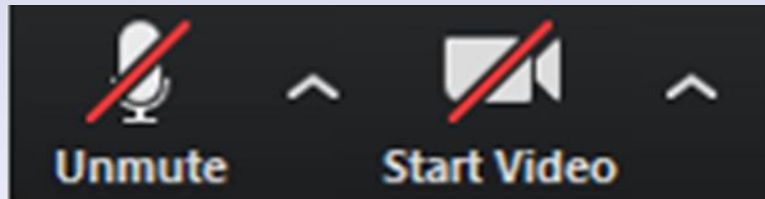


# Nurse Delegation

## How to bill in Provider One



# Stay tuned!

We will begin at 3:30 p.m.

Please mute your camera and microphone.

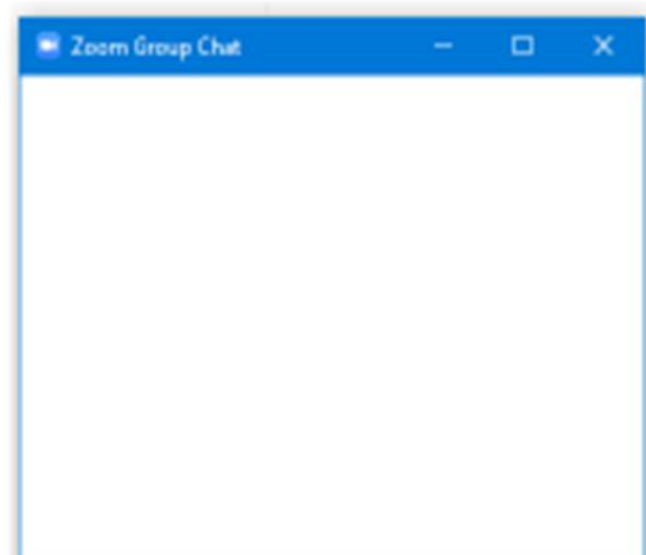
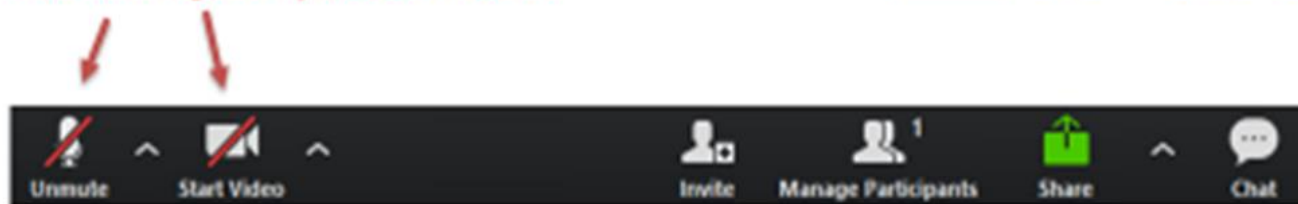


# **Provider One Billing Instructions**

- Doris Barret RN—ND Program Manager DDA
- Marlo Moss RN—ND Program Manager HCS
- Matt Ashton –Billing Specialist HCA

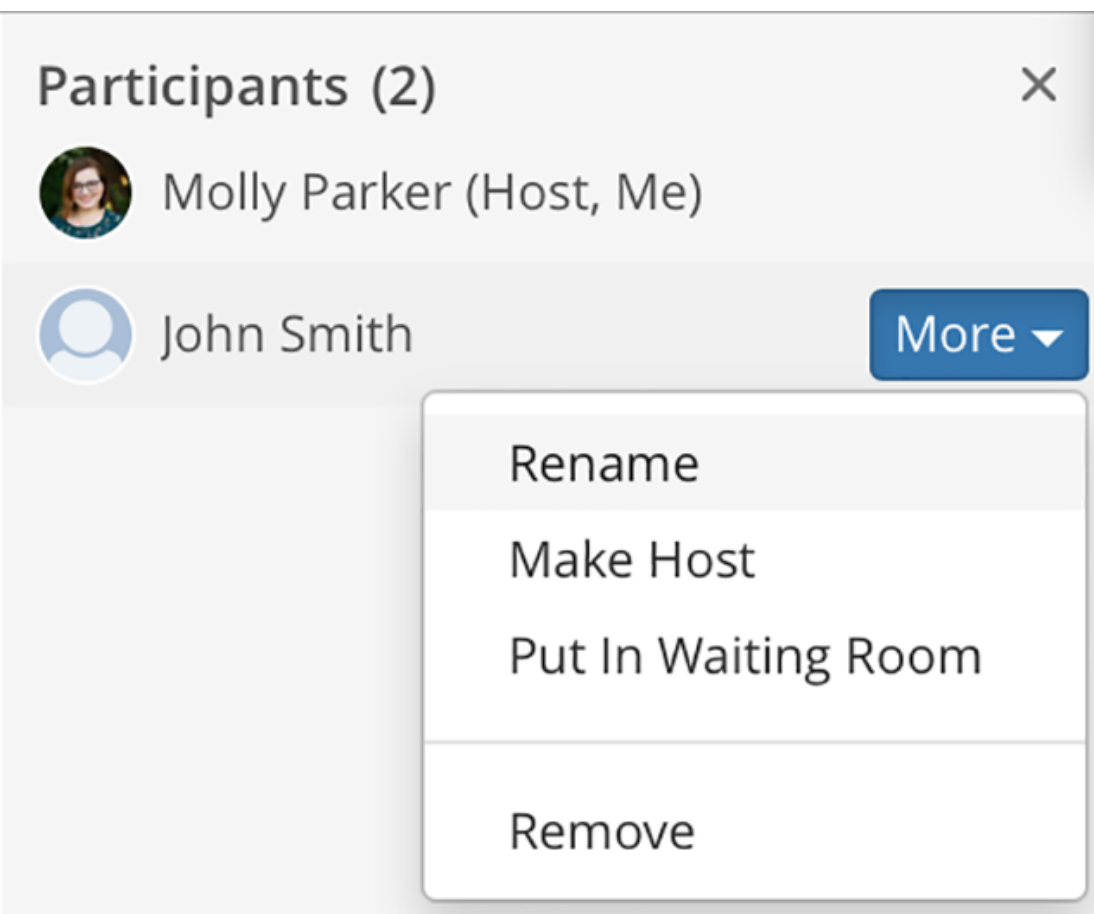
# Mini Zoom Orientation

**Please remember to keep  
your microphone and video  
off during the presentation!**



# Mini Zoom Orientation: Rename Feature

Please Introduce yourself on



## Why?

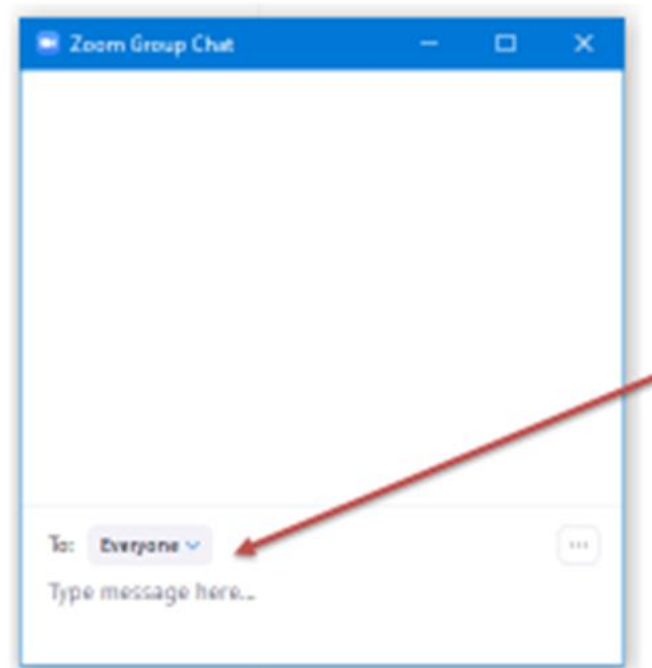
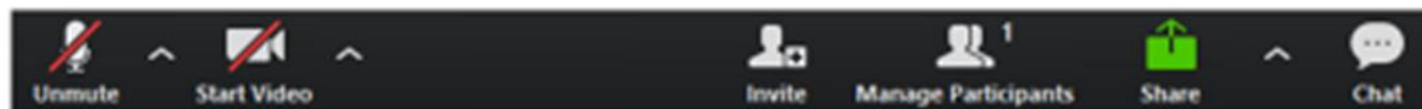
If you want to speak we the Zoom Room Crew can find you!

- **Presenters/Speakers this is especially important for you.**

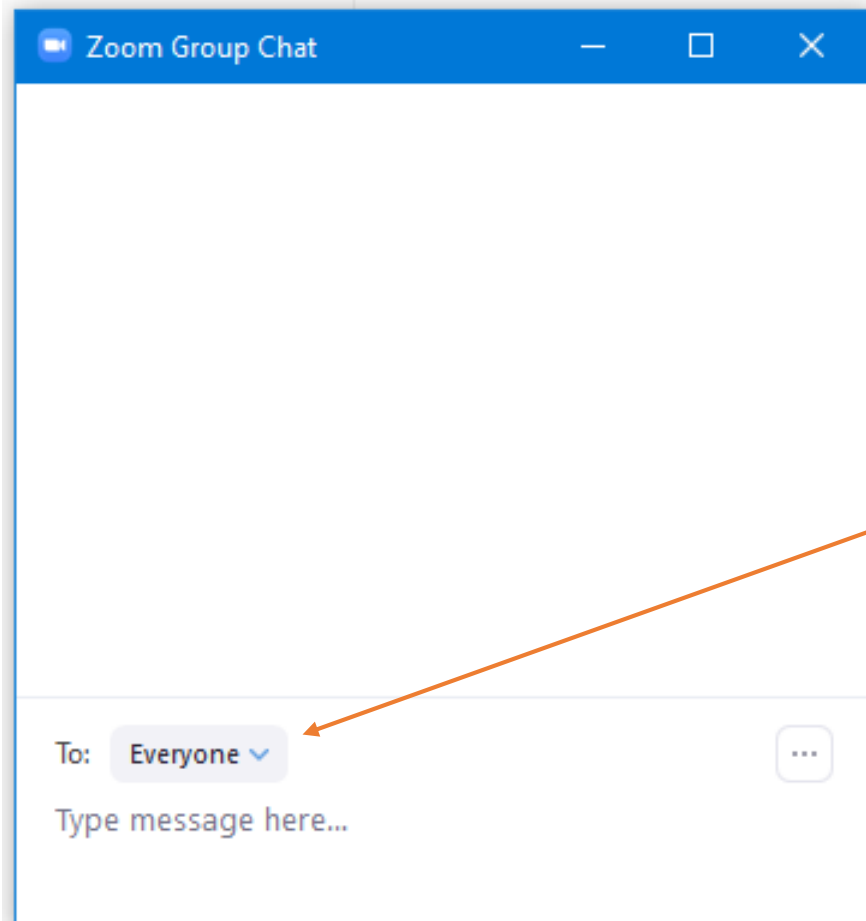
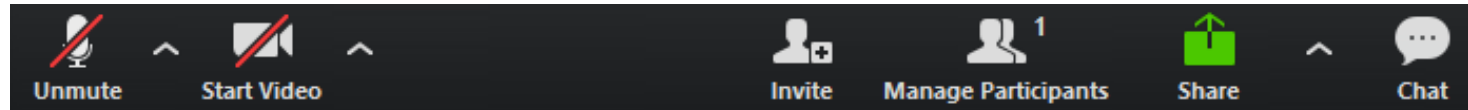
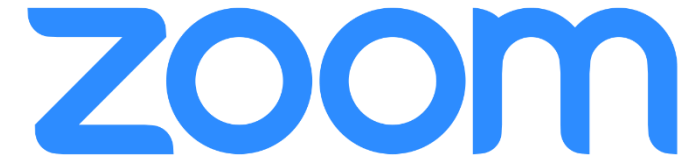
## Let's Practice

- **Hover over your name**
- **Choose the blue “More” button**
- **Click “Rename”**
- **Type yours first and last name**

# Mini Zoom Orientation



If you have a question during the presentation, post it in the “Chat” section and make sure “everyone” is selected



**If you have any questions relating to technical issues with Zoom, message Amy Sott directly.**

1.

# Billing Instructions

Welcome to the Medicaid Management Information System  
for



Select a profile to use during this session:

EXT Provider Social Services Medical  
EXT Provider Social Services

\*

Go

2.

# Billing Instructions

## Social Services Authorization and Billing

Social Service Claim Inquiry

Social Service Claim Adjustment/Void

Social Service Billing Screen

Social Service Batch Upload

Social Service Batch Upload Status

Social Service Resubmit Denied/Void

Social Service Retrieve Saved Claims

Social Service Manage Templates

Social Service Create Claims from Saved Templates

Social Service Manage Batch Submission

Social Service View Authorization List





# Billing Instructions

☰ PROVIDER INFORMATION

BILLING PROVIDER

\* Provider ID:

☰ SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

\* Client ID:

☰ CLAIM INFORMATION

1. \* Authorization Number:

☰ BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

\* Service Date From:  mm  dd  yyyy

\* Service Date To:  mm  dd  yyyy

\* Service Code:

Modifiers: 1:  2:  3:  4:

\* Units:

Patient Account No:

+ ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

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: \$ 0.00

Line No	Service Dates	Service Code	Modifiers	Units			
	From	To	1	2	3	4	

4.

# Billing Instructions

## a. Provider ID

<b>BILLING PROVIDER</b>	
* Provider ID:	111222333

## b. Client ID

<b>SUBSCRIBER/CLIENT</b>	
* Client ID:	123456789WA

## c. Authorization Number

1. * Authorization Number:	123456789
----------------------------	-----------

4.

# Billing Instructions

## d. Service Date From” and “Service Date TO”

	mm	dd	ccyy		mm	dd	ccyy
*Service Date From:	03	01	2020	* Service Date To:	03	01	2020

## e. Service Code

* Service Code:	SA019
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## f. Modifier

Modifiers: 1:	U4	2:		3:		4:	
---------------	----	----	--	----	--	----	--

4.

# Billing Instructions

**g. Enter the units**

**\* Units:**

**h. Click on the “Add service Line Item”**

 Add Service Line Item

**i. If any additional DOS need to be added, follow these steps again**

5.

# Billing Instructions

Submit **Claim**—upper left corner



6.

**Final claim** screen will appear. Click on the final “Submit Claim” button in the **lower right** corner to finalize claim.

# Questions



# Contact Information