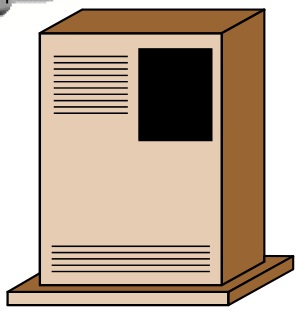
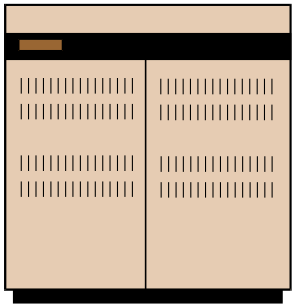


Electronic Claims Guide



Arizona Computer Services, Inc

ARIZONA COMPUTER SERVICES, INC. 5727 N 7th Street Suite 640 Phoenix, Arizona 85014 (602) 263-8958
www.acsmb.com

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If you do not currently submit electronically and want to, please call!

Support: ..... **kevin@acsmb.com**

(Medicare) ..... **dennis@acsmb.com**

(602) 263-8958

How do electronic claims work?

Electronic claims are just the same data you see on a paper claim arranged in a format suitable for reading by a computer. This information is sent by us either directly to an insurance company or to an Electronic Claims Clearing House, who forwards the data to an insurance company.

The biggest differences in paper claims and electronic claims is (1)the method of transport to the insurance company and (2)there is no warm-blooded, kind-hearted person at the insurance company correcting your claims prior to putting them in their computer. You may have errors that you do not know about, because the nice person at the insurance company could tell what you were trying to do. Computers are not forgiving and an error is not corrected by the insurance company – your claim is just rejected.

We submit Arizona Medicare claims directly to the Arizona Medicare carrier, currently Noridian Government Services.

Scottsdale PHO no longer accepts electronic claims

We submit Mercy Care, AZIPA and PHP to Medifax.

Lutheran PHO is submitted directly to Lutheran PHO.

The Clearing House used by ACS for all other commercial / TriCare / BCBS insurances is CareMaster, located in Dallas, Texas. CareMaster was chosen because they provide excellent support and staff along with a thorough knowledge of the CARE/DM billing system, which they use for their own clients. The software used to create and edit the electronic claims was designed specifically with the CARE/DM billing program in mind. This insures complete compatibility with the CARE billing system, which you use every day on your terminal.

The following example follows the "life" of an electronic claim:

The patient is registered into the computer. We'll assume that he/she has Aetna insurance. After an office visit and blood drawing, you or one of your staff will enter the charges and select an insurance company to bill to. Here you are given the choice of producing an electronic or paper claim.

Sometime during the day, you'll request Daily Close Processing. Overnight, the work you performed that day will be processed, and insurance forms produced. Some of the insurance forms will go electronically to Medicare,

some to ClaimMaster, some to Medifax, Lutheran PHO, etc and some will print on paper.

ClaimMaster will process your claims after the Daily Close is finished. The program will check each claim form for validity and insure they are to electronic standards. (And each carrier has it's own set of standards) (Example - Does the zip code and area code match the state? Are the patient and insured the same person? Are the CPT and ICD9 codes valid? etc...)

ClaimMaster will also perform many insurance carrier specific edits. (Is the insurance ID number in the proper format? Does it need a group number? etc...)

Hundreds of things are checked on each claim form. These edits reduce the amount of rejected claims due missing or incorrect data.

Once ClaimMaster has edited your claims, the ones that passed through with no errors are placed in a send area and the invalid claims are flagged for editing by you.

The cleaner your Account and Patient information is upon registration, the fewer edits you'll have to perform and the fewer rejections you'll see - please see the attached "ECS Tips Sheet" to give you an idea of what the insurance companies call "clean".

The edits are easy! It's just like looking at an actual claim form but it's on your screen! No white-out, smudges, paper cuts or coffee spills!

When you select the ClaimMaster option from menu 5 (or 6), you'll have the chance to view the claims which need to be fixed. The time you spend correcting the invalid claims is minimal and will decrease as you become accustomed to each insurance carrier's wants and needs.

Don't worry about running across an invalid claim that you don't understand - the ACS support staff, as always, is on your side and will help you correct your claims anytime you need us.

This "on-line editing" improves the accuracy of your claims to 98%. There are fewer resubmissions due to errors and thus less time spent mailing a claim a second and third time.

Many carriers prefer electronic claims and some will even begin charging you and/or sandbag your paper claims. (HIPAA will require there be no penalty for submitting a claim on paper.)

Medicare

Medicare claims require that patient name, date of birth, address, city, state and zip are all present.

Medicare ID numbers are always more than 9 digits. Usually, 9 digits and an alpha character.

To indicate a Medigap insurance, put “MEDI”, followed by the Medigap code in the Medigap field portion of the insurance record. An example is AARP’s Medigap code would read, “MEDI018".

The format file to use for Medicare claims is DNSF. Use P1592 for the alternate format file.

Sample Medicare Insurance Screen

```
26-Jul-01 DEMO     * Insurance Company Maintenance *          * Display *

Ins Code MED       Status Active                  Phone 800-326-0238
    Name PART B MEDICARE                          FAX   602-000-0000
 Address ATTN: MEDICAL CLAIMS                   Contact
         PO BOX 6704                        Submitter Id MD4593
         FARGO             ND  58108-6702     Medigap Id

Auto Classifier  MED  MEDICARE ACCOUNT
Prompt           MEDICARE PART B                Primary Form Type DNSF
Ask Alpha Prefix N Default Prefix             Alternate Form Type P1592
Prov Index       M  MEDICARE             Translation Code Filename 2
Alt Prov Index   L  CLIA                     Alternate Code To Use
Location Index   01  MEDICARE             Req Sec forms on Paper   Y
Ref Prov Index   0  Referral UPIN ID

Third Party                    Y
Capitation                     N
Level of open item to track    D
Sampling Level None       Size 0000
Payment percentage to flag       0.000%
Percentage of payment withheld   0.000%
Copay Type None         Amount   0.00
<If> to Browse, Next lookup, <cr> for Form Characteristics, or Tracking
```

Sample Medigap Insurance Screen

```
26-Jul-01 DEMO     * Insurance Company Maintenance *          * Display *

Ins Code AARP      Status Active                  Phone 602-800-2277
    Name UHC/AARP INSURANCE                       FAX   602-000-0000
 Address ATTN: MEDICAL CLAIMS                   Contact
         PO BOX 13999                       Submitter Id
         PHILADELPHIA      PA  19187-0216     Medigap Id MEDI018

Auto Classifier  MG   MEDIGAP COVERAGE
Prompt           AARP                           Primary Form Type PC92
Ask Alpha Prefix N Default Prefix             Alternate Form Type
Prov Index       0  IRS Number           Translation Code Filename 1
Alt Prov Index   0  IRS Number               Alternate Code To Use
Location Index   01  MEDICARE             Req Sec forms on Paper   Y
Ref Prov Index   0  Referral UPIN ID

Third Party                    Y
Capitation                     N
Level of open item to track    D
Sampling Level None       Size 0000
Payment percentage to flag       0.000%
Percentage of payment withheld   0.000%
Copay Type None         Amount   0.00
<If> to Browse, Next lookup, <cr> for Form Characteristics, or Tracking
```

Electronic Insurance Update

July 25, 2001

CSA is no longer handling AZBCBS electronics. The old CSA groups, like SRP001 and BAS001, UF108 etc, are being submitted to Blue Cross Blue Shield of Arizona. Please check patient cards to ensure you are using the proper Corporate Health Service group ID.

Regarding **ALL PRIMARY** Blue Cross Blue Shield claims:

All Blue Cross Blue Shield claims submitted electronically should be routed to your "home" carrier (this is Arizona Blue Cross Blue Shield if your practice is in Arizona). From there, Arizona BCBS will route the claims to the proper claims office countrywide.

In order for this to work successfully, you ***must*** include the 1 to 3 character alpha prefix shown on the patient's insurance card in the insurance identification field ***and*** the group number in the group field.

Examples: XBD1234XX56789 (for most states)
AJ123456789 (for some states)
R123456789 (for federal employees) XL R123456789 (for Hawaii)

The "R" designation MUST have a valid FEP group number like this:
FEP105 (no spaces)
All others must have a 5 to 10 character group number. Please pad with zeros if less than 5 characters.

Inclusion of the proper alpha routing codes will tell Arizona BCBS which claims office the claim should go to. Processing of the claim will take place at the patient's home office and results will be sent back to Arizona BCBS. Payments / EOB's will originate from the Arizona BCBS office.

The consequences of not including the alpha routing code in the insurance identification field will be rejection of your claim and BCBS will not touch the claim in any way until the alpha routing code is present.

In order to make this work, you must change all Blue Cross insurances in your insurance list to be routed to "**ECSAZBCS**" as soon as possible (see examples on the next page for how to do this). Also, you must be as complete as possible in collecting insurance information from the patient.

To get to the Insurance Company Maintenance Screen in version 7.1, choose option "PF1" from the MAIN MENU. This takes you to the Business File Maintenance menu. Take option "PF4" for Insurance Company. Now choose "C" (change) and call up your insurances from there. Remember not to destroy the insurance address when adding the electronics code. Always move the address to the Address Line 1 field (Shown as the PO Box in this example).

```
26-Jul-01 DEMO     * Insurance Company Maintenance *          * Display *

Ins Code BCAZ      Status Active                  Phone 602-864-4285
    Name BLUE CROSS/SHIELD OF AZ                  FAX   602-000-0000
 Address PO BOX 2924                            Contact
         ECSAZBCS                           Submitter Id
         PHOENIX          AZ  85062-2924     Medigap Id

Auto Classifier  BC   BLUE CROSS
Prompt           BC/BS ARIZONA                  Primary Form Type EBCS6
Ask Alpha Prefix Y Default Prefix              Alternate Form Type PC92
Prov Index       B  BCBS                 Translation Code Filename BC
Alt Prov Index   0  IRS Number               Alternate Code To Use
Location Index   01  MEDICARE             Req Sec forms on Paper   Y
Ref Prov Index   0  Referral UPIN ID

Third Party                    Y
Capitation                     N
Level of open item to track    D
Sampling Level None       Size 0000
Payment percentage to flag       0.000%
Percentage of payment withheld   0.000%
Copay Type None         Amount   0.00
<lf> to Browse, Next lookup, <cr> for Form Characteristics, or Tracking
```

ACS ELECTRONIC INSURANCE TIPS

To Insure Fewer Edits

Company	Identification #	Group #
BLUE CROSS:	XBP123456789	ABC123

XBP - Or other 3 character Alpha prefix, ie XBH, YES, XQQ
The insurance ID#, which can be any number of alphanumeric characters.
A 5 to 10 character group. (Pad with 0's to make at least 5.) 12003, 04987

For Federal BCBS: R12345678 FEP123
The ID# uses only 1 alpha character, **R**, and the rest are numeric. The group number MUST include "FEP".

CIGNA: 123456789 0123456 (4 to 7 characters)
The Identification number is usually the holder's SS#
Always use the group number when available. If the group number is <u>not</u> available, you may use 999999.

HUMANA: 123456789 12345
The identification number is usually 9 alphanumerics
Always use the first five digits of the group number when available. If it is <u>not</u> available, you may use 999999.

AETNA:
123456789(or BHXJRK or W123456789) 123456
The identification number is usually the holder's SS# but may be an alphanumeric code.
Always use the six digit group number when available. If it is <u>not</u> available, you may use 999999.

All insurances require the patient and insured DOB and address.

All insurances requires the secondary insured DOB!

ACS ELECTRONIC INSURANCE TIPS

- Caveats to avoid -

Be sure not to destroy the insurance company's address as you modify Address Line 2 ins your insurance master file.

Please contact us if you need information on how to verify your diagnosis and procedure codes.

Look at your location codes for accuracy. Be sure they contain complete addresses and have a valid 2-digit location code. (See attached for valid codes.)

Check your insurance companies for complete addresses.

No 5th diagnosis code is allowed on a claim. Enter the charges in separate tickets to allow for more than 4 diagnosis codes.

All medigap providers (AARP, BCBS, etc) who are secondary to Medicare for a patient should be requested as NOPRINT claims.

Call if you need help with Medicare EOB codes 47 or 5C (which indicate Medicare has forwarded the claim to the secondary payor.)

Any $0 charge (Showing an office visit but not charging for it) should be requested in PAPER format or blanked out of the electronic claim, as they are not acceptable.

PLACE OF SERVICE (POS) CODES

The HCFA-1500 claim form requires these 2-digit place of service codes.
(Revised 7/15/03)

03	School
04	Homeless shelter
05	Indian hlth-free standing
06	Indian hlth-provider based
07	Tribal 638-free standing
08	Tribal 638-provider based
11	Office
12	Home
13	Assisted living facility
14	Group home
15	Mobile unit
20	Urgent care facility
21	Inpatient hospital
22	Outpatient hospital
23	Emergency room
24	Ambulatory surgical center
25	Birthing center
26	Military treatment center
31	Skilled nursing facility
32	Nursing facility
33	Custodial care facility
34	Hospice
41	Ambulance (land)
42	Ambulance (air or water)
49	Independent clinic
50	Federally qualified health center
51	Inpatient psychiatric facility
52	Psychiatric facility-partial hospitalization
53	Community mental health facility
54	Intermediate care facility/Mentally retarded
55	Residential substance abuse treatment facility
56	Psychiatric residential treatment center
57	Non-residential substance abuse treatment facility
60	Mass immunization clinic
61	Comprehensive inpatient rehabilitation facility
62	Comprehensive outpatient rehabilitation facility (CORF)
65	End stage renal disease treatment facility
71	State or local public health clinic
72	Rural health clinic
81	Independent laboratory
99	Other unlisted facility

Arizona Computer Services, Inc.
E:\ACS\CMINSLISTa.wpd

For a current payer listing, please go to
https://access.emdeon.com/PayerLists/
on the internet. Input the payer name or payer ID and click on the View List button.

You can then search by insurance company name or routing code to verify that this insurance can be routed electronically.

WORK YOUR ELECTRONIC CLAIMS!

- Electronic claims are not "magic" - you must work them just like you work your paper claims.
- ACS will usually pass through your CareMaster edits once per week to ensure the claims are formatted correctly.
- You should work your CareMaster edits minimally once per week. **Claims in error stay in error until you fix them.**
- Changes to master files should be performed "on the fly" in your second window to prevent error recurrences.
- Claim reports should be printed and worked every day, the goal being that a new claim is generated today.
- The EDI receiver at all insurance companies is a dumb computer that cannot intuit what you "mean", only what you "say". CareMaster edits help to keep the claim clean; you have to keep them accurate.
- You know your timely filing limits. Get the claim there prior to the deadline. If all else fails, send it on paper!
- You can generate an Open Claim Report Listing (OCR_2) to show you all open claims aged over XX days. Work the claims on the report and put notes **in** the accounts and **not on the paper** detailing your actions so that you may follow up and record outcomes in the account at a later date.
  This is a report that you may request at any time for any time.. Call me if you need to know how.
- Insurances may be taken "off" electronic and forced to paper only at your discretion - please let me know so I don't throw it back on electronic.

Available electronic transmission reports:

- Detail transmission
  - Transmission detail for CareMaster
    - All electronic insurances other than Mercy Care and Medicare
- Summary transmission
  - Transmission summary for CareMaster
    - All electronic insurances other than Mercy Care and Medicare
- Claims - To Print
  - Claims selected to print from the editor
- ECS REJECT KEY - (when ACS works your claims)
  - Edited claim reason(s) for rejeACS works your claims)
  - The rejected claim to compare to the KEY above.
- AZGOV Transmission R
  - Report of claims received by AZ BCBS
- Provider Claim Statu
  - Report of claims received by various payers
- Unprocessed Claims R
  - Unrecognized patients; typically insurance ID or SSN not found.
    - All electronic insurances other than Mercy Care and Medicare
- File Detail Summary
  - Report of claims status (accepted/rejected) from the Emdeon clearinghouse
- Provider Monthly Sum
  - Summary of claims received by Emdeon for the month
- SCMRR Transmission R
  - Medicare Railroad acceptance report (Don't expect any details!)
- Medicare Reject(s)
  - Claims rejected by our Medicare edits - direct questions to Dennis at (602) 263-8958 or dennis@acsmb.com

There are more reports - if you have any questions please call Kevin at (602) 263-8958 or kevin@acsmb.com