Direct Claim Submission allows the provider/submitter to enter a claim directly into our ProviderConnect portal without using any special software. This expedites both the processing of the claim and the payment being sent to you. Direct Claim Submission is recommended for providers submitting a low volume of outpatient claims. If you are a high volume claim submitter, please contact the EDI Helpdesk to discuss your options for batch submissions.

ProviderConnect is best compatible with Internet Explorer. For all web browsers, please make sure you have your browser settings to allow Javascript, cookies, and pop-up windows from http://www.valueoptions.com.

You must have an electronic account set up before you are able to log in to ProviderConnect and access the Direct Claim Submission module. You will need to submit a completed Account Request Form if you do not currently have an electronic account. This form is located at http://www.valueoptions.com/providers/Adminforms.htm.

Once your account is set up, go to http://www.valueoptions.com and click on the “Providers” option in the upper right hand corner of the page. This will bring you to the Providers Home Page. Please log in to ProviderConnect and access the DCS module using the screenshots on the next page.
Direct Claims Submission

At the ProviderConnect home page, click on the “Enter a Claim” link.

Select your service location by choosing the radio button applicable to your submission. (If the listed address options are incorrect or out of date, please contact our National Provider Line at 800-397-1630 to update your provider file)

If you have multiple provider numbers associated with your online account, you can select from the Provider drop down menu in the upper left corner of this screen to access additional providers.

Once you have the correct provider and service location information selected, click “Next.”
Step 1 of 3: Submit a Claim - Enter member information:

When entering a claim via Direct Claim Submission, only the items with an asterisk (*) next to the field are required for entry.

Once you have entered all of the required information, click “Next.” If the information is accurate, you will be taken to Step 2.

If any information is inaccurate, you will get an error message in red at the top of the screen, and you can re-enter the information.

Special note regarding Taxonomy code field: Enter this only if the code is required. This field may be required in certain circumstances where the provider is contracted for multiple specialties.
Step 2 of 3: Submit a Claim - Frequency Type

- **Frequency Type: REQUIRED.** If this is a new claim, select “Original.” If you are submitting a “Replacement” or “Corrected Claim” refer to page 9 of this guide. If there is no Coordination of Benefits on this claim, click “Next” and continue to page 5 of this guide for Step 3. See bullet below if COB applies to your submission.

- **Coordination of Benefits (COB) / Other Payer Information:** This is your opportunity to include up to 3 entries of Coordination of Benefits (COB) information that will apply to the entire claim.

If the claim you are submitting requires COB, click on the button for “Yes” as seen below. Next, check the box to indicate if there is Primary, Secondary or Tertiary entries. Once the option for COB is selected, additional fields will become available in order to enter other payer information.

Once these fields are complete, click on “Next” to continue to Step 3.
Step 3 of 3: Submit a Claim: Service Line Entry

On this screen, patient information and your service address location should be reviewed for accuracy. If any data is incorrect, click “Previous” at the bottom of the page to correct the information.

The fields with an asterisk (*) must be completed.

a) Enter the details for the first (or only) line of service for the claim.
b) Click on “Add Service Line” to enter the information into the claim.
c) Repeat (a) & (b) as needed, for a maximum of 10 service lines.

Please note the following Helpful Hints when completing these fields:

- Charge Amount: Do not include the dollar sign ($) in this field. (i.e.: 120.00, not$120.00)
- You must enter the decimal in the “diagnosis code” if applicable (i.e. 312.23 would require the decimal).
- When using a “V” diagnosis code the “V” must be capitalized.
Step 3 of 3 cont’d: COB/EOB Upload

If you have included Coordination of Benefit information in Step 2, the accompanying Explanation of Benefit (EOB) will need to be attached to the claim. If your claim does not include COB, go to page 7 of this guide.

To do so:

a) Click on the “Upload File” button.

b) Click on the “Browse” button to locate the EOB

c) Click on “Upload” to attach the file (Note: The only valid file types are: PDF, DOC, DOCX, TXT, TIF, XLS, XLSX)

Repeat a-c as needed. Click on the icon of the trash can to remove the file if needed.
Step 3 of 3 cont’d: Review Claim Detail

Once “Add Service Line” is selected, you are “Ready to Submit”. If you decide you need to remove one of the service lines you have entered, select the “Click to Remove” radio button for that individual line – then press the “Remove” button. Repeat this process if there is more than one service line you need to remove prior to submission. You can then re-enter the correct service line(s) by following the directions on the previous page.

Step 3 of 3 cont’d: Ready to Submit

Once “Add Service Line” is selected and you have determined there is no data that requires removal, you are “Ready to Submit”. Click “Submit”.

![Claim Detail: Ready to Submit](image)

![Attach an EOB](image)
Summary Page

This is the submission results page. A claim number will be automatically generated based on your submission.

Note: If at this point, an error is discovered you may adjust the claim by submitting a corrected claim. Consult page 9 for instructions.

If you wish to enter another claim, press the “Enter New Claim” button at the bottom of this screen. This will take you back to Step 1.

For additional detail on this claim, you can click on the Claim Number (blue hyperlink). This will bring you to the “Claim Search Results” page where more information is provided.
Submitting a Corrected, Replacement or Voided Claim Via Direct Claim Submission

This feature is available if the claim submitted is “In Process” status. If your claim is in “Processed” status, refer to:

Submitting a replacement or corrected claim in the DCS module will supersede all information from the previous claim. This process does not allow for selective replacement of individual claim lines. For instance, if the original claim had 3 lines, and the corrected claim only has 1 line, the original 3 lines will be reversed and only the 1 line on the corrected claim will be processed.

Frequency Type Definitions:

- Corrected/Replacement: You can change information on a claim, including detailed information such as dates of service, service codes, modifiers, diagnosis codes, etc.
- Void: When a claim was submitted in error, you can void the entire claim. You cannot change any information on the claim to be voided.

Steps:
1. Obtain the claim number from your original claim. Claim number: 01-70308-65-1. Follow the instructions for submitting a new claim, with the following changes:
2. On the screen labeled “Step 2 of 3,” select the “Frequency Type” as either “Replacement” or “Void”.
3. Enter the original claim number as shown below in the “Original Reference Number” fields.

Submit COB information (if needed) and all service lines on the next page, as if this was a brand new claim.

After the claim is submitted, a summary page will display, including your new claim number.

If you have any questions, or need technical assistance please contact us at the e-Support Helpdesk at 888-247-9311, Monday through Friday, 8am – 6pm EST. You may also email us directly at e-supportservices@valueoptions.com with any issues. When sending e-mail, please do not e-mail any Protected Health Information (member #s, DOBs, etc), unless you are sending it via Zix secure email. For more information, read the document at https://securemail-valueoptions.com/s/login?b=valueoptions.