Claim Entry on Provider Express

The detailed overview of the Long Form:

- COB Claims
- Corrected Claims
- Claim Adjustments

Topics Covered on the Long Form

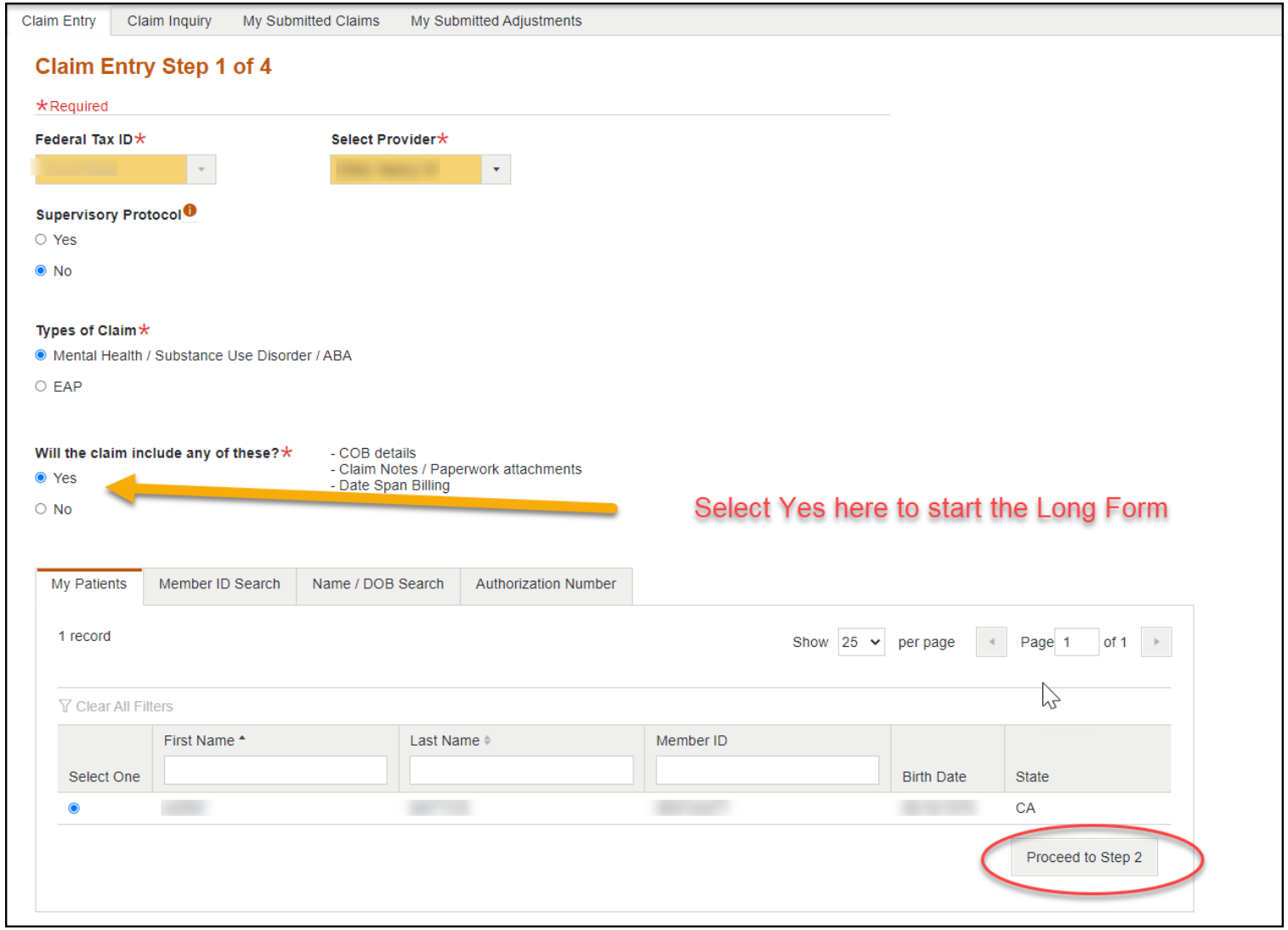
Step 1 of Claim Entry : Page 3

Step 2 of Claim Entry:

- ❑ Filing COB / Secondary Claims – Page 4 - 9
- ❑ Claim Level Attachments: Notes & Paperwork – Page 10
- ❑ Patient & Provider sections: Page 11
- ❑ Service Information: Corrected claim & Other attributes – Page 12
- ❑ Line Level Attachments: Paperwork, Notes & COB – Page 13 & 14
- ❑ Final Step of 2 – Page 15

Step 3 & 4 of Claim Entry: Page 16

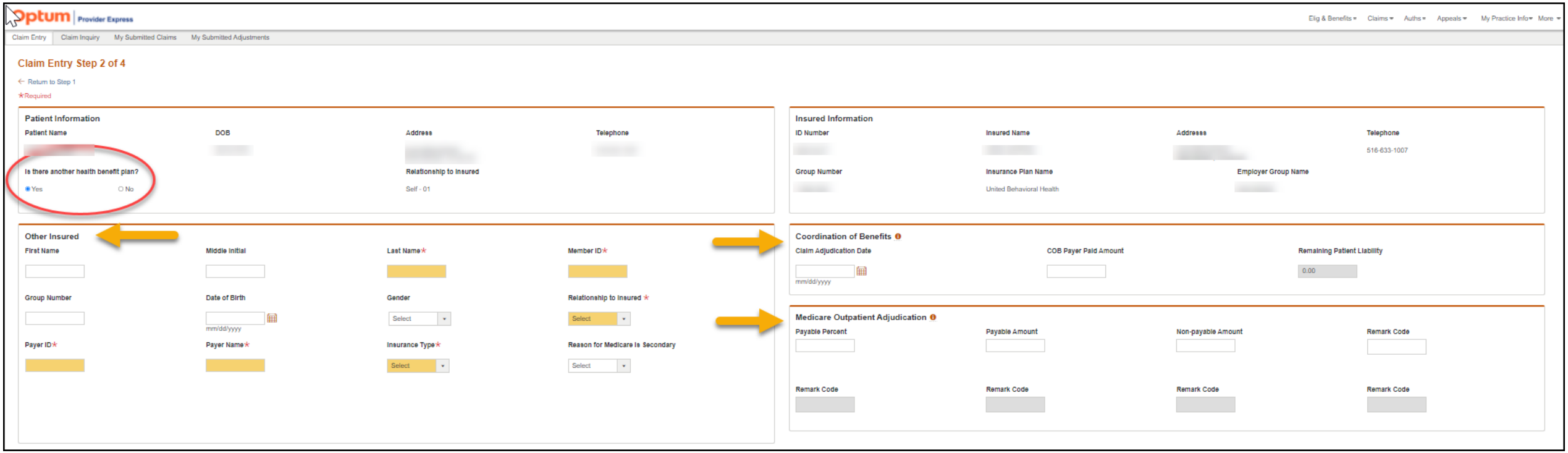
Claim Entry – Long Form - Step 1



- Select a Federal tax ID if there is more than one on file
- Select Provider name if you are logged in as a group.
- If the provider selected is supervising a rendering protocol, click yes
- Choose the type of claim: Mental health / Substance Use / ABA or EAP services.
- Select Yes If your claim requires any of the items listed to launch the Long Form:
  - COB Details
  - Claim Notes / Paperwork Attachments
  - Date Span Billing
- After you have searched for and selected the member, click on the “Proceed to Step 2” button.

Please Note: Throughout this form all required fields are highlighted in orange and are easily recognizable

Long Form - Step 2 – Another Health Plan



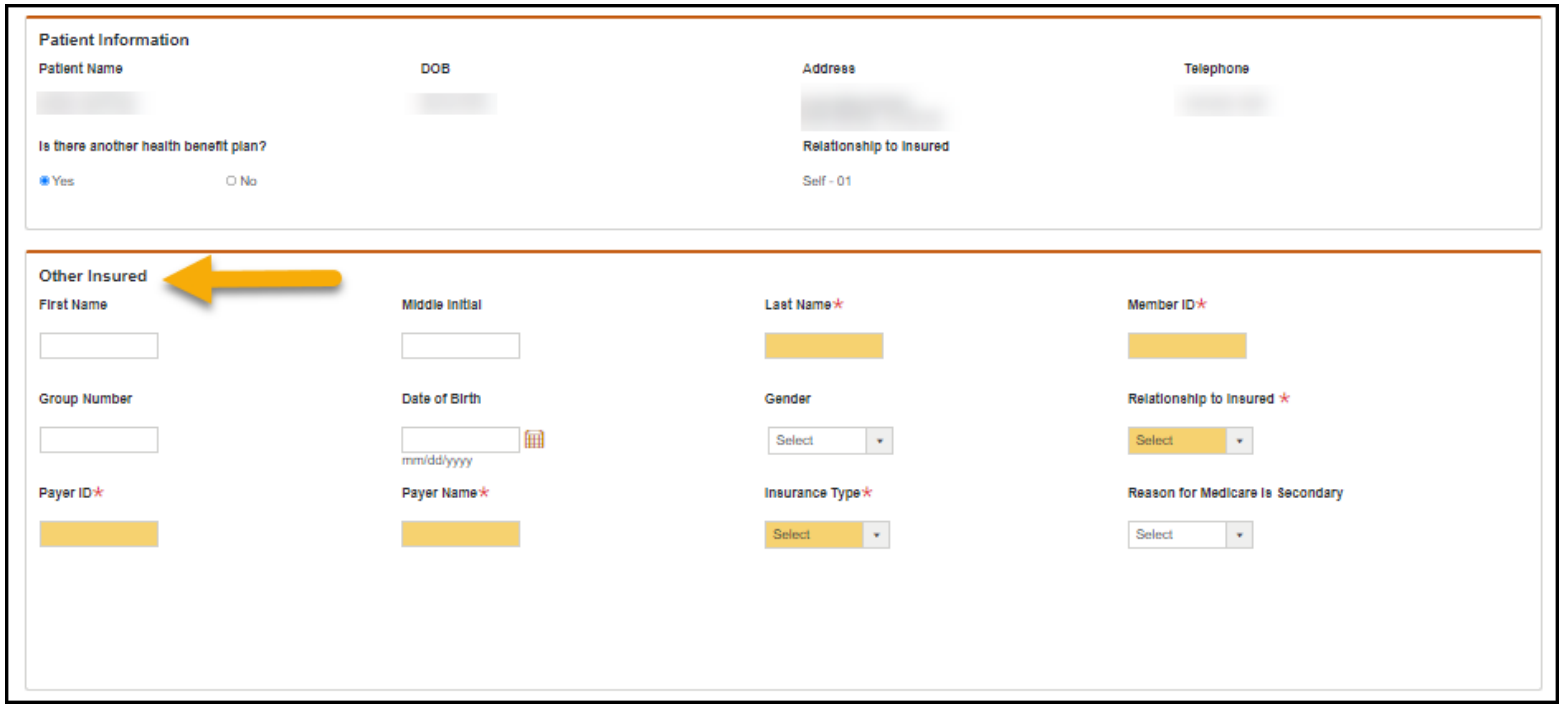
The Long Form displays a claim similar to the Short Form which pre-populates the Patient and Insured's information.

Select "Yes" if there is another health plan. Additional fields will then be displayed to support entry of data needed for COB claim filing including:

- **Other Insured**
- **Coordination of Benefits**
- **Medicare Outpatient adjudication**
- **COB Claim Adjustments**

Please note: By filling in these sections, the primary EOB/statement does NOT need to be submitted separately.

Long Form - Step 2 – COB Details – Other Insured

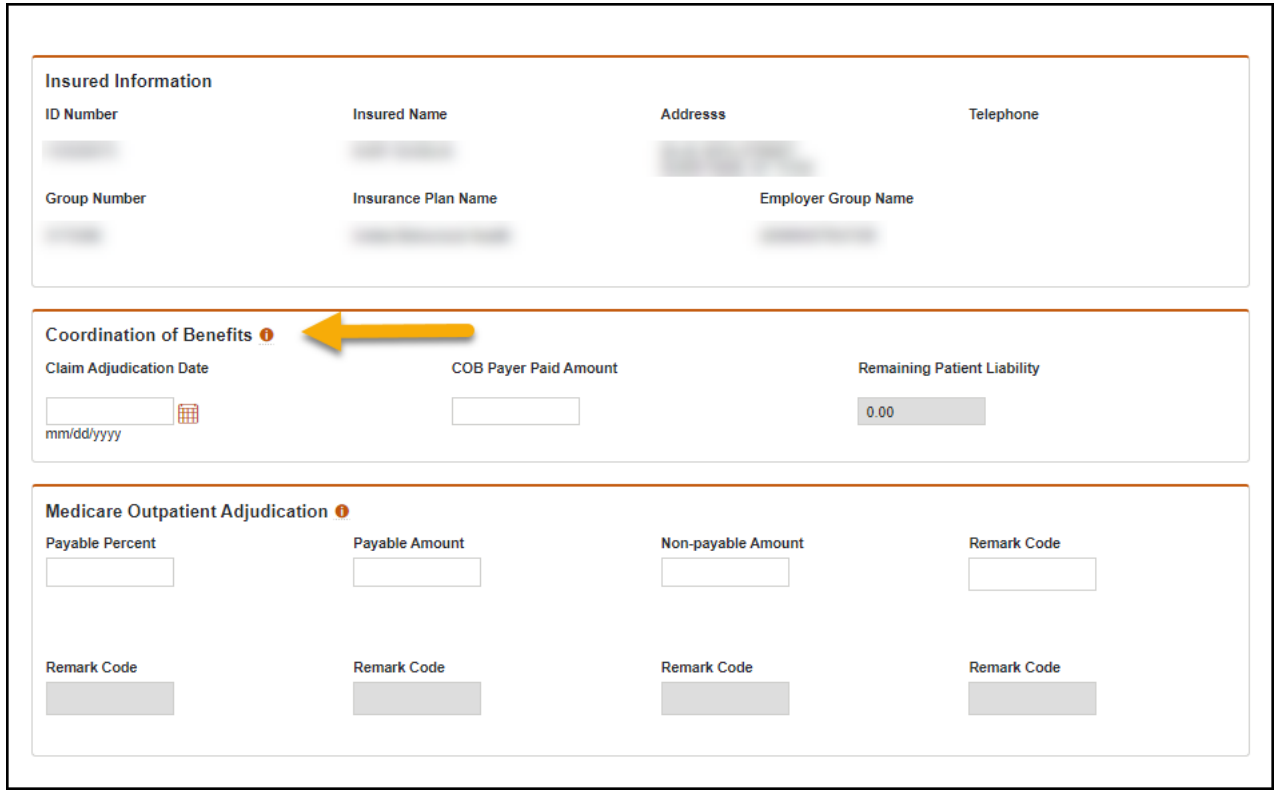


For all COB claims, the Other Insured section must be filled out

Payer ID is typically a 5 digit # used for electronic claim submission (but can be any other identifying number specific to that insurance)

Insurance Type has a dropdown of many options

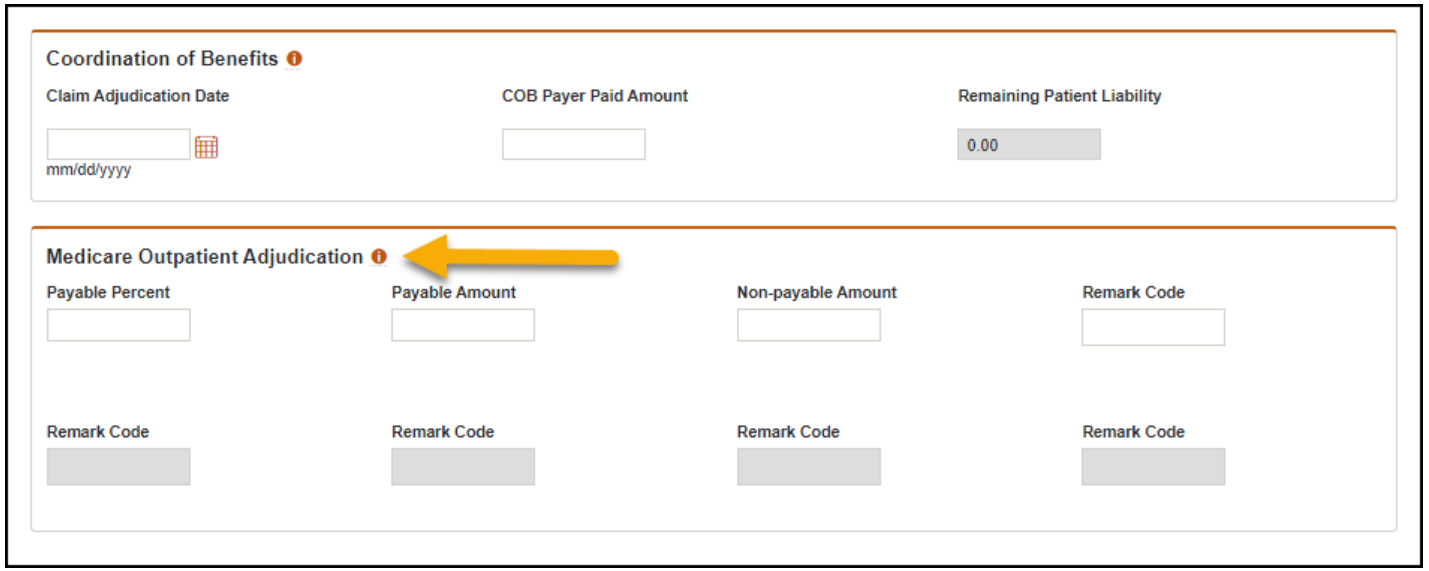
Long Form - Step 2 – COB Details – Coordination of Benefits



The Coordination of Benefits section details payment info from the primary insured and would be found on the primary EOB/PRA:

- **Claim Adjudication Date (date claim was paid)**
- **COB Payer Paid Amount (amount paid by the primary insurance – if nothing paid, then this should be left blank or listed as 0.00)**
- **Remaining Patient Liability (auto-populates from amount(s) entered in the COB Claim Adjustments section)**

Long Form - Step 2 – COB Details – Medicare Outpatient Adjudication

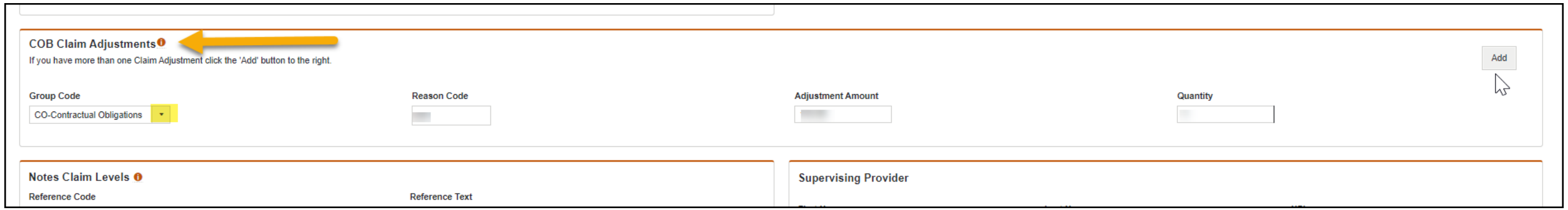


If the Insurance Type is Medicare, this section needs to be completed with information found on the Medicare EOB

Primary claims that have been processed through Medicare need to have additional information provided:

- **Payable percent (if one is indicated)**
- **Payable amount**
- **Non-payable amount**
- **Remark Codes**

Long Form - Step 2 – COB claim Adjustments – Claim Level



COB Claim Adjustments is the last section for COB that needs to be filled out whether at a Claim Level (completed in the upper section of the form- shown here) or at a Line Level (completed for each line entered in the Service Info section at the bottom of the form). Filing adjustments at a Claim Level is most effective when there is only one DOS on the claim, or if all adjustment reasons and amounts are the same.

This section is used to identify the unpaid portion of the claim, which come from the primary EOB. When filing COB claim adjustments, you have the option to file them at a Claim Level or at a Line Level.

- **Group Code (dropdown values)**
  - ❑ **CO – Contractual Obligation**
  - ❑ **CR – Correction and Reversals**
  - ❑ **OA – Other Adjustments**
  - ❑ **PI – Payer Initiated Reduction (non-allowed)**
  - ❑ **PR – Patent Responsibility (copy, coinsurance, deductibles)**
- **Reason Code (reason amount was not paid) This code should be on the primary EOB but this field has a type ahead feature which makes them easy to lookup**
- **Adjustment Amount (the amount not covered by the Primary Payer)**
- **Quantity**
- **Clicking on Add will allow multiple adjustments to be entered if that is necessary.**

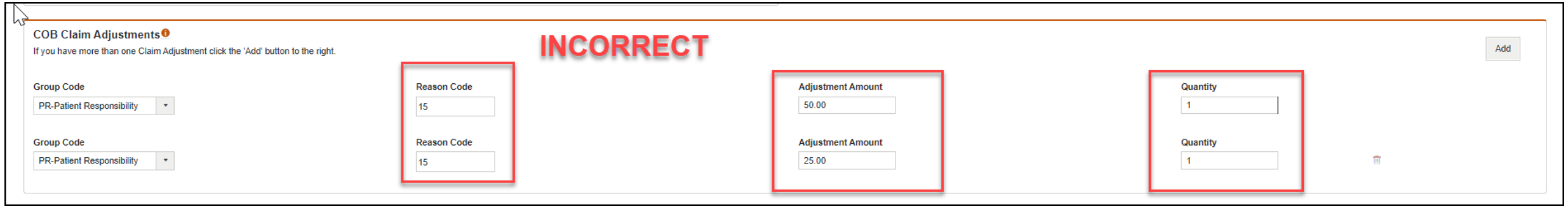
Long Form - Step 2 – COB claim Adjustments – Claim Level

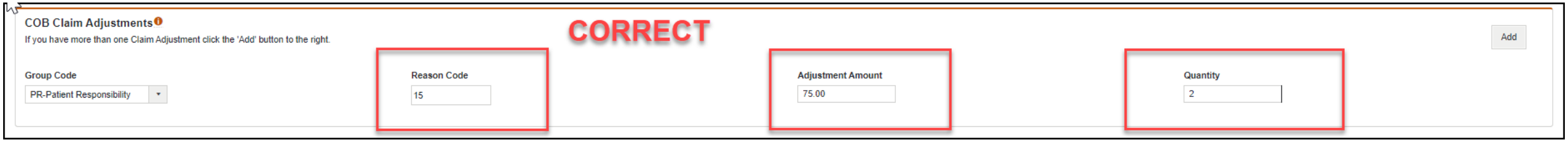
When filing COB Claim Adjustments at the Claim Level:

Use one line per reason code and for different dates of service, otherwise the claim will reject

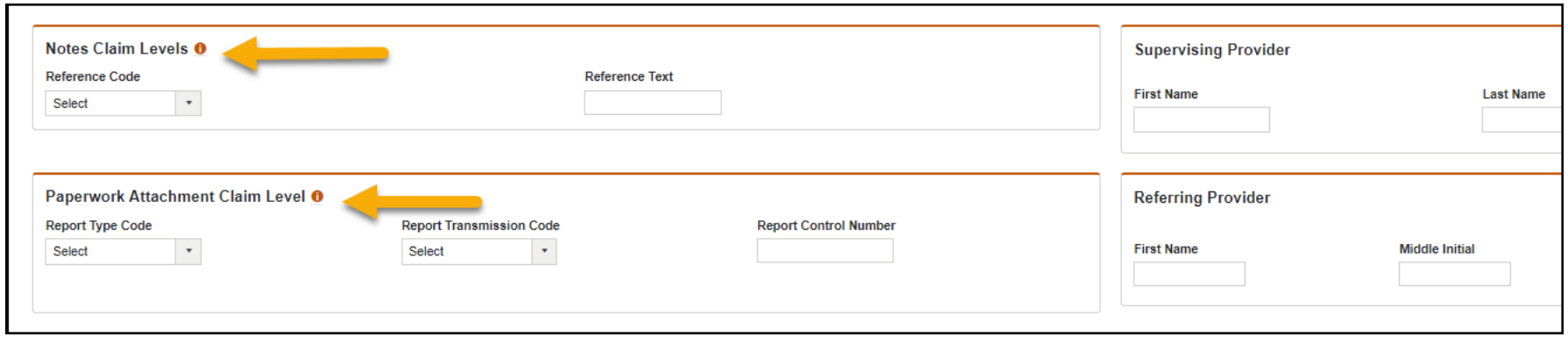
Use one line for same reason and same date of service, add up all amounts and note the quantity (example shown below is for same reason code and same date of service)

IMPORTANT: All claim adjustments plus COB Payer paid amounts entered on a claim must equal the Total Charges on the claim.





Long Form - Step 2 –Notes & Paperwork – Claim Level



Please Note: Paperwork attachments cannot be attached to the claim itself via Provider Express.

This section is only used to note that paperwork is available and/or forthcoming via the transmission method noted.

Other options on the Long Form at the Claim Level include:

Notes at the Claim Level – notate information related to this claim

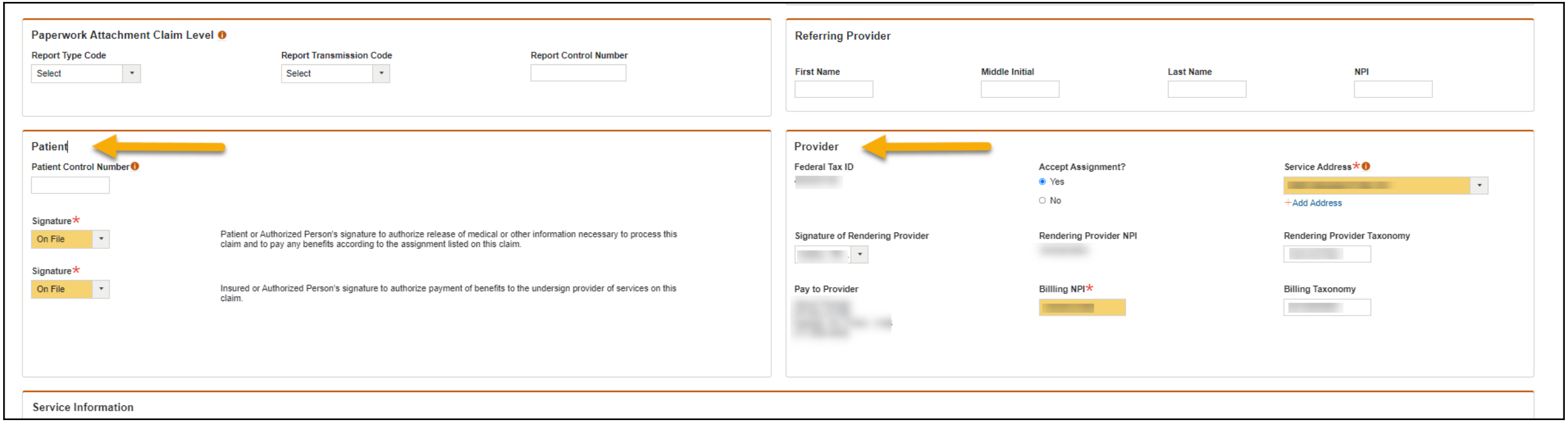
- **Choose one of the four Reference Codes (Additional Information • Certification Narrative • Goals, Rehabilitation Potential, or Discharge Plans • Diagnosis Description)**
- **Then add text in the Reference Text field with the necessary information.**

Paperwork Attachment at the Claim Level – where you can note specific paperwork that was/will be sent separately

- **Select Report Code Type (Examples: Plan of Treatment or Progress Reports)**
- **Choose the Report Transmission Code from the dropdown list (how the paperwork will be sent)**
- **Enter the Report control number found on the actual report (so it can be referenced and matched up to the correct claim)**

There are also fields for notes and paperwork available under the Service Info section for **Line Level entries**.

Long Form - Step 2 – Patient & Provider sections



Patient section:

Patient control number - The unique number assigned to your patient in your practice management system (Not a required field)

Signatures – Patient & Insured or Authorized person's signature, the default is 'On File'

Provider section:

All fields are pre-populated in this section, most are editable

Be sure that the correct Service Address is chosen

Long Form - Step 2 – Service Information

Claim Frequency- The default of Original is already chosen claim but you can choose Corrected or Void claim.

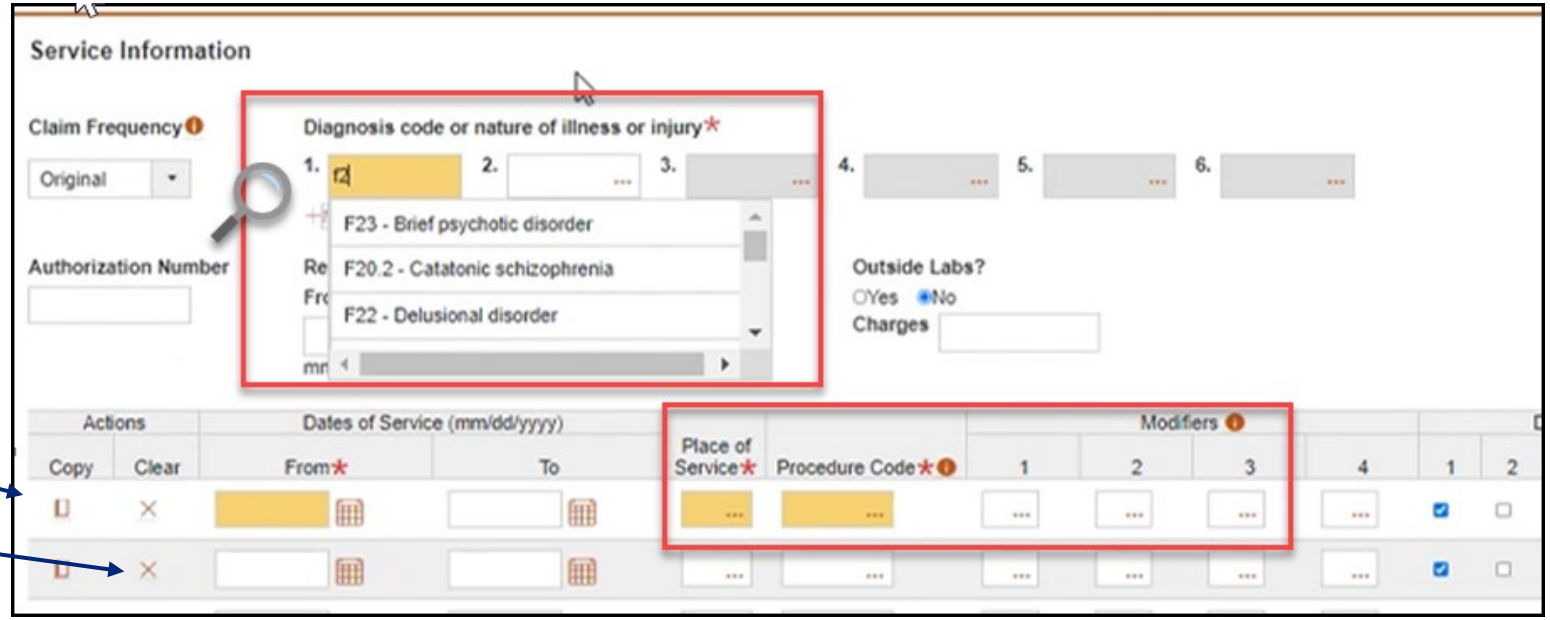
To submit a Corrected or Void claim, you will need to enter the Claim Number found on the claim record in our system. The claim number will also be reported on the paper remittance advice or electronic 835 file.

Type ahead fields are recognizable by the … dots in the end of the field and are used throughout the Claim Entry steps so you can easily search for and find the correct code.

As you tab through the Service Information, be sure to complete all required fields (highlighted in orange)

In the Service Information section these fields are type ahead fields:

- **Diagnosis code**
- **Place of Service**
- **Procedure code**
- **Modifiers**



Click on Copy to easily copy the claim line above onto the next line

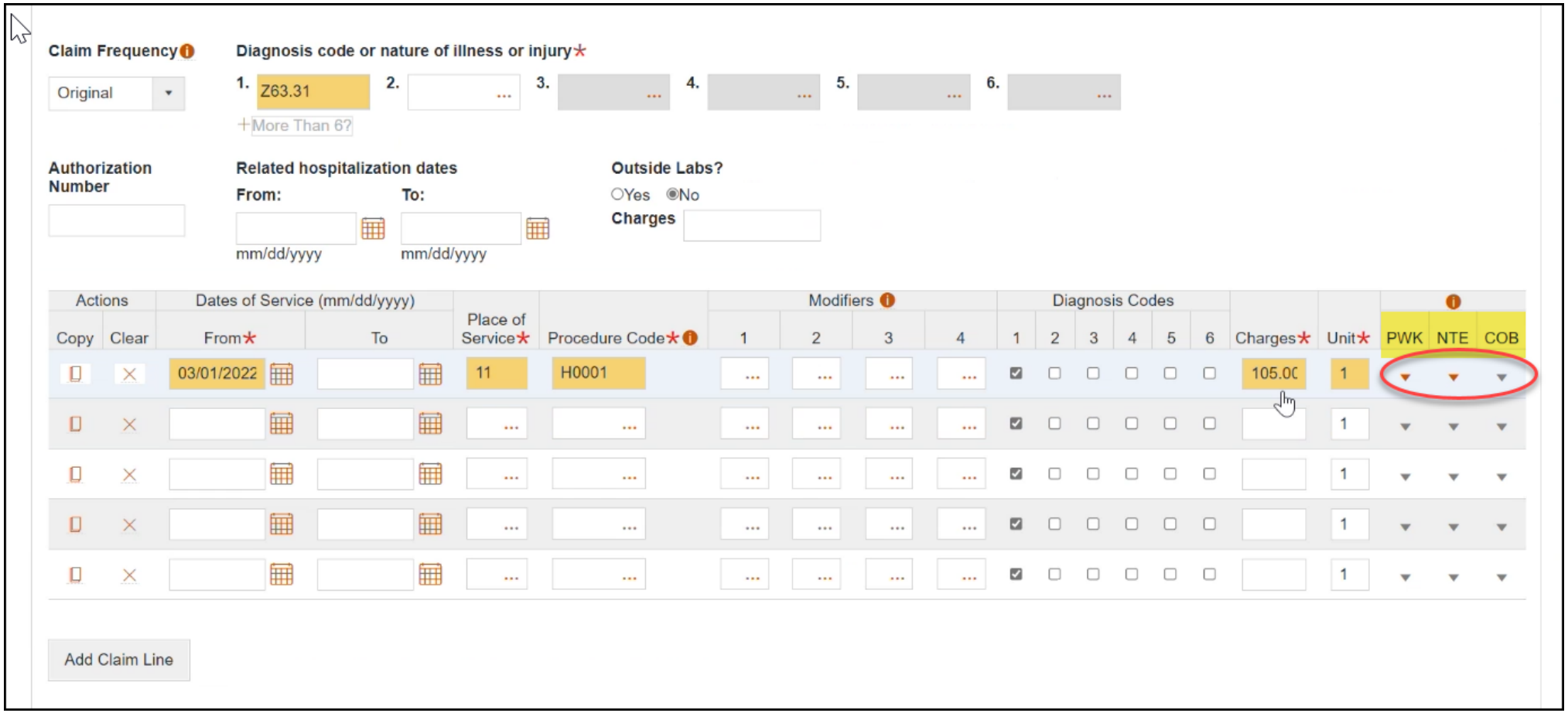
Click Clear to remove a service line

Long Form - Step 2 – Line Level Paperwork, Notes and COB

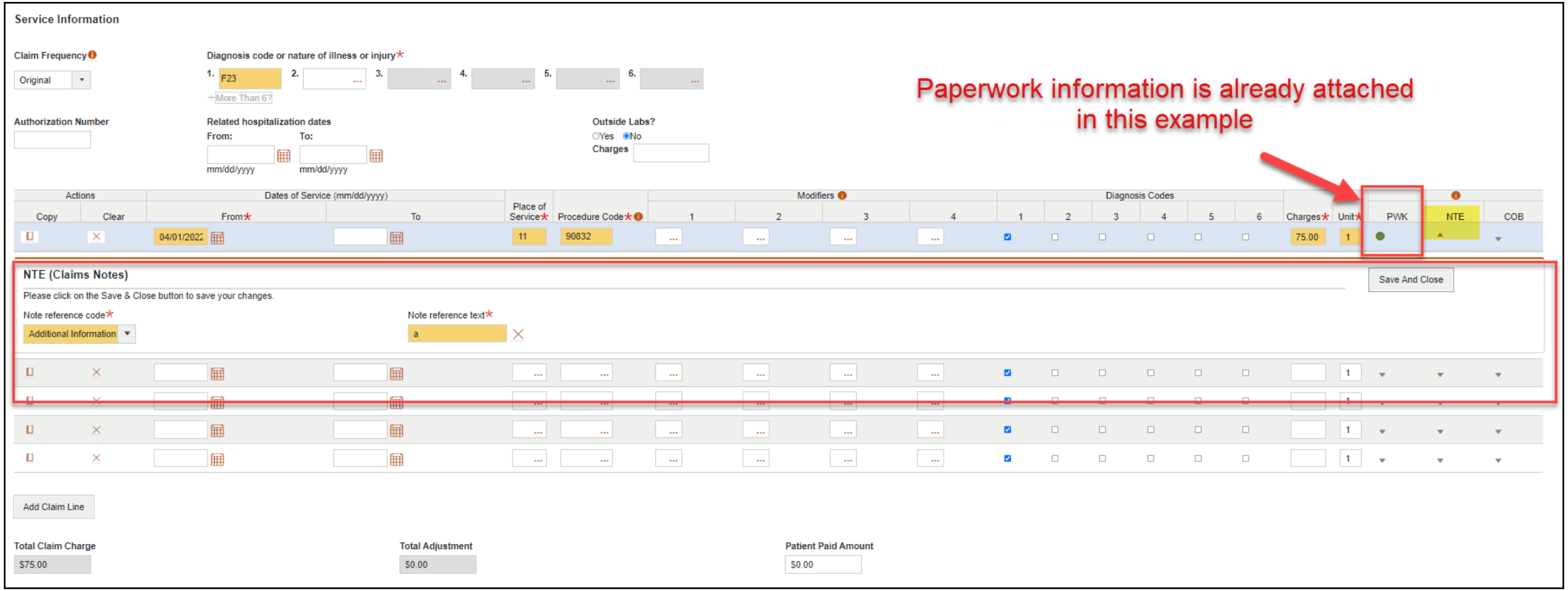
To the right of each line of service are three Line Level options:

- **PWK = Paperwork**
- **NTE = Notes**
- **COB = Coordination of benefits**

To attach any of these items at a line level you will need to click on the arrow below the option to display the additional fields that need to be completed.



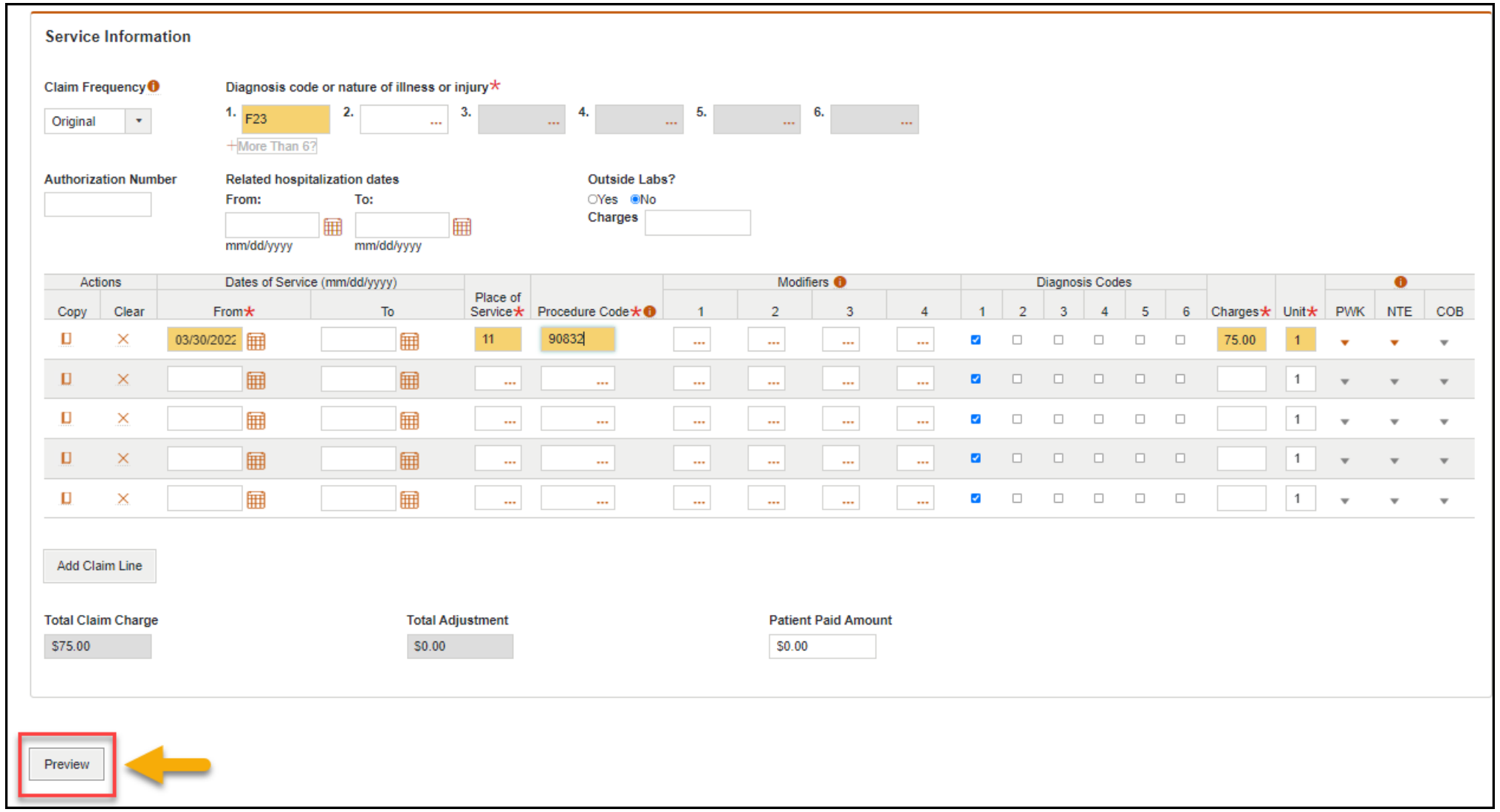
Long Form - Step 2 – Line Level Paperwork, Notes and COB



- Click on the Save and Close button to save and attach the additional information
- More than one item per line can be added
- In this example, the user is also adding Notes to the same service line

Long Form - Step 2 - Final Step

When all required & additional fields are completed, Click on the Preview button



Claim Entry – Long Form Step 3 & 4

- ✓ **Step 3 Click on Submit after reviewing the basic information on the claim**
- ✓ **Step 4 Receive confirmation message**