

# Entering and Generating Billing- For Non-Specialized Providers

Nebraska non-specialized service provider users can submit two consecutive Billing data for the first and second half of a month given that the dates do not overlap.

1. To enter billing data for the first half of a month, go to the **Billing** tab and select 'New' under the **Billing Data** Section.

Agency	<b>Professional Claim</b>	
Billing	Billing Data	<a href="#">New</a>   <a href="#">Search</a>   <a href="#">Summary</a>   <a href="#">Detail Report</a>   <a href="#">ISP Billing</a>   <a href="#">Archive</a>

2. In the Search Service for New Billing Data page, enter the appropriate search parameters. Then select the appropriate Service from the result page, which will open up a new Billing Data Input form.

**Search Service for New Billing Data**

Program (Site)	<input type="text"/>	
Individual	<input type="text"/>	
Authorization ID	<input type="text"/>	
Billing Provider Organization Name	<input type="text"/>	
Authorization Number	<input type="text"/>	
Funding Source	<input type="text"/>	
Funding Provider Number	<input type="text"/>	
Service Coordinator Name	First Name <input type="text"/>	Last Name <input type="text"/>
Service Coordinator Number	<input type="text"/>	
Service Authorization Begin Date	From <input type="text"/>	To <input type="text"/>
Service Authorization End Date	From <input type="text" value="10/11/2015"/>	To <input type="text"/>
Service Description	<input type="text"/>	
Service Code	<input type="text"/>	
Used for IB	<input type="radio"/> Yes <input type="radio"/> No	

Cancel
Search

- In the **Billing Data** form, you can now submit billing for the first 15 days by entering the **service date range** and the **total billable units** for this period.

### Billing Data

**Form ID:** BILL-VSINE-DDD4LQJHPED8H  
**Created By:** Antony Forbes, Therap Admin  
**Create Date:** Wed, 11 Nov 2015 10:31:28 PM

**Service Authorization Information**

<b>Authorization ID</b>	SA-VSINE-DDC2AUXCEED8Y
<b>Program Name</b>	a-40685
<b>Individual Name</b>	Jane Smith
<b>Authorization Number</b>	
<b>Funding Source</b>	Nebraska
<b>Funding Provider Number</b>	
<b>Begin Date</b>	07/01/2015
<b>End Date</b>	12/30/2015
<b>Service Coordinator Organization</b>	
<b>Service Coordinator</b>	
<b>Service Coordinator Number</b>	

**Service Information**

<b>Service Code</b>	7090
<b>Service Description</b>	Adult- Day Hab Hourly
<b>Unit of Measure</b>	Hourly
<b>Unit Rate (\$)</b>	\$10.89
<b>Total Authorized Amount (\$)</b>	\$1089.00
<b>Number of Units</b>	100.00
<b>Billing Provider Organization Name</b>	Demo Service Provider

**Billing Data Input**

<b>Service Date From</b>	<input type="text" value="10/01/2015"/>	<b>Service Date To</b>	<input type="text" value="10/15/2015"/>
<b>Total Billable Units</b>	<input type="text" value="15"/>		
<b>Remaining Units</b>	100.00		
<b>Unit Rate (\$)</b>	10.89		
<b>Total Non-billable Units</b>	<input type="text" value="0"/>		
<b>Procedure Modifiers</b>	<input type="text" value="11"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		
<b>Primary Diagnosis Code</b>	ICD-10: <input type="text" value="R69"/>		
<b>Diagnosis Code Pointer</b>	<input type="text" value="1"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		
<b>Service Provider</b>	<input type="text" value="Select"/>		

**Comments**

3000 characters left

**System Message :** Used date range grouping. Calculated total units by adding units of each day

4. Once the Claim is generated, the dates entered in the Billing Data will also reflect on the **Claim** form.

### Professional Claim

**Form ID:** CLM-VSINE-DDD4LXG4NED88

**Status:** Pending Approval  
**Created By:** Stacey Hernandez, -None-  
**Create Date:** Wed, 11 Nov 2015 10:35:00 PM

**Claim Information**

<b>Payer</b>	NFOCUS
<b>Billing Provider</b>	Demo Service Provider (EIN: 50660378)
<b>Pay-to Provider</b>	Demo Service Provider (EIN: 50660378)
<b>Rendering Provider</b>	Demo Service Provider (EIN: 50660378)
<b>Individual Name</b>	Smith, Jane
<b>Individual ID</b>	22995656
<b>Signature On File</b>	Yes
<b>Place Of Service</b>	99-Other Unlisted Facility
<b>Claim Frequency Type Code</b>	1-Original (Admit thru Discharge Claim)
<b>Original TCN/ICN Number</b>	
<b>Medicare Assignment Code</b>	C-Not Assigned
<b>Release of Information Code</b>	Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim
<b>Patient Signature Source Code</b>	P-Signature generated by Provider because the Patient was not Physically Present for Services
<b>Claim Filing Indicator</b>	Medicaid
<b>Assignment of Benefits Indicator</b>	No
<b>Payer Responsibility</b>	Primary
<b>Relationship to Individual</b>	Self
<b>Special Program Code</b>	-
<b>Primary Diagnosis Code</b>	ICD-10: R69
<b>Delay Reason Code</b>	-
<b>Prior Authorization Number</b>	IBSA-DDDNE-DDC2AFEV/GDF7K

**Service Lines**

#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Unit Rate (\$)	Billable Units	Unit of Measure	Amount Billed (\$)	Paid
1	BILL-VSINE-DDD4LQJHPED8H	10/01/2015 - 10/15/2015	7090	Adult- Day Hab Hourly	11	R69	1	\$10.89	31	Hourly	\$337.59	No

<b>Total Claim Amount (\$)</b>	337.59
<b>Amount Paid (\$)</b>	0.00
<b>Patient Responsibility Amount (\$)</b>	

**Note Reference Code** -

**Comments**

**Attachment**

<b>Type Code</b>	-
<b>Transmission Code</b>	-
<b>Control Number</b>	

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