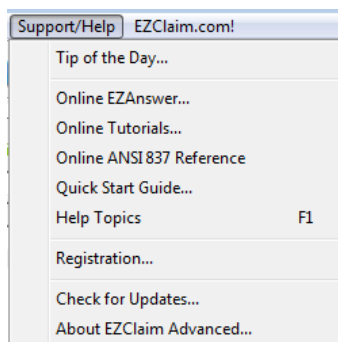# EZClaim Advanced 9
ANSI 837 User Guide

Electronic Claims Using the ANSI 837 Format – User Guide

NPI Numbers –Billing and Rendering NPI numbers <u>must be correct on your claims</u>. 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'**.

EZClaim Advanced 9 at a Glance

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.

Step 1 - Submitter/Receiver Information
Tools→Options→Submitter Information

Note: Contact your payer for Submitter/Receiver information including the Payer ID number.

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

4. 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.

Required Fields

- **Library Entry Name** - Enter a name to identify the library entry.
- **Export Format -** Choose the export format from the drop down list**.**
- **Submitter Type -** Use the drop down box to choose a Person or Non-Person type.
- **Submitter Name** - Enter the name of the person or company 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.
- **Telephone Number -** Enter the phone number of the contact person in this format, 5556667777.

Note: Contact your payer for Submitter/Receiver information including the Payer ID number

- **Receiver Name** - Information is provided by your insurance carrier.
- **Interchange Receiver ID (ISA08)-** Information is provided by your insurance carrier.
- **Receiver ID (NM109) -** Information is provided by your insurance carrier.
- **Test/Production Indicator -** Enter either TEST or PROD.
- **Receiver Code (GS03) -** Information is provided by your insurance carrier.

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.

Step 2 - Payer Library
Payer Library Icon

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

Add Payer Information to Library

1. Enter name of Insurance carrier.
2. Enter Payer ID# in 'Payer ID' field. Contact your Payer for Payer ID#.
3. Address is only required for paper claims.
4. **Ins Type Code**: Select only if sending **Medicare** claims as a secondary payer. Use dropdown arrow to select 'Medicare Secondary Claims' Ins Type code.
5. Click on the' Save' button.
6. 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.

Step 3- Physician, Organization and Facility Library
Physician Library Icon

Physician/Facility Library – 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 <u>error free claims</u>.

Billing Provider Information (Box 33 on CMS 1500 form)
Note: Do not use initials or credentials. MR., MS., DR., MD, INC. etc.

1. Enter the Name of Provider, Agency or Business in "Full Name Required' field.
2. Select '**Billing**' as Classification.
3. Select **Person or Non-Person** as 'Type' depending on the billing provider entry.
4. Enter 'Organization' name or 'Last Name' and 'First Name' if person.
5. Enter street Address information **including** 9 digit Zip Code.
   * Note: A **P.O. Box** address requires setting up a separate billing entry using the Classification of 'Pay to Provider'. Once the entry is completed, go to **Tool>Options>Submitter Information** to select your 'Pay to Provider' entry.

6. Enter Individual or Organizational NPI number.
7. Using the dropdown arrow, select 'Tax ID Type' and enter number.
8. Enter Taxonomy Code if required by your insurance company.
   Note: Fax and Email is used for your reference only.

Additional ID numbers
1. **Situational:** Select' Payer' by clicking in the blank line under 'Payer'. Continue entering ID Type and either the Individual or Group ID Number.

2. Click on 'Save'.

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. Select '**Rendering**' as 'Classification.
3. Select **Person** as Type.
4. Enter Last name and First name.
5. Enter Individual NPI number.
   Optional: If a Tax ID is required, enter under 'Additional ID Numbers'.
6. Click on 'Save'.

Facility Information

Enter Facility information only if different than the Billing Provider information. (Box 33 of the 1500 form.)

1. Enter Facility Name in 'Full Name (Required)' field.
2. Select 'Facility' as 'Classification'.
3. Select Non-Person as 'Type'.
4. Enter Facility Name and Address information including 9 digit Zip Code.
5. Enter NPI number.
6. Click on 'Save'.

Referring Provider Information

1. Enter First and Last name in 'Full Name (Required)' field.
2. Select 'Referring' as 'Classification'.
3. Select Person as 'Type'.
4. Enter Last name and First name.
5. Enter NPI number.

Step 4 - Patient/Insured Info Screen

- 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: Patient name and address information
Required: Insured information is required if 'Insured' is different than the 'Patient'.
Required: Enter Insured ID Number in this format, 2345678. Do not use dashes or punctuation.
Required: Patient's Birth Date
Required: Patient Relationship to Insured
Required: Patient Signature on File
Required: Check 'Insured Signature on File' for payment to be sent to Provider. If not checked, payment will be sent to the Insured.
Box 9b-9c – Reserved for NUCC use. Not used for electronic billing

Other Insured Information.
- Enter secondary data only if submitting a secondary insurance for this claim.
- Enter secondary 'Insured's ID' and 'Patient Relationship to Insured' on the **Payers/Other Info** tab.

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

Step 5 - Physician/Diagnostic Info Screen

Field Requirements

Required: Billing Provider Info & Phone Number information. Use dropdown arrow to select the Physician/Organization name previously set up in the Physician/Facility Library page *

Required: Accept Assignment indicator. 'Yes' or 'No'

Required: Physician Signature on File indicator

If required by your Payer, enter the following information.

- **Rendering Provider** information previously set up in the Physician/Facility Library.
- **Date of Current**: This is the default 'Date of Current' field. Enter a date in this field only if the date is used for all charges for this patient. For Medicare this date cannot be same as first date of service.
- **Referring** or **Ordering** Provider

Facility Information: Do not enter facility information unless Facility data is different from Billing information or Place of Service is a 12 or required by your insurance company

Step 6 - Payers and Others Info Screen

Primary/Destination Payer

1. Required: Click 'Primary Payer' button to select Payer previously set up in the Payer Library. Select 'Payer' by highlighting the Primary Payer and click 'OK'.
2. Required: 'Primary Claim Filing Indicator'.

Secondary/Other Payer

1. Required: Secondary/Other Payer
2. Required: Claim Filing Indicator
3. Required: Secondary/Other Insured's ID#
4. Required: Patient Relationship to Insured

EDI Claim Notes: To include notes in Loop 2300 NTE Segment of your electronic file, check the 'Include Notes with EDI' file checkbox.

Note: See tabs below for additional Situational information. **Do not** enter 'Situational' information unless required by your insurance company.

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

Step 7 - New Charges Screen

Required: Click on the calendar to select 'Date of Service'. Enter charges and other service line information.
Required: **ICD Indicator**, using the dropdown box select 9 for ICD-9 or 0 for ICD-10 codes. **Cannot have BOTH ICD-9 AND ICD-10 codes on a claim.**

Required: Diagnosis codes.
Required: Enter the diagnostic code pointers (ABCD etc.) on the charges line. Do not use the actual diagnosis code in this box, 24E, only pointers. Enter no more than four DX pointers on each service line.
Required: Procedure Codes
Required: Place of Service, must use 2 digits.
    The most commonly used codes. For additional codes visit www.wpc-edi.com/reference.
    11 - Office
    12 – Home
    21 - Inpatient Hospital
    22 - Outpatient Hospital
    24 - Ambulatory Surgical Center
    41 – Ambulance (Land)
    99 – Other Unlisted Facility

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 to select the Rendering Provider previously set up in the Physician/Facility Library.

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

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

Ambulance Screen

Ambulance Trip Information

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

Enter Ambulance codes into dialog box.

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.
- E   Patient transferred to rehabilitation facility.

Miles
Enter number of Miles traveled, use decimal points if needed ie. 10.5

Condition Indicators:
- 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 was confined to a 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.

Pickup Location and Drop Off Location
Enter the addresses of the Pickup and Drop Off Locations

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.

Acute Manifestation Date
This date is exported into the DTP*453 segment in loop 2300 of the ANSI 837 file.

Nature of Condition – CR2 08
Code indication the nature of a patient's condition.
A Acute Condition
C Chronic Condition
D Non-acute
E Non-Life Threatening
F Routine
G Symptomatic
M Acute Manifestation of a Chronic Condition

Patient Condition Description 1 & 2 – CR2 11/11
This is a free form description to clarify the related data elements and their content. Limit to 80 characters per field.

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.

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.

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

2. Enter Data into the CMN screen. The CMN screens represent Section B of the CMN.
3. Please note the Length of Need, Initial Date, and Signed Date are all required fields. EZClaim will not let you close the CMNscreen 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 Payers/Other Info screen>Misc Patient Data tab.

- 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.
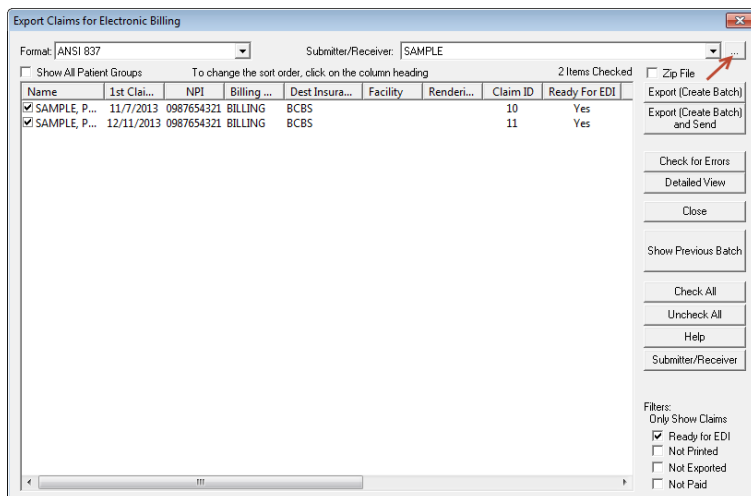
Exporting Claims

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

1. 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.
2. 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.


3. To view the **full analyzed** file click the Detailed View button.
4. Return to 'Electronic Claims' dialog box and click on the 'Export' (Create Batch and Send) button.
5. In the 'Save As' dialog box, click the 'Save In' dropdown arrow and select 'Desktop' or a location of your choice.
6. 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.
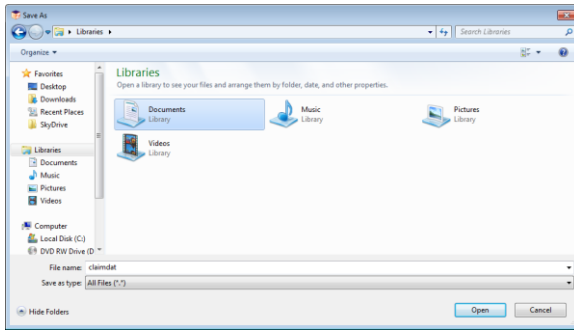
7. Click on the 'Save' button. Please note the full Path and Filename of your batch file.
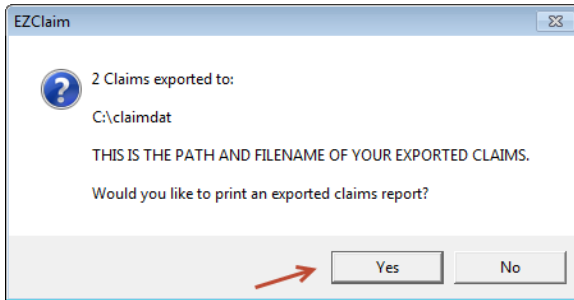
8. If you would like a printed Submission report, click 'Yes' to print report. (Submission Reports are saved and may be accessed by going to File on the menu bar>Reports>Submission Reports.)
9. In the 'Send Exported Claims' dialog box, enter transmission telephone number or Web page address if submitting over the Web and click 'Go'.
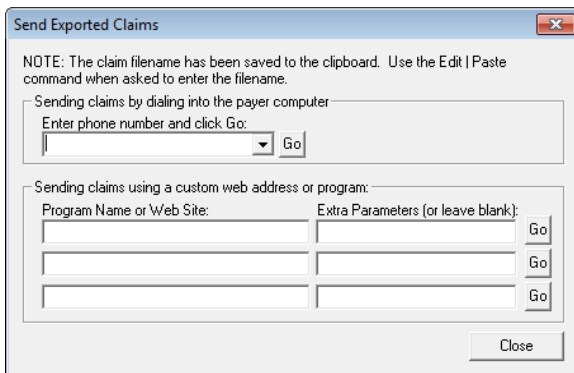

10. If you entered a telephone number, once connected follow payer's instructions for entering Logon ID and Password. (Below is a sample 'Bulletin Board' system. Your Payer may use a different system.)
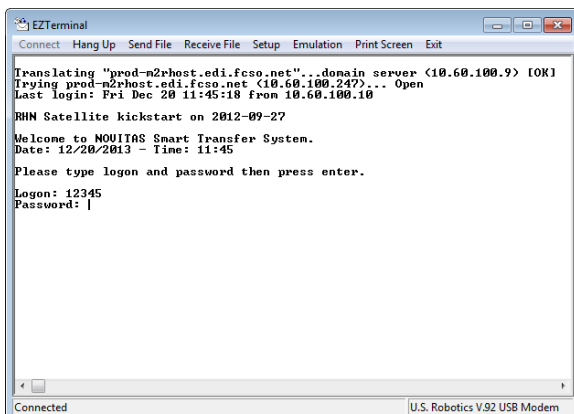
11. When asked to 'Send' file, click on 'Send File' on the menu bar of the Terminal program.

12. 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.)
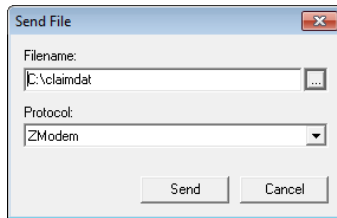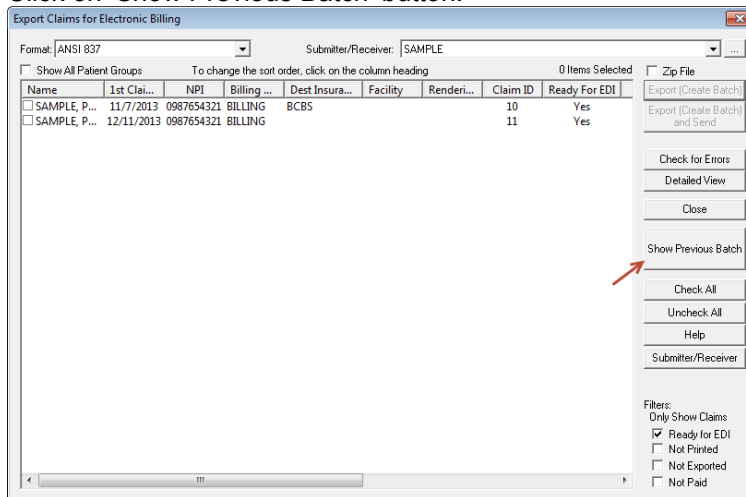

13. In 'Send File' dialog box enter 'Filename' by right clicking in the box and selecting 'Paste', or click on ⊡ to browse and select your file.
14. Click 'Send'.
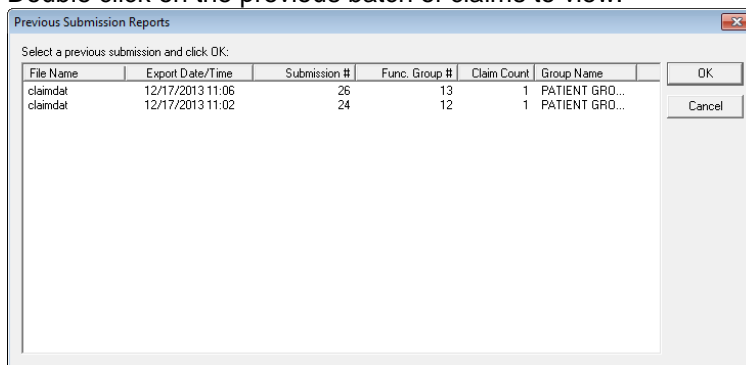15. Follow payer's remaining instructions.

Re-Exporting Claim Data

Selecting Previously Submitted Claims

1. Click on 'Show Previous Batch' button.

2. Double click on the previous batch of claims to view.

3. Select by clicking the check box(s) or use the 'Check All' button.
4. Click on the 'Export (Create Batch)' or 'Export (Create Batch and Send)' button.
5. 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.
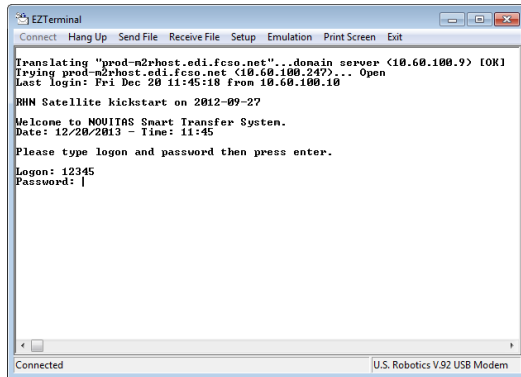
Use EZTerminal to dial into the Payer's computer. Once connected you can access all the features of the Payer's Bulletin Board System. (BBS)

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.

1. Log into BBS using the carrier's BBS instructions
2. Navigate to the download section.
3. At some point you may be asked to select a protocol. We suggest using ZModem
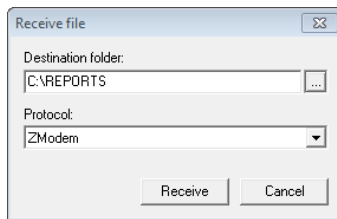

4. Select the file to download. (If there are additional files, you may have to repeat process)
5. Click the 'Receive File' item on the EZTerminal menu bar. A receive box will appear.
6. Use the 'Browse' button to choose the location for saving the file, we suggest saving files to the Desktop for easy retrieval.
7. Select ZModem
8. Click on the 'Receive File' button.
9. **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 File Analyzer to analyze your reports.
10. Print error report.
11. If windows opens a box asking which program to use when opening the file, scroll down and choose 'WordPad' or 'Notepad'

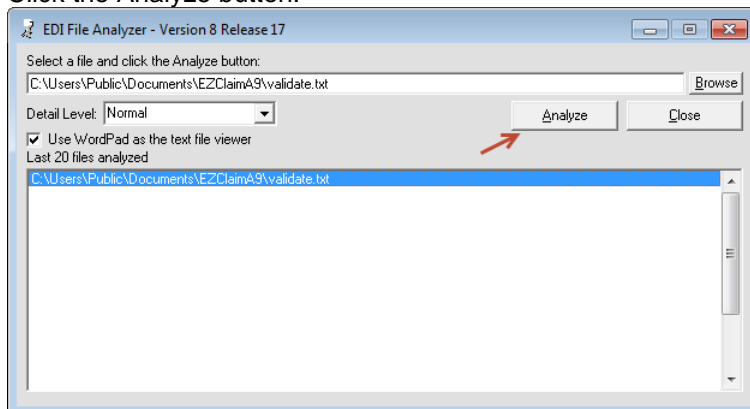# Analyzing Downloaded EDI Reports with the EDI File Analyzer

Tools > EDI File Analyzer
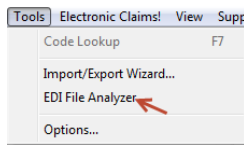
1. Click on Browse and select the file.
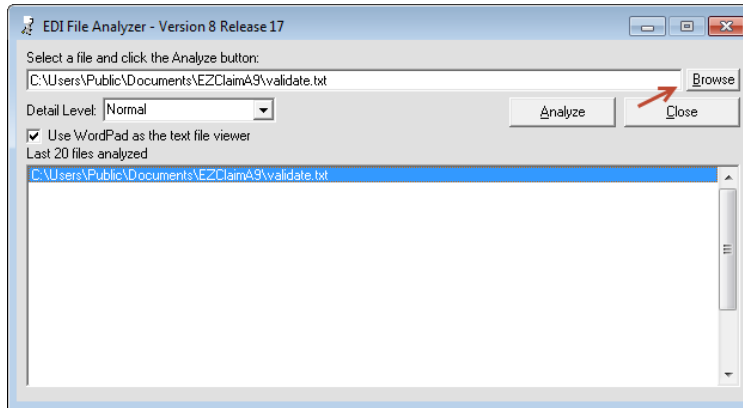
2. Click the Analyze button.

3. 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