






Keying a Professional Claim

ConnectCenter provides the ability to create a CMS 1500 professional claim through the Claims menu, Create a Claim option. There are minimum field requirements to create a basic valid claim. This guide lists fields that are commonly required.

Topics covered

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Keying Tips

-  Prior to keying claims, it is recommended that frequently used providers be entered in Provider Management. See the "Getting Started with Provider Management" guide for additional information.
-  Because ConnectCenter requires the entry of a lot of payer and provider information that is typically the same between different claims, you will find that **copying** an existing claim becomes an essential short-cut in creating new claims.
 - You should copy only claims that have already been validated, sent to the clearinghouse and accepted by the payer.
 - If you have a patient that has the same services performed at every appointment, copy a claim accepted by the payer and modify the service dates.
-  Any data that resides on multiple tabs need only be updated on one tab.
 - For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, then the Patient Last Name field on the UB tab will be automatically updated.
-  At any time while creating your claim you can click 'Validate'. Validate will alert you to errors on the claim that would otherwise prevent the claim from being processed.
 - Errors displayed after validation will be highlighted in several ways:
 - A list of errors will be displayed at the top of the claim form, with clickable error messages
 - Every field containing an error will be highlighted in red
 - Only claims that are error free can be send to the clearinghouse for processing.
 - It is recommended that you wait to 'Validate' your claim until you have completed all data you expect will be needed; clicking 'Validate' too early in the data entry process will result in false errors stemming from omission of fields that have not yet been entered.
-  ConnectCenter autosaves your claim as you make changes. Claims can be

saved as 'work in progress' prior to sending the claim to the clearinghouse.

- Only claims that have NOT been sent and accepted by the clearinghouse can be deleted.

1500 Form

1500 Key Fields

For customers that have used Emdeon Office for keying claims, the last column in the tables that follow will tell you what field you utilized in that system. If you are new to creating claims, then the column labeled Emdeon Section should be ignored.

Box	Label / Description	Emdeon Section / Field																																										
	<p>Payer Information</p> <p>Use the Find Payer button to find your payer. Available plans include:</p> <table border="1" data-bbox="440 558 1128 1665"> <thead> <tr> <th>Payer ID</th> <th>Payer Name</th> </tr> </thead> <tbody> <tr><td>7190</td><td>Aetna Assure Premier Plus (HMO D-SNP)</td></tr> <tr><td>7838</td><td>Aetna Better Health of California</td></tr> <tr><td>7265</td><td>Aetna Better Health of Florida</td></tr> <tr><td>6140</td><td>Aetna Better Health of Illinois MMAI</td></tr> <tr><td>8861</td><td>Aetna Better Health of Illinois</td></tr> <tr><td>8111</td><td>Aetna Better Health of Kansas</td></tr> <tr><td>7410</td><td>Aetna Better Health of Kentucky</td></tr> <tr><td>7183</td><td>Aetna Better Health of Louisiana</td></tr> <tr><td>7758</td><td>Aetna Better Health of Maryland</td></tr> <tr><td>7220</td><td>Aetna Better Health of Michigan</td></tr> <tr><td>7190</td><td>Aetna Better Health of New Jersey</td></tr> <tr><td>6832</td><td>Aetna Better Health of New York</td></tr> <tr><td>6876</td><td>Aetna Better Health of Ohio</td></tr> <tr><td>5823</td><td>Aetna Better Health of Pennsylvania</td></tr> <tr><td>7220</td><td>Aetna Better Health Premier Plan</td></tr> <tr><td>2142</td><td>Aetna Better Health of Texas</td></tr> <tr><td>7737</td><td>Aetna Better Health of Virginia</td></tr> <tr><td>7737</td><td>Aetna Better Health of Virginia (HMO D-SNP)</td></tr> <tr><td>1147</td><td>Aetna Better Health of West Virginia</td></tr> <tr><td>3433</td><td>Mercy Care Plan</td></tr> </tbody> </table>	Payer ID	Payer Name	7190	Aetna Assure Premier Plus (HMO D-SNP)	7838	Aetna Better Health of California	7265	Aetna Better Health of Florida	6140	Aetna Better Health of Illinois MMAI	8861	Aetna Better Health of Illinois	8111	Aetna Better Health of Kansas	7410	Aetna Better Health of Kentucky	7183	Aetna Better Health of Louisiana	7758	Aetna Better Health of Maryland	7220	Aetna Better Health of Michigan	7190	Aetna Better Health of New Jersey	6832	Aetna Better Health of New York	6876	Aetna Better Health of Ohio	5823	Aetna Better Health of Pennsylvania	7220	Aetna Better Health Premier Plan	2142	Aetna Better Health of Texas	7737	Aetna Better Health of Virginia	7737	Aetna Better Health of Virginia (HMO D-SNP)	1147	Aetna Better Health of West Virginia	3433	Mercy Care Plan	<p>New Claim Setup</p> <p>Select a payer from the drop-down list given in Step 3</p>
Payer ID	Payer Name																																											
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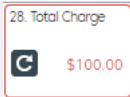
Box	Label / Description	Emdeon Section / Field
	<p>Payer Information</p> <ul style="list-style-type: none"> • Payer address is required but will often be returned from the Find Payer results. After submitting payer address in a claim one time, the address will be stored for use in all future claims. • Do not enter dashes (-) in the extended zip code. 	Pre-filled based on selected payer
1	<p>Payer Type (Claim Filing Indicator)</p> <ul style="list-style-type: none"> • Select Medicaid. Your choice of claim filing indicator in the first claim you create will become the default value for all future claims sent to the same payer. 	Not displayed
1a	Insured's ID	<p>Payer/Insured Information</p> <p>Insured's ID/Cert #</p>
2	Patient's Name	<p>Patient Information</p> <p>Last Name, First Name, MI</p>
3	Patient's Birth Date	<p>Patient Information</p> <p>Date of Birth</p>
5	<p>Patient's Address</p> <p>Address, City, State, Zip Code, no dashes</p>	<p>Patient Information</p> <p>Street Address 1, Street Address 2, City, State, Zip</p>

Box	Label / Description	Emdeon Section / Field
9a	Other Insured's Policy or Group Number	Supplemental Claims Insured ID, within the Insurance tab *Requires user to check "Route Claim for Supplemental Data Entry"
11d	Is there another health benefit plan? Check Yes or No	Insurance Information Other Insurance Indicator
12	Patient's or Authorized Person's Signature Enter "Y" on the Signed field	Insurance Information Release of Information Indicator
13	Insured's or Authorized Person's Signature Enter "Y" in the Signed field	Provider Information Certification Indicator
14	Date of current illness	Accident/Symptom Information Symptom Date

Box	Label / Description	Emdeon Section / Field
21	<p>Diagnosis Code</p> <p>Enter without the decimal point</p>	<p>Patient Information</p> <p>Diagnosis Code</p> <p>Note: Connect Center does not provide a favorites list or dictionary search for these fields</p>
22	<p>Resubmission Code</p> <p>Options:</p> <p>1 - New claim submission (always use 1)</p> <p>7 - Replacement of prior claim</p> <p>8 - Void/cancel of prior claim</p>	<p>Other Information</p> <p>Resubmission Code</p>
23	Prior Authorization Number	
24	Service Line Information	
24 A	<p>Dates of Service</p> <p>Must have MM/DD/YYYY format</p> <p>Note: click in the white area under the line number and gray bar to find the data entry field</p>	<p>Claim Line Information</p> <p>Start Date and End Date</p> <p>Note: ConnectCenter is much less tolerant of variation in date entry formats.</p>

Box	Label / Description	Emdeon Section / Field
24 B	Place of Service	Claim Line Information Place Code Note: Connect Center does not provide a drop-down list of values for place of service
24 D	CPT/HCPCS Procedures, Services or Supplies	Claim Line Information Proc and Mods Note: Connect Center does not provide a favorites list or dictionary search for these fields
24 E	Diagnosis Pointer Alpha indicators	Claim Line Information Numeric ICD Pointers
24 F	Charges	Claim Line Information Charges

Box	Label / Description	Emdeon Section / Field
24 G	<p>Days or Units</p> <p>If your claim requires that the service line is expressed in minutes, the Unit/Basis measurement can be modified by accessing the Service Line Details tab. In the section, Service Line Information, Service Line Supplemental Information, enter MJ in the Unit/Basis Measurement Code field for EACH applicable service line. (See the Service Line section below, for more information)</p> <p>NOTE: Only key numeric data in field 24 G</p>	Claim Line Information – Unit Qty
24J	<p>Rendering Provider NPI</p> <ul style="list-style-type: none"> NOTE: if a Rendering Provider NPI is put on a service line, the Rendering provider name must be provided on the Service Line Details NOTE: If the Rendering Provider NPI is applicable to the entire claim add this information on the Claim Detail Tab, rather than each individual service line. 	<p>Performing Provider #</p> <ul style="list-style-type: none"> Note: typically performing provider for the entire claim is selected in Step 3 of the New Claim setup page, as part of selecting Service Provider.
25	<p>Federal Tax I.D. Number</p> <p>No dashes</p>	Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.
26	<p>Patient Account Number</p> <p>Optional</p>	<p>Patient Information</p> <p>Patient Account #</p>

Box	Label / Description	Emdeon Section / Field
27	<p>Accepts Assignment?</p> <p>Options: (enter A, B or C)</p> <p>A – Assigned</p> <p>B – Not Assigned</p> <p>C – Clinical Labs</p>	<p>Provider Information</p> <p>Accepts Assignment?</p>
28	<p>Total Charges refresh button. The system will</p>  <p>total charges based on the amounts entered in 24F for all service lines.</p>	<p>Claim Line Information</p> <p>Total</p> <p>Click the calculate the</p>
31	<p>Signature of Physician or Supplier</p> <p>Enter "Y" in the Signed field</p>	
32	<p>Service Facility Location Information</p> <p>Address, City, State, Zip Code with no dash</p>	<p>Other Facility Information</p> <p>Name, Number, Street Address 1, Street Address 2, City, State, Zip</p>
32a	<p>Service Facility Location Information</p> <p>NPI of the facility</p>	<p>Other Facility Information – Facility/Lab NPI</p>

Box	Label / Description	Emdeon Section / Field
33	<p>Billing Provider Info</p> <p>Name, NPI, Address, City, State, Zip Code, & Telephone number.</p> <ul style="list-style-type: none"> • Use the green + button to select information from your provider list • Do not use dashes for the phone number or an extended zip code. • An extension should be represented by a 'x' and then a numeric. There should be no spaces between the base telephone number and the extension. • NOTE: If a phone number is provided on the 1500 Main form for the billing provider than a contact name must be provided on the Claim Details under the Billing Provider 	<p>Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.</p>

Claim Details Tab

Although the 1500 claim form contains the most critical fields needed on a claim, some fields will be found on the Claim Details tab or the Service Lines Details tab instead.



Note, each field on the 1500 form is also duplicated on either the Claim Detail or Service Line Details. For each field that is duplicated on more than one tab, updating the field on one form will also update that field on other tabs. For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, the Patient Last Name field on the 1500 tab will be automatically updated. A few of the more important fields that can only be found on the Claim Details tab are described below.

Section	Label / Description	Emdeon Section / Field
Payer, Payer Information	Group Name	Payer Group Name
Billing Provider, ID's	Taxonomy	Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.
Billing Provider, ID's	State License Number	Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.
Billing Provider, ID's	UPIN Number	Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.

Section	Label / Description	Emdeon Section / Field
Billing Provider, Commercial ID's	<ul style="list-style-type: none"> • Use FY as the ID type for the Claim Office Number • Use G2 as the ID type for the Commercial Number • Use LU as the ID type for the Location Number 	Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.
Other Providers, Referring Provider Information IDs	NPI	Other Information Referring Provider NPI
Other Providers, Referring Provider Information IDs	<ul style="list-style-type: none"> • Use 0B as the ID type for the State License Number • Use G2 as the ID type for the Commercial Number • Use 1G as the ID type for the UPIN 	Other Information <ul style="list-style-type: none"> • Referring Provider # is used to collect IDs that are not an NPI • Referring Provider Tax ID Type is used to select whether the Referring Provider # is a Tax ID, License Number or UPIN

Special Cases – Secondary Claims

Section	Label / Description	Emdeon Section / Field
Claim Details Other Insurance/COB Payment/Adjudication	Adjudication Payment Date	Supplemental Claims Secondary Claim Claim Summary Adjudication Date
Claim Details Other Insurance/COB Payment/Adjudication	Amount Paid	Supplemental Claims Secondary Claim Claim Summary Payer Amount Paid
Claim Details Other Insurance/COB Payer	Payer Primary ID	Supplemental Claims Secondary Claim Payer Prior Payer Information Payer ID
Claim Details Other Insurance/COB Insured/Subscriber Information	Patient Relationship to Insured	Supplemental Claims Secondary Claim Payer Prior Payer Information Patient Relationship to Insured

Section	Label / Description	Emdeon Section / Field
Claim Details	Last/Organization Name	Supplemental Claims
Other Insurance/COB	First Name	Secondary Claim
Insured/Subscriber Information	Middle Name	Payer
	Suffix	Prior Payer Information Insured Name
Claim Details	Insured's ID#	Supplemental Claims
Other Insurance/COB		Secondary Claim
Insured/Subscriber Information		Payer Prior Payer Information Insured ID
Claim Details	Reimbursement Rate	Supplemental Claims
Other Insurance/COB	HCPCS Payable Amount	Secondary Claim
Payment/Adjudication	End Stage Renal Disease Payment Amount	Claim Level Entries Optional Payment Information
	Non-Payment Professional Component Billed	<ul style="list-style-type: none"> • Medicare Outpatient Adjudication Reimbursement Rate • HCPCS Payable Amount • ESRD Amount • Component Billed Amount • Liability Amount
	Patient Liability	

Section	Label / Description	Emdeon Section / Field
Claim Details Other Insurance/COB Payment/Adjudication	Claim Payment Remark Codes	Supplemental Claims Secondary Claim Claim Level Entries Medicare Outpatient Adjudication Remarks
Claim Details Other Insurance/COB Payment/Adjudication	Claim Adjustments	Supplemental Claims Secondary Claim Claim Level Entries Claim Adjustments Reason Codes

Special Cases – Ambulance Information

This information can be entered at both the claim level and the service line level.

Section	Label / Description	Emdeon Section / Field
Property & Casualty, Ambulance, Pick Up Location	<ul style="list-style-type: none"> • Address 1 • Address 2 • City • State • Zip Code • Country Code 	Supplemental Claims Ambulance Data Ambulance Pick Up Address <ul style="list-style-type: none"> • Street Address 1 • Street Address 2 • City • State • Zip
Property & Casualty, Ambulance, Drop-off Location	<ul style="list-style-type: none"> • Address 1 • Address 2 • City • State • Zip Code • Country Code 	Supplemental Claims Ambulance Data Ambulance Drop Off Address <ul style="list-style-type: none"> • Street Address 1 • Street Address 2 • City • State • Zip
Property & Casualty, Ambulance, Other Information	Patient Weight	Supplemental Claims Ambulance Data Patient Weight

Section	Label / Description	Emdeon Section / Field
Property & Casualty, Ambulance, Other Information	Transport Distance	Supplemental Claims Ambulance Data Miles
Property & Casualty, Ambulance, Other Information	Transport Reason Code – Enter one of the following codes <ul style="list-style-type: none"> • A – Patient transported to nearest facility • B – Patient transported to preferred physician • C – Patient transported for nearness of family members • D – Patient transported for specialist or for specialized equipment • E – Patient transported to Rehab Facility 	Supplemental Claims Ambulance Data Transport To/From
Property & Casualty, Ambulance, Other Information	Round Trip Purpose	Supplemental Claims Ambulance Data Purpose of Round Trip
Property & Casualty, Ambulance, Other Information	Stretcher Purpose	Supplemental Claims Ambulance Data Purpose of Stretcher

Section	Label / Description	Emdeon Section / Field
Property & Casualty, Ambulance, Other Information	<p>If you need to set a condition codes, select Yes and use one of the following codes</p> <ul style="list-style-type: none"> • 01 – Patient was admitted to hospital • 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 • 12 – Patient is confined to a bed or chair <p>NOTE: The Yes/No indicator is not needed at the service line level</p>	<p>Supplemental Claims</p> <p>Ambulance Data</p> <ul style="list-style-type: none"> • Moved by Stretcher • Unconscious/Shock • Emergency Situation • Physical Restraints • Visible Hemorrhaging

Service Line Detail Tab

For each service line, all the detailed information described below can be entered. The top of the **Service Line Details** tab will display summary information about each service line, matching the details entered on the 1500 Form. When completing service line details on the lower portion of the **Service Line Detail** tab, be sure to select which service line your details supplement by clicking the appropriate line at the top of the form.

A blue outline should appear highlighting the field you've clicked. In addition, the entire selected row will be highlighted in gray. In the illustration below, see row 4 and procedure code 81355 as an example.

Claim Search Results ... Claim 3331234567898 RAJ, ARUN ▶ Live Chat ?

SUMMARY		1500 FORM		CLAIM DETAILS		SERVICE LINE DETAILS		SUPPLEMENTAL DOCUMENTATION	
Date(s) of Service From: MM/DD/YYYY To: MM/DD/YYYY	Place of Service	EMG	Procedures, Services, or Supplies (Explain Unusual Circumstances) CPT/HCPCS Modifier	Diagnosis Pointer	Charges	Days or Units	EPSTD Family Plan	ID Qual	Rendering Provider ID#
1 10/20/2014	81		81225	A	\$1,021.18	1		NPI	
2 10/20/2014	81		81226	A	\$1,364.58	1		NPI	
3 10/20/2014	81		81227	A	\$542.40	1		NPI	
4 10/20/2014	81		81355	A	\$266.21	1		NPI	
5 10/20/2014	81		81400	A	\$448.00	1		NPI	
6 10/20/2014	81		81401	A	\$448.00	1		NPI	
7									
Total Service Lines (8)									

Service Line Details

Section	Label/Description	Emdeon Section/Field
Service Line Details	NPI	Additional Claim Line Information
Providers	ID Type/Other ID	Provider Information
Ordering	Last Name, First Name, Middle Name, Suffix	Ordering Provider NPI
		Ordering Provider UPIN
		Ordering Provider Name
Service Line Details	NPI	Additional Claim Line Information
Providers	ID Type / Other ID	Provider Information
	Last Name, First Name, Middle Name, Suffix	Supervising Provider NPI
		Supervising Provider UPIN
		Supervising Provider ID
		Supervising Provider Name
Service Line Details	Entity Type: Yes/No	Additional Claim Line Information
Providers	Purchased Service Charge Amount	Service Information
	NPI	<ul style="list-style-type: none"> • Purchased Service: Y/N • Purchased Service Charge
	ID Type / Other ID	Provider Information
		<ul style="list-style-type: none"> • Purchased Service Provider NPI, • Purchased Service Provider #

Section	Label/Description	Emdeon Section/Field
Service Line Details Service Line Supplemental Information	CLIA #	Additional Claim Line Information Provider Information CLIA #
Service Line Details Service Line Supplemental Information	Mammography Certification #	Additional Claim Line Information Provider Information Mammography Cert Number
Service Line Details Service Line Supplemental Information	Hospice Employee	Additional Claim Line Information Provider Information Hospice Employee
Service Line Details Drug Information	NDC or Universal Product ID # of Units Measurement Basis RX#	Additional Claim Line Information Service Information <ul style="list-style-type: none"> • National Drug Code • NDC Quantity • NDC Units of Measure • Prescription Number • NDC Link Sequence #

Section	Label/Description	Emdeon Section/Field
Service Line Details	Hemoglobin/Hematocrit/Both Date	Additional Claim Line Information
Test Results	ID, Qualifier, Value	Service Information <ul style="list-style-type: none"> • Hemoglobin/Hematocrit Date • Hemoglobin g/dl • Hematocrit %

Appendix

Place of Service Codes

- 42 Ambulance - Air or Water
- 41 Ambulance - Land
- 24 Ambulatory Surgical Center
- 13 Assisted Living Facility
- 25 Birthing Center
- 53 Community Mental Health Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 33 Custodial Care Facility
- 23 Emergency Room - Hospital
- 65 End-Stage Renal Disease Treatment Facility
- 50 Federally Qualified Health Center
- 14 Group Home
- 12 Home
- 04 Homeless Shelter
- 34 Hospice
- 49 Independent Clinic
- 81 Independent Laboratory
- 05 Indian Health Service Free-Standing Facility
- 06 Indian Health Service Provider-Based Facility
- 21 Inpatient Hospital
- 51 Inpatient Psychiatric Facility
- 54 Intermediate Care Facility/Mentally Retarded
- 60 Mass Immunization Center
- 26 Military Treatment Facility

- 15 Mobile Unit
- 57 Non-residential Substance Abuse Treatment Facility
- 32 Nursing Facility
- 19 Off Campus Outpatient Hospital
- 11 Office
- 22 On Campus Outpatient Hospital
- 99 Other Place of Service
- 01 Pharmacy
- 18 Place of Employment-Worksite
- 09 Prison/Correctional Facility
- 52 Psychiatric Facility-Partial Hospitalization
- 56 Psychiatric Residential Treatment Center
- 71 Public Health Clinic
- 55 Residential Substance Abuse Treatment Facility
- 72 Rural Health Clinic
- 03 School
- 31 Skilled Nursing Facility
- 02 TeleHealth
- 16 Temporary Lodging
- 07 Tribal 638 Free-standing Facility
- 08 Tribal 638 Provider-based Facility
- 20 Urgent Care Facility
- 17 Walk-in Retail Health Clinic