

EZClaim 8 ANSI 837 User Guide

Last Updated: February 2011
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EZClaim Medical Billing Software

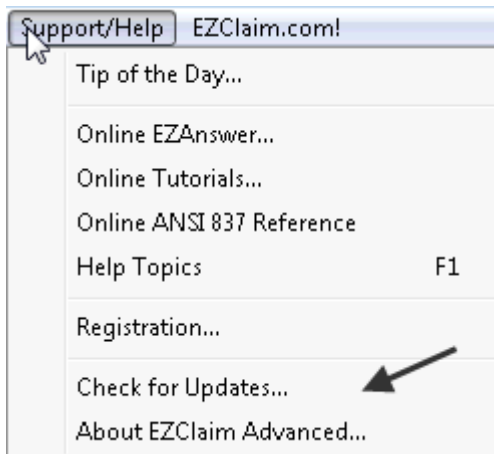
Electronic Claims Using the ANSI 837 Format – User Guide

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

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

Program Updates

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



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 & Zip
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 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 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.

Sample Claim

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

Confirm the Payer ID# has been entered in Payer Library.

MEDICARE
555 MAIN STREET
ANYTOWN MI 55555

1500

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE <input checked="" type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 987654321	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BROOKS PATIENT D		3. PATIENT'S BIRTH DATE MM DD YY 03 21 66 SEX M <input type="checkbox"/> F <input type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) BROOKS PATIENT D		5. PATIENT'S ADDRESS (No., Street) 121212 S MAIN AVE	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 121212 S MAIN AVE	
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		CITY STATE ANYWHERE NY	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
11. INSURED'S POLICY GROUP OR FECA NUMBER		11. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 12 29 10		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 11 12 10		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. L3004 3. L6784		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
2. L2964 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER		23. PRIOR AUTHORIZATION NUMBER 123456789012	
1 12 29 10 12 29 10 11 90806 13		F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM CODE I. QUAL. J. RENDERING PROVIDER ID. #	
2 100.00 1 NPI 5678901234			
3			
4			
5			
6			
25. FEDERAL TAX I.D. NUMBER SSN EIN 123456789 <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 12348	
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 100.00 29. AMOUNT PAID \$ 20.00 30. BALANCE DUE \$ 80.00	
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.) DOCTOR A SMITH SIGNATURE ON FILE SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____	
33. BILLING PROVIDER INFO & PH # () ABC COMMUNITY HEALTH 906 DUNE STREET ROCHESTER NY 98765		a. 0987654321 b. _____	

Date of Current – Usually required by Medicare. Situational for other Payers.

ANSI 837 Electronic Claims Data Entry

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

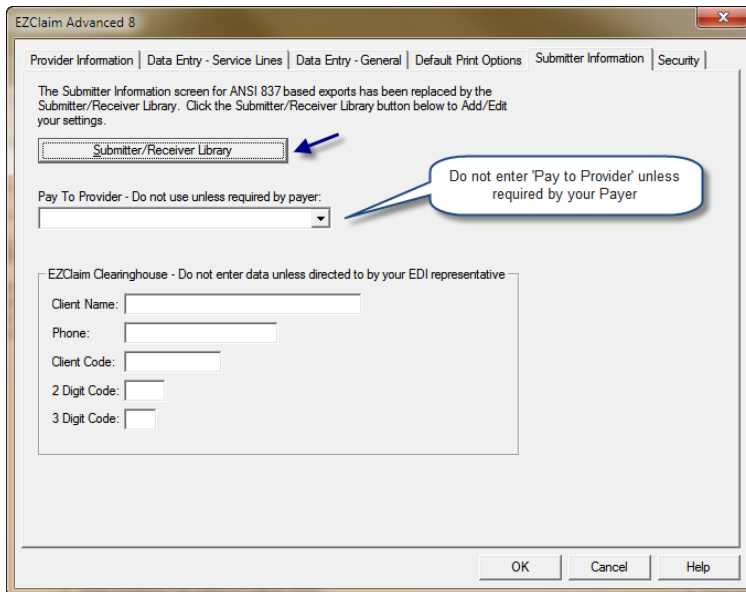
- Do not use words such as “Same” “None” or “N/A”. Use only valid data in fields.
- Do not use MR., MS. or other prefixes. Do not use DR. MD, OD etc. A provider is identified by their NPI or Provider number.
- Unless required by your insurance carriers do not use any special characters such as hyphens,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

Submitter/Receiver Information – Step 1

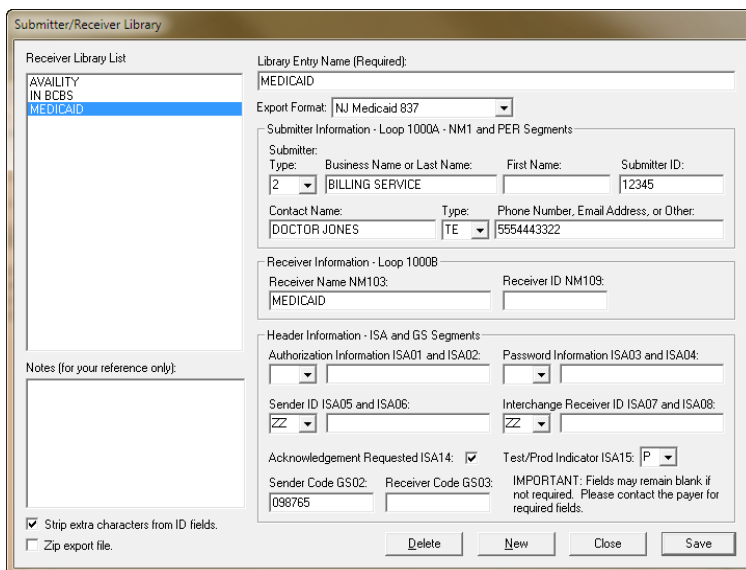
Options>Submitter Information

Note: Go to <http://www1.ezclaim.com/edi/payerlist.asp> for information re a specific payer.

1. Click on ‘Submitter/Receiver Library button’ to open your Submitter/Receiver Library.
2. Do not enter ‘Pay to Provider’ unless required by your insurance company or claims will reject.



3. To ‘Add’ a new library entry, click on ‘New’, enter all required data and then click on ‘Save’.
4. To ‘Edit’ an entry, highlight the entry on the left, make changes and then click on ‘Save’.
5. When finished, click on ‘Save’ and then ‘Close’.



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.
- **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.

Payer Library – Step 2

Payer Library Icon

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

The screenshot shows the 'Payer Library' application window. On the left, there is a table with columns: Name, Address, ST, Payer ID, and Ins. Type. The 'BLUE CROSS' payer is selected. On the right, there is a form for editing the selected payer. The form fields are: Payer Name (BLUE CROSS), Payer ID (33333), Street Address 1 (557 MAIN STREET), Street Address 2, City/State/Zip (ANN TOWN MI 49900), Telephone, Ins. Type Code (GP), and Claim Office Num. There are also checkboxes for 'Additional Program Settings' and a 'Save' button at the bottom.

Name	Address	ST	Payer ID	Ins. Type
AETNA			55555	C1
BLUE CROSS	557 MAIN STREET	MI	33333	GP
GLOBAL HEALTH			44444	C1
MEDICAID	4444 HIGHWAY	ND	33344	MC
MEDICARE	555 MAIN STREET	MI	66666	12

Add Payer Information to Library

1. Enter name of Insurance carrier.
2. Enter Payer ID# in 'Payer ID' field.
3. Address is only required for paper claims.
4. Using the dropdown arrow select '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.

Physician, Organization and Facility Library – Step 3

Physician/Facility Library Icon

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

Classification

The 'Classification' determines in which selection list the name will appear. For example, if you select 'Billing', the name will only show in the Billing selection drop down (Box 33 on the 1500 form).

Billing Provider Information (Box 33 on CMS 1500 form)

- Enter the Name of Provider, Agency or Business Name.

Physician, Organization and Facility Library

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

ABC COMMUNITY HEALTH - Billing
BILLING PROVIDER - Billing
DME PROVIDER - Ordering
DOCTOR SMITH - Rendering
MEDICAL GROUP - Facility
REFERRING PROVIDER - Referring

Full Name (Required)
ABC COMMUNITY HEALTH

Classification: Billing

Type: Person Non-Person

Last Name if Person or Organization Name if Non-Person
ABC COMMUNITY HEALTH

First Name: Middle:

Address Line 1: 906 DUNE STREET
Address Line 2: SUITE 201

City, State, Zip: ROCHESTER NY 98765

Telephone: Fax:

Email:

NPI 0987654321 Taxonomy Code: 1234567890

Tax ID Type: Tax ID:
24 Tax ID Number 123456789

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
Del	MEDICAID - 4444 HIGHWAY - 33 Medicaid Number-ID	987654

Delete Library List Report Library Usage Report New Close Save

Use dropdown arrow to select Classification type

Click in blank line to bring up selection arrow.

1. Classification, select 'Billing'.
2. Type, select **Person or Non-Person** depending on the billing provider entry.
3. Enter 'Organization' name or 'Last Name' and 'First Name' if person.
4. Enter Address information.
5. Enter Individual or Organizational NPI number.
6. Using the dropdown arrow, select 'Tax ID Type' and enter number.
7. **Situational:** Enter Taxonomy Code if required by your insurance company.
8. **Situational:** 'Additional ID Numbers'. Select Payer by clicking in the blank line. Continue entering ID Type and either the providers Individual or Group ID Number.

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

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.

Enter First and Last name in 'Full Name (Required)' field.

Physician, Organization and Facility Library

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

- ABC COMMUNITY HEALTH - Billing
- BILLING PROVIDER - Billing
- DME PROVIDER - Ordering
- DOCTOR SMITH - Rendering**
- MEDICAL GROUP - Facility
- REFERRING PROVIDER - Referring

Full Name (Required)
DOCTOR SMITH

Classification: Rendering

Type: Person 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:

Telephone: Fax:

E-Mail:

Notes:

NPI: 5678901234 Taxonomy Code:

Tax ID Type: Tax ID:

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
Del		

Delete Library List Report Library Usage Report New Close Save

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

Facility Information

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

1. Enter Facility Name in 'Full Name (Required)' field.
2. Classification, select 'Facility'.
3. Type, select Non-Person.
4. Enter Facility Name and Address information.
5. 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. Type, select Person.
4. Enter Last name and First name.
5. Enter NPI number.
6. Click on 'Save'.

Patient/Insured Info Screen – Step 4

- Do not use initials or credentials. MR., MS., DR., MD, INC. etc.
- Do not use words such as 'SAME' or 'NONE' or 'N/A'.
- **NOTE:** Refer to a CMS-1500 form for Box numbers.

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat.	Perm Sta.	Patient Group	Printed	Exported	Ready to...	Secondary	Claim ID	Archived	Pa
PATIENT - BROOKS, PATIENT D	11/17/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm.	GENERAL GROUP			Yes	No	174	No	1
PATIENT - SAMPLE, MIKE S	12/15/2010		\$100.00	MEDICARE	Not Paid	Not Perm.	SAMPLE GROUP			Yes	No	181	No	2
SECONDARY - SECONDARY, SUSAN S	12/14/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm.	SECONDARY			Yes	Yes	173	No	3

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 – Box 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.

Physician/Diagnostic Info Screen – Step 5

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat.	Perm Sta.	Patient Group	Printed	Exported	Ready to...	Secondary	Claim ID	A
BROOKS, PATIENT D	12/15/2010		\$100.00	MEDICARE	Not Paid	Not Perm.	GENERAL GROUP			Yes	No	188	
BROOKS, PATIENT D	1/17/2011		\$100.00	MEDICARE	Not Paid	Not Perm.	GENERAL GROUP			Yes	No	187	
PATIENT - SAMPLE, MIKE S	12/15/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm.	GENERAL GROUP			Yes	No	174	

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 and 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 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.

Payers and Others Info Screen – Step 6

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat.	Perm Sta.	Patient Group	Printed	Expoted	Ready to...	Secondary	Claim ID	Archived	Fil
PATIENT_GEO...	11/11/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm...	GENERAL GROUP			Yes	No	174	No	1
SAMPLE_MIR...	12/15/2010		\$100.00	MEDICARE	Not Paid	Not Perm...	SAMPLE GROUP			Yes	No	181	No	2
SECONDARY...	12/14/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm...	SECONDARY			Yes	Yes	173	No	3

Primary/Destination Payer

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

Secondary/Other Payer

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

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

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

New Charges Screen (Loop 2400) – Step 7

Box 21 – Required - Diagnostic codes.

Box 24A – Required - Click on the calendar to select 'Date of Service'.

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat	Perm Sta	Patient Group	Printed	Expoted	Ready to	Secondary	Claim ID	Archvied	Pat
BROOKS, PATI	12/29/2010		\$100.00	MEDICARE	Not Paid	Not Perm.	GENERAL GROUP			Yes	No	184	No	
PATIENT, GEOR	11/11/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm.	GENERAL GROUP			Yes	No	174	No	1
SAMPLE, MIKE	12/15/2010		\$100.00	MEDICARE	Not Paid	Not Perm.	SAMPLE GROUP			Yes	No	181	No	2
SECONDARY, ...	12/14/2010		\$100.00	BLUE CROSS	Not Paid	Not Perm.	SECONDARY			Yes	Yes	173	No	3

Enter charges and other service line information.

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

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

DME, Ambulance and Chiropractic ANSI 837 Screens

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

- Ambulance
- Chiropractic
- DME/CMNs

The screenshot shows a medical billing software interface. At the top, it displays patient information: Patient/Insured Info | Physician/Diagnostic Info | Payers/Other Info | New Charges | Charges: 1/11/2011 \$100.00 | Charges: 12/16/2010 \$100.00. Below this, there are fields for Patient Name (BROOKS, PATIENT D), Claim ID (187), and Date of Current (1/9/2011). A calendar view shows the months of December 2010 and January 2011. There are also fields for Rendering Provider (RENDERING DOCTOR) and Service Facility. A table of charges is visible, with columns for Del, From, To, Place EMG, Procedure Code, Modifiers, Diag Code, Line #, Charge, Amt, Units, Qual, Rend Prov ID, and CMN. The first row shows a charge of \$100.00 for procedure 09876 on 1/11/2011. At the bottom, there are summary fields for Total Charge and Applied Amt (\$100.00), Total Primary Insurance Payment (\$0.00), and Balance (\$100.00). A reminder note indicates a \$20.00 Co-Pay.

Ambulance Screen

Ambulance Trip Information

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

Three buttons are shown: "Ambulance", "Chiropractic", and "Attach CMN".

Enter codes into dialog box.

The screenshot shows the "Ambulance Information" dialog box. It contains fields for Transport Code, Transport Reason Code, Miles, and Condition Indicator(s). There are also text areas for Round Trip Purpose Description and Stretcher Purpose Description. Below these, there is a note: "The information above is only used for the ANSI 837 electronic billing format. Box 32: Used for paper claims only. Overrides the facility entry." and three input fields labeled Line 1, Line 2, and Line 3. At the bottom, there are buttons for "Set as Default Values", "Copy Previous Values", "Delete", "Cancel", and "OK".

Transport Codes:

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

Transport Reason Codes:

- A Patient was transported to nearest facility for care of symptoms, complaints, or both.
- B Patient was transported for the benefit of a preferred physician.
- C Patient was transported for the nearness of family members.

Condition Indicators:

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 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
- 60 Transportation Was To the Nearest Facility

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.

Box 32 (CMS 1500)

If printing paper claims, information for Box 32 on the CMS-1500 can be entered into this field to facilitate pickup location information without having to enter data into the Physician/Facility library.

Chiropractic Screen

Click on the Chiropractic button.

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

Chiropractic Information

This information is only used for the ANSI 837 electronic billing format.

Treatment Number: Total Number of Treatments in this Series:

Number of Treatments this Month: Time Period for this Series: Units:

Subluxation Level Codes: Acute Manifestation Date:

Nature of Condition: Complication Indicator: X-Rays Available:

Patient Condition Description 1 (80 Characters Max):

Patient Condition Description 2 (80 Characters Max):

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

Treatment Number – CR2 01

The number this treatment is in the series.

Total Number of Treatments in this Series – CR2 02

Enter number.

Number of Treatments this Month – CR2 07

The number of treatments rendered in the month of service.

Time Period for this Series – CR2 06

The time period involved in the treatment series.

Units – CR2 05

Use dropdown to select the number of units.

Subluxation Level Codes – CR2 03/04

The beginning and ending level of subluxation.

- C1 Cervical 1
- C2 Cervical 2
- C3 Cervical 3
- C4 Cervical 4
- C5 Cervical 5
- C6 Cervical 6
- C7 Cervical 7
- CO Coccyx
- IL Ilium
- L1 Lumbar 1
- L2 Lumbar 2
- L3 Lumbar 3
- L4 Lumbar 4
- L5 Lumbar 5
- OC Occiput
- SA Sacrum
- T1 Thoracic 1
- T10 Thoracic 10
- T11 Thoracic 11
- T12 Thoracic 12
- T2 Thoracic 2
- T3 Thoracic 3
- T4 Thoracic 4
- T5 Thoracic 5
- T6 Thoracic 6
- T7 Thoracic 7
- T8 Thoracic 8
- T9 Thoracic 9

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

Complication Indicator – CR2 09

A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.

X-Rays Available – CR2 12

A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

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.

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

Att

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

Copying Previous CMNs

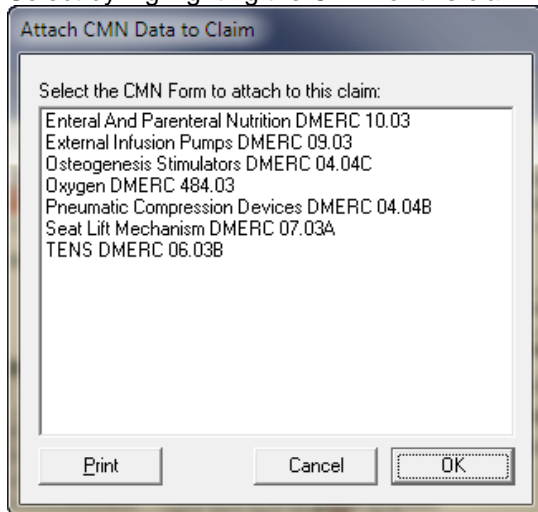
If you check the CMN box on a service line and a CMN is not currently 'attached' to this claim, EZClaim will prompt to copy the previous CMN to this claim. This prevents having to enter the CMN information again.

Attaching a CMN to a Claim

Click on the 'Attach CMN' screen.



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



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

A form titled "External Infusion Pump DMERC 09.03" for data entry. It includes sections for "HCPCS CODE:" with instructions to provide codes and drug names, route of administration (radio buttons 1-4), and method of administration (radio buttons 1-2). It also has fields for "Signed Cert on File" (radio buttons Y, N), "Initial Date", "Revised/Recert Date", and "Signed Date". At the bottom are radio buttons for "Initial", "Renewal", and "Revised", and a "Length of Need (months)" field. "Delete", "Print", "Cancel", and "OK" buttons are at the bottom right.

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 left of the Physician/Diagnostic Info screen (Box 33 on the CMS-1500).

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

Section A – HCPCS Codes – Data is pulled from the CPT/HCPCS column on the charges screen.
IMPORTANT: Only HCPCS codes from service lines that have the 'CMN' box checked will print in this area.

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

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

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


Exporting Claims

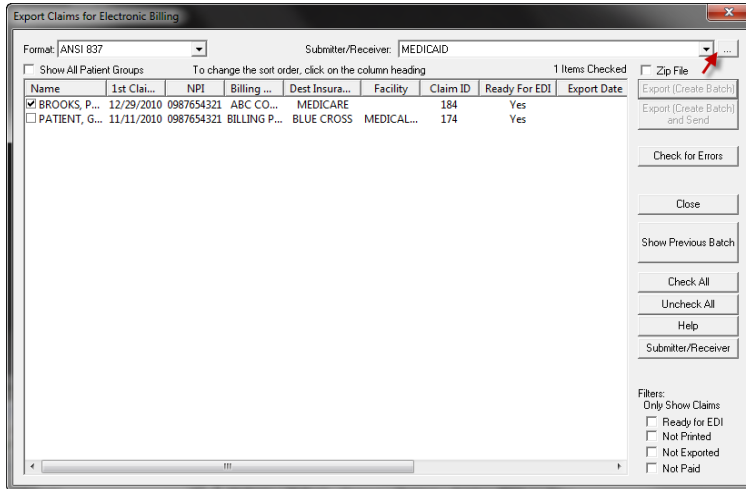
Electronic Claims! Icon the Menu bar

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

Submitter/Receiver Data Entry

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

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



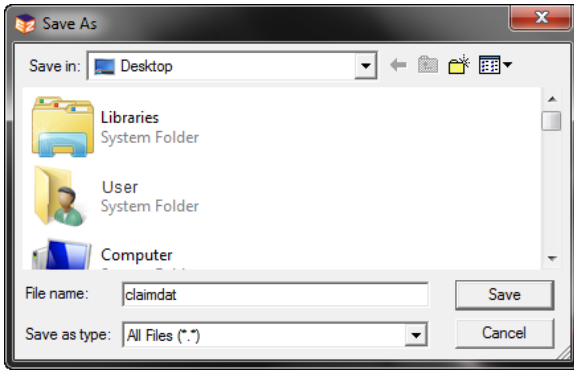
Exporting Claims

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.

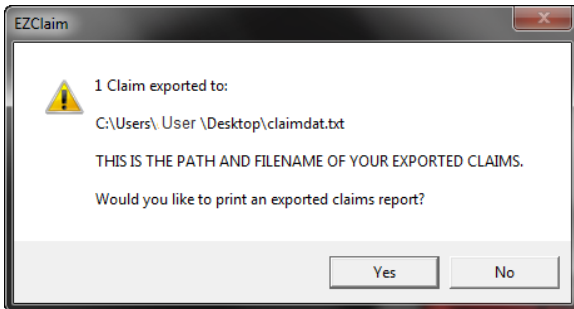
Loop-Seg-Rec	Field Name	Error Description	Current Value
ANSI 837 Analyzer Report Printed: 1/4/2011			
First Claim Date:			
0000A-ISA-08	Interchange Receiver ID	#Missing Data in field: File > Electronic Claims - Receiver ID	Blank
0000B-GS-03	Receiver Code	Missing Data in field: File > Electronic Claims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

6. To view the full analyzed file hold down the Ctrl key and click the Check for Errors button.
7. Return to 'Electronic Claims' dialog box and click on the 'Export (Create Batch and Send) button.
8. In the 'Save As' dialog box, click the 'Save In' dropdown arrow and select 'Desktop' or a location of your choice.
9. By default, file name will be 'Claimdat'. The file name 'Claimdat' should be changed for each submission. Some providers use a Filename based on the date of submission. EX: 010111.txt.

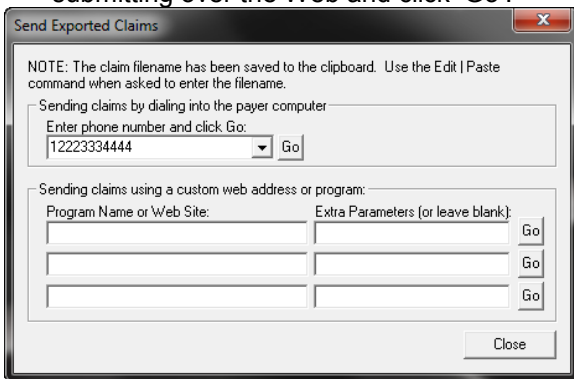
IMPORTANT: If your payer uses a specific file location and file name, follow the payer's instructions.



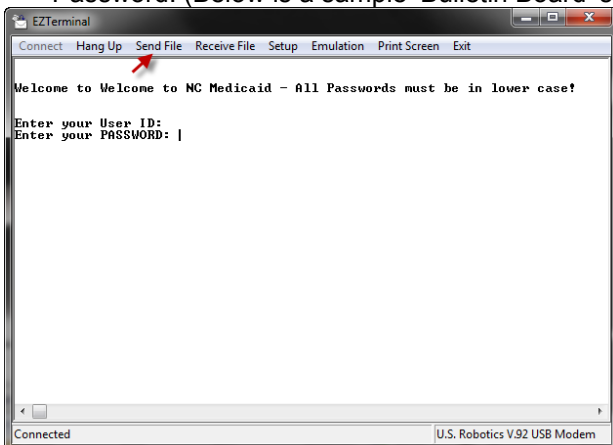
10. Click on the 'Save' button. Please note the full Path and Filename of your batch file.



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

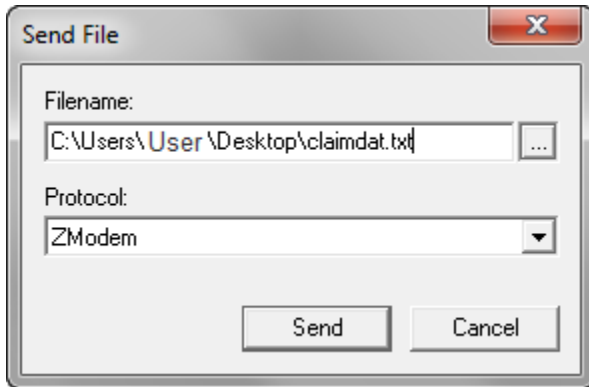



13. If you entered a telephone number, once connected follow payer's instructions for entering Logon ID and Password. (Below is a sample 'Bulletin Board' system. Your Payer may use a different system.)



14. When asked to 'Send' file, click on 'Send File' on the menu bar of the Terminal program.

- 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.)

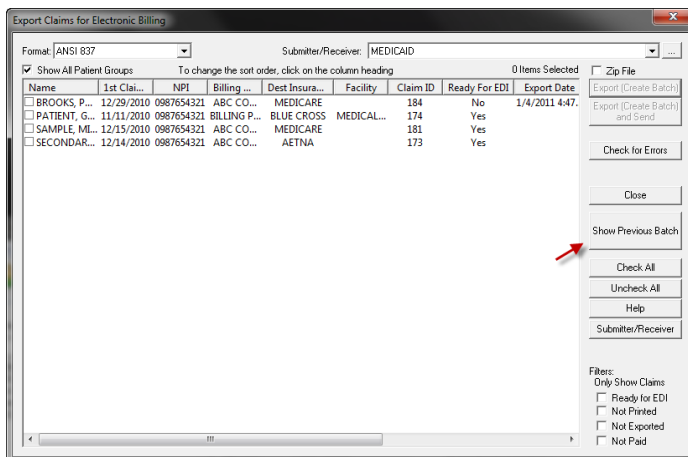


- In 'Send File' dialog box enter 'Filename' by right clicking in the box and selecting 'Paste', or click on  to browse and select your file.
- Click 'Send'.
- Follow payer's remaining instructions.

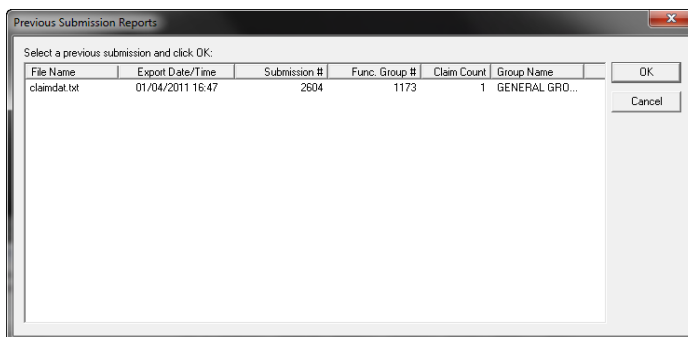
Re-Exporting Claim Data

Selecting Previously Submitted Claims

Click on the 'Show Previous Batch' button.



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

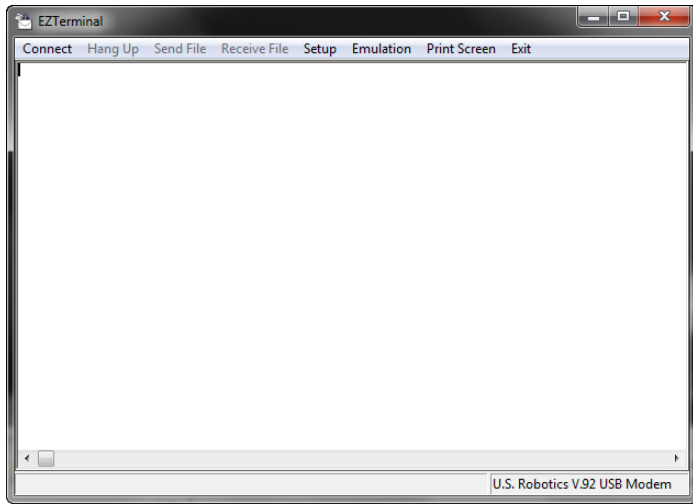


- Select by clicking the check box(s) or use the 'Check All' button.
- Click on the 'Export (Create Batch)' or 'Export (Create Batch and Send)' button.
- Re-export claims.

Terminal - Retrieving Reports

Menu Location: File > Terminal Program

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



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

Using the EZTerminal Send File Feature

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

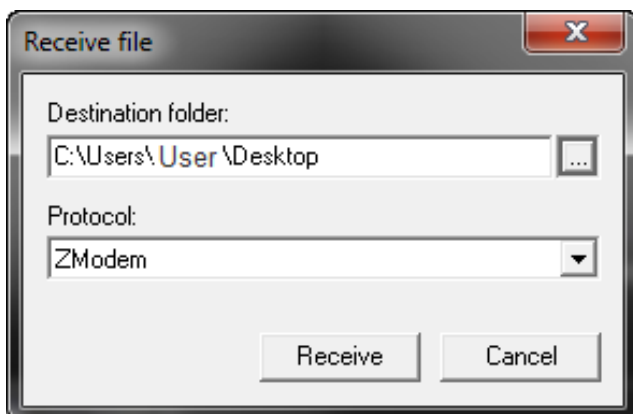
Using the EZTerminal Receive File Feature

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

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

Log into BBS using the carrier's BBS instructions

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



3. Select the file to download. (If there are additional files, you may have to repeat process)
4. Click the 'Receive File' item on the EZTerminal menu bar. A receive box will appear.

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