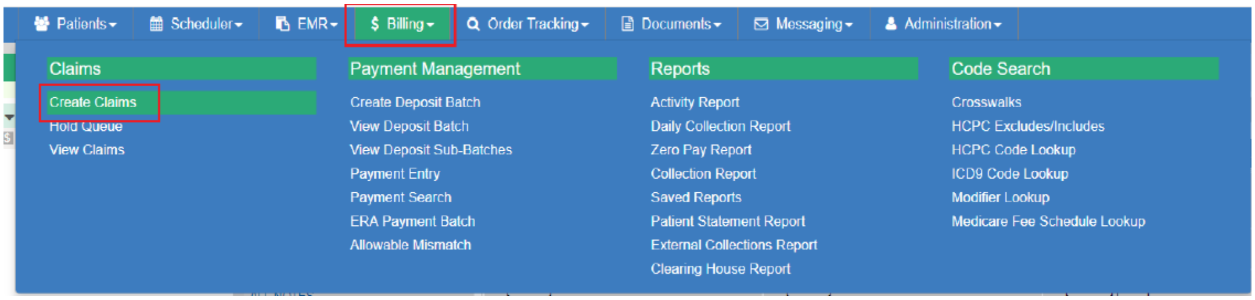
Claims Creation

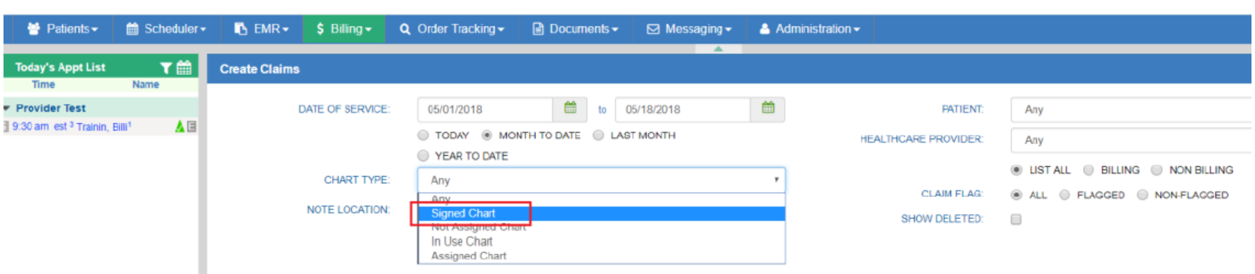
GO TO

BILLING> CLAIMS> CREATE CLAIMS



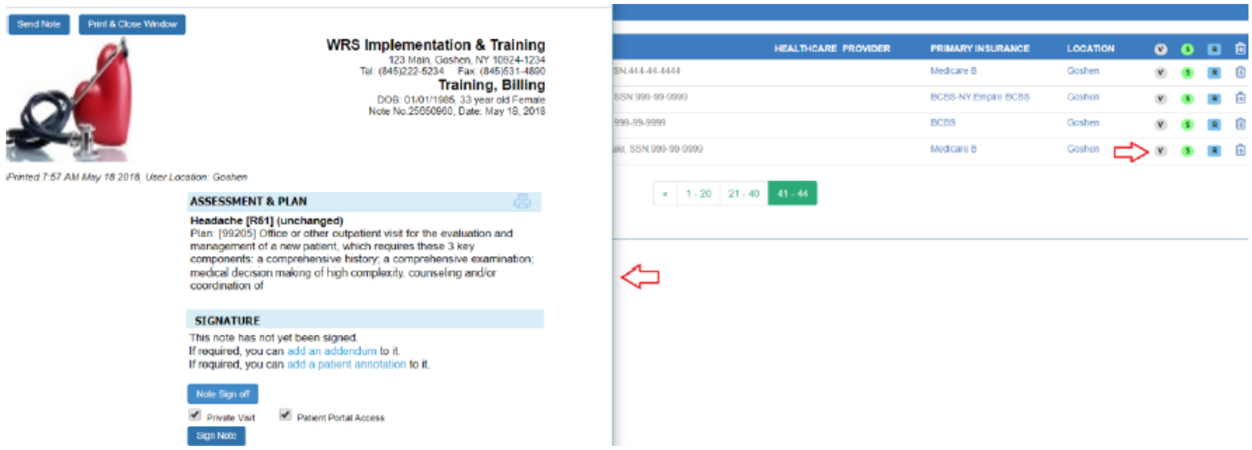
STEPS

1. Choose the filters:
    a. Date of Service
    b. Chart Type – Choose SIGNED CHART
    c. Note Location
    d. Patient – you can search for one patient at a time
    e. Healthcare Provider – you can search for one provider at a time
    f. List All; Billing; Non-Billing
    g. Claim Flag: All; Flagged; Non-Flagged
    h. Show Deleted – checking the box will show the deleted line items

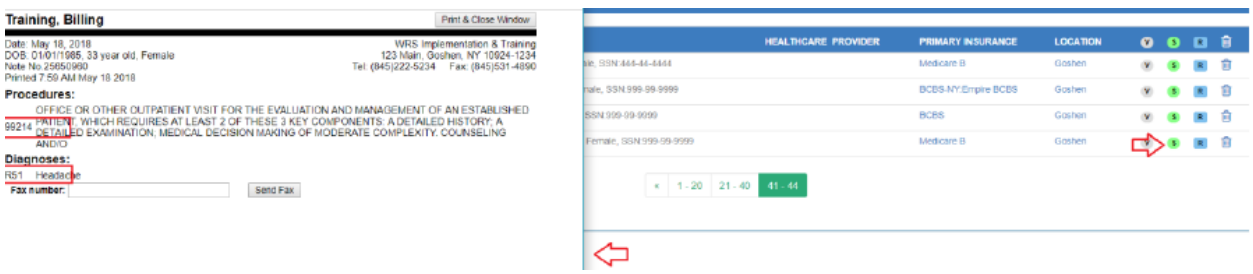


2. Select **SEARCH**

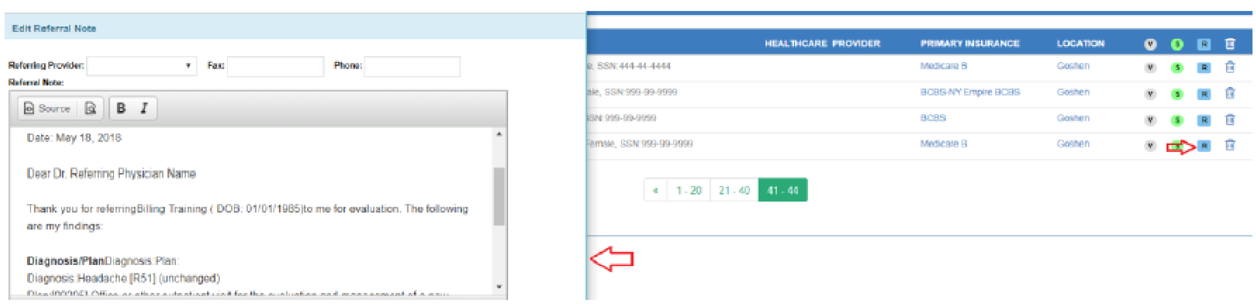
3. Select the **V** Button to pull the progress note



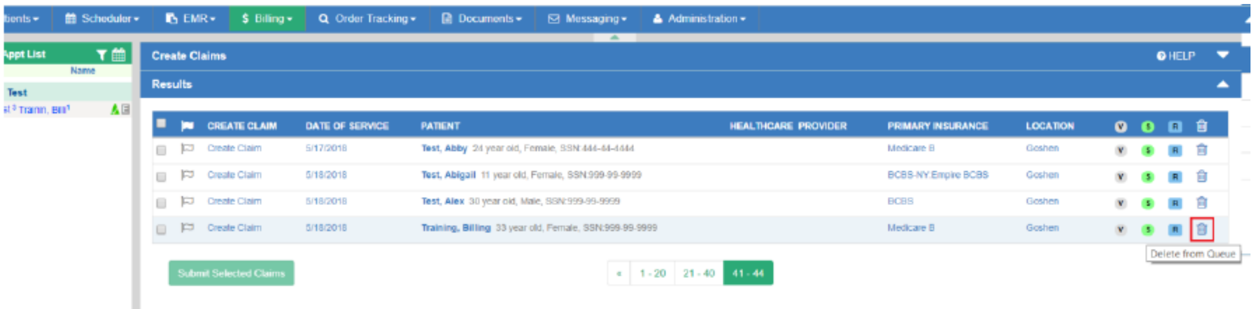
4. Select the **S** button to pull the superbill



5. Select the **R** button to pull the referral note template



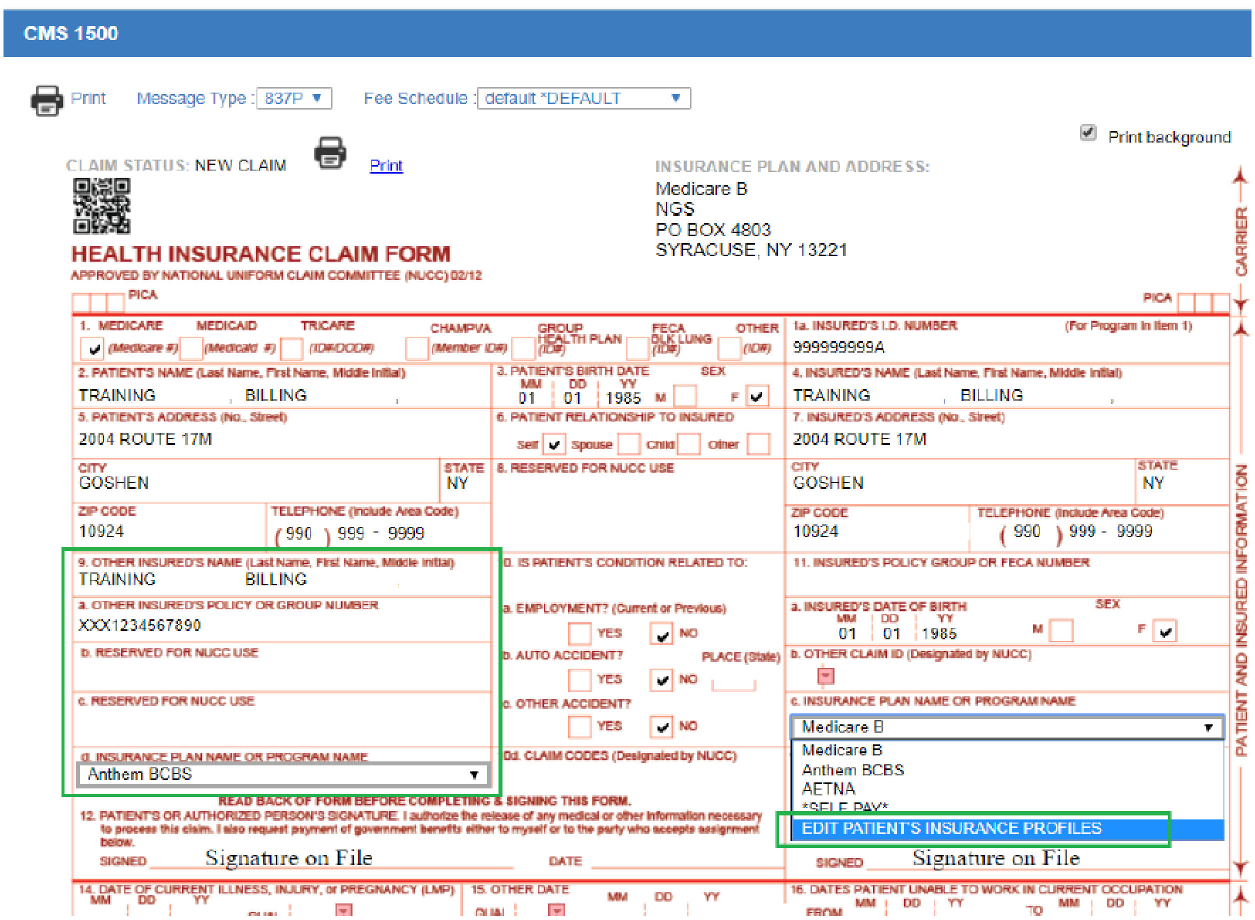
6. Select the **trash bin** button to delete non-billable line item

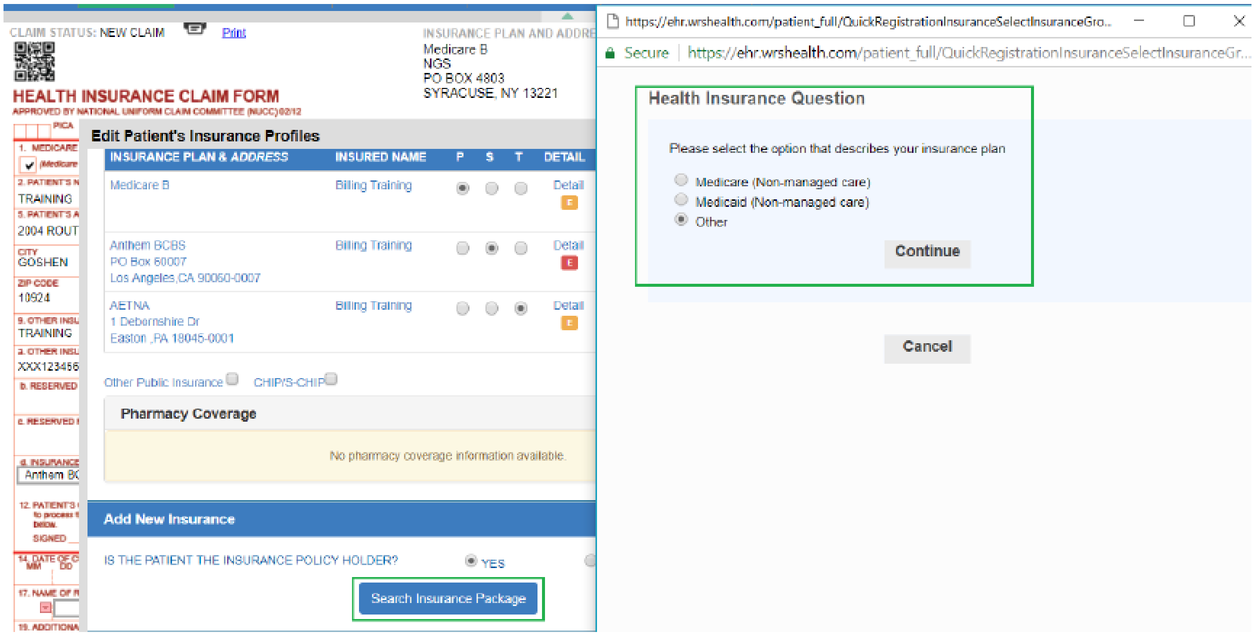


7. Select **CREATE CLAIM** to pull CMS 1500 / 837P / Claim Form

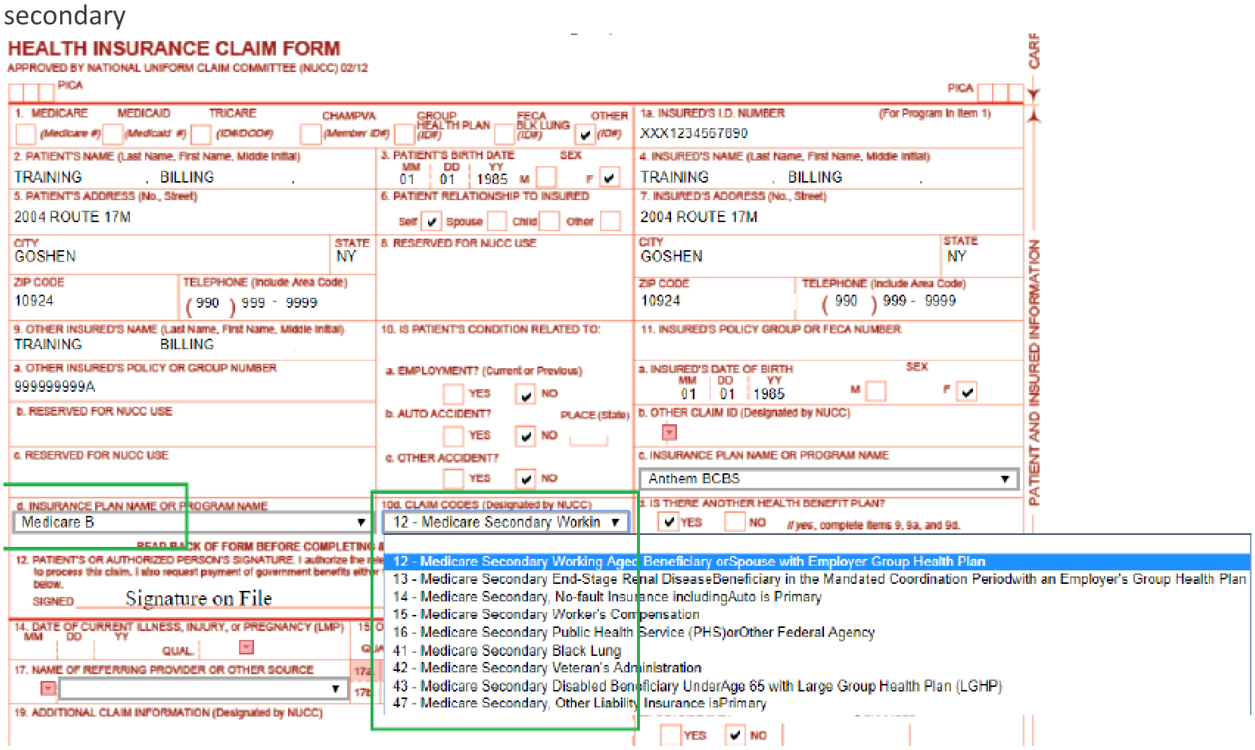
8. **Box 11C** – Primary Insurance; if you need to change the primary insurance or update the member ID, click BOX 11C > Edit Patient's Insurance Profiles

9. **Box 9D** – Secondary Insurance; if you need to change the secondary insurance or update the member ID, click BOX 9D > Edit Patient's Insurance Profiles



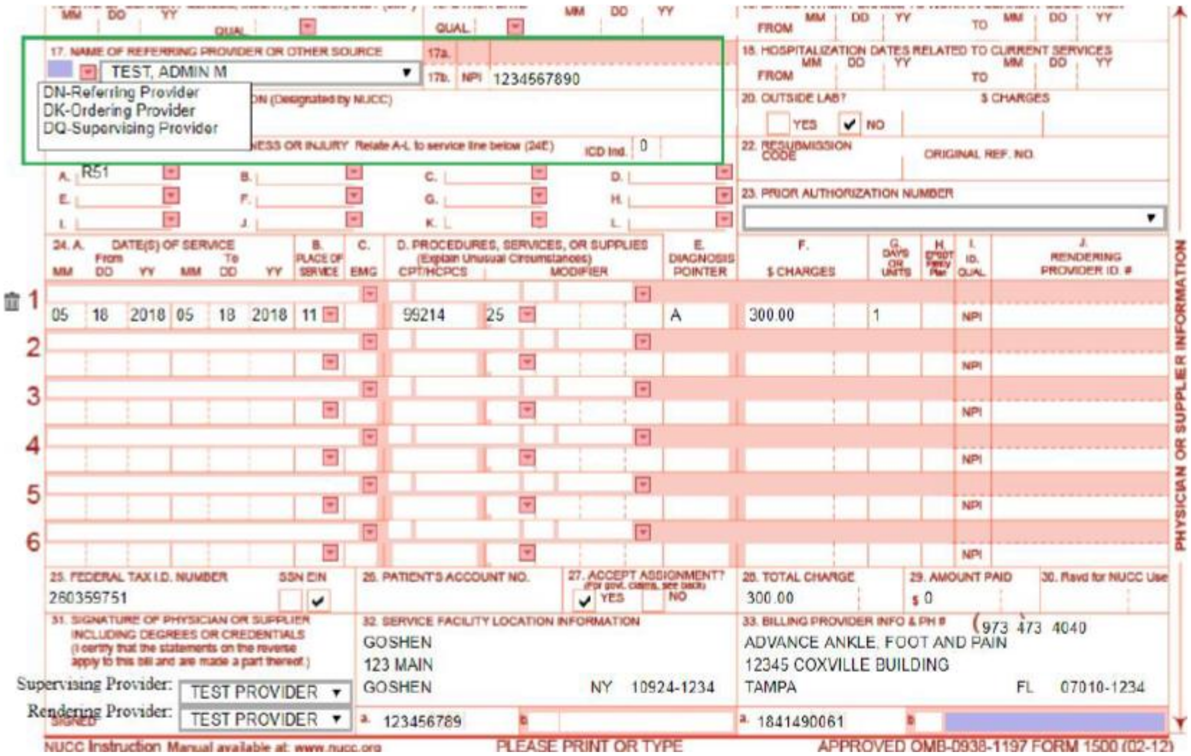


10. **Box 10D** – If Medicare is Secondary > click BOX 10D to indicate the reason as to why Medicare is secondary

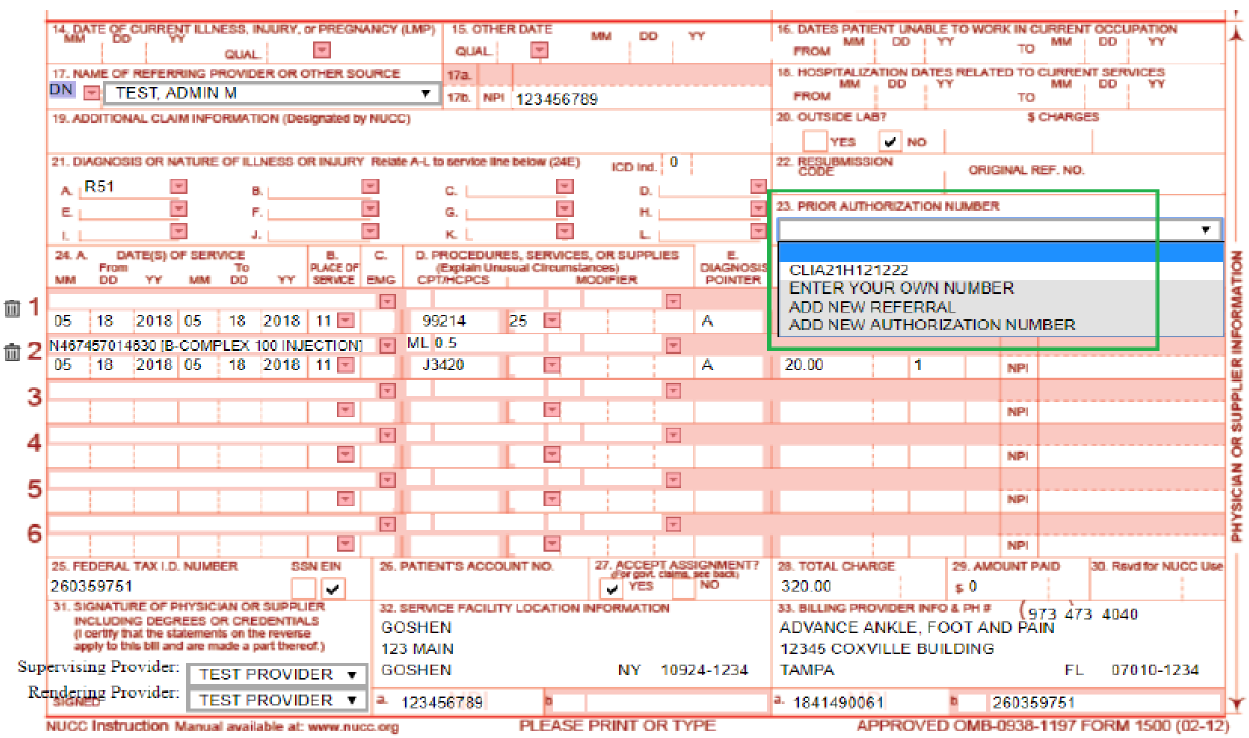


11. **Box 17** – choose the correct provider qualifier

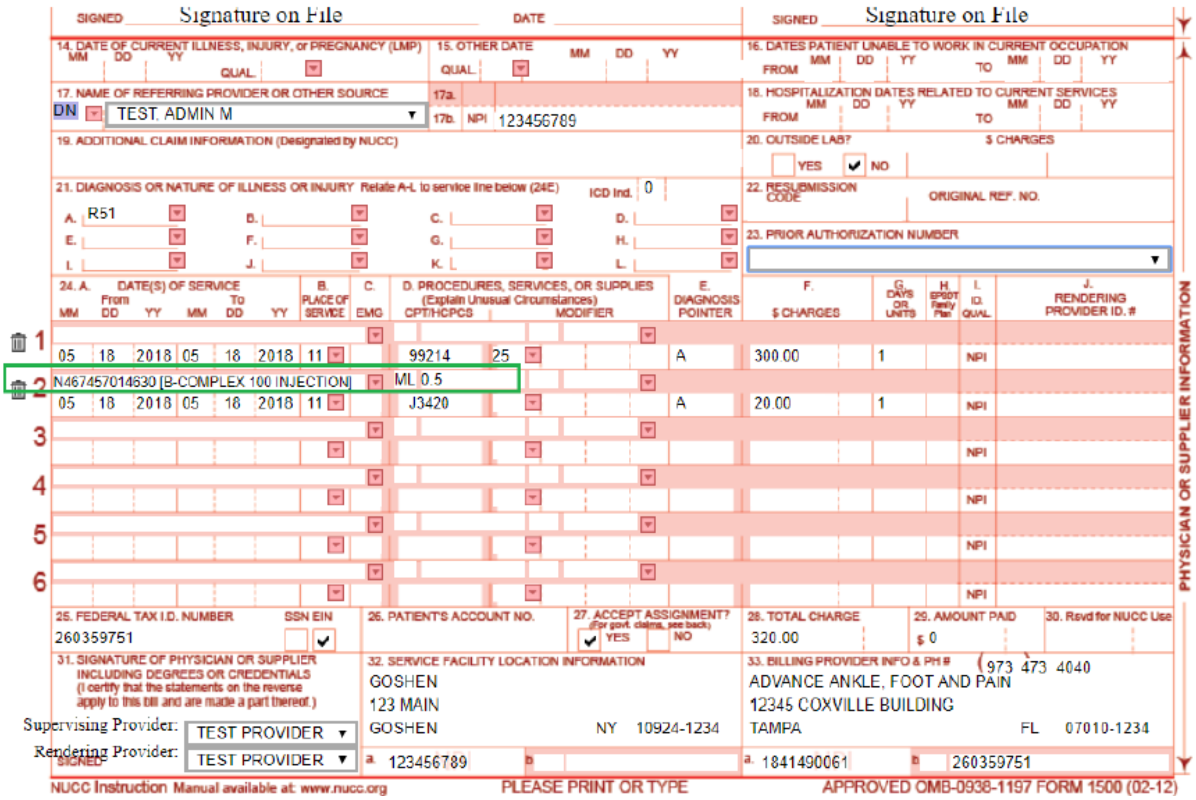
DN – Rendering Provider; **DK –** Ordering Provider; **DQ –** Supervising Provider


17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
TEST, ADMIN M
17a.
17b. NPI 1234567890
DN-Referring Provider
DK-Ordering Provider
DQ-Supervising Provider
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. R51
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. $ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #
1 05 18 2018 05 18 2018 11 99214 25 A 300.00 1 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 260359751
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE 300.00
29. AMOUNT PAID $ 0
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
Supervising Provider: TEST PROVIDER
Rendering Provider: TEST PROVIDER
32. SERVICE FACILITY LOCATION INFORMATION
GOSHEN
123 MAIN
GOSHEN NY 10924-1234
a. 123456789
33. BILLING PROVIDER INFO & PH # (973 473 4040
ADVANCE ANKLE, FOOT AND PAIN
12345 COXVILLE BUILDING
TAMPA FL 07010-1234
a. 1841490061
NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)
PHYSICIAN OR SUPPLIER INFORMATION

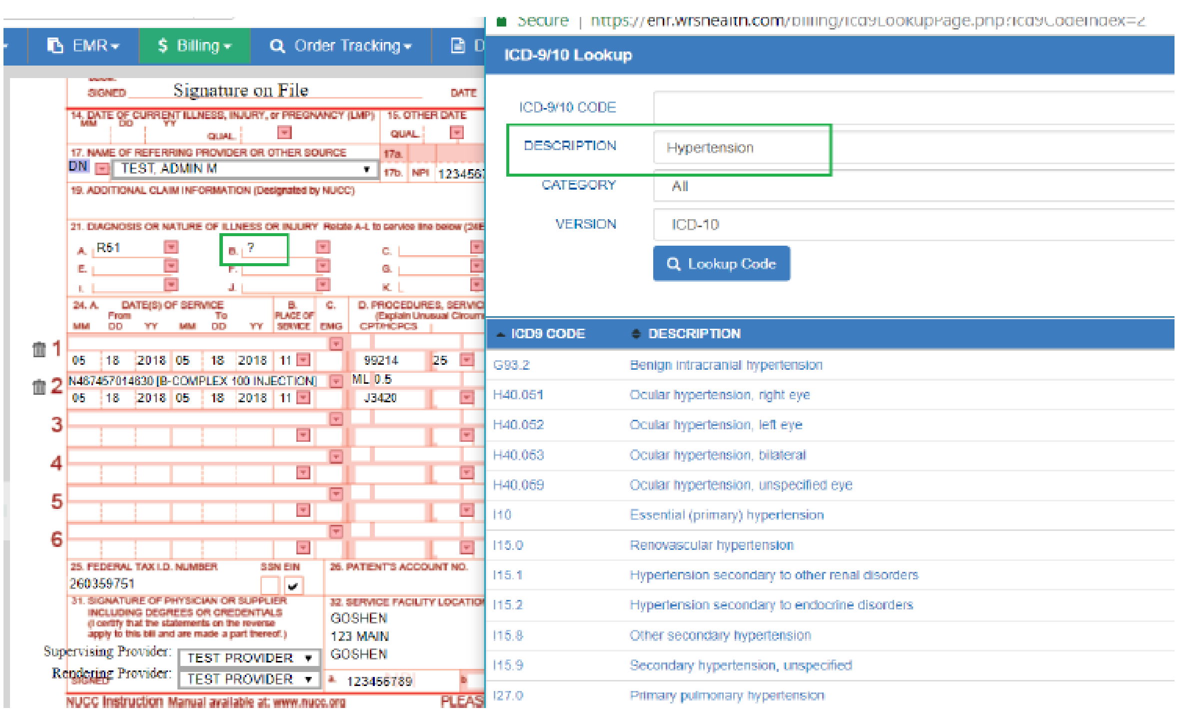
12. **Box 23** – you can enter the REFERRAL; AUTHORIZATION; CLIA# in this box


14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL.
15. OTHER DATE QUAL.
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
DN TEST, ADMIN M
17a.
17b. NPI 123456789
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. R51
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
CLIA21H121222
ENTER YOUR OWN NUMBER
ADD NEW REFERRAL
ADD NEW AUTHORIZATION NUMBER
1 05 18 2018 05 18 2018 11 99214 25 A
2 N467457014630 [B-COMPLEX 100 INJECTION] ML 0.5
05 18 2018 05 18 2018 11 J3420 A 20.00 1 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 260359751
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? YES NO
28. TOTAL CHARGE 320.00
29. AMOUNT PAID $ 0
30. Rsvd for NUCC Use
Supervising Provider: TEST PROVIDER
Rendering Provider: TEST PROVIDER
32. SERVICE FACILITY LOCATION INFORMATION
GOSHEN
123 MAIN
GOSHEN NY 10924-1234
a. 123456789
33. BILLING PROVIDER INFO & PH # (973 473 4040
ADVANCE ANKLE, FOOT AND PAIN
12345 COXVILLE BUILDING
TAMPA FL 07010-1234
a. 1841490061 b. 260359751
NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

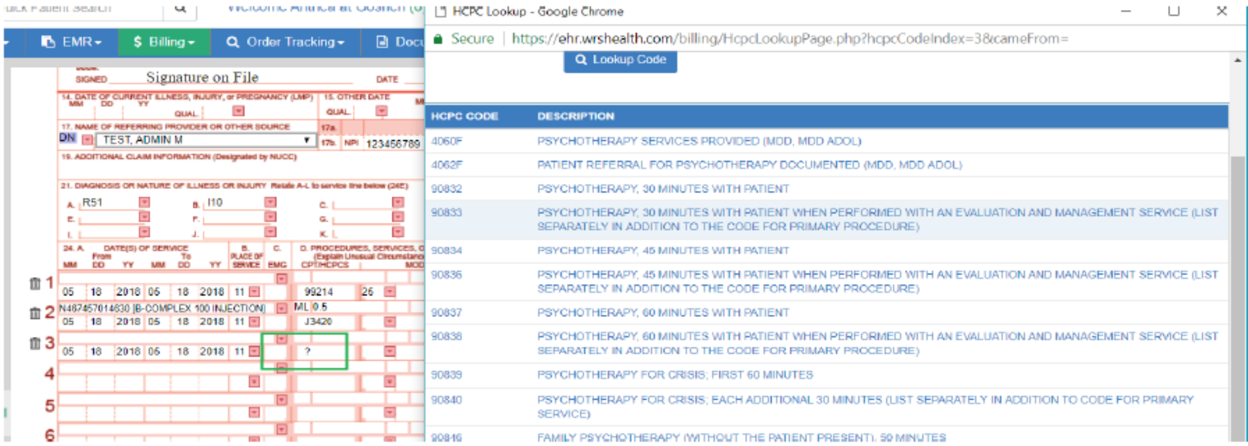
13. **Box 24** – above the Date of Service; click the dropdown above the DOS for the NDC Code



14. **Box 21** – ICD Code; type "?" to pull the ICD 9/10 Lookup



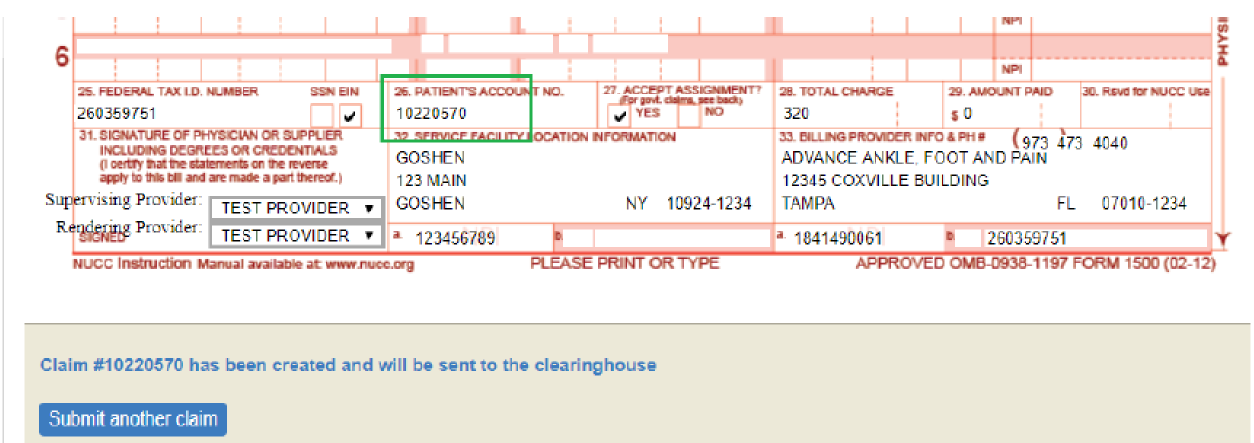
15. **Box 24D** – CPT Code; type "?" to pull the CPT Lookup



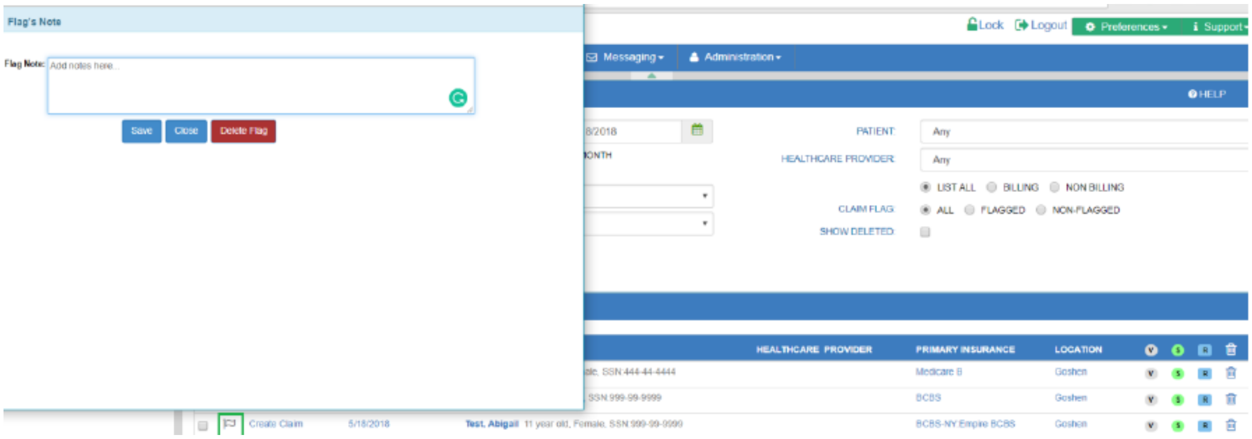
16. Click **Verify and Submit Electronically** to send the claim to the clearinghouse

17. Click **Verify and Drop to Paper** to print a paper claim; send to HOLD Queue to put claim on hold

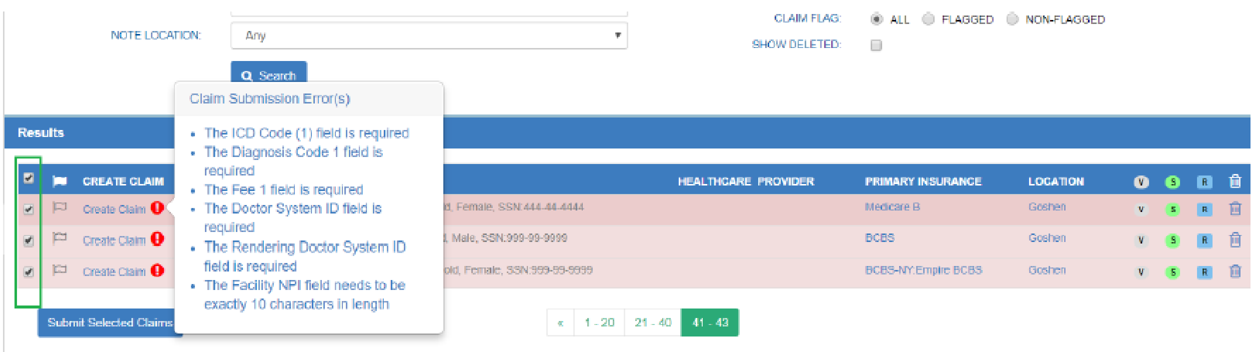
18. **Box 26** – a unique claim# gets generated in BOX 26 after a claim is created. The claim# used to pull up the claim in WRS



19. **FLAG** – Select the flag icon to pull the Flag Note. You can enter your notes here > click Save



20. You can submit multiple claims. Check the box beside the flag > Select **Submit Selected Claims**



NOTES

- *Review the appointment list. This contains the patients scheduled to specific providers and locations. Front Desk performs the check in and check out workflow*
- *When the option MOVE TO EXAM ROOM is clicked the system automatically prepares the EMR NOTE. The CPT, Modifier, ICD Codes entered in the superbill, in the EMR Note, will then automatically populate in the CMS 1500/claim Form*
- *Non-Billable line items are prescription notes, phone scripts; notes created for documentation purposes only*
- *The system will give you claim submission error warning message when there is something missing from the claim*