# EZClaim Advanced 8 ANSI 837P Clearinghouse

Manual

Last Updated: June, 2012 Copyright 2003 EZClaim Medical Billing Software

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## 1. Enroll with the Clearinghouse

- EZClaim Rep will contact the Customer to begin Enrollment process.
  - Advanced 8 is updated to latest release, internet connection and email access.
  - Enrollment documentation has been received by customer.
  - Capario Payer ID list has been provided to the customer.
- □ Customer will complete the Provider Enrollment and Credit Card Authorization forms. Forms are faxed to EZClaim at 248-651-9273.
  - EZClaim Rep will contact customer to confirm Enrollment data.

## 2. Enter Claims and Complete Payer Agreements

- □ Using the Clearinghouse Manual, customer will enter claim data for 2 claims, one Commercial, one BCBS, Medicare or Medicaid Claim. Completed claims are faxed to EZClaim at 248-651-9273.
  - Contacted by EZClaim for claim data entry corrections, if needed.
  - Receive final claim approval from EZClaim.
- □ EZClaim Rep will email or fax Payer Agreements to customer. Payer Agreements are completed by provider/customer with assistance from EDI rep.
  - Customer will mail or fax Payer Agreements following Capario cover letter instructions.

### 3. Submit Claims and Move to Production

- □ EZClaim Rep will schedule a remote session and assists customer in sending first batch of claims to Capario. (Printed Clearinghouse Manual is required for this session.)
  - Customer will print 'test' claim report and fax to EZClaim Rep.
  - Customer will follow up with payers to check on the status of electronic claims approval.

**Note:** Once customer has received verbal or written approval, customer will fax or email a notice of the approval to EZClaim Rep. See 'Contacting the Payer' page 5.

EZClaim moves customer to 'Production' status. Customer submits claims to Capario.

### 4. Retrieve Reports

□ Customer retrieves Reports. See page 22 for 'Report Overview'.

#### Q: When will I be able to submit claims electronically?

A: The enrollment period can vary depending upon the time your office has available to complete the steps required. EZClaim will begin the enrollment process as soon as all Enrollment forms are received by EZClaim. The enrollment process for some payers such as BCBS, Medicare and Medicaid could take longer depending on the requirements of that specific payer.

#### Q: When can I transmit my claims?

A: Claim transactions are accepted 24 hours a day, 365 days a year.

#### Q: When are my claims processed?

A: Claims are processed by Capario and sent to the Payers on the same business day. Claims sent weekends and Holidays are sent the next business day.

#### Q: How will I know if my transmission is successful?

A: You will receive a "successful upload" message when we detect 100% of your submission has been sent. You will also receive an ACK report from the Clearinghouse stating that your batch has been received.

#### Q: How long does it take to receive a response on claims sent to the clearinghouse?

A: A Daily Verification Report (REC) report will be generated within 1 business day.

#### Q: If a claim is rejected at what point will I be charged again?

A: If the claim is rejected at the clearinghouse level, (not yet sent on to payer) you are not charged for a re-submission of that claim.

#### Q: How do I receive reports?

A: Each time you submit claims new reports are automatically downloaded for you to view on Capario FTP screen.

#### Q: What do I need to do with claims that are rejected?

A: You will need to correct the claim data in EZClaim and resubmit to the clearinghouse.

#### Q: Are there reports to show me the status of the claim at the Payer level?

A: Yes. Payer status reports (INS) are available 2-7 business days after processing depending on the Payer. See "Reports' at the end of this document.

#### Q: May I include a secondary insurance on my claims submitted electronically?

A: Secondary insurance may be submitted to those payers who accept secondary claims such as Medicare, Blue Cross and Medicaid. Capario is able to process MSP (Medicare Secondary Payer) claims.

# Helpful Tips when Contacting the Payer for 'Electronic Claims Approval'

Q - Where can I find the Payer's telephone number?

**A** -The Payer's contact number may be on an EOB or go to the Payer's web site for contact information. Also some Payer Agreements have a contact telephone number. EZClaim does not have individual Payer telephone numbers.

#### Before you contact the Payer have the following information available:

A copy of your 'Payer Agreement'.

Group and/or Individual NPI's, PIN or PTAN numbers if applicable. (Refer to your copy of the Payer Agreement)

The agreement 'tracking' number if the agreement was sent to the payer by a tracking method.

#### **Contacting the Payer**

If you are asked for your 'Submitter' number, explain that you will be submitting your claims through the clearinghouse Capario. The payer will then ask for your NPI, PIN or PTAN number.

#### What to ask the payer

"Have I been approved to submit my claims electronically through the clearinghouse Capario? What is the date of the approval?"

If you have been approved, ask the Payer if they would provide a written approval by fax, mail or email.

#### Notify EZClaim

Once you have written or verbal approval from the Payer, fax or email information to your EZClaim Rep. You will be contacted by your EZClaim Rep to begin submitting your electronic claims. EZClaim fax - 248.651.9273 Click on the link below to access the Capario Payer Lists. http://www.capario.com/resource-center/payer-list.aspx

#### **Clearinghouse Payer List Instructions**

#### Step 1:

You can either search by State or type in name of Payer (if a Payer is <u>not</u> on the list, then you will need to send a paper claim)

Payer Se	arcn															
	Sea or b Pa	D rch I y typ ayer	Payer Li bing in th and clic	ist ne i :k \$	by State name of Submit	Choose a group, then click ch for a specific Payer ID fi ALL	: "Sı or P eld,	obmit" to re -OR- ayer Name then click "	turn records bas by entering the Submit".	sed on that cr information	iteria. in the text nit					
Current Listin Sort by clicking (	g: MI, Currer on column head	nt Sea ings	irch:			ALL Nationwide Alabama Alaska	* III									Nexts
<u>Updated</u>	<u>Par/</u> Pa Non-Par/ Trans	<u>yer</u> D	Payer Type	<u>ST</u>	Payer Nam	Arkansas California		EDI Version	<u>NPI</u> Level	Enrollment Authorization	Payer Response Level	Payer Testing Required	Accept COB	Agreement	<u>Notes</u>	
U: 03/29/2012	Non-Par 411	124 (	Commercial	м	Meritain Health	Colorado Connecticut		5010A1	All_Use		Claim Level Acknowledgement					
U: 03/29/2012	Non-Par 603	305	Commercial	м	American Community Mut Livonia, Michigan	Delaware District of Columbia		5010A1	All_Use		Claim Level Adknowledgement					
U:03/29/2012	Non-Par 383	259 (	Commercial	м	Automated Benefit Service	Florida		5010A1	All_Use		File Level Adknowledgement		Yes			
U:03/07/2012	Non-Par 95	810	Commercial	м	Blue Care Network (throug	Georgia Guam		5010A1	All_Use	Enrollment	Claim Level Rejects Only			1		
	Non-Par 95	61 <b>0</b> (	Governmen	t MI	Blue Care Network of Mich	Hawaii		4010A1	All_Use	Enrollment				2		
U:03/07/2012	Non-Par BS	017 0	3overnmen	t MI	Blue Shield - Michigan	Illinois		5010A1	NPI_Primary	Enrollment	Claim Level Rejects Only		Yes	₽		
	Non-Par BS	017 0	Sovernmen	t MI	Blue Shield - Michigan	Indiana		4010A1	All_Use	Enrollment				Z		
U:04/05/2012	Trans PPC	ом1 (	Commercial	м	COFINITY (AKA PPOM, In Org Of Michigan)	Kansas	Ŧ	5010A1	All_Use		Claim Level Rejects Only					

#### Step 2:

Once you find the Payer, make sure you look at the column headers (Payer ID, Payer Type, Payer Name, Line of Business, Accept COB and Agreement)

**Payer ID:** How Capario identifies the Payer, used when setting up your Payer Library in Advanced 8 **Payer Type:** (Commercial or Government) used when selecting primary claim filing indicator on 'Payers/Other Info Tab'

#### Payer Name: Name of Payer

**Line of Business:** (Professional, Remittance, Institutional) EZClaim <u>only</u> sends Professional claims (CMS-1500) not Institutional (UB-04). Remittance is for receiving ERAs from the Payer

Accept COB: (accepting coordination of benefits) Payer accepts electronic secondary claims

Agreement: If there is a PDF symbol 🚺, the Payer is requiring an agreement to send electronic claims or the Payer is requiring an agreement in order to receive an ERA from them.

#### Example 1

Current Listing: MI, Current Search: Sort by Clicking on column headings								
Updated Par/ Payer Payer ST Payer Name Non-Par/ ID Type ST Payer Name Trans V: Non-Par 41124 Commercial MI Meritain Health	Line of Business Professional	EDI Version 5010A1	NPI Level All_Use	Enrollment Authorization	Payer Response Level Claim Level	<u>Payer</u> <u>Testing</u> Required	Accept <u>COB</u>	Agreement
Payer ID: 41124 Payer Type: Commercial Payer Name: Meritain Health Line of Business: Professional Accept COB: No Agreement: None					Automedgement			
Example 2								
U:03/07/2012 Non-Par BS017 Government MI Blue Shield - Michigan	Professional	5010A1	NPI_Primary	Enrollment	Claim Level Rejects Only		Yes	T.
Payer ID: BS017 Payer Type: Government Payer Name: Blue Shield-Michigan Line of Business: Professional Accept COB: Yes Agreement: Yes								

# Sample Claim

# This CMS-1500 Sample claim is for a single provider. Practices with 'Group' numbers may require additional information.

the Payer ID#	1500 MEDICARE 555 MAIN STREET ANYTOWN MI 55555	
orary.	APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05	
	PICA	CA
	MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER 1a. INSURED'S I.D. NUMBER (For Program in Iten     CHAMPUS CHAMPUS HEALTH PLAN BELLUNG     (Medicare #) (Medicare #) (Sponsor's SSN) (Member/D#) (SSN or ID) (SSN or ID)     (SSN or ID)	m 1)
	2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
	BROOKS PATIENT D 03 21 66 M F BROOKS PATIENT D	
	5. PATIENT'S ADDRESS (No., Stroot) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Stroot)	
	121212 S MAIN AVE Sent Spouse Child Other 121212 S MAIN AVE	TE
	ANYWHERE NY Single Married Other ANYWHERE NY	Y
	ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)	<u>,</u>
	33333 (555) 555 6666 Employed Student 333333 (555) 555 66	66
	9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER	
	a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) a. INSURED'S DATE OF BIRTH SEX MM DD YY M F	
	b. OTHER INSURED'S DATE OF BIRTH SEX b. AUTO ACCIDENT? PLACE (State) b. EMPLOYER'S NAME OR SCHOOL NAME	<u>a</u>
	c. EMPLOYER'S NAME OR SCHOOL NAME C. OTHER ACCIDENT?	
	d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
	YES NO #yes, return to and complete item 9	) a-d.
	READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.         13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize to process this claim. Latso request payment of medical benefits to the undersigned physician or suppl services described below.         13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or suppl services described below.	ize dier for
	SIGNATURE ON FILE 12 29 10 SIGNATURE ON FILE	
	14. DATE OF CURRENT: ILLNESS (First symptom) OR IS. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION IN DO YY MM DO YY MN DO	ęγ
	17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY MM DD YY TO TO	S YY
	19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? \$ CHARGES	
	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to item 24E by Line) 22. MEDICAID RESUBMISSION OPICIPIAL REF. NO.	
	1. L300,4 3. L678,4 V CODE ONIGINAL HEP. NO.	
	23. PRIOR AUTHORIZATION NUMBER	
	2. L296,44. L 24. A. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVICES, OR SUPPLIES E. F. G. H. I. J.	
	From To RACE OF (Explain Unusual Circumstances) DIAGNOSIS OLAS USED ID. RENDERIN MM DD YY MM DD YY SERVICE EMG CPT/HCPCS   MODIFIER POINTER \$ CHARGES UNT Par QUAL PROVIDER ID	1G /D.#
	12 29 10 12 29 10 11 90806 13 100 00 1 NP 56789012	234
	2 NPI	
	3	
	4 NPI	
	5 NPI	
	6	
	25. FEDERAL TAX LD. NUMBER SSN. EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE	E DUF
	123456789 X 12348 X YES NO \$ 10000 \$ 2000 \$ 8	30 00
	31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	
	(I certify that the statements on the reverse apply to this bil and are made a part thereol.)	
	DOCTOR A SMITH 906 DUNE STREET	
	ROCHESTER NY 98765	

# **Setting Up Your Data**

Before you will be authorized to submit test claims to Capario, you must have your test claims set up in the following format! Please follow these instructions.

# Step 1 - Setting up the Payer Library

Payer Library Icon

**Capario Payer ID# list:** A Capario Payer ID is **required** for each insurance company that is set up in the Payer Library. For an updated Capario Payer ID# list go to <u>www.capario.com/payer\_list.html</u> and print or download the payer list.

Payer Library	
Select a payer to edit	
Name     Address     ST     Payer ID     Ins Type       AETNA     55555     C1       BLUE CROSS     557 MAIN STREET     MI     33333     GP       GLOBAL HEALTH     4444     HGHWAY     ND     33344     MC       MEDICARE     555 MAIN STREET     MI     68666     12	Payer Name:       BLUE CROSS         Payer ID:       33333         Street Address 1:       557 MAIN STREET         Street Address 2:

#### Add Payer Information to Library

**Required**: You must have a Payer name and Capraio ID# for every insurance company you are sending electronic claims.

- 1. Enter name of Insurance carrier.
- 2. Enter Payer ID# in 'Payer ID' field.
- 3. **Ins Type Code**: Select only if sending Medicare as a secondary payer. Use dropdown arrow to select 'Medicare Secondary Claims' Ins Type code.
- 4. Click on the' Save' button.
- 5. 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 2 - Physician, Organization and Facility Library

Physician/Facility 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>.

#### 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 (Box 33 on the 1500 form).

#### Billing Provider Information (Box 33 on CMS 1500 form)

1. Enter the Name of Provider, Agency or Business in "Full Name Required' field.

Physician, Organization and Facility Library		
Physician/Organization Library Entries: ABC COMMUNITY HEALTH - Billing BILLING PROVIDER - Billing DME PERVIDER - Ordering	Use the Tab key to move to the next field. Enter to save. Full Name (Required) ABC COMMUNITY HEALTH	Use dropdown arrow to select Classification type
DOCTOR SMITH - Rendering MEDICAL GROUP - Facility REFERRING PROVIDER - Referring	Classification: Billing  Type: C Person I Non-Person Last Name if Person or Organization Name if Non-Person ABC COMMUNITY HEALTH	
	First Name: Middle: Middle: Middle:	
	Address Line 2: SUITE 201	
	City, State, Zip: ROCHESTER NY 98765 Telephone: Fax:	
Notes:	EMail:	
^	NPI 0987654321 Taxonomy Code: 1234567890	Click in blank line to
	Tax ID Type: Tax ID:	bring up selection
Additional ID Numbers (Legacy Numbers):	24 Tax ID Number 🚽 123456789	arrows
Payer ID Type Del MEDICAID - 4444 HIGHWAY - 33 Medica	s/Qualifier ID Number id Number-1D 987654	
Delete Library List Report Libra	ary Usage Report New Close Save	

- 2. <u>Classification</u>, select 'Billing'.
- 3. <u>Type</u>, select Person or Non-Person depending on the billing provider entry.
- 4. Enter 'Organization' name or 'Last Name' and 'First Name' if person.
- 5. Enter Address information.
- 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.
- 9. Note: Fax and Email is used for your reference only.

#### **Additional ID numbers**

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

Addi	tional ID Numbers (Legacy Numbers	s):	
	Payer	ID Type/Qualifier	ID Number
Del			

2. Click on 'Save'.

#### Rendering Provider Information (Box 24j on CMS 1500 form)

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.

Physician, Organization and Facility Library	
Physician/Organization Library Entries: ABC COMMUNITY HEALTH - Billing BILLING PROVIDER - Billing DME PROVIDER - Ordering DOCTOR SMITH - Rendering MEDICAL GROUP - Facility REFERRING PROVIDER - Referring	Use the Tab key to move to the next field. Enter to save. Full Name (Required) DOCTOR SMITH Classification: Rendering Type:  Person C Non-Person Last Name if Person or Organization Name if Non-Person SMITH First Name: DOCTOR Middle: A Address Line 1: Address Line 2: City, State, Zip: Fax:
Notes:	
	NPI  1234567890 Taxonomy Code:
Additional ID Numbers (Legacy Numbers):	Tax ID Type: Tax ID:
Payer ID Type.	/Qualifier ID Number
Delete Library List Report Library	y Usage Report New Close Save

- 2. Classification, select 'Rendering'.
- 3. <u>Type</u>, select Person.
- 4. Enter Last name and First name.
- 5. Enter Individual NPI number.
- 6. Optional: If a Tax ID is required, enter under 'Additional ID Numbers'.
- 7. 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. <u>Classification</u>, select 'Facility'.
- 3. <u>Type</u>, select Non-Person.
- 4. Enter Facility Name and Address information.
- 5. Enter NPI number.
- 6. Click on 'Save'.

#### **Referring Provider Information**

- 1. Enter First and Last name in 'Full Name (Required)' field.
- 2. Classification, select 'Referring'.
- 3. <u>Type</u>, select Person.
- 4. Enter Last name and First name.
- 5. Enter NPI number.
- 6. Click on 'Save'.

# Step 3 - 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'.

👽 BROOKS, PATIENT D (Age: 44) - GE	NERAL GROUP - EZClaim Advanced 8 Release F	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
File Edit Patient Claim Librarie Rew Strent Patient Fremplate	Find Find Claims View Support, Find Claim Claim	/Help EZClaim.com!	Print Backup Data Digram
Patient List	Petent/Insured Info         Physician/Diagnostic Info           Medicare         Medicare           Patient Last Name         C           Patient Advess         F           T121212 S MAIN AVE         D           Datest Last Name         Mil           Patient Advess         State           AbtYVHERE         NY           Zip Code         Phone Number           33333         [555 556 6566           Other Insured's Policy or Group Number           Other Insured's Policy or Group Number           Other Insured's DOB         Sex           C M         F           Other Insured's DOB         Sex           M         C M           D Batest Stooo         Name or School Name           Patient Notes         Pat Bat \$100.00           Reminder Note         \$20.00 Co-Pay	Payers/Other Info   New Charges   Charges: 12/23/2010 1 Group FECA Other Patient Oate of Bith Sex [3/21/1966 M F Cop Patient Relationship to Insued Self C Spouse Child Other Patient Status C Single Married C Other Patient Status C Employment Status C Employment C Yes R No Employment C Yes R No Other Accident C Yes R No Other Accident C Yes R No Local Use V Patient Sig On File V Insued Sig On File	100.00  Insured's ID Number  SP56421 Insured's Name (Last, First, MI)  Insured's Name (Last, First, MI)  Iz1212 S MAIN AVE  City State Address (No. Street) Iz1212 S MAIN AVE  City State ANYV/HERE INYI  Zip Code Phone Number Is1065 (55566666 Insured's Policy Group or FECA Num. Insur
Name         Date         I           BROOKS, PATL         12/29/2010           PATIENT, GEO         11/11/2010           SAMPLE, MIKE         12/14/2010           Filters - Only Show Claims:         F Not R	Bal Due         Insurance         Paid           \$100.00         MEDICARE         Not           \$100.00         BLUE CROSS         Not           \$100.00         MEDICARE         Not           \$100.00         MEDICARE         Not           \$100.00         MEDICARE         Not           \$100.00         MEDICARE         Not           *100.00         MEDICARE         Not           *100.00         MEDICARE         Not	Stat Perm Sta Patient Group Printed   Paid Not Perm GENERAL, GROUP Paid Not Perm GANEL GROUP Paid Not Perm SAMELE GROUP Paid Not Perm SAMELE GROUP IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Exported Ready Io. Secondary Claim ID A Yes No 184 Yes No 174 Yes No 181 Yes 173 +

NOTE: Refer to a CMS-1500 form for Box numbers.

Box 1a – Required - Enter Insured ID Number in this format, 222333444. Do not use dashes.

**Box 2 &5** - Enter Patient Information. (Once Patient Data is entered, you may use the 'Copy Patient' button to copy data to right side of form.)

Box 3 – Required - Enter Patient's Birth Date.

Box 4 – Required - Enter Insured information.

Box 6 – Required - 'Patient Relationship to Insured'.

**Box 9 a-d** – **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.

Box 11 - Situational - Subscriber information is required if 'Subscriber' is different than 'Patient'.

Box 12 - Required - Check 'Patient Signature on File'.

**Box 13 – 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.

# Step 4 - Physician/Diagnostic Info Screen

ROCKS RATENT D/Accord/a CENERAL GROUD- 57/Chim Adjusced & Relation
File Edit Parisi Calar Usaris Tokis Electronic Claim View State / Lectronic Claim.com!
🗟 New 🚳 Patient 🏭 Find 📄 New 🕢 Electronic 🚧 Payer 🎡 Physician 🍃 Print 🃦 Backup 💽 Exit
Patient List Patient/Insured Info Physician/Diagnostic Info Payerr/Diher Info New Charges 1/11/2011 \$100.00   Charges: 1/21/2/010 \$100.00   Date Of Current   1/3/2011   First Date Of Similar Illners Dates Patient Unable To Vork   1/3/2011   Name Of Referring/Ordering Physician NPI Qualifier and Other ID Hosp Dates   Altring Physician NPI Qualifier and Other ID   Hosp Dates   Charges QLIA Number   Charges QLIA Number   1/3/2011   ScODNDARY, SUSAN S 2/21/19   Diagnosis Codes   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 2.2964 3.6784 4. 5. 6. 7. 8. Prior Authorization   1.9976 3.29785   1.112346 2. 2010 1.
Mame         Date         Bill Date         Bal Due         Insurance         Paid Stat         Perm Sta         Patient Group         Printed         Exported         Ready fo         Secondary         Claim ID         A           BRODKS, PATL         121/8/2010         \$100.00         MEDICARE         Not Paid

Box 14 – Situational - Enter 'Date of Current' which is the date of current illness, injury or pregnancy.

Box 15 – Situational – Enter 'First Date Of Similar Illness' if required by your insurance company.

**Box 17** – **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 <u>and</u> Diagnostic codes will be carried over to Charges screen. This data may be edited on Charges tab if necessary

**Box 26** – **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. #'. **Box 27** – **Required** - Check 'Accept Assignment' indicator.

**Box 31** – **Required –** Check 'Signature on File' or select name of Rendering Provider if required. (Rendering Provider ID/NPI numbers will be entered into Box 24j.)

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

**Box 32** – **Situational** - Enter 'Facility' information in Box 32 **only** if the Facility address is different than the Billing address in Box 33 unless required by your insurance company.

**Box 33** – **Required** - Using the dropdown arrow, enter Billing Provider Info & Phone # previously set up in the Physician/Facility Library.

# Step 5 – Payers/Others Info Screen

👽 BROOKS, PATIENT D (Age: 44) - GENERAL GROUP - EZClaim Advanced 8 Release E	
Eile Edit Patient Claim Libraries Tools Electronic Claims! View Support/Help EZClaim.com!	
🗟 New 🔕 Patient 🍓 Find 📄 Find 📄 Claim 🥥 Electronic 🌮 Payer 🧟 Physician 🍃 Print 🏐 Claim	Backup Data Dota
Patient/List       Image: Address       Patient/Insued Info       Provider/Diagnostic Info       Peyers/Diher Info       New Charges: 12/15/2010 \$100.00         Group: Address       Image: Address       Image: Address       Citok to Select Streamy/Destination Payer       Citek to Select Scondary       Citek to Select Scondary       Citek to Select Scondary         Name       D008       Name       D008       Scndary Payer (ID): (66665) INEDICARE       Scndary Payer (ID): (33341 MEDICAID         Name       D008       2/2/7       Address 1:       595 MAIN STREET       Address 2:       Cip, ST. Zip:       Address 2:       Cip, ST. Zip:       Address 2:       Cip, ST. Zip:       AVTOWN ND 33277         SECONDARY, SUSAN S       2/2/7       Primary Claim Filing Ind       MB Im Responsibility Sequence:       Image: Spource       Secondary/Other Insued* ID: (93987777)         Patient Relationship to Differ Insued*       Cipied Claim Riling Data       Misc Patient Data       Provider ID Numbers       Indicators       Print Options         EDI Notes       Optional Billing Data       Misc Patient Data       Provider ID Numbers       Indicators       Print Options         EDI Notes       Optional Billing Data       Misc Patient Data       Provider ID Numbers       Indicators       Print Options         EDI Notes       Optional Billing Data       Misc Patien	y/Other Payer Sequence: ▼
Descriptor Marco (#20.00 Co. Dou:	Lock Record     Patient Is Active
X         Name         Date         Bill Date         Bal Due         Insurance         Paid Stat.         Perm Sta.         Patient Group         Printed         Exported         Ready for         S           BR00KS, PATL.         12/15/2010         \$100.00         MEDICARE         Not Paid         Not Paid.         GENERAL GROUP         Yes           FATLENT, 650         11/12/2010         \$100.00         MEDICARE         Not Paid         Not Paid.         GENERAL GROUP         Yes           SAMPLE, MKE         12/15/2010         \$90.00         MEDICARE         Not Paid.         Not Paid.         Not Paid.         SETON NARY         Yes           SETON NARY         12/14/2010         \$100.00         BLUE CRISS         Not Paid.         Not Paid.         SETON NARY         Yes           Filters:         Tolds Show Claims:         Not Paid.         Not Paid.         Not Paid.         Not Paid.         Yes	Secondary Claim ID ▲ No 184 ■ Yes 181 Yes 173 ★

#### **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.

# Step 6 - New Charges Screen

#### Box 21 – Required - Diagnostic codes.

**Box 24A** – **Required** - Click on the calendar to select 'Date of Service'. Enter charges and other service line information.

😝 BROOKS, PATIENT D (Age: 44) - GENERAL GROUP - EZClaim Advanced 8 Release E	×
File Edit Patient Claim Libraries Tools Electronic Claims! View Support/Help EZClaim.com!	
🧟 New 💩 Patient 🎧 Find 🕞 Find 📄 New 👩 Electronic 🌮 Payer 🧟 Physician 🍃 Print 🌒 Backup 🔟 Claim 🚺 Claim	Exit Program
Patient List       Patient/Insured Info Prysician/Diagnostic Info Payers/Dther Info New Charge: 12/15/2010 \$100.00         Group: All Groups       Patient/Insured Info Prysician/Diagnostic Info Payers/Dther Info New Charge: 12/15/2010 \$100.00         Broups: Patient Name: BROUKS, PATIENT D       Not Printed         Date Of Current: Edlow Up Data and Ret:       Not Printed         Investment       Date Ret To Current Service:       1 2 4 1 5 6 1 7 18 10         PATIENT DORGE G       22/17         SAMPLE, MIKE S       22/17         SECONDARY, SUSAN S       22/17         Render Povide:       1 2 2 32 14 15 16 16 17 18 19 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 25 16 17 18 19 20 12 12 22 32 14 15 16 11 12 14 15 16 11 17 18 19 20 12 12 22 32 14 15 16 17 18 19 20 12 12 22 32 14 15 16 17 18 19 20 12 12 22 32 14 15 16 11 12 14 15 16 11 18 11 12 14 15 16 11 18 11 19 12 10 20 12 12 22 32 14 15 16 19 19 10 10 11 12 12 12 12 12 12 14 15 16 11 18 19 19 10 12 14 15 16 11 18 19 19 10 12 14 15 16 11 18 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 10 11 11 12 14 18 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 10 11 11 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15 16 19 19 10 12 14 15	500 3w is is atta s actic CMN
Name         Date         Bill Date         Bill Date         Insurance         Paid Stat.         Perm Sta.         Patient Group         Printed         Exported         Ready for.         Secondary         Claim II           B RDOKS, PATIL         12/23/2010         \$80.00         MEDICARE         Not Paid         Not Paid.         Not Paid. <td></td>	

#### Box 24B - Required - Place of Service: Must use 2 digits.

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance Land
- 42 Ambulance Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 61 Comprehensive Inpatient Rehab Facility
- 62 Comprehensive Outpatient Rehab Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

**Box 24C** – **Situational** – Enter EMG only if requested by your insurance company. Usually left blank. **Box 24D** – **Required** - Enter Procedure Code **Box 24E** - **Required** - Enter the diagnostic code line number (POINTER) 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. **Box 24J** – **Situational** 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.

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

# Step 7 – Sample Claims

If you have not yet submitted your 'Sample Claims' to EZClaim, follow these instructions.

- 1. Go to the Patient/Insured screen and confirm that 'Print Form and Data' is checked on the bottom right of the screen.
- 2. Go to the Charges screen and click on 'Print 1500' button.
- 3. Fax Sample claims to EZClaim at 248.651.9273.



# Final Checklist before Submitting Electronic Claims. These fields are REQUIRED or Errors will be generated.

Are words such as SAME, NONE, N/A etc. removed from data? DR., MD., INC.?

#### On the Physician/Diagnostic Tab:

- □ Is the "Sig on File' checkbox selected?
- □ If required, is the Rendering Provider Name selected?
- □ If required is' Accept Assignment' checked?

#### On the Charges Tab

- □ If required, is the Rendering Provider Name selected?
- □ Is the Place of Service entered

Do not Upload claims to the Clearinghouse until instructed by your EZClaim EDI Rep.

# Step 8 - Submitting Claims Using EZClaim SFTP

Menu Location: Electronic Billing Icon

1. Using the dropdown arrow select 'Capario Secure 837 5010'. Once selected DO NOT change this format!

ormat   Capario Se	cure 837 501	U Ta ahai	<b>_</b>			_		Litema Cheeked	
Show All Patier	it uroups	I O Cha	nge the soft o	ruer, click on the c	oiumn neadir				
Name	1 /16 /2012	0097654221	Billing	Dest Insura	Facility	Claim ID	Ready For EDI	Export Date	Send
BROOKS, P	1/10/2012	0987034321	ABC CO	BLUE CRUSS		249	Yes	5/25/2012 10:.	Get <u>R</u> eports
									Capario FTP
									Check for <u>E</u> rrors
									Detailed View
									Close
									Show Previous Ba
									<u>C</u> heck All
									Uncheck All
									<u>H</u> elp
									Filters: Only Show Claims ▼ Ready for ED ■ Not Printed

- 2. 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.
- 3. Click on the 'Check for Errors' button.



- 4. If the analyzed report states there are errors, return to the claim and correct errors. Once errors have been corrected, return to 'Electronic Claims' and continue.
- 5. If the report states there are no errors, click on OK, click on the 'Send' button.

E	xport Claims for E	lectronic Bill	ing	·	5 5	. r.	1	5		×
Γ	Format: Capario Se	ecure 837	•							
	Show All Patier	nt Groups	To cha	nge the sort o	der, click on the	column headin;	g	1	Items Checked	🗆 Zip File 🛛 🖌
	Name	1st Clai	NPI	Billing	Dest Insura	Facility	Claim ID	Ready For EDI	Export Date	Send 💆
	BROOKS, P	12/15/2010	0987654321	ABC LABS	MEDICARE	MEDICAL	184	Yes		Get Reports
	SAMPLE, MI	12/15/2010	0987654321	BILLING P	BLUE CRUSS	MEDICAL	174	Yes		Capario FTP
	SECONDAR SECONDAR	12/14/2010 12/22/2010	0987654321 0987654321	ABC LABS ABC LABS	AETNA BLUE CROSS		173 185	Yes Yes		Check for Errors
										Close
										Show Previous Batch
										Check All
										Uncheck All
										Help
										Filters: Only Show Claims Beady for EDI
										Not Printed
	•								۱.	Not Paid

**NOTE:** If a batch of claims is already waiting to be sent, you will receive the following message. Click 'Yes' to send a previous batch or 'No' to delete the previous batch.



- 6. If clicking 'No', the 'Save As' box will appear and EZClaim will automatically enter the suggested file name.
- 7. Click on the 'Save' button.

👦 Save As	-	-	×
Save in: 🚺	claims	<b>▼</b> ← €	➡ 🖩 🎽
Name	*	Date m	odified Ty
	No items mat	ch your search.	
•	ш		Þ
File name:	121710A		Save
Save as type:	All Files (*.*)	•	Cancel

**NOTE:** If sending more than one file per day, the file name will automatically change to reflect multiple submissions; do not change the file name.

8. Select 'Yes' to print an 'Exported Claims' Report. This 'Submission Report' will list the claims that have been batched together for submitting to the Clearinghouse. You must receive the message 'Upload Successful' to confirm your claims have been sent to the Clearinghouse



9. File will then automatically upload and a confirmation message, **'Claim files uploaded successfully!'** will be displayed and transmission is complete. If the file fails to upload, see 'Common Capario Errors' page 26.



## Step 9 – Reports

1. To download reports open the Capario FTP program and click on 'Download Reports'.

Tapario Secure Transfer - Version	7.2	-	in the second	
Claim File to Upload File Name Date Created Claim Co	unt	Delete <u>C</u> laim File	Add Claim <u>F</u> iles	Upload Claims
, Reports (Double Click to View Report)	Backup/Restore Rpts	Delete <u>R</u> eport(s)	Archive Report(s)	
File Name Fil 22222222.20101005125201.REC D	e Type   aily Verification <new></new>	Date Created 10/22/2010 10:13:0	09 AM	Download Reports
11111111 20100907145239.REC D- 11111111.20100907145239.REC D-	aily Verification aily Verification	10/28/2010 10:47:0 10/22/2010 10:13:0	13 AM 19 AM	View Archived Reports
				Exit
, Activity Log				
			*	Program Options
			-	Iest Connection

- 2. Double click on a Report file name to open
- 3. View Reports. If your report states that your claims have errors, make necessary changes to claims and resubmit claims.

#### Managing Reports

#### Note: Reports will NOT be backed up when backing up your EZClaim database.

- To 'Backup' reports, highlight reports and click on 'Backup/Restore Rpts'.
- Reports may be 'Deleted' after viewing or 'Archived'. To select multiple reports, hold down the Ctrl key and highlight reports to be deleted or archived.
- To 'Restore' reports, click on 'Backup/Restore Rpts', browse to backup report location and click 'Open'.

Capario FTP - Version 7.19				
Claim File to Upload		Delete <u>C</u> laim File	Add Claim <u>F</u> iles	
File Name   Date Created   Claim Co	unt			Upload Claims
Reports (Double Click to View Report)	Backup/Restore Rpts	Delete <u>R</u> eport(s)	Archive Report(s)	
File Name File Type	Date Created			D 1 10 1
835.ara ERA - ANSI 835	01/07/2010 10:36:	D		Download Heports
Sample.INS Payer Response	05/28/2009 02:47:	2		
Sample.REC Daily Verification	05/28/2009 02:46:	5		View Archived Reports

# Step 10 - Resubmitting Claims

Electronic Billing Icon

1. Click on the 'Show Previous Batch' button.

Export Claims for Electronic Billing	5 5 F		1	×
Format: Capario Secure 837 💌				
Show All Patient Groups To cha	nge the sort order, click on the c	column heading	0 Items Selected	🗖 Zip File
Name 1st Clai NPI	Billing Dest Insura	Facility Claim ID	Ready For EDI Export Date	Send
BROOKS, P 12/15/2010 098/654321 PATIENT, G 11/11/2010 0987654321	BILLING P BLUE CROSS	184 MEDICAL 174	Yes Yes	Get Reports
SAMPLE, MI 12/15/2010 0987654321	BILLING P	181	Yes	Capario FTP
SECONDAR 12/14/2010 0987654321	ABC LABS BLUE CROSS	175	Yes	Check for Errors
				Close
				Show Previous Batch
				Check All
				Uncheck All
				Help
				Filters:
				Only Show Claims
				Not Printed
	m		+	Not Exported

2. Highlight and then double click on the previous batch of claims to view.

Previous Submiss	sion Reports	100.00			No. of Concession, Name	X
Select a previous	s submission and click OK:					
File Name	Export Date/Time	Submission #	Func. Group #	Claim Count	Group Name	ОК
claimdat.txt	12/17/2010 10:55	2612	1176	1	SAMPLE GROUP	
						Cancel

- Select by highlighting all claims or individual claims to re-export.
   Click on the 'Send' button.
   Confirm 'Claim File Upload Successful'.

Note: See sample REC and INS reports on pages 23

Capario currently offers the following electronic reports to assist in the prompt and accurate processing of electronic submissions:

(ACK) – File Verification Report (REC) – Daily Verification Report – Processed or Rejected (INS) – Payor Response Report (ARA or ERA) - Electronic Remittance Advice (835) Report\* (HTML) – Print EOB

## File Verification Report (ACK)

File Verification Report: This report confirms receipt of your Inbound file and will be available the same day. CAPARIO

FILE VERIFICATION REPORT

This statement represents receipt of an inbound file. A detailed report will be available within 24 hours.

# **Daily Verification Report (REC)**

**Daily Verification Report:** This report is generated within 1 business day of submission and verifies each claim transmitted to Capario. The Status code indicates that the claim was <u>Processed</u> by Capario and has been submitted to the Payor for processing or that the claim was <u>Rejected</u> by Capario. See report sample on page 21.

# **Payor Reports (INS)**

**Note:** Not all payers will return each report. Some payers will provide Rejection reports only. See report sample on page 22.

**Payor Status Reports:** These reports are provided 2-7 business days after Capario processing and shows processing and adjudication information from the Payor. The Payor report types provided vary by Payor. The most common Payor report types are:

Payor <u>Acceptance</u> Report: This report indicates the Payor has received (accepted) the claim for further processing.

Payor <u>Status</u> Report: This report indicates that the Payor is processing the claim and has a processing update to report.

Payor <u>Rejection</u> Report: This report indicates the Payor has attempted to process the claim, but it contains invalid or missing information.

# **Sample Capario Reports**

- P Processed by Capario and forwarded to the Payer.
   R Rejected by Capario for missing or invalid data, correct and resent to Capario

	SAMP	PLE REC REP	ORT		
	CAPARIO, INC.	(714) 979	-4467		
CAPARIO, INC <mark>D</mark>	ALLY CLAIMS-VERI	LEICATION 5	latement		PAGE: 1
Statement General File Name: IMO8 Client Name : DR Client Number: 99	<mark>ced: 012/16/08</mark> L601CLM163354CNN JOHN DOE 9990000	At: 14:44:0 /	9 <mark>Processe</mark>	4: 12/16/2 Proc	cessed
SUB 2 Patient Account V102L83415 V98L44351 V102L92180 V98L44351 V101L98455 V104L32475 V104L32475 V104L3377	ID: [999999] PRO Patient Name BEAR,B BIRD,T BUNNY,B CAT,S CHARMING,P CINDERELLA,P COYOTE,W	DVIDER: DOE Date 06/20/08 02/10/08 06/23/08 02/10/08 05/24/08 05/24/08 08/08/08	Charge Sta 37.00 190.80 31.50 31.50 508.30 169.40 135.36	AT Payer MARS1 D JUPIT P PAPEB JUPIT VENUS VENUS R MERCU	- Trace Number - 228000548373000 228000548694000 228000547552000 228000548695000 228000548019000 228000548019000 228000548638000
1 INSURED'S I	) ***	MISSIN *** REJECTE	G/INVALID - D ****		
V102L84690 V102L98011 V93L942 V104L28112 V99L78342 V91L74691 V102L99662 1 PAYOR ZIP CC V104L32426 V101L98455 V103L72142 V104L32882 V103L72142 V104L32882 V104L32882 V104L32409 V102L98171 V97L80243 V104L3409 V102L98254 V102L89765 V102L89326 V104L25482	DUCK,D DUCK,D DUCK,H DUCK,L EAST,W FOGHORN,G JECKLE,B DDE FOX,B GODMOTHER,F HECKLE,A LION,C MOUSE,M MOUSE,M PUE,P RABBIT,B RUNNER,R SCARECROW,B TINMAN,H TORNADO,D	06/21/09 06/25/08 08/07/08 03/19/08 07/20/08 07/20/08 06/25/08 INVALI *** REJECTE 08/08/08 05/24/08 05/24/08 05/24/08 07/12/08 07/12/08 06/22/08 06/22/08 06/25/08 06/25/08 06/22/08 06/22/08 06/22/08 06/22/08 06/22/08	67.70 201.00 33.00 146.50 125.50 213.50 224.85 D FOR STATE D FOR STATE D 4444 100.00 128.00 549.75 130.00 41.50 163.50 102.40 314.00 79.65	PAPEB PAPEB	ected 740000 228000547831000 228000547831000 228000547612000 228000548093000 228000548093000 228000548093000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548018000 228000548000 228000548000 228000548000 228000547772000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548540000 228000548000 22800054800 22800054800 2280054800 2280054800 2280054800 2280054800 22800054800 2280054800 2280054800 22800054800 2280054800 228000548000 2280005480000000000000000000000000000000
V104L25482 V102L88540	WEST,G	06/22/08	10.00	MERCU	228000547796000
	SUB II LAIM COUNT - Mercury Ins Aurus Ins Mars Ins Jupiter Ins Saturn Ins Jaturn Ins Veptune Ins Pluto Ins Paper (Conv.)	0: [9999999] PROCE 2 2 2 3 1 4 1 7	SUB TOTAL 354.06 677.70 163.65 152.00 222.30 273.90 213.50 448.20 125.50 1,446.76	_5 1 0 0 0 0 0 0 0 0 0 1	REJECTED 135.36 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 224.85
Totals El	27 4,077 ND OF LISTING FO	7.57 2 DR FILE: IM	360.2 081601CLM10	21 53354⊂NV	

## Note: <u>See 'Common Capario Errors' on page 26.</u>



#### SAMPLE INS REPORT

Infordiano fiexenti pertir	C ELECTRONIC R	ESPONSE RE	.FORT	1
Provider Name: PHYSICIAN ONE Addres s : 1300 STREET ON	11-1111111 / 7 E, CITY ONE, C	0563963 A 11111	0002912	Page 1
Payor Process Date: 01/24/200	9	INS R	eport Run.	Date: 01/30/2009
Ims Ctl Id Patient Accou	nt Name	Svc Date	Charge	Payor Ref #
024141266213004 15756020101R	RUBBLE,	20090123	75.00	15756020101R
O24141266219004 157360111026 CLAIM STATUS: [ACCEPTED]	FLINTSTONE,	20091124	120.00	157360111026
Provider Name: PHYSICIAN TWO	22-2222222 / 7	0563963	0008251	
Address : 833 STREET TWO Payor Process Date: 01/24/200	9 9	INS R	eport Run	Date: 01/30/2009
Ims Ctl Id Patient Accou	nt Name	Svc Date	Charge	Payor Ref #
024141266817004 4832020100F4 CLAIM STATUS: [ACCEPTED]	ANDY, CARR	20091218	460.00	4832020100F4
Payor Process Date: 01/24/200 Ims Ctl Id Patient Accou	ng Int Name	INS R	eport kun	Date: 01/30/2009
Ims Ct I Id Pathent Accou	INT NAME			
	BRADIEY, ET	20090121	Charge  120.00	Payor Rei #  3216
024141265450004 K008 CLAIM STATUS: [ACCEPTED]	BRADLEY, ET	20090121	Charge  120.00	Payor Kei #  3216 2420
024141265450004 KO08 CLAIM STATUS: [ACCEPTED] 024141265455004 JU87 CLAIM STATUS: [ACCEPTED]	BRADLEY, ET GRANDSEIN,	20090121 20090121	Charge 120.00 150.00	2430
024141265450004 KO08 CLAIM STATUS: [ACCEPTED] 024141265455004 JU87 CLAIM STATUS: [ACCEPTED] 024141265456004 9876 CLAIM STATUS: [ACCEPTED]	BRADLEY, ET GRANDSEIN, BROWN, DON	20090121 20090121 20090121	120.00 150.00 220.00	4112
024141265450004 KO08 CLAIM STATUS: [ACCEPTED] 024141265455004 JU87 CLAIM STATUS: [ACCEPTED] 024141265456004 9876 CLAIM STATUS: [ACCEPTED] 024141265457004 FR45 CLAIM STATUS: [ACCEPTED]	BRADLEY, ET GRANDSEIN, BROWN, DON BROWN, SRU	20090121 20090121 20090121 20090121	Charge 120.00 150.00 220.00 255.00	2430 4112 3567
024141265450004 K008 CLAIM STATUS: [ACCEPTED] 024141265455004 JU87 CLAIM STATUS: [ACCEPTED] 024141265456004 9876 CLAIM STATUS: [ACCEPTED] 024141265457004 FR45 CLAIM STATUS: [ACCEPTED] 024141265464004 98JH CLAIM STATUS: [ACCEPTED]	BRADLEY, ET GRANDSEIN, BROWN, DON BROWN, SRU ROGERS, ES	20090121 20090121 20090121 20090121 20090122	Charge 120.00 150.00 220.00 255.00 105.00	2430 4112 3567 1286
024141265450004 K008 CLAIM STATUS: [ACCEPTED] 024141265455004 JU87 CLAIM STATUS: [ACCEPTED] 024141265456004 9876 CLAIM STATUS: [ACCEPTED] 024141265457004 FR45 CLAIM STATUS: [ACCEPTED] 024141265464004 98JH CLAIM STATUS: [ACCEPTED] 024141265465004 9NM8	BRADLEY, ET GRANDSEIN, BROWN, DON BROWN, SRU ROGERS, ES ROGERS, RA	20090121 20090121 20090121 20090121 20090122 20090122	Charge 120.00 150.00 220.00 255.00 105.00 150.00	2430 4112 3567 1286 1288
024141265450004 K008 CLAIM STATUS: [ACCEPTED] 024141265455004 JU87 CLAIM STATUS: [ACCEPTED] 024141265456004 9876 CLAIM STATUS: [ACCEPTED] 024141265457004 FR45 CLAIM STATUS: [ACCEPTED] 024141265464004 98JH CLAIM STATUS: [ACCEPTED] 024141265465004 9NM8 CLAIM STATUS: [ACCEPTED] 024141265511004 5TR7	BRADLEY, ET GRANDSEIN, BROWN, DON BROWN, SRU ROGERS, ES ROGERS, RA REED, AVIG	20090121 20090121 20090121 20090121 20090122 20090122 20090122 20090123	Charge 120.00 150.00 220.00 255.00 105.00 150.00 340.00	2430 2430 4112 3567 1286 1288 4676
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QUESTIONS REGARDING CLAIMS REJECTED BY YOUR PAYER, CONTACT THE PAYER DIRECTLY.

# ANSI 837 Quick Reference

LOOP 2000A (Specialty/Taxonomy)	Segment	EZClaim Location
Billing Provider Specialty Information	PRV03	Physician/Facility Library Icon>Billing or Rendering Provider > <b>Taxonomy</b>
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 & Zip
LOOP 2310B (Rendering)		
Rendering Provider Name (Box 31)	NM103	Physician/Facility Library Icon>Rendering Provider First and Last <b>Name</b>
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 <b>Name</b>
Referring Provider Primary Identifier	NM109	Physician/Facility Library Icon>Referring Provider>NPI
LOOP 2310D (Facility)		
Service Facility Name (Box 32)	NM103	Physician/Facility Library Icon> Facility Name
Facility Address	N3 & N4	Physician/Facility Library Icon>Facility>Address & Zip
Facility Primary ID# (If required)	NM109	Physician/Facility Library>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, charges, units.

#### BILLING PROVIDER PRIMARY IDENTIFICATION NUMBER IS MISSING OR INVALID (Box 33a).

The Primary Identifier must be either the NPI or Tax ID# of the Billing Provider. Please check Tools>Physician Facility Library>Billing Entry to be sure the NPI and Tax ID are present and correct.

#### BILLING PROVIDER SECONDARY QUALIFER IS MISSING OR INVALID (Box 33b).

If a Qualifier has been entered it may not be correct for that insurance company. Qualifiers and legacy numbers are likely NOT required and can be removed.

#### PLACE OF SERVICE CODE IS MISSING OR INVALID (Box 24B).

Check that a place of service code has been entered correctly on each service line.

#### PROCEDURE CODE MODIFIER IS MISSING OR INVALID (Box 24D).

Check that the modifier or modifiers are entered correctly. If Modifier is valid and entered correctly and error continues, contact EZClaim rep.

# RENDERING PROVIDER NAME / PRIMARY IDENTIFIER IS MISSING OR INVALID (Box 24J) OR RENDERING PROVIDER FIRST NAME IS MISSING OR INVALID

Confirm Rendering Provider NPI number, Last Name, and First name have been entered correctly in the Physician Facility Library.

#### SERVICE FACILITY NAME / PRIMARY IDENTIFIER IS MISSING OR INVALID (Box 32). Service

Facility is required when the location of health care service is different than that carried in the Billing Provider (2010AA) loop. Do not enter Facility if the Facility is the same as Billing Info.

#### DIAGNOSIS CODE (or SUPPLEMENTAL DIAGNOSIS CODE) IS MISSING OR INVALID

The DX code is missing or is an incorrect code. Code may require a 4th or 5th digit. The provider will need to confirm codes with a current coding resource.

#### SUBSCRIBER PRIMARY IDENTIFICATION NUMBER IS MISSING OR INVALID.

Confirm that the subscriber ID# is entered correctly. If the same subscriber number has also been entered in Box 11 this error will be generated. The subscriber ID# should NOT be in both Box 1a and Box 11.

#### PATIENT DATE OF BIRTH IS MISSING OR INVALID. MUST BE IN THE CCYYMMDD FORMAT.

Confirm that DOB is entered correctly and check that patient sex has been selected (M or F).

#### CAPARIO DOES NOT SEND ELECTRONIC PROFESSIONAL CLAIMS TO THIS PAYER or PAYOR

**ID/DESTINATION MISSING/INVALID/NOT AUTHORIZED (Bad Data: PAPEB )** The payer ID is missing from the payer library or number is entered incorrectly. If the payer address is present on the entry please check that data is valid.

#### CLAIM LEVEL DATE IS MISSING OR INVALID / DATE MUST BE IN THE CCYYMMDD FORMAT. This

error can pertain to a missing date of hospitalization, date of accident or initial treatment date. If place of service is hospital (21) the date of hospitalization is required.

# Glossary

Legacy Numbers - Previously referred to as the Provider's 'PIN Numbers'.

**Crosswalk Errors** – Errors that refer to a conflict between a Provider's NPI number and their Legacy numbers. NPI and Legacy numbers entered on claims MUST correspond with the information listed in the NPPES registry. <u>https://nppes.cms.hhs.gov</u>

**Payor or Payer** - 'Payer' or 'Payor' is often used to refer to an insurance company.

**Insurance Carrier** - Another name used to refer to an insurance company.

Intake Or Enrollment– The process of being set up as an electronic submitter by the clearinghouse.

**Payer Agreements** – A document giving authorization for the clearinghouse to submit claims from the provider. A Payer agreement is usually required by BCBS, Medicare, Medicaid.

**Electronic Approval** – Once your 'Payer Agreements' have been approved by the insurance companies, the provider will receive 'electronic approval' to submit claims.

**Payer ID#** - An identification number used in electronic submission of claims to identify an insurance company. A list of payer's and the ID#'s will be provided for setting up electronic claims.

**EDI** - Electronic Data Interchange - This acronym is commonly used to refer to electronic claims.

**ERA** – An ERA is an Electronic Remittance Advice file. It is the information previously received on an EOB, but in electronic format. It is referred to as an ANSI 835 file.

**File Format** - Type of file sent and/or received with electronic billing. Examples of file formats would be the 'Print Image' or 'ANSI 837'. Each file format has the same type of information (patient name, services dates, etc), it's just formatted differently.

**CMS** - Centers for Medicare and Medicaid Services - Government agencies that control Medicare and Medicaid. More information can be found at <u>http://www.cms.hhs.gov/</u>

**HIPAA** - Health Insurance Portability and Accountability Act of 1996 - Dictated the use of a new electronic file format. Also covers private medical information and security. EZClaim is HIPAA compliant in it's electronic billing.

**MSP** – Medicare Secondary Payer is the term used to describe when another payer is responsible for paying the beneficiary's claims before Medicare pays.

**Export** – Process in which you save claims to the computer to send to the clearinghouse.

**TP** – Acronym for 'Trading Partner'

**ANSI** – Acronym used when designating electronic billing formats. Examples are ANSI 837 for claims or ANSI 835 for EOBs.

# EZClaim Implementation Acknowledgement Form

Client Name	Client ID #

Contact Person \_\_\_\_\_

EZClaim EDI Rep \_\_\_\_\_

Implementation Date \_\_\_\_\_

After completing each section during the remote assist session please place your initials in the box.

Fax completed form to EZClaim at (248) 651-9273 after the implementation appointment.

# **Remote Assist Topics:**

#### Initials

Data entry guidelines for electronic claims.
Payer ID codes, their placement within the payer library, and what happens if they are missing from the claims.
Physician Library entries and their connection to CMS 1500 form.
Creating an electronic claim file to upload to Capario with appropriate file naming convention (example 082807.txt).
Uploading an electronic claim file to Capario and printing a submission report.
Knowing how and where to retrieve the Capario Reports (REC, INS, & ARA).
Understanding Capario Daily Verification Report and Payer Response Report. Refer to page 19-21 in EZClaim Clearinghouse Manual for details.
Common Capario claim errors. Refer to page 26 in EZClaim Clearinghouse Manual for details.
Troubleshooting Capario errors. Refer to page 26 in EZClaim Clearinghouse Manual.