

EZClaim 8 ANSI 837 User Guide

Last Updated: March 2012
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EZClaim Medical Billing Software

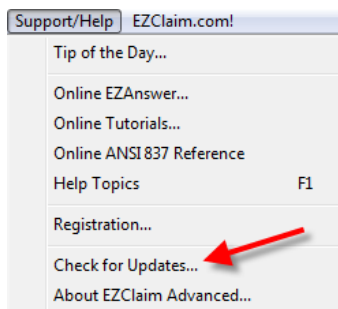
Electronic Claims Using the ANSI 837 Format – User Guide

NPI Numbers –Billing and Rendering NPI numbers must be correct on your claims. If incomplete or incorrect provider/NPI numbers are entered on your claims, the claim will be rejected by the Payer.

Please verify with the insurance company if you are unsure of your NPI and/or Provider/Group numbers for a specific payer. <https://nppes.cms.hhs.gov/>

Program Updates

Before you begin to enter patient data check for updates to your program. To check for updates go to 'Support/Help' on the EZClaim menu bar and select '**Check for Updates**'.



Advanced 8 at a Glance

New Patient - GENERAL GROUP - EZClaim Advanced 8 Release 15

File Edit Patient Claim Libraries Tools Electronic Claims! View Support/Help EZClaim.com!

New Patient Patient Template Find Patient Find Claim New Claim Electronic Claims Payer Library Physician Library Report List Backup Data Exit Program

Patient List

Group: All Groups

Name	DOB	Pri P
BROOKS, PATIENT D	3/21/1966	MED
MACSIS, SECONDARY	1/1/1955	AETH
PATIENT, GEORGE G	2/6/1956	AETH
SAMPLE, MIKE S	2/21/1967	MED
SECONDARY, SUSAN S	2/21/1967	BLUE

Patient/Insured Info | Physician/Diagnostic Info | Payers/Other Info | New Charges |

Medicare Medicaid Champva Group FECA Other

Patient Last Name First Name MI Patient Date of Birth Sex M F Copy Info

Patient Address Patient Relationship to Insured Self Spouse Child Other

City State Patient Status Single Married Other

Zip Code Phone Number Patient Employment Status Employed Full-Time Part-Time Student

Other Insured's Name (Last, First, MI) Is Patient's Condition Related To: Employment Yes No Place (State) Auto Accident Yes No Other Accident Yes No

Other Insured's Policy or Group Number Insured's ID Number

Other Insured's DOB Sex M F Insured's Name (Last, First, MI)

Other Employer's Name or School Name Insured's Street Address

Other Insurance Plan Name or Program Name Insured's Policy Group or FECA Num.

Local Use Insured's DOB Sex M F Insured's City State

Is There Another Health Benefit Plan? Yes No Yes - Not Reflected on Claim No

Print Form & Data

Reminder Note:

Patient Notes

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat...	Perm Sta...	Patient Group	Printed	Exported	Ready fo...	Secondary	Claim ID	Archived	PatientID
PATIENT, GEO...	2/7/2012		\$50.00	AETNA	Not Paid	Not Perm...	GENERAL GROUP			Yes	Yes	185	No	1427
SAMPLE, MIKE...	8/1/2011		\$100.00	MEDICARE	Not Paid	Not Perm...	SAMPLE GROUP			Yes	No	181	No	2638
SECONDARY, ...	12/14/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm...	SECONDARY			Yes	Yes	173	No	3965

Filters - Only Show Claims: ☒ Not Printed ☒ Not Exported ☒ Not Permanent ☒ Not Paid ☒ Not Archived

ANSI 837 Quick Reference

LOOP 2000A (Specialty/Taxonomy)	Segment	EZClaim Location
Billing Provider Specialty Information	PRV03	Physician/Facility Library Icon>Billing or Rendering Provider > Taxonomy
LOOP 2010AA (Billing Provider)		
Billing Provider Name (Box 33)	NM103	Physician/Facility Library Icon>Billing Provider Name and Address
Billing Provider Primary Identifier	NM109	Physician/Facility Library Icon>Billing Provider> NPI
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider > Tax ID#
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider > Legacy ID#
Billing Provider Address	N3 & N4	Physician/Facility Library Icon>Billing Provider> Address & 9 digit Zip Code
LOOP 2310B (Rendering)		
Rendering Provider Name (Box 31)	NM103	Physician/Facility Library Icon>Rendering Provider First and Last Name
Rendering Provider Primary Identifier	NM109	Physician/Facility Library Icon>Rendering Provider> NPI
LOOP 2310A (Referring)		
Referring Provider Name (Box 17)	NM103	Physician/Facility Library Icon>Referring Provider First and Last Name
Referring Provider Primary Identifier	NM109	Physician/Facility Library Icon>Referring Provider> NPI
LOOP 2310C (Facility)		
Service Facility Name (Box 32)	NM103	Physician/Facility Library Icon> Facility Name
Facility Address	N3 & N4	Physician/Facility Library Icon>Facility> Address & 9 digit Zip Code
Facility Primary ID# (If required)	NM109	Physician/Facility Library Icon>Facility NPI
LOOP 2010BB (Payer)		
Payer (Insurance Co.) Name	NM103	Payer Library Icon>Payer Name
Payer ID#	NM109	Payer Library Icon>Payer ID
LOOP 2300		
Claim Information		General claim information plus Diagnostic Codes and Total Claim Charge
LOOP 2400		
Service Line Information (Charges tab)		Data related to procedure code charges. Ex: Dates, procedure codes, modifiers, etc.

ANSI 837 Electronic Claims Data Entry

Note: Entering the following data will result in ANSI 837 errors!

- Do not use words such as "Same" "None" or "N/A". Use only valid data in fields.
- Do not use MR., MS. or other prefixes. Do not use DR. MD, OD etc. A provider is identified by their NPI or Provider number.
- Unless required by your payers do not use any special characters such as hyphens, commas, apostrophes, etc.

Submitter/Receiver Information – Step 1

Tools→Options→Submitter Information

Note: Go to [Payer Info](http://www1.ezclaim.com/edi/payerlist.asp) (www1.ezclaim.com/edi/payerlist.asp) for Submitter/Receiver information re a specific Payer.

Note: Go to Support/Help>Check for Updates and update your EZClaim to the latest release or some ANSI 5010 fields may not be available.

1. Click on 'Submitter Information' tab.
2. Do not enter 'Pay to Provider' unless using a Post Office box number for billing address.
3. Click on Submitter/Receiver Library button.

The screenshot shows the 'EZClaim Advanced 8' window with the 'Submitter Information' tab selected. A red arrow points to the 'Submitter/Receiver Library' button. A callout box with a speech bubble icon contains the text: 'Do not enter 'Pay to Provider' unless using a Post Office number for billing address'. The 'Pay To Provider' dropdown menu is highlighted in yellow. Below this, there are fields for 'Client Name', 'Phone', 'Client Code', '2 Digit Code', and '3 Digit Code'. To the right, there is a 'Portal Login Information' section with fields for 'Client ID', 'User Name', and 'Password'. At the bottom are 'OK', 'Cancel', and 'Help' buttons.

The screenshot shows the 'Submitter/Receiver Library' window. On the left is a 'Receiver Library List' with 'AVAILITY', 'IN BCBS', 'MACSIS', 'MEDICAID', and 'MEDICARE' (highlighted). The main area is for 'Library Entry Name (Required): MEDICARE'. Below this, 'Export Format' is 'ANSI 837 w/~~' and 'Version' is '5010' (highlighted with a red arrow). The 'Submitter Information - Loop 1000A - NM1 and PER Segment' section includes 'Submitter Type: COMPANY' and 'Submitter ID: 1234567'. The 'Contact Name' is 'CONTACT NAME' and 'Type' is 'TE'. The 'Receiver Information - Loop 1000B' section shows 'Receiver Name NM103: MEDICARE' and 'Receiver ID NM103: 11111'. The 'Header Information - ISA and GS Segments' section includes 'Authorization Information ISA01 and ISA02: 00', 'Sender ID ISA05 and ISA06: ZZ', 'Acknowledgement Requested ISA14: [checked]', and 'Test/Prod Indicator ISA15: P'. At the bottom are 'Delete', 'New', 'Close', and 'Save' buttons.

- To 'Add' a new Library entry, click on 'New', enter all required data and then click on 'Save'. Go to Payer Info (see above) for the following Payer specific information.
 - Library Entry Name** - Enter a name to identify the library entry.
 - Export Format and Version**- Use the drop down to choose the export format and the version.
 - Submitter Type** - Use the drop down box to choose a Person or Non-Person type.
 - Submitter Name** - Enter the business name or name of the person submitting the file.
 - Submitter Identifier** - Enter the EDI submitter number provided by the insurance carrier that identifies the submitter of the file. Contact your insurance carrier for your EDI submitter ID#.
 - Contact** - Enter the name of the contact person (ie. First space last name).
 - Telephone Number** - Enter the phone number of the contact person in this format, 5556667777.
 - Receiver Name (NM103)** - Information is provided by your insurance carrier.
 - Receiver ID (NM109)** - Information is provided by your insurance carrier.
 - Interchange Receiver ID (ISA08)** - Information is provided by your insurance carrier.
 - Test/Production Indicator** – Using the dropdown box chose 'P' for Production or 'T' for Test.
 - Receiver Code (GS03)** - Information is provided by your insurance carrier.
- Using the dropdown, assign either the 5010 or 4010 format specific to the selected payer.
- To 'Edit' an entry, highlight the entry on the left, make changes and then click on 'Save'.
- When finished, click on 'Save' and then 'Close'. Once Saved, the entry will be listed on the left.

Situational Fields

NOTE: Do not enter Situational fields unless required by insurance carrier or errors will be generated!

- 'Strip extra characters from ID fields'** - Usually checked, uncheck only if the insurance company requires a dash in your Tax ID# for electronic claims.
- Sender ID** – Enter only if a different number than the Submitter ID number.
- Sender Code** – Enter only if different number than the Submitter ID number.
- Password** – Do not enter unless required by your insurance company for electronic claims.
- Acknowledgment Requested** - Usually left checked.
- Zip Export File** – Usually left unchecked unless requested by your insurance company.

Payer Library – Step 2

Payer Library Icon

Note: This information must be entered before entering 'Physician Library' data.

The screenshot shows the 'Payer Library' window. On the left, there is a table with columns: Name, Address, ST, Payer ID, and Ins Type. The table lists several payers, including AETNA, BLUE CROSS, GLOBAL HEALTH, MACSIS, MEDICAID, and MEDICARE. On the right, there is a form for editing a payer. The form includes fields for Payer Name, Payer ID, Street Address 1, Street Address 2, City/State/Zip, Telephone, Ins. Type Code, and Claim Office Num. A red arrow points to the Payer ID field in the form, which contains the value 33333. Below the form, there are checkboxes for 'Additional Program Settings' and a field for 'Enter a followup date for'.

Name	Address	ST	Payer ID	Ins Type
AETNA			55555	C1
BLUE CROSS	557 MAIN STREET	MI	33333	GP
GLOBAL HEALTH			44444	C1
MACSIS			99999	
MEDICAID	4444 HIGHWAY	ND	33244	MC
MEDICARE			66666	12

Add Payer Information to Library

- Enter name of Insurance carrier.
- Enter Payer ID# in 'Payer ID' field.
- Address is only required for paper claims.
- Using the dropdown arrow select 'Ins. Type Code'.
- Click on the 'Save' button.
- Payer information is now listed in the box to the left.

Edit Payer Information

Highlight the Payer, edit Payer information and then click on the 'Save' button.

Physician, Organization and Facility Library – Step 3

Physician/Facility Library Icon

Library information must be completed before entering patient data. Once the entries are completed in the library, they will be selected on EZClaim data entry screens. Correct set-up of the Library is important for error free claims.

Classification

The 'Classification' determines in which selection list the name will appear. For example, if you select 'Billing', the name will only show in the Billing selection drop down.

Billing Provider Information

- Enter the Name of Provider, Agency or Business Name. **ANSI 5010 does not allow for a PO Box address in the Billing Provider information. Enter Pay-To-Provider data for PO Box address. See Step 1-Submitter/Receiver Information for selecting Pay to Provider information in EZClaim.**

Physician, Organization and Facility Library

Physician/Organization Library Entries: Use the Tab key to move to the next field. Enter to save.

Filter: [] Filter Clear

Full Name (Required) ABC COMMUNITY HEALTH

Classification: Billing

Type: Billing Facility

Last Name if Person: ABC COMMUNITY HEALTH

First Name: [] Middle: []

Address Line 1: []

Address Line 2: SUITE 201

City, State, Zip: ROCHESTER NY 987651234

Telephone: [] Fax: []

Email: []

Notes: []

NPI: 0987654321 Taxonomy Code: 1234567890

Tax ID Type: 24 Tax ID Number: 123456789

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
[]	[]	[]

Delete Library List Report Library Usage Report New Close Save

Use dropdown arrow to select Classification type

Click on drop downs to bring up additional data

- Classification, select 'Billing'.
- Type, select Person or Non-Person depending on the billing provider entry.
- Enter 'Organization' name or 'Last Name' and 'First Name' if person.
- Enter Address information.
- ANSI 5010 requires a 9 digit zip code.**
- Enter Individual or Organizational NPI number.
- Using the dropdown arrow, select 'Tax ID Type' and enter number.
- Situational:** Enter Taxonomy Code if required by your insurance company.
- ANSI 5010 allows only the following Legacy numbers. Do not enter unless required by your payer.**
 - OB-State License Number
 - 1G-UPIN Number

Note: Fax and Email is used for your reference only.

Rendering Provider Information

If the Billing provider has obtained an Organizational NPI, the provider may also need a Rendering Provider entry for their Individual NPI/ Provider number.

1. Enter First and Last name in 'Full Name (Required)' field.
2. Classification, select 'Rendering'.
3. Type, select Person.
4. Enter Last name and First name.
5. Enter Individual NPI number.
6. **ANSI 5010 allows only the following Legacy numbers. Do not enter unless required by your payer.**
 - a. OB-State License Number
 - b. 1G-UPIN Number
 - c. G2-Commercial Number
 - d. LU-Location Number
7. Click on 'Save'.

Facility Information

Note: Usually only entered if the Billing information is different from the Facility information.

1. Enter Facility Name in 'Full Name (Required)' field.
2. Classification, select 'Facility'.
3. Type, select Non-Person.
4. Enter Facility Name and Address information.
5. **ANSI 5010 requires a 9 digit zip code.**
6. Enter NPI number.
7. Click on 'Save'.

Referring Provider Information

1. Enter First and Last name in 'Full Name (Required)' field.
2. Classification, select 'Referring'.
3. Type, select Person.
4. Enter Last name and First name.
5. Enter NPI number.
6. Do not enter SS# or EIN information.
7. Click on 'Save'.

Patient/Insured Info Screen – Step 4

- Do not use initials or credentials. MR., MS., DR., MD, INC. etc.
- Do not use words such as 'SAME' or 'NONE' or 'N/A'.

Required - Enter Insured ID Number in this format, 222333444. Do not use dashes.

Enter Patient Information. (Once Patient Data is entered, you may use the 'Copy Patient' button to copy data to right side of form.)

Required - Enter Patient's Birth Date.

Required - Enter Insured information.

Required - 'Patient Relationship to Insured'.

Situational: Other Insured Information – Enter secondary data only if submitting a secondary insurance for this claim. **Note:** Enter secondary insured's ID# on the Payers/Other Info tab.

Situational - Subscriber information is required if 'Subscriber' is different than 'Patient'.

Required - Check 'Patient Signature on File' and 'Print Current Date' or enter date.

Situational - Check 'Insured Signature on File' if you are requesting payment of this claim to be sent to the Provider.

Note: Enter any additional information requested by the insurance company.

Physician/Diagnostic Info Screen – Step 5

Situational – 'Date of Current' cannot be the same as first 'Date of Service.'

Situational – Enter 'First Date of Similar Illness' if required by your insurance company.

Situational - Use dropdown to select Referring/Ordering Provider name and ID numbers previously set up in the Physician/Facility Library. (See 'Physician/Facility Library' Icon)

Claim Templates: Use dropdown to select a template for all claims for this patient.

1. 'Use Initial Charge Values' – Data entered into these fields will be used when clicking calendar dates on the Charges screen.
2. 'Use Previous Service Line' - Service line data from last claim will be carried over to Charges screen. This data may then be edited on service line if necessary.
3. 'Use Previous Claim' - Service line and Diagnostic codes will be carried over to Charges screen. This data may be edited on Charges tab if necessary.

Situational - Enter 'Patient Account Number'. You may use a number of your choice or go to Tools>Options>Data Entry General and check the box for 'Automatically enter a Patient Acct. #'.

Required - Check 'Accept Assignment' indicator 'yes' or 'no.'

Required – Check 'Signature on File', select name of Rendering Provider if required.

Note: DME Companies do not use Rendering Providers. Leave the rendering provider field blank.

Situational - Enter 'Facility' information **only** if the Facility address and NPI is different than the Billing information unless required by your insurance company.

Required - Using the dropdown arrow, enter Billing Provider Info & Phone # previously set up in the Physician/Facility Library.

Payers and Others Info Screen – Step 6

Name	Date	Bill Date	Est Due	Insurance	Paid Stat	Prem Sta	Patient Group	Printed	Exported	Ready to	Secondary	Claim ID	Archived
SECONDARY	3/16/2012		\$0.00	BLUE CROSS	Not Paid	Not Perm	SECONDARY			Yes	No	192	No
SAMPLE, MIKE	2/5/2012		\$100.00	MEDICARE	Not Paid	Not Perm	GENERAL GROUP					191	No

Primary/Destination Payer

1. Click button to select 'Primary/Destination Payer' previously set up in the Payer Library.
2. Select by highlighting the Primary/Destination Payer and click 'OK'.
3. **Required** - Using the dropdown arrow select 'Primary Claim Filing Indicator'.
4. **Note:** See tabs below for additional **Situational** information. **Do not** enter 'Situational' information unless required by our insurance company.

Secondary/Other Payer

1. Click on the 'Click to Select Secondary/Other Payer' button.
2. **Required** - Using the dropdown arrow select 'Claim Filing Indicator'.
3. **Required** - Enter ID# of secondary insurance holder in 'Secondary/Other Insured's' ID field.
4. Enter 'Patient Relationship to Insured' information.

Note: To Delete a Payer on Payer/Others Info screen, click on the 'Clear Primary' or 'Clear Secondary' button.

EDI Claim Notes: To include notes with your electronic file, check the 'Include Notes with EDI' file checkbox.

New Charges Screen – Step 7

Brooks, Patient D (Age 45) - GENERAL GROUP - EZClaim Advanced 8 Release 16

File Edit Patient Claim Libraries Tools Electronic Claims View Support/Help EZClaim.com

Group: GENERAL GROUP

Patient/Insured Info | Physician/Diagnostic Info | Payers/Other Info | New Charges | Charges: 3/1/2012 \$100.00

Patient Name: BROOKS, PATIENT D (P) Payer: MEDICARE

Claim ID: 184

Date Of Current: Follow Up Date and Ref

Hosp. Dates Ref To Current Services: S M T W T F S S M T W T F S

Rendering Provider: DOCTOR SMITH

Service Facility: 25

Diagnosis Codes: 1. 3004 2. 2964 3. 5704 4. 5 6 7 8

Procedure Code: 11 90006

Charge: \$100.00

Applied: \$100.00

EPST: 1

Qual: 5678901234

Remd Prov ID: CHN

Balance: \$100.00

Line Count: 1

Name	Date	Bill Date	Bill Due	Insurance	Paid Stat.	Perm Sta.	Patient Group	Printed	Exported	Ready to	Secondary	Claim ID	Archived	F
BROOKS, PAT.	3/1/2012			MEDICARE	Not Paid	Not Perm.	GENERAL GROUP			No	No	184	No	
MACSIS, SECO.	2/8/2012			AETNA	Not Paid	Not Perm.	GENERAL GROUP	2/14/20		No	Yes	185	No	
PATIENT, GEO.	2/7/2012			AETNA	Not Paid	Not Perm.	GENERAL GROUP			Yes	Yes	185	No	

Filters: Only Show Claims: ☐ Not Printed ☐ Not Exported ☐ Not Permanent ☒ Not Paid ☐ Not Archived

Required - Diagnostic codes.

Required - Click on the calendar to select 'Date of Service'.

Enter charges and other service line information.

Required - **Place of Service:** below are the most commonly used values. Contact your Payer for additional codes.

- 11 - Office
- 12 - Home
- 21 - Inpatient Hospital
- 22 - Outpatient Hospital
- 23 - Emergency Room - Hospital
- 24 - Ambulatory Surgical Center
- 53 - Community Mental Health Center
- 81 - Independent Laboratory
- 99 - Other Unlisted Facility

Situational - Enter EMG only if requested by your insurance company. Usually left blank.

Required - Enter Procedure Code

Required - Enter the diagnostic code line number (POINTER) on the charges line. Do not use the actual diagnosis code in this box, only pointers. Enter no more than four DX pointers on each service line.

Situational: Rendering Provider - This data is pulled from the Rendering Provider information which has been selected on the Physician/Diagnostic Info tab. If Rendering Provider information has not been selected on the Physician/ Diagnostic Info tab, use the dropdown arrow on the Charges tab to select Rendering Provider previously set up in the Physician/Facility Library.

NOTE: DME Companies do not use Rendering Providers. Leave the rendering provider fields blank.

DME, Ambulance and Chiropractic ANSI 837 Screens

DME, Ambulance and Chiropractic screens require an extended features registration number. Contact EZClaim if you require one of these screens.

- Ambulance
- Chiropractic
- DME/CMNs

Brooks, Patient D (Age 45) - GENERAL GROUP - EZClaim Advanced 8 Release 16

File Edit Patient Claim Libraries Tools Electronic Claims View Support/Help EZClaim.com

New Patient Patient Template Find Patient New Claim Find Claim Electronic Claims Payer Library Physician Library Report List Backup Data Exit Program

Patient List: Brooks, Patient D (Age 45) - GENERAL GROUP

Patient Name: BROOKS, PATIENT D (P) Payer: MEDICARE

Date of Current: 3/1/2012 Follow Up Date and Ref: 3/1/2012

Hosp. Dates: 3/1/2012 to 3/1/2012

Rendering Provider: DOCTOR SMITH

Service Facility: 123456789012

Diagnosis Codes: 1. 3004 2. 2364 3. 5784 4. 5. 6. 7. 8.

Procedure Code: 90806

Charge: \$100.00

Units: 1

Print/Export: 5678901234

Ambulance **Chiropractic** **Attach CMN**

Name	Date	Bill Date	Bill Due	Insurance	Paid Stat	Perm Sta.	Patient Group	Printed	Exported	Ready to	Secondary	Claim ID	Archived
BROOKS, PAT.	3/1/2012		\$100.00	MEDICARE	Not Paid	Not Perm.	GENERAL GROUP		No	No	No	184	No
WACOS, SECO.	3/6/2012		\$100.00	AETNA	Not Paid	Not Perm.	GENERAL GROUP	2/14/2012	No	Yes	Yes	185	No
PATIENT, GEO.	2/7/2012		\$50.00	AETNA	Not Paid	Not Perm.	GENERAL GROUP		No	Yes	Yes	185	No

Filter: Only Show Claims: ☐ Not Printed ☐ Not Exported ☐ Not Permanent ☒ Not Paid ☐ Not Archived

Ambulance Screen

Ambulance Trip Information

To enter information about an ambulance trip, open the ambulance information screen. Click on the Ambulance button.

Ambulance

Chiropractic

Attach CMN

Enter Ambulance codes into dialog box.

Ambulance Information

Transport ☐ Transport Reason Code: ☐ Miles: Condition Indicator(s):

Round Trip Purpose Description:

Stretcher Purpose Description:

Pick Up Location:

Name (Opt):

Address:

City/ST/Zip:

Drop Off Location:

Name (Opt):

Address:

City/ST/Zip:

Set as Default Values Copy Previous Values Delete Cancel OK

ANSI 5010 requires Pick-up and Delivery info if Place of Service is 41 or 42

Transport Codes: No longer used in 5010 format

- I Initial Trip-
- R Return Trip
- T Transfer Trip
- X Round Trip

Transport Reason Codes:

- A Patient was transported to nearest facility for care of symptoms, complaints, or both.
- B Patient was transported for the benefit of a preferred physician.
- C Patient was transported for the nearness of family members.
- D Patient was transported for the care of a specialist or for availability of specialized equipment
- E Patient transferred to rehabilitation facility

Condition Indicators: 01/01/2012 - New indicator codes

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to bed or chair

Round Trip Purpose Description

A free form description to clarify the purpose for the round trip ambulance service.

Stretcher Purpose Description

A free form description to clarify the purpose for the usage of a stretcher during ambulance service.

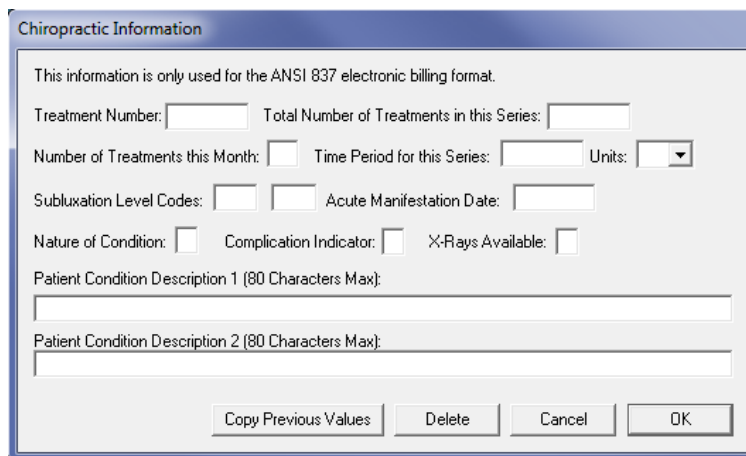
Chiropractic Screen

Click on the Chiropractic button.



Enter codes necessary to supply information related to the chiropractic service rendered to a patient.

ANSI 5010 requires only 'Nature of Condition' & 'Acute Manifestation Date'.



Click the 'Copy Previous Values' button to copy the values from the previous claim for this patient.

DME/CMN Screen

When sending claims to one of the 4 DMERC regions, it may be necessary to attach electronic CMNs to service/product line items. EZClaim allows a user to attach a CMN to the 'claim' and the CMN will be attached ONLY to line items that have a check in the CMN box.

Print/Export			
Prov ID	CMN	Ch	
1234	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

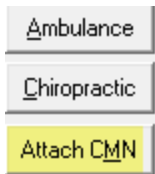
When entering a new claim, EZClaim will remind you to attach a CMN if the CMN box is checked but no CMN has been attached.

Copying Previous CMNs

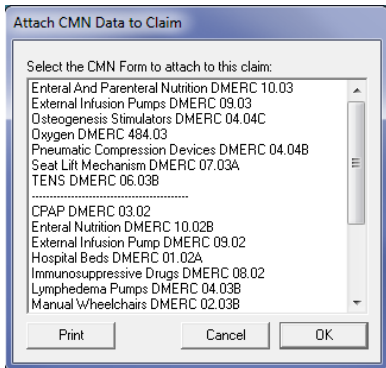
If you check the CMN box on a service line and a CMN is not currently 'attached' to this claim, EZClaim will prompt to copy the previous CMN to this claim. This prevents having to enter the CMN information again.

Attaching a CMN to a Claim

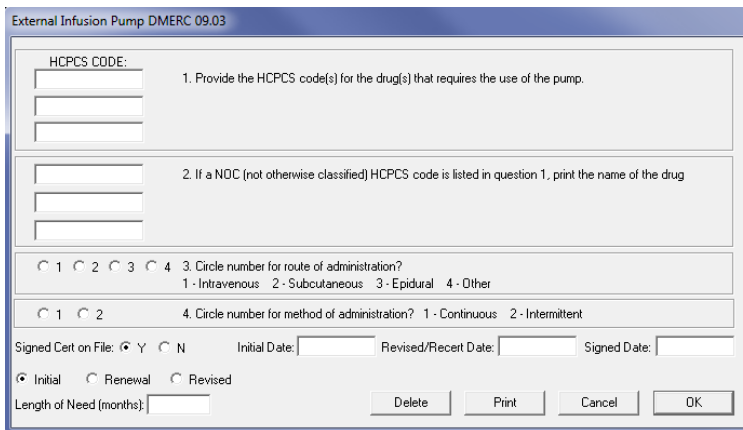
Click on the 'Attach CMN' screen.



Select by highlighting the CMN for this claim and click the OK button.



Enter Data into the CMN screen. The CMN screens represent Section B of the CMN. Please note the Length of Need, Initial Date, and Signed Date are all required fields. EZClaim will not let you close the CMN screen until those fields are entered.



Printing CMNs

How do I print CMNs?

Once service lines have been entered onto a claim, you can print a CMN. Click the 'Attach CMN Form' or the button labeled with the CMN name (i.e. 'Hospital Beds CMN'). There will be a 'Print' button available to print the CMN. The CMN printed will contain both sides of the CMN form.

Section A – Patient Name – Data is pulled from the Patient information on the left hand side of the Patient/Insured Info screen (Box 1a, 2, and 5 on the CMS-1500).

Section A – Supplier Name – Data is pulled from the Physician/Supplier information on the bottom right of the Physician/Diagnostic Info screen (Box 33 on the CMS-1500).

Section A – Place of Service – Data is pulled from the first service line's place of service value.

Section A – HCPCS Codes – Data is pulled from the CPT/HCPCS column on the charges screen.

IMPORTANT: Only HCPCS codes from service lines that have the 'CMN' box checked will print in this area.

Section A – Patient DOB, etc – Patient DOB, and Sex is pulled from the patient info on the Patient/Insured Info screen. Height and Weight is pulled from the Patient Height and Patient Weight fields on the Payers/Other Info screen.

Section A – Physician Name and UPIN – Data is pulled from the Referring/Ordering drop down box on the Physician/Diagnostic Info screen, the UPIN from the 'ID of Referring Physician' field. The address and phone number are pulled from the physician's entry in the Physician Library.

Note: – Narrative – Other information may be printed depending on CMN selected and information required. Up to 10 service lines of information can be printed. The CPT/HCPCS and Units information is pulled from the service lines. The Description, Charges, and Allowed Amounts are pulled from the Procedure Code Library.


Exporting Claims

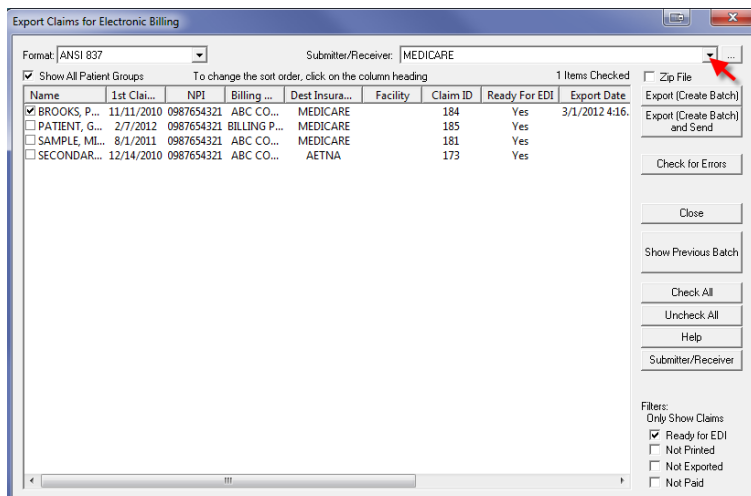
Electronic Claims Icon the Menu bar

Once the patient and claim data has been entered into the EZClaim program you are now ready to generate your file for electronic transmission.

Submitter/Receiver Data Entry

1. Go to 'Electronic Claims'
2. Using the dropdown select the file 'Format' being submitted. Ex: For all ANSI files the ANSI 837 would be selected.
3. Select the correct Submitter/Receiver information for the file being submitted.

Note: Clicking on the  button to the right will open the full Submitter/Receiver Library.



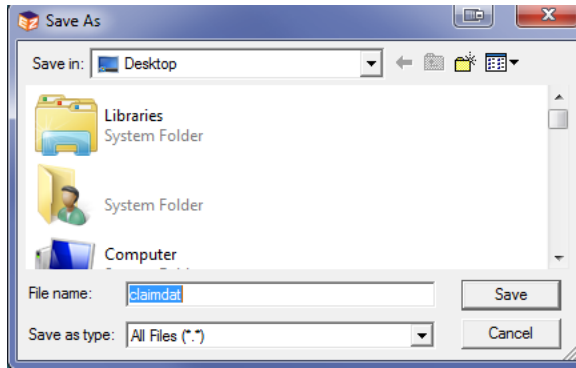
Exporting Claims

4. Select claims to be exported by checking the check box next to claim. Note: You may also click the 'Check All' box if all claims are ready to submit.
5. Once claims have been selected, click on the 'Check for Errors' button to analyze the file before submitting to the insurance carrier. If errors are found, return to patient record and update data.

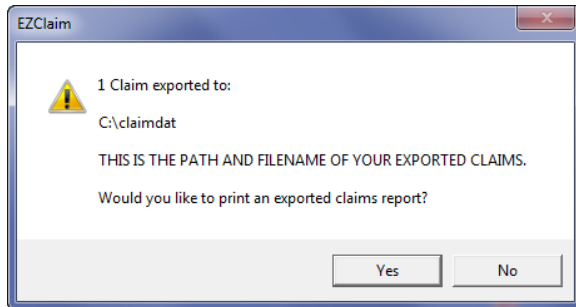
ANSI 837 Analyzer Report			Printed: 1/4/2011
Loop-Seg-Rec	Field Name	Error Description	Current Value
First Claim Date:			
0000A-ISA-08	Interchange Receiver ID	#Missing Data in field: File > Electronic Claims - Receiver ID	Blank
0000B-GS-03	Receiver Code	Missing Data in field: File > Electronic Claims - Receiver Code	Blank
1000B-NM 1-09	Receiver ID #	Missing Data in field: File > Electronic Claims - Receiver ID	Blank
BROOKS, PATIENT			
First Claim Date: 12/29/2010			
2010BB-NM 1-09	Payer ID - Destination	Missing Data in field: Payer Library - Payer ID	Blank

6. To view the **full analyzed** file hold down the **Ctrl key** and **click the Check for Errors** button.
7. Return to 'Electronic Claims' dialog box and click on the 'Export' (Create Batch and Send) button.
8. In the 'Save As' dialog box, click the 'Save In' dropdown arrow and select 'Desktop' or a location of your choice.
9. By default, file name will be 'Claimdat'. The file name 'Claimdat' should be changed for each submission. Some providers use a Filename based on the date of submission. EX: 010112.txt.

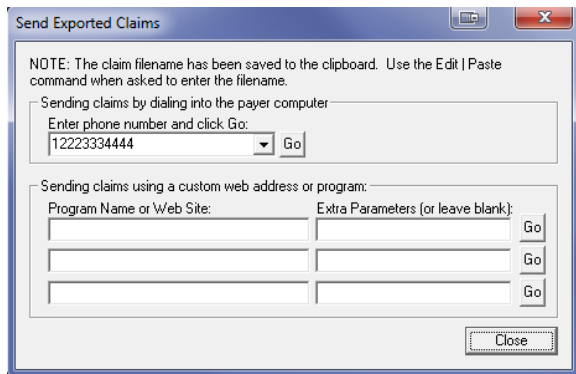
IMPORTANT: If your payer uses a specific file location and file name, follow the payer's instructions.



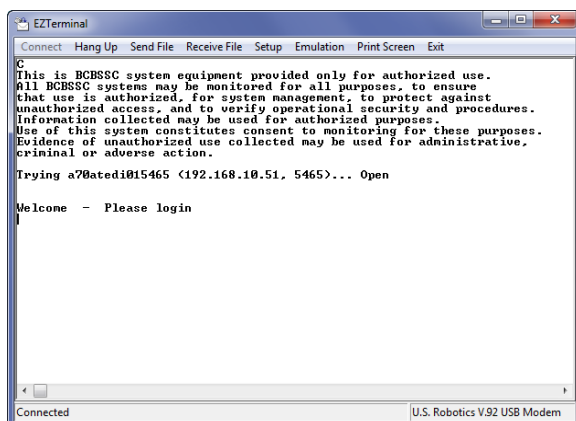
10. Click on the 'Save' button. Please note the full Path and Filename of your batch file.



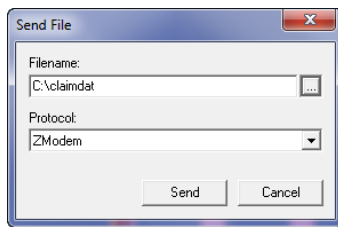
11. If you would like a printed Submission report, click 'Yes' to print report. (Submission Reports are saved and may be accessed by going to File on the menu bar>Reports>Submission Reports.)
12. In the 'Send Exported Claims' dialog box, enter transmission telephone number or Web page address if submitting over the Web and click 'Go'.



13. If you entered a telephone number, once connected follow payer's instructions for entering Logon ID and Password. (Below is a sample 'Bulletin Board' system. Your Payer may use a different system.)



14. When asked to 'Send' file, click on 'Send File' on the menu bar of the Terminal program.
15. Using dropdown arrow select Modem protocol for transmission. We suggest using ZModem protocol for uploading files. (Check your Payer's Bulletin Board instructions for modem requirements.)

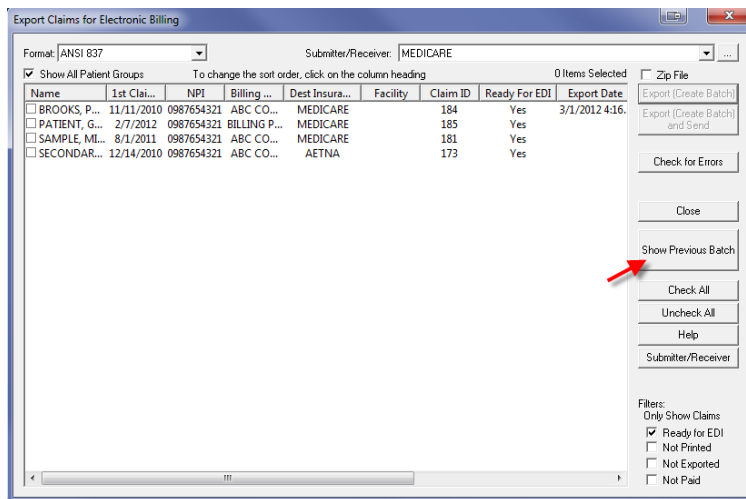


16. In 'Send File' dialog box enter 'Filename' by right clicking in the box and selecting 'Paste', or click on (...) to browse and select your file.
17. Click 'Send'.
18. Follow payer's remaining instructions.

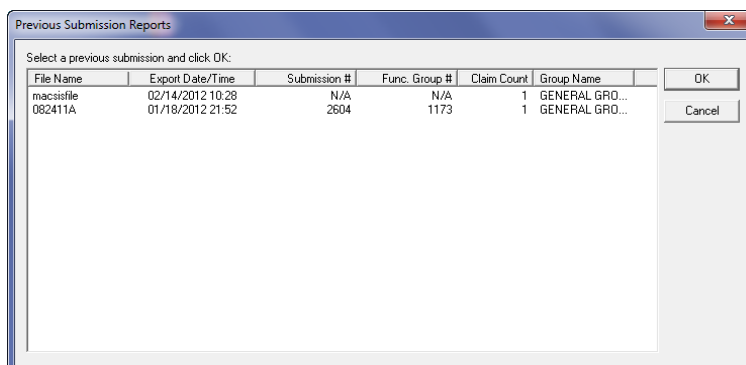
Re-Exporting Claim Data

Selecting Previously Submitted Claims

Go to Electronic Claims, click on the 'Show Previous Batch' button.



Double click on the previous batch of claims to view.

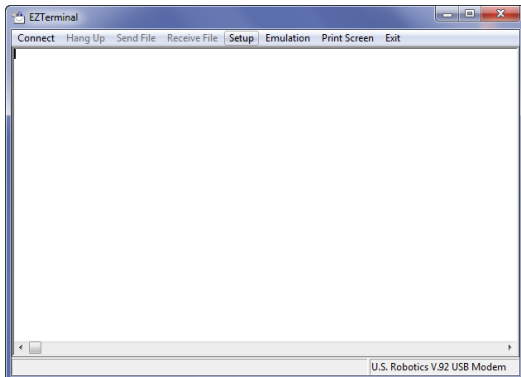


19. Select by clicking the check box(s) or use the 'Check All' button.
20. Click on the 'Export (Create Batch)' or 'Export (Create Batch and Send)' button.
21. Re-export claims.

Terminal - Retrieving Reports

Menu Location: File > Terminal Program

Note: If your insurance company (Payer) uses a Bulletin Board system, follow these instructions. For all other submission methods follow the instructions for that Payer.



Use EZTerminal to dial into the Payer's computer. Once connected you can access all the features of the Payer's Bulletin Board System. (BBS)

Using the EZTerminal Send File Feature

1. Go to File on the menu bar, select 'Terminal Program'.
2. Confirm the correct phone number and modem by clicking on 'Setup'.
3. Click on 'Connect'.
4. Once connected use features of Payer's BBS to navigate screens.
5. When sending file, click 'Send File' on menu bar and enter the Filename by right clicking and choosing 'Paste'. Select Protocol. Use ZModem or choose alternate protocol by clicking on dropdown arrow.
6. When finished click the 'Hang Up' button

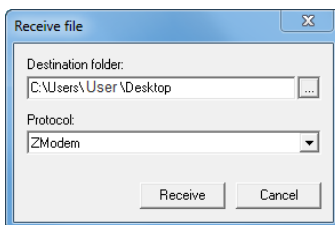
Using the EZTerminal Receive File Feature

The following are general instructions for retrieving response files. Your Bulletin Board System (BBS) may have different requirements.

Tip: When viewing the list of files to download on the BBS, use EZTerminal's 'Print Screen' menu item to print the page of filenames. This helps if searching for the downloaded file.

Log into BBS using the carrier's BBS instructions

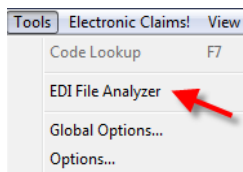
1. Navigate to the download section.
2. At some point you may be asked to select a protocol. We suggest using ZModem



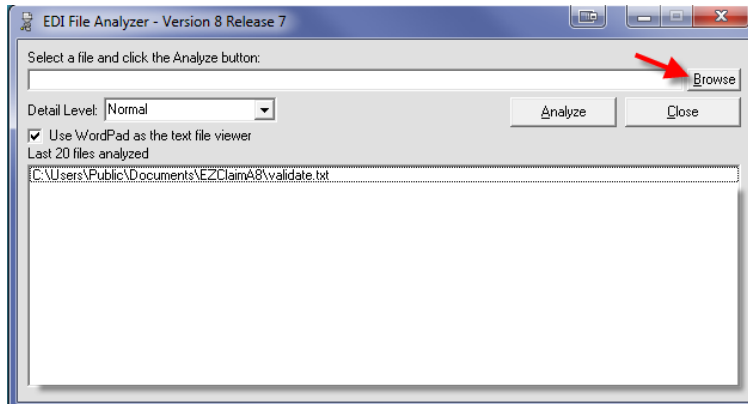
3. Select the file to download. (If there are additional files, you may have to repeat process)
4. Click the 'Receive File' item on the EZTerminal menu bar. A receive box will appear.
5. Use the 'Browse' button to choose the location for saving the file, we suggest saving files to the Desktop for easy retrieval.
6. Select ZModem
7. Click on the 'Receive File' button.
8. **When asked if you would like to Analyze file select 'YES'.** **NOTE:** If you are using Hyper Terminal or Web based submission you must use the EZClaim Analyzer to analyze your reports. Go to the downloaded file, right click on the file, select 'Send To' and then 'EDI Analyzer'.
9. Print error report.
10. If windows opens a box asking which program to use when opening the file, scroll down and choose 'WordPad' or 'Notepad'

Analyzing Downloaded EDI Reports with the EDI File Analyzer

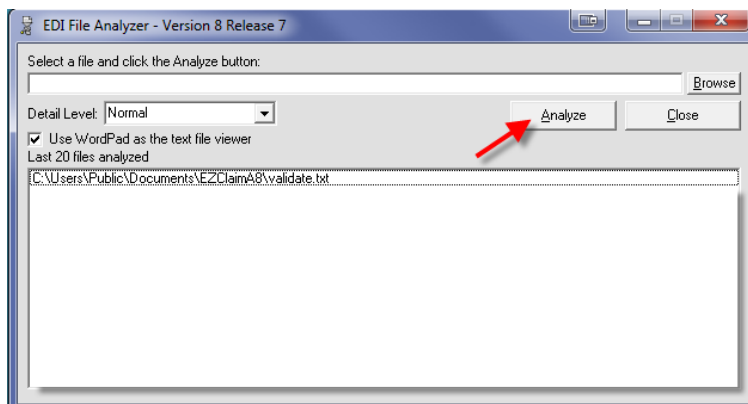
Tools > EDI File Analyzer



Click on Browse and select the file.



Click the Analyze button.



The results will appear in WordPad or Notepad.

Analyzing Reports when using EZTerminal

When files are downloaded with the Terminal Program built into EZClaim, the program will ask if you want to analyze the file. Select 'Yes'.

Compatible Formats

- ANSI 277CA – Claim Acknowledgement Report
- ANSI 278 – Authorization File
- ANSI 835 – Electronic Remittance Advice
- ANSI 837 – Electronic Claim File
- ANSI 864 – Status file returned by DMERC Region B
- ANSI 997 – Functional Acknowledgement
- ANSI 999 – Functional Acknowledgement
- Availity EBR Raw Data File
- United HealthCare Medicare Part B and DMEPOS Electronic Claim Reject Report