

Adjust, Submit or Void a Direct Entry Bill Using Provider Express Billing (PEB)



Electronic Billing Unit

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Washington State Department of Labor & Industries

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Olympia WA 98504-4263

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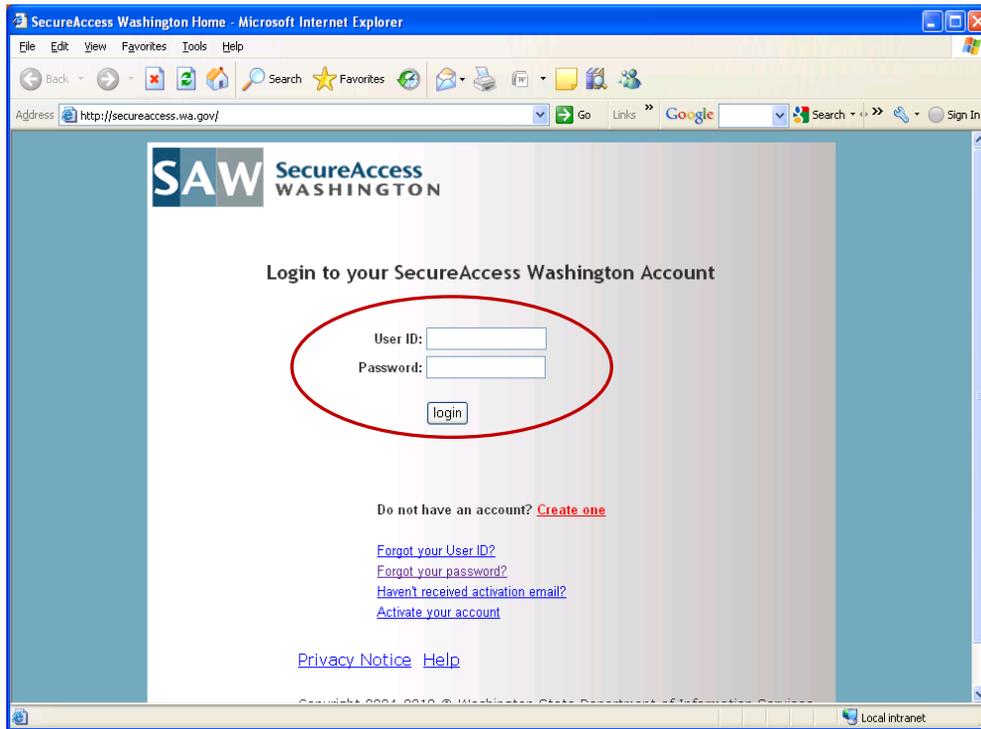
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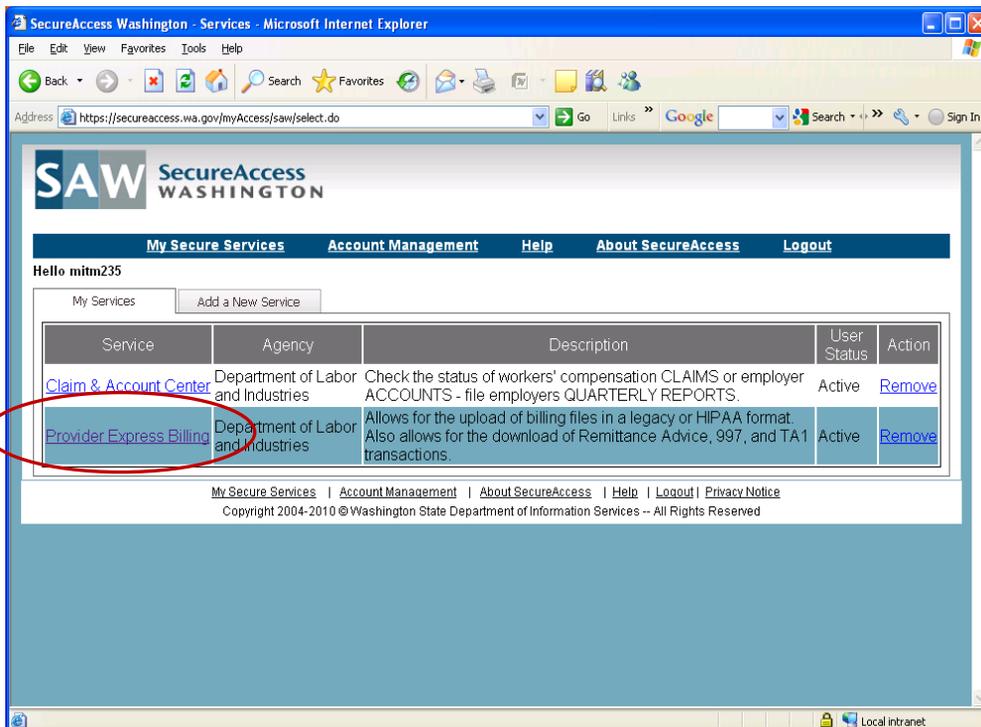
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Submit a Direct Entry bill

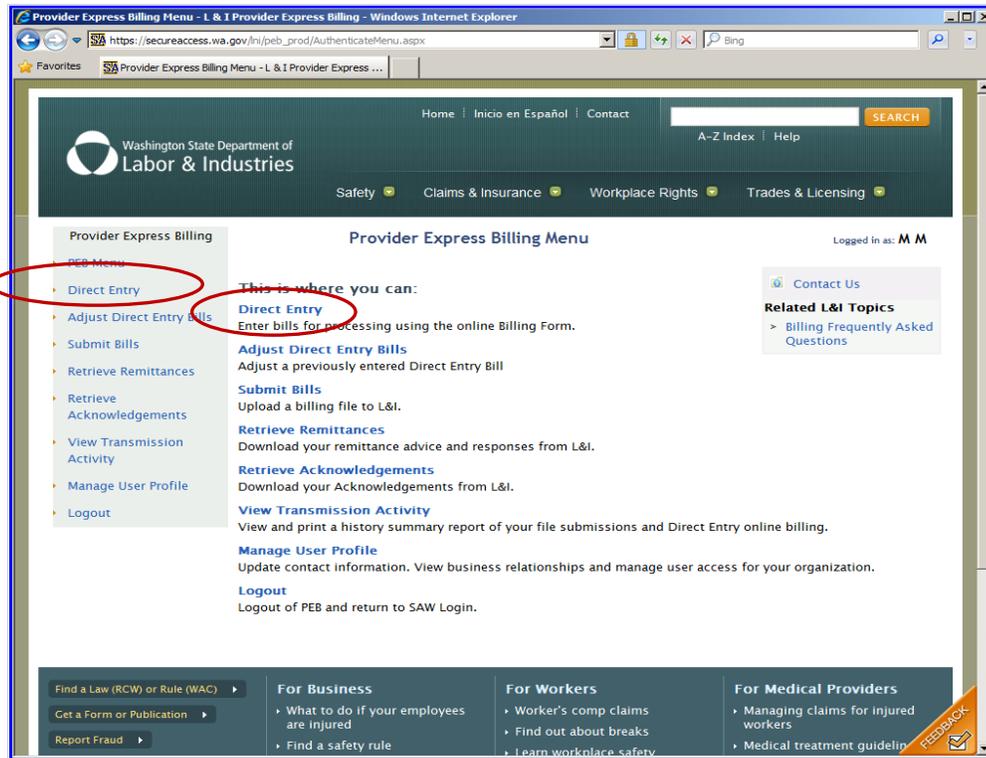
1. Log into your Secure Access Washington account at: <http://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click 'Login'



4. Select and open 'Provider Express Billing' from your list of 'My Services.'

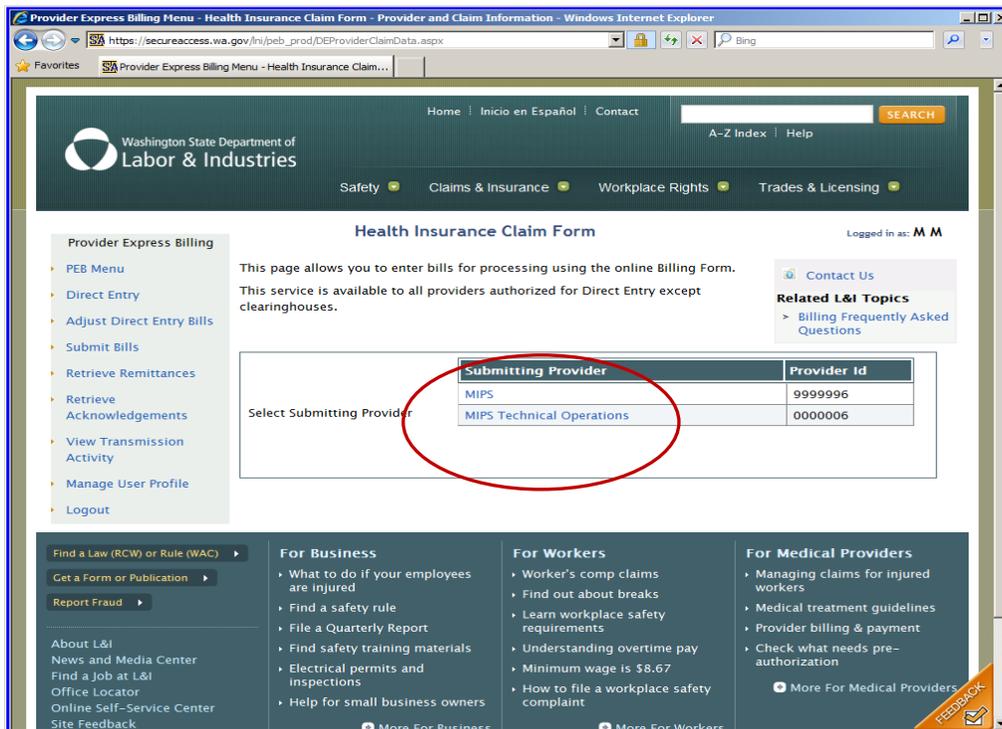


- Select 'Direct Entry' *either* from the:
 - Provider Express Billing Menu, **OR**
 - The left navigation menu



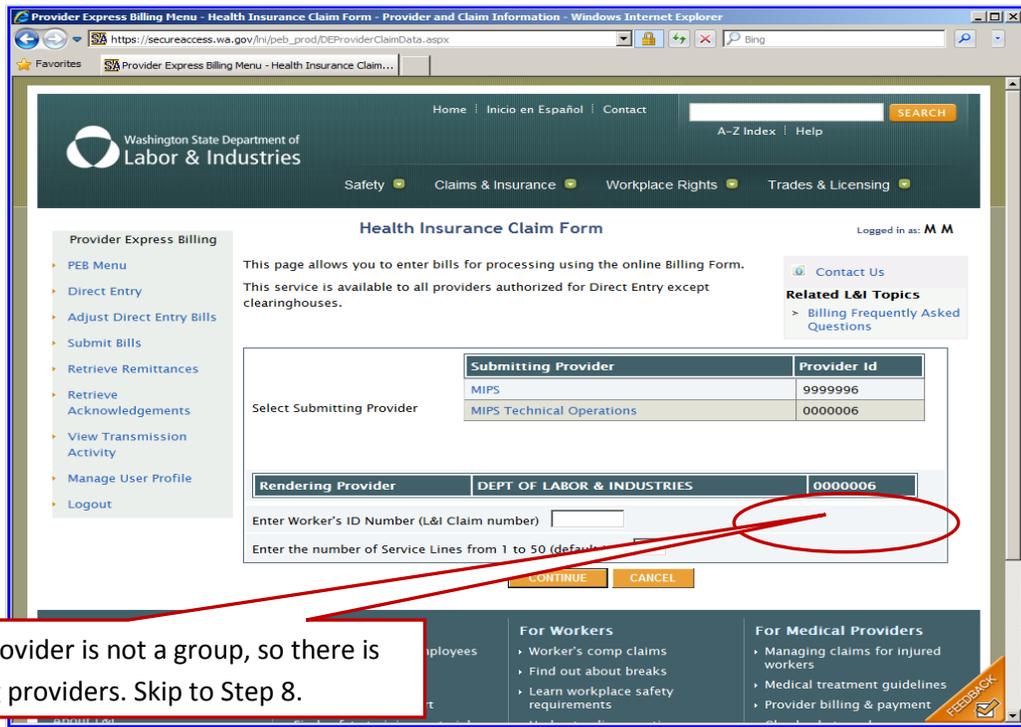
- From the 'Submitting Provider' list select the provider group you want to submit a bill for.

Note: Depending on your access, you may or may not have to do this step. If you are not presented with this screen, skip to Step 7.

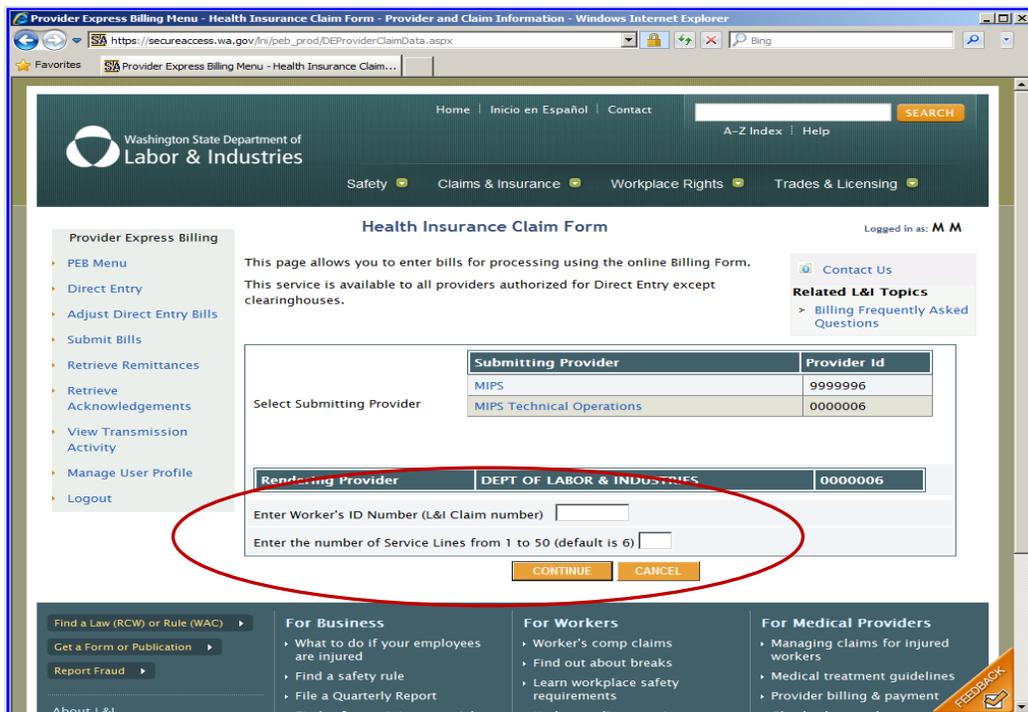


7. If you are a group and have individuals attached, you will be presented with a list of 'Rendering Providers'.
 - Select the 'Rendering Provider' you want to submit a bill for.

Note: Depending on your access, you may or may not have to do this step. If you are not presented with a list, skip to Step 8.



8. Enter the worker's ID number (L&I Claim Number) and the number of service (billing) lines, click 'Continue'.
 - If you do not enter the number of service lines the form will default to 6. You can enter up to 50 lines.



9. If you entered a worker's L&I claim number that is **not** on-file you are given two choices:
- Click 'Use this Claim number' (Directs you to the Health Insurance Claim Form), **OR**
 - Click 'Enter different Claim number' (Returns you to previous screen).

Note: If you entered a worker's L&I claim number that is on-file, skip to Step 10.



10. From the 'Health Insurance Claim Form' enter the patients claim information:

Note: If the claim ID entered is on-file some of these fields *may or may not be pre-filled*.

Box 1a: Enter the worker's SSN, if known

- Box 2: Enter the patients Name
- Last name
 - First name, and
 - Middle initial

Box 11: Insured's ID number (L&I Claim Number) is pre-filled

Box 17a: If applicable, enter Referring Physician Provider Number, **OR**

Box 17b: If applicable, enter Referring Physician NPI number

Box 21: If applicable, enter up to 4 diagnosis codes

Box 23: If applicable, enter Prior Authorization Number or VOC Referral ID

Continue to Step 11.

The screenshot shows a web browser window titled "Provider Express Billing Menu - Health Insurance Claim Form - Windows Internet Explorer". The address bar shows the URL: https://secureaccess.wa.gov/ini/peb_prod/DEProviderClaimData.aspx. The form is divided into several sections:

- Top Section (highlighted with a red circle):**
 - 1a. Worker's SSN:
 - 2. Patients Name (Last, First, Middle Initial):
 - 11. Insured's ID Number (L&I Claim Number):
 - 17. Referring Physician Provider Number: OR 17b. (NPI)
 - 21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line):
 - 1. 2. 3. 4.
 - 23. Prior Authorization Number or VOC Referral Id:
- Table Section:**

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LNI 6 NPI
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LNI 6 NPI
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LNI 6 NPI
- Bottom Section:**
 - 25. Federal Tax I.D. Number:
 - 26. Patient's Account No.:
 - 28. Total Charge:
 - 31. Date Bill Submitted:
 - 33. Billing Provider Info & PH#:
 - DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
 - MIPS TECHNICAL OPERATIONS
 - PO BOX 44263
 - OLYMPIA WA 98504-4263
 - A. (NPI) B. (LNI) 6
 - Bill Remarks (Max 80 characters):
- Buttons:** VALIDATE DATA ON FORM, ADD LINE ITEM, CLEAR FORM, CANCEL
- Footer:** Navigation links for "Find a Law (RCW) or Rule (WAC)", "Get a Form or Publication", "Report Fraud", "About L&I", "For Business", "For Workers", "For Medical Providers", and a "FEEDBACK" button.

11. Continued – ‘Health Insurance Claim Form’

- First date of service: Enter date the service was provided using MMDDYY or MM/DD/YY date formats.
- Last date of service: If you have consecutive dates of service, enter last date of service using MMDDYY or MM/DD/YY date formats.
Note: If the last date of service is the same as the first date of service, you can skip this field and it will auto-fill with the date you entered for “first date of service” when the bill is validated.
- Place of service: Enter 2 digit place of service code.
- Proc. Code: Enter procedure code. (CPT/HCPCS/Local Code)
- Mod 1, 2, 3 or 4: If applicable, enter modifier.
- Diag. Ptr: If you entered a diagnosis code(s) in box 21, enter a diagnosis pointer of 1, 2, 3 or 4 relating the date of service and procedure performed to the appropriate diagnosis.
- Charges: Enter your usual and customary fee for the procedure billed.
- Units: Enter the total number of units, minutes or days.
- Rendering Provider: Pre-filled with provider selected during Step 7.

The screenshot shows a web browser window titled "Provider Express Billing Menu - Health Insurance Claim Form - Windows Internet Explorer". The address bar shows the URL: https://secureaccess.wa.gov/lni/peb_prod/DEProviderClaimData.aspx. The form is divided into several sections:

- 1a. Worker's SSN:** 111111111
- 2. Patients Name (Last, First, Middle Initial):** DOE JOHN A
- 11. Insured's ID Number (L&I Claim Number):** H1111111
- 17. Referring Physician Provider Number:** 010101
- 17a. (LNI) OR 17b. (NPI):** 010101
- 21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line):** 1. 823.4
- 23. Prior Authorization Number or VOC Referral Id:** (empty)

The **Line Items** table is highlighted with a red oval:

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	010101		13	1099M					1	100.00	4	LNI 6 NPI
2												LNI 6 NPI
3												LNI 6 NPI

Other form fields include:

- 25. Federal Tax I.D. Number:** 916001069
- 26. Patient's Account No.:** (empty)
- 28. Total Charge:** (empty)
- 31. Date Bill Submitted:** 9/7/2011
- 33. Billing Provider Info & PH#:** DEPT OF LABOR & INDUSTRIES, MIPIS TECHNICAL OPERATIONS, PO BOX 44263, OLYMPIA WA 98504-4263. A. (NPI) (empty), B. (LNI) 6
- Bill Remarks (Max 80 characters):** (empty)

Buttons at the bottom include: VALIDATE DATA ON FORM, ADD LINE ITEM, CLEAR FORM, CANCEL.

Footer navigation includes: Find a Law (RCW) or Rule (WAC), Get a Form or Publication, Report Fraud, About L&I, For Business, For Workers, For Medical Providers, and a FEEDBACK button.

12. Continued – ‘Health Insurance Claim Form’ Once you have entered all lines of service for your patient, continue to:

- Box 25: Pre-filled with Federal Tax ID listed in our records for the billing provider in box 33.
- Box 26: Enter the patient’s account number.
- Box 28: Auto-filled when bill is validated.
- Box 31: Pre-filled with the date bill was created.
- Box 33: Pre-filled with the current information listed in our records for the submitting provider that was selected during Step 6.
- Bill Remarks: Enter bill remarks when applicable. **Improper use of this field may cause delays in the processing and payment of your bill.**

The screenshot shows a web browser window titled "Provider Express Billing Menu - Health Insurance Claim Form - Windows Internet Explorer". The address bar shows the URL: https://secureaccess.wa.gov/lni/peb_prod/DEProviderClaimData.aspx. The form contains the following fields and sections:

- 1a. Worker's SSN:** 111111111
- 2. Patients Name (Last, First, Middle Initial):** DOE JOHN A
- 11. Insured's ID Number (L&I Claim Number):** H111111
- 17. Referring Physician Provider Number:** 010101
- 17a. (LNI):** 010101 **OR** **17b. (NPI):** [empty]
- 21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line):** 1. B23.4
- 23. Prior Authorization Number or VOC Referral Id:** [empty]
- Table:**

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	010101	[empty]	13	1099M	[empty]	[empty]	[empty]	[empty]	1	100.00	4	LNI 6 NPI
2	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	LNI 6 NPI
3	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	[empty]	LNI 6 NPI
- 25. Federal Tax I.D. Number:** 916001069
- 26. Patient's Account No.:** 123
- 28. Total Charge:** [empty]
- 31. Date Bill Submitted:** 9/7/2011
- 33. Billing Provider Info & PH#:**

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
MIPS TECHNICAL OPERATIONS
PO BOX 44263
OLYMPIA WA 98504-4263
A. (NPI) B. (LNI) 6
- Bill Remarks (Max 80 characters):** [empty]

Buttons at the bottom: VALIDATE DATA ON FORM, ADD LINE ITEM, CLEAR FORM, CANCEL.

Footer navigation: Find a Law (RCW) or Rule (WAC), Get a Form or Publication, Report Fraud, About L&I, For Business, For Workers, For Medical Providers, FEEDBACK.

13. After you have completed the 'Health Insurance Claim' form you have 4 options:

- Click 'Validate Data on Form' – Validates data to ensure all applicable fields are completed, **OR**
- Click "Add Line Item" – An additional line will be added, **OR**
- Click 'Clear Form' – All data will be removed from form except the pre-filled fields, **OR**
- Click 'Cancel' – Returns you to the 'Select Submitting Provider' screen (Step 6).

The screenshot shows a web browser window titled "Provider Express Billing Menu - Health Insurance Claim Form - Windows Internet Explorer". The URL is "https://secureaccess.wa.gov/ih/peb_prod/DEProviderClaimData.aspx". The form includes the following fields and sections:

- 1a. Worker's SSN: 111111111
- 2. Patients Name (Last, First, Middle Initial): DOE JOHN A
- 11. Insured's ID Number (L&I Claim Number): H1111111
- 17. Referring Physician Provider Number
- 17a. (LNI) 010101 OR 17b. (NPI)
- 21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. 823.4, 2., 3., 4.
- 23. Prior Authorization Number or VOC Referral Id
- Table with columns: No., First Date of Service, Last Date of Service, Place of Service, Proc. Code, Mod 1, Mod 2, Mod 3, Mod 4, Diag. Ptr., Charges, Units, Rendering Provider.
- 25. Federal Tax I.D. Number: 916001069
- 26. Patient's Account No.: 123
- 28. Total Charge
- 31. Date Bill Submitted: 9/7/2011
- 33. Billing Provider Info & PH#: DEPT OF LABOR & INDUSTRIES, MIPS TECHNICAL OPERATIONS, PO BOX 44263, OLYMPIA, WA 98501-1263, PHONE 360-902-6586.
- Buttons: VALIDATE DATA ON FORM, ADD LINE ITEM, CLEAR FORM, CANCEL.

14. If "Validate Data on Form" is selected and the bill has missing or incorrect information, you will need to make corrections or add the missing information, and then once again click 'Validate Data on Form'. You may need to repeat until you validate and verify data is correct.

The screenshot shows a web browser window titled "Provider Express Billing Menu - Health Insurance Claim Form - Microsoft Internet Explorer". The page title is "Health Insurance Claim Form" and it is logged in as "M M". A red circle highlights a warning message: "Please correct the following errors or omissions: * Invalid Place of Service". The form includes the following fields and sections:

- Warning: Please correct the following errors or omissions: * Invalid Place of Service
- * This Bill is a TEST BILL
- 1a. Worker's SSN: 111111111
- 2. Patients Name (Last, First, Middle Initial): DOE JOHN A
- 11. Insured's ID Number (L&I Claim Number): H1111111
- 17. Referring Physician Provider Number
- 17a. (LNI) 010101 OR 17b. (NPI)
- 21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. 823.4, 2., 3., 4.
- 23. Prior Authorization Number or VOC Referral Id
- Table with columns: No., First Date of Service, Last Date of Service, Place of Service, Proc. Code, Mod 1, Mod 2, Mod 3, Mod 4, Diag. Ptr., Charges, Units, Rendering Provider.
- 25. Federal Tax I.D. Number: 916001069
- 26. Patient's Account No.: 123
- 28. Total Charge: 100.00
- 31. Date Bill Submitted: 5/7/2010
- 33. Billing Provider Info & PH#: DEPT OF LABOR & INDUSTRIES, MIPS TECHNICAL OPERATIONS, PHONE 360-902-6586.

15. When you are satisfied with your data and you receive the following message: “Bill has been validated, please verify your data and then click the *submit* button to submit this bill to Labor and Industries.”

- Click “Submit” – Once you click this button, no further changes can be made. **OR**
- Click “Edit Form” – Returns you to the form to make corrections.

Provider Express Billing Menu - Health Insurance Claim Form - Microsoft Internet Explorer

Bill Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.

This Bill is a TEST Bill

1a. Worker's SSN: 111111111

2. Patients Name (Last, First, Middle Initial): DOE JOHN A

11. Insured's ID Number (L&I Claim Number): H111111

17. Referring Physician Provider Number: 0101010

17a. (LNI) 0101010 OR 17b. (NPI)

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. 823.4 2. 3. 4.

23. Prior Authorization Number or VOC Referral Id:

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	01/01/01	01/01/01	13	1099M					1	100.00	4	LNI 6 NPI
2												LNI 6 NPI
3												LNI 6 NPI
4												LNI 6 NPI
5												LNI 6

25. Federal Tax I.D. Number: 916001069

26. Patient's Account No.: 123

28. Total Charge: 100.00

31. Date Bill Submitted: 5/7/2010

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
MIPS TECHNICAL OPERATIONS
PO BOX 44263
OLYMPIA WA 98504-4263
A. (NPI) B. (LNI) 6

Bill Remarks (Max 80 characters):

EDIT FORM **SUBMIT**

16. When your bill has been submitted, you will be returned to the “Select Submitting Provider” screen and you will receive the message “The bill was successfully submitted”.

- To submit additional bills repeat Steps 6 through 15.

Provider Express Billing Menu - Health Insurance Claim Form - Provider and Claim Information - Windows Internet Explorer

https://secureaccess.wa.gov/ini/peb_prod/CMS1500.aspx

Washington State Department of Labor & Industries

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SEARCH

A-Z Index | Help

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

Health Insurance Claim Form

Logged in as: M M

Provider Express Billing

- PEB Menu
- Direct Entry
- Adjust Direct Entry Bills
- Submit Bills
- Retrieve Remittances
- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

This page allows you to enter bills for processing using the online Billing Form.

This service is available to all providers authorized for Direct Entry except clearinghouses.

The Bill was successfully submitted.

Did you know that you can fax your chart notes and reports?

Please fax patient chart notes, reports and documentation to support billing for Workers Compensation at **360-902-4567**
Crime Victims Claims at **360-902-5333**

Contact Us

Related L&I Topics

- > Billing Frequently Asked Questions

Select Submitting Provider

Submitting Provider	Provider Id
MIPS	9999996
MIPS Technical Operations	0000006

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I News and Media Center

For Business

- What to do if your employees are injured
- Find a safety rule
- File a Quarterly Report
- Find safety training materials

For Workers

- Worker's comp claims
- Find out about breaks
- Learn workplace safety requirements
- Understanding overtime pay

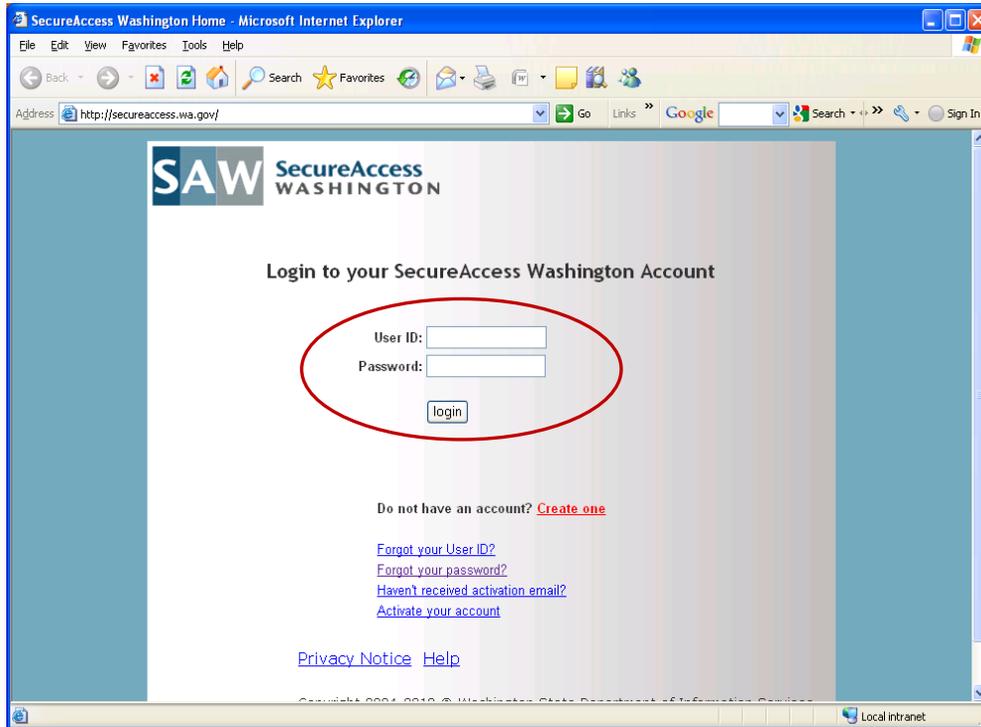
For Medical Providers

- Managing claims for injured workers
- Medical treatment guidelines
- Provider billing & payment
- Check what needs pre-authorization

FEEDBACK

Adjust a Direct Entry bill

1. Log into your Secure Access Washington account at: <http://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click 'Login'



4. Select and open 'Provider Express Billing' from your list of 'My Services'.

Service	Agency	Description	User Status	Action
Claim and Account Center Pre-production	Labor & Industries	Check the status of a workers' compensation CLAIM or employer ACCOUNTS - file employers QUARTERLY REPORTS.	Active	Remove
Provider Express Billing (PreProd)	Labor & Industries	Upload billing files in HIPAA 837 or L&I HCFA format, and Direct Entry bill submission. Download 835 or proprietary RA files, EDI X12 TA1,997,277 & 824 transactions.	Active	Remove

5. Select 'Adjust Direct Entry bills' **either** from the:

- Provider Express Billing Menu, **OR**
- The left navigation menu

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the logo, navigation links (Home, Inicio en Español, Contact), a search bar, and utility links (A-Z Index, Help). Below the header are menu categories: Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled "Provider Express Billing Menu" and shows a user logged in as Mellisa Mitchell. A left-hand navigation menu lists options like PEB Menu, Direct Entry, and Adjust Direct Entry Bills. The main content area lists actions: Direct Entry, Adjust Direct Entry Bills, Submit Bills, Retrieve Remittances, and Retrieve Acknowledgements. The "Adjust Direct Entry Bills" option is circled in red in both the navigation menu and the main content area.

6. From the "Select a SubmitterID Number" drop down box, select the provider group that you want to submit an adjustment for. **Note:** Depending on your access, you may or may not have multiple provider groups to choose from.

- Click "Select"

The screenshot shows the "Adjust Direct Entry Bills" page on the Washington State Department of Labor & Industries website. The header and navigation are the same as in the previous screenshot. The main content area explains that this page allows users to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status. Below this text is a form with a dropdown menu labeled "Select a SubmitterID Number:" and a "SELECT" button. The dropdown menu is currently set to "0000852" and is circled in red. The "SELECT" button is also circled in red.

7. A list of Direct Entry bills that have been submitted will be displayed. Find the bill that you want to adjust. Only bills with a paid or denied status can be adjusted.

- Click “Adjust”

Washington State Department of Labor & Industries

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A-Z Index | Help

Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

Provider Express Billing

- PEB Menu
- Direct Entry
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- Retrieve Acknowledgements
- View Transmission Activity
- Manage User Profile
- Logout

Adjust Direct Entry Bills

Logged in as: M M

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.
[See additional information.](#)

Select a SubmitterId Number:

SubmitterID Number:

SELECT

ICN	Claim Number	Status	Adjust Bill	Void Bill	From DOS	To DOS	Paid Date
51125008000000400	H010101	In Process			09/01/2011	09/01/2011	
51125008000000300	H010101	Paid	Adjust	Void	08/10/2011	08/10/2011	09/07/2011
51125008000000200	H010101	Paid	Adjust	Void	08/08/2011	08/08/2011	09/07/2011

[Contact Us](#)

Related L&I Topics

- > [Billing Frequently Asked Questions](#)

8. The original bill will be displayed. You can make changes to any of the following fields or add additional lines:

- 17a. or 17b. Referring Physician Provider Number
- 21. Diagnosis
- 23. Prior Authorization Number or VOC Referral ID
- First Date of Service
- Last Date of Service
- Place of Service
- Procedure Code
- Modifier 1, 2, 3 or 4
- Diagnosis Pointer
- Charges
- Units
- 26. Patient's Account Number

When you are satisfied with your changes, click "Validate Data On Form".

Health Insurance Claim Form - Adjust a Bill

Logged in as: MM

This Bill is a TEST Bill

1a. Worker's SSN: ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number: 17a. (LNI) OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line):
 1. 2. 3. 4. ?

23. Prior Authorization Number or VOC Referral Id: ?

No.	First Date of Service ?	Last Date of Service ?	Place of Service ?	Proc. Code ?	Mod 1 ?	Mod 2 ?	Mod 3 ?	Mod 4 ?	Diag. Ptr. ?	Charges ?	Units ?	Rendering Provider
1	<input type="text" value="080811"/>	<input type="text" value="080811"/>	<input type="text" value="99"/>	<input type="text" value="9989M"/>	<input type="text"/>	<input type="text" value="100.00"/>	<input type="text" value="8"/>	LNI 6 NPI				

25. Federal Tax I.D. Number: ?

26. Patient's Account No.: ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
 MIPS TECHNICAL OPERATIONS
 PO BOX 44263
 OLYMPIA WA 98504-4263
 A. (NPI) B. (LNI) 6 ?

Bill Remarks (Max 80 characters): ?

VALIDATE DATA ON FORM **ADD LINE ITEM** **CANCEL**

9. If there are no errors, you will receive the message “Bill data has been validated. Please verify your data and then click the submit button to submit this bill to Labor and Industries”

- Click “Adjust Bill” – Once you click this button, no further changes can be made. **OR**
- Click “Edit form” – If you want to make additional changes

Health Insurance Claim Form - Adjust a Bill

Logged in as: **MM**

i Bill Data has been validated, Please Verify your Data and then click the Submit button to submit this Bill to Labor and Industries.

This Bill is a TEST Bill

1a. Worker's SSN: ?

2. Patients Name (Last, First, Middle Initial):

11. Insured's ID Number (L&I Claim Number):

17. Referring Physician Provider Number: OR 17b. (NPI) ?

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line): 1. 2. 3. 4. ?

23. Prior Authorization Number or VOC Referral Id: ?

No.	First Date of Service ?	Last Date of Service ?	Place of Service ?	Proc. Code ?	Mod 1 ?	Mod 2	Mod 3	Mod 4	Diag. Ptr. ?	Charges ?	Units ?	Rendering Provider
1	<input type="text" value="080811"/>	<input type="text" value="080811"/>	<input type="text" value="99"/>	<input type="text" value="9989M"/>	<input type="text"/>	<input type="text" value="100.00"/>	<input type="text" value="8"/>	LNI 6 NPI				

25. Federal Tax I.D. Number: ?

26. Patient's Account No.: ?

28. Total Charge:

31. Date Bill Submitted:

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES PHONE 360-902-6586
MIPS TECHNICAL OPERATIONS
PO BOX 44263
OLYMPIA WA 98504-4263
A. (NPI) B. (LNI) 6

Bill Remarks (Max 80 characters): ?

EDIT FORM | **ADJUST BILL**

10. When the adjustment has been submitted, you will be returned to the “Select Submitting Provider Number” screen and you will receive the message “The adjusted bill was successfully submitted”.

- To submit additional adjustments repeat Steps 6 through 9.

Adjust Direct Entry Bills

Logged in as: **MM**

i The Adjusted Bill was successfully submitted.

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.
[See additional information.](#)

Select a SubmitterID Number:

SubmitterID Number:

SELECT

Provider Express Billing

- ▶ PEB Menu
- ▶ Direct Entry
- ▶ Adjust Direct Entry Bills
- ▶ Submit Bills
- ▶ Retrieve Remittances
- ▶ Retrieve Acknowledgements
- ▶ View Transmission Activity
- ▶ Manage User Profile

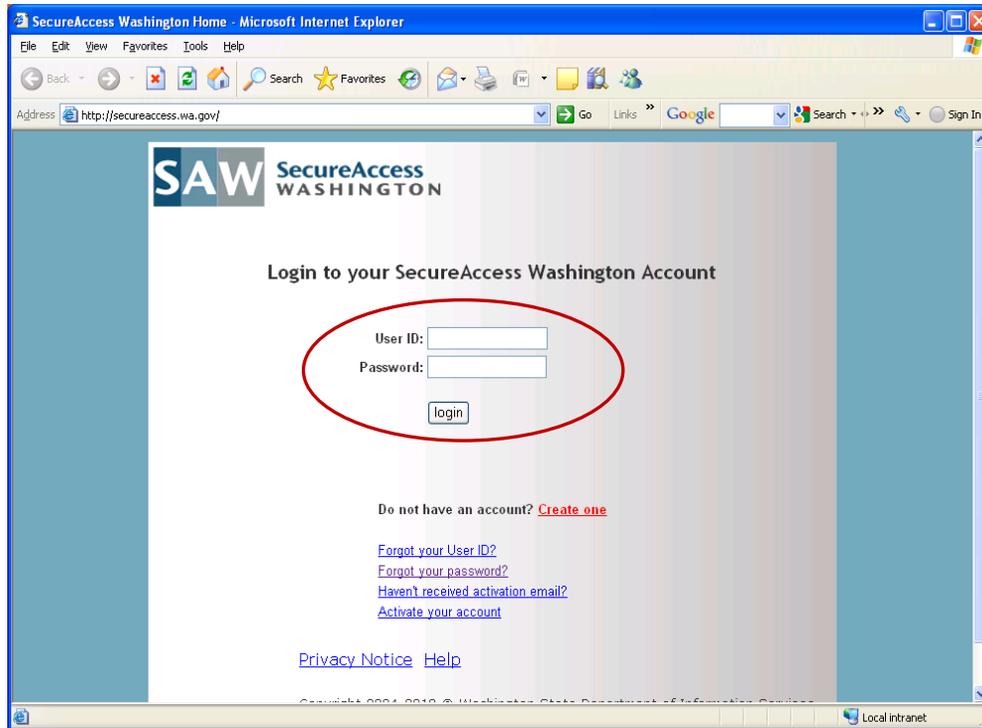
Contact Us

Related L&I Topics

- > Billing Frequently Asked Questions

Void a Direct Entry bill

1. Log into your Secure Access Washington account at: <http://secureaccess.wa.gov/>
2. Enter your User ID and Password
3. Click 'Login'



4. Select and open 'Provider Express Billing' from your list of 'My Services.'

Service	Agency	Description	User Status	Action
Claim and Account Center Pre-production	Labor & Industries	Check the status of a workers' compensation CLAIM or employer ACCOUNTS - file employers QUARTERLY REPORTS.	Active	Remove
Provider Express Billing (PreProd)	Labor & Industries	Upload billing files in HIPAA 837 or L&I HCFA format, and Direct Entry bill submission. Download 835 or proprietary RA files, EDI X12 TA1,997,277 & 824 transactions.	Active	Remove

5. Select 'Adjust Direct Entry bills' **either** from the:

- Provider Express Billing Menu, **OR**
- The left navigation menu

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Provider Express Billing

PEB Menu

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Adjust Direct Entry Bills

Submit Bills

Retrieve Remittances

Retrieve Acknowledgements

View Transmission Activity

Provider Express Billing Menu

Logged in as: **Mellisa Mitchell**

[Contact Us](#)

Related L&I Topics

> [Billing Frequently Asked Questions](#)

This is where you can:

- Direct Entry**
Enter bills for processing using the online Billing Form.
- Adjust Direct Entry Bills**
Adjust a previously entered Direct Entry Bill
- Submit Bills**
Upload a billing file to L&I.
- Retrieve Remittances**
Download your remittance advice and responses from L&I.
- Retrieve Acknowledgements**

6. From the "Select a SubmitterID Number" drop down box, select the provider group that you want to submit an adjustment for. **Note:** Depending on your access, you may or may not have multiple provider groups to choose from.

- Click "Select"

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Adjust Direct Entry Bills

Logged in as: **Mellisa Mitchell**

[Contact Us](#)

Related L&I Topics

> [Billing Frequently Asked Questions](#)

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.
[See additional information.](#)

Select a SubmitterID Number:

SubmitterID Number: 0000852

SELECT

7. A list of Direct Entry bills that have been submitted will be displayed. Find the bill that you want to void. Only bills with a paid or denied status can be voided.

- Click "Void"

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Manage User Profile

Logout

Adjust Direct Entry Bills

Logged in as: M M

This page allows you to adjust or void Direct Entry bills that have been finalized to a Paid or Denied Status.
See additional information.

Select a SubmitterID Number:

SubmitterID Number: 0005446

SELECT

ICN	Claim Number	Status	Adjust Bill	Void Bill	From DOS	To DOS	Paid Date
51125008000000400	H010101	In Process			09/01/2011	09/01/2011	
51125008000000300	H010101	Paid	Adjust	Void	08/10/2011	08/10/2011	09/07/2011
51125008000000200	H010101	Paid	Adjust	Void	08/08/2011	08/08/2011	09/07/2011

Contact Us

Related L&I Topics

> Billing Frequently Asked Questions

8. The original bill will be displayed. Confirm that the selected bill should be voided.

- Click "Void Bill" – Once you click this button, it cannot be reversed. **OR**
- Click "Cancel" to exit

Health Insurance Claim Form - Void a Bill

Logged in as: M M

This Bill is a TEST Bill

1a. Worker's SSN: 111111111

2. Patients Name (Last, First, Middle Initial): CACTEST DUDE

11. Insured's ID Number (L&I Claim Number): H010101

17. Referring Physician Provider Number

17a. (LNI) OR 17b. (NPI)

21. Diagnosis or Nature of Illness or Injury (Related Items 1, 2, 3 or 4 to Diag. Ptr. by Line)

23. Prior Authorization Number or VOC Referral Id

No.	First Date of Service	Last Date of Service	Place of Service	Proc. Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag. Ptr.	Charges	Units	Rendering Provider
1	080811	080811	99	9989M						100.00	8	LNI 6 NPI

25. Federal Tax I.D. Number: 916001069

26. Patient's Account No.: 123

28. Total Charge

31. Date Bill Submitted: 9/8/2011

33. Billing Provider Info & PH#

DEPT OF LABOR & INDUSTRIES
MIPS TECHNICAL OPERATIONS
PO BOX 44263
OLYMPIA WA 98504-4263
PHONE 360-902-6586

A. (NPI) B. (LNI) 6

Bill Remarks (Max 80 characters)

VOID BILL CANCEL

9. When your voided bill has been submitted, you will be returned to the “Select Submitting Provider” screen and you will receive the message “The Void bill was successfully submitted”.
- To submit additional adjustments repeat Steps 6 through 8.

The screenshot shows the Washington State Department of Labor & Industries website. The header includes the department logo, navigation links for Home, Inicio en Español, and Contact, a search bar, and a dropdown menu with options for Safety, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled "Adjust Direct Entry Bills" and features a confirmation message: "The Void Bill was successfully submitted." This message is circled in red. Below the message, there is a form to "Select a SubmitterID Number" with a dropdown menu showing "0000852" and a "SELECT" button. A sidebar on the left lists various billing and user management options, and a sidebar on the right includes a "Contact Us" link and "Related L&I Topics" such as "Billing Frequently Asked Questions".