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.

	tient Test 05/05/1989	(SSY)										
🛡 Open 🝷 🔚	Save 🔹 🚯 History	у 👻 📩 Р	ayments 🔹 🗍	🚨 Patient 🔻							Search for Patier	nt 🔍 🗸
Status				Patient				S	ervice (2)			
Claim	New -			Patient	9792 - Patient Test 👻				Location	Service Loca	ation	Q
Status	Ready to Send Prima	ary, Electronic	~		(317) 540-6987				Rendering	Rendering P	Provider	Q
Substatus			~	Pat. Location	Patient Location		Q		Referring	Referring Pr	ovider	Q
Level	Primary 🗸	Billing Elec	tronic 🖌	Pat. Provider	Patient Provider		Q				Referred	\$
Туре	Medical		~	Resp. Party	Test, Patient		Q		☆ Other Prov	viders		
Owner	Farias, Michell		Q	Primary	(1) Principal Life Ins		Q		Alternate	Alternate Pro	ovider	0,
837	Professional ()	Institutional		Secondary	Secondary Insurance		Q		Supervising	Supervising	Provider	0,
				Tertiary	Tertiary Insurance		0		Ordering	Ordering Pro	ovider	Q
						🖉 Autho	~		Attending	Attending Pr	ovider	Q
				Override	Insurance	P Autho	orization		Purchasing	Purchasing I	Provider	Q
		(1)		Proced	ure Amount		Modifiere			Diago	ocie »	
#	Service Date	Procedure	POS		ure Amount		Modifiers				osis »	
# From	Service Date			Proced Units Charg		1	Modifiers 2 3	4	1	Diagn 2	osis » 3	4
# From 1 05/12/202	Service Date To 22 05/12/2022		POS		ge Amount \$0.00	1	2 3			2		4
# From	Service Date To 22 05/12/2022				je Amount	1	2 3			2		4
From 1 05/12/202 Add New Ite	Service Date				so.00 Amount Total: \$0.00 Pay/A	1	2 3	e: \$0.0		2		4
# From 1 05/12/202 + Add New Ite	Service Date			Units Char Messages and Aging	pe Amount \$0.00 Total: \$0.00 Pay/A d Monitoring N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking		
# From 1 05/12/202 + Add New Ite Additional Ite	Service Date To 22 05/12/2022 0 em	Procedure	~	Units Charge Cha	Amount S0.00 Total: S0.00 Pay/A d Monitoring N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional Ite Admission	Service Date To To To To To To To To To To	Procedure	~	Units Charg	20 Amount \$0.00 Total: \$0.00 Pay/A d Monitoring N/A N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge Initial	Service Date To To To To To To To To To To	Procedure	~	Units Charge Messages and Aging Billing Message Claim Validation Patient Validation	20 Amount \$0.00 Total: \$0.00 Pay/A d Monitoring N/A N/A N/A N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge	Service Date To To To To To To To To To To	Procedure	· ·	Units Charge Messages and Aging Billing Message Claim Validation Patient Validation Patient Only	20 Amount \$0.00 Total: \$0.00 Pay/A a Monitoring N/A N/A N/A N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge Initial	Service Date To To To To To To To To To To	Procedure	~	Units Char Messages and Aging Billing Message Claim Validation Patient Validation Patient Only Code Limitation	je Amount \$0.00	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge Initial	Service Date To To To To To To To To To To	Procedure	· ·	Units Charge Messages and Aging Billing Message Claim Validation Patient Validation Patient Only	je Amount \$0.00	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge Initial	Service Date To To To To To To To To To To	Procedure	· ·	Units Char Messages and Aging Billing Message Claim Validation Patient Validation Patient Only Code Limitation Required Fields	pe Amount \$0.00 Total: \$0.00 Pay/A d Monitoring N/A N/A N/A N/A N/A N/A N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge Initial	Service Date To To To To To To To To To To	Procedure	· ·	Units Charge Messages and Aging Billing Message Claim Validation Patient Validation Patient Validation Patient Only Code Limitation Required Fields Global Period	20 Amount \$0.00 Pay/A Total: \$0.00 Pay/A d Monitoring N/A N/A N/A N/A N/A N/A N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	
From 1 05/12/202 Add New Ite Additional II Admission Discharge Initial	Service Date To To 22 005/12/2022 00 em Information 0000 00 0000 0000 0000 0000 0000 0000 00000000	Procedure	· ·	Units Charge Messages and Aging Billing Message Claim Validation Patient Validation Required Fields Global Period 837 Validation	je Amount \$0.00 Total: \$0.00 Pay/A d Monitoring N/A N/A N/A N/A N/A N/A N/A N/A	1	2 3	e: \$0.0	0 Receipts	2 : \$0.00 Fasking	3	

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 Authorizations Billing Query	Advanced Search $ imes$
Claim Query Claim Account Query Claim Submission Dialysis Billing	✓ Commonly Used Claim ID Claim Xref
Statements Ready to Send Batches	Date of Service
Patient Patient Responsibility	Submission (EST)
Payment Import Sliding Fee Payment Posting	Status List
Referred Care Payments (Legacy)	Level List Owner
Deposits Posting	Y Patient
Receipts	Missing No Yes
Aging Analysis Charge Analysis Location Analysis	Chart First
Payment Analysis Receipt Analysis	Middle Last Dobbs
Rejection Analysis CARC Analysis	ров

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	0		· 🔯 Setup	Screens -	Reporting Windows	🝷 🕚 🝸 🎇 Set Billing Info	• •	- 🔍 Web Sea	arches 🔻 🎓 🔹			
[N	ew C) pen	p Train F	Patient Cla		Search by Claim ID, (Ch	art, Patient	Name			
	Displa	ay zer	o balances	Show Rec	ent Year only Dis	play Claim Validation						
	#		Claim ID	Claim DOS ≡	Claim Submission (EST)	Claim Status	≡	Patient ⊟ Chart ≡	Patient Name 📃	Claim Billing	Claim Charge \$	Claim Balance \$
	5	 	30785	10/23/2019		Closed - Electronic Superbill		9686	Dobbs, JR	E	270.00	20.00
	6	\checkmark	30760	09/12/2019	04/29/2022 19:00:11	Sent, Electronic		9686	Dobbs, JR	Е	75.00	75.00
	7		30755	09/11/2019	04/29/2022 19:00:11	Sent, Electronic	հղ	9686	Dobbs, JR	Е	75.00	5.00
	8	 Image: A start of the start of	30541	02/12/2019		Hold		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		JR Dobbs +				Location	Family First	Physicians	0,	1
ß	New Claim Copy Claim	0	onic			~				555-1212 (haos Way Indianag		55-5555 VEJ 012		Rendering	Sankey MD,	Peggy L.	Q	ī
8	Convert Clain					~	F	at. Location		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				~		lesp. Party		s, JR (Bob)		Q		☆ Other Pro	viders			
	Owner	Patterson,	Ellen			Q		rimary	_	nthem Blue Cross		0		Alternate	Alternate Pr	ovider	0,	1
	837	Profess	ional () Institut	tional				<u> </u>			~		Supervising	Supervising	Provider	Q	i
								econdary		ndary Insurance		~		Ordering	Ordering Pro	ovider	Q	i
							1	ertiary	Tertia	ary Insurance		Q		Attending	Attending Pr	rovider	Q	i
							[Override	Insuran	ice	🖉 Aut	horization		Purchasing	Purchasing		Q	i
	Procedures	and Diag	nosos											-				
		Service Date	10303					Procedu	ire Amo	ount		Modifiers			Diag	nosis »		1
1	# From		То		edure	POS	Units	Charg	е	Amount	1	2 3		1	2	3	4	
1	1 09/11/201		2019		213		1.00		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: (\$	65.00) E	Balance	\$5.00 Rece	ipts: \$0.00	-		
	Additional I	nformatio	n				Mes	sages and	l Mon	itorina				Queue and 1	askina (1))		
	Admission		3	н	our	~	Agi	-		(i)				Manage				
	Discharge			1 н	our	~	Billi	ng Message		~				Custom				
	Initial			-				m Validation		×					ode Review			
				1				ent Validation	n	×								
	Onset		\$]				ent Only le Limitations		N/A N/A								
	Current Clai							uired Fields		N/A								
	🖉 Dates	g	Miscella	ineous			Glo	bal Period		N/A								
							837	Validation		×								
							Mor	nitoring		N/A								
	+ Add Inform	ation					🌲 Al	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 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 DOS	30755 New Claim ID 32424 05/02/2022 ♀ - 05/02/2022 ♀	
	⑦ Copy ☐ Open ↓ 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.

nichell&u2={00B5EE
rch for Patient 🔍 🗸 🔯
icians 🔍
gy L. 🔍
er Q
erred
r 🔍
ider Q
er Q
der 🔍
» 3 4
<u> </u>
Electronic

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

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	-	🖄 Setup	Screens	•	R	eporting	Win	dows	- 3	Ŧ
 N	ew	Dpen	्रि Train ।	a tient	Cla	լյ im	••• More		Q		
	🗌 Disp	play zer	o balances	Sho	н	listory					a
	#		Claim ID	Claim DOS		ору					
	1		32395	04/07/2	IV	lodify	<u>h</u>				
	2		32397	04/08/2	C	omm	ents				
	3		32396	04/07/2		emin					r
	4		32406	04/07/2	s	end C	Communio	catio	n		
	5		32399	04/14/2	C	uston	n Task				c
	6		32405	04/15/2							
	7	 	32398	04/12/2	022					Paymer	nt 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
Billing	Done	System Status
	Ready to Send Primary, Electronic	System Status System Status
Level	Ready to Send Secondary, Electronic Ready to Send Tertiary, Electronic	System Status
Owner	Ready to Send Primary, Paper	System Status
	Ready to Send Secondary, Paper	System Status
Service Location	Ready to Send Tertiary, Paper	System Status
Patient Location	Ready to Send, Statement Payment Arrangement	System Status System Status
	Sent. Statement	System Status
Rendering Provider		
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	0
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	0
Patient Provider	Patient Provider	Q
Validation Type	Validation Type	E
Balance Write-Off	Write-Off	
Override Insurance	Override the Payer/Service location state check	
Note: 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	E
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.

pen 🔹	🗟 Save 🔹 🎧 Histor	ry 🔹 📩 Pa	iyments •	Section The Patient Pa							Search for Patier	nt Q.
tatus				Patient					Service			
Claim	30718 -			Patient		Adam Test 👻			Location	Belmont V	Vest Dialysis Center	Q
Status	In process - step 2,	Electronic	~			09-8223 st Way Indianapo	E- IN 40000		Rendering	Armstrong	PT, Stephen	Q
Substate	IS		~	Pat. Location		t Location	IIS IIN 402.39	0	Referring	Dietzen M	D, Chuck	Q
Level	Primary 🗸	Billing Elec	tronic 🗸	Pat. Provider	Armstr	rong PT, Stephen		0	and a second sec		Referred	
Туре	Medical		~	Resp. Party	Test. A	Adam (1234)		a	¥ Other P	muiders		
Owner	Weber, Amanda		Q	Primary	(1) Ant	them Blue Cross		a	Cinci I	10110010		
837	Professional	Institutional		Secondary	(2) Blu	e Cross Blue Shi	eld (Midd	0				
	C			Tertiary		y Insurance		a				
				<u> </u>		-	2 Authority	ation				
	10:	(1)		Override	Insuranc	ce	Authoriza	ation				
oceaur	es and Diagnoses	(1)										
Fre	Service Date	Procedure	POS	Procedu Units Charge		Amount	1 2	difiers 3	4 1	2	agnosis » 3	4
08/17/2	2019 🔵 08/17/2019 😂	81001	11 🗸	1.00 \$	25.00	\$25.00			E1122			
08/17/2	2019 🔵 08/17/2019 爻	99214	11 🗸	1.00 \$1	50.00	\$150.00			E1122			
08/17/2	2019 🔵 08/17/2019 🔵		~		\$0.00				E1122			
Add Ne	u Itom						Total: C	175.00	Daw/Adia 60.00	Dalanaai	175.00 Receipts	
- Add No							Total. y	175.00	ray/Auj. 90.00	Dalance.	115.00 Receipts.	. 40.00 +
dditiona	I Information			Messages and	Monito	oring			Queue and	Tasking		
Admissio	on 08/17/2019 😂 🥅	Hour	~	Aging		N/A			There is	currently noth	ing in the Queue for t	his claim
Dischard		Hour	~	Billing Message		~						
Initial				Claim Validation	i i	-						
				Patient Validatio	n	-						
Onset				Patient Only		N/A						
Current	Claim Edits			Code Limitation	s	N/A						
/ Date	s Miscella	neous		Required Fields		N/A						
	Stand Brands			Global Period		N/A						
				837 Validation		~						
				Monitoring		N/A						

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

Accident and Related Causes Dates Datable Durable Medical Equipment (DME) Early and Periodic Screens, Diagnosis & Treatment (EPSDT) Numbers, Codes and Identifiens Other Miscellaneous Values Occumenation Reporting Information Reporting Information Condition Information Occurrence Information Patient's Reason for Visit Value Information Patient's Reason for Visit Value Information Institutional Claim Institutional Claim Patient Condition Ambulatory Patient Group	
Ambulance Certification and Transport Home Health Vision	

 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	nive	
ode	Additional Information	~
larrative		^
		~

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 Windows	s 🕶 🔞
Insurance					
Authorizations Billing Query		Advanced Sear	ch		\times
Claim Query					
Claim Account Qr		✓ Commonly Used			
Claim Submission Dialysis Billing		Claim ID			
Statements		Claim Xref			
Ready to Send Batches		Date of Service			
Patient		Submission (EST)			
Patient Responsibility Payment Import		Created			
Sliding Fee		Status List	Ready to \$	Send Secondary, Electron	ic 🗸
Payment Posting		Level List			~
Referred Care		Lever List			•
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 🗮	
00	- 🕸 Setup	Screens -	Reporting Windows	🝷 🕚 👻 🎇 Set Billing Info	- 🔍 Web Sea	arches 🔻 🎓 🔹					
New Ope	n Train	Patient Cla	- 4	, Search by Claim ID, Cl	hart, Patient	Name					
Display :	ero balances	Show Red	cent Year only Dis	play Claim Validation							
#	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 Dend Secondary, Elec	24977	Test, Austin Test	Е	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		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	
Close window after sav	re ∅ 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 🔹 🚱 History	y 🔹 🚔 F	Payments •	Sealent •									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 🗸			687-8119 x102					Rendering	Belza MD. F	Robert	
Substatus			~	Pat. Loc		Main St Indianapoli: ent Location	s IN 46	202	a		Referring	Referring Pr	ovider	C
Level	Primary V	Billing Ele	ectronic 🗸	Pat. Pro		ent Provider			0				Referred	0
Туре	Medical		~	Resp. P	indoi	Elisabeth			0		¥ Other Pr	1000	Kelenea	× -
	Patterson, Ellen		•			Contractors Laborer			0			oviders		
Owner		- 1.5 million - 10	4	Primary			siean	nst	9					
837	Professional () I	nstitutional		Second	·	ondary Insurance			4					
				Tertiary	Tert	iary Insurance			2					
				Ove	rride Insura	ance ,	🕑 Au	thoriza	tion					
rocedures	and Diagnoses	(1)												
	ervice Date	Procedure	POS		cedure Am			Mod					nosis »	
From 09/23/201	To 9 3 09/23/2019 3	99213		Units C	harge \$90.00	Amount \$90.00	1	2	3	4	1 S61209A	2	3	4
09/23/201		96372	2 Clear		\$30.00	\$90.00					S61209A			-
09/23/201			Reset		\$50.00	\$50.00					S61209A			
	12 IZ	J2000	X Delete			\$50.00	-							
09/23/201	9 🔮 09/23/2019 🔮		Recovery		\$0.00						S61209A			
Add New I	lem		1 Up				Tot	tal: \$1	170.00	Pay/A	dj: \$0.00	Balance: \$1	70.00 Recei	pts: \$0.00
			🐣 Dgwn											
dditional I	nformation		Additional		and Mon	itoring				Qu	eue and	Tasking (1)		
Admission	\$	Hour	Authorizat	riging		N/A				F	Prepare			
Discharge	0	Hour	Comment	Billing Mes	-	~						or Processing dv to Send Pri	imary, Electron	ic
Initial	\$			siaim vaid		-								
				Patient Va Patient On		N/A								
Onset				Code Limit		N/A								
				Required F	ields	N/A								
Onset Current Cla	IDEOUS													
Onset	neous			Global Per	od	N/A								
Onset Current Cla	ineous			Global Per 837 Valida		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.

*
~
*
~

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

99213	09/23/2019	ON, LIDOCAINE H	HCL, 50 C		
96372 J2000	09/23/2019 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.

	Servic	e Date				Procedure Amo	ount	Mod	lifiers			Diagn	iosis »	
#	From	То	Procedure	POS	Units	Charge	Amount	2	3	4	1	2	3	4
1	09/06/2019 😂	09/06/2019 😂	99214	Clear	1.00	\$130.00	\$130.00				D1771	D649		
2	09/06/2019 😂	09/06/2019 ᅌ	J2175	Reset		\$50.00	\$50.00				D1771	D649		
4	09/06/2019 😂	09/06/2019 😂	96372	Search		\$30.00	\$30.00				D649			
5	09/06/2019 😂	09/06/2019 😂		Delete		\$0.00					D649			
Add	ditional Infor	mation		<u>Up</u> <u>Down</u> Additional		essages and Moni					ueue and T	Balance: \$1		
4	ditional Infor Admission	mation	Hour Hour		ion	kging Silling Message Naim Validation		ition for	Claim	Q #295	ueue and T			×
/ [Admission			 Down Additional Authorizat NDC 	ion	illing Message	itoring Claim Valid	ition for	Claim	Q #295	ueue and T		<u> </u>	
	Admission Discharge			 Down Additional Authorizat NDC 	F	iging Billing Message Claim Validation Patient Validation	itoring Claim Valid	ition for	Claim	Q #295	ueue and T		<u>[</u>	

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	¢
1	09/06/20	19 99214	\$130.00	Yes	Yes	
2	09/06/20	19 J2175	\$50.00	Yes	Yes	1
4	09/06/20	19 96372	\$30.00	Yes	Yes	
5	09/06/20	19 90782	\$30.00			

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 - (317) 956-7909 (317) 83	3-8967
Status	Ready to sena secondary, Liecurome		7826 Almond Dr Indianapolis IN	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 MA	s C
837	Professional Institutional	Secondary	(2) Blue Cross and Blue Shield	o (
		Tertiary	Tertiary Insurance	C
		Override	Insurance Se Autt	orizatio

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 C Status Ready to Se		ans MD, Ja bmission 1		to COMMONWEALTH O	Claim Total F Agin	\$240.00 g 1,445
09/06/2019 99/ 1 D1771 2 D649	214: OFFICE/OP VI Benign lipomatou Anemia, unspecif	s neoplasm			\$130.00	
09/26/2019	Insurance Check Insurance Contrac Allowed \$135.49	1234500 1234500	Check	COMMONWEALT COMMONWEALT COMMONWEALT Procedure Balance:	(\$125.49) \$5.49 \$10.00	
09/06/2019 J2 ⁻ 1 D1771 2 D649	175: INJECTION, M Benign lipomatou Anemia, unspecif	s neoplasm		HLORIDE, PER 10	\$50.00	
09/26/2019 09/26/2019	Insurance Check Insurance Contrac. Allowed \$35.00	1234500	Check	COMMONWEALT COMMONWEALT COMMONWEALT Procedure Balance:	(\$35.00) (\$15.00) \$0.00	
09/06/2019 96 1 D649	372: Therapeutic, pr Anemia, unspecif		or diagnosi	tc injection; subcuta	\$30.00	
09/26/2019	Insurance Check Insurance Contrac. Allowed \$15.00	1234500 1234500 1234500	Check	COMMONWEALT COMMONWEALT COMMONWEALT Procedure Balance:	(\$15.00) (\$15.00) \$0.00	
09/06/2019 90 1 D649	782: SUBQ/IM IMJE Anemia, uns			C/PROPHYLACTI	\$30.00	
09/26/2019	Insurance Che Insurance Cont X Allowed \$15.00	Delete Pa	yment	COMMONWEALT COMMONWEALT COMMONWEALT	(\$10.00) (\$15.00) \$5.00	
	-=	<u>C</u> laim <u>P</u> rovider	_	lete Payment Iance: Insurance Bala		\$15.00
		<u>V</u> iew Subr <u>E</u> RA	mission	Total Insurance Balan	ce: s	15.00

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

2	Serv	ce Date	-				Procedure Amo	ount		Mod	ifiers			Diagno	sis »	
#	From	То	Procedure	PO)S	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				D177		D649		
2	09/06/2019	09/06/2019	J2175	11	~	1.00	\$50.00	\$50.00				D177	1	D649		
3	09/06/2019	09/06/2019	96372	11	~	1.00	\$30.00	\$30.00				D649				
4	09/06/2019	09/06/2019	90782	2 Clear			\$30.00	\$30.00				D649				
5	09/06/2019	09/06/2019		7 Rese			\$0.00					D649				
Ad	Add New Item			Beard <u>Delet</u> Reco <u>Delet</u> <u>Delet</u> <u>Delet</u> <u>Delet</u> <u>Delet</u> <u>Delet</u>	e very		ssages and Moni		Total:	\$240	0.00 P	ay/Adj: (\$175 Queue al Prepare	d Task	king (3)	0.00 Rece	ipts: \$0.
Ad	Iditional Info	rmation		✓ <u>D</u> elet	e very		5		Total:	\$240	0.00 P	Queue al Prepare	d Task	king (3)	0.00 Rece	ipts: \$0.1
Ad	Iditional Info	rmation	Hour .	Celet Reco Up Dowr	e very onal	/	ging illing Message		Total:	\$240	0.00 P	Queue ai Prepare Rea	d Task			
Ad	Iditional Info	rmation	Hour	Celet Reco Up Dowr	e very onal		ging illing Message laim Validation		Total:	\$240	1.00 P	Queue ai Prepare Rea	d Task	king (3)		
Ad	Iditional Info Admission	rmation	Hour Hour	Celet Reco Up Dowr	e very onal	m F	ging illing Message claim Validation ratient Validation	itoring () *	Total:	\$240	1.00 P	Queue al Prepare <u>Rea</u> Manage	d Task dy for Pro Ready to	king (3)	ondary, Elect	
Ad	Iditional Info	rmation	Hour .		e very onal erizatio	m F	ging illing Message laim Validation		Total:	\$240	1.00 P	Queue al Prepare <u>Rea</u> Manage <u>No l</u>	d Task dy for Pro Ready to	king (3) ocessing o Send Seco es After xx E	ondary, Elect	
Ad	Iditional Info Admission		Hour .		e very onal erizatio	in F	ging illing Message claim Validation ratient Validation	itoring () *	Total:	\$240	1.00 P	Queue ai Prepare <u>Rea</u> Manage <u>No l</u> Collect	d Task dy for Pro Ready to Response Sent, Pa	king (3) ocessing o Send Seco es After xx E uper	ondary, Elect	
Ad	Iditional Info Admission Discharge Initial		Hour .		e very onal erizatio	in G	ging illing Message Iaim Validation Iatient Validation Iatient Only	itoring ① 《 》 N/A	Total:	\$240	0.00 P	Queue ai Prepare <u>Rea</u> Manage <u>No l</u> Collect	d Task dy for Pro Ready to Response Sent, Pal rance Aqu	king (3) ocessing o Send Seco es After xx E aper ting	ondary, Elect	
Ad	Admission Discharge Initial Onset Current Claim	rmation	Hour .		e very onal erizatio	n F	ging illing Message claim Validation ratient Validation ratient Only code Limitations	(1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Total:	\$240	1.00 P	Queue ai Prepare <u>Rea</u> Manage <u>No l</u> Collect	d Task dy for Pro Ready to Response Sent, Pa	king (3) ocessing o Send Seco es After xx E aper ting	ondary, Elect	
Ad	Admission Discharge Initial Onset Current Claim	rmation	Hour .		e very onal erizatio	m F C	ging illing Message Iaim Validation atient Validation atient Only code Limitations dequired Fields	itoring () • • • • • • • • • • • • • • • • • •	Total:	\$240	1.00 P	Queue ai Prepare <u>Rea</u> Manage <u>No l</u> Collect	d Task dy for Pro Ready to Response Sent, Pal rance Aqu	king (3) ocessing o Send Seco es After xx E aper ting	ondary, Elect	

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 ar	nd	Diagnoses ((1)				
	#	Ser	vic	e Date	Proced		POS		P
	#	From		То	Proced	ure	P03	Uni	ts 🔪
	1	01/06/2021	Ŷ	01/06/2021 ᅌ	9 €	Togal	le Billing flac	, Tî	0
	2	01/06/2021	¢	01/06/2021 ᅌ		~~	resei	<u>_</u>	
			_			5	<u>B</u> illing		2
	+	Add New Item	1			睂	Search		
						\times	<u>D</u> elete		
^	Ad	ditional Info	ori	nation		e	R <u>e</u> covery	8	essage
	1	Admission		\$	Hou	€	Up		Aging
	(Discharge		\$	Hou	♣	D <u>o</u> wn		Billing Me
		nitial					Additional		Claim Va
						俞	Authorization		Patient V
	0	Onset		\$		R.	NDC		Patient Only
	0	Current Claim	Ed	its		3	<u>C</u> omment		Code Li
	2	niscellane 🤌	ou	s			<u>E</u> OB		Required P
				-					Global Pe
~	<u> </u>		đ		5				837

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)				7
	#	Servio	e Date	Proced	uro	POS	P	
	#	From	То	Proced	ure	PUS	Units	
	1	01/06/2021 ᅌ	01/06/2021 ᅌ	95	Γοσσ	le Billing flag		
	2	01/06/2021 🔇	01/06/2021 🔮					
					5	Billing		ኒ
	+	Add New Item			尙	Search		ſ
	Ada	ditional Infor	motion		\times	<u>D</u> elete	dessage	,
^	AUC		nauon		H	Recovery	wessay	2
	A	dmission	\$	Hour	1	<u>U</u> p	Aging	Ĵ
	0	Discharge	\$	Hour	♣	D <u>o</u> wn	Billing Me	ľ
	h	nitial				Additional	Claim Va	
					俞	Authorization	n Patient V)
	C	Onset			R.	NDC	Patient Onl	7
	C	Current Claim Ed	lits		3	<u>C</u> omment	Code Li	Ļ
	6	niscellaneou 🥟	S			<u>E</u> OB	Required	ĵ)
		-	-				Global Pe	
~~~	<u> </u>	·····		<u>.</u>		·		

## **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	
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	O 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	O No	
Referring	🔘 N/A	⊖ Yes	O No	
Primary	🔘 N/A	O Yes	O No	1
Secondary	🔘 N/A	⊖ Yes		
Tertiary	🔘 N/A	O Yes	O No	
Dx Record	⊖ N/A	O Yes	O No	
Dx Procedure	N/A	⊖ Yes	O No	
Dx Code	N/A	O Yes	O 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

Status				Patie	ent						Se	ervice								
Claim	32055 -			P	atient	24974 -	Test Dan 👻				Location		Family First P							
Status	Closed - Electronic Sup	erbill	~			(317) 555-5555 235 Elm Ct Indianapolis IN 46260						Rendering	Lynch MD, St							
Substatus	Substatus   Level Statement  Billing Paper			P	Pat. Location Patient Location					Referring	Referring Pro									
Level				P	at. Provider	r Patient Provider							R							
Туре	Medical		~	R	Resp. Party	Judith,	Test			Q			viders							
Owner	Daoud, Cliff		Q	P	rimary	(4) Self	f Pay			Q										
837	Professional O Inst	Professional 🔘 Institutional				sional 🔘 Institutional			econdary	Secon	dary Insurance			Q						
										y Insurance			Q							
					Override I	nsuranc	e	😰 Aut	horizat	ion										
Procedures	and Diagnoses (1)										1									
# S	Procedure POS			Procedure POS		ce Date				ervice Date Procedure POS		Procedu	re Amou	int		Mod	ifiers			Diagr
From	10	Tocedure	100	Units	Charge		Amount	1	2	3	4	1	2							
1 08/30/202	20 🤤 08/30/2020 🤤		11 🗸	1.00	\$12	20.00	\$120.00	r				J0190								
2 08/30/202	20 😂 08/30/2020 😂		~		9	50.00		1				J0190								

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

•	Pro	cedures a	nd	Diagnoses (	(1)				
	#	Se	rvic	e Date	Des		dure	POS	
	#	From		То	PI	oce	dure	PUS	Units
	1	08/30/202	) 🗘	08/30/2020 ᅌ			00	lear	1.00
	2	08/30/202	) 🗘	08/30/2020 ᅌ		P		n code searc	:h
	+	Add New Ite	m		L		् ह	llling	
							å¶ ≦	earth	
	Add	ditional In	for	nation			X	<u>elete</u>	Mes
							📫 F	Recovery	
	A	dmission			I	Ho	1 L	Jp	— Agi
	0	Discharge		\$	1	Ho	ф с	)own	Bill
		nitial						dditional	- Cla
		niuai					~	uthorization	Pat
	C	Onset		<b>\$</b>			-	-	Pat
	C	Current Clair	n Ed	lits				IDC	Co
		niscellar 🖉		_			-	<u>comment</u>	Re
	6	wiscellar	eou	8			E E	OB	Glo
						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 X	
	Provider F	avorites	
	99213	REFICE/OP VISIT, EST PT CPT 🔨	
	99214	TICE/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 Re	sults 🗸 🗸	uthorizat
	16020	DRESSINGS/DEBRIDEMENT; W/O ANESTHESIA, OFFICE/HO CPT	
	25 of 38 re:	sults All New	
			Mod
			2

5. Save the claim

	Open	🕶 🖬 s	ave 🝷 😱 H	istory 🔻	🗟 Payı	ments 🔻	🚨 Patie	nt 🔻										
	Statu	IS	15				Pa	Patient										
	Cl	aim	32055 -					Patient	24974	- Test Dan 👻				Location		Fam		
	St	atus	Closed - Electro	onic Supe	erbill	~				(317) 555-5555 235 Elm Ct Indianapolis IN 46260 Patient Location					Rendering	Lyn		
				-		~		Pat. Locat							-	Referr		
	50	ibstatus						Pat. Locat	ion Paue	ni Location			$\sim$		Referring			
	Le	vel	Statement 💊	Billin	ng Paper	~		Pat. Provider Q										
	Type Medical  Volume Daoud, Cliff							Resp. Party Judith, Test								viders		
								Primary	(4) S	elf Pay			Q					
	83	7 (	Professional	🔿 Instit	utional			Secondary Secondary Insurance										
							Tertiary Tertiary Insurance						Q					
								Override Insurance										
	Proc	edures a	nd Diagnos	es (1)														
	#	Se	rvice Date	Dr	ocedure	POS			edure Am	ount		Mod	lifiers					
	From To				occure	103	Units	Ch	arge	Amount	1	2	3	4	1	_		
	1 08/30/2020 🔷 08/30/2020 🔷 99		99213	11 💊	1.00		\$120.00	\$120.00	r				J0190					
	2 08/30/2020 🔅 08/30/2020 😂					•		\$0.00						J0190				

## **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 (Im)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	⊖ Yes	⊖ 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

Dpen 🔹 🖬 Save 🔹 🚱 History 🔹	E Payme	ents 🔻 🛛 🧕	Patient	•								
▲ Status			Patie	nt						S	ervice	
Claim 32113 -			P			test C. ccd-john	•				Location	A1106 Lake
Status Closed - Electronic Super	bill	~		(317) 555-1458 123 Test St Indianapolis IN 46202							Rendering	Lynch MD,
Substatus		~	P	Pat. Location Patient Location							Referring	Referring P
Level Statement V Billing	Paper	~	P	Pat. Provider Artar MD, Ali								
Type Medical	~	R	Resp. Party ccd-john, test C.						Vother Providers			
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	cedure	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						
2 01/22/2021 😂 01/22/2021 😂		~		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.		202
	ICD10 Provi	der Favorites	×	
	Z3A35	35 weeks gestation of pregnancy	ICD10 🔥	~
	R946	Abnormal results of thyroid function studies	ICD10	Q
	S20412D	Abrasion of left back wall of thorax, subsequent encounter	ICD10	
	E872	Acidosis	ICD10	$\sim$
	L701	Acne conglobata	ICD10	
	լի <mark>.)</mark> 0190	Acute sinusitis, unspecified	ICD10	
	1760	Acute vaginitis	ICD10	0
	F4322	Adjustment disorder with anxiety	ICD10	
	F4323 F4002	Adjustment disorder with mixed anxiety and depressed mood Agoraphobia without panic disorder	ICD10 V ICD10	uthorization
	33 results	ICD10	New	
	-			Modifiers
				2 3

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	irch			×
► Locations				
✓ Claim Validation				
Entities	🔘 N/A	⊖ Yes	O No	
SOF	🔘 N/A	O Yes	O No	
Guarantor	⊖ N/A	Yes	O No	
Location	🔘 N/A	⊖ Yes	O No	
Rendering	🔘 N/A	⊖ Yes	O 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	O Yes	O No	
Dx Procedure	🔘 N/A	O Yes	O No	
Dx Code	🔘 N/A	⊖ Yes	O No	
Submission	🔘 N/A	⊖ Yes	O No	
Rejection	🔘 N/A	⊖ 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	Perform search
Pat. Provider	Patient Provider	
Resp. Party	Responsible Party	J.
Primary	(1) Anthem Blue Cross	- Y

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

Pat. L	ocation.	Patient Loca	tion		Q		
Pat. F	Provider	Patient Provi	ider		Q		
Resp.	Party	Responsible	Party		Q		
Prima						x	
Seco		Michael C.		1	Y		
Tertia		$\odot$					
c	<b>)</b>						
Inits							4
1.00							
	1 result	t					
		1				_	

5. Save the claim

<u></u> * 0	Claim	#30826 fc	or Michael C. Jones	01/06/1972 (4	9y)														
	Open	n 🔻 🖬 S	Save 🔻 😱 Histor	y 🔹 📩 Pay	ments 🔹 🤅	🚨 Patient	-												
	Stat	us				Patient							Service						
	С	laim	30826 -			F	Patient 9732 - Michael C. Jones 👻							Location	iSalus Healtho				
	S	tatus	Ready to Send Prim	ary, Electronic		(317) 275-9367							Rendering	Hynes MD, Pa					
	S	ubstatus			F	Pat. Location	Patie	nt Location			Q		Referring	Referring Prov					
	Le	evel	Primary 🗸	Billing Electro	F	Pat. Provider	Patie	nt Provider			Q	2							
	T	уре	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	edures a	and Diagnoses	(1)									1						
[	#		ervice Date	Procedure	POS		Procedu				Mod				Diagn				
	From To				Units	Charg	e	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. D. C: (1. 02/24/4000 /24)	Patient options	
	Joe B. Smith 03/24/1989 (31y) Save 🔻 🚱 History 🝷 🚔 Payments	▼ IIII ▼	
▲ Status		Patient (1)	
Claim Status	30975 • Closed - Electronic Superbill	Patient	25065 - Joe B. Smith + (317) 956-7909
Substatus		Pat. Location	Patient Location
Level	Primary V Billing Electronic	Pat. Provider	Patient Provider
Туре	Medical	resp. rany	Responsible Party

• Click the Responsible Party section on the left

Patient Setup	New	Bave	r Train	o o o More		Smi	th, Joe B. Born	24-Mar-198	39(31y) Gen	der N	lale
-		First Name		Last Name			Primary	ID Relatio	onship		^
	Respon	sible Part er *	y 1 🗸	[	Туре	Same as Patient	<ul> <li>Individual (</li> </ul>	) Company	Populate P	atient l	<b>↓</b>
Summary	First				Address 1			Home	E	đ	
Demographics	Mide	dle			Address 2			Work	E	đ	
Insurance	Last	•			City			Other	E	d	
esponsible Party	Suff	īx			State	~	Country 🗸 🗸	Zip Code			
nergency Contact	Gen	der			✓ Email						
Comments	Rela	ationship			<ul> <li>Employer</li> </ul>						
	DOE	3		\$	ID Type		Value				
ase Management											
Dialysis											
Employer											
Sliding Fee											
mmun. Registry											
Extension											
Miscellaneous											
Referral Tracking											

• Add a responsible party

Patient Setup	New Save	Train More			Sm	ith, Joe B. Bo	m 24-Mar-	1989(31y) G	ender Mal	e 🔎 🧔
	# First Nam		Name			Prima	ary ID Re Se	elationship If		^ ~
Summary Demographics Insurance Responsible Party Emergency Contact Comments Case Management Dialysis Employer Sliding Fee Immun. Registry Extension Miscellaneous Referral Tracking	Firat Middle Last ' Suffix Gender Relationship DOB	ty 1 ↓ ↓ Joe B Smith Santh Santh 03/24/1983 ☆ ■	<b>v</b>	Type Address 1 Address 2 City State Email Employer ID Type	Same as Patien	Country	Company Home Work Other Zip Code	(317) 956-7909	e Patient Info	
	l					Ķ				
		1989(31 <u>)</u>	y) Gei	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 Sea	rch			×
► Locations				
✓ Claim Validation				
Entities	🔘 N/A	⊖ Yes	⊖ No	
SOF	🔘 N/A	O Yes	⊖ No	
Guarantor	🔘 N/A	⊖ Yes	O 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	O Yes	⊖ No	
Dx Code	N/A	⊖ Yes	O No	
Submission	N/A	⊖ Yes	O No	
Rejection	🔘 N/A	⊖ Yes	O 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)							
Dpen 🝷 🖬	Save 🔻 😱 History 🔻 📩 Payments 💌 🛽	🔄 Patient 🔻				s		
▲ Status		Patient (1)			Service			
Claim	30989 -	Patient	25068 - Rickey Jackson	•	Location	ChoiceMD Tele		
Status	Closed - Electronic Superbill		(865) 776-7245 Oak Ridge TN 37830		Rendering	Lynch MD, Ster		
Substatus	~	Pat. Location		Q	Referring	Referring Provid		
Level	Primary V Billing Electronic V	Pat. Provider	Patient Provider	Q		Re		
Туре	Medical 🗸	Resp. Party	Jackson, Rickey	Q		viders		
Owner	Cassady, Wes	Primary	Primary Insurance	Q				
837	Professional   Institutional	Secondary	Secondary Insurance	Q				
		Tertiary	Tertiary Insurance	Q				
		Override	Insurance	Le Authorization				
▲ Procedures	▲ Procedures and Diagnoses (1)							
#	Service Date Procedure POS		ire Amount	Modifiers		Diagnos		
I" From	To Flocedure POS	Units Charo	e Amount	1 1 1 2 1 3 1	4 1 1	2		

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

	oux nugo na oroso	
Pat. Location	Patient Location	$\bigcirc$
Pat. Provider	Patient Provider	Perform search
Resp. Party	Jackson, Rickey	Scarel
Primary	Primary Insurance	Ղա
Secondary	Secondary Insurance	à
	ſ	_

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			×	
	(1) Anti	hem BCBS	Yes	Yes	
		hem BCBS	Yes		
	(1) Anti	hem BCBS	Yes		
	ertia (1) Anti	hem BCBS	Yes		
	ertia (1) Anti	hem BCBS	Yes		
Т.	ertia (1) Anti	hem BCBS	Yes		4
	ertia (1) Anti	hem BCBS	Yes		4
Units	ertia (1) Anti	hem BCBS	Yes		4

5. Save the claim

Status	30989 • Closed - Electronic Superbill	Patie	e <b>nt</b> Patient	25068 - Rickey Jackson	•	Service Location	
Status		F	atient	25068 - Rickey Jackson	•	Location	
	Closed - Electronic Superbill					Location	Choice
				(865) 776-7245		Rendering	Lynch
Substatus	~	F	Pat. Location	Oak Ridge TN 37830 Patient Location	Q	Referring	Referri
Level	Primary 🗙 Billing Electronic 🗸	F	Pat. Provider	Patient Provider	Q		
Туре	Medical 🗸	F	Resp. Party	Jackson, Rickey	Q		roviders
Owner	Cassady, Wes	F	Primary	(1) Anthem BCBS	Q		
837 🤇	Professional   Institutional		Secondary	Secondary Insurance	Q		
		1	Tertiary	Tertiary Insurance	Q		
		[	Override	Insurance	Authorization	]	
<ul> <li>Procedures a</li> </ul>	and Diagnoses (1)						
# Se	ervice Date Procedure POS	Units	Procedu	re Amount	Modifiers		2

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 👻 🚨 Patjent 🔻							
▲ Status		Patient (1)					
Claim	30989 🝷	Patient	25068 - Rickey Jackson 👻				
Status	Closed - Electronic Superbill		(865) 776-7245				
Status	Closed - Electronic Superbill		Oak Ridge TN 37830				
Substatus	~	Pat. Location	Patient Location				
Level	Primary V Billing Electronic V	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	ey Born 08-Jun-1990(30y) Gender Male
$\bigcirc$	Cov. Active Payer	Primary ID	Group/Policy # Copay
			~
Summary	Guarantor Coverage 1 🗸	Insured 🔿 Same as Patient 🖲 Indivi	dual O Company Populate Patient Information
Demographics	First	Address 1	Phone Ext
Insurance	Middle	Address 2	Signature
sponsible Party	Last	City	
	Suffix	State Country	V Zip Code
ergency Contact	Gender •		
Comments	Relationship		
se Management	DOB	Property Casualty	
Dialysis	Insurance Policy		
Employer	Start Start End	Benefit Reset	
Sliding Fee	Payer Payer	Insured ID Member ID	
mun. Registry	Type *	Secondary ID	~
	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 eliaibility	Document List Order Route Eligibility

#### 3. Add a primary insurance

🕘 Patient Setup Webpag	ge Dialog								×
Patient Setup	n h	<b>*</b> •••		Jackso	n Rickey Born	08-Jun-1990	(30y) Gender Ma	le	Дø
	New Save	Train More		ouonot	, control of the second				$\sim \sim$
		_					-		
	Cov. Active	Anthem BCBS			imary ID 3456789	Group/Policy #	Copay	50.00	
								^	
								~	
								•	
	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					
	Suffix		State	TN 🗸	Country USA 🗸	Zip Code 3783	0		
Emergency Contact	Gender	Male 💊	Email						
Comments	Relationship		<ul> <li>Employer</li> </ul>						
Case Management	DOB	06/08/1990 😂 🥅	Property Cas	ualty					
Dialysis	Insurance Policy								
Employer	Start	01/01/1999 😂 📩 End		-					
Sliding Fee	Payer	Anthem BCBS	(	Insured ID	Member ID # 🗸	123456789			
Ŭ	Туре	Commercial	~	,	~				
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	O No				
Guarantor	🔘 N/A	⊖ Yes	O No				
Location	🔘 N/A	O Yes	O No				
Rendering	⊖ N/A	O Yes	O No				
Referring	🔘 N/A	⊖ Yes	⊖ No				
Primary	🔘 N/A	O Yes	O No	1			
Secondary	🔘 N/A	⊖ Yes	O No				
Tertiary	🔘 N/A	⊖ 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	⊖ Yes	O No				
Rejection	🔘 N/A	⊖ Yes	O 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	-			-														3
🥭 Open 🔹	R Save	🔹 🚱 Hist	ory 🔻 [	詞 Pay	ments 🔹	🟭 Patient	-									Search for Pati	ient 🔍 ·	<b>~</b> I
▲ 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		~				453-5751 est Street Indianap	-6- 161	40202		Rend	ering	Rendering P	rovider	Q	i i
Substat	tus				~	Р	at. Location		est Street Indianap 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	ertiary	Tertia	ary Insurance		Q							
							Override	Insura	nce 1	🖉 Aut	horization							
▲ Procedui	res and	Diagnoses	(1)															
#	Service	e Date	Drog	edure	POS		Procedu	ire Am	ount		Modifie	rs			Diag	nosis »		1
F	rom	То		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

LO	cation	Franklin	Q
Re	ndering	smit	Q
Re			
	442	Smith, 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

Ope	en 🔻 🖬	Save 🔹 🚱 Histor	y 🔹 📩 Pay	ments 🔹	🚨 Patient	-									Search for Patien	t Q.	
Status					Pati	Patient							Service				
(	Claim	30991  Closed - Electronic CCM tus				Patient	9781 -	Angie Test 👻		Location			Location	Franklin		Q	
	Status						(317) 453-5751 555 Test Street Indianapolis IN 46202				Rendering	Smith, Gretchen					
	Julua																
5	Substatus					Pat. Location	Patie	nt Location			Referring			Referring Provider			
L	Level Primary V Billing Electronic V Type Medical V			1	Pat. Provider Patient Provider							Referred					
I				1	Resp. Party     Test, Angie       Primary     (1) TEST BCBS					Q	Vother Providers						
0	Owner Administrator, Local Q									1	Q						
8	837					Secondary Secondary Insurance					Q						
						Tertiary Tertiary Insurance					Q						
				[	Override Insurance			🕼 Aut	horizat	tion							
Pro	cedures	and Diagnoses	(1)														
	Service Date					Procedu	ure Amount			Modifiers			Diagnosis »				
#	From	То	Procedure	POS	Units	Charge	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 🔇	b p	~	•		\$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	O Yes	⊖ No	
SOF	🔘 N/A	O Yes	⊖ No	
Guarantor	🔘 N/A	O Yes	⊖ No	
Location	⊖ N/A	Yes	⊖ No	
Rendering	🔘 N/A	⊖ Yes	⊖ No	
Referring	● N/A	O Yes	⊖ No	
Primary	● N/A	O Yes	⊖ No	1
Secondary	● N/A	O Yes	⊖ No	
Tertiary	● N/A	⊖ Yes	⊖ No	
Dx Record	🔘 N/A	O Yes	⊖ No	
Dx Procedure	🔘 N/A	O Yes	⊖ No	
Dx Code	🔘 N/A	⊖ Yes	⊖ No	
Submission	🔘 N/A	O Yes	⊖ 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

🛛 Ope	n 🔻 🖬	Save 🔹 😱 Hist	tory 🔻 📩	Payments 🔻	🔄 Patient	-								Search for Patie	ent 🔍	
Sta	tus				Patie	ent						Service (1)	)			
(	Claim	31024 🝷			P	atient	25001	- Amanda Test 👻				Location Service Location				
	Status	Ready to Send, S	tatement	~			· ·	388-8888				Rendering	Adams ARN	IP Blaire	(	
	status	rtoda) to cona, c		-				alnut St. Indianapo	lis IN	46227	_	Rendening				
5	Substatus			~	F	Pat. Location	Patier	nt Location			Q	Referring	Referring Pr	rovider	(	
ι	evel	Statement 🗸	Billing El	F	Pat. Provider	Patier	nt Provider			Q			Referred	<b>\$</b>		
1	Гуре	Medical		F	Resp. Party Test, Amanda 🔍											
(	Owner	Mack, Amanda		Q	F	Primary	(1) An	them BCBS			Q					
8	37	Professional ()	) Institutional		s	Secondary	Secor	ndary Insurance			Q					
					Tertiary Tertiary Insurance						Q					
Dro	coduros	and Diagnoses	(1)		[	Override	Insuran	ce 1	🖗 Aut	horizat	ion					
		ervice Date	• (7)			Procedu	re Amo	unt		Modi	fiers		Diar	Inosis »		
#	From		Procedu	re POS	Units	Charge		Amount	1	2	3	4 1	2	3	4	
1	08/31/202	08/31/2020	ono shov	′ 🗸	1.00	\$	10.00	\$10.00				D649				
2	08/31/202	0 8/31/2020	0	~		\$0.00					D649					

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
127			×
P27 Fai	mily First Physicians	1234 Main Street	Indianapolis IN 4
Na Na	ab Road 🖑	1234 Main St	Indianapolis IN 4
O Po:	st Road	1234 Main St	Indianapolis IN 4
Wo	rkers Comp Office	1234 Main Street	Indianapolis IN 4
Q			
$\sim$			
Q			
Q			
ization 4 n	esults		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

Open 🔹	🖬 Save 🝷 🚱 History	y 🔹 📩 Payı	ments 🔹 🎚	Patient	•									Search for P	atient 🔍
Status				Patie	ent						S	ervice			
Claim	31024 -			P	atient	25001 - /	Amanda Test 👻					Location	Family First	Physicians	C
Status	Ready to Send. Stat	tement	~			(317) 88						Rendering	Adams ARN	IP Blaire	C
			-		1		nut St. Indianap	olis IN	46227	_		2			
Substat	IS		~	P	at. Location	Patient	Location			Q		Referring	Referring Pr	rovider	0
Level	Statement 🗸	Billing Electro	onic 🗸	P	at. Provider	Patient	Provider			Q				Referred	\$
Туре	Medical		R	lesp. Party	y Test, Amanda 🔍							viders			
Owner	Mack, Amanda		Q	P	rimary	(1) Anth	em BCBS			Q					
837	Professional O I	nstitutional		s	econdary	Second	ary Insurance			Q					
				т	ertiary	Tertiary	Insurance			Q					
Due e e duu	an and Diamana	(4)			Override l	nsurance	. 1	🖉 Aut	thorizat	ion					
rocedur	es and Diagnoses	(7)			Procedur		-4		Modi				0.	inosis »	
# Fi	om To	Procedure	POS	Units	Charge		Amount	1	2	3	4	1	2	3	4
1 08/31	2020 😂 08/31/2020 😂	no show	~	1.00	\$1	10.00	\$10.00					D649			
2 08/31	2020 😂 08/31/2020 😂		~		\$	50.00						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	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	O Yes	⊖ 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

	Save 🔻 🊱 History 🔻 🛅 Payments 💌 🚨	Patient	
Status		Patient	
Claim	30913 -	Patient	24753 - Angel Test 👻
Status	Closed - Electronic Superbill		(333) 333-3333
Status			1234 Main Street Indianapolis MA 46200
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, An	gel Born 24-Ju	n-1970(50y) (	Gender Female	$\mathcal{P}_{1}$
	Middle	Angel Test	Address 1 Address 1 Address 2 City State Zip Contact	1234 Main Stree	country USA V	Chart Chart # User Defined DOB RHC Signature Status	24753 06/24/1970 🖉 🗖	
Summary Summar	Ethnicity Race Lang. Location Image: Active Provider PCP Referring Doctor Rx Hist. Identification Primary Secondary Old ID #1 Old ID #2 Old ID #3	Female Asian Primary Location ✓ Reportable Dra Primary Care Physician Reterring Test, John MD (133610636 SSN ✓ SSN ✓ Party Same as Patient (1 o	Work Other Email Reminder ements	. (333) 333-3333		Marital Employed Employer Student		

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

🞒 Patient Setup Webpa	ge Dialog		— 🗆 X
Patient Setup		Test, Angel Born 24-Ju	un-1970(50y) Gender Female 🛛 🔎 🄯
	New Save Train More	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	Home * (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

		🖑 🗛 🖻 🖓 🔮
	Insu	ırance - Billing Query 🛛 🔅
		x
	Searc	ch for Patient 🛛 🔍 🗸 🧔
Service		Security
Location	A2255 St Joseph R	Screen
	-	Company
Rendering	Adams ARNP, Blair	re User
Referring	Referring Provider	Setup
	Referre	ed Print
	viders	Audit
		Refmsh
		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 #3209	96 for Jackson Couchpotat	o 09/15/1977	(43y)													
🥟 Open 🔻	🛛 🖬 Save 🔹 🚱 History	᠇ 📩 Pay	ments	-	Patient	-									Search for P	atient 🔍 🗸
▲ Status					Patie	nt						S	ervice			
Claim	n 32096 <del>-</del>				P	atient	26095	- Jackson Couchp	otato	•		Location A1106 Lakeland Medical Center				
Statu	Is Closed - Electronic S	uperbill		-		(234) 867-5309 1814 Juniper Lane Marble Falls TX 78654							Rendering	Adams ARN	P, Blaire	Q
Subs	tatus				р	at. Location		uniper Lane Marbl nt Location	e Falls	TX 78	654		Referring	Referring Pro	ovider	Q
Level		Billing Elect	ronic •			at. Provider		nt Provider							Referred	0
Туре						lesp. Party		hpotato, Jackson								¥
Owne			(			rimary		them Medicaid					✓ Other Pro	viders		
837   Professional  Institutional  Secondary  Secondary Insurance																
					Т	ertiary	Tertia	ry Insurance			9					
					[	Override	Insuran	ice 1	🖉 Aut	horizat	ion					
▲ Procedures and Diagnoses (1)																
#	Service Date	Procedure	PC	s	Procedure Amount         Modifiers           Units         Charge         Amount         1         2         3						4	4	Diag	nosis » 3	4	
1 01/	/27/2021 🔵 01/27/2021 🧕	99214	11	~	1.00	-	75.00	\$175.00		2	3	4	J0190	2	3	"
	/27/2021 👌 01/27/2021 🧕	J0456	11	~	1.00	s	15.00	\$15.00					J0190			
	/27/2021 🚫 01/27/2021 🚫			~			\$0.00						J0190			
+ <u>A</u> dd	New Item								Tot	al: \$19	90.00	Pay/	Adj: \$0.00	Balance: \$19	0.00 Recei	pts: \$0.00 -
Additio	onal Information				Moss	ages and	Monit	torina				0	ueue and T	asking (2)		
					Aqir		monn	N/A					Prepare	ushing (2)		
Admis		Hour		~	-	ng Message		N/A					Claim Is	sues		
Disch		Hour		~		m Validation								Errors		
Initial	Image: Contract of the second seco					ent Validatio								r Processing	-	
Onse	et 😂 🗖					ent Only		N/A					Clos	ed - Electronic	Superbill	
Curre	ent Claim Edits					le Limitations	5	N/A								
1 Mar	liscellaneous	uired Fields		N/A												
9 W	noonunoouo	bal Period		N/A												
					837	Validation		×								
					Mon	itoring		×								
+ Add	Information				A A	erts	<b>a</b> c	omments	Ac	tivity L	00					
							- V -				-9					

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

•	Pro	cedures	and	Diagnose	s (	(1)						
	#	S	ervic	e Date		Dr	oce	lura	D	os		
	#	From		То			UCE	Juie	105		Units	
	1	01/27/202	1 🗘	01/27/2021	Ŷ	1	9921	4	11	~	1.	00
	2	01/27/202	1 🛟	01/27/2021	Ŷ		1045		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			
							<i>i</i> h	<u>S</u> ear	ch			
	Add	ditional In	fori	nation		×	<u>D</u> elet	e			Mess	
		dmission		Recovery					Agii			
		amission					1 Up					-
	0	)ischarge		÷			4	Dowr	ı			Billi
	h	nitial										-Clai
					Edi	it pr	oceo	dure N	IDC ir	nforma	ation	Pati
	0	Onset		<b>V</b>			B	NIDO		•••		Pati
	C	Current Clai			E	NDC	2.			Coc		
		niscellar 🖉	s				<u>C</u> om	went			Rec	
	Ø	- 11100010		~				<u>E</u> 0B				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

NDC for Claim 32096 Webpage Dialog										
<b></b>										
99214	01/27/2021		J0456 INJECTIO	N, AZITHROMYCIN, 500 M	G					
✓ J0456	01/27/2021	$\cap$	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 Couchp	otato 09/15	/1977	(43y)												x	
D Op	en 🔹 🖬	Save 🔹 🚱 His	tory 🔻 慮	a Payı	ments 🔻	🚨 Patie	ent 🔻									Search for Patient	Q 🗸 🕸	
∧ St	atus					Pa	tient						S	ervice				
	Claim	32096 -					Patient	26095	- Jackson Couchp	otato	-			Location	A1106 Lakela	and Medical Center	Q	
	Status	Closed - Electron	ic Superbill		~				867-5309 Juniper Lane Marbl	o Eallo	TY 70	664		Rendering	Adams ARN	P, Blaire	Q	
	Substatus				~		Pat. Location		nt Location	e i alis	17.70	0.04		Referring	Referring Pro	vider	Q	
	Level	Primary 🗸	Billing	Electro	onic 🗸		Pat. Provider	Patie	nt Provider			Q		Referred				
	Туре	Medical			~		Resp. Party	Couchpotato, Jackson				Other Providers						
	Owner	Stevens, Heathe	r		Q		Primary							- one revise				
	837    Professional  Institutional						Secondary	Seco	ndary Insurance			Q						
							Tertiary Tertiary Insurance											
							Override	Insurar	nce J	🖗 Aut	horizat	ion						
A Pr	ocedures	and Diagnose	e (1)					mouru		_ / (01)								
	Procedures and Diagnoses (1)      Service Date Procedure Ar							ire Amo	ount		Mod	ifiers			Diag	nosis »		
#	From		Proces	dure	POS	Units	Charg	le	Amount	1	2	3	4	1	2	3	4	
1		21 🔮 01/27/2021		14	11 •	• 1.00	\$1	75.00	\$175.00					J0190				
2	_	21 🔮 01/27/2021		56	11 •	✔ 1.00	_	515.00	\$15.00					J0190				
3	01/27/202	21 🔮 01/27/2021	$\diamond$			~		\$0.00						J0190				
+	Add New It	em								Tot	al: \$1	90.00	Pay/	/Adj: \$0.00	Balance: \$19	0.00 Receipts:	\$0.00 -	
∧ Ac	lditional li	nformation				Me	essages and	Moni	toring				Q	ueue and 1	asking (1)			
	Admission	Image: A start of the start	Hou	ır 📃	~	4	ging		N/A					Prepare		_		
	Discharge	\$	Hou	ır 📃	~	E	Billing Message		×						or Processing ed - Electronic	Superbill		
	Initial					0	laim Validation		×					0102	icu - Licci onic	Superbill		
	Onset						Patient Validatio	n	×									
	Current Cla		5°				Patient Only		N/A									
							code Limitation		N/A N/A									
	Miscella	ineous					Required Fields Blobal Period		N/A N/A									
							37 Validation											
							fonitoring		- 🏅 🚄									
÷	Add Inform	ation					Alerts	©°	omments	🖢 Ac	tivity L	og						

# **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

<b>F</b>	Prepare: 198 claim	ns X
_	<ul> <li>Missing Claims</li> </ul>	31
Prepare	➤ Missing Data	68
198	▼ Ready for Processing	96
	Claim Issues	3 View
	<ul> <li>NDC Errors</li> </ul>	1
	<ul> <li>Global Period</li> </ul>	2 Qm
		4
	View as counts	Export to Excel (i) Information
/ [		
5	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

≙ •	Bi	lling							
0	s		• 🕸 Setu	p Screens	🔹 🖶 Re	porting Windows	🔹 🕚 寸 🎇 Set Billing Info 🔹 🔍 Web Searche	s • 🎓 •	
P	$\mathbb{Q}$	2 ·	- 📑 - 🚨	• =	- 🔊 - 🚖	🛉 🔻 🎘 🔻 Max	. Rows 99		
	#	+	Claim	DOS	s	Status: Ready to	Send Primary, Electronic	Billing	Charges
	1	-	32116	01/25/21	L		ready to bend remary, Electronic	E	\$100.00
	2	✓	32115	01/25/21			Ready to Send Primary, Electronic	E	\$1,775.00
		.—.					- U	- I I	

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

≙ .	Bi	lling	9							
0	s	<b>.</b>	🝷 🔯 Setu	ip Screens	: 🔻 🛅 Rep	orting	<u> </u>	🕉 Set Billing Info 🔻 🔍 Web Searches	<del>-</del> 🎓 ·	-
٩	$\mathbb{Z}$	2	- 🗟 - 🚨		- 🔊 - 🚔	Claim pa	ayment	99		
	#	+	Claim	DOS	\$	Payment		Status	Billing	Charges
	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	] ,
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	$\bigcirc$		<u>P</u> ost	
Adjustment	(\$275.00)	Post-op Adjustment		Q		۲m	
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	^
							~
<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

	try for Claim #321	15 Webpage Dialog							$\times$		
Claim Details Patient	9676 - Ila Test										
Rendering	Blaire Adams AR	NP (4278456998)									
Insurance	Cigna (62308)										
Claim	32115	Ready to Send Primary	/, Electronic			QP	rimary				
Payment Deta	Payment Details										
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	]^		
									~		
₽ 2		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

	-	try for Claim #32	115 Webpage Dialog						$\times$
	n Details ntient	9676 - Ila Test							
Re	endering	Blaire Adams AR	NP (4278456998)						
Ins	surance	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	
A	djustment	\$0.00	Adjustment Type			Q		Clear	=
(	Comment						$\bigcirc$	Default	
۲	Procedure	s (2) O Paymer	nts (2) O Receipts (0)	)					
	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	^
									<b>、</b>
									•
Ę			Procedu	ire Totals:	\$1,775.00	\$0.00	(\$1,775.00)	\$0.00	)
Davi	Comment	Claim Comme	unt Hintony	Cred		OB	Defreeh	Close	
Pay.	Co <u>m</u> ment	Claim Comme	ent <u>H</u> istory	Cred	lits E	.U <u>D</u>	<u>R</u> efresh		

# 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.

laim Comn Claim: 700210 John, Test Born: Jul	nents Il 17, 1991 (33y) Gender: Male	
> Existing Comment	ts	
New Comment		>
New Comment		
		,
> Default Comme	ents	
Biller Action	~	
Followup Date	<b>#</b>	
ronomup bute		
Assigned To	v	'
		/
Assigned To Biller Action		*

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 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	Secondary	Secondary Insurance		

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

Messages and	essages and Monitoring			You can also utilize the Claim Comment							
Aging	N/A		from the t	toolbar:							
Billing Message	×		<u></u> - В	illing							
Claim Validation	× ×		00	-	for Satur	Sereens	- 6.	eporting Wi	ndowe	- 3 -	
Patient Validatio	in 🖌		- I I I	-	Setup	Screens		eponing wi	nuows		
Patient Only	N/A				Ê	8	<u> </u>		Q		
Code Limitation	s 🗙		New	Open	Train	Patient	Claim	More			
Required Fields	N/A				-1		History			,	
Global Period	N/A			play zero b	alances	Sho				^	
837 Validation	×		#		Claim ID	Claim	Сору			1	
Monitoring	×					DOS	Modify			2	
			1		66394	02/07/2					
Alerts (2)	Comments	Activity Log					Comme				
							Reth	ler			
							Send C	ommunicat	ion		
							Custon	n Task			

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

Claim Co Claim: 66394 T3st, Danielle			
✓ 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.

Claim: 700210	nents	
	l 17, 1991 (33y) Gender: Male	
Existing Comment	S	
New Comment		
New Comment		
> Default Comme	ote	
> Default Comme Biller Action	nts	~ 🖊
	nts	~ 🖊
Biller Action		<ul> <li></li> <li></li> </ul>
Biller Action Followup Date		<ul> <li></li> <li></li> </ul>

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	Transacti	on History Web	opage Dialog			>
e 0	E • (	🗩 • 🕸 • 🕄	0		Test, Wes Born 4-Dec-1970 (	Gender Male Chart 312024
Claims (30	694)			All Patient History 🗧	Single Claim • Total Un:	submitted Balance: \$50.00
DOS 12/24/2020	Claim 30694	Balance \$50.00	Total \$50.00	Status Closed - Electr	DOS 12/24/2020 Claim: 30694 Adkins MD, Stanley Status Closed - Electronic Super Submission	Claim Total \$50.00 Aging 0
Patient Com		s: \$50.00 Ves Cassady	\$50.00		12/24/2020 99211: OFFICE/OP VISIT, EST PT, NOT R Procedure Balance: 12/24/2020 99116: ANESTHESIA W/ HYPOTHERMIA Procedure Balance: Unsubmitted Ba	\$50.00 \$0.00 lance: \$50.00
Testing default timezone ▲ 09/23/2020 from Wes Cassady Testing new timezone from Billing > Alerts 00140-000 form Was Council alling					Total Unsubmitted Bala	nce: \$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 Status Closed - Electronic Super Submission
12/24/2020 99211: OFFICE/OP VISIT, EST PT, NOT R Procec
12/24/2020 99116: ANESTHESIA.MUHXPOTHERMIA Proceed
Comment U
S Credits
Claim Total Une
💆 Provider
Uiew Submission
📑 ERA

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 🔻 All 🗸
	Туре	User	Date/Time	Comment
	+			

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