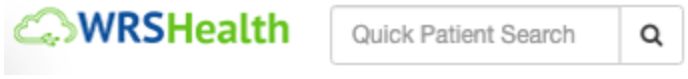
Manual Claims Creation

GO TO

RECENTLY VIEWED PATIENTS OR QUICK PATIENT SEARCH

OR



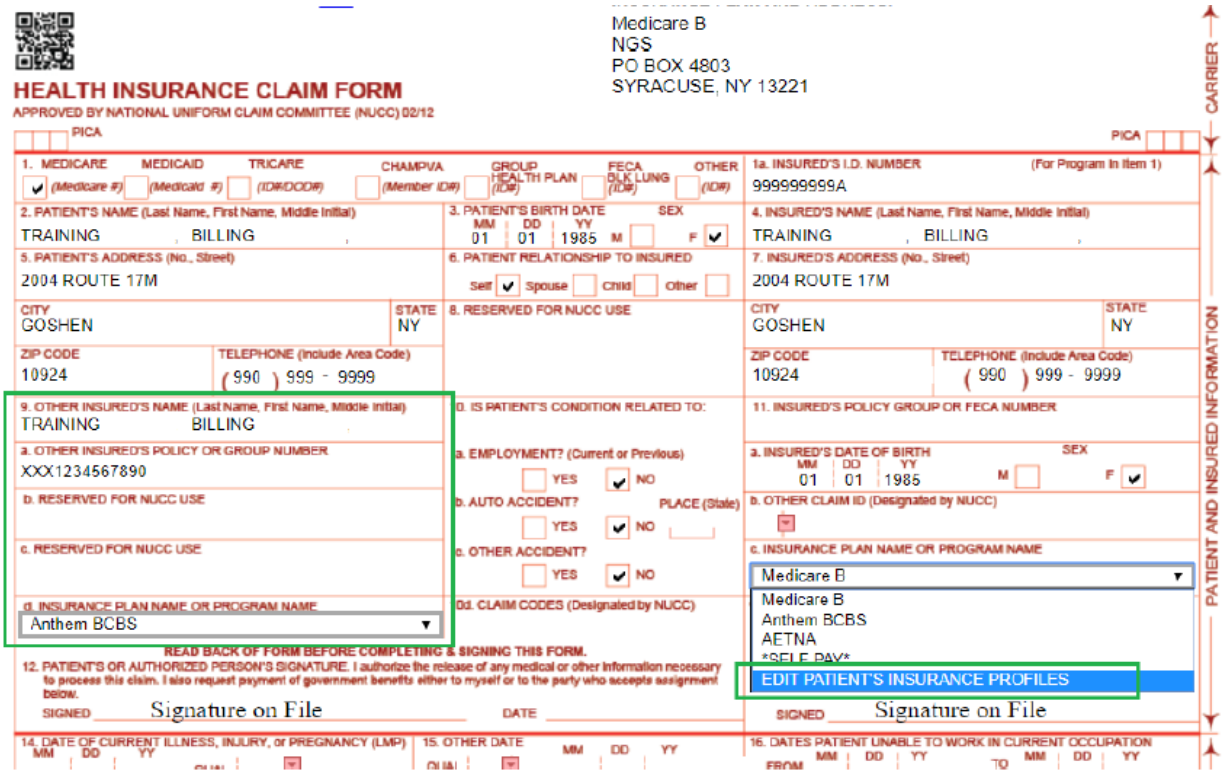
STEPS

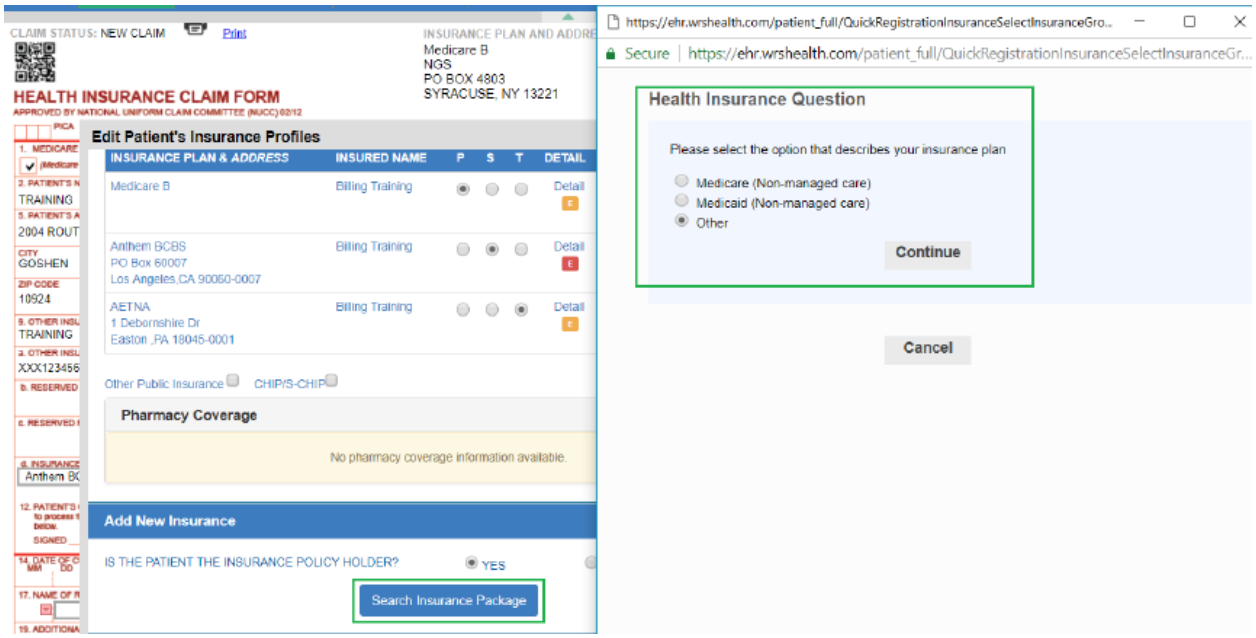
1. Scroll over Patient's Name > Create New Claim

2. OR Right Click Patient's Name > Create New Claim

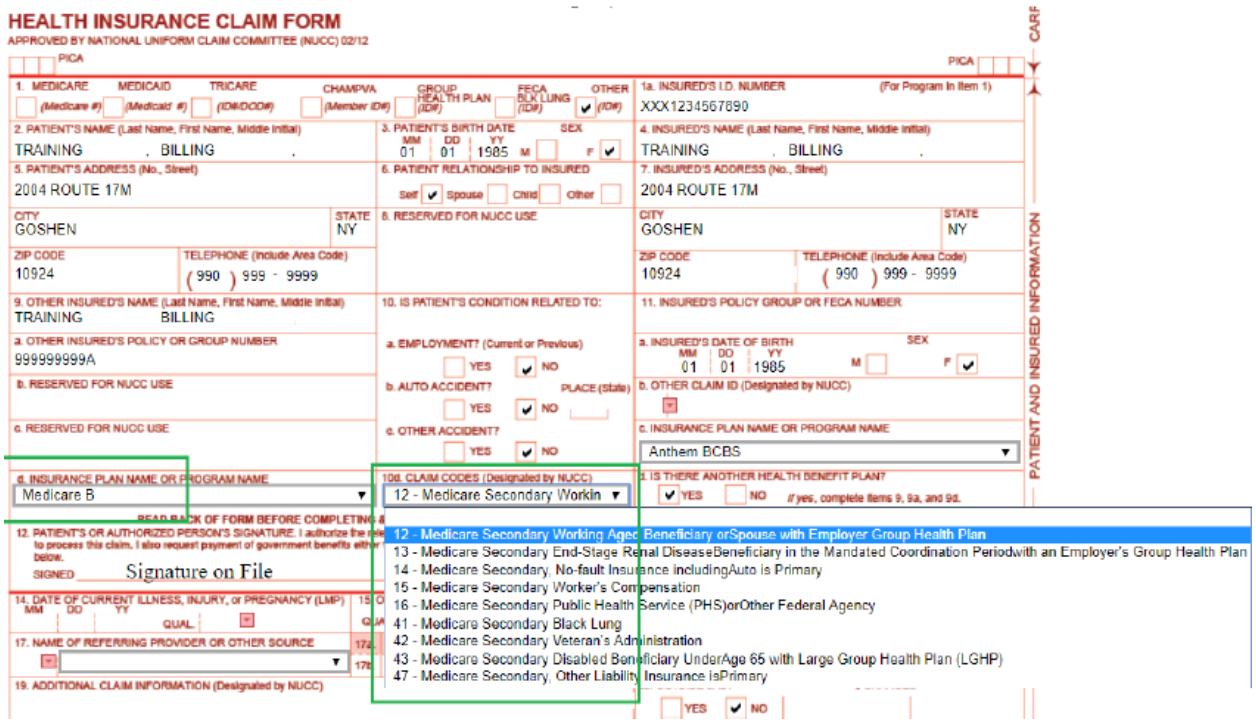
3. This will populate a CMS 1500 with the patient's demographic and insurance information
4. **Box 11C** – Primary Insurance; if you need to change the primary insurance or update the member ID, click BOX 11C > Edit Patient's Insurance Profiles

5. **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



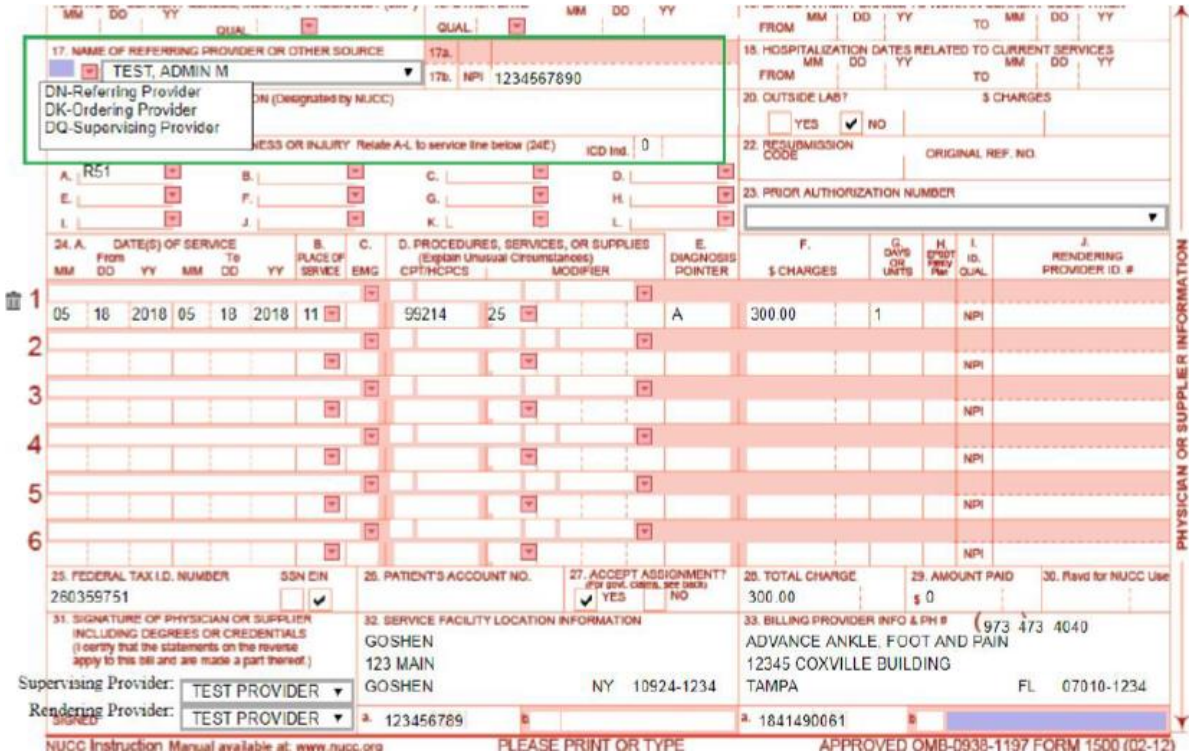


6. **Box 10D** – If Medicare is Secondary > click BOX 10D to indicate the reason as to why Medicare is secondary

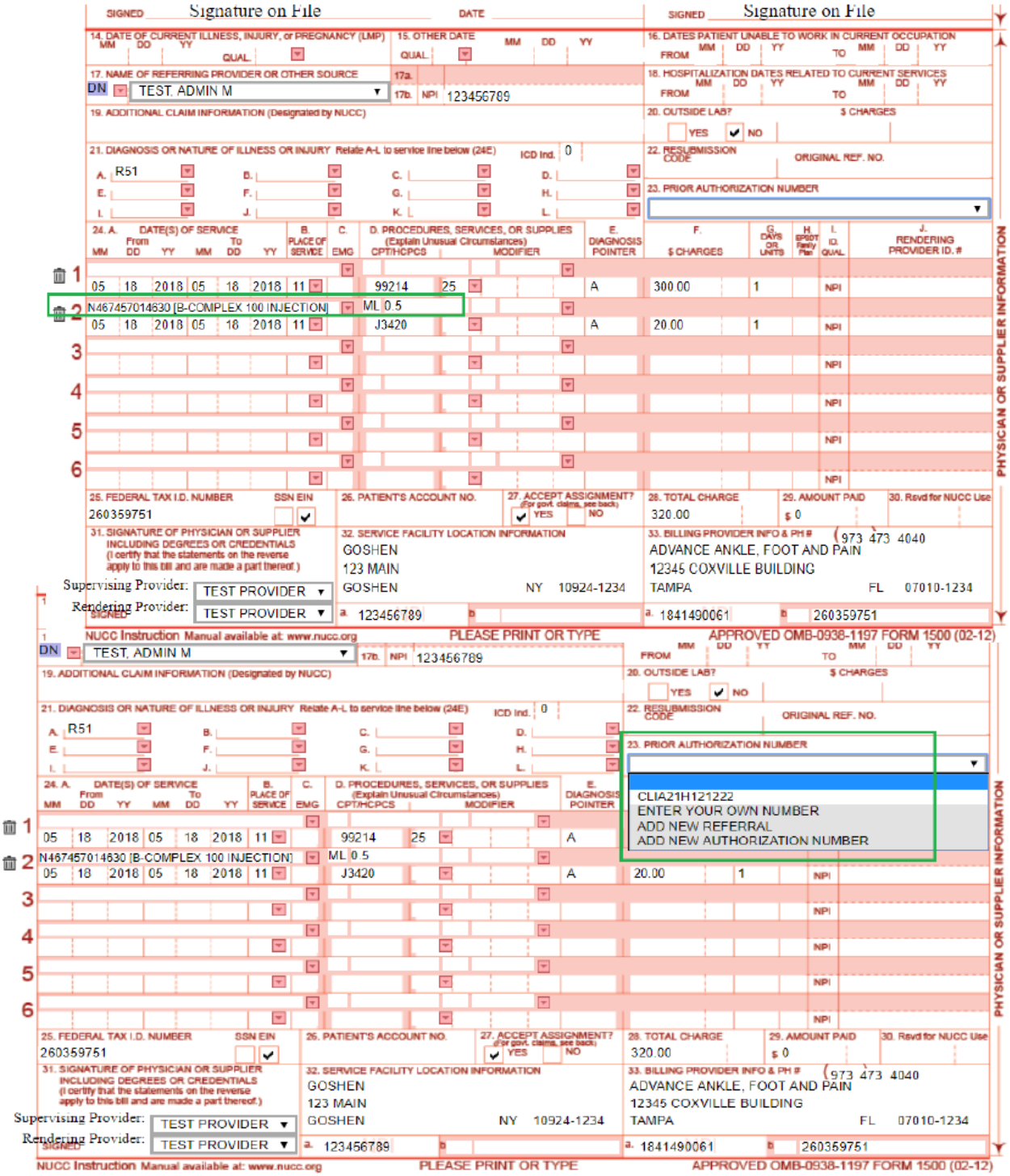


7. **Box 17** – choose the correct provider qualifier

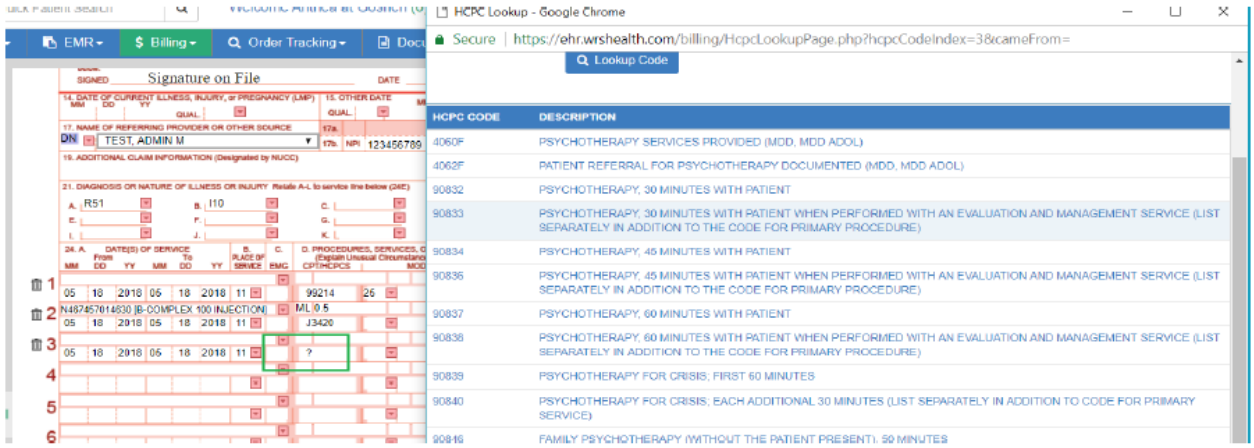
   DN – Rendering Provider; **DK –** Ordering Provider; **DQ –** Supervising Provider



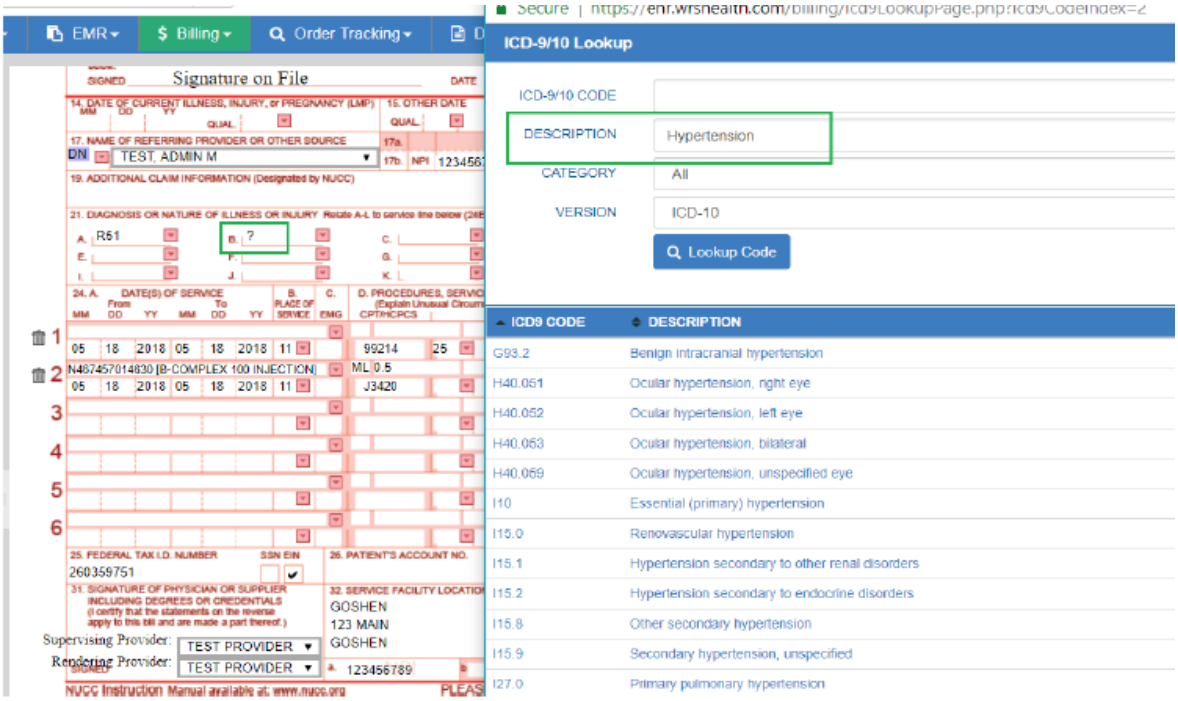
8. **Box 23** – you can enter the REFERRAL; AUTHORIZATION; CLIA# in this box
9. **Box 24** – above the Date of Service; click the dropdown above the DOS for the NDC Code



10. **Box 21** – ICD Code; type "?" to pull the ICD 9/10 Lookup
11. **Box 24D** – CPT Code; type "?" to pull the CPT Lookup

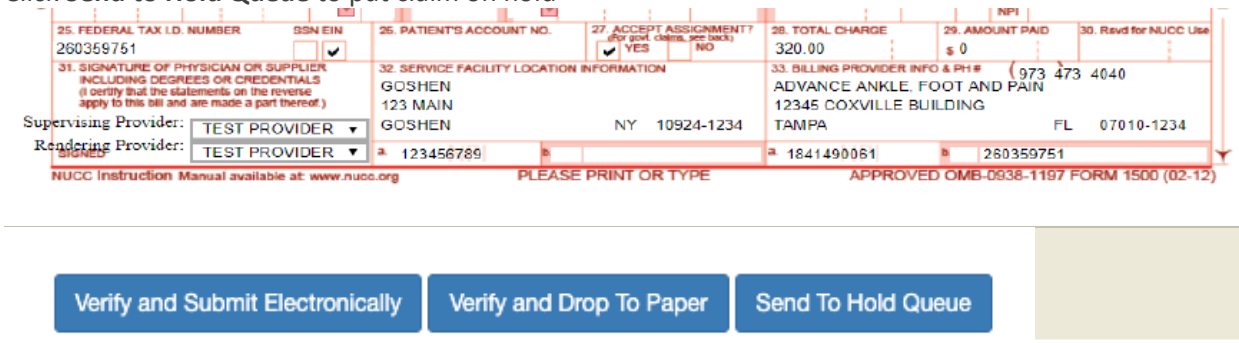


12. Click **Verify and Submit Electronically** the system will 'Verify' by doing an LCD Check or Local coverage decision. This checks that the inputted CPT code can be used with the entered ICD code. It also puts the claim through the CCI (Correct Coding Initiative) edits and then submits it electronically send the claim to the clearinghouse

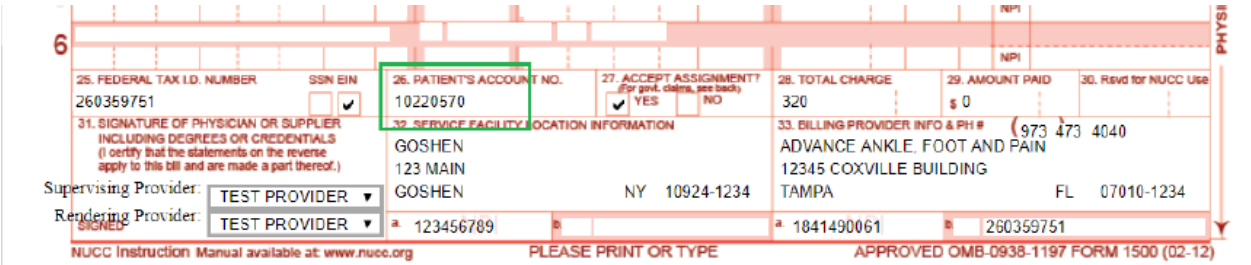


13. Click **Verify and Drop to Paper** It will print a black and white version of the CMS 1500 (You can also load the Red & White paper into your printer).

14. Click **Send to Hold Queue** to put claim on hold



15. **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



NOTES

- *All claims submitted during the day will be sent over to the clearinghouse at midnight*