EZClaim Advanced 9 ANSI 837P

Capario Clearinghouse Manual

EZClaim Medical Billing Software December 2013

Capario Client ID#_____

Capario SFTP Password_____

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 all instructions.
 - Customer will provide tracking form to EDI rep.

3. Submit Claims and Move to Production

- □ EZClaim Rep will schedule an appointment for screen sharing 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.

Note: Once customer has received verbal or written approval, customer will fax or email a notice of the approval to EZClaim Rep.

□ Once test claims are accepted EDI rep moves customer to 'Production' status. Customer submits claims to Capario.

4. Retrieve Reports

Customer retrieves Reports. See page 'Report Overview'

Click on the link below to access the Capario Payer Lists. http://www.capario.com/resource-center/payer-list.aspx

• Click on 'Easy Search Payer List'.



• Use dropdown to select a state for 'State Payers' and/or enter a Payer name in the blank box and then click 'Submit'.

				Sear	ch for a specific Paye	er ID or P field,	ayer Name by ente then click "Submit	ring the info ".	ormation is	1 the text					
					ALL	-			Subm	iit					
Current Listing: A Sort by clicking on c	ALL, Curre column headir	ent Searcl 1gs	h:		ALL Nationwide Alabama Alaska	×									Next
<u>Updated</u>	<u>Par/</u> Non-Par/ Trans	Payer ID	<u>Payer</u> <u>Type</u>	<u>st</u>	Arizona Arkansas California Colorado		Line of Business	EDI Version	<u>NPI</u> Level	Enrollment Authorization	Payer Response Level	Payer Testing Required	Accept COB	Agreement	<u>Notes</u>
	Non-Par	13079	Commercial	MU Alliance Hea	Connecticut		Institutional	4010A1	All_Use		File Level				

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.

Required: You must use a **Capario Payer ID#** for every insurance company you are sending claims. Click on this link and use the <u>http://www.capario.com/resource-center/payer-list.aspx</u> for Payer ID#'s.

Step 1 - Setting up the Payer Library

Payer Library Icon

Payer Library						×
Select a payer to edit						
Select a payer to edit Name BCBS SAMPLE PAYER	Address 6789 HOWELL STREET 456 FRONT STREET	ST Payer ID Ins Type MI 12345 ST Enter Payer ID from the Capario Payer ID list	Payer Name: Payer ID: Street Address 1: City/State/Zip: Telephone: Ins. Type Code: Payer Notes: Additional Prog Suppress ad Ignore the ri Export billing Export/Print Enter a followu	BCBS 12345 6789 HOWELL S' ANYTOWN A	TREET MI 93939 Claim Office Num: paper claims. hen printing or exporting of code even if using a ren acility area when Place of usys after the claim has be ported (leave 0 for no fol	claims. dering provider. : Service is 12. en printed or owup).
			Delete	Report N	New Close	Save

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 Capario Payer ID# in 'Payer ID' field.
- 3. **Ins Type Code**: Select only if sending **Medicare** claims 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 'Save'.

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>.

Billing Provider Information (Box 33 on CMS 1500 form)

Note: Do not use initials or credentials. MR., MS., DR., MD, INC. etc.

()	
Physician, Organization and Facility Library			
Physician/Organization Library Entries:	Use the Tab key to move to the next field. Enter to save.		Use dropdown arrow to
Show: 🖲 Active 🔿 Inactive 🌣 All	Full Name (Required)	N	select Classification type
Filter: Filter Clear	BILLING		
Filter: Filter Clear BILLING - Pay To FACILITY - Facility ORDERING - Ordering REFERING - Retering REFORM Retering THE CENTER - Facility	BILLING Classification: Billing Inactive Type: Person Non-Person Last Name if Person or Organization Name if Non-Person BILLING First Name: JOHN Middle: Address Line 1: J31 SOUTH ST Address Line 2: City, State, Zip: COOPERSVILLE MI 393934441 Telephone: 5556667777 Fax EMait NP: 0987654321 Taxonomy Code: Tax ID: TaxID: TaxID:	5	9 digit Zip Code
	24 Tax ID Number - 222334444		
	Notes:		
	A		
, Additional ID Numbers (Legacy Numbers):	÷		
Payer ID Type	/Qualifier ID Number		
Del			
Delete Library List Report Librar	ry Usage Report New Close Save		

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

,	,
Pay To Prov	ider - Do not use unless required by payer:
	▼
DR BILLING	à

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

Additional ID numbers

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

	Payer	ID Type/Qualifier	ID Number
Del	BCBS - 6789 HOWELL STREE	Blue Shield Number-1B	 345678
		· .	•
I	Delete Library List Repo	t Library Usage Report I	New Close Save

2. Click on 'Save'.

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

Physician, Organization and Facility Library	
Physician, Organization and Facility Library Physician/Organization Library Entries: Show: Active Inactive All Filter: Filter Clear BILLING - Billing Filter Clear BILLING - Pay To FACLITY - Facility ORDERING - Ordering REFERENCE - Defining Referring RENDERING - Referring THE CENTER - Facility	Use the Tab key to move to the next field. Enter to save. Full Name (Required) RENDERING Classification: Rendering Inactive Type: Person C Non-Person Last Name if Person or Organization Name if Non-Person RENDERING First Name: JOHN Middle: J Address Line 1: Address Line 2: City, State, Zip: Telephone: Fax: EMail: NPI 0234567678 Taxonomy Code: Tax ID Type: Tax ID:
	Notes:
Additional ID Numbers (Legacy Numbers):	A 7
Payer ID Type. Del	/Qualifier ID Number
Delete Library List Report Librar	y Usage Report New Close Save

- 1. Enter First and Last name in 'Full Name (Required)' field.
- 2. Select 'Rendering' as 'Classification.
- 3. Select **Person** as Type.
- 4. Enter Last name and First name.
- Enter Individual NPI number.
 Optional: If a Tax ID is required, enter under 'Additional ID Numbers'.
- 6. Click on 'Save'.

Facility Information

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

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

Note: Enter additional Provider and Facility information as required for your claims.

Step 3 - Patient/Insured Info Screen

SAMPLE, PATIENT (Age: 46) - 54321 - PA	ATIENT GROUP 1 - EZClaim Advanced 9 Release 0 71 mil - Toole - Electronic Claimer, View, Sunnet Adult, 57Claim.com	_ • •
New Strength Patient Patient Patient	rind 🔐 Claim 📄 Claim 🕢 Claims 🜮 Library 👷 Division 🍃 Report 🎱 D	ackup 🚺 Exit ata Program
Patient Lot Lot Lot Lot Coupe, PATIENT GROUP 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Patient/Insued Info Physician/Diagnostic Info Payen/Uther Info New Charges Charges 11/7/2013 \$70.00 Medicaid Tricate Charges Group FEEA Other Insued's 10 Number Patient Last Name First Name Mit 2/2/1/957 Copy First Name Insued's 10m Audit Patient Last Name First Name Mit 2/2/1/957 Copy First Name Insued's 10m Audit Patient Address Patient Relationship to Insued Copy Insued's 10m Audit Insued'	, First, MI) ess State [ST one Number 5565-7777
	Other Insued's Policy or Group Number Is Patient's Condition Related To: Insued's Policy Group Number Other Insued's Policy or Group Number Auto Accident C Yes C No Place (State) Sb Reserved for NUCC Use Other Accident C Yes C No [2/21/1967]	porFECA Num. Sex I®M ⊂ F
	Science/eed/or NULL: Use Innuance Plan Or Fri Other Insurance Plan Name or Program Name If Patient's Sig On File Other Insurance Plan Name or Program Name If Patient's Sig On File Patient Notes Pat Bat \$0.00 Patient Notes Pat Bat \$70.00	agram Name ath Benefit Plan? Reflected on Claim ⊂ No IZ Print Form & Data
▶ ► ►	Reminder Note:	
X Name Date SAMPLE, PATIENT 11/7/2013	Bill Date Bad Due Insurance Paid Stat Perm Sta Patient Group Printed Exported Read 3 \$70.00 BCBS Not Paid Not Perm PATIENT GROUP 1 Yo	y <u>fo Secondary Claim ID</u> es No 10
Filters - Only Show Claims: Vot Printer	m d I Not Exported I IV Not Permanent IV Not Paid IV Not Archived	•

• Do not use words such as 'SAME' or 'NONE' or 'N/A'.

Required: Patient name and address information

Required: Insured information is required if 'Insured' is different than the 'Patient'.

Required: Enter Insured ID Number in this format, 2345678. Do not use dashes or punctuation.

Required: Patient's Birth Date

Required: Patient Relationship to Insured

Required: Patient Signature on File

Required: Check 'Insured Signature on File' for payment to be sent to Provider. If not checked, payment will be sent to the Insured.

Box 9b-9c - Reserved for NUCC use. Not used for electronic billing

Other Insured Information.

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

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



Step 4 - Physician/Diagnostic Info Screen

Field Requirements

Required: Billing Provider Info & Phone Number information. Use dropdown arrow to select the Physician/Organization name.

Required: Accept Assignment indicator. 'Yes' or 'No' Required: Physician Signature on File indicator

If required by your Payer, enter the following information.

- Rendering Provider information previously set up in the Physician/Facility Library.
- Date of Current This is the default 'Date of Current' field. Enter a date in this field only if the date is used for <u>all</u> charges for this patient. For Medicare this date cannot be same as first date of service.
- Referring or Ordering Provider
- Facility Information Do not enter facility information unless Facility data is different from Billing information or Place of Service is a 12 or required by your insurance company.

S New 😣 Patient 🗿 Patient	Find I Find New Delectronic 🌮 Pa Patient I Claim Claims Find Lil	ayer 🧟 Physician 🍺 Report 👔 brary 🛃 Library 📄 List	Backup Data Dot Exit
atient List 💷 🗷	Patient/Insured Info Physician/Diagnostic Info Payers/Other Info New C	Charges Charges: 11/7/2013 \$70.00	
oup: PATIENT GROUP 1 🔄 🍣	Click to Select Primary Payer	Clear Secondary Click to Select	Secondary Payer
Ame DOB AMPLE, PATIENT 2/21/1967	Primary Payer (ID): (12345) BCBS Address 1: 6789 H0VvELL STREET Address 2: Cty, ST, Zip: Address 2: AVYTOWN MI 99999	Secondary Payer (ID): Address 1: Address 2: City, ST, Zip:	
	Primary Claim Filing Ind: BL 💌	Sec. Claim Filing Ind:	
		Secondary/Other Insured's ID:	
		Patient Relationship to Other Insured	
		Other Insured's DOB Sex	
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	EDI Notes Optional Billing Data Misc Patient Data Provider ID Numbers	s Indicators Print Options Contact Info	-
	EDI Notes Optional Billing Data Misc Patient Data Provider ID Numbers EDI Claim Note. IT Include Notes With EDI File	s Indicators Print Options Contact Info	
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Name Date SAMPLE, PATIENT 11/7/20	EDI Notes Optional Billing Data Misc Patient Data Provider ID Numbers EDI Claim Note. Include Notes With EDI File	s Indicators Print Options Contact Info	Lock Record Patient Is Active

Step 5 – Payers/Others Info Screen

Primary/Destination Payer

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

Secondary/Other Payer

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

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

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

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

Step 6 - New Charges Screen

Image: Dodge in the Physics Viagoonto Into J Physics Viagoonto Into Viagoonto Viagoonto Into J Physics Viagoonto In	New & Patient A Fi Patient & Template A Fi	nd 🔐 Find Determine 🧬 Payer hysician 🍃 Report 🗿 Backup 🧕 Electronic 🧬 Payer hysician 🍃 Report 🎒 Backup 🧕 Electronic Program 🗖
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Name Date Bill Date Bill Date Bill Date Insurance Paid Stat Paim Sta Patient Group Printed Exported Ready to Secondary Claim ID SAMPLE_PATIENT 11/7/2013 170.00 BCBS Not Peen PATIENT GROUP 1 Vee Na 10 SAMPLE_PATIENT 12/11/2013 125.00 BCBS Not Peen PATIENT GROUP 1 Vee Yee 11	· · ·	Or ill Pert Bollo in the Amourt Pad field Total Drage and Applied Ant \$270.00 \$30.00 Balance \$370.00 Use Insurance Orange Balance Total Prisary Insurance Pagesert \$50.00 Line Court 2 Preminder Note:
Name Date Date Data Date Data Date Instruction Phat Star, Phane Star, Phane Date Data Data Depart of the secondary Data Data D		
	SAMPLE, PATIENT 11/7/2013 SAMPLE, PATIENT 12/11/201	I Indide Lapole Insurance Particle,

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

Diagnosis Codes: A. 3004	B. 4610	C. 53	52 D.	E.	F.	
ICD Ind. 🔋 💌 G.	Н.	I. 🗌	J. 🗌	К.	L.	
Initial Ch. 0 ICD-10			A	\$0.00 \$0.00	1	
a ico-a	Procedure		Dian Code	Applied	FPSDT	Print/F

Required: Diagnosis codes.

Required: Enter the diagnostic code pointers (ABCD etc.) on the charges line. Do not use the actual diagnosis code in this box, 24E, only pointers. Enter no more than four DX pointers on each service line. Required: Place of Service, must use 2 digits.

Below are the most commonly used codes.

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 24 Ambulatory Surgical Center
- 41 Ambulance (Land)
- 99 Other Unlisted Facility
- Required: Procedure Codes

Situational: Rendering Provider: This data is pulled from the Rendering Provider information which has been selected on the Physician/Diagnostic Info tab. If Rendering Provider information has not been selected on the Physician/ Diagnostic Info tab, use the dropdown arrow to select the Rendering Provider previously set up in the Physician/Facility Library.

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

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

Step 7 – Sample Claims

If you have not yet faxed 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.

Step 8 - Uploading Claims to the Clearinghouse



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

Step 9 - 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!

Export Claims for E	Electronic Bil	ling							×
Format: Capario S	ecure 837 501	0	- 1	•					
Show All Patier	nt Groups	To cha	inge the sort (order, click on the (column head	ng		0 Items Selected	
Name	1st Clai	NPI	Billing	Dest Insura	Facility	Renderi	Claim ID	Ready For EDI	Send
SAMPLE, P	11/7/2013	0987654321	BILLING	BCBS			10	Yes	Get Reports
									Capario FTP
									Check for Errors
									Detailed View
									Close
									Show Previous Batch
									Check All
									Uncheck All
									Help
									Filters: Only Show Claims Ready for EDI Not Printed Not Exported
•								4	🔲 Not Paid

- 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.

Export Claims for I	Electronic Bil	ling							2
Format: Capario S	ecure 837 501	0	-						
🔲 Show All Patier	nt Groups	To cha	ange the sort o	order, click on the	column headi	ng		1 Items Checked	
Name	1st Clai	NPI	Billing	Dest Insura	Facility	Renderi	Claim ID	Ready For EDI	Send
SAMPLE, P	11/7/2013	0987654321	BILLING	BCBS			10	Yes	Get Reports
									Capario FTP
	E7Claim							n 7	Check for Errors
	LZCIaim								Detailed View
		No errors fo	ound by EZC	laim's Analyzer p	orogram.				Close
		Please note data from a errors, miss	that EZClair vailable segr ing segment	n's analyzer prog ments and does errors or other o	jram checks not catch in lata that ma	only for miss valid structure y be required	ing e by		Show Previous Batch
		the insuran	ce company						Check All
		If you would	d like to see 'Check for F	the full analyzed	results, hold	the Ctrl key	while		Uncheck All
		chenning the	encention						Help
							ОК		
									Filters: Only Show Claims
									Ready for EDI
									Not Printed
•		111						4	Not Paid

- 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.

Ext	ort Claims for E	ectronic Bil	lina								×
F	ormat: Capario Se	ecure 837 501	0	•							
	Show All Patier	nt Groups	To cha	nge the sort o	order, click on the	column headir	g		1 Items Checker	±	
	Name	1st Clai	NPI	Billing	Dest Insura	Facility	Renderi	Claim ID	Ready For EDI		Send
	SAMPLE, P	11/7/2013	0987654321	BILLING	BCBS			10	Yes 🖊	7	Get Reports
											Capario FTP
											Check for Errors
											Detailed View
											Close
										ş	Show Previous Batch
											Check All
											Uncheck All
											Help
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	•		111						4		Not Paid



- 6. Select 'Yes' to print an 'Exported Claims' Report.
- 7. 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 EDI Errors' at end of document..



Step 10 – Reports

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

😨 Secure FTP Transfer - Version 8.10			×
Claim File to Upload	Delete <u>C</u> laim File	Add Claim <u>F</u> iles	
File Name Date Created Claim Count			Upload Claims
	1	1	
Reports (Double Click to View and Print Report) Bold = New Report Backup/Restore Rpt	s Delete <u>R</u> eport(s)	Archive Report(s)	
Date 🔽 File Type 💽 File Name			Download Benorts
12/03/2013 Daily Verification 1111111.2013120311111.REC		7	
12/02/2013 File Verification Report 20131203-222222-555555555AUK			Construction Architecture Reports
12703/2013 TEX DOCUMENT SAMILEOSS.tx			I view Alcrived Reports
			Search Files For:
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			Exit
			-2
			Discourse Octions
Quick View			Flogram Options
Double click the report file to view the contents		A	Test Connection
			Activity Log
			A
		Ψ	
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- 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

- After viewing it is suggested that reports are 'Archived' and not 'Deleted'.
- 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'.

Secure FTP Transfer - Version 8.10	×
	-1
Claim File to Upload Delete Llaim File: Add Claim File:	
File Name Date Created Claim Count	Upload Claims
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Tebrite (Detaile Cleck to Year and Thirk Tebrit	<u></u>
Date File Type File Name	Download Benorts
	View Archived Reports
	Search Files For:

Resubmitting Claims Electronic Billing Icon

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

Export Claims for E	Export Claims for Electronic Billing								
Format: Capario Se	cure 837 501	0	-						
🔲 Show All Patien	t Groups	To cha	inge the sort o	order, click on the (column headi	ng		1 Items Checked	
Name	1st Clai	NPI	Billing	Dest Insura	Facility	Renderi	Claim ID	Ready For EDI	Send
SAMPLE, P	11/7/2013	0987654321	BILLING	BCBS			10	Yes	Get Reports
									Capario FTP
									Check for Errors
									Detailed View
									Close
								7	Show Previous Batch
									Check All
									Uncheck All
									Help
									Filters: Only Show Claims Ready for EDI Not Printed Not Exported
•		111						Þ	🔲 Not Paid

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

P	revious Submissio	on Reports					— ×
	Select a previous su	ubmission and click OK:					
	File Name	Export Date/Time	Submission #	Func. Group #	Claim Count	Group Name	OK
	120313A.txt	12/03/2013 14:10	8	4	1	PATIENT GRO	
							Cancel
	1						

- 3. Claims are now ready to select and resubmit.
- 4. Select by highlighting all claims or individual claims to re-export.
- 5. Click on the 'Send' button.
- 6. Confirm 'Claim File Upload Successful'.

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

Statement Generated Client Number	Tuesday, December 000xxxxxx	28,	2010	12:27:30	PM
Capario File ID File Size	CLM6666666 2020				

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.

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

	SAMI	PLE REC REP	ORT		
	CAPARIO, INC.	(714) 979	-4467		
CAPARIO, Inc <mark>D</mark>	AILY CLAIMS-VER	IFICATION S	tatement		PAGE: 1
<mark>Statement Genera</mark> File Name: IMO8 Client Name : DR Client Number: 9	u <mark>ted: 012/16/08</mark> /1601CLM163354CN / JOHN DOE /9990000	At: 14:44:0 V	9 <mark>Processe</mark>	d: 12/16/2	cessed
SUB Patient Account V102L83415 V98L44351 V102L92180 V98L44351 V101L98455 V104L32475 V104L3377 1 INSURED'S I	ID: [999999] PR Patient Name BEAR,B BIRD,T BUNNY,B CAT,S CHARMING,P CINDERELLA,P COYOTE,W	OVIDER: DOE Date 06/20/08 02/10/08 06/23/08 02/10/08 05/24/08 08/08/08 08/02/08 MISSIN	, JOHN M.D Charge St 37.00 190.80 33.00 31.50 508.30 169.40 135.36 G/INVALID	AT Payer P MARS1 P JUPIT P PAPEB P JUPIT P VENUS P VENUS R MERCU	- Trace Number - 228000548373000 228000548694000 228000547552000 228000548695000 228000548324000 228000548019000 228000548638000
		REJECTE		Re	ejected
V102L84690 V102L98011 V93L942 V104L28112 V99L78342 V91L74691 V102L99662	DUCK,D DUCK,D DUCK,H DUCK,L EAST,W FOGHORN,G JECKLE,B	06/21/09 06/25/08 08/31/08 08/07/08 03/19/08 07/20/08 06/25/08	67.70 201.00 33.00 146.50 213.50 125.50 224.85	P NEPTU P NEPTU P NEPTU P NEPTU P URANU P PLUTO R PAPEB	228000547831000 228000547831000 228000548276000 228000547612000 228000548093000 228000548082000 228000547842000
I PAYOR ZIP C	.ODE **	*** REJECTE	D FOR STAT	E CODE -	[93/11]
V104L32426 V101L98455 V103L46856	FOX,B GODMOTHER,F HECKLE,A	08/08/08 05/24/08 07/12/08	100.00 33.66 128.00	P MARS1 P PAPEB P PAPEB	228000548018000 228000548325000 228000547866000
V103L72142 V104L32882 V102L89171 V97L80243 V104L33409 V102L98254 V102L85765 V102L89326 V104L25482 V104L25482 V104L25482 V102L88540	LION,C MOUSE,M MOUSE,M PUE,P RABBIT,B RUNNER,R SCARECROW,B TINMAN,H TORNADO,D TOTO,D WEST,G	07/18/08 08/08/08 06/22/08 01/18/08 08/08/08 06/25/08 06/21/08 06/22/08 08/07/08 08/07/08 08/07/08 06/22/08	549.75 130.00 41.50 163.50 15.00 208.70 85.00 102.40 314.00 78.65 10.00	P PAPEB P SATUR P SATUR P PAPEB P MARS1 P MERCU P EARTH P SATUR P PAPEB P EARTH P MERCU	228000548475000 228000548027000 228000548409000 228000548691000 228000548043000 228000547561000 228000547772000 228000547806000 228000548540000 228000548541000 228000547796000
	SUB I	D: [99 <mark>9999]</mark>	SUB TOTA	LS	
	CLAIM COUNT Mercury Ins Venus Ins Earth Ins Jupiter Ins Saturn Ins Uranus Ins Neptune Ins Pluto Ins Paper (Conv.)	PROCE 3 2 2 2 3 1 4 1 7	SSED 354.06 677.70 163.65 152.00 222.30 273.90 213.50 448.20 125.50 1,446.76	 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 0.00 224.85
Totals E	27 4,07 ND OF LISTING F	7.57 2 OR FILE: IM	360. 1081601clm1	21 63354⊂NV	



SAMPLE INS REPORT

PHYSICIANS HEAL	PHYSICIANS HEALTH SERVIC ELECTRONIC RESPONSE REPORT						
Provider Name: PHYSIC Addres s : 1300 S	TREET ONE,	-1111111 / 70 CITY ONE, CA)563963 (11111	002912	Page 1		
Payor Process Date: 0	1/24/2009		INS RE	eport Rum	n Date: 01/30/2009		
Ims Ctl Id Patie	nt Account	Name	Svc Date	Charge	Payor Ref #		
024141266213004 15756	020101R	RUBBLE,	20090123	75.00	15756020101R		
CLAIM STATUS: [ACCEP 024141266219004 15736 CLAIM STATUS: [ACCEP	TED] 0111026 TED]	FLINTSTONE,	20091124	120.00	157360111026		
Provider Name: PHYSIC	IAN TWO 22-	-22222222 / 70	563963 (008251			
Payor Process Date: 0	1/24/2009	.IIY IWO, CA	INS RE	eport Rum	n Date: 01/30/2009		
Ims Ctl Id Patie	nt Account	Name	Svc Date	Charge	Payor Ref #		
024141266817004 48320 CLAIM STATUS: [ACCEP	20100F4 TED]	SCARECROW,	20091218	460.00	4832020100F4		
Provider Name: PHYSIC Address : 2044 s Payor Process Date: 0	IAN THREE 3 TREET THREE 1/24/2009	3-3333333 / 5, CITY THREE	70563963 2, CA 33333 INS Re	000154(port Rur) n Date: 01/30/2009		
Ims Ctl Id Patie	nt Account	Name	Svc Date	Charge	Payor Ref #		
024141265450004 KO08	PTEN]	MOUSE, M	20090121	120.00	3216		
024141265455004 JU87	PTED]	DUCK, D	20090121	150.00	2430		
024141265456004 9876		RABBIT, B	20090121	220.00	4112		
024141265457004 FR45		LION, K	20090121	255.00	3567		
024141265464004 98JH		CINDERELLA.					
034141365465004 DNM9	DTEN		20090122	105.00	1286		
CLAIM STATUS: FACCE	PTED]	POOH, W	20090122 20090122	105.00 150.00	1286 1288		
CLAIM STATUS: [ACCE 024141265511004 5TR7	PTED]	POOH, W BIRD, T	20090122 20090122 20090123	105.00 150.00 340.00	1286 1288 4676		
CLAIM STATUS: [ACCE 024141265511004 5TR7 CLAIM STATUS: [ACCE 024141265512004 0DF3 CLAIM STATUS: [ACCE	PTED] PTED] PTED]	POOH, W BIRD, T BEARS, T	20090122 20090122 20090123 20090113	105.00 150.00 340.00 20.00	1286 1288 4676 4676		
CLAIM STATUS: [ACCE 024141265511004 5TR7 CLAIM STATUS: [ACCE 024141265512004 0DF3 CLAIM STATUS: [ACCE 024141265513004 0000 CLAIM STATUS: [ACCE	PTED] PTED] PTED] PTED]	POOH, W BIRD, T BEARS, T FOGHORN,	20090122 20090122 20090123 20090113 20090124	105.00 150.00 340.00 20.00 295.00	1286 1288 4676 4676 4677		
CLAIM STATUS: [ACCE 024141265511004 5TR7 CLAIM STATUS: [ACCE 024141265512004 0DF3 CLAIM STATUS: [ACCE 024141265513004 0000 CLAIM STATUS: [ACCE 024141265526004 12JK	PTED] PTED] PTED] PTED] PTED]	POOH, W BIRD, T BEARS, T FOGHORN, PATIENT, S	20090122 20090122 20090123 20090113 20090124 20090122	105.00 150.00 340.00 20.00 295.00 180.00	1286 1288 4676 4676 4677 4038		
CLAIM STATUS: [ACCE 024141265511004 5TATUS CLAIM STATUS: [ACCE 024141265512004 0DF3 CLAIM STATUS: [ACCE 024141265513004 0000 CLAIM STATUS: [ACCE 024141265526004 12JK CLAIM STATUS: [ACCE 024141265548004 JK89	PTED] PTED] PTED] PTED] PTED] PTED]	POOH, W BIRD, T BEARS, T FOGHORN, PATIENT, S TOTO, D	20090122 20090122 20090123 20090113 20090124 20090122 20090101	105.00 150.00 340.00 20.00 295.00 180.00	1286 1288 4676 4676 4677 4038 1256		

QUESTIONS REGARDING CLAIMS REJECTED BY YOUR PAYER, CONTACT THE

ANSISI 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>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.