Last Modified on 02/19/2025 12:35 pm EST

## Entering a New Claim from the Billing Portal

The below will guide will walk you through how to create a claim from the Billing Query window in the instance you are manually entering a claim.

1. In the Billing portal select the Claim Query window.



2. Close the Advanced Search options.



3. Click the New button on the toolbar.



4. Enter patient's last name, first name, or date of birth in the textbox to search for the patient.

| test pa   |                              | XQ               |         |
|-----------|------------------------------|------------------|---------|
|           |                              |                  | ×       |
| 25041     | ONE, TESTPATIENT             | 01/01/1969 (53y) | Female  |
| 9796      | Patient, Test (PT)           | 01/01/1989 (33y) | Female  |
| 26148     | test, new patient production |                  | Female  |
| 24988     | TEST, NEWPATIENT (OAB)       | 01/01/1980 (42y) | Unknown |
| 9765      | Test, Paper                  | 01/19/1972 (50y) | Female  |
| 9492      | Test, Paper                  | 08/24/1982 (39y) | Male    |
| 9792      | Test, Patient                | 05/05/1989 (33y) | Male    |
| 24976     | Test, Patient                | 07/19/1975 (46y) | Unknown |
| 24832     | test, patient                | 07/19/1975 (46y) | Female  |
| 26165     | Test, Patient2204            | 03/26/1980 (42y) | Male    |
| 26171     | Test2206, Patient            | 04/21/1980 (42y) | Male    |
| 11 result | ts                           |                  | New     |

- 5. Click on the patient's name you wish to create a claim for and click the Ok button.
- 6. In the new claim window complete the necessary claim info.

|   |   | (339)                     |                         |  |   |                        |  |                      |  |   |                    |                 |
|---|---|---------------------------|-------------------------|--|---|------------------------|--|----------------------|--|---|--------------------|-----------------|
| 🔰 Open 🔹 🔚  | Save 🔹 🕼 History  | / 🔹 💼 P                   | ayments 🔹               | 💵 Patient 🔻  |   |                        |  |                      |  |   | Search for Patie   | nt 🔍 🗸          |
| Status  |   |                           |                         | Patient  |   |                        |  | Se                   | ervice (2)                                     |   |                    |                 |
| Claim   | New -   |                           |                         | Patient  | 9792 - Patient Test 👻   |                        |  |                      | Location                                       | Service Loca  | ation              | Q               |
| Status  | Ready to Send Prima   | ry, Electronic            | • •                     |  | (317) 540-6987  |                        |  |                      | Rendering                                      | Rendering P   | Provider           | Q               |
| Substatus   |   |                           | ~                       | Pat. Location  | Patient Location  |                        | 0  |                      | Referring                                      | Referring Pr  | ovider             | Q               |
| Level   | Primary 🗙 E   | Billing Elec              | stronic 🖌               | Pat. Provider  | Patient Provider  |                        | Q  |                      |  |   | Referred           | \$              |
| Туре  | Medical   |                           | ~                       | Resp. Party  | Test, Patient   |                        | 0  |                      | ☆ Other Prov                                   | viders  |                    |                 |
| Owner   | Farias, Michell   |                           | Q                       | Primary  | (1) Principal Life Ins  |                        | Q  |                      | Alternate                                      | Alternate Pro   | ovider             | Q               |
| 837   | Professional  | Institutional             |                         | Secondary  | Secondary Insurance   |                        | 0  |                      | Supervising                                    | Supervising   | Provider           | Q               |
|   |   |                           |                         | Tertiany   | Tertien/ Insurance  |                        | 0  |                      | Ordering                                       | Ordering Pro  | ovider             | Q               |
|   |   |                           |                         |  | Teruary Insurance   | 2                      | ~  |                      | Attending                                      | Attending Pr  | rovider            | 0               |
|   |   |                           |                         | Override   | Insurance   | P Authori              | ization  |                      | Purchasing                                     | Purchasing I  | Provider           | Q               |
|   | Cenvice Date  |                           |                         | Droceda  | ure Amount  | M                      | Indifiare  |                      |  | Diago   | oeie »             |                 |
|   |   |                           |                         |  |   |                        |  |                      |  |   |                    |                 |
| # S   | Service Date  | Procedure                 | POS                     | Procedu<br>Units Charg   | ire Amount<br>e Amount  | N                      | Aodifiers  | 4                    | 1  | Diagn<br>2  | osis »<br>3        | 4               |
| # 5<br>From<br>1 05/12/202  | Service Date<br>To<br>2 05/12/2022  | Procedure                 | POS                     | Procedu<br>Units Charg   | ve Amount<br>s0.00  | 1 2                    | Aodifiers<br>2 3                                   | 4                    | 1  | Diagn<br>2  | 3                  | 4               |
| # From 1 05/12/202 Add New Ite  | Service Date<br>To<br>2 05/12/2022 05/12/2022   | Procedure                 | POS                     | Procedu<br>Units Charg   | e Amount<br>s0.00<br>Total: \$0.00 Pay/A  | N<br>1 2<br>dj: \$0.00 | Aodifiers 2 3 Balanc                               | 4<br>:e: \$0.00      | 1<br>0 Receipts                                | Diagn<br>2<br>: \$0.00  | 3                  | 4               |
| # S<br>From<br>1 05/12/202<br>Add New Ite   | To<br>To<br>2 05/12/2022  | Procedure                 | POS                     | Procedu<br>Units Charg   | e Amount<br>e Amount<br>\$0.00 Total: \$0.00 Pay/A  | M<br>1 2<br>dj: \$0.00 | Modifiers 2 3 Balanc                               | 4<br>e: \$0.00       | 1<br>0 Receipts:                               | Diagn<br>2<br>: \$0.00  | osis »<br>3        | 4               |
| From     1 05/12/202     Add New Ite  | minformation  | Procedure                 | Pos                     | Procedu<br>Units Charg   | are Amount<br>e Amount<br>\$0.00<br>Total: \$0.00 Pay/A<br>I Monitoring   | M<br>1 2<br>dj: \$0.00 | Andifiers 2 3 Balanc                               | 4<br>e: \$0.00       | 1<br>0 Receipts:<br>ueue and T                 | Diagn<br>2<br>: \$0.00<br>Fasking   | in the Queue for   | 4               |
| From     O5/12/202     Add New Ite     Additional Ite     Admission   | To           2         05/12/2022            mm   | Procedure                 | POS                     | Procedu Units Charg Messages and Aging Billing Message   | re Amount<br>e Amount<br>S0.00<br>Total: \$0.00 Pay/A<br>I Monitoring<br>N/A<br>N/A   | 1 2<br>dj: \$0.00      | Addifiers 2 3 Balanc                               | 4<br>ee: \$0.00<br>Q | 1<br>0 Receipts:<br>ueue and 1<br>There is cur | 2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2 | in the Queue for   | 4<br>this claim |
| #     From       1     05/12/202       Add New Ite       Additional II       Admission       Discharge  | To           2         05/12/2022         05/12/2022           am   | Procedure<br>Hour<br>Hour | POS<br>V                | Procedu Units Charg Messages and Aging Billing Message Claim Validation  | re Amount<br>e Amount<br>S0.00<br>Total: \$0.00 Pay/A<br>I Monitoring<br>N/A<br>N/A<br>N/A  | dj: \$0.00             | Modifiers<br>2 3<br>Balanc                         | 4<br>e: \$0.00<br>Q  | 1<br>0 Receipts:<br>ueue and T<br>There is cur | Diagn<br>2<br>: \$0.00<br>Fasking<br>rrently nothing  | in the Queue for i | 4<br>this claim |
| #         S           1         05/12/202           Add New Ite         Additional It           Additional It         Admission           Discharge         Initial | Service Date         To           2         05/12/2022         0           am                                   | Procedure<br>Hour         | POS<br>V                | Procedu Units Charg Messages and Aging Billing Message Claim Validation Patient Validation   | re Amount<br>e Amount<br>\$0.00<br>Total: \$0.00 Pay/A<br><i>I Monitoring</i><br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                  | 1 2<br>dj: \$0.00      | Addifiers<br>2 3<br>Balanc                         | 4<br>e: \$0.00<br>Q  | 1<br>0 Receipts:<br>ueue and 1<br>There is cur | Diagn<br>2<br>: \$0.00<br>Fasking<br>rrently nothing  | in the Queue for t | 4<br>this claim |
| #     S       Top     From       1     05/12/202       Add New Ite       Additional II       Admission       Discharge       Initial       Onset                    | Service Date<br>To<br>2 0 05/12/2022 0<br>m<br>nformation<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 | Hour                      | Pos<br>V                | Procedu Units Charg Messages and Aging Billing Message Claim Validation Patient Validatio Patient Only   | are Amount<br>e Amount<br>50.00<br>Total: \$0.00 Pay/A<br>I Monitoring<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                         | dj: \$0.00             | Addifiers<br>2 3<br>Balanc                         | 4<br>Q               | 1<br>0 Receipts:<br>ueue and 1<br>There is cur | Diagn<br>2<br>: \$0.00<br><i>Tasking</i><br>rrently nothing                                 | iosis »<br>3       | 4<br>this claim |
| #     For       1     05/12/202       Add New He       Additional II       Admission       Discharge       Initial       Onset                                      | service Date<br>To<br>2 0 05/12/2022 0<br>m<br>nformation<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 | Procedure<br>Hour<br>Hour | Pos<br>V                | Procedu Units Charg Messages and Aging Billing Message Claim Validation Patient Validation Patient Only Code Limitations   | are Amount<br>e Amount<br>S0.00<br>Total: \$0.00 Pay/A<br>I Monitoring<br>N/A<br>N/A<br>n<br>X<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | dj: \$0.00             | Addifiers       2     3       -     -       Balanc | 4<br>ee: \$0.00      | 1<br>0 Receipts:<br>ueue and 1<br>There is cur | Diagn<br>2<br>: \$0.00<br>Fasking<br>rrently nothing  | in the Queue for i | 4<br>this claim |
| #     Form       1     05/12/202       Additional II       Additional II       Admission       Discharge       Initial       Onset                                  | minormation   | Procedure<br>Hour         | Pos<br>V                | Procedu Units Charg Messages and Aging Billing Message Claim Validation Patient Validation Patient Only Code Limitations Required Fields   | are Amount e Amount s0.00 Total: \$0.00 Pay/A I Monitoring N/A                                | dj: \$0.00             | Addifiers<br>2 3<br>Balanc                         | 4<br>Q               | 1<br>0 Receipts:<br>ueue and 1<br>There is cur | 2<br>2<br>: \$0.00<br>Fasking<br>rently nothing   | in the Queue for I | 4               |
| #     S       1     05/12/202       Additional II       Additional II       Admission       Discharge       Initial       Onset                                     | minormation   | Procedure<br>Hour         | Pos<br>V                | Procedu<br>Units Charg   | are Amount<br>e Amount<br>S0.00<br>Total: S0.00 Pay/A<br>i Monitoring<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A     | dj: \$0.00             | Modifiers 2 3 Balanc                               | 4<br>ee: \$0.00      | 1<br>0 Receipts:<br>ueue and T<br>There is cur | Diagn<br>2<br>: \$0.00<br><i>Tasking</i><br>rently nothing                                  | in the Queue for i | 4               |
| # S<br>From<br>1 05/12/202<br>♣ Add New Ite<br>Additional II<br>Admission<br>Discharge<br>Initial<br>Onset  | minormation   | Hour Hour                 | Pos<br>V                | Procedu<br>Units Charg<br>Messages and<br>Aging<br>Billing Message<br>Claim Validation<br>Patient Validation<br>Patient Only<br>Code Limitations<br>Required Fields<br>Global Period<br>837 Validation               | are Amount e Amount s0.00 Total: \$0.00 Pay/A f Monitoring N/A                                | dj: \$0.00             | Modifiers 2 3 Balanc                               | 4<br>Q               | 1<br>0 Receipts:<br>ueue and T<br>There is cur | Diagn<br>2<br>: \$0.00<br>Fasking<br>rrently nothing  | in the Queue for   | 4               |
| #     S       1     05/12/202       ▲ Add New Ite       Additional II       Admission       Discharge       Initial       Onset                                     | minormation   | Hour Hour                 | Pos<br>V<br>V<br>V<br>V | Procedu<br>Units Charg<br>Messages and<br>Aging<br>Billing Message<br>Claim Validation<br>Patient Validation<br>Patient Only<br>Code Limitations<br>Required Fields<br>Global Period<br>837 Validation<br>Monitoring | are Amount<br>e Amount<br>50.00<br>Total: \$0.00 Pay/A<br>f Monitoring<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A    | M<br>1 2<br>dj: \$0.00 | Modifiers<br>2 3<br>Balanc                         | 4<br>Q               | 1<br>0 Receipts:<br>ueue and T<br>There is cur | Diagn<br>2<br>: \$0.00<br>Fasking<br>rently nothing   | in the Queue for   | 4               |
| From     1 05/12/202     Add New Ite     Additional Ite     Admission     Discharge     Initial     Onset   | Service Date         To           2         05/12/2022            mm             mformation                     | Hour Hour                 | Pos<br>V                | Procedu<br>Units Charg   | are Amount e Amount s0.00 Total: \$0.00 Pay/A f Monitoring N/A                                | dj: \$0.00             | Modifiers<br>2 3<br>Balanc                         | 4<br>Q               | 1<br>0 Receipts:<br>ueue and T<br>There is cur | Diagn<br>2<br>: \$0.00<br>Fasking<br>rently nothing   | in the Queue for   | 4 this claim    |

Copy an Existing Claim

There are a number of reasons why a user may need to copy an existing claim. The most common reasons are that the provider performs the same procedures every visit and does not complete a new Superbill, or that a claim needs to be split, or procedures on a single claim need to be on two separate claims. In the event that you need to copy an existing claim, here are the appropriate steps.

| Billing List   | 🔒 🕶 Billing   |
|--|---|
| My Tasks 🛛 🗧 🏅   | 🚺 🚺 🔚 🔹 🕸 Setup Screens 🔹 🔚 Reporting Windows 🔹 🕚 📼 |
| Insurance<br>Authorizations<br>Billing Query                               | Advanced Search $	imes$                             |
| Claim Query<br>Claim Account Query<br>Claim Submission<br>Dialysis Billing | ✓ Commonly Used     Claim ID     Claim Yref         |
| Ready to Send<br>Batches   | Date of Service                                     |
| Patient<br>Patient Responsibility<br>Payment Import                        | Submission (EST)                                    |
| Sliding Fee<br>Payment Posting<br>Referred Care                            | Status List   |
| Payments (Legacy)<br>Deposits<br>Posting<br>Receipts                       | Owner ✓<br>✓ Patient Missing                        |
| Reporting<br>Aging Analysis  | Chart   |
| Charge Analysis<br>Location Analysis<br>Payment Analysis                   | First Middle  |
| Receipt Analysis<br>Rejection Analysis<br>CARC Analysis                    | Last Dobbs DOB                                      |

1. Go to Claim Query screen and search for the claim you wish to copy.

2. Double click to open the claim.

| ≙      | • Bill | ing      |              |                |                           |                               |    |                    |                |                  |                    |                     |
|--------|--------|----------|--------------|----------------|---------------------------|-------------------------------|----|--------------------|----------------|------------------|--------------------|---------------------|
| 0      | S      | ÷.       | r 🔯 Setup    | Screens 🔹      | 🖶 Reporting Windows       | 🝷 🕐 👻 🎇 Set Billing Inf       | fo | - 🔍 Web Sea        | arches 🔻 🎓 🔹   |                  |                    |                     |
| [<br>N | lew C  | )<br>pen | p<br>Train I | Patient Cla    | im More                   | Search by Claim ID,           | Cł | hart, Patient      | Name           |                  |                    |                     |
|        | Displ  | ay zei   | o balances   | Show Red       | cent Year only Dis        | play Claim Validation         |    |                    |                |                  |                    |                     |
|        | #      |          | Claim ID     | Claim<br>DOS ≡ | Claim<br>Submission (EST) | Claim<br>Status               | ≡  | Patient<br>Chart ≡ | Patient Name 📃 | Claim<br>Billing | Claim<br>Charge \$ | Claim<br>Balance \$ |
|        | 5      | <        | 30785        | 10/23/2019     |                           | Closed - Electronic Superbill |    | 9686               | Dobbs, JR      | E                | 270.00             | 20.00               |
|        | 6      |          | 30760        | 09/12/2019     | 04/29/2022 19:00:11       | Sent, Electronic              |    | 9686               | Dobbs, JR      | E                | 75.00              | 75.00               |
|        | 7      | •        | 30755        | 09/11/2019     | 04/29/2022 19:00:11       | Sent, Electronic              | Ռղ | 9686               | Dobbs, JR      | Е                | 75.00              | 5.00                |
|        | 8      | <b>~</b> | 30541        | 02/12/2019     |                           | Hold                          | 9  | 9686               | Dobbs, JR      | E                | 120.00             | 120.00              |

3. From the Open icon, click the drop down arrow and select Copy.

| 0 | Claim entry fo   | r Claim #30  | )755 for  | r JR Dob   | obs 07/0 | )5/1943 ( | 78y) - Googl | e Chrome                   |                |                                 |                      |                    |         |             |              | —                |            | ×   |
|---|--|--------------|-----------|------------|----------|-----------|--------------|----------------------------|----------------|---------------------------------|----------------------|--------------------|---------|-------------|--------------|------------------|------------|-----|
|   | officemd.n   | et/officen   | nd/scr    | eens/c     | laimen   | try.htm   | claimid=3?   | 0755&pat                   | ientid         | l=9686&patier                   | nteid=               | 38968&             | timestr | np=1652284  | 661203&u     | 1=!michell&u     | 12={00B5EE |     |
|   | Open 🝷 🖬   | Save 🔹 🄇     | 😱 Histo   | ory 🔹      | 📩 Pay    | ments •   | Batien       | •                          |                |                                 |                      |                    |         |             |              | Search for Patie | ent 🔍 🗸    | · 🔯 |
| ø | Claim Addition   | nal          |           |            |          |           | Patie        | ent                        |                |                                 |                      |                    |         | Service     |              |                  |            |     |
| R | Claim (Popoul  |              |           |            |          |           | P            | atient                     | 9686 -         | JR Dobbs +                      |                      |                    |         | Location    | Family First | Physicians       | Q          | 1   |
|   | New Claim  | 0-           | onic      |            |          | ~         |              |                            | (317)<br>999 C | 555-1212 (<br>baos Way Indianar | (555) 55<br>nolis IN | 55-5555<br>VEJ 012 |         | Rendering   | Sankey MD,   | Peggy L.         | Q          | ī   |
|   | Convert Clain  | _ U          |           |            |          | ~         | F            | at. Location               | Patie          | nt Location                     |                      | Q                  |         | Referring   | Referring Pr | ovider           | Q          | i   |
| à | Working List   |              | ~         | Billing    | Electro  | onic 🗸    | F            | at. Provider               | Patie          | nt Provider                     |                      | Q                  |         |             |              | Referred         |            | ]   |
|   | Туре   | Medical      |           |            |          | ~         | F            | esp. Party                 | Dobb           | s. JR (Bob)                     |                      | Q                  |         | ☆ Other Pro | viders       |                  |            |     |
|   | Owner  | Patterson,   | Ellen     |            |          | Q         |              | rimary                     | (1) Ar         | them Blue Cross                 |                      | 0                  |         | Alternate   | Alternate Pr | ovider           | 0,         | 1   |
|   | 837  | Profess      | ional (   | ) Institut | tional   |           |              | Timory                     | (1)~           | ninem blue oross                |                      | ~                  |         | Supervising | Supervising  | Provider         | Q          | i   |
|   |  |              |           |            |          |           |              | econdary                   | Seco           | ndary insurance                 |                      | ~                  |         | Ordering    | Ordering Pro | ovider           | Q          | i   |
|   |  |              |           |            |          |           | 1            | ertiary                    | Tertia         | ary Insurance                   |                      | Q                  |         | Attending   | Attending Pi | rovider          | Q          | i   |
|   |  |              |           |            |          |           | [            | Override                   | Insuran        | ice                             | 🖉 Aut                | horization         |         | Purchasing  | Purchasing   | Provider         | Q          | i   |
|   | Procedures   | and Diag     | nosos     |            |          |           |              |                            |                |                                 |                      |                    |         | -           |              |                  |            |     |
|   | , interesting the second secon | Service Date | 10303     | ,          |          |           |              | Procedu                    | ire Amo        | ount                            |                      | Modifiers          |         |             | Diag         | nosis »          |            | 1   |
| 1 | # From   |              | То        | Proc       | edure    | POS       | Units        | Charg                      | e              | Amount                          | 1                    | 2 3                | 4       | 1           | 2            | 3                | 4          |     |
| 1 | 1 09/11/201  | 9 😂 09/11/   | 2019      | 99         | 213      | 11        | 1.00         | S                          | 75.00          | \$75.00                         |                      |                    | _       | K648        |              |                  |            |     |
|   | 2 09/11/201  | 9 😂 09/11/   | 2019      | 2          |          |           | •            |                            | \$0.00         |                                 |                      |                    |         | K648        |              |                  |            |     |
|   | Add New It   | em           |           |            |          |           |              |                            | Tota           | al: \$75.00 Pay/                | Adj: (\$             | 665.00) E          | Balance | \$5.00 Rece | ipts: \$0.00 | -                |            |     |
|   | Additional I   | nformatio    | n         |            |          |           | Mes          | sades and                  | l Mon          | itorina                         |                      |                    |         | Queue and 1 | askina (1)   | )                |            |     |
|   | Admission  |              | <b>\$</b> | н          | our      | ~         | Agi          | ng                         |                | (i)                             |                      |                    |         | Manage      |              |                  |            |     |
|   | Discharge  |              |           | 1 н        | our      | ~         | Billi        | ng Message                 |                | <b>~</b>                        |                      |                    |         | Custom      |              |                  |            |     |
|   | laitial  |              |           |            |          |           | Clai         | m Validation               |                | ×                               |                      |                    |         |             | ode Review   |                  |            |     |
|   | mua  |              |           | 1          |          |           | Pati         | ent Validation             | n              | ×                               |                      |                    |         |             |              |                  |            |     |
|   | Onset  |              | ~         | ]          |          |           | Pati         | ent Only<br>le Limitations |                | N/A<br>N/A                      |                      |                    |         |             |              |                  |            |     |
|   | Current Clai   | m Edits      |           |            |          |           | Rec          | uired Fields               |                | N/A                             |                      |                    |         |             |              |                  |            |     |
|   | J Dates  | g            | Miscella  | ineous     |          |           | Glo          | bal Period                 |                | N/A                             |                      |                    |         |             |              |                  |            |     |
|   |  |              |           |            |          |           | 837          | Validation                 |                | ×                               |                      |                    |         |             |              |                  |            |     |
|   |  |              |           |            |          |           | Mor          | nitoring                   |                | N/A                             |                      |                    |         |             |              |                  |            |     |
|   | + Add Inform   | ation        |           |            |          |           | A A          | erts (1)                   | <u>ې</u> و     | omments (4)                     | Ac                   | tivity Log         |         |             |              |                  |            |     |
|   |  |              |           |            |          |           |              |                            |                |                                 |                      |                    |         |             |              |                  |            |     |

4. Enter the new appropriate claim From/To date, and click OK.

| Copy Clain      | 1  | × |
|-----------------|--|---|
| Claim ID<br>DOS | 30755         New Claim ID           05/02/2022         -         05/02/2022         - |   |
|                 |  |   |
|                 |  |   |
|                 | 🗐 Copy 🗅 Open 🚽 Close  |   |

5. Click Open in the Copy Claim window.

| Copy Claim      |   | × |
|-----------------|---|---|
| Claim ID<br>DOS | 30755 New Claim ID 32424<br>05/02/2022 ♀ □ - 05/02/2022 ♀ □ |   |
|                 | 🗊 Copy 🗋 Open د Close                                       |   |

- 6. The new claim will open for you in another window to make any necessary edits. The claim will be in a status of Ready to Send Primary by default.
- 7. Save any changes.

| 0        | Claim entry fo | r Claim #32424 for J | IR Dobbs 07/0   | 05/1943 (78 <sub>)</sub> | y) - Google | Chrome       |            |                   |                    |          |             |         |                   |                              |                    |         |            |
|----------|----------------|----------------------|-----------------|--------------------------|-------------|--------------|------------|-------------------|--------------------|----------|-------------|---------|-------------------|------------------------------|--------------------|---------|------------|
|          | officemd.n     | et/officemd/scree    | ens/claimer     | ntry.htm?cl              | aimid=32    | 424&pati     | ientid     | =9686&patien      | teid=              | 3896     | 8&tir       | nestm   | p=1652285         | 479868&u1                    | 1=!michell&u2      | ={00B5E | :E         |
|          | Open 🝷 📙       | Save - 🚱 History     | y 🝷 📩 Pay       | /ments -                 | Patient     | -            |            |                   |                    |          |             |         |                   |                              | Search for Patient | Q       | <b>~</b> 🕸 |
| •        | Status         | 7                    |                 |                          | Patier      | nt           |            |                   |                    |          |             | 5       | ervice            |                              |                    |         |            |
|          | Claim          | 32424 🝷              |                 |                          | Pa          | tient        | 9686 -     | JR Dobbs 👻        |                    |          |             |         | Location          | Family First                 | Physicians         | 0       | 2          |
|          | Status         | Ready to Send Prima  | ary, Electronic | ~                        |             |              | (317) (    | 555-1212 (i       | 555) 55<br>olie IN | 5-555    | 5           |         | Rendering         | Sankey MD,                   | Peggy L.           | C       | ี่ โ       |
|          | Substatus      |                      |                 | ~                        | Pa          | at. Location | Patier     | nt Location       | 013 114            | 100      |             |         | Referring         | Referring Pro                | ovider             | (       | ลี่ไ       |
|          | Level          | Primary V            | Billing Electr  | onic 🖌                   | Pa          | t Provider   | Daties     | nt Provider       |                    |          |             |         | -                 |                              | Referred           |         |            |
|          | Type           | Medical              |                 | ~                        |             | Dente        | Date       |                   |                    | _        |             |         | ♦ Other Pro       | viders                       |                    | , v     | _          |
|          | Owner          | Farias Michell       |                 | 0                        | Re          | esp. Party   | Dopp       | S, JR (DOD)       |                    |          |             |         | Alternate         | Alternate Pr                 | vider              | (       |            |
|          | 837            | Professional         | Institutional   | ~                        | Pr          | imary        | (1) An     | them Blue Cross   |                    |          | ~           |         | Currenticien      | Currentinian                 | Descides           |         |            |
|          | 037            |                      | mandalona       |                          | Se          | econdary     | (2) AE     | TNA               |                    |          | Q           |         | Supervising       | Supervising                  | Provider           |         | 4          |
|          |                |                      |                 |                          | Те          | rtiary       | Tertia     | ry Insurance      |                    |          | Q           |         | Ordering          | Ordening Pro                 | ovider             |         | 5          |
|          |                |                      |                 |                          |             | Override Ir  | nsuran     | ce 1              | P Aut              | horizati | ion         |         | Attending         | Attending Pr                 | ovider             |         | 4          |
|          |                |                      |                 |                          |             |              |            |                   |                    |          |             |         | Purchasing        | Purchasing I                 | Provider           |         | 4          |
| ^        | Procedures     | and Diagnoses        | (1)             | -                        |             |              |            |                   |                    |          |             |         |                   |                              |                    |         |            |
|          | # S            | Service Date         | Procedure       | POS                      | Units       | Procedur     | re Amo     | Amount            | 1                  | Mod<br>2 | ifiers<br>3 | 4       | 1                 | Diagn<br>2                   | osis »             | 4       | -          |
|          | 1 05/02/202    | 2 🗘 05/02/2022 🛟     | 99213           | 11 🗸                     | 1.00        | \$7          | ,<br>75.00 | \$75.00           |                    | ~        |             |         | K648              | ~                            |                    |         | -          |
|          | 2 05/02/202    | 2 😧 05/02/2022 🔮     |                 | ~                        |             | s            | \$0.00     |                   |                    |          |             |         | K648              |                              |                    |         | 1          |
|          | Add New Ite    | em                   |                 |                          |             |              | Tota       | al: \$75.00 Dav// | Ndi- S             | 0.00     | Balan       | Ce: \$7 | 5.00 Receir       | ste: \$0.00 -                | · ·                |         | -          |
|          | - Add Holl III |                      |                 |                          |             |              | 1012       | n. 975.00 Payn    | αuj. φ             | 5.00     | Dalali      | ice. 9/ | 5.00 Necen        | ns. \$0.00 +                 |                    |         |            |
| <b>^</b> | Additional I   | nformation           |                 |                          | Mess        | ages and     | Moni       | itoring           |                    |          |             | 0       | Queue and 1       | Tasking (1)                  |                    |         |            |
|          | Admission      |                      | Hour            | ~                        | Aging       | 9            |            | N/A               |                    |          |             |         | Prepare           |                              |                    |         |            |
|          | Discharge      | <b>\$</b>            | Hour            | ~                        | Billing     | g Message    |            | × .               |                    |          |             |         | Ready for<br>Read | Processing<br>y to Send Prim | ary, Electronic    |         |            |
|          | Initial        |                      |                 |                          | Clain       | n Validation |            |                   |                    |          |             |         |                   |                              |                    |         |            |
|          | Onset          |                      |                 |                          | Patie       | nt Only      |            | N/A               |                    |          |             |         |                   |                              |                    |         |            |
|          | Current Clai   | m Edits              |                 |                          | Code        | Limitations  |            | N/A               |                    |          |             |         |                   |                              |                    |         |            |
|          | Miscella       | neous                |                 |                          | Requ        | ired Fields  |            | N/A               |                    |          |             |         |                   |                              |                    |         |            |
|          |                |                      |                 |                          | Globa       | al Period    |            | N/A               |                    |          |             |         |                   |                              |                    |         |            |
|          |                |                      |                 |                          | Moni        | toring       |            | ()                |                    |          |             |         |                   |                              |                    |         |            |
|          |                |                      |                 |                          |             | -            | 0.5        |                   | <b>b</b>           |          |             |         |                   |                              |                    |         |            |
|          | + Add Inform   | ation                |                 |                          | 📮 Ale       | rts (1)      | фо         | omments           | Ac                 | tivity L | og          |         |                   |                              |                    |         |            |
|          |                |                      |                 |                          |             |              |            |                   |                    |          |             |         |                   |                              |                    |         |            |

# Modifying Multiple Claims

Choice EMR offers an option to make certain changes to multiple claims at one time. This option is called **Modify Selected Claim(s)**. Changes which involve patient information, such as insurance or responsible party, cannot be changed using this functionality; however, changes such as Claim Status, Rendering Provider, Service Location, etc. can be changed for a group of claims. In the event that you need to modify claims, here are the appropriate steps.

| Billing List «                           | 🔒 🕶 Billing                                       |
|--|---|
| My Tasks 🗸 🗸                             | 🚺 🚺 🔚 🔹 🕸 Setup Screens 🔹 🔚 Reporting Windows 🔹 🕚 |
| Insurance                                |   |
| Authorizations<br>Billing Query          | Advanced Search ×                                 |
| Claim Query<br>Claim Account Q           | ▼ Commonly Used                                   |
| Claim Submission<br>Dialysis Billing     | Claim ID  |
| Statements                               | Claim Xref  |
| Ready to Send<br>Batches                 | Date of Service 04/01/2022 🔅 📰 04/15/2022 🔅       |
| Patient                                  | Submission (EST)                                  |
| Patient Responsibility<br>Payment Import | Created   |
| Sliding Fee                              | Status List 🗸                                     |
| Payment Posting                          | Leval list  |
| Referred Care                            |   |
| Payments (Legacy)                        | Owner   |
| Deposits<br>Posting                      | ► Patient   |
| Receipts                                 |   |
| Reporting                                |   |

1. Go to Claim Query and search for the claims you wish to modify.

2. Check the box next to the claims which need to be updated, click the Claim icon, and select Modify.

|        | • Bi   | lling   |             |                |     |              |             |        |     |         |     |
|--------|--------|---|-------------|----------------|-----|--------------|-------------|--------|-----|---------|-----|
| 0      | S      | <b>.</b>  | - 🔯 Setup   | Screens        | •   | <b>Г</b> а р | eporting    | Wind   | ows | - 3     | Ŧ   |
| [<br>N | ew     | Dpen  | p<br>Train  | <b>a</b> tient | Cla | ן<br>im      | •••<br>More | (      | Q   |         |     |
|        | 🗌 Dist | olay zei  | ro balances | Sho            | H   | listory      | 1           |        |     |         |     |
|        | #      |   | Claim ID    | Claim<br>DOS   | c   | opy          |             |        |     |         |     |
|        | 1      | <ul> <li>Image: A set of the set of the</li></ul> | 32395       | 04/07/2        | N   | roaity       | <u>h</u>    |        |     |         | _   |
|        | 2      |   | 32397       | 04/08/2        | C   | omm          | ents        |        |     |         | 5   |
|        | 3      |   | 32396       | 04/07/2        | F   | lemin        | der         |        |     |         | r   |
|        | 4      | <ul> <li>Image: A start of the start of</li></ul> | 32406       | 04/07/2        | S   | end (        | Communi     | cation | 1   |         |     |
|        | 5      |   | 32399       | 04/14/2        | c   | ustor        | n Task      |        |     |         | c   |
|        | 6      | <ul> <li>Image: A start of the start of</li></ul> | 32405       | 04/15/2        |     |              |             |        |     |         |     |
|        | 7      | <ul> <li>Image: A start of the start of</li></ul> | 32398       | 04/12/2        | 022 |              |             |        |     | Payment | Arr |

 In the dialog box that opens, you will see multiple options which will allow you to make changes to the selected claims. Check the box next to the item(s) you wish to modify, then use the drop down to select the result.

| Claim Status               | Claim Status  |               |
|----------------------------|---|---------------|
| Claim Substatus            |   | 6             |
| Dilling                    | Done  | System Status |
| billing                    | Ready to Send Primary, Electronic   | System Status |
| Level                      | Ready to Send Secondary, Electronic<br>Ready to Send Tertiany, Electronic | System Status |
| Owner                      | Ready to Send Primary, Paper  | System Status |
| Owner                      | Ready to Send Secondary, Paper  | System Status |
| Service Location           | Ready to Send Tertiary, Paper   | System Status |
| Defined Location           | Ready to Send, Statement  | System Status |
| Patient Location           | Payment Arrangement   | System Status |
| Rendering Provider         | Sent, Statement   | System Status |
| Referring Provider         | 10 of 39 results  | N             |
| Alternate Provider         | Alternate Provider  | Q             |
| Patient Provider           | Patient Provider  | Q             |
| Validation Type            | Validation Type   |               |
| Balance Write-Off          | Write-Off   |               |
| Override Insurance         | Override the Payer/Service location st                                    | tate check    |
|                            |   |               |
|                            |   |               |
| vote: You will be modifyin | g, at most, a total of 7 claims.  |               |
|                            |   |               |

4. When all appropriate selections are made, click Save.

| Claim Status                | Ready to Send Primary, Electronic               | 9 |
|-----------------------------|---|---|
| Claim Substatus             | Claim Substatus                                 |   |
| Billing                     | Billing   |   |
| Level                       | Primary   |   |
| Owner                       | Claim Owner                                     | Q |
| Service Location            | Service Location                                | Q |
| Patient Location            | Patient Location                                | Q |
| Rendering Provider          | Rendering Provider                              | Q |
| Referring Provider          | Referring Provider                              | Q |
| Alternate Provider          | Alternate Provider                              | Q |
| Patient Provider            | Patient Provider                                | Q |
| Validation Type             | Validation Type                                 |   |
| Balance Write-Off           | Write-Off                                       |   |
| Override Insurance          | Override the Payer/Service location state check |   |
| lote: You will be modifying | , at most, a total of 7 claims.                 |   |

5. If you choose the Balance Write-Off functionality, this option will zero out any remaining balance on any of the selected claims. You cannot do a partial amount write-off, or only write-off certain procedure lines.

| Modify Claim                |   | ;     |
|-----------------------------|---|-------|
| Claim Status                | Claim Status                                    | Q     |
| Claim Substatus             | Claim Substatus                                 | F     |
| Billing                     | Billing   | F     |
| Level                       | Claim Level                                     |       |
| Owner                       | Claim Owner                                     | Q     |
| Service Location            | Service Location                                | Q     |
| Patient Location            | Patient Location                                | Q     |
| Rendering Provider          | Rendering Provider                              | Q     |
| Referring Provider          | Referring Provider                              | Q     |
| Alternate Provider          | Alternate Provider                              | Q     |
| Patient Provider            | Patient Provider                                | Q     |
| Validation Type             | Validation Type                                 |       |
| ✓ Balance Write-Off         | Courtesy Write-Off                              | =     |
| Override Insurance          | Override the Payer/Service location state check |       |
| Note: You will be modifying | , at most, one claim: 32395                     |       |
|                             | 🖉 Clear 🔚 Save 👍                                | Close |

## Add a Note to a Claim

Occasionally, you may need to send a note or documentation to a payer on a claim. Traditionally, those notes go in Box 19 of the CMS-1500 Form, or in the NTE field of the 837 Electronic Claim.

1. In an open claim, click the **Add Information** button on the bottom left of the Claim Entry screen.

| tatus     Patient     Service       Claim     30718 +     Patient     975 Adam Test +     (513) 309-8223       Status     Improcess step 2, Electonic     Patient     975 Adam Test +     (513) 309-8223       Substatus     Primary     Baling     Electonic     Rendering     Amatom PT, Stephen       Level     Primary     Baling     Electonic     Pater Provider     Rendering     Rendering     Rendering     Could an apolic NV 45239       Pat Provider     Pater Provider     Primary     (1) Anthem Blue Cross     Imation PT, Stephen     Reterred     Imation PT, Stephen       837     Professional     Institutional     Secondary     (2) Blue Cross Blue Shield (Midd C)     Imation PT, Stephen     Reterred     Imation PT, Stephen       837     Professional     Institutional     Secondary     (2) Blue Cross Blue Shield (Midd C)     Imation PT, Stephen     Reterred     Imation PT, Stephen       837     Portedesional     Institutional     Imation PT, Stephen     Imation PT, Stephen     Imation PT, Stephen     Imation PT, Stephen       837     Portedesional     Imation PT, Stephen       8001     Imation     Imation PT, Stephen     Imation PT, Stephen     Imation PT, Stephen   |        | :n ▼     <del>  </del>                   | Save 🔹  🎧 Histor     | ny 🔹 🖾 Pa     | iyments 🔹 | Section T  |            |                   |               |         |                 |                | Search for Patier      | n q.      |
|---|--------|--|----------------------|---------------|-----------|--|------------|-------------------|---------------|---------|-----------------|----------------|------------------------|-----------|
| Claim     30718 •     Palent     9757 • Adam Test •     (513) 509-5223       Stabus     m process - step 2_Electronic     (513) 509-5223     (513) 509-5223       Substatus     m process - step 2_Electronic     (513) 509-5223     (513) 509-5223       Substatus     m process - step 2_Electronic     m statution     Amstrong PT, Stephen       Level     Primary     Billing Electronic     Pat Location     Pat Location       Yope     Weber, Amanda     Primary     (1) Anthen Blue Cross     Primary       Bast     Primary     (1) Anthen Blue Cross     Primary     (2) Blue Cross Blue Shield (Midd       Owner     Protessional () Institutional     Secondary     (2) Blue Cross Blue Shield (Midd     Coster       Tertiary     Tertiary     Tertiary Insurance     Procedure Amount     1     2     3     4       60417/2019 () 60417/2019 () 6017/2019 () 7017/2019 ()  | ta     | tus                                      |                      |               |           | Patient  |            |                   |               |         | Service         |                |                        |           |
| Status       In process - step 2, Electonic          Substatus           Substatus           Level       Primary       Biling Electronic          Type       Medical           Owner       Weber, Amanda           B37        Professional  | (      | Claim                                    | 30718 -              |               |           | Patient  | 9757 - A   | dam Test 👻        |               |         | Location        | Belmont V      | Vest Dialysis Center   | Q         |
| Substatus   |        | Status                                   | In process - step 2, | Electronic    | ~         |  | (513) 3    | 09-8223           | E- IN 40000   |         | Rendering       | Armstrong      | PT, Stephen            | Q         |
| Level       Primary       Billing       Electronic       Pat. Provider       Armstrong PT, Stephen       Referred       Refered<  |        | Substatus                                |                      |               | ~         | Pat. Location  | Patient    | Location          | IIS IIN 40239 | Q       | Referring       | Dietzen M      | D, Chuck               | Q         |
| Type       Medical       Image: Constraint of the con | 1      | evel                                     | Primary V            | Billing Elec  | tronic 🗸  | Pat. Provider  | Armstr     | ong PT, Stephen   |               | 0       |                 |                | Referred               |           |
| Owner       Weber, Amanda       Primay       (1) Anthem Blue Cross       I)         837 <ul> <li>Professional</li> <li>Institutional</li> <li>Institititia</li> <li>Institititititia</li> <li< td=""><td>-</td><td>Fype</td><td>Medical</td><td></td><td>~</td><td>Resp. Party</td><td>Test. A</td><td>dam (1234)</td><td></td><td>a</td><td>X Other D</td><td>ovidere</td><td></td><td></td></li<></ul>   | -      | Fype                                     | Medical              |               | ~         | Resp. Party  | Test. A    | dam (1234)        |               | a       | X Other D       | ovidere        |                        |           |
| attraining       Institutional       Secondary       (2) Blue Cross Blue Shield (Midd )         Sa7          • Professional          Institutional        Secondary        (2) Blue Cross Blue Shield (Midd )         Sarvice Date          Procedure Amount           Modifiers           Diagnosis *          ocentrice Date          Procedure Amount           Modifiers           Diagnosis *          06/17/2019          81001           1          1         00           Modifiers           Diagnosis *          08/17/2019          81001           1         1         00           St50           St25           St25           St25           St25           St25           St2           Lit           Stand           Elit2           Lit           Lit             Elit2               Lit           Elit2                                 Elit2           Lit           Lit   |        | Owner                                    | Weber, Amanda        |               | a         | Primary  | (1) Ant    | hem Blue Cross    |               | a       | + Onor F        | OVIDO13        |                        |           |
| Construction       Construction       Construction       Construction       Construction         Tertiary       Tertiary       Tertiary       Construction       Construction         Construction       Construction       Construction       Construction       Constr  | -      | 37                                       | Professional         | Institutional |           | Secondary  | (2) Blu    | e Cross Blue Shi  | eld (Midd     | a       |                 |                |                        |           |
| If the sum installable         Image: Service Date       Procedure       POS       Units       Charge       Amount       1       2       3       4       1       2       3       4         0er17/2019       0er17/201   | 1      |  |                      | matutional    |           | Tortian  | Tertier    | u Incurance       | in lunion     | 0       |                 |                |                        |           |
| Coveride Insurance         Image: Coveride Insurance         Image: Coveride Insurance           From         To         Procedure         POS         Units         Charge         Amount         1         2         3         4         1         2         3  |        |  |                      |               |           | retuary  | [ i si uai | y maananibe       |               |         |                 |                |                        |           |
| Modellares and Diagnoses (1)           Procedure Anount         Modifiers         Diagnosis >           08/17/2019         08/17/2019         81001         11         1         00         \$25.00         \$25.00         1         1         2         3         4         1         2         3         4           08/17/2019         08/17/2019         \$1001         11         1         1         0         \$25.00         \$150.00         1         1         1         2         3         4         1         2         3         4           08/17/2019         08/17/2019         9         9214         11         1         1         0         \$150.00         \$150.00         1  |        |  |                      |               |           | Override   | Insuranc   | e                 | Authoriza     | ation   |                 |                |                        |           |
| Service Date         Procedure Amount         Modifiers         Diagnoses >           From         To         Procedure Amount         1         2         3         4         1         2         3         4           08/17/2019         08/17/2019         81001         11         1         00         \$25.00         \$25.00         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4         1         2         3         4  | 0      | cedures                                  | and Diagnoses        | (1)           |           |  |            |                   |               |         |                 |                |                        |           |
| Optimize   |        | From                                     | ervice Date          | Procedure     | POS       | Procedu<br>Units Charge  | re Amou    | Amount            | Moc<br>1 2    | lifiers | 4 1             | Dia            | agnosis »              | 4         |
| 08/17/2019       08/17/2019       99214       11       1.00       \$150.00       \$150.00       E1122       Image: Constraint of the constraint o   |        | 08/17/201                                | 9 🚫 08/17/2019 🚫     | 81001         | 11 🗸      | 1.00 \$2   | 25.00      | \$25.00           | 1 2           |         | E1122           | -              |                        |           |
| 08/17/2019       08/17/2019       Image: Constraint of the constraint o |        | 08/17/201                                | 9 🙆 08/17/2019 💍     | 99214         | 11 🗸      | 1.00 \$1   | 50.00      | \$150.00          |               |         | E1122           |                |                        |           |
| Add New Item       Total: \$175.00       Pay/Adj: \$0.00       Balance: \$175.00       Receipts: \$0.00 +         Additional Information       Messages and Monitoring       Queue and Tasking         Admission       08/17/2019 <ul> <li>Hour</li> <li>Aging</li> <li>N/A</li> <li>Billing Message</li> <li>Claim Validation</li> <li>Patient Validation</li> <li>Patient Only</li> <li>N/A</li> <li>Corde Limitations</li> <li>N/A</li> <li>Required Fields</li> <li>Global Period</li> <li>N/A</li> <li>Bi37 Validation</li> <li>Monitoring</li> <li>N/A</li> <li>Mainedianeous</li> <li>Addition</li> <li>Monitoring</li> <li>N/A</li> <li>Mainedianeous</li> <li>Mainedianeous</li> <li>Addition</li> <li>Mainedianeous</li> <li>Maine</li></ul>   |        | 08/17/201                                | 9 🚫 08/17/2019 🚫     |               | ~         |  | \$0.00     |                   |               |         | E1122           |                |                        |           |
| Add New Item       Total: \$17.5.00       Pay/Adj: \$0.00       Eadance: \$17.5.00       Receipts: \$0.00       -         dditional Information       Messages and Monitoring       Queue and Tasking         Admission       08/17/2019       Image: The scale of the claim       There is currently nothing in the Queue for this claim         Discharge       Image: The scale of the claim       Discharge       Image: The scale of the claim       There is currently nothing in the Queue for this claim         Initial       Image: The scale of the claim       Image: The scale of the claim       There is currently nothing in the Queue for this claim         Current Claim Edits       Image: The claim Validation       Image: The claim Claim Edits       N/A       Code Limitations       N/A         Ø Dates       Miscellaneous       Miscellaneous       Mage: The claim       N/A       Mage: The claim Validation       Image: The   | _      |  |                      | 1             |           |  | 1 million  |                   |               |         |                 |                |                        |           |
| Admission     Messages and Monitoring     Queue and Tasking       Admission     08/17/2019     Image: Comparison of the comparison of t                           |        | Add New n                                | em                   |               |           |  |            |                   | i otal: \$    | 1/5.00  | Pay/Adj: \$0.00 | Balance: 3     | 61/5.00 Receipts:      | \$0.00 -  |
| Admission 08/17/2019  Hour Aging N/A There is currently nothing in the Queue for this claim Billing Message Claim Validation Onset Patient Only N/A Current Claim Edits Patient Only N/A Current Claim Edits Code Limitations N/A Required Fields N/A 837 Validation Monitoring N/A   | de     | ditional l                               | nformation           |               |           | Messages and   | Monito     | oring             |               |         | Queue and       | Tasking        |                        |           |
| Addition     Patient Validation       Discharge     Imital       Imital     Imital       Onset     Imital       Imital     Imital   |        | dmission                                 | 08/17/2019           | Hour          | ~         | Aging  |            | N/A               |               |         | There is a      | urrently nothi | ina in the Queue for t | his claim |
| Discharge     Imitial     Claim Validation       Initial     Imitial     Patient Validation       Onsel     Patient Validation       Current Claim Edits     Code Unitations       Imitial     Imitial       Imitial     Patient Only       Imitial     N/A       Imitial     Imitial       Imitial     Imitial       Imitial     Patient Only       Imitial     Imitial       Imitial     Patient Only       Imitial     Imitial   | ,      | No. In the second                        |                      | i iour        |           | Billing Message  |            | ~                 |               |         |                 |                |                        |           |
| Initial     Patient Validation       Onset     Patient Only     N/A       Current Claim Edits     Code Limitations     N/A       Image: Imag  | 4      | Jischarge                                |                      | Hour          | •         | Claim Validation   |            | 1                 |               |         |                 |                |                        |           |
| Onset     Patient Only     N/A       Current Claim Edits     Code Limitations     N/A       Dates     Miscellaneous     Required Fields     N/A       837 Validation     Monitoring     N/A   | 4      |  |                      |               |           | Patient Validatio  | n          | 1                 |               |         |                 |                |                        |           |
| Current Claim Edits     Code Limitations     N/A       Dates     Miscellaneous     Required Fields     N/A       Global Period     N/A       837 Validation     Monitoring  | 4<br>[ | nitial                                   |                      |               |           | Patient Only   |            | N/A               |               |         |                 |                |                        |           |
| Dates     Miscellaneous     Required Fields     N/A       Global Period     N/A       837 Validation     Monitoring   |        | nitial<br>Onset                          |                      |               |           |  |            | N/A               |               |         |                 |                |                        |           |
| Global Period N/A<br>837 Validation<br>Monitoring N/A   |        | nitial<br>Onset<br>Current Cla           | im Edits             |               |           | Code Limitations   | 5          |                   |               |         |                 |                |                        |           |
| 837 Validation Monitoring N/A   |        | nitial<br>Onset<br>Current Cla           | im Edits             | DANIE .       |           | Code Limitations<br>Required Fields  | 5          | N/A               |               |         |                 |                |                        |           |
| Monitoring N/A  |        | nitial<br>Onset<br>Current Cla<br>Dates  | im Edits             | neous         |           | Code Limitations<br>Required Fields<br>Global Period                                 | 5          | N/A<br>N/A        |               |         |                 |                |                        |           |
|   |        | nitial<br>Onset<br>Current Cla<br>Pates  | im Edits             | neous         |           | Code Limitations<br>Required Fields<br>Global Period<br>837 Validation               | 5          | N/A<br>N/A        |               |         |                 |                |                        |           |
|   |        | nitial<br>Dinset<br>Current Cla<br>Pates | im Edits             | neous         |           | Code Limitations<br>Required Fields<br>Global Period<br>837 Validation<br>Monitoring | 5          | N/A<br>N/A<br>N/A |               |         |                 |                |                        |           |

2. Under the section **Documentation**, select **Narrative**.

| <ul> <li>&lt;<select area="" claim="">&gt;</select></li> <li>Details         <ul> <li>Accident and Related Causes             Dates</li> <li>Durable Medical Equipment (DME)</li> <li>Early and Periodic Screens, Diagnosis &amp; Treatment (EPSDT)</li> <li>Numbers, Codes and Identifiers</li> <li>Other Miscellaneous Values</li> <li>Documenation</li> </ul> </li> <li>Narrative         <ul> <li>Filing Information</li> <li>Condition Information</li> <li>Ocndition Information</li> <li>Ocndition Information</li> <li>Patient Care Information</li> <li>Patient Scale Information</li> <li>Institutional Codes</li> </ul> </li> <li>Patient Condition         <ul> <li>Amoulancy Patient Group</li> <li>Specialty</li> <li>Maluance Certification and Transport</li> <li>Home Health</li> <li>Vision</li> </ul> </li> </ul>  | ues for Claim 30718   |
|---|---|
| Details         Accident and Related Causes         Dates         Durable Medical Equipment (DME)         Early and Periodic Screens, Diagnosis & Treatment (EPSDT)         Numbers, Codes and Identifiers         Other Miscellaneous Values         Documenation         Narrative         Filing Information         Condition Information         Occument of Information         Detaint's Reason for Visit         Value Information         Institutional Colam         Institutional Codes         Patient Condition         Ambulatory Patient Group         Speciality         Ambulance Certification and Transport         Home Health         Vision | ct Claim Area>>   |
|   | d Related Causes<br>dical Equipment (DME)<br>eriodic Screens, Diagnosis & Treatment (EPSDT)<br>odes and Identifiers<br>illaneous Values<br>on<br>Nation<br>formation<br>formation<br>formation<br>soon for Visit<br>nation<br>Claim<br>Codes<br>dition<br>Patient Group<br>Certification and Transport<br>h |

 Set the Code = ADD-Additional Information. Type the necessary information in the open text box. There is a maximum of 80 characters for an electronic claim, and a maximum of 71 characters for a paper claim. The maximum character total includes spaces.

| Narra    | live                   |   |
|----------|------------------------|---|
| ode      | Additional Information | ~ |
| arrative | CORRECTED CLAIM        | ^ |
|          |                        | ~ |

4. When completed, click Save, and the Additional Information window will close.

|                         | Save Claim informatio |
|-------------------------|-----------------------|
| Close window after save | Clear 🔓 Save          |

## Add a Medicare ICN to a Secondary Claim

There are instances where the primary payer is Medicare and the Medicare ICN number must be sent on the claim to the seoncdary in order for them to process the claim. In these intances you can document the Medicare ICN number on the claim by doing the following.

| Billing List                             | ~~ | 🔒 🕶 Billing      |             |                          |          |
|--|----|------------------|-------------|--------------------------|----------|
| My Tasks                                 | ×  | 🚺 🚺 🔚 🔹 🕸 Setup  | Screens 🝷   | Reporting Window         | s - 🕄    |
| Insurance                                |    |                  |             |                          |          |
| Authorizations<br>Billing Query          |    | Advanced Sear    | ch          |                          | $\times$ |
| Claim Query                              |    |                  |             |                          |          |
| Claim Account Q                          |    | V Commonly Used  |             |                          |          |
| Claim Submission<br>Dialysis Billing     |    | Claim ID         |             |                          |          |
| Statements                               |    | Claim Xref       |             |                          |          |
| Ready to Send<br>Batches                 |    | Date of Service  |             |                          |          |
| Patient                                  |    | Submission (EST) |             |                          |          |
| Patient Responsibility<br>Payment Import |    | Created          |             |                          |          |
| Sliding Fee                              |    | Status List      | Ready to \$ | Send Secondary, Electron | nic 🗸    |
| Payment Posting                          |    | LovelList        |             |                          | ~        |
| Referred Care                            |    | LeverList        |             |                          | •        |
| Payments (Legacy)                        |    | Owner            |             |                          | ~        |
| Deposits                                 |    | ▶ Patient        |             |                          |          |
| Posting                                  |    | p . aton         |             |                          |          |
| Receipts                                 |    | > Claim          |             |                          |          |
| Reporting                                |    | ► Claim          |             |                          |          |

1. In the Claim Query, search for the claim that needs to have the ICN entered.

2. Double click on the claim to open it.

| ≙ - | Billing    |                             |                |                           |                               |                    |                   |                  |                    |                     | Choice 🗮              |   |
|-----|------------|-----------------------------|----------------|---------------------------|-------------------------------|--------------------|-------------------|------------------|--------------------|---------------------|-----------------------|---|
| 0   | ي ا        | <ul> <li>İ Setup</li> </ul> | Screens -      | 🖶 Reporting Windows       | 🝷 🕚 🔹 🎇 Set Billing Info      | - 🔍 Web Sea        | arches 🔻 🎓 🔻      |                  |                    |                     |                       |   |
|     |            | ~                           |                | <b>b</b>                  |                               |                    |                   |                  |                    |                     |                       |   |
| New | Oper       | Train                       | Patient Cla    | aim More                  | , Search by Claim ID, C       | hart, Patient      | Name              |                  |                    |                     |                       |   |
|     | Display ze | ro balances                 | Show Ree       | cent Year only Dis        | play Claim Validation         |                    |                   |                  |                    |                     |                       |   |
| #   | ≠ 🗹        | Claim ID                    | Claim<br>DOS ≡ | Claim<br>Submission (EST) | Claim<br>Status ≡             | Patient<br>Chart ≡ | Patient Name      | Claim<br>Billing | Claim<br>Charge \$ | Claim<br>Balance \$ | Primary<br>Payer Name | ≡ |
| 1   | 1 🔽        | 29199                       | 02/11/2015     | 03/23/2015 14:58:18       | Ready to Send Secondary, Elec | 9336               | Anderson, Annie   | Е                | 43.00              | 43.00               | Medicare Part B       |   |
| 2   | 2 🔽        | 32363                       | 02/24/2022     |                           | Ready & Dend Secondary, Elec  | 24977              | Test, Austin Test | E                | 200.00             | 200.00              | Medicare Part B       |   |

3. Click on "Add Information" on the lower left of the claim entry screen.

| Additional  | Information    |      |   |
|-------------|----------------|------|---|
| Admission   |                | Hour | ~ |
| Discharge   |                | Hour | • |
| Initial     |                |      |   |
| Onset       |                |      |   |
| Current Cla | im Edits       |      |   |
| 🧳 Dates     | 🥟 Miscellaneou | IS   |   |
|             |                |      |   |
|             |                |      |   |
|             |                |      |   |

🕂 Add Information

۸

4. Click on Numbers, Codes, and Identifiers.



5. Add the ICN as depicted below and Save.

| dditional Values for    | Claim 29199          | 3    |
|-------------------------|----------------------|------|
| Numbers, C              | odes and Identifiers |      |
| Medical Record          |                      |      |
| Driginal Reference      | 2864567821           |      |
| nvestigational Device   |                      |      |
| <i>lammography</i>      |                      |      |
| Resubmission Code       |                      |      |
| ledicaid Code           |                      |      |
| ervice Authorization    |                      | ~    |
| elay Reason             |                      | ~    |
| emonstration Project ID |                      |      |
| omebound                |                      | *    |
|                         | L                    |      |
|                         |                      |      |
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|                         |                      |      |
|                         |                      |      |
|                         |                      |      |
|                         |                      |      |
|                         |                      |      |
|                         |                      |      |
| Close window after sav  | e ∅ C <u>l</u> ear   | Save |

6. Claim is now ready to submit to the secondary payer.

## Add an NDC Number to a Claim

The *NDC* (*National Drug Code*) is a unique product identifier issued by the FDA for drugs intended for human use. Certain insurance companies require that when a drug is reported on a claim, the NDC information must also be attached to that claim. The NDC must be 11-digits long on a claim; to know how to set this, please see our NDC Formats guide. Within OfficeEMR there are two ways to set up the NDC to transmit electronically on a claim: at the Claim Level or at the Code Level. Below are the steps on documenting it at the claim level.

1. Right click in any procedure code box and select NDC from the menu. The NDC box will open.

| pen 🔹 🖬                         | Save • 😱 Histor    | y 🔹 🚔 P           | ayments 🔹 🍯  | Patient *   |          |                      |         |          |        |       |            |                                | Search for P    | atient Q    |
|---------------------------------|--------------------|-------------------|--------------|---|----------|----------------------|---------|----------|--------|-------|------------|--------------------------------|-----------------|-------------|
| tatus                           |                    |                   |              | Patient   |          |                      |         |          |        | Se    | rvice      |                                |                 |             |
| Claim                           | 30766 -            |                   |              | Patient   | 9391     | - Elisabeth Test 👻   |         |          |        |       | Location   | Mooresville                    |                 | C           |
| Status                          | Ready to Send Prim | ary, Electro      | nic 🗸        |   | (317)    | 687-8119 x102        |         |          |        |       | Rendering  | Belza MD. F                    | Robert          |             |
| Substatus                       |                    | ,,                |              | Dat Location                                      | 101 M    | Aain St Indianapolis | s IN 46 | 202      | 0      |       | Deferring  | Referring D                    | rouidar         | (           |
| Substatus                       | Primany at         | Dillion Ele       | etropic be   | Pat. Eucauc                                       | Defi     | ant Donuidas         |         |          | -      |       | Releting   | noroning in                    | Defended        |             |
| Level                           | Finnary V          | billing Lie       |              | Pat. Provide                                      | f Paul   | ant Provider         |         |          | ~      |       |            |                                | Referred        | ~           |
| Туре                            | Medical            |                   | •            | Resp. Party                                       | Test     | , Elisabeth          |         |          | 9      |       |            | oviders                        |                 |             |
| Owner                           | Patterson, Ellen   | - 1.00 (M.C.) (M. | 9            | Primary   | (1) C    | ontractors Laborer   | s Tear  | nst      | 9      |       |            |                                |                 |             |
| 837                             | Professional O I   | nstitutional      |              | Secondary   | Seco     | ondary Insurance     |         |          | 0      |       |            |                                |                 |             |
|                                 |                    |                   |              | Tertiary  | Terti    | ary Insurance        |         |          | 9      |       |            |                                |                 |             |
|                                 |                    |                   |              | Overrid   | e Insura | nce                  | 😰 Au    | thoriza  | tion   |       |            |                                |                 |             |
| rocedures                       | and Diagnoses      | (1)               |              |   |          |                      |         |          |        |       |            |                                |                 |             |
| s                               | ervice Date        | Dresodure         | noe          | Proces  | lure Am  | ount                 |         | Mod      | ifiers |       |            | Diag                           | nosis »         |             |
| From                            | To                 | Flocedule         | FUS          | Units Char  | ge       | Amount               | 1       | 2        | 3      | 4     | 1          | 2                              | 3               | 4           |
| 09/23/201                       | 19 09/23/2019      | 99213             | 🖉 Clear      |   | \$90.00  | \$90.00              |         | _        |        |       | S61209A    |                                | _               |             |
| 09/23/201                       | 19 😋 09/23/2019 😂  | 96372             | Reset        |   | \$30.00  | \$30.00              |         |          |        |       | S61209A    |                                |                 |             |
| 09/23/201                       | 19 😋 09/23/2019 😂  | J2000             | Search       |   | \$50.00  | \$50.00              | -       |          |        |       | S61209A    |                                |                 |             |
| 09/23/201                       | 19 😂 09/23/2019 😂  |                   | Recovery     |   | \$0.00   |                      |         |          |        |       | S61209A    |                                |                 |             |
| Add New I                       | tem                |                   | 1 Up         | _   |          |                      | To      | tal: \$1 | 170.00 | Pav/A | di: \$0.00 | Balance: \$1                   | 70.00 Recei     | pts: \$0.00 |
|                                 |                    |                   | 🐣 Dgwn       |   |          |                      |         |          |        |       |            |                                |                 |             |
| dditional I                     | nformation         |                   | Additional   | essages an  | d Mon    | itoring              |         |          |        | Qu    | eue and    | Tasking (1)                    |                 |             |
| Admission                       |                    | Hour              | Authorizatio | on Aging  |          | N/A                  |         |          |        | F     | Prepare    |                                |                 |             |
| Discharge                       |                    | Hour              | NDC          | Silling Messag                                    | e        | ~                    |         |          |        |       | Ready f    | or Processing<br>du to Send Pr | iman, Electron  | in .        |
|                                 |                    |                   |              | Claim Validati                                    | n        | ~                    |         |          |        |       | Roa        | idy to Selid Fi                | inary, Electron |             |
| Initial                         |                    |                   |              | Patient Valida                                    | ion      | ~                    |         |          |        |       |            |                                |                 |             |
| Initial                         |                    |                   |              | Code Limitatio                                    | ne       | N/A                  |         |          |        |       |            |                                |                 |             |
| Initial<br>Onset                | im Edits           |                   |              | COULD ENTINGING                                   |          | N/A                  |         |          |        |       |            |                                |                 |             |
| Initial<br>Onset<br>Current Cla | im Edits           |                   |              | Required Field                                    | S        | 14/24                |         |          |        |       |            |                                |                 |             |
| Initial<br>Onset<br>Current Cla | im Edits<br>aneous |                   |              | Required Field<br>Global Period                   | IS       | N/A                  |         |          |        |       |            |                                |                 |             |
| Initial<br>Onset<br>Current Cla | aneous             |                   |              | Required Field<br>Global Period<br>837 Validation | IS       | N/A                  |         |          |        |       |            |                                |                 |             |

2. Select the code which requires an NDC and then complete the NDC section. Select the appropriate unit type from the drop down box and save.

| 96372 09/23/2019<br>✓ J2000 09/23/2019<br>Qualifier |       |
|---|-------|
| Qualifier   |       |
| Type  | *     |
| 1,00  | *     |
| Value   |       |
| NDC   |       |
| Value NDC Number                                    | r     |
| Price Unit Price                                    |       |
| Quantity Number of                                  | Units |
| Unit Unit   | *     |
| Rx Id   |       |

3. All fields (except Rx ID) **MUST** be completed or claims will reject for incomplete information.

| 99213 | 09/23/2019 |        | J2000 INJECTI | ON, LIDOCAINE H | HCL, 50 C |
|-------|------------|--------|---------------|-----------------|-----------|
| 96372 | 09/23/2019 | $\sim$ | Measurement   |                 |           |
| 02000 | 00/20/2010 |        | Qualifier     |                 | *         |
|       |            |        | Туре          |                 | *         |
|       |            |        | Value         |                 |           |
|       |            |        | NDC           |                 |           |
|       |            |        | Value         | 52584048457     |           |
|       |            |        | Price         |                 | \$50.00   |
|       |            |        | Quantity      |                 | 10        |
|       |            |        | Unit          | Unit            | *         |
|       |            |        | Rx Id         |                 |           |

## Fixing an Inactive Procedure Validation Error

An *inactive procedure* is a procedure which has been removed from a claim; the validation error (visible under Messages and Monitoring on a claim) means that there is a payment tied to that procedure. Until that payment is removed, the claim will not be able to be submitted or resubmitted. In the event that this occurs, here are the appropriate steps to correct it.

1. Find the claim in the Claim Query screen, and open the claim.



2. Right-click over any procedure and select 'Recovery' from the menu.

| -   | Service   | e Date       |                      |   |  | Procedure Amo  | unt                                     | Mod                    | lifiers |                                  |   | Diagn                      | osis »     |               |
|---|---|--------------|----------------------|---|--|--|---|------------------------|---------|----------------------------------|---|----------------------------|------------|---------------|
| F   | From  | То           | Procedure            | PUS   | Units  | Charge   | Amount                                  | 2                      | 3       | 4                                | 1   | 2                          | 3          | 4             |
| 09  | 9/06/2019 🝣   | 09/06/2019 🛟 | 99214                | da da   |  | \$130.00   | \$130.00                                |                        |         |                                  | D1771   | D649                       |            |               |
| 09  | 9/06/2019 😂   | 09/06/2019 😂 | J2175                | Ojean   |  | \$50.00  | \$50.00                                 |                        |         |                                  | D1771   | D649                       |            |               |
| 09  | 9/06/2019 😂   | 09/06/2019 😂 | 96372                | Search  |  | \$30.00  | \$30.00                                 |                        |         |                                  | D649  |                            |            |               |
| 09  | 9/06/2019 🔇   | 09/06/2019 😂 |                      | × Delete  |  | \$0.00   |   |                        |         |                                  | D649  |                            |            |               |
| <u>A</u> do                                   | Id New Item   | mation       |                      | Recovery            ①         P         ①         P                         | es   | sages and Monit  | To                                      | tal: \$210             | ).00 F  | Pay/Ad                           | lj: (\$175.49)<br>Lueue and T                   | Balance: \$1<br>asking (3) | 0.00 Rece  | eipts: \$0.00 |
| dditi<br>Adn<br>Disc                          | tional Informission   | mation       | Hour<br>Hour         |   | es<br>on Agi<br>Bill                                   | sages and Monit  | To<br>Claim Valida                      | tal: \$210             | 0.00 F  | Pay/Ad<br>Q<br>#2950             | lj: (\$175.49)<br>Queue and T<br>69             | Balance: \$1<br>asking (3) | 0.00 Rece  | eipts: \$0.00 |
| Adn<br>Adn<br>Disc<br>Initia                  | tional Inform<br>mission  |              | Hour                 | Recovery     Up     Down     Additional     Authorizati     NDC     Comment | on Agi<br>Pal  | sages and Monit<br>ing<br>ing Message<br>im Validation<br>tient Validation<br>tient Validation   | To<br>coring<br>Claim Valida<br>• Payme | tal: \$210             | 0.00 F  | Pay/Ad<br>Q<br>#2950<br>tive pro | lj: (\$175.49)<br>Iueue and T<br>69<br>Incedure | Balance: \$1               | 10.00 Rece | eipts: \$0.00 |
| Adn<br>Adn<br>Disc<br>Initia<br>Ons<br>Cur    | tional Inform<br>mission  | mation       | Hour<br>Hour         | Recovery     Up     Down     Additional     Authorizati     NDC     Comment | on Agi<br>Pat<br>Pat                                   | sages and Monit<br>ing<br>ing Message<br>im Validation<br>tient Validation<br>tient Validation<br>tient Validation<br>tient Only<br>de Limitations | To<br>coring<br>Claim Valida<br>• Payme | tal: \$21(<br>tion for | 0.00 F  | Pay/Ad<br>Q<br>#2950<br>tive pro | lj: (\$175.49)<br>Jueue and T<br>69<br>Incedure | Balance: \$1               | 0.00 Rece  | eipts: \$0.00 |
| Additi<br>Adn<br>Disc<br>Initia<br>Ons<br>Cun | dd New Item tional Inforn mission ischarge itial iset rrent Claim Ed    | mation       | Hour<br>Hour         | Recovery     Up     Down     Additional     Authorizati     NDC     Comment | es<br>on Agi<br>Bill<br>Pat<br>Co<br>Rei               | sages and Monit<br>ing<br>ing Message<br>tim Validation<br>tient Validation<br>tient Only<br>de Limitations<br>quired Fields                       | To<br>oring<br>Claim Valida<br>• Payme  | tal: \$210             | Claim   | Pay/Ad<br>Q<br>#2950<br>tive pro | ij: (\$175.49)<br>Aueue and T<br>69<br>xcedure  | Balance: \$1               | 0.00 Rece  | eipts: \$0.00 |
| Adn<br>Adn<br>Disc<br>Initia<br>Ons<br>Cun    | dd New Item tional Inforn mission scharge tial set rrent Claim Ed Dates | mation       | Hour<br>Hour<br>Hour | Recovery     Up     Down     Additional     Authorizati     NDC     Comment | es<br>on Agi<br>Bill<br>Cla<br>Pat<br>Co<br>Rei<br>Glo | sages and Monin<br>ing<br>ing Message<br>im Validation<br>tient Validation<br>tient Only<br>de Limitations<br>quired Fields<br>abal Period         | To<br>oring<br>Claim Valida<br>• Payme  | tal: \$210             | Claim   | Pay/Ad<br>Q<br>#2950<br>tive pro | ij: (\$175.49)<br>Aueue and T<br>69<br>ocedure  | Balance: \$1               | 0.00 Rece  | eipts: \$0.00 |

3. In the window that opens, you will want to find the procedure that has a strike-through and also has a Yes in the Payments column. Select that procedure. Click Undo, then Save to close the window.

| # | DOS        | Procedure        | Amount             | Payments       | Active | Ø |
|---|------------|------------------|--------------------|----------------|--------|---|
| 1 | 09/06/2019 | 99214            | \$130.00           | Yes            | Yes    |   |
| 2 | 09/06/2019 | J2175            | \$50.00            | Yes            | Yes    | ^ |
| 4 | 09/06/2019 | 96372            | \$30.00            | Yes            | Yes    |   |
| 5 | 09/06/2019 | <del>90782</del> | <del>\$30.00</del> | <del>Yes</del> | Ne     |   |
|   |            |                  |                    |                |        | ~ |
| - |            |                  | 0                  | U. de          |        |   |

4. The recovered procedure code should now be visible on the claim. At the top of the claim screen, select History/Claim History.

| 🛡 Open 🝷 📊 | Save 🔹 🚱 History 🔹 📩 Payments 👻 🚨  | Patient 🔻     |  |            |
|------------|------------------------------------|---------------|--|------------|
| Status     | Claim History                      | Patient (1)   |  |            |
| Claim      | 29569 Patient History              | Patient       | 9367 - Blake A. Head -<br>(317) 956-7909 (317) 8 | 33-8967    |
| Status     | Ready to sena secondary, Liectrome |               | 7826 Almond Dr Indianapolis I                    | N 46237    |
| Substatus  | ~                                  | Pat. Location | Patient Location                                 | C          |
| Level      | Secondary 🗙 Billing Electronic 🖌   | Pat. Provider | Patient Provider                                 | 0          |
| Туре       | Medical 🗸                          | Resp. Party   | Head, Blake A.                                   | 0          |
| Owner      | Head, Blake                        | Primary       | (1) COMMONWEALTH OF M                            | AS 🤇       |
| 837        | Professional 		Institutional       | Secondary     | (2) Blue Cross and Blue Shiel                    | do 🤇       |
|            |                                    | Tertiary      | Tertiary Insurance                               | C          |
|            |                                    | Override      | Insurance 😥 🕼                                    | thorizatio |

5. Right click and select Delete over the payment (and any adjustments) associated with that line item. (If the recovered procedure code is a duplicate of another procedure on the claim, you do have the option of removing the duplicate procedure and leaving the procedure with the payment instead.) On the next screen, click OK.

| DOS 09/06/2019 0  | laim: 29569 Ev      | ans MD, Ja  | ackie       |                       | Claim Total | \$240.00 |
|-------------------|---------------------|-------------|-------------|-----------------------|-------------|----------|
| Status Ready to S | end Secondar Su     | bmission '  | 10/12/2015  | to COMMONWEALTH O     | F Agin      | ig 1,445 |
| 09/06/2019 99     | 214: OFFICE/OP VI   | ISIT, EST P | т           |                       | \$130.00    |          |
| 1 D1771           | Benign lipomatou    | is neoplasn | n of kidney |                       |             |          |
| 2 D649            | Anemia, unspecif    | fied        |             |                       |             |          |
| 09/26/2019        | Insurance Check     | 1234500     | Check       | COMMONWEALT           | (\$125.49)  |          |
| 09/26/2019        | Insurance Contrac.  | 1234500     | Check       | COMMONWEALT           | \$5.49      |          |
| 09/26/2019        | Allowed \$135.49    | 1234500     | Check       | COMMONWEALT           |             |          |
|                   |                     |             |             | Procedure Balance:    | \$10.00     |          |
| 09/06/2019 J2     | 175: INJECTION, M   | EPERIDIN    | E HYDROC    | HLORIDE, PER 10       | \$50.00     |          |
| 1 D1771           | Benign lipomatou    | is neoplasn | n of kidney |                       |             |          |
| 2 D649            | Anemia, unspecif    | fied        |             |                       |             |          |
| 09/26/2019        | Insurance Check     | 1234500     | Check       | COMMONWEALT           | (\$35.00)   |          |
| 09/26/2019        | Insurance Contrac.  | 1234500     | Check       | COMMONWEALT           | (\$15.00)   |          |
| 09/26/2019        | Allowed \$35.00     | 1234500     | Check       | COMMONWEALT           |             |          |
|                   |                     |             |             | Procedure Balance:    | \$0.00      |          |
| 09/06/2019 96     | 372: Therapeutic, p | rophylactic | or diagnosi | tc injection; subcuta | \$30.00     |          |
| 1 D649            | Anemia, unspecif    | fied        |             |                       |             |          |
| 09/26/2019        | Insurance Check     | 1234500     | Check       | COMMONWEALT           | (\$15.00)   |          |
| 09/26/2019        | Insurance Contrac.  | 1234500     | Check       | COMMONWEALT           | (\$15.00)   |          |
| 09/26/2019        | Allowed \$15.00     | 1234500     | Check       | COMMONWEALT           |             |          |
|                   |                     |             |             | Procedure Balance:    | \$0.00      |          |
| 09/06/2019 90     | 782: SUBQ/IM INJE   | CTION.TH    | ERARELIT    | C/PROPHYLACTI         | \$30.00     |          |
| 1 D649            | Anemia, unst        | Add Comr    | ment        |                       |             |          |
| 09/26/2019        | Insurance Che       | Add Paym    | nent        | COMMONWEALT           | (\$10.00)   |          |
| 09/26/2019        | Insurance Cont 🗙    | Delete Pa   | yment       | COMMONWEALT           | (\$15.00)   |          |
| 09/26/2019        | Allowed \$15.00     | Credits     |             | COMMONWEALT           |             |          |
|                   |                     | Claim       | De          | lete Payment lance:   | \$5.00      |          |
|                   |                     | Provider    |             | Insurance Bala        | ance:       | \$15.00  |
|                   |                     | View Subr   | mission     |                       |             | 2        |
|                   |                     | EDA         |             | Total Insurance Balan | ce: S       | \$15.00  |
|                   | 4==                 | ERA         |             |                       |             |          |
|                   |                     |             |             |                       |             |          |

6. Once the payment(s) has been removed, the procedure code can be deleted again, if appropriate.

|                   | Servi   | ce Date      | Dente            |   | ~~   |  | Procedure Amou   | nt   |   | Mod | fiers |   |  | Diagno   | sis »                        |        |
|-------------------|---|--------------|------------------|---|--|--|--|--|---|-----|-------|---|--|--|------------------------------|--------|
| Ŧ                 | From  | То           | Procedure        | P P   | US   | Units  | Charge   | Amount   | 1 | 2   | 3     | 4 | 1  | 2  | 3                            | 4      |
| 1                 | 09/06/2019  | 09/06/2019 😂 | 99214            | 11  | ~  | 1.00   | \$130.00   | \$130.00                                       |   |     |       |   | D1771  | D649   |                              |        |
| 2                 | 09/06/2019  | 09/06/2019 😂 | J2175            | 11  | ~  | 1.00   | \$50.00  | \$50.00  |   |     |       |   | D1771  | D649   |                              |        |
| 3                 | 09/06/2019  | 09/06/2019 😂 | 96372            | 11  | ~  | 1.00   | \$30.00  | \$30.00  |   |     |       |   | D649   |  |                              |        |
| •                 | 09/06/2019  | 09/06/2019 ᅌ | 90782            | 2 Clea  |  | p  | \$30.00  | \$30.00  |   |     |       |   | D649   |  |                              |        |
| 5                 | 09/06/2019  | 09/06/2019 😂 |                  | 2 Rese  | t  |  | \$0.00   |  |   |     |       |   | D649   |  |                              |        |
| da                | ditional Info   | rmation      | E                | Reco  | te<br>ivery                                    |  | sages and Monit  | oring  |   |     |       | Q | ueue and T   | asking (3)   |                              |        |
| da                | ditional Info   | rmation      | Hour J           | Reco<br>Delet<br>Reco<br>Down   | te<br>ivery<br>n                               | Ag   | sages and Monit<br>ing<br>ing Message  | oring<br>①                                     |   |     |       | Q | ueue and T<br>Prepare<br><u>Ready fo</u>   | asking (3)<br>r Processing   |                              |        |
| A                 | ditional Info<br>Admission  | rmation      | Hour [           |   | te<br>ivery<br>n<br>tional                     | n fles   | <b>sages and Monit</b><br>ing<br>ing Message<br>im Validation  | oring<br>①<br>◆                                |   |     |       | Q | ueue and T<br>Prepare<br><u>Ready fo</u><br>Read   | asking (3)<br>r Processing<br>dy to Send Seco  | ondary, Elec                 | tronic |
| do<br>A<br>C      | ditional Info<br>Admission  | rmation      | Hour             |   | te<br>ivery<br>n<br>tional<br>orizatio         | Ag<br>Bill<br>on Cla<br>Pa                       | sages and Monit<br>ing<br>ing Message<br>im Validation<br>tient Validation   | oring<br>()<br>•<br>•                          |   |     |       | Q | ueue and T<br>Prepare<br>Ready fo<br>Read<br>Manage  | asking (3)<br>r Processing<br>dy to Send Seco  | ondary, Elec                 | tronic |
| da<br>A<br>Ir     | ditional Info<br>Admission Discharge Di | ✓<br>rmation | Hour I           |   | te<br>ivery<br>n<br>tional<br>orizatio<br>ment | m fles<br>Bill<br>Pa<br>Pa<br>Pa                 | sages and Monit<br>ing<br>ing Message<br>im Validation<br>tient Validation<br>tient Only   | oring<br>①<br>·<br>·<br>·<br>·<br>·<br>·       |   |     |       | Q | ueue and T<br>Prepare<br><u>Ready fo</u><br>Read<br>Manage<br><u>No Resp</u><br>Sent   | r Processing<br>dy to Send Sect<br>onses After xx I  | ondary, Elec<br>Da <u>vs</u> | tronic |
| A<br>D<br>Ir<br>C | ditional Info<br>Admission<br>Discharge<br>nitial<br>Dnset<br>Current Claim B   | rmation      | Hour I           | <u>Delet</u> <u>Recc</u> <u>Up</u> <u>Down</u> <u>Down</u> <u>Addin</u> <u>Auth</u> <u>NDC</u> <u>Com</u> | te<br>ivery<br>n<br>tional<br>orizatio<br>ment | n Cla<br>Pa<br>Co                                | sages and Monito<br>ing<br>ing Message<br>inn Validation<br>tient Validation<br>tient Only<br>de Limitations                                 | oring<br>(1)<br>V<br>N/A<br>N/A<br>N/A         |   |     |       | Q | ueue and T<br>Prepare<br><u>Ready fo</u><br>Read<br>Manage<br><u>No Respi</u><br>Sent<br>Collect                               | asking (3)<br>r Processing<br>dy to Send Seco<br>onses After xx (<br>, Paper                   | ondary, Elec<br>Days         | tronic |
|                   | ditional Info<br>Admission<br>Discharge<br>nitial<br>Dnset<br>Current Claim E   | rmation      | Hour I<br>Hour I | <u>Delet</u> Recc <u>Up</u> Down <u>Down     Addin     Auth     <u>NDC     Com </u></u>                   | te<br>ivery<br>n<br>tional<br>orizatio<br>ment | Ag<br>Bill<br>Cla<br>Pa<br>Co<br>Re              | sages and Monito<br>ing<br>ing Message<br>iim Validation<br>tient Validation<br>tient Only<br>de Limitations<br>quired Fields                | Tring<br>(1)<br>V<br>N/A<br>N/A<br>N/A         |   |     |       | Q | ueue and T<br>Prepare<br>Ready fo<br>Read<br>Manage<br><u>No Resp</u><br>Sent<br>Collect<br><u>Insuranc</u>                    | asking (3)<br>r Processing<br>dy to Send Sect<br>onses After x: I<br>paper<br>e Aqing          | ondary, Elec<br>D <u>ays</u> | tronic |
|                   | ditional Info<br>Admission<br>Discharge<br>nitial<br>Onset<br>Current Claim E   | rmation      | Hour             | <u>Delet</u> Recc <u>Up</u> Down <u>Down     Addin     Auth     <u>NDC     Com </u></u>                   | te<br>ivery<br>n<br>tional<br>orizatio<br>ment | Ag<br>Bill<br>Cla<br>Pa<br>Pa<br>Co<br>Re<br>Gla | sages and Monito<br>ing<br>ing Message<br>inm Validation<br>tient Validation<br>tient Only<br>de Limitations<br>quired Fields<br>abal Period | oring<br>()<br>VIA<br>N/A<br>N/A<br>N/A<br>N/A |   |     |       | Q | ueue and T.<br>Prepare<br>Ready fo<br>Read<br>Manage<br><u>No Resp</u><br>Sent<br>Collect<br><u>Insurance</u><br>3 - 4         | asking (3)<br>r Processing<br>dy to Send Seco<br>onses After xx I<br>paper<br>e Aging<br>Years | ondary, Elec<br>Da <u>ys</u> | tronic |
|                   | ditional Info<br>Admission<br>Discharge<br>nitial<br>Donset<br>Current Claim E<br>20 Dates  | rmation      | Hour             | <u>Delet</u> Recc <u>Up</u> Down <u>Down     Addin     Auth     <u>NDC     Com     Com     </u></u>       | te<br>ivery<br>n<br>tional<br>orizatio         | Ag<br>Bill<br>Pa<br>Pa<br>Co<br>Re<br>Gk<br>83   | sages and Monit<br>ing<br>ing Message<br>tim Validation<br>tient Only<br>de Limitations<br>quired Fields<br>bola Period<br>7 Validation      | Oring<br>O<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A  |   |     |       | Q | ueue and T.<br>Prepare<br><u>Ready fo</u><br>Read<br>Manage<br><u>No Respu</u><br>Sent<br>Collect<br><u>Insurance</u><br>3 - 4 | r Processing<br>dy to Send Sect<br>onses After xx I<br>, Paper<br>e Aqing<br>Years             | ondary, Elec<br>Days         | tronic |

## **Procedure Code - Billing Setting**

The Procedure Code - Do Not Bill Flag will affect the Claims screen by placing a strikethrough line through the Procedure Code when the code is set to 'Do Not Bill.' If you see a code displayed with a line through it then that code will not be billed out on a Claim or on a Statement.

|   | Pro      | cedures a     | nd  | Diagnoses (  | (1)            |          |                   |      | 1            |
|---|----------|---------------|-----|--------------|----------------|----------|-------------------|------|--------------|
|   | #        | Ser           | vic | e Date       | Dragod         |          | DOS               |      | P            |
|   | #        | From          |     | То           | Proced         | ure      | P03               | Uni  | its          |
|   | 1        | 01/06/2021    | Ŷ   | 01/06/2021 ᅌ | <del>9</del> € | Togal    | le Billing flag   |      | 0            |
|   | 2        | 01/06/2021    | \$  | 01/06/2021 ᅌ |                | ; -7     | resei             | ′⊥ [ |              |
|   |          |               | _   |              |                | 5        | <u>B</u> illing   |      | X            |
|   | +        | Add New Iten  | 1   |              |                | 睂        | Search            |      |              |
|   |          |               |     |              |                | $\times$ | <u>D</u> elete    |      |              |
| ^ | Ad       | ditional Info | ori | nation       |                | <b>e</b> | R <u>e</u> covery |      | lessage      |
|   | 4        | Admission     |     | <b>\$</b>    | Hou            | 1        | Up                |      | Aging        |
|   | [        | Discharge     |     | <b>\$</b>    | Hou            | ♣        | D <u>o</u> wn     |      | Billing Me   |
|   |          | nitial        |     |              |                |          | Additional        |      | Claim Va     |
|   |          |               |     |              |                | 俞        | Authorization     |      | Patient V    |
|   | 0        | Onset         |     | <b>V</b>     |                | R.       | NDC               |      | Patient Only |
|   | 0        | Current Claim | Ed  | lits         |                | 3        | <u>C</u> omment   |      | Code Li      |
|   | 2        | niscellane 🥟  | ou  | S            |                |          | <u>E</u> OB       |      | Required P   |
|   |          |               |     | -            |                |          |                   |      | Global Pe    |
| ~ | <u> </u> | Mar Andrews   | đ   |              | 5              |          |                   |      | <b>#37</b>   |

This setting can be changed from the Claim deatils screen by right-clicking on the Procedure line and selecting the *Billing* option. Selecting this will toggle the 'Do Not Bill' flag on/off for only this claim, based on its current status.

|     | Pro      | cedures and      | Diagnoses (  | (1)    |          |                    | -        | {            |
|-----|----------|------------------|--------------|--------|----------|--------------------|----------|--------------|
|     | #        | Servio           | e Date       | Dragod | uro      | DOS                |          | Pr/          |
|     | #        | From             | То           | Proced | ure      | PUS                | Uni      | ts 🔪         |
|     | 1        | 01/06/2021 ᅌ     | 01/06/2021 ᅌ | 95     | Toga     | le Billing flag    |          | 0            |
|     | 2        | 01/06/2021 🔇     | 01/06/2021 🔮 |        |          |                    | <u> </u> |              |
|     |          |                  |              |        | 5        | <u>B</u> illing    |          | 7            |
|     | +        | Add New Item     |              |        | 尙        | Search             |          |              |
|     | Ada      | ditional Infor   | motion       |        | $\times$ | <u>D</u> elete     |          |              |
| ^   | AUC      |                  | nauon        |        | e#       | Recovery           |          | lessage      |
|     | A        | dmission         | <b>\$</b>    | Hour   |          | <u>U</u> p         |          | Aging        |
|     | 0        | Discharge        | <b>\$</b>    | Hour   | ♣        | D <u>o</u> wn      |          | Billing Me   |
|     | h        | nitial           |              |        |          | <u>A</u> dditional |          | Claim Va     |
|     |          |                  |              |        | 俞        | Authorization      | ı I      | Patient V    |
|     | C        | Onset            | <b>V</b>     |        | R.       | NDC                |          | Patient Only |
|     | C        | Current Claim Ed | lits         |        | 3        | <u>C</u> omment    |          | Code Li      |
|     | 6        | niscellaneou 🥟   | S            |        |          | <u>E</u> OB        |          | Required     |
|     |          | -                | -            |        |          |                    |          | Global Pe    |
| ~~~ | <u> </u> | ·····            |              |        |          | ·                  |          | 837          |

## **Missing Procedure**

Claims that are Missing a Procedure code can be found a couple different ways.

### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



### Starting from Claim Query

• In the Billing portal click on Claim Query

| Insurance             |
|-----------------------|
| Authorizations        |
| Billing Query         |
| Claim Query           |
| Claim Account (Im)ery |
| Claim Submission      |
| Dialysis Billing      |

On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for DX
Record

| Advanced Sea       | rch   |       |      | × |
|--------------------|-------|-------|------|---|
| ► Locations        |       |       |      |   |
| ✓ Claim Validation |       |       |      |   |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| SOF                | 🔘 N/A | O Yes | O No |   |
| Guarantor          | 🔘 N/A | O Yes | O No |   |
| Location           | 🔘 N/A | O Yes | O No |   |
| Rendering          | 🔘 N/A | O Yes | ⊖ No |   |
| Referring          | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| Primary            | 🔘 N/A | O Yes | ⊖ No | 1 |
| Secondary          | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| Tertiary           | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| Dx Record          | ⊖ N/A | O Yes | ⊖ No |   |
| Dx Procedure       | N/A   | ⊖ Yes | ⊖ No |   |
| Dx Code            | N/A   | O Yes | ⊖ No |   |
| Submission         | N/A   | ⊖ Yes | O No |   |
| Rejection          | 🔘 N/A | O Yes | O No |   |
| ► Claim Aging      |       |       |      |   |

• Click the Search button to search and find the claims

### To add the Missing Procedure

- 1. Double click on one of the claims
- 2. The Procedure box will be outlined in red

| Claim #32055 for | Test Dan 04/11/2017 (3.9y)        |              |                        |  |                         |       |          |        |       |                |                 |  |
|------------------|-----------------------------------|--------------|------------------------|--|-------------------------|-------|----------|--------|-------|----------------|-----------------|--|
| Dpen 🝷 🔚         | Save 🔻 🚱 History 🝷 🚉              | Payments 🔻 🏼 | Patient 🔻              | -  |                         |       |          |        |       |                |                 |  |
| ▲ Status         |                                   |              | Patient                | t  |                         |       |          |        | S     | ervice         |                 |  |
| Claim            | 32055 -                           |              | Pati                   | ent 2497   | 4 - Test Dan 👻          |       |          |        |       | Location       | Family First Pl |  |
| Status           | Closed - Electronic Superbill     | ~            |                        | (317) 555-5555<br>235 Elm Ct Indianapolis IN 46260 |                         |       |          |        |       | Rendering      | Lynch MD, Ste   |  |
| Substatus        | Substatus                         |              |                        | Location Patient Location                          |                         |       |          |        |       | Referring      | Referring Prov  |  |
| Level            | Level Statement V Billing Paper V |              |                        | Provider Pati                                      | ovider Patient Provider |       |          |        |       |                | R               |  |
| Туре             | Type Medical V                    |              |                        | sp. Party Judi                                     | Party Judith, Test      |       |          |        |       |                |                 |  |
| Owner            | Owner Daoud, Cliff                |              | Q Primary (4) Self Pay |  |                         |       |          |        |       |                |                 |  |
| 837              | Professional      Institution     | al           | Sec                    | condary Sec  | ondary Insurance        |       |          | Q      |       |                |                 |  |
|                  |                                   |              | Terf                   | tiary Tert   | iary Insurance          |       |          | Q      |       |                |                 |  |
|                  |                                   |              |                        | Override Insura                                    | ince                    | 🕼 Aut | horizat  | tion   |       |                |                 |  |
| ▲ Procedures     | and Diagnoses (1)                 |              |                        |  | L                       |       |          |        | I     |                |                 |  |
| #                | Service Date Proceed              | POS          |                        | Procedure An                                       | ount                    |       | Mod      | ifiers |       |                | Diagno          |  |
| " From           |                                   | uie POS      | Units                  | Charge   | Amount                  | 1     | 2        | 3      | 4     | 1              | 2               |  |
| 1 08/30/20       | 20 🤤 08/30/2020 😂                 | 11 🗸         | 1.00                   | \$120.00   | \$120.00                | r     |          |        |       | J0190          |                 |  |
| 2 08/30/20       | 20 📀 08/30/2020 📀                 | ~            |                        | \$0.00   |                         |       |          |        |       | J0190          |                 |  |
| ➡ Add New I      | tem                               |              |                        |  |                         | Tota  | I: \$12( | D.00   | Pay/A | dj: (\$120.00) | Balance: \$0    |  |

3. Right-click inside the Procedure box and select Search

| • | Pro | cedures a     | nd   | Diagnoses (  | (1) |     |          |              |       |
|---|-----|---------------|------|--------------|-----|-----|----------|--------------|-------|
|   | #   | Se            | rvic | e Date       | Des |     | dura     | DOS          |       |
|   | #   | From          |      | То           | PI  | oce | dure     | PUS          | Units |
|   | 1   | 08/30/202     | ) 🗘  | 08/30/2020 ᅌ |     |     | 00       | 11           | 1.00  |
|   | 2   | 08/30/202     | ) 🗘  | 08/30/2020 ᅌ |     | P   | erforr   | n code searc | :h    |
|   | +   | Add New Ite   | m    |              | L   |     | ् ह      | llling       |       |
|   |     |               |      |              |     |     | å¶ ≦     | earth        |       |
|   | Add | litional In   | for  | nation       |     |     | X        | <u>elete</u> | Mes   |
|   |     |               |      |              |     |     | 📫 F      | Recovery     |       |
|   | A   | dmission      |      |              | I   | Ho  | 1 L      | Jp           | — Agi |
|   | 0   | Discharge     |      | \$           | 1   | Ho  |          | )own         | Bill  |
|   |     | nitial        |      |              |     |     |          | dditional    | - Cla |
|   |     | niuai         |      |              |     |     |          | uthorization | Pat   |
|   | C   | Onset         |      | <b>S</b>     |     |     |          |              | Pat   |
|   | C   | Current Clair | n Ed | lits         |     |     |          | inc '        | Co    |
|   |     | Aliandia      |      | _            |     |     | <b>2</b> | comment      | Re    |
|   | 6   | wiscellar     | eou  | 8            |     |     | E E      | OB           | Gk    |
|   |     |               |      |              |     | i.  |          |              |       |

4. Find your procedure code on the search screen and click to select it

| Search | office        | x Q  | 260       |
|--------|---------------|--|-----------|
| De     | scription: OF | FICE/OP VISIT, EST PT                                  |           |
|        | Provider F    | avorites   |           |
|        | 99213         | REFICE/OP VISIT, EST PT CPT 🔨                          |           |
|        | 99214         | CPT CPT  |           |
|        | 99212         | OFFICE/OP VISIT, EST PT, CPT                           |           |
|        | 99211         | OFFICE/OP VISIT, EST PT, NOT REQUIRING MD PRESENCE CPT |           |
|        | 99203         | OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: DETAILE CPT |           |
|        | 99202         | OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: EXPAND CPT  |           |
|        | 99201         | OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FO CPT |           |
|        | 99204         | OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: COMPRE CPT  |           |
|        | Search Re     | sults 🗸 🗸  | uthorizat |
|        | 16020         | DRESSINGS/DEBRIDEMENT; W/O ANESTHESIA, OFFICE/HO CPT   |           |
|        | 25 of 38 re   | sults All New  |           |
|        |               |  | Mod       |
|        |               |  | WIGG      |

5. Save the claim

|     | <u> </u>                             | Cu                   | rrent Cla | aim op | tions /1                 | 1/201 | 17 (3.9y)            |               |          |                               |                |  |                 |          |        |       |                        |         |  |  |
|-----|--------------------------------------|----------------------|-----------|--------|--------------------------|-------|----------------------|---------------|----------|-------------------------------|----------------|--|-----------------|----------|--------|-------|------------------------|---------|--|--|
| ges |                                      | Open                 | - 🖬 s     | ave    | • 😱 Hi                   | story | 🝷 📩 Pa               | iyments 🝷     | 🚨 Patier | nt 🔻                          |                |  |                 |          |        |       |                        |         |  |  |
| 11  |                                      | Status               | 5         | NS     |                          |       |                      |               | Pat      | Patient                       |                |  |                 |          |        |       | Service                |         |  |  |
| ^   |                                      | Clai                 | m         | 32055  | •                        |       |                      |               |          | Patient 24974 - Test Dan 🗸    |                |  |                 |          |        |       | Location               | Family  |  |  |
|     |                                      | Stat                 | us        | Closed | d - Electro              | nic S | uperbill             | ~             |          |                               | (317)<br>235 E | 317) 555-5555<br>35 Elm Ct Indianapolis IN 46260 |                 |          |        |       | Rendering              | Lynch   |  |  |
|     | Substatus 🗸                          |                      |           |        |                          |       |                      | Pat. Location | Patie    | nt Location                   |                |  | Q               |          | Refern |       |                        |         |  |  |
|     | Level Statement V Billing Paper      |                      |           |        |                          | er 🗸  |                      | Pat. Provider | Patie    | nt Provider                   |                |  | Q               |          |        |       |                        |         |  |  |
|     | Type Medical 🗸                       |                      |           |        | Resp. Party Judith, Test |       |                      |               |          |                               |                |  | Vother Provider |          |        |       |                        |         |  |  |
|     | Owner Daoud, Cliff Q                 |                      |           |        |                          | 0     | Primary (4) Self Pay |               |          |                               |                |  |                 |          |        |       |                        |         |  |  |
|     |                                      | 837                  | 0         | Prof   | fessional                | ) In  | stitutional          |               |          | Secondary Secondary Insurance |                |  |                 |          |        |       |                        |         |  |  |
|     |                                      |                      |           |        |                          |       |                      |               |          |                               |                |  |                 |          |        |       |                        |         |  |  |
|     |                                      |                      |           |        |                          |       |                      |               |          | Override                      | Insurar        | nce 1  | 🖉 Aut           | horizat  | tion   |       |                        |         |  |  |
|     | •                                    | Proce                | dures a   | and D  | iagnose                  | es (1 | 1)                   |               |          |                               |                |  |                 |          |        |       |                        |         |  |  |
|     | # Service Date Presedure Doc         |                      |           |        |                          |       |                      |               |          | Procedu                       | ure Amount     |  | Modi            |          | ifiers |       |                        |         |  |  |
|     |                                      |                      | From      | _      | То                       |       | Trocoduro            | 100           | Units    | Charg                         | е              | Amount   | 1               | 2        | 3      | 4     | 1                      |         |  |  |
|     | 1 08/30/2020 🗘 08/30/2020 😂 99213 11 |                      | 11 🗸      | 1.00   | \$1                      | 20.00 | \$120.00             | r             |          |                               |                | J0190  |                 |          |        |       |                        |         |  |  |
|     |                                      | 2 08                 | 3/30/202  | 0 ᅌ 0  | 8/30/202                 | ) 🗘   |                      | ~             |          |                               | \$0.00         |  |                 |          |        |       | J0190                  |         |  |  |
|     |                                      | <b>∔</b> <u>A</u> dd | I New Ite | m      |                          |       |                      |               |          |                               |                |  | Tota            | l: \$12( | 0.00   | Pay/A | . <b>dj:</b> (\$120.00 | ) Balaı |  |  |

## **Missing Diagnosis**

Claims that are Missing Diagnosis codes can be found a couple different ways.

### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



### Starting from Claim Query

• In the Billing portal click on Claim Query

| Insurance            |
|----------------------|
| Authorizations       |
| Billing Query        |
| Claim Query          |
| Claim Account (m)ery |
| Claim Submission     |
| Dialysis Billing     |
|                      |

• On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for DX Code

| Advanced Sea       | rch   |       |      | $\times$ |
|--------------------|-------|-------|------|----------|
| ► Locations        |       |       |      |          |
| ✓ Claim Validation |       |       |      |          |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |          |
| SOF                | 🔘 N/A | ⊖ Yes | ⊖ No |          |
| Guarantor          | 🔘 N/A | O Yes | ⊖ No |          |
| Location           | 🔘 N/A | O Yes | ⊖ No |          |
| Rendering          | 🔘 N/A | O Yes | ⊖ No |          |
| Referring          | 🔘 N/A | O Yes | ⊖ No |          |
| Primary            | 🔘 N/A | O Yes | ⊖ No |          |
| Secondary          | 🔘 N/A | O Yes | ⊖ No |          |
| Tertiary           | 🔘 N/A | O Yes | ⊖ No |          |
| Dx Record          | 🔘 N/A | O Yes | ⊖ No |          |
| Dx Procedure       | 🔘 N/A | O Yes | ⊖ No |          |
| Dx Code            | ⊖ N/A | O Yes | ⊖ No |          |
| Submission         | 🔘 N/A | ⊖ ves | ⊖ No |          |
| Rejection          | 🔘 N/A | 🔿 Yes | ⊖ No |          |
| ► Claim Aging      |       |       |      |          |

• Click the Search button to search and find the claims

### To add the Missing Diagnosis

- 1. Double click on one of the claims
- 2. The Diagnosis 1 box will be outlined in red

| - open in oure grantory          | E Payme   | ents 🔻 🛛 🧕 | Patient      | •                                 |         |                  |      |          |        |   |           |             |
|----------------------------------|-----------|------------|--------------|-----------------------------------|---------|------------------|------|----------|--------|---|-----------|-------------|
| ▲ Status                         |           |            | Patie        | nt                                |         |                  |      |          |        | S | ervice    |             |
| Claim 32113 -                    |           |            | P            | Patient 9797 - test C. ccd-john 👻 |         |                  |      |          |        |   | Location  | A1106 Lake  |
| Status Closed - Electronic Super | bill      | ~          |              | (                                 |         | (317) 555-1458   |      |          |        |   | Rendering | Lynch MD,   |
| Substatus                        | Substatus |            |              |                                   |         | Patient Location |      |          | Q      |   | Referring | Referring P |
| Level Statement V Billing        | ~         | P          | at. Provider | Artar                             | MD, Ali |                  |      | Q        |        |   |           |             |
| Type Medical                     |           |            |              | esp. Party                        | ccd-jo  | hn, test C.      | Q    |          |        |   |           | oviders     |
| Owner Daoud, Cliff               | P         | rimary     | (1) Se       | lf Pay                            |         |                  | Q    |          |        |   |           |             |
| 837                              | tional    |            | s            | econdary                          | Secor   | ndary Insurance  |      |          | Q      |   |           |             |
|                                  |           |            | т            | ertiary                           | Tertia  | ry Insurance     |      |          | Q      |   |           |             |
|                                  |           |            |              | Override I                        | nsuran  | ce               | 🖉 Au | thorizat | tion   |   |           |             |
| ▲ Procedures and Diagnoses (1)   |           |            |              |                                   |         |                  |      |          |        |   |           |             |
| # Service Date Pro               | coduro    | POS        |              | Procedur                          | re Amo  | unt              |      | Mod      | ifiers |   |           | Dia         |
| * From To                        | cedure    | F03        | Units        | Charge                            | ;       | Amount           | 1    | 2        | 3      | 4 | 1         | 2           |
| 1 01/22/2021 😂 01/22/2021 🤤 9    | 0834 9    | 9 🗸        | 1.00         | \$12                              | 20.00   | \$120.00         |      |          |        |   |           |             |
|                                  |           | ~          |              | 5                                 | 60.00   |                  |      |          |        |   |           |             |

3. Right-click inside the Diagnosis 1 box and select Search



4. Find your diagnosis code on the search screen and click to select it

| Search     | Diagnosis    | Q  | X | 202       |        |
|------------|--------------|--|---|-----------|--------|
|            |              | ×  |   |           | Q      |
|            | ICD10 Provid | ler Favorites  |   |           | 0      |
|            | Z3A35        | 35 weeks gestation of pregnancy ICD10                            |   |           | ~      |
|            | R946         | Abnormal results of thyroid function studies ICD10               |   |           |        |
|            | S20412D      | Abrasion of left back wall of thorax, subsequent encounter ICD10 |   |           | _      |
|            | E872         | Acidosis ICD10   | 4 |           |        |
|            | L701         | Acne conglobata ICD10  |   |           |        |
|            | പ്ര0190      | Acute sinusitis, unspecified ICD10                               |   |           | ~      |
|            | 1760         | Acute vaginitis ICD10  |   |           |        |
|            | F4322        | Adjustment disorder with anxiety ICD10                           |   |           | _      |
|            | F4323        | Adjustment disorder with mixed anxiety and depressed mood ICD10  | 1 | rthorizat | ion    |
|            | F4002        | Agoraphobia without panic disorder ICD10                         |   |           |        |
|            | 33 results   | ICD10 New  |   |           |        |
|            |              |  | _ | Modi      | ifiers |
|            |              |  |   | 2         | 3      |
| 01/22/2021 | 01/22/202    | 90834 99 🗸 1.00 \$120.00 \$120.0                                 | 0 |           |        |
|            |              |  |   |           |        |

5. Save the claim



## **Missing Responsible Party**

Claims that are Missing a Responsible Party can be found a couple different ways.

#### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



## Starting from Claim Query

• In the Billing portal click on Claim Query



• On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for Guarantor

| Advanced Sea       | rch   |       |      | × |
|--------------------|-------|-------|------|---|
| ► Locations        |       |       |      |   |
| ✓ Claim Validation |       |       |      |   |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| SOF                | 🔘 N/A | O Yes | ⊖ No |   |
| Guarantor          | ⊖ N/A | Yes   | ⊖ No |   |
| Location           | N/A   | ⊖ Yes | ⊖ No |   |
| Rendering          | N/A   | ⊖ Yes | ◯ No |   |
| Referring          | 🔘 N/A | O Yes | O No |   |
| Primary            | 🔘 N/A | O Yes | O No | 1 |
| Secondary          | 🔘 N/A | O Yes | O No |   |
| Tertiary           | 🔘 N/A | O Yes | O No |   |
| Dx Record          | 🔘 N/A | ⊖ Yes | ◯ No |   |
| Dx Procedure       | 🔘 N/A | O Yes | O No |   |
| Dx Code            | 🔘 N/A | O Yes | O No |   |
| Submission         | 🔘 N/A | O Yes | O No |   |
| Rejection          | N/A   | O Yes | O No |   |
| ► Claim Aging      |       |       |      |   |

• Click the Search button to search and find the claims

### To add the Missing Responsible Party

- 1. Double click on one of the claims
- 2. The Resp. Party box will be filled in pink



3. Click on the search button in the right side of the box

| Pat. Location | Patient Location      | Dorform coarch |
|---------------|-----------------------|----------------|
| Pat. Provider | Patient Provider      | Periorm search |
| Resp. Party   | Responsible Party     | J.             |
| Primary       | (1) Anthem Blue Cross |                |

4. Select the responsible party (If no responsible party is listed see below)

| Pat. Location Patient Location            |   |
|---|---|
|   |   |
| Pat. Provider Q                           |   |
| Resp. Party Responsible Party             |   |
| Prima 🗙                                   | 1 |
| Jones, Michael C. <u>1 Y</u><br>Secor الس |   |
| Tertia                                    |   |
| o   |   |
|   |   |
|   |   |
| Inits                                     | 4 |
| 1.00                                      |   |
| 1 result                                  |   |

5. Save the claim

| <u></u> * 0                          | Claim                                      | #30826 fc  | or Michael C. Jones | 01/06/1972 (4 | 9y)           |               |                                   |             |                  |       |         |           |                |               |                |  |
|--------------------------------------|--|------------|---------------------|---------------|---------------|---------------|-----------------------------------|-------------|------------------|-------|---------|-----------|----------------|---------------|----------------|--|
|                                      | Open                                       | n 🔻 🖬 S    | Save 🔹 🚱 History    | y 🔹 📩 Pay     | ments 🔹 🤅     | 🚨 Patient     | •                                 |             |                  |       |         |           |                |               |                |  |
|                                      | Stat                                       | us         |                     |               | Patie         | ent           |                                   |             |                  |       |         | S         | ervice         |               |                |  |
|                                      | С  | laim       | 30826 -             |               |               | F             | Patient 9732 - Michael C. Jones 👻 |             |                  |       |         |           |                | Location      | iSalus Healtho |  |
|                                      | Status Ready to Send Primary, Electronic 🔹 |            |                     |               |               |               | (317) 275-9367                    |             |                  |       |         |           |                | Rendering     | Hynes MD, Pa   |  |
| Substatus 🗸                          |  |            |                     | F             | Pat. Location | Patie         | nt Location                       |             |                  | Q     |         | Referring | Referring Prov |               |                |  |
| Level Primary V Billing Electronic V |  |            |                     |               | F             | Pat. Provider | Patie                             | nt Provider |                  |       | Q       | F         |                |               |                |  |
|                                      | Type Medical 🗸                             |            |                     |               |               | F             | Resp. Party Jones, Michael C.     |             |                  |       |         |           |                |               |                |  |
|                                      | 0  | wner       | Poland, Kim         |               | Q             | F             | Primary                           | (1) Ai      | nthem Blue Cross |       |         | Q         |                |               |                |  |
|                                      | 83   | 37 (       | Professional O I    | nstitutional  |               |               | Secondary                         | Seco        | ndary Insurance  |       |         | Q         |                |               |                |  |
|                                      |  |            |                     |               |               | 1             | Fertiary                          | Tertia      | ary Insurance    |       |         | Q         |                |               |                |  |
|                                      |  |            |                     |               |               | [             | Override                          | Insurar     | nce              | 🖉 Aut | horizat | ion       |                |               |                |  |
|                                      | Proc                                       | cedures a  | and Diagnoses       | (1)           |               |               |                                   |             |                  |       |         |           | I              |               |                |  |
| [                                    | #  | S          | ervice Date         | Procedure     | POS           |               | Procedu                           | ire Amo     | ount             |       | Mod     | ifiers    |                |               | Diagn          |  |
|                                      | # From To Procedure POS                    |            | Units               | Charg         | е             | Amount        | 1                                 | 2           | 3                | 4     | 1       | 2         |                |               |                |  |
|                                      | 1 02/06/2020 🔅 02/06/2020 🔅 99211 11 🗸     |            | 1.00                | \$            | 15.00         | \$15.00       |                                   |             |                  |       | L701    |           |                |               |                |  |
|                                      | 2 02/06/2020 💭 02/06/2020 💭                |            |                     |               | \$0.00        |               |                                   |             |                  |       | L701    |           |                |               |                |  |
| [                                    | <b>+</b> A                                 | dd New Ite | em                  |               |               |               |                                   |             |                  | T     | otal:   | \$15.00   | ) Pay          | //Adj: \$0.00 | Balance: \$1{  |  |

## If no Responsible Party is listed



• Click Patient on the toolbar

| Claire #20075 6aa | L  | Patient options |  |
|-------------------|--|-----------------|--|
| Claim #30975 for  | Save - W History - A Payments            | ▼ B Pitient ▼   |  |
| ▲ Status          |  | Patient (1)     |  |
| Claim<br>Status   | 30975 •<br>Closed - Electronic Superbill | Patient         | 25065 - Joe B. Smith +<br>(317) 956-7909 |
| Substatus         |  | Pat. Location   | Patient Location                         |
| Level             | Primary V Billing Electronic             | Pat. Provider   | Patient Provider                         |
| Туре              | Medical                                  | Resp. Party     | Responsible Party                        |

• Click the Responsible Party section on the left

| Contraction of the second | New   | Save        | Train | More      |                              |              | ,            |            |           |          |           |           |
|---------------------------|-------|-------------|-------|-----------|------------------------------|--------------|--------------|------------|-----------|----------|-----------|-----------|
|                           | #     | First Name  | 8     | Last Name |                              |              |              | Primary II | D Relatio | onship   |           | ^         |
|                           | Respo | nsible Parl |       |           |                              |              |              |            |           |          |           | ~         |
| Summary                   | Or    | der *       | 1 🗸   |           | Туре                         | ⊖ Same as Pa | ient 💿 Indiv | ridual C   | Company   | Populate | Patient I | formation |
| Demographics              | Fin   | st          |       |           | Address 1                    |              |              |            | Home      |          | Ext       |           |
| Insurance                 | Mi    | ddle        |       |           | Address 2                    |              |              |            | Work      |          | Ext       |           |
| enonciblo Party           | La    | st *        |       |           | City                         | ~            | Country      | ~          | Zin Code  |          | Ext       |           |
| sponsible Faity           | Ge    | nder        |       |           | ✓ Email                      |              | Country      | •          | Zip Odde  |          |           |           |
| ergency Contact           | Re    | lationship  |       |           | <ul> <li>Employer</li> </ul> |              |              |            |           |          |           |           |
| Comments                  | DC    | в           |       | <b>\$</b> | ID Type                      |              | V ID Val     | ue         |           |          |           |           |
| ase Management            |       |             |       |           |                              |              |              |            |           |          |           |           |
| Dialysis                  |       |             |       |           |                              |              |              |            |           |          |           |           |
| Employer                  |       |             |       |           |                              |              |              |            |           |          |           |           |
| Sliding Fee               |       |             |       |           |                              |              |              |            |           |          |           |           |
| nmun. Registry            |       |             |       |           |                              |              |              |            |           |          |           |           |
| Extension                 |       |             |       |           |                              |              |              |            |           |          |           |           |
| Miscellaneous             |       |             |       |           |                              |              |              |            |           |          |           |           |
| a la la                   |       |             |       |           |                              |              |              |            |           |          |           |           |
| eterral Tracking          |       |             |       |           |                              |              |              |            |           |          |           |           |

• Add a responsible party

| Patient Setup  | New Save   | Train More   |       |   | Sm             | nith, Joe B. Bo | m 24-Mar-                                    | 1989(31y) G               | ender Ma       | le 🔎 🗯 |
|--|--|--|-------|---|----------------|-----------------|--|---------------------------|----------------|--------|
| -@+  | # First Name   | e Last Nar<br>Smith                                    | ne    |   |                | Prima           | ary ID R<br>Se                               | elationship<br>If         |                | Ŷ      |
| Summary<br>Demographics<br>Insurance<br>Responsible Party<br>Emergency Contact<br>Comments<br>Case Management<br>Dialysis<br>Employer<br>Silding Fee<br>Immun. Registry<br>Extension<br>Miscellaneous<br>Referral Tracking | Responsible Par<br>Order •<br>First<br>Middle<br>Last •<br>Suffix<br>Gender<br>Relationship<br>DOB | ty<br>1 v<br>Joe<br>8<br>Smth<br>Male<br>03/224/1989 © | v     | Type Address 1<br>Address 2<br>City State<br>Email<br>Employer<br>ID Type | Same as Patien | t ID Value      | Company<br>Home<br>Work<br>Other<br>Zip Code | Populat<br>(817) 958-7809 | e Patient Infe |        |
|  | l  |  | -     | _   |                | Ķ               |  |                           |                |        |
|  |  | 1989(31y   | ) Ger | nder M  | ale            |                 |  |                           |                |        |

• Return to "Select the responsible party" step above and continue

## **Missing Primary Insurance**

Claims that are Missing a Primary Insurance Plan can be found a couple different ways.

### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



### Starting from Claim Query

• In the Billing portal click on Claim Query



• On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for Primary

| Advanced Search    |       |       |      |     |  |  |
|--------------------|-------|-------|------|-----|--|--|
| ► Locations        |       |       |      |     |  |  |
| ✓ Claim Validation |       |       |      |     |  |  |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| SOF                | 🔘 N/A | O Yes | ⊖ No |     |  |  |
| Guarantor          | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| Location           | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| Rendering          | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| Referring          | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| <u>Primary</u>     | ⊖ N/A |       | ⊖ No | - I |  |  |
| Secondary          | 🔘 N/A | ି 🖓   | ⊖ No |     |  |  |
| Tertiary           | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| Dx Record          | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| Dx Procedure       | 🔘 N/A | ⊖ Yes | ⊖ No |     |  |  |
| Dx Code            | 🔘 N/A | O Yes | ⊖ No |     |  |  |
| Submission         | N/A   | ⊖ Yes | ⊖ No |     |  |  |
| Rejection          | N/A   | ⊖ Yes | ⊖ No |     |  |  |
| ► Claim Aging      |       |       |      |     |  |  |

• Click the Search button to search and find the claims

### To add the Primary Insurance

- 1. Double click on one of the claims
- 2. The Primary Insurance box will be filled in pink

| Claim #30989 for Rickey | y Jackson 06/08/1990 (30y)    |               |                                      |               |           |                  |
|-------------------------|-------------------------------|---------------|--------------------------------------|---------------|-----------|------------------|
| Dpen 🝷 🖬 Save           | 🔹 🚱 History 🔹 📩 Payments 🔹 🚨  | Patient 🔻     |                                      |               |           | S                |
| ▲ Status                |                               | Patient (1)   |                                      |               | Service   |                  |
| Claim 3098              | 39 🔻                          | Patient       | 25068 - Rickey Jackson               | -             | Location  | ChoiceMD Tele    |
| Status Close            | ed - Electronic Superbill 🗸 🗸 |               | (865) 776-7245<br>Oak Ridge TN 37830 |               | Rendering | Lynch MD, Ster   |
| Substatus               | ~                             | Pat. Location | Patient Location                     | Q             | Referring | Referring Provid |
| Level Prima             | ary 💙 Billing Electronic 🗸    | Pat. Provider | Patient Provider                     |               |           | Re               |
| Type Medi               | ical 🗸                        | Resp. Party   | Jackson, Rickey                      | Q             |           | viders           |
| Owner Cass              | sady, Wes 🔍                   | Primary       | Primary Insurance                    | Q             |           |                  |
| 837 💿 Pro               | rofessional 🔘 Institutional   | Secondary     | Secondary Insurance                  | Q             |           |                  |
|                         |                               | Tertiary      | Tertiary Insurance                   | Q             |           |                  |
|                         |                               | Override      | Insurance                            | Authorization |           |                  |
| ▲ Procedures and I      | Diagnoses (1)                 |               |                                      |               |           |                  |
| # Service               | Procedure POS                 | Procedu       | re Amount                            | Modifiers     | 4 4       | Diagnos          |

3. Click on the search button in the right side of the box

|               | oux nugo na oroso   |                |
|---------------|---------------------|----------------|
| Pat. Location | Patient Location    | 0,             |
| Pat. Provider | Patient Provider    | Perform search |
| Resp. Party   | Jackson, Rickey     |                |
| Primary       | Primary Insurance   | ֏ՠ             |
| Secondary     | Secondary Insurance | $\sim$         |
|               | r                   | -              |

4. Select the insurance plan (If no insurance plan is listed see below)

| Patie         | nt (1)                     |                          |     |     |   |
|---------------|----------------------------|--------------------------|-----|-----|---|
| Pa            | atient                     | 25068 - Rickey Jackson 👻 |     |     |   |
|               |                            | (865) 776-7245           |     |     |   |
|               |                            | Oak Ridge TN 37830       |     |     |   |
| P             | at. Location               | Patient Location         |     | Q   |   |
| P             | at. Provider               | Patient Provider         |     | Q   |   |
| R             | esp. Party                 | Jackson, Rickey          |     | Q   |   |
| P             | Payer: (1)                 | Anthem BCBS e            |     | Q   |   |
| -             |                            |                          |     |     |   |
| S             | ecor                       |                          |     | x   |   |
| S             | ecor<br>(1) Anti           | hem BCBS                 | Yes | Yes |   |
| T             | ecor<br>(1) Antl<br>ertia  | hem BCBS                 | Yes | Yes |   |
| T             | ecor<br>ertia<br>0         | hem BCBS                 | Yes | Yes |   |
| Ti<br>Ti      | ecor<br>ertia<br>] O       | hem BCBS                 | Yes | Yes |   |
|               | ecor<br>ertia              | hem BCBS                 | Yes | Yes |   |
|               | ecor<br>ertia<br>] 0       | hem BCBS                 | Yes | Yes | 4 |
| Units<br>1.00 | ecor<br>(1) Antl<br>0<br>0 | hem BCBS                 | Yes | Yes | 4 |
| Units<br>1.00 | ecor<br>ertia<br>] 0       | hem BCBS                 | Yes | Yes | 4 |

5. Save the claim

| ▲ Status<br>Claim | 30989 -                       |            | Patient | ŕ         |                        |                |           | _  |           |         |
|-------------------|-------------------------------|------------|---------|-----------|------------------------|----------------|-----------|----|-----------|---------|
| Claim             | 30989 -                       |            |         |           |                        |                |           | Se | rvice     |         |
|                   |                               |            | Pati    | ent       | 25068 - Rickey Jacksor | ı <del>.</del> |           |    | Location  | Choice  |
| Status            | Closed - Electronic Superbill | ~          |         |           | (865) 776-7245         |                |           |    | Rendering | Lynch   |
| Substatus         |                               | ~          | Pat     | Location  | Patient Location       |                | Q         |    | Referring | Referri |
| Level             | Primary V Billing Electronic  | ~          | Pat     | Provider  | Patient Provider       |                | Q         |    |           |         |
| Туре              | Medical                       | ~          | Res     | sp. Party | Jackson, Rickey        |                | Q         |    |           | viders  |
| Owner             | Cassady, Wes                  | $\bigcirc$ | Prir    | nary      | (1) Anthem BCBS        |                | Q         |    |           |         |
| 837 (             | Professional 		Institutional  |            | Sec     | ondary    | Secondary Insurance    |                | Q         |    |           |         |
|                   |                               |            | Ter     | tiary     | Tertiary Insurance     |                | Q         |    |           |         |
|                   |                               |            |         | Override  | insurance              | 🖉 Authori      | zation    |    |           |         |
| Procedures        | and Diagnoses (1)             |            |         |           |                        |                |           |    |           |         |
| # S               | ervice Date Procedure         | POS        |         | Procedu   | re Amount              | M              | lodifiers |    |           |         |

If the Insurance Plan you are looking for is not listed



1. Click Patient on the toolbar

|  |                                 | Patient options |                          |  |  |  |
|--|---------------------------------|-----------------|--------------------------|--|--|--|
| Claim #30989 for                                       | Rickey Jackson 06/08/1990 (30y) |                 |                          |  |  |  |
| 🗁 Open 🔹 🖬 Save 🔹 🚱 History 🔹 📩 Payments 🔹 🚨 Pattent 🔹 |                                 |                 |                          |  |  |  |
| ▲ Status   |                                 | Patient (1)     |                          |  |  |  |
| Claim  | 30989 -                         | Patient         | 25068 - Rickey Jackson 👻 |  |  |  |
| <u>.</u>   | Classed Electropic Superbill    |                 | (865) 776-7245           |  |  |  |
| Status   | Closed - Electronic Superbili   |                 | Oak Ridge TN 37830       |  |  |  |
| Substatus  |                                 | Pat. Location   | Patient Location         |  |  |  |
| Level  | Primary V Billing Electronic    | Pat. Provider   | Patient Provider         |  |  |  |
| Туре   | Medical                         | Resp. Party     | Jackson, Rickey          |  |  |  |
| Owner  | Cassady, Wes                    | Primary         | Primary Insurance        |  |  |  |
| 837  | Professional 		Institutional    | Secondary       | Secondary Insurance      |  |  |  |

2. Click the Insurance section on the left

| Patient Setup   | New Save Train More                  | Jackson, Ricke                      | y Born 08-Jun-1990(30y) Gender Male       |
|-----------------|--------------------------------------|-------------------------------------|---|
| $\bigcirc$      | Cov. Active Payer                    | Primary ID                          | Group/Policy # Copay                      |
|                 |                                      |                                     | ~   |
| Summary         | Guarantor<br>Coverage 1 V            | Insured 🔿 Same as Patient 🔘 Individ | dual Company Populate Patient Information |
| )emographics    | First                                | Address 1                           | Phone Ext                                 |
| Incuranco       | Middle                               | Address 2                           | Signature                                 |
|                 | Last                                 | City                                |   |
| sponsible Party | Suffix                               | State Country                       | V Zip Code                                |
| ergency Contact | Gender •                             | Email                               |   |
| Comments        | Relationship                         | * Employer                          |   |
| se Management   | DOB                                  | Property Casualty                   |   |
| Dialysis        | Insurance Policy                     |                                     |   |
| Employer        | Start 😂 🗖 End                        | Benefit Reset                       |   |
| Sliding Eee     | Payer Payer                          | Insured ID Member ID #              | # •                                       |
| Shung ree       | Type *                               | Secondary ID                        | ~   |
| mun. Registry   | MSP Reason                           | Group Name                          |   |
| Extension       | Copay                                | Group/Policy #                      | Plan Code                                 |
| liscellaneous   | Deductible Amount Met                |                                     |   |
| ferral Tracking | Max out of Pocket Met                |                                     |   |
|                 | Authorization Required Do not perfor | m 270 alinihility                   | Document List Order Route Elizibility     |

#### 3. Add a primary insurance

| 🕘 Patient Setup Webpag | ge Dialog        |                           |                              |                 |                         |                       |                         |          | ×           |
|------------------------|------------------|---------------------------|------------------------------|-----------------|-------------------------|-----------------------|-------------------------|----------|-------------|
| Patient Setup          | n h              | ê                         |                              | Jackso          | n Rickey Born           | 08-Jun-1990           | (30v) Gender Ma         | le       | () (前)      |
|                        | New Save         | Train More                |                              | ouonot          | , control of the second |                       |                         |          | $\sim \sim$ |
|                        |                  | _                         |                              |                 |                         |                       | -                       |          |             |
|                        | 1 Y A            | Anthem BCBS               |                              | 12              | 3456789                 | Group/Policy #        | Copay                   | 60.00    |             |
|                        |                  |                           |                              |                 |                         |                       |                         | ^        |             |
|                        |                  |                           |                              |                 |                         |                       |                         |          |             |
|                        |                  |                           |                              |                 |                         |                       |                         |          |             |
|                        |                  |                           |                              |                 |                         |                       |                         | •        |             |
|                        | Guarantor        |                           |                              |                 |                         |                       |                         |          |             |
| Summary                | Coverage         | 1 🗸                       | Insured                      | Same as Patient | O Individual (          | Company               | Populate Patient Infe   | ormation |             |
| Demographics           | First            | Rickey                    | Address 1                    |                 |                         | Phone                 | (865) 776-7245 Ex       | t        |             |
| Insurance              | Middle           |                           | Address 2                    |                 |                         | Signature             | 06/04/2020 😂            |          |             |
| Responsible Party      | Last             | Jackson                   | City                         | Oak Ridge       |                         |                       |                         |          |             |
| Responsible Furty      | Suffix           |                           | State                        | TN 🗸            | Country USA 🗸           | Zip Code 3783         | 0                       |          |             |
| Emergency Contact      | Gender           | Male 🗸                    | Email                        |                 |                         |                       |                         |          |             |
| Comments               | Relationship     | Self                      | <ul> <li>Employer</li> </ul> |                 |                         |                       |                         |          |             |
| Case Management        | DOB              | 06/08/1990 😂 📉            | Property Cas                 | ualty           |                         |                       |                         |          |             |
| Dialysis               | Insurance Policy | ۱                         |                              |                 |                         |                       |                         |          |             |
| Employer               | Start            | 01/01/1999 😂 📩 End        |                              | Benefit Reset   |                         |                       |                         |          |             |
| Sliding Fee            | Payer            | Anthem BCBS               | (                            | Insured ID      | Member ID # 🗸           | 123456789             |                         |          |             |
| Silding Fee            | Туре             | Commercial                | ~                            | Secondary ID    | ~                       |                       |                         |          |             |
| Immun. Registry        | MSP Reason       |                           | ~                            | Group Name      |                         |                       |                         |          |             |
| Extension              | Copay            | ● \$ 0.00 ○ %             |                              | Group/Policy #  |                         | Pla                   | an Code                 |          |             |
| Miscellaneous          | Deductible Ar    | mount Met                 | <b></b>                      |                 |                         |                       |                         |          |             |
| Referral Tracking      | Max out of Po    | ocket Met                 |                              |                 |                         |                       |                         |          |             |
|                        |                  |                           |                              |                 |                         |                       |                         |          |             |
|                        |                  |                           |                              |                 |                         |                       |                         |          |             |
|                        | Authorizatio     | on Required Do not perfor | rm 270 eligibility           |                 | Docum                   | ent <u>L</u> ist Orde | er <u>R</u> oute Eligib | ility    |             |
|                        |                  |                           |                              |                 |                         |                       |                         |          |             |
|                        |                  |                           |                              |                 |                         |                       |                         |          |             |
| L                      |                  |                           |                              |                 |                         |                       |                         |          |             |

4. Close the Patient Setup screen



5. Return to "Select the insurance plan" step above and continue

## **Missing Rendering Provider**

Claims that are Missing a Rendering Provider can be found a couple different ways.

#### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



### Starting from Claim Query

• In the Billing portal click on Claim Query



• On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for Rendering

| Advanced Search    |       |       |      |   |  |  |
|--------------------|-------|-------|------|---|--|--|
| ► Locations        |       |       |      |   |  |  |
| ✓ Claim Validation |       |       |      |   |  |  |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |   |  |  |
| SOF                | ● N/A | O Yes | ⊖ No |   |  |  |
| Guarantor          | 🔘 N/A | O Yes | ⊖ No |   |  |  |
| Location           | 🔘 N/A | O Yes | ⊖ No |   |  |  |
| Rendering          | ⊖ N/A | O Yes | ⊖ No |   |  |  |
| Referring          | 🔘 N/A | ⊖ Yes | ⊖ No |   |  |  |
| Primary            | 🔘 N/A | ⊖ Yes | ⊖ No | 1 |  |  |
| Secondary          | 🔘 N/A | ⊖ Yes | ⊖ No |   |  |  |
| Tertiary           | 🔘 N/A | ⊖ Yes | ⊖ No |   |  |  |
| Dx Record          | N/A   | ⊖ Yes | ⊖ No |   |  |  |
| Dx Procedure       | N/A   | O Yes | ⊖ No |   |  |  |
| Dx Code            | 🔘 N/A | ⊖ Yes | ⊖ No |   |  |  |
| Submission         | N/A   | ⊖ Yes | ⊖ No |   |  |  |
| Rejection          | N/A   | ⊖ Yes | ⊖ No |   |  |  |
| ► Claim Aging      |       |       |      |   |  |  |

• Click the Search button to search and find the claims

## To add the Missing Rendering Provider

- 1. Double click on one of the claims
- 2. The Rendering Provider box will be filled in pink

| Claim #30991 | for Angle | e Test 06/24/1  | 1970 (50y   | ()     |         |           |                             |        |                                     |         |            |        |         |          |               |                 |            | 3   |
|--------------|-----------|-----------------|-------------|--------|---------|-----------|-----------------------------|--------|-------------------------------------|---------|------------|--------|---------|----------|---------------|-----------------|------------|-----|
| 🥭 Open 🔹     | R Save    | 🔹 🚱 Hist        | ory 🔻 [     | 詞 Pay  | ments 🔹 | 🔠 Patient | -                           |        |                                     |         |            |        |         |          |               | Search for Pati | ient Q.    | - 1 |
| ▲ Status     |           |                 |             |        |         | Patie     | nt                          |        |                                     |         |            |        | Service | e (1)    |               |                 |            |     |
| Claim        | 3099      | 91 -            |             |        |         | Pa        | atient                      | 9781 - | - Angie Test 👻                      |         |            |        | Loca    | tion     | Franklin      |                 | Q          | 1   |
| Status       | Clos      | ed - Electroni  | c CCM       |        | ~       |           |                             | (317)  | 453-5751                            | -6- 161 | 40202      |        | Rend    | ering    | Rendering P   | rovider         | Q          | i i |
| Substat      | tus       |                 |             |        | ~       | Р         | at. Location                | Patie  | est Street Indianap<br>ent Location | olis IN | 46202      | 1      | Refe    | rring    | Referring Pro | ovider          | Q          | i   |
| Level        | Prim      | iary 🗸          | Billing     | Electr | onic 🖌  | Р         | at. Provider                | Patie  | nt Provider                         |         | Q          | ĺ      |         | 2        |               | Referred        |            |     |
| Туре         | Med       | ical            |             |        | ~       | R         | esp. Party                  | Test,  | Angie                               |         | Q          |        | × ot    | her Pro  | viders        |                 |            |     |
| Owner        | Adm       | ninistrator, Lo | cal         |        | Q       | P         | rimary                      | (1) T  | EST BCBS                            |         | Q          |        |         |          |               |                 |            |     |
| 837          | Pr        | rofessional (   | ) Instituti | onal   |         | s         | econdary                    | Seco   | ndary Insurance                     |         | Q          |        |         |          |               |                 |            |     |
|              |           |                 |             |        |         | Т         | Tertiary Tertiary Insurance |        |                                     |         |            |        |         |          |               |                 |            |     |
|              |           |                 |             |        |         |           | Override                    | Insura | nce 1                               | 🖉 Aut   | horization |        |         |          |               |                 |            |     |
| ▲ Procedui   | res and   | Diagnoses       | (1)         |        |         |           |                             |        |                                     |         |            |        |         |          |               |                 |            |     |
| #            | Service   | e Date          | Droo        | oduro  | DOS     |           | Procedu                     | ire Am | ount                                |         | Modifie    | rs     |         |          | Diag          | nosis »         |            | 1   |
| # F          | rom       | То              | FIOC        | cuure  | F03     | Units     | Charg                       | е      | Amount                              | 1       | 2          | 3      | 4       | 1        | 2             | 3               | 4          | 1   |
| 1 06/02      | 2/2020 😂  | 06/02/2020      | 99          | 490    | 21 🗸    | 1.00      |                             | \$0.00 | \$0.00                              |         |            |        | 1       | 10       | R32           |                 |            |     |
| 2 06/02      | 2/2020 ᅌ  | 06/02/2020      | \$          |        | ~       |           |                             | \$0.00 |                                     |         |            |        | 1       | 10       | R32           |                 |            |     |
| + Add Ne     | ew Item   |                 |             |        |         |           |                             |        |                                     |         | Total:     | \$0.0C | Pay/Adj | : \$0.00 | ) Balance: \$ | 60.00 Receipt   | s:\$0.00 - |     |

3. Either begin typing the provider's name or click on the search button in the right side of the box

|    | cation  | Franklin        | 0           |    |
|----|---------|-----------------|-------------|----|
| Re | ndering | smit            | Q           |    |
| Re |         |                 |             |    |
|    | 442     | Smjth, Gretchen | 1720054570  | Ye |
|    | 295     | Sn Kelly        | 1597536842  | Ye |
| ~  | 421     | Smith, Nancy    | 10222225585 | Ye |
| Ý  | 208     | Smith, Troy     | 1770565830  | Ye |
|    |         |                 |             |    |
|    |         |                 |             |    |

4. Find your provider in the search results and click to select it

| Service  |                    |   |
|--|--------------------|---|
| Location   | Franklin           | Q |
| Rendering  | Smith, Gretchen    | Q |
| Referring  | Referring Provider | Q |
|  | Referred           |   |
| ✓ Other Prov     ✓ | viders             |   |

5. Save the claim

| 0pe | en 🔻 🖬                     | Save 🔻 🚱 History      | y 🔹 📩 Pay     | ments 🔹 | 🚨 Patient     | t 🕶           |         |                    |          |         |        |   |           |             | Search for Patient | i Q.      |
|-----|----------------------------|-----------------------|---------------|---------|---------------|---------------|---------|--------------------|----------|---------|--------|---|-----------|-------------|--------------------|-----------|
| Sta | tus                        |                       |               |         | Pati          | ent           |         |                    |          |         |        | S | ervice    |             |                    |           |
| (   | Claim                      | 30991 -               |               |         | F             | Patient       | 9781 -  | Angie Test 👻       |          |         |        |   | Location  | Franklin    |                    | Q         |
|     | Statue                     | Closed - Electronic ( | ССМ           | ~       |               |               | (317)   | 453-5751           |          |         |        |   | Dendering | Smith Gret  | chen               | 0         |
|     | Julua                      |                       |               | •       |               |               | 555 T   | est Street Indiana | oolis IN | 46202   | 2      |   | Rendening | onnan, oron | Shon               |           |
| 5   | Substatus                  |                       |               | ~       |               | Pat. Location | Patie   | nt Location        |          |         | Q      |   | Referring | Referring P | rovider            | Q         |
| L   | Level                      | Primary 🗸             | Billing Elect | ronic 🖌 | 1             | Pat. Provider | Patie   | nt Provider        |          |         | Q      |   |           |             | Referred           | <b>\$</b> |
| ٦   | Туре                       | Medical               |               | ~       |               | Resp. Party   | Test,   | Angie              |          |         | Q      |   |           | viders      |                    |           |
| (   | Owner Administrator, Local |                       |               | Primary | (1) TEST BCBS |               |         |                    |          |         |        |   |           |             |                    |           |
| 8   | 337                        | Professional O I      | nstitutional  |         | :             | Secondary     | Seco    | ndary Insurance    |          |         | Q      |   |           |             |                    |           |
|     |                            |                       |               |         |               | Tertiary      | Tertia  | ary Insurance      |          |         | Q      |   |           |             |                    |           |
|     |                            |                       |               |         |               | Override      | Insurar | nce ,              | 🕑 Aut    | horizat | tion   |   |           |             |                    |           |
| Pro | cedures                    | and Diagnoses         | (1)           |         |               |               |         |                    |          |         |        |   |           |             |                    |           |
|     | S                          | ervice Date           |               |         |               | Procedu       | re Amo  | ount               |          | Mod     | ifiers |   |           | Dia         | qnosis »           |           |
| #   | From                       | То                    | Procedure     | POS     | Units         | Charg         | е       | Amount             | 1        | 2       | 3      | 4 | 1         | 2           | 3                  | 4         |
| 1   | 06/02/202                  | 20 🔮 06/02/2020 😂     | 99490         | 21 🗸    | 1.00          |               | \$0.00  | \$0.00             |          |         |        |   | 110       | R32         |                    |           |
| 2   | 06/02/202                  | 20 🤤 06/02/2020 😂     |               | ~       | •             |               | \$0.00  |                    |          |         |        |   | 110       | R32         |                    |           |

# **Missing Service Location**

Claims that are Missing a Service Location can be found a couple different ways.

### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



### Starting from Claim Query

• In the Billing portal click on Claim Query



• On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for Location

| Advanced Sea       | rch   |       |      | × |
|--------------------|-------|-------|------|---|
| ► Locations        |       |       |      |   |
| ✓ Claim Validation |       |       |      |   |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| SOF                | 🔘 N/A | O Yes | O No |   |
| Guarantor          | 🔘 N/A | O Yes | O No |   |
| Location           | ⊖ N/A | Yes   | O No |   |
| Rendering          | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| Referring          | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| Primary            | ● N/A | O Yes | O No | 1 |
| Secondary          | ● N/A | O Yes | O No |   |
| Tertiary           | N/A   | O Yes | O No |   |
| Dx Record          | 🔘 N/A | O Yes | O No |   |
| Dx Procedure       | 🔘 N/A | O Yes | O No |   |
| Dx Code            | 🔘 N/A | O Yes | O No |   |
| Submission         | 🔘 N/A | O Yes | O No |   |
| Rejection          | 🔘 N/A | ⊖ Yes | ⊖ No |   |
| ► Claim Aging      |       |       |      |   |

• Click the Search button to search and find the claims

### To add the Missing Service Location

- 1. Double click on one of the claims
- 2. The Service Location box will be filled in pink

| Claim #31    | 1024 for  | Amanda Test 05/01/  | 1991 (29y)     |           |         |              |         |                                |          |         |         |     |                       |               |                    |                    |
|--------------|-----------|---------------------|----------------|-----------|---------|--------------|---------|--------------------------------|----------|---------|---------|-----|-----------------------|---------------|--------------------|--------------------|
| Dpen         | •         | Save 🔹 🚱 History    | / 🔹 誝 Pay      | ments 🔹 🎚 | Patient | •            |         |                                |          |         |         |     |                       |               | Search for Patient | Q 🗸                |
| ▲ Statu      | IS        |                     |                |           | Patie   | nt           |         |                                |          |         |         | S   | ervice (1)            |               |                    |                    |
| Cla          | aim       | 31024 🝷             |                |           | P       | atient 2     | 25001   | - Amanda Test                  | •        |         |         |     | Location              | Service Local | tion               | Q                  |
| Sta          | atus      | Ready to Send, Stat | ement          | ~         |         |              | (317) ( | 388-8888<br>alout St. Indianau | nolio IN | 46007   |         |     | Rendering             | Adams ARNF    | P, Blaire          | Q                  |
| Su           | ubstatus  |                     |                | ~         | Р       | at. Location | Patier  | amut St. Indiana               | poils IN | 40227   | Q       |     | Referring             | Referring Pro | vider              | Q                  |
| Lev          | vel       | Statement 🗸         | Billing Electr | onic 🖌    | Р       | at. Provider | Patier  | nt Provider                    |          |         | Q       |     | -                     | F             | Referred           | \$                 |
| Ту           | pe        | Medical             |                | ~         | R       | esp. Party   | Test,   | Amanda                         |          |         | Q       |     |                       | viders        |                    |                    |
| Ow           | wner      | Mack, Amanda        |                | Q         | P       | rimary       | (1) An  | them BCBS                      |          |         | Q       |     |                       |               |                    |                    |
| 837          | 7         | Professional () I   | nstitutional   |           | s       | econdary     | Secor   | ndary Insurance                |          |         | Q       |     |                       |               |                    |                    |
|              |           |                     |                |           | т       | ertiary      | Tertia  | ry Insurance                   |          |         | Q       |     |                       |               |                    |                    |
|              |           |                     |                |           |         | Override In  | nsuran  | ce                             | 🔊 Aut    | horizat | tion    |     |                       |               |                    |                    |
| A Proce      | edures    | and Diagnoses       | (1)            |           |         |              |         |                                |          |         |         |     |                       |               |                    |                    |
| #            | S         | ervice Date         | Droooduro      | POS       |         | Procedur     | e Amo   | unt                            |          | Mod     | ifiers  |     |                       | Diagr         | nosis »            |                    |
| "            | From      | To                  | Frocourc       | 103       | Units   | Charge       | •       | Amount                         | 1        | 2       | 3       | 4   | 1                     | 2             | 3                  | 4                  |
| 1 0          | 08/31/202 | 20 😋 08/31/2020 😂   | no show        | ~         | 1.00    | \$1          | 10.00   | \$10.00                        | ו        |         |         |     | D649                  |               |                    |                    |
| 2 0          | 08/31/202 | 08/31/2020          |                | ~         |         | \$           | 60.00   |                                |          |         |         |     | D649                  |               |                    |                    |
| + <u>A</u> d | dd New It | em                  |                |           |         |              |         |                                | Т        | otal:   | \$10.00 | Pay | r/ <b>Adj:</b> \$0.00 | Balance: \$1  | 0.00 Receipts: \$  | 50.00 <del>-</del> |

3. Either begin typing the location name, part of the address, or click on the search button in the right side of the box

|         | Service (1)             |                  |                   |
|---------|-------------------------|------------------|-------------------|
|         | Location                | main             | Q                 |
| 197     |                         |                  | x                 |
| 21      | Family First Physicians | 1234 Main Street | Indianapolis IN 4 |
|         | Naab Road               | 1234 Main St     | Indianapolis IN 4 |
| 0       | Post Road               | 1234 Main St     | Indianapolis IN 4 |
| ~       | Workers Comp Office     | 1234 Main Street | Indianapolis IN 4 |
|         |                         |                  |                   |
| Q       |                         |                  |                   |
| Q       |                         |                  |                   |
| 0       |                         |                  |                   |
| ization | 4 results               |                  | New               |

4. Find your location in the search results and click to select it

| Service   |                         |   |
|-----------|-------------------------|---|
| Location  | Family First Physicians | Q |
| Rendering | Adams ARNP, Blaire      | Q |
| Referring | Referring Provider      | Q |
|           | Referred                |   |
|           | viders                  |   |

5. Save the claim

| Oper | n 🔻 🖬 :   | Save 🔹 🚱 His      | tory 🔹 📩 Pay    | ments 🔹 🎚 | Patient | -             |                      |           |          |        |   |           |               | Search for Pa | tient 🔍                                 |
|------|-----------|-------------------|-----------------|-----------|---------|---------------|----------------------|-----------|----------|--------|---|-----------|---------------|---------------|---|
| Stat | us        |                   |                 |           | Patie   | ent           |                      |           |          |        | S | ervice    |               | L             |   |
| С    | laim      | 31024 -           |                 |           | P       | atient 25     | 5001 - Amanda Test   | -         |          |        |   | Location  | Family First  | Physicians    | Q                                       |
|      | tatua     | Ready to Send     | Statement       | ~         |         | (3            | 317) 888-8888        |           |          |        |   | Dendering | Adame ADA     | ID Blaire     | 0                                       |
| 3    | laius     | ready to being, e | Automont        | •         |         | 1             | 22 Walnut St. Indian | apolis IN | 46227    |        |   | Rendening | Additis Artis | IF, Dialie    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| S    | ubstatus  |                   |                 | ~         | P       | at. Location  | Patient Location     |           |          | Q      |   | Referring | Referring Pr  | rovider       | Q                                       |
| Le   | evel      | Statement 🗸       | Billing Elect   | ronic 🖌   | P       | at. Provider  | Patient Provider     |           |          | Q      |   |           |               | Referred      | \$                                      |
| T    | ype       | Medical           |                 | ~         | R       | lesp. Party 1 | Fest, Amanda         |           |          | Q      |   |           | viders        |               |   |
| 0    | wner      | Mack, Amanda      |                 | Q         | P       | rimary (      | 1) Anthem BCBS       |           |          | Q      |   |           |               |               |   |
| 83   | 37 (      | Professional (    | ) Institutional |           | s       | econdary      | Secondary Insurance  |           |          | Q      |   |           |               |               |   |
|      |           |                   |                 |           | т       | ertiary       | Tertiary Insurance   |           |          | Q      |   |           |               |               |   |
|      |           |                   |                 |           |         | Override Ins  | surance              | 🔊 Au      | thorizat | tion   |   |           |               |               |   |
| Proc | cedures   | and Diagnoses     | s (1)           |           |         |               |                      |           |          |        |   |           |               |               |   |
|      | S         | ervice Date       | Describer       | DOG       |         | Procedure     | Amount               |           | Mod      | ifiers |   |           | Diag          | jnosis »      |   |
| #    | From      | То                | Procedure       | P05       | Units   | Charge        | Amount               | 1         | 2        | 3      | 4 | 1         | 2             | 3             | 4                                       |
| 1    | 08/31/202 | 0 🔮 08/31/2020    | on show         | ~         | 1.00    | \$10          | 0.00 \$10.           | 00        |          |        |   | D649      |               |               |   |
| 2    | 08/31/202 | 0 🔵 08/31/2020    | 0               | ~         |         | \$0           | .00                  |           |          |        |   | D649      |               |               |   |

# **Missing Signature**

Claims that are Missing a Signature can be found a couple different ways.

### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen



### Starting from Claim Query

• In the Billing portal click on Claim Query



• On the Claim Query Screen under Advanced Search within the Claim Validation section select Yes for SOF

| Advanced Sea       | rch   |       |      | $\times$ |
|--------------------|-------|-------|------|----------|
| ► Locations        |       |       |      |          |
| ✓ Claim Validation |       |       |      |          |
| Entities           | 🔘 N/A | ⊖ Yes | ⊖ No |          |
| SOF                | ⊖ N/A | O Yes | ⊖ No |          |
| Guarantor          | 🔘 N/A | ⊖ Yes | ⊖ No |          |
| Location           | 🔘 N/A | ⊖ Yes | ⊖ No |          |
| Rendering          | 🔘 N/A | O Yes | ⊖ No |          |
| Referring          | ● N/A | O Yes | ⊖ No |          |
| Primary            | 🔘 N/A | O Yes | ⊖ No |          |
| Secondary          | 🔘 N/A | O Yes | ⊖ No |          |
| Tertiary           | 🔘 N/A | O Yes | ⊖ No |          |
| Dx Record          | 🔘 N/A | O Yes | ⊖ No |          |
| Dx Procedure       | 🔘 N/A | O Yes | ⊖ No |          |
| Dx Code            | 🔘 N/A | O Yes | ⊖ No |          |
| Submission         | N/A   | O Yes | O No |          |
| Rejection          | N/A   | O Yes | O No |          |
| Claim Aging        |       |       |      |          |

• Click the Search button to search and find the claims

### To add the Missing Signature

- 1. Double click on one of the claims
- 2. Click Patient button on the toolbar

| Status    |                                 | Patient       |   |
|-----------|---------------------------------|---------------|---|
| Status    |                                 | Patient       |   |
| Claim     | 30913 -                         | Patient       | 24/53 - Angel Test +                                      |
| Status    | Closed - Electronic Superbill 🗸 |               | (333) 333-3333<br>(224 Main Charth Indianan alia MA 40200 |
| Substatus | ~                               | Pat Location  | Patient Location  |
| Level     | Primary V Billing Electronic V  | Pat. Provider | Test MD, John   |
| Туре      | Medical                         | Resp. Party   | Test, Angel   |
| Owner     | Unfried, Ashley                 | Primary       | (1) Cigna 🔍   |
| 837       | Professional 		Institutional    | Secondary     | Secondary Insurance                                       |
|           |                                 | Tertiary      | Tertiary Insurance  |

3. Click the Demographics tab on the left

| Patient Setup  | New Save  | e Train More  |   |   |                        | Test, Anç                                     | gel Born 24 | l-Jur | 1-1970(50y) G   | Gender Female           | $\rho$ |
|--|---|---|---|---|------------------------|---|-------------|-------|---|-------------------------|--------|
|  | Name<br>First Middle<br>Last Nick<br>Suffix   | Angel     Test  | A   | ddress<br>Address 1<br>Address 2<br>City<br>State<br>Zip  | 1.<br>• Ir<br>• M<br>4 | 234 Main Stree<br>Idianapolis<br>IA V<br>6200 | country USA | •     | Chart<br>Chart #<br>User Defined<br>DOB<br>RHC<br>Signature | 24753<br>06/24/1970 📚 🗖 |        |
| Summary Summar | Gender<br>Ethnicity<br>Race<br>Lang,<br>Location<br>✔ Active<br>Provider<br>PCP<br>Referring<br>Doctor<br>Rx Hist.<br>Identification<br>Primary<br>Secondary<br>Old ID #1<br>Old ID #2<br>Old ID #3 | Female Asian Asian Primary Location  Reportable □ Do Primary Care Physician Reterring Test, John MD (133610630) SSN ♥ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | (7)     ( | Home       Work       Other       Email       Reminder       Image: State Sta |                        | 333) 333-3333                                 |             |       | Marital<br>Employed<br>Employer<br>Student                  |                         | > > >  |

4. Click the Signature check box and set the date accordingly

| 🕘 Patient Setup Webpa | ge Dialog           |                            | — 🗆 X                         |
|-----------------------|---------------------|----------------------------|-------------------------------|
| Patient Setup         | New Save Train More | Test, Angel Born 24-Ju     | n-1970(50y) Gender Female 🔎 🔯 |
|                       | Name                | Address                    | Chart                         |
|                       | First * Angel       | Address 1 1234 Main Street | Chart # 24753                 |
|                       | Middle              | Address 2                  | User Defined                  |
|                       | Last * Test         | City * Indianapolis        | DOB 06/24/1970 😂 🔚            |
|                       | Nick                | State * MA 🗸 Country USA 🗸 | RHC                           |
|                       | Suffix              | Zip 46200                  | ✓ Signature 01/15/21 ♦        |
|                       | Demographics        | Contact                    | Status                        |
| Summary               | Gender * Female 💙 🍞 | Mome * (333) 333-3333 Ext  | Marital 🗸 🗸                   |
|                       |                     |                            |                               |

5. Close the Patient Setup screen



6. Refresh the Claim Screen by clicking the gear icon and then click Refresh

|           |               |          | 🔆 🗛 🕿 🖓 🔮                |
|-----------|---------------|----------|--------------------------|
|           |               | Insura   | ance - Billing Query 🛛 🄅 |
|           |               |          | x                        |
|           |               | Search   | h for Patient 🛛 🔍 🗸 🔯    |
| Service   |               |          | Security                 |
| Location  | A2255 St Jos  | eph Rec  | Screen                   |
| E i i     | Adams ADAID   | Distant  | Company                  |
| Rendering | Adams ARNH    | , Blaire | User                     |
| Referring | Referring Pro | vider    | Setup                    |
|           | F             | Referred | Print                    |
|           | viders        |          | Audit                    |
|           |               |          | Refimsh                  |
|           |               |          | Close                    |
|           |               |          |                          |

## **NDC Errors**

Claims that contain NDC Errors can be found:

### Starting from the Revenue Cycle Wheel:

Hover over the group and click the magnifying glass to open the billing query screen



### To Correct an NDC Error

- 1. Double click on one of the claims
- 2. There will be a red X next to Monitoring under Messages and Monitoring and NDC Errors will be listed under Claim Issues under Queue and Tasking

| Claim #32096 for | Jackson Couchpota   | to 09/15/1977  | (43y)   |    |         |                |         |                  |         |           |       |                                 |             |                                      |              |               |
|------------------|---------------------|----------------|---------|----|---------|----------------|---------|------------------|---------|-----------|-------|---------------------------------|-------------|--------------------------------------|--------------|---------------|
| ݢ Open 👻 🖬       | Save 🝷 🚱 History    | / 🔹 📩 Pay      | /ments  | -  | Patient | •              |         |                  |         |           |       |                                 |             |                                      | Search for P | atient 🔍 🗸    |
| Status           |                     |                |         |    | Patie   | ent            |         |                  |         |           |       | S                               | ervice      |                                      |              |               |
| Claim            | 32096 -             |                |         |    | P       | atient         | 26095   | - Jackson Couchp | otato   | •         |       | Location A1106 Lakeland Medical |             |                                      |              | enter 🔍       |
| Status           | Closed - Electronic | Superbill      | ,       | ~  |         |                | (234) 8 | 867-5309         | - Calle | TV 70     |       |                                 | Rendering   | Adams ARM                            | IP, Blaire   |               |
| Substatus        |                     |                | ,       | ~  | P       | at. Location   | Patier  | nt Location      | e raiis | 17.70     |       | Referring Provider              |             |                                      |              |               |
| Level            | Primary 🗸           | Billing Electr | ronic 🔹 | ~  | P       | at. Provider   | Patier  | nt Provider      |         |           | Q     | Referred                        |             |                                      |              |               |
| Type             | Medical             | -              | ,       | ~  | R       | Resp. Party    | Couci   | hpotato, Jackson |         |           | Q     |                                 |             |                                      |              |               |
| Owner            | Stevens, Heather    |                | (       | 2  | P       | rimary         | (1) An  | them Medicaid    |         |           | Q     |                                 |             |                                      |              |               |
| 837              | Professional ()     | nstitutional   |         | _  | s       | econdary       | Secor   | ndary Insurance  |         |           |       |                                 |             |                                      |              |               |
|                  | 0                   |                |         |    | т       | ertiary        | Tertia  | rv Insurance     |         |           |       |                                 |             |                                      |              |               |
|                  |                     |                |         |    |         | Ouerride       | Incuran |                  | 8       | horizot   | ion   |                                 |             |                                      |              |               |
| D                |                     | 60             |         |    |         | Overnue        | insuran | 100              | er Aut  | 110112.01 | 1011  |                                 |             |                                      |              |               |
| Frocedures       | and Diagnoses       | <i>.1</i>      |         |    |         | Drasadu        | -       | unt              |         | Madi      | for   |                                 |             | Disc                                 |              |               |
| # From           | To                  | Procedure      | PC      | DS | Units   | Charg          | e       | Amount           | 1       | 2         | 3     | 4                               | 1           | 2                                    | JNOSIS //    | 4             |
| 1 01/27/202      | 21 😂 01/27/2021 😂   | 99214          | 11      | ~  | 1.00    | \$1            | 75.00   | \$175.00         |         |           |       |                                 | J0190       |                                      |              |               |
| 2 01/27/202      | 21 😋 01/27/2021 🔮   | J0456          | 11      | ~  | 1.00    | s              | 15.00   | \$15.00          |         |           |       |                                 | J0190       |                                      |              |               |
| 3 01/27/202      | 21 🔇 01/27/2021 🔇   |                |         | ~  |         |                | \$0.00  |                  |         |           |       |                                 | J0190       |                                      |              |               |
| Add New It       | em                  |                |         |    |         |                |         |                  | Tot     | al: ©10   | 00.00 | Dav/                            | Adi: \$0.00 | Palanco: \$1                         | 00.00 Rocoi  | ote: \$0.00 - |
|                  |                     |                |         |    |         |                |         |                  | 100     | ui. φ1    | 50.00 | ruy,                            | Auj. 00.00  | Dalance. 91                          | 30.00 100001 | pt3. 00.00    |
| Additional I     | nformation          |                |         |    | Mess    | sages and      | Monit   | toring           |         |           |       | Q                               | ueue and T  | <sup>r</sup> asking <mark>(2)</mark> |              |               |
| Admission        | 0                   | Hour           |         | ~  | Agir    | ng             |         | N/A              |         |           |       |                                 | Prepare     |                                      |              |               |
| Discharge        |                     | Hour           |         | ~  | Billi   | ng Message     |         | ×                |         |           |       |                                 | Claim Iss   | sues                                 |              |               |
| leitiet          |                     |                |         |    | Clai    | im Validation  |         | ×                |         |           |       |                                 | Ready fo    | C Errors                             |              |               |
| initial          |                     |                |         |    | Pati    | ient Validatio | n       | ~                |         |           |       |                                 | Clos        | sed - Electroni                      | c Superbill  |               |
| Onset            | Ş 🗌                 |                |         |    | Pati    | ient Only      |         | N/A              |         |           |       |                                 |             |                                      |              |               |
| Current Cla      | im Edits            |                |         |    | Cod     | le Limitations | 6       | N/A              |         |           |       |                                 |             |                                      |              |               |
| Niscella         | ineous              |                |         |    | Req     | uired Fields   |         | N/A              |         |           |       |                                 |             |                                      |              |               |
| -                |                     |                |         |    | Glo     | bal Period     |         | N/A              |         |           |       |                                 |             |                                      |              |               |
|                  |                     |                |         |    | 837     | Validation     |         | × 🖌              |         |           |       |                                 |             |                                      |              |               |
|                  |                     |                |         |    | Mor     | nitoring       |         | ×                |         |           |       |                                 |             |                                      |              |               |
|                  |                     |                |         |    |         |                |         |                  |         |           |       |                                 |             |                                      |              |               |
| Add Inform       | ation               |                |         |    |         | lerts          |         | omments          | Ac      | tivity I  | 00    |                                 |             |                                      |              |               |

3. Right-click on the procedure code and choose NDC.

| • | Pro           | cedures                       | and   | Diagnose   | s ( | (1)                                 |            |                 |        |        |             |       |
|---|---------------|-------------------------------|-------|------------|-----|-------------------------------------|------------|-----------------|--------|--------|-------------|-------|
|   | #             | S                             | ervic | e Date     |     | Dr                                  |            | lura            | D      | 26     |             |       |
|   | #             | # From                        |       | То         |     |                                     | Flocedure  |                 |        | 55     | Ur          | nits  |
|   | 1             | 1 01/27/2021 😧 01/27/2021 🔮 🧐 |       | 9921       | 4   | 11                                  | ~          | 1.              | 00     |        |             |       |
|   | 2             | 01/27/202                     | 1 🛟   | 01/27/2021 | Ŷ   |                                     | 1045       | 6               | 11     | ¥      | <u>,</u> 1. | 00    |
|   | 3             | 01/27/202                     | 1 🛟   | 01/27/2021 | 0   |                                     | 2          | Clear           |        |        |             |       |
|   |               |                               |       |            |     |                                     | 5          | <u>R</u> ese    | t      |        |             |       |
|   | +             | Add New Ite                   | m     |            |     |                                     | 5          | <u>B</u> illing | 9      |        |             |       |
|   | L             |                               |       |            |     |                                     | <i>i</i> h | <u>S</u> ear    | ch     |        |             |       |
|   | Add           | ditional In                   | fori  | nation     |     |                                     | ×          | <u>D</u> elet   | e      |        |             | Mess  |
|   |               |                               |       |            |     | Recovery                            |            |                 |        |        | Agin        |       |
|   |               | amission                      |       |            |     |                                     | 1          | <u>U</u> p      |        |        |             | Agii  |
|   | 0             | Discharge                     |       | ÷          |     |                                     | 4          | Dowr            | ı      |        |             | Billi |
|   | h             | nitial                        |       |            |     |                                     |            |                 |        |        |             |       |
|   |               |                               |       |            | Edi | it pr                               | oceo       | dure N          | IDC ir | nforma | ation       | Pati  |
|   | C             | Onset                         |       | <b>V</b>   |     |                                     |            | NIDO            |        | •••    |             | Pati  |
|   | C             | Current Clai                  | n Ed  | lits       |     |                                     | E          | NDC             | 2.     |        |             | Coc   |
|   | Miscellaneous |                               |       |            |     | i <u>C</u> omh∿ent<br>⊡ <u>E</u> OB |            |                 |        | Rec    |             |       |
|   | Miscellaneous |                               |       |            |     |                                     |            |                 |        | Glo    |             |       |
|   |               |                               |       |            |     |                                     | 2          |                 |        |        | ME          | 837   |

4. From this screen you can quickly move between procedure lines to enter the correct values for NDC Value, Price, Quantity, and Unit. These fields are often required for NDC codes. Once changes are made click the Save button

| INDC fe | or Claim 32096 | W      | ebpage Dialog  |                        | × |
|---------|----------------|--------|----------------|------------------------|---|
| <b></b> |                |        |                |                        |   |
| 99214   | 01/27/2021     |        | J0456 INJECTIO | N, AZITHROMYCIN, 500 M | G |
| ✓ J0456 | 01/2//2021     | $\cap$ | Measurement    |                        |   |
|         |                |        | Qualifier      | ~                      |   |
|         |                |        | Туре           | *                      |   |
|         |                |        | Value          |                        |   |
|         |                |        | NDC            |                        |   |
|         |                |        | Value          | 12345121234            |   |
|         |                |        | Price          | \$15.00                |   |
|         |                |        | Quantity       | 1.000                  |   |
|         |                |        | Unit           | Gram 🗸                 |   |
|         |                |        | Rx Id          |                        |   |
|         |                | $\sim$ |                |                        |   |
|         |                |        |                |                        |   |
|         |                |        |                |                        |   |

5. Monitoring should now have a green check mark and the Claim Issues are now gone. Close the Edit Claim screen. (Note: The NDC error may persist if the documented price and quantity do match the charge on the claim)

| Claim #32096 for                  | Jackson Couchpo              | tato 09/15/19 | 77 (43y)   |         |   |          |                       |       |          |                  |                              |                     |                 |                   | >        |
|-----------------------------------|------------------------------|---------------|------------|---------|---|----------|-----------------------|-------|----------|------------------|------------------------------|---------------------|-----------------|-------------------|----------|
| Dpen 🝷 🔚                          | Save 🔹 🚱 Histo               | ory 🝷 📩 F     | ayments    | Patient | -   |          |                       |       |          |                  |                              |                     |                 | Search for Patier | nt 🔍 🗸 😰 |
| ▲ Status                          |                              |               |            | Patie   | nt  |          |                       |       |          |                  | S                            | ervice              |                 |                   |          |
| Claim                             | 32096 •                      |               |            | P       | atient 2  | 26095 -  | Jackson Couchpe       | otato | •        |                  |                              | Location            | A1106 Lakela    | and Medical Cente | r 🔍      |
| Status                            | Closed - Electronic          | c Superbill   | ~          |         | (234) 867-5309<br>1814 Juniper Lane Marble Falls TX 78654 |          |                       |       |          |                  | Rendering Adams ARNP, Blaire |                     |                 | Q                 |          |
| Substatus                         |                              |               | ~          | P       | Pat. Location   |          |                       |       |          |                  | Referring Provider           |                     |                 | Q                 |          |
| Level                             | Primary 🖌                    | Billing Ele   | ectronic 🗸 | P       | Pat. Provider Q   |          |                       |       |          |                  |                              |                     | Referred        | \$                |          |
| Туре                              | Medical                      |               | ~          | F       | Resp. Party Couchpotato, Jackson                          |          |                       |       |          | Vother Providers |                              |                     |                 |                   |          |
| Owner                             | Stevens, Heather             |               | Q          | P       | Primary (1) Anthem Medicaid                               |          |                       |       |          |                  |                              |                     |                 |                   |          |
| 837                               | Professional                 | Institutional |            | s       | Secondary Insurance                                       |          |                       |       |          |                  |                              |                     |                 |                   |          |
|                                   |                              | т             | ertiary    | Tertiar | y Insurance   |          |                       | Q     |          |                  |                              |                     |                 |                   |          |
|                                   |                              |               |            | E F     | Override Ir   | Insuranc | ce 1                  | 🖉 Aut | horizat  | tion             |                              |                     |                 |                   |          |
| ▲ Procedures                      | Procedures and Diagnoses (1) |               |            |         |   |          |                       |       |          |                  |                              |                     |                 |                   |          |
|                                   | Service Date                 | Deved         |            |         | Procedure   | re Amou  | unt                   |       | Mod      | ifiers           | Diagnosis »                  |                     |                 |                   |          |
| # From                            | То                           | Procedur      | e POS      | Units   | Charge  | e        | Amount                | 1     | 2        | 3                | 4                            | 1                   | 2               | 3                 | 4        |
| 1 01/27/203                       | 21 😋 01/27/2021              | 99214         | 11         | ✓ 1.00  | \$17  | 75.00    | \$175.00              |       |          |                  |                              | J0190               |                 |                   |          |
| 2 01/27/202                       | 21 01/27/2021                | J0456         | 11         | ✓ 1.00  | \$1   | 15.00    | \$15.00               |       |          |                  |                              | J0190               |                 |                   |          |
| 3 01/27/202                       | 21 🜍 01/27/2021              | Ŷ             |            | ~       | Ş   | \$0.00   |                       |       |          |                  |                              | J0190               |                 |                   |          |
| + Add New If                      | tem                          |               |            |         |   |          |                       | Tot   | al: \$1  | 90.00            | Pay                          | Adj: \$0.00         | Balance: \$19   | 0.00 Receipts:    | \$0.00 - |
|                                   |                              |               |            |         |   |          |                       |       |          |                  |                              |                     |                 |                   |          |
| <ul> <li>Additional II</li> </ul> | ntormation                   |               | (          | Mess    | ages and i  | Monito   | oring                 |       |          |                  | . 4                          | ueue and i          | asking (1)      |                   |          |
| Admission                         | 0                            | Hour          | ~          | Agir    | ıg  |          | N/A                   |       |          |                  |                              | Prepare<br>Deady fo | r Proceesing    |                   |          |
| Discharge                         | \$                           | Hour          | ~          | Billi   | ng Message  |          |                       |       |          |                  |                              | Clos                | ed - Electronic | Superbill         |          |
| Initial                           | \$                           | ]             |            | Ciai    | m validation  |          |                       |       |          |                  |                              |                     |                 |                   |          |
| Onset                             |                              |               |            | Pau     | ent Only  |          | N/A                   |       |          |                  |                              |                     |                 |                   |          |
| Current Cla                       | im Edits                     |               |            | Cod     | le Limitations  |          | N/A                   |       |          |                  |                              |                     |                 |                   |          |
| / Miscella                        | ineous                       |               |            | Req     | uired Fields  |          | N/A                   |       |          |                  |                              |                     |                 |                   |          |
| gr missone                        | moodo                        |               |            | Glo     | bal Period  |          | N/A                   |       |          |                  |                              |                     |                 |                   |          |
|                                   |                              |               |            | 837     | Validation  |          | <ul> <li>A</li> </ul> |       |          |                  |                              |                     |                 |                   |          |
|                                   | Monitoring                   |               |            |         |   |          |                       |       |          |                  |                              |                     |                 |                   |          |
| + Add Inform                      | nation                       |               |            |         | ierts   | Co       | mments                | A A   | tivity L | .00              |                              |                     |                 |                   |          |
|                                   |                              |               |            |         |   | ~        |                       |       |          |                  |                              |                     |                 |                   |          |

## **Claim Issues - Global Period**

Claims that contain Global Period Issues can be found:

#### Starting from the Revenue Cycle Wheel:

• Hover over the group and click the magnifying glass to open the billing query screen

| A       | Prepare: 198 claims                     | , ×                             |
|---------|---|---------------------------------|
|         | <ul> <li>Missing Claims</li> </ul>      | 31                              |
| Prepare | ➤ Missing Data                          | 68                              |
| 198     | ▼ Ready for Processing                  | 96                              |
|         | Claim Issues  NDC Errors  Global Period | 3 View<br>1<br>2 Ohre           |
|         | View as counts                          | Export to Excel (i) Information |
| s       | ubmit                                   |                                 |

#### To Correct a Claim with a Global Period Claim Issue

Global Period claims are typically entered with a charge of \$0.00 or they are written off. Per example, if a patient has a procedure that has a 90 day global period and that patient is seen by the provider the provider will typically

bill a \$0.00 post-op visit. If the provider bills an office visit instead then the claim will be flagged as having a Global Period Claim Issue. The office can then:

#### Change the Charge Amount for the Claim to \$0.00

- 1. Double click on one of the claims
- 2. Click the X to clear the amount from the Charge field



#### Adjust the Claim Balance to \$0.00

1. Click once to select one of the claims

| Billing | Charges    |
|---------|------------|
| Billing | Charges    |
| Billing | Charges    |
|         |            |
| E       | \$100.00   |
| E       | \$1,775.00 |
|         |            |
|         |            |
|         |            |
|         |            |
|         |            |
|         |            |
|         | E          |

2. Click the Billing Options icon on the toolbar and select Payment

| ≙ | Ŧ | Bi | lling | ]        |            |          |               |          |                                       |         |            |
|---|---|----|-------|----------|------------|----------|---------------|----------|---------------------------------------|---------|------------|
| 0 | S | 3  |       | 🔹 🔯 Setu | ip Screens | 🝷 📑 Repo | orting        | <u> </u> | 🔋 🎘 Set Billing Info 🔹 🔍 Web Searches | - 🎓     | -          |
| م | 4 | 2  | 2     | - 🗟 - 🚨  |            | • 🔊 • 💼  |               | iyment   | 99                                    |         |            |
|   |   | #  | +     | Claim    | DOS        | \$       | Payment       | η        | Status                                | Billing | Charges    |
|   | Г | 1  | ~     | 32116    | 01/25/21   |          | Receipt Entry | dy t     | o Send Tertiary, Electronic           | E       | \$100.00   |
|   |   | 2  | -     | 32115    | 01/25/21   |          |               | Ready t  | o Send Primary, Electronic            | E       | \$1,775.00 |
|   |   |    |       |          |            |          |               |          |                                       |         |            |
|   |   |    |       |          |            |          |               |          |                                       |         |            |

3. Select the Line, Add the Paid By, Adjustment Amount, and Adjustment Type

| Payment Ent   | try for | Claim #321  | 15 Webpage Dialog    | I             |        |          |            |                  |               | ×      |
|---------------|---------|-------------|----------------------|---------------|--------|----------|------------|------------------|---------------|--------|
| Claim Details |         |             |                      |               |        |          |            |                  |               |        |
| Patient       | 9676    | - Ila Test  |                      |               |        |          |            |                  |               |        |
| Rendering     | Blaire  | e Adams ARN | IP (4278456998)      |               |        |          |            |                  |               |        |
| Insurance     | Cign    | a (62308)   |                      |               |        |          |            |                  |               |        |
| Claim         | 3211    | 5           | Ready to Send Primar | y, Electronic | ;      |          | QP         | rimary           |               |        |
| Payment Deta  | i/      |             |                      |               |        |          |            |                  |               |        |
| Line # 1      | ~       | Deposit     | 02/10/2021 ᅌ 💳       | Paid By       | (R) Te | st, Ila  | _          |                  |               | Q      |
|               |         | Amount      | Method               |               |        | Ту       | /pe        | Check #/Trace ID |               |        |
| Payment       |         | \$0.00      | ayment Method        |               | Paym   | ent Type | Q          |                  | <u>P</u> ost  |        |
| Adjustment    |         | (\$275.00)  | Post-op Adjustment   |               |        |          | х 🔍        |                  | Clear         |        |
| Comment       |         |             |                      |               |        |          |            | $\sim$           | Default       |        |
| Procedure:    | s (2)   | O Payment   | ts (0) 🔿 Receipts (0 | D)            |        |          |            |                  |               |        |
| DOS           | #       |             | Procedure            |               | Cha    | rges     | Payments   | Adjustments      | Balance       |        |
| 01/25/2021    | 1       | 99244 - 992 | 44                   |               |        | \$275.00 | \$0.00     | \$0.00           | \$275.00      |        |
| 01/25/2021    | 2       | 69990 - 699 | 90                   |               | \$1    | ,500.00  | \$0.00     | \$0.00           | \$1,500.00    |        |
|               |         |             |                      |               |        |          |            |                  |               | ~      |
| <b>.</b>      |         |             | Proced               | lure Totals:  | \$     | 1,775.00 | \$0.00     | \$0.00           | \$1,775.00    | ]<br>, |
|               |         |             |                      |               |        |          |            |                  |               |        |
| Pay. Comment  | С       | laim Commer | nt <u>H</u> istory   | Cred          | lits   | E        | 0 <u>B</u> | <u>R</u> efresh  | <u>C</u> lose |        |

4. Click Post

| 🙆 Payment Ent         | try for Claim #321 | 15 Webpage Dialog                 |               |            |                  |               | $\times$     |
|-----------------------|--------------------|-----------------------------------|---------------|------------|------------------|---------------|--------------|
| Claim Details         |                    |                                   |               |            |                  |               |              |
| Patient 📃             | 9676 - Ila Test    |                                   |               |            |                  |               |              |
| Rendering             | Blaire Adams ARI   | NP (4278456998)                   |               |            |                  |               |              |
| Insurance             | Cigna (62308)      |                                   |               |            |                  |               |              |
| Claim                 | 32115              | Ready to Send Primary, Electronic | ;             | Q Pr       | imary            |               |              |
| Payment Detai         | ils                |                                   |               |            |                  |               |              |
| Line # 1              | ✔ Deposit          | 02/10/2021 😂 📩 Paid By            | (R) Test, Ila |            |                  |               | Q            |
|                       | Amount             | Method                            | Ту            | ype        | Check #/Trace ID |               |              |
| Payment               | \$0.00             | Payment Method                    | Payment Type  | $\bigcirc$ |                  | Doet          |              |
| Adjustment            | (\$275.00)         | Post-op Adjustment                |               | Q          |                  |               |              |
| 01                    |                    |                                   |               |            | ^                | Clear         |              |
| Comment               |                    |                                   |               |            | $\sim$           | Default       |              |
| Procedures            | s (2) 🔿 Paymen     | ts (0) OReceipts (0)              |               |            |                  |               |              |
| DOS                   | #                  | Procedure                         | Charges       | Payments   | Adjustments      | Balance       |              |
| 01/25/2021            | 1 99244 - 992      | 244                               | \$275.00      | \$0.00     | \$0.00           | \$275.00      |              |
| 01/25/2021            | 2 69990 - 699      | 990                               | \$1,500.00    | \$0.00     | \$0.00           | \$1,500.00    | $\mathbf{r}$ |
|                       |                    |                                   |               |            |                  |               |              |
|                       |                    |                                   |               |            |                  |               | ~            |
| <b>e</b> 2,           |                    | Procedure Totals:                 | \$1,775.00    | \$0.00     | \$0.00           | \$1,775.00    |              |
| Pay. Co <u>m</u> ment | Claim Comme        | nt <u>H</u> istory Cree           | dits E        | 0 <u>B</u> | <u>R</u> efresh  | <u>C</u> lose |              |

5. Repeat steps 3 and 4 for each Procedure line with a balance until the balance for the claim and each line displays \$0.00

| Payment En               | try for Claim #321 | 115 Webpage Dialog    |               |        |          |            |                   |               | $\times$ |
|--------------------------|--------------------|-----------------------|---------------|--------|----------|------------|-------------------|---------------|----------|
| Claim Details<br>Patient | 9676 - Ila Test    |                       |               |        |          |            |                   |               |          |
| Rendering                | Blaire Adams AR    | NP (4278456998)       |               |        |          |            |                   |               |          |
| Insurance                | Cigna (62308)      |                       |               |        |          |            |                   |               |          |
| Claim                    | 32115              | Ready to Send Primary | /, Electronic |        |          | QP         | rimary            |               |          |
| Payment Deta             | ils                |                       |               |        |          |            |                   |               |          |
| Line # 1                 | ✓ Deposit          | 02/10/2021 😂 📩        | Paid By       | Paid B | y        |            |                   |               | Q        |
|                          | Amount             | Method                |               |        | т        | уре        | Check #/Trace ID  |               |          |
| Payment                  | \$0.00             | Payment Method        | Q             | Payme  | ent Type | Q          |                   | Post          |          |
| Adjustment               | \$0.00             | Adjustment Type       |               |        |          | Q          |                   | Clear         | -        |
| Comment                  |                    |                       |               |        |          |            | $\langle \rangle$ | Default       |          |
| Procedure                | s (2) OPaymer      | nts (2) OReceipts (0  | )             |        |          |            |                   |               |          |
| DOS                      | #                  | Procedure             |               | Char   | ges      | Payments   | Adjustments       | Balance       |          |
| 01/25/2021               | 1 99244 - 993      | 244                   |               | ę      | \$275.00 | \$0.00     | (\$275.00)        | \$0.00        |          |
| 01/25/2021               | 2 69990 - 69       | 990                   |               | \$1    | ,500.00  | \$0.00     | (\$1,500.00)      | \$0.00        |          |
|                          |                    |                       |               |        |          |            |                   |               | ~        |
|                          |                    | Procedu               | ure Totals:   | \$1    | ,775.00  | \$0.00     | (\$1,775.00)      | \$0.00        | )        |
| Pay. Comment             | Claim Comme        | nt <u>H</u> istory    | Cred          | its    | E        | 0 <u>B</u> | <u>R</u> efresh   | <u>C</u> lose |          |

6. Click Close

| 🥙 Pag       | yment En         | try for Claim #32 | 115 Webpage Dialog     |              |              |          |                  |              | $\times$ |
|-------------|------------------|-------------------|------------------------|--------------|--------------|----------|------------------|--------------|----------|
| Claim<br>Pa | Details<br>tient | 9676 - Ila Test   |                        |              |              |          |                  |              |          |
| Re          | ndering          | Blaire Adams AR   | NP (4278456998)        |              |              |          |                  |              |          |
| Ins         | urance           | Cigna (62308)     |                        |              |              |          |                  |              |          |
| Cla         | aim              | 32115             | Ready to Send Primary, | , Electronic | ;            | Q Pi     | rimary           |              |          |
| Paym        | ent Deta         | ils               |                        |              |              |          |                  |              |          |
| Line        | # 1              | ✓ Deposit         | 02/10/2021 😂 📩         | Paid By      | Paid By      |          |                  |              | Q        |
|             |                  | Amount            | Method                 |              | т            | уре      | Check #/Trace ID |              |          |
|             | Payment          | \$0.00            | Payment Method         | Q            | Payment Type | Q        |                  | <u>P</u> ost |          |
| Ad          | ljustment        | \$0.00            | Adjustment Type        |              |              | Q        |                  | Clear        |          |
| c           | Comment          |                   |                        |              |              |          | $\bigcirc$       | Default      |          |
| ۲           | Procedure        | s (2) O Paymer    | nts (2) 🔿 Receipts (0) | 1            |              |          |                  |              |          |
|             | DOS              | #                 | Procedure              |              | Charges      | Payments | Adjustments      | Balance      |          |
| 0           | 1/25/2021        | 1 99244 - 99      | 244                    |              | \$275.00     | \$0.00   | (\$275.00)       | \$0.00       |          |
| 0           | 1/25/2021        | 2 69990 - 69      | 990                    |              | \$1,500.00   | \$0.00   | (\$1,500.00)     | \$0.00       |          |
|             |                  |                   |                        |              |              |          |                  |              | 5        |
|             |                  |                   |                        |              |              |          |                  |              | •        |
|             | • 🕰              |                   | Procedu                | re Totals:   | \$1,775.00   | \$0.00   | (\$1,775.00)     | \$0.00       | )        |
| Pav         | Comment          | Claim Comme       | History                | Cred         | lite F       | OB       | Defresh          | Close        |          |
| ray.        | oo <u>m</u> ment |                   | <u></u>                | 0100         |              | .02      | Kenean           |              |          |

## Introduction to Claim Comments

When working on claims, it's important to document your work. It's important to clarify what's happened, both so that the system can track biller productivity and the next biller can follow your work and continue to pursue payment.

| Claim Comm<br>Claim: 700210              | ients<br>17, 1991 (33y) Gender: Male |   |
|--|--------------------------------------|---|
| > Existing Comments                      |                                      |   |
| 🗩 New Comment                            |                                      | × |
| New Comment                              |                                      |   |
|  |                                      | 4 |
| > Default Commer                         | ts                                   |   |
| Biller Action                            | ~ 🗸                                  |   |
| Followup Date                            | <b> </b>                             |   |
| Assigned To                              | ~                                    | • |
| Biller Action<br>Completed               | 0                                    |   |
| Include claim<br>comment in<br>statement | 0                                    |   |
|  |                                      |   |

Key items when creating a Claim Comment for Billing needs:

**Default Comments** may be utilized to store specific phrasing used often. These can be added to a particular Claim or Patient Comment and edited to save from having to type it out each time.

**Biller Action** is used to document any follow-up needed by billing. This will be used for reporting as well as tracking and is especially helpful when working on Aged Receivables.

Followup Date is important as this will alert the date the action needs to be taken.

Assigned To is used to identify who the follow-up is assigned to.

**Biller Action Completed** is used to record that an action (Adjustment Taken, Appeal Submitted, etc.) was taken for future reporting on Biller Productivity.

**Include Claim Comment in Statement** Allows the comment to be printed in the Patient Statement as a detailed line underneath the specific claim it's associated with.

## Creating a Claim Comment

1. Open the **Claim Details** as seen here. This can be accessed from Claim Query or linked from related deposits:

| Claim #30694 for | Wes Test 12/04/1970 (50y)         |               |  |           | x                        |
|------------------|-----------------------------------|---------------|--|-----------|--------------------------|
| Dpen 🝷 🔚         | Save 🔻 😱 History 👻 🚉 Payments 💌 🚨 | Patient 🔻     |  |           | Search for Patient 🔍 🗸 🔯 |
| ▲ Status         |                                   | Patient (1)   |  | Service   |                          |
| Claim            | 30694 👻                           | Patient       | 312024 - Wes Test 👻  | Location  | Adkins Medical Group     |
| Status           | Closed - Electronic Superbill     |               | (865) 776-7245 (345) 344-4444 x1234<br>123 Test Dr. Oak Ridge TN 37830 | Rendering | Adkins MD, Stanley       |
| Substatus        | ~                                 | Pat. Location | Patient Location   | Referring | Referring Provider       |
| Level            | Primary V Billing Electronic V    | Pat. Provider | Adkins MD, Stanley   |           | Referred                 |
| Туре             | Other 🗸                           | Resp. Party   | Test, Wes  |           | viders                   |
| Owner            | Norris, Drew                      | Primary       | (1) Aetna  |           |                          |
| 837              | Professional 		Institutional      | Secondary     | Secondary Insurance  |           |                          |

2. Begin by clicking the **Comments** button under the Messages and Monitoring portion of the Claim Details:

| Messages and Monitoring |          |              | You can also utilize the Claim Comment |              |           |         |         |             |        |        |
|-------------------------|----------|--------------|--|--------------|-----------|---------|---------|-------------|--------|--------|
| Aging                   | N/A      |              | from the                               | toolbar:     |           |         |         |             |        |        |
| Billing Message         | ×        |              | <mark>- −</mark> B                     | illing       |           |         |         |             |        |        |
| Claim Validation        | × *      |              | 0 0                                    | <b>1</b>     | iối Satur | Screens | - 6.    | enorting Wi | indowe | - 10 - |
| Patient Validatio       | in 🖌     |              | - ×                                    | -            | Setup     | Screens |         | eponing wi  | nuows  |        |
| Patient Only            | N/A      |              |  |              | Ê         | 8       |         |             | Q      |        |
| Code Limitation         | s 🗙      |              | New                                    | Open         | Train     | Patient | Claim   | More        |        |        |
| Required Fields         | N/A      |              |  |              |           |         | History |             |        | ,      |
| Global Period           | N/A      |              |  | play zero ba | alances   | Sno     |         |             |        | ^      |
| 837 Validation          | ×        |              | #                                      |              | laim ID   | Claim   | Сору    |             |        | 1      |
| Monitoring              | ×        |              |  | -            |           | DOS     | Modify  |             |        | 2      |
|                         |          |              | 1                                      |              | 66394     | 02/07/2 |         |             |        |        |
| Alerts (2)              | Comments | Activity Log |  |              |           |         | Comme   | ents        |        |        |
|                         |          |              |  |              |           |         | Rem     | ler         |        |        |
|                         |          |              |  |              |           |         | Send C  | ommunicat   | tion   |        |
|                         |          |              |  |              |           |         | Custon  | n Task      |        |        |

3. Click "+" to Add Comment or the pencil icon to Edit Comments:

| Claim Comments<br>Claim: 66394<br>T3st, Danielle Born: Jan 1, 19 |        |  |  |  |  |
|--|--------|--|--|--|--|
| ✓ Existing Comments  |        |  |  |  |  |
|  |        |  |  |  |  |
|  | Туре   |  |  |  |  |
| Z  | System |  |  |  |  |
|  | User   |  |  |  |  |
|  | User   |  |  |  |  |
|  |        |  |  |  |  |

4. Add Comment: Use Default Comments, Biller Action, Followup Date, Assigned To, Biller Action Completed, and Include Claim Comment in Statement options as needed. Then Save.

| laim Comm                                | ents                       |     |  |  |  |
|--|----------------------------|-----|--|--|--|
| John, Test Born: Jul                     | 7, 1991 (33y) Gender: Male |     |  |  |  |
| > Existing Comments                      |                            |     |  |  |  |
| New Comment                              |                            |     |  |  |  |
| New Comment                              |                            |     |  |  |  |
|  |                            |     |  |  |  |
| > Default Commer                         | s                          |     |  |  |  |
| Biller Action                            |                            | ~ 🖊 |  |  |  |
| Followup Date                            | <b> </b>                   |     |  |  |  |
| Assigned To                              |                            | ~   |  |  |  |
| Biller Action<br>Completed               | 0                          |     |  |  |  |
| Include claim<br>comment in<br>statement | 0                          |     |  |  |  |
| comment in<br>statement                  | -                          |     |  |  |  |

Key items when creating a Claim Comment for Billing needs:

**Default Comments** may be utilized to store specific phrasing used often. These can be added to a particular Claim or Patient Comment and edited to save from having to type it out each time.

**Biller Action** is used to document any follow-up needed by billing. This will be used for reporting as well as tracking and is especially helpful when working on aged receivables.

**Followup Date** Set the date that a biller should follow up if this claim is not resolved. This is an alert of the date the action needs to be taken.

Assigned To is used to identify who the follow-up is assigned to.

**Biller Action Completed** is used to record that a biller action (Adjustment Taken, Appeal Submitted, etc.) was taken for future reporting on Biller Productivity.

**Include Claim Comment in Statement** Allows the comment to be printed in the Patient Statement as a detailed line underneath the specific claim it's associated with.

## Accessing Claim Comments from the Transaction History

1. Open the **Transaction History** as seen here. This can be accessed from Claim Details or linked from related deposits:

| Patient Transaction History Webpage Dialog   |                           |   |   |  |  |
|--|---------------------------|---|---|--|--|
| 🗐 🚺 🖽 🕇 😰 🗸 🔞 🗸 🔞  |                           |   |   |  |  |
| Claims (30694)   | All Patient History 💝     | Single Claim - Total Unsul  | bmitted Balance: \$50.00                  |  |  |
| DOS         Claim         Balance         Total           12/24/2020         30694         \$50.00         \$50.00           Totals:         \$50.00         \$50.00                     | Status<br>Closed - Electr | DOS 12/24/2020 Claim: 30694 Adkins MD, Stanley<br>Status Closed - Electronic Super Submission<br>12/24/2020 99211: OFFICE/OP VISIT, EST PT, NOT R Procedure Balance | Claim Total \$50.00<br>Aging 0<br>\$50.00 |  |  |
| Patient Comments           ▲ 09/23/2020 from Wes Cassady           Testing default timezone           ▲ 09/23/2020 from Wes Cassady           Testing new timezone from Billing > Alerts |                           | 12/24/2020 99116: ANESTHESIA W HYPOTHERMIA Procedure Balance:<br>Unsubmitted Balan<br>Total Unsubmitted Balance   | \$0.00<br>ice: \$50.00<br>e: \$50.00      |  |  |

2. Right-click any text on the right-hand side of the screen other than the balances. Select Add Comment:

| DOS 12/24/2020 Claim: 30694 Adkins MD, Stanley<br>Status Closed - Electronic Super Submission |           |
|---|-----------|
| 12/24/2020 99211: OFFICE/OP VISIT, EST PT, NOT R.   | Procec    |
| 12/24/2020 99116: ANESTHESIA MURY POTHERMIA   | Procee    |
|   | U         |
| Credits   |           |
| 📃 <u>C</u> laim   | Total Un: |
| 💆 Provider  |           |
| Uiew Submission   |           |
| 📙 <u>E</u> RA   |           |
|   |           |

3. This will bring you to the Claim comment window as seen here:

## **Claim Procedure Comments**

Claim: 66394 Procedure Code: 99213

Land T3st, Danielle Born: Jan 1, 1975 (48y) Gender: Female

| ✓ Existing Comments |                |      |           |                      |  |  |  |
|---------------------|----------------|------|-----------|----------------------|--|--|--|
|                     | Comment Type 🔽 |      |           | Comment Type 🔻 All 🗸 |  |  |  |
|                     | Туре           | User | Date/Time | Comment              |  |  |  |
|                     | +              |      |           |                      |  |  |  |

4. Comments can be added by clicking the "+" button and entered as shown in Creating a Claim Comment.