Claim Query Overview and Screens

Last Modified on 09/09/2026 1:19 pm EDT

Claim Query Overview

In the Billing portal, there is a category for Insurance. Within that category is found the Claim Query screen and the Claim Account Query screen. Users will use these screens to submit claims to insurance, modify claim information, print letters, and work rejections and denials.

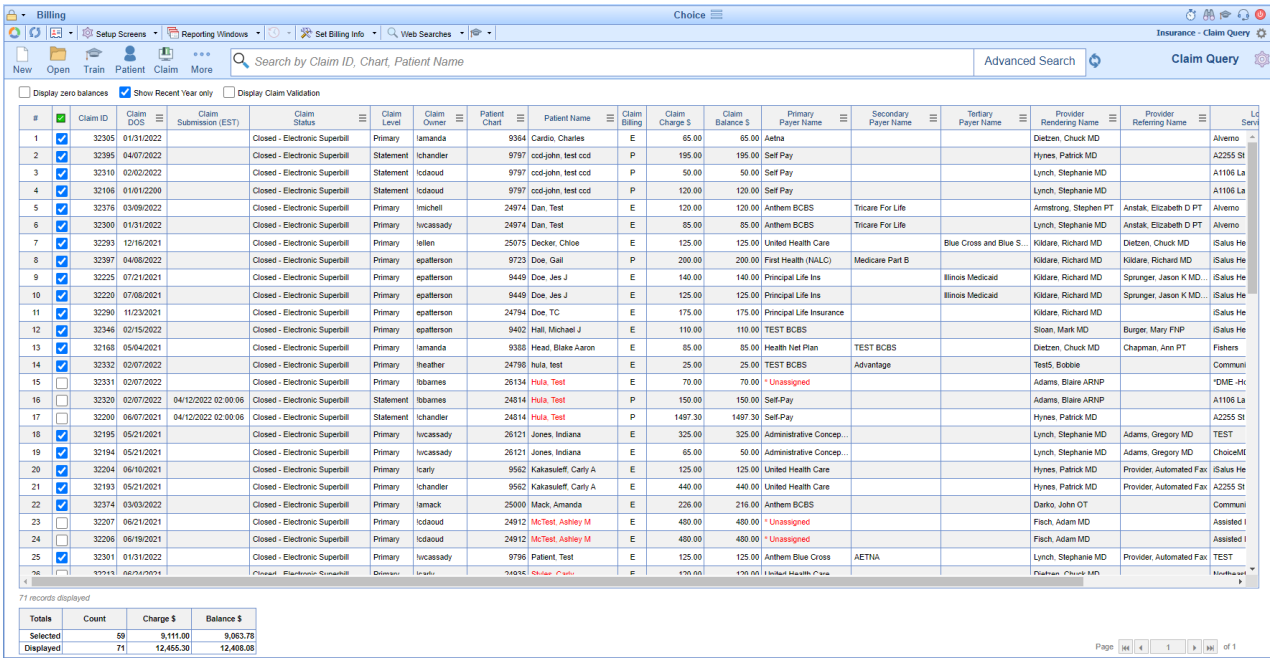
The Claim Query is a claim search screen. This screen displays results that are claim based. On this screen the user can select from a large number of fields what to display in the search results. The list of results can then be sorted and filtered even further directly on the screen using the headings bar. Users are also able to Advanced Search based on every field that is available for display. Once results are displayed there are a number of actions that can be performed based on the search list.

The Claim Account Query is also a claim search screen but this screen displays the results by account. On this screen the user is given account based fields for the search results. Users can still use the the Advanced Search with the full list of options as in the Claim Query. Additional actions are available on this screen that are Account based.

Training Video

Claim Query & Claim Account Query Introduction

Claim Query Screen



The Claim Query screen can be found in the Billing portal under the Insurance category on the navigation bar. This screen by default will open with the advanced search menu open unless it is being opened from a selection from the Revenue Cycle wheel. This screen will display details from the claim screen of the claims populated from the search.

The Claim Query screen is a powerful claim search screen which has two main purposes:

1. **New Claim Creation:** If claims aren't being entered from EMR Documentation or mobile entry, you can use this screen to manually create a claim.
2. **Review, Correct and Submit Claims:** This will allow you to review a set of claims based on the search performed or a queue selected on the Billing Dashboard. On this screen you can correct claims for processing, individually or with batch processing, with the end goal of allowing you to submit claims in a paper, electronic, or electronic statement format.

Fields

- **Claim ID:** The unique system ID assigned to your claim when it's created.
- **Claim DOS:** The date of service of the claim.
- **Claim Submission:** the last submission date of the claim.
- **Claim Status:** The current status queue the claim is in.
- **Claim Level:** The route the claim will take when next submitted. This can be set to *primary*, *secondary*, or *tertiary* insurance level, *statement* if going to patient, or *completed* if the claim no longer needs to be sent.
- **Claim Owner:** The user who created the claim or is assigned on the claim.
- **Patient Chart:** The unique patient account number for the patient on the claim.
- **Patient Name:** The patient the claim belongs to.
- **Claim Billing:** How the claim is set to be processed, whether electronically or paper format.
- **Claim Charge $:** The total claim charge amount.
- **Claim Balance $:** The current outstanding balance of the claim.
- **Primary Payer Name:** The patient's primary insurance as it is listed on the specific claim.
- **Secondary Payer Name:** The patient's secondary insurance as it is listed on the specific claim.
- **Tertiary Payer Name:** The patient's tertiary insurance as it is listed on the specific claim.
- **Provider Rendering Name:** The rendering provider listed on the claim.
- **Provider Referring Name:** The referring provider listed on the claim.

- **Location Service Name:** The service location listed on the claim.
- **Resp. Party Full Name:** The patient's guarantor as it is listed on the claim.

Advanced search fields

The Advanced Search feature allows a user to enter one or many specific criteria to find the exact claim or claims that meet the specified criteria(s).

- Commonly Used
  - **Claim ID:** Unique ID assigned to each claim created.
  - **Claim Xref:** Unique submission ID assigned to each submission made with a claim (PCN, or ICN # on ERA/EOB).
  - **Date of Service:** Date of claim date of service.
  - **Submission:** Date claim has been submitted.
  - **Created:** Date claim has been created.
  - **Status List:** Current status queue the claim is under.
  - **Level List:** Route the claim will be processed when processed for submission next.
  - **Owner:** User who created the claim or is assigned to the claim.
- Patient
  - **Missing:** Claims that are missing a patient account. This is only applicable to practices with a third-party interface where the interface sends data over for claim creation (typically lab interface).
  - **Chart:** Unique patient account number.
  - **First:** Patient's first name.
  - **Middle:** Patient's middle name.
  - **Last:** Patient's last name.
  - **DOB:** Patient's date of birth.
  - **Name Range:** Patient's last name range (enter only the first letter of the last name).
  - **Balance:** Patient's outstanding balance.
  - **Gender:** Patient's gender.
  - **Code Qualifier List:** Patient's primary ID qualifier (typically SSN).
  - **ID Code:** Patient's ID listed under the primary field in the demographics (typically SSN).
  - **Employer:** Patient's employer field.
  - **ID1:** Patient's Old ID # 1 field.
  - **ID2:** Patient's Old ID # 2 field.
  - **ID3:** Patient's Old ID # 3 field.
  - **User Defined:** Patient's user defined field.
  - **Is Living:** Patient's with RHC (resuscitation has ceased) date documented.
  - **Address 1:** Patient's address 1.
  - **Address 2:** Patient's address 2.
  - **City:** Patient's city.
  - **State:** Patient's state.
  - **Zip Code:** Patient's zip code.
- Claim
  - **Billing:** Claim processing method.
  - **Substatus List:** Current substatus queue the claim is under
  - **837:** Type of 837 claim.
  - **Dialysis Batch #:** Dialysis billing batch generation number.
  - **Modality List:** Dialysis billing claim modality.
- Claim Comments
  - **Biller Action:** Claim current biller action.

    - **Follow-up Date:** Claim follow-up date.
    - **Biller Action Completed:** Claim biller action completed (Yes, No, or N/A).
    - **Assigned To:** User or Group assigned to.
- Claim Amounts
    - **Charges $:** Claim charge amount.
    - **Balances $:** Claim current outstanding balance.
    - **Billing $:** Claim amount for billable procedures.
    - **Non-Billing $:** Claim amount for non-billable procedures.
    - **Patient $:** Claim amount for patient balance claims.
    - **Insurance $:** Claim amount for insurance balance claims.
    - **Unsubmitted $:** Claim amount for unsubmitted balance claims.
- Procedures
    - **Code Group:** Code class for CPT code(s).
    - **Codes (All):** CPT code(s) that must be on the claim. For instance, when entering "99213,81003," both codes must be on the claim to yield results.
    - **Codes (Any):** CPT code(s) that can be on a claim. Example: "99213,81003" either code need to be on the claim to yield results.
    - **MU:** CPT codes with the Meaningful Use flag set.
    - **Charge:** CPT code charge amount.
    - **POS:** Place of Service code where the service was rendered.
    - **DX Codes:** (All): Diagnosis code(s) that must be on the claim.
    - **DX Codes:** (Any): Diagnosis code(s) that can be on a claim.
    - **Diagnosis:** Diagnosis code(s) on the primary position field of the claim.
    - **#2 Code(s):** Diagnosis code(s) on the second position field of the claim.
    - **#3 Code(s):** Diagnosis code(s) on the third position field of the claim.
    - **#4 Code(s):** Diagnosis code(s) on the fourth position field of the claim.
    - **#5 Code(s):** Diagnosis code(s) on the fifth position field of the claim.
    - **#6 Code(s):** Diagnosis code(s) on the sixth position field of the claim.
    - **#7 Code(s):** Diagnosis code(s) on the seventh position field of the claim.
    - **#8 Code(s):** Diagnosis code(s) on the eighth position field of the claim.
    - **#9 Code(s):** Diagnosis code(s) on the ninth position field of the claim.
    - **#10 Code(s):** Diagnosis code(s) on the tenth position field of the claim.
    - **#11 Code(s):** Diagnosis code(s) on the eleventh position field of the claim.
    - **#12 Code(s):** Diagnosis code(s) on the twelfth position field of the claim.
    - **Immunization:** Immunization batch number documented for the procedure.
    - **Mammography:** Mammography number documented on for the procedure.
    - **Modifier (All):** Modifier code(s) that must be on the claim.
    - **Modifier (Any):** Modifier code(s) that can be on a claim.
- Any Insurance
    - **SysID:** Unique system ID assigned to the payer, for any payer on the claim.
    - **Payer List:** Payer name multiselect list, for any payer on the claim.
    - **Payer Name:** Payer name text field, for any payer on the claim.
    - **Financial Class List:** Financial Class assigned to a group of payers, for any payer on the claim.
    - **Source of Pay List:** Payer type assigned to the payer(s), for any payer on the claim.
- Primary Insurance
    - **SysID:** Unique system ID assigned to the payer, based on the primary payer of the claim.
    - **Payer List:** Payer name multiselect list, based on the primary payer of the claim.
    - **Payer Name:** Payer name text field, based on the primary payer of the claim.
    - **Financial Class List:** Financial Class assigned to a group of payers, based on the primary payer of the claim.

    - **Source of Pay List:** Payer type assigned to the payer(s), based on the primary payer of the claim.
    - **ID Code:** Patient member ID of the patient, based on the primary payer of the claim.
    - **Policy:** Patient policy number, based on the primary payer of the claim.
    - **Group:** Patient group name, based on the primary payer of the claim.
    - **Plan:** Patient plan number, based on the primary payer of the claim.
- Secondary Insurance
    - **SysID:** Unique system ID assigned to the payer, based on the secondary payer of the claim.
    - **Payer List:** Payer name multiselect list, based on the secondary payer of the claim.
    - **Payer Name:** Payer name text field, based on the secondary payer of the claim.
    - **Financial Class List:** Financial Class assigned to a group of payers, based on the secondary payer of the claim.
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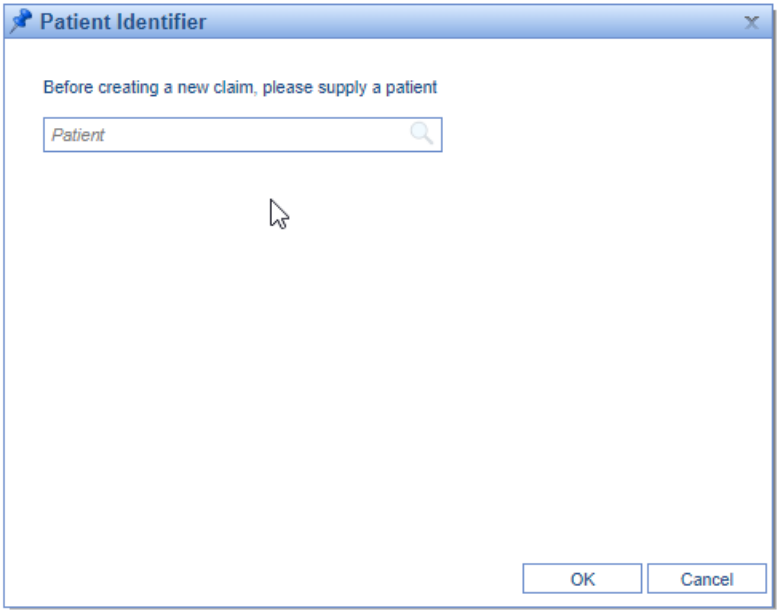
    - **ID Code:** Patient member ID of the patient, based on the secondary payer of the claim.
    - **Policy:** Patient policy number, based on the secondary payer of the claim.
    - **Group:** Patient group name, based on the secondary payer of the claim.
    - **Plan:** Patient plan number, based on the secondary payer of the claim.
- Tertiary Insurance
    - **SysID:** Unique system ID assigned to the payer, based on the tertiary payer of the claim.
    - **Payer List:** Payer name multiselect list, based on the tertiary payer of the claim.
    - **Payer Name:** Payer name text field, based on the tertiary payer of the claim.
    - **Financial Class List:** Financial Class assigned to a group of payers, based on the tertiary payer of the claim.
    - **Source of Pay List:** Payer type assigned to the payer(s), based on the tertiary payer of the claim.
    - **ID Code:** Patient member ID of the patient, based on the tertiary payer of the claim.
    - **Policy:** Patient policy number, based on the tertiary payer of the claim.
    - **Group:** Patient group name, based on the tertiary payer of the claim.
    - **Plan:** Patient plan number, based on the tertiary payer of the claim.
- Clearinghouse Submissions
    - **Submission ID:** Unique trace number assigned to the claim after submission.
    - **Submission:** Date of submission to the clearinghouse.
    - **Request:** Date of submission creation in the database.
    - **Count:** Numbers of submissions.
    - **Type:** Type of submission.
- Statement Submissions
    - **Statement ID:** Unique ID assigned to the statement.
    - **Statement:** Date of statement.
    - **Submission:** Date statement was submitted.
    - **Count:** Number of statements sent.
    - **Submission ID:** Unique ID of statement batch submission.
- Providers
    - **ID:** Unique ID assigned to providers.
    - **Rendering NPI:** NPI of the rendering provider on claim(s).
    - **Rendering List:** List of rendering providers.
    - **Rendering Name:** Name of rendering provider on the claim.
    - **Referring Name:** Name of referring provider on the claim.
    - **Alternate Name:** Name of alternate provider on the claim.
    - **Attending Name:** Name of attending provider on the claim.
    - **Ordering Name:** Name of ordering provider on the claim.
    - **Supervisor Name:** Name of supervising provider on the claim.
- Locations

    - **Service Sys ID:** Unique ID assigned to the service location.
    - **Service List:** List of service locations.
    - **Service Name:** Name of service location.
    - **Patient Sys ID:** Unique ID assigned to the service location documented on the patient demographics.
    - **Patient List:** List of service locations documented on the patient demographics.
    - **Patient Name:** Name of the service location documented on the patient demographics.
- Claim Validations
    - **Entities:** Primary insurance missing or primary insurance missing info.
    - **SOF:** Signature on file date missing.
    - **Guarantor:** Responsible party missing or responsible party missing info.
    - **Location:** Location missing or not set to billable.
    - **Rendering:** Rendering provider missing or incomplete.
    - **Referring:** Referring provider missing or invalid NPI.
    - **Primary:** Primary insurance missing on the claim.
    - **Secondary:** Secondary insurance missing on the claim.
    - **Tertiary:** Tertiary insurance missing on the claim.
    - **Dx Record:** Claim(s) with missing procedure and diagnosis.
    - **Dx Procedure:** Claim(s) were the procedure code has been erased and left blank.
    - **Dx Code:** Diagnosis code missing on the claim.
    - **Submission:** Claim(s) with no submission.
    - **Rejection:** Claim(s) with a rejection message.
- Claim Aging
    - **Type:** Claim aging type.
    - **Ins. 1:** Primary insurance aging date.
    - **Ins. 2:** Secondary insurance aging date.
    - **Ins. 3:** Tertiary insurance aging date.
    - **Statement:** Statement aging date.
    - **Latest:** Date of latest submission.
    - **Days:** Days in aging.
    - **Service:** Days in aging since date of service.
- Guarantor
    - **First:** Responsible party first name.
    - **Middle:** Responsible party middle name.
    - **Last:** Responsible party last name.
    - **Employer:** Responsible party employer name.
    - **Qualifier List:** Responsible party ID Type (member ID, mutually def., health ID).
    - **ID Code:** Responsible party ID value.
    - **Is Company:** Responsible party set to company.
    - **Is Patient:** Responsible party set to patient.
    - **Name Range:** Responsible party last name range (enter only the first letter of the last name).
- Claim IDs/Codes
    - **Demonstration:** Demonstration project ID documented on the claim.
    - **Investigational:** Investigational device ID documented on the claim.
    - **Mammography:** Mammography ID documented on the claim.
    - **Medicaid Code:** Medicaid code documented on the claim.
    - **Medical Record:** Medical record ID documented on the claim.
    - **Orig. Reference:** Claim orginial reference number documented on the claim.
    - **Resub. Code:** Resubmission code documented on the claim.
- Claim Dates
    - **Accident:** Accident date documented on the claim.

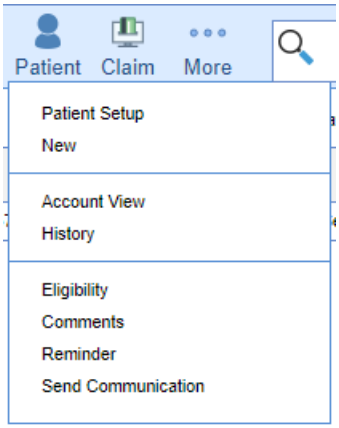
    - **Acute:** Acute date documented on the claim.
    - **Assumed Start:** Assumed care start date documented on the claim.
    - **Assumed End:** Assumed care end date documented on the claim.
    - **Disability Start:** Disability begin date documented on the claim.
    - **Disability End:** Disability end date documented on the claim.
    - **Document:** Document sent date documented on the claim.
    - **Estimated:** Estimated date of birth date that is documented on the claim.
    - **Followup:** Follow-up date documented on the claim.
    - **HVP:** Hearing, Vision, Prescription date documented on the claim.
    - **Admission:** Admission date documented on the claim.
    - **Discharge:** Discharge date documented on the claim.
    - **Treatment:** Initial treatment date documented on the claim.
    - **Menstrual:** Last menstrual cycle date documented on the claim.
    - **Last Seen:** Last seen date documented on the claim.
    - **Last Work:** Last work date documented on the claim.
    - **Last Xray:** Last Xray date documented on the claim.
    - **Onset:** Onset date documented on the claim.
    - **Order:** Ordered date documented on the claim.
    - **Property:** Property casualty date documented on the claim.
    - **Referral:** Referral date documented on the claim.
    - **Relinquished:** Relinquished care date documented on the claim.
    - **Repricer:** Repricer received date documented on the claim.
    - **Similar:** Similar illness date documented on the claim.
    - **Work From:** Out of work from date documented on the claim.
    - **Work To:** Out of work to date documented on the claim.
- Procedure Dates
    - **Posted:** Procedure posted date.
    - **Arterial Blood:** Arterial blood date documented on the procedure code.
    - **Begin Therapy:** Begin therapy date documented on the procedure code.
    - **Cert. Revision:** Cert. Revision date documented on the procedure code.
    - **Hb, HCT:** Most recent Hb,HCT date documented on the procedure code.
    - **Initial Treatment:** Initial treatment date documented on the procedure code.
    - **Last Certification:** Last certification date documented on the procedure code.
    - **Last Seen:** Last seen date documented on the procedure code.
    - **Last Xray:** Last Xray date documented on the procedure code.
    - **Manifestation:** Manifestation date documented on the procedure code.
    - **o2 Saturation:** o2 Saturation date documented on the procedure code.
    - **Onset:** Onset date documented on the procedure code.
    - **Property Casualty:** Property casualty date documented on the procedure code.
    - **Repricer:** Repricer received date documented on the procedure code.
    - **Serum, Creatine:** Most recent serum, creatine date documented on the procedure code.
    - **Shipped:** Shipped date documented on the procedure code.
    - **Similar Illness:** Similar illness date documented on the procedure code.
    - **Test Performed:** Test performed date documented on the procedure code.

Buttons at the top of screen

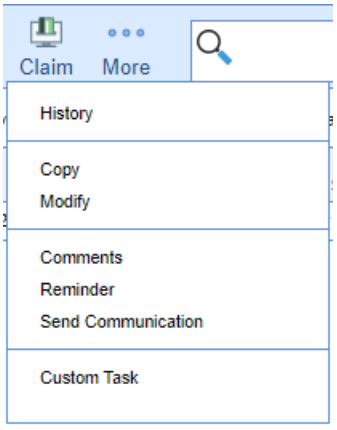
- **New**
    - This option will open the patient search allowing you to search for a patient to create a new claim for or create a new patient.



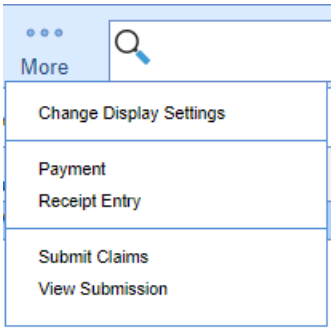
- **Open:** This button will open the claim for the selected claim.
- **Patient:** This button will open a menu of all the patient options you can do with the selected claim.



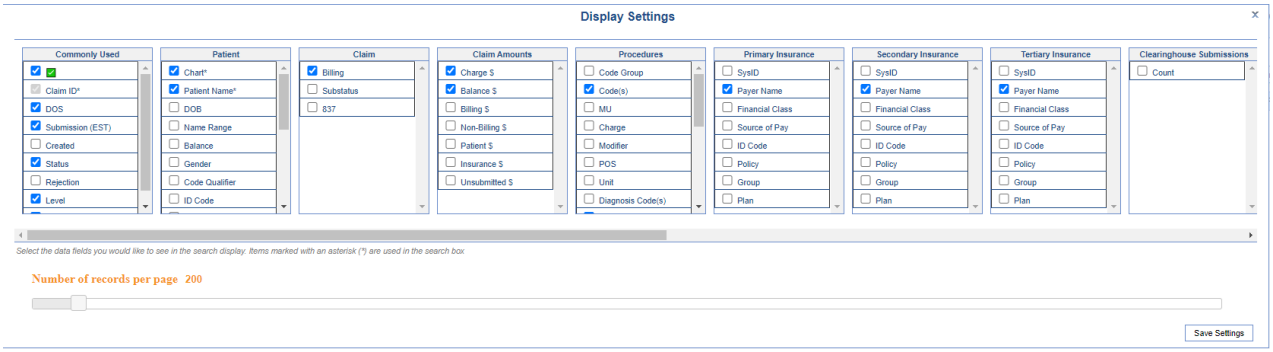
- **Claim:** This button will open a menu of all the claim options you can do with the selected claim.



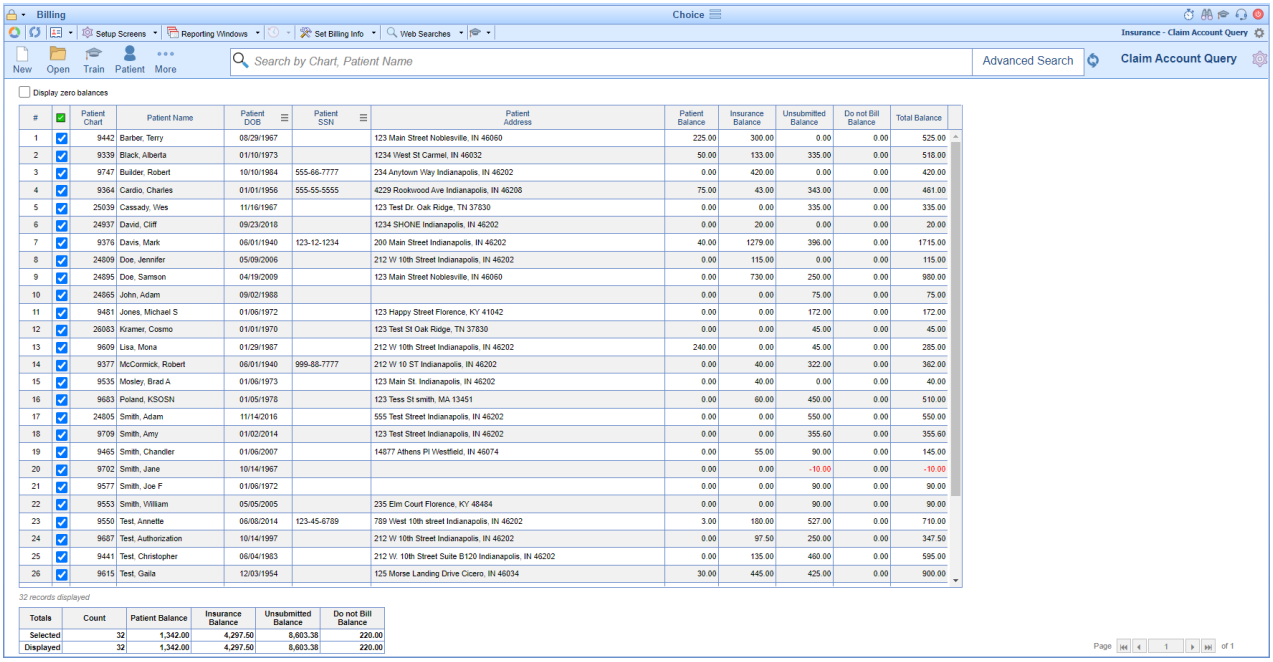
- **More:** This button will open a menu with additional options for the selected claim or checked claim(s), including batching claims with the Submit Claims option.



- **More > Change Display Settings:** This button will allow the user to update the displayed fields on the Claim Query screen as well as set the default number of records to display (200 is the suggested default).



Claim Account Query Screen



The Claim Account Query screen can be found in the Billing portal under the Insurance category on the navigation bar. This screen will display patient account details of the patients populated from the search.

The Claim Account Query screen is a powerful patient search screen which will allow you to review any patient's

account financial responsibilities.

Fields

- **Patient Chart:** The unique patient account number for the patient.
- **Patient Name:** The patient's last and first name.
- **Patient DOB:** The patient's date of birth.
- **Patient SSN:** The patient's social security number.
- **Patient Address:** The patient's full address.
- **Patient Balance:** The balance outstanding to the patient.
- **Insurance Balance:** The balance outstanding to insurance for the patient.
- **Unsubmitted Balance:** The outstanding balance that has not yet been submitted to insurance or patient.
- **Do not Bill Balance:** The balance of the procedure codes that are marked as Do not Bill (claims where the Collection Indicator is set to "N").
- **Collection Balance** The balance on claims where the claim status has a Collection Indicator set to "Y."
- **Total Balance:** The overall outstanding balance including patient, insurance, unsubmitted, and do not bill balance.

Advanced search fields

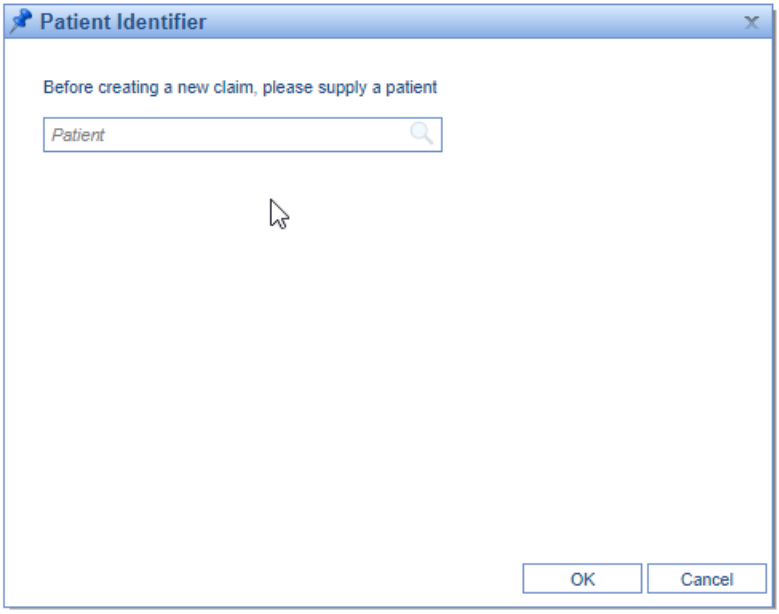
The Advanced Search feature allows a user to enter one or many specific criteria to find an exact patient or patients that meet the specified criteria(s).

- Commonly Used
  - **Chart:** Unique patient account number for the patient.
  - **DOB:** Patient's date of birth.
  - **SSN:** Patient's social security number.
- Patient
  - **Missing:** Patient missing first and last name. This is only applicable to practices with a third-party interface where the interface sends data over for claim creation (typically lab interface).
  - **Primary ID:** ID listed in the Primary ID field of the demographics.
  - **First:** Patient's first name.
  - **Middle:** Patient's middle name.
  - **Last:** Patient's last name.
  - **PCP:** Patient's PCP provider as listed in their demographics.
  - **Referring:** Patient's referring provider as listed in their demographics.
  - **Doctor:** Patient's doctor as listed in their demographics.
  - **Home Phone:** Patient's home phone number.
  - **Work Phone:** Patient's work phone number.
  - **Other Phone:** Patient's other phone number.
- Address
  - **Address 1:** Patient's address 1 field.
  - **Address 2:** Patient's address 2 field.
  - **City:** Patient's city.
  - **State:** Patient's state.
  - **Zip Code:** Patient's zip code.
- Guarantor
  - **Name:** Responsible party first and/or last name.
- Primary Insurance
  - **SysID:** Unique system ID assigned to the payer, based on the primary payer of the patient.
  - **Payer List:** Payer name multiselect list, based on the primary payer of the patient.

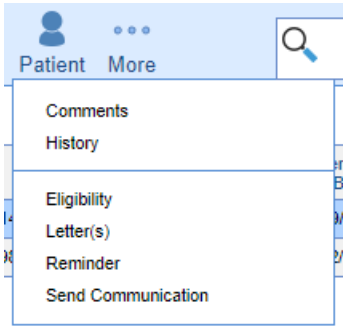
    - **Payer Name:** Payer name text field, based on the primary payer of the patient.
    - **Financial Class List:** Financial Class assigned to a group of payers, based on the primary payer of the patient.
    - **Source of Pay List:** Payer type assigned to the payer(s), based on the primary payer of the patient.
    - **ID Code:** Patient member ID of the patient, based on the primary payer of the patient.
    - **Policy:** Patient policy number, based on the primary payer of the patient.
    - **Group:** Patient group name, based on the primary payer of the patient.
    - **Plan:** Patient plan number, based on the primary payer of the patient.
- Secondary Insurance
    - **SysID:** Unique system ID assigned to the payer, based on the secondary payer of the patient
    - **Payer List:** Payer name multiselect list, based on the secondary payer of the patient.
    - **Payer Name:** Payer name text field, based on the secondary payer of the patient.
    - **Financial Class List:** Financial Class assigned to a group of payers, based on the secondary payer of the patient.
    - **Source of Pay List:** Payer type assigned to the payer(s), based on the secondary payer of the patient.
    - **ID Code:** Patient member ID of the patient, based on the secondary payer of the patient.
    - **Policy:** Patient policy number, based on the secondary payer of the patient.
    - **Group:** Patient group name, based on the secondary payer of the patient.
    - **Plan:** Patient plan number, based on the secondary payer of the patient.
- Tertiary Insurance
    - **SysID:** Unique system ID assigned to the payer, based on the tertiary payer of the patient.
    - **Payer List:** Payer name multiselect list, based on the tertiary payer of the patient.
    - **Payer Name:** Payer name text field, based on the tertiary payer of the patient.
    - **Financial Class List:** Financial Class assigned to a group of payers, based on the tertiary payer of the patient.
    - **Source of Pay List:** Payer type assigned to the payer(s), based on the tertiary payer of the patient.
    - **ID Code:** Patient member ID of the patient, based on the tertiary payer of the patient.
    - **Policy:** Patient policy number, based on the tertiary payer of the patient.
    - **Group:** Patient group name, based on the tertiary payer of the patient.
    - **Plan:** Patient plan number, based on the tertiary payer of the patient.
- Balance
    - **Patient Balance:** Patient balance range.
    - **Insurance Balance:** Insurance balance range.
    - **Unsubmitted Balance:** Unsubmitted balance range.
    - **Do not Bill Balance:** Do not bill balance range (claims where the Collection Indicator is set to "N").
    - **Collection Balance:** claims with a status Collection Indicator set to "Y."
    - **Total Balance:** Total balance range.

Buttons at the top of screen

- **New**
    - This option will open the patient search allowing you to search for a patient to create a new claim for or create a new patient.



- **Open:** This button will open the patient setup for the selected patient.
- **Patient:** This button will open a menu of all the patient options you can do with the selected patient.



- **More > Change Display Settings:** This button will allow the user to update the displayed fields on the Claim Account Query screen as well as set the default number of records to display (200 is the suggested default).