Social Service Medical
View Authorization List

The Social Service Medical "View Authorization List" How To provides instructions on:

- List Page Basics 2
- Billing Importance 6
- List Page Search 11
- View Error 15
- View Authorization History 18
- View Client Responsibility 24
- Unit Types 26

List Page Basics

1. From the Provider Portal
2. Click on Social Service View Authorization List

1 Provider Portal

Welcome Jones, Katherine. You have logged in with EXT Provider Social Service Medical profile

Path: Provider Portal

ProviderOne ID: 2011020 /123564897415 Name: Katherine Jones

Provider Portal:

Online Services

Claims Hide/Max

- Claims Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Void Claim
- Retrieve Saved Claims

Welcome!

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.

Manage Alerts

My Reminders

No Records Found!

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

Admin

- Change Password
- Maintain Users

3. Provider Authorization List Page appears

The default view shows:

- Only the active authorizations for the current month.
- 10 authorizations per page.

3 Provider Authorization List Page

ProviderOne | My Inbox

Welcome Jones, Katherine. You have logged in with **EXT Provider Social Services** Profile.

Links: --Select--

Path: Provider Portal/ Authorization List Page

Close

Provider Authorization List:

Filter By : And And Go

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	Case Manager Name	Case Manage Phone Number
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services			07/02/2014	10/05/2014	4.01	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	360888774
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem			07/04/2014	07/22/2014	1	1	Day	Monthly Recurring	$100.00	06/22/2014	Approved	Error	WEST, CATHY	360888774
10000002988	1	1	200010148WA	HOGAN, ERIK	201102008	T1019	Personal care ser per 15 min			05/04/2014	09/04/2014	11	2	1/4 Hour	Monthly Recurring	$0.00	04/01/2014	Approved	Error	EDMONDS, SAM	360888796
10199919022	2	1	200010778WA	AAF, GINA	201102008	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2014	07/31/2014	100	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	Error	EDMONDS, SAM	360888796
10000002587	2		200907004WA	WATERS, BILL	201102008	T1019	Personal care ser per 15 min			02/01/2014	12/31/2014	11	1	1/4 Hour	Monthly Recurring	$0.00	01/07/2014	Approved	No Error	WEST, CATHY	360888774
10000002988	8	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/04/2014	07/04/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	360888796
10000002988	7	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/03/2014	07/03/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	360888796
10000002988	6	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/02/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	360888796

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services		

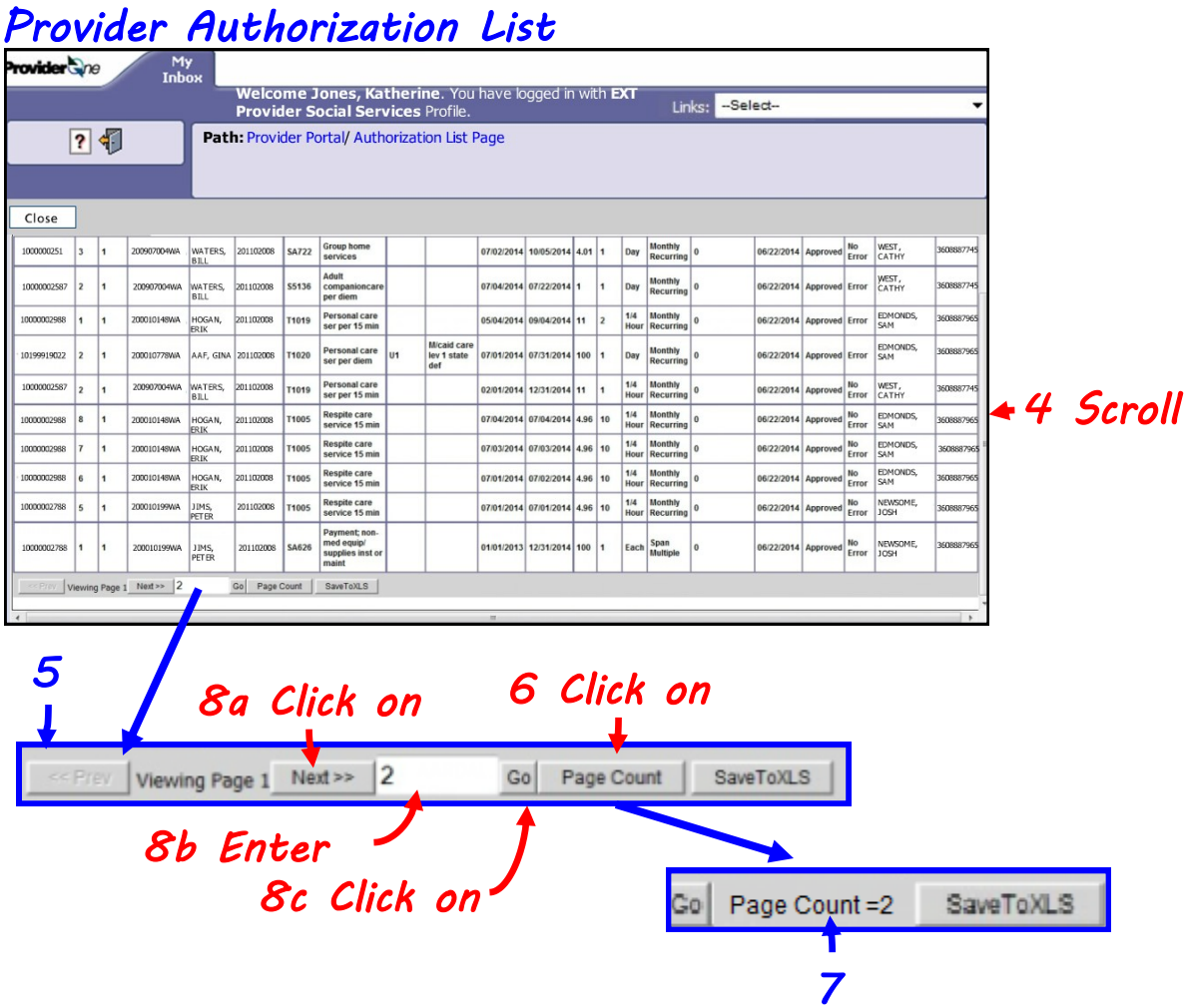
Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	Case Manager Name	Case Manage Phone Number
07/02/2014	10/05/2014	4.01	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	360888774

4. Scroll down to view more lines
5. The viewing page controls appears at the bottom of the screen
6. To find the total number of pages in the list, click on Page Count
7. The number of pages appear
8. To show the next page
   a. Click on next,

   or

   b. Enter the page number and

   c. Click on Go



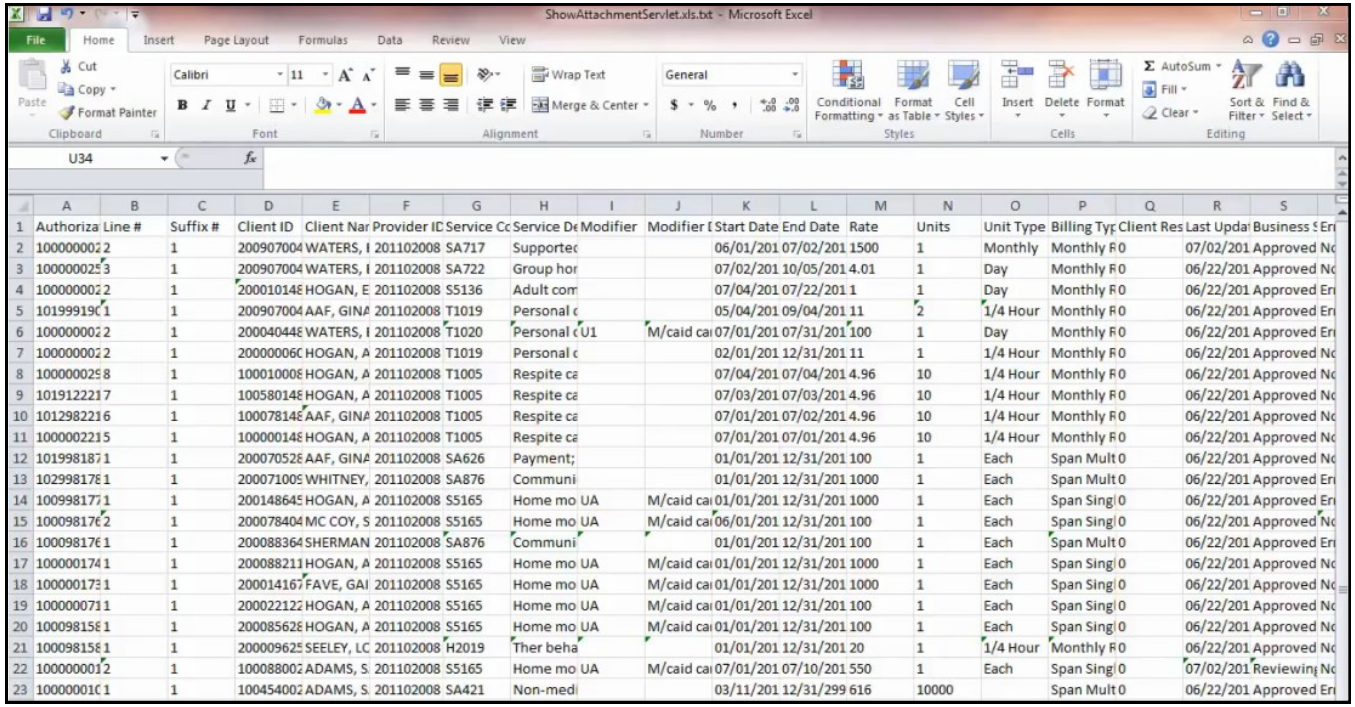
9. To export the list as an Excel file, click on SaveToXLS

9 Click on

Note: The screen prompts to save the Excel document will differ depending on your computer programs. However, the resulting file will look the same.

10. The Excel file contains all the information, plus a bit more than the List Page

10 Excel File of Provider Authorization List



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Authoriza	Line #	Suffix #	Client ID	Client Nar	Provider ID	Service Cc	Service De	Modifier	Modifier I	Start Date	End Date	Rate	Units	Unit Type	Billing Typ	Client Res	Last Updat	Business S
2	1000000022		1	200907004	WATERS, I	201102008	SA717	Supportec			06/01/201	07/02/201	1500	1	Monthly	Monthly R	0	07/02/201	Approved
3	1000000253		1	200907004	WATERS, I	201102008	SA722	Group hor			07/02/201	10/05/201	4.01	1	Day	Monthly R	0	06/22/201	Approved
4	1000000022		1	20001014E	HOGAN, E	201102008	S5136	Adult com			07/04/201	07/22/201	1	1	Day	Monthly R	0	06/22/201	Approved
5	10199919C1		1	200907004	AAF, GINA	201102008	T1019	Personal c			05/04/201	09/04/201	11	2	1/4 Hour	Monthly R	0	06/22/201	Approved
6	1000000022		1	20004044E	WATERS, I	201102008	T1020	Personal c	U1	M/caid cai	07/01/201	07/31/201	100	1	Day	Monthly R	0	06/22/201	Approved
7	1000000022		1	20000006C	HOGAN, A	201102008	T1019	Personal c			02/01/201	12/31/201	11	1	1/4 Hour	Monthly R	0	06/22/201	Approved
8	1000000258		1	10001000E	HOGAN, A	201102008	T1005	Respite ca			07/04/201	07/04/201	4.96	10	1/4 Hour	Monthly R	0	06/22/201	Approved
9	1019122217		1	10058014E	HOGAN, A	201102008	T1005	Respite ca			07/03/201	07/03/201	4.96	10	1/4 Hour	Monthly R	0	06/22/201	Approved
10	1012982216		1	10007814E	AAF, GINA	201102008	T1005	Respite ca			07/01/201	07/02/201	4.96	10	1/4 Hour	Monthly R	0	06/22/201	Approved
11	1000002215		1	10000014E	HOGAN, A	201102008	T1005	Respite ca			07/01/201	07/01/201	4.96	10	1/4 Hour	Monthly R	0	06/22/201	Approved
12	1019981871		1	20007052E	AAF, GINA	201102008	SA626	Payment;			01/01/201	12/31/201	100	1	Each	Span Mult	0	06/22/201	Approved
13	1029981781		1	200071005	WHITNEY,	201102008	SA876	Communi			01/01/201	12/31/201	1000	1	Each	Span Mult	0	06/22/201	Approved
14	1009981771		1	20014864E	HOGAN, A	201102008	S5165	Home mo	UA	M/caid cai	01/01/201	12/31/201	1000	1	Each	Span Sing	0	06/22/201	Approved
15	1009981762		1	200078404	MC COY, S	201102008	S5165	Home mo	UA	M/caid cai	06/01/201	12/31/201	100	1	Each	Span Sing	0	06/22/201	Approved
16	1009981761		1	200088364	SHERMAN	201102008	SA876	Communi			01/01/201	12/31/201	100	1	Each	Span Mult	0	06/22/201	Approved
17	1000001741		1	200088211	HOGAN, A	201102008	S5165	Home mo	UA	M/caid cai	01/01/201	12/31/201	1000	1	Each	Span Sing	0	06/22/201	Approved
18	1000001731		1	200014167	FAVE, GAI	201102008	S5165	Home mo	UA	M/caid cai	01/01/201	12/31/201	1000	1	Each	Span Sing	0	06/22/201	Approved
19	1000000711		1	200022122	HOGAN, A	201102008	S5165	Home mo	UA	M/caid cai	01/01/201	12/31/201	100	1	Each	Span Sing	0	06/22/201	Approved
20	1009981581		1	20008562E	HOGAN, A	201102008	S5165	Home mo	UA	M/caid cai	01/01/201	12/31/201	100	1	Each	Span Sing	0	06/22/201	Approved
21	1009981581		1	200009625	SEELEY, LC	201102008	H2019	Ther beha			01/01/201	12/31/201	20	1	1/4 Hour	Monthly R	0	06/22/201	Approved
22	1000000012		1	100088002	ADAMS, S	201102008	S5165	Home mo	UA	M/caid cai	07/01/201	07/10/201	550	1	Each	Span Sing	0	07/02/201	Reviewing
23	10000001C1		1	100454002	ADAMS, S	201102008	SA421	Non-medi			03/11/201	12/31/299	616	10000		Span Mult	0	06/22/201	Approved

Note:

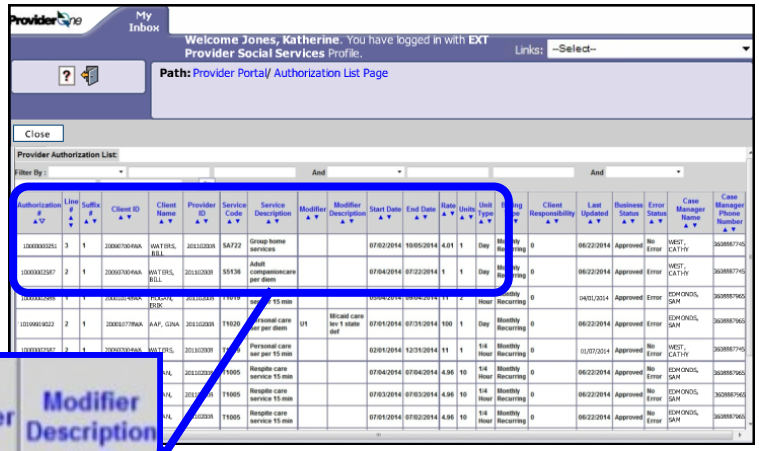
- You can copy data from the file and paste into a ProviderOne billing page or search fields, improving accuracy and reducing the potential for typing errors.
- Create a new Excel file prior to providing the service, authorizations can change.

Billing Importance

To submit a claim in ProviderOne, the following authorization data is required:

1. From the Provider Authorization List Page

1 Provider Authorization List Page

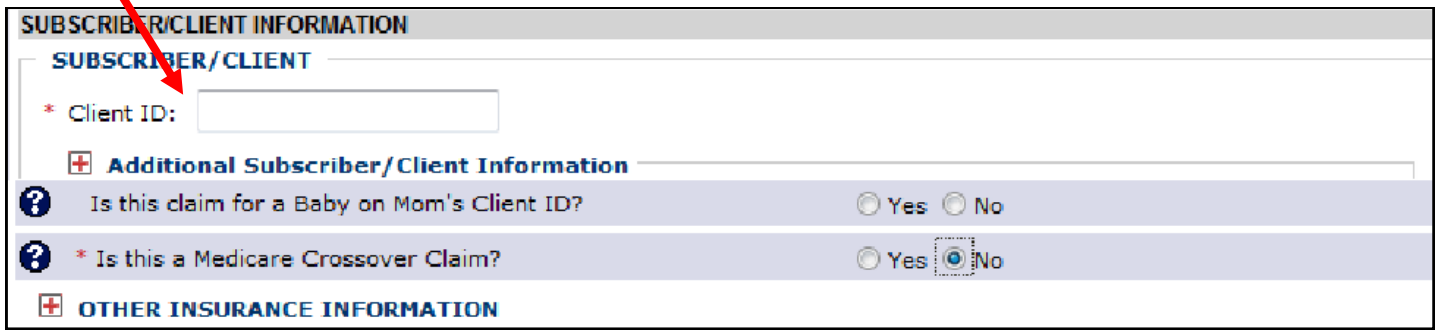


2a

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services		
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem		

Medical Billing Screen

2. The following fields are required for billing:
   a. Client ID



Billing Importance

2b 2a

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services		
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem		

Medical Billing Screen

CLAIM INFORMATION

Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

PRIOR AUTHORIZATION

1. * Prior Authorization Number:

CLAIM NOTE

EPSDT INFORMATION

CONDITION INFORMATION

* Is this claim accident related? Yes No

2. The following fields are required for billing:
   a. Client ID
   b. Authorization #

Billing Importance

Some Service Codes have special billing instructions for Procedure Codes and Modifiers. Please see the Billing How Too Guide for specific billing instructions.

2b 2a 2c 2d (if applicable)

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services		
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem		

Medical Billing Screen

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccyy

* Service Date To: mm dd ccyy

Place of Service:

* Procedure Code:

* Submitted Charges: $

* Units:

Modifiers: 1: 2: 3: 4:

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

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Add Service Line Item | Update Service Line Item

Previously Entered Line Item Information

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

Total Submitted Charges: $

Line No	Service Dates From	Service Dates To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pntrs 1	2	3	4	Submitted Charges	Units	PA Number

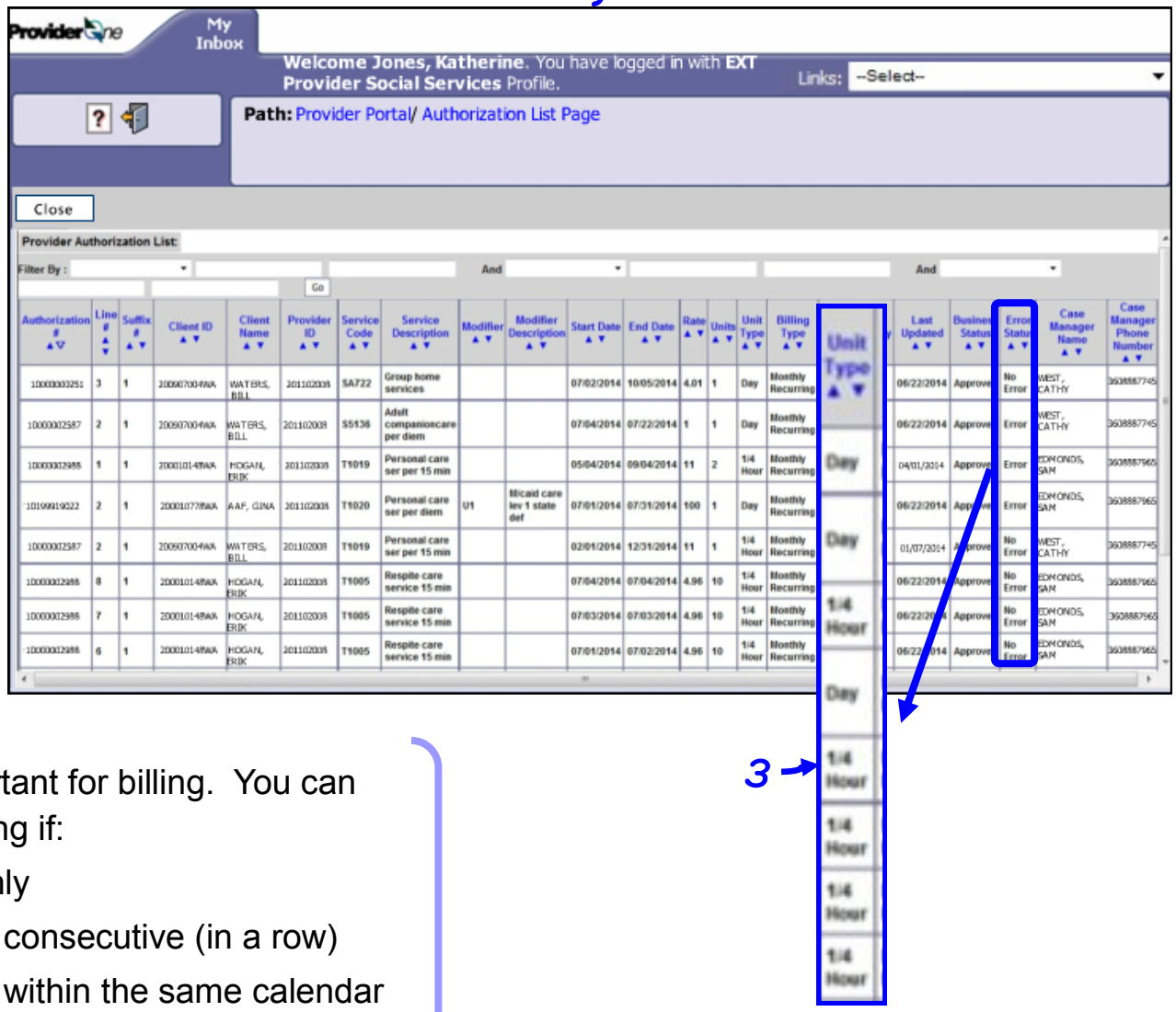
2. The following fields are required for billing:
   a. Client ID
   b. Authorization #
   c. Service Code
   d. Modifier (if applicable)

Billing Importance

Another important field is the Unit Type field. The Unit Type will influence how you can bill. See pages 27 & 28.

3. Unit Type

Provider Authorization List Page



Note: The Unit Type is important for billing. You can only use a date range for billing if:

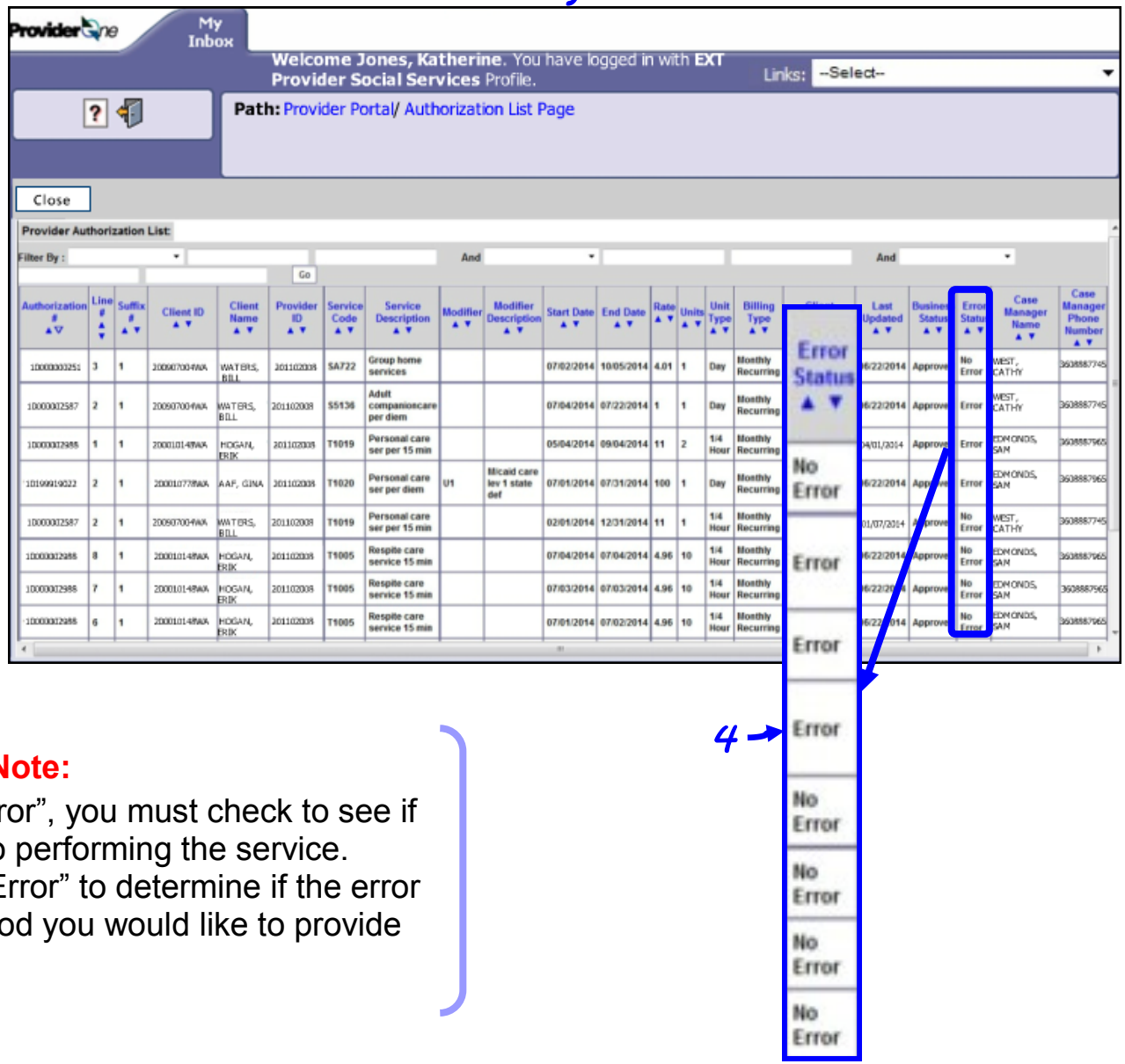
- Unit Type is Daily or Monthly
- All services were provided consecutive (in a row)
- All services were provided within the same calendar

Billing Importance

Another important field is the Error Status field.

4. An "Error" message indicates that there is an issue with this authorization **at some point within the life** of the authorization.

Provider Authorization List Page



Note:

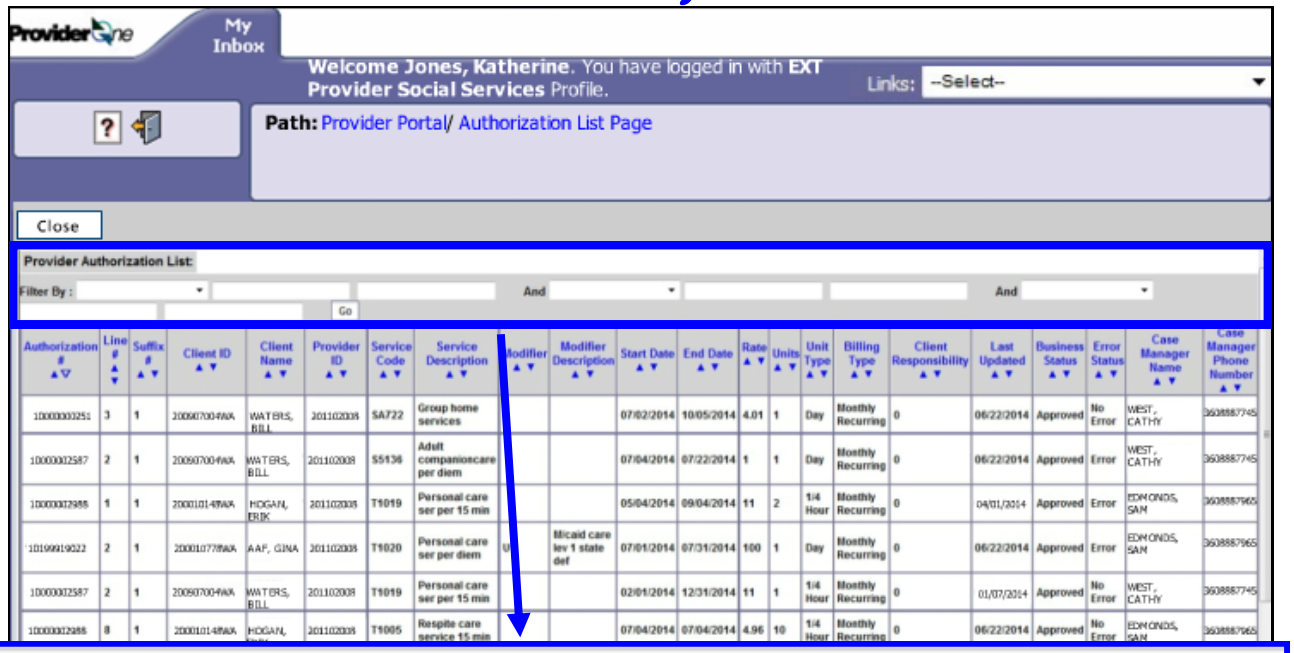
If an authorization is "in Error", you must check to see if the error is in effect prior to performing the service. Follow the steps in "View Error" to determine if the error status effects the time period you would like to provide the service.

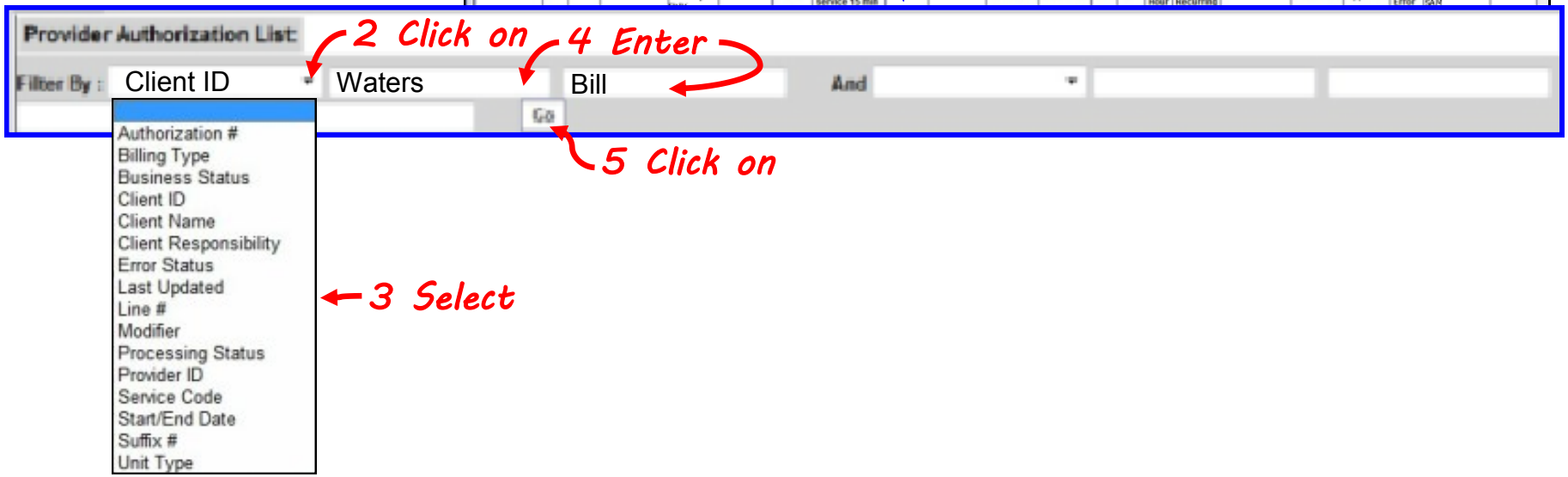
List Page Search

This section shows you how to search the Authorization List Page

1. From the Provider Authorization List Page
2. Click on ▼ filter by drop down
3. Select filter type (IE: Client Name)
4. Enter filter data (IE Last and first name)
5. Click on Go

1 Provider Authorization List Page





6. Filtered list appears

7. Results show authorizations for Bill Waters.

6 Filtered List

Provider Authorization List:

Filter By : Client Name Waters Bill And And Go

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	Case Manager Name	Case Manager Phone Number
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services			07/01/2014	07/31/2014	4.01	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	3608887745
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem			07/01/2014	07/31/2014	1	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	3608887745
10000002587	2	1	200907004WA	WATERS, BILL	201102008	T1019	Personal care			07/01/2014	07/31/2014	11	1	1/4 Hour	Monthly Recurring	$0.00	01/07/2014	Approved	No Error	WEST, CATHY	3608887745

7

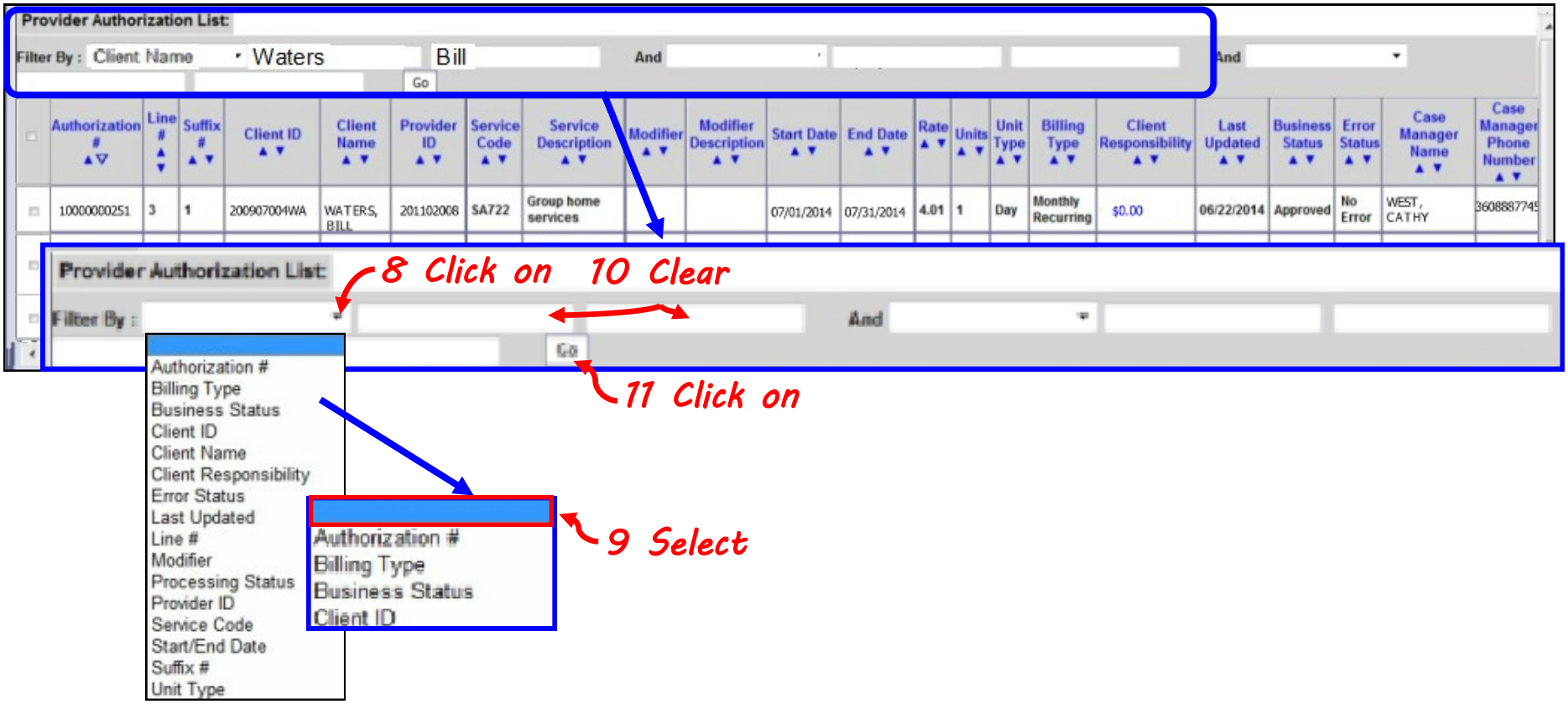
Authorization #	Line #	Suffix #	Client ID	Client Name
10000000251	3	1	200907004WA	WATERS, BILL
10000002587	2	1	200907004WA	WATERS, BILL
10000002587	2	1	200907004WA	WATERS, BILL

List Page Search

To return the list page to the default list:

8. Click on [▼] filter by drop down
9. Select blank filter
10. Clear filter data
11. Click on Go

6 Filtered List



List Page Search

To return the Provider Portal:

12. Click on Close

or

13. Click on Provider Portal in Path

ProviderOne | My Inbox

Welcome Jones, Katherine. You have logged in with **EXT Provider Social Services** Profile.

Links: --Select--

Path: Provider Portal/ Authorization List Page

13 Click on

Close

12 Click on

Provider Authorization List:

Filter By : And And Go

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	Case Manager Name	Case Manager Phone Number
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services			07/02/2014	10/05/2014	4.01	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	3608887745
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem			07/04/2014	07/22/2014	1	1	Day	Monthly Recurring	$100.00	06/22/2014	Approved	Error	WEST, CATHY	3608887745
10000002988	1	1	200010148WA	HOGAN, ERIK	201102008	T1019	Personal care ser per 15 min			05/04/2014	09/04/2014	11	2	1/4 Hour	Monthly Recurring	$0.00	04/01/2014	Approved	Error	EDMONDS, SAM	3608887965
10199919022	2	1	200010778WA	AAF, GINA	201102008	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2014	07/31/2014	100	1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	Error	EDMONDS, SAM	3608887965
10000002587	2	1	200907004WA	WATERS, BILL	201102008	T1019	Personal care ser per 15 min			02/01/2014	12/31/2014	11	1	1/4 Hour	Monthly Recurring	$0.00	01/07/2014	Approved	No Error	WEST, CATHY	3608887745
10000002988	8	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/04/2014	07/04/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002988	7	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/03/2014	07/03/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002988	6	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/02/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965

View Error

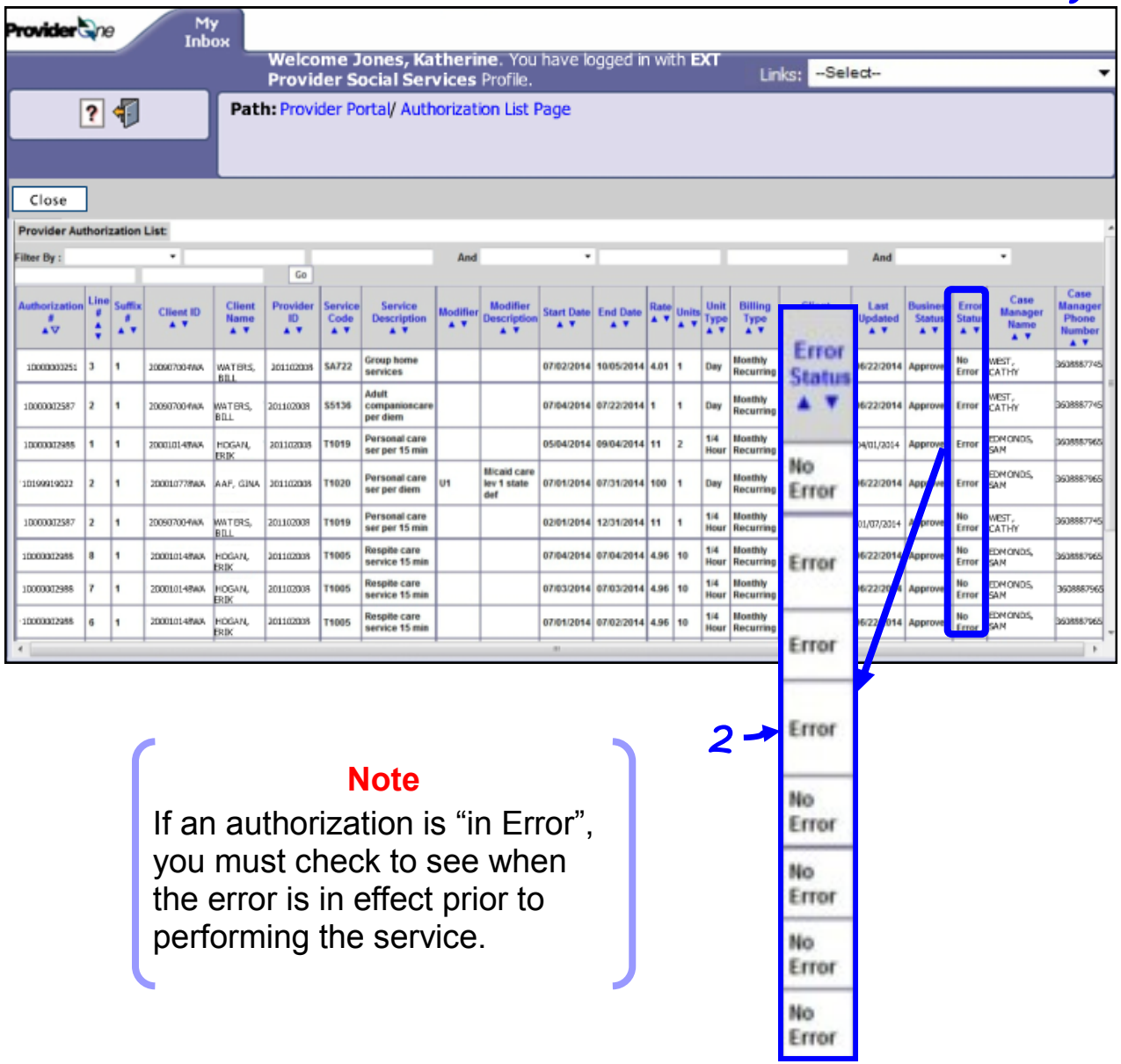
This section covers how to determine when an “Error” will prevent a provider from providing and being paid for a service during a specific time period.

1. From the Provider Authorization List Page
2. Authorization is in “Error”

Information you can check

1. Check the expiration date of your contacts in Manage Provider data, Step 8 Contract Information.
2. Check the expiration date you licenses.

1 Provider Authorization List Page



Note

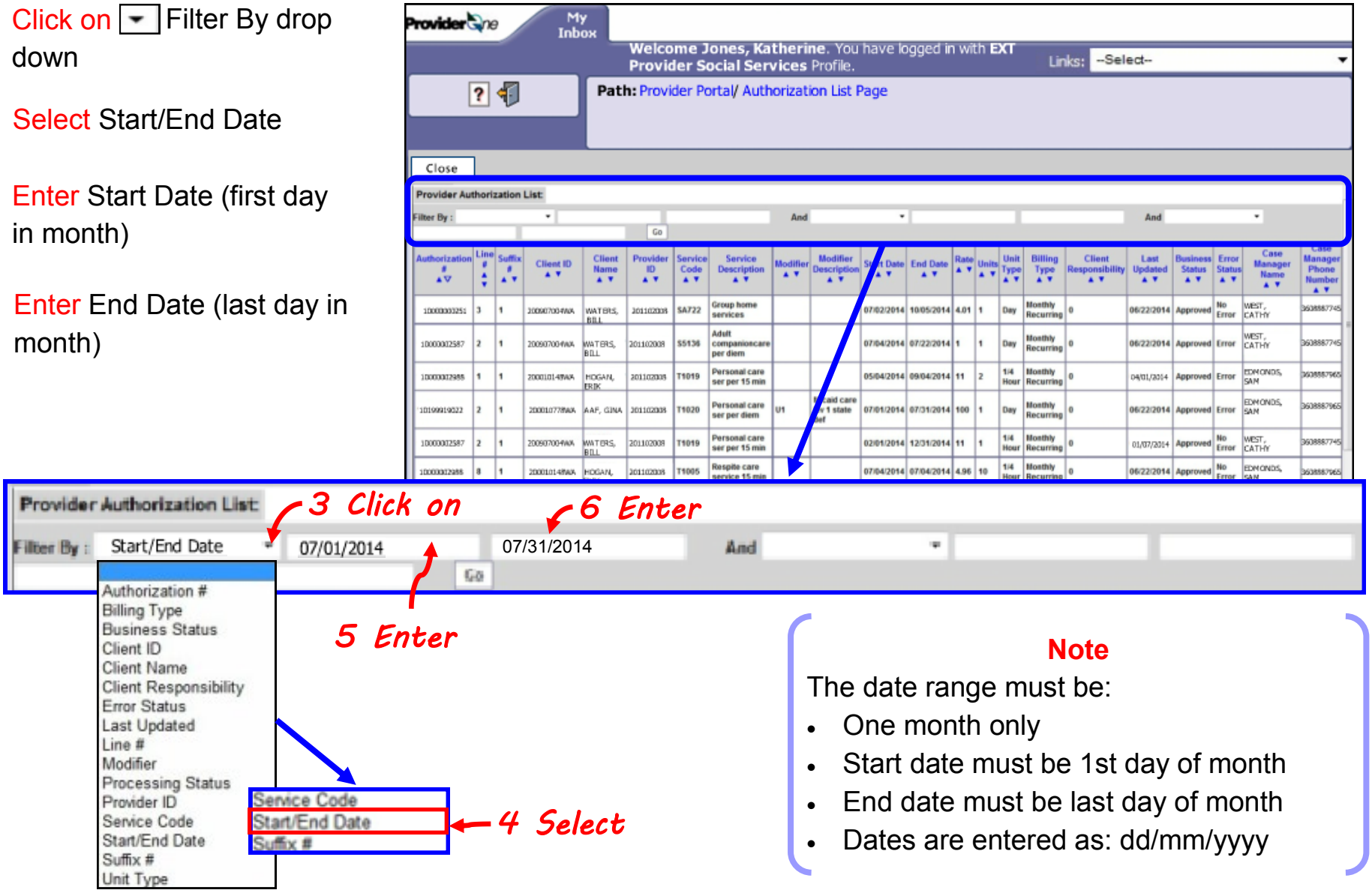
If an authorization is “in Error”, you must check to see when the error is in effect prior to performing the service.

View Error

To identify when an error is in effect for a specific month. Conduct a search for that month.

3. Click on ▼ Filter By drop down
4. Select Start/End Date
5. Enter Start Date (first day in month)
6. Enter End Date (last day in month)

Provider Authorization List Page



Note

The date range must be:

- One month only
- Start date must be 1st day of month
- End date must be last day of month
- Dates are entered as: dd/mm/yyyy

7. Search results appear

8. For the search month, the authorizations show “No Error” so the provide can perform the authorized services and be paid by ProviderOne.

7

11 Search Results

Provider Authorization List:

Filter By : Start/End Date 07/01/2014 07/31/2014 And Go

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Last Updated	Business Status	Error Status	Case Manager Name	Case Manager Phone Number
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services			07/01/2014	07/31/2014	4.01	1	Day	Monthly Recurring	2/2014	Approved	No Error	WEST, CATHY	3608887745
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem			07/01/2014	07/31/2014	1	1	Day	Monthly Recurring	2/2014	Approved	No Error	WEST, CATHY	3608887745
10000002988	1	1	200010148WA	HOGAN, ERIK	201102008	T1019	Personal care ser per 15 min			07/01/2014	07/31/2014	11	2	1/4 Hour	Monthly Recurring	1/2014	Approved	No Error	EDMONDS, SAM	3608887965
10199919022	2	1	200010778WA	AAF, GINA	201102008	T1020	Personal care ser per diem	U1	Micaid care lev 1 state def	07/01/2014	07/31/2014	100	1	Day	Monthly Recurring	2/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002587	2	1	200907004WA	WATERS, BILL	201102008	T1019	Personal care ser per 15 min			07/01/2014	07/31/2014	11	1	1/4 Hour	Monthly Recurring	07/2014	Approved	No Error	WEST, CATHY	3608887745
10000002988	8	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/31/2014	4.96	10	1/4 Hour	Monthly Recurring	2/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002988	7	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/31/2014	4.96	10	1/4 Hour	Monthly Recurring	2/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002988	6	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/31/2014	4.96	10	1/4 Hour	Monthly Recurring	2/2014	Approved	No Error	EDMONDS, SAM	3608887965

Error Status

No Error
No Error
No Error
No Error
No Error
No Error
No Error
No Error

If the authorization you want does not show than it is in “Error” for the time you want to provide the service. Contact the Billing Assistance for Social Services (BASS) team to find out why the authorization is in error.

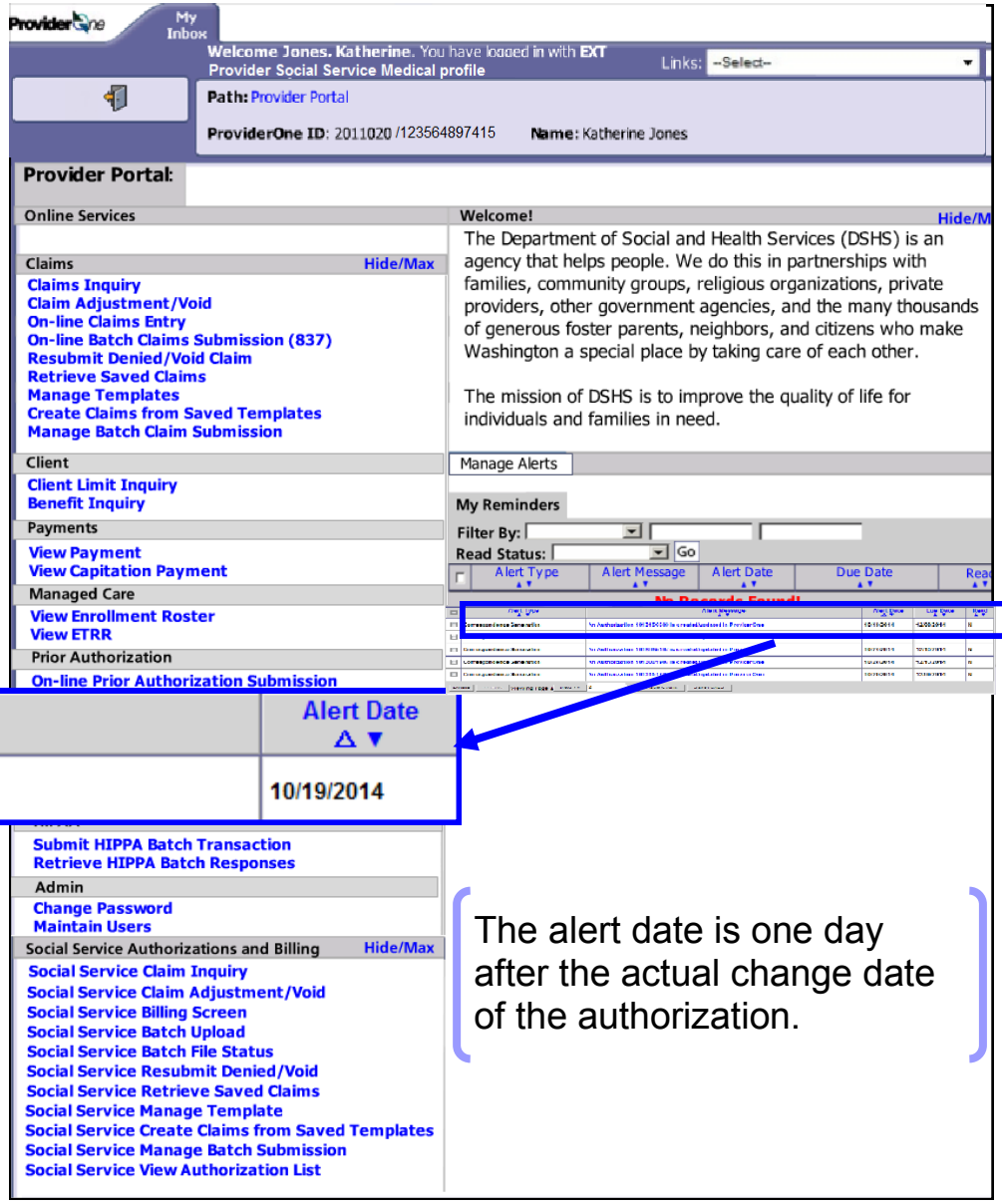
View Authorization History

When you receive an alert message that says your authorization has been changed, this section shows you how to find out what has changed.

1. From the Portal Page

2. Alert message appears informing you that an authorization has been changed

1 Portal Page



The alert date is one day after the actual change date of the authorization.

View Authorization History

This section cover how to search and view an authorization's history and to identify how an authorization has changed.

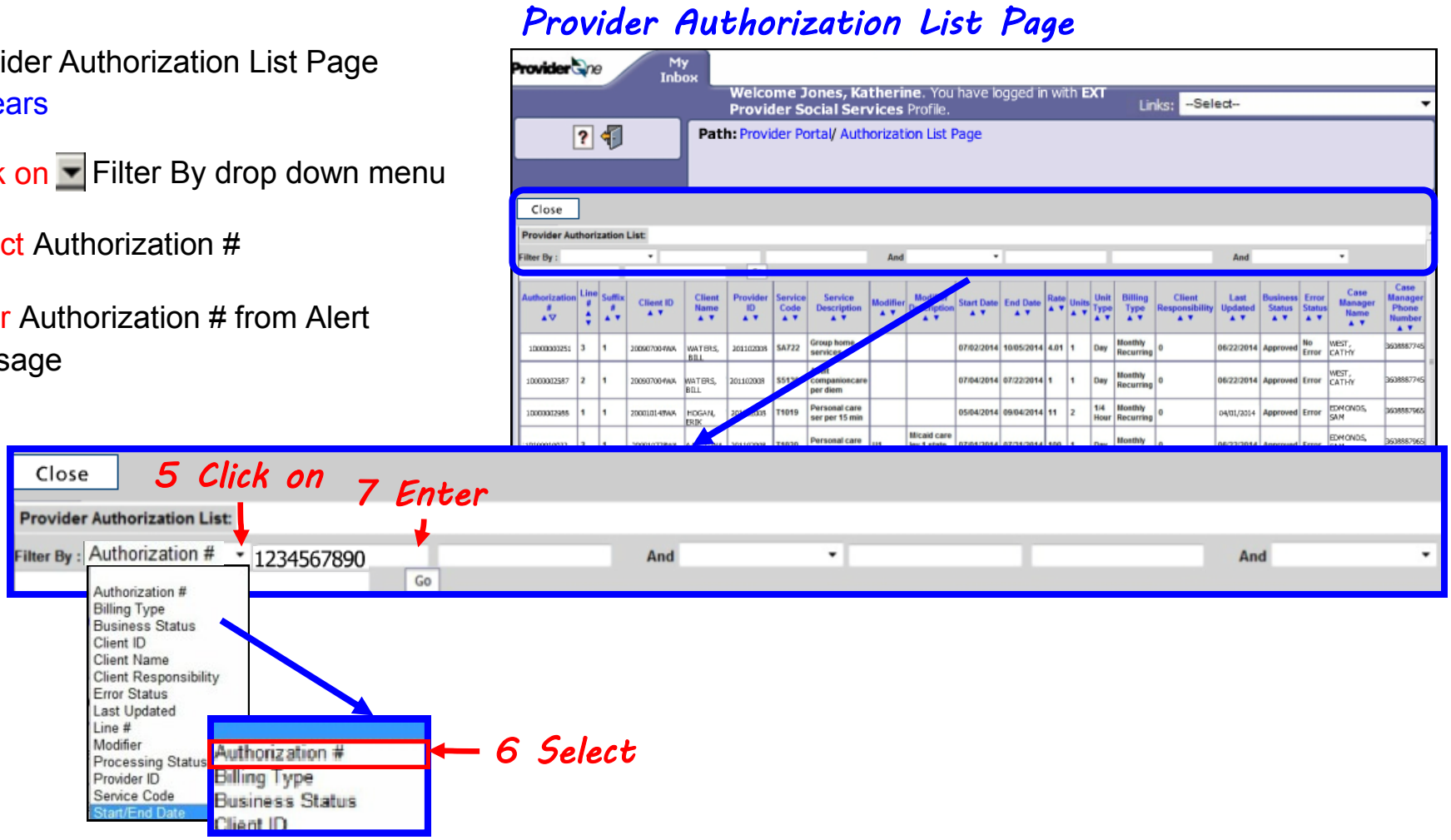
3. Click on Social Service View Authorization List

Provider Portal

3 Click on

View Authorization History

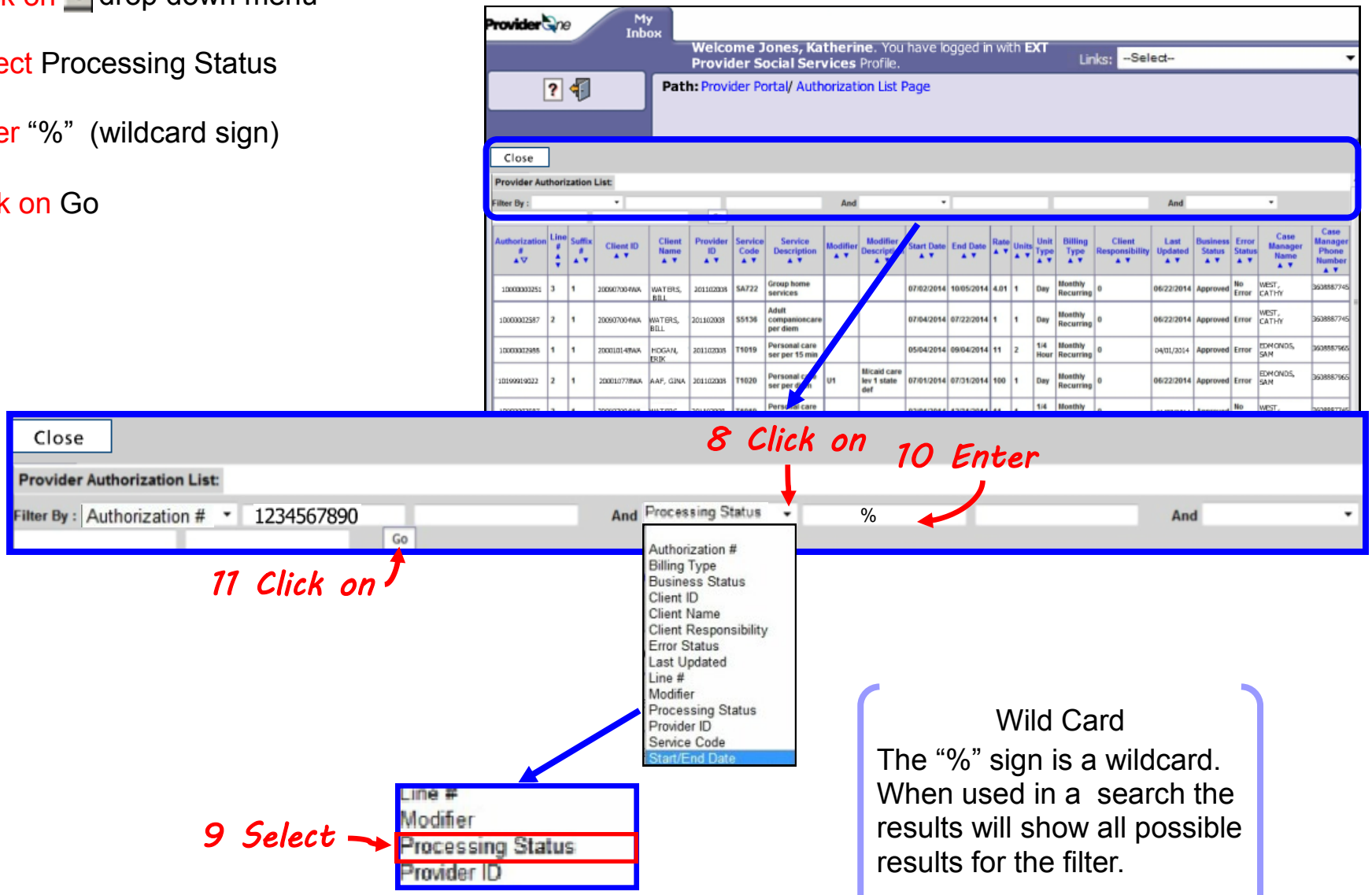
4. Provider Authorization List Page appears
5. Click on Filter By drop down menu
6. Select Authorization #
7. Enter Authorization # from Alert Message



View Authorization History

8. Click on drop down menu
9. Select Processing Status
10. Enter "%" (wildcard sign)
11. Click on Go

Provider Authorization List



Wild Card

The "%" sign is a wildcard. When used in a search the results will show all possible results for the filter.

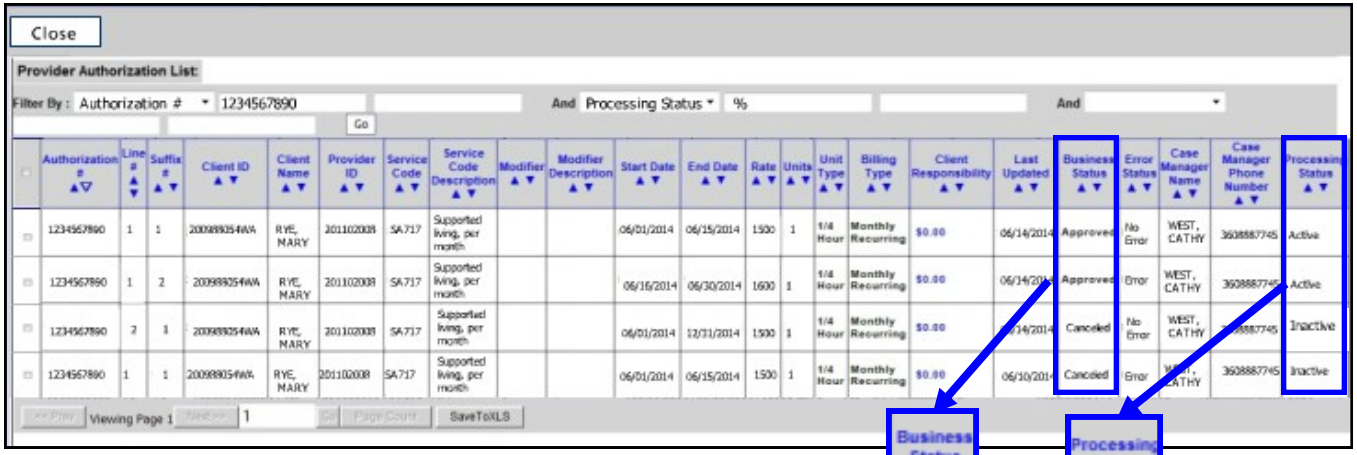
View Authorization History

12. The filtered list appears showing the Business Status as: Approved, Canceled, or In Review.

13. The list shows the Business Status as: Approved, Canceled, or In Review.

14. The list shows the Processing Status as: Active or Inactive.

12 Filtered Authorization List



Status

Authorization must be:

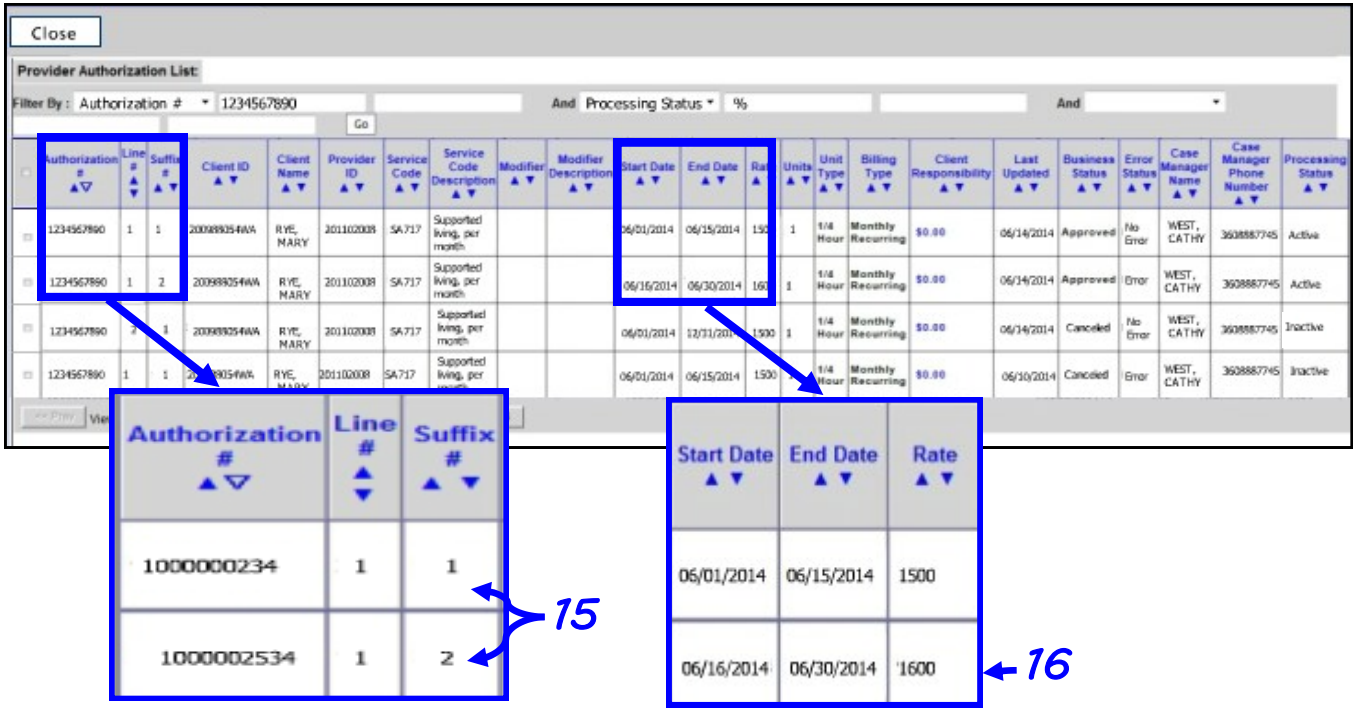
- Business Status: **Approved**
- Processing Status: **Active**

To provide service and be paid.

15. The Suffix # "2" shows that this authorization has been split into time periods

16. The rate for this authorization was changed for the period 06/15/2014 and 06/30/2014

Filtered Authorization List



Note:

- If the change effects the entire time period of the authorization it will not "split". The old service line will become "inactive" and a new service line will become "active".
- When billing, the provider only needs to list the "Authorization #" in the claim. ProviderOne will select which "Suffix #" and "Rate" to use based on the Date of Service. IE: All bills dated 06/16 to 06/30 will be have a "Rate" of $1,600.

View Client Responsibility

This section covers viewing client responsibility.

1. From the Provider Authorization List Page

2. Click on the monthly responsibility amount to view a breakdown of responsibility for the authorization.

Responsibility

The amount shown in the Client Responsibility field is the responsibility for the current or search month.

2 Click on

1 Provide Authorization List Page

Provider Authorization List:

Filter By : Start/End Date 07/01/2014 And Start/End Dat And

Go

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description				Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	Case Manager Name	Case Manager Phone Number
10000000251	3	1	200907004WA	WATERS, BILL	201102008	SA722	Group home services						1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	3608887745
10000002587	2	1	200907004WA	WATERS, BILL	201102008	S5136	Adult companioncare per diem						1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	WEST, CATHY	3608887745
10000002988	1	1	200010148WA	HOGAN, ERIK	201102008	T1019	Personal care ser per 15 min						2	1/4 Hour	Monthly Recurring	$0.00	04/01/2014	Approved	No Error	EDMONDS, SAM	3608887965
10199919022	2	1	200010778WA	AAF, GINA	201102008	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def				1	Day	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002587	2	1	200907004WA	WATERS, BILL	201102008	T1019	Personal care ser per 15 min						1	1/4 Hour	Monthly Recurring	$0.00	01/07/2014	Approved	No Error	WEST, CATHY	3608887745
10000002988	8	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min						10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002988	7	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/31/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965
10000002988	6	1	200010148WA	HOGAN, ERIK	201102008	T1005	Respite care service 15 min			07/01/2014	07/31/2014	4.96	10	1/4 Hour	Monthly Recurring	$0.00	06/22/2014	Approved	No Error	EDMONDS, SAM	3608887965

Client Responsibility

$0.00
$100.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00

View Client Responsibility

3. From the Authorization Line Client Responsibility
4. Year and Month
5. Third Party Resource
6. Room & Board
7. Participation
8. Total Client Responsibility
   for the length of the Authorization

3 Authorization Line Client Responsibility

http://10.4.3.61:9083/r8itf/CNSIControlServlet - Windows Internet Explorer

Authorization Line Client Responsibility

Yr/Mo	Last Update Date	Third Party Resource	Room & Board	Participation	Total Client Responsibility
2014/06	06-22-2014 22:08:22	$0.00	$0.00	$100.00	$1200.00
2014/07	06-22-2014 22:08:22	$0.00	$0.00	$100.00	$1200.00
2014/08	06-22-2014 22:08:22	$0.00	$0.00	$100.00	$1200.00
2014/09	06-22-2014 22:08:22	$0.00	$0.00	$100.00	$1200.00
2014/10	06-22-2014 22:08:22	$0.00	$0.00	$100.00	$1200.00

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

Cancel

125%

"Other Than Daily" Unit Types

All claims are based on date of service (the day the service was provided).

Unit Types: 1/4 hour, 1/2 hour, hour, each, per visit, mile, daily, monthly

1. Each service line is a single day. (See date range for daily & monthly unit types)

2. The number of Units provided on each day of service can be more than 1 (except daily)

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

* Service Date From: mm dd ccyy

* Service Date To: mm dd ccyy

Place of Service:

* Procedure Code:

Modifiers: 1: 2: 3: 4:

* Submitted Charges: $

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

* Units:

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

2

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

Add Service Line I

Previously Entered Line Item Information

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

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Add Service Line Item | Update Service Line Item

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: $70.00

Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	01/20/2014	01/20/2014	T1019					4	Delete
2	01/21/2014	01/21/2014	T1019					6	Delete
3	01/22/2014	01/22/2014	T1019					4	Delete

1

"Other Than Daily" Unit Types

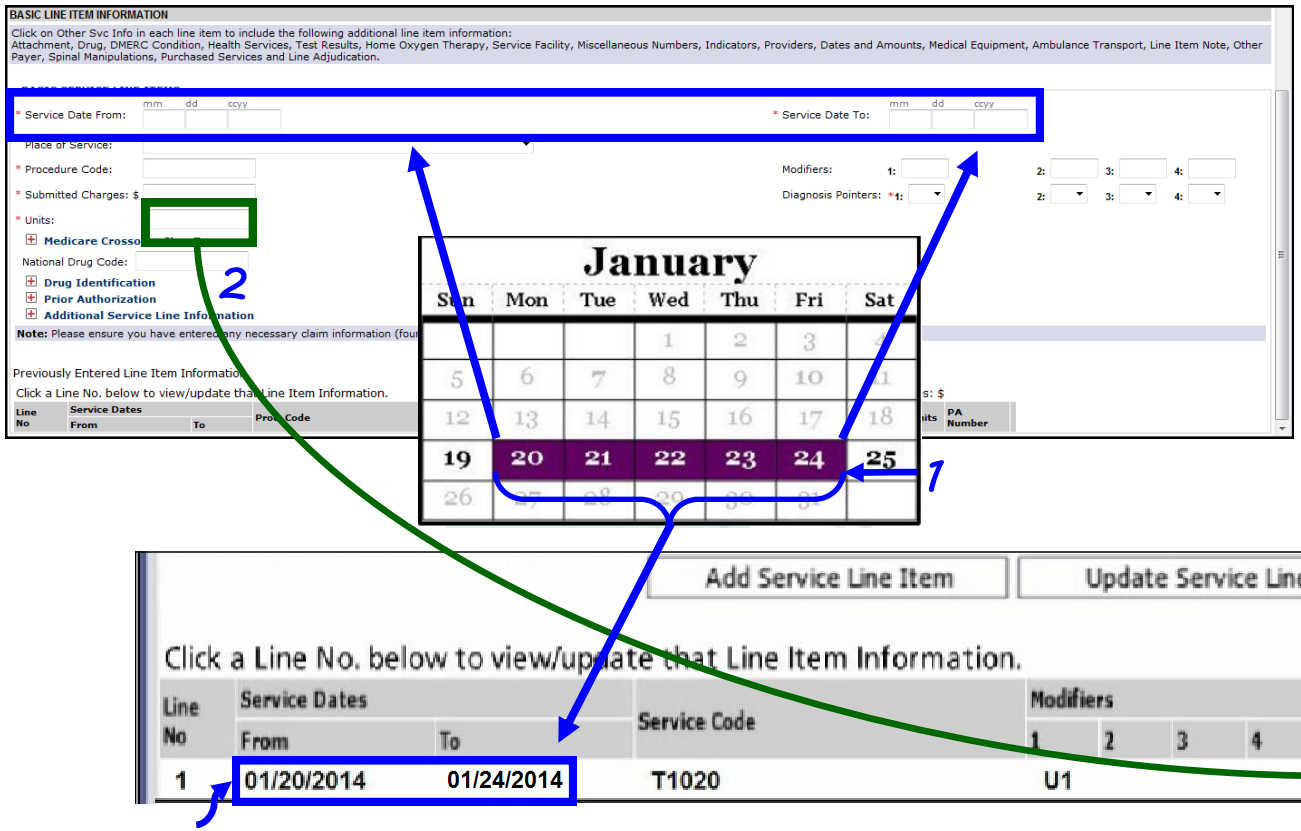
1. Date range from and to dates must be consecutive (in a row, with no breaks), within the same calendar month, and daily or monthly units.

2. The number of Units must equals the number of days in the range for daily unit types, or 1 unit for the month within the range for monthly

3. When you Add Service Line, the date range will be a single service line. A note will appear on you billing page telling you that the date range will be broken down into individual daily service line when the claim is pro-

Important

A date range, or span, can **only** be used when:

- Unit Type = daily or monthly
- Days were worked consecutively (in a row with no breaks)
- The date range is within the same calendar month.
- # of units match the # of days (daily units) or months (monthly units) within the range

You can not claim a daily unit type on the same day of service.