

# **EZClaim Advanced Quick Start Guide**

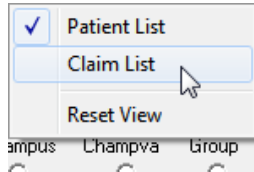
May 2016

# TriZetto Clearinghouse Documents

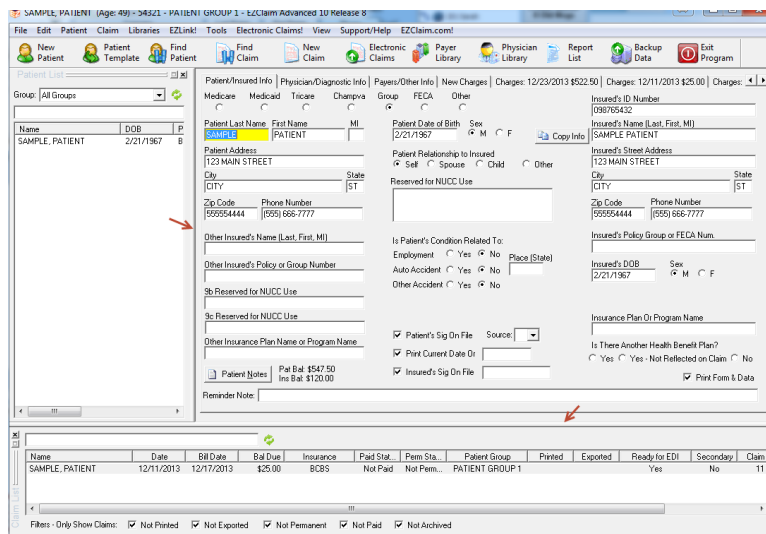
If submitting your claims through the clearinghouse TriZetto, click [here](#) for the **TriZetto User Guide** and **TriZetto Payer List**

## Customizing EZClaim View

1. Click on 'View' on the menu bar. Check 'Patient List' and/or 'Claim List' to customize your view.

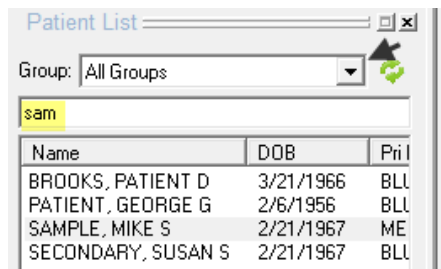


Hover your cursor between the Patient lists and the EZClaim program until a double arrow appears. Left click and slide program bar to desired size.

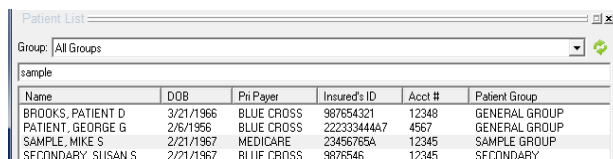


## Finding a Patient

- Using the dropdown arrow, select a Patient Group or to view all patients use 'All Groups'.
- Start typing Patient name in blank line for quick select of patient or highlight name.
- Double click patient name to go directly to 'New Charges' for that patient.



- Use scroll button at bottom of dialog box to view additional headings. Click on heading to sort.
- Name, DOB, Pr Payer, Insured ID, Patient Acct#, or Patient Group



# EZClaim Advanced 10 Quick Start

## TriZetto Clearinghouse Documents

If submitting your claims through the clearinghouse TriZetto, click [here](#) for the [TriZetto](#) User Guide and TriZetto Payer List,

## EZClaim Tutorials

Watch a short movie on entering patient data into EZClaim Advanced. Go to **EZClaim Tutorials** at <http://www.ezclaim.com/tutorials> to view.

## Getting Started with EZClaim

Follow the steps below to get started with EZClaim and print your first claim!

**Note:** All data is automatically 'Saved'. Enter data, click off the screen and data is now saved.

## Payer Library - Step 1

*Payer Library Icon*

### Add Payer Information to Library

1. Enter Payer name and address data.
2. Click on the 'Save' button.
3. Payer information is now listed in the box.
4. To 'Edit' a Library entry, highlight payer, 'Edit' and then 'Save'.

**Note:** To prevent the insurance address from printing on claims check the 'Suppress address when printing claims' checkbox.

### Delete Payer Information from Library

1. Select by highlighting the 'Payer' to be deleted.
2. Click on the 'Delete' button.
3. If the payer is in use, you will have the opportunity to view a report showing the usage of the payer. If you select 'No' to view the report, a delete confirmation will appear. If you click 'Yes' to delete, the program will clear the payer from any patient records then delete the payer. Payers cannot be undeleted so use with care.

## Sample Report

Payer Library				
Name	Address	Phone Number	Payer ID Type Code	
AARP	P.O. BOX 1011		12345	
BCBS	MONTGOMERYVILLE PA	18936	C1	
BCBS	P.O. BOX 2500		00710	
BCBS	DETROIT MI	48231	GP	
BCBS	P.O. BOX 55555			

## Edit Payer Information in Library

1. Select by highlighting Payer to 'Edit' from the list in the Payer box.
2. Edit information
3. Click the 'Save' button

### Additional Program Settings

Select additional program options based on Payer requirements.

## Physician, Organization and Facility Library - Step 2

*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.

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

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

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.

6. Enter Individual or Organizational NPI number.
7. Using the dropdown arrow, select 'Tax ID Type' and enter number.

### Additional ID numbers

1. **Situational:** If required by your payer, select 'Payer' by clicking in the blank line under 'Payer'. Continue entering ID Type and either the Individual or Group ID Number.

Additional ID Numbers (Legacy Numbers)		
Payer	ID Type/Qualifier	ID Number
Del BCBS - 6789 HOWELL STREI	Blue Shield Number-18	345678

Buttons: Delete, Library List Report, Library Usage Report, New, Close, Save

2. Click on 'Save'.

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

Physician, Organization and Facility Library

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

Show:  Active  Inactive  All

Full Name (Required)

Filter:  Filter Clear

Classification: Rendering  Inactive

Type:  Person  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:

E-Mail:

NPI 0234567678 Taxonomy Code:

Tax ID Type:  Tax ID:

Notes:

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
Del		

Buttons: Delete, Library List Report, Library 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.
5. 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 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 if required Click on 'Save'.

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

## Patient/Insured Info Screen - Step 3

**Note:** Do not use words such as 'SAME' or 'NONE' or 'N/A'.

For setting up a Patient Template see [Patient Templates](#) in the full manual.

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat	Perm Sta	Patient Group	Printed	Exported	Ready for EDI	Secondary	Claim
SAMPLE, PATIENT	12/11/2013	12/17/2013	\$25.00	BCBS	Not Paid	Not Perm.	PATIENT GROUP 1			Yes	No	11

**Requirements for General Date Entry** - Additional fields may be required by your insurance company.

### Patient Information

- Name, Address, City, State and Zip
- Date of Birth
- Patient Gender
- Patient Relationship to Insured. Claims sent to Medicare are always marked 'Self'.
- Insured ID number.
- Assignment of Benefits Indicator and Release of Information Indicator. (EZClaim Fields: Patient Sig on File and Insured Sig on File.)
- Print Current Date Or - Enter a date or checkmark in the check box.

### Insured Information

**Note:** If the Patient is the same as the Insured, use the 'Copy Info' button to enter data in Insured fields.

Insured's ID number, Date of Birth, Gender

Insured's Policy Group or FECA Number if required.

Secondary Insurance Information: Enter Secondary Insured information if required for this claim.

## Additional Patient/Insured Screen Features

### Patient and Insurance Balances

Both the patient and insurance balances are shown on the Patient/Insured Info screen at the bottom.

### Reminder Note

This is a 50 character field to enter notes that can be seen when viewing the patient record. It is not printed nor exported.

## Patient Notes

- Holds approximately 65,000 characters
- Inserts Date and Time
- Save a screen as a Template
- Print out Notes
- Save Notes
- Patient/Claim Notes Report (see File>Reports)
- Patient Notes Report (see File>Reports)

## Note Templates

1. Click on 'New Patient'.
2. Click on 'Patient Notes' button.
3. Enter data for Template.
4. Click on 'Save as Template'.
5. Enter Name for Template.
6. Click on 'Save' button.

## Using Note Templates

When working in a patient record.

1. Click on 'Patient Notes' button.
2. Click on 'Load Notes Template'.
3. Select by highlighting desired template.
4. Click OK.

## Printing the Form and Data

If you are printing on the red pre-printed 1500 forms, make sure the  **Print Form & Data** box (bottom right) is unchecked. If checked, a black and white 1500 form will be printed along with the data.

## Physician/Diagnostic Info Screen - Step 4

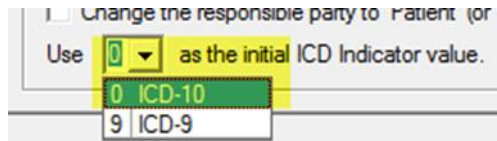
- **Billing Provider Info & Phone #:** Use the dropdown arrow to select the Physician/Organization name previously set up in the Physician Facility Library.
- **Referring Provider:** If required use dropdown arrow to select Referring Provider information previously set up in Physician/Facility Library.
- **Patient Account No:** Go to Tools>Options> General Data Entry to set the option for automatic entering of a Patient Account Number or enter an Account Number of your choosing.
- **Accept Assignment:** Check 'Yes' or 'No'
- **Physician Signature:** Check to print out 'Signature on File'.
- **Print Date:** Check to print date on claim.
- **Payer Area:** Click on 'Click to select Payer' button to select a Payer previously set up in the Payer Library. For paper claims this data will print in the top right corner.

## Diagnosis Codes

**Note:** Go to Tools>Options>Date Entry Service Lines to set initial ICD Indicator value. This indicator may be changed on the Charges screen depending on which codes, ICD-9 or ICD-10, are used for a claim.

Use  as the initial ICD Indicator value.

To set ICD-10 as a default setting, go to Tools > Options> Data Entry Service Lines. Select the ICD-10 indicator. When set as a default, the ICD Indicator can still be changed on individual claims.



Enter Diagnosis codes on Physician /Diag screen **if used for all dates of service**. If not, enter on Charges screen. Codes entered will be carried over to the New Charges screen.

## Initial Charge Values

What are Initial Charge Values?

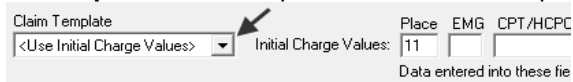
Data entered in the following fields will carry over to the charges screen and will be entered for all claims for this patient. (Data may still be edited on Charges screen)

Often patients have the same codes for each date of service. Enter into 'nitial Claim' fields only **data that is used for every charge** for this patient. **Ex:** Place of Service, Procedure Code etc.

If you do not enter initial data on the Physician/Diagnostic screen, the data may be entered on the Charges Screen. For patient data to be applied to specific charges, enter data on the Charges Screen.

- **Initial Date of Current** – Enter 'Date of Current' on this screen only if date would remain the same for every charge for this patient. If not, enter Date of Current on the Charges screen.
- **Initial Hospital Dates Related To Current Services** – Enter hospital dates in this field if dates would remain the same for every charge for this patient. If not, enter Hospital Dates on the Charges screen.
- **Initial Diagnosis Codes** – Enter initial Diagnosis codes on Physician /Diag screen if used for all dates of service. If not, enter on Charges screen.
- **Initial Facility Name and Address** – Use the dropdown arrow to select the Facility information previously set up in the Physician/Facility Library. May also be selected on the Charges screen.
- **Initial Rendering Provider** – Enter 'Rendering Provider' on this screen if this is the Rendering Provider for all claims for this patient. Or enter Rendering Provider on the Charges screen for claim specific entry.

**Claim Templates:** Use dropdown to select a template for claims for this patient.



- **'Use Initial Charge Values'** – Data entered into these fields will be used when clicking calendar dates on the Charges screen.



- **'Use Previous Service Line'** - Service line data from last claim entered will be carried over to Charges screen. This data may then be edited on service line if necessary.
  - **'Use Previous Claim'** - Service line and Diagnostic codes from last claim entered will be carried over to Charges screen. This data may be edited on Charges tab if necessary.
- **Initial Facility Information:** If required, use dropdown arrow to select Facility Information previously set up in the Physician/Facility Library.
  - **Initial Rendering/Ordering Provider:** If required, use dropdown arrow to select Rendering Provider information previously set up in the Physician/Facility Library. For paper claims, this information will print in Box 24j of the 1500 form.
  - **Initial Authorization:** This will be a default value and will be used for all charges for that patient. If you do not want to use a 'default' authorization, enter the authorization on the Charges screen. See 'Library' on page **Error! Bookmark not defined.** in full manual for additional information on working with Authorizations.

## Additional Physician/Diagnostic Screen Features

### Claim Templates

For additional information on working with claim templates see '[Claim Templates](#)' on page **Error! Bookmark not defined.**

### Code Lookup – F7

When you are entering data in a code field, a Code Library is available. See '[Accessing the Code Libraries](#)' on page **Error! Bookmark not defined.**

### Print Date

If the 'Print Date' checkbox is checked it will print the date the claim form is printed or exported. If the Bill Date of the charges screen is blank, this date will become the 'Bill Date' of the claim.

### Payer Area

Text entered into the 'Payer Area' box on the Physician/Diagnostic Info tab, will **print** payer information in the very top white portion of the CMS-1500 form. You can use this area to print the address of the insurance company for mailing purposes.

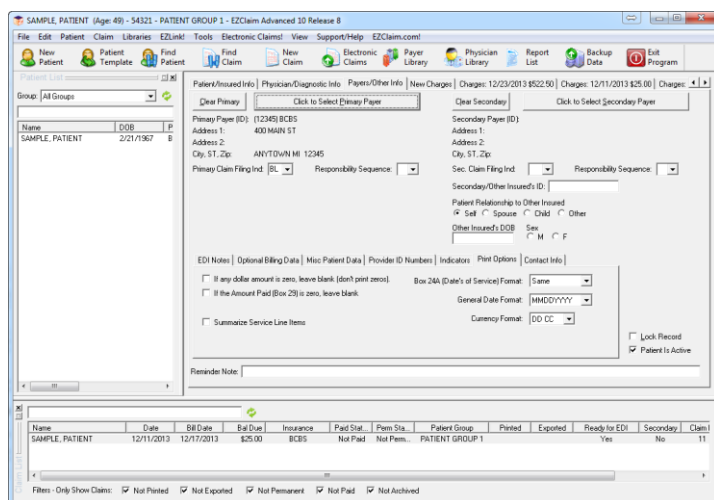
The screenshot shows a web form element labeled 'Payer Area:'. It contains a text input field with the following text: 'BLUE CROSS', '557 MAIN STREET', and 'ANYTOWN MI 48900'. Above the input field are two buttons: 'Click to select Payer' and 'Clear'.

The payer selected here will also be shown as the Primary/Destination Payer on the Payers/Other Info tab.

## Payers and Others Info Screen – Step 5 (Optional)

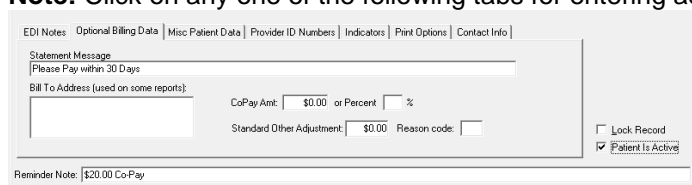
### Entering Payer Information

Only 'Primary' payer name and address data will print on paper claims.



## Additional Payers/Other Data Entry Options

**Note:** Click on any one of the following tabs for entering additional claim data.



**EDI Notes:** Check the 'Include Notes With EDI File' to send notes with an ANSI 837 5010 electronic claim file.

**Optional Billing Data:** Statement Messages, Bill to Address, Co-Pay or Percent Amount, Standard Other Adjustment and Reason Code.

**Co-Pay Amt or Percent**

- If the patient has flat rate co-pay or percentage co-pay, enter it under 'Optional Billing Data'. Percent values are 1 to 100 and override any flat rate co-pay entered. During payment entry, EZClaim will calculate the percentage based on the charge amount. See '[Entering Payments and Adjustments](#)' on page **Error! Bookmark not defined.** for additional information.

**Misc Patient Data:** Additional information used when submitting the ANSI 837 file format.

**Provider ID Numbers:** Additional Provider ID Numbers used when submitting the ANSI 837 file format.

**Indicators:** Additional claim Indicators used when submitting the ANSI 837 file format.

**Print Options: Note:** These features will affect only the current patient information showing on the screen. To set Print Options as defaults for all patients, go to Tools > Options > Default Print Options.

**Contact Info:** Data entered into these fields will not print on claims. For internal use only.

## Lock Patient Record to Prevent Accidental Changes

Use this check box to lock a patient record (the first three tabs) to prevent accidental changes. This causes the patient fields to be 'Read' only. Once checked, the active field will be gray instead of yellow and you will not be able to make changes to the record. Claims can still be entered. To unlock a patient record, uncheck the box.

## Entering New Insurances

Only one Primary and one Secondary payer can be stored with a patient record. All claims for that patient record will use those insurances.

**If you have a patient that has changed insurances,** make a copy of the patient record and change the payer for this new record. This new copy of that patient will be used for new claims. There will be two patients with the same name but have different internal account numbers. Once the patient claims are paid off by the old payer, you would then be able to mark the patient with the old payer as inactive.

## New Charges Screen - Step 6

The screenshot shows the 'New Charges' screen in the EZClaim software. The patient name is 'SAMPLE PATIENT' (Age 49, 54321, PATIENT GROUP 1 - EZClaim Advanced 10 Release 8). The screen includes a calendar for selecting dates, a 'Diagnosis Codes' section with fields for A, B, C, D, E, F, G, H, I, J, K, L, and an 'ICD Ind' dropdown set to '0'. A table of charges is displayed with the following data:

Date	From	To	Place	EMG	Procedure Code	Modifiers	Points	Charge	Amt	Units	Qual	Rndrd Prov ID	CMN	Ambulance	Diagnostic	Attach CMN
12/23/2013	12/23/2013	12/23/2013	11		12345			AB	\$532.50	\$0.00	1					

Summary: Total Charge and Applied Amt: \$532.50; Total Primary Insurance Payment: \$0.00; Balance: \$532.50; Line Count: 1.

### Diagnostic Codes

**Note:** To set initial ICD Indicator value, go to Tools>Options>Date Entry Service Lines.

Use  as the initial ICD Indicator value.

Enter DX codes in 'Diagnosis Codes' boxes. Enter 'Diag Code Line letter (A,B,C, etc) on Service Line under 'Diagnosis Pointer'.

Confirm 'ICD Ind' is set to ICD-09 or ICD-10 matching Diagnosis codes entered. Do not enter BOTH ICD-9 AND ICD-10 diagnosis codes on one claim.

Diagnosis Codes: A:   
 ICD Ind:  G:   
 Initial Charge Values:

### Data Entry

Click on the dates of the calendar to enter service line dates. Continue entering required service line data.

### Multiple Modifiers

Enter multiple modifiers as GP 25 or GP25. Do not enter as GP\*25.

**Place of Service Codes:** Below are the most commonly used codes. Additional codes may be found at [www.CMS.gov](http://www.CMS.gov)

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

### Situational: Rendering Provider and Facility Information

If required, use dropdown arrow to select 'Rendering Provider' previously set up in the Physician/Facility Library.

If required, use dropdown arrow to select 'Facility' previously set up in the Physician/Facility Library.

**Note:** DME Companies do not usually require Rendering Providers. Leave the rendering provider fields blank

## Printing Claims - Step 7

**Note:** To adjust your printer to the CMS 1500 form see page **Error! Bookmark not defined.**

For additional Printing Options see page **Error! Bookmark not defined.**

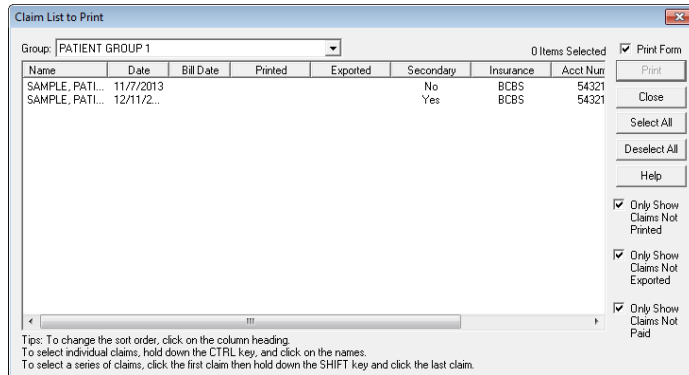
## Printing Single Claims

Claims can be printed one at a time from the Charges screen by clicking the 'Print 1500' button.



## Batch Printing

To print a batch of claims, click the File menu and click 'Select Claims to Print.'



Click 'Select All' to highlight the claims to print then click 'Print'.

If you want to print a black and white 1500 form, check the  Print Form box.

## Printing claims from Charges screen

When finished entering line items on the Charges screen, click the 'Print 1500' button. The individual claim will be printed.

## Printing a CMS-1500 form along with Data

How do I print the black and white 1500 form?

To set this option for all claims, go to Tools > Options > Default Print Options.

To override the default setting for an individual form, check or uncheck the 'Print Form & Data' box at the bottom of the Patient/Insured Info screen. This will override your program default setting.

