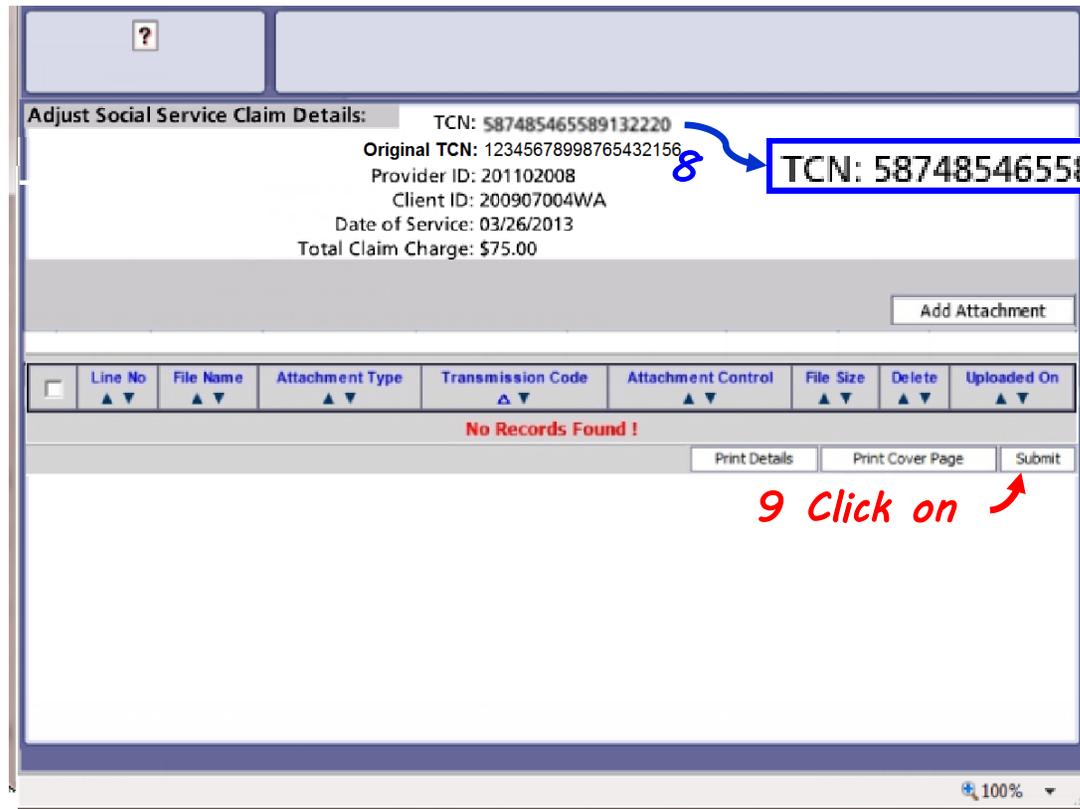
**BASIC LINE INFORMATION**  
**BASIC SERVICE LINE ITEMS**

\* Service Date From:  m m  d d  c c y y \* Service Date To:  m m  d d  c c y y

\* Service Code:  Modifiers: 1:  2:  3:  4:  \* Units:

## 7 Adjust Social Service Claim Details

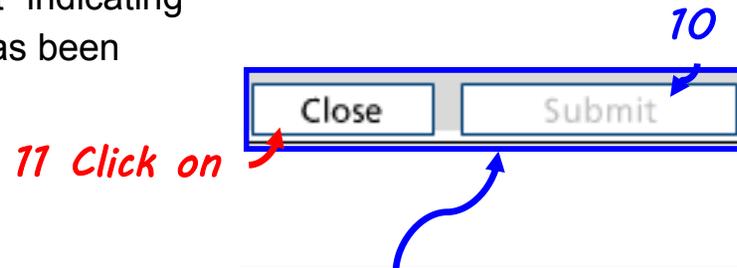
7. Adjust Social Service Claim Details appears
8. **Note:** The voided claim has a new Transaction Control Number (TCN)
9. **Click on** Submit to submit voided claim



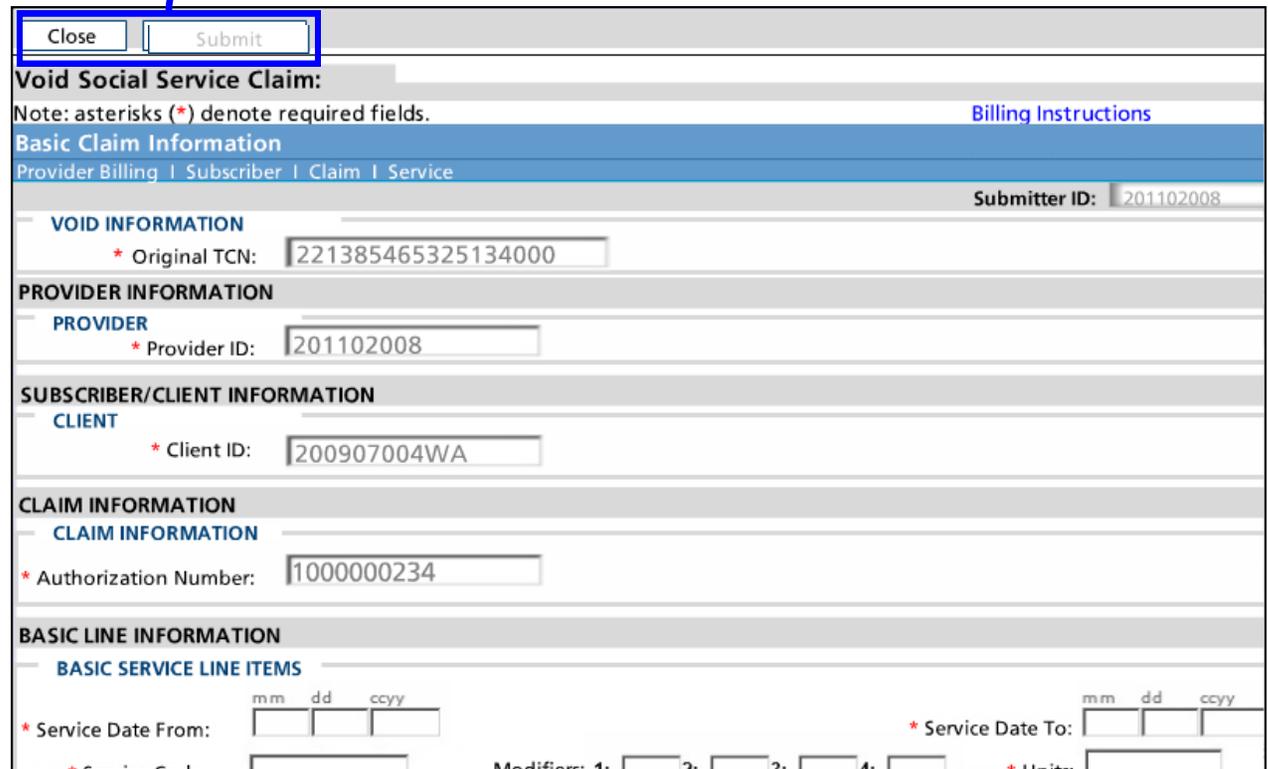
Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
No Records Found!							

ProviderOne gives the voided claim a new TCN to help keep track of changes that are made to the original claim.

10. Notice that the Submit button is now “greyed out” indicating that the change has been submitted



11. Click on Close



Close Submit

**Void Social Service Claim:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

Submitter ID: 201102008

**VOID INFORMATION**

\* Original TCN: 221385465325134000

**PROVIDER INFORMATION**

**PROVIDER**

\* Provider ID: 201102008

**SUBSCRIBER/CLIENT INFORMATION**

**CLIENT**

\* Client ID: 200907004WA

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number: 1000000234

**BASIC LINE INFORMATION**

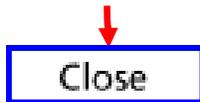
**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd cyy      \* Service Date To: mm dd cyy

\* Service Code:      Modifiers: 1:      2:      3:      4:      \* Units:

12. Claim Adjust Void List **appears**. The original TCN is shown, but cannot be adjusted or voided
13. **Click on** Close to return to the Provider Portal

*13 Click on*



*12 Claims Adjust Void List*

<input type="button" value="Close"/> <input type="button" value="Adjust"/> <input type="button" value="Void Claim"/>									
ProviderOne ID: 2011020									
Provider Social Service Claims Adjust Void List:									
	TCN	Authorization #	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID	ADMINISTRATION
<input type="checkbox"/>	221385465325258594	1000000584	04/01/2013	1: For more detailed information, see remittance advice	\$575.00	\$120.00	Bill Waters	200907004WA	ADSH-H

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

To view or resubmit a voided claim, select Social Service Resubmit Denied/Void from the Provider Portal.

This section is on how to resubmit a denied or voided claim.

## 1 Provider Portal

1. From the [Provider Portal](#)
2. **Click on** Social Service Resubmit Denied/Void

**Denied Claim:** A claim where the entire claim was denied.

Provider Portal: **Welcome!** [Hide/Max](#)

The Department of Social and Health Services (DSHS) is an agency that helps people. We do this in partnerships with families, community groups, religious organizations, private providers, other government agencies, and the many thousands of generous foster parents, neighbors, and citizens who make Washington a special place by taking care of each other.

The mission of DSHS is to improve the quality of life for individuals and families in need.

**Social Service Authorizations and Billing** [Hide/Max](#)

- Social Service Claim Inquiry
- Social Service Claim Adjustment/Void
- Social Service Billing Screen
- Social Service Batch Upload
- Social Service Batch File Status
- Social Service Resubmit Denied/Void
- Social Service Retrieve Saved Claims
- Social Service Manage Template
- Social Service Create Claims from Saved Templates
- Social Service Manage Batch Submission
- Social Service View Authorization List

2 Click on →

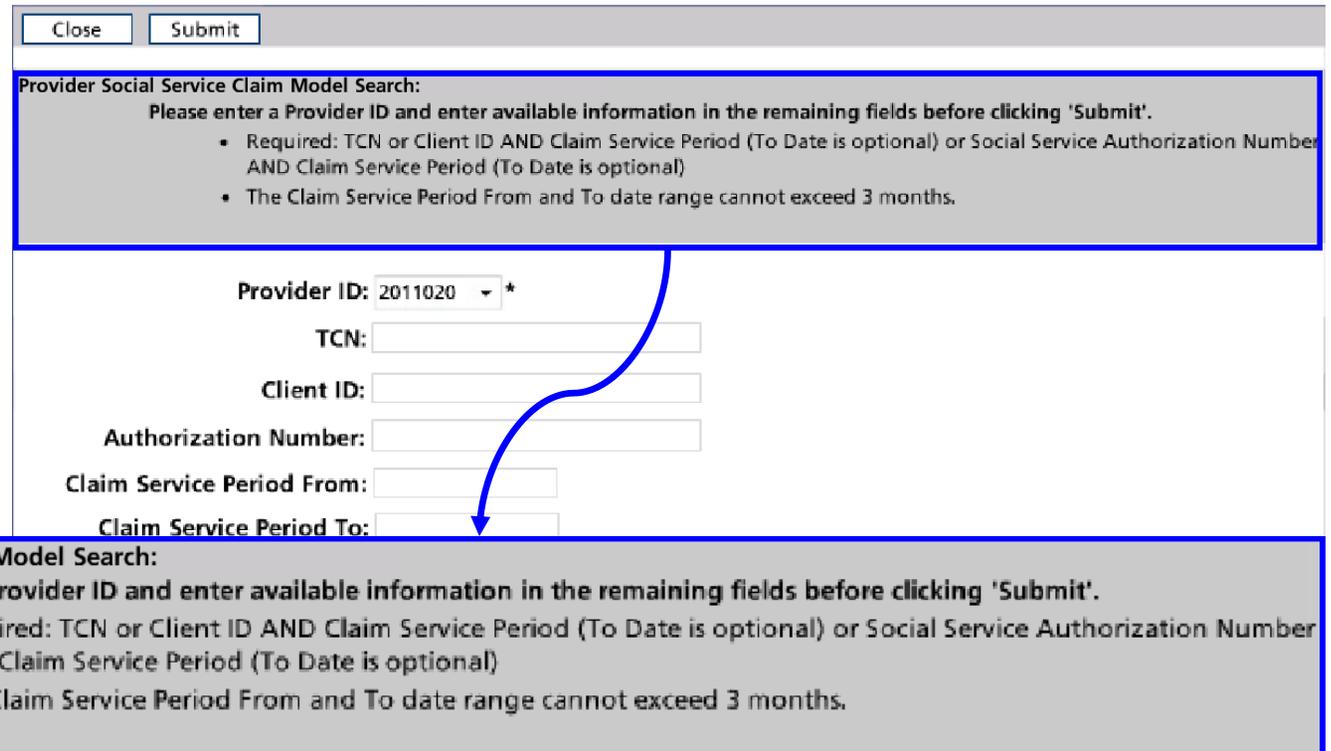
**Social Service Authorizations and Billing** [Hide/Max](#)

- Social Service Claim Inquiry
- Social Service Claim Adjustment/Void
- Social Service Billing Screen
- Social Service Batch Upload
- Social Service Batch File Status
- Social Service Resubmit Denied/Void**
- Social Service Retrieve Saved Claims
- Social Service Manage Template
- Social Service Create Claims from Saved Templates
- Social Service Manage Batch Submission
- Social Service View Authorization List

3. Social Service Claim Model Search page appears

4. Search requirements

### 3 Social Service Claim Model Search



The screenshot shows a web form titled "Provider Social Service Claim Model Search" with "Close" and "Submit" buttons at the top. The form contains a header section with instructions and requirements, followed by input fields for "Provider ID", "TCN", "Client ID", "Authorization Number", "Claim Service Period From", and "Claim Service Period To". A blue box highlights the header section, and a blue arrow points from it to a larger blue box below. A blue number "4" with a downward arrow is positioned to the left of the larger box.

Close Submit

**Provider Social Service Claim Model Search:**  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

Provider ID: 2011020 \*  
TCN:   
Client ID:   
Authorization Number:   
Claim Service Period From:   
Claim Service Period To:

**Provider Social Service Claim Model Search:**  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

## Transaction Control Number (TCN) Search

- Verify Provider ID
- Enter Transaction Control Number (TCN)
- Click on Submit

### Social Service Claim Model Search

← *c Click on*

Provider Social Service Claim Model Search:  
Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

Provider ID: 2011020 ↓ *a*

TCN: 221385465325134 ← *b Enter*

Client ID:

Authorization Number:

Claim Service Period From:

Claim Service Period To:

You can search by:

- Transaction Control Number (TCN) or
- Client ID and Claim Service Period (From and To Date) or
- Authorization # and Claim Service Period (From and To Date).

Search requests must be for claims submitted within the past 4 years.

The Claim Service Period (From Date & To Date) cannot exceed 3 months.

## Client ID & Authorization Number Search

- a. [Verify](#) Provider ID
- b. Search
  1. **Enter** Client ID number

Or

  2. **Enter** Authorization number
- c. **Enter** Claim Service Period from date
- d. **Enter** Claim Service Period To date
- e. **Click on** Submit

### *Social Service Claim Model Search*

Close Submit ← *e Click on*

Provider Social Service Claim Model Search:

Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- The Claim Service Period From and To date range cannot exceed 3 months.

Provider ID: 2011020 ▾ ← *a*

TCN:

Client ID: 200907004WA ← *b*

Authorization Number: 12345678901 ← *b*

Claim Service Period From: 04/01/2013 ← *c Enter*

Claim Service Period To: 06/01/2013 ← *d Enter*

5. Social Claims Model List page appears

6. To resubmit a denied claim, click on  next to the Transaction Control Number (TCN)

7. Click on Retrieve

*5 Social Service Claims Model*

Close
Retrieve

ProviderOne ID: 2011020

**Social Service Claims Model List:**

Only one check box can be selected

	TCN	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID	ADMINISTRATION
<input type="checkbox"/>	221385465325135322	03/26/2013	For more detailed information, see remittance advice	\$150.00	\$0.00	Bill Waters	200907004WA	ADSH-H
<input type="checkbox"/>	221385465325251114	04/02/2013	For more detailed information, see remittance advice	\$50.00	\$50.00	Bill Waters	200907004WA	ADSH-H

<< Prev | Viewing Page 1 | Next >> | 1

*6 Click on* →

8. Billing Screen appears
9. Click on service line number
10. Service line information shows

## 8 Billing Screen

Close
Submit
Reset

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

**PROVIDER INFORMATION** Submitter ID:

**BILLING PROVIDER**  
 \* Provider ID:

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**  
 \* Client ID:

**CLAIM INFORMATION**

**CLAIM INFORMATION**  
 \* Authorization Number:

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:  Modifiers: 1:  2:  3:  4:  \* Units:

Patient Account No:

Add Service Line Item
Update Service Line Item

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/25/2013	03/25/2012	SA 420					10	<a href="#">Delete</a>

10 →

9 Click on →

11. **Change** data field(s) as needed: I.E. Dates of Service
12. **Click on** Update Service Line
13. Service Line **appears** with changes
14. **Click on** Submit

14 Click on

Close
Submit
Reset

**Social Service Billing Screen:**

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

**Basic Claim Information**

Provider Billing | Subscriber | Claim | Service

**PROVIDER INFORMATION** Submitter ID:

**BILLING PROVIDER**

\* Provider ID:

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

**CLAIM INFORMATION**

**CLAIM INFORMATION**

\* Authorization Number:

**BASIC LINE INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

\* Service Code:  Modifiers: 1:  2:  3:  4:  \* Units:

Patient Account No:

Add Service Line Item
Update Service Line Item

Previously Entered Line Item Information

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

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/26/2013	03/26/2012	SA420					10	Void

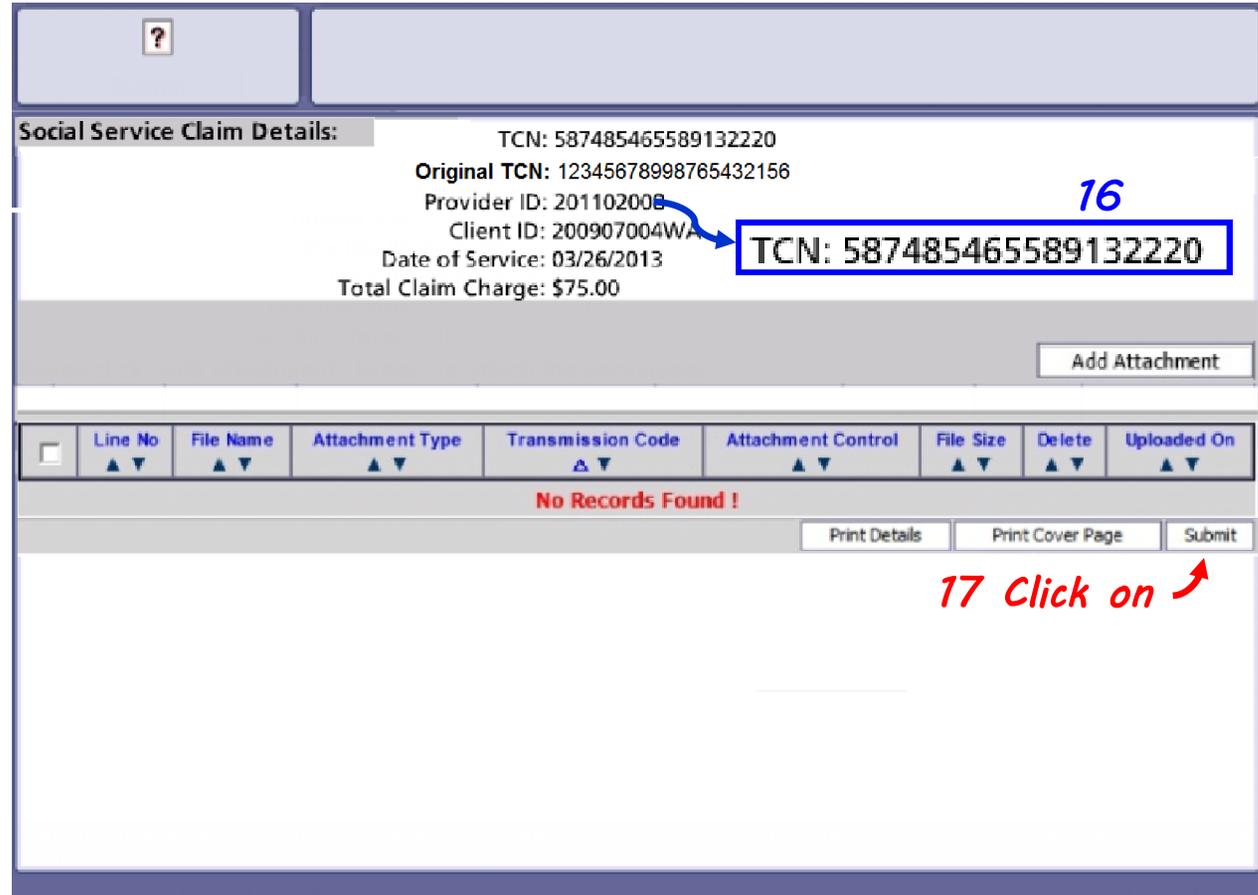
13 →

12 Click on

11 Change

## 15 Submitted Social Service Claim Details

- 15. Submitted Social Service Claim Detail [appears](#)
  
- 16. **Note:** The resubmitted claim has a new Transaction Control Number (TCN)
  
- 17. **Click on** Submit. You must click on Submit to submit the claim to ProviderOne



**Social Service Claim Details:** TCN: 587485465589132220  
Original TCN: 12345678998765432156  
Provider ID: 201102008  
Client ID: 200907004WA  
Date of Service: 03/26/2013  
Total Claim Charge: \$75.00

16

TCN: 587485465589132220

Add Attachment

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

Print Details Print Cover Page Submit

17 Click on

ProviderOne give the resubmitted claim a new TCN to help keep track of changes that are made to the original claim.

18. New Billing Page appears

19. Click on Close

20. Social Service Claims Model List appears.

21. Click on Close

*18 Billing Page*

Close Submit Reset

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

**Basic Claim Information**  
 Provider Billing | Subscriber | Claim | Service

**PROVIDER INFORMATION** Submitter ID: 201102008

**BILLING PROVIDER**  
 \* Provider ID:

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**  
 \* Client ID:

**CLAIM INFORMATION**

**CLAIM INFORMATION**  
 \* Authorization Number:

*21 Click on*

*20 Social Service Claims Model List*

Close Retrieve ProviderOne ID: 2011020

**Social Service Claims Model List:**  
 Only one check box can be selected

<input type="checkbox"/>	TCN ▲ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charge Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼	ADMINISTRATION ▲ ▼
<input checked="" type="checkbox"/>	221385465325251114	04/02/2013	1: For more detailed information, see remittance advice	\$50.00	\$50.00	Bill Waters	200907004WA	ADSH-H

<< Prev Viewing Page 1 Next >> 2 Go Page Count Save To XLS

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

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	<ol style="list-style-type: none"> <li>1. Claimed dates of service are not within the authorization period</li> <li>2. The authorization line is in error</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact your case worker if you have questions about the authorization dates</li> <li>2. Contact your case worker if you have questions about authorization errors</li> </ol>
18- Exact duplicate claim/service	<ol style="list-style-type: none"> <li>1. Claimed the same units on two different lines for the same day, or</li> <li>2. Claim is an exact duplicate of one already submitted</li> </ol>	<ol style="list-style-type: none"> <li>1. Adjust the claim and report the number of units on a single claim line</li> <li>2. No action is needed if duplication was unintended.</li> </ol>
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim