

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

- Adjust Paid Claim2
 - Delete Service Line8
 - Change Service Line9
 - Add Service Line 11
 - Submit Adjusted Claim 12
- Void Paid Claim 15
- Resubmit Denied or Voided Claim20
- Common Denial Remarks Codes28

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.*

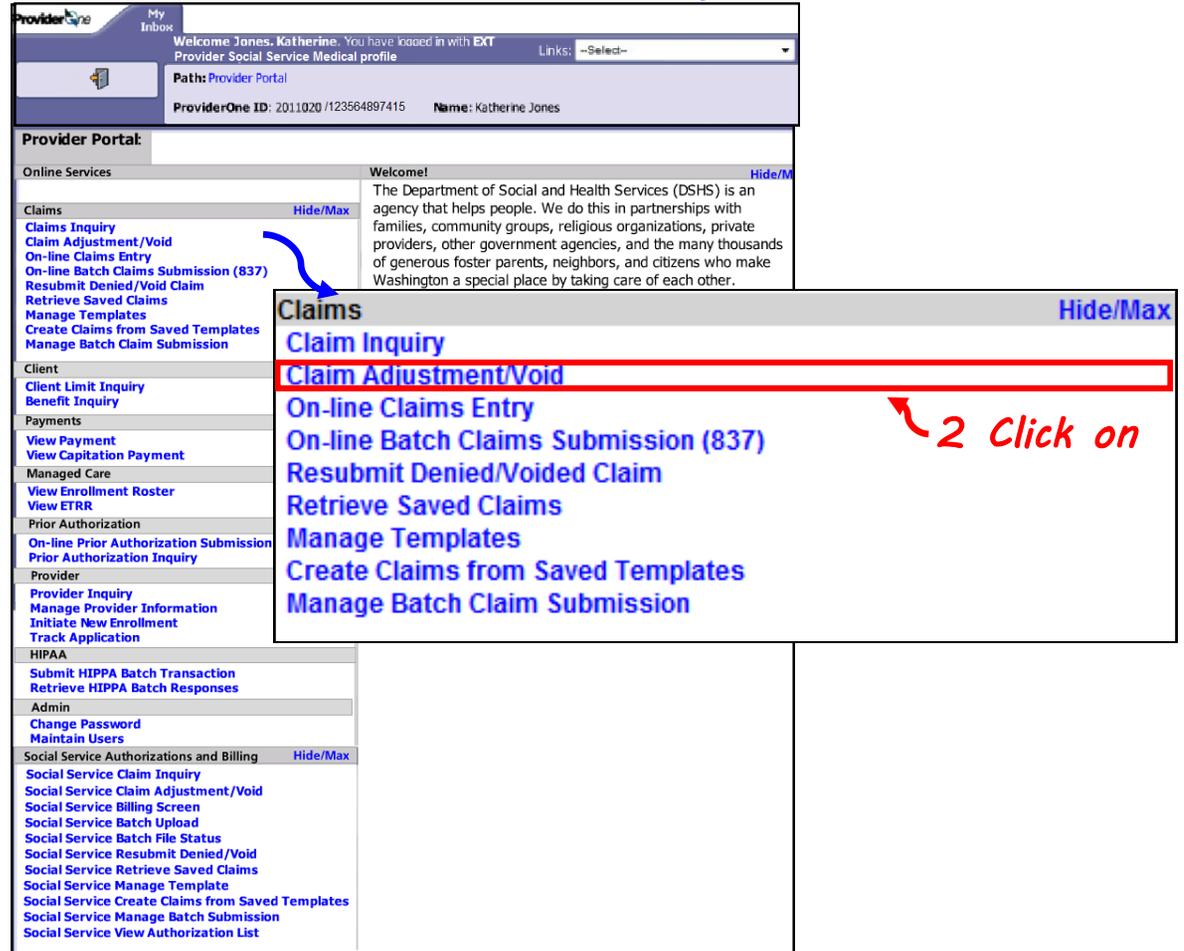
Void Claim: A canceled paid claim. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.

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

1 Social Service Medical Portal Page



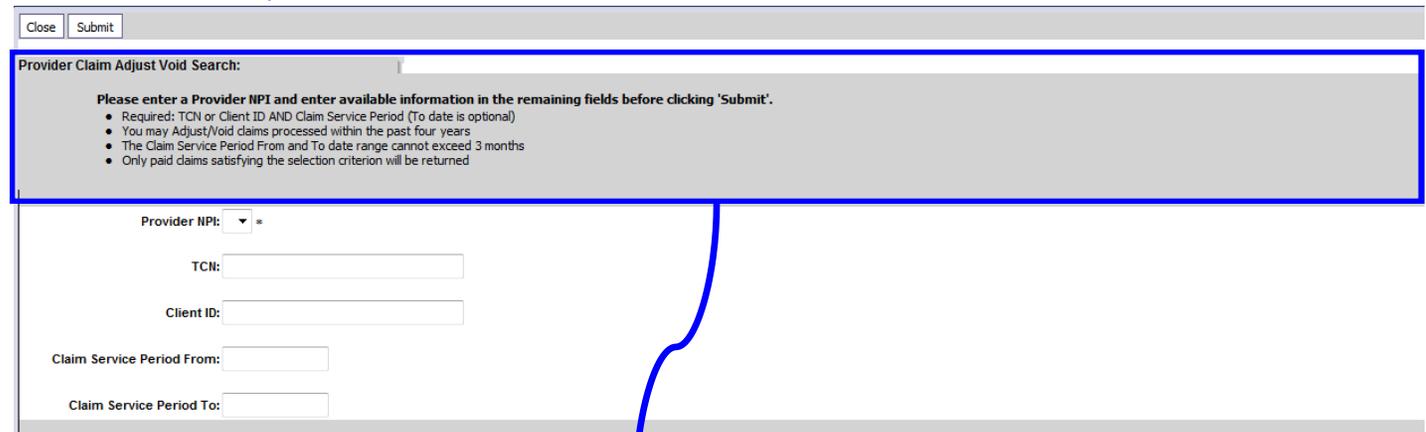
The screenshot shows the ProviderOne interface for Katherine Jones. The 'Claims' section is expanded, showing a list of actions. The 'Claim Adjustment/Void' option is highlighted with a red box and a red arrow labeled '2 Click on'. A blue arrow points to the 'Claims' section header.

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

3. Claim Adjust/Void
Search page appears

4. Search requirements

3 Claim Adjust/Void Search



The screenshot shows a web form titled "Provider Claim Adjust Void Search:". At the top, there are "Close" and "Submit" buttons. Below the title is a grey instruction box with the text: "Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'." followed by four bullet points: "Required: TCN or Client ID AND Claim Service Period (To date is optional)", "You may Adjust/Void claims processed within the past four years", "The Claim Service Period From and To date range cannot exceed 3 months", and "Only paid claims satisfying the selection criterion will be returned". Below the instruction box are five input fields: "Provider NPI:" with a dropdown menu and an asterisk, "TCN:" with a text box, "Client ID:" with a text box, "Claim Service Period From:" with a text box, and "Claim Service Period To:" with a text box. A blue arrow points from the instruction box in the screenshot to a larger, detailed version of the same instruction box below.

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

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

You can search by:

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

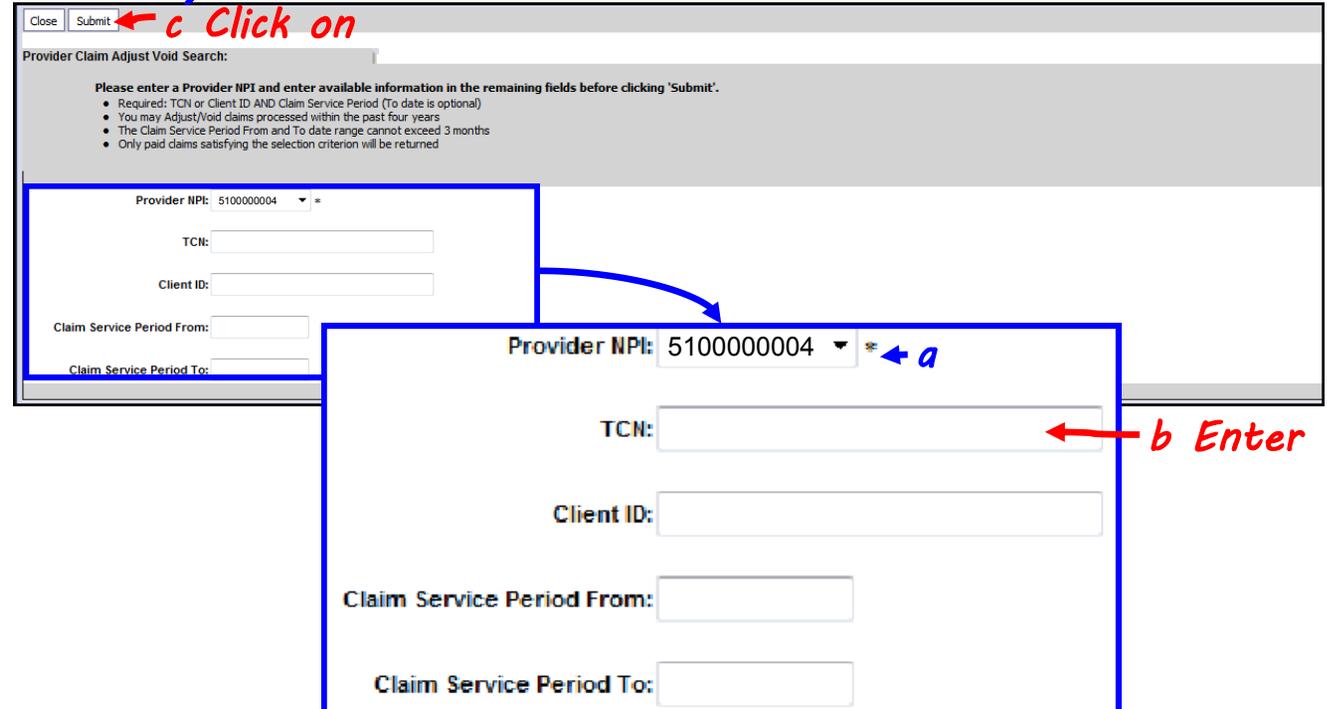
Search requests must be for claims submitted within the past 4 years.

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

Transaction Control Number (TCN) Search

- NPI
- Enter Transaction Control Number (TCN)
- Click on Submit

Claim Adjust/Void Search

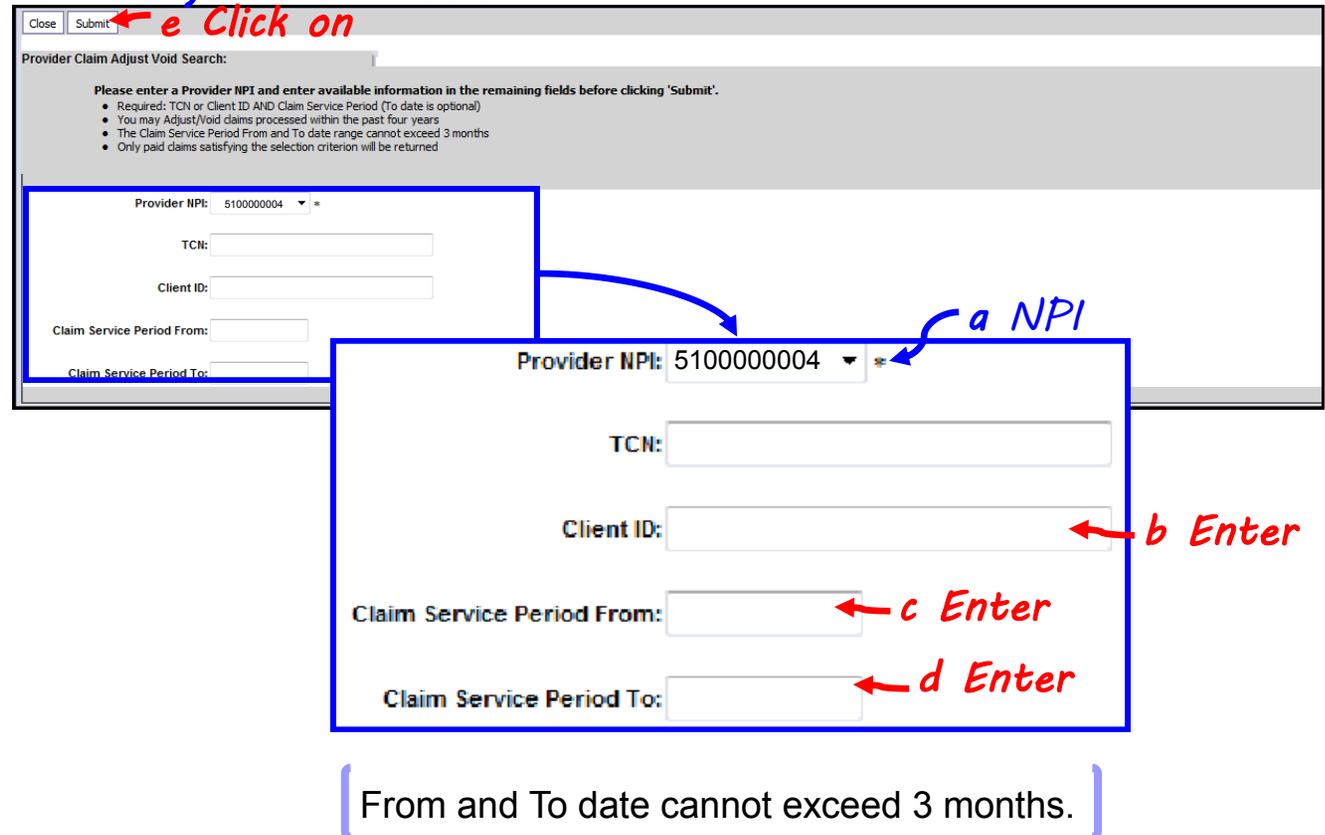


The screenshot shows a web form titled "Provider Claim Adjust Void Search". At the top, there are "Close" and "Submit" buttons. A red arrow labeled "c Click on" points to the "Submit" button. Below the buttons is a grey header area with the text "Provider Claim Adjust Void Search:" and a list of instructions: "Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'." followed by four bullet points: "Required: TCN or Client ID AND Claim Service Period (To date is optional)", "You may Adjust/Void claims processed within the past four years", "The Claim Service Period From and To date range cannot exceed 3 months", and "Only paid claims satisfying the selection criterion will be returned". The form fields are: "Provider NPI: 510000004" (a dropdown menu with a red arrow labeled "a" pointing to it), "TCN:" (a text input field with a red arrow labeled "b Enter" pointing to it), "Client ID:" (a text input field), "Claim Service Period From:" (a date input field), and "Claim Service Period To:" (a date input field). A blue box highlights the "Provider NPI" and "TCN" fields, and another blue box highlights the "Client ID", "Claim Service Period From", and "Claim Service Period To" fields. A blue arrow points from the "Provider NPI" field to the "TCN" field.

Client ID Search

- NPI
- Enter Client ID number
- Enter Claim Service Period from date
- Enter Claim Service Period To date
- Click on Submit

Claim Adjust/Void Search



Close Submit *e Click on*

Provider Claim Adjust Void Search:

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

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI: 510000004 * *a NPI*

TCN:

Client ID: *b Enter*

Claim Service Period From: *c Enter*

Claim Service Period To: *d Enter*

(From and To date cannot exceed 3 months.)

5. Claims 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 Claims Adjust Void List

			Provider NPI: 2011020						
Provider 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

6 Click on

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

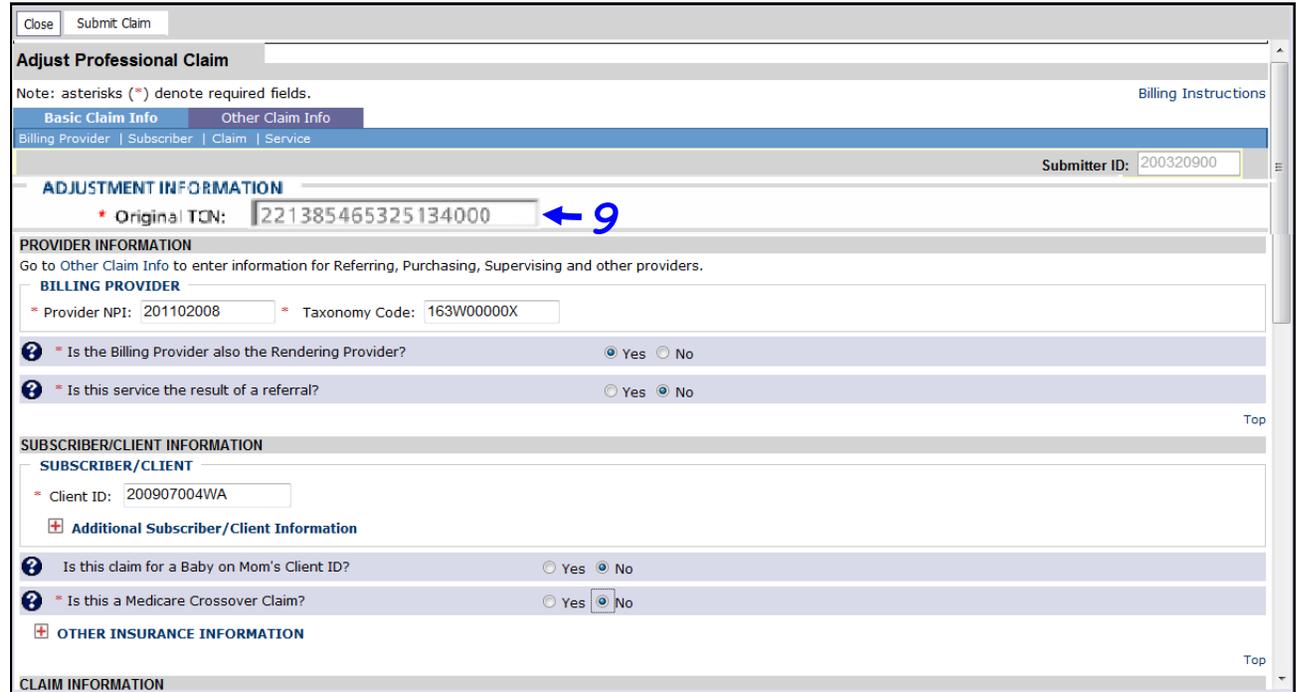
8. The Adjust Professional Claim page appears

9. The screen is similar to the Billing Screen; however, the page includes an **Original Transaction Control Number (TCN)**

8 Adjust Professional Claim

There are four ways you can adjust the paid claim:

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



Close Submit Claim

Adjust Professional Claim

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

Basic Claim Info | Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 200320900

ADJUSTMENT INFORMATION

* Original TCN: 221385465325134000 ← 9

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: 201102008 * Taxonomy Code: 163W00000X

* Is the Billing Provider also the Rendering Provider? Yes No

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

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 200907004WA

+ Additional Subscriber/Client Information

Is this claim for a Baby on Mom's Client ID? Yes No

* Is this a Medicare Crossover Claim? Yes No

OTHER INSURANCE INFORMATION

CLAIM INFORMATION

To delete a service line: removes a Service Line

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

Adjust Professional Claim

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.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 300.00

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	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				150	4		Delete or Other Service Info

a Click on

- b. Line clears

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.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 300.00

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	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info

b Line clears

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

a. **Click on** service line number

Adjust Claim

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.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 300.00

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	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				150	4		Delete or Other Service Info

a Click on →

b. Service line information

shows

b →

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: mm dd ccyy
 * Date From: 01 06 2015
 Place of Service:
 * Procedure Code: H2019
 * Submitted Charges: \$ 150
 * Units: 4

Service: mm dd ccyy
 * Date To: 01 06 2015

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

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 300.00

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	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				150	4		Delete or Other Service Info

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

c Change

Adjust Claim

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: mm dd ccy
 Date From: 01 06 2015
 Date To: 01 06 2015

Place of Service:

Procedure Code: H2019

Submitted Charges: \$ 112.50

Units: 3

Modifiers: 1: 2: 3: 4:

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

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.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 300.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				150	4		Delete or Other Service Info

d Click on

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 262.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				112.50	3		Delete or Other Service Info

e

To add a service line:

- Enter Basic Service Line Information
- Click on Add Service Line

a Enter *Adjust Claim*

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.

b Click on

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 262.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				112.50	3		Delete or Other Service Info

- Service Line appears

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 318.75

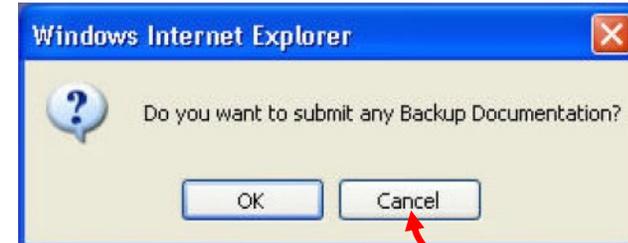
Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2015	01/01/2015	H2019					1				150	4		Delete or Other Service Info
2	01/06/2015	01/06/2015	H2019					1				112.50	3		Delete or Other Service Info
<i>c</i> → 3	01/08/2015	01/08/2015	H2019					HQ				56.25	3		Delete or Other Service Info

10. **Click on** Submit Claim
11. Backup Document Pop-up appears
12. **Click on** Cancel (Social Service Medical claims do not require documentation)
13. Adjust Claim Detail appears
14. **Note:** The adjusted claim has a new Transaction Control Number (TCN)
15. **Click on** OK to submit Adjusted Claim



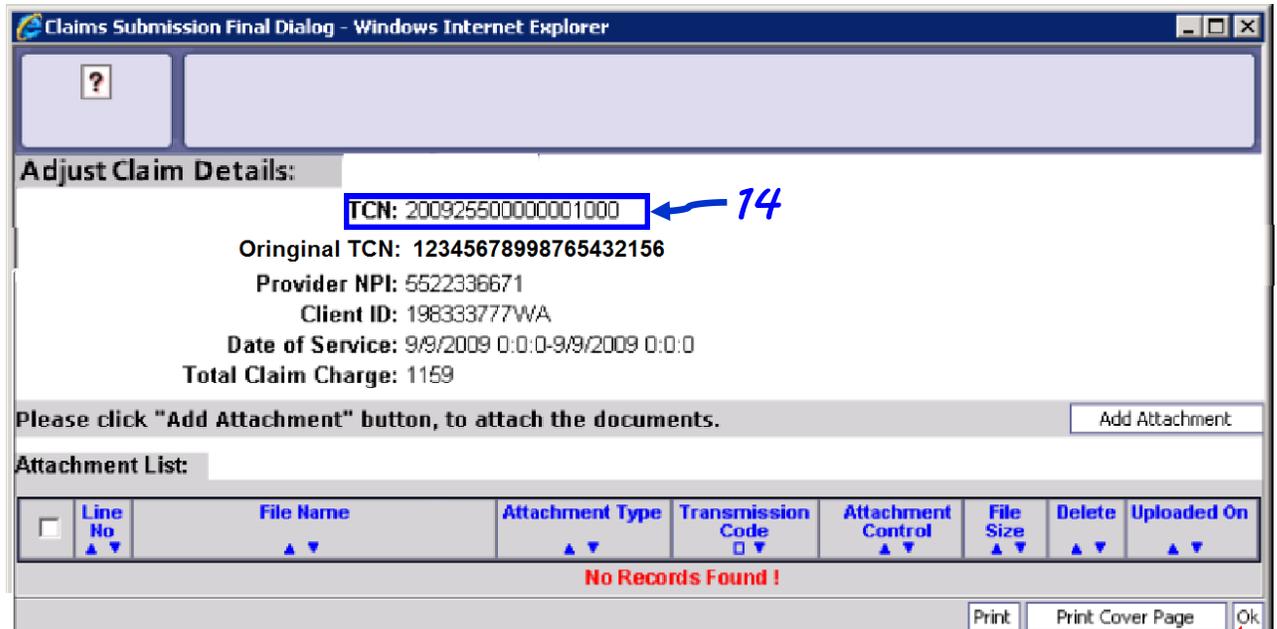
10 Click on

11 Backup Pop-up



12 Click on

13 Adjust Claim Details

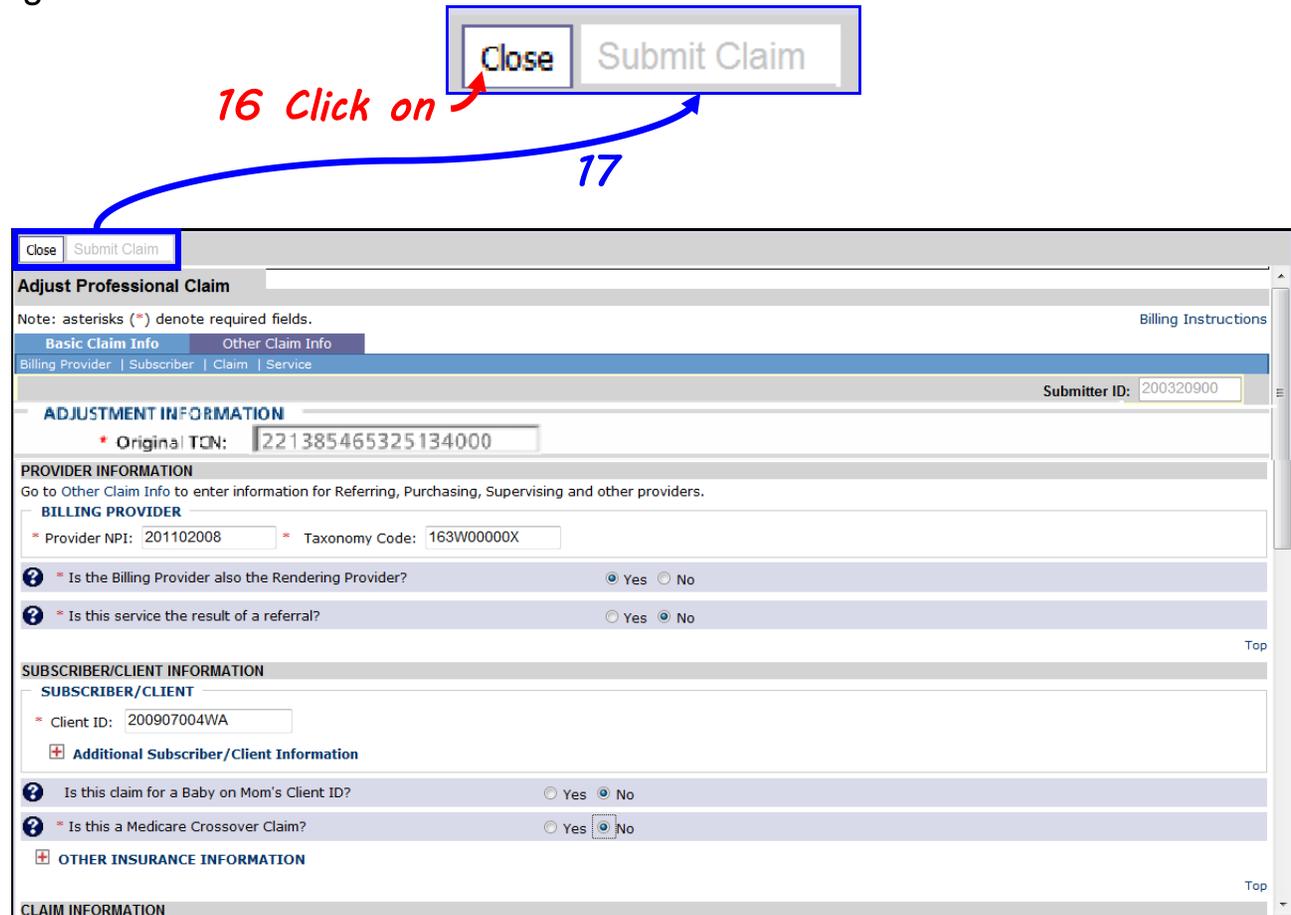


15 Click on

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

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

17. Click on Close



Close Submit Claim

Adjust Professional Claim

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

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 200320900

ADJUSTMENT INFORMATION

* Original TCN: 221385465325134000

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: 201102008 * Taxonomy Code: 163W00000X

? * Is the Billing Provider also the Rendering Provider? Yes No

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

Top

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 200907004WA

+ Additional Subscriber/Client Information

? * Is this claim for a Baby on Mom's Client ID? Yes No

? * Is this a Medicare Crossover Claim? Yes No

+ OTHER INSURANCE INFORMATION

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CLAIM INFORMATION

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

19 Click on



18 Claims Adjust Void List

Close		Adjust	Void Claim						
Provider NPI: 2011020									
Provider 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"/>	221385465325258594	1000000584	04/01/2013	1: For more detailed information, see remittance advice	\$575.00	\$120.00	Bill Waters	200907004WA	ADSH-H
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To void a paid claim.

1. From the [Claim Adjust Void List](#)

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

3. **Click on** Void Claim

3 Click on

Close Adjust Void Claim

1 Claim Adjust Void List

Provider NPI: 2011020

Provider 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

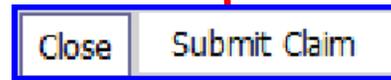
2 Click on

TCN	Authorization #	Date of Service
<input style="border: 1px solid red;" type="checkbox"/>	221385465325134000	1000000234
<input type="checkbox"/>	221385465325258594	1000000584

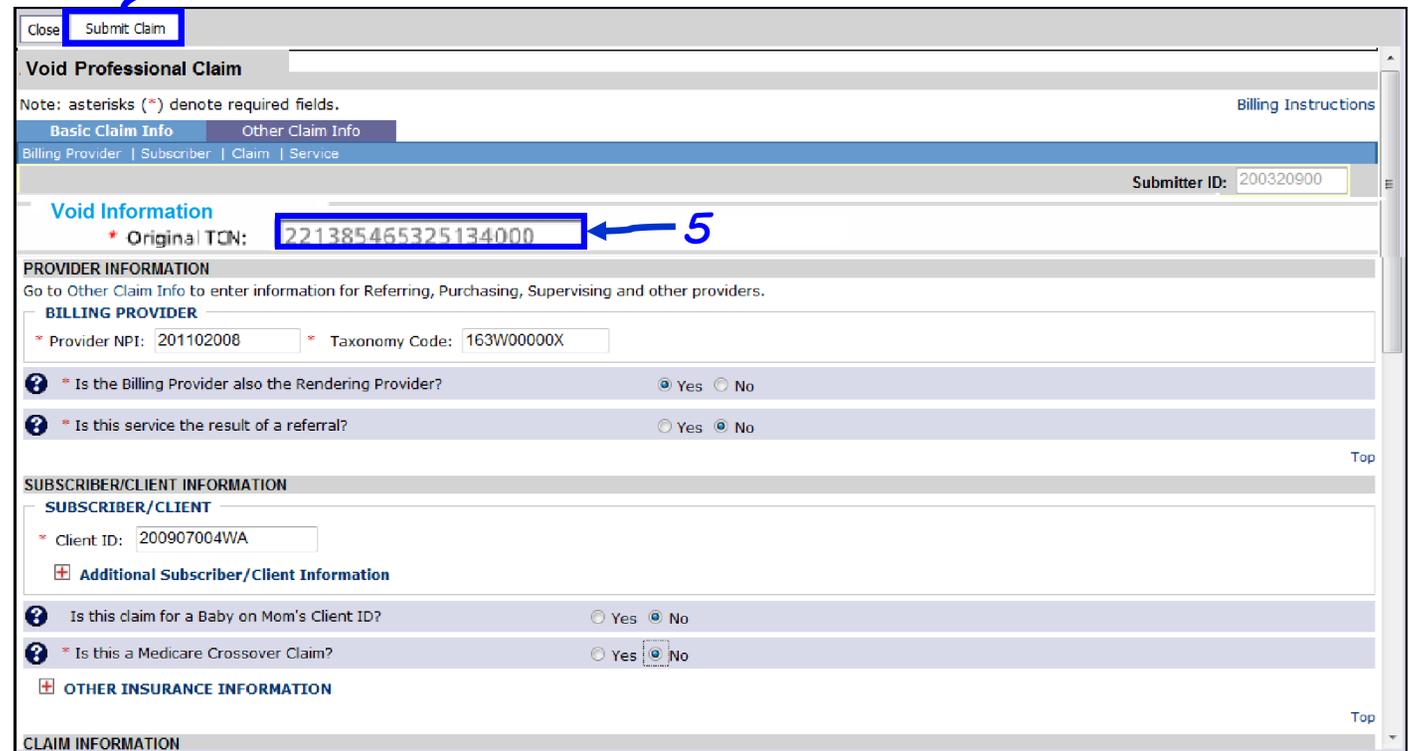
Voiding a claim results in the payment being taken back by ProviderOne. The system will reduce voided amount from future claims.

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

6 Click on



4 Void Claim

A screenshot of a web form titled 'Void Professional Claim'. At the top, there are 'Close' and 'Submit Claim' buttons. Below the title, there is a note: 'Note: asterisks (*) denote required fields.' and a 'Billing Instructions' link. The form is divided into sections: 'Basic Claim Info' (with 'Other Claim Info' as a sub-section), 'Void Information', 'PROVIDER INFORMATION', 'SUBSCRIBER/CLIENT INFORMATION', and 'CLAIM INFORMATION'. In the 'Void Information' section, the 'Original TCN' field contains the value '221385465325134000' and is highlighted with a blue box and a blue arrow labeled '5'. In the 'PROVIDER INFORMATION' section, there are fields for 'Provider NPI' (201102008) and 'Taxonomy Code' (163W00000X), and two questions with radio buttons: 'Is the Billing Provider also the Rendering Provider?' (Yes selected) and 'Is this service the result of a referral?' (No selected). In the 'SUBSCRIBER/CLIENT INFORMATION' section, there is a 'Client ID' field (200907004WA) and two questions with radio buttons: 'Is this claim for a Baby on Mom's Client ID?' (No selected) and 'Is this a Medicare Crossover Claim?' (No selected). There are also expandable sections for 'Additional Subscriber/Client Information' and 'OTHER INSURANCE INFORMATION'. The 'Submit Claim' button is highlighted with a blue box and a blue arrow labeled '6'.

7. Void Claim Detail appears
8. **Note:** The adjusted claim has a new Transaction Control Number (TCN)
9. **Click on** OK to submit voided claim

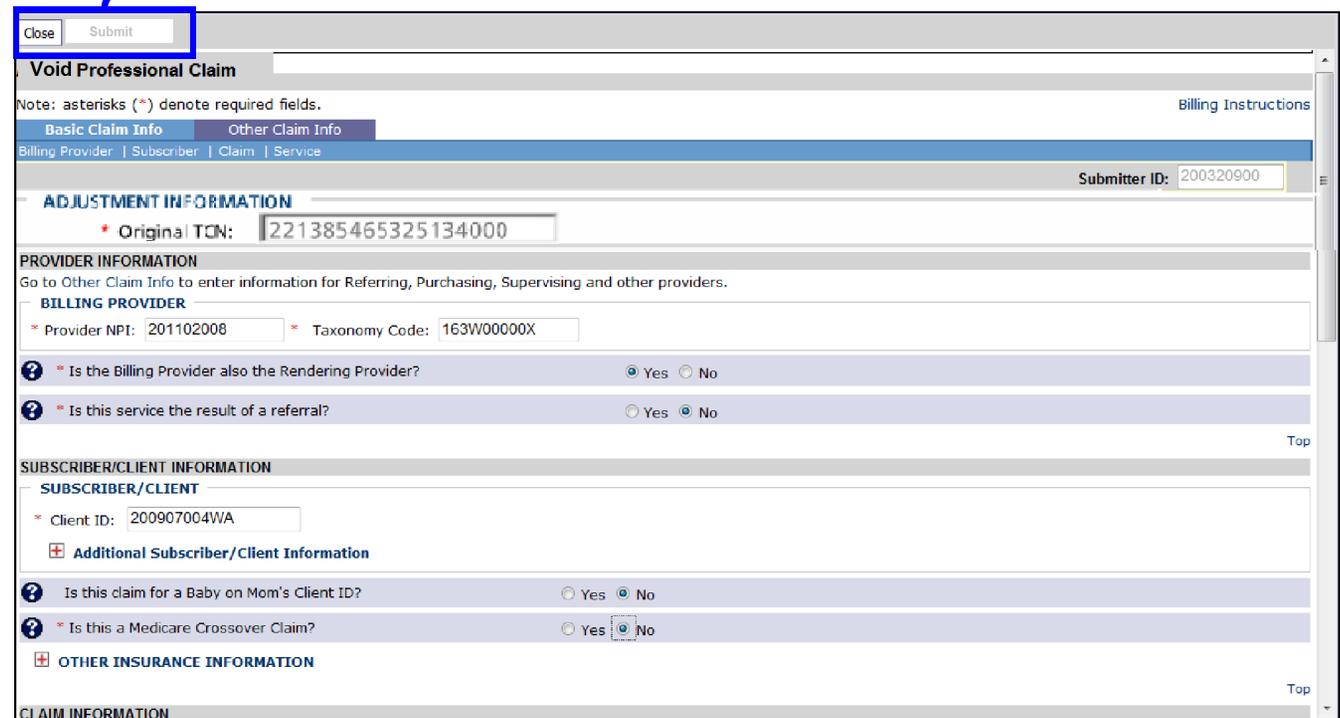
7 Void Claim Details

9 Click on

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

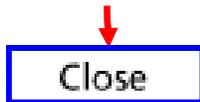
11. Click on Close



The screenshot shows the 'Void Professional Claim' form. At the top, there are 'Close' and 'Submit' buttons. The form contains several sections: 'ADJUSTMENT INFORMATION' with a field for 'Original TCN' (221385465325134000); 'PROVIDER INFORMATION' with a 'BILLING PROVIDER' section containing 'Provider NPI' (201102008) and 'Taxonomy Code' (163W00000X), and two questions: 'Is the Billing Provider also the Rendering Provider?' (Yes/No) and 'Is this service the result of a referral?' (Yes/No); 'SUBSCRIBER/CLIENT INFORMATION' with a 'SUBSCRIBER/CLIENT' section containing 'Client ID' (200907004WA) and an 'Additional Subscriber/Client Information' section, and two questions: 'Is this claim for a Baby on Mom's Client ID?' (Yes/No) and 'Is this a Medicare Crossover Claim?' (Yes/No); and 'OTHER INSURANCE INFORMATION'. The 'CLAIM INFORMATION' section is partially visible at the bottom.

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

Provider 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

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

1 Social Service Medical Portal Page

The screenshot shows the Provider Portal interface. The 'Claims' menu is expanded, and the 'Resubmit Denied/Voided Claim' option is highlighted with a red border. A red arrow points to this option with the text '2 Click on'. A blue arrow points from the 'Resubmit Denied/Voided Claim' option in the main menu to the same option in the expanded 'Claims' sub-menu.

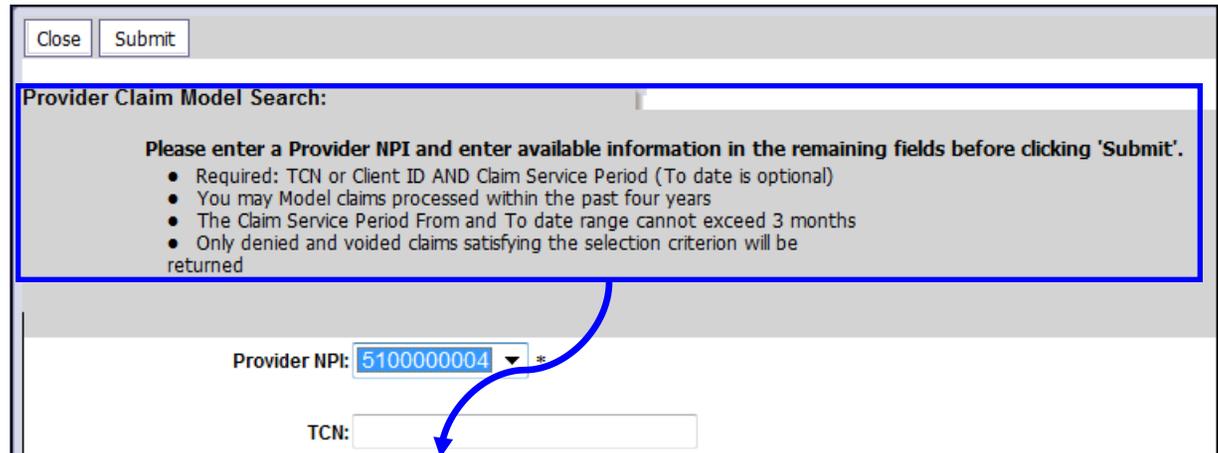
Denied Claim: A claim where the entire claim was denied.

3. Provider Claim Model
Search page appears

4. Search requirements

See page 3 and 4 for
search instructions.

3 Provider Claim Model Search



Close Submit

Provider Claim Model Search:

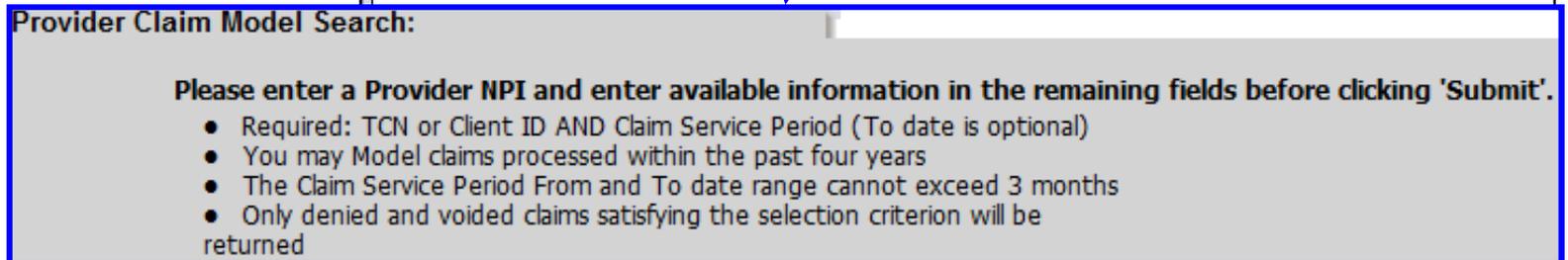
Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

Provider NPI: 5100000004 *

TCN:

4



Provider Claim Model Search:

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

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

You can search by:

- Transaction Control Number (TCN) or
- Client ID and Claim Service Period (From & 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.

5. 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 Claims Model List

TCN	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID	ADMINISTRATION
221385465325135322	03/26/2013	1: For more detailed information, see remittance advice	\$150.00	\$0.00	Bill Waters	200907004WA	ADSH-H
221385465325251114	04/02/2013	1: For more detailed information, see remittance advice	\$50.00	\$50.00	Bill Waters	200907004WA	ADSH-H

8. Billing Screen appears

8 Billing Screen

Close Save Claim Submit Claim Reset

Professional Claim:

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

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID:

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

* Is the Billing Provider also the Rendering Provider? Yes No

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

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

Is this claim for a Baby on Mom's Client ID? Yes No

* Is this a Medicare Crossover Claim? Yes No

OTHER INSURANCE INFORMATION

Common denial problems include:

a. Wrong Taxonomy Code

a Taxonomy Code:

b. Didn't enter an Authorization Code or Authorization is "In Error"

b

CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information: Specialized Line Services, Miscellaneous Line Data, Line Level Pr

PRIOR AUTHORIZATION

1. = Prior Authorization Number:

c. Diagnosis Code is too general and requires 4 or 5 digits

c Diagnosis Codes: * 1:

Common denial problems include:

d. Incorrect or missing client date of birth

d

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 200907004WA

Additional Subscriber/Client Information

* Org/Last Name: Waters First Name: Bill

* Date of Birth: mm dd cyyy 02 34 2016 * Gender: M-Male

Date of Death: mm dd cyyy Patient Weight: lbs

Patient is pregnant: Yes No

e. Using a date range for a Service Code with a 1/4, 1/2, hour, per visit, each, or mile unit type

e

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: \$ 112.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2015	01/31/2015	H2019					1				112.50	3		Delete or Other Service Info

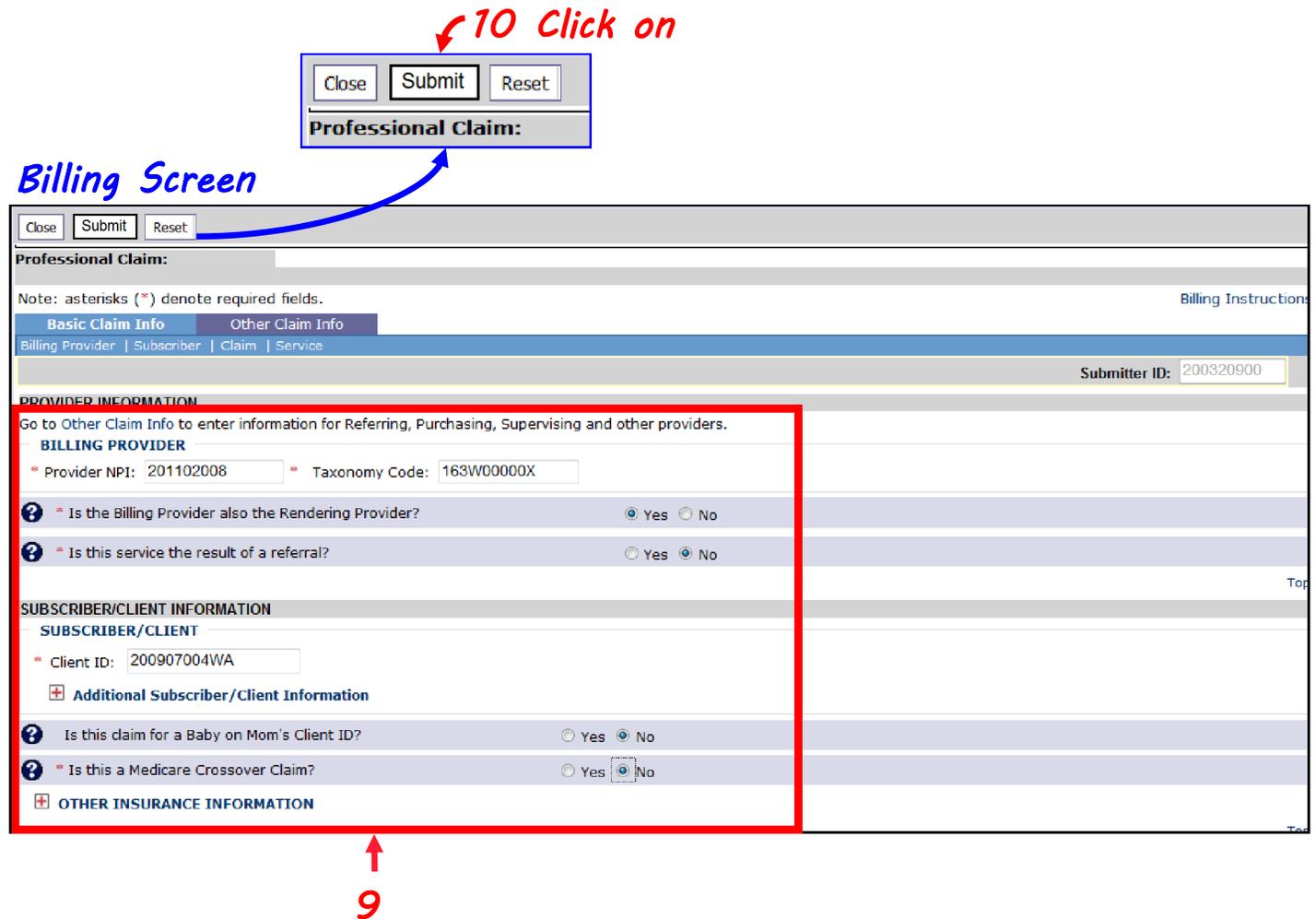
The Medical Provider “Basic Billing” How To Guide titled “Submit Social Service Medical or Shared Services Claim” provides step by step instructions on finding the common denial reason information.

9. Correct the errors

10. Click on Submit

10 Click on

Billing Screen



Close Submit Reset

Professional Claim:

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

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 200320900

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: 201102008 * Taxonomy Code: 163W00000X

Is the Billing Provider also the Rendering Provider? Yes No

Is this service the result of a referral? Yes No

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 200907004WA

+ Additional Subscriber/Client Information

Is this claim for a Baby on Mom's Client ID? Yes No

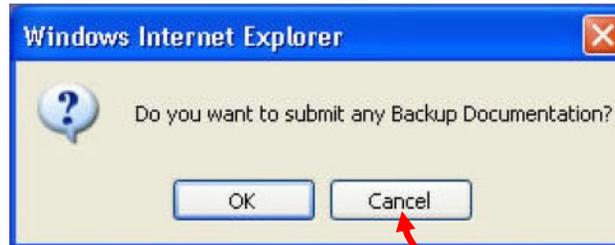
Is this a Medicare Crossover Claim? Yes No

+ OTHER INSURANCE INFORMATION

9

11. Backup Document Pop-up appears

11 Backup Pop-up

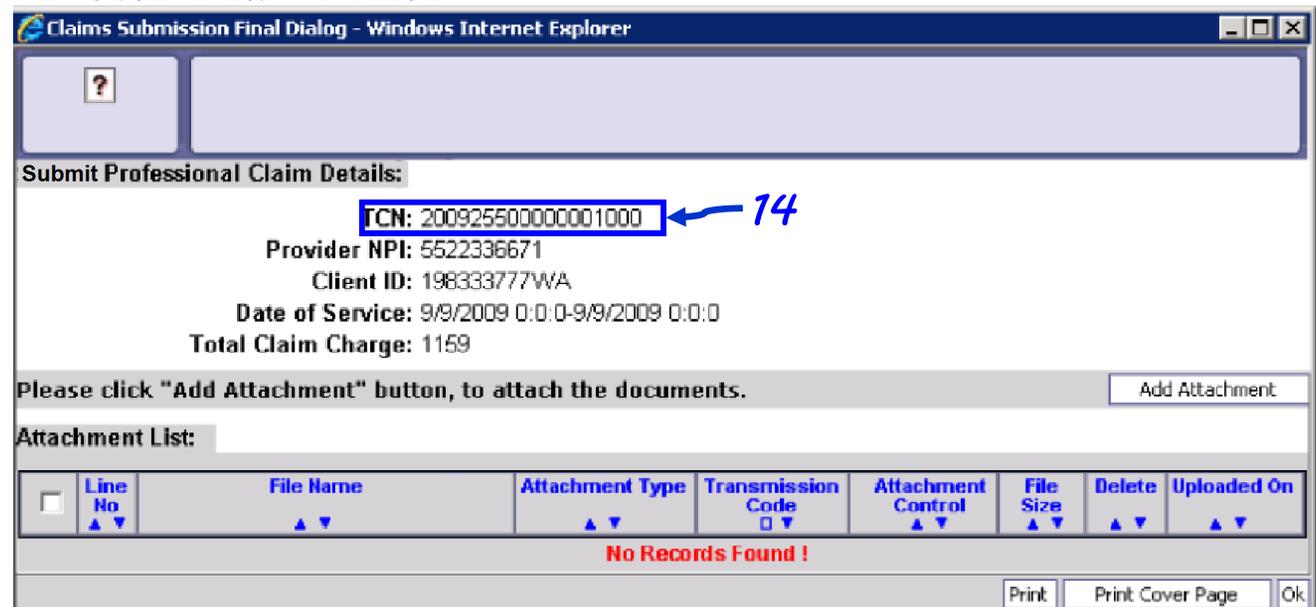


12 Click on

12. Click on Cancel (Social Service Medical claims do not require documentation.)

13. Void Claim Detail appears

13 Void Claim Details



15 Click on

14. Note: The resubmitted claim has a new Transaction Control Number (TCN)

15. Click on OK to submit the claim to ProviderOne

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

16. New Billing Page appears

17. Click on Close

18. Social Service Claims Model List appears

19. Click on Close

16 Billing Page

17 Click on

16 Billing Page

Close Save Claim Submit Claim Reset

Professional Claim:

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

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 200320900

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

* Is the Billing Provider also the Rendering Provider? Yes No

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

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

Is this claim for a Baby on Mom's Client ID? Yes No

* Is this a Medicare Crossover Claim? Yes No

19 Click on

18 Claims Model List

19 Click on

18 Claims Model List

Close Retrieve

Provider NPI: 2011020

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"/>	221385465325251114	04/02/2013	1: For more detailed information, see remittance advice	\$50.00	\$50.00	Bill Waters	200907004WA	ADSH-H

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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"> 1. Claimed dates of service are not within the authorization period 2. The authorization line is in error 	<ol style="list-style-type: none"> 1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	<ol style="list-style-type: none"> 1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted 	<ol style="list-style-type: none"> 1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
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