



# *ValueOptions* Provider Guide to using Single Claim Submission

[www.valueoptions.com](http://www.valueoptions.com)

**You may only use Single Claim Submission for outpatient claims.** Inpatient claims may not be entered through Single Claim Submission.

Single Claim Submission is recommended for providers whose volume of *ValueOptions* claims do not warrant using additional software to file the claims electronically. If you are a high volume claim submitter, please contact us to discuss your options for submissions.

Single Claim Submission allows the provider/submitter to enter a claim directly onto our website without using any special software. The claim is loaded directly into our claims processing system and adjudicated. Using Single Claim Submission expedites both the processing of the claim and the payment being sent to you.

If you have any questions, or need any guidance, you may contact us at the e-Support Helpdesk Monday through Friday, 8am – 6pm EST. Call our toll free number, 888-247-9311 and press option 3 to speak with an analyst.

You may also email us directly at [e-supportservices@valueoptions.com](mailto:e-supportservices@valueoptions.com) with any issues.

## **Instructions for Single Claim Submission**

Before you can proceed to Log In, you must have an electronic account set up. If you do not currently have an electronic account, please contact the e-Support Helpdesk at (888) 247-9311, option 3, and speak with an analyst regarding setting this up for you. Please note, you will need to submit a completed Account Request Form if you have not already. This form is located at <http://www.valueoptions.com/provider/handbooks/forms.htm>.

Once your account is set up, go to <http://www.valueoptions.com> and click on the “For Providers” button. This will bring you to the Providers Home Page.

Click on Log In, which will bring you to the ProviderConnect Log In page. Enter your User ID (Submitter ID) and Password, be sure to use upper case letters when entering Alpha Characters.

\*\*Please note your password must be between 8 – 10 characters long. Also, every six (6) months you will be prompted to change your password for security purposes.

After logging in you must select “Yes” at the User Agreement screen before proceeding.

You are now at the ‘Welcome...’ page. The menu options are displayed on the left side of the screen.

To proceed to entering a Single Claim, click on the “Enter Claim” button.

## Instructions for Single Claim Submission

### Step 1

You must begin with Step 1 to submit a claim for each patient.

#### Submit A Claim - Step 1 of 2

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

To submit a single claim, begin with step 1 below.

*Provider Name-ID	PROVIDER - 240443	
*Vendor ID	A283651	(X-digits, no spaces or dashes)
*Member ID	123456789	(X-digits, no spaces or dashes)
Member Name	<input type="text"/>	<input type="text"/> (First Last)
Member Account #	<input type="text"/>	(X-digits, no spaces or dashes)
*Member DOB	10101945	(MMDDYYYY)

When entering a claim via Single Claim Submission, only the items with an asterisk (\*) next to the field are required for entry. On this screen you must complete the following fields:

1. **Provider Name/ID:** This information will be pre-filled based on the information you gave when your account was set up.
2. **Vendor ID:** This is your *ValueOptions* Vendor service location number where the service was rendered. You may have multiple vendor locations and each vendor location is given a five-digit number preceded by the letter 'A' (e.g. A23456). If you are a New Mexico provider, your Vendor number will be preceded by VNM. Also note that some vendor numbers may be followed by 1 or 2 alpha characters. If you do not know your Vendor number, we will try and provide you with that information. However, if you have multiple Vendor numbers, it will be necessary to contact our National Provider Line (800-397-1630) to obtain the correct one to use for billing purposes.
3. **Member ID:** This is the patient's *ValueOptions* ID number. Do not enter any spaces or special characters in this field. Only numbers and alpha characters are allowed.
4. **Group Number:** **This field is only required for New Mexico Non-Medicaid Members.** If you are not billing for a New Mexico Non-Medicaid Member, please leave this field blank.
5. **Member DOB:** This is the **patient's** date of birth. It must be entered in mmddyyyy format. Do not enter any dashes or special characters in this field.

Once you have entered all of the required information, click "Next".

# Instructions for Single Claim Submission

## Step 2

### Submit A Claim

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

#### Step 2 of 2

Enter detail service lines for the claim: Enter the first service line information and select the "Add Service Line" button beneath. This will add that service line to the claim and the claim will be ready to Submit. If you wish to submit additional service lines, change or re-enter fields in the "Service Line Entry" section and select "Add Service Line". **Up to 10 service lines can be added to the claim.**

### Service Line Entry

*Service From <input type="text"/> (MMDDYYYY)	*Service Through <input type="text"/> (MMDDYYYY)	*Service Code <input type="text"/> (ex: 86753)	Modifier Code <input type="text"/> (no spaces or dashes)	Modifier Code 2 <input type="text"/> (no spaces or dashes)	
*Charge Amount (\$) <input type="text"/> (ex: 123.45)	*Place of Service <input type="text"/> (00 - 99)	*Units <input type="text"/> (3-digits)	*Diagnosis Code 1 <input type="text"/> (ex: 765.4)	Diagnosis Code 2 <input type="text"/>	Diagnosis Code 3 <input type="text"/>

This will add this service line information to the claim

This is the claim detail page. Only fields with an asterisk (\*) must be completed. Please note the following when completing this page:

1. All "date fields" must be entered in mmddyyyy format, no dashes or special characters.
2. The "charge amount" only needs to contain the decimal if it is not an even dollar amount being billed. Do not include the dollar sign (\$) in this field.
3. You must enter the decimal in the "diagnosis code" if applicable (i.e. 312.23 would require the decimal).

Once you've entered all the information for the particular date of service you are billing, click the "Add Service Line" button.

If you need to submit more than one service line, simply change or re-enter fields in the "Service Line Entry" section and click the "Add Service Line" again. You may enter up to 10 service lines.

## Instructions for Single Claim Submission

### Claim Detail: Ready to Submit

Check to Remove	Service Date		Service Code	Charge Amount (\$)	Diagnosis Code 1	Place of Service	Modifier Code
	Start Date	End Date					
<input type="radio"/>	01/01/2005	01/01/2005	90806	100	311	11	
<input type="radio"/>	01/02/2005	01/02/2005	90806	100	311	11	
<input type="radio"/>	01/03/2005	01/03/2005	90806	100	311	11	
<input type="radio"/>	01/04/2005	01/04/2005	90806	100	311	11	
<input type="radio"/>	01/05/2005	01/05/2005	90806	100	311	11	
<input type="radio"/>	01/06/2005	01/06/2005	90806	100	311	11	
<input type="radio"/>	01/07/2005	01/07/2005	90806	100	311	11	
<input type="radio"/>	01/08/2005	01/08/2005	90806	100	311	11	
<input type="radio"/>	01/09/2005	01/09/2005	90806	100	311	11	
<input type="radio"/>	01/10/2005	01/10/2005	90806	100	311	11	

To remove a service line, check box for service line and select "Remove"

This will submit the entire claim (including all service lines added)

All of the service lines you have entered in the “Service Line Entry” section will appear in the “Claim Detail: Ready to Submit” section on the lower portion of the screen. This gives you an opportunity to review what you have entered for the specific member and verify that you are submitting valid data.

If you decide you need to remove one of the service lines you have entered, click the “Check to Remove” button for that individual line – then press the “Remove” button. If there is more than one service line you need to remove prior to submission, repeat this process as appropriate.

Once you are satisfied that the data is valid for this specific member and you are ready to submit the claim, click the “Submit” button. **Please note, once you click “Submit”, you will not be able to make changes to the claim.**

## Instructions for Single Claim Submission

**Submission Results**

Your Claim has been submitted. See results of submission below.

Result of Submission:

**Claim Entered; Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.**

Provider Name/ ID **PROVIDER - 240443**

Vendor ID **A283651**

Patient ID **12345678901**

Patient Name **SMITH, JOHN**

Patient Date of Birth **10/10/1945**

Claim # [091205-04065-99998](#)

Line #	Service Date		Service Code	Charge Amount (\$)	Diagnosis Code 1	Place of Service	Modifier Code	To-Pay	Status	Dollar Amount (\$)				
	Start Date	End Date								Allowed	Deductible	Pre-Paid	COIN	CoPay
1	01/01/2005	01/01/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
2	01/02/2005	01/02/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
3	01/03/2005	01/03/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
4	01/04/2005	01/04/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
5	01/05/2005	01/05/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
6	01/06/2005	01/06/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
7	01/07/2005	01/07/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	
8	01/08/2005	01/08/2005	90806	100.00	311	11	0.00	○	100.0	0.0	0.0	0.0	0.0	

This is the submission results page. The “Claim #” shown is the information you will need when inquiring on the status of this claim if you contact the Claims Customer Service department.

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

For additional detail on this claim, you can click on the Claim Number itself, which will bring you to the “Claim Search Results” page where more information is provided.

## Instructions for Single Claim Submission

### Claims Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

1 Claim Found

Click a Claim Number for more detail on that claim.

Claim #	Member Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
<a href="#">01-00000-1111-22222</a>	Smith, John 123456	123456	ValueOptions Demo Vendor NM100000	01/01/2005- 01/10/2005	In Process	1000.00

This is the “Claims Search Results” page. You may click on the Claim Number itself to view further detail on a particular claim.

Claim Summary
Service Line Detail

**Claim Detail**

Claim # [01-00000-1111-22222](#)  
 Claim Status ? **In Process**  
 Patient Account #  
 Member ID 123456  
 Member Name Smith, John  
 Provider Name ValueOptions Demo Vendor  
 Provider Organization  
 Group Name  
 Statement Dates  
 Charge Amount (\$) **1000.00**

**Service Lines**

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	01/01/2005 - 01/01/2005	9	90806	100.00
2	01/02/2005 - 01/02/2005	9	90806	100.00
3	01/03/2005 - 01/03/2005	9	90806	100.00
4	01/04/2005 - 01/04/2005	9	90806	100.00
5	01/05/2005 - 01/05/2005	9	90806	100.00
6	01/06/2005 - 01/06/2005	9	90806	100.00
7	01/07/2005 - 01/07/2005	9	90806	100.00
8	01/08/2005 - 01/08/2005	9	90806	100.00
9	01/09/2005 - 01/09/2005	9	90806	100.00
10	01/10/2005 - 01/10/2005	9	90806	100.00

This is the “Claim Summary” page which will show you each claim line that was entered for the specific member. If you wish to view detailed information on each Service Line, please click the “Service Line Detail” tab.

## Instructions for Single Claim Submission

Claim Summary		Service Line Detail													
<b>Claim Detail</b>															
Claim #	01-00000-1111-22222														
Claim Status <span style="font-size: small;">?</span>	In Process														
Member ID	123456														
Member Name	Smith, John														
Amount Paid (\$)	0.00														
<b>Service Line Detail</b>															
Line #	Service Date		Service/ Modifier Code	Units	Charge Amount (\$)	DX	Amount Paid (\$)	Status	Dollar Amount (\$)				Paid Date	Check #	EOP
	Start Date	End Date							Allowed	Deductible	COIN	CoPay			
1	01/01/2005	01/01/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
2	01/02/2005	01/02/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
3	01/03/2005	01/03/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
4	01/04/2005	01/04/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
5	01/05/2005	01/05/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
6	01/06/2005	01/06/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
7	01/07/2005	01/07/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
8	01/08/2005	01/08/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
9	01/09/2005	01/09/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9
10	01/10/2005	01/10/2005	90806	1	100.00	311	0.00	In Process	100.00	0.00	0.00	0.00			-, SC, SQ, W9

This is the “Service Line Detail” page. This contains the claim detail on each service line entered, including any funds deducted and the Explanation of Payment (EOP) codes. **Note:** Descriptions for the EOP codes will be given at the bottom of this screen under the “Explanation of Payment” section.

**Please note, any questions regarding how your claim was processed must be directed to your Claims Customer Service department. Please use the phone number located on the member’s benefit card.**