



## **Direct Claim Submission (DCS) User Guide For Professional Claims**

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

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.

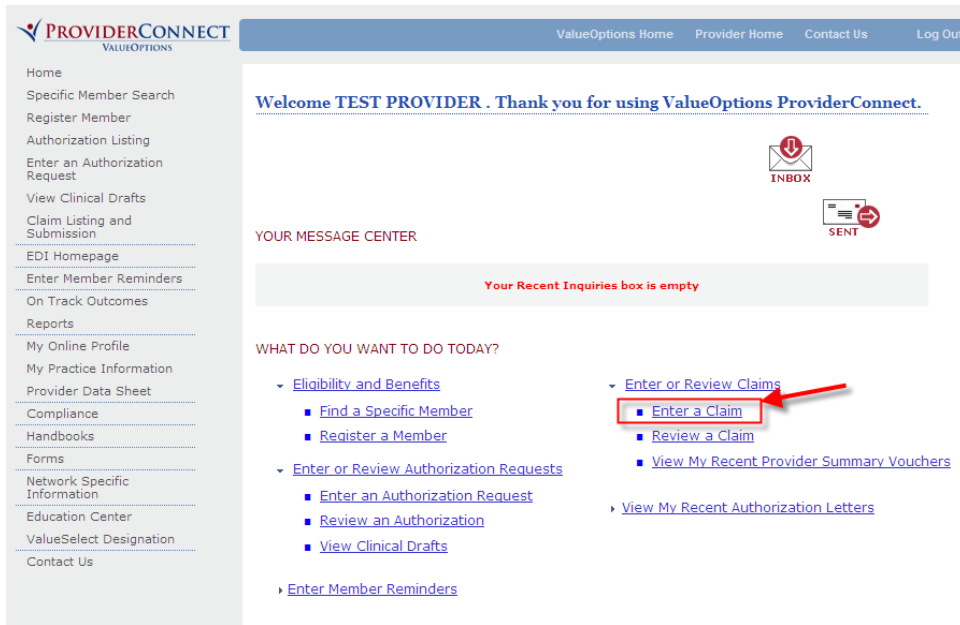
ProviderConnect is best compatible with Internet Explorer. For all web browsers, please make sure you have your browser settings to allow Javascript, cookies, and pop-up windows from <http://www.valueoptions.com>.

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>.

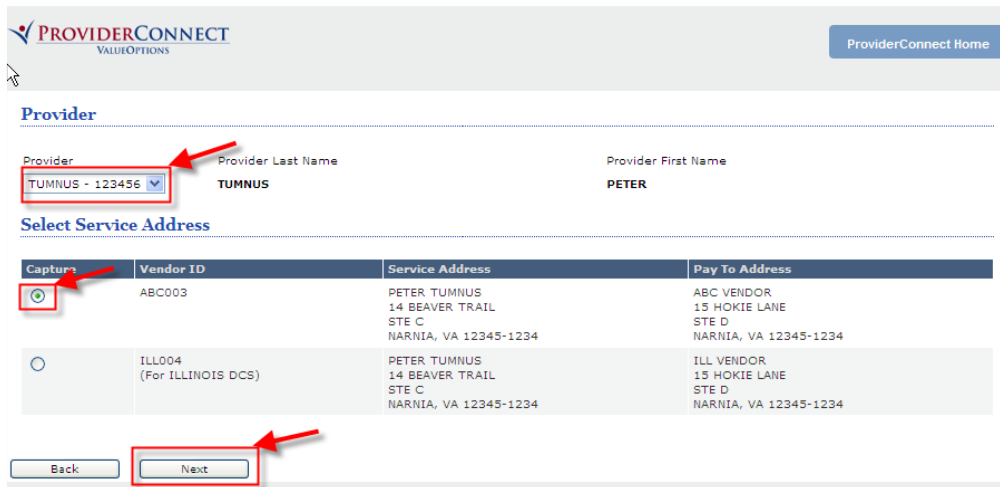
Once your account is set up, go to <http://www.valueoptions.com> and click on the “Providers” option in the upper right hand corner of the page. This will bring you to the Providers Home Page. Please log in to ProviderConnect and access the DCS module using the screenshots on the next page.

# 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 (If the listed address options are incorrect or out of date, please contact our National Provider Line at 800-397-1630 to update your provider file)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.

**PROVIDERCONNECT**  
VALUE OPTIONS

ProviderConnect Home

**Submit A Claim - Step 1 of 3**

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

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

Provider Name	TUMNUS, PETER
Service Address	14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234
Pay To Address	15 HOKIE LANE, STE D, NARNIA, VA 12345-1234
Vendor ID	ABC003
NPI Number	123456
Taxonomy Code	
Licensure Level	Select...
*Member ID	987654321 (X-digits, no spaces or dashes)
Member Name	(First Last)
Member Account #	(X-digits, no spaces or dashes)
*Member DOB	12021979 (MMDDYYYY)
*First Date of Service	03202009 (MMDDYYYY - Enter Earliest Date of Service for this claim)

Previous Next

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.

### Submit A Claim - Step 2 of 3

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

member ID	member Name	Birth Date	NPI Number	Service Address	Pay To Address
123456789	TEST MEMBER	08/27/1978		240 CORPORATE BLVD,NEWPORT NEWS,VA,23607	240 CORPORATE BLVD,NEWPORT NEWS,VA,23607

Frequency Type	Original Reference Number			
Select...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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.

Only populate **Other Payer Information** fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other payer entities were previously applied to this claim.

Does a COB exist for this claim?

Yes
  No

Primary

Secondary

Tertiary

### Other Payer Information - Primary

Payer Responsibility **PRIMARY**

Subscriber is Patient	<input type="checkbox"/>	Patient Relationship	Select...
Subscriber ID	<input type="text"/>	Group Name	<input type="text"/>
Name Last, First	<input type="text"/>	Group Number	<input type="text"/>
Date Of Birth	<input type="text"/>	Payer Name	<input type="text"/>
Sex	<input type="text"/>	Payer ID	<input type="text"/>
Other Carrier Claim Information		Release of Information	Select...
COB Patient Paid	<input type="text"/>	Assignment of Benefits	Select...
COB Allowed Amount	<input type="text"/>	Patient Signature Source	Select...
COB Claim Adjudication Date	<input type="text"/>	Claim Filing Indicator	Select...
		Insurance Type Code	Select...

Adjustment Group

Adjustment Reason

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.

#### Submit A Claim - Step 3 of 3

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
 Note: Disable pop-up blocker functionality to view all appropriate links.

Member ID 123456789	Member Name TEST MEMBER	Birth Date 08/27/1978	NPI Number	Service Address 240 CORPORATE BLVD,NEWPORT NEWS,VA,23607	Pay To Address 240 CORPORATE BLVD,NEWPORT NEWS,VA,23607
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**To enter detail service lines for the claim, please follow these steps:**

1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.
4. The Service Through date will default to the Service From date if not keyed.

#### Service Line Entry

*Service From 12292009 <small>(MMDDYYYY)</small>	*Service Through  <small>(MMDDYYYY)</small>	*Service Code  <small>(ex: 86753)</small>	Modifier Code 1  <small>(no spaces or dashes)</small>	Modifier Code 2  <small>(no spaces or dashes)</small>	Modifier Code 3  <small>(no spaces or dashes)</small>	Modifier Code 4  <small>(no spaces or dashes)</small>	
*Charge Amount (\$)  <small>(ex: 123.45)</small>	*Place of Service  <small>(00 - 99)</small>	*Units  <small>(3-digits)</small>					
*Diagnosis Code 1  <small>(ex: 765.4)</small>	Diagnosis Code 2  <small>(ex: 765.4)</small>	Diagnosis Code 3  <small>(ex: 765.4)</small>	Diagnosis Code 4  <small>(ex: 765.4)</small>	Diagnosis Code 5  <small>(ex: 765.4)</small>	Diagnosis Code 6  <small>(ex: 765.4)</small>	Diagnosis Code 7  <small>(ex: 765.4)</small>	Diagnosis Code 8  <small>(ex: 765.4)</small>

Primary Payer		Secondary Payer		Tertiary Payer	
COB Payer Paid 1  <small>(ex: 99999.99)</small>	COB Units Paid 1  <small>(ex: 999)</small>	COB Payer Paid 2  <small>(ex: 99999.99)</small>	COB Units Paid 2  <small>(ex: 999)</small>	COB Payer Paid 3  <small>(ex: 99999.99)</small>	COB Units Paid 3  <small>(ex: 999)</small>

**Add Service Line** This will add this service line information to the claim

Please note the following Helpful Hints when completing these fields:

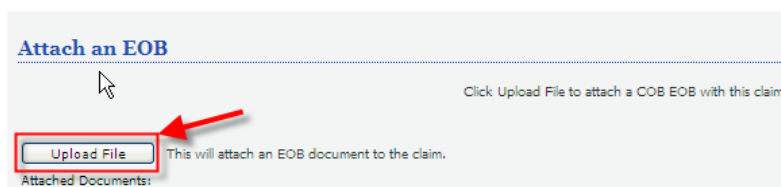
- Charge Amount: Do not include the dollar sign (\$) in this field. (i.e.: 120.00, not\$120.00)
- You must enter the decimal in the “diagnosis code” if applicable (i.e. 312.23 would require the decimal).
- When using a “V” diagnosis code the “V” must be capitalized.

### Step 3 of 3 cont'd: COB/EOB Upload

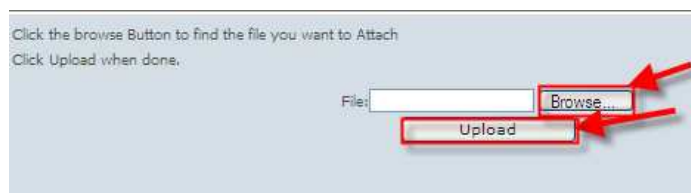
If you have included Coordination of Benefit information in Step 2, the accompanying Explanation of Benefit (EOB) will need to be attached to the claim. If your claim does not include COB, go to page 7 of this guide.

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.

**Claim Detail: Ready to Submit**

Click to Remove	Service Date		Service Code Place of Service	Modifier Code 1 Modifier Code 3	Modifier Code 2 Modifier Code 4	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Primary	Secondary	Tertiary
<input type="radio"/>	12292009	12292009	90806 11			100	300.00			
<input checked="" type="radio"/>	12292009	12292009	90806 11			100	300.00			
<b>Total</b>								0.00	0.00	0.00

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

#### Attach an EOB

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.

Attached Documents:

### 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**

Click to Remove	Service Date		Service Code Place of Service	Modifier Code 1 Modifier Code 3	Modifier Code 2 Modifier Code 4	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Primary	Secondary	Tertiary
<input type="radio"/>	01/05/2008	01/05/2008	90806 11			95.00	309.28			
<b>Total</b>								0	0	0

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

#### Attach an EOB

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.

Attached Documents:

This will remove the service line selected above      This will submit the entire claim (including all service lines added)      This will return to the preceding data entry page

## Summary Page

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

**Submit A Claim**

**Submission Results :** \*\*\*\*\* CLAIM ENTERED \*\*\*\*\*

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

Provider Name/ ID: SINGLE CLAIM SUB-TEST478263  
 Vendor ID: TEST858  
 Patient ID: 123456789  
 Patient Name: MEMBER, TEST  
 Program/Fund/Group ID:  
 Patient Date of Birth: 08/27/1978  
 NPI Number:  
 Taxonomy Code:  
 Licensure Level:  
 Claim #: **012712-04069-00001**

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)				
	Start Date	End Date						Primary	Secondary	Tertiary			Allowed	Deductible	Pre-Paid	COIN	CoPay
1	12/29/2009	12/29/2009	90806			100.00	300.00	0.00	0.00	0.00	0.00	A	0.00	0.00	0.00	0.00	0.00
<b>Total</b>								0.00	0.00	0.00							

**Attached EOBs :**  
 No EOB COB Documents Attachments

[Enter New Claim](#)

**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:

[http://valueoptions.com/providers/Compliance/Guide to Changing or Reprocessing Professional Claims Online.pdf](http://valueoptions.com/providers/Compliance/Guide_to_Changing_or_Reprocessing_Professional_Claims_Online.pdf).

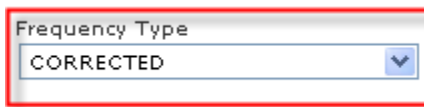
Submitting a replacement or corrected claim in the DCS module will supersede all information from the previous claim. This process does not allow for selective replacement of individual claim lines. For instance, if the original claim had 3 lines, and the corrected claim only has 1 line, the original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

## Frequency Type Definitions:

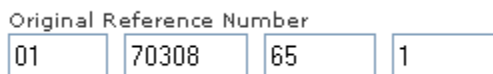
- Corrected/Replacement: You can change information on a claim, including detailed information such as dates of service, service codes, modifiers, diagnosis codes, etc.
- Void: When a claim was submitted in error, you can void the entire claim. You cannot change any information on the claim to be voided.

## 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” “Corrected” or “Void”.
3. Enter the original claim number as shown below in the “Original Reference Number” fields.



A screenshot of a web form showing a dropdown menu labeled "Frequency Type". The menu is open, and the option "CORRECTED" is selected. The dropdown is highlighted with a red rectangular border.



A screenshot of a web form showing four input fields for the "Original Reference Number". The fields contain the values "01", "70308", "65", and "1" respectively.

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](mailto: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>