

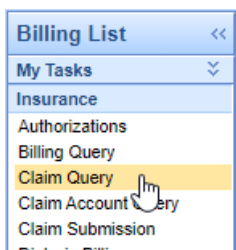
Claim Details/Edits

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

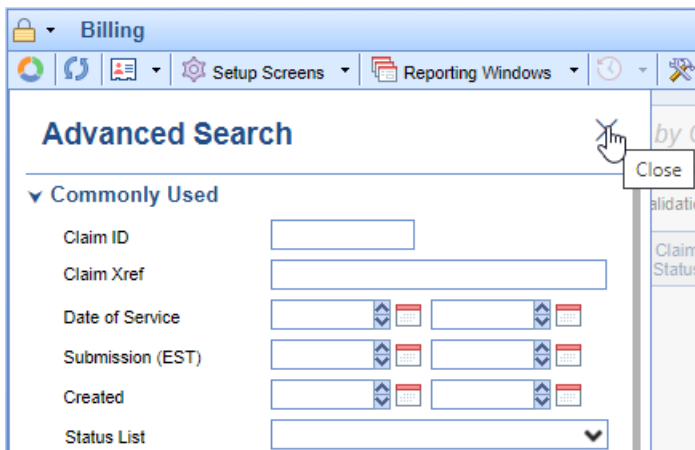
Entering a New Claim from the Billing Portal

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.

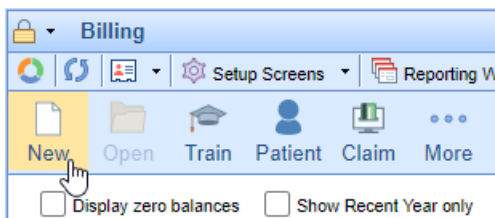
1. In the Billing portal select the Claim Query window.



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.

Patient Identifier

Before creating a new claim, please supply a patient

test pa

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 results New

OK Cancel

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.

New Claim for Patient Test 05/05/1989 (33y)

Open Save History Payments Patient Search for Patient

Status

Claim: New

Status: Ready to Send Primary, Electronic

Substatus:

Level: Primary Billing: Electronic

Type: Medical

Owner: Farias, Michell

837: Professional Institutional

Patient

Patient: 9792 - Patient Test (317) 540-6987

Pat. Location: Patient Location

Pat. Provider: Patient Provider

Resp. Party: Test, Patient

Primary: (1) Principal Life Ins

Secondary: Secondary Insurance

Tertiary: Tertiary Insurance

Override Insurance

Service (2)

Location: Service Location

Rendering: Rendering Provider

Referring: Referring Provider

Referred:

Other Providers

Alternate: Alternate Provider

Supervising: Supervising Provider

Ordering: Ordering Provider

Attending: Attending Provider

Purchasing: Purchasing Provider

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagnosis					
	From	To			Units	Charge	Amount	1	2	3	4	1	2	3	4		
1	05/12/2022	05/12/2022					\$0.00										

Total: \$0.00 Pay/Adj: \$0.00 Balance: \$0.00 Receipts: \$0.00

Additional Information

Admission: Hour:

Discharge: Hour:

Initial:

Onset:

Messages and Monitoring

Aging: N/A

Billing Message: N/A

Claim Validation: N/A

Patient Validation: ✗

Patient Only: N/A

Code Limitations: N/A

Required Fields: N/A

Global Period: N/A

837 Validation: N/A

Monitoring: N/A

Queue and Tasking

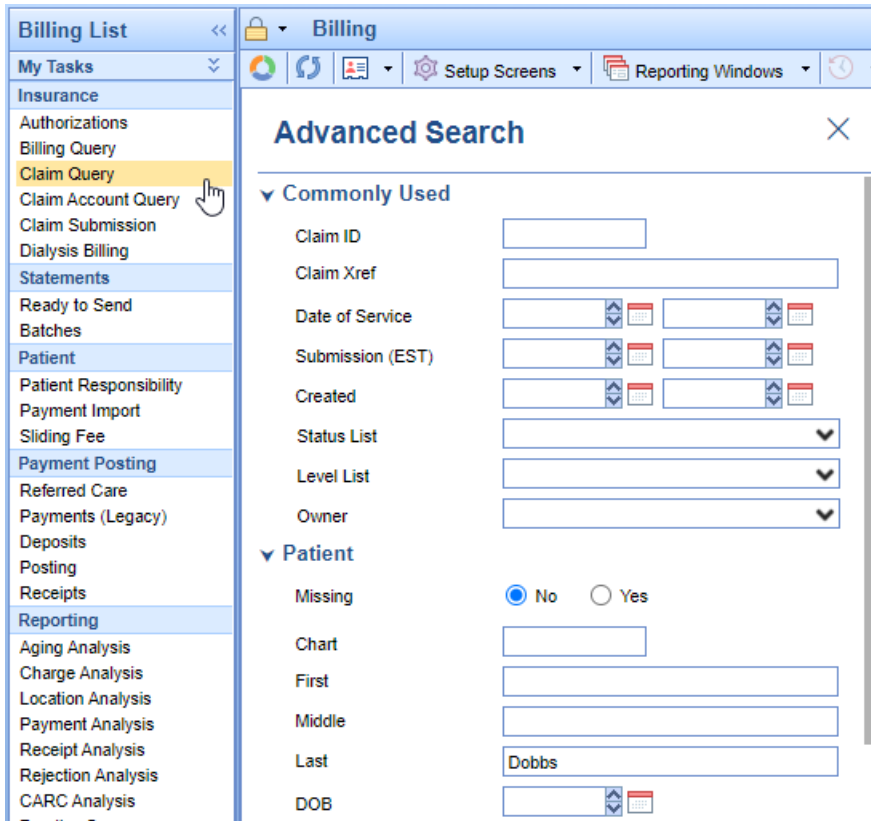
There is currently nothing in the Queue for this claim

Alerts Comments Activity Log

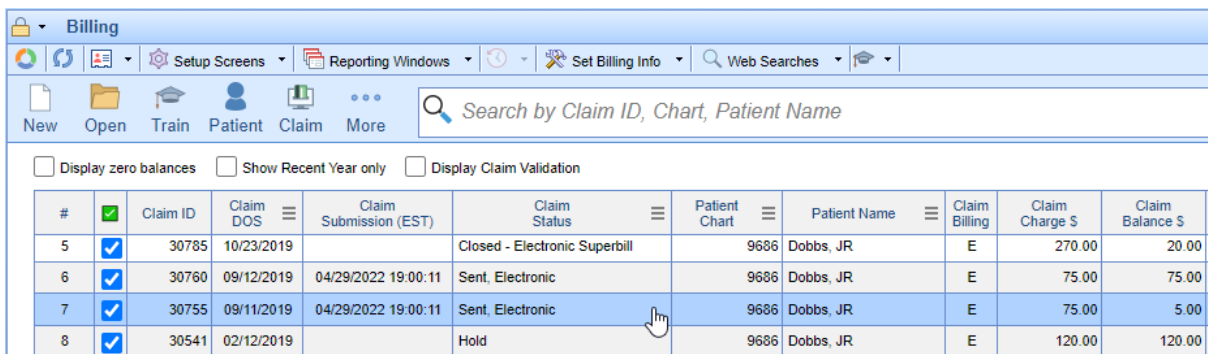
Copy an Existing Claim

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.

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



2. Double click to open the claim.



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

Claim entry for Claim #30755 for JR Dobbs 07/05/1943 (78y) - Google Chrome

officemd.net/officemd/screens/claimentry.htm?claimid=30755&patientid=9686&patienteid=38968×tmp=1652284661203&u1=Imichell&u2={00B5EE...

Open Save History Payments Patient Search for Patient

Claim Additional
 Claim (Popout)
 New Claim
Copy Claim
 Convert Claim
 Working List

onic

Type Medical
 Owner Patterson, Ellen
 837 Professional Institutional

Billing Electronic

Patient
 Patient 9686 - JR Dobbs
 (317) 555-1212 (555) 555-5555
 999 Chaos Way Indianapolis IN VFJ 012
 Pat. Location Patient Location
 Pat. Provider Patient Provider
 Resp. Party Dobbs, JR (Bob)
 Primary (1) Anthem Blue Cross
 Secondary Secondary Insurance
 Tertiary Tertiary Insurance
 Override Insurance Authorization

Service
 Location Family First Physicians
 Rendering Sankey MD, Peggy L.
 Referring Referring Provider
 Referred
 Other Providers
 Alternate Alternate Provider
 Supervising Supervising Provider
 Ordering Ordering Provider
 Attending Attending Provider
 Purchasing Purchasing Provider

Procedures and Diagnoses

#	Service Date		Procedure	POS	Procedure Amount		Modifiers				Diagnosis							
	From	To			Units	Charge	Amount	1	2	3	4	1	2	3	4			
1	09/11/2019	09/11/2019	99213	11	1.00	\$75.00	\$75.00							K648				
2	09/11/2019	09/11/2019				\$0.00								K648				

Total: \$75.00 Pay/Adj: (\$65.00) Balance: \$5.00 Receipts: \$0.00

Additional Information
 Admission Discharge Initial Onset
 Hour Hour
 Current Claim Edits
 Dates Miscellaneous

Messages and Monitoring
 Aging
 Billing Message
 Claim Validation
 Patient Validation
 Patient Only
 Code Limitations
 Required Fields
 Global Period
 837 Validation
 Monitoring

Queue and Tasking (1)
 Manage
 Custom
 Code Review

Alerts (1) Comments (4) Activity Log

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

Copy Claim

Claim ID 30755 New Claim ID

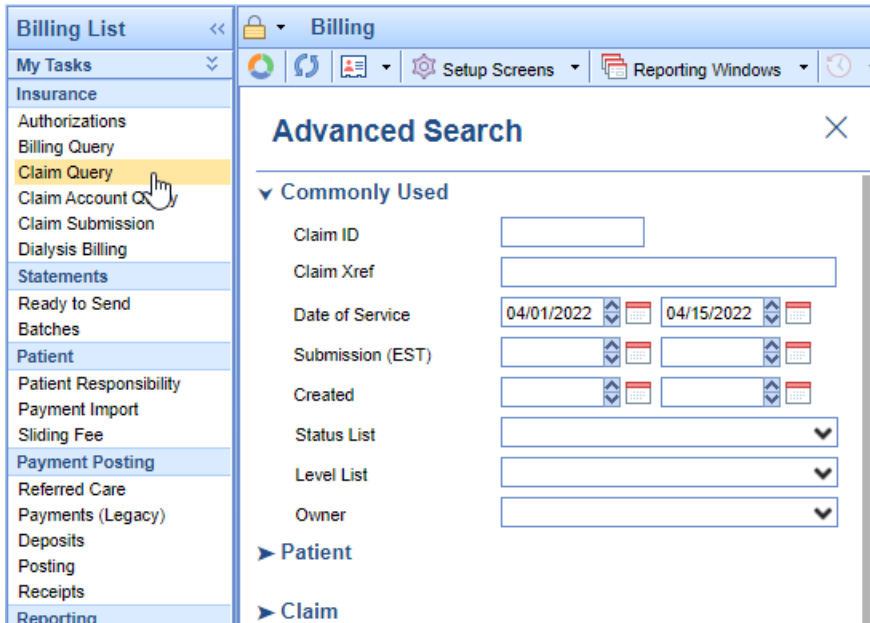
DOS 05/02/2022 - 05/02/2022

Copy Open Close

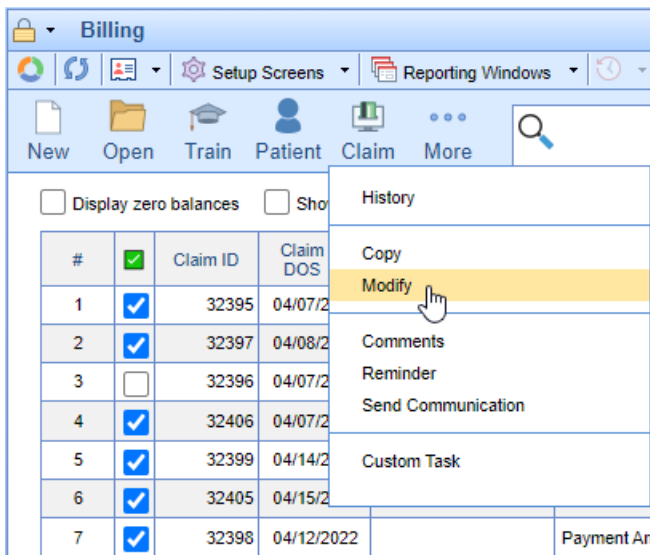
5. Click Open in the Copy Claim window.

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.

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**.



3. 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.

Modify Claim [X]

Claim Status Claim Substatus Billing Level Owner Service Location Patient Location Rendering Provider Referring Provider Alternate Provider Patient Provider Validation Type Balance Write-Off Override Insurance

Claim Status: [X]

Done	System Status
Ready to Send Primary, Electronic	System Status
Ready to Send Secondary, Electronic	System Status
Ready to Send Tertiary, Electronic	System Status
Ready to Send Primary, Paper	System Status
Ready to Send Secondary, Paper	System Status
Ready to Send Tertiary, Paper	System Status
Ready to Send, Statement	System Status
Payment Arrangement	System Status
Sent, Statement	System Status

10 of 39 results New

Alternate Provider [X] [Search]

Patient Provider [X] [Search]

Validation Type [X] [List]

Write-Off [X] [List]

Override the Payer/Service location state check

Note: You will be modifying, at most, a total of 7 claims.

[Clear] [Save] [Close]

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

Modify Claim [X]

Claim Status Claim Substatus Billing Level Owner Service Location Patient Location Rendering Provider Referring Provider Alternate Provider Patient Provider Validation Type Balance Write-Off Override Insurance

Claim Status: [X]

Claim Substatus: [List]

Billing: [List]

Level: [List]

Owner: [Search]

Service Location: [Search]

Patient Location: [Search]

Rendering Provider: [Search]

Referring Provider: [Search]

Alternate Provider: [Search]

Patient Provider: [Search]

Validation Type: [List]

Write-Off: [List]

Override the Payer/Service location state check

Note: You will be modifying, at most, a total of 7 claims.

[Clear] [Save] [Close]

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
✕

<input type="checkbox"/> Claim Status	Claim Status 🔍
<input type="checkbox"/> Claim Substatus	Claim Substatus 📄
<input type="checkbox"/> Billing	Billing 📄
<input type="checkbox"/> Level	Claim Level 📄
<input type="checkbox"/> Owner	Claim Owner 🔍
<input type="checkbox"/> Service Location	Service Location 🔍
<input type="checkbox"/> Patient Location	Patient Location 🔍
<input type="checkbox"/> Rendering Provider	Rendering Provider 🔍
<input type="checkbox"/> Referring Provider	Referring Provider 🔍
<input type="checkbox"/> Alternate Provider	Alternate Provider 🔍
<input type="checkbox"/> Patient Provider	Patient Provider 🔍
<input type="checkbox"/> Validation Type	Validation Type 📄
<input checked="" type="checkbox"/> Balance Write-Off	Courtesy Write-Off 📄
<input type="checkbox"/> Override Insurance	<input type="checkbox"/> 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.

Claim entry for Claim #30718 for Adam Test 11/14/2014 (4.11y) - Internet Explorer

Open Save History Payments Patient Search for Patient

Status
 Claim: 30718
 Status: In process - step 2, Electronic
 Substatus:
 Level: Primary Billing: Electronic
 Type: Medical
 Owner: Weber, Amanda
 837: Professional Institutional

Patient
 Patient: 9757 - Adam Test
 (513) 309-8223
 123 Test Way Indianapolis IN 46239
 Pat. Location: Patient Location
 Pat. Provider: Armstrong PT, Stephen
 Resp. Party: Test, Adam (1234)
 Primary: (1) Anthem Blue Cross
 Secondary: (2) Blue Cross Blue Shield (Midd)
 Tertiary: Tertiary Insurance
 Override Insurance

Service
 Location: Belmont West Dialysis Center
 Rendering: Armstrong PT, Stephen
 Referring: Dietzen MD, Chuck
 Referred:
 Other Providers

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis						
	From	To				Charge	Amount	1	2	3	4	1	2	3	4			
2	08/17/2019	08/17/2019	81001	11	1.00	\$25.00	\$25.00							E1122				
3	08/17/2019	08/17/2019	99214	11	1.00	\$150.00	\$150.00							E1122				
4	08/17/2019	08/17/2019				\$0.00								E1122				

Total: \$175.00 Pay/Adj: \$0.00 Balance: \$175.00 Receipts: \$0.00

Additional Information
 Admission: 08/17/2019 Hour:
 Discharge:
 Initial:
 Onset:
 Current Claim Edits:

Messages and Monitoring
 Aging: N/A
 Billing Message:
 Claim Validation:
 Patient Validation:
 Patient Only: N/A
 Code Limitations: N/A
 Required Fields: N/A
 Global Period: N/A
 837 Validation:
 Monitoring: N/A

Queue and Tasking
 There is currently nothing in the Queue for this claim

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

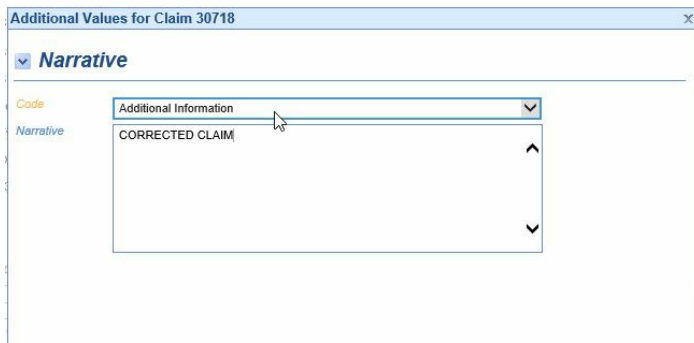
Additional Values for Claim 30718

<<Select Claim Area>>

- Details
 - Accident and Related Causes
 - Dates
 - Durable Medical Equipment (DME)
 - Early and Periodic Screens, Diagnosis & Treatment (EPSDT)
 - Numbers, Codes and Identifiers
 - Other Miscellaneous Values
- Documentation
 - Narrative**
 - Filing Information
 - Reporting Information
- Health Care Information
 - Condition Information
 - Occurrence Information
 - Patient's Reason for Visit
 - Value Information
- Institutional Claim
 - Institutional Codes
- Patient
 - Patient Condition
 - Ambulatory Patient Group
- Specialty
 - Ambulance Certification and Transport
 - Home Health
 - Vision

Close window after save

3. 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.



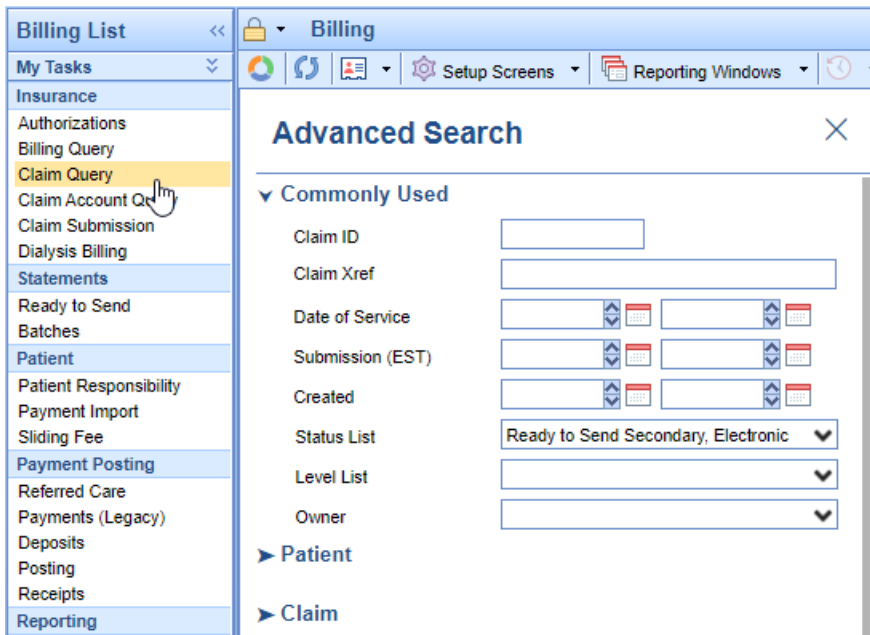
- When completed, click **Save**, and the **Additional Information** window will close.



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 secondary in order for them to process the claim. In these instances you can document the Medicare ICN number on the claim by doing the following.

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



- Double click on the claim to open it.

#	Claim ID	Claim DOS	Claim Submission (EST)	Claim Status	Patient Chart	Patient Name	Claim Billing	Claim Charge \$	Claim Balance \$	Primary Payer Name
1	29199	02/11/2015	03/23/2015 14:58:18	Ready to Send Secondary, Elec...	9336	Anderson, Annie	E	43.00	43.00	Medicare Part B
2	32363	02/24/2022		Ready to Send 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 Claim Edits

Dates Miscellaneous

+ Add Information

4. Click on Numbers, Codes, and Identifiers.

Additional Values for Claim 29199

Numbers, Codes and Identifiers

Details

- Accident and Related Causes
- Dates
- Durable Medical Equipment (DME)
- Early and Periodic Screens, Diagnosis & Treatment (EPSDT)
- Numbers, Codes and Identifiers**
- Other Miscellaneous Values

Documentation

- Narrative
- Filing Information
- Reporting Information

5. Add the ICN as depicted below and Save.

Additional Values for Claim 29199

Numbers, Codes and Identifiers

Medical Record

Original Reference

Investigational Device

Mammography

Resubmission Code

Medicaid Code

Service Authorization

Delay Reason

Demonstration Project ID

Homebound

Close window after 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.

Claim entry for Claim #30766 for Elisabeth Test 07/14/1983 (35y) -- Webpage Dialog

Open Save History Payments Patient Search for Patient

Status
 Claim 30766
 Status Ready to Send Primary, Electronic
 Substatus
 Level Primary Billing Electronic
 Type Medical
 Owner Patterson, Ellen
 837 Professional Institutional

Patient
 Patient 9391 - Elisabeth Test
 (317) 687-8119 x102
 101 Main St Indianapolis IN 46202
 Pat. Location Patient Location
 Pat. Provider Patient Provider
 Resp. Party Test, Elisabeth
 Primary (1) Contractors Laborers Teamst
 Secondary Secondary Insurance
 Tertiary Tertiary Insurance
 Override Insurance Authorization

Service
 Location Mooresville
 Rendering Betza MD, Robert
 Referring Referring Provider
 Referred

Procedures and Diagnoses (1)

#	From	To	Procedure	POS	Units	Charge	Amount	Modifiers	Diagnosis
1	09/23/2019	09/23/2019	99213			\$90.00	\$90.00		S61299A
2	09/23/2019	09/23/2019	96372			\$30.00	\$30.00		S61299A
3	09/23/2019	09/23/2019	J2000			\$50.00	\$50.00		S61299A
4	09/23/2019	09/23/2019				\$0.00			S61299A

Total: \$170.00 Pay/Adj: \$0.00 Balance: \$170.00 Receipts: \$0.00

Additional Information
 Admission
 Discharge
 Initial
 Onset
 Current Claim Edits
 Miscellaneous

Messages and Monitoring
 Authorization
 Billing Message
 Claim Validation
 Patient Validation
 Patient Only
 Code Limitations
 Required Fields
 Global Period
 837 Validation
 Monitoring

Queue and Tasking (1)
 Prepare
 Ready for Processing
 Ready to Send Primary, Electronic

- 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.

NDC for Claim 30766 -- Webpage Dialog

Code	From	To
99213	09/23/2019	09/23/2019
96372	09/23/2019	09/23/2019
✓ J2000	09/23/2019	09/23/2019

J2000 INJECTION, LIDOCAINE HCL, 50 CC

Measurement
 Qualifier
 Type
 Value

NDC
 Value
 Price
 Quantity
 Unit
 Rx Id

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

NDC for Claim 30766 -- Webpage Dialog

Code	From	To
99213	09/23/2019	09/23/2019
96372	09/23/2019	09/23/2019
✓ J2000	09/23/2019	09/23/2019

J2000 INJECTION, LIDOCAINE HCL, 50 CC

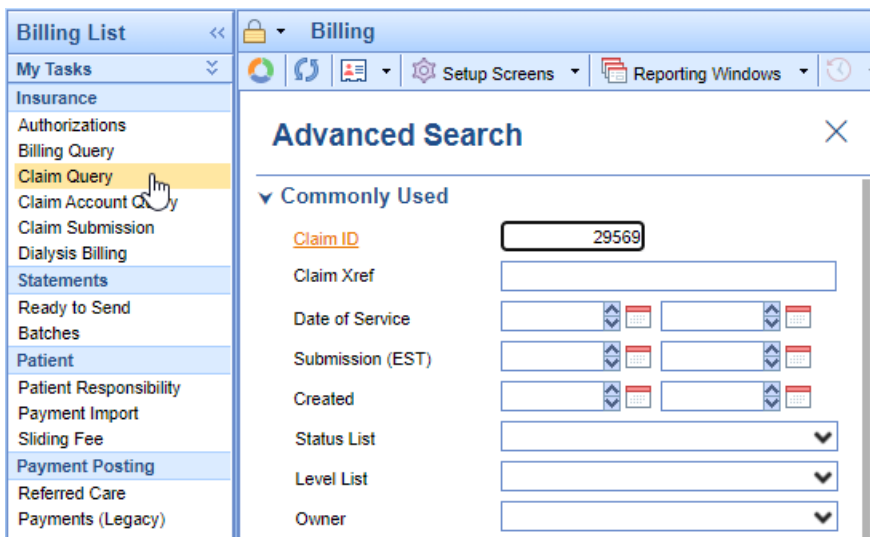
Measurement
 Qualifier
 Type
 Value

NDC
 Value 52584048457
 Price \$50.00
 Quantity 10
 Unit Unit
 Rx Id

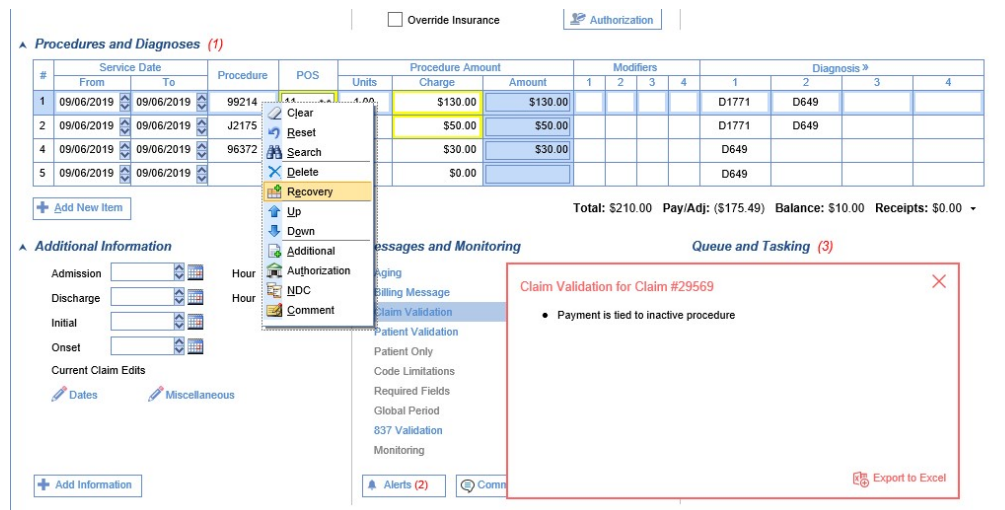
Fixing an Inactive Procedure Validation Error

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.



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.

Procedure Recovery and Maintenance for Claim 29569 -- Webpage Dialog

#	DOS	Procedure	Amount	Payments	Active
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	90782	\$30.00	Yes	No

Close window after save Undo Save

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

Claim #29569 for Blake A. Head 03/20/1989 (30y)

Open Save History Payments Patient

Status

Claim 29569
 Status Ready to Send Secondary; Electronic
 Substatus
 Level Secondary Billing Electronic
 Type Medical
 Owner Head, Blake
 837 Professional Institutional

Claim History
 Patient History
 Submission History

Patient (1)

Patient 9367 - Blake A. Head
 (317) 956-7909 (317) 833-8967
 7826 Almond Dr Indianapolis IN 46237
 Pat. Location
 Pat. Provider
 Resp. Party Head, Blake A.
 Primary (1) COMMONWEALTH OF MAS
 Secondary (2) Blue Cross and Blue Shield o
 Tertiary
 Override Insurance Authorization

- 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 Claim: 29569 Evans MD, Jackie Claim Total \$240.00
 Status Ready to Send Secondar... Submission 10/12/2015 to COMMONWEALTH OF ... Aging 1,445

09/06/2019	99214: OFFICE/OP VISIT, EST PT				\$130.00
1	D1771 Benign lipomatous neoplasm of kidney				
2	D649 Anemia, unspecified				
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	J2175: INJECTION, MEPERIDINE HYDROCHLORIDE, PER 10...				\$50.00
1	D1771 Benign lipomatous neoplasm of kidney				
2	D649 Anemia, unspecified				
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	96372: Therapeutic, prophylactic or diagnostic injection; subcuta...				\$30.00
1	D649 Anemia, unspecified				
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	90782: SUBQ/IM INJECTION...THERAPEUTIC/PROPHYLACTI...				\$30.00
1	D649 Anemia, uns				
09/26/2019	Insurance Che			COMMONWEALT...	(\$10.00)
09/26/2019	Insurance Conf			COMMONWEALT...	(\$15.00)
09/26/2019	Allowed \$15.00			COMMONWEALT...	
	Procedure Balance:				\$5.00
	Insurance Balance:				\$15.00
	Total Insurance Balance:				\$15.00

Context menu for 09/26/2019 Insurance Check (\$10.00):
 Add Comment
 Add Payment
 Delete Payment
 Credits
 Claim
 Provider
 View Submission
 ERA

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

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis					
	From	To				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			
4	09/06/2019	09/06/2019	90732	11	1.00	\$30.00	\$30.00							D649			
5	09/06/2019	09/06/2019				\$0.00	\$0.00							D649			

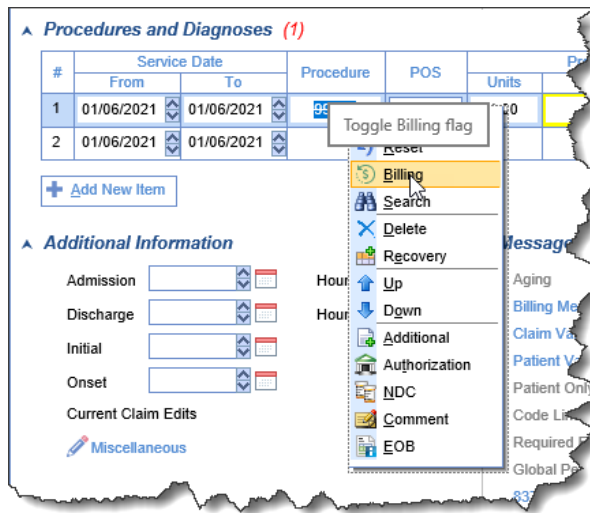
Total: \$240.00 Pay/Adj: (\$175.49) Balance: \$40.00 Receipts: \$0.00

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.

#	Service Date		Procedure	POS	Units	Pr
	From	To				
1	01/06/2021	01/06/2021	99214	11	1.00	
2	01/06/2021	01/06/2021				

This setting can be changed from the Claim details 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.

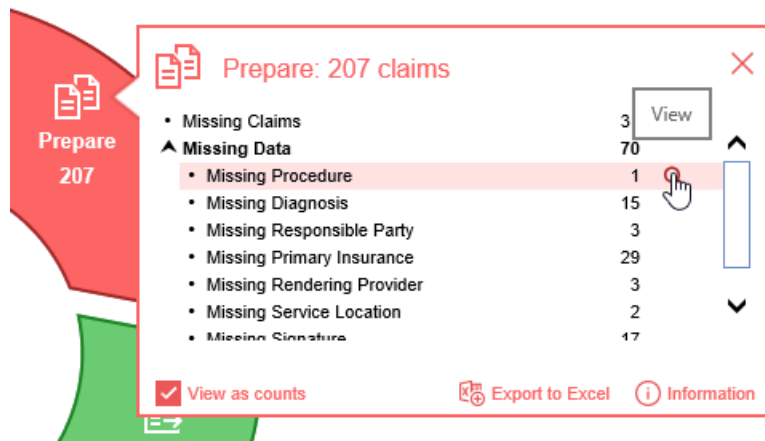


Missing Procedure

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

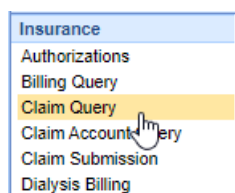
Starting from the Revenue Cycle Wheel:

- 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



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

Advanced Search ✕

► Locations

▼ Claim Validation

Entities N/A Yes No

SOF N/A Yes No

Guarantor N/A Yes No

Location N/A Yes No

Rendering N/A Yes No

Referring N/A Yes No

Primary N/A Yes No

Secondary N/A Yes No

Tertiary N/A Yes No

Dx Record N/A Yes No

Dx Procedure N/A 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 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)

Open Save History Payments Patient

▲ Status

Claim 32055

Status Closed - Electronic Superbill

Substatus

Level Statement Billing Paper

Type Medical

Owner Daoud, Cliff

837 Professional Institutional

Patient

Patient 24974 - Test Dan
(317) 555-5555
235 Elm Ct Indianapolis IN 46260

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Judith, Test

Primary (4) Self Pay

Secondary Secondary Insurance

Tertiary Tertiary Insurance

Override Insurance Authorization

Service

Location Family First Pl

Rendering Lynch MD, Ste

Referring Referring Prov

Other Providers

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagn		
	From	To			Units	Charge	Amount	1	2	3	4	1	2	
1	08/30/2020	08/30/2020		11	1.00	\$120.00	\$120.00	r					J0190	
2	08/30/2020	08/30/2020				\$0.00							J0190	

Total: \$120.00 Pay/Adj: (\$120.00) Balance: \$0

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

▲ **Procedures and Diagnoses (1)**

#	Service Date		Procedure	POS	Units
	From	To			
1	08/30/2020	08/30/2020		11	1.00
2	08/30/2020	08/30/2020			

+ Add New Item

▲ **Additional Information**

Admission

Discharge

Initial

Onset

Current Claim Edits

Miscellaneous

Clear

Perform code search

- Billing
- Search**
- Delete
- Recovery
- Up
- Down
- Additional
- Authorization
- NDC
- Comment
- EOB

Mes

Agri

Bill

Cl

Pat

Pat

Co

Re

Glc

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

Search

Search: office

Description: OFFICE/OP VISIT, EST PT

Provider Favorites

99213	OFFICE/OP VISIT, EST PT	CPT
99214	OFFICE/OP VISIT, EST PT	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 Results

16020	DRESSINGS/DEBRIDEMENT; W/O ANESTHESIA, OFFICE/HO...	CPT
-------	---	-----

25 of 38 results

All New

08/30/2020 08/30/2020 11 1.00 \$120.00 \$120.00

260

Authorization

Modifier

2

5. Save the claim

Current Claim options 11/2017 (3.9y)

Open Save History Payments Patient

Status

Claim 32055

Status Closed - Electronic Superbill

Substatus

Level Statement Billing Paper

Type Medical

Owner Daoud, Cliff

837 Professional Institutional

Patient

Patient 24974 - Test Dan
(317) 555-5555
235 Elm Ct Indianapolis IN 46260

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Judith, Test

Primary (4) Self Pay

Secondary Secondary Insurance

Tertiary Tertiary Insurance

Override Insurance [Authorization](#)

Service

Location Family

Rendering Lynch

Referring Refern

[Other Providers](#)

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers						
	From	To			Units	Charge	Amount	1	2	3	4	1	2	
1	08/30/2020	08/30/2020	99213	11	1.00	\$120.00	\$120.00	r					J0190	
2	08/30/2020	08/30/2020				\$0.00							J0190	

[Add New Item](#)

Total: \$120.00 Pay/Adj: (\$120.00) Balan

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

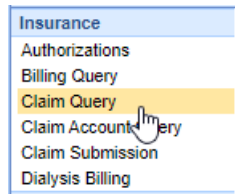
Prepare: 217 claims

- Missing Claims 30
- ▲ **Missing Data 79**
 - **Missing Diagnosis 19**
 - Missing Responsible Party 4
 - Missing Primary Insurance 31
 - Missing Rendering Provider 4
 - Missing Service Location 2
 - Missing Signature 19
- ▼ **Ready for Processing 408**

View as counts [Export to Excel](#) [Information](#)

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 DX Code

A screenshot of the "Advanced Search" dialog box. The "Claim Validation" section is expanded, showing a list of fields with radio button options for "N/A", "Yes", and "No". The "Dx Code" field has the "Yes" option selected and highlighted in orange. A mouse cursor is pointing at the "Yes" option for "Dx Code".

Field	N/A	Yes	No
Entities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOF	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guarantor	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rendering	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tertiary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dx Record	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dx Procedure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Dx Code</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Submission	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rejection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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

Claim #32113 for test C. ccd-john 07/19/1971 (49y)

Open Save History Payments Patient

Status

Claim 32113

Status Closed - Electronic Superbill

Substatus

Level Statement Billing Paper

Type Medical

Owner Daoud, Cliff

837 Professional Institutional

Patient

Patient 9797 - test C. ccd-john
(317) 555-1458
123 Test St Indianapolis IN 46202

Pat. Location Patient Location

Pat. Provider Artar MD, Ali

Resp. Party ccd-john, test C.

Primary (1) Self Pay

Secondary Secondary Insurance

Tertiary Tertiary Insurance

Override Insurance Authorization

Service

Location A1106 Lake

Rendering Lynch MD,

Referring Referring P

Other Providers

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Dia	
	From	To			Units	Charge	Amount	1	2	3	4		
1	01/22/2021	01/22/2021	90834	99	1.00	\$120.00	\$120.00					1	
2	01/22/2021	01/22/2021				\$0.00							

+ Add New Item

Total: \$120.00 Pay/Adj: \$0.00 Balance: \$1

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

Diagnosis			
4	1	2	3

Clear

Perform code search

Billing

Search

Delete

Recovery

Up

Down

Additional

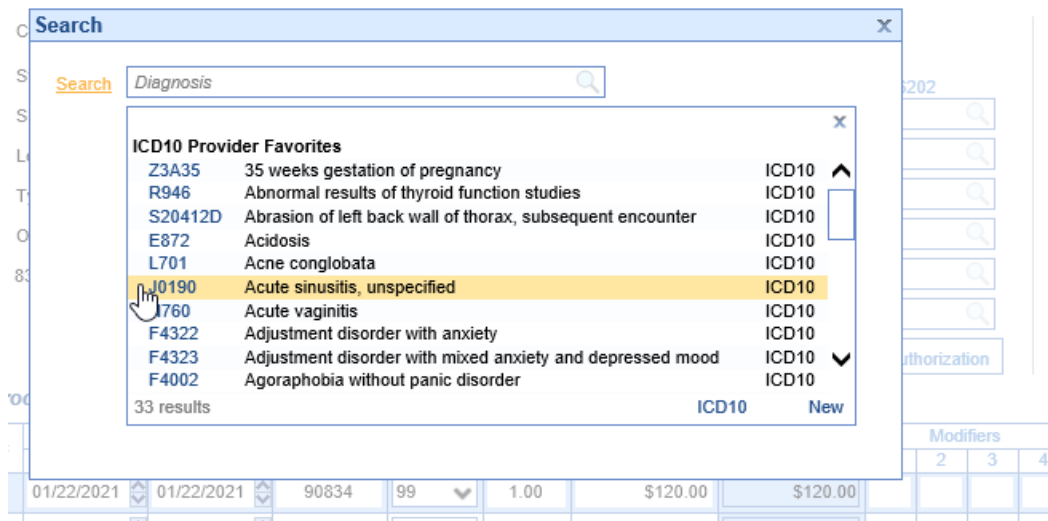
Authorization

NDC

Comment

EOB

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



5. Save the claim

Claim #32113 for test C. ccd-john 07/19/1971 (49y)

Open Save **History** Payments Patient

Status

Claim: 32113
 Status: Closed - Electronic Superbill
 Substatus:
 Level: Statement Billing Paper
 Type: Medical
 Owner: Daoud, Cliff
 837: Professional Institutional

Patient

Patient: 9797 - test C. ccd-john (317) 555-1458
 123 Test St Indianapolis IN 46202
 Pat. Location: Patient Location
 Pat. Provider: Artar MD, Ali
 Resp. Party: ccd-john, test C.
 Primary: (1) Self Pay
 Secondary: Secondary Insurance
 Tertiary: Tertiary Insurance
 Override Insurance

Service

Location: A1106 Lakela
 Rendering: Lynch MD, St
 Referring: Referring Pro
 Other Providers

Procedures and Diagnoses

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagn			
	From	To			Units	Charge	Amount	1	2	3	4	1	2		
1	01/22/2021	01/22/2021	90834	99	1.00	\$120.00	\$120.00							J0190	
2	01/22/2021	01/22/2021				\$0.00								J0190	

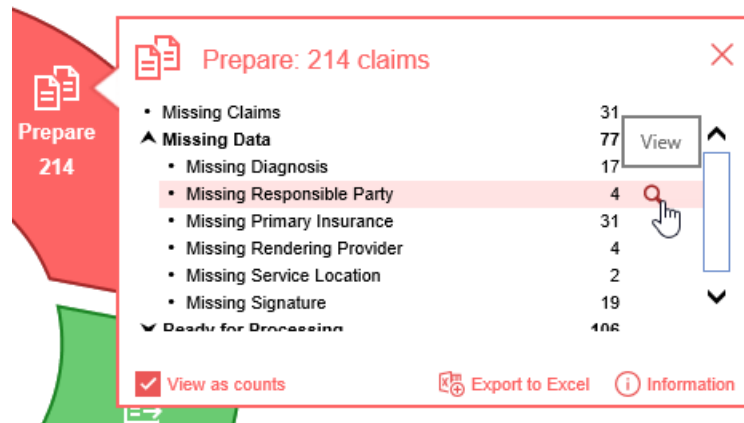
Total: \$120.00 Pay/Adj: \$0.00 Balance: \$120.00

Missing Responsible Party

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

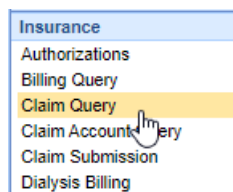
Starting from the Revenue Cycle Wheel:

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

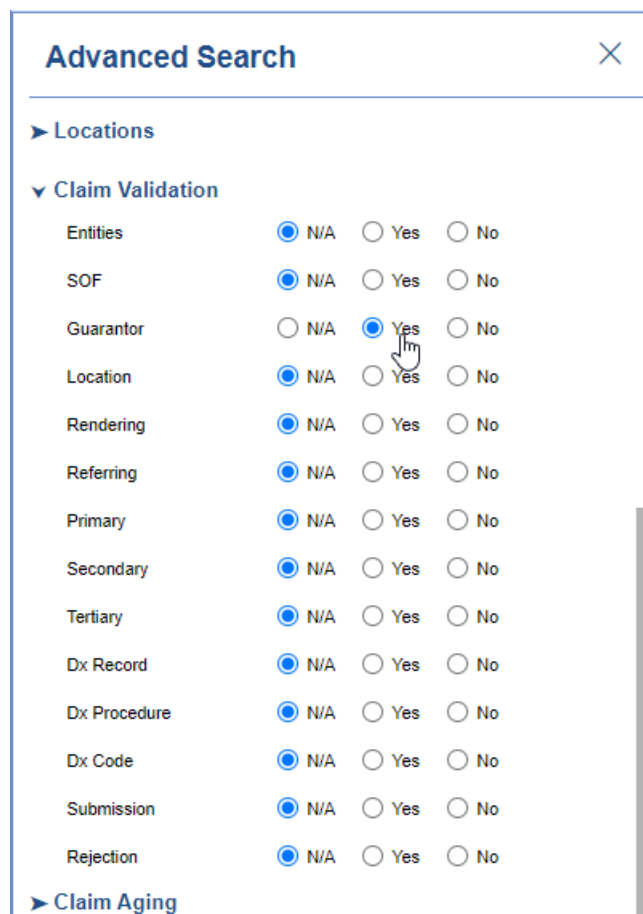


Starting from Claim Query

- 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



- 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

Claim #30826 for Michael C. Jones 01/06/1972 (49y)

Open Save History Payments Patient

▲ Status

Claim 30826
 Status Ready to Send Primary, Electronic
 Substatus
 Level Primary Billing Electronic
 Type Medical
 Owner Poland, Kim
 837 Professional Institutional

Patient (1)

Patient 9732 - Michael C. Jones (317) 275-9367
 Pat. Location Patient Location
 Pat. Provider Patient Provider
 Resp. Party Responsible Party
 Primary (1) Anthem Blue Cross
 Secondary Secondary Insurance
 Tertiary Tertiary Insurance
 Override Insurance Authorization

Service

Location iSalus Health
 Rendering Hynes MD, P
 Referring Referring Pro
 Other Providers

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagr			
	From	To			Units	Charge	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	

+ Add New Item

Total: \$15.00 Pay/Adj: \$0.00 Balance: \$1

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

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Responsible Party

Primary (1) Anthem Blue Cross

Perform search

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

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Responsible Party

Primary Jones, Michael C. 1 Y

Secondary

Tertiary

O

Units 1.00

1 result

5. Save the claim

Claim #30826 for Michael C. Jones 01/06/1972 (49y)

Open Save History Payments Patient

▲ Status

Claim 30826

Status Ready to Send Primary, Electronic

Substatus

Level Primary Billing Electronic

Type Medical

Owner Poland, Kim

837 Professional Institutional

Patient

Patient 9732 - Michael C. Jones (317) 275-9367

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Jones, Michael C.

Primary (1) Anthem Blue Cross

Secondary Secondary Insurance

Tertiary Tertiary Insurance

Override Insurance

Service

Location iSalus Healthc

Rendering Hynes MD, Pa

Referring Referring Pro

Other Providers

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagn			
	From	To			Units	Charge	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	

+ Add New Item

Total: \$15.00 Pay/Adj: \$0.00 Balance: \$15.00

If no Responsible Party is listed

Pat. Provider Patient Provider

Resp. Party Responsible Party

Primary

Secondary

Tertiary

Override Insurance

No results

- Click Patient on the toolbar

Claim #30975 for Joe B. Smith 03/24/1989 (31y)

Open Save History Payments Patient

▲ Status

Claim 30975

Status Closed - Electronic Superbill

Substatus

Level Primary Billing Electronic

Type Medical

Patient (1)

Patient 25065 - Joe B. Smith (317) 956-7909

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Responsible Party

- Click the Responsible Party section on the left

Patient Setup Smith, Joe B. Born 24-Mar-1989(31y) Gender Male

New Save Train More

#	First Name	Last Name	Primary ID	Relationship

Responsible Party

Order: 1 Type: Same as Patient Individual Company [Populate Patient Information](#)

First: [] Address 1: [] Home: [] Ext: []

Middle: [] Address 2: [] Work: [] Ext: []

Last: [] City: [] Other: [] Ext: []

Suffix: [] State: [] Country: [] Zip Code: []

Gender: [] Email: []

Relationship: [] Employer: []

DOB: [] ID Type: [] ID Value: []

- Add a responsible party

Patient Setup Smith, Joe B. Born 24-Mar-1989(31y) Gender Male

New Save Train More

#	First Name	Last Name	Primary ID	Relationship
1	Joe	Smith		Self

Responsible Party

Order: 1 Type: Same as Patient Individual Company [Populate Patient Information](#)

First: Joe Address 1: [] Home: (317) 956-7909 Ext: []

Middle: B Address 2: [] Work: [] Ext: []

Last: Smith City: [] Other: [] Ext: []

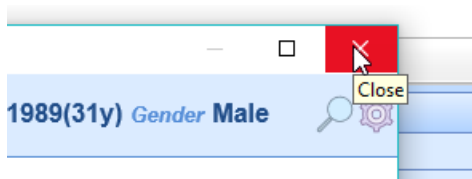
Suffix: [] State: [] Country: [] Zip Code: []

Gender: Male Email: []

Relationship: Self Employer: []

DOB: 03/24/1989 ID Type: [] ID Value: []

- Close the Patient Setup screen



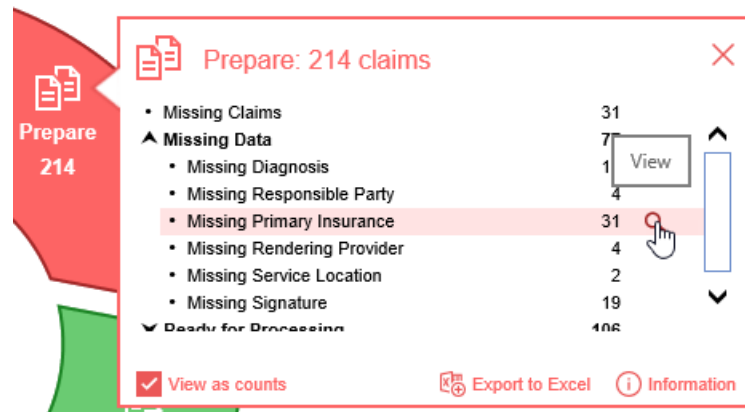
- Return to "Select the responsible party" step above and continue

Missing Primary Insurance

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

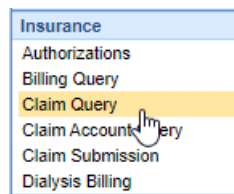
Starting from the Revenue Cycle Wheel:

- 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	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
SOF	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Guarantor	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Location	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Rendering	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Referring	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Primary	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Secondary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Tertiary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Record	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Procedure	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Code	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Submission	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Rejection	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> 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 Jackson 06/08/1990 (30y)

Open Save History Payments Patient

▲ **Status**

Claim: 30989

Status: Closed - Electronic Superbill

Substatus:

Level: Primary Billing: Electronic

Type: Medical

Owner: Cassady, Wes

837 Professional Institutional

Patient (1)

Patient: 25068 - Rickey Jackson
(865) 776-7245
Oak Ridge TN 37830

Pat. Location: Patient Location

Pat. Provider: Patient Provider

Resp. Party: Jackson, Rickey

Primary: Primary Insurance

Secondary: Secondary Insurance

Tertiary: Tertiary Insurance

Override Insurance Authorization

Service

Location: ChoiceMD Tele

Rendering: Lynch MD, Ste

Referring: Referring Provit

Re

↕ Other Providers

▲ **Procedures and Diagnoses (1)**

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagno		
	From	To			Units	Charge	Amount	1	2	3	4	1	2	

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

Pat. Location

Pat. Provider

Resp. Party

Primary

Secondary

Perform search

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

Patient (1)

Patient 25068 - Rickey Jackson

(865) 776-7245

Oak Ridge TN 37830

Pat. Location

Pat. Provider

Resp. Party

Payer: (1) Anthem BCBS

Secor			
(1) Anthem BCBS	Yes	Yes	

Tertiary

Units	
1.00	
1.00	
1.00	

1 result

5. Save the claim

Claim #30989 for Rickey Jackson 06/08/1990 (30y)

Open Save History Payments Patient

Status

Claim 30989

Status Closed - Electronic Superbill

Substatus

Level Primary Billing Electronic

Type Medical

Owner Cassidy, Wes

837 Professional Institutional

Patient

Patient 25068 - Rickey Jackson

(865) 776-7245

Oak Ridge TN 37830

Pat. Location

Pat. Provider

Resp. Party

Primary (1) Anthem BCBS

Secondary

Tertiary

Override Insurance

Service

Location Choice

Rendering Lynch

Referring Referr

Other Providers

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers					
	From	To			Units	Charge	Amount	1	2	3	4		

If the Insurance Plan you are looking for is not listed

Resp. Party Jackson, Rickey

Primary Primary Insurance

Secondary

Tertiary

Other

No results

00					
00					
00					
00					
00	\$100.00	\$100.00			

1. Click Patient on the toolbar

CHOICE

Patient options

Claim #30989 for Rickey Jackson 06/08/1990 (30y)

Open Save History Payments Patient

▲ Status

Claim 30989

Status Closed - Electronic Superbill

Substatus

Level Primary Billing Electronic

Type Medical

Owner Cassidy, Wes

837 Professional Institutional

Patient (1)

Patient 25068 - Rickey Jackson
(865) 776-7245
Oak Ridge TN 37830

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Jackson, Rickey

Primary Primary Insurance

Secondary Secondary Insurance

2. Click the Insurance section on the left

Patient Setup -- Webpage Dialog

Jackson, Rickey Born 08-Jun-1990(30y) Gender Male

Cov.	Active	Payer	Primary ID	Group/Policy #	Copay

Guarantor

Coverage: 1 Insured: Same as Patient Individual Company

First: [] Address 1: [] Phone: [] Ext: []
 Middle: [] Address 2: [] Signature: []
 Last: [] City: []
 Suffix: [] State: [] Country: [] Zip Code: []
 Gender: [] Email: []
 Relationship: [] Employer: []
 DOB: [] Property Casualty: []

Insurance Policy

Start: [] End: [] Benefit Reset: []
 Payer: [Payer] Insured ID: [] Member ID #: []
 Type: [] Secondary ID: []
 MSP Reason: [] Group Name: []
 Copay: \$ [] % []
 Deductible Amount: [] Met: []
 Max out of Pocket: [] Met: []

Authorization Required Do not perform 270 eligibility

Document List Order Route Eligibility

3. Add a primary insurance

Patient Setup -- Webpage Dialog

Jackson, Rickey Born 08-Jun-1990(30y) Gender Male

Cov.	Active	Payer	Primary ID	Group/Policy #	Copay
1	Y	Anthem BCBS	123456789		\$0.00

Guarantor

Coverage: 1 Insured: Same as Patient Individual Company

First: Rickey Address 1: [] Phone: (865) 776-7245 Ext: []
 Middle: [] Address 2: [] Signature: [06/04/2020]
 Last: Jackson City: Oak Ridge
 Suffix: [] State: TN Country: USA Zip Code: 37830
 Gender: Male Email: []
 Relationship: Self Employer: []
 DOB: 06/08/1990 Property Casualty: []

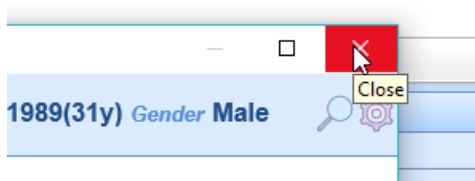
Insurance Policy

Start: 01/01/1999 End: [] Benefit Reset: []
 Payer: Anthem BCBS Insured ID: [] Member ID #: 123456789
 Type: Commercial Secondary ID: []
 MSP Reason: [] Group Name: []
 Copay: \$ 0.00 % []
 Deductible Amount: [] Met: []
 Max out of Pocket: [] Met: []

Authorization Required Do not perform 270 eligibility

Document List Order Route Eligibility

4. Close the Patient Setup screen



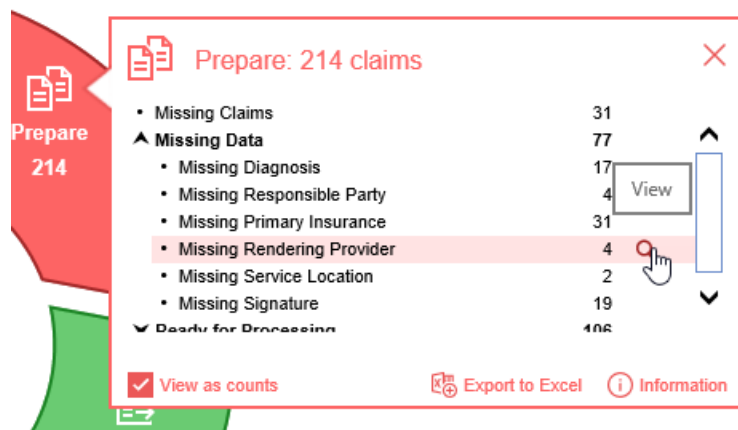
- 5. Return to "Select the insurance plan" step above and continue

Missing Rendering Provider

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

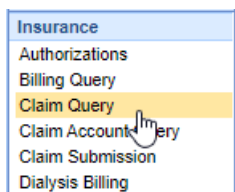
Starting from the Revenue Cycle Wheel:

- 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	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
SOF	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Guarantor	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Location	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Rendering	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Referring	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Primary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Secondary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Tertiary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Record	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Procedure	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Code	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Submission	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Rejection	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> 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 Angie Test 06/24/1970 (50y)

Open Save History Payments Patient Search for Patient

▲ Status

Claim: 30991
 Status: Closed - Electronic CCM
 Substatus:
 Level: Primary Billing: Electronic
 Type: Medical
 Owner: Administrator, Local
 837 Professional Institutional

Patient

Patient: 9781 - Angie Test
 (317) 453-5751
 555 Test Street Indianapolis IN 46202
 Pat. Location: Patient Location
 Pat. Provider: Patient Provider
 Resp. Party: Test, Angie
 Primary: (1) TEST BCBS
 Secondary: Secondary Insurance
 Tertiary: Tertiary Insurance
 Override Insurance

Service (1)

Location: Franklin
 Rendering: Rendering Provider
 Referring: Referring Provider
 Referred:
 Other Providers

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis			
	From	To				Charge	Amount	1	2	3	4	1	2	3	4
1	06/02/2020	06/02/2020	99490	21	1.00	\$0.00	\$0.00					110	R32		
2	06/02/2020	06/02/2020				\$0.00						110	R32		

+ Add New Item

Total: \$0.00 Pay/Adj: \$0.00 Balance: \$0.00 Receipts: \$0.00

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

Service (1)

Location

Rendering

Re

442	Smith, Gretchen	1720054570	Yes
295	Smith, Kelly	1597536842	Yes
421	Smith, Nancy	1022225585	Yes
208	Smith, Troy	1770565830	Yes

4 results New

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

Service

Location

Rendering

Referring

Referred

[Other Providers](#)

5. Save the claim

Claim #30991 for Angie Test 06/24/1970 (50y)

Open Save History Payments Patient Search for Patient

Status

Claim 30991

Status Closed - Electronic CCM

Substatus

Level Primary Billing Electronic

Type Medical

Owner Administrator, Local

837 Professional Institutional

Patient

Patient 9781 - Angie Test

(317) 453-5751

555 Test Street Indianapolis IN 46202

Pat. Location

Pat. Provider

Resp. Party Test, Angie

Primary (1) TEST BCBS

Secondary

Tertiary

Override Insurance

Service

Location Franklin

Rendering Smith, Gretchen

Referring Referring Provider

Referred

[Other Providers](#)

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis			
	From	To				Charge	Amount	1	2	3	4	1	2	3	4
1	06/02/2020	06/02/2020	99490	21	1.00	\$0.00	\$0.00					I10	R32		
2	06/02/2020	06/02/2020				\$0.00						I10	R32		

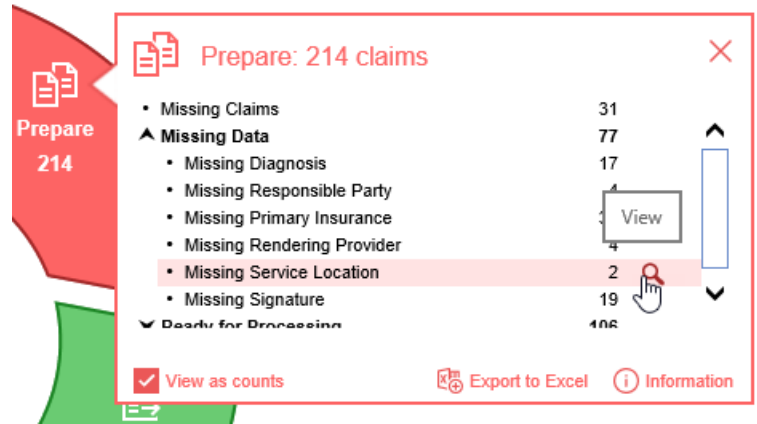
Total: \$0.00 Pay/Adj: \$0.00 Balance: \$0.00 Receipts: \$0.00

Missing Service Location

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

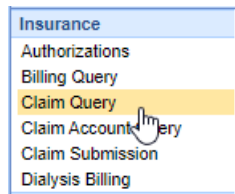
Starting from the Revenue Cycle Wheel:

- 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 Search ✕

► Locations

▼ Claim Validation

Entities	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
SOF	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Guarantor	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Location	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Rendering	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Referring	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Primary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Secondary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Tertiary	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Record	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Procedure	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Dx Code	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Submission	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No
Rejection	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> 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 #31024 for Amanda Test 05/01/1991 (29y)

Open Save History Payments Patient Search for Patient

▲ Status

Claim: 31024

Status: Ready to Send, Statement

Substatus:

Level: Statement Billing: Electronic

Type: Medical

Owner: Mack, Amanda

837: Professional Institutional

Patient

Patient: 25001 - Amanda Test (317) 888-8888
122 Walnut St. Indianapolis IN 46227

Pat. Location: Patient Location

Pat. Provider: Patient Provider

Resp. Party: Test, Amanda

Primary: (1) Anthem BCBS

Secondary: Secondary Insurance

Tertiary: Tertiary Insurance

Override Insurance

Service (1)

Location: Service Location

Rendering: Adams ARNP, Blaire

Referring: Referring Provider

Referred:

Other Providers

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagnosis						
	From	To			Units	Charge	Amount	1	2	3	4	1	2	3	4			
1	08/31/2020	08/31/2020	no show	▼	1.00	\$10.00	\$10.00							D649				
2	08/31/2020	08/31/2020		▼		\$0.00								D649				

Total: \$10.00 Pay/Adj: \$0.00 Balance: \$10.00 Receipts: \$0.00

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

Family First Physicians	1234 Main Street	Indianapolis IN 4...
Naab Road	1234 Main St	Indianapolis IN 4...
Post Road	1234 Main St	Indianapolis IN 4...
Workers Comp Office	1234 Main Street	Indianapolis IN 4...

4 results New

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

Service

Location

Rendering

Referring

Referred

[Other Providers](#)

5. Save the claim

Claim #31024 for Amanda Test 05/01/1991 (29y)

Open Save **History** Payments Patient Search for Patient

Status

Claim 31024

Status

Substatus

Level Billing

Type

Owner

837 Professional Institutional

Patient

Patient 25001 - Amanda Test

(317) 888-8888
122 Walnut St. Indianapolis IN 46227

Pat. Location

Pat. Provider

Resp. Party

Primary

Secondary

Tertiary

Override Insurance

Service

Location

Rendering

Referring

Referred

[Other Providers](#)

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagnosis *				
	From	To			Units	Charge	Amount	1	2	3	4	1	2	3	4	
1	08/31/2020	08/31/2020	no show	<input type="text" value=""/>	1.00	\$10.00	\$10.00					D649				
2	08/31/2020	08/31/2020		<input type="text" value=""/>		\$0.00						D649				

Total: \$10.00 Pay/Adj: \$0.00 Balance: \$10.00 Receipts: \$0.00

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

The screenshot shows a window titled "Prepare: 214 claims" with a close button (X) in the top right. On the left, there is a red arrow pointing to a "Prepare 214" button. The main area contains a list of items with counts:

• Missing Claims	31
▲ Missing Data	77
• Missing Diagnosis	17
• Missing Responsible Party	4
• Missing Primary Insurance	3
• Missing Rendering Provider	2
• Missing Service Location	2
• Missing Signature	19
▼ Ready for Processing	106

At the bottom, there are three buttons: "View as counts" (checked), "Export to Excel", and "Information". A magnifying glass icon is positioned over the "Missing Signature" row, which is highlighted in pink.

Starting from Claim Query

- In the Billing portal click on Claim Query

The screenshot shows a dropdown menu titled "Insurance" with the following items: Authorizations, Billing Query, Claim Query (highlighted in yellow), Claim Account Inquiry, Claim Submission, and Dialysis Billing. A mouse cursor is pointing at the "Claim Query" item.

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

The screenshot shows a window titled "Advanced Search" with a close button (X) in the top right. The "Claim Validation" section is expanded, showing a list of items with radio button options for "N/A", "Yes", and "No". The "SOF" item has the "Yes" option selected.

Item	N/A	Yes	No
Entities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOF	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Guarantor	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rendering	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tertiary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dx Record	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dx Procedure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dx Code	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submission	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rejection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below the "Claim Validation" section is a "Claim Aging" section, which is currently collapsed.

- 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

The screenshot shows the 'Patient options' menu open, with the 'Patient' button highlighted. The main interface displays the 'Patient' section for '24753 - Angel Test'.

Patient	
Patient	24753 - Angel Test
	(333) 333-3333
	1234 Main Street Indianapolis MA 46200
Pat. Location	Patient Location
Pat. Provider	Test MD, John
Resp. Party	Test, Angel
Primary	(1) Cigna
Secondary	Secondary Insurance
Tertiary	Tertiary Insurance
	<input type="checkbox"/> Override Insurance
	Authorization

3. Click the Demographics tab on the left

The screenshot shows the 'Patient Setup' window with the 'Demographics' tab selected. The patient information is as follows:

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	RHC	
Suffix		Country	USA	Signature	
		Zip	46200		

Demographics		Contact		Status	
Gender	Female	Home	(333) 333-3333	Marital	
Ethnicity		Work		Employed	
Race	Asian	Other		Employer	
Lang.		Email		Student	
Location	Primary Location	Reminder			
<input checked="" type="checkbox"/> Active		<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Do NOT print Statements	

Provider	
PCP	Primary Care Physician
Referring	Referring
Doctor	Test, John MD (1336106301)
Rx Hist.	

Identification	
Primary	SSN
Secondary	
Old ID #1	
Old ID #2	
Old ID #3	

Responsible Party Same as Patient (1 of 1)

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

Patient Setup -- Webpage Dialog

Patient Setup

Test, Angel Born 24-Jun-1970(50y) Gender Female

New Save Train More

Name: First Angel, Middle, Last Test, Nick, Suffix

Address: Address 1 1234 Main Street, Address 2, City Indianapolis, State MA, Country USA, Zip 46200

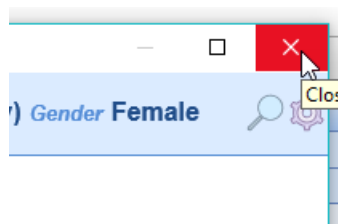
Chart: Chart # 24753, User Defined, DOB 06/24/1970, RHC, Signature 01/15/21

Demographics: Gender Female

Contact: Home (333) 333-3333

Status: Marital

5. Close the Patient Setup screen



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

Insurance - Billing Query

Search for Patient

Service

Location A2255 St Joseph Reg

Rendering Adams ARNP, Blaire

Referring Referring Provider

Referred

Other Providers

Security

Screen

Company

User

Setup

Print

Audit

Refresh

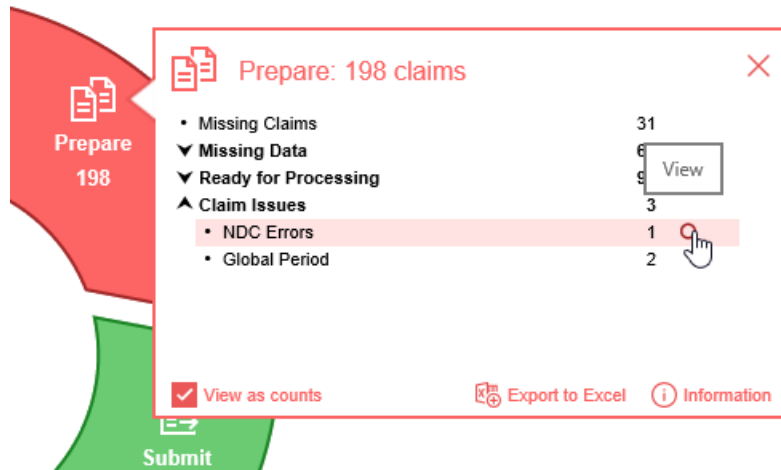
Close

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 Couchpotato 09/15/1977 (43y)

Open Save History Payments Patient Search for Patient

Status
 Claim: 32096
 Status: Closed - Electronic Superbill
 Substatus: []
 Level: Primary Billing: Electronic
 Type: Medical
 Owner: Stevens, Heather
 837: Professional Institutional

Patient
 Patient: 26095 - Jackson Couchpotato (234) 867-5309
 1814 Juniper Lane Marble Falls TX 78654
 Pat. Location: Patient Location
 Pat. Provider: Patient Provider
 Resp. Party: Couchpotato, Jackson
 Primary: (1) Anthem Medicaid
 Secondary: Secondary Insurance
 Tertiary: Tertiary Insurance
 Override Insurance Authorization

Service
 Location: A1106 Lakeland Medical Center
 Rendering: Adams ARNP, Blaire
 Referring: Referring Provider
 Referred: []
 Other Providers

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis						
	From	To				Charge	Amount	1	2	3	4	1	2	3	4			
1	01/27/2021	01/27/2021	99214	11	1.00	\$175.00	\$175.00							J0190				
2	01/27/2021	01/27/2021	J0456	11	1.00	\$15.00	\$15.00							J0190				
3	01/27/2021	01/27/2021				\$0.00								J0190				

Total: \$190.00 Pay/Adj: \$0.00 Balance: \$190.00 Receipts: \$0.00 -

Additional Information
 Admission: [] Hour: []
 Discharge: [] Hour: []
 Initial: []
 Onset: []
 Current Claim Edits: Miscellaneous

Messages and Monitoring
 Aging: N/A
 Billing Message: []
 Claim Validation: []
 Patient Validation: []
 Patient Only: N/A
 Code Limitations: N/A
 Required Fields: N/A
 Global Period: N/A
 837 Validation: []
 Monitoring: []

Queue and Tasking (2)
 Prepare
 Claim Issues
 NDC Errors
 Ready for Processing
 Closed - Electronic Superbill

Alerts Comments Activity Log

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

▲ **Procedures and Diagnoses (1)**

#	Service Date		Procedure	POS	Units
	From	To			
1	01/27/2021	01/27/2021	99214	11	1.00
2	01/27/2021	01/27/2021	J0456	11	1.00
3	01/27/2021	01/27/2021			

+ Add New Item

▲ **Additional Information**

Admission

Discharge

Initial

Onset

Current Claim Edits

Miscellaneous

Clear
Reset
Billing
Search
Delete
Recovery
Up
Down

Edit procedure NDC information

NDC
Comment
EOB

Mes:
Agri
Billi
Clai
Pati
Pati
Coc
Rec
Glo
837

- 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

NDC for Claim 32096 -- Webpage Dialog

99214	01/27/2021
✓ J0456	01/27/2021

J0456 INJECTION, AZITHROMYCIN, 500 MG

Measurement

Qualifier

Type

Value

NDC

Value

Price

Quantity

Unit

Rx Id

- 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 Couchpotato 09/15/1977 (43y)

Open Save History Payments Patient Search for Patient

Status

Claim: 32096

Status: Closed - Electronic Superbill

Substatus: []

Level: Primary Billing: Electronic

Type: Medical

Owner: Stevens, Heather

837: Professional Institutional

Patient

Patient: 26095 - Jackson Couchpotato

(234) 867-5309

1814 Juniper Lane Marble Falls TX 78654

Pat. Location: [Patient Location]

Pat. Provider: [Patient Provider]

Resp. Party: Couchpotato, Jackson

Primary: (1) Anthem Medicaid

Secondary: [Secondary Insurance]

Tertiary: [Tertiary Insurance]

Override Insurance

Service

Location: A1106 Lakeland Medical Center

Rendering: Adams ARNP, Blaire

Referring: [Referring Provider]

Referred: []

Other Providers: []

Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis						
	From	To				Charge	Amount	1	2	3	4	1	2	3	4			
1	01/27/2021	01/27/2021	99214	11	1.00	\$175.00	\$175.00							J0190				
2	01/27/2021	01/27/2021	J0456	11	1.00	\$15.00	\$15.00							J0190				
3	01/27/2021	01/27/2021				\$0.00								J0190				

Total: \$190.00 Pay/Adj: \$0.00 Balance: \$190.00 Receipts: \$0.00

Additional Information

Admission: [] Hour: []

Discharge: [] Hour: []

Initial: []

Onset: []

Current Claim Edits: []

Miscellaneous: []

Add Information

Messages and Monitoring

Aging: N/A

Billing Message: ✓

Claim Validation: ✓

Patient Validation: ✓

Patient Only: N/A

Code Limitations: N/A

Required Fields: N/A

Global Period: N/A

837 Validation: ✓

Monitoring: ✓

Alerts Comments Activity Log

Queue and Tasking (1)

Prepare

Ready for Processing

Closed - Electronic Superbill

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

Prepare
198

Prepare: 198 claims

- Missing Claims 31
- ▼ Missing Data 68
- ▼ Ready for Processing 96
- ▲ Claim Issues 3
 - NDC Errors 1
 - Global Period 2

View

View as counts

Export to Excel

Information

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

Override Insurance

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis						
	From	To				Charge	Amount	1	2	3	4	1	2	3	4			
1	01/25/2021	01/25/2021	99215	99	1.00	\$125.00	\$132.50							R339				
2	01/25/2021	01/25/2021				\$0.00								R339				

Total: \$132.50 Pay/Adj: \$0.00 Balance: \$132.50 Receipts: \$0.00

▲ Additional Information

Admission: Hour:

Discharge: Hour:

Initial:

Onset:

Current Claim Edits

Messages and Monitoring

Aging: N/A

Billing Message: ✓

Claim Validation: ✗

Patient Validation: ✓

Patient Only: N/A

Code Limitations: ✗

Queue and Tasking (2)

Prepare

Claim Issues

Global Period

Ready for Processing

Ready to Send Tertiary, Electronic

3. Click Save

Claim #32116 for Ila Test 08/17/1936 (84y)

Open Save History Payments Patient Search for Patient

▲ Status

Claim: 32116

Status: Ready to Send Tertiary, Electronic

Substatus:

Level: Primary Billing: Electronic

Type: Medical

Owner: Unfried, Ashley

837 Professional Institutional

Patient

Patient: 9676 - Ila Test

(317) 687-8119

1999 Maple Avenue Noblesville IN 46060

Pat. Location:

Pat. Provider:

Resp. Party: Test, Ila

Primary: (1) Medicare Part B

Secondary: (2) Cigna

Tertiary: (3) Medicaid

Override Insurance

Service

Location: A1106 Lakeland Medical Center

Rendering: Adams ARNP, Blaire

Referring: Adams ARNP, Blaire

Referred:

Other Providers

▲ Procedures and Diagnoses (1)

#	Service Date		Procedure	POS	Units	Procedure Amount		Modifiers				Diagnosis						
	From	To				Charge	Amount	1	2	3	4	1	2	3	4			
1	01/25/2021	01/25/2021	99215	99	1.00	\$0.00	\$0.00							R339				
2	01/25/2021	01/25/2021				\$0.00								R339				

Total: \$0.00 Pay/Adj: \$0.00 Balance: \$0.00 Receipts: \$0.00

▲ Additional Information

Admission: Hour:

Discharge: Hour:

Initial:

Onset:

Messages and Monitoring

Aging: N/A

Billing Message: ✓

Claim Validation: ✗

Patient Validation: ✓

Queue and Tasking (1)

Prepare

Ready for Processing

Ready to Send Tertiary, Electronic

Adjust the Claim Balance to \$0.00

1. Click once to select one of the claims

Billing

Setup Screens Reporting Windows Set Billing Info Web Searches

Max. Rows 99

#	+	Claim	DOS	Status	Billing	Charges
1	<input checked="" type="checkbox"/>	32116	01/25/21	Ready to Send Primary, Electronic	E	\$100.00
2	<input checked="" type="checkbox"/>	32115	01/25/21	Ready to Send Primary, Electronic	E	\$1,775.00

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

Billing

Setup Screens Reporting Windows Set Billing Info Web Searches

Max. Rows 99

#	+	Claim	DOS	Status	Billing	Charges
1	<input checked="" type="checkbox"/>	32116	01/25/21	Ready to Send Tertiary, Electronic	E	\$100.00
2	<input checked="" type="checkbox"/>	32115	01/25/21	Ready to Send Primary, Electronic	E	\$1,775.00

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

Payment Entry for Claim #32115 -- Webpage Dialog

Claim Details

Patient 9676 - Ila Test
 Rendering Blaire Adams ARNP (4278456998)
 Insurance Cigna (62308)
 Claim 32115 Ready to Send Primary, Electronic Primary

Payment Detail

Line # 1 Deposit 02/10/2021 Paid By (R) Test, Ila

Amount	Method	Type	Check #/Trace ID
Payment \$0.00	Payment Method	Payment Type	
Adjustment (\$275.00)	Post-op Adjustment		

Comment

Procedures (2) Payments (0) Receipts (0)

DOS	#	Procedure	Charges	Payments	Adjustments	Balance
01/25/2021	1	99244 - 99244	\$275.00	\$0.00	\$0.00	\$275.00
01/25/2021	2	69990 - 69990	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Procedure Totals:			\$1,775.00	\$0.00	\$0.00	\$1,775.00

Pay. Comment Claim Comment History Credits EOB Refresh Close

4. Click Post

Payment Entry for Claim #32115 -- Webpage Dialog

Claim Details

Patient 9676 - Ila Test
Rendering Blaire Adams ARNP (4278456998)
Insurance Cigna (62308)
Claim 32115

Payment Details

Line # Deposit Paid By

Amount	Method	Type	Check #/Trace ID
Payment \$0.00	<input type="text" value="Payment Method"/>	<input type="text" value="Payment Type"/>	<input type="text"/>
Adjustment (\$275.00)	<input type="text" value="Post-op Adjustment"/>		<input type="text"/>

Procedures (2) Payments (0) Receipts (0)

DOS	#	Procedure	Charges	Payments	Adjustments	Balance
01/25/2021	1	99244 - 99244	\$275.00	\$0.00	\$0.00	\$275.00
01/25/2021	2	69990 - 69990	\$1,500.00	\$0.00	\$0.00	\$1,500.00

\$1,775.00 \$0.00 \$0.00 \$1,775.00

- 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 Entry for Claim #32115 -- Webpage Dialog

Claim Details

Patient 9676 - Ila Test
Rendering Blaire Adams ARNP (4278456998)
Insurance Cigna (62308)
Claim 32115

Payment Details

Line # Deposit Paid By

Amount	Method	Type	Check #/Trace ID
Payment \$0.00	<input type="text" value="Payment Method"/>	<input type="text" value="Payment Type"/>	<input type="text"/>
Adjustment \$0.00	<input type="text" value="Adjustment Type"/>		<input type="text"/>

Procedures (2) Payments (2) Receipts (0)

DOS	#	Procedure	Charges	Payments	Adjustments	Balance
01/25/2021	1	99244 - 99244	\$275.00	\$0.00	(\$275.00)	\$0.00
01/25/2021	2	69990 - 69990	\$1,500.00	\$0.00	(\$1,500.00)	\$0.00

\$1,775.00 \$0.00 (\$1,775.00) \$0.00

6. Click Close

Payment Entry for Claim #32115 -- Webpage Dialog

Claim Details

Patient 9676 - Ila Test
Rendering Blaire Adams ARNP (4278456998)
Insurance Cigna (62308)
Claim 32115 Ready to Send Primary, Electronic Primary

Payment Details

Line # 1 Deposit 02/10/2021 Paid By Paid By

	Amount	Method	Type	Check #/Trace ID	
Payment	\$0.00	Payment Method	Payment Type		Post
Adjustment	\$0.00	Adjustment Type			Clear
Comment					Default

Procedures (2) Payments (2) Receipts (0)

DOS	#	Procedure	Charges	Payments	Adjustments	Balance
01/25/2021	1	99244 - 99244	\$275.00	\$0.00	(\$275.00)	\$0.00
01/25/2021	2	69990 - 69990	\$1,500.00	\$0.00	(\$1,500.00)	\$0.00
Procedure Totals:			\$1,775.00	\$0.00	(\$1,775.00)	\$0.00

Pay. Comment Claim Comment History Credits EOB Refresh Close

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.

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)

Open Save History Payments Patient Search for Patient

Status

Claim 30694
 Status Closed - Electronic Superbill
 Substatus
 Level Primary Billing Electronic
 Type Other
 Owner Norris, Drew
 837 Professional Institutional

Patient (1)

Patient 312024 - Wes Test
 (865) 776-7245 (345) 344-4444 x123
 123 Test Dr. Oak Ridge TN 37830
 Pat. Location Patient Location
 Pat. Provider Adkins MD, Stanley
 Resp. Party Test, Wes
 Primary (1) Aetna
 Secondary Secondary Insurance

Service

Location Adkins Medical Group
 Rendering Adkins MD, Stanley
 Referring Referring Provider
 Referred
 Other Providers

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

Messages and Monitoring

Aging	N/A
Billing Message	✓
Claim Validation	✗
Patient Validation	✓
Patient Only	N/A
Code Limitations	✗
Required Fields	N/A
Global Period	N/A
837 Validation	✗
Monitoring	✗

Alerts (2) **Comments** Activity Log

You can also utilize the Claim Comment from the toolbar:

Billing

New Open Train Patient **Claim** More

Display zero balances Show

#	Claim ID	Claim DOS
1	66394	02/07/2

History
 Copy
 Modify
Comments
 Re-render
 Send Communication
 Custom Task

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

Claim Comments

Claim: 66394
 T3st, Danielle Born: Jan 1, 19

Existing Comments

Type
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.

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.

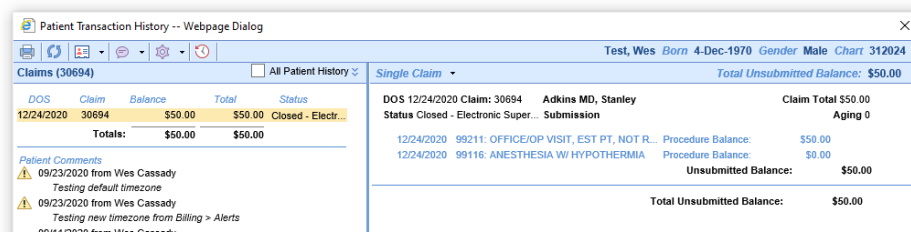
Assigned To is used to identify who the follow-up is assigned to.

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

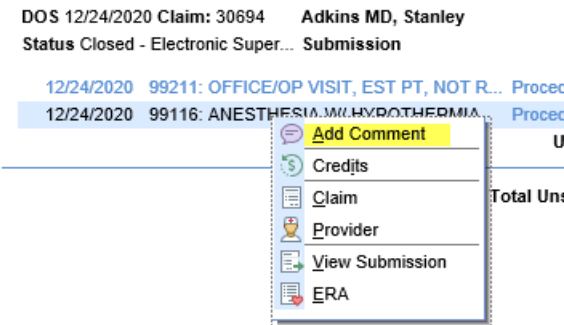
Include Claim Comment in Statement Allows the comment to be printed in the Patient Statement as a detailed line underneath the specific claim it's associated with.

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:



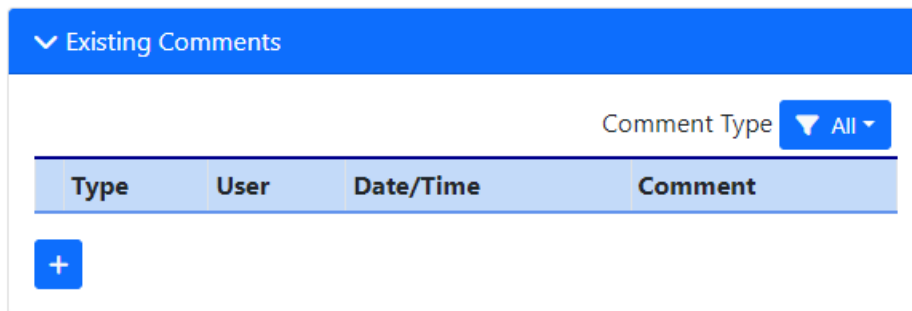
2. **Right-click any text** on the right-hand side of the screen other than the balances. Select **Add Comment:**



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

Claim Procedure Comments

Claim: 66394 Procedure Code: 99213
 T3st, Danielle Born: Jan 1, 1975 (48y) Gender: Female



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