

ESDS BILLING GUIDE FOR EXTERNAL PROVIDERS

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NOTE: Treasure Coast Early Steps (TCES) used in all examples.
Process is the same for all LES programs!

BILLING GUIDE STEP BY STEP

1. On your dashboard locate “SEARCH CASES”

Welcome Back, Keyshla!

Dashboard: **Provider** Make Default

Search Cases ➤

Provider Enrollment Status

Provider Type ⌵ Provider Specialty ⌵ Approval Status ⌵ Current Medicaid Enrollment Status ⌵ Expiration Date ⌵

➤

2. Search for child by name or date of birth. Make sure to have the Case Status empty and not “Active” to see all of your kids not just those that haven’t aged out—if you cannot locate the child after removing this then email Laura Restrepo with a list of those kids that are not showing up for you, she can make sure they have been assigned to you.

Enrollments

Search Criteria

ESDS ID	Billing ID	Enrollment Status None Selected
Child First Name DAISY	Child Last Name DUCK	Birth Date MM/DD/YYYY
Case Status None Selected	Service Coordinator	Team Member
LES None Selected	Provider / LEA None Selected	

Search **Clear**

Search Results

ESDS ID	LES	Case Name	Service Coordinator	Enrollment Status	Disposition Date	Disposition Reason
2770-01	Treasure Coast	duck, daisy 01/25/2024	Angelipa Stallworth - TREASURE	Intake Only		

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3. Fill out contact note with the highlighted below. Make sure to check mark NESF or EPIC, whichever is applicable to you. Make sure to upload your contact note to the claim. If you have part c approval for some reason (not on panel, insurance not accepted, etc.) you will see there is a waiver check box you can mark. These will normally say the provider's name with the date range in question. This waiver lets us know you have auth for part c billing and not the insurance the child has on file.

Contact Note - Service

[Back To Case](#)

Due Date: 05/01/2026 Assignee: Keyshia Rodriguez Melendez - TREASURE Assign

04/01/2026 ☐ Contact Note Not Needed

Location: Home

Provider: TREASURE ☐ 83 - Therapist ☐ 90 - Occupational Therapist

Participants

Family / Caregiver Update

☐ Natural Environment Support Fee (NESF)?☒ EPIC (FLEPIC) Fee?

Services

Service Fee: None Selected ☐ Part C

Individual or Group: Individual

Service Date Range: Occupational Therapy ☐ Occupational Therapy ☐

☐ Joint Service

9/5/2026 9/5/2026 9/5/2026 9/5/2026

Start Date: 10:00 AM ☐ End Date: 11:00 AM ☐ Duration: 60 mins

Prior Authorization Number: ☐ Delayed milestone in childhood (R62.0) ☐

Referring Provider: None Selected ☐ Ordering Provider: None Selected ☐

Goals

No results found

Supporting Document

[Last Login on 4/1/26 PDF](#)

Waivers

Waiver Number	Waiver Type	Start Date	End Date	Approval Status	Requested Date	Reviewed Date	Supporting Doc
05 000000015	Other	03/18/2026	01/25/2027	Approved	05/01/2026	05/01/2026	

[Other](#)

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ADD NEW SERVICE

Insurance Information

None

Electronic Signature Legal Attestation

Individuals who provide electronic signatures attest that they understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. This attestation confirms that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This attestation certifies that the electronic signature is the legally binding equivalent of their handwritten signature and that the data on this form is accurate to the best of my knowledge.

Signature *

PROVIDER SIGNATURE

Communication Log

Cancellation Detail for Communication Log

Print Templates

Please select the language for print template download

English

[Contact Note - English](#)

Save Cancel Complete

4. Once all the highlighted fields have been filled out you will hit complete
5. Once you hit complete the page will refresh and, on this screen, you will need to select the payer priority to primary, your Medicaid ID and then hit submit for billing

Review Billing Details - Occupational Therapy - 04/01/2026

[Back To Case](#)

Due Date

05/01/2026

Assignee

Keyshla Rodriguez Melendez - TREASURE

Assign

Enrollment Details

Enrollment

duck, daisy 01/25/2024

Service Details

Date of Service

04/01/2026

Location

Home

Provider

Batsheva Wasser - TREASURE

Provider Type

83 - Therapist

Provider Specialty

90 - Occupational Therapist

☐ Click to Enter New EOBs

☐ Add Override

Waivers - (The following waivers are applied to this claim. If you need to remove the waiver, Update Contact Note before claim submission.)

Waiver Number	Waiver Type	Start Date	End Date	Approval Status	Requested Date	Reviewed Date	Supporting Doc
0000000015	Other	03/19/2026	01/25/2027	Approved	05/01/2026	05/01/2026	

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Current Billing Details

Insurance Payer

None Selected

Non-Insurance Payer

Part C

Payer Priority

Primary

Service Type

Occupational Therapy

CPT Code + Modifiers

97530*GO***

Organization Enrollment

Organization Enrollment

MedicaidID: 892255100 - 83/Group[PT, OT, SLP]

Loading

None Selected

Prior Authorization Number

Ordering Provider

None Selected

Duration (minutes)

60

Units

4

ICD-10 Code

Delayed milestone in childhood (R62.0)

\$ Total Claim Charge

81.32

Claim Note

External Claim Tracking Reason

Supporting Documentation

Choose File

No file chosen

Save

Cancel

Submit For Billing

Update Contact Note

Flag for external claim

Not Needed

6. Once this is submitted the status will reflect “Pending Biller Review”—this means it has moved to your Claims Biller dashboard and needs to have a final review and submitted by you to part c for processing. Please see Claims Biller Dashboard Guide for those next steps.

COIFFS/CONSULTS/EXITS

1. You would follow the same steps as above to locate the child and create a contact note. You would fill out all the info required and select the options below to see the options for these types of services.

Services

Insurance Payer None Selected	Non Insurance Payer Part C
Individual Or Group None Selected	
Service Type Group Part C	Service Type Consult
☐ Joint Service	
CPT Code * Module * None Selected	
COIFF**** COIFF*GT*** COIFP**** CONIF**** CONIF*GT*** CONIP**** CONOF**** CONOF*GT***	Prior Authorization Number Referring Provider None Selected

2. Once filled out you will follow the same steps to submit for billing and to pending biller review.

CLAIMS BILLER DASHBOARD

Providers will be assigned the claims biller role so that you may review you claims submit them to part c for payment.

Once you have completed the steps of creating a claim and hit submit to billing the claims will appear on this dashboard for a final review from the provider. In this section you as a provider will be able to double check that a claim was submitted twice and that the payer is correct. This section will show you the therapies, coifs, consults, exits, nesf and epic fees for review.

Steps:

1. Locate Claim Biller dashboard

The screenshot shows the 'early steps' dashboard for user Keyshla. The 'Dashboard' dropdown is set to 'Claim Biller'. Two large blue buttons are visible: 'Review Submitted Claims' (highlighted with a yellow box) and 'Search Claims'.

2. Select the blue tile "Review Submitted Claims"

This screenshot is identical to the previous one, showing the 'Review Submitted Claims' button highlighted with a yellow box on the Claim Biller dashboard.

3. Once you have the claims window open it will populate all the claims you have submitted to billing. If a claim is not on here you may have not hit submit to billing and need to locate it in the tasks summary for the child in question. On this screen you can sort the claims by name so that you can review all services rendered are listed here. All claims will populate regardless of payer is being billed through ESDS with the exception of travel vouchers as that comes to billing once you finish creating it.

The screenshot shows the 'Review Pending Biller Claims' window. At the top, there are filters for 'Due Date' (05/06/2026) and 'Assigned' (Keyshla Rodriguez Melendez - TREASURE). Below these are search criteria fields for ESDS ID, Child First Name, Child Last Name, Provider Name, Service Date (From), Service Date (To), Service Type, Insurance Payer, Non Insurance Payer, and Organization. A 'Search' button is present. Below the search criteria is a table of 'Search Results' with columns: Claim Identifier, Claim Frequency, ESDS ID, Child, Organization, Enrollment, Service Date, Service Type, CPT & Modifiers, Provider Name, Payer, and Supporting Document. The table contains three rows of claims. At the bottom, there is a 'Follow-up Reason' field and buttons for 'Cancel', 'Reschedule Follow-up', 'Approve', and 'Not Needed'.

Claim Identifier	Claim Frequency	ESDS ID	Child	Organization	Enrollment	Service Date	Service Type	CPT & Modifiers	Provider Name	Payer	Supporting Document
ES [redacted]	Original	[redacted]	[redacted]	Treasure Coast	[redacted]	03/05/2026	Service Coordination	T1017TL	[redacted] - TREASURE	Sunshine Health	[icon]
ES [redacted]	Original	[redacted]	[redacted]	Treasure Coast	[redacted]	04/27/2026	Service Coordination	T1017TL	[redacted] TREASURE	Humana (Public)	[icon]
ES [redacted]	Original	[redacted]	[redacted]	Treasure Coast	[redacted]	04/28/2026	Service Coordination	T1017TL	[redacted] TREASURE	Sunshine Health	[icon]

4. If you realize you have a claim that needs correcting you can select the box on that claim and select the tile that says requires follow up. Ex: a duplicate claim you need to void or a claim you selected the wrong payer or information needs to be updated. This action will send the claim to your claims dashboard for you to follow up on it. Leave a note that will help you remember why you sent it back to yourself for review.

Pending Claims

Search Criteria

ESDS ID	Child First Name	Child Last Name	Provider Name
Service Date (From) MM/DD/YYYY	Service Date (To) MM/DD/YYYY	Service Type None Selected	
Insurance Payer None Selected	Non Insurance Payer None Selected	Organization	

Search Clear

Search Results

☐	Claim Identifier	Claim Frequency	ESDS ID	Child	Organization	Enrollment	Service Date	Service Type	CPT & Modifiers	Provider Name	Payer	Supporting Document
☒	[REDACTED]	Original	[REDACTED]	[REDACTED]	Treasure Coast	[REDACTED]	03/24/2026	Service Coordination	T1017*TL	[REDACTED] TREASURE	Part C	
☐	[REDACTED]	Original	[REDACTED]	[REDACTED]	Treasure Coast	[REDACTED]	03/31/2026	Service Coordination	T1017*TL	[REDACTED] TREASURE	Part C	

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• ES19779-1 ✕

Follow-up Reason

Incorrect amount of units need to fix

Cancel Requires Follow-up Approve Not Needed

5. Once you have reviewed all your claims you can select the check box at the top next to claim identifier to select all the claims. To submit to part c you will hit the blue tile that says “approve” after this is complete the claims will be push to the billing department to issue payment.

Review Pending Biller Claims

[Back To Case](#)

Due Date: 05/06/2026 Assignee: Keyshia Rodriguez Melendez - TREASURE Assign

Pending Claims

Search Criteria

ESDS ID	Child First Name	Child Last Name	Provider Name
Service Date (From) MM/DD/YYYY	Service Date (To) MM/DD/YYYY	Service Type None Selected	
Insurance Payer None Selected	Non Insurance Payer None Selected	Organization	

Search Clear

Search Results

☒	Claim Identifier	Claim Frequency	ESDS ID	Child	Organization	Enrollment	Service Date	Service Type	CPT & Modifiers	Provider Name	Payer	Supporting Document
☒	[REDACTED]	Original	[REDACTED]	[REDACTED]	Treasure Coast	[REDACTED]	03/24/2026	Service Coordination	T1017*TL	[REDACTED] TREASURE	Part C	
☒	[REDACTED]	Original	[REDACTED]	[REDACTED]	Treasure Coast	[REDACTED]	03/31/2026	Service Coordination	T1017*TL	[REDACTED] TREASURE	Part C	

Rows per page: 25 1-2 of 2

• ES19779-1 ✕

• ES19784-1 ✕

Follow-up Reason

Cancel Requires Follow-up Approve Not Needed

[SUPPORT](#)

6. Once all claims have been approved hit the blue tile “Not needed” to close out the Review Pending Biller Claims tasks until you need to repeat the process for new claims. This action will take you back to your dashboard.

Review Pending Biller Claims [Back To Case](#)

Due Date: 05/06/2026 Assignee: Keyshia Rodriguez Melendez - TREASURE [Assign](#)

Pending Claims

Search Criteria

ESDS ID	Child First Name	Child Last Name	Provider Name
Service Date (From)	Service Date (To)	Service Type	
MM/DD/YYYY	MM/DD/YYYY	None Selected	
Insurance Payer	Non Insurance Payer	Organization	
None Selected	None Selected		

[Search](#) [Clear](#)

No results found

Follow-up Reason

[Cancel](#) [Requires Follow-up](#) [Approve](#) [Not Needed](#)

7. To locate your claims you set for follow up you will need to locate the Claims dashboard. They will be the highlighted area below. If you have a duplicate claim that you need to delete you would select the claim in that area and select create void claim this will delete the claim.

Welcome Back, Keyshia!

Dashboard: **Claims** [Make Default](#)

[Search Cases](#) [Search Claims](#) [Initiate Travel Voucher](#)

My Tasks

Claim Requiring Corrective Action

No results found

CLAIMS YOU SET TO REQUIRE FOLLOW UP WILL APPEAR HERE

Aged Claims Summary

No results found

Claim Status Request

No results found

Claim Reversals

No results found

UNIT LIMIT EXCEEDED ERROR GUIDE

1. Locate Enrollment Search->Click search to bring up your caseload->Locate child with unit error message
2. On case screen you will see Task Summary. Please make sure the highlighted below is set to "OPEN" so that it just shows you opened claims for the child

Task Summary Create Task + Close X

Search Unit Status Open

Due Date On or After Due Date On or Before Task

Search Clear

Search Results

Task	Assignee	Result	Scheduled	Due Date	Completed
Contact Note - Service	[REDACTED] THERAPIST			05/03/2026	+
Exit COS Assessment	[REDACTED] TREASURE			07/28/2027	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			04/28/2026	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			05/04/2026	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			05/04/2026	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			05/05/2026	+
Transition Plan	[REDACTED] TREASURE			04/30/2027	+

3. If you sort the Tasks by hitting the little error, it will put the tasks in alphabetical order making it easier to view duplicate entries. In the example below you will see that this child has 4 different contact notes for 1 date of service.

Task Summary Create Task + Close X

Search Task Status Open

Due Date On or After Due Date On or Before Task

Search Clear

Search Results

Task	Assignee	Result	Scheduled	Due Date	Completed
Contact Note - Service	[REDACTED] THERAPIST			05/03/2026	+
Exit COS Assessment	[REDACTED] TREASURE			07/28/2027	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			04/28/2026	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			05/04/2026	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			05/04/2026	+
Review Billing Details - Early Intervention Session - 04/03/2026	[REDACTED] EARLYSERVICES			05/05/2026	+
Transition Plan	[REDACTED] TREASURE			04/30/2027	+

4. You need to close out all of the extra notes leaving only 1 to actually submit to billing. To close out a claim you will click on the blue arrow on the far right to open one of the claims. Once you open the claim you will scroll down to the bottom and you will see the blue tiles. To “delete” a claim you must hit “NOT NEEDED” do not hit the cancel button when you are billing since this will not actually delete the claim and will cause you issues.

Review Billing Details - Early Intervention Session - 04/03/2026

Due Date: 04/03/2026 Assignee: Kayella Rodriguez Melendez - TREASURE Assign

Enrollment Details

Enrollment: [REDACTED]

Service Details

Date of Service: 04/03/2026 Location: Home

Provider: [REDACTED] Provider Type: 81 - Professional Early Intervention Services Provider Specialty: Non-licensed practitioner certified by the DOH (ITDS)

☐ Click to Enter New EOBs

☐ Add Override

Current Billing Details

Insurance Paper: None Selected Non-Insurance Paper: Part C Prior Policy: Primary

Service Type: Early Intervention Session CPT Code - Modifier: T1827(SQ)™

Referring Provider: [REDACTED] Referring Provider: [REDACTED]

Referring Provider: [REDACTED] Prior Authorization Number: [REDACTED] Referring Provider: [REDACTED]

Duration (minutes): 60 Units: 4

Billable Charge: 54

Claim Note: [REDACTED] External Claim Tracking Reason: [REDACTED]

Supporting Documentation

Choose File No file chosen

Save Cancel Submit For Billing Update Claim Note Flag for external claim Not Needed

SUPPORT

5. If you hit cancel instead of “not needed” the system will not allow you to submit the claim. Please email the billing department to have it reviewed.