



MEDHOST Enterprise Financials Electronic Billing

User Guide

2019 R1

January 2021

Introduction to Manual

In this section

- Introduction to this manual
- Displaying application information

Introduction to This Manual

Overview: This manual is the primary reference for the Electronic Billing system. The purpose of this manual is to introduce the system to the new user and to provide sufficient detail that as readers progress through the menus, they gain a full understanding of the system.

This manual is based on the Electronic Billing GUI version, rather than the AS/400 green screen version.

The Electronic Billing system is accessed from the Daily Processing Menu in the Patient Accounting system. A menu can be easily accessed directly by typing **GO menu name** on a command line. For example, to go directly to the Electronic Billing Maintenance Menu, from any menu type **GO EBMAIN**.

Certain aspects of Electronic Billing may only pertain to a particular state. If an option or process only applies to a certain state, this will be documented in the manual as it is encountered.

In this section

- How this manual is organized
- Finding your way through this manual
- System conventions

How this manual is organized

This manual is organized overall to flow from a general to a specific perspective. The concept is that as users read through this manual, they will be able to develop a conceptual framework as they read. They will add to their understanding as they read more detailed information. The following describes this approach in more detail.

The *Introduction to Menus* section gives an overview of the three menus. It does not attempt to describe every item on every menu. It does however, introduce all the menus and identify their functions. The tabbed sections describe each menu and each activity on the menu. The menu at the front of each section is the index for the section.

The description for each option includes:

- A general overview of the option
- The primary files accessed by an option
- Windows that the option uses and actions for the user to take in those windows
- Buttons, function keys, and field descriptions
- Any other information that would assist a user in performing an option, such as a process that produces a report, processing steps, and examples

The last section contains user comment/request forms and revision cover sheets for manual revisions.

Finding your way through this manual

At the top of each page in this manual is a header to help you locate information and to let you know where you are in the manual. All headers contain the same basic items, as illustrated and explained below. Here's an example of a header for an odd-numbered page (headers on even-numbered pages are mirror images of those on odd-numbered pages):

①	②	③
Electronic Billing	Maintenance Menu	EBMAIN
	<i>Maintain E/B System Control</i>	Page 1.3
	④	⑤

Header Item	Example
① Manual (application) name	Electronic Billing
② Menu name	Maintenance Menu
③ Menu label	EBMAIN
④ Menu option	<i>Maintain E/B System Control</i>
⑤ Section page number	Page 1.3 (see note below)

The first digit of the page number corresponds to the menu option number. In the example above, Page 1.3 indicates the third page of the section on Option 1 (Maintain E/B System Control) on the EBMAIN Maintenance Menu.

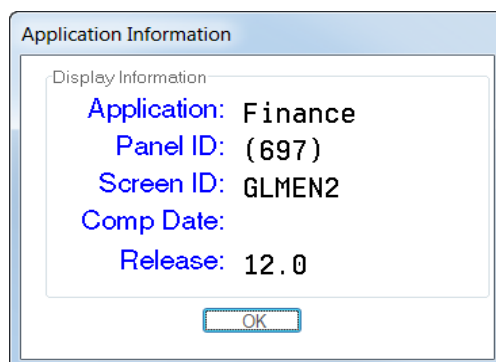
System conventions

Item	Convention
Date	Enter dates in <i>mmddyy</i> format unless instructed otherwise on the particular window.
Dollar amount	Enter dollar amounts without decimals. For example, enter \$10.00 as 1000 . The system automatically enters decimals and dollar signs where they are appropriate.
Length of field and number of decimals	The system will sometimes display the field length and number of decimals in parentheses next to the field. For example, 10.2 next to a field indicates that the field is 10 digits in length and has two decimal places (automatically entered by the system). In this case, enter \$1000.00 as 100000 , then press Field Exit or Field + . The system will automatically right-justify the entry.

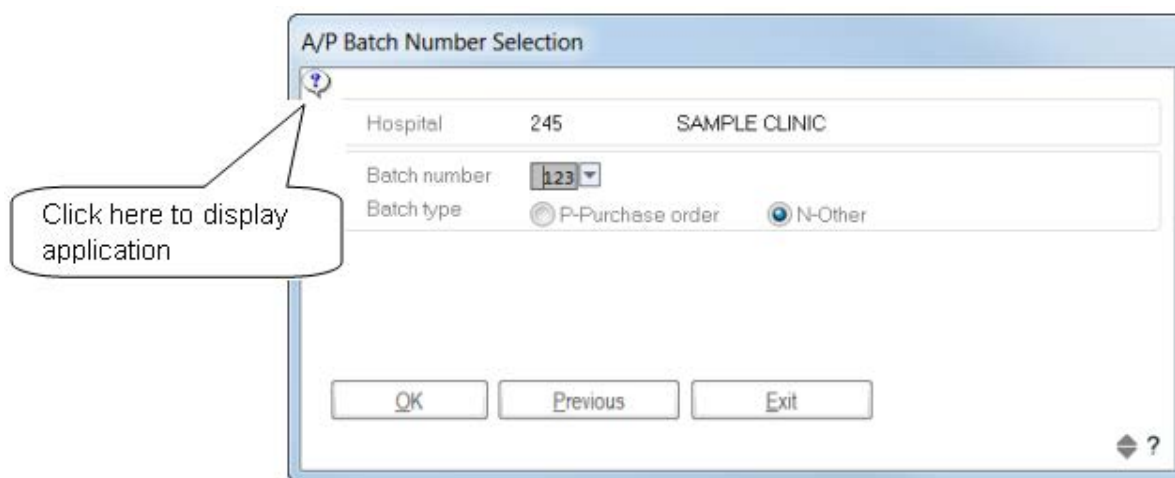
Displaying Application Information

Overview:

From any GUI window, you can display the **Application Information** window, which contains information that can be useful if you have to call Customer Support. The window will appear on top of the GUI window you are working in. To close the **Application Information** window, click **OK**.



To display the window: Click the question mark in the upper left corner.



Introduction to Menus

Overview: There are currently four primary functional menus in the Electronic Billing system. The main menu (EBMENU Electronic Billing Main Menu) is accessed from the Daily Processing Menu, Option 17 in Patient Accounting.

These menus have been designed to group procedures together for ease in processing. For example, the processing functions are on a separate menu, as are the demand reporting functions.

The following pages briefly describe each of the menus. For detailed explanations of each menu option, see the sections for each menu.

In this section

- Electronic Billing Main Menu (*page i.2*)
- Electronic Remittance Advice Menu (*page i.3*)
- Electronic Billing Maintenance Menu (*page i.4*)
- Electronic Billing Reports Menu I (*page i.5*)

EBMENU: Electronic Billing Main Menu

Overview: This menu is the main Electronic Billing menu and is accessed from the Daily Processing Menu, Option 17 in Patient Accounting.

For a detailed description of each menu option, refer to the section *Main Menu*.

Action: Select a menu option by clicking on it.

Electronic Billing Main Menu	
	Create/print EB listing Transmit electronic bills Rebill electronic bills Hold electronic bills Release electronic bills Cancel electronic bills Enter remarks Receive audit reports EB maintenance menu EB reports menu Daily processing menu EB specialized menu Copy electronic bills to hard media Electronic remittance advice menu Work with EB line/controller/device Generate home health 485/486 claims Display batch submission status
OK	
Retrieve	
Information Assistant	
System main menu	
Previous	
Exit	
Signoff	

EBMENU Option 11: Electronic Remittance Advice Menu

Overview: This menu is used to process electronic remittance advices.
For a detailed description of each menu option, refer to the section
Electronic Remittance Advice Menu.

Action: Select a menu option by clicking on it.

Electronic Remittance Advice Menu	
	Receive Electronic R/A Reprint Electronic R/A Report Print EOB's
OK	Maintain Electronic R/A System Control
Retrieve	Maintain Electronic R/A Provider No
Information Assistant	Maintain Electronic R/A Group(s)
System main menu	Remove Unwanted Electronic R/A batch(s)
Previous	View Claim Adjust. Reason Codes
Exit	Denial Management Code Maintenance
	E/B main menu
	Daily processing menu
Signoff	

EBMENU Option 20: Electronic Billing Maintenance Menu

Overview: This menu is used to access the Electronic Billing file maintenance options. The system control file, intermediary file, outside lab file, patient benefits maintenance, and taxonomy code file can be maintained from this menu.

Also, from this menu, storage media can be initialized to save and backup the electronic billing files. The backup can be restored from this menu.

For a detailed description of each menu option, refer to the section *Maintenance Menu*.

Action: Select a menu option by clicking on it.

Electronic Billing Maintenance Menu		
OK Retrieve Information Assistant System main menu Previous Exit Signoff	<u>M</u> aintain EB system control record	<u>E</u> B main menu
	<u>M</u> aintain intermediary file	<u>E</u> B reports menu
	<u>O</u> utside lab file maintenance	<u>D</u> aily processing menu
	<u>O</u> mit bill types from EB	<u>P</u> atient accounting menu
	<u>I</u> nitialize media	<u>F</u> ile maintenance menu I
	<u>R</u> estore files from backup media	<u>B</u> usiness office menu I
	<u>E</u> B patient maintenance	<u>E</u> B specialized menu
	<u>C</u> hange insurance revenue codes	
	<u>P</u> urge old EB save files	
	<u>M</u> aintain taxonomy code file	
<u>M</u> aintain EB system misc control		

EBMENU Option 21: Electronic Billing Reports Menu I

Overview: This menu is used to run Electronic Billing reports on demand.

For a detailed description of each menu option, refer to the section
Reports Menu I.

Action: Select a menu option by clicking on it.

Electronic Billing Reports Menu I	
	<u>L</u> ist bills on hold
	<u>L</u> ist NEIC reference file
	<u>R</u> eprint audit report
	<u>R</u> etrieve 837 Header Information
OK	
Retrieve	
Information Assistant	
System main menu	<u>E</u> B main menu
Previous	<u>E</u> B maintenance menu
Exit	<u>D</u> aily processing menu
	<u>M</u> aster menu
Signoff	

EBMENU: Electronic Billing Main Menu

Overview: The Electronic Billing Main Menu (EBMENU) (Option 17 on the Daily Processing Menu) is the primary menu in the Electronic Billing system.

The following pages describe each Electronic Billing Main Menu option in sequential order and any main windows that follow each selection. Any reports generated by the system are also described.

Action: Select a menu option by clicking on it.

Menu option descriptions begin on the next page.

Electronic Billing Main Menu		
	<u>C</u> reate/print EB listing	<u>C</u> opy electronic bills to hard media
	<u>T</u> ransmit electronic bills	<u>E</u> lectronic remittance advice menu
	<u>R</u> ebill electronic bills	
OK	<u>H</u> old electronic bills	<u>W</u> ork with EB line/controller/device
Retrieve	<u>R</u> elease electronic bills	<u>G</u> enerate home health 485/486 claims
Information Assistant	<u>C</u> ancel electronic bills	
System main menu		<u>D</u> isplay batch submission status
Previous	<u>E</u> nter remarks	
Exit	<u>R</u> eceive audit reports	
	<u>E</u> B maintenance menu	
	<u>E</u> B reports menu	
	<u>D</u> aily processing menu	
	<u>E</u> B specialized menu	
Signoff		

The **Option** column shows the AS/400 green screen menu option number, which you can see in the GUI window by moving the mouse pointer over the menu option and holding it there without clicking.

[This table is continued on the next page.](#)

Option Name	Option	Description
Create/print EB listing	1	Print the billing transmission lists, which show the patient records which are to be transmitted to the intermediary for UB and 1500 billing. Before selecting this option, initialize media for backup (if necessary) through Initialize Media, Option 5 on the Maintenance Menu.
Transmit electronic bills	2	Transmit the UB and 1500 electronic bills to the intermediary.
Rebill electronic bills	3	Re-create electronic bills after errors have been corrected. This option is only allowed for patients who have previously been billed.
Hold electronic bills	4	Place on hold electronic bills that are not ready to be transmitted. This option will exclude a patient's claim from the current transmission file. Before selecting this option, make sure you review the Electronic Billing Transmission List produced from Create/Print EB Listing, Option 1 on this menu.
Release electronic bills	5	Release a patient's electronic bill (UB, 1500, or both) that was previously put on hold and should be released to transmit. Before selecting this option, make sure you review the Electronic Bills on Hold Report produced from Hold Electronic Bills, Option 4 on this menu.
Cancel electronic bills	6	Cancel a patient's electronic bill (UB, 1500, or both). Cancelling a bill removes the patient's claim from electronic bills processing. Before selecting this option, make sure you review the Electronic Billing Transmission List produced from Create/Print EB Listing, Option 1 on this menu.
Restore saved file for resend	7	This option has been removed from the <i>Electronic Billing</i> menus. Please contact Customer Support if you need assistance restoring a saved file.
Enter remarks	8	Enter remarks that will be printed in the remarks section of UB bills that are printed from the electronic billing claims sent to carriers.
Receive audit reports	9	Sign on and receive the audit report from the intermediary.

Option	Number	Description
Copy electronic bills to hard media	10	Copy electronic bills to tapes or diskettes. You do not need to initialize those media before selecting this option. This option does not apply to some states.
Electronic remittance advice menu	11	Display the Electronic Remittance Advice Menu for processing electronic remittance advices.
Work with EB line/controller/device	13	Run the WRKCFGSTS command, which allows you to work with the configuration status functions.
Generate home health 485/486 claims	14	Re-create the home health HCFA-485 and HCFA-486 claims. Use this option if home health and UB claims are being transmitted separately.
Display batch submission status	16	Display the transmission status for the last batch submission for the selected intermediary.
EB maintenance menu	20	Display the Electronic Billing Maintenance Menu for accessing the Electronic Billing file maintenance options. The system control file, intermediary file, outside lab file, and patient benefits maintenance can be maintained from this menu. Also from this menu, storage media can be initialized to save and backup the electronic billing files. The backup can be restored from this menu.
EB reports menu	21	Display Electronic Billing Reports Menu I for running Electronic Billing reports on demand.
Daily processing menu	22	Display the Daily Processing Menu, which is not covered in this manual.
EB specialized menu	23	Display the Electronic Billing Specialized Menu, which is not covered in this manual.

EBMENU Option 1: Create/Print EB Listing**Overview**

Create/Print EB Listing (Option 1 on the Electronic Billing Main Menu) is used to print the billing transmission lists and generate a net bill. The lists show the patient records that are to be transmitted to the intermediary for UB and 1500 billing. **Note:** Production of a *Net Bill* is controlled by settings in the *Contract File (Contract Management Menu, Option 1)*. For more information, refer to the section, "*Net Bill Settings*."

Before selecting this option, initialize media, if necessary, for backup through Option 5 on the Maintenance Menu.

After the electronic billing file is created, an edit program tests the file for errors. If no errors are found during the edit, the billing transmission lists will be printed for Inpatients and Outpatients. An example of the [transmission listing](#) is shown below.

However, if errors are found in the electronic billing file, an error list will print instead of the billing transmission lists. If there are errors, the electronic billing file cannot be transmitted until the necessary corrections are made. A sample [error list](#) is shown below.

If there are any line items with amount fields that contain negative numbers, a Query report will print listing the items that need to be corrected.

Refer to the "Error Messages" section later in this manual for explanations of each error message.

If there are no errors, a window will appear asking if any other changes need to be made. If changes need to be made, make the changes and rerun this option. Otherwise, the system is ready to back up the files.

If using hard media, you will be prompted to insert the tape/diskette labeled EBSAVE.

Insert the initialized media and press **Enter**. Make sure enough tapes/diskettes are initialized for the backup.

If you are using save files, the message "BACKUP TO SAVE FILE..." will appear.

When the files are saved, the system returns to the menu and the following message will appear:

"TRANSMISSION LIST COMPLETED. BILLS ARE READY TO BE TRANSMITTED."

Files

ELECBILL, XNSCODE, XNSUB82

In this section

[Intermediary Code Selection window](#)

[Electronic Billing Intermediary Code Lookup window](#)

[UB/1500 Selection window](#)

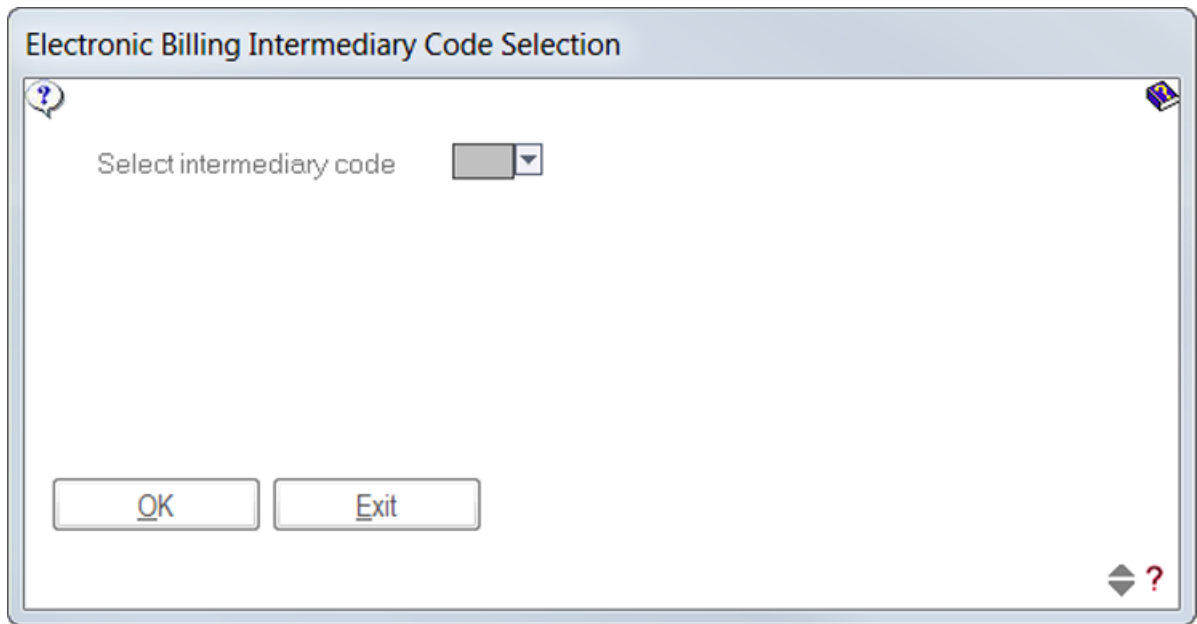
[Net Bill Settings](#)

[Sample Electronic Billing Transmission List](#)

[Sample Electronic Billing Error List](#)

Intermediary Code Selection window

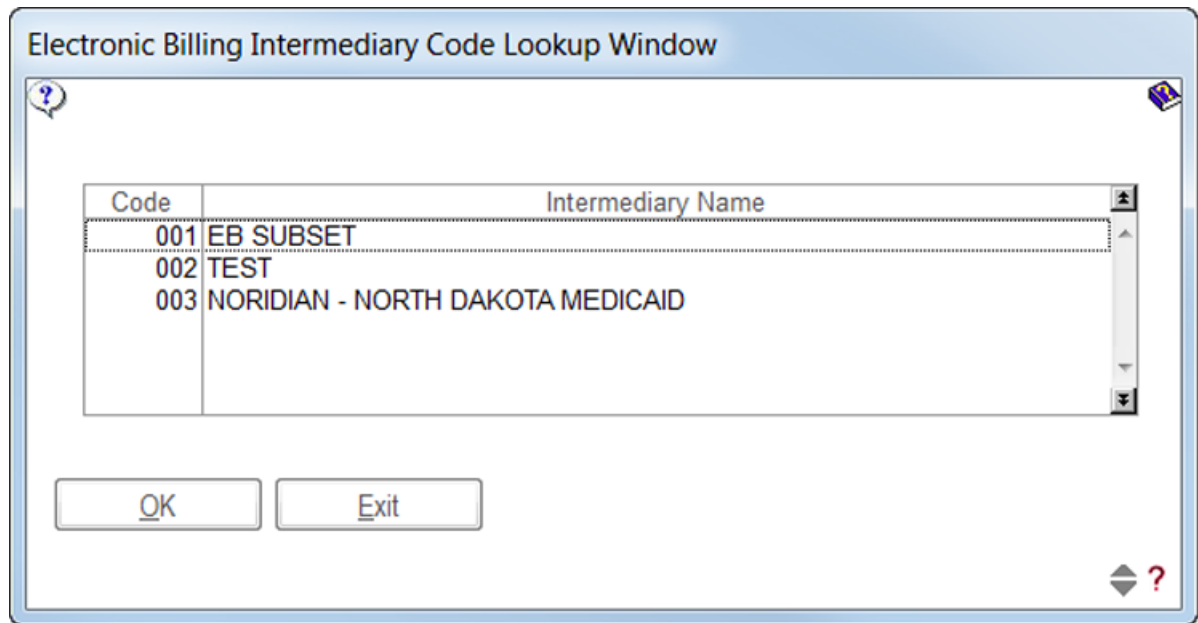
This window appears when you select *Create/Print EB Listing* in the *Electronic Billing Main Menu*.

The screenshot shows a Windows-style dialog box titled "Electronic Billing Intermediary Code Selection". Inside the dialog, there is a text label "Select intermediary code" followed by a small rectangular input field with a downward-pointing arrow on its right side, indicating a dropdown menu. At the bottom of the dialog, there are two buttons: "OK" and "Exit". The dialog box has a standard Windows border with a question mark icon in the top-left corner, a small icon in the top-right corner, and a red question mark icon in the bottom-right corner.

Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

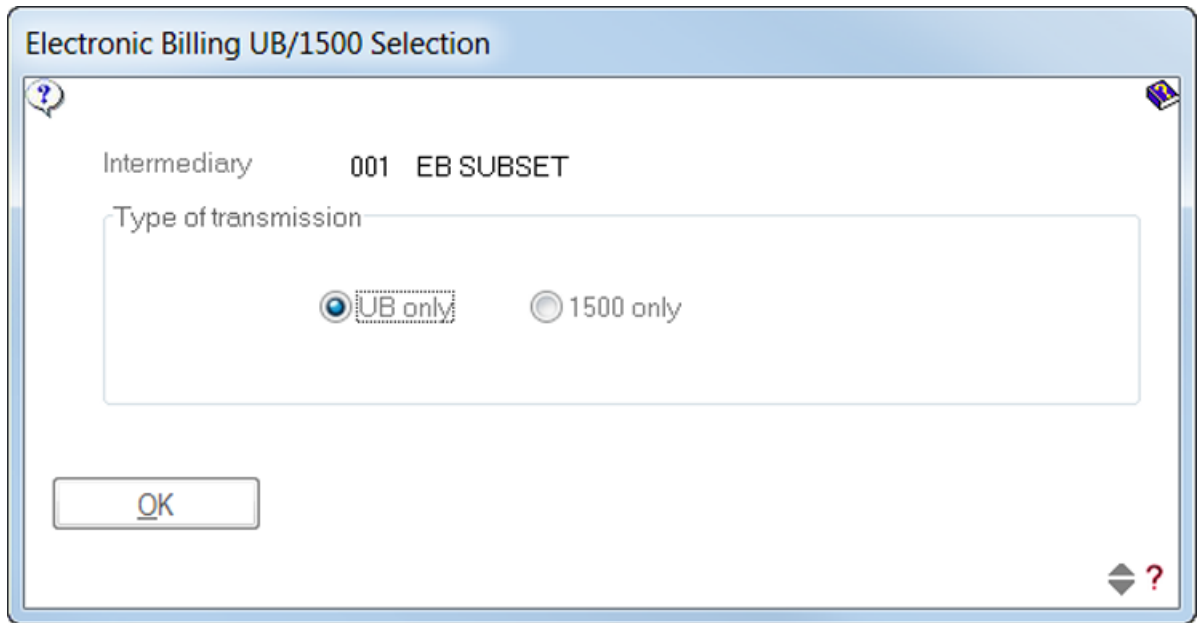
This window appears when you click  in the **Intermediary Code Selection** window.



Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

UB/1500 Selection window

This window appears when you click **OK** in the **Intermediary Code Selection** window.



The image shows a software window titled "Electronic Billing UB/1500 Selection". Inside the window, the text "Intermediary 001 EB SUBSET" is displayed. Below this, there is a section labeled "Type of transmission" which contains two radio button options: "UB only" (which is selected) and "1500 only". At the bottom left of the window is an "OK" button. The window has a standard Windows-style border with a question mark icon in the top left corner and a help icon in the bottom right corner.

Action: Click the type of transmission you are making, and then click **OK**.

Net Bill Settings

The Net Bill will be produced if **Net Billing** has been turned on in the *Contract File (Contract Management Menu, Option 1)* and the *Payor Plan File (File Maintenance Menu 1, Option 18)* has a Contract Number and the following settings:

- **Prorate Plan?** field is Yes
- **Auto contractual?** field is Yes
- **Payment Option?** field is 9

Note: A Net Bill is not produced for the following formulas:

Medicare DRG 000

HRG 008

IRF 010

PSYCH DRG 011

RUG 012

DRG 025

Stop Loss Formulas 101, 102, 203, 204, and 205

For more information, refer to the documentation for *Contract Management Menu, Option 1, Contract File* in the *Patient Accounting System Manager's Guide*.

Sample Electronic Billing Transmission List

The last page of the report includes grand totals for the bill amounts and non-covered amounts, as well as the total number of UB claims and total number of combined claims. If any of the information is not contained in the ELECBILL file, (Not Available) appears in the report instead.

PAGE												1	
ELECTRONIC BILLING TRANSMISSION LIST EXAMPLE HOSPITAL TEXAS BLUE CROSS/BLUE SHIELD													
PATIENT-CY	PATIENT NAME	POLICY NUMBER	FROM DATE	THRU DATE	BILL DATE	BILL TYPE	BILL AMOUNT	NON-COVERED AMOUNT	BILLING PROV NPI	BILLING PROV NUMBER	PAY-TO PROV NPI	PAY-TO PROV NUMBER	
0503600-01	MURPHY TRACI	393840321	7/30/05	8/03/05	4/19/07	111	12,199.93	.00	(Not Available)	FEDID00001	1234567890	(Not Available)	
							TOTAL AMOUNT:	12,199.93	.00				
							TOTAL CLAIMS:	1					
EB0R26												PAGE	2
ELECTRONIC BILLING TRANSMISSION LIST EXAMPLE HOSPITAL TEXAS BLUE CROSS/BLUE SHIELD													
PATIENT-CY	PATIENT NAME	POLICY NUMBER	FROM DATE	THRU DATE	BILL DATE	BILL TYPE	BILL AMOUNT	NON-COVERED AMOUNT	BILLING PROV NPI	BILLING PROV NUMBER	PAY-TO PROV NPI	PAY-TO PROV NUMBER	
6000211-01	PATIENT PAYORSETUP	12123123	1/26/07	2/25/07	4/19/07	112	37.30	.00	(Not Available)	FEDID00001	2345678901	(Not Available)	
							TOTAL AMOUNT:	37.30	.00				
							TOTAL CLAIMS:	1					
EB0R26												PAGE	3
ELECTRONIC BILLING TRANSMISSION LIST EXAMPLE HOSPITAL TEXAS BLUE CROSS/BLUE SHIELD													
PATIENT-CY	PATIENT NAME	POLICY NUMBER	FROM DATE	THRU DATE	BILL DATE	BILL TYPE	BILL AMOUNT	NON-COVERED AMOUNT	BILLING PROV NPI	BILLING PROV NUMBER	PAY-TO PROV NPI	PAY-TO PROV NUMBER	
6000197-03	BILL TREATMENTA	1245465	11/01/06	11/15/06	4/19/07	113	19,880.00	.00	(Not Available)	FEDID00001	(Not Available)	(Not Available)	
6000198-03	BILL TREATMENTA	125665464	11/01/06	11/15/06	4/19/07	113	19,880.00	.00	(Not Available)	FEDID00001	(Not Available)	(Not Available)	
							TOTAL AMOUNT:	39,760.00	.00				
							TOTAL CLAIMS:	2					
Last page												PAGE	12
ELECTRONIC BILLING TRANSMISSION LIST EXAMPLE HOSPITAL TEXAS BLUE CROSS/BLUE SHIELD													
PATIENT-CY	PATIENT NAME	POLICY NUMBER	FROM DATE	THRU DATE	BILL DATE	BILL TYPE	BILL AMOUNT	NON-COVERED AMOUNT	BILLING PROV NPI	BILLING PROV NUMBER	PAY-TO PROV NPI	PAY-TO PROV NUMBER	
6000014-01	SENKBETL SHANE	123134654	1/01/06	1/01/06	4/20/07	130	1,340.35	.00	(Not Available)	MCDUB00000002	(Not Available)	(Not Available)	
6000220-01	SCHAFER JUNE	391203671D	4/19/07	4/19/07	4/19/07	130	.01	.00	(Not Available)	MCDUB00000001	(Not Available)	(Not Available)	
							TOTAL AMOUNT:	1,340.36	.00				
							TOTAL CLAIMS:	2					
							GRAND TOTALS:	100,604.67	.00				
							UB92 TOTAL CLAIMS:	18					
							COMBINED TOTAL CLAIMS:	18					

Sample Electronic Billing Error List

This report includes the insurance type, patient/cycle number, and patient name for non-header records.

EB30US		EXAMPLE HOSPITAL		PAGE 1	
RUN DATE: 2/27/08		ELECTRONIC BILLING ERROR LIST			
RUN TIME: 14:20					
REC #/TYPE	INS TYPE	PAT #/CYCLE	PATIENT NAME	* * * * *	E R R O R M E S S A G E S * * * *
1/ISA*				EB-152	REQUIRED INFO MISSING IN ISA SEGMENT INTER. SENDER ID
				EB-152	REQUIRED INFO MISSING IN ISA SEGMENT INTER. RECEIVER ID
2/GS*				EB-153	REQUIRED INFO MISSING IN GS SEGMENT APPLICATION SNDR CODE
				EB-153	REQUIRED INFO MISSING IN GS SEGMENT APPLICATION RCR CODE
6/NM1*41				EB-155	REQUIRED INFO MISSING IN NM1 SEGMENT NAME LAST/ORGAN. NAME
6/NM1*41				EB-155	REQUIRED INFO MISSING IN NM1 SEGMENT IDENTIFICATION CODE
7/PER*IC				EB-156	REQUIRED INFO MISSING IN PER SEGMENT SUBMITTER CONTACT NAME
7/PER*IC				EB-156	REQUIRED INFO MISSING IN PER SEGMENT COMMUNICATION NUMBER
8/NM1*40				EB-157	REQUIRED INFO MISSING IN NM1 SEGMENT NAME LAST/ORGAN. NAME
8/NM1*40				EB-157	REQUIRED INFO MISSING IN NM1 SEGMENT IDENTIFICATION CODE
10/NM1*85	MEDICARE	503569/01	KNUTSON CHARLES L SR	EB-001	FEDERAL TAX I.D. NUMBER IS MISSING
22/NM1*PR	MEDICARE	503569/01	KNUTSON CHARLES L SR	EB-082	Primary INSURANCE PAYOR ID IS MISSING (00400)
39/SV2*				EB-058	COVERED DAYS + NONCOVERED DAYS DOES NOT EQUAL TOTAL OF ACCOMMODATION REVENUE CODE(S) UNITS
96/NM1*85	MEDICARE	503588/01	PETERSON THORA G	EB-001	FEDERAL TAX I.D. NUMBER IS MISSING
108/NM1*PR	MEDICARE	503588/01	PETERSON THORA G	EB-082	Primary INSURANCE PAYOR ID IS MISSING (00400)
125/SV2*				EB-058	COVERED DAYS + NONCOVERED DAYS DOES NOT EQUAL TOTAL OF ACCOMMODATION REVENUE CODE(S) UNITS
182/NM1*85	MEDICARE	503598/01	ZOHA ELSIE M	EB-001	FEDERAL TAX I.D. NUMBER IS MISSING
194/NM1*PR	MEDICARE	503598/01	ZOHA ELSIE M	EB-082	Primary INSURANCE PAYOR ID IS MISSING (00400)
211/SV2*				EB-058	COVERED DAYS + NONCOVERED DAYS DOES NOT EQUAL TOTAL OF ACCOMMODATION REVENUE CODE(S) UNITS

EBMENU Option 2: Transmit Electronic Bills

Overview: **Transmit Electronic Bills** (Option 2 on the Electronic Billing Main Menu) is used to transmit the UB and 1500 electronic bills to the intermediary.

If the intermediary is set up to submit the transmission to batch, the submission date and time are entered, and then the transmission is submitted to batch processing in the subsystem set up in the Maintain EB system control record for the intermediary. If transmitting in batch, the messages that would appear in the window will be written to the job log. The batch submission status can be viewed in Display Batch Submission Status, Option 16 on the Main Menu.

Basically, this option connects to the intermediary, transmits the file, and then disconnects from the intermediary.

If an error occurs during the transmission, a message window will appear. If the message window is displayed, try the transmit again and if the error occurs again, please call Customer Support immediately.

Messages will appear at the bottom of the window to inform the user of the progress of the transmission.

The messages will vary, based on the intermediary to which the facility is transmitting and the type of communications that is used, either bisynchronous or asynchronous.

If the transmission is successful, a message window will appear.

Depending on the intermediary, a report of the results of the transmission will be transmitted back from the intermediary and will print on the system printer.

For information on using a PC to transmit electronic bills, turn to [Appendix A: Transmitting Using a PC](#).

Files: ELECBILL

In this section

- [Transmitting bi-synchronously](#)
- [Transmitting asynchronously](#)
- [UB/1500 Selection window](#)
- [Error message window](#)
- [Successful transmission message window](#)
- [Submit Transmission to Batch window](#)
- [Password window](#)

Transmitting bi-synchronously

These messages will be displayed at the bottom of the window if the facility is transmitting using bisynchronous communications.

Setting Up Lines.
Transmitting.
Transmission Is Complete.

Transmitting asynchronously

These messages will be displayed at the bottom of the window if the facility is transmitting using asynchronous communications. The messages shown are examples from different intermediaries. The messages that your facility receives will depend on the intermediary to which your facility is transmitting.

Mutual of Omaha—Sending UB bills

Attempting to allocate resources...please wait.
Processing dial request.
Initialing modem.
Sending dial instruction. Phone #: 9999999999.
Session established with intermediary.
Sending User ID.
Sending password.
Asking to upload.
Sending file.
Transmitting data with ZMODEM. 99999 bytes of 99999 sent.
Now logging off.
Session with intermediary ended normally.
Hanging up.
Deallocating resources.
The transmission to the intermediary is now complete.
Now clearing the transmission file.

TN Blue Cross Blue Shield—Sending UB bills

Attempting to allocate resources...please wait.
Processing dial request.
Initialing modem.
Sending dial instruction. Phone #: 9999999999.
Session established with intermediary.
Sending User ID.
Sending Password.
Logged on.
Asking to upload.
Sending file name.
Choosing zmodem.
Transmitting data with ZMODEM. 99999 bytes of 99999 sent.
Now logging off.
Session with intermediary ended normally.
Hanging up.
Deallocating resources.
The transmission to the intermediary is now complete.
Now clearing the transmission file.

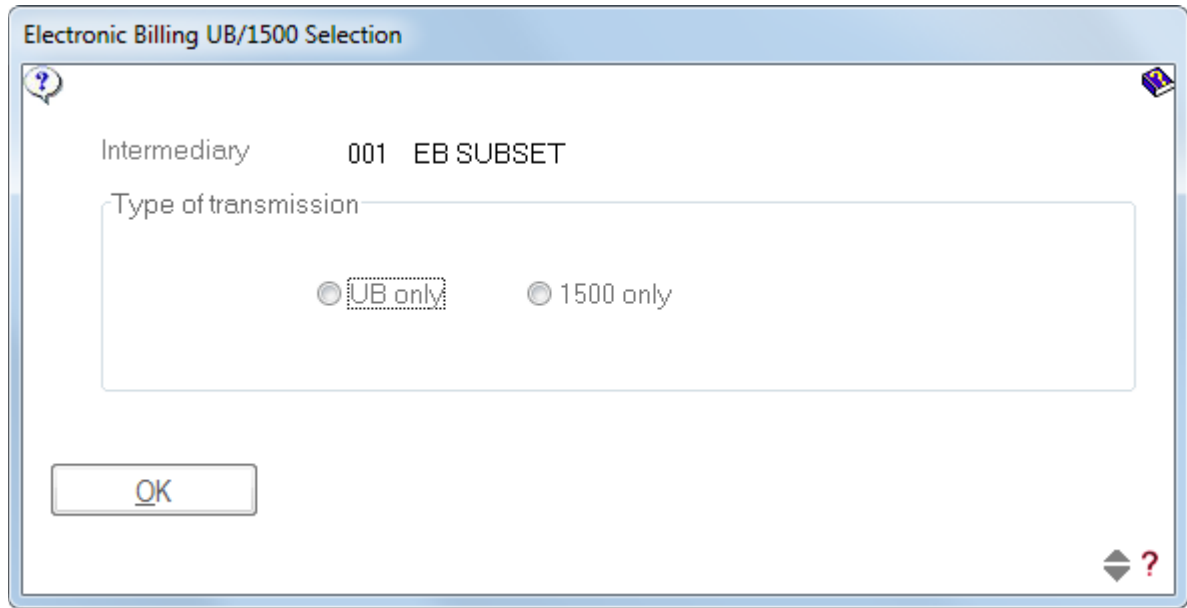
Envoy—Sending 1500 bills

Attempting to allocate resources...please wait.
Processing dial request.
Initialing modem.
Sending dial instruction. Phone #: 9999999999.
Session established with intermediary.
Connected to Intermediary. Verifying Test or Production.
Confirming selection.
Sending logon ID.
Sending password.
Choosing upload option.
Identifying submitter as Submitter/Provider.
Identifying that medical claims are being sent.
Identifying that the file will be zipped.
Identifying that the file will be sent using the ZMODEM protocol.
Begin sending file.
Transmitting data with ZMODEM. 99999 bytes of 99999 sent.
Choosing to retrieve session log.
Retrieving session log.
Signing off.
Hanging up.
Deallocating resources.
The transmission to the intermediary is now complete.
Now clearing the transmission file.

UB/1500 Selection window

This window appears when you select **Transmit Electronic Bills** in the Main Menu.

Note: To Transmit Electronic Bills in option 2, a list needs to be created in EBMENU Option 1. If a list is created without errors in any of the accounts then, EBMENU Option 2 will transmit electronic bills.

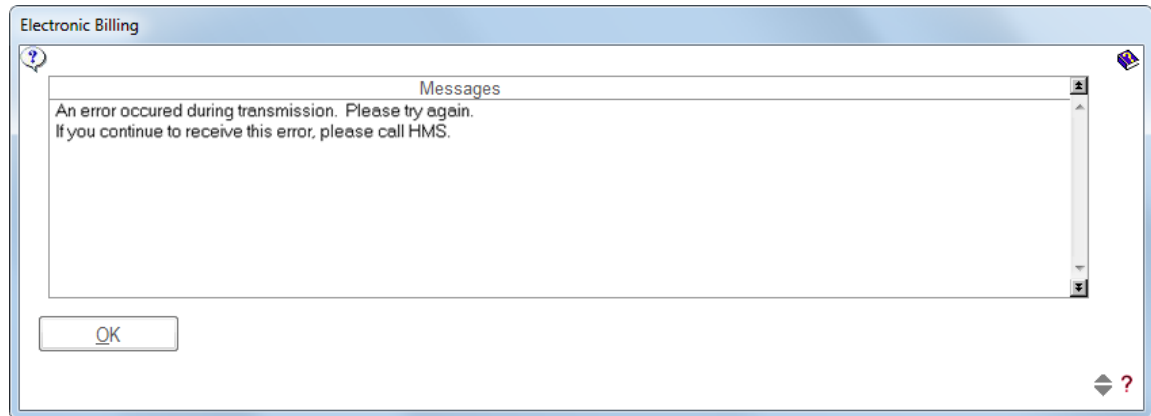


The image shows a software window titled "Electronic Billing UB/1500 Selection". Inside the window, the text "Intermediary 001 EB SUBSET" is displayed. Below this, there is a section labeled "Type of transmission" which contains two radio button options: "UB only" and "1500 only". The "UB only" option is currently selected. At the bottom left of the window is an "OK" button. In the bottom right corner, there is a small icon consisting of a diamond and a question mark.

Action: Select (click on) the code you want and click **OK**.

Error message window

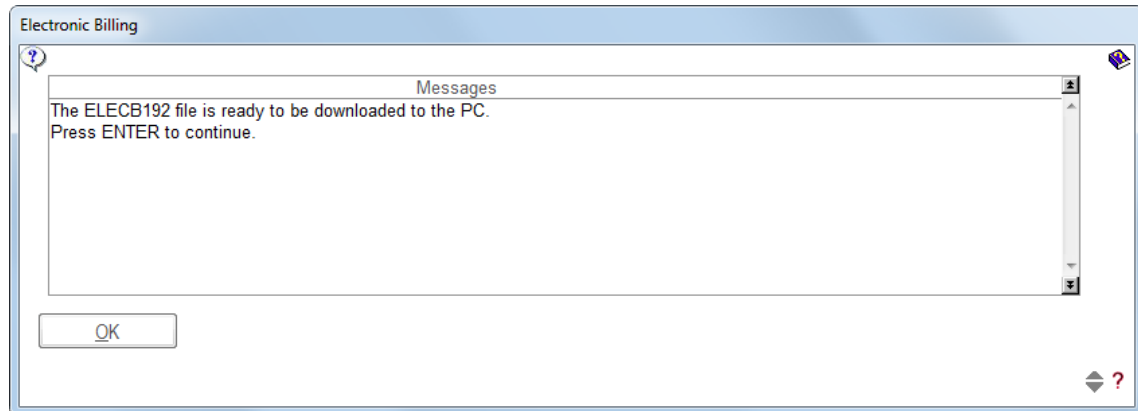
This window appears when an error occurs during transmission.



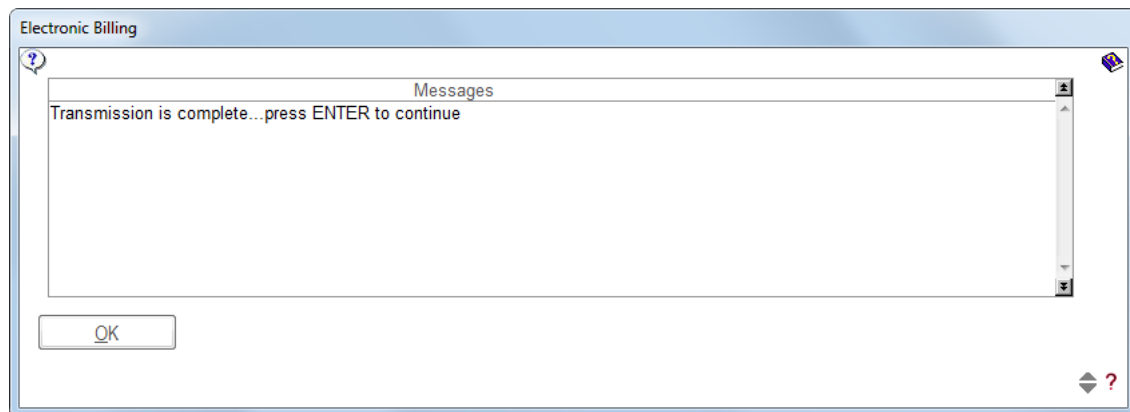
Action: Click **OK** to close the window then, try the transmission again. If the window appears a second time, call Customer Support immediately.

Successful transmission message window

These two windows appear when the file is ready to be downloaded to the PC and the transmission is successful. Depending on the intermediary, a report of the results of the transmission will be transmitted back from the intermediary and will print on the system printer.

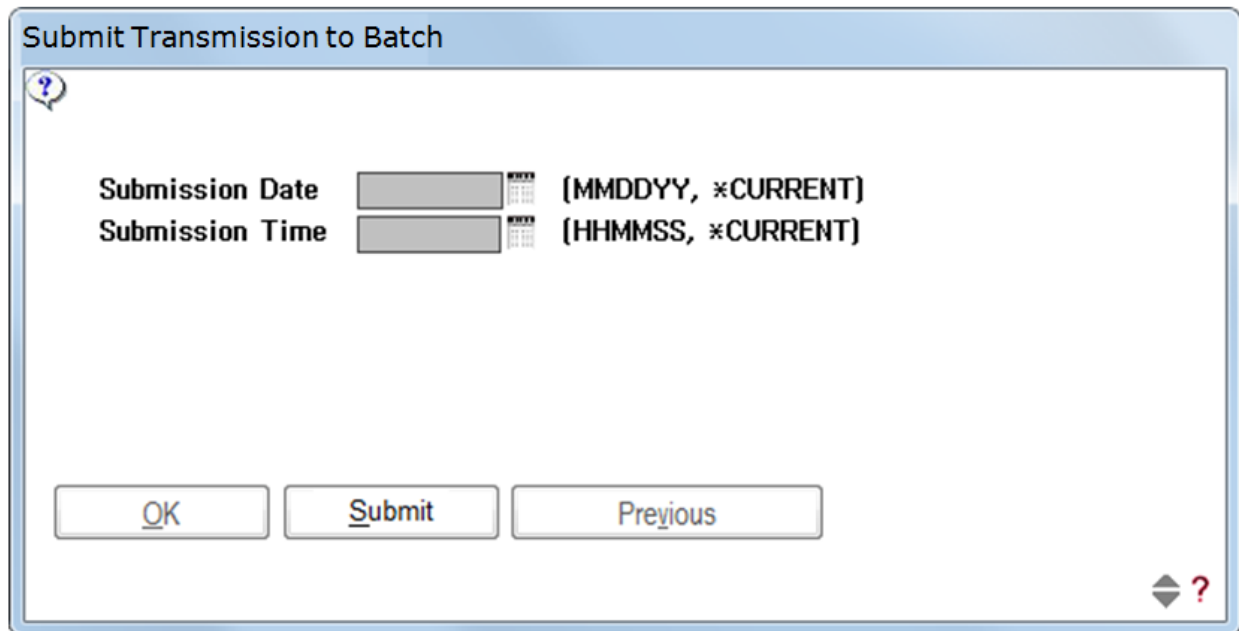


Action: Click **OK**.



Action: Click **OK**.

Submit Transmission to Batch window



This window appears when you select **Transmit Electronic Bills** on the Main Menu, provided that the intermediary is set up to **submit the transmission to batch**. Transmission to batch setup is done through EBMAIN Option 1.

Action:

1. Enter the date and time for the transmission to start.

Both fields default to ***CURRENT**. If a future date or time is entered, the transmission will wait until the entered date and time before starting.

2. Click **Submit**. (Clicking **Cancel** returns you to the EB Main Menu without submitting the transmission to batch.)

The transmission is submitted to batch processing in the subsystem set up in the Maintain EB system control record for the intermediary.

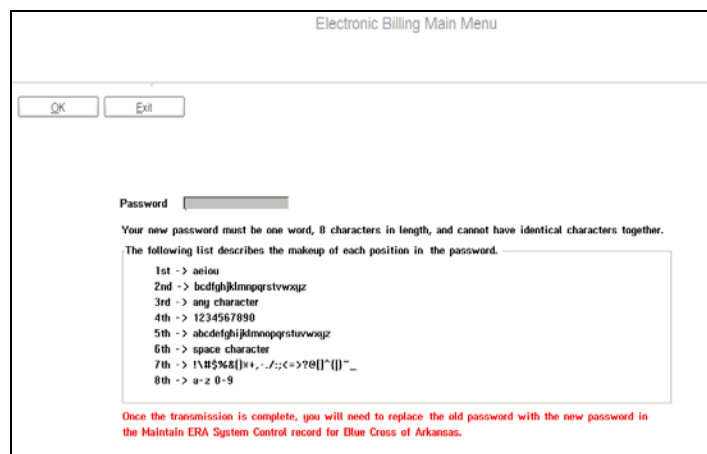
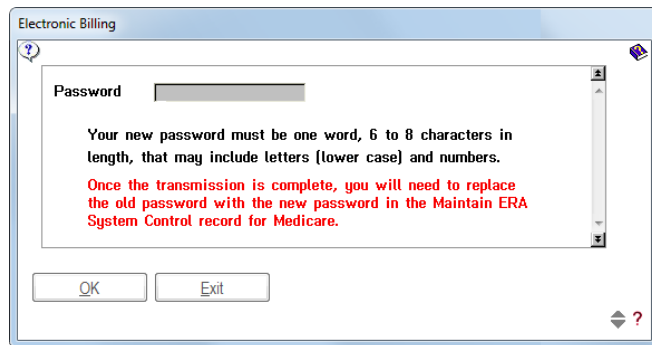
The messages that would appear in the window, if the transmission was not submitted to batch will be written to the job log.

The batch submission status can be viewed in Display Batch Submission Status, Option 16 on the Main Menu.

Password window

This window appears when the password has expired and a new one must be entered.

Two sample windows are shown below, but the precise instructions that appear will vary, depending on the intermediary.



Action: Enter the password according to the instructions in the window, then click **OK**.

Remember to update the following with the new password:

- The EB system control record, Option 1 on the EB Maintenance Menu
- The ERA system control record, through Maintain Electronic R/A System Control, Option 4 on the Electronic Remittance Advice Menu.

EBMENU Option 3: Rebill Electronic Bills

Overview: **Rebill Electronic Bills** (Option 3 on the Electronic Billing Main Menu) is used to re-create electronic bills after errors have been corrected. This rebilling is only allowed for patients who have previously been billed.

At the completion of this procedure, the file to retransmit the selected type of bills is created.

The procedures for transmitting electronic bills are applicable to transmitting electronic bills that are being rebilled.

This option does not update any files.

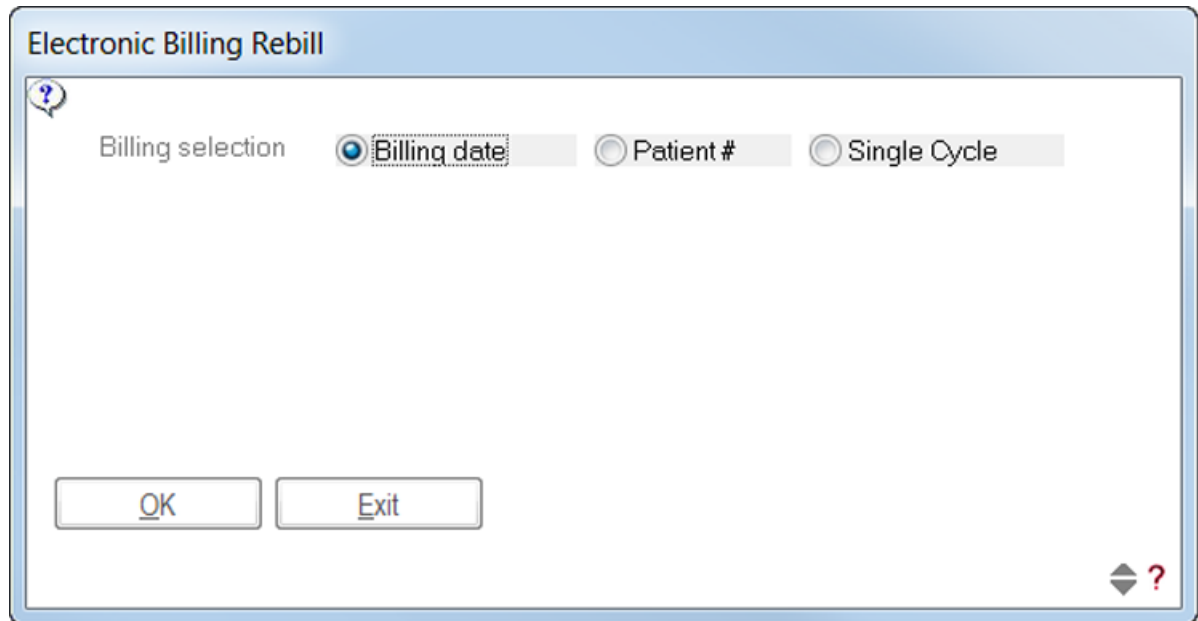
Files: ELECBILL, XNSUB82, XNSCODE

In this section

- [Billing selection window](#)
- [Billing date window](#)
- [Patient number window](#)
- [Patients File Lookup window](#)
- [Payor/cycle selection window](#)
- [Adjustment bill window](#)
- [Adjustment Bills window](#)
- [Adjustment Condition Code Lookup window](#)
- [Remarks selection window](#)
- [Cycle number window](#)
- [Add remarks window](#)
- [Edit remarks window](#)
- [Delete remarks window](#)
- [View remarks window](#)

Billing selection window

This window appears when you select **Rebill Electronic Bills** on the Main Menu.

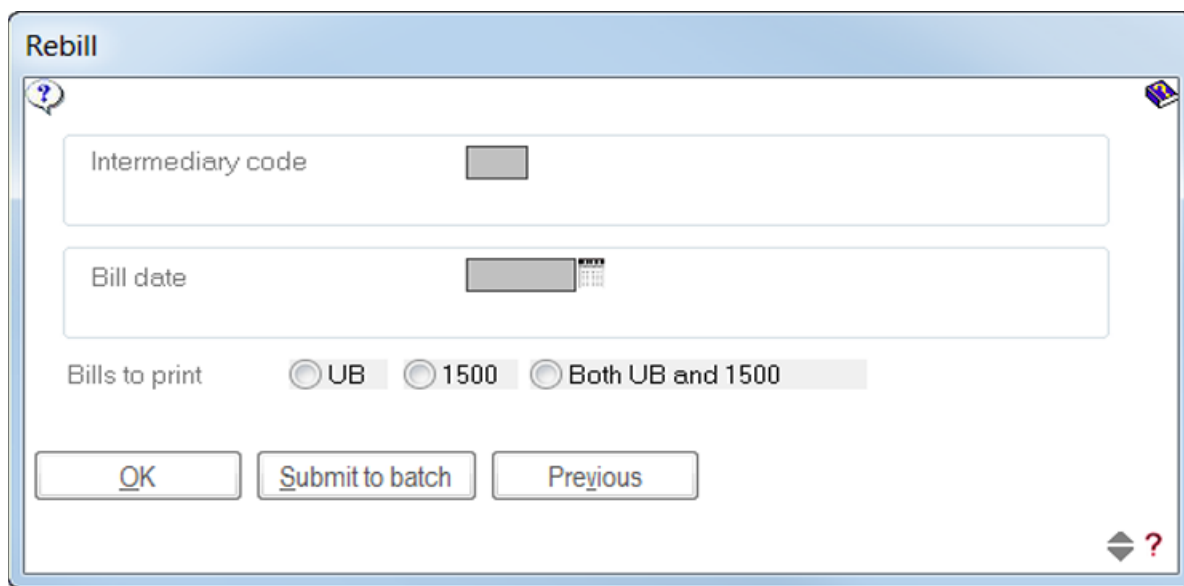


Action: Select (click on) the method (**Billing date**, **Patient #** or **Single Cycle**) for re-creating electronic bills, then click **OK**. The **Single Cycle** option now allows the user to only select a specific cycle for the billing window instead of all cycles as was expected before.

Billing date window

This window appears when you choose to re-create bills by billing date in the billing selection window.

You can re-create more than one set of bills at one time.

A screenshot of a software window titled "Rebill". The window has a light blue header bar with a question mark icon on the left and a small icon on the right. Below the header, there are two input fields: "Intermediary code" and "Bill date". The "Bill date" field includes a calendar icon. Below these fields, there are three radio buttons labeled "UB", "1500", and "Both UB and 1500". At the bottom of the window, there are three buttons: "OK", "Submit to batch", and "Previous". A small icon with a question mark is in the bottom right corner of the window.

Action:

1. Type the intermediary code.
2. Enter the bill date (the date the bills were produced from Patient Accounting).

To enter the date: Either type it in mmddyy format (for example, **072504** for July 25, 2004) or click  to select the date.

3. Select (click on) the type of bills to print (re-create).
4. To select another set of bills to re-create, click **OK** and repeat steps 1 to 3. The previously entered code and date appears in the **Previous** fields.

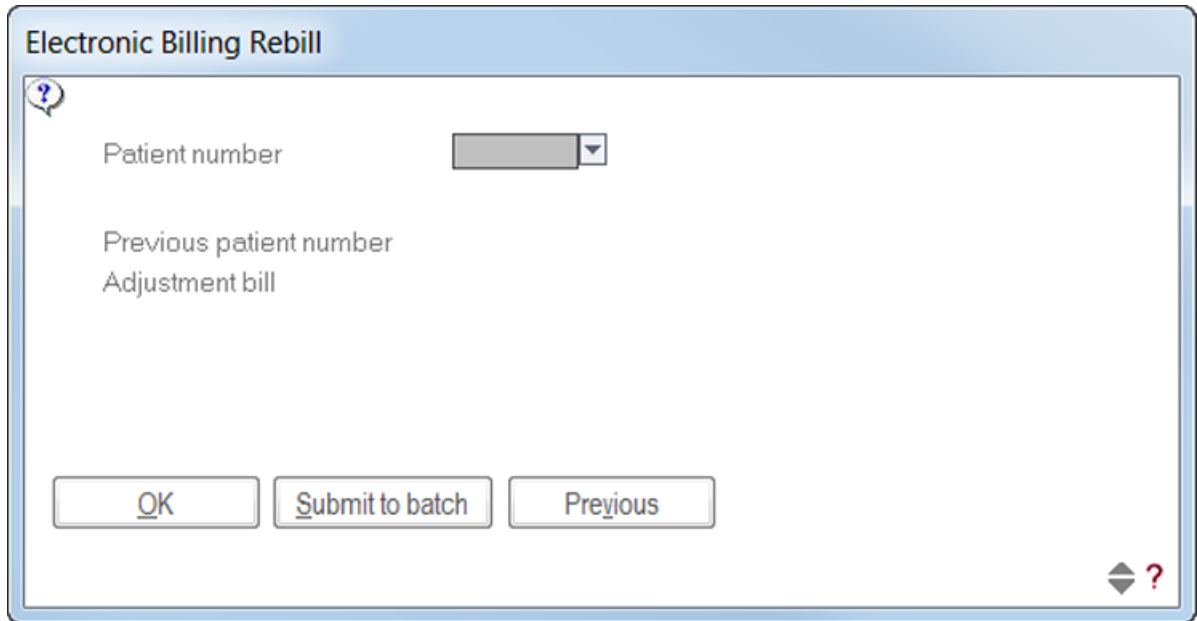
OR

If you are through entering dates, go to step 5.

5. When you're ready to re-create the bills, click **Submit to Batch** to submit the rebill process to batch for processing.

Patient number window

This window appears when you choose to re-create bills by patient in the billing selection window (only the **Patient number** field appears). It also reappears at the end of the rebilling process, when it shows the previously selected patient number and whether this is an adjustment bill.

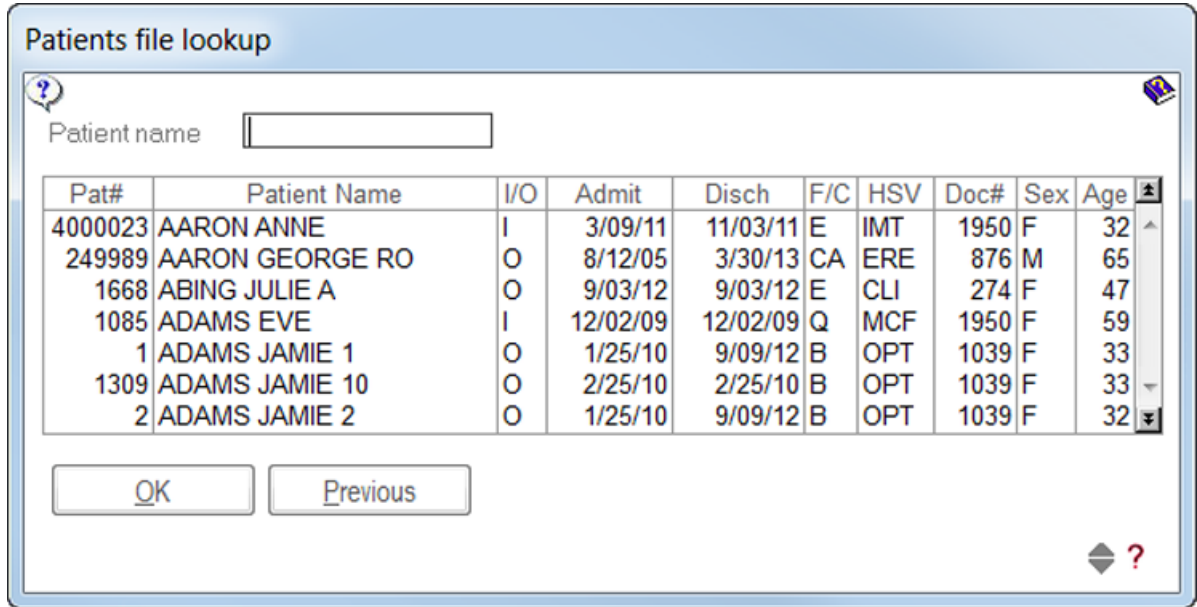


Action: Enter the patient number, and then click **OK**. You can either type the number or click  to select it in the **Patients File Lookup** window.

When the window reappears, either enter another patient number or click **Submit to Batch** to submit the rebill process to batch for processing.

Patients File Lookup window

This window appears when you click  to enter a patient number.



The screenshot shows a window titled "Patients file lookup". At the top left is a help icon (question mark in a circle). Below it is a text field labeled "Patient name" with a cursor inside. To the right of the text field is a small icon of a document with a magnifying glass. Below the text field is a table with 10 columns: Pat#, Patient Name, I/O, Admit, Disch, F/C, HSV, Doc#, Sex, and Age. The table contains 8 rows of patient data. Below the table are two buttons: "OK" and "Previous". At the bottom right of the window is a diamond-shaped icon and a red question mark.

Pat#	Patient Name	I/O	Admit	Disch	F/C	HSV	Doc#	Sex	Age
4000023	AARON ANNE	I	3/09/11	11/03/11	E	IMT	1950	F	32
249989	AARON GEORGE RO	O	8/12/05	3/30/13	CA	ERE	876	M	65
1668	ABING JULIE A	O	9/03/12	9/03/12	E	CLI	274	F	47
1085	ADAMS EVE	I	12/02/09	12/02/09	Q	MCF	1950	F	59
1	ADAMS JAMIE 1	O	1/25/10	9/09/12	B	OPT	1039	F	33
1309	ADAMS JAMIE 10	O	2/25/10	2/25/10	B	OPT	1039	F	33
2	ADAMS JAMIE 2	O	1/25/10	9/09/12	B	OPT	1039	F	32

Action: **To find a patient:** Type part or all of the patient's last name in the **Patient name** field and click **OK**.

To select a patient: Click on the patient's name and click **OK**. (You can also just double-click on the patient's name.)

Payor/cycle selection window

This window appears when you click **OK** after entering a patient number in the patient number window.

Electronic Billing Rebill By Patient

OK Previous

Patient Number 1085
Telephone
ADAMS EVE

History Number 151962
Financial class Q B

Guarantor 210133
Telephone 615 754-0012
ABBOTT RALLY

Payor 1 337 Plan 001 AHC

Cycle	Date	Bill Type	Bill Amount

Primary Payor

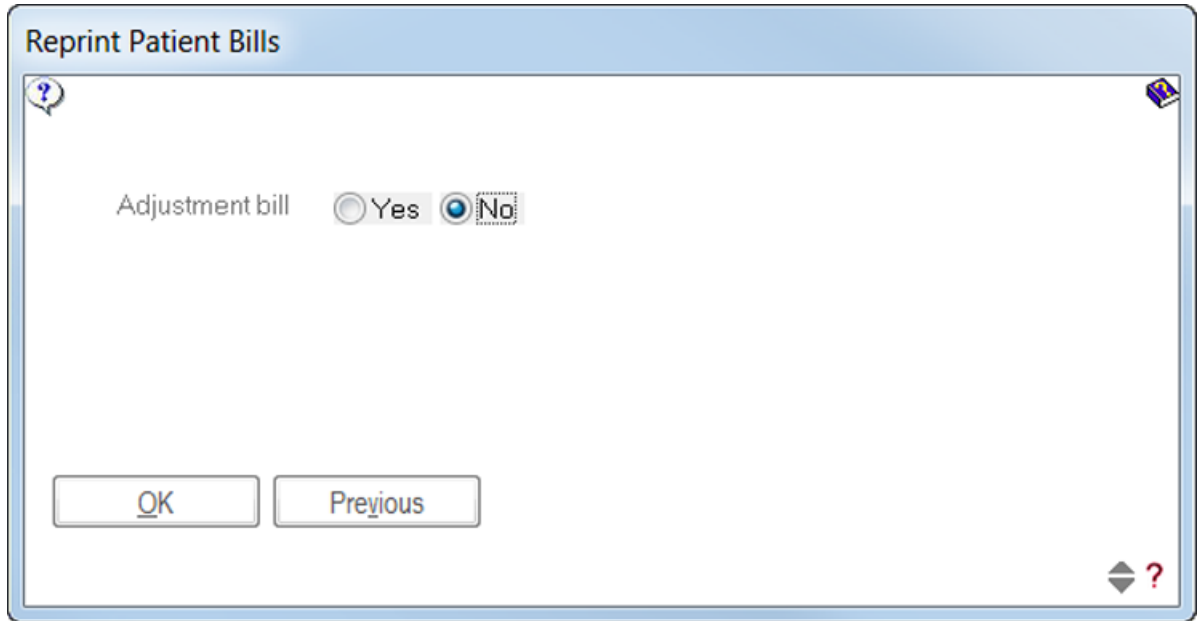
The output queue where the patient bills are printed is determined by settings in Hospital Name/Addr/Id# Record, Option 1 on the System Control File Menu in Patient Accounting, as follows:

- If the **Group bills by HSV output queue** field is set to **Y**, you can specify the output queue where the reprinted patient bills should be directed.
- If the field is set to **N** or if you don't specify an output queue, the reprinted bills will be directed to the default queue specified in the **Output Queue for bills** field.
- If **Patient #** has been selected from the *Billing Selection Window* select **Primary Payor** or **Secondary Payor**, then click **OK**.
- If **Single Cycle** has been selected from the *Billing Selection Window* click on the desired cycle from the Cycle column, then click **Primary** or **Secondary Payor**.

Action: Select (click on) the cycle you want, then click the payor button for the payor you want to bill.

Adjustment bill window

This window appears when you select **Yes** in the adjustment bill window.



The image shows a Windows-style dialog box titled "Reprint Patient Bills". Inside the dialog, there is a question mark icon in the top-left corner and a small icon in the top-right corner. The main text area contains the label "Adjustment bill" followed by two radio buttons: "Yes" (which is unselected) and "No" (which is selected). At the bottom of the dialog, there are two buttons: "OK" and "Previous". In the bottom-right corner of the dialog, there is a small icon of a double-headed arrow and a red question mark.

Action: If the bill is an adjustment bill, select (click on) **Yes**; if it is not, select **No**. Then click **OK**.

Adjustment Bills window

This window appears when you select **Yes** in the adjustment bill window.

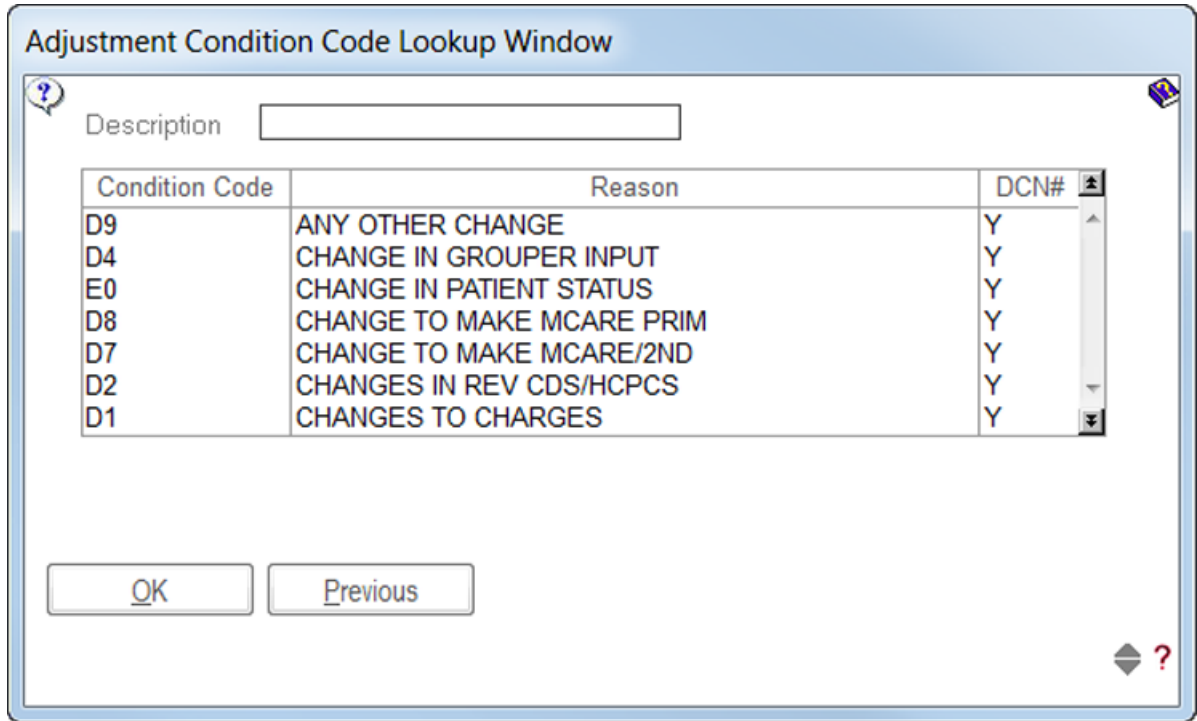
Action: Enter an adjustment condition code and, if required, enter the DCN# (Document Control Number) which will be entered in Locator 37 on the UB bill.

To enter a code: Either type the code or click  to select it in the **Adjustment Condition Code Lookup** window. Valid codes are:

Condition Code	Reason	Bill Frequency	DCN# Required	Remarks Required
D0	Changes to service dates	7	Y	N
D1	Changes to charges	7	Y	N
D2	Changes in rev cds/hcpcs	7	Y	N
D3	2nd/subsequent pps bill	7	Y	N
D4	Change in grouper input	7	Y	Y
D5	Correct hcn or prov id	8	N	N
D6	Repay a dup/oig overpay	8	Y	N
D7	Change to make mcare/2nd	7	Y	N
D8	Change to make mcare prim	7	Y	N
D9	Any other Change	7	Y	Y
E0	Change in patient status	7	N	N

Adjustment Condition Code Lookup window

This window appears when you click  to enter a condition code in the adjustment bills window.



The window is titled "Adjustment Condition Code Lookup Window". It features a "Description" text box at the top. Below it is a table with three columns: "Condition Code", "Reason", and "DCN#". The table contains seven rows of data. At the bottom of the window are two buttons: "OK" and "Previous". A help icon (?) is located in the bottom right corner.

Condition Code	Reason	DCN#
D9	ANY OTHER CHANGE	Y
D4	CHANGE IN GROUPE INPUT	Y
E0	CHANGE IN PATIENT STATUS	Y
D8	CHANGE TO MAKE MCARE PRIM	Y
D7	CHANGE TO MAKE MCARE/2ND	Y
D2	CHANGES IN REV CDS/HPCPS	Y
D1	CHANGES TO CHARGES	Y

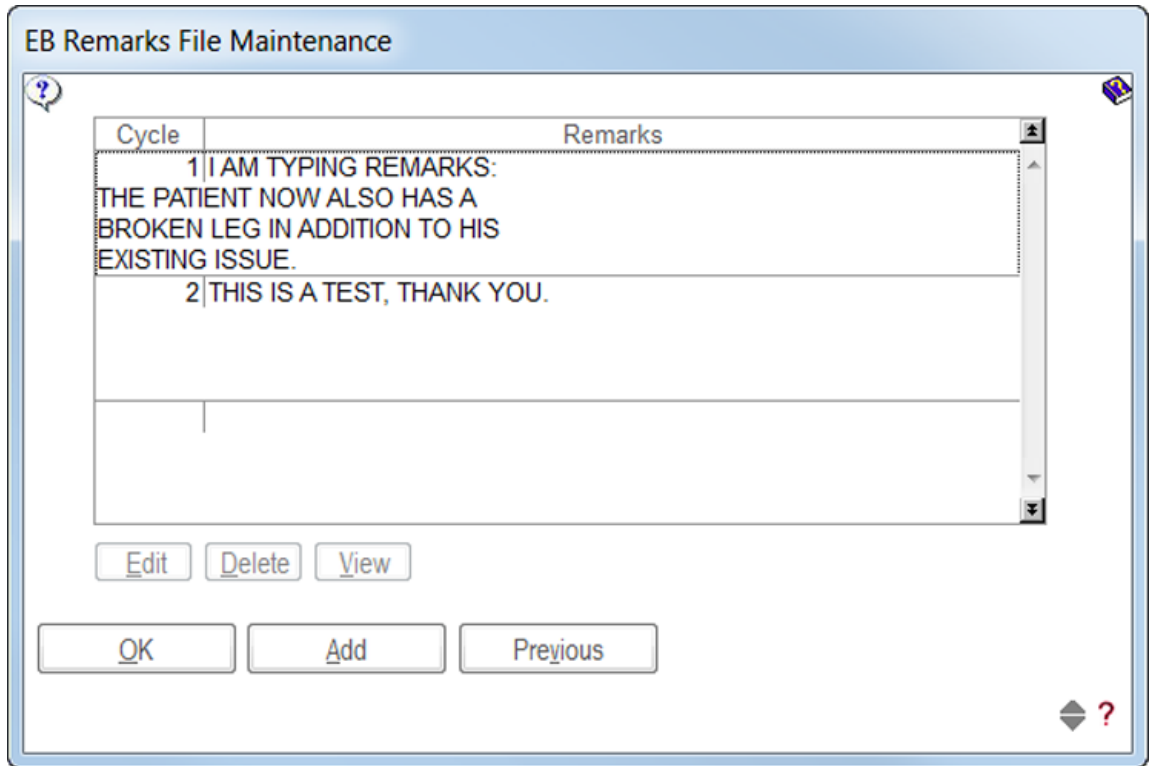
Action: **To find a code:** Type part or all of the code's description in the **Description** field and click **OK**.

To select a code: Click on the code and click **OK**. (You can also just double-click on the code.)

Remarks selection window

This window appears when you enter a condition code in the adjustment bills window that requires remarks to be entered.

The window lists any remarks that have already been entered. You can add, edit, delete, and view remarks. These remarks will appear in Locator 84 on the UB bill.



The screenshot shows a window titled "EB Remarks File Maintenance". It contains a table with two columns: "Cycle" and "Remarks". The table has three rows. The first row contains "1" in the Cycle column and "I AM TYPING REMARKS: THE PATIENT NOW ALSO HAS A BROKEN LEG IN ADDITION TO HIS EXISTING ISSUE." in the Remarks column. The second row contains "2" in the Cycle column and "THIS IS A TEST, THANK YOU." in the Remarks column. The third row is empty. Below the table are three buttons: "Edit", "Delete", and "View". At the bottom of the window are three buttons: "OK", "Add", and "Previous". A help icon (?) is in the top left corner, and a red question mark icon is in the bottom right corner.

Cycle	Remarks
1	I AM TYPING REMARKS: THE PATIENT NOW ALSO HAS A BROKEN LEG IN ADDITION TO HIS EXISTING ISSUE.
2	THIS IS A TEST, THANK YOU.

Buttons: Edit, Delete, View, OK, Add, Previous

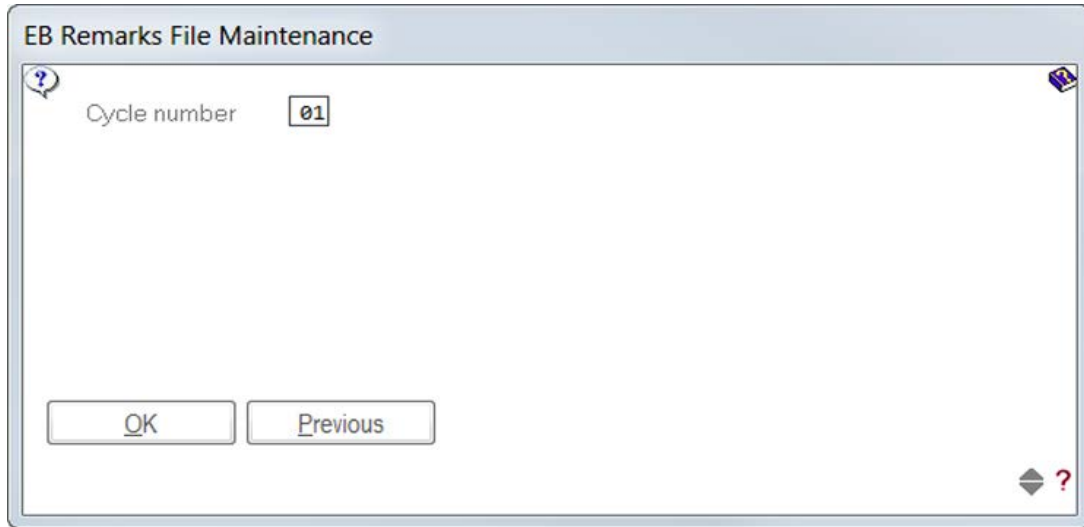
Action: **To enter a remark:** Click **Add**.

To edit, delete, or view a remark: Select (click on) the remark, then click **Edit**, **Delete**, or **View**. The buttons become active when you select a remark. (To edit, you can also just double-click on the remark.) A window appears for editing, confirming the deletion, or viewing.

When you are through: Click **OK**.

Cycle number window

This window appears when you click **Add** in the remarks selection window.

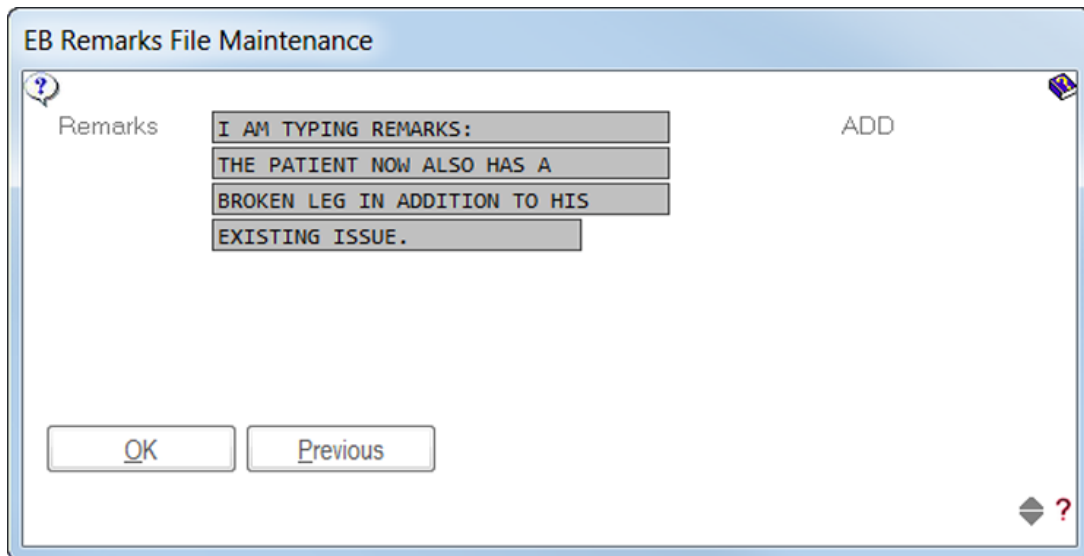


The screenshot shows a window titled "EB Remarks File Maintenance". Inside, there is a label "Cycle number" followed by a text input field containing the value "01". At the bottom left, there are two buttons: "OK" and "Previous". In the bottom right corner, there is a small icon of a diamond with a question mark.

Action: Enter a billing cycle number and click **OK**.

Add remarks window

This window appears when you enter a billing cycle number in the cycle number window.



The screenshot shows a window titled "EB Remarks File Maintenance". Inside, there is a label "Remarks" followed by a multi-line text input field containing the text: "I AM TYPING REMARKS:", "THE PATIENT NOW ALSO HAS A", "BROKEN LEG IN ADDITION TO HIS", and "EXISTING ISSUE.". To the right of the text input field is a button labeled "ADD". At the bottom left, there are two buttons: "OK" and "Previous". In the bottom right corner, there is a small icon of a diamond with a question mark.

Action: Type your remarks and click **OK**. (Clicking **Previous** returns you to the remarks selection window without saving any remarks you entered.) The remarks will appear in Locator 84 on the UB bill.

Edit remarks window

This window appears when you select a remark for editing in the remarks selection window.

The screenshot shows a window titled "EB Remarks File Maintenance". Inside, there is a label "Remarks" followed by a text input field containing "THIS IS A TEST, THANK YOU.". To the right of the input field is a button labeled "UPDATE". Below the input field are three empty text input fields. At the bottom left are two buttons: "OK" and "Previous". At the bottom right is a small icon of a diamond with a question mark.

Action: Make your changes and click **OK**. (Clicking **Previous** returns you to the remarks selection window without saving any changes you made.) The updated remarks will appear in Locator 84 on the UB bill.

Delete remarks window

This window appears when you select a remark for deletion in the remarks selection window.

The screenshot shows a window titled "EB Remarks File Maintenance". Inside, there is a label "Remarks" followed by a text input field containing "THIS IS A TEST, THANK YOU.". To the right of the input field is a button labeled "DELETE". At the bottom left are two buttons: "OK" and "Previous". At the bottom right is a small icon of a diamond with a question mark.

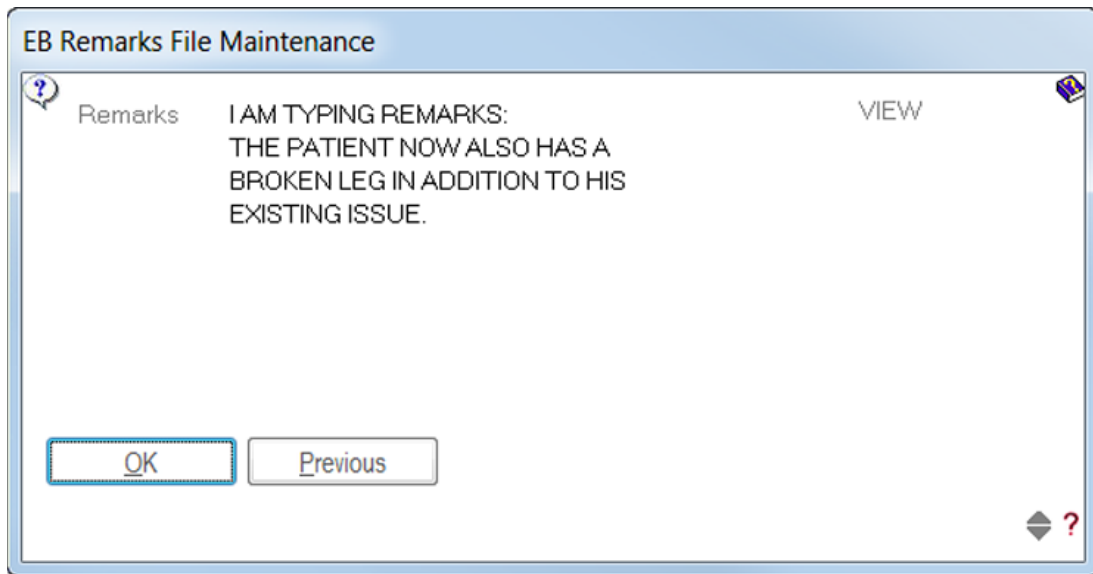
Action: **To delete the remark:** Click **OK**.

To cancel the deletion: Click **Previous**.

View remarks window

This window appears when you select a remark for viewing in the remarks selection window.

You can only view remarks in this window; you cannot edit or delete them.



Action: When you're through viewing, click **Previous**.

EBMENU Option 4: Hold Electronic Bills

Overview: **Hold Electronic Bills** (Option 4 on the Electronic Billing Main Menu) is used to place on hold electronic bills that are not ready to be transmitted. This option will exclude a patient's claim from the current transmission file.



Before selecting this option, make sure you review the Electronic Billing Transmission List produced from Create/Print EB Listing, Option 1 on the Electronic Billing Main Menu.

Releasing the bills on hold is controlled by the **Manually release held bills** field in the Maintain EB System Control Record, Option 1 on the Maintenance Menu. If the field is answered **Y**, the bills can be released through Option 5 on the Electronic Billing Main Menu. If the field is answered **N**, the bills placed on hold will automatically be released after each transmission.

When this option is completed, the Electronic Bills On Hold listing will automatically be printed, listing all patients whose bills have been put on hold. An [example](#) is shown below.

Electronic bills may be held by patient number and cycle number.

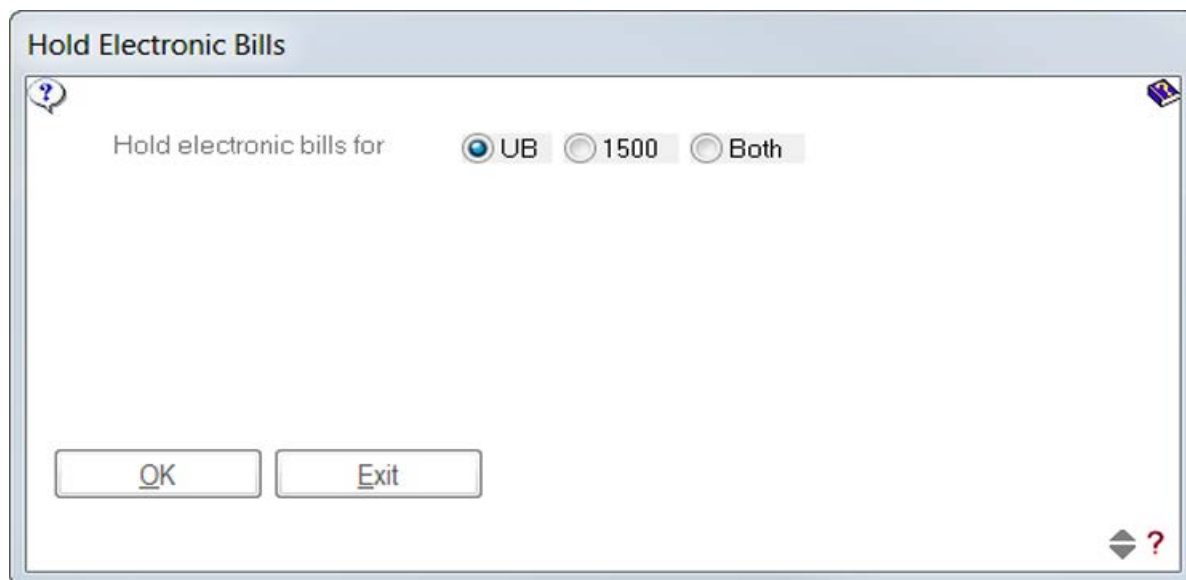
Files: PATIENTS, XNSUB82, XNSCODE, XNS1500, XNS15LB, XNS15CD

In this section

- [Bill type selection window](#)
- [Patient number/cycle number window](#)
- [Electronic Billing Patient Lookup window](#)
- [Sample Electronic Bills on Hold Report](#)

Bill type selection window

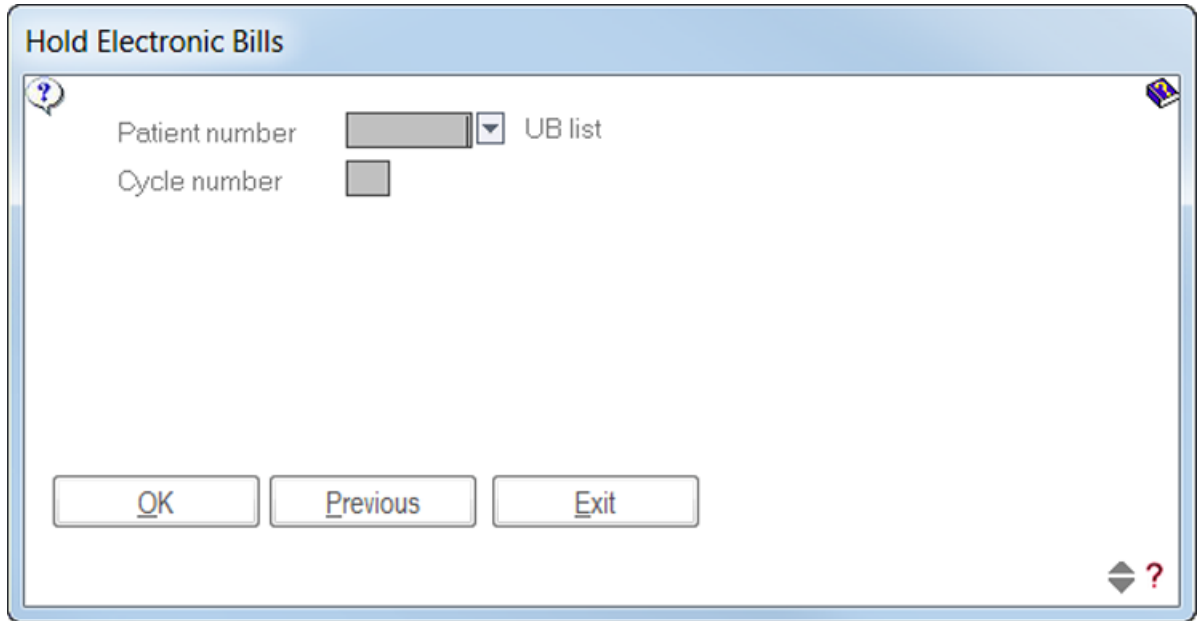
This window appears when you select **Hold Electronic Bills** on the Main Menu.



Action Select (click on) the type of electronic bill (UB, 1500, or both) that you want to put on hold, then click **OK**.

Patient number/cycle number window

This window appears when you select a bill in the bill type selection window.



Action

For each patient whose electronic bills are to be held, enter the patient number and cycle number, and then click **OK**.

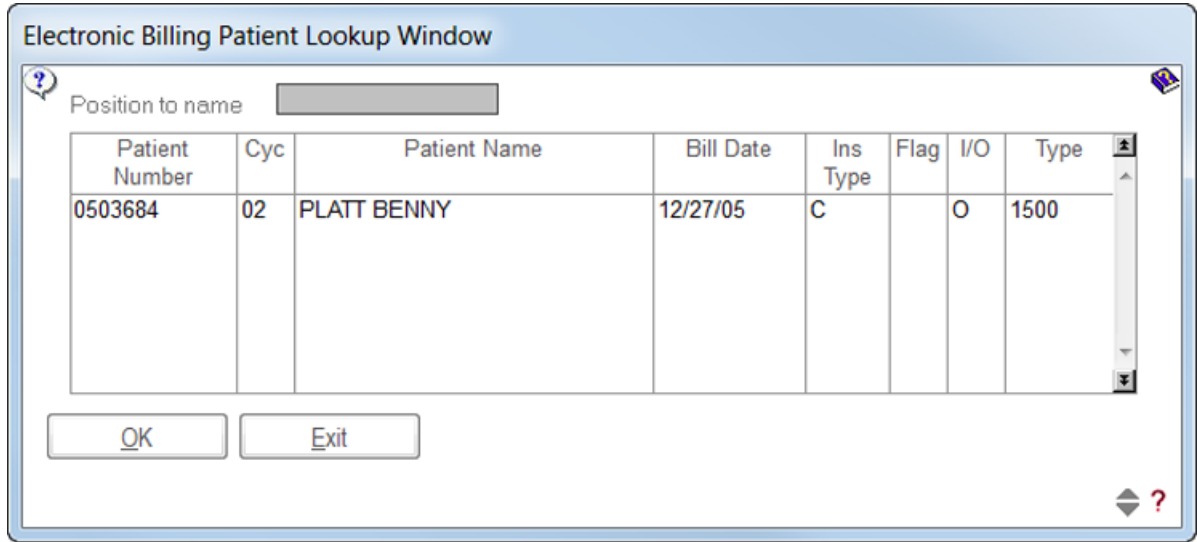
To enter a patient or cycle number: Either type the number or click  to search for it and select it.

The  buttons that appear correspond to the selection you made in the bill type selection window. For example, if you selected **Both**, then both buttons appear to allow you to search both the UB and 1500 lists.

When you have entered all the patient/cycle numbers, click **Exit** to return to the menu. The Electronic Bills On Hold report will be generated.

Electronic Billing Patient Lookup window

This window appears when you click  to enter a patient number.



The screenshot shows a window titled "Electronic Billing Patient Lookup Window". At the top, there is a text field labeled "Position to name" with a small question mark icon to its left. Below this is a table with the following columns: Patient Number, Cyc, Patient Name, Bill Date, Ins Type, Flag, I/O, and Type. The table contains one row of data: Patient Number 0503684, Cyc 02, Patient Name PLATT BENNY, Bill Date 12/27/05, Ins Type C, Flag (empty), I/O O, and Type 1500. At the bottom of the window are two buttons: "OK" and "Exit". A small question mark icon is also visible in the bottom right corner of the window frame.

Patient Number	Cyc	Patient Name	Bill Date	Ins Type	Flag	I/O	Type
0503684	02	PLATT BENNY	12/27/05	C		O	1500

Action **To find a patient:** Type part or all of the patient's last name in the **Position to name** field and click **OK**.

To select a patient: Click on the patient's name and click **OK**. (You can also just double-click on the patient's name.)

Sample Electronic Bills on Hold report

EB0R01

EXAMPLE FACILITY
MONITOR Electronic Bills On HoldPAGE: 1
DATE: 12/31/04
TIME: 14:40:18

CLAIM TYPE	PATIENT NUMBER	CYCLE NUMBER	PATIENT NAME	PATIENT TYPE	INSURANCE TYPE	BILL TYPE	ADMISSION DATE	DISCHARGE DATE
UB	5702167	01	DAUGHTREY ROBERT M III	I	BLUE CROSS	141	12/01/04	12/02/04
UB	1515733	01	NELSON MAUDIE R	I	MEDICAID	111	12/05/04	12/07/04
UB	1516012	01	DARBY HOUSTON	I	MEDICAID	111	12/10/04	12/13/04
UB	1516145	01	WILLIS DELENE	I	MEDICAID	111	12/15/04	12/20/04

EBMENU Option 5: Release Electronic Bills

Overview: **Release Electronic Bills** (Option 5 on the Electronic Billing Main Menu) is used to release a patient's electronic bill (UB, 1500, or both) that was previously put on hold and should be released to transmit.



Before selecting this option, make sure you review the Electronic Bills On Hold report produced from Hold Electronic Bills, Option 4 on the Electronic Billing Main Menu.

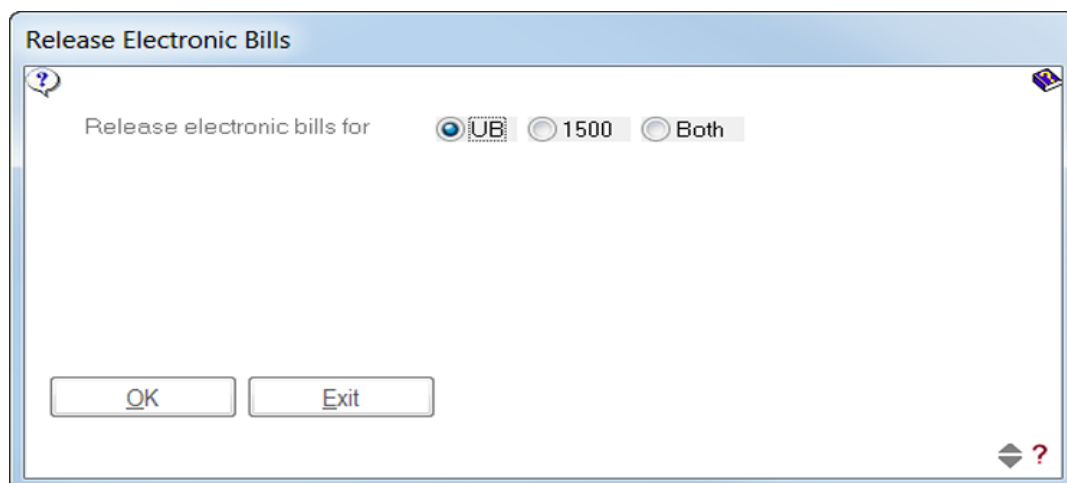
Files: XNSUB82

In this section

- [Bill type selection window](#)
- [Patient number/cycle number window](#)
- [Electronic Billing Patient Lookup window](#)

Bill type selection window

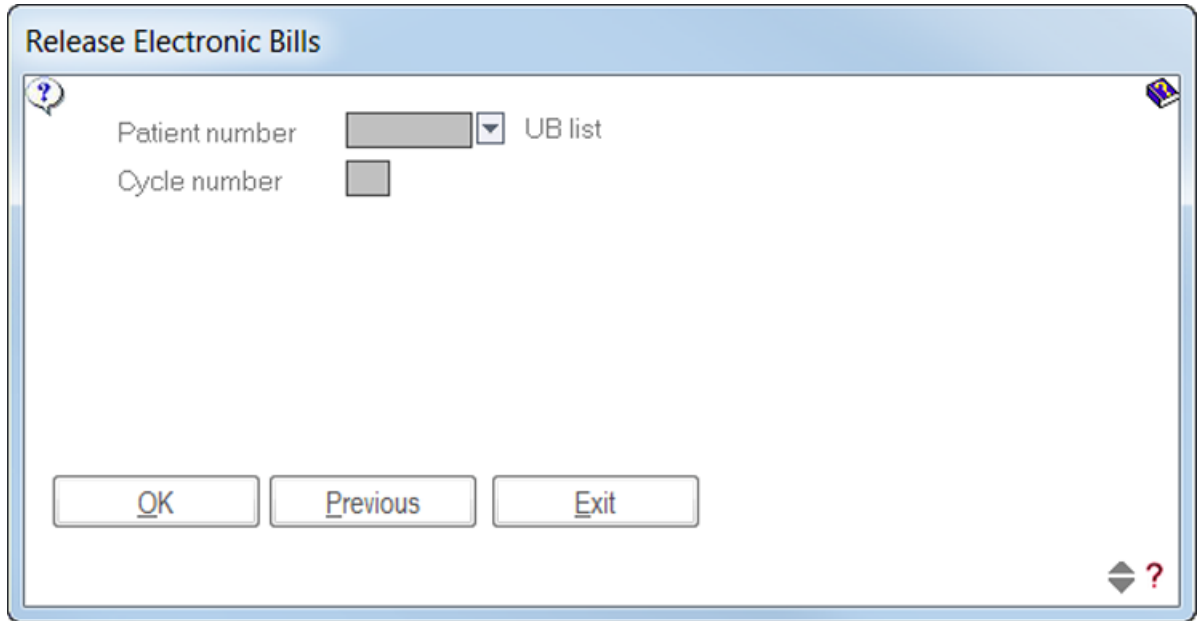
This window appears when you select **Release Electronic Bills** on the Main Menu.



Action Select (click on) the type of electronic bill (UB, 1500, or both) that you want to release, then click **OK**.

Patient number/cycle number window

This window appears when you select a bill in the bill type selection window.

A screenshot of a software window titled "Release Electronic Bills". The window has a light blue header bar. Inside, there are two input fields: "Patient number" and "Cycle number". The "Patient number" field is followed by a dropdown arrow and the text "UB list". Below the input fields are three buttons: "OK", "Previous", and "Exit". In the bottom right corner, there is a small icon of a hand with a question mark.

Action

For each patient whose electronic bills are to be released, enter the patient number and cycle number, and then click **OK**.

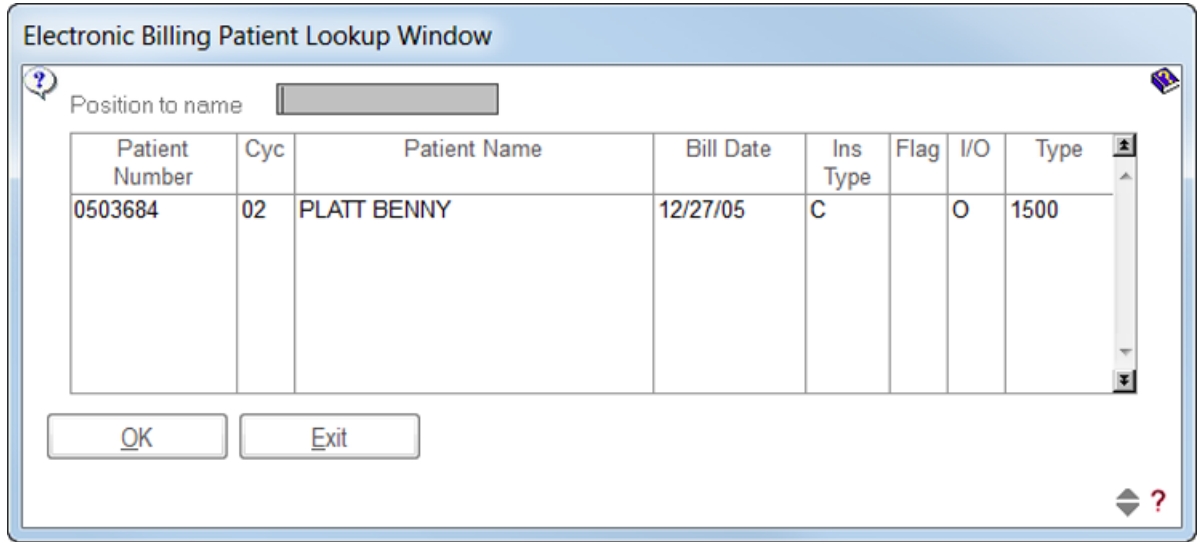
To enter a patient or cycle number: Either type the number or click  to search for it and select it.

The  buttons that appear correspond to the selection you made in the bill type selection window. For example, if you selected **Both**, then both buttons appear to allow you to search both the UB and 1500 lists.

When you have entered all the patient/cycle numbers, click **Exit** to return to the menu.

Electronic Billing Patient Lookup window

This window appears when you click  to enter a patient number.



The screenshot shows a window titled "Electronic Billing Patient Lookup Window". At the top, there is a text field labeled "Position to name" with a cursor inside. Below this is a table with the following columns: Patient Number, Cyc, Patient Name, Bill Date, Ins Type, Flag, I/O, and Type. The first row of data contains: 0503684, 02, PLATT BENNY, 12/27/05, C, , O, and 1500. At the bottom of the window are two buttons: "OK" and "Exit". A help icon (?) is visible in the bottom right corner of the window frame.

Patient Number	Cyc	Patient Name	Bill Date	Ins Type	Flag	I/O	Type
0503684	02	PLATT BENNY	12/27/05	C		O	1500

Action

To find a patient: Type part or all of the patient's last name in the **Position to name** field and click **OK**.

To select a patient: Click on the patient's name and click **OK**. (You can also just double-click on the patient's name.)

EBMENU Option 6: Cancel Electronic Bills

Overview: **Cancel Electronic Bills** (Option 6 on the Electronic Billing Main Menu) is used to cancel a patient's electronic bill (UB or 1500). Cancelling a bill removes the patient's claim from electronic bills processing.



Before selecting this option, make sure you review the Electronic Billing Transmission List produced from Create/Print EB Listing, Option 1 on the Electronic Billing Main Menu.

This option deletes the patient from the EB transmission file. The patient will have to be rebilled from Rebill Electronic Bills, Option 3 on the Electronic Billing Main Menu.

Files: XNSUB82

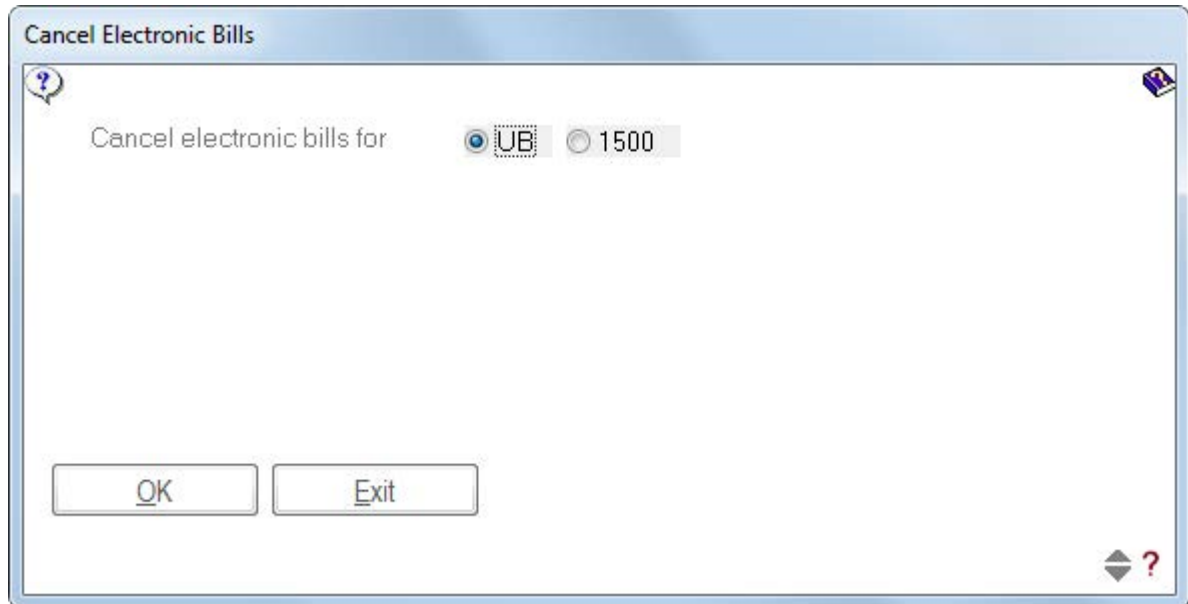
In this section

- Bill type selection window
- Patient number/cycle number window (*next page*)

Bill type selection window

This window appears when you select **Cancel Electronic Bills** on the Main Menu.

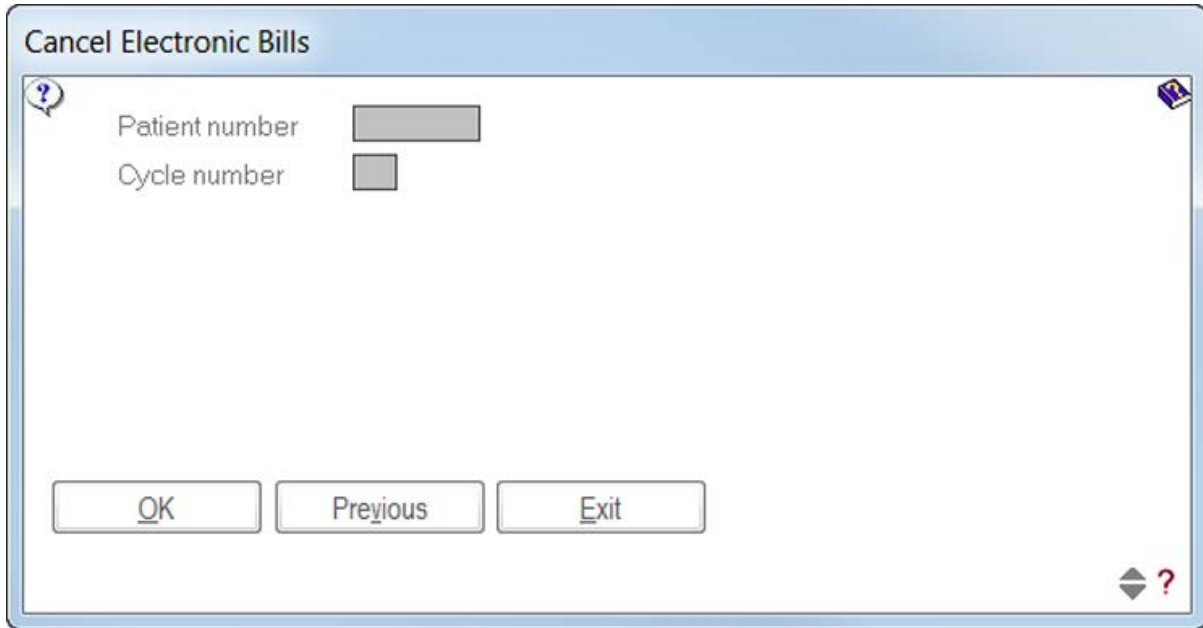
UB has replaced UB92 in this window.



Action Select (click on) the type of electronic bill (UB or 1500) that you want to cancel, then click **OK**.

Patient number/cycle number window

This window appears when you select a bill in the bill type selection window.



Action

Each patient whose electronic bills are to be cancelled, type the patient number and cycle number, and then click **OK**.

The following message will appear at the bottom of the screen each time you click **OK**:

Patient number xxxxxxxx has been removed from EB file.

When you have entered all the patient/cycle numbers, click **Exit** to return to the menu.

The screenshot shows a window titled "Cancel Electronic Bills". At the top left is a help icon (question mark in a circle). Below it are two input fields: "Patient number" and "Cycle number". A red rectangular box highlights a message area in the center of the window that reads: "Patient number 6000164 has been removed from EB file". At the bottom of the window are three buttons: "OK", "Previous", and "Exit". A help icon (diamond with a question mark) is located in the bottom right corner of the window.

Patient Number/Cycle Number Window will re-display with a message stating the Patient Number has been removed from EB File. Press **OK** to continue.

EBMENU Option 8: Enter Remarks

This option has been enhanced to allow the use of both 4010 and 5010 formats. You also can enter the Ambulance **Transport Distance** with a decimal.

Overview: Use this option to enter remarks that will be printed in the remarks section of UB bills that are printed from the electronic billing claims sent to carriers.

There are three versions of the **Remarks** screen. One is used for claims that **do not** have a UB revenue code of 0540 = Ambulance Services. The other two are used for claims that **do** have a UB revenue code of 0540 = Ambulance Services. One is for version 4010 formats, the other is for version 5010 formats. The two formats and screens are described in separate sections.

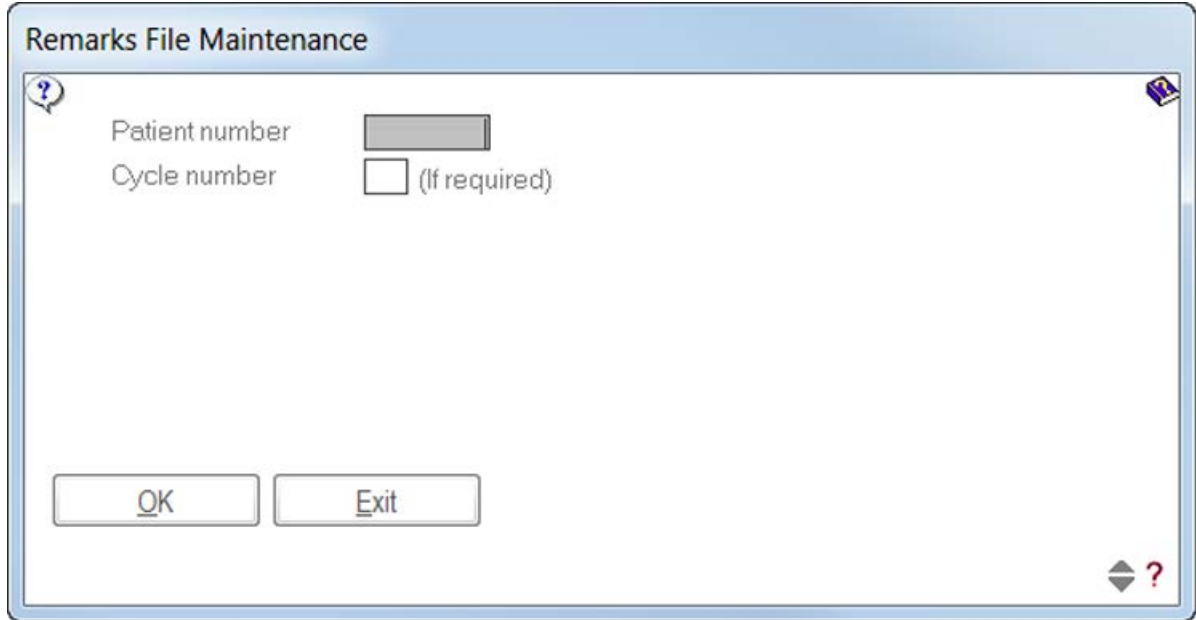
Files: EBREMARK

Contents

SELECTING A PATIENT	8.2
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Claims without Ambulance Services.....	8.3
Claims with Ambulance Services	8.4
4010 Format Ambulance Services Window.....	8.4
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Ambulance Transport Code.....	8.5
Ambulance Condition Indicator.....	8.6
5010 Format Ambulance Services Window.....	8.7
Valid 5010 Ambulance Codes.....	8.8
Reason for Ambulance Transportation.....	8.8
Ambulance Transport Code.....	8.8
Bookmark not defined.	Error!
Ambulance Condition Indicator.....	8.8

SELECTING A PATIENT

This Patient number / cycle number window appears when you select *Enter Remarks* on the *Electronic Billing Main Menu*.



The image shows a Windows-style dialog box titled "Remarks File Maintenance". It has a light blue title bar and a white main area. In the top-left corner is a question mark icon, and in the top-right corner is a small icon of a book with a magnifying glass. The dialog contains two input fields: "Patient number" followed by a text box, and "Cycle number" followed by a text box with the text "(If required)" to its right. At the bottom of the dialog are two buttons: "OK" and "Exit". In the bottom-right corner, there is a vertical double-headed arrow and a red question mark icon.

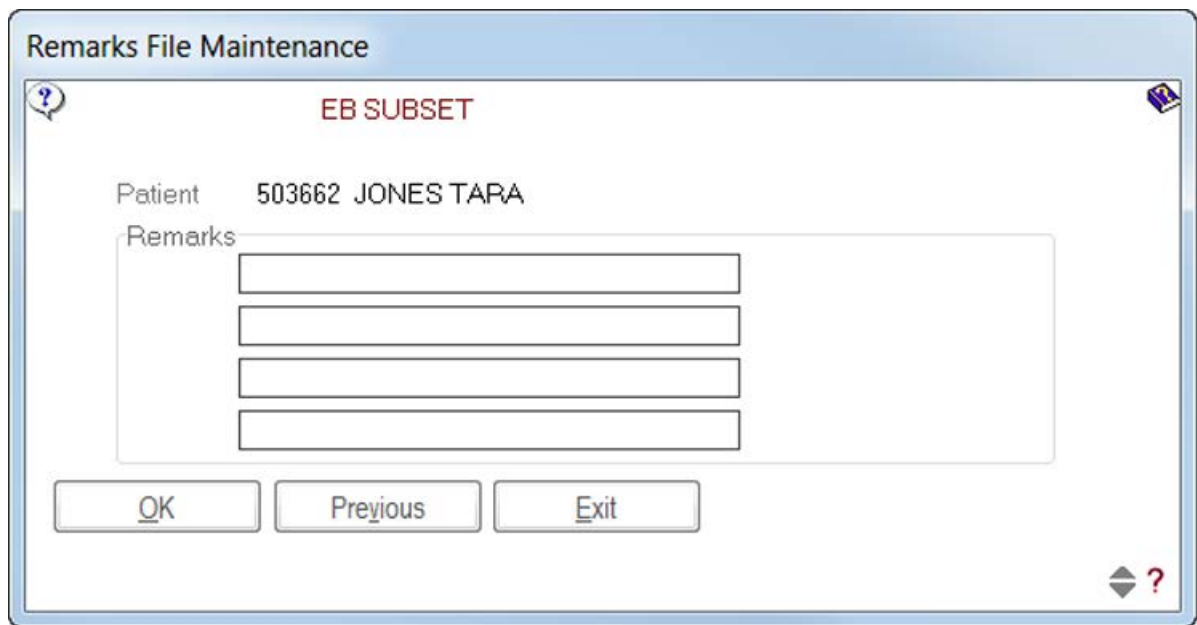
Action Type the patient number and, if required, cycle number for the patient on whose bill you want to enter remarks; then click **OK**. One of two kinds of remarks screens will open next.

ENTERING REMARKS

Claims without Ambulance Services

The **Remarks File Maintenance** window appears when you click **OK** in the **Patient Number/Cycle Number** window and the claim *does not* contain a UB revenue code of 540 = Ambulance services. The same window appears for both transaction formats (4010 and 5010). Use this window to add remarks to the UB bills.

Note: If the claim *does* contain the 0540 code, the **Ambulance Services** window appears instead, as described in the section, "Claims with Ambulance Services."

The image shows a software window titled "Remarks File Maintenance". At the top, it says "EB SUBSET". Below that, the "Patient" field is populated with "503662 JONES TARA". Under the "Remarks" label, there are four empty text input boxes stacked vertically. At the bottom of the window, there are three buttons: "OK", "Previous", and "Exit". The window has a standard Windows-style border with a question mark icon in the top-left corner and a scroll bar icon in the bottom-right corner.

Action

Type up to four lines of remarks, and then click **OK**.

Clicking **Previous** returns you to the **Patient Number/Cycle Number** window without saving your remarks.

Clicking **Exit** returns you to the **Electronic Billing Main Menu** without saving any changes.

Claims with Ambulance Services

The **Ambulance Services–Remarks** window appears when you click **OK** in the **Patient Number /Cycle Number** window and the claim **does** contain a UB revenue code of 0540 = Ambulance services. Use this window to add information about ambulance use as well as remarks.

Note: If the claim **does not** contain the 0540 code, the **Remarks File Maintenance** window appears instead (see the earlier section, “Claims without Ambulance Services.”).

Several fields or codes differ for transactions that use the 4010 and 5010 formats, so their screens are shown in separate sections.

4010 FORMAT AMBULANCE SERVICES WINDOW

The screenshot shows the 'Electronic Billing Remarks File Maintenance' window with the subtitle 'EB SUBSET'. At the top, there are four buttons: 'OK', 'Ambul Pickup/DropOff', 'Previous', and 'Exit'. The main form area contains the following fields:

- Patient:** 6000357, **1 ATTEST INPT1**
- Reason for Ambulance Transportation:** A search icon button.
- Transport Distance (in miles):** A text field containing '(5.1)'.
- Certify Condition Code Applies:** Radio buttons for 'Yes' (selected) and 'No'.
- Ambulance Condition Code:** A series of five dropdown menus.
- Round Trip Purpose Description:** Two stacked text input fields.
- Stretcher Purpose Description:** Two stacked text input fields.
- Remarks:** Four labeled text input fields: 'Remark line one', 'Remark line two', 'Remark line three', and 'Remark line four'.

The **Transport Distance** field includes a decimal. For example, if the distance is 22.5, enter 225.

Action

Before completing any other information, select **Yes** or **No** in the **Certify Condition Code Applies** field. This is the only required field, but you will not be able to complete the other fields until this field has an entry.

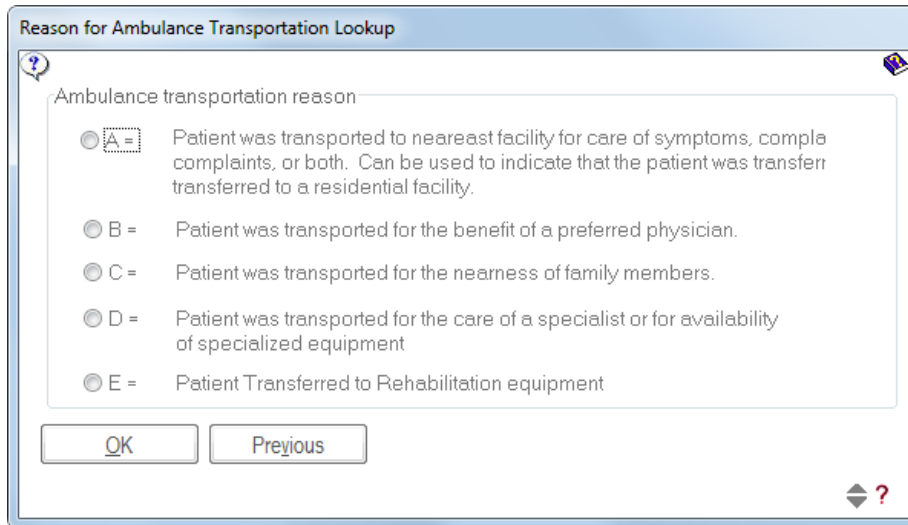
To search for valid codes for the **Reason for Ambulance Transportation**, **Ambulance Transport Code**, and **Ambulance Condition Code** fields, press **F4** in the field or click on the search button . Valid codes are shown on the next pages.

Clicking **Previous** returns you to the **Patient Number /Cycle Number**.

Clicking **Exit** returns you to the **Electronic Billing Main Menu** without saving any changes.

Valid 4010 Ambulance Codes

Reason for Ambulance Transportation



Reason for Ambulance Transportation Lookup

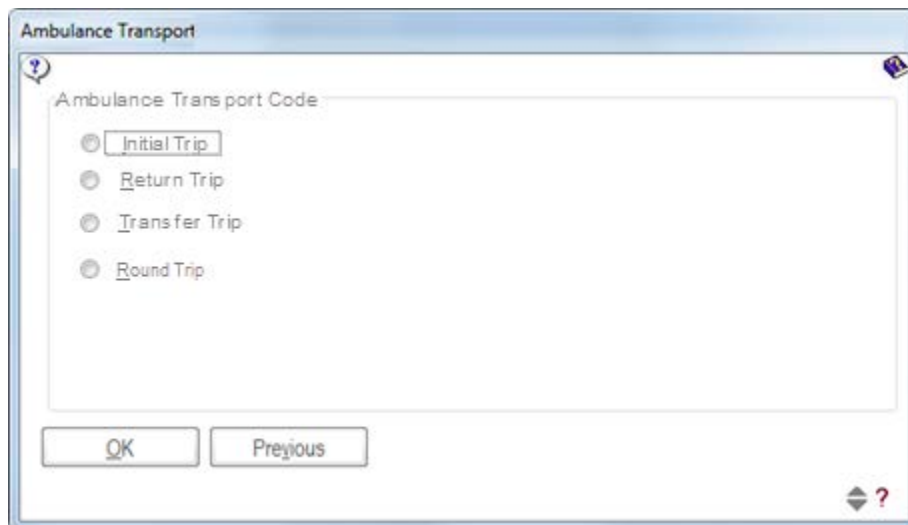
Ambulance transportation reason

- ☒ A = Patient was transported to nearest facility for care of symptoms, complete complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.
- ☐ B = Patient was transported for the benefit of a preferred physician.
- ☐ C = Patient was transported for the nearness of family members.
- ☐ D = Patient was transported for the care of a specialist or for availability of specialized equipment
- ☐ E = Patient Transferred to Rehabilitation equipment

OK Previous

Help

Ambulance Transport Code



Ambulance Transport

Ambulance Transport Code

- ☒ Initial Trip
- ☐ Return Trip
- ☐ Transfer Trip
- ☐ Round Trip

OK Previous

Help

Ambulance Condition Indicator

Ambulance Condition Code Lookup

?

Condition Indicator

- ☐ 01 = Patient was admitted to a 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

OK Previous

◆ ?

5010 FORMAT AMBULANCE SERVICES WINDOW

Electronic Billing Remarks File Maintenance EB SUBSET	
OK Ambul Pickup/DropOff Previous Exit	
Patient 6000357 1 ATTEST INPT1 Reason for Ambulance Transportation ▼ Transport Distance (in miles) 5.1 Certify Condition Code Applies ☐ Yes ☒ No Ambulance Condition Code ▼ ▼ ▼ ▼ ▼ Round Trip Purpose Description Stretcher Purpose Description Remarks Remark line one Remark line two Remark line three Remark line four	

The **Transport Distance** field includes a decimal. For example, if the distance is 22.5, enter 225.

Action

Before entering any other information, choose **Yes** or **No** in the **Certify Condition Code Applies** field. This is the only required field, but you will not be able to complete the other fields until this field has an entry.

To search for valid codes for the **Reason for Ambulance Transportation** and **Ambulance Condition Code** fields, press **F4** in the field or click on the search button . Valid codes are shown on the next pages.

Clicking **Previous** returns you to the **Patient number / cycle number** window without saving any changes.

Clicking **Exit** returns you to the **Electronic Billing Main Menu** without saving any changes.

Valid 5010 Ambulance Codes**Reason for Ambulance Transportation**

Reason for Ambulance Transportation Lookup

Ambulance transportation reason

☒ A = Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.

☐ B = Patient was transported for the benefit of a preferred physician.

☐ C = Patient was transported for the nearness of family members.

☐ D = Patient was transported for the care of a specialist or for availability of specialized equipment

☐ E = Patient Transferred to Rehabilitation equipment

OK Previous

Ambulance Condition Indicator

Ambulance Condition Code Lookup

Condition Indicator

☒ 01 = Patient was admitted to a 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

OK Previous

AMBULANCE PICK UP/DROP OFF INFORMATION WINDOW

Electronic Billing Remarks File			
EB SUBSET			
OKPreviousExit			
Patient	6000535	Hospital	001 TEST AMBULANCEADDRESSMRKS
Ambulance Pick Up Information			
Address			
Address			
City			
State			
Zip Code			
Ambulance Drop Off Information			
Address			
Address			
City			
State			
Zip Code			

Action Populate the **Address 1, 2, City, State, and Zip** fields as required according to the patient's information in the **Ambulance Pick Up and Drop Off Information** sections of the screen displayed above.

EBMENU Option 9: Receive Audit Reports

Overview: **Receive Audit Reports** (Option 9 on the Electronic Billing Main Menu) is used to sign on and receive the audit report from the intermediary. An example of the Tennessee [audit report](#) is shown below.

The following message will appear on the screen:

LINES ARE SET UP, BEGIN TO CHECK SYS OPR MSGS

If a line failure occurs, the system will automatically try again, but you will have to check for system operator messages and redial the number. The following message will appear if a line failure occurs:

COMMUNICATIONS LINE FAILURE ... TRYING CONNECTION AGAIN. YOU WILL NEED TO CHECK SYSTEM OPERATOR MESSAGES AGAIN FOR MANUAL DIAL UP MESSAGE, AND YOU WILL NEED TO RE-DIAL THE NUMBER AT THE APPROPRIATE TIME.

If any other type of error occurs during the transmission, the transmission error window will appear.

When the report is received, the following message will appear:

AUDIT REPORT RECEIVED, PRESS ENTER TO CONTINUE

The Audit report will print on the system printer or will be sent to an output queue.

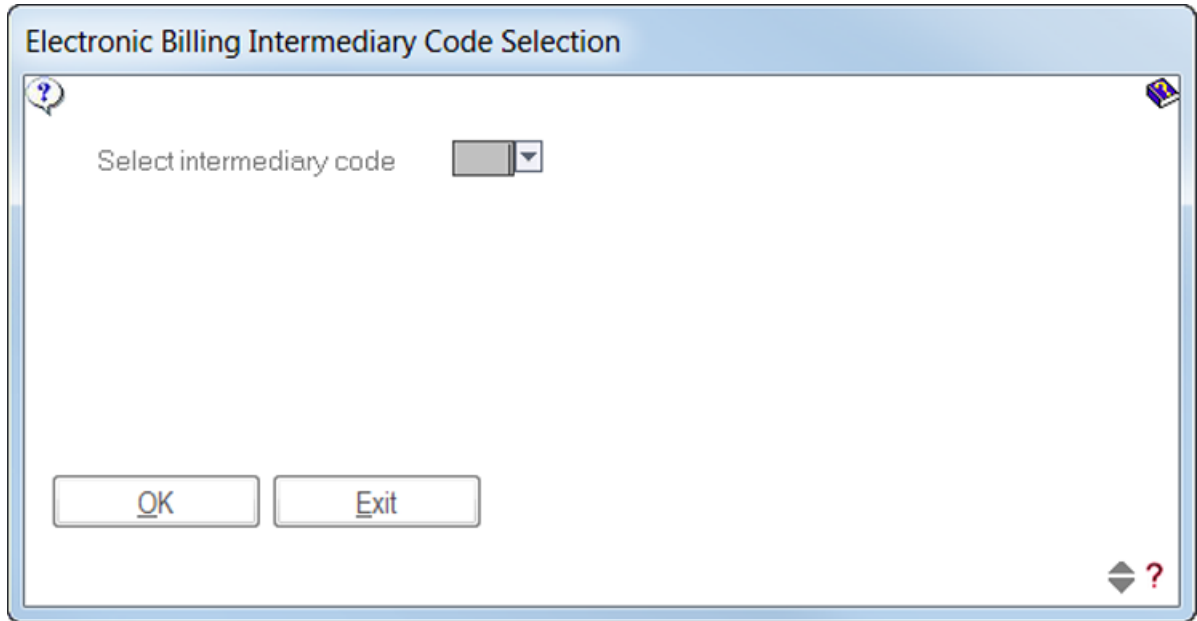
Files: EBAUDIT

In this section

- [Intermediary Code Selection window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [UB/1500 Selection window](#)
- [Multiple Audit Report Selection window](#)
- [Transmission error window](#)
- [Sample audit report](#)

Intermediary Code Selection window

This window appears when you select **Receive Audit Reports** in the Main Menu.

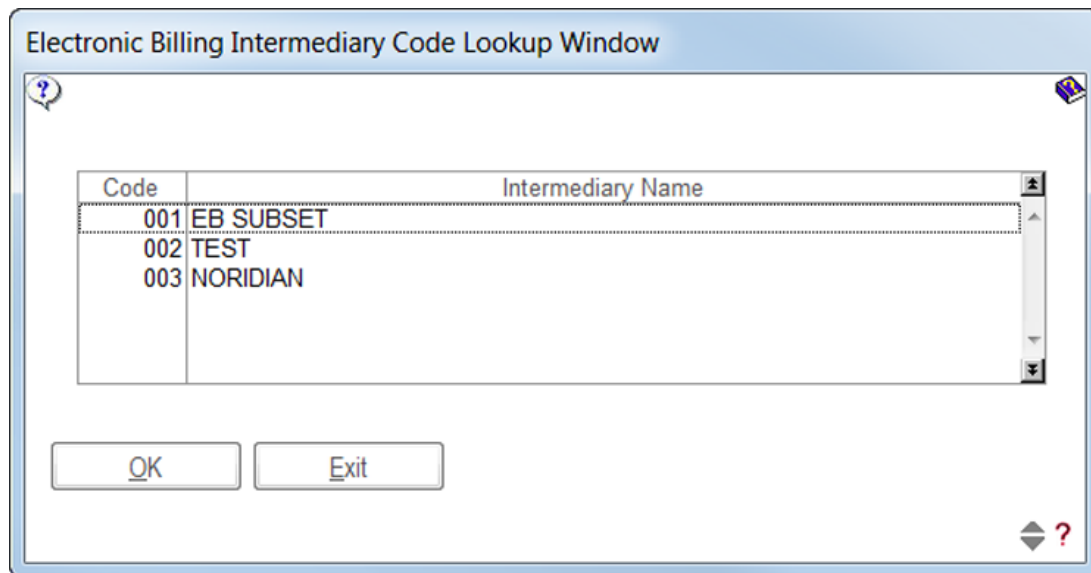


The screenshot shows a window titled "Electronic Billing Intermediary Code Selection". Inside the window, there is a text label "Select intermediary code" followed by a text input field and a small downward-pointing arrow icon. At the bottom of the window, there are two buttons: "OK" and "Exit". In the bottom right corner of the window, there is a small icon of a hand with a question mark.

Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

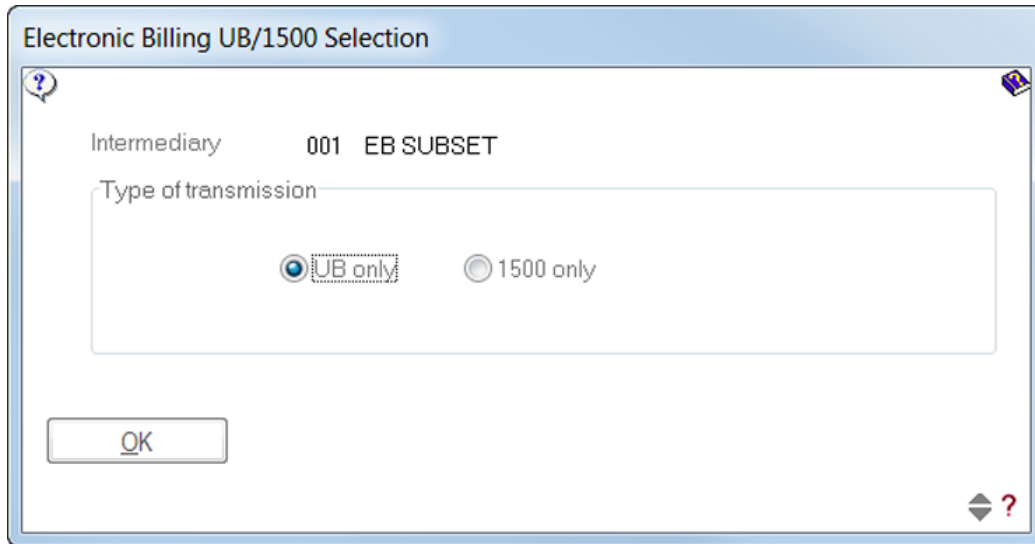
This window appears when you click  in the **Intermediary Code Selection** window.



Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

UB/1500 Selection window

This window appears when you enter an intermediary code in the **Intermediary Code Selection** window and click **OK**.

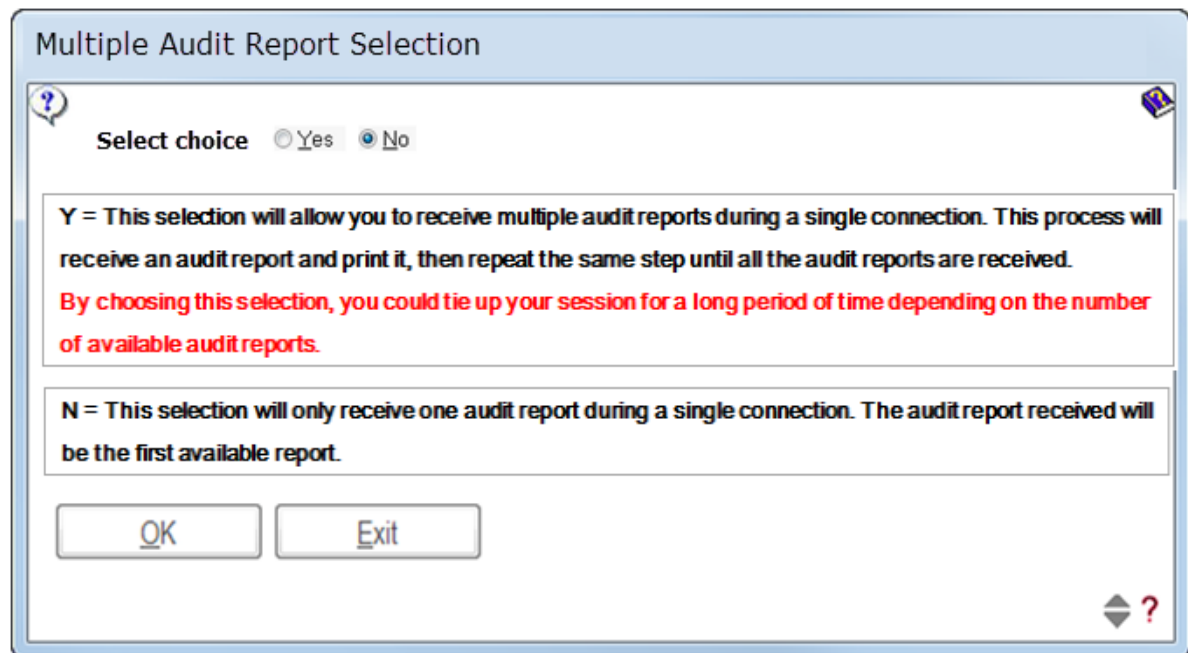


The image shows a software window titled "Electronic Billing UB/1500 Selection". Inside the window, the text "Intermediary 001 EB SUBSET" is displayed. Below this, there is a section labeled "Type of transmission" which contains two radio button options: "UB only" (which is selected) and "1500 only". At the bottom left of the window is an "OK" button. The window has a standard Windows-style border with a question mark icon in the top-left corner and a scroll bar with a question mark icon in the bottom-right corner.

Action: Select (click on) the code you want and click **OK**.

Multiple Audit Report Selection window

This window appears when the intermediary allows multiple audit reports to be received during a single connection.



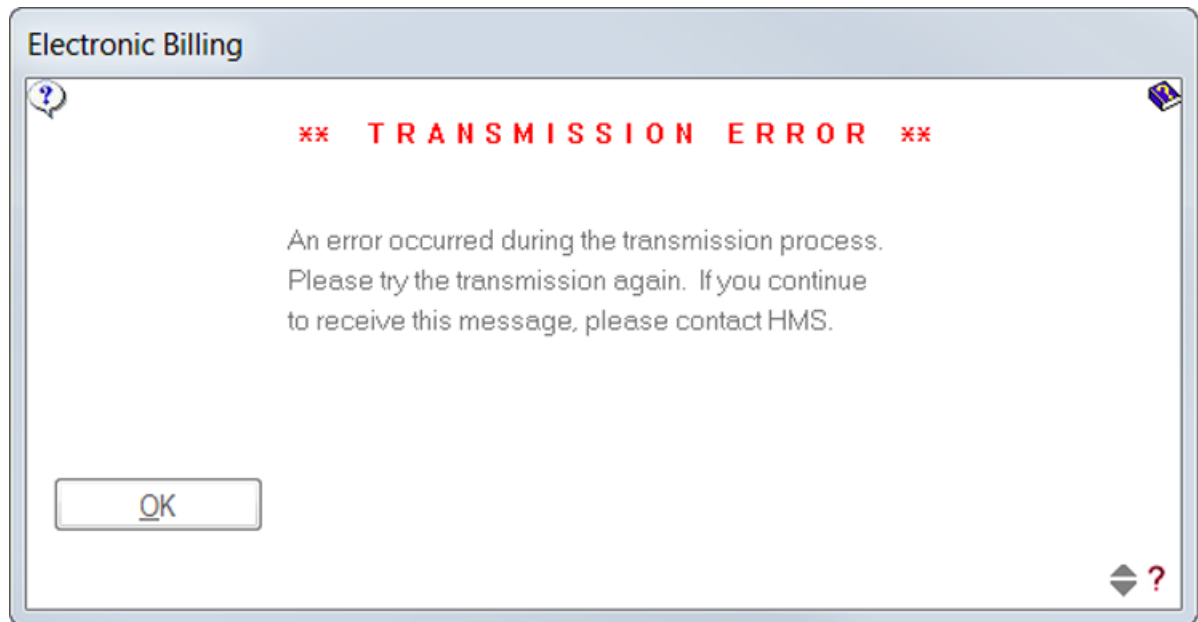
Action Click **Yes** to receive multiple audit reports; click **No** to receive only the first available report. Then click **OK**.



Before making a selection, be sure to read the descriptions in the window, especially for the **Yes** option.

Transmission error window

This window appears when an error occurs during an attempted transmission or reception.



Action Click **OK**, then try transmitting or receiving again. If this window appears again, contact Customer Support.

Sample audit report

```
DDDDDDDD PPPPPPPPP 00000000 444 666666666 PPPPPPPPP 00000000 11
DDDDDDDDDD PPPPPPPPPPP 0000000000 4444 66666666666 PPPPPPPPPPP 0000000000 111
DD DD PP PP 00 0000 44 44 66 66 PP PP 00 0000 1111
DD DD PP PP 00 00 00 44 44 66 PP PP 00 00 00 11
DD DD PP PP 00 00 00 44 44 66 PP PP 00 00 00 11
DD DD PPPPPPPPPPP 00 00 00 44444444444 66666666666 PPPPPPPPPPP 00 00 00 11
DD DD PPPPPPPPPPP 00 00 00 4444444444444 6666666666666 PPPPPPPPPPP 00 00 00 11
DD DD PP 00 00 00 44 66 66 PP 00 00 00 11
DD DD PP 0000 00 44 66 66 PP 0000 00 11
DD DD PP 000 00 44 66 66 PP 000 00 11
DDDDDDDDDD PP 0000000000 44 66666666666 PP 0000000000 1111111111
DDDDDDDDDD PP 00000000 44 66666666666 PP 00000000 1111111111
```

```
JJJJJJJJJ 00000000 444 666666666 333333333 999999999 CCCCCCCCC
JJJJJJJJJJ 0000000000 4444 66666666666 33333333333 99999999999 CCCCCCCCCC
JJ 00 0000 44 44 66 66 33 33 99 99 CC CC
JJ 00 00 00 44 44 66 66 33 33 99 99 CC CC
JJ 00 00 00 44 44 66 66 33 33 99 99 CC CC
JJ 00 00 00 44444444444 66666666666 3333 99999999999 CC
JJ 00 00 00 4444444444444 6666666666666 3333 99999999999 CC
JJ 00 00 00 44 66 66 66 33 33 99 99 CC
JJ JJ 0000 00 44 66 66 66 33 33 99 99 CC
JJ JJ 000 00 44 66 66 66 33 33 99 99 CC CC
JJJJJJJJ 0000000000 44 66666666666 33333333333 99999999999 CCCCCCCCCC
JJJJJJ 00000000 44 66666666666 33333333333 99999999999 CCCCCCCCCC
```

//DP046P01 JOB ACCT2510,EBS,CLASS=B,MSGCLASS=C,

JOB04639

----- JES2 JOB STATISTICS -----

1 CARDS READ

7 SYSOUT PRINT RECORDS

0 SYSOUT PUNCH RECORDS

0 SYSOUT SPOOL KBYTES

0.00 MINUTES EXECUTION TIME

```
DDDDDDDDDD PPPPPPPPPP 00000000 444 6666666666 PPPPPPPPPP 00000000 11
DDDDDDDDDD PPPPPPPPPP 0000000000 4444 666666666666 PPPPPPPPPP 0000000000 111
DD DD PP PP 00 0000 44 44 66 66 PP PP 00 0000 1111
DD DD PP PP 00 00 00 44 44 66 66 PP PP 00 00 00 11
DD DD PP PP 00 00 00 44 44 66 66 PP PP 00 00 00 11
DD DD PPPPPPPPPP 00 00 00 444444444444 666666666666 PPPPPPPPPP 00 00 00 11
DD DD PP 00 00 00 44 66 66 PP 00 00 00 11
DD DD PP 0000 00 44 66 66 PP 0000 00 11
DD DD PP 000 00 44 66 66 PP 000 00 11
DDDDDDDDDD PP 0000000000 44 666666666666 PP 0000000000 1111111111
DDDDDDDDDD PP 00000000 44 6666666666 PP 00000000 1111111111
```

```
JJJJJJJJJ 00000000 444 6666666666 3333333333 9999999999 CCCCCCCCCC
JJJJJJJJJJ 0000000000 4444 666666666666 333333333333 999999999999 CCCCCCCCCCCC
JJ 00 0000 44 44 66 66 33 33 99 99 CC CC
JJ 00 00 00 44 44 66 66 33 33 99 99 CC CC
JJ 00 00 00 44 44 66 66 33 33 99 99 CC CC
JJ 00 00 00 444444444444 666666666666 3333 999999999999 CC
JJ 00 00 00 444444444444 666666666666 3333 999999999999 CC
JJ 00 00 00 44 66 66 33 33 99 99 CC
JJ JJ 0000 00 44 66 66 33 33 99 99 CC
JJ JJ 000 00 44 66 66 33 33 99 99 CC CC
JJJJJJJJ 0000000000 44 666666666666 333333333333 999999999999 CCCCCCCCCCCC
JJJJJJ 00000000 44 6666666666 3333333333 9999999999 CCCCCCCCCC
```

C START JOB04639 DP046P01 1 001 001 R22 EBS ROOM 04:02:55 PM 18 DEC 02 R22.PR1 XA1 START C

EBMENU Option 10: Copy Electronic Bills to Hard Media

Overview: **Copy Electronic Bills to Hard Media** (Option 10 on the Electronic Billing Main Menu) is used to copy electronic bills to tapes or diskettes. You do not need to initialize those media before selecting this option.

This option does not apply to some states.

Before the copy is started, a Submission Recap Report will be printed.

When the copy is finished, a completion message is sent.

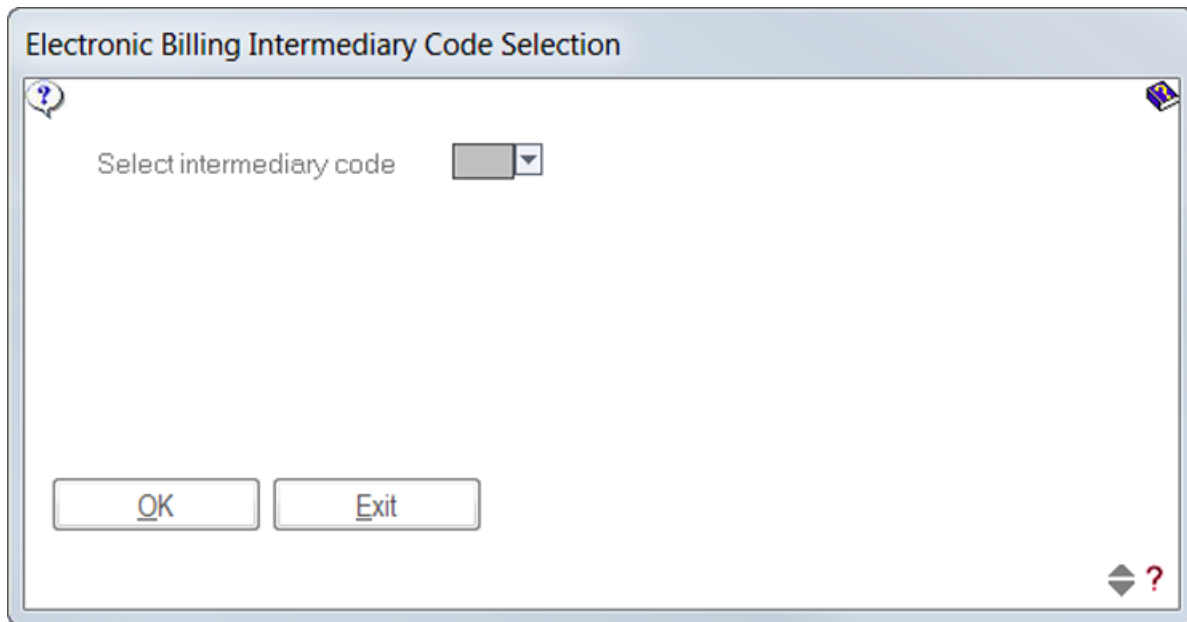
Files: ELECBILL

In this section

- [Intermediary Code Selection window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [Message window](#)
- [Sample submission recap report](#)

Intermediary Code Selection window

This window appears when you select **Copy Electronic Bills to Hard Media** in the Main Menu.

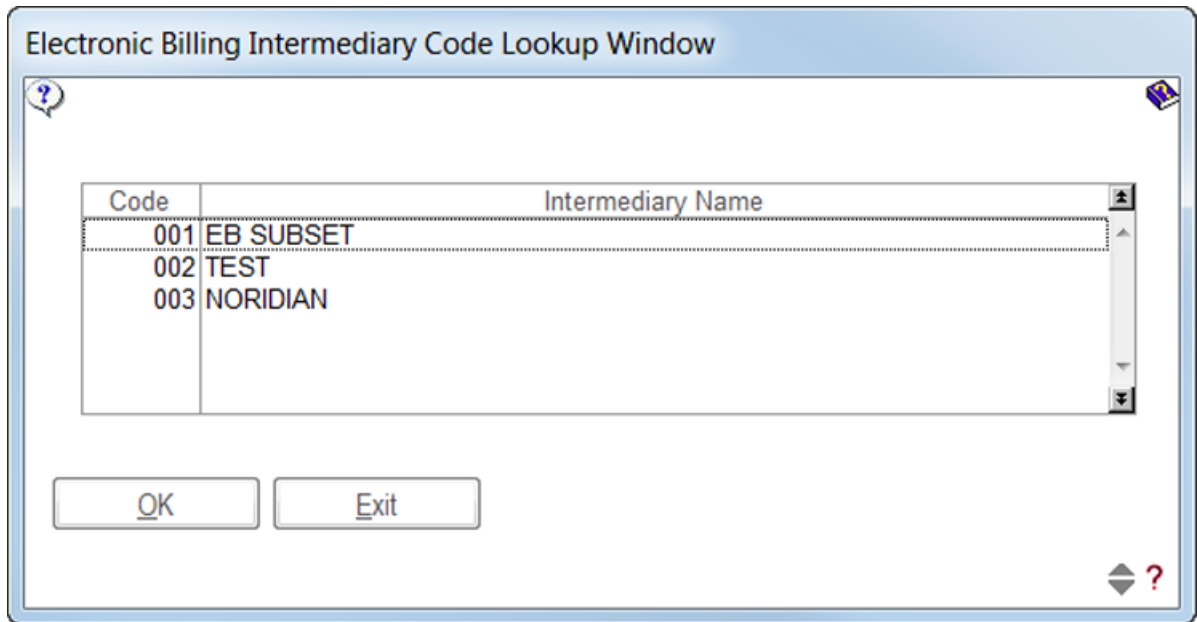


The screenshot shows a window titled "Electronic Billing Intermediary Code Selection". Inside the window, there is a text label "Select intermediary code" followed by a text input field and a dropdown arrow button. At the bottom of the window, there are two buttons: "OK" and "Exit". In the bottom right corner of the window, there is a small icon of a hand with a question mark.

Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

This window appears when you click  in the **Intermediary Code Selection** window.



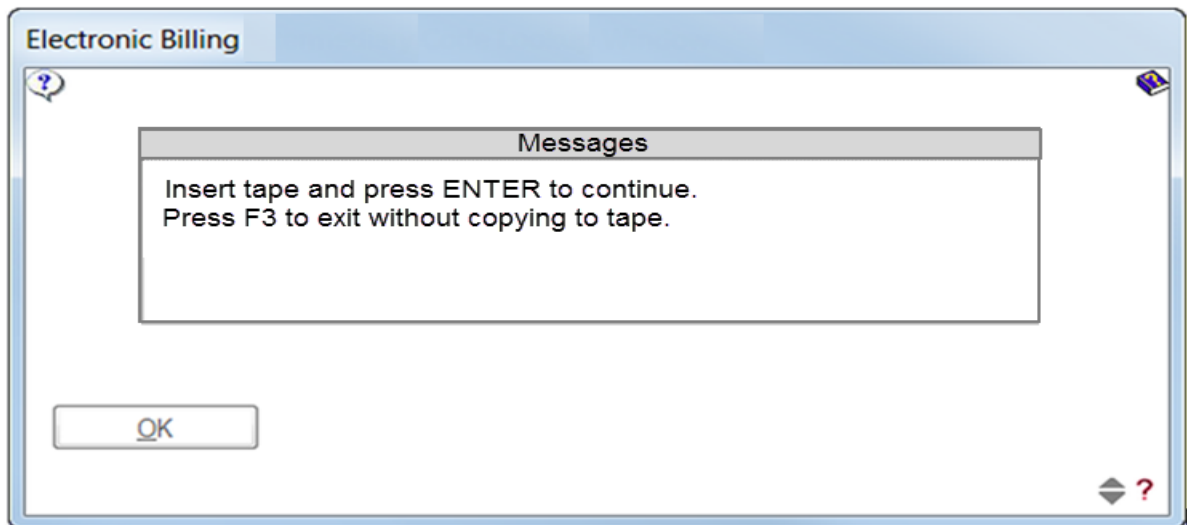
The screenshot shows a window titled "Electronic Billing Intermediary Code Lookup Window". It contains a table with two columns: "Code" and "Intermediary Name". The table lists three entries: 001 EB SUBSET, 002 TEST, and 003 NORIDIAN. Below the table are two buttons: "OK" and "Exit". A help icon (?) is in the top-left corner, and a red question mark icon is in the bottom-right corner.

Code	Intermediary Name
001	EB SUBSET
002	TEST
003	NORIDIAN

Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

Message Window

This window appears when you select the intermediary whose bills you want to copy.



Action

To copy electronic bills: Insert a tape or diskette, and click **OK**. (Clicking **Exit** returns you to the Main Menu without making any copies.)

To initialize media: Insert the tape or diskette to be initialized, and click **OK**. (This window appears when you enter an intermediary code that is set up in the System Control Record with some form of tape as the backup device.) The system will inform you when the procedure is completed.

Sample Submission Recap Report

SUBMISSION DATE:	4/30/03	PAGE	1	
SUBMITTED BY:	EXAMPLE FACILITY 3401 WEST END AVE NASHVILLE TN 37203	INVOICE TYPE	HOSPITAL	
		SUBMITTER ID NUMBER:	1002821	
PROVIDER NUMBER	TOTAL INVOICES	TOTAL CLAIMS	SUBMITTED TOTAL	PROVIDER NAME
1002821	8	8	46741.26	EXAMPLE FACILITY
1203886	22	61	10398.75	EXAMPLE FACILITY
GRAND TOTAL	30	69	57140.01	

EBMENU Option 12: Vary Off EB Line/Controller/Device

Overview: **Vary Off EB Line/Controller/Device** (Option 12 on the Electronic Billing Main Menu) is used to vary off the communication line, controller, and device used in Electronic Billing.

If the process was successful, the following message will be displayed:

E/B line, controller, and device are varied off.

If a job or process has a lock on the line, controller, or device, the following message will be displayed:

E/B vary off did not complete successfully. Try again.

EBMENU Option 13: Work with EB Line/Controller/Device

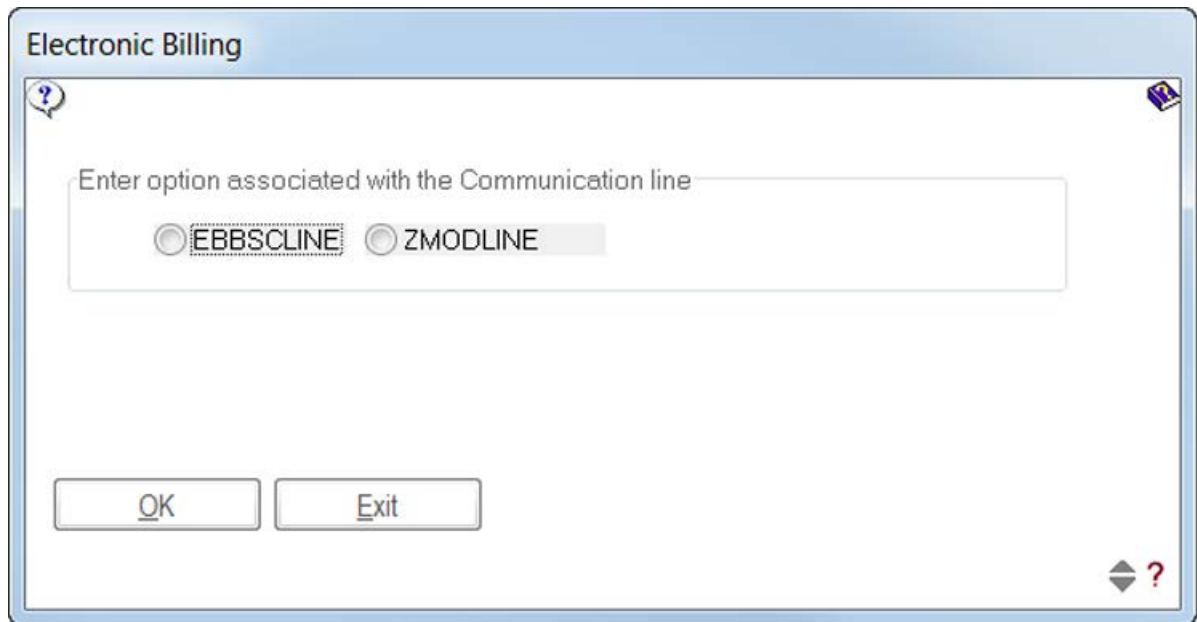
Overview: **Work with EB Line/Controller/Device** (Option 13 on the Electronic Billing Main Menu) is used to run the **WRKCFGSTS** command, which allows you to work with the configuration status functions.

In this section

- Line selection window
- Work with Configuration Status window (*next page*)

Line selection window

This window appears when you select **Work with EB Line/Controller/Device** on the Main Menu.



The screenshot shows a window titled "Electronic Billing". Inside the window, there is a text prompt "Enter option associated with the Communication line" above a list of two radio button options: "EBBSCLINE" and "ZMODLINE". The "EBBSCLINE" option is selected. At the bottom of the window, there are two buttons: "OK" and "Exit". A help icon (question mark) is visible in the top-left corner, and a scroll bar with a question mark is in the bottom-right corner.

Action Select (click on) the line you want to work with, then click **OK**.

Work with Configuration Status window

In the **Work with Configuration Status** window, the status of the line is displayed first. To see the status of the controller, click **OK**.

The status of the line or controller could be, for example, VARIED OFF, CONNECT PENDING, or ACTIVE.

This window appears when you select a line in the line selection window.

Description	Status	Job
EBBSCLINE	VARIED OFF	

Action

To vary the line or controller on or off, select (click on) the line or controller, then click **Vary on** or **Vary off**. When you're through with the window, click **OK** to return to the Electronic Billing Main Menu.

EBMENU Option 14: Generate Home Health 485/486 Claims

Overview: **Generate Home Health 485/486 Claims** (Option 14 on the Electronic Billing Main Menu) is used to re-create the home health HCFA-485 and HCFA-486 claims.

This option would primarily be used if home health and UB claims are being transmitted separately. Once UB claims are transmitted, the transmission file is cleared. In order to transmit the home health claims, the file needs to be re-created using this option. When this procedure is finished, the file to retransmit the home health claims is created.

This option does not update any files.

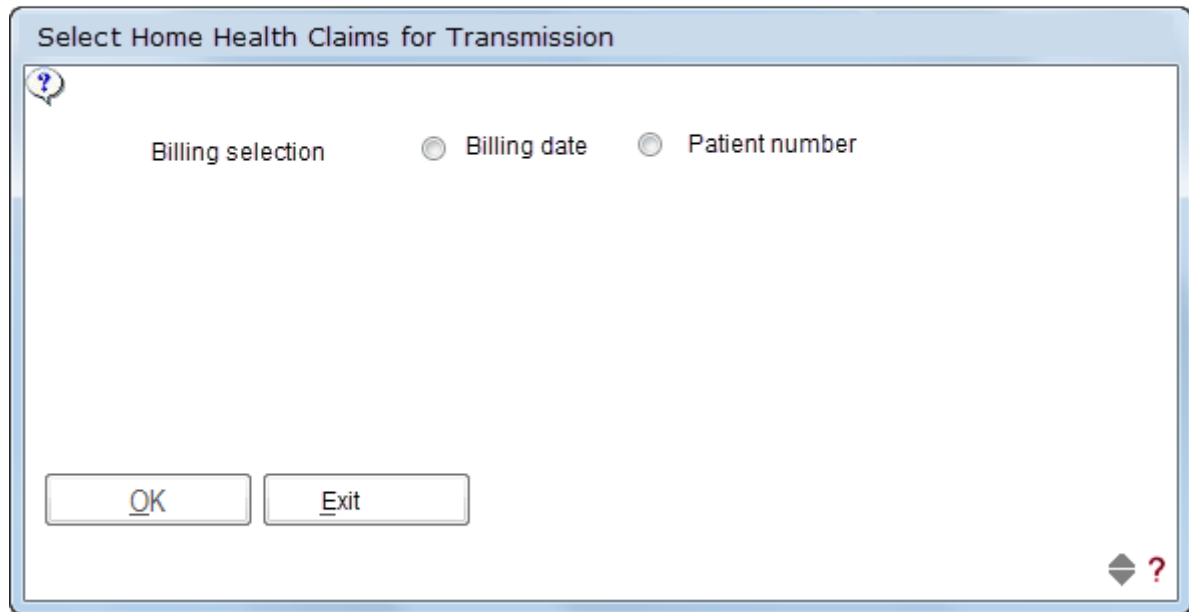
Files: RBXDATE, ACCUMCHG, HHCERT

In this section

- [Billing selection window](#)
- [Billing date window](#)
- [Patient number window](#)
- [Home Health Patient Lookup window](#)

Billing Selection Window

This window appears when you select **Generate Home Health 485/486 Claims** on the Main Menu.

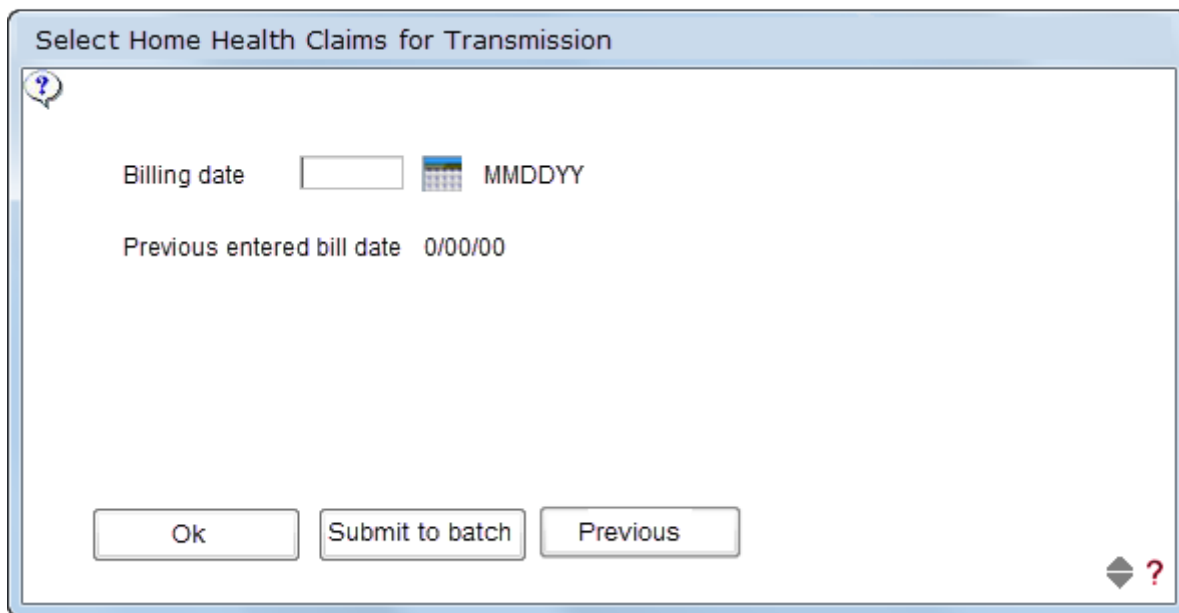


Action

Select (click on) the method (billing date or patient) for generating (re-creating) claims, then click **OK**.

Billing Date Window

This window appears when you choose to generate (re-create) claims by billing date in the billing selection window.



You can generate claims for more than one billing date.

When processing has completed, a message will be sent to notify the user to print the billing transmission list (Create/Print EB Listing, Option 1 on the Electronic Billing Main Menu).

Action

1. Enter the billing date (the date the bills were produced from Patient Accounting).

To enter the date: Either type it in mmddyy format (for example, **072504** for July 25, 2004) or click  to select the date.

2. To enter another billing date, click **OK** and repeat step 1. The previously entered code and date appears in the **Previous entered bill date** field.

OR

If you are through entering dates, go to step 3.

3. When you are ready to generate the claims, click **Submit to Batch** to submit the generation request to batch for processing.

Patient Number Window

This window appears when you choose to generate (re-create) claims by patient in the billing selection window.

Select Home Health Claims for Transmission

Bill date

Patient Number

Sequence Number

Previous bill date 0/00/00

Previous patient/sequence number

Ok Submit to batch Previous

You can generate claims for more than one patient.

When processing has completed, a message will be sent to notify the user to print the billing transmission list (Create/Print EB Listing, Option 1 on the Electronic Billing Main Menu).

Action

1. Enter the bill date (the date the bills were produced from Patient Accounting).

To enter the date: Either type it in mmddyy format (for example, **072504** for July 25, 2004) or click to select the date.

2. Enter the patient number and sequence number.

To enter the numbers: Either type the numbers or click to select them in the Home Health Patient Lookup window.

3. To enter another patient, click **OK**, then repeat steps 1 and 2. The previously entered information appears in the **Previous** fields.

OR

If you are through entering patient and sequence numbers, go to step 4.

4. When you are ready to generate the claims, click **Submit to Batch** to submit the generation request to batch for processing.

Home Health Patient Lookup Window

This window appears when you click  in the patient number window.

Home Health Patient Lookup

 Position to name

Patient Name	Patient	Seq.	SOC Date	Certification From Date	Certification Through Date
HARRIS ROBERT	685972	1	2/20/09	2/20/09	2/20/09
HARRIS SUSAN	642497	1	2/20/09	2/20/09	2/20/09
HARRIS THOMAS	216495	2	2/20/09	2/20/09	2/20/09
HARRISON MARY	876913	1	2/20/09	2/20/09	2/20/09
HARRISON PAUL	597486	1	2/20/09	2/20/09	2/20/09
HERNAN KAREN	168934	3	2/20/09	2/20/09	2/20/09
HERRIMER ALICE	697843	4	2/20/09	2/20/09	2/20/09

Action

To find a patient: Type part or all of the patient's last name in the **Position to name** field and click **OK**.

To select a patient: Click on the patient's name and click **OK**.
(You can also just double-click on the patient's name.)

EBMENU Option 16: Display Batch Submission Status

Overview: **Display Batch Submission Status** (Option 16 on the Electronic Billing Main Menu) is used to display the transmission status for the last batch submission for the selected intermediary.

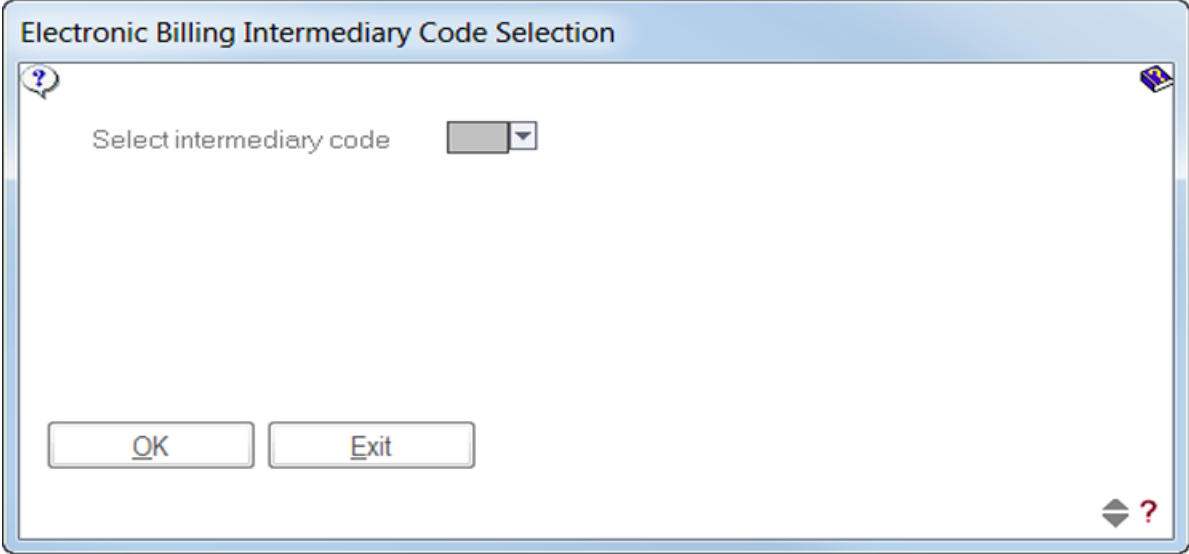
Files: EBINTMED

In this section

- [Intermediary Code Selection window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [UB/1500 Selection window](#)
- [Show Batch Transmission Status window](#)

Intermediary Code Selection window

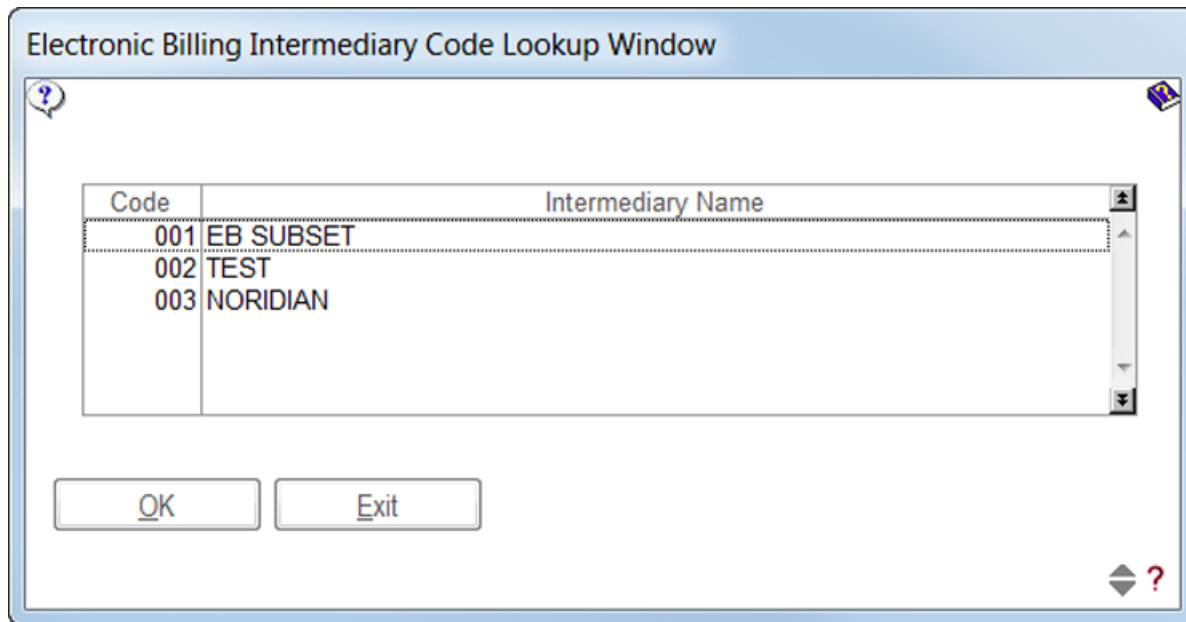
[This window appears when](#) you select Display Batch Submission Status in the Electronic Billing Main Menu.



Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

This window appears when you click  in the Intermediary Code Selection window.



Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

UB/1500 Selection window

This window appears when you enter an intermediary code in the **Intermediary Code Selection** window and click **OK**.

A screenshot of a software window titled "UB/1500 Selection". The window has a light blue border and a white background. Inside, there is a label "Type of Transmission:" followed by two radio button options: "UB only" (which is selected) and "1500 only". At the bottom left of the window is an "OK" button. In the bottom right corner, there is a small icon of a question mark inside a circle.

UB/1500 Selection

Type of Transmission:

☒ UB only ☐ 1500 only

OK

Action: Select (click on) the code you want and click **OK**.

Show Batch Submission Status Window

This window appears when you enter the intermediary in the Intermediary Code Selection window or, if required, when you select the type of bill in the UB/1500 Selection window.

The window displays the transmission status of the last batch submission.

Show Batch Transmission Status

The information below refers to the last submission attempt of electronic claims for intermediary number 001 BLUE CROSS OF TENNESSEE

Job Name	ELECBIL001
Job Number	259597
User Name	CFIZER
Run Date	1/06/06
Run Time	11:04:41
Transmission Status	SUCCESSFUL

[If the above status is "UNSUCCESSFUL", refer to the job log for errors; Restore file, then resubmit transmission.]

LDA Parameters POS. 600-602=001 - INTERMEDIARY CODE
POS. 616=1 -> 1 OR =UB92/2=1500

Action

If the Transmission Status is UNSUCCESSFUL, you will need to check the job log for errors, contact Customer Support to restore the saved file, and then resubmit the transmission (Transmit Electronic Bills, Option 2 on the Electronic Billing Main Menu).

To close the window: Click **Previous**. You will return to the Intermediary Code Selection window, where you can either enter a different intermediary or click **Exit** to return to the Main Menu.

EBMAIN Option 20: Electronic Billing Maintenance Menu

Overview: The Electronic Billing Maintenance Menu is used to access the Electronic Billing file maintenance options. From the menu, you can:

- Maintain the system control file, intermediary file, outside lab file, patient benefits, and taxonomy code file.
- Initialize storage media to save and back up the electronic billing files.
- Restore the backup.

This menu appears when you select **EB Maintenance Menu** (Option 20) on the Electronic Billing Main Menu.

The following pages describe each Maintenance Menu option in sequential order and any main windows that follow each selection. Any reports generated by the system are also described.

Electronic Billing Maintenance Menu		
OK Retrieve Information Assistant System main menu Previous Exit	<u>M</u> aintain EB system control record	<u>E</u> B main menu
	<u>M</u> aintain intermediary file	<u>E</u> B reports menu
	<u>O</u> utside lab file maintenance	<u>D</u> aily processing menu
	<u>O</u> mit bill types from EB	<u>P</u> atient accounting menu
	I <u>n</u> italize media	F <u>i</u> le maintenance menu I
	<u>R</u> estore files from backup media	<u>B</u> usiness office menu I
	<u>E</u> B patient maintenance	<u>E</u> B specialized menu
	<u>C</u> hange insurance revenue codes	
	<u>P</u> urge old EB save files	
	<u>M</u> aintain taxonomy code file	
	<u>M</u> aintain EB system misc control	

Action: Select a menu option by clicking on it.

The **Option** column shows the System i (AS/400) green screen menu option number, which you can see in the GUI window by moving the mouse pointer over the menu option and holding it there without clicking.

Option Name	Option	Description
Maintain EB system control record	1	Create and maintain the electronic billing record for your facility. This record must be properly set up before you can transmit electronic bills.
Maintain intermediary file	2	Enter and maintain the intermediary codes. These codes allow multiple intermediaries to be transmitted. This option is also used to specify the type of claims that are being transmitted as live claims and the claims that are being transmitted in test mode.
Outside lab file maintenance	3	Add and maintain information about outside labs.
Omit bill types from EB	4	Select a specific bill type for an intermediary in order to omit that bill type from transmissions.
Initialize media	5	Initialize backup media to be used in saving the electronic billing files.
Restore files from backup media	6	Restore files that have been saved during the transmission of electronic bills through Transmit Electronic Bills, Option 2 on the Electronic Billing Main Menu.
EB patient maintenance	7	Maintain the UB electronic billing file and the 1500 electronic billing file. Almost every field in these files can be maintained. Please use caution.
Change insurance revenue codes	8	Change insurance revenue information in files for all patients. Do not use this option unless instructed to do so by Customer Support.
Purge old EB save files	9	Displays the number of successful and attempted file purges from authorized and non-authorized users.
Maintain taxonomy code file	10	Enter and maintain the taxonomy codes.
Maintain EB system misc control	11	Designate whether to include dates of service on electronic billing transmissions for inpatients with commercial insurance
EB main menu	20	Display the Electronic Billing Main Menu, the primary menu in the Electronic Billing system.

Option Name	Option	Description
EB reports menu	21	Display Electronic Billing Reports Menu I, used to run Electronic Billing reports on demand.
Daily processing menu	22	Display the Daily Processing Menu, which is covered in the Patient Accounting manual.
Patient accounting Menu	23	Display the Patient Accounting Menu, which is covered in the Patient Accounting manual.
File maintenance menu I	24	Display Patient Accounting's File Maintenance Menu I, which is covered in the Patient Accounting System Manager's Guide.
Business office menu I	25	Display Patient Accounting's Business Office Menu I, which is covered in the Patient Accounting manual.
EB specialized menu	26	Display the Electronic Billing Specialized Menu, which is specific to states and/or payors and is not covered in this manual.

EBMAIN Option 1: Maintain EB System Control Record

Overview: *Maintain EB System Control Record (Option 1 on the Electronic Billing Maintenance Menu) is used to create and maintain the electronic billing record(s) for your facility.*

Each record must be properly set up before you can transmit electronic bills.

Files: SYSCTL

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SELECTING AN ELECTRONIC BILLING INTERMEDIARY

Intermediary Code Window

This window appears when you select *Maintain EB System Control Record* in the *Electronic Billing Maintenance Menu*.

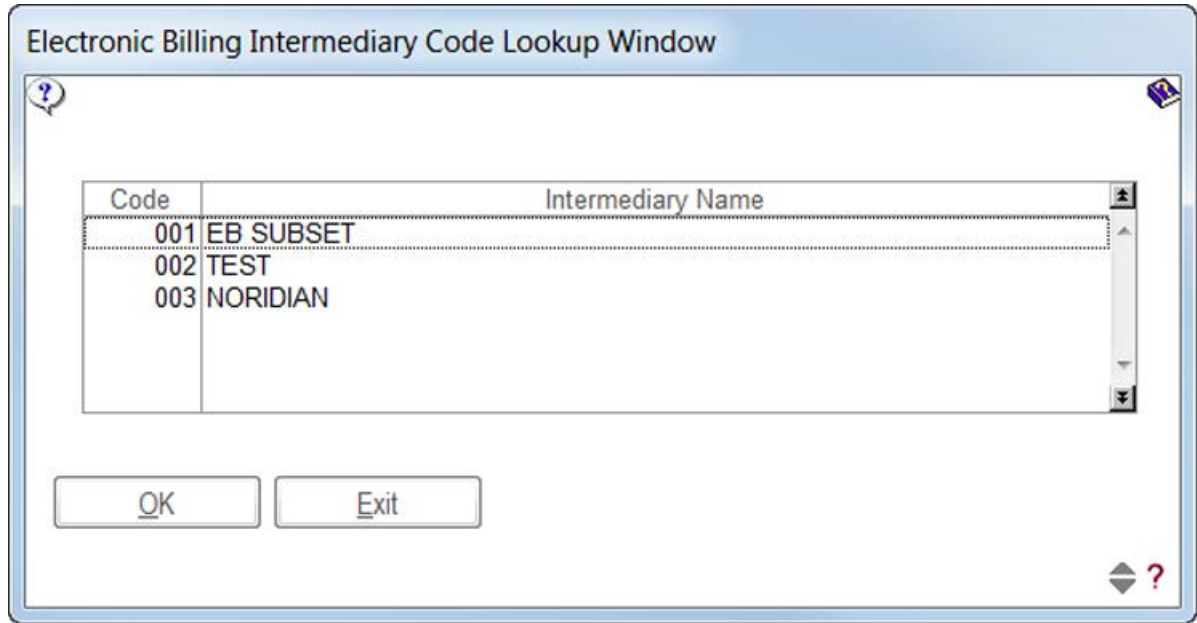
The screenshot shows a window titled "System Control". Inside the window, there is a text label "Intermediary code to be maintained" followed by a text input field and a small dropdown arrow button. At the bottom left of the window are two buttons labeled "OK" and "Exit". At the bottom right corner of the window is a small icon consisting of a diamond shape with a question mark inside.

Action Enter the 3-digit intermediary code you want to maintain, and then click **OK**. You can either type the code or click  to search for it in the **Electronic Billing Intermediary Code Lookup** window.

Note: These codes are set up and maintained through *Maintain Intermediary File, Option 2* on the *Maintenance Menu*.

ELECTRONIC BILLING INTERMEDIARY CODE LOOKUP WINDOW

This window appears when you click  in the Intermediary Code window.



The screenshot shows a window titled "Electronic Billing Intermediary Code Lookup Window". It contains a table with two columns: "Code" and "Intermediary Name". The table lists three entries: 001 EB SUBSET, 002 TEST, and 003 NORIDIAN. Below the table are two buttons: "OK" and "Exit". The window has a standard Windows-style border with a question mark icon in the top-left corner and a red question mark icon in the bottom-right corner.

Code	Intermediary Name
001	EB SUBSET
002	TEST
003	NORIDIAN

OK Exit

Action To select an intermediary, click on it (to highlight it) and then click OK. (You can also just double-click on the intermediary).

SETTING UP THE ELECTRONIC BILLING RECORD

Electronic Billing Maintenance Window

This window appears when you place an intermediary code in the **Intermediary Code** window.

The Transaction Type fields enable you to set up your records for the older version 4010 format or the newer version 5010 format. If you will be using the 5010 format, remember to also set it in the *Vendor Maintenance option (Health Plan Transactions Menu, Option 10)*.

Note: To save changes, you must click **OK** in this window and in the next main window, which is the **Transmission Information** window. In other words, you must page all the way through the main windows and any applicable sub-windows, such as those for the 837 headers.

Electronic Billing System Control EB SUBSET			
OK Exit			
Transaction Type 4010 ☐ Yes ☒ No 5010 ☒ Yes ☐ No			
Printing/billing information			
Federal tax ID number	421017512	Fed sub ID	22
Provider code	3	File name	ABCDEF
Batch by LOB	2	Certification name	TEST CERT
Print order	1	Sequence number	2
First time transmit	Y		
Manual bill release	Y		
Communication information			
User ID 1	userid	Password 1	*****
User ID 2	userid2	Password 2	*****
Transmit type	4	Sender code	333
Transmit to state	CA	Remote ID number	343
Phone number	555-555-1234	Resource name	HENNESS
Vary off HMS	☐ Yes ☒ No	Batch Subsystem Name	
Modem type	2		
Backup information			
Use save file	☒ Yes ☐ No	Save file purge days	69

Action To maintain the record, make your selections and click **OK**.

To return to the *Electronic Billing Maintenance Menu* without saving any changes, click **Exit**.

FIELD DESCRIPTIONS

Field	Description
Transaction Type	
Transaction Type	Select Yes for the desired format (4010 or 5010) and select No for the other one. You cannot use both formats at the same time. Transaction Type defaults to the 4010 format.
Printing/Billing Information	
Federal tax ID number	Enter the federal tax ID number assigned to the hospital.
Fed sub ID	Enter the federal sub ID number assigned to the hospital.
Print order	Enter 1 to print the transmission listing in patient number order; enter 2 to print it in patient name order. Or press F4 , and then select Patient number or Patient name in the transmit list order window that appears.
Sequence number	This number is used during the backup of the electronic bills file and as a batch number when transmitting bills. Each transmission should be a different sequence number. The sequence number, which initially should be 001 , will be incremented automatically with each transmission.
Provider code	Enter the provider number assigned by the intermediary.
File name	Enter the name of the file which will be transmitted.
First time transmit	Enter Y if this is the first time that bills have been transmitted to the intermediary. Otherwise, enter N .
Batch file by lines of business	This field determines if the electronic billing file for the intermediary should create a header and trailer record for each payor. Enter Y if the intermediary will accept claims for multiple payors in one transmission and requires a separate header and trailer record for each payor. A header and trailer will be created for each payor. Enter N if the intermediary will accept all claims in one transmission, but does not require a header and trailer record for each payor. Only one header and trailer will be created.
Certification name	Enter the name of the contact person (certified personnel) who is responsible for transmitting bills.
Manual bill release	Enter Y if bills placed on hold should be released through Release Electronic Bills, Option 5 on the Electronic Billing Main Menu. Otherwise, enter N , and the bills placed on hold will automatically be released after each transmission.

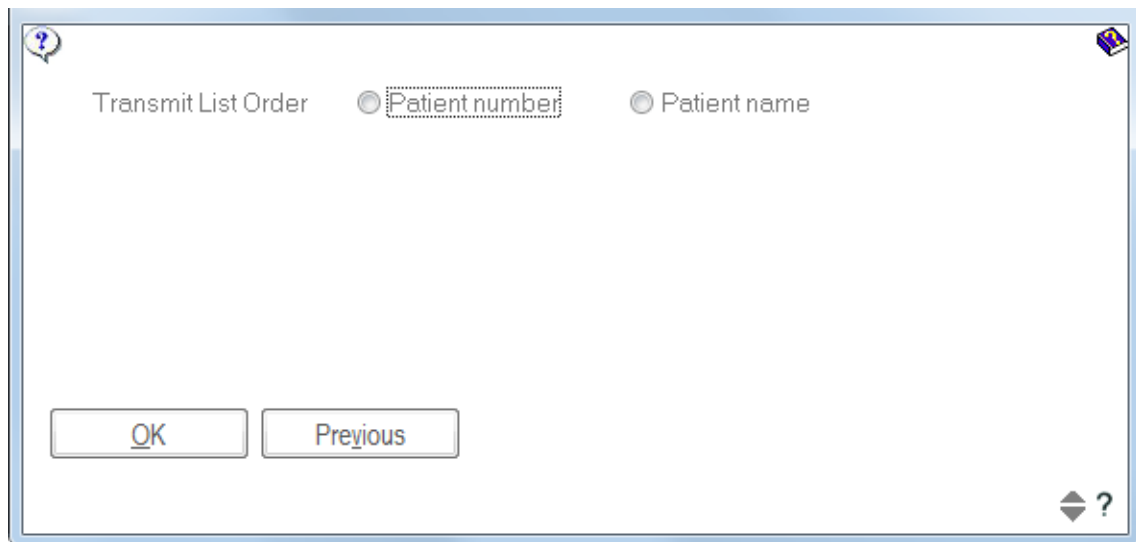
Field	Description
Communication information	
User ID 1	Sender identification provided by the intermediary.
Password 1	The password provided by the intermediary.
Sender code	A sender code assigned by the intermediary.
User ID 2	Receiver identification provided by the intermediary.
Password 2	The password provided by the intermediary.
Remote ID number	This number is assigned by the intermediary.
Transmit type	Enter a number from 1 to 6, or press F4 , then select an option in the transmit type selection window that appears. For descriptions of the valid entries, see the "Transmit type selection window" section. Note: Certain settings will require the user's Internet Explorer path and the intermediary's Web site address when you set the FTP details.
Transmit to state	Enter the two-character abbreviation for the state to which bills are transmitted for this intermediary. You can either type the code or press F4, and then select the state in the state selection window that appears. Other valid codes you can enter in this field (by either typing or selecting) are: - CI Commercial Insurance (NEIC) - OM Mutual of Omaha - SW SouthWest Regional HH - TC ENVOY If you enter TC, a prompt window requesting the intermediary state will be displayed when you click OK. - TS TriSpan - UH United Health Care - US ANSI 837 Depending on the state or code entered in this field, a window requesting additional information may be displayed when you click OK. For example, if you enter TN, a window will be displayed to allow you to enter signon information.
Phone number	Enter the area code and phone number of the intermediary.
Resource name	Enter the name for the line that is used to transmit (for example, LIN021 or LINE01).

Field	Description
Modem type	Enter 1 if the modem is UDS/Motorola/Bell-compatible; enter 2 if the modem is V.32/IBM7855-compatible. Or press F4 , and then select (click on) the type you want in the modem type window that appears. This field is required if you entered 1 or 2 in the Transmit type field (to indicate that a modem is being used for transmission).
Vary off MEDHOST	Enter Y if the communications line is automatically varied off or if the line has to be varied off before transmitting electronic bills. Otherwise, enter N .
Batch Subsystem Name	Enter the name of the subsystem to which the batch mode transmit should be directed. This field is required if you entered 2 in the Transmit type field (to indicate transmission in batch mode).
Backup Information	
Use save file	Click Yes to back up EB files to a savefile instead of to hard media (that is, tape or diskette). Otherwise, click No .
Save file purge days	Enter the number of days to retain savefiles on the system.

FIELD SUB-WINDOWS

Print Order Field

The Transmit List Order window appears when you press **F4** in the Print order field in the **Electronic Billing Maintenance** window.



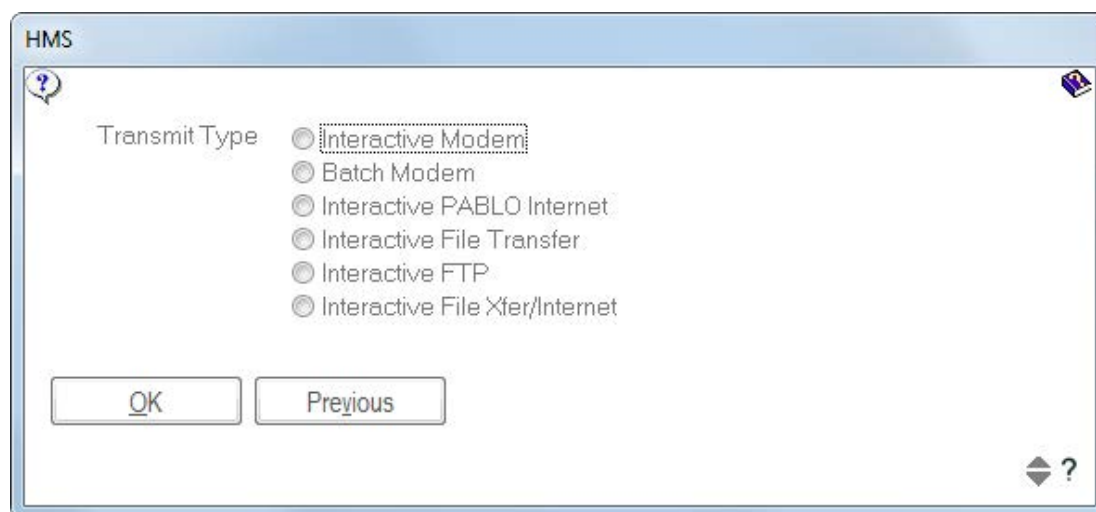
Action Select (click on) Patient number or Patient name as the order in which to print the transmission listing, and then click **OK**. You will return to the **Electronic Billing Maintenance** window.

Transmit Type Field

The Transmit Type Selection window appears when you press **F4** in the Transmit Type field in the **Electronic Billing Maintenance** window.

Note: Certain settings will require the user's Internet Explorer path and the intermediary's Web site address when you set the FTP details.

The most recent version of this window has several changes. The word "Modem" has been added to the first two Transmit Types, and four Interactive types have been added.



Action Select (click on) an option and then click **OK**.

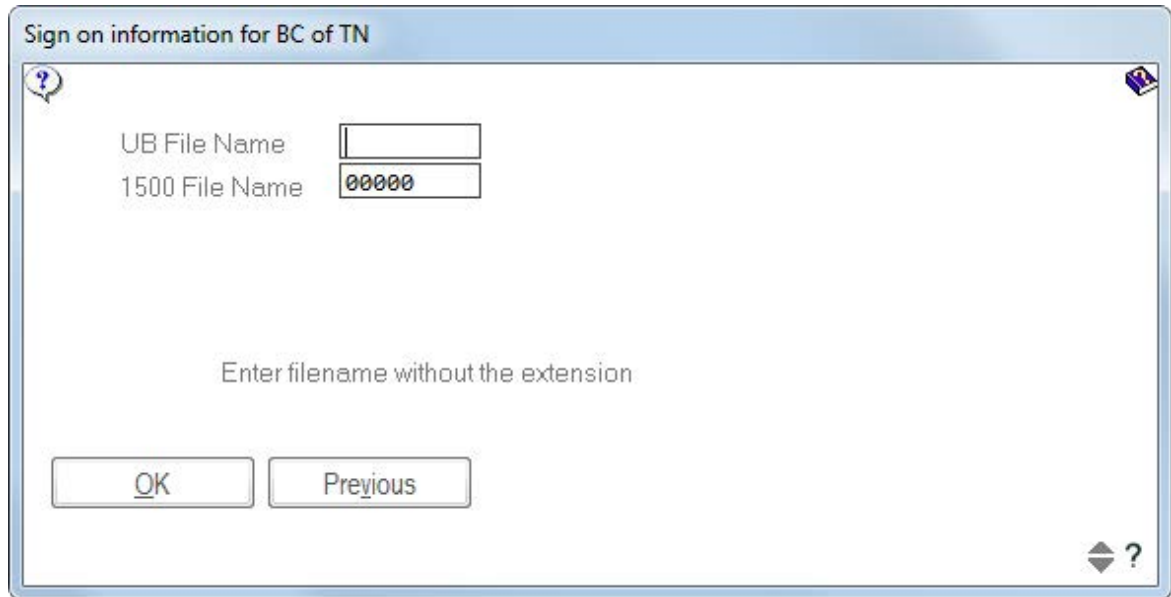
Option	Description
Interactive Modem	Uses a standard modem and allows you to see (at the bottom of the Electronic Billing Maintenance window) what exactly is being processed. This option requires an entry in the Modem type field.
Batch Modem	Uses a standard modem and displays a batch window. This option requires an entry in the Modem type field.
Interactive PABLO Internet	Uses the PABLO FTP software. This option requires that you enter FTP detail in the FTP Claim Submission Maintenance window.
Interactive File Transfer	Uses the current file transfer process via client access. This is currently the best choice for MEDHOST/SSI clients.
Interactive FTP	Uses standard FTP commands.
Interactive File Xfer / Internet	Uses the file transfer process via the Internet. It is designed for clients who are not able to use the PABLO software. This option requires that you enter FTP detail in the FTP Claim Submission Maintenance window.

Transmit to State Field

Depending on the state or code placed in the Transmit to State field, additional windows may open when you press the **OK** button in the **Electronic Billing Maintenance** window. Some of the more common are illustrated.

Sign-On Window

The **Sign On** window appears for some states or codes put in the Transmit to State field.

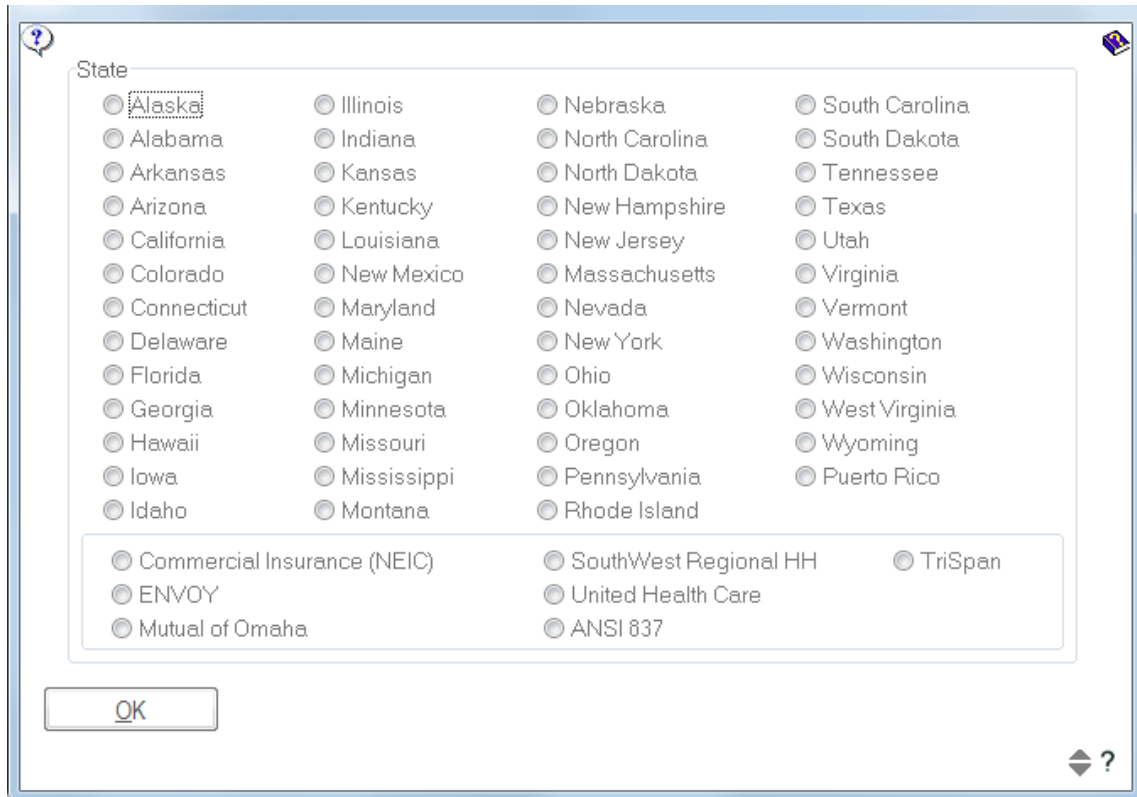


The image shows a software window titled "Sign on information for BC of TN". Inside the window, there are two text input fields. The first is labeled "UB File Name" and is empty. The second is labeled "1500 File Name" and contains the text "00000". Below these fields is a prompt that says "Enter filename without the extension". At the bottom of the window, there are two buttons: "OK" and "Previous". The window has a standard Windows-style border with a question mark icon in the top-left corner and a diamond icon with a question mark in the bottom-right corner.

Action Type the UB and 1500 file names (without extensions), and then click **OK**.

F4 = State Selection Lookup Window

This window appears when you press **F4** in the Transmit to State field.



The image shows a software window titled "State" with a question mark icon in the top-left corner. The window contains a list of radio buttons for selecting a state or code. The states are listed in four columns: Alaska, Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, Nebraska, North Carolina, North Dakota, New Hampshire, New Jersey, Massachusetts, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, and Puerto Rico. Below the states, there are three more radio buttons: Commercial Insurance (NEIC), ENVOY, and Mutual of Omaha. To the right of these, there are three more radio buttons: SouthWest Regional HH, United Health Care, and ANSI 837. At the bottom left of the window is an "OK" button. At the bottom right is a small icon consisting of a diamond and a question mark.

State	State	State	State
☐ Alaska	☐ Illinois	☐ Nebraska	☐ South Carolina
☐ Alabama	☐ Indiana	☐ North Carolina	☐ South Dakota
☐ Arkansas	☐ Kansas	☐ North Dakota	☐ Tennessee
☐ Arizona	☐ Kentucky	☐ New Hampshire	☐ Texas
☐ California	☐ Louisiana	☐ New Jersey	☐ Utah
☐ Colorado	☐ New Mexico	☐ Massachusetts	☐ Virginia
☐ Connecticut	☐ Maryland	☐ Nevada	☐ Vermont
☐ Delaware	☐ Maine	☐ New York	☐ Washington
☐ Florida	☐ Michigan	☐ Ohio	☐ Wisconsin
☐ Georgia	☐ Minnesota	☐ Oklahoma	☐ West Virginia
☐ Hawaii	☐ Missouri	☐ Oregon	☐ Wyoming
☐ Iowa	☐ Mississippi	☐ Pennsylvania	☐ Puerto Rico
☐ Idaho	☐ Montana	☐ Rhode Island	

☐ Commercial Insurance (NEIC)	☐ SouthWest Regional HH	☐ TriSpan
☐ ENVOY	☐ United Health Care	
☐ Mutual of Omaha	☐ ANSI 837	

OK

Action Select (click on) the state or code to which bills are transmitted for this intermediary, and then click **OK**. You will return to the **Electronic Billing Maintenance** window.

Intermediary State Window

The Intermediary State window appears when you press **OK** and certain states or codes are in the Transmit to State field.

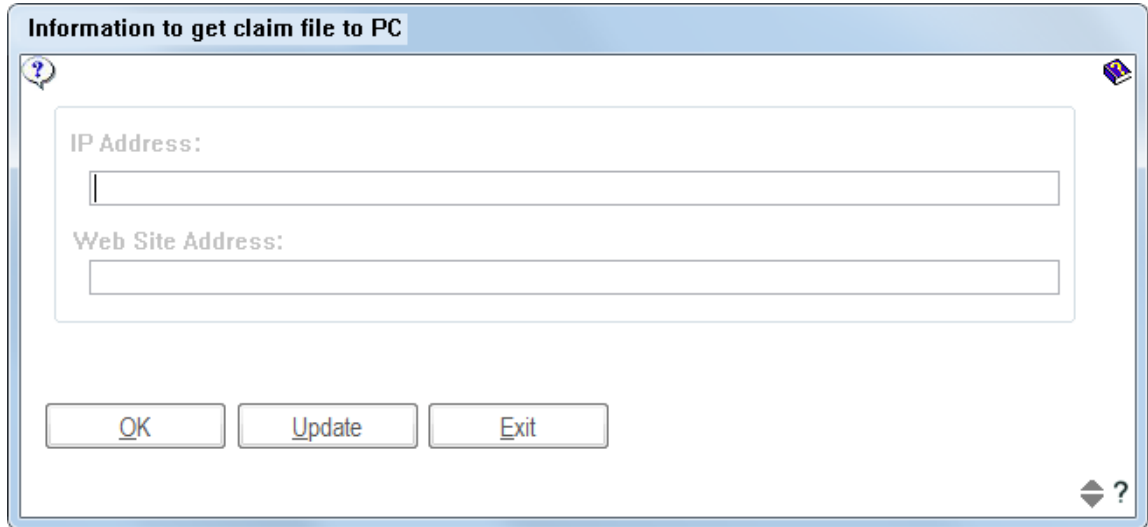


Action Type the two-letter abbreviation for the code or state and click **OK**.

Note: If you enter TS, and the current date is prior to 09/29/09, the program will submit to TriSpan. If you enter TS, and the current date is 09/29/09 or later, the program will submit to Palmetto.

IP Address Window

If you enter PR in the Intermediary State window and press **OK**, the IP Address window will appear.



Information to get claim file to PC

IP Address:

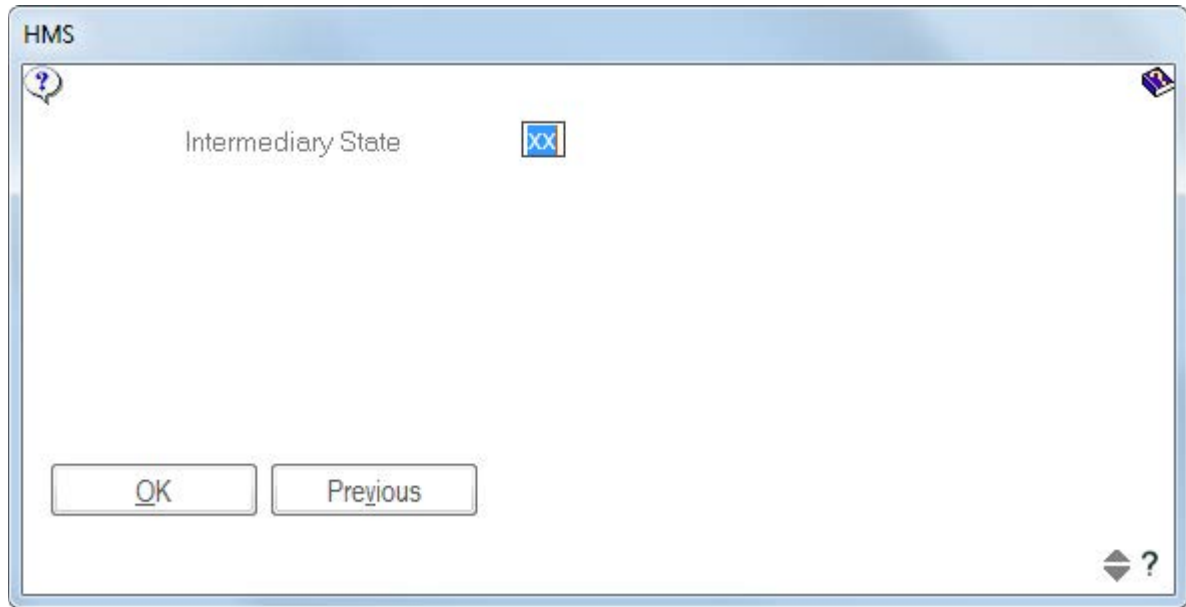
Web Site Address:

OK Update Exit

Action Type an IP address and PC path, and then click **OK**. The **Transmission Information** window will open.

Hospital Name Window

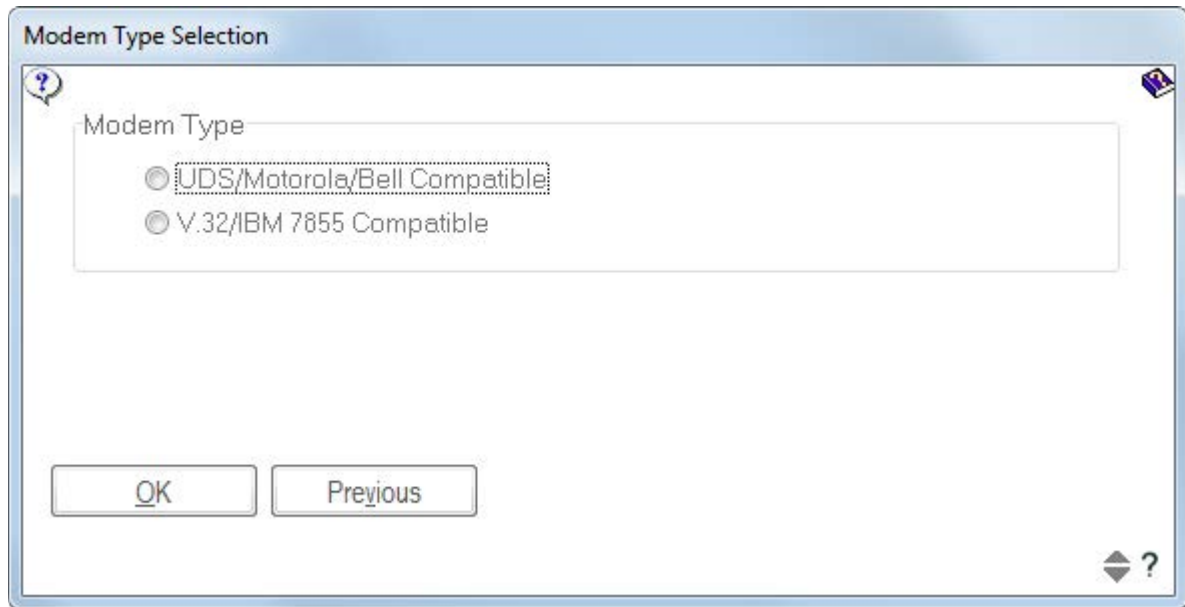
If you enter certain states or codes in the **Intermediary State** window and press **OK**, the **Hospital Name** window will appear.



Action Type the first two characters of the hospital's proper name, and then click **OK**. For example, if the hospital name is St. Joseph, type **JO**, not **ST**.

Modem Type Field

The **Modem Type Selection window** appears when you press **F4** in the Modem Type field in the **Electronic Billing Maintenance** window.



Action Select (click on) UDS/Motorola/Bell Compatible or V.32/IBM 7855 Compatible as the modem type, and then click **OK**.

Transmission Information Window

This window appears when you click **OK** in the **Electronic Billing Maintenance** window, or sub-windows such as the **Hospital Name** window, **Sign-On Information** window, or **Intermediary State** window.

The **Transmission Information** window is used to maintain the 837I and 837P header information used in transmitting UB and 1500 electronic bills. You can also set up the FTP details.

Note: After you install a new version, you must reset the header records in the *EB System Control Record*. This must be done before the next EB creation. Refer to the section, “Resetting 837 Headers after A Version Change” and the document, **Appendix D: 5010 Configuration for 270/271 and 837**.

The **FTP Detail** button enables you to set up one FTP entry for each intermediary (rather than just one entry for all intermediaries). This setup function used to be a separate option (#9) on the *Electronic Billing Maintenance Menu*.

Action

To maintain information: Enter information in the window and click **OK** to save it.

To return to the *Electronic Billing Maintenance Menu* without saving any changes: click **Exit**.

To maintain header records: Click the **837I Header File** button or the **837P Header** button.

To set up an FTP entry: Click **FTP Detail**.

FIELD	DESCRIPTION
UB test code	This code is used during testing only. When testing, enter T . When entering live claims, this field must be blank.
Other test code	Enter the code for any other test code. When entering live claims, this field must be blank.
1500 sequence number	This number is used during the backup of the electronic bills file and as a batch number when transmitting 1500s. Each transmission should be a different sequence number. This number will be incremented automatically with each transmission. Initially, this number should be 1 .
1500 test code	This code is used during testing only. When testing, enter T . When entering live claims, this field must be blank.
1500 submitter #	Enter the Medicare 1500 submitter ID provided by the intermediary.
Xmit 485/486 separately	Enter Y if Home Health claims (HCFA-485 and HCFA-486) should be transmitted separately from the UB claims to the intermediary. Enter N if the Home Health claims and UB claims should be transmitted together.
1500 IP place of service	Enter the specific inpatient place-of-service code for Blue Cross, Medicare, and/or Medicaid.
1500 OP place of service	Enter the specific outpatient place-of-service code for Blue Cross, Medicare, and/or Medicaid.
1500 type of service	Enter the specific type-of-service code for Blue Cross, Medicare, and/or Medicaid.
Type of claims to xmit	Enter X beside the type of claims that can be transmitted to this intermediary. You can transmit UB bills, 1500 bills, home health claims, or any combination of the three.
Secondary/Tertiary xmit	Click Yes to transmit secondary and tertiary UB or 1500 claims to the intermediary. Click No if you do not want to transmit secondary and tertiary claims.
1500 units or minutes	Select Units or Minutes for anesthesia billing. This will allow the facility to decide if the units from charges or the actual minutes for anesthesia will be billed.

837I & 837P HEADERS

The process for setting up (or re-setting) the 837I and 837P headers is started by pressing the 837I or 837P button.

The settings are grouped into five windows according to their name and identifier, and except for the Functional Group Headers, the same values are used for 837I and 837P.

You move through the windows by pressing the **OK** button until you reach the last window, when you press the **Add/Update** button.

Most values are provided by the intermediary, but certain values are required for the correct transaction format (4010 or 5010). If any of the required values are incorrect, the program will not continue until that setting has been corrected. A message at the bottom of the screen will provide the correct value.

Note: The program will not correct a blank field, so be sure to complete the required (*) fields illustrated in the following sections.

Electronic Billing 837I File Maintenance

Intermediary EB SUBSET

INTERCHANGE CONTROL HEADER

Authorization Qualifier (ISA01)	00
Authorization Info. (ISA02)	1111111111
Security Qualifier (ISA03)	00
Security Information (ISA04)	2222222222
Inter. ID Qualifier (ISA05)	ZZ
Interchange Sender ID (ISA06)	11111111111111
Inter. ID Qualifier (ISA07)	ZZ
Interchange Receiver ID (ISA08)	22222222222222
Repetition Separator (ISA11)	U
Inter. Control Version (ISA12)	00501
Acknowledgment Request (ISA14)	0
Component Elmt Separ. (ISA16)	:

OK Previous Exit

Invalid repetition separator. Can not be a U. It can be a ^.

The 837 header windows are listed below in the order they appear when you click on the 837I or 837P button.

WINDOW #	HEADER NAME	SEGMENT SECTION IDENTIFIER
1	Interchange Control	ISA
2 *	Functional Group	GS*
2 *	Transmission Type	REF*
3	Submitter Name	NM1 (Loop 1000A)
4	Submitter EDI Contact Information	PER
5	Receiver Name	NM1 (Loop 1000B)

* In the 4010 format files, the GS and REF headers appear in the same window. The REF headers are not in the 5010 format files.

Because the windows can vary for version and for bill type, the two formats are described in separate sections.

RESETTING 837 HEADERS

Typically, after a new version is installed you must reset the 837 headers in the *EB System Control Record* before the next EB creation.

The reset must be performed for each intermediary **and** for each file type being used. In other words, if an intermediary uses both UB and 1500 electronic bills, you must perform the header reset twice for that intermediary—once for each bill type. After that, you only need to maintain the headers if you have a new intermediary or the intermediary change a setting.

VERSION 5010 FORMAT HEADERS

Interchange Control Header (ISA) Window

This is the first of five 837 5010 format File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Note: As you press **OK** at each screen, a message at the bottom of the screen will give the correct value if any of the MEDHOST required fields needs to be changed.

The screenshot shows a window titled "Electronic Billing 837I File Maintenance". At the top, there are two fields: "Intermediary" and "EB SUBSET". Below these is a section titled "INTERCHANGE CONTROL HEADER" containing the following fields:

Field Name	Value
Authorization Qualifier (ISA01)	00
Authorization Info. (ISA02)	1111111111
Security Qualifier (ISA03)	00
Security Information (ISA04)	2222222222
Inter. ID Qualifier (ISA05)	ZZ
Interchange Sender ID (ISA06)	1111111111111111
Inter. ID Qualifier (ISA07)	ZZ
Interchange Receiver ID (ISA08)	2222222222222222
Inter. Ctl Standards ID (ISA11)	U
Inter. Control Version (ISA12)	00401
Acknowledgment Request (ISA14)	0
Component Elmt Separ. (ISA16)	:

A red arrow points to the "Component Elmt Separ. (ISA16)" field, which contains a colon (:), with a red oval around it and the text "Preferred separator". At the bottom of the window are three buttons: "OK", "Previous", and "Exit". A small question mark icon is in the bottom right corner.

Action

Verify that the contents of your Repetition Separator and Inter. Control Version fields match those in the window shown above. (Unless the intermediary has specified a different Component Elmt Separ. separator, the colon (:) is preferred.) Then click **OK** to save any changes and move to the next screen. The **Functional Group (GS*)** window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below is the Interchange Control Header (ISA) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

INTERCHANGE CONTROL HEADER					
Authorization Qualifier (ISA01)	Authorization Info. (ISA02)	Security Qualifier (ISA03)	Security Info. (ISA04)	Inter. ID Qual. (ISA05)	Interchange Sender ID (ISA06)
00		01	SECRET	ZZ	SUBMITTERS.ID
Inter. ID Qualifier (ISA07)	Interchange Receiver ID (ISA08)	Inter. Ctrl Standards ID (ISA11)	Inter. Control Version (ISA12)		
ZZ	RECEIVERS.ID	^	00501		
Acknowledgment Request (ISA14)	Component Elem. Separ. (ISA16)				
1	:				

Field	Entry
ISA01	00
ISA02	
ISA03	01
ISA04	SECRET
ISA05	ZZ
ISA06	SUBMITTERS.ID
ISA07	ZZ
ISA08	RECEIVERS.ID
ISA11	^ *
ISA12	00501 *
ISA14	1
ISA16	: (or element provided by intermediary) *

Functional Group (GS*) Window

This is the second of five 5010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Interchange Control (ISA)** window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Note: The Version/Release ID Code (GS08) settings differ for the 837I and 837P headers.

5010 837I

The screenshot shows a window titled "Electronic Billing 837P File Maintenance". At the top, there is a field labeled "Intermediary" with the value "TEST". Below this is a section titled "FUNCTIONAL GROUP HEADER" containing several fields:

Field	Value
Functional ID Code (GS01)	HC
Application Sndr's Code (GS02)	1111111111
Application Rcr's Code (GS03)	2222222222
Responsible Agency Code (GS07)	X
Version/Release ID Code (GS08)	005010X222A1

At the bottom of the window, there are three buttons: "OK", "Previous", and "Exit". A help icon (?) is located in the bottom right corner.

Action

Verify that the contents of your Functional ID Code, Responsible Agency Code, and Version/Release ID Code fields match those in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Submitter Name** (NM1 Loop 1000A) window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example Below are the Functional Group Header (GS) segments of the 837I Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I.

FUNCTIONAL GROUP HEADER				
Functional ID Code (GS01)	Application Sndr's Code (GS02)	Application Rcv's Code (GS03)	Responsible Agency Code (GS07)	Version/Release ID Code (GS08)
HC	SNDR CODE	RCV CODE	X	005010X223A1

Field	Entry
GS01	HC *
GS02	SNDR CODE
GS03	RCV CODE
GS07	X *
GS08	005010X223A1 *

5010 837P

Electronic Billing 837P File Maintenance

Intermediary TEST

FUNCTIONAL GROUP HEADER

Functional ID Code (GS01)	HC
Application Sndr's Code (GS02)	1111111111
Application Rcr's Code (GS03)	2222222222
Responsible Agency Code (GS07)	X
Version/Release ID Code (GS08)	005010X22A1

OK Previous Exit

Invalid version/release identifier code. Must be 005010X22A1.

Action

Verify that the contents of your Functional ID Code, Responsible Agency Code, and Version/Release ID Code fields match those in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Submitter Name** (NM1 Loop 1000A) window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example Below are the Functional Group Header (GS) segments of the 837P Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I.

FUNCTIONAL GROUP HEADER				
Functional ID Code (GS01)	Application Sndr's Code (GS02)	Application Rcv's Code (GS03)	Responsible Agency Code (GS07)	Version/Release ID Code (GS08)
HC	SNDR CODE	RCV CODE	X	005010X222

Field	Entry
GS01	HC *
GS02	SNDR CODE
GS03	RCV CODE
GS07	X *
GS08	005010X222 *

Submitter Name (NM1 Loop 1000A) Window

This is the third of five 5010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Functional Group (GS*)** window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

The screenshot shows a window titled "Electronic Billing 837P File Maintenance". At the top, there is a field labeled "Intermediary" with the value "TEST". Below this is a section titled "SUBMITTER NAME (LOOP 1000A)". Inside this section, there are several fields:

- Entity Identifier Code (NM101): 41
- Entity Type Qualifier (NM102): 1 (with a dropdown arrow)
- Name Last/Organ. Name (NM103): HMS
- Name First (NM104): SHANE
- Name Middle (NM105):
- ID Code Qualifier (NM108): 46
- Identification Code (NM109): SHANE SENKBEIL

At the bottom of the window, there are three buttons: "OK", "Previous", and "Exit". A small question mark icon is visible in the bottom right corner of the window frame.

Action

Verify that the contents of your Entity Identifier Code and ID Code Qualifier fields match those in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Submitter EDI Contact Information (PER)** window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below is the Submitter Name (NM1 Loop 1000A) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

SUBMITTER NAME (LOOP 1000A)				
Entity Identifier Code (NM101)	Entity Type Qualifier (NM102)	Name Last/Organ. Name (NM103)	Name First (NM104)	Name Middle (NM105)
41	2	ABC Submitter		
ID Code Qualifier (NM108)	Identification Code (NM109)			
46	99999999			

Field	Entry
NM101	41 *
NM102	2
NM103	ABC Submitter
NM104	Bob
NM105	D
NM108	46 *
NM109	99999999

Submitter EDI Contact Information (PER) Window

This is the fourth of five 5010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Submitter Name** (Loop 1000A) window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Electronic Billing 837I File Maintenance

Intermediary EB SUBSET

SUBMITTER EDI CONTACT INFORMATION

Contact Function Code (PER01) IC

Submitter Contact Name (PER02) SHANE SENKBEIL

Communication Qualifier (PER03) TE

Communication Number (PER04) 55555555

Communication Qualifier (PER05) EM

Communication Number (PER06) SSENKBEIL@HMSTN.COM**FX*6153523554*

Communication Qualifier (PER07)

Communication Number (PER08)

OK Previous Exit

Action

Verify that your Contact Function Code field matches that in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Receiver Name** (NM1 Loop 1000B) window appears automatically.

To see the list of valid Communication Qualifiers, press the search button .

Note: Some of the valid 5010 format communication qualifiers are different than those for the 4010 format, as explained in the "Valid Communication Qualifiers" section.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below is the Submitter EDI Contact Information (PER) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

SUBMITTER EDI CONTACT INFORMATION HEADER			
Contact Function Code (PER01)	Submitter Contact Name (PER02)	Communication Qualifier (PER03)	Communication Number (PER04)
IC	JANE DOE	EM	
Communication Qualifier (PER05)	Communication Number (PER06)		

Field	Entry
PER01	IC *
PER02	JANE DOE
PER03	EM, FX, or TE
PER04	9005555555
PER05 PER07	EM, EX, FX, or TE

Valid Communication Qualifiers

Some of the valid 5010 format communication qualifiers are different than the ones for the 4010 format. As shown below, the PER03 qualifiers also differ from the PER05 and PER07 qualifiers, which are the same.

PER03 Qualifiers

Communication Number Qualifier Lookup

Communication Number Qualifier

☒ Electronic Mail

☐ Facsimile

☐ Telephone

OK Previous

?

PER05 & PER07 Qualifiers

Communication Number Qualifier Lookup

Communication Number Qualifier

☒ Electronic Mail

☐ Telephone Extension

☐ Facsimile

☐ Telephone

OK Previous

?

Receiver Name (NM1 Loop 1000B) Window

This is the fifth of five 5010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Submitter EDI Contact Information** (PER) window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Field	Value
Intermediary	EB SUBSET
SUBMITTER NAME (LOOP 1000A)	
Entity Identifier Code (NM101)	41
Entity Type Qualifier (NM102)	1
Name Last/Organ. Name (NM103)	SENKBEIL MEDICAL CENTER
Name First (NM104)	SHANE
Name Middle (NM105)	KEITH
ID Code Qualifier (NM108)	46
Identification Code (NM109)	SHANE SENKBEIL

Buttons: OK, Previous, Exit

Action

Verify that the contents of your Entity Identifier Code, Entity Type Qualifier, and ID Code Qualifier fields match those in the window shown above. Then click **Add/Update** to save it, complete the setup, and return to the **Transmission Information** window.

Clicking **Previous** returns you to the **Submitter EDI Contact Information** window.

Clicking **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below is the Receiver Name (NM1, Loop 1000B) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

RECEIVER NAME (LOOP 1000B)				
Entity Identifier Code (NM101)	Entity Type Qualifier (NM102)	Name Last/Organ. Name (NM103)	ID Code Qualifier (NM108)	Identification Code (NM109)
40	2	CSC HEALTHCARE	46	112223333
1				
** End of Report **				

Field	Entry
NM101	40 *
NM102	2 *
NM103	CSC HEALTHCARE
NM108	46 *
NM109	99999

VERSION 4010 FORMAT HEADERS

Interchange Control Header (ISA) Window

This is the first of five 837 4010 format File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Note: As you press **OK** at each screen, a message at the bottom of the screen will give the correct value if any of the MEDHOST required fields needs to be changed.

The screenshot shows a window titled "Electronic Billing 837I File Maintenance". At the top, there are two input fields: "Intermediary" and "EB SUBSET". Below these is a section titled "INTERCHANGE CONTROL HEADER" containing the following fields:

Field Name	Value
Authorization Qualifier (ISA01)	00
Authorization Info. (ISA02)	1111111111
Security Qualifier (ISA03)	00
Security Information (ISA04)	2222222222
Inter. ID Qualifier (ISA05)	ZZ
Interchange Sender ID (ISA06)	11111111111111
Inter. ID Qualifier (ISA07)	ZZ
Interchange Receiver ID (ISA08)	22222222222222
Inter. Ctl Standards ID (ISA11)	U
Inter. Control Version (ISA12)	00401
Acknowledgment Request (ISA14)	0
Component Elmt Separ. (ISA16)	:

A red arrow points to the colon (:) in the "Component Elmt Separ. (ISA16)" field, with a red oval containing the text "Preferred separator". At the bottom of the window are three buttons: "OK", "Previous", and "Exit". A small question mark icon is in the bottom right corner.

Action

Verify that the contents of your Repetition Separator and Inter. Control Version fields match those in the window shown above. (Unless the intermediary has specified a different Component Elmt Separ., the colon (:) is preferred.) Then click **OK** to save any changes and move to the next screen. The **Functional Group/Transmission Type** (GS/REF) window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example Below is the Interchange Control Header (ISA) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

```

INTERCHANGE CONTROL HEADER
-----
Authorization Qualifier (ISA01)      Authorization Info. (ISA02)      Security Qualifier (ISA03)      Security Info. (ISA04)      Inter. ID Qual. (ISA05)      Interchange Sender ID (ISA06)
00                                01                                SECRET                                ZZ                                SUBMITTERS.ID
-----
Inter. ID Qualifier (ISA07)      Interchange Receiver ID (ISA08)      Inter. Ctl Standards ID (ISA11)      Inter. Control Version (ISA12)
ZZ                                RECEIVERS.ID                                U                                00401
-----
Acknowledgment Request (ISA14)      Component Element Segment (ISA16)
1                                :

```

Field	Entry
ISA01	00
ISA02	
ISA03	01
ISA04	SECRET
ISA05	ZZ
ISA06	SUBMITTERS.ID
ISA07	ZZ
ISA08	RECEIVERS.ID
ISA11	U *
ISA12	00401 *
ISA14	1
ISA16	: (or element provided by intermediary) *

Functional Group & Transmission Type (GS* & REF*) Window

This is the **second of five 4010 format 837 File Maintenance windows** that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Interchange Control (ISA)** window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Note: The Version/Release ID Code (GS08) setting differs for the 837I and 837P headers.

4010 837I

Electronic Billing 837I File Maintenance	
Intermediary	EB SUBSET
FUNCTIONAL GROUP HEADER	
Functional ID Code (GS01)	HC
Application Sndr's Code (GS02)	111111111111
Application Rcr's Code (GS03)	222222222222
Responsible Agency Code (GS07)	X
Version/Release ID Code (GS08)	004010X096A1
TRANSMISSION TYPE IDENTIFICATION	
Reference ID Qualifier (REF01)	87
Reference ID (REF02)	11111111111111111111
OK Previous Exit	

Action

Verify that the contents of your Functional ID Code, Responsible Agency Code, and Version/Release ID Code. fields match those in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Submitter Name** (NM1 Loop 1000A) window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below are the Functional Group Header (GS) and Transmission Type Header (REF) segments of the 837I Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I.

FUNCTIONAL GROUP HEADER				
Functional ID Code (GS01)	Application Sndr's Code (GS02)	Application Rcv's Code (GS03)	Responsible Agency Code (GS07)	Version/Release ID Code (GS08)
HC	000000	000000	X	004010X096A1
TRANSMISSION TYPE HED				
Reference ID Qualifier (REF01)	Reference ID (REF02)			
87	004010X096A1			

Field	Entry
GS01	HC *
GS02	SNDR CODE
GS03	RCV CODE
GS07	X *
GS08	004010X096A1 *
REF01	87 *
REF02	004010X096A1

4010 837P

Electronic Billing 837P File Maintenance

Intermediary EB SUBSET

FUNCTIONAL GROUP HEADER

Functional ID Code (GS01) HC

Application Sndr's Code (GS02) 1111111111

Application Rcr's Code (GS03) 2222222222

Responsible Agency Code (GS07) X

Version/Release ID Code (GS08) 004010X098A1

TRANSMISSION TYPE IDENTIFICATION

Reference ID Qualifier (REF01) 87

Reference ID (REF02) 004010X096A1

OK Previous Exit

Action

Verify that the contents of your Functional ID Code, Responsible Agency Code, and Version/Release ID Code. fields match those in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Submitter Name** (NM1 Loop 1000A) window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below are the Functional Group Header (GS) and Transmission Type Header (REF) segments of the 837P Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to
“EBRPT1 Option 4: Retrieve 837 Header Information” behind the
Reports Menu I.

FUNCTIONAL GROUP HEADER				
Functional ID Code (GS01)	Application Sndr's Code (GS02)	Application Rcv's Code (GS03)	Responsible Agency Code (GS07)	Version/Release ID Code (GS08)
HC	000000	0000	X	004010X098A1
TRANSMISSION TYPE HED				
Reference ID Qualifier (REF01)	Reference ID (REF02)			
87	004010X098A1			

Field	Entry
GS01	HC *
GS02	SNDR CODE
GS03	RCV CODE
GS07	X *
GS08	004010X098A1 *
REF01	87 *
REF02	

Submitter Name (NM1 Loop 1000A) Window

This is the third of five 4010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Functional Group & Transmission Type** (GS* & REF*) window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

The screenshot shows a window titled "Electronic Billing 837P File Maintenance". Inside, there's a section for "SUBMITTER NAME (LOOP 1000A)". At the top, there are two labels: "Intermediary" and "EB SUBSET". Below this, the form fields are as follows:

Field Label	Value
Entity Identifier Code (NM101)	41
Entity Type Qualifier (NM102)	1
Name Last/Organ. Name (NM103)	HMS
Name First (NM104)	SHANE
Name Middle (NM105)	
ID Code Qualifier (NM108)	46
Identification Code (NM109)	SHANE SENKBEIL

At the bottom of the window, there are three buttons: "OK", "Previous", and "Exit". A help icon (?) is located in the bottom right corner.

Action

Verify that the contents of your Entity Identifier Code and ID Code Qualifier fields match those in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Submitter EDI Contact Information** (PER) window appears automatically.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below is the Submitter Name (NM1, Loop 100A) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

SUBMITTER NAME (LOOP 100A)				
Entity Identifier Code (NM101)	Entity Type Qualifier (NM102)	Name Last/Organ. Name (NM103)	Name First (NM104)	Name Middle (NM105)
41	2	ABC Submitter		
ID Code Qualifier (NM108)	Identification Code (NM109)			
46	99999999			

Field	Entry
NM101	41 *
NM102	2
NM103	ABC Submitter
NM104	Bob
NM105	D
NM108	46 *
NM109	99999999

Submitter EDI Contact Information (PER) Window

This is the fourth of five 4010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Submitter Name** (NM1 Loop 1000A) window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

Electronic Billing 837P File Maintenance

Intermediary: EB SUBSET

SUBMITTER EDI CONTACT INFORMATION

Contact Function Code (PER01): IC

Submitter Contact Name (PER02): SHANE SENKBEIL

Communication Qualifier (PER03): TE

Communication Number (PER04): 5555555555

Communication Qualifier (PER05): TE

Communication Number (PER06): 12351155555

Communication Qualifier (PER07): TE

Communication Number (PER08): 12345665555

Buttons: OK, Previous, Exit

Action

Verify Contact Function Code field matches that in the window shown above. Then click **OK** to save any changes and move to the next screen. The **Receiver Name** (NM1 Loop 1000B) window appears automatically.

To see the list of valid Communication Qualifiers, press the search button .

Note: Some of the valid 4010 format communication qualifiers are different than those for the 5010 format, as explained in the "Valid Communication Qualifiers" section.

Clicking **Previous** or **Exit** returns you to the **Transmission Information** window without saving any changes.

Example Below is the Submitter EDI Contact Information (PER) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

```
SUBMITTER EDI CONTACT INFORMATION HEADER
Contact Function Code (PER01) Submitter Contact Name (PER02) Communication Qualifier (PER03) Communication Number (PER04)
-----
IC JANE DOE TX 4159999680
Communication Qualifier (PER05) Communication Number (PER06)
-----
```

Field	Entry
PER01	IC *
PER02	SHANE SENKBEIL
PER03	ED, EM, FX, or TE
PER04	5555555 77777777777777777777
PER05 PER07	ED, EM, EX, FX, or TE

Valid Communication Qualifiers

Some of the valid 4010 format communication qualifiers are different than the ones for the 5010 format. For example, the Electronic Data Interchange Access Number (ED) is no longer in the 5010 format header. As shown below, the PER03 qualifiers also differ from the PER05 and PER07 qualifiers, which are the same.

PER03 Qualifiers

Communication Number Qualifier Lookup

Communication Number Qualifier

- ED = Electronic Data Interchange Access Number
- EM = Electronic Mail
- FX = Facsimile
- TE = Telephone

OK Previous

PER05 & PER07 Qualifiers

Communication Number Qualifier Lookup

Communication Number Qualifier

- ☒ Electronic Data Interchange Access Number
- ☐ Electronic Mail
- ☐ Telephone Extension
- ☐ Facsimile
- ☐ Telephone

OK Previous

Receiver Name (NM1 Loop 1000B) Window

This is the fifth of five 4010 format 837 File Maintenance windows that appears when you click on one of the 837 buttons in the **Transmission Information** window.

This window appears when you click **OK** in the **Submitter EDI Contact Information (PER)** window.

Values with an asterisk (*) must match those shown on the figure below. The other parameters will be given by the intermediary.

The screenshot shows a window titled "Electronic Billing 837I File Maintenance". Inside, there are two main sections: "Intermediary" and "EB SUBSET". Below these is a section titled "RECEIVER NAME (LOOP 1000B)". This section contains five fields with their corresponding values: "Entity Identifier Code (NM101)" with value "40", "Entity Type Qualifier (NM102)" with value "2", "Name Last/Organ. Name (NM103)" with value "SHANE", "ID Code Qualifier (NM108)" with value "46", and "Identification Code (NM109)" with value "alabama". At the bottom of the window are four buttons: "OK", "Add/Update", "Previous", and "Exit". A small question mark icon is located in the bottom right corner of the window.

Field	Value
Entity Identifier Code (NM101)	40
Entity Type Qualifier (NM102)	2
Name Last/Organ. Name (NM103)	SHANE
ID Code Qualifier (NM108)	46
Identification Code (NM109)	alabama

Action

Verify that the contents of your Entity Identifier Code, Entity Type Qualifier, and ID Code Qualifier fields match those in the window shown above. Then click **Add/Update** to save it, complete the setup, and return to the **Transmission Information** window.

Clicking **Previous** returns you to the **Submitter EDI Contact Information** window.

Clicking **Exit** returns you to the **Transmission Information** window without saving any changes.

Example

Below is the Receiver Name (NM1, Loop 1000B) segment of the 837 Header Information report, followed by a table showing the same information in a different format. (The sample window on the previous page shows information entered in the window.)

For a sample of a complete Header Information Report, go to “EBRPT1 Option 4: Retrieve 837 Header Information” behind the Reports Menu I tab in this manual.

```
SUBMITTER EDI CONTACT INFORMATION HEADER
Contact Function Code (PER01)  Submitter Contact Name (PER02)  Communication Qualifier (PER03)  Communication Number (PER04)
-----
IC                               JANE DOE                               TX                               4159999680
Communication Qualifier (PER05)  Communication Number (PER06)
-----
```

Field	Entry
NM101	40 *
NM102	2 *
NM103	CSC HEALTHCARE
NM108	46 *
NM109	99999

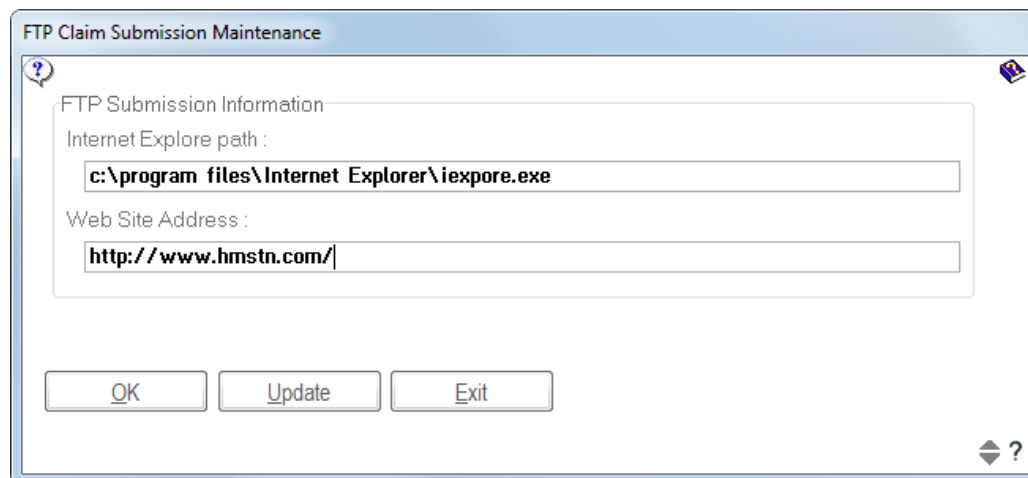
FTP DETAILS WINDOW

This window appears when you click the **FTP Detail** button in the **Transmission Information** window.

This function and window was previously *Electronic Billing Maintenance Menu, Option 9*. You can now use it to set up one FTP entry for each intermediary (instead of just one for all intermediaries).

Use this window to identify the user's Internet Explorer path and the intermediary's Web site address. This information will be used by some states to submit the Electronic Billing file to the intermediary using FTP (File Transfer Protocol).

Note: This information is **required** if the Transmit Type field has been set to Interactive PABLO Internet or Interactive File Xfer/Internet (refer to the **Electronic Billing Maintenance** section).



Action: Type the Internet Explorer path and/or Web site address, then click **Update** to update the information and return to the **Transmission Information** window.

EBMAIN Option 2: Maintain Intermediary File

Overview: **Maintain Intermediary File** (Option 2 on the Electronic Billing Maintenance Menu) is used to enter and maintain the intermediary codes. These codes allow multiple intermediaries to be transmitted. The codes set up in this option are assigned to an insurance company/plan through Insurance Company/Plan File, Option 18 on File Maintenance Menu I in Patient Accounting. Every patient with the same company/plan will be transmitted to the intermediary assigned to the company/plan.

Several options in Electronic Billing will display a prompt window to allow an intermediary code to be entered.

This option is also used to specify the type of claims that are being transmitted as live claims and the claims that are being transmitted in test mode. Both live claims and test claims can be transmitted at the same time for an intermediary.

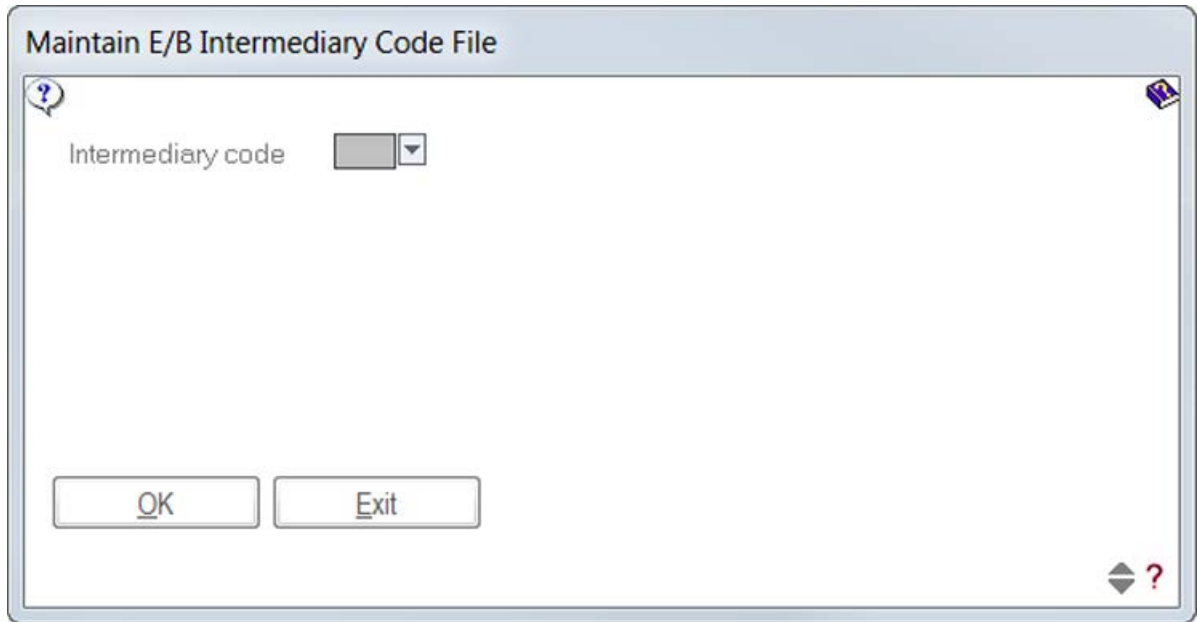
Files: EBINTMED

In this section

- [Maintain E/B Intermediary Code File window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [Maintenance window](#)
- [Confirm deletion window](#)

Maintain E/B Intermediary Code File window

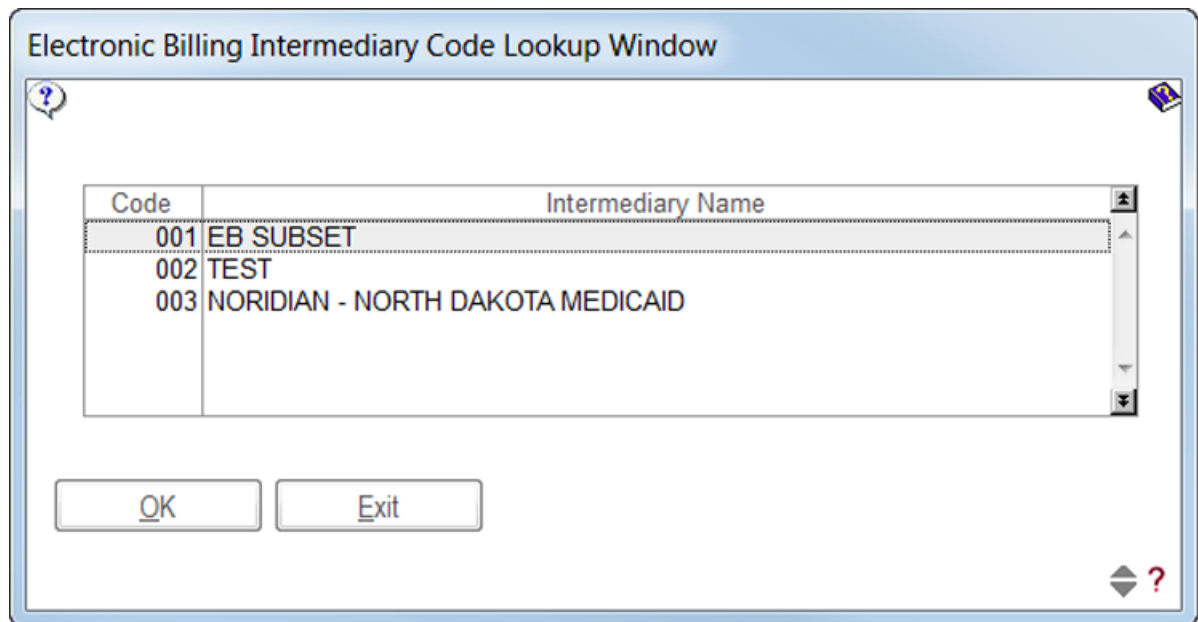
This window appears when you select **Maintain Intermediary File** in the Electronic Billing Maintenance Menu.



Action Enter the 3-digit intermediary code you want to set up or maintain, and then click **OK**. You can either type the code or click  to search for it in the **Electronic Billing Intermediary Code Lookup** window.

Electronic Billing Intermediary Code Lookup window

This window appears when you click  in the **Maintain E/B Intermediary Code File** window.



Action Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

Maintenance window

The maintenance window is used to add or update intermediary information.

This window appears when you enter an intermediary code in the **Maintain E/B Intermediary Code File** window.

UB has replaced **UB92** in this window.

Maintain E/B Intermediary Code File
Maintain E/B Intermediary Code File

OK Delete Previous Exit

UPDATE

Intermediary code 001
Intermediary name EB SUBSET

Select claim type(s) to be transmitted to this intermediary

☐ Blue Cross UB	☐ Blue Cross 1500S	☐ Blue Cross Home Health
☐ Medicare UB	☐ Medicare 1500S	☐ Medicare Home Health
☒ Medicaid UB	☒ Medicaid 1500S	☐ Medicaid Home Health
☐ Commercial UB	☐ Commercial 1500S	☐ Commercial Home Health

Select claim type(s) to be placed in test mode

☐ Blue Cross UB	☐ Blue Cross 1500S	☐ Blue Cross Home Health
☐ Medicare UB	☐ Medicare 1500S	☐ Medicare Home Health
☐ Medicaid UB	☐ Medicaid 1500S	☐ Medicaid Home Health
☐ Commercial UB	☐ Commercial 1500S	☐ Commercial Home Health

Action **To enter or maintain information:** Enter information in the window and click **OK** to save it.

(Clicking **Exit** returns you to the Maintenance Menu and clicking **Previous** returns you to the intermediary code window, both without saving any information you entered or changed.)

To delete the code from the file: Click **Delete**. You will need to confirm the deletion in the window that appears.

Field	Description
Intermediary code	Three-digit number used to set up or maintain intermediary.
Intermediary name	Enter a description (up to 40 characters) for the

	intermediary. If you are updating, you can change the name that appears in this field, if you wish.
Select claim type(s) to be transmitted to this intermediary	Select (click on) each type of claim (UB, 1500, or home health) that should be transmitted with this intermediary code. Select as many claim types as you wish.
Select claim type(s) to be placed in test mode	Select (click on) each type of claim (UB, 1500, or home health) that should be transmitted in test mode for this intermediary code. Select as many claim types as you wish.

Confirm Deletion window

This window appears when you click **Delete** in the maintenance window.

The screenshot shows a window titled "Maintain E/B Intermediary Code File". Inside, the "Intermediary code" is 001 and the "Intermediary name" is EB SUBSET. A red "WARNING" message is displayed in a box: "THIS WILL ALSO DELETE THE E/B SYSTEM CONTROL RECORD FOR THIS INTERMEDIARY". At the bottom, there are two buttons: "OK" and "Previous". A help icon (?) is in the top left, and a scroll bar with a question mark is in the bottom right.

Action **To delete the intermediary record:** Click **OK**.



This will also delete the intermediary's system control record.

To cancel the deletion: Click **Previous**.

EBMAIN Option 3: Outside Lab File Maintenance

Overview: **Outside Lab File Maintenance** (Option 3 on the Electronic Billing Maintenance Menu) is used to add and maintain information about outside labs.

You can create up to ten outside labs, which relate back to the modifiers set up for charges that were performed at an outside lab facility.

The information entered in this option will print on the HCFA-1500 form.

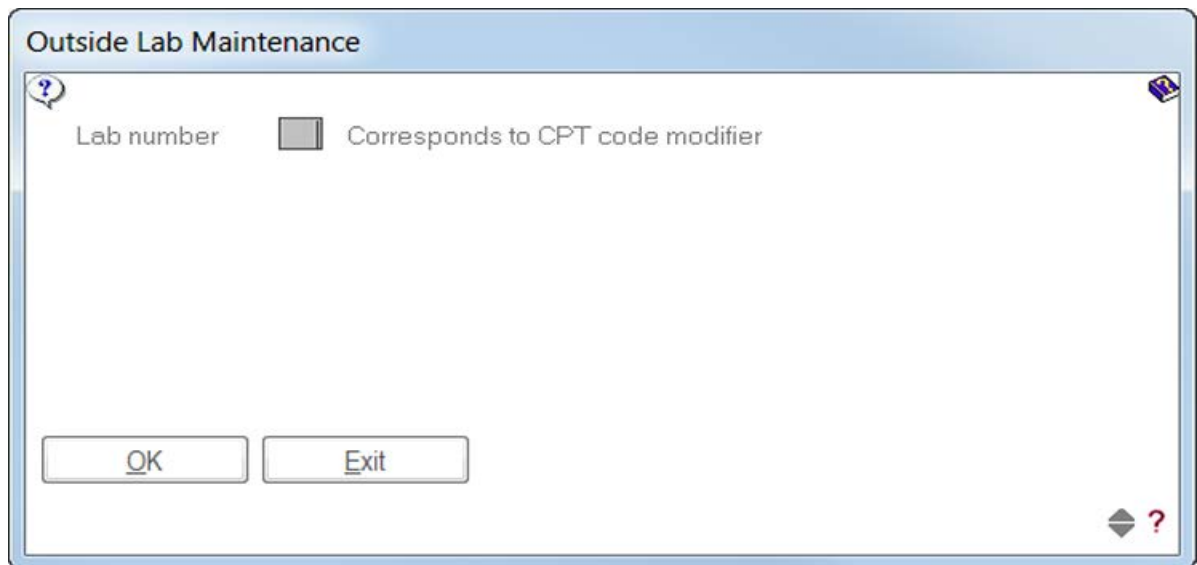
Files: PASUPP

In this section

- Lab number window
- Maintenance window (*next page*)

Lab number window

This window appears when you select **Outside Lab File Maintenance** in the Electronic Billing Maintenance Menu.



Action Type the lab number you want to set up or maintain, and then click **OK**. The number must be from 90 to 99.

Maintenance window

The maintenance window is used to add or update outside lab information.

This window appears when you enter a lab number in the lab number window.

Outside lab number	90
Lab name	TEST LAB FOR DEMO
Address	3102 WEST END AVE.
City	NASHVILLE
State	TN
Zip code	37203
Facility lab ID number	BR549

OK Delete Previous

Action **To enter or maintain information:** Enter or update the outside lab's name, address, and/or ID number, and then click **OK** to save it. All information except the ID number is required.

(Clicking **Previous** returns you to the lab number window without saving any information you entered or changed.)

To delete the lab from the file: Click **Delete**.



The lab is deleted immediately (no confirmation window appears), so make sure you really want to delete it.

EBMAIN Option 4: Omit Bill Types from E/B

Overview: **Omit Bill Types from EB** (Option 4 on the Electronic Billing Maintenance Menu) is used to select a specific bill type for an intermediary in order to omit that bill type from transmissions. Selecting a type for omission actually adds it to a list of inactive types. Later, if necessary, this option can also be used to remove the bill type from the list and include it once again in transmissions.

You can view the list of inactive bill types in the inactive list window.

Files: EBBILTYP, EBINTMED

In this section

- [Intermediary code/bill type window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [Inactive list window](#)

Intermediary code/bill type window

This window appears when you select **Omit Bill Types from EB** in the Electronic Billing Maintenance Menu.

Action

To add a bill type to the inactive list: Enter the intermediary code and bill type, select (click on) **Add to list**, and then click **OK**. You can either type the intermediary code or click  next to the field to search for it in the **Electronic Billing Intermediary Code Lookup** window. You must type the bill type.

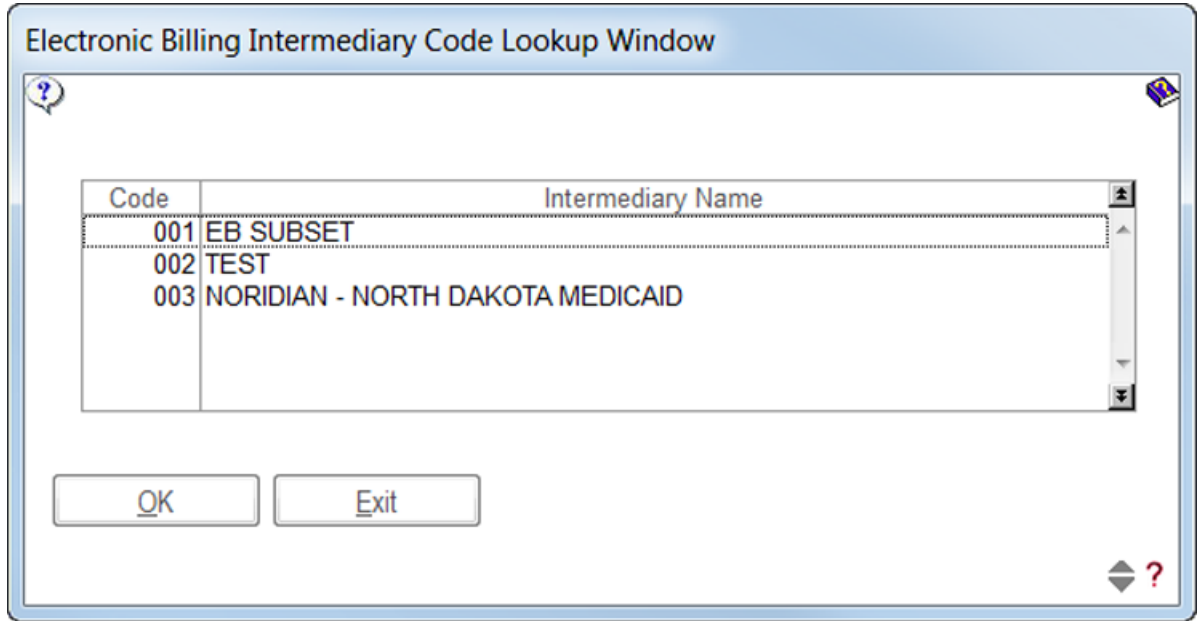
To remove a bill type from the list (and make it active again): Enter the intermediary code and bill type, select (click on) **Remove from list**, and then click **OK**. You can either type the code and bill type, or click  next to the **Bill type to select** field to display the inactive list window, then select the intermediary/bill type you want to remove.

When you click **OK** for either action, a message will be displayed in red at the bottom of the window indicating the action taken. For example:

Bill type 111 for intermediary code 005 was removed from list.

Electronic Billing Intermediary Code Lookup window

This window appears when you click  in the intermediary code/bill type window.



The screenshot shows a window titled "Electronic Billing Intermediary Code Lookup Window". It contains a table with two columns: "Code" and "Intermediary Name". The table lists three entries: 001 EB SUBSET, 002 TEST, and 003 NORIDIAN - NORTH DAKOTA MEDICAID. Below the table are "OK" and "Exit" buttons. A help icon (?) is in the top left, and a red question mark icon is in the bottom right.

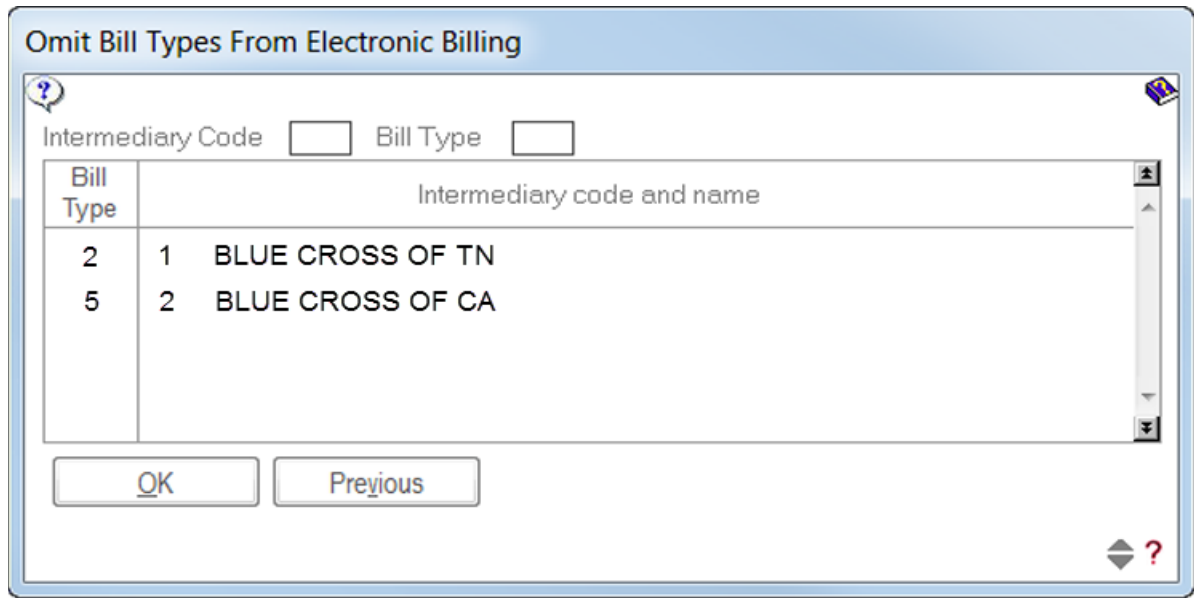
Code	Intermediary Name
001	EB SUBSET
002	TEST
003	NORIDIAN - NORTH DAKOTA MEDICAID

Action Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

Inactive list window

The inactive list window lists all bill types that are currently inactive.

This window appears when you click  next to the **Bill type to select** field in the intermediary code/bill type window.



Bill Type	Intermediary code and name
2	1 BLUE CROSS OF TN
5	2 BLUE CROSS OF CA

Action **To find an intermediary / bill type:** Type the intermediary code and/or bill type in the appropriate fields, and then click **OK**.

To select a bill type: Click on it and then click **OK** (or just double-click on it).

EBMAIN Option 5: Initialize Media

Overview: **Initialize Media** (Option 5 on the Electronic Billing Maintenance Menu) is used to initialize backup media to be used in saving the electronic billing files.

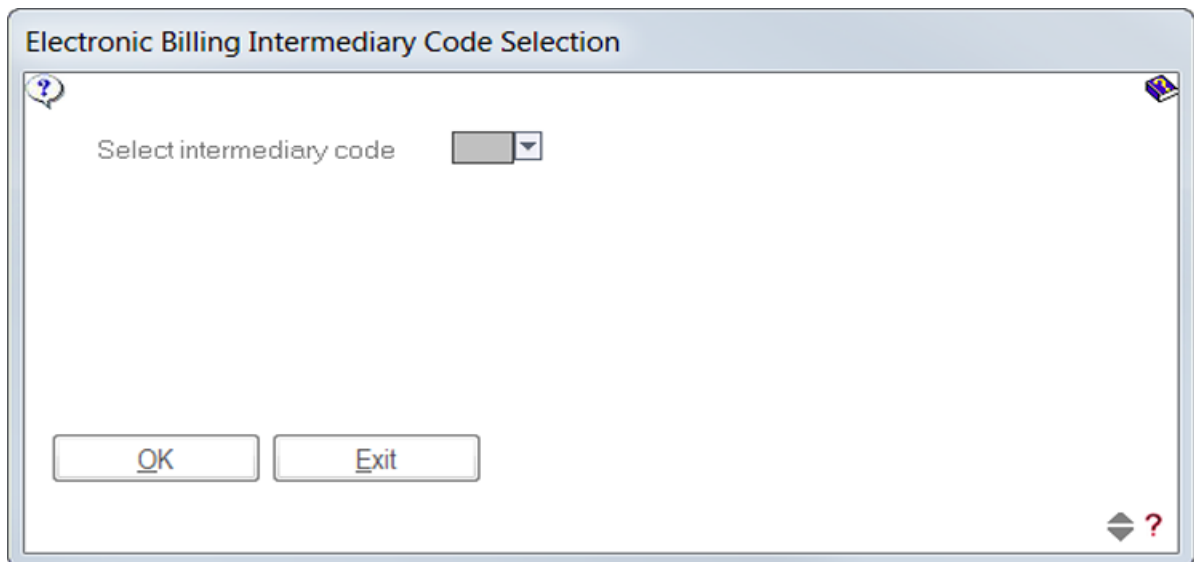
The backup media that are initialized in this option are specified in the installation record (Maintain EB System Control Record, Option 1 on the Electronic Billing Maintenance Menu).

In this section

- [Intermediary code selection window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [Diskette Initialization window](#)
- [Message window](#)

Intermediary code selection window

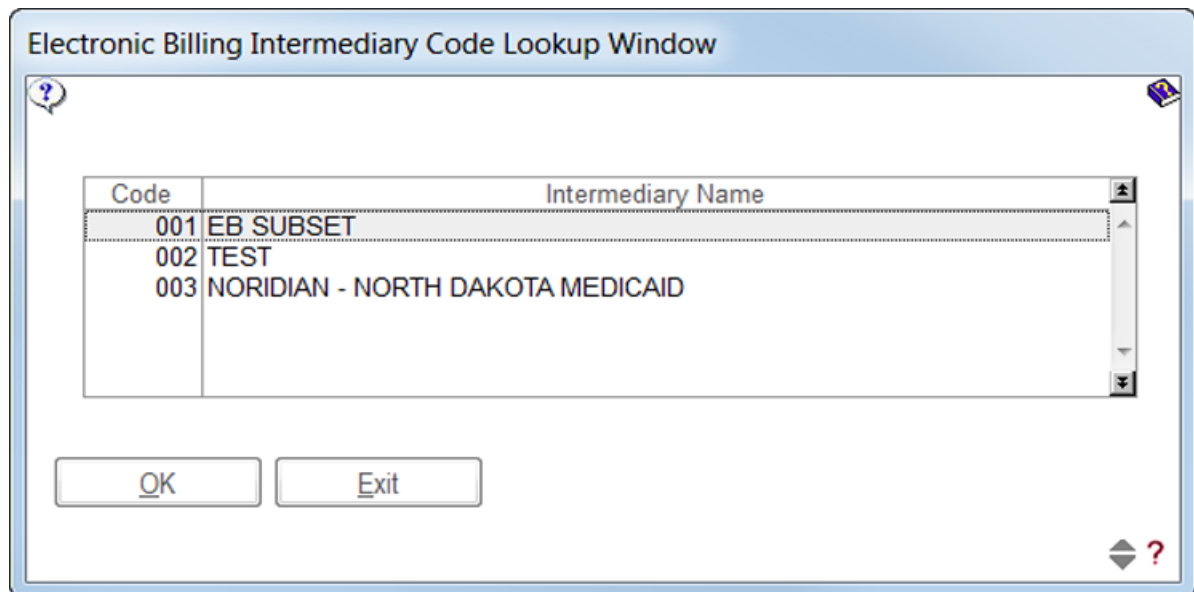
This window appears when you select **Initialize Media** in the Maintenance Menu.



Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

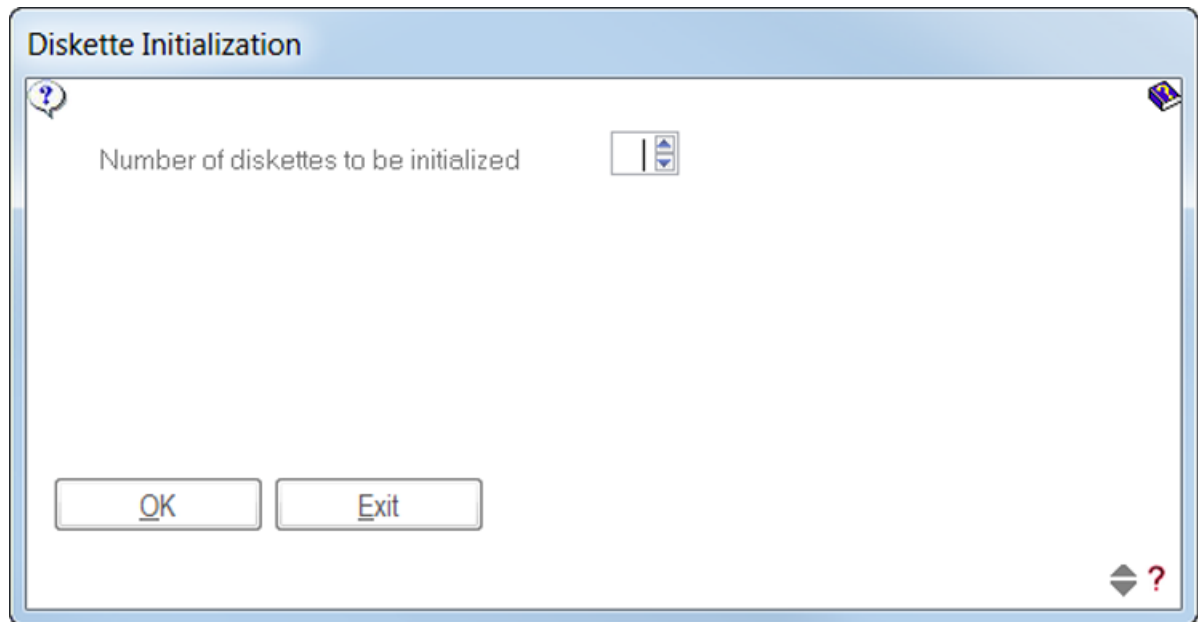
This window appears when you click  in the **Intermediary Code Selection** window.



Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

Diskette Initialization window

This window appears when you enter an intermediary code that is set up in the System Control Record with some form of diskette as the backup device.

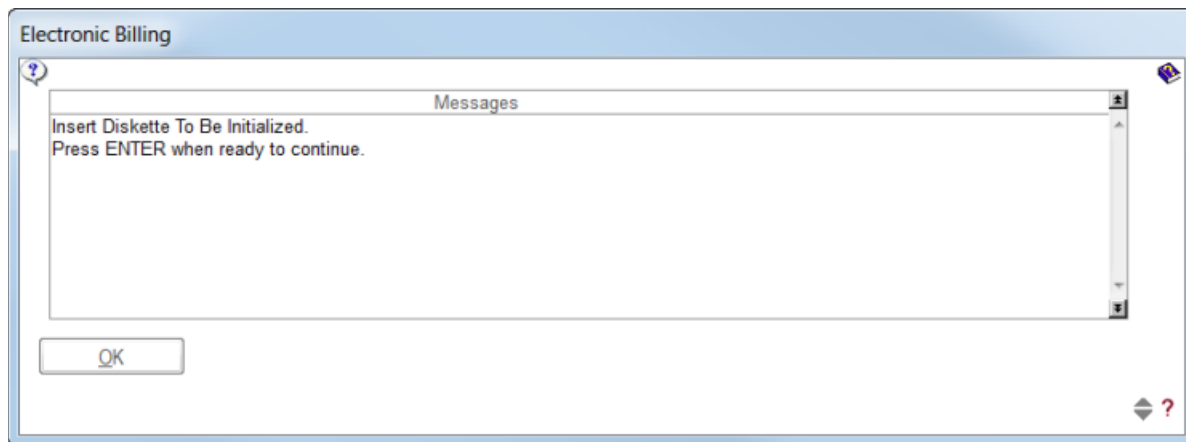


Action Enter the number of diskettes you want to initialize, and then click **OK**. You can either type the number or click  to increase or decrease the number.

The system will prompt you in the message window to insert diskettes and inform you when the procedure is completed.

Message window

This window appears when you enter the number of diskettes to be initialized.



Action Insert a diskette and lick **OK**.

EBMAIN Option 6: Restore Files from Backup Media

Overview: **Restore Files from Backup Media** (Option 6 on the Electronic Billing Maintenance Menu) is used to restore files that have been saved during the transmission of electronic bills through Transmit Electronic Bills, Option 2 on the Electronic Billing Main Menu.



Contact Customer Support before using this option. This option should be used only under MEDHOST supervision, because data in the electronic billing files will be replaced.

Files: XNSUB82, XNSCODE, ELECBILL

In this section

- [Intermediary code selection window](#)
- [Electronic Billing Intermediary Code Lookup window](#)
- [File Restore window](#)
- [Sequence number window](#)

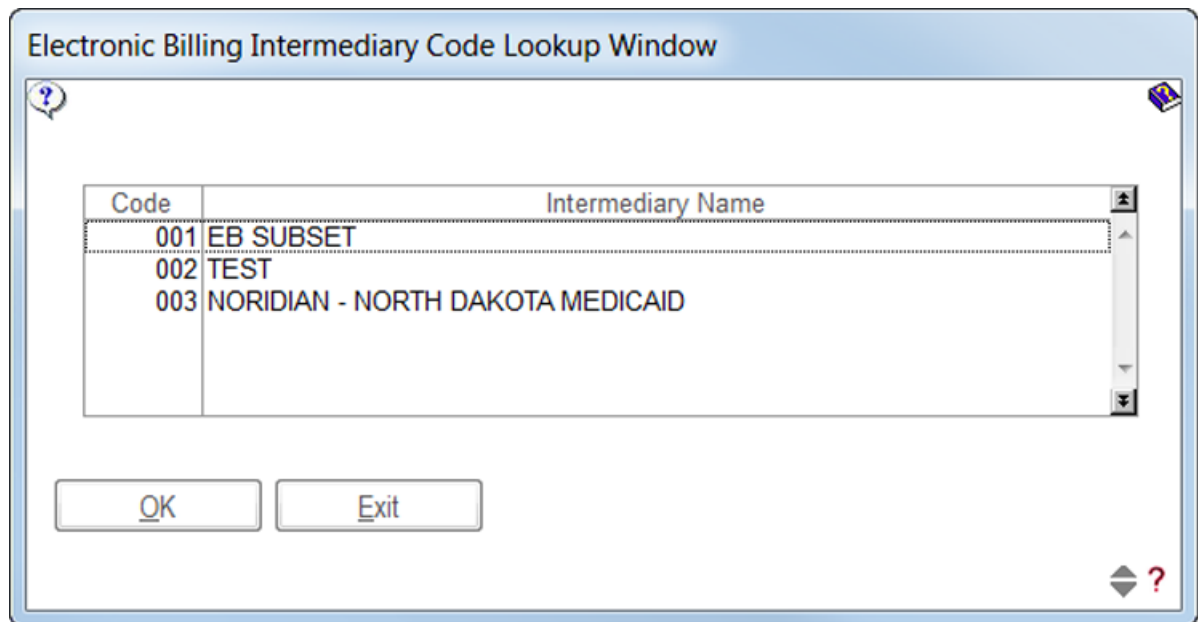
Intermediary code selection window

This window appears when you select Restore Files from Backup Media in the Maintenance Menu.

Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

This window appears when you click  in the **Intermediary Code Selection** window.



Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

File Restore window

This window appears when you enter an intermediary code in the intermediary code window.

Electronic Billing--Restore Files

Name of file to restore

Date of transmission (MMDDYY)

Add to or replace file

☒ Add to existing file ☐ Replace existing file

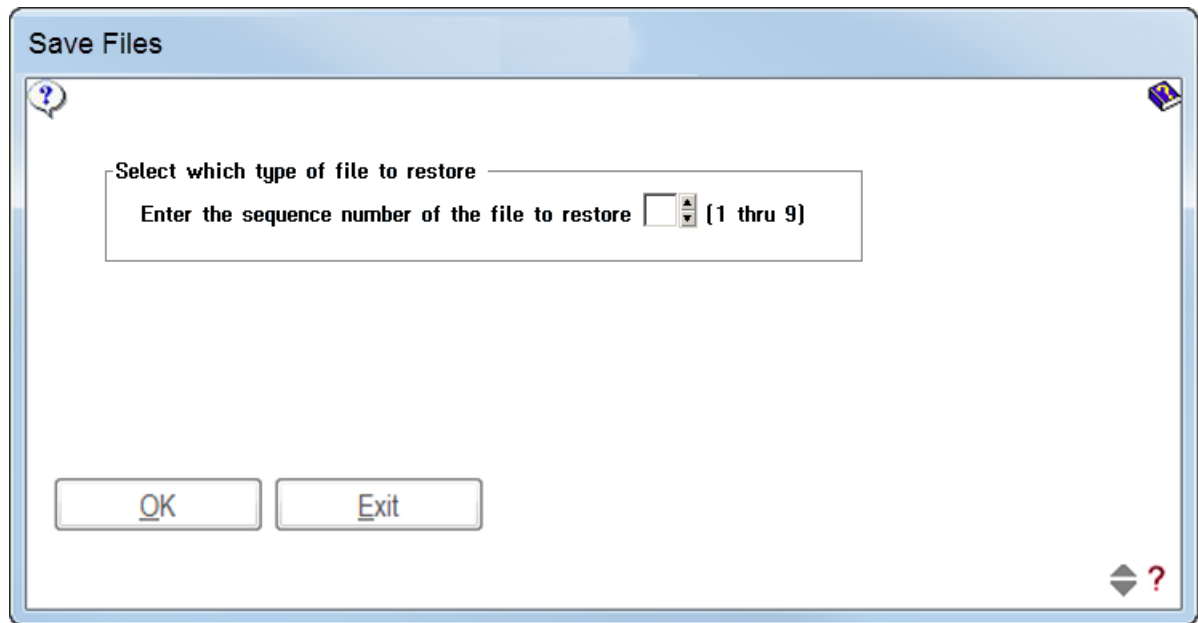
OK Exit

Action Enter/select information and click **OK**. If more than one file has the name and date you enter, the sequence number window will appear so you can enter the sequence number of the file you want to restore.

Field	Description
Name of file to restore	Type the name of the file you are restoring.
Date of transmission	Enter the date when the file was transmitted. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click to select it.
Add to or replace file	Select (click on) Add to existing file to add the restored file to the existing file of the same name; select Replace existing file to completely replace the existing file with the restored file.

Sequence number window

This window appears when there is more than one file with the same name and date that you entered in the file restore window. In that case, you must also enter the sequence number of the file you want, in order to distinguish it from the other files.



Action Enter the sequence number (01 through 99) of the file you want to restore, and then click **OK**. You can either type the number or click  to increase or decrease the number.

EBMAIN Option 7: EB Patient Maintenance

Overview: *EB Patient Maintenance (Option 7 on the Electronic Billing Maintenance Menu)* is used to maintain the UB electronic billing file and the 1500 electronic billing file.

Almost every field in these files can be maintained. Please use caution.

Your facility can use either the 1500 or the 1500-05 form. Which one your facility is using is determined by a setting in the *Patient Accounting 1500 control record, Option 13 on the System Control Menu*. Maintenance for both is exactly the same.



After updating the electronic billing file through this option, you must run the *Billing Transmission List* to update the transmission file. The list is run through *Create/Print EB Listing, Option 1 on the Electronic Billing Main Menu*.

This option corrects the current bill only. Corrections must be made through Patient Accounting to avoid any future errors.

TIPS FOR ENTERING INFORMATION

- Grey fields are **required**; white fields are optional.
- In date fields with a calendar icon  next to them, you can either type the date or click  to select it. If you type the date, use mmddyy format (for example, **072504** for July 25, 2004), except for the date of birth, where you should use mmddyyyy format (**07252004** for July 25, 2004).
- In other fields with a search icon  next to them, you can either type the information (e.g., a zip code or CPT code) or click  next to the field, and select the information in the search and selection window that appears.
- In search and selection lists, you can select an item by double-clicking on it or by highlighting it and then clicking **OK**.

Files: ARMAST, PATIENTS, XNS1500, XNSUB82

IN THIS SECTION

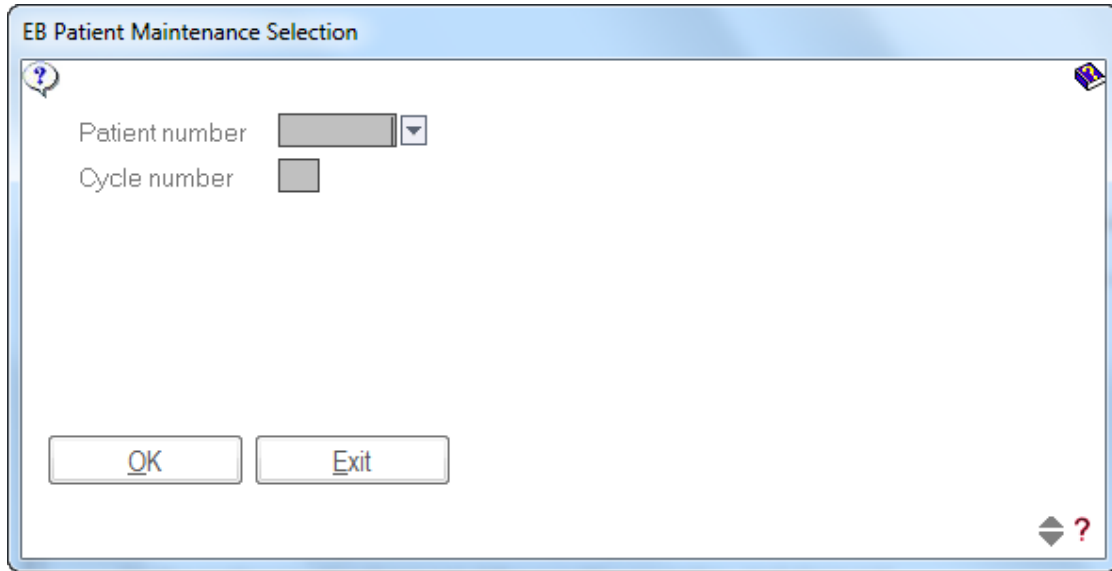
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INTRODUCTORY WINDOWS

PATIENT NUMBER/CYCLE NUMBER WINDOW

This window appears when you select *EB Patient Maintenance* in the *Electronic Billing Maintenance Menu*.

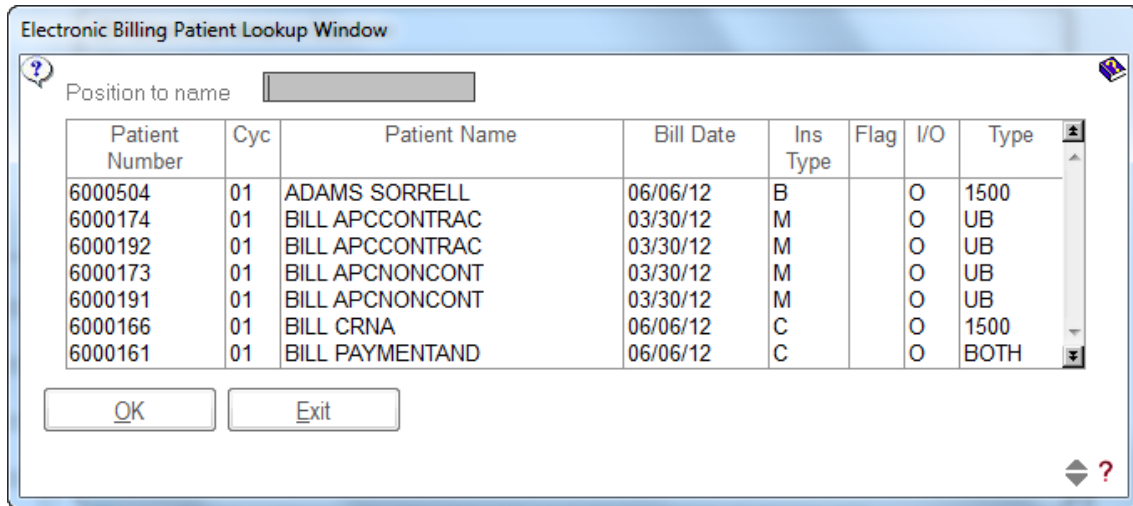


The screenshot shows a window titled "EB Patient Maintenance Selection". Inside the window, there are two input fields: "Patient number" and "Cycle number". The "Patient number" field is a text box with a dropdown arrow on its right side. The "Cycle number" field is a smaller text box. At the bottom of the window, there are two buttons: "OK" and "Exit". In the bottom right corner of the window, there is a small icon of a question mark inside a diamond shape.

Action: Enter the patient number and cycle number for the patient you want to maintain, and then click **OK**. You can type both numbers or select them by clicking  to display the **Electronic Billing Patient Lookup** window.

ELECTRONIC BILLING PATIENT LOOKUP WINDOW

This window (which has two versions) appears when you click  in the **EB Patient Maintenance Selection** window to enter a patient number.



The screenshot shows a window titled "Electronic Billing Patient Lookup Window". It features a search field labeled "Position to name" with a question mark icon on the left and a help icon on the right. Below the search field is a table with the following data:

Patient Number	Cyc	Patient Name	Bill Date	Ins Type	Flag	I/O	Type
6000504	01	ADAMS SORRELL	06/06/12	B		O	1500
6000174	01	BILL APCCONTRAC	03/30/12	M		O	UB
6000192	01	BILL APCCONTRAC	03/30/12	M		O	UB
6000173	01	BILL APCNONCONT	03/30/12	M		O	UB
6000191	01	BILL APCNONCONT	03/30/12	M		O	UB
6000166	01	BILL CRNA	06/06/12	C		O	1500
6000161	01	BILL PAYMENTAND	06/06/12	C		O	BOTH

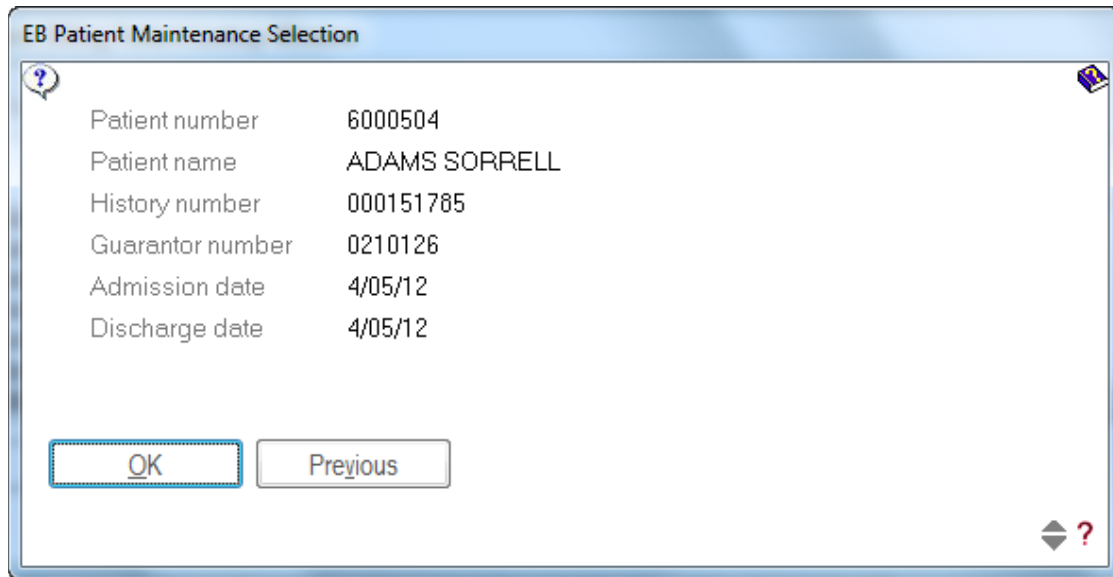
At the bottom of the window are two buttons: "OK" and "Exit". A help icon is located in the bottom right corner of the window frame.

Action: **To find a patient:** Type part or all of the patient's last name in the Position to name field and click **OK**.

To select a patient: Click on the patient's name and click **OK**. (You can also just double-click on the patient's name.)

PATIENT VERIFICATION WINDOW

This window appears when you enter a patient number and cycle number in the **EB Patient Maintenance Selection** window or when you select a patient/cycle in the **Electronic Billing Patient Lookup** window.



The image shows a software window titled "EB Patient Maintenance Selection". Inside the window, there is a list of patient information:

Patient number	6000504
Patient name	ADAMS SORRELL
History number	000151785
Guarantor number	0210126
Admission date	4/05/12
Discharge date	4/05/12

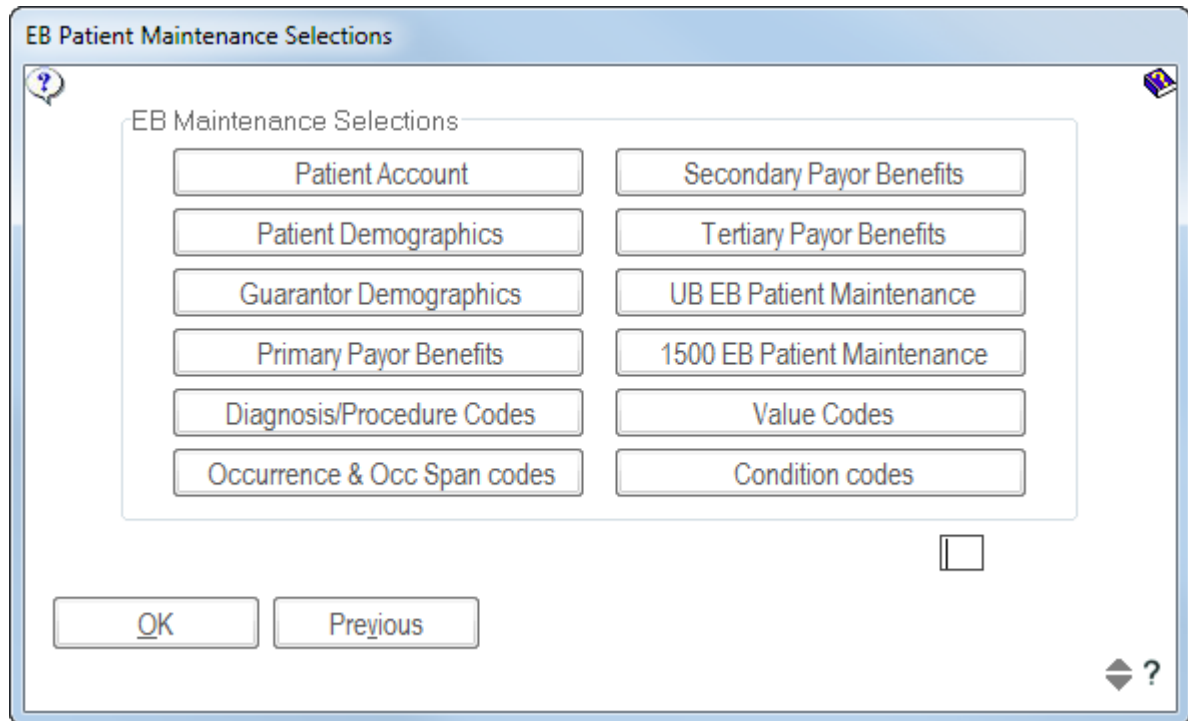
At the bottom of the window, there are two buttons: "OK" and "Previous". The "OK" button is highlighted with a blue border. In the bottom right corner of the window, there is a small icon of a question mark inside a circle.

Action Verify that you have the correct patient, then click **OK**. If you do not have the correct patient, click **Previous** so you can enter a different patient/cycle number.

THE MAINTENANCE FUNCTIONS WINDOW

EB PATIENT MAINTENANCE SELECTIONS WINDOW

This window appears when you click **OK** in the **Patient Verification** window.



Action: Click the button for the type of patient information you want to maintain.

PATIENT ACCOUNT WINDOWS

DISCHARGE MAINTENANCE WINDOW

The **Discharge Maintenance** window lets you maintain information for discharged (final-billed) patients.

This window appears when you select Patient Account in the **EB Patient Maintenance Selections window and the patient has been final billed. Note: If the patient has not been final billed, the **In-House Maintenance** window will open instead of the **Discharge Maintenance** window (refer to the section, “In-House Maintenance Window”).**

Descriptions of the fields are on the next page.

Discharge Maintenance			
OK Inhouse information Change numbers Previous Exit			
Patient Number 1000115 Guarantor Number 210993 History Number 152656		Patient name FORMULA4 NETBILLING Guarantor name FORMULA4 NETBILLING	
Original balance	43880	Admitting physician	1024
Current balance	43880	Referring physician	
To date finance charges		Admission date	121011
Balance last statement	43880	Discharge date	121211
Number of statements sent		Patient type	I
Date of last statement		HSV code	ICU
Amount of last payment		Number of Transaction	
Source of last payment		Last transaction date	
Number of payments		Price code	1
Date of final bill	121711	UB code	1
Financial class	Q		
Payor	210		
Payor plans	22		

Action

To enter or change discharge information: Make your entries/changes and click **OK**.

To enter or change in-house information: Click **Inhouse information**.

To enter or change history/guarantor number: Click **Change numbers**.

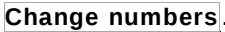
To return to the **EB Patient Maintenance Selections window** without saving any changes, click **Previous** or **Exit**.

Buttons and Function Keys

OK	Inhouse information	Change numbers	Previous	Exit
----	---------------------	----------------	----------	------

BUTTON	FUNCTION KEY	DESCRIPTION
OK		Save and process information in the window and return to the EB Patient Maintenance Selections window.
Inhouse Information		View the patient's financial information and maintain some fields.
Change Numbers		View and/or maintain the responses which affect how a patient's information is displayed in the Patient Directory. These responses are initially entered during admission/registration.
Previous		Return to the EB Patient Maintenance Selections window without saving or processing any information entered in the window.

Fields

FIELD	DESCRIPTION
General information	Display only. The patient's number, name, guarantor number and name, and history number. To change the guarantor or history number, click  .
Account balance information	Display only. The patient's account balance information, shown where applicable in dollars and cents (for example, 356350 is \$3563.50).
Date of final bill	Enter the date when the patient's final bill was sent. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click  to select it.
Admitting physician	Required. Enter the admitting physician's number, either by typing it or by clicking  next to the field and selecting it in the Physician Maintenance Lookup window.

FIELD	DESCRIPTION
Referring physician	Enter the referring physician's number, either by typing it or by clicking  next to the field and selecting it in the Physician Maintenance Lookup window.
Admission date	Required. Enter the date the patient was admitted. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click  to select it.
Discharge date	Required. Enter the date the patient was discharged. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click  to select it.
Patient type	Display only. Inpatient (I) or outpatient (O).
HSV code	Required. Enter the patient's HSV code, either by typing it or by clicking  next to the field and selecting it in the HSV code selection window.
Number of Transaction	Enter the number of transactions that have occurred.
Last transaction date	Display only. The date of the last transaction, in mmddyy format (for example, 072504 for July 25, 2004).
Price code	Enter a price code, either by typing it or by clicking  next to the field and selecting it in the Price Code Selection window.
UB code	Type the UB code.
Payor	For each financial class (E, S, and B), enter the payor code, either by typing it or by clicking  next to the field and selecting it in the Payor Company / Plan Alpha Search window.
Payor plans	For each financial class (E, S, and B), enter the payor plan number. If you selected (rather than typed) the payor code, this number will be entered automatically.

CHANGE NUMBERS

HISTORY NUMBER/GUARANTOR NUMBER WINDOW #1

The **History # / Guarantor #** window lets you change the patient's history number and/or guarantor number.

This window appears when you click **Change numbers** in the main **Discharge Maintenance** window.

Discharge Maintenance

Patient # 6000504

History # 151785

Guarantor # 210126

OK Previous

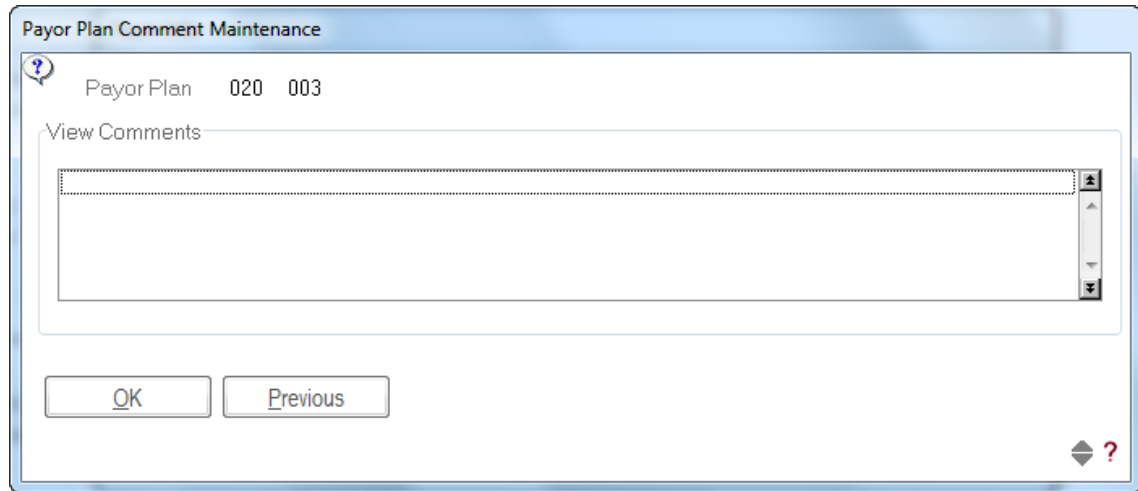
Action

Change one or both numbers, and then click **OK** to save the entries and return to the **EB Patient Maintenance Selections** window.

To return to the main **Discharge Maintenance** window without saving any changes, click **Previous** or **Exit**.

PAYOR PLAN COMMENT MAINTENANCE WINDOW

This window appears when you click **Display Comments** in the **Payor Company/Plan Alpha Search** window.

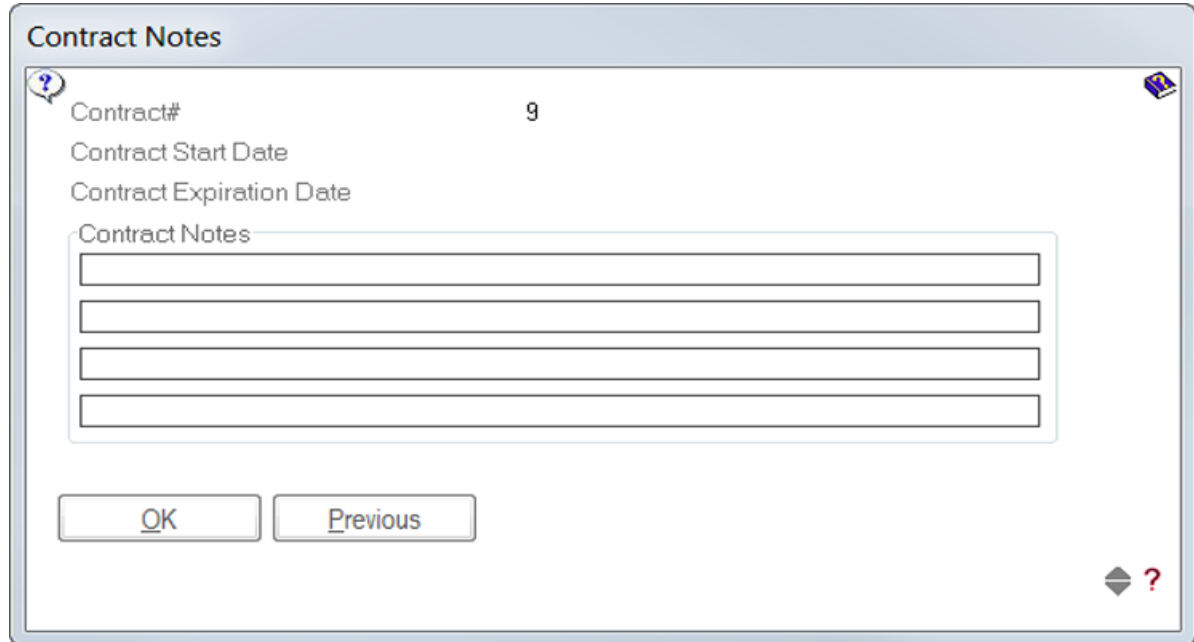


The screenshot shows a software window titled "Payor Plan Comment Maintenance". Inside the window, there is a label "Payor Plan" followed by the text "020 003". Below this is a section labeled "View Comments" which contains a large, empty rectangular text area with a vertical scrollbar on the right side. At the bottom of the window, there are two buttons: "OK" and "Previous". In the bottom right corner of the window, there is a small icon consisting of a diamond shape and a red question mark.

Action When you are through viewing comments, click **OK** or **Previous** to return to the previous window.

CONTRACT NOTES WINDOW

This window appears when you select a contract in the **Contract Selection** window.



The screenshot shows a window titled "Contract Notes". Inside the window, there is a label "Contract#" followed by the value "9". Below this are labels for "Contract Start Date" and "Contract Expiration Date", which are currently empty. A section titled "Contract Notes" contains four empty text input fields. At the bottom of the window are two buttons: "OK" and "Previous". A small icon with a question mark is in the top-left corner, and a small icon with a question mark and a diamond is in the bottom-right corner.

Action When you are through viewing contract notes, click **OK** or **Previous** to return to the **Payor Company / Plan Alpha Search** window.

IN-HOUSE PATIENT MAINTENANCE WINDOW

The “In-House” **Patient Maintenance** window lets you maintain information for current (in-house) patients. You can change admissions information in this window until the patient has been final-billed.

NOTE: If the Patient's History Information supplies a code that has since been deactivated and it is not changed, before allowing the user to move to the next screen a soft warning will appear that the code should be updated if possible. For a new patient, an error message will appear if an invalid code is entered.

This window appears when you click **Patient Account** in the **EB Patient Maintenance Selections** window and the patient has not been final billed. A similar window will open when you click **Inhouse information** in the **Discharge Maintenance** window (refer to the section, “Discharge Maintenance Window”).

Patient Maintenance	
OK Financial Alt Address Chg History/Guarantor # ER Arrival and Departure Name Maint More Keys Prejious	
Inpatient	
Patient Number History Number Admission date Social Security Number Discharge date Discharge time Room/Bed Number Hospital service Accommodation code / patient type Periodic bill Payor Admitting Physician Referring Physician Attending Physician Financial class Review date Diet code Accident State	6000064 151934 60106 000000000 032713 1120 LDR C ICU L ☐ Yes No 188 188 X
Patient name Guarantor Number Admission time Sex Date of birth Age Marital status Race Religion Smoker Admitting ICD9 Chief Complaint Admission type Admission source LOA code Admitted by Guarantor relationship VIP	SMITH INPATIENT P 210275 1515 M 05191974 32 S W B Congregation 913.1 1 1 SSE 18 U

Action Make your entries/changes and click **OK**, or click one of the buttons at the top of the window.

Buttons and Function Keys

BUTTON	FUNCTION KEY	DESCRIPTION
OK	Enter	Save and process information in the window and return to the EB Patient Maintenance Selections window.
Financial	F5	View the patient's financial information and maintain some fields.
Directory Responses	F6	View and/or maintain the responses which affect how a patient's information is displayed in the Patient Directory. These responses are initially entered during admission/registration.
Obs Mnt	F7	View and/or maintain the observation admit date/time and discharge date/time. Note: This button only appears if the patient has an observation hospital service code.
Alt Address	F8	Enter an alternate patient address.
Chg History / Guarantor #	F11	Change the patient's history number or guarantor number.
ER Arrival and Departure	F13	Allows maintenance of ER Admit Date and Time for inpatients with Admission Type 1 = Emergency. The ER Admit Date/Time information may be used to identify patient records for state reporting (i.e., Florida). Note: This button is only present for patients with Admission Type 1 = Emergency.
Name Maint	F16	Displays a window to allow entry / maintenance of patient's full name with Prefix and Suffix.
Previous	F12	Return to the EB Patient Maintenance Selections window without saving or processing any information entered in the window.

Field Descriptions

FIELD	DESCRIPTION
Patient Number	Display only. The patient's account number for this admission. The account number will be different each time the patient is admitted. The system may be set up to automatically assign this number. UB Locator 3. For more information, see System Control Maintenance in the Patient Accounting System Manager's Guide .
Patient name	Required. Type the patient's name, putting the last name first, with spaces separating the last name, first name, and middle initial. UB Locator 12.
History Number	Display only. The patient's history number. The system may be set up to automatically assign this number. For more information, see System Control Maintenance in the Patient Accounting System Manager's Guide .
Guarantor Number	Display only. The guarantor's number. The system may be set up to automatically assign this number. For more information, see System Control Maintenance in the Patient Accounting System Manager's Guide .
Admission date	Required. Type the date the patient was admitted, using mmddyy format (for example, 072504 for July 25, 2004. UB Locator 17.
Admission time	Required. Type the time the patient was admitted, using hhmm 24-hour format (for example, 1935 for 7:35 p.m.). UB Locator 18.
Social Security Number	Type the patient's Social Security Number, using digits only, without any slashes or hyphens. For more information about this field, refer to the Patient Accounting User's Manual and the section on Admission Menu, Option 2: Admission .
Sex	Required. Type the patient's sex (M for male, F for female, or U for unknown). UB Locator 15.
Discharge date	Enter the date the patient was discharged. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click  to select it.
Date of birth	Required. Enter the date the patient was born. You can either type the date in mmddyyyy format (for example, 07252004 for July 25, 2004) or click  to select it. UB Locator 14.
DOB Unknown	The patient's Date of Birth must be entered. However, if this is unknown, select the DOB Unknown checkbox.

FIELD	DESCRIPTION														
Discharge time	Required. Enter the time the patient was discharged, using hhmm 24-hour format (for example, 1935 for 7:35 p.m.).														
Age	Required. Type the patient's age in years, months, or days; or leave the field blank and let the system calculate the age based on the date of birth. If you typed the patient's age in months or days, also type M or D in the field to the right of the Age field to indicate that the age is not in years. If you typed the age in years, leave the field blank. For example, this entry indicates an age of 15 years: Age 15 This entry indicates an age of 15 months: Age 15 M														
Room / Bed Number	Enter the room and bed number assigned to the patient. This field is display only for in-patients. Rooms and beds are maintained in <i>Patient Accounting</i> through <i>Room/Bed File, Option 13 on File Maintenance Menu I</i> (MNTMN1), and can be listed/printed in <i>Patient Accounting</i> through <i>List Room and Bed File, Option 4 on File Listing Menu I</i> (MNTMN2).														
Marital status	Required. Type the code for the patient's marital status. Valid codes are: <table> <tr><td>D</td><td>Divorced</td></tr> <tr><td>M</td><td>Married</td></tr> <tr><td>P</td><td>Life partner</td></tr> <tr><td>S</td><td>Single</td></tr> <tr><td>U</td><td>Unknown</td></tr> <tr><td>W</td><td>Widowed</td></tr> <tr><td>X</td><td>Legally separated</td></tr> </table> UB Locator 16.	D	Divorced	M	Married	P	Life partner	S	Single	U	Unknown	W	Widowed	X	Legally separated
D	Divorced														
M	Married														
P	Life partner														
S	Single														
U	Unknown														
W	Widowed														
X	Legally separated														
Hospital service	Required. Enter the patient's hospital service (HSV) code, either by typing it or by clicking  next to the field and selecting it in the HSV code selection window. Codes are maintained in <i>Patient Accounting</i> through <i>Hospital Service Code File, Option 19 on File Maintenance Menu I</i> (MNTMN1), and can be listed/printed in <i>Patient Accounting</i> through <i>List Table File, Option 13 on File Listing Menu I</i> (MNTMN2).														

FIELD	DESCRIPTION
Race	Required. Enter the patient's race, either by typing the code or by clicking  next to the field and selecting it in the Race Code Selection window. Up to 6 codes may be selected. Only the 1st race code will be shown. See "Race Code Selection" section for more information. *NOTE: Inactive codes are not available for selection or accepted via manual entry.
Accommodation code/patient type	Display only. The type of accommodations the patient will have during this admission. This code will be used to determine the room charge for the patient. Codes are maintained in <i>Patient Accounting</i> through <i>Accommodation Codes, Option 1</i> on the <i>System Table (Hospital Table File) Menu</i> (TABMNU), and can be listed/printed in <i>Patient Accounting</i> through <i>List Table File, Option 13</i> on <i>File Listing Menu I</i> (MNTMN2).
Religion	Required. Enter the code for the patient's religion, either by typing the code or by clicking  next to the field and selecting it in the System Table File Lookup window. You can also leave this field blank and enter the patient's congregation in the <i>Congregation</i> field; the religion will then be entered automatically. Codes are maintained in <i>Patient Accounting</i> through <i>Religion Codes, Option 3</i> on the <i>System Table (Hospital Table File) Menu</i> (TABMNU), and can be listed/printed in <i>Patient Accounting</i> through <i>List Table File, Option 13</i> on <i>File Listing Menu I</i> (MNTMN2).
Congregation	Enter the patient's congregation, either by typing the code or by clicking  next to the field and selecting it in the Congregation Alpha Search window. The congregation must be associated with the religion. Codes are maintained in <i>Patient Accounting</i> through <i>Congregation Maintenance, Option 17</i> on the <i>System Table (Hospital Table File) Menu</i> (TABMNU), and can be listed/printed in <i>Patient Accounting</i> through <i>List Congregation File, Option 5</i> on <i>File Listing Menu II</i> (MNTMN4).
Periodic bill	If the patient is to be billed regularly, enter the bill period (such as monthly), either by typing the code or by clicking  next to the field and selecting it in the System Table File Lookup window. Codes are maintained in <i>Patient Accounting</i> through <i>Periodic Billing Codes, Option 11</i> on the <i>System Table</i>

FIELD	DESCRIPTION
	(Hospital Table File) Menu (TABMNU), and can be listed/printed in <i>Patient Accounting</i> through <i>List Table File, Option 13 on File Listing Menu I (MNTMN2)</i> .
Smoker	Type Y if the patient smokes or N if he or she does not.
Payor	Required. Click Yes if the patient is the payor; click No if someone else is the payor.
Admitting ICD10	Enter the ICD10 code that describes the patient's admitting diagnosis, either by typing the code or by clicking  next to the field and selecting it in the ICD10 Diagnosis Code Selection window. If you type it, make sure you enter the decimal point in the correct position. If you select it, the admitting diagnosis will be entered in its field automatically. UB Locator 67. Codes are maintained in <i>Patient Accounting</i> through <i>ICD10-CM Codes File, Option 7 on File Maintenance Menu I (MNTMN1)</i> , and can be listed/printed in <i>Patient Accounting</i> through <i>ICD10-CM Codes Listing, Option 14 on File Listing Menu II (MNTMN4)</i> .
Admitting Physician	Required. Enter the admitting physician's number, either by typing it or by clicking  next to the field and selecting it in the Physician Maintenance Lookup window. Numbers are maintained in <i>Patient Accounting</i> through <i>Physician File, Option 16 on File Maintenance Menu I (MNTMN1)</i> , and can be listed/printed in <i>Patient Accounting</i> through <i>List Doctor Master File, Option 11 on File Listing Menu I (MNTMN2)</i> .
Admitting diagnosis	Type a description of the admitting diagnosis for the patient. If you leave this field blank and select an admitting ICD10 code, the diagnosis description will be entered here automatically.
Referring Physician	Enter the referring physician's number, either by typing it or by clicking  next to the field and selecting it in the Physician Maintenance Lookup window. This is any physician, other than the admitting physician, who referred the patient to the hospital. For maintenance, see Admitting Physician on the previous page.
Attending Physician	Enter the primary attending physician's number, either by typing it or by clicking  next to the field and selecting it in the Physician Maintenance Lookup window. For maintenance, see the description for Admitting Physician in an earlier cell.

FIELD	DESCRIPTION
Admission source	Required. Type the code that identifies the source of the admission. Valid codes are: 1 - Non-healthcare facility 2 - Clinic or Physician's Ofc 3 - Hmo Referral 4 - Transfer from a hospital 5 - Trnfr from a SNF or ICF 6 - Trnfr frm Hlth Care Fclty 7 - Emergency Room 8 - Court/Law Enforcement 9 - Info not available - A - Tfr from Critical Acc HSP - B - Trnfr from another HHA - C - Readmission to same HHA - D - Transf frm distinct unit If patient is a Newborn (the answer for the Admission Type is 4), the valid codes for Admission Source are: - A - Trnfr from Crtcl Acc Hosp 1 - Normal Delivery 2 - Premature Delivery 3 - Sick Baby 4 - Extramural birth 5 - Born inside this hospital 6 - Born outside this hospital 9 - Unknown UB Locator 20.
Financial class	Display only. The code assigned to the patient based on his or her financial status. For example, all Medicare patients are assigned the Medicare financial class. This code will be used to determine billing and collection criteria, as well as to track statistical information. Codes are maintained in <i>Patient Accounting</i> through <i>Financial Class File, Option 14 on File Maintenance Menu I</i> (MNTMN1), and can be listed/printed in <i>Patient Accounting</i> through <i>List Financial Class Code File, Option 17 on File Listing Menu I</i> (MNTMN2). For more information about this field, refer to the <i>Patient Accounting User's Manual</i> and the section on <i>Admission, Option 2</i> on the <i>Admission Menu</i>.

FIELD	DESCRIPTION
Admission type	Required. Type the code that identifies the priority of the admission. Valid codes are: 1 - Emergency 2 - Urgent 3 - Elective 4 - Newborn 5 - Trauma center 7/8 - Reserved for national assignment 9 - Information not available (unknown) UB Locator 19.
Review date	Enter the date on which the hospital should review the patient's account. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click  to select it.
LOA code	Type the patient's leave-of-absence code for the reason the patient temporarily left the facility (for example, to go home for a visit from a rehab facility or go to another hospital for tests). Codes are maintained in <i>Patient Accounting</i> through <i>Leave of Absence Codes, Option 6</i> on the <i>System Table (Hospital Table File) Menu</i> (TABMNU).
Admitted by	Type the initials of the system user who entered the admitting information into the system.
Diet code	Enter the code for any special diet the patient has, either by typing the code or by clicking  next to the field and selecting it in the System Table File Lookup window. Codes are maintained in <i>Patient Accounting</i> through <i>Diet Codes, Option 2</i> on <i>System Table (Hospital Table File) Menu</i> (TABMNU), and can be listed/printed in <i>Patient Accounting</i> through <i>List Table File, Option 13</i> on <i>File Listing Menu I</i> (MNTMN2).
Guarantor relationship	Enter the code that describes the guarantor's relationship to the patient, either by typing the code or by clicking  next to the field and selecting it in the System Table File Lookup window. Codes are maintained in <i>Patient Accounting</i> through <i>Relationship Codes, Option 14</i> on <i>System Table (Hospital Table File) Menu</i> (TABMNU), and can be listed/printed in <i>Patient Accounting</i> through <i>List Table File, Option 13</i> on <i>File Listing Menu I</i> (MNTMN2).
Accident state	If the patient is being admitted because of an accident, type the two-letter abbreviation for the state where the accident occurred (such as CA for California or TN for Tennessee).

FIELD	DESCRIPTION
VIP	Required. Enter the VIP (very important person) code, either by typing the code or by clicking  next to the field and selecting it in the VIP Master Lookup window. These codes specify the patient's VIP status as, for example, a senior citizen or a person who merits special treatment. Codes are maintained in <i>Patient Accounting</i> through <i>VIP Code Maintenance, Option 19</i> on the <i>System Table (Hospital Table File) Menu (TABMNU)</i>, and can be listed/printed in <i>Patient Accounting</i> through <i>List VIP Codes, Option 9</i> on <i>File Listing Menu II (MNTMN4)</i>.

FINANCIAL INFORMATION WINDOW

The **Financial Information** window lets you view the patient's financial information on file in the system. All but four fields are display only (cannot be changed). The four fields you can change are Days/Visits, Price Code, and Discharge Status.

The Acuity Level field appears only if both of the following conditions are met:

1. The **Charge by Acuity** field is answered **Y** in the *Billing Control Record, Option 2* on the *System Control Menu* in *Patient Accounting*.
2. AND, either
 - a. The patient is an inpatient who has not been final-billed, OR
 - b. The patient is an outpatient with a patient type of observation, and a room and bed is assigned.

This window appears when you click Financial in the **In-House Maintenance window.**

Patient Maintenance			
OK		Previous	
Patient #	1000280	Patient name	EDWARDS EDNA
History #	152909	Guarantor #	211326
Days/Visits	1	Price Code	1
UB Code	1		
No of Charges	6	Total Amount Pd	
Original Bal	426000	Last Pymt Amount	
Current Bal	30000	Last Pymt Date	
Online Bal		Total Amount Aj	389250-
Discount Amt		Bill Flag	0
Total Billed	426000	Late Chrg Flag	
Prv Amt Bill	36750	Bill Type	111
Last Cycle No	1		
Last Cycle Date			
Final Bill Date	063012		
Discharge Status	01		

Action

Make any necessary changes to the fields you can maintain (see above) and click **OK** to save the changes and return to the **EB Patient Maintenance Selections** window.

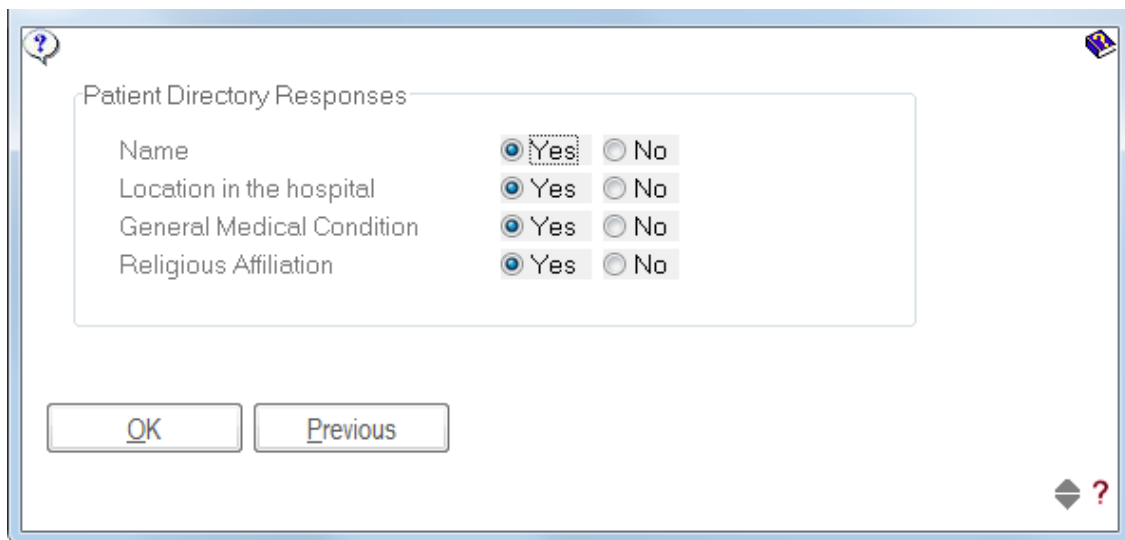
For the Price Code and Discharge Status fields, you can click  next to the field, then select the code or status from the window that appears.

To return to the **In-House Maintenance** window without saving any changes, click **Previous**.

PATIENT DIRECTORY RESPONSES WINDOW

The **Patient Directory Responses** window lets you change the responses which affect how a patient's information is displayed in the Patient Directory. These responses are initially entered during admission/registration.

This window appears when you click the  button on the **In-House Maintenance** window then, the  button. **Note:** if Social Security number is missing, the Missing Social Security Code window will display. Select an answer; click **OK** and the Patient Directory Response window displays.



The screenshot shows the 'Patient Directory Responses' window. It contains a list of four items, each with 'Yes' and 'No' radio buttons. The 'Yes' button for 'Name' is selected. At the bottom, there are 'OK' and 'Previous' buttons. A help icon (?) is in the top left corner, and a close icon (X) is in the top right corner.

Field	Yes	No
Name	☒	☐
Location in the hospital	☒	☐
General Medical Condition	☒	☐
Religious Affiliation	☒	☐

Action

To display the information in the Patient Directory, select **Yes**.

To hide it, select **No**.

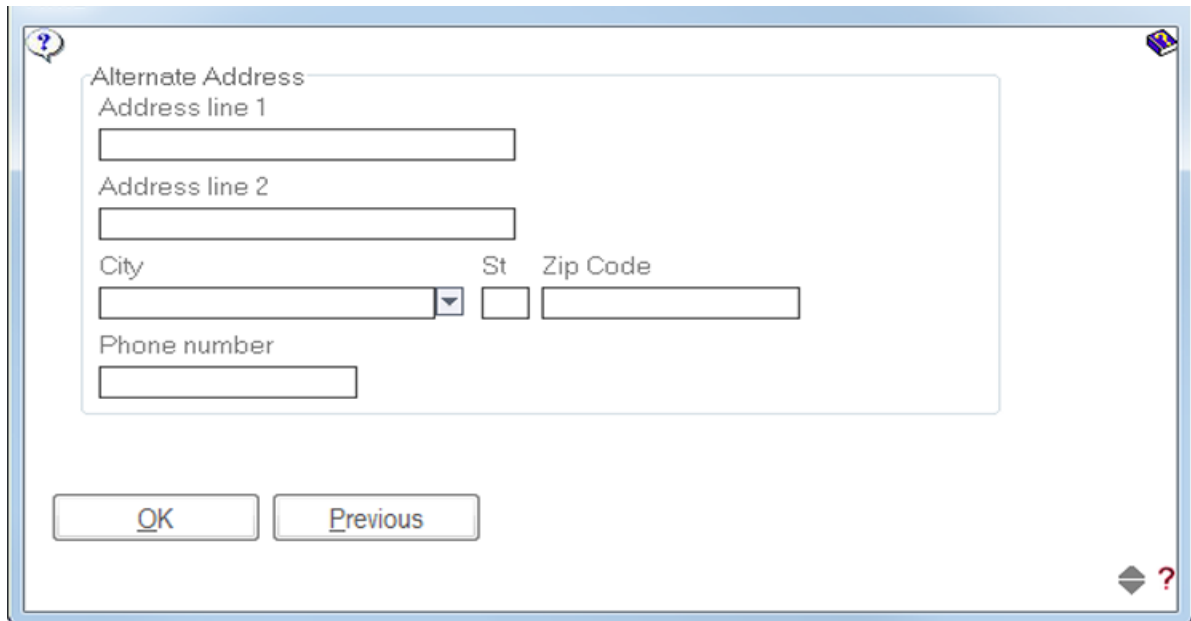
To save the changes and return to the **EB Patient Maintenance Selections** window, click **OK**.

To return to the **In-House Maintenance** window without saving any changes, click **Previous**.

ALTERNATE ADDRESS WINDOW

The alternate address window lets you enter an alternate address for the patient.

This window appears when you click Alt Address in the **In-House Maintenance window.**



Action Enter the address information, and then click OK to save the entries and return to the **In-House Maintenance** window.

To return to the previous window without saving any entries, click Previous.

To enter the city, state, and zip code, you can click  next to the City field, then select the information in the Zip Code Selection window that appears.

CHANGE HISTORY/GUARANTOR

HISTORY NUMBER/GUARANTOR NUMBER WINDOW #2

The **Patient Maintenance–Change Patient Numbers** window lets you change the patient's history number and/or guarantor number.

This window appears when you click **Chg History/Guarantor #** in the **In-House Maintenance** window.

The screenshot shows a window titled "Patient Maintenance". Inside, there is a list of fields with their current values: Patient # (1000115), Patient name (FORMULA4 NETBILLING), History # (152656), History name (FORMULA4 NETBILLING), Guarantor # (210993), and Guarantor name (FORMULA4 NETBILLING). Below these are two input fields for "New history #" and "New guarantor #", each with a dropdown arrow. In the top right corner, the text "Inpatient" and "Final billed" is displayed. At the bottom left are "OK" and "Previous" buttons. A help icon (?) is in the top left, and a red question mark icon is in the bottom right.

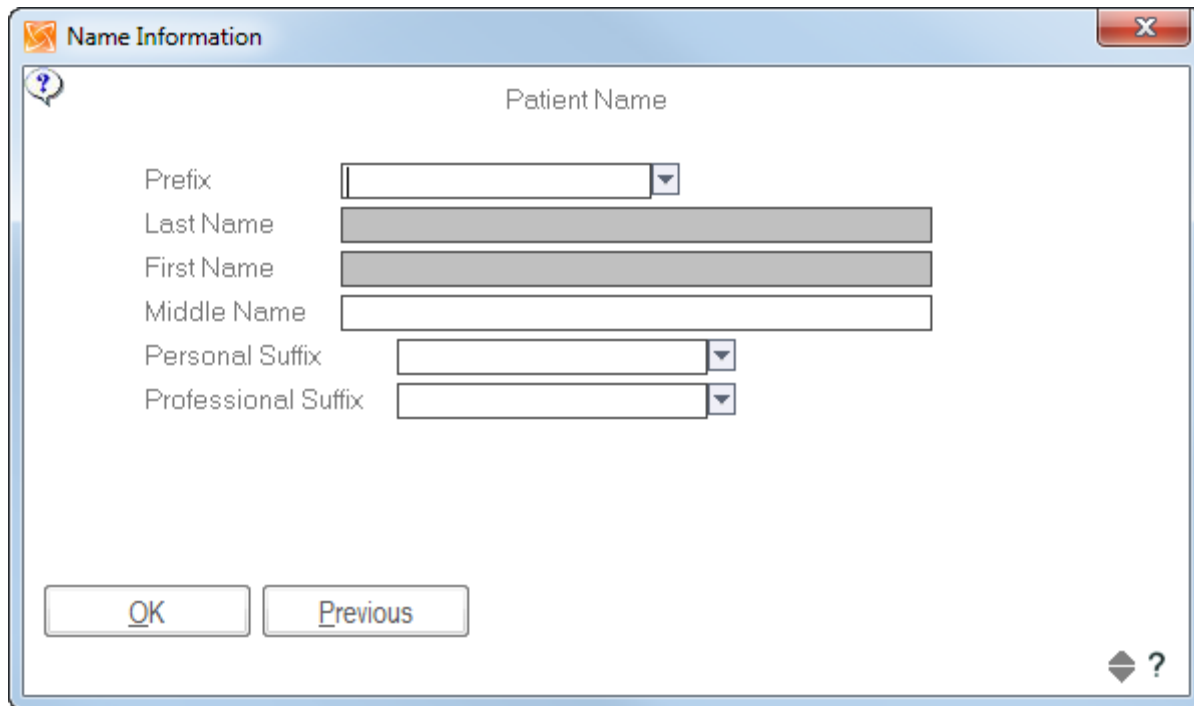
Patient #	1000115
Patient name	FORMULA4 NETBILLING
History #	152656
History name	FORMULA4 NETBILLING
Guarantor #	210993
Guarantor name	FORMULA4 NETBILLING
New history #	
New guarantor #	

OK Previous

Action Enter one or both new numbers, and then click **OK** to save the entries and return to the **EB Patient Maintenance Selections** window.

To return to the **In-House Maintenance** window without saving any entries, click **Previous**.

NAME MAINTENANCE

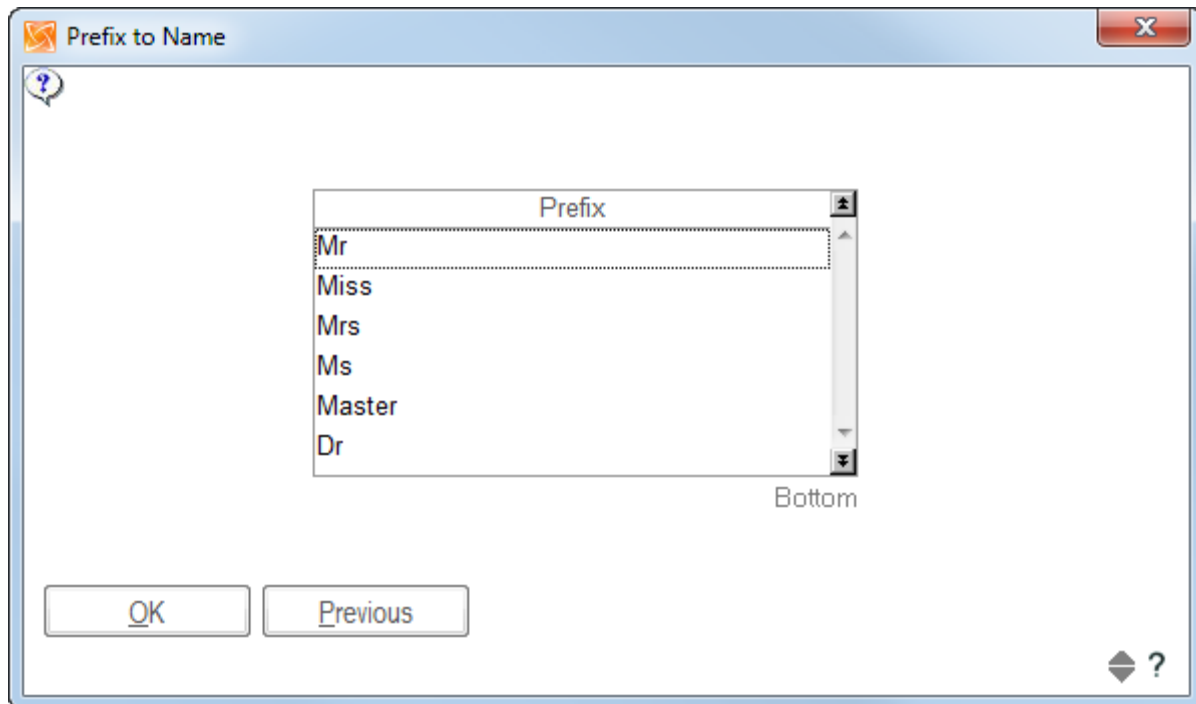


The image shows a software window titled "Name Information" with a standard Windows-style title bar (minimize, maximize, close buttons). Inside the window, the text "Patient Name" is centered at the top. Below this, there are several input fields and dropdown menus: "Prefix" (a dropdown menu), "Last Name" (a text field), "First Name" (a text field), "Middle Name" (a text field), "Personal Suffix" (a dropdown menu), and "Professional Suffix" (a dropdown menu). At the bottom left of the window are two buttons: "OK" and "Previous". At the bottom right is a small icon of a diamond with a question mark inside.

This window displays when **Name Maint** (F16) is clicked from the **Patient Maintenance** window.

Action

- To select a Prefix, Personal Suffix, and/or Profession Suffix, click .
- To save and return to the **Patient Maintenance** window, click **OK**.
- To return without saving, click **Previous**.

PREFIX, PERSONAL SUFFIX, AND/OR PROFESSION SUFFIX WINDOWS

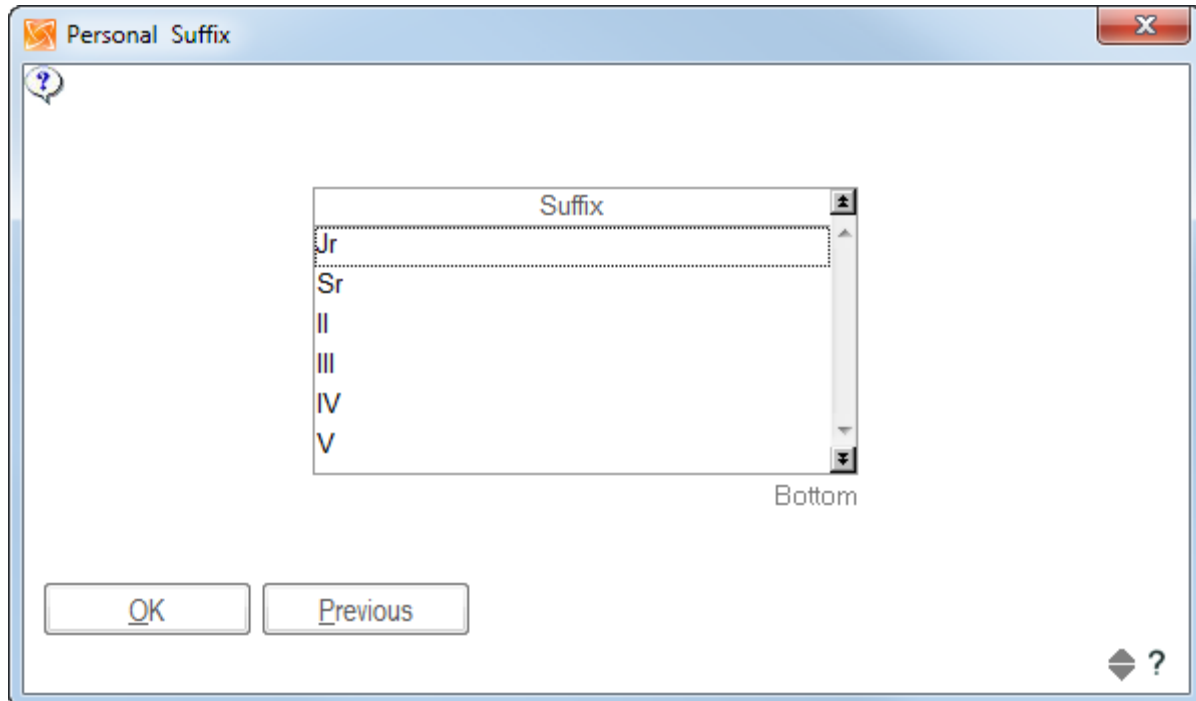
The "Prefix to Name" dialog box features a title bar with a question mark icon and a close button. Inside, a list box titled "Prefix" contains the following options: Mr, Miss, Mrs, Ms, Master, and Dr. The list box has a scrollbar and is labeled "Bottom" at the bottom right. At the bottom of the dialog are two buttons: "OK" and "Previous". A small diamond icon with a question mark is located in the bottom right corner of the dialog area.

Prefix

- Mr
- Miss
- Mrs
- Ms
- Master
- Dr

Bottom

OK Previous



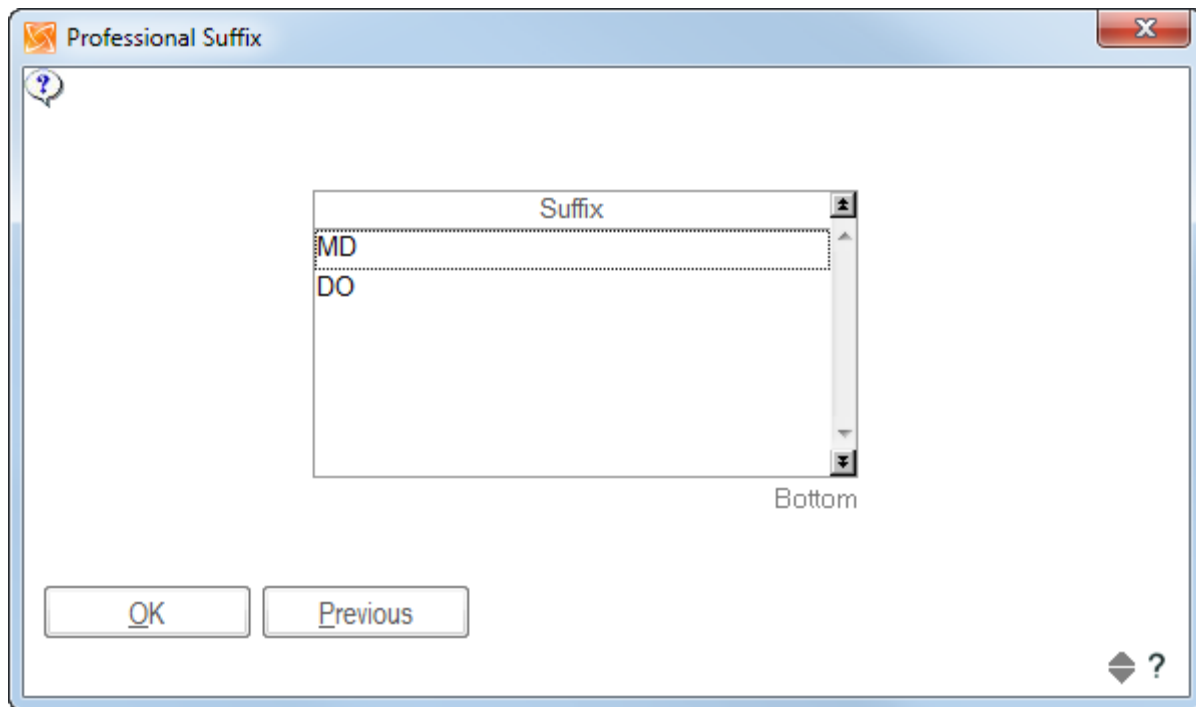
The "Personal Suffix" dialog box features a title bar with a question mark icon and a close button. Inside, a list box titled "Suffix" contains the following options: Jr, Sr, II, III, IV, and V. The list box has a scrollbar and is labeled "Bottom" at the bottom right. At the bottom of the dialog are two buttons: "OK" and "Previous". A small diamond icon with a question mark is located in the bottom right corner of the dialog area.

Suffix

- Jr
- Sr
- II
- III
- IV
- V

Bottom

OK Previous

**Action**

To select a Prefix, Personal Suffix, and/or Profession Suffix, highlight it and click **OK**.
To return, click **Previous**.

PATIENT DEMOGRAPHICS WINDOWS

PATIENT HISTORY FILE MAINTENANCE WINDOW

The **Patient History File Maintenance** window lets you maintain demographic information for the patient, such as address, marital status, date of birth, allergies, and much more.

NOTE: If the Patient's History Information supplies a code that has since been deactivated and it is not changed, before allowing the user to move to the next screen a soft warning will appear that the code should be updated if possible. For a new patient, an error message will appear if an invalid code is entered.

This window appears when you select **Patient Demographics** in the **EB Patient Maintenance Selections** window.

Patient History File Maintenance

OK Priv Notice Clin Hx Profile Prv Nme Payor History AdvDirectv

Prev Name Maint More Exit

History Number 151934 Chart Number 151934 Social Security Number 00000000 Social Security Number -A

Patient Demographics

Patient Name	SMITH INPATIENT P	VIP	U	Sex	M
Address line 1	123 TESTING AVE			Race	W
Address Line 2				Ethnic	
City	NASHVILLE	ST	TN	Zip	37211
County/Code	DAVIDSON	037		Primary Language	
A/C - Phone				Religion	B
Maiden Name				Congregation	
Marital Status	S			Date of Birth	05191974
Guarantor Relationship	18			Birth Place	
ADV	N			PCP Number	
				PCP Name	

DOB Unknown

Medications

Share Health Information in RHIO/HIE

Patient Portal Participation ☐ Yes ☐ No ☐ Yes, and with Secure Messaging

Previous information

Guarantor Number		Admission Date	060106	ICD-9	9131
Patient Number		Discharge Date	032713	Trans	20108
F/C					

Current information

Patient Number	6000064
Expired	

Action Make your entries/changes and click **OK**, or click one of the buttons at the top of the window.

Buttons and Function Keys

BUTTON	FUNCTION KEY	DESCRIPTION
OK	Enter	Save and process information in the window and display the contact information window.
Priv Notice	F5	View and maintain patient privacy notice information.
Clin Hx Profile	F6	View and maintain the patient's clinical history profile, which comprises universal patient data across multiple applications.
Chart#	F7	Add, edit, and delete chart numbers by site location.
Prv Nme	F8	Enter, change, or delete the patient's previous names, such as nicknames, aliases, or maiden names.
Not shown above	F9	Enter travel directions and hazard notes. Directions are to help the clinician find the patient's home; notes are to alert the clinician to anything significant. Note: This button only appears for Home Health patients.
Payor Hist	F10	View and maintain the patient's payor history.
AdvDirectv	F11	Assign advance directives to a patient, delete directives from a patient, and/or change the assigned date
Delete	F23	Delete the patient history information. You will need to confirm the deletion in the window that appears.
Previous	F12	Return to the EB Patient Maintenance Selections window without saving or processing any information entered in the window.
Name Maint	F16	Displays a window to allow entry / maintenance of patient's full name with Prefix and Suffix.
Exit	F3	Return to the EB Patient Maintenance Selections window without saving or processing any information entered in the window.

CONTACT INFORMATION WINDOW

This window appears when you click **OK** in the **Patient History File Maintenance** window.

Patient History File Maintenance

OK Previous Exit

Employer contact information

Employer number ** No Employer # Assigned

Employer name Address

City St Zip code A/C - Phone Occupation #Yrs

Emergency contact 1 information

Contact name Address

City/State Zip code A/C Home phone # Business phone # Relation

Emergency contact 2 information

Contact name Address

City/State Zip code A/C Home phone # Business phone # Relation

Family information

Father's name D.O.B.

Mother's maiden name D.O.B.

Action

Make your entries/selections and click **OK** to save them and return to the **EB Patient Maintenance Selections** window.

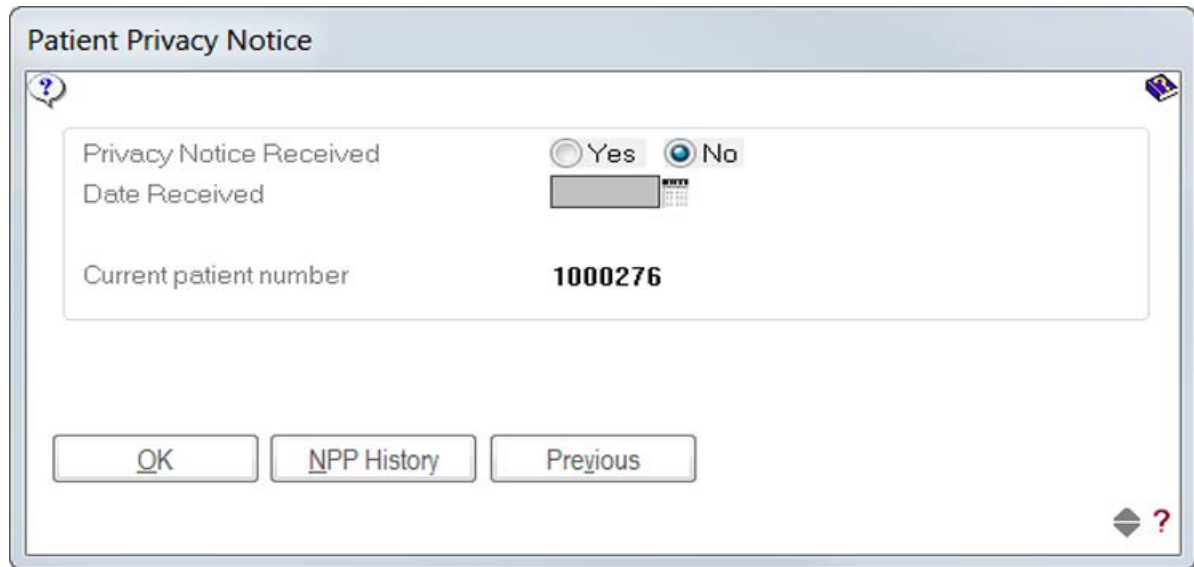
To return to the Patient History File Maintenance window without saving any changes: Click **Previous**.

To return to the EB Patient Maintenance Selections window without saving any changes: Click **Exit**.

PATIENT PRIVACY NOTICE WINDOW

This window appears when you click **Priv Notice** in the **Patient History File Maintenance** window.

Both fields are **required**.



Action Make your entries/selections and click **OK** to save them and return to the **Patient History File Maintenance** window.

To return to the previous window without saving any changes: Click **Previous**.

FIELD	DESCRIPTION
Privacy Notice Received	Select (click on) Yes if the hospital has received a privacy notice; select No if it has not.
Date Received	Enter the date the notice was received. You can either type the date in mmddyy format (for example, 072504 for July 25, 2004) or click  to select it.

CLINICAL HISTORY PROFILE WINDOW

The **Clinical History Profile** window lets you maintain universal patient data across multiple applications. For more information, refer to **Clinical History Profile** in the **Patient Care User's Manual**.

This window appears when you click **Clin Hx Profile** in the **Patient Demographics** window.

Button and function key descriptions are on the next page.

Clinical History Profile

OK Dietary Allergies Home Medications Print Patient Problems

Audit Adv Dir Special Infections Prejious

Patient Name BILLAPCONTRACT Room/Bed HSV ASC Admit Date/Time 1/01/2007 18:34
Patient Number 6000174 DOB 5/19/1923 Discharge Date/Time 1/01/2007 18:34
Chart Number 152014 Gender/Age M/90 Y MRSA ☐ VRE ☐

CURRENT

Medical Condition
Admitting Diagnosis
Current Diagnosis

System of Measurement ☒ English ☐ Metric
Height ft in cm
Weight lb oz kg
BSA BMI

SPECIAL

VETERAN

UNIVERSAL

Advance Directive N Q2
DNR IV
Copy on Chart Isolation
Monitor Mobility
Ventilator Transportation

Other Remarks
Past Med/Surg Procs
Special Needs

PATIENT PROBLEMS

ALLERGIES

Action Make your entries/changes and click **OK**, or click one of the buttons at the top of the window.

Buttons and Function Keys

BUTTON	FUNCTION KEY	DESCRIPTION
OK	Enter	Save and process information in the window and return to the Patient Demographics window.
Allergies	F6	Maintain the patient's allergies.
Advanced Directives	F11	Assign advance directives to a patient, delete directives from a patient, and/or change the assigned date
Previous	F12	Return to the Patient Demographics window without saving or processing any information entered in the window.

CONFIRM PATIENT DEMOGRAPHICS DELETION WINDOW

This window appears when you click **Delete** in the **Patient History File Maintenance** window.

Patient History File Maintenance

OKPriv NoticePreviousDelete

History Number **151583**Chart Number **151583**Social Security Number **100066873**Social Security Number-A

Patient Demographics

Patient Name
Address line 1
Address Line 2
City
County/Code
A/C - Phone
Maiden Name
Marital Status
Guarantor Relationship
ADV

MESTER BAILEY
3102 WEST END AVE
SUITE 400
NASHVILLE
DAVIDSON 065
615 3837300

S
33
N

VIP U
ST TN
Zip 37203

Sex
Race
Ethnic
Primary Language
Religion
Congregation
Date of Birth
Birth Place
PCP Number
PCP Name

F
W

U

07212005

258
JORDAN GEORGE

☐ DOB Unknown

Medications

☐ Yes ☐ No ☐ Yes, and with Secure Messaging

Previous information
Guarantor Number
Patient Number
F/C

Admission Date
Discharge Date

072105
072305

ICD-9
Trans 72105

Current information
Patient Number
Expired

0503559

Click [Delete] to confirm deletion. Click [Previous] to cancel.

Action

To delete the record: Click **Delete**.

To cancel the deletion: Click **Previous**. Do not click **OK** or **Exit**; that will delete the record.

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GUARANTOR DEMOGRAPHICS WINDOW

GUARANTOR MAINTENANCE WINDOW

The **Guarantor Maintenance** window lets you maintain demographic information for the patient's guarantor, such as name, address, date of birth, employment information, account history information, and more.

This window appears when you select **Guarantor Demographics** in the **EB Patient Maintenance Selections** window.

Guarantor Maintenance									
OK Guarantor Comment Inquiry Alt Phone/E-Mail Delete Previous									
Guarantor Information									
Guarantor Number 7650		Social Security Number 100012821		Sex ☐ Male ☒ Female ☐ Unknown		F/C ▼		Date of Birth 08101972	
Guarantor Name HARRIS ANNE R		Address 1 3102 WEST END AVE		City NASHVILLE		State TN		Zip Code 37203	
Address 2 Suite 400						A/C 615		Phone Number 3837300	
Employment Information									
Employer Number 2460		Employer Name WHITE LUKE G		Address 1 3102 WEST END AVE		City NASHVILLE		State TN	
Address 2 Suite 400						Zip Code 37203		A/C 615	
Occupation 		Number Years 							
Account History Information									
Date last activity 112000		Date last statement 031700		Date last paid 112000					
Number Statements 3		Current Balance 57280							
A/R Comments 		Send Statement/Collection Letter		☒ Yes ☐ No					

Action

To update information: Make your entries/changes and click **OK**. (Clicking **Previous** returns you to the **EB Patient Maintenance Selections** window without saving any entries/changes.)

To maintain comments: Click **Guarantor Comment Inquiry**.

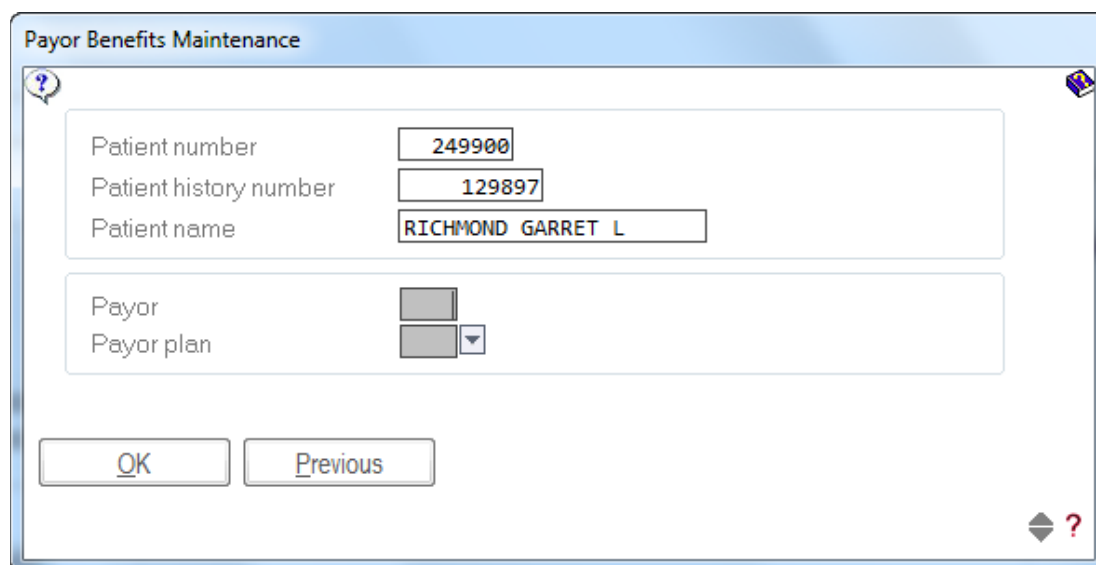
To delete the record: Click **Delete**, then **OK**. **Note:** You cannot delete a guarantor record that is attached to a patient.

PAYOR BENEFITS WINDOW

PAYOR BENEFITS MAINTENANCE WINDOW

The **Payor Benefits Maintenance** window lets you maintain the patient's payor benefits information for primary, secondary, and tertiary payors.

This window appears when you select **Primary Payor Benefits**, **Secondary Payor Benefits**, or **Tertiary Payor Benefits** in the **EB Patient Maintenance Selections** window.



Action

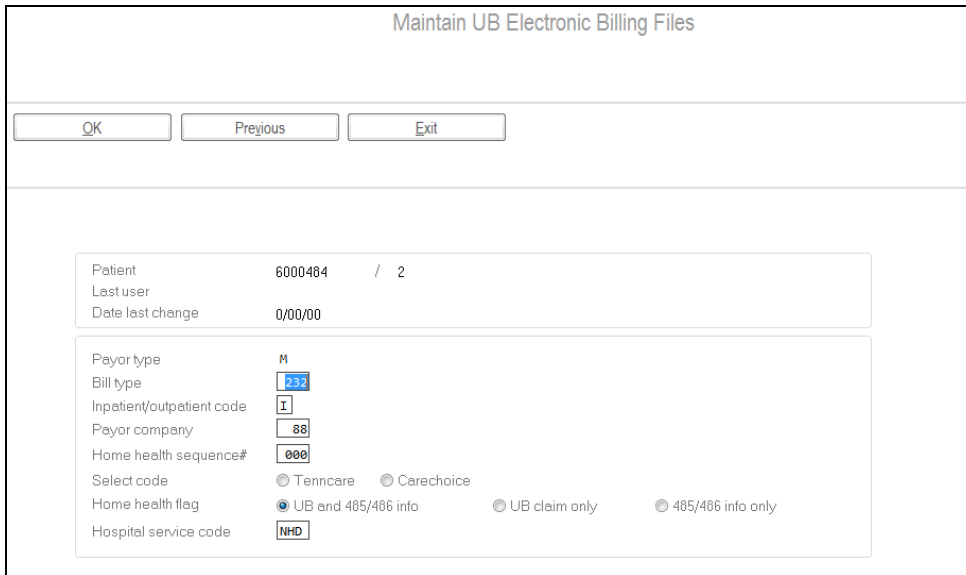
Enter the payor number and plan, and then click **OK**. You can either type the Payor Plan information or click  and select the information in the search window that appears.

For more information on the **Payor Benefits Maintenance** window and on maintaining payor benefits, refer to the ***Patient Accounting User's Guide, Business Office Menu I, Option 15: Payor Benefits Maintenance***.

UB EB PATIENT MAINTENANCE WINDOWS

MAINTAIN UB ELECTRONIC BILLING FILES WINDOW

This window appears when you select **UB EB Patient Maintenance** in the **EB Patient Maintenance Selections** window.



Maintain UB Electronic Billing Files

OK Previous Exit

Patient 6000484 / 2
Last user
Date last change 0/00/00

Payor type M
Bill type 232
Inpatient/outpatient code I
Payor company 88
Home health sequence# 000
Select code ☐ TennCare ☐ Carechoice
Home health flag ☒ UB and 485/486 info ☐ UB claim only ☐ 485/486 info only
Hospital service code NHHD

Action

To return to a **Maintain UB Electronic Billing Files–Patient Selection** window without saving any changes: Click **Previous**.

To return to the initial **EB Patient Maintenance Selections** window without saving any changes: Click **Exit**.

Make all necessary changes to the UB information, and then click **OK** to save the changes. Page 2 of the **Maintain UB Electronic Billing Files** window will then open.

MAINTAIN UB ELECTRONIC BILLING FILES WINDOW (PAGE 2)

Page 2 of the **Maintain UB Electronic Billing Files** window lists all UB detail billing records for the patient you are working with. You can add a record, update a listed record, and maintain other billing information such as value, occurrence, occurrence span; procedure, diagnosis, and condition codes.

This window appears when you click OK in the initial **Maintain UB Electronic Billing Files window.**

Maintain UB Electronic Billing Files

OK Add Previous Exit

Patient number	6000484	Payor type	M
Cycle number	2	Bill type	232
Patient name	NURSING LEVEL BENEFIT	IP/OP code	I
Total charges	150.40	Held or canceled	

Revenue Code	Description	CPT Code	Units	Total Charges
420	OP PHYSICAL THERAPY		1	150.40
	TOTAL			150.40

Action

To add a record: Click Add.

To update a record: Select the record by clicking on it to highlight it, and then click OK (or just double-click on the record).

To maintain other billing information: Click OK without selecting a record to display **UB Codes** window #1.

To return to the initial Maintain UB Electronic Billing Files window without saving any changes: Click Previous.

To return to the **EB Patient Maintenance Selections window** without saving any changes: Click Exit.

MAINTAIN UB ELECTRONIC BILLING FILES WINDOW-ADD

The **Maintain UB Electronic Billing Files-Add** window is used for both adding and updating the patient's UB billing information.

This window appears when you click **Add** or select a detail billing record in the UB detail record window.

Action

To add or maintain the record: Enter or change the UB information, and then click **OK** to save the entries/changes and return to the UB detail record window.

To return to Page 2 of the Maintain UB Electronic Billing Files window without saving any changes: Click **Previous**.

To return to the EB Patient Maintenance Selections window without saving any changes: Click **Exit**.

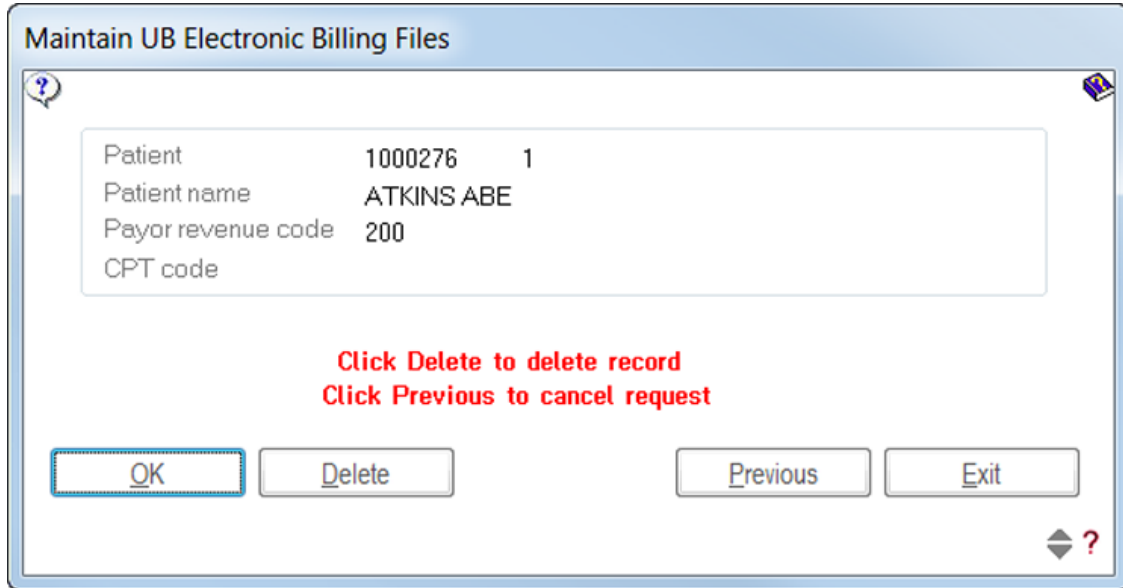
To delete the record: Click **Delete**. You will need to confirm the deletion in the confirmation window that appears.



If you delete the record, you must also adjust the amount in one or more detail records for this patient/cycle so that the total amount remains unchanged. For example, if you delete a record for \$41.00, you must modify other charges by an additional \$41.00 in order to keep the total unchanged.

CONFIRM UB DELETION WINDOW

This window appears when you click **Delete** in the **Maintain UB Electronic Billing Files–Add** window.



Maintain UB Electronic Billing Files

Patient 1000276 1
Patient name ATKINS ABE
Payor revenue code 200
CPT code

Click Delete to delete record
Click Previous to cancel request

OK Delete Previous Exit

Action

To delete the record: Click **Delete**.



If you delete the record, you must also adjust the amount in one or more detail records for this patient/cycle so that the total amount remains unchanged. For example, if you delete a record for \$41.00, you must modify other charges by an additional \$41.00 in order to keep the total unchanged.

To cancel the deletion: Click **Previous**, **OK**, or **Exit**.

MAINTAIN UB ELECTRONIC BILLING FILES–OCCUR/SPAN CODES WINDOW

The **Maintain UB Electronic Billing Files–Occur / Span Codes** window lets you maintain occurrence and occurrence span codes, as well as other UB billing information.

This window appears when you click **OK** in Page 2 of the **Maintain UB Electronic Billing Files** window without selecting a record.

Action

To add a record: Enter or select codes and other information, and then click **OK** to save the entries/changes and display UB codes window #2.

To enter the statement from and through dates: Either type the date or click  to select it. If you type the date, use mmddyy format (for example, **072504** for July 25, 2004).

To return to Page 2 of the Maintain UB Electronic Billing Files window without saving any changes: Click **Previous**.

To return to the EB Patient Maintenance Selections window without saving any changes: Click **Exit**.

MAINTAIN UB ELECTRONIC BILLING FILES–ADDITIONAL CODES WINDOW

The **Maintain UB Electronic Billing Files–Additional Codes** window lets you maintain value, condition, and procedure codes.

This window appears when you click **OK** in the **Maintain UB Electronic Billing Files–Occur /Span Codes** window.

Maintain UB Electronic Billing Files

OK Previous Exit

Patient 6000464 / 2 NURSING LEVELBENEF User/date 0/00/00

Value codes

1 81500	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16

Cond codes

1 C1	2	3	4	5	6
7	8	9	10	11	12
13	14	15			

Procedure codes

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18		

Action

Enter or select codes and other information, and then click **OK** to save the entries/changes and return to the initial **EB Patient Maintenance Selections** window.

To enter procedure codes: Either type the code or click  to select the code in the **ICD10 Procedure Codes Display** window that appears.

Procedure codes: There are 18 procedure code fields available on the first window with additional entry fields available on the next window.

The **Maintain UB Electronic Billing Files–Additional Codes** window lets you maintain additional procedure and diagnosis codes.

Maintain UB Electronic Billing Files

OK Previous Exit

Patient 6000484 2 NURSING LEVELBENEFIT User/date 0/00/00

Procedure codes

19			20			21		
22			23			24		
25								

Diagnosis codes

1	7197	2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	

Action

Enter or select codes and other information, and then click **OK** to save the entries/changes and return to the initial **EB Patient Maintenance Selections** window.

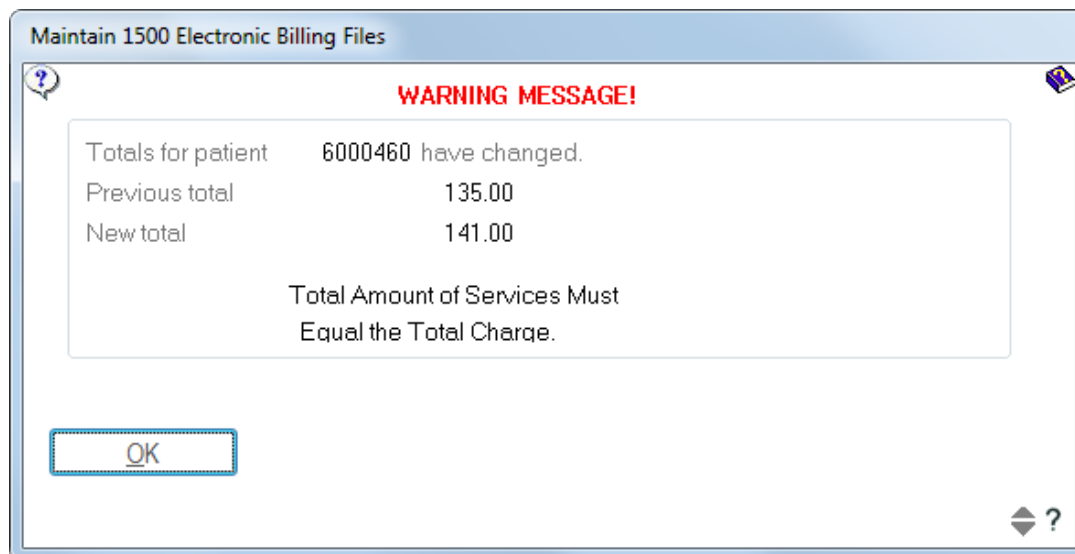
To enter diagnosis codes: Either type the code or click  to select the code in the **ICD10 Diagnosis Codes by Description** window that appears.

To return to the Value /Condition /Procedure Codes window without saving any changes: Click **Previous**.

To return to the initial EB Patient Maintenance Selections window without saving any changes: Click **Exit**.

UB WARNING MESSAGE WINDOW

This window appears when changes are made to amount fields in the UB billing information window and, as a result, total amounts do not agree with the total on file.



Action Click **OK** to return to Page 2 of the **Maintain UB Electronic Billing Files** window, then make the necessary changes to keep the total amount unchanged.

SECONDARY CLAIMS FOR TYPE B (BLUE CROSS), C (COMMERCIAL), AND M (MEDICARE) PAYORS AT CAH FACILITIES

Charges can be edited if all the following conditions exist:

- ◆ the Critical Access (CAH) field in the UB Control Record is **Yes**
- ◆ the CAH Start date field in the *UB Control Record* is not blank
- ◆ the insurance type is B (Blue Cross), C (Commercial), or M (Medicare)
- ◆ the claim is the secondary claim

Set the CAH field and CAH Start Date in the *System Control Maintenance Menu, Option 4: UB Control Record*.

1500 EB PATIENT MAINTENANCE WINDOWS

MAINTAIN ELECTRONIC BILLING 1500 FILES WINDOW

The **Maintain Electronic Billing 1500 Files** window lists all 1500 detail billing records for the patient you are working with. You can add a record, update a listed record, and maintain other billing information such as the hold/cancel flag, inpatient/outpatient code, and bill type.

This window appears when you select **1500 EB Patient Maintenance** in the **EB Patient Maintenance Selections** window.

CPT Code	Description	Quantity	Dr#	Service Date	Prof Comp Amount	Total Charges
V5264	EARMOLD-EACH NON T19	1	188	1/01/07	77.15	.00
	TOTAL			0/00/00	77.15	.00

Action

To add a record: Click **Add**.

To update a record: Select the record by clicking on it to highlight it, and then click **OK** (or just double-click on the record).

To maintain other billing information: Click **OK** without selecting a record.

To return to the EB Patient Maintenance Selections window without saving any changes, click **Exit** or **Previous**.

MAINTAIN ELECTRONIC BILLING 1500 FILES WINDOW (PAGE 2)

Page 2 of the **Maintain Electronic Billing 1500 Files** window is used for both adding and updating the patient's 1500 billing information. You can also enter and maintain remarks and comments related to the billing record.

This window appears when you click **Add** or select a detail billing record in the initial **Maintain Electronic Billing 1500 Files** window.

Action

To add or maintain the record: Enter or change the 1500 information, and then click **OK** to save the entries/changes and display the billing information window.

To enter or maintain remarks or comments: Click **Remarks** to display the remarks window.

To delete the record: Click Delete. You will need to confirm the deletion in the confirmation window that appears.

 If you delete the record, you must also adjust the amount in one or more detail records for this patient/cycle so that the total amount remains unchanged. For example, if you delete a record for \$41.00, you must modify other charges by an additional \$41.00 in order to keep the total unchanged.

To return to the initial Maintain Electronic Billing 1500 Files window without saving any changes click Previous.

To return to the EB Patient Maintenance Selections window without saving any changes, click **Exit**.

1500 BILLING INFORMATION WINDOW

The **1500 Billing Information** window lets you maintain the patient's hold/cancel flag, inpatient/outpatient code, and bill type.

This window appears when you click **OK** in the initial **Maintain Electronic Billing 1500 Files** window without selecting a record.

Maintain Electronic Billing 1500 Files

Patient 6000161 / 2 BILL PAYMENTANDADJUS
Last user/date changed 0/00/00

Primary Insurance Company 360
Primary Insurance Plan 150
Hold/cancel flag ☐
Inpatient/outpatient code
Payor type C
Bill type

OK Previous Exit

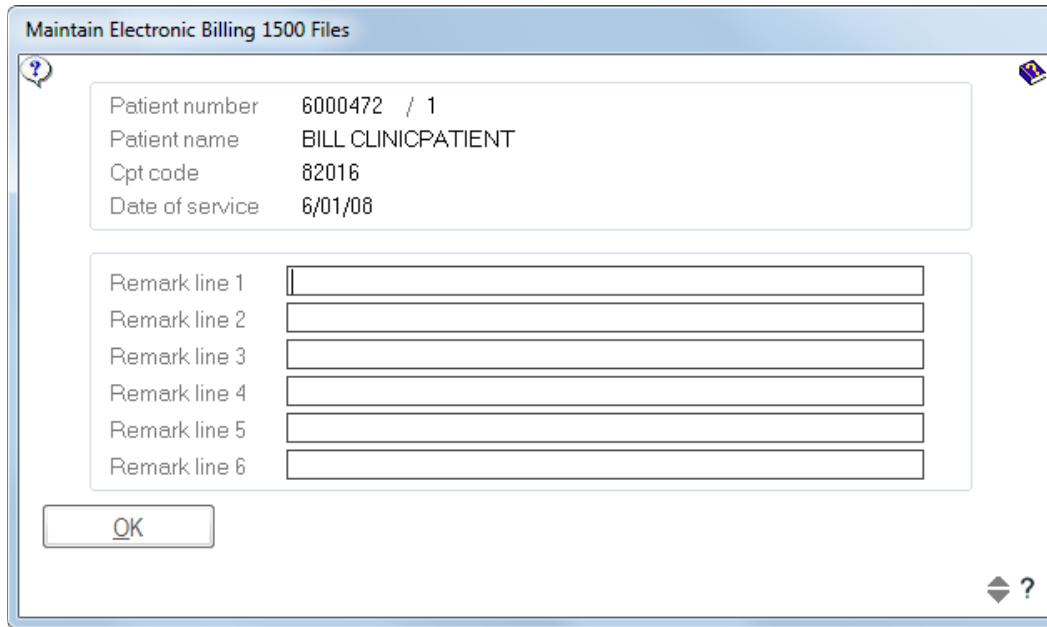
Action Type the information, and then click **OK** to save your entries and display the **1500 Codes** window.

To return to the patient number window without saving any changes click **Previous**.

To return to the **EB Patient Maintenance Selections** window without saving any changes, click **Exit**.

1500 REMARKS WINDOW

This window appears when you click **Remarks** in Page 2 of the **Maintain Electronic Billing 1500 Files** window.



The screenshot shows a software window titled "Maintain Electronic Billing 1500 Files". Inside the window, there is a section for patient information with the following details:

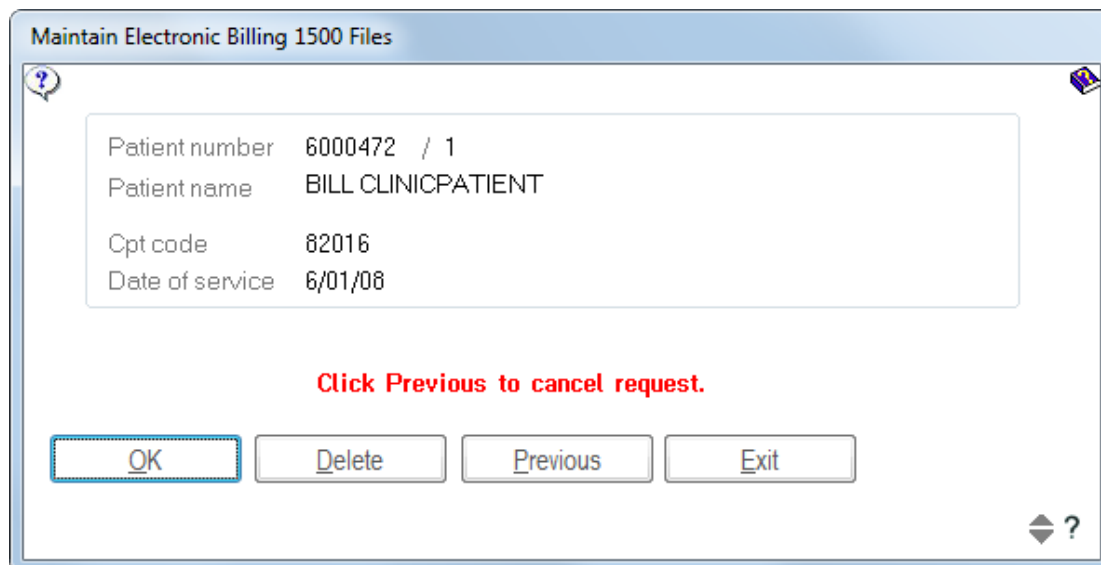
Patient number	6000472 / 1
Patient name	BILL CLINICPATIENT
Cpt code	82016
Date of service	6/01/08

Below the patient information, there are six text input fields labeled "Remark line 1" through "Remark line 6". At the bottom left of the window is an "OK" button. In the bottom right corner, there is a small icon of a double-headed arrow and a question mark.

Action Enter or update remarks, and then click **OK**.

CONFIRM 1500 DELETION WINDOW

This window appears when you click **Delete** in Page 2 of the **Maintain Electronic Billing 1500 Files** window.



The screenshot shows a window titled "Maintain Electronic Billing 1500 Files". Inside, there is a text box containing the following information:

Patient number	6000472 / 1
Patient name	BILL CLINICPATIENT
Cpt code	82016
Date of service	6/01/08

Below the text box, there is a red instruction: "Click Previous to cancel request." At the bottom, there are four buttons: "OK", "Delete", "Previous", and "Exit". The "OK" button is highlighted with a blue border. In the bottom right corner, there is a small icon of a question mark inside a circle.

Action: To delete the record: Click **Delete**.



If you delete the record, you must also adjust the amount in one or more detail records for this patient/cycle so that the total amount remains unchanged. For example, if you delete a record for \$41.00, you must modify other charges by an additional \$41.00 in order to keep the total unchanged.

To cancel the deletion: Click **Previous**, **OK**, or **Exit**.

1500 CODES WINDOW

The **1500 Codes** window lets you maintain value, occurrence, and procedure codes.

This window appears when you click **OK** in the **1500 Billing Information** window.

Maintain Electronic Billing 1500 Files

OK Previous Exit

Patient 6000161 2 BILL PAYMENT AND ADJUT User/date 0/00/00

Value codes

1		2		3		4	
5		6		7		8	
9		10		11		12	

Occur codes

1		2		3		4	
5		6		7		8	

Procedure codes

1		2		3		4	
5		6		7		8	
9		10		11		12	
13		14		15		16	
17		18		19		20	
21		22		23		24	
25							

Action

Enter or select codes and other information, and then click **OK** to save the entries/changes and return to the initial **EB Patient Maintenance Selections** window.

To return to the initial **Maintain Electronic Billing 1500 Files** window without saving any changes, click **Previous**.

To return to the **EB Patient Maintenance Selections** window without saving any changes, click **Exit**.

The **1500 Codes** window – **Additional Codes** window lets you maintain diagnosis, condition and span codes as well as other 1500 billing information.

Maintain Electronic Billing 1500 Files

OK Previous Exit

Patient 6000161 2 BILL PAYMENTANDADJU User/date 0/00/00

Diagnosis codes

1	9131	2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	

Cond codes ☐ ☐ ☐ ☐ ☐ ☐

Span codes 1 ☐ ☐ ☐ 2 ☐ ☐ ☐

Covered days ☐ ☐ ☐ Noncovered days ☐ ☐ ☐

Stmt from date 010107 Stmt thru date 010107

Action

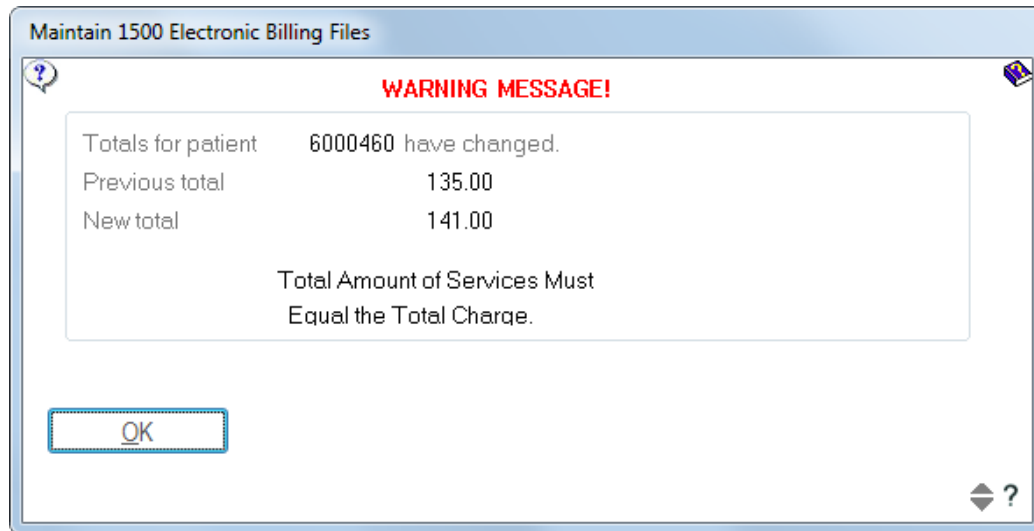
Enter or select codes and other information, and then click **OK** to save the entries/changes and return to the initial **EB Patient Maintenance Selections** window.

To return to the initial **Maintain Electronic Billing 1500 Files** window without saving any changes, click **Previous**.

To return to the **EB Patient Maintenance Selections** window without saving any changes, click **Exit**.

1500 WARNING MESSAGE WINDOW

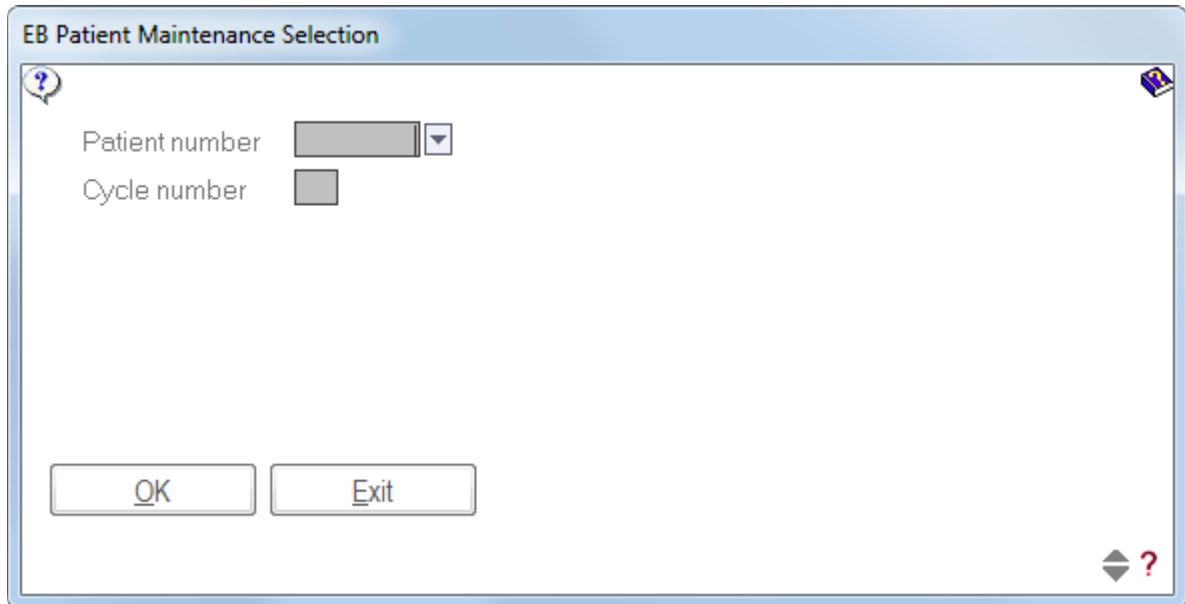
This window appears when changes are made to amount fields in the 1500 maintenance window and, as a result, total amounts do not agree with the total on file.



Action Click **OK** to return to the 1500 detail record window, then make the necessary changes to keep the total amount unchanged.

PATIENT NUMBER WINDOW

This window appears when you click **Previous** in the **1500 Billing Information** window.



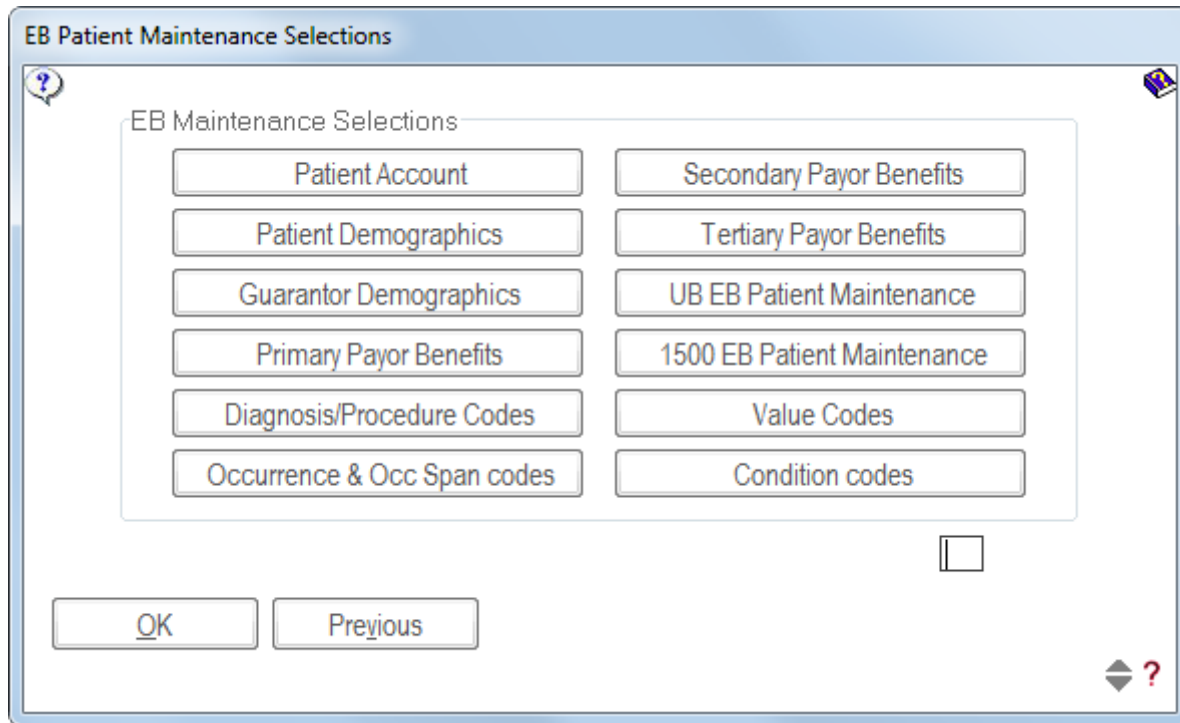
The image shows a Windows-style dialog box titled "EB Patient Maintenance Selection". It has a light blue border and a white background. In the top-left corner, there is a question mark icon in a blue circle. In the top-right corner, there is a small icon of a book with a red 'X' on it. The main area of the dialog contains two labels: "Patient number" and "Cycle number". Next to "Patient number" is a text input field followed by a small downward-pointing arrow, indicating a dropdown menu. Next to "Cycle number" is a smaller text input field. At the bottom of the dialog, there are two buttons: "OK" and "Exit". In the bottom-right corner, there is a small icon of a diamond with a red question mark next to it.

Action

Enter the patient number for the patient you want to maintain, and then click **OK**. You can either type the number or select it by clicking  to display the **Electronic Billing Patient Lookup** window.

EB PATIENT MAINTENANCE SELECTIONS

This window appears when a Patient/Cycle Number are entered .



The image shows a software window titled "EB Patient Maintenance Selections". Inside the window, there is a section titled "EB Maintenance Selections" which contains a grid of 12 buttons arranged in two columns and six rows. The buttons are: Patient Account, Secondary Payor Benefits, Patient Demographics, Tertiary Payor Benefits, Guarantor Demographics, UB EB Patient Maintenance, Primary Payor Benefits, 1500 EB Patient Maintenance, Diagnosis/Procedure Codes, Value Codes, Occurrence & Occ Span codes, and Condition codes. Below this grid is a small square checkbox. At the bottom left of the window are two buttons: "OK" and "Previous". In the bottom right corner, there is a small icon consisting of a diamond and a question mark.

EB Maintenance Selections	
Patient Account	Secondary Payor Benefits
Patient Demographics	Tertiary Payor Benefits
Guarantor Demographics	UB EB Patient Maintenance
Primary Payor Benefits	1500 EB Patient Maintenance
Diagnosis/Procedure Codes	Value Codes
Occurrence & Occ Span codes	Condition codes

☐

OK Previous

Action

Make a selection to continue.

CODES WINDOWS

DIAGNOSIS/PROCEDURE CODES WINDOW

This window appears when you select **Diagnosis/Procedure Codes** in the initial **EB Patient Maintenance Selections** window.

Patient Codes Maintenance

Patient number 6000484
Patient name NURSING LEVELBENEFITCM
Primary discharge diagnosis code

Other discharge diagnosis codes

Primary procedure code and date Date

Other procedure information

	Date		Date

Action Enter or make any necessary changes to the diagnosis and procedure codes, then click **OK**. The codes will print on the UB bill.

OCCURRENCE/CONDITION CODES WINDOW

This window appears when you select [Occurrence & Occ Span codes](#) in the initial **EB Patient Maintenance Selections** window.

Patient Codes Maintenance

OK Previous

Patient number 6000484
Patient name NURSING LEVELBENEFITCM

Occurrence codes and dates

☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

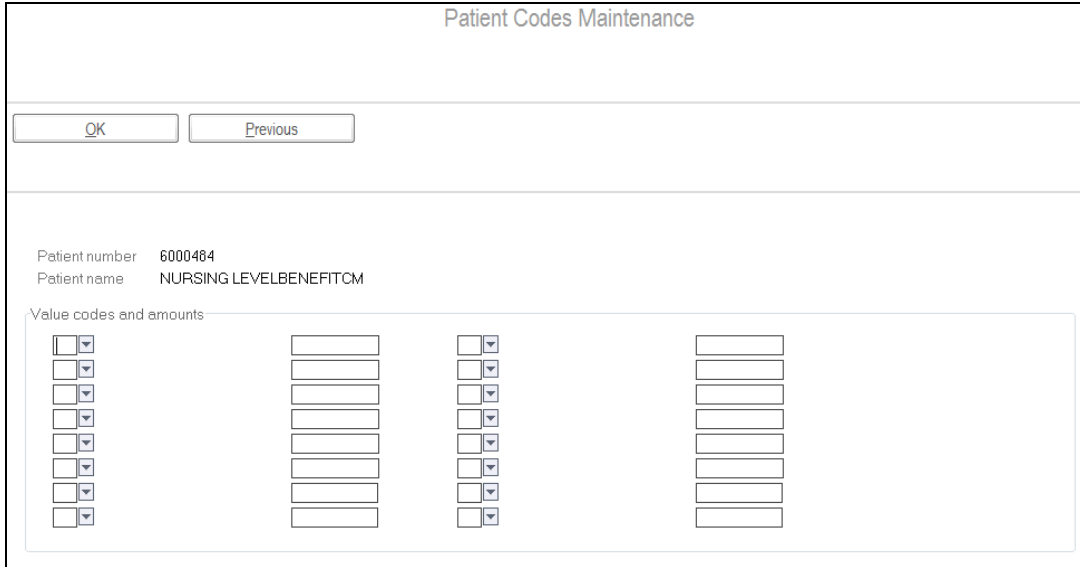
Occurrence span codes and dates

☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Action Enter or make any necessary changes to the occurrence codes and condition codes, then click **OK**. The codes will print on the UB bill.

VALUE CODES WINDOW

This window appears when you select  in the initial **EB Patient Maintenance Selections** window.



The screenshot shows the 'Patient Codes Maintenance' window. At the top, the title 'Patient Codes Maintenance' is centered. Below the title bar, there are two buttons: 'OK' and 'Previous'. The main area displays patient information: 'Patient number 6000484' and 'Patient name NURSING LEVELBENEFITCM'. Below this, a section titled 'Value codes and amounts' contains a table with four columns. Each row in the table has a checkbox with a dropdown arrow, a text input field, another checkbox with a dropdown arrow, and a second text input field. There are eight rows in total for entering value codes and amounts.

Value Code	Amount	Value Code	Amount
☐ ▾		☐ ▾	
☐ ▾		☐ ▾	
☐ ▾		☐ ▾	
☐ ▾		☐ ▾	
☐ ▾		☐ ▾	
☐ ▾		☐ ▾	
☐ ▾		☐ ▾	

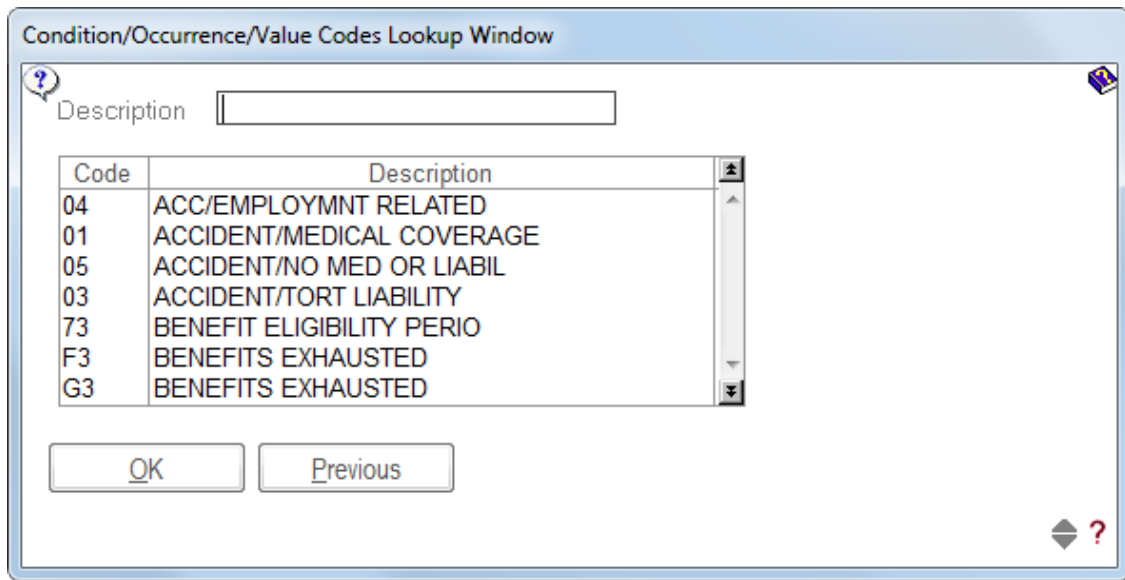
Action Enter or make any necessary changes to the value codes, then click OK. The codes will print on the UB bill.

SELECTION/LOOKUP WINDOWS

CONDITION/OCCURRENCE/VALUE CODES LOOKUP WINDOW

The **Condition / Occurrence / Value Codes Lookup** window lists codes that are maintained in *Patient Accounting* through *Condition/Occurrence/Value Codes, Option 3* on *File Maintenance Menu II*.

This window appears when you click  next to a code field in the occurrence/condition codes window or the value codes window.



The screenshot shows a window titled "Condition/Occurrence/Value Codes Lookup Window". It features a "Description" text field at the top. Below it is a table with two columns: "Code" and "Description". The table contains the following entries:

Code	Description
04	ACC/EMPLOYMNT RELATED
01	ACCIDENT/MEDICAL COVERAGE
05	ACCIDENT/NO MED OR LIABIL
03	ACCIDENT/TORT LIABILITY
73	BENEFIT ELIGIBILITY PERIO
F3	BENEFITS EXHAUSTED
G3	BENEFITS EXHAUSTED

At the bottom of the window are two buttons: "OK" and "Previous". A help icon (?) is located in the bottom right corner.

Action

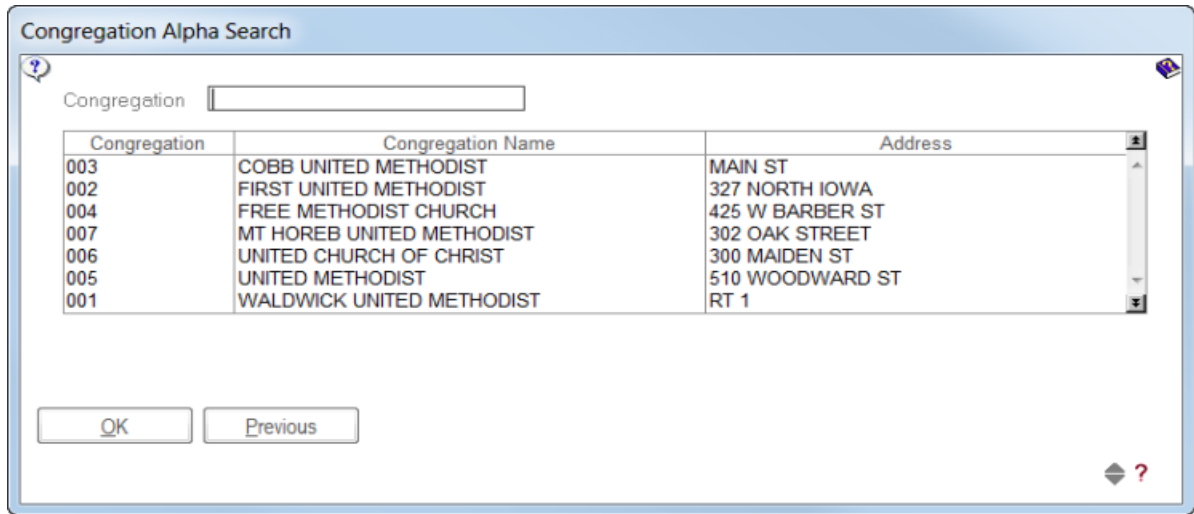
To find a code: Type part or all of the code's description in the Description field and click **OK**.

To select a code: Click on the code to highlight it, and then click **OK** (or just double-click on the code).

CONGREGATION ALPHA SEARCH WINDOW

The **Congregation Alpha Search** window lists religious congregations that are maintained in *Patient Accounting* through *Congregation Maintenance, Option 17* on the *System Table (Hospital Table File) Menu (TABMNU)*. The codes can be listed/printed in *Patient Accounting* through *List Congregation File, Option 5* on *File Listing Menu II (MNTMN4)*.

This window appears when you click  next to the Congregation field in the **In-House Maintenance** window or **Patient Demographics** window.



Congregation	Congregation Name	Address
003	COBB UNITED METHODIST	MAIN ST
002	FIRST UNITED METHODIST	327 NORTH IOWA
004	FREE METHODIST CHURCH	425 W BARBER ST
007	MT HOREB UNITED METHODIST	302 OAK STREET
006	UNITED CHURCH OF CHRIST	300 MAIDEN ST
005	UNITED METHODIST	510 WOODWARD ST
001	WALDWICK UNITED METHODIST	RT 1

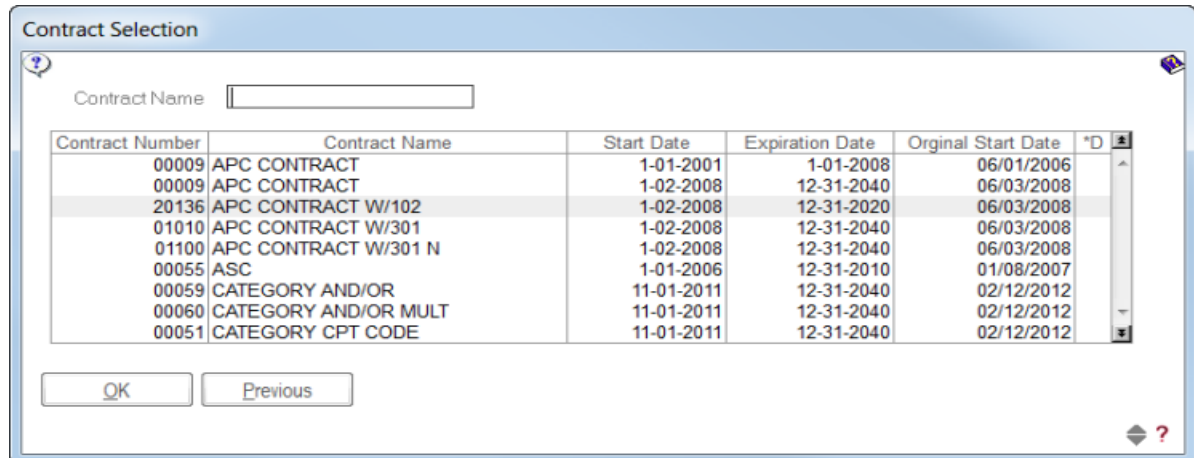
Action

To find a congregation: Type part or all of the congregation's name in the Congregation field, and then click **OK**.

To select a congregation: Click on the congregation to highlight it, and then click **OK** (or just double-click on the congregation). The congregation must be associated with any religion that was entered in the Religion field. If you left the Religion field blank, it will be filled in automatically when you select a congregation.

CONTRACT SELECTION WINDOW

This window appears when you click Display CM Notes in the Payor Company/Plan Alpha Search window.



The screenshot shows a 'Contract Selection' window with a search field and a table of contracts. The table has columns for Contract Number, Contract Name, Start Date, Expiration Date, Original Start Date, and *D. The row for '20136 APC CONTRACT W/102' is highlighted. At the bottom are 'OK' and 'Previous' buttons.

Contract Number	Contract Name	Start Date	Expiration Date	Original Start Date	*D
00009	APC CONTRACT	1-01-2001	1-01-2008	06/01/2006	
00009	APC CONTRACT	1-02-2008	12-31-2040	06/03/2008	
20136	APC CONTRACT W/102	1-02-2008	12-31-2020	06/03/2008	
01010	APC CONTRACT W/301	1-02-2008	12-31-2040	06/03/2008	
01100	APC CONTRACT W/301 N	1-02-2008	12-31-2040	06/03/2008	
00055	ASC	1-01-2006	12-31-2010	01/08/2007	
00059	CATEGORY AND/OR	11-01-2011	12-31-2040	02/12/2012	
00060	CATEGORY AND/OR MULT	11-01-2011	12-31-2040	02/12/2012	
00051	CATEGORY CPT CODE	11-01-2011	12-31-2040	02/12/2012	

Action

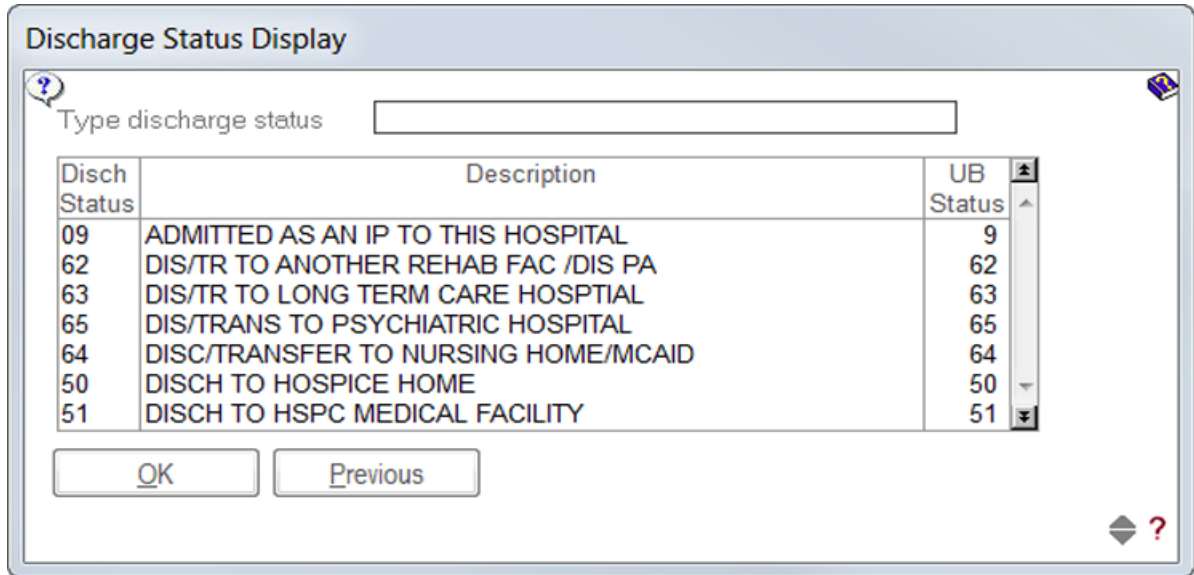
To find a contract: Type part or all of the contract's name in the Contract Name field, and then click **OK**.

To select a contract to view its notes: Click on the contract to highlight it, and then click **OK** (or just double-click on the contract).

DISCHARGE STATUS DISPLAY WINDOW

The Discharge Status Display window lists status codes that are maintained in *Patient Accounting* through Discharge Status Codes, Option 2 on File Maintenance Menu II (MNTMN3). The codes can be listed/printed in *Patient Accounting* through *File Listing Menu II, Option 2: List Discharge Statuses*.

This window appears when you click  next to the Discharge Status field in the **Financial Information** window.

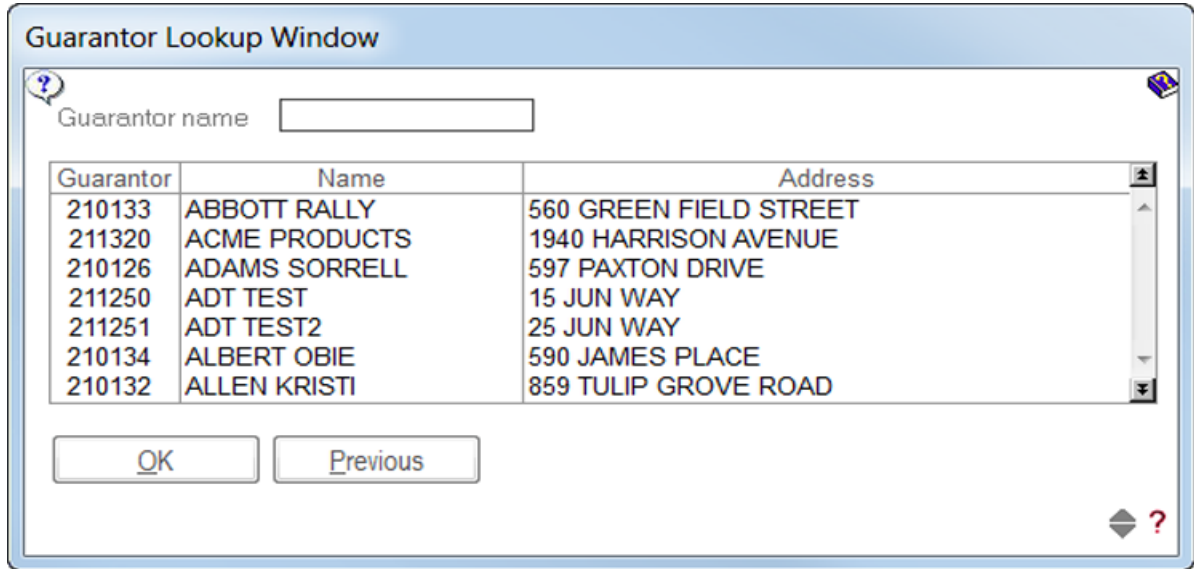


Disch Status	Description	UB Status
09	ADMITTED AS AN IP TO THIS HOSPITAL	9
62	DIS/TR TO ANOTHER REHAB FAC /DIS PA	62
63	DIS/TR TO LONG TERM CARE HOSPITAL	63
65	DIS/TRANS TO PSYCHIATRIC HOSPITAL	65
64	DISC/TRANSFER TO NURSING HOME/MCAID	64
50	DISCH TO HOSPICE HOME	50
51	DISCH TO HSPC MEDICAL FACILITY	51

Action **To find a status:** Type part or all of the status' description in the Type discharge status field, and then click **OK**. **To select a status:** Click on the status to highlight it, and then click **OK** (or just double-click on the status).

GUARANTOR LOOKUP WINDOW

This window appears when you click  next to the Guarantor # field in the discharge maintenance history number/guarantor number window or next to the New guarantor # field in the **In-House Maintenance** history number/guarantor number window.



Guarantor	Name	Address
210133	ABBOTT RALLY	560 GREEN FIELD STREET
211320	ACME PRODUCTS	1940 HARRISON AVENUE
210126	ADAMS SORRELL	597 PAXTON DRIVE
211250	ADT TEST	15 JUN WAY
211251	ADT TEST2	25 JUN WAY
210134	ALBERT OBIE	590 JAMES PLACE
210132	ALLEN KRISTI	859 TULIP GROVE ROAD

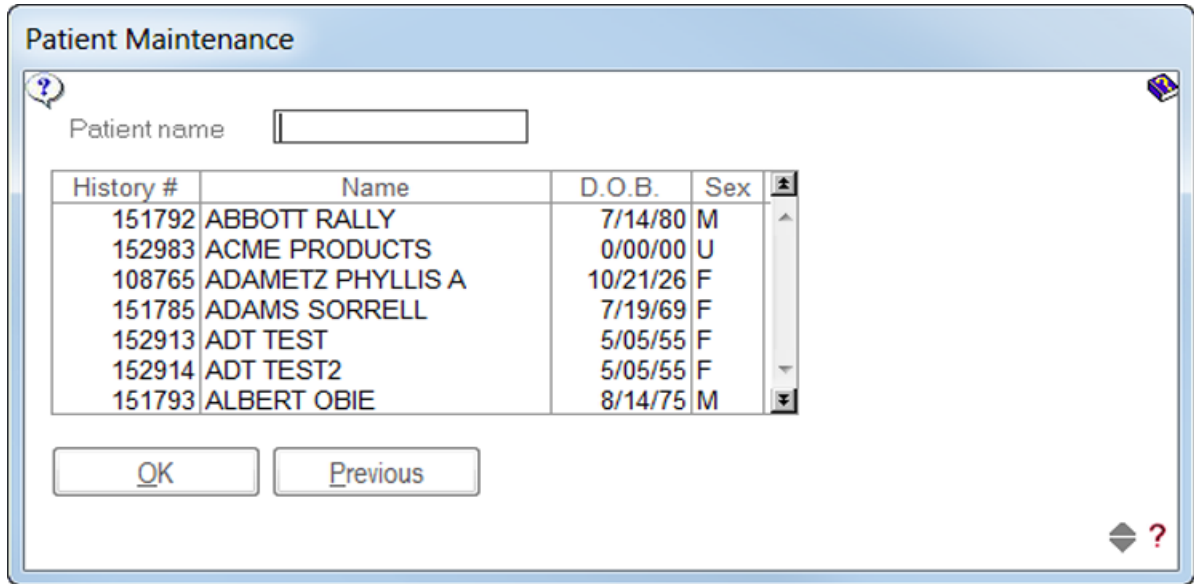
Action

To find a guarantor: Type part or all of the guarantor's name (last name first) in the Guarantor name field, and then click **OK**.

To select a guarantor: Click on the guarantor to highlight it, and then click **OK** (or just double-click on the guarantor).

HISTORY NUMBER SELECTION WINDOW

This window appears when you click  next to the History # field in the **History Number/Guarantor Number** window or next to the New history # field in the **In-House Maintenance-History Number/Guarantor Number** window.



The screenshot shows a window titled "Patient Maintenance". At the top, there is a "Patient name" label followed by an empty text input field. Below this is a table with four columns: "History #", "Name", "D.O.B.", and "Sex". The table contains seven rows of patient data. At the bottom of the window, there are two buttons: "OK" and "Previous". A small question mark icon is located in the bottom right corner of the window.

History #	Name	D.O.B.	Sex
151792	ABBOTT RALLY	7/14/80	M
152983	ACME PRODUCTS	0/00/00	U
108765	ADAMETZ PHYLLIS A	10/21/26	F
151785	ADAMS SORRELL	7/19/69	F
152913	ADT TEST	5/05/55	F
152914	ADT TEST2	5/05/55	F
151793	ALBERT OBIE	8/14/75	M

Action

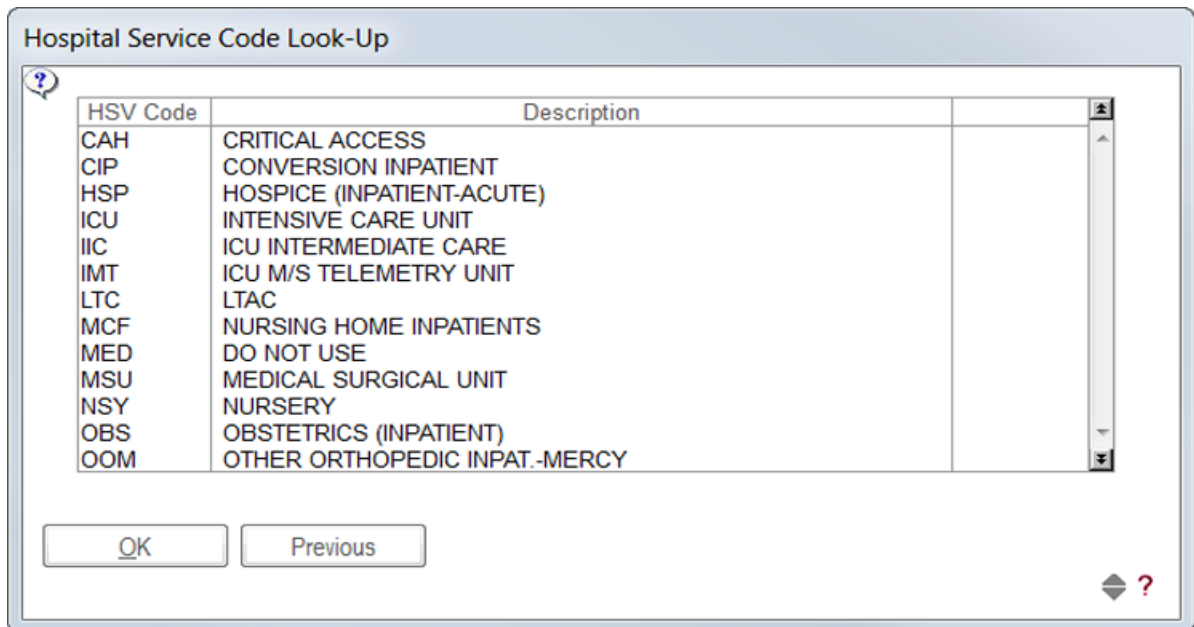
To find a patient: Type part or all of the patient's name (last name first) in the Patient name field, and then click **OK**.

- ♦ **To select a history number:** Click on the number to highlight it, and then click **OK** (or just double-click on the number).

HSV CODE SELECTION WINDOW

The **HSV Code Selection** window lists hospital service codes that are maintained in *Patient Accounting* through *Hospital Service Code File, Option 19* on *File Maintenance Menu I* (MNTMN1). The codes can be listed/printed in *Patient Accounting* through *List Table File, Option 13* on *File Listing Menu I* (MNTMN2).

This window appears when you click  next to the HSV code field in the **Discharge Maintenance** window or next to the Hospital service field in the **In-House Maintenance** window.



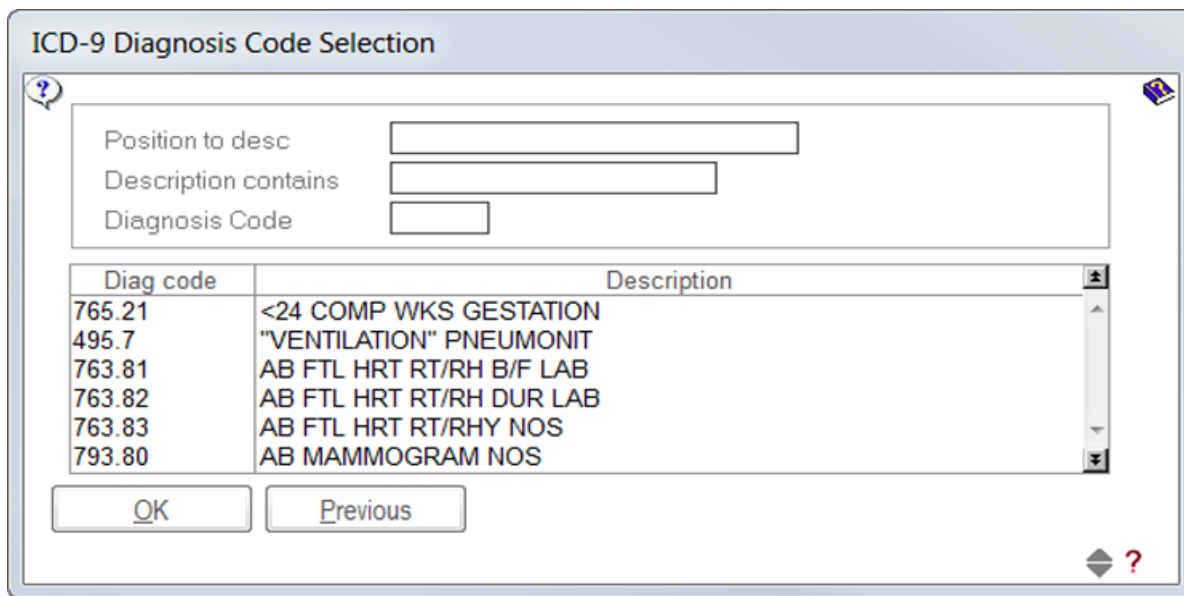
HSV Code	Description
CAH	CRITICAL ACCESS
CIP	CONVERSION INPATIENT
HSP	HOSPICE (INPATIENT-ACUTE)
ICU	INTENSIVE CARE UNIT
IIC	ICU INTERMEDIATE CARE
IMT	ICU M/S TELEMETRY UNIT
LTC	LTAC
MCF	NURSING HOME INPATIENTS
MED	DO NOT USE
MSU	MEDICAL SURGICAL UNIT
NSY	NURSERY
OBS	OBSTETRICS (INPATIENT)
OOM	OTHER ORTHOPEDIC INPAT.-MERCY

Action Select a code by clicking on it (to highlight it) and then click **OK** (or just double-click on the code).

ICD10 DIAGNOSIS CODE SELECTION WINDOW

The **ICD10 Diagnosis Code Selection** window lists codes that are maintained in *Patient Accounting* through *ICD10-CM Codes File, Option 7 on File Maintenance Menu I* (MNTMN1). The file can be listed/printed in *Patient Accounting* through *ICD10-CM Codes Listing, Option 14 on File Listing Menu II* (MNTMN4).

This window appears when you click  next to the Admitting ICD10 field in the **In-House Maintenance** window or next to a code field in the **Diagnosis / Procedure Codes** window.



Diag code	Description
765.21	<24 COMP WKS GESTATION
495.7	"VENTILATION" PNEUMONIT
763.81	AB FTL HRT RT/RH B/F LAB
763.82	AB FTL HRT RT/RH DUR LAB
763.83	AB FTL HRT RT/RHY NOS
793.80	AB MAMMOGRAM NOS

Action

To find a code: Type part or all of the code's description in the Description or Description contains field, and then click **OK**. For example:

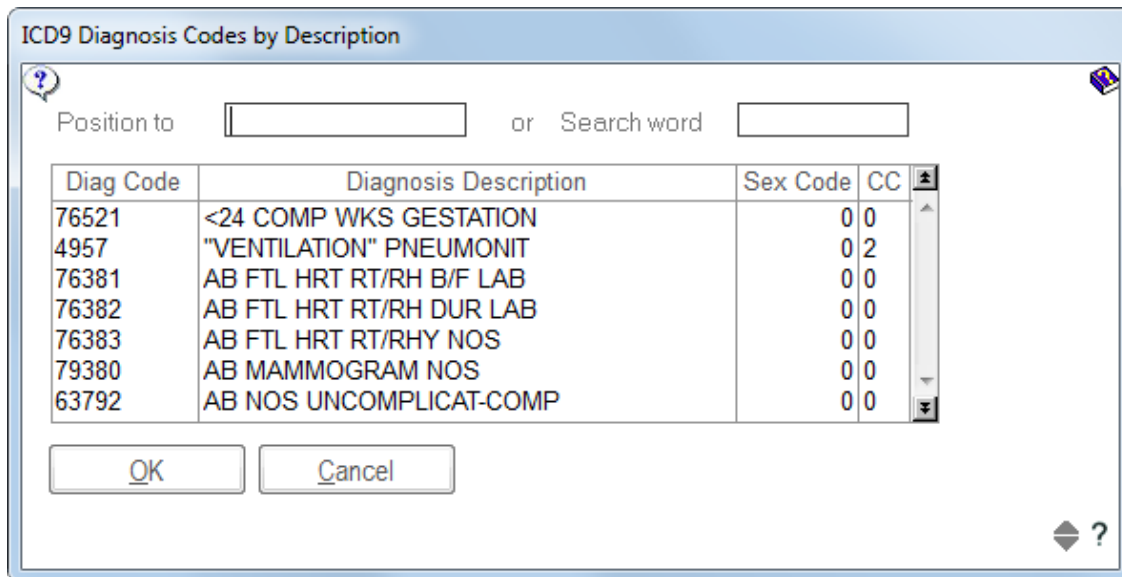
- ♦ If you type **acute** (lower- or uppercase) in the Description field, the list will begin with codes whose description begins with ACUTE, such as ACUTE & CHRONIC RESP FAIL and ACUTE BRONCHITIS.
- ♦ If you type **branch** in the Description contains field, the list will be limited to codes whose description contains BRONCH anywhere in the description, such as ACUTE BRONCHITIS and BRONCHITIS NOS.

To select a code: Click on the code to highlight it, and then click **OK** (or just double-click on the code). The code will be entered in the Admitting ICD10 field and the description in the Admitting diagnosis field.

ICD10 DIAGNOSIS CODES BY DESCRIPTION WINDOW

The **ICD10 Diagnosis Codes by Description** window lists codes that are maintained in *Patient Accounting* through *ICD10-CM Codes File, Option 7 on File Maintenance Menu I* (MNTMN1). The file can be listed/printed in *Patient Accounting* through *ICD10-CM Codes Listing, Option 14 on File Listing Menu II* (MNTMN4).

This window appears when you click  next to a Diagnosis codes field in the **UB Codes** window or **1500 Codes** window.



Diag Code	Diagnosis Description	Sex Code	CC
76521	<24 COMP WKS GESTATION	0	0
4957	"VENTILATION" PNEUMONIT	0	2
76381	AB FTL HRT RT/RH B/F LAB	0	0
76382	AB FTL HRT RT/RH DUR LAB	0	0
76383	AB FTL HRT RT/RHY NOS	0	0
79380	AB MAMMOGRAM NOS	0	0
63792	AB NOS UNCOMPLICAT-COMP	0	0

Action

To find a code: Type part or all of the code's description in the Position to or Search word field, and then click **OK**. For example:

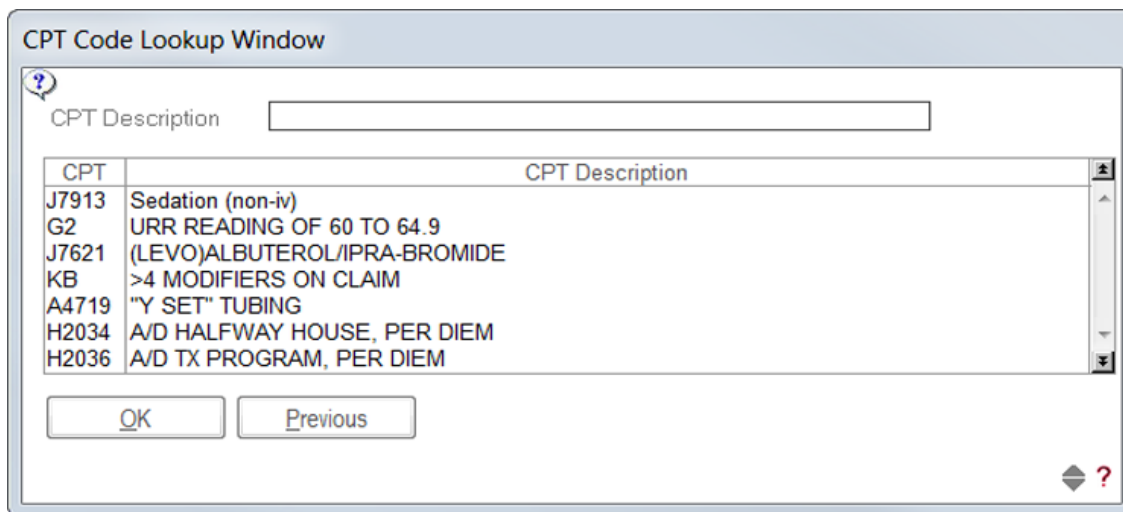
- ♦ If you type **acute** (lower- or uppercase) in the Position to field, the list will begin with codes whose description begins with ACUTE, such as ACUTE & CHRONIC RESP FAIL and ACUTE BRONCHITIS.
- ♦ If you type **branch** in the Search word field, the list will be limited to codes whose description contains BRONCH anywhere in the description, such as ACUTE BRONCHITIS and BRONCHITIS NOS.

To select a code: Click on the code to highlight it, and then click **OK** (or just double-click on the code).

ICD10 PROCEDURE CODES DISPLAY WINDOW

The **ICD10 Procedure Codes Display** window lists codes that are maintained in *Patient Accounting* through *ICD10-CM Codes File, Option 7 on File Maintenance Menu I* (MNTMN1). The file can be listed/printed in *Patient Accounting* through *ICD10-CM Codes Listing, Option 14 on File Listing Menu II* (MNTMN4).

This window appears when you click  next to a Procedure codes field in the **UB Codes** window or **1500 Codes** window, or next to a Code field in the **Diagnosis / Procedure Codes** window.



The CPT Code Lookup Window is a dialog box with a title bar. It contains a text field for 'CPT Description' at the top. Below it is a table with two columns: 'CPT' and 'CPT Description'. The table lists several codes and their descriptions. At the bottom, there are two buttons: 'OK' and 'Previous'. A small icon with a question mark is in the bottom right corner.

CPT	CPT Description
J7913	Sedation (non-iv)
G2	URR READING OF 60 TO 64.9
J7621	(LEVO)ALBUTEROL/IPRA-BROMIDE
KB	>4 MODIFIERS ON CLAIM
A4719	"Y SET" TUBING
H2034	A/D HALFWAY HOUSE, PER DIEM
H2036	A/D TX PROGRAM, PER DIEM

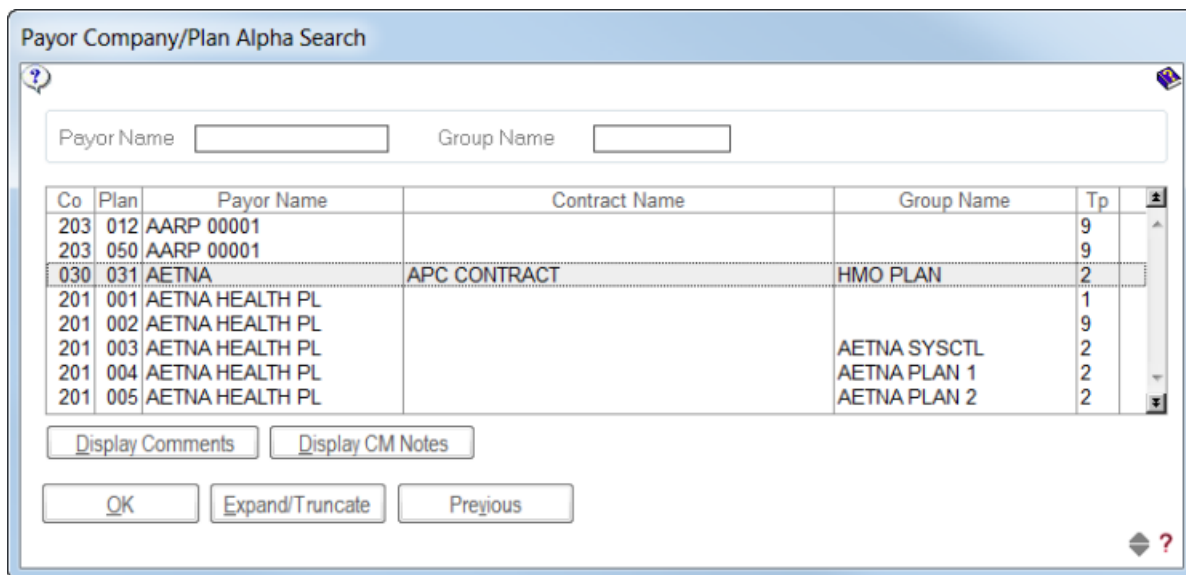
Action

To find a code: Type part or all of the code's description in the Procedure Description field, and then click **OK**.

To select a code: Click on the code to highlight it, and then click **OK** (or just double-click on the code).

PAYOR COMPANY/PLAN ALPHA SEARCH WINDOW

This window appears when you click  next to a Payor field in the **Discharge Maintenance** window or when you click **Expand/Truncate** in the second **Payor Company/Plan Alpha Search** window.



Co	Plan	Payor Name	Contract Name	Group Name	Tp
203	012	AARP 00001			9
203	050	AARP 00001			9
030	031	AETNA	APC CONTRACT	HMO PLAN	2
201	001	AETNA HEALTH PL			1
201	002	AETNA HEALTH PL			9
201	003	AETNA HEALTH PL		AETNA SYSC TL	2
201	004	AETNA HEALTH PL		AETNA PLAN 1	2
201	005	AETNA HEALTH PL		AETNA PLAN 2	2

Action: **To find a payor:** Type part or all of the payor's name or group name in the Payor Name or Group Name fields, and then click **OK**.

To view payors' addresses: Click **Expand/Truncate** to display the second **Payor Company/Plan Alpha Search** window. To hide the addresses (that is, to return to this window), click the button again.

To view comments for a payor: Click on the payor to highlight it, and then click **Display Comments**.

To view contract notes for a payor: Click on the payor's name to highlight it, and then click **Display CM Notes**. In the **Contract Selection** window that appears, select a contract to display the **Contract Notes** window.

To select a payor: Click on the payor to highlight it, and then click **OK** (or just double-click on the payor).

PAYOR COMPANY/PLAN ALPHA SEARCH WINDOW (EXPANDED)

This window appears when you click **Expand/Truncate** in the initial **Payor Company/Plan Alpha Search** window.

Co	Pln	Payor Name	Contract Name	Group Name	Tp	
203	012	AARP 00001 UNITED HEALTHCARE CLAIM D	*** USED IN BILLING ***	ATLANTA	9 GA	
203	050	AARP 00001 UNITED HEALTHCARE CLAIM D	*** USED IN BILLING ***	ATLANTA	9 GA	
030	031	AETNA PO BOX 981106	APC CONTRACT	HMO PLAN EL PASO	2 TX	
201	001	AETNA HEALTH PL GROUP CLAIMS DEPT	PLEASE KEY ADDRESS	PLEASE KEY CITY	1 XX	

Display Comments Display CM Notes

OK Expand/Truncate Previous

Action: **To find a payor:** Type part or all of the payor's name or group name in the Payor Name or Group Name fields, and then click **OK**.

To hide payors' addresses: Click **Expand/Truncate** to display the initial **Payor Company/Plan Alpha Search** window. To view the addresses (that is, to return to this window), click the button again.

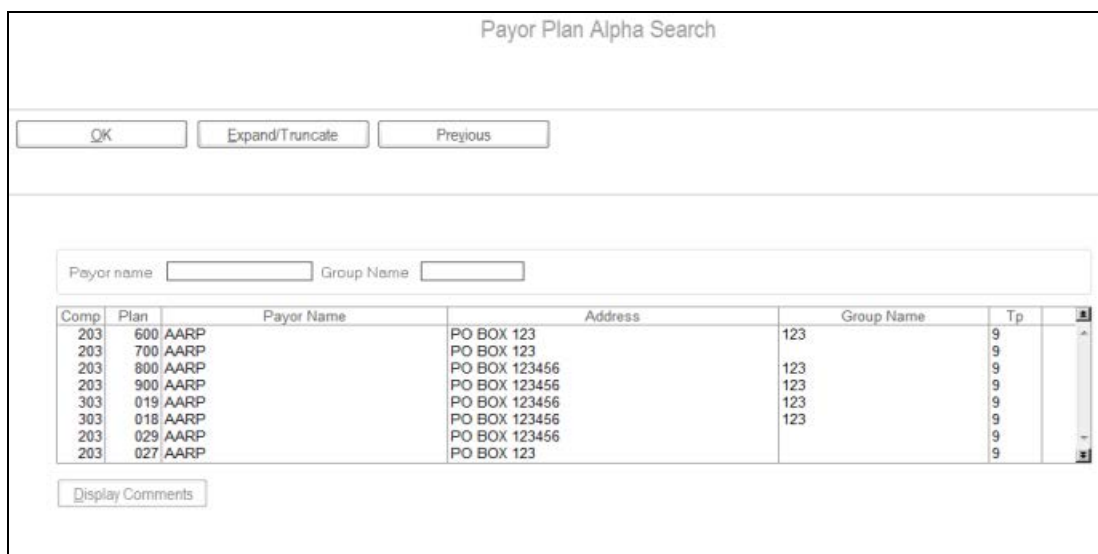
To view comments for a payor: Click on the payor's name to highlight it, and then click **Display Comments**.

To view contract notes for a payor: Click on the payor's name to highlight it, and then click **Display CM Notes**. In the **Contract Selection** window that appears, select a contract to display the **Contract Notes** window.

To select a payor: Click on the payor's name to highlight it, and then click **OK** (or just double-click on the payor).

PAYOR PLAN ALPHA SEARCH WINDOW

This window appears when you click  next to a Payor plan field in the **Payor Benefits Maintenance** window or when you click **Expand/Truncate** in the second **Payor Plan Alpha Search** window.



Comp	Plan	Payor Name	Address	Group Name	Tp	
203	600	AARP	PO BOX 123	123	9	
203	700	AARP	PO BOX 123		9	
203	800	AARP	PO BOX 123456	123	9	
203	900	AARP	PO BOX 123456	123	9	
303	019	AARP	PO BOX 123456	123	9	
303	018	AARP	PO BOX 123456	123	9	
203	029	AARP	PO BOX 123456		9	
203	027	AARP	PO BOX 123		9	

Action: **To find a payor:** Type part or all of the payor's name or group name in the Payor Name or Group Name fields, and then click **OK**.

To view payors' addresses: Click **Expand/Truncate** to display the second **Payor Plan Alpha Search** window. To hide the addresses (that is, to return to this window), click the button again.

To view comments for a payor: Click on the payor's name to highlight it, and then click **Display Comments**.

To select a payor: Click on the payor's name to highlight it, and then click **OK** (or just double-click on the payor's name).

PAYOR PLAN ALPHA SEARCH (EXPANDED) WINDOW

This window appears when you click **Expand/Truncate** in the initial **Payor Plan Alpha Search** window.

Payor Plan Alpha Search

OK Expand/Truncate Previous

Payor name Group Name

Co	Pln	Payor Name	Address	Group Name	Tp	
203	600	AARP	PO BOX 123	123 NASHVILLE	9	TN
203	700	AARP	PO BOX 123	NASHVILLE	9	TN
203	800	AARP	PO BOX 123456	123 NASHVILLE	9	TN
203	900	AARP	PO BOX 123456	123 NASHVILLE	9	TN

Display Comments

Action: **To find a payor:** Type part or all of the payor's name or group name in the Payor Name or Group Name fields, and then click **OK**.

To hide payors' addresses: Click **Expand/Truncate** to display the initial **Payor Plan Alpha Search** window. To view the addresses (that is, to return to this window), click the button again.

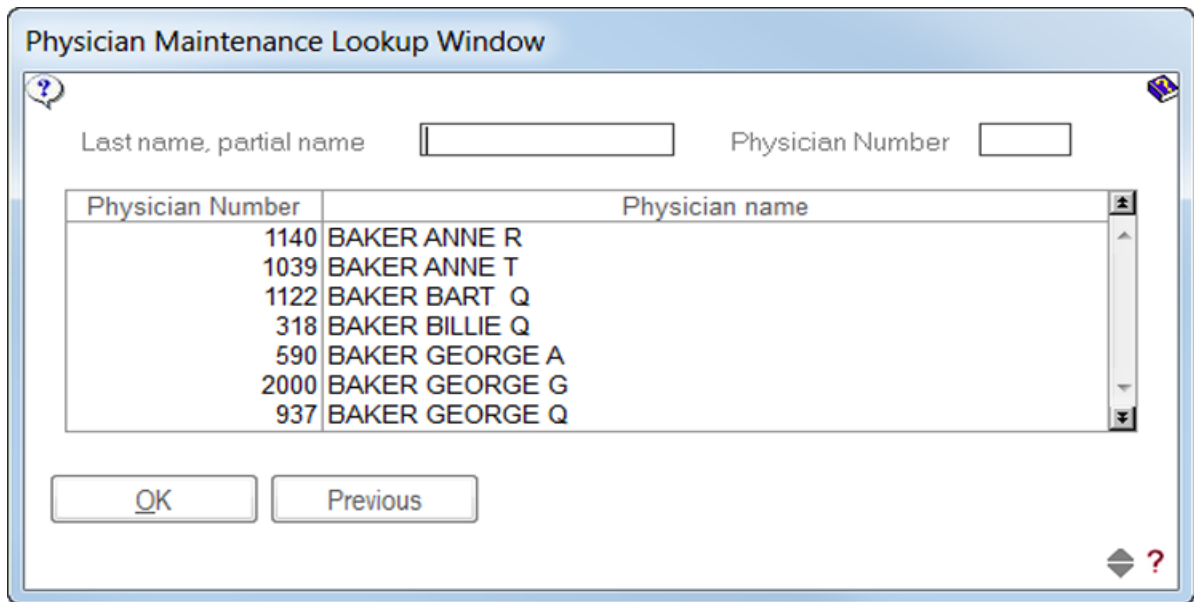
To view comments for a payor: Click on the payor's name to highlight it, and then click **Display Comments**.

To select a payor: Click on the payor's name to highlight it, and then click **OK** (or just double-click on the payor's name).

PHYSICIAN MAINTENANCE LOOKUP WINDOW

The **Physician Maintenance Lookup** window lists physicians that are maintained in *Patient Accounting* through *Physician File, Option 16 on File Maintenance Menu I* (MNTMN1). The file can be listed/printed in *Patient Accounting* through *List Doctor Master File, Option 11 on File Listing Menu I* (MNTMN2).

This window appears when you click  next to a physician field in the **Discharge Maintenance** window, **In-House Maintenance** window, or **Patient Demographics** window.



The screenshot shows a window titled "Physician Maintenance Lookup Window". It has two input fields at the top: "Last name, partial name" and "Physician Number". Below these is a list box with two columns: "Physician Number" and "Physician name". The list contains the following entries:

Physician Number	Physician name
1140	BAKER ANNE R
1039	BAKER ANNE T
1122	BAKER BART Q
318	BAKER BILLIE Q
590	BAKER GEORGE A
2000	BAKER GEORGE G
937	BAKER GEORGE Q

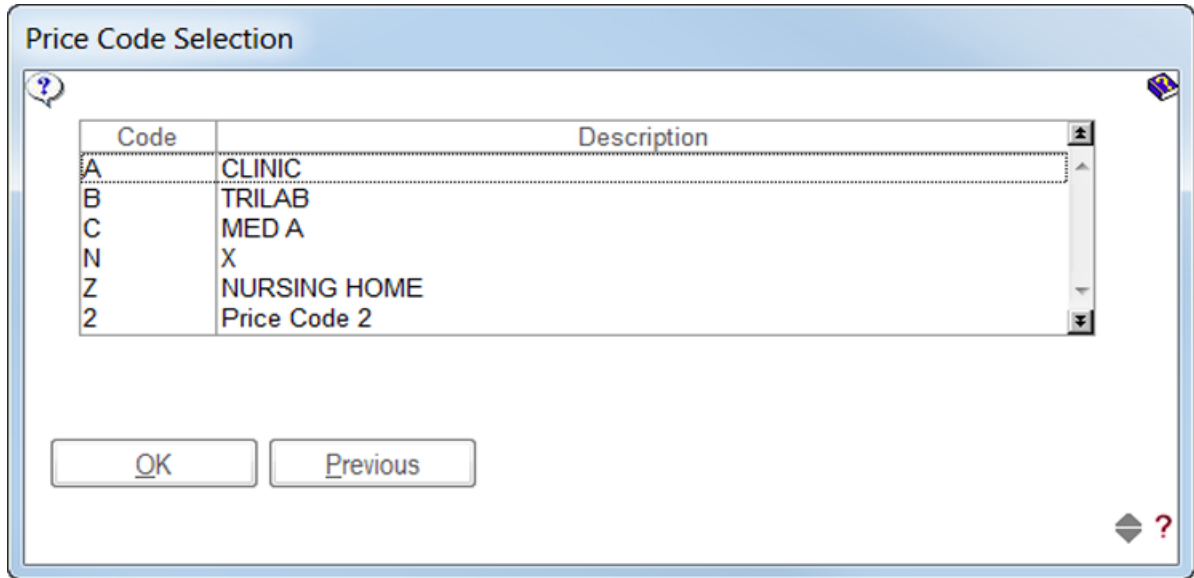
At the bottom of the window are two buttons: "OK" and "Previous". There is also a help icon (?) in the bottom right corner.

- Action**
- To find a physician by name:** Type part or all of the physician's last name in the Last name, partial name field, and then click **OK**.
 - To find a physician by number:** Type the physician number in the Physician Number field and click **OK**.
 - To select a physician:** Click on the physician's name to highlight it, and then click **OK** (or just double-click on the physician's name).

PRICE CODE SELECTION WINDOW

The **Price Code Selection** window lists codes that are maintained in *Patient Accounting* through *Alternate Price Code Maintenance, Option 6 on File Maintenance Menu II* (MNTMN3). The codes can be listed/printed in *Patient Accounting* through *List Alternate Price Codes, Option 4 on File Listing Menu II* (MNTMN4).

This window appears when you click  next to the Price code field in the **Discharge Maintenance** window or the **Financial Information** window.



The screenshot shows a window titled "Price Code Selection". It contains a table with two columns: "Code" and "Description". The table lists the following codes and descriptions:

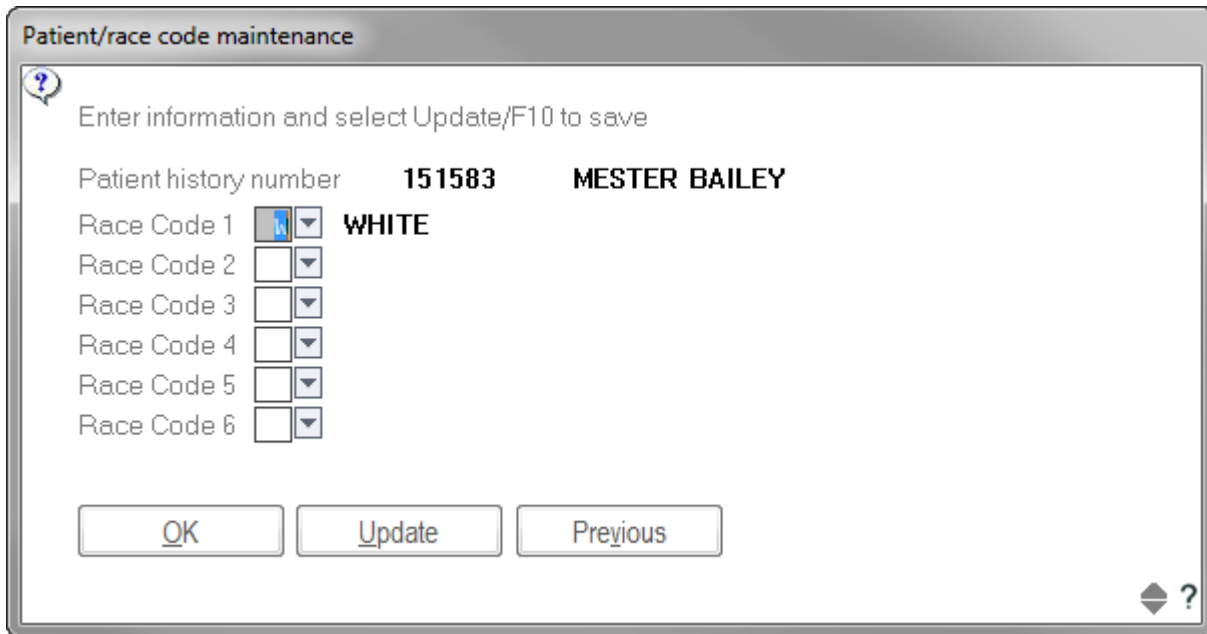
Code	Description
A	CLINIC
B	TRILAB
C	MED A
N	X
Z	NURSING HOME
2	Price Code 2

Below the table are two buttons: "OK" and "Previous". There is a help icon (?) in the top left corner and a red question mark icon in the bottom right corner.

Action Select a code by clicking on it (to highlight it). Then click **OK** (or just double-click on the code).

RACE CODE SELECTION WINDOW

This window appears when you click  next to the Race field in the **In-House Maintenance** window or **Patient Demographics** window.



Patient/race code maintenance

Enter information and select Update/F10 to save

Patient history number **151583** **MESTER BAILEY**

Race Code 1  **WHITE**

Race Code 2 

Race Code 3 

Race Code 4 

Race Code 5 

Race Code 6 

OK Update Previous



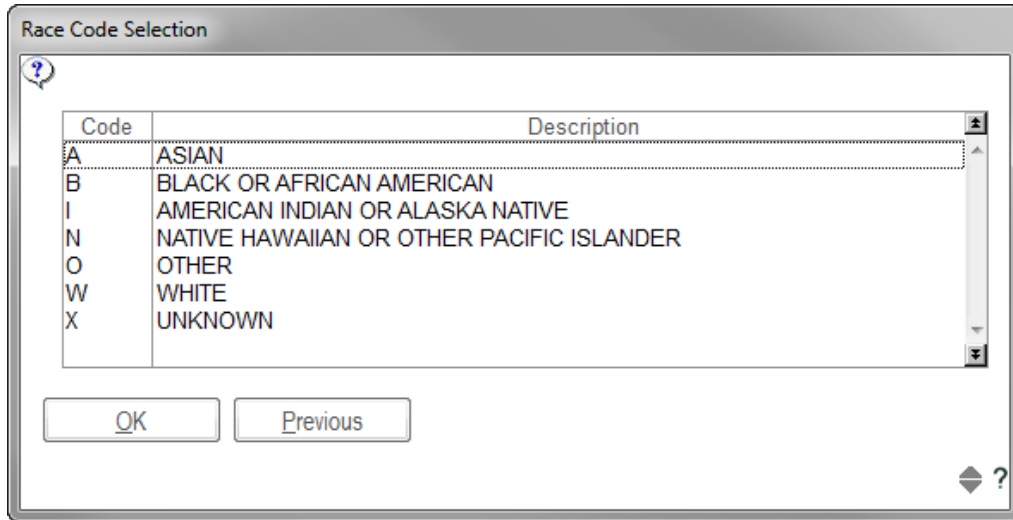
Only the race selected in position 1 will show on the **Patient Maintenance** or **Patient History File Maintenance** window.

NOTE: The same race code may not be selected more than once. If the Patient's History Information supplies a code that has since been deactivated and it is not changed, before allowing the user to move to the next screen a soft warning will appear that the code should be updated if possible. For a new code, an error message will appear if an invalid code is entered. Press **F4** to view available codes.

Action

- To validate the code(s) click **OK**.
- To save the code(s) to the patient's file click **Update**.
- To return without saving any changes click **Previous**.

RACE SELECTION



The image shows a 'Race Code Selection' dialog box. It contains a table with two columns: 'Code' and 'Description'. The table lists six race codes: A (ASIAN), B (BLACK OR AFRICAN AMERICAN), I (AMERICAN INDIAN OR ALASKA NATIVE), N (NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER), O (OTHER), W (WHITE), and X (UNKNOWN). Below the table are two buttons: 'OK' and 'Previous'. A help icon (?) is in the top-left corner, and a scroll bar is on the right side of the table.

Code	Description
A	ASIAN
B	BLACK OR AFRICAN AMERICAN
I	AMERICAN INDIAN OR ALASKA NATIVE
N	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
O	OTHER
W	WHITE
X	UNKNOWN

OK Previous

The **Race Code Selection** window lists only active race codes that are maintained in *Patient Accounting* through *Race Cross-Reference Codes, Option 3* on *System Table (Hospital Table File) Menu II* (TABMN1).

Action

- To select a code highlight it and click **OK**.
- To return without selecting a code click **Previous**.

PRIMARY LANGUAGE

The screenshot shows a window titled "System Table File Lookup Window". It contains a table with the following data:

Code	Description	SR code	ISO 639
E	English		eng
F	French		fra
O	Undetermined (language)		und
R	Russian		rus
S	Spanish/Castilian	SPA	spa

Below the table are three buttons: "OK", "Expand Description", and "Previous". A vertical scrollbar is on the right side of the table.

This screen displays from the search prompt next to Primary Language. This screen shows only active codes as set up in **System Table II Menu, Option 2: Primary Language codes**.

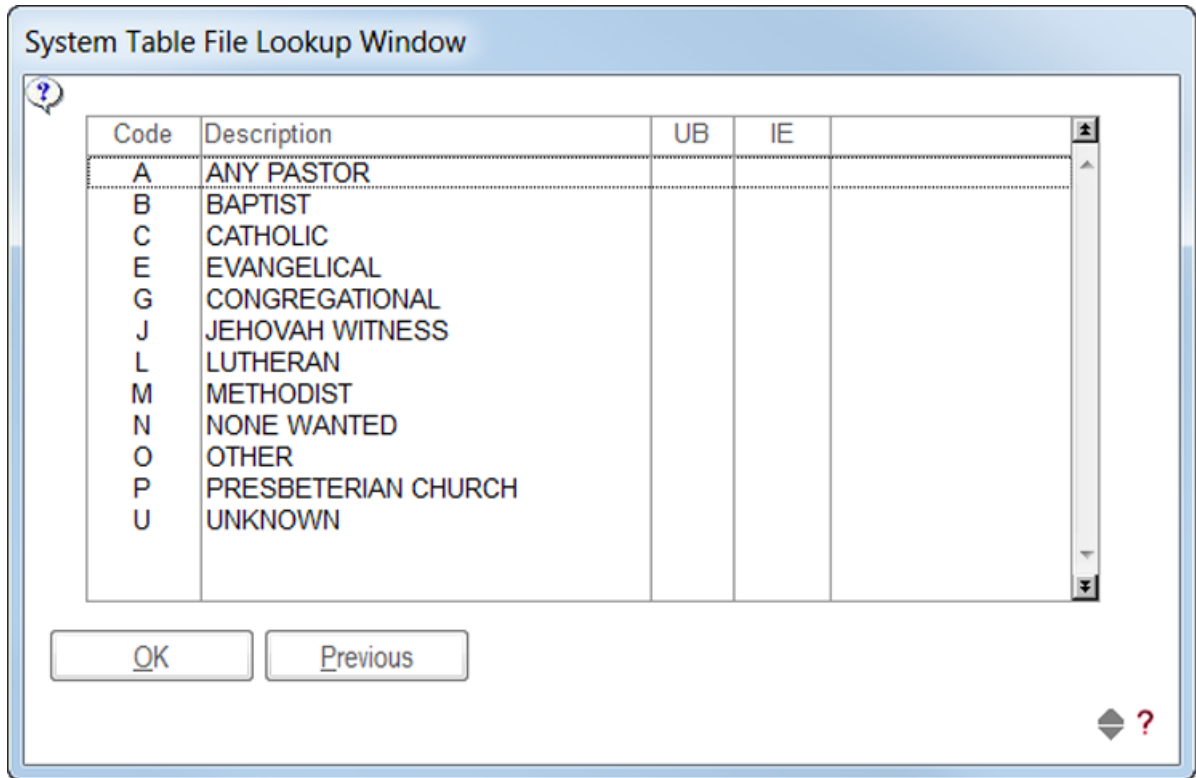
Action

- To select a code highlight it and click **OK**.
- To see a full description click **Expand Description**.
- To return without selecting a code click **Previous**.

SYSTEM TABLE FILE LOOKUP WINDOW

The specific codes listed in this window depend on the field you're using when you display it.

This window appears when you click  next to the Periodic bill, Diet code, Religion, or Guarantor relationship fields in the **In-House Maintenance** window or **Patient Demographics** window.



The screenshot shows a window titled "System Table File Lookup Window". It contains a table with the following data:

Code	Description	UB	IE	
A	ANY PASTOR			
B	BAPTIST			
C	CATHOLIC			
E	EVANGELICAL			
G	CONGREGATIONAL			
J	JEHOVAH WITNESS			
L	LUTHERAN			
M	METHODIST			
N	NONE WANTED			
O	OTHER			
P	PRESBETERIAN CHURCH			
U	UNKNOWN			

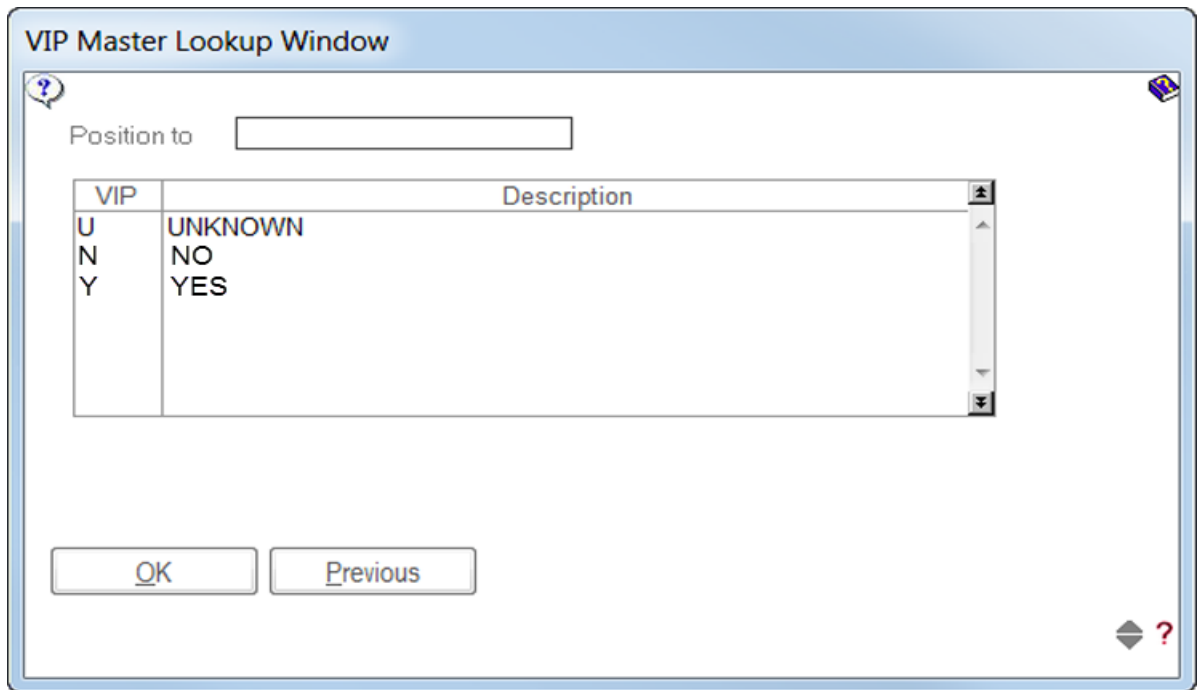
Below the table are two buttons: "OK" and "Previous". A small red question mark icon is located in the bottom right corner of the window.

Action Select a code by clicking on it (to highlight it). Then click **OK** (or just double-click on the code).

VIP MASTER LOOKUP WINDOW

The **VIP Master Lookup** window lists VIP codes that are maintained in *Patient Accounting* through *VIP Code Maintenance, Option 19* on the *System Table (Hospital Table File) Menu (TABMNU)*. The codes can be listed/printed in *Patient Accounting* through *List VIP Codes, Option 9* on *File Listing Menu II (MNTMN4)*. These codes specify the patient's VIP status as, for example, a senior citizen or a person who merits special treatment.

This window appears when you click  next to the VIP field in the **In-House Maintenance** window or **Patient Demographics** window.



VIP	Description
U	UNKNOWN
N	NO
Y	YES

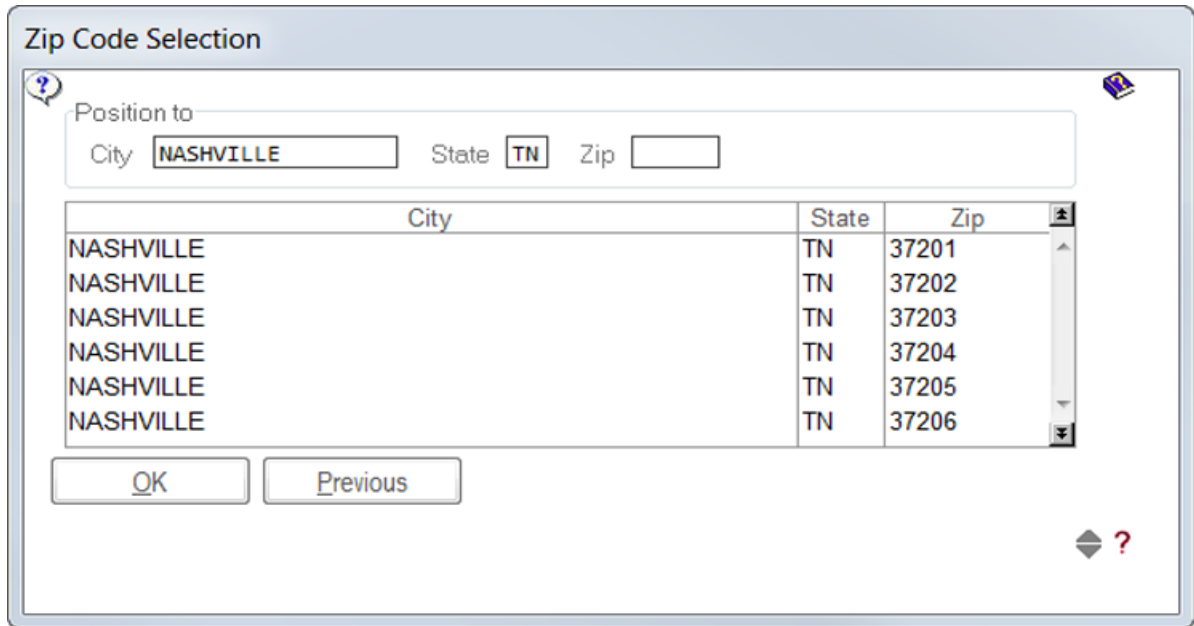
Action

To find a code: Type part or all of the code's description in the Position to field, and then click **OK**.

To select a code: Click on the code to highlight it, and then click **OK** (or just double-click on the code).

ZIP CODE SELECTION WINDOW

This window appears when you click  next to the City field in the alternate address window, next to City, ST, or Zip in the **Patient Demographics** window, or next to Zip Code in the **Guarantor Maintenance** window.



The screenshot shows a 'Zip Code Selection' dialog box. At the top, there is a 'Position to' section with three input fields: 'City' containing 'NASHVILLE', 'State' containing 'TN', and 'Zip' which is empty. Below this is a table with three columns: 'City', 'State', and 'Zip'. The table lists six entries, all with 'NASHVILLE' in the City column and 'TN' in the State column, with zip codes ranging from 37201 to 37206. At the bottom of the dialog are 'OK' and 'Previous' buttons. A help icon (?) is in the top left, and a close icon (X) is in the top right. A red question mark icon is in the bottom right corner.

City	State	Zip
NASHVILLE	TN	37201
NASHVILLE	TN	37202
NASHVILLE	TN	37203
NASHVILLE	TN	37204
NASHVILLE	TN	37205
NASHVILLE	TN	37206

Action

To find a city: Type part or all of the city name in the City field, and then click **OK**.

To find a state: Type the state's two-letter postal abbreviation (such as **CA** for California or **TN** for Tennessee) in the State field, and then click **OK**. The state's cities will be listed alphabetically.

To find a zip code: Type part or all of the zip code in the Zip field, and then click **OK**. The state's cities will be listed alphabetically.

To select a city / state / zip code: Click on the city's name to highlight it, and then click **OK** (or just double-click on the city's name).

EBMAIN Option 8: Change Insurance Revenue Codes

Overview: **Change Insurance Revenue Codes** (Option 8 on the Electronic Billing Maintenance Menu) is used to change insurance revenue information in files for all patients.



Do not use this option unless instructed to do so by Customer Support.

Files: CHRDESC, INSCDSUM, PACPTCD

Action: Contact Customer Support and follow the instructions provided.

EBMAIN Option 9: Purge Old EB Save Files

Overview: The **Purge old EB save files option** (Option 9) screen will display how many files were successfully purged and the number of attempted purges by non-authorized users.

Electronic Billing Intermediary Code Selection

Select intermediary code

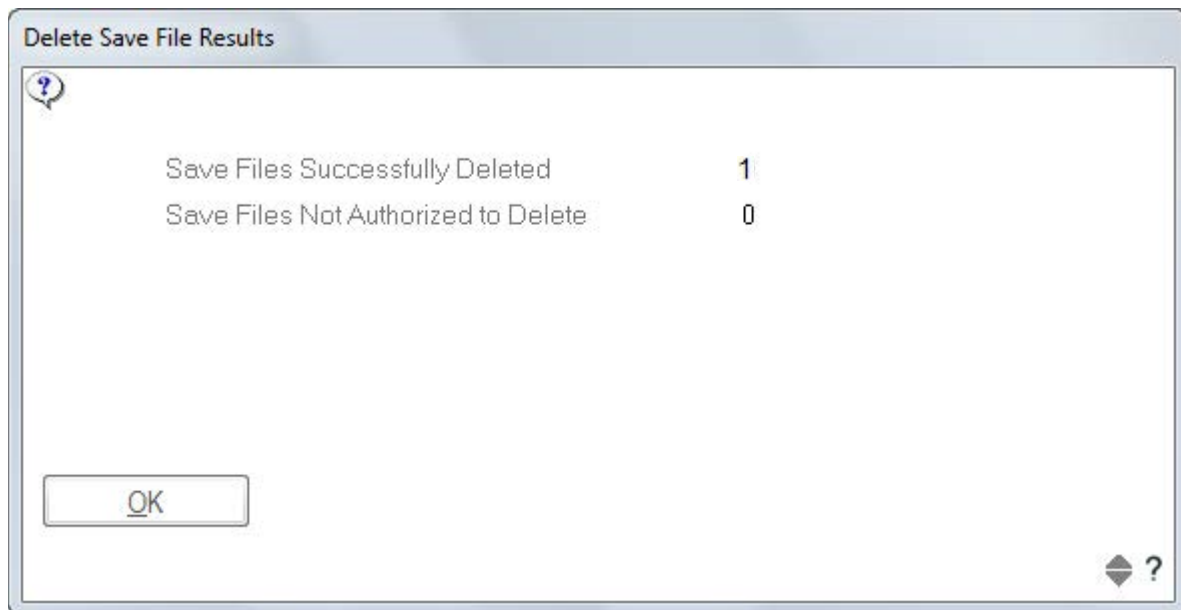
OK Exit

Electronic Billing Intermediary Code Lookup Window

Code	Intermediary Name
001	EB SUBSET
002	TEST
003	NORIDIAN - NORTH DAKOTA MEDICAID

OK Exit

Enter or select an intermediary in order to purge save files.



The Save files (EBSAVFXXX where XXX equal the intermediary) will be purged based on the field **Save file purge days** in the Maintain EB system control record, Option 1 on the Maintenance Menu.

The number of save files deleted and the number not deleted due to the user not being authorized to delete will be displayed.

Press OK to return to the menu.

EBMAIN Option 10: Maintain Taxonomy Code File

Overview: **Maintain Taxonomy Code File** (Option 10 on the Electronic Billing Maintenance Menu) is used to enter and maintain the taxonomy codes. You can add and delete a code, as well as change a code's information.

The taxonomy code identifies the type of health-care provider involved in furnishing services to beneficiaries. The code identifies the provider type, classification, and specialization. This code is a HIPAA-mandated standard code that is used when conducting certain electronic data interchange health transactions such as electronic billing. Taxonomy codes are maintained by the National Uniform Claim Committee (NUCC).

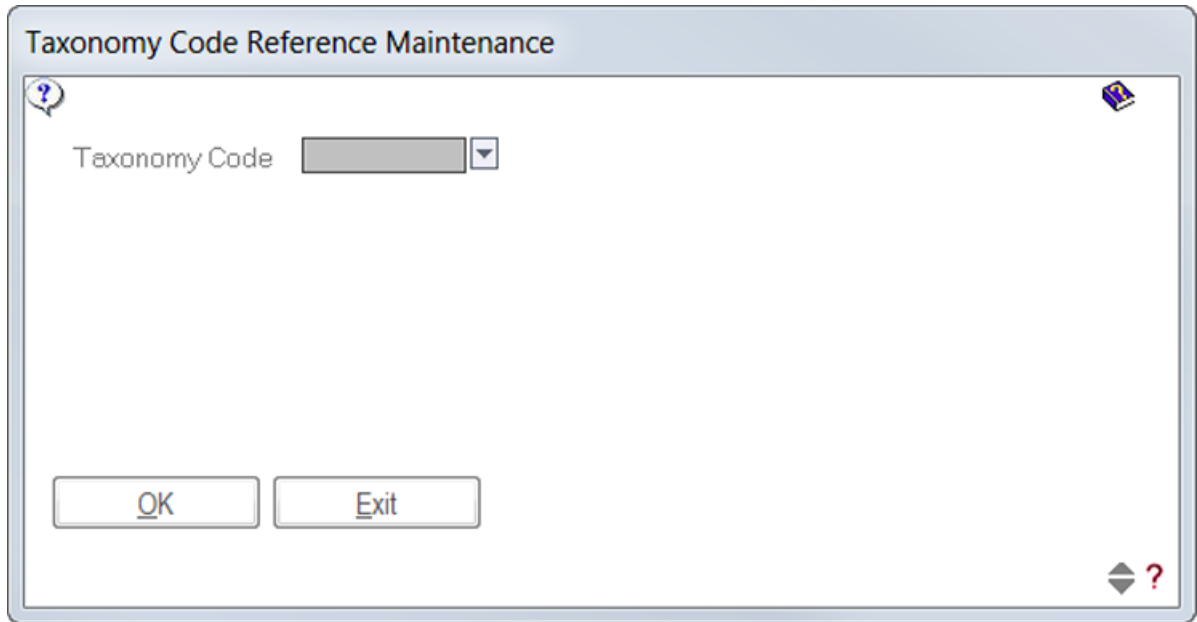
File: TAXNMYREF

In this section

- [Taxonomy code entry window](#)
- [Taxonomy Code Lookup window](#)
- [Taxonomy Code Reference Maintenance window](#)
- [Taxonomy code information window](#)

Taxonomy Code Entry window

This window appears when you select **Maintain Taxonomy Code File** in the Electronic Billing Maintenance Menu.



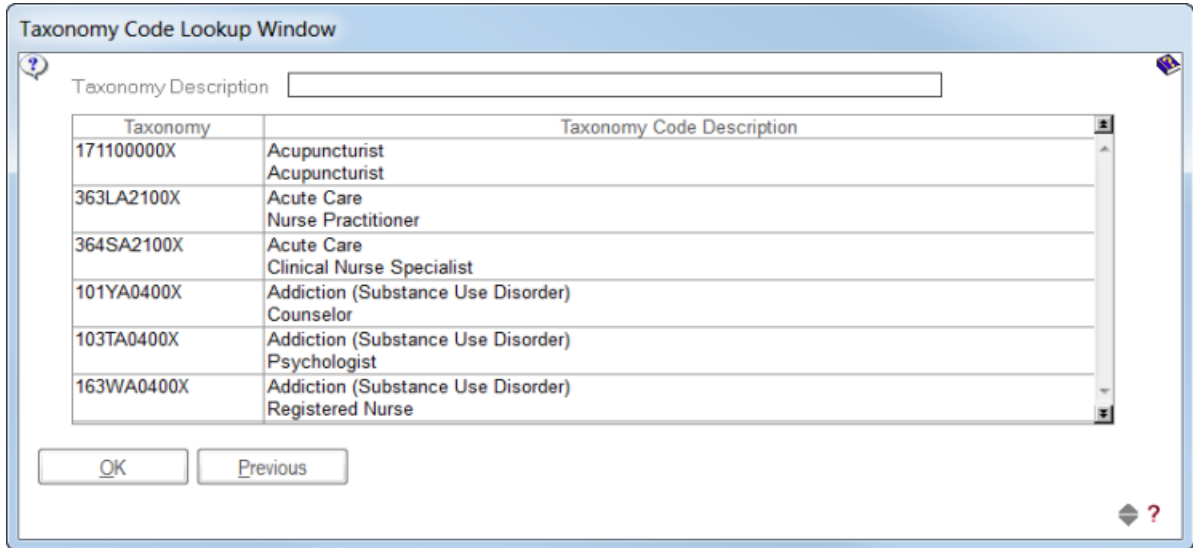
The screenshot shows a window titled "Taxonomy Code Reference Maintenance". Inside the window, there is a label "Taxonomy Code" followed by a text input field and a small downward-pointing arrow icon. At the bottom of the window, there are two buttons: "OK" and "Exit". In the bottom right corner of the window, there is a small icon of a hand with a question mark.

Action

Enter the taxonomy code you want to set up or maintain, and then click **OK**. You can either type the code or click  to search for it in the **Taxonomy Code Lookup** window.

Taxonomy Code Lookup window

This window appears when you click  in the taxonomy code entry window.

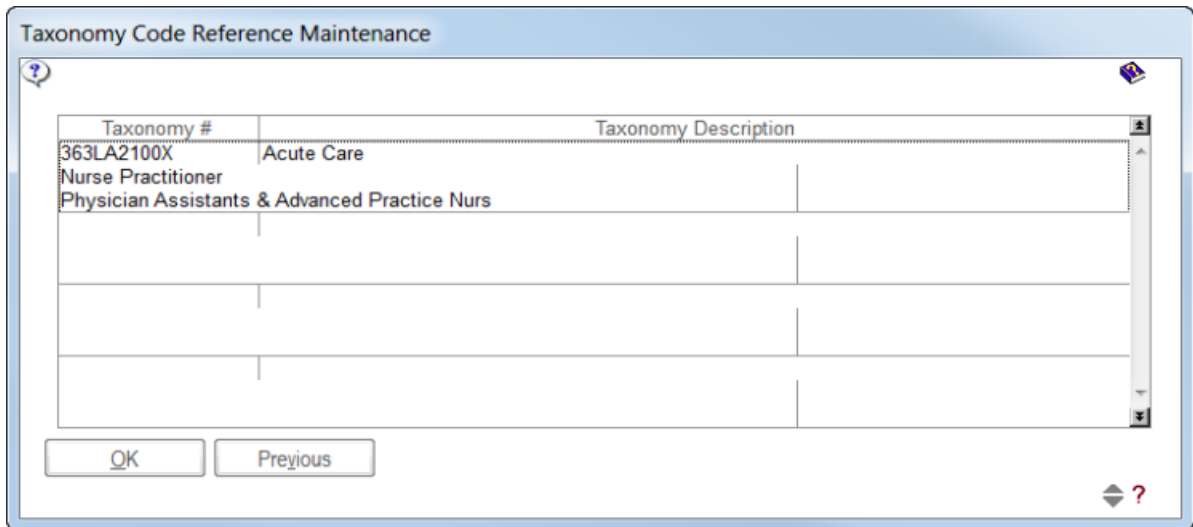


Taxonomy	Taxonomy Code Description
171100000X	Acupuncturist Acupuncturist
363LA2100X	Acute Care Nurse Practitioner
364SA2100X	Acute Care Clinical Nurse Specialist
101YA0400X	Addiction (Substance Use Disorder) Counselor
103TA0400X	Addiction (Substance Use Disorder) Psychologist
163WA0400X	Addiction (Substance Use Disorder) Registered Nurse

Action Select a taxonomy code by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the code).

Taxonomy Code Reference Maintenance window

This window appears when you select a taxonomy code in the **Taxonomy Code Lookup** window.



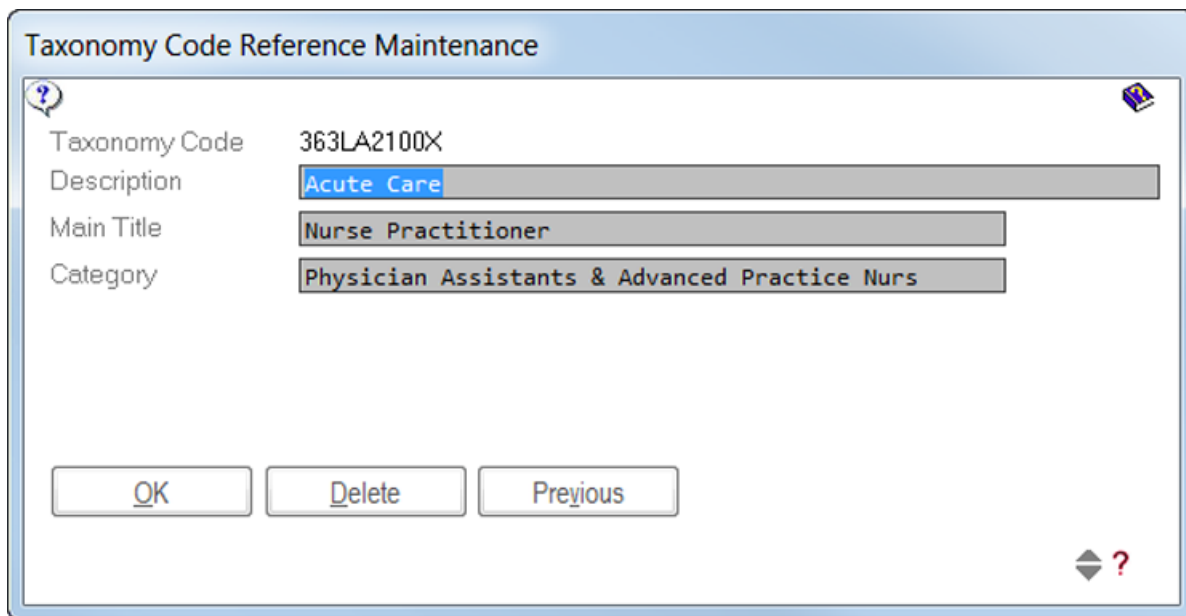
Taxonomy #	Taxonomy Description
363LA2100X	Acute Care Nurse Practitioner Physician Assistants & Advanced Practice Nurs

Action Select a taxonomy code by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the code).

Taxonomy Code Information window

The information window is used to add or delete a taxonomy code, or to update a code's information.

This window appears when you select a taxonomy code in the **Taxonomy Code Reference Maintenance** window.



The screenshot shows a window titled "Taxonomy Code Reference Maintenance" with a light blue header. Inside, there is a form with the following fields:

Taxonomy Code	363LA2100X
Description	Acute Care
Main Title	Nurse Practitioner
Category	Physician Assistants & Advanced Practice Nurs

At the bottom of the window, there are three buttons: "OK", "Delete", and "Previous". In the bottom right corner, there is a small icon of a double-headed arrow and a question mark.

Action

To enter or maintain information: Type the selected code's description, main title, and/or category in the window, and then click **OK** to save your entries.

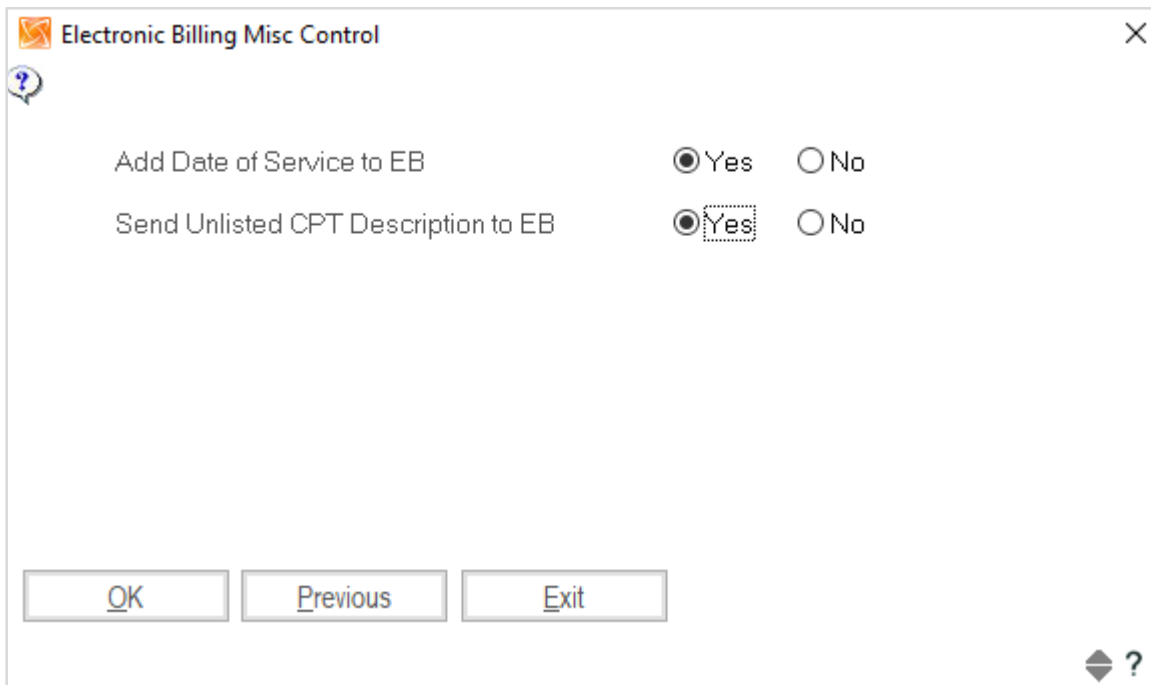
(Clicking **Previous** returns you to the taxonomy code entry window, without saving any information you entered or changed.)

To delete the code from the file: Click **Delete**. **Be sure you want to delete the code. There is no confirmation window that appears; as soon as you click **Delete**, the code is deleted from the file.**

EBMAIN Option 11: Maintain EB system misc control

Overview: **Maintain EB system misc control** (Option 11 on Electronic Billing Maintenance Menu) controls aspects of the electronic billing process.

File: SYSCONFIG



Electronic Billing Misc Control

?

Add Date of Service to EB ☒ Yes ☐ No

Send Unlisted CPT Description to EB ☒ Yes ☐ No

OK Previous Exit

◆ ?

Action

Select **Yes** or **No** for the fields and click **OK**.

About Add Date of Service to EB

Users can designate whether to include dates of service on electronic billing transmissions for inpatients with commercial insurance. This allows facilities to submit charges as required by payors for residential room and bed charges. For example, charges for revenue code 1002 are electronically transmitted with each date of service on a single line.

This impacts only the electronic billing transmission. UB billing (paper bills) remains unchanged.

These options must be set up for dates of service on individual lines:

- **Payor plan file** (Option 18 on the File Maintenance Menu I)
Itemize by date of service field must be set to 1 or 2
 - 1 = Summarize by date of service on UB claim
 - 2 = Claim for each date of service
- **UB revenue codes file** (Option 5 on the File Maintenance Menu I)
Print by date of Service for Other field must be set to **Yes** for the payor plan type

About Send Unlisted CPT Description to EB

Users can send the descriptions for unlisted CPT codes for both inpatients and outpatients in the electronic billing file (837). This enhancement meets payor requirements and eliminates rejections due to missing descriptions on inpatient accounts.

NOTE:

Unlisted CPT codes do not describe a specific procedure or service. If no other CPT code adequately describes a procedure or service, unlisted CPT codes can be used. Listed below are a few examples:

- CPT G6021 - Unlisted procedure, small intestine
- CPT 01999 - Unlisted anesthesia procedure
- CPT 81479 - Unlisted molecular pathology

NOTE:

If the facility's **State** is **PR** for Puerto Rico in the **Hospital name/addr/id# record**, **Send Unlisted CPT Description to EB** defaults to **Yes**. The field defaults to **No** for all other facilities.

EBRPT1:**Electronic Billing Reports Menu I**

Overview: Electronic Billing Reports Menu I is used to run Electronic Billing reports on demand.

This menu appears when you select **EB Reports Menu** (Option 21) on the Electronic Billing Main Menu.

The following pages describe each Maintenance Menu option in sequential order and any main windows that follow each selection. Any reports generated by the system are also described.

Action: Select a menu option by clicking on it.

Menu option descriptions begin on the next page.

Electronic Billing Reports Menu I	
	<u>L</u> ist bills on hold
	<u>L</u> ist NEIC reference file
	<u>R</u> eprint audit report
	<u>R</u> etrieve 837 Header Information
OK	
Retrieve	
Information Assistant	
System main menu	<u>E</u> B main menu
Previous	<u>E</u> B maintenance menu
Exit	<u>D</u> aily processing menu
	<u>M</u> aster menu
Signoff	

The **Option** column shows the AS/400 green screen menu option number, which you can see in the GUI window by moving the mouse pointer over the menu option and holding it there without clicking.

Option Name	Option	Description
List bills on hold	1	Create a list of all electronic billing claims placed on hold using Hold Electronic Bills, Option 4 on the Electronic Billing Main Menu.
List NEIC reference file	2	Print a listing of the NEIC (National Electronic Information Corporation) reference master file.
Reprint audit report	3	Reprint a copy of the audit report that was received using Receive Audit Reports, Option 9 on the Electronic Billing Main Menu.
Retrieve 837 Header Information	4	Print 837I and 837P header information for UB and 1500 electronic bills so that the information can be entered in header records through Maintain EB System Control Record, Option 1 on the Electronic Billing Main Menu.
EB main menu	20	Display the Electronic Billing Main Menu, the primary menu in the Electronic Billing system.
EB maintenance menu	21	Display the Electronic Billing Maintenance Menu for accessing the Electronic Billing file maintenance options. The system control file, intermediary file, outside lab file, and patient benefits maintenance can be maintained from this menu. Also, from this menu, storage media can be initialized to save and backup the electronic billing files. The backup can be restored from this menu.
Daily processing menu	22	Display the Daily Processing Menu, which is covered in the Patient Accounting manual.
Master menu	23	Display the Master Menu for your facility.

EBRPT1 Option 1: List Bills on Hold

Overview: **List Bills on Hold** (Option 1 on Electronic Billing Reports Menu I) is used to create a list of all electronic billing claims placed on hold using Hold Electronic Bills, Option 4 on the Electronic Billing Main Menu.

The report is also printed automatically at the time the claims are placed on hold.

No prompt window appears when you select this option; the report simply prints to your default output queue.

Program: EB0R01

Selection: None

File: XNSUB82

EB0R01

EXAMPLE FACILITY
MONITOR Electronic Bills On HoldPAGE: 1
DATE: 12/31/04
TIME: 14:40:18

CLAIM TYPE	PATIENT NUMBER	CYCLE NUMBER	PATIENT NAME	PATIENT TYPE	INSURANCE TYPE	BILL TYPE	ADMISSION DATE	DISCHARGE DATE
UB	5702167	01	DAUGHTREY ROBERT M III	I	BLUE CROSS	141	12/01/92	12/02/92
UB	1515733	01	NELSON MAUDIE R	I	MEDICAID	111	12/05/92	12/07/92
UB	1516012	01	DARBY HOUSTON	I	MEDICAID	111	12/10/92	12/13/92
UB	1516145	01	WILLIS DELENE	I	MEDICAID	111	12/15/92	12/20/92

EBRPT1 Option 2: List NEIC Reference File

Overview: **List NEIC Reference File** (Option 2 on Electronic Billing Reports Menu I) is used to print a listing of the NEIC (National Electronic Information Corporation) reference master file.

The report prints the type of claims accepted, NEIC number, and description.

The NEIC number is entered in the Insurance Master File, Option 6 on File Maintenance Menu I in Patient Accounting. This number is used for electronic transmission of commercial claims.

Program: NCOR01

Selection: NEIC payor listing order—Payor name or payor number
Listing for type of claims—UB, 1500, or both

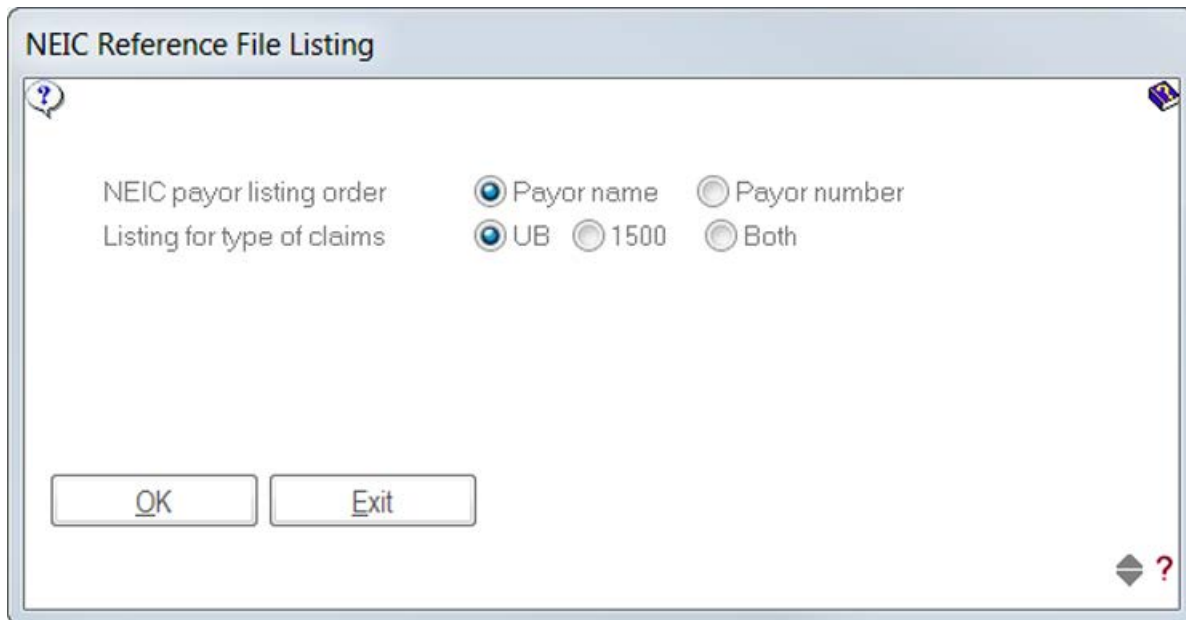
File: NEICREF

In this section

- [NEIC Reference File Listing window](#)
- [Sample NEIC# Reference Master listing](#)

NEIC Reference File Listing window

This window appears when you select **List NEIC Reference File** on Electronic Billing Reports Menu I.



NEIC Reference File Listing

NEIC payor listing order ☒ Payor name ☐ Payor number

Listing for type of claims ☒ UB ☐ 1500 ☐ Both

OK Exit

Action Select (click on) the order in which you want to list information (payor name or number) and select the order type you want to include (UB, 1500, or both), then click **OK**.

Sample NEIC# Reference Master listing

NC0R01
DATE 4/26/05EXAMPLE FACILITY
NEIC# REFERENCE MASTERPAGE 1
13:54:55

TYPE	NEIC NUMBER	DESCRIPTION
BOTH	01124	GEORGIA POWER COMPANY
1500	04284	TRAVELERS (CGT)
1500	04284	CGT (TRAVELERS)
BOTH	06102	DIVERSIFIED GROUP BROKERAGE (MARLBOROUGH, CT)
BOTH	06105	CONNECTICARE, INC.
1500	06111	OXFORD HEALTH PLAN
BOTH	06131	THIRD PARTY CLAIMS MANAGEMENT
BOTH	13310	SEABURY AND SMITH
BOTH	13310	BENEFIT PLAN ADMINISTRATOR (ST LOUIS, MO)
BOTH	13310	SEABURY & SMITH OFFICE OF ADMIN (WASHINGTON, DC)
UB	13551	GHI (GROUP HEALTH INC)
UB	13551	HIP - NY STATE
1500	14164	WELLCARE OF NEW YORK, INC.
1500	31118	CENTRAL BENEFITS LIFE
1500	31118	CENTRAL BENEFITS MUTUAL
1500	31118	CENTRAL BENEFITS NATIONAL
1500	31417	NATIONWIDE GROUP
1500	31417	NATIONWIDE INSURANCE
1500	31417	NATIONWIDE LIFE AND HEALTH
1500	34097	CENTRAL RESERVE LIFE
1500	34131	SELF-FUNDED PLANS (IL, OH, PA)
UB	35164	SAGMORE HEALTH NETWORK, INC.
BOTH	35175	CHAMPUS
1500	36215	CENTRAL STATES HEALTH & WELFARE FUNDS (SE & SW)
UB	36332	HEALTHSTAR, INC.
BOTH	37124	INTEGRATED BENEFIT SERVICES, IL
BOTH	37602	ALL SAVERS INSURANCE COMPANY
BOTH	37602	ROONEY LIFE INC.
BOTH	37602	GOLDEN RULE INSURANCE COMPANY
1500	38224	HEALTH ALLIANCE PLAN OF MICHIGAN
1500	39026	WAUSAU INSURANCE COMPANIES
BOTH	39151	WEA INSURANCE GROUP
BOTH	41045	NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY
BOTH	41099	JOHN ALDEN LIFE INSURANCE COMPANY
BOTH	41170	HEALTH RISK MANAGEMENT (HRM)

EBRPT1 Option 3: Reprint Audit Report

Overview: **Reprint Audit Report** (Option 2 on Electronic Billing Reports Menu I) is used to reprint a copy of the audit report that was received using Receive Audit Reports, Option 9 on the Electronic Billing Main Menu. (A sample report can be found there.)

You need to know the intermediary in order to reprint the report.

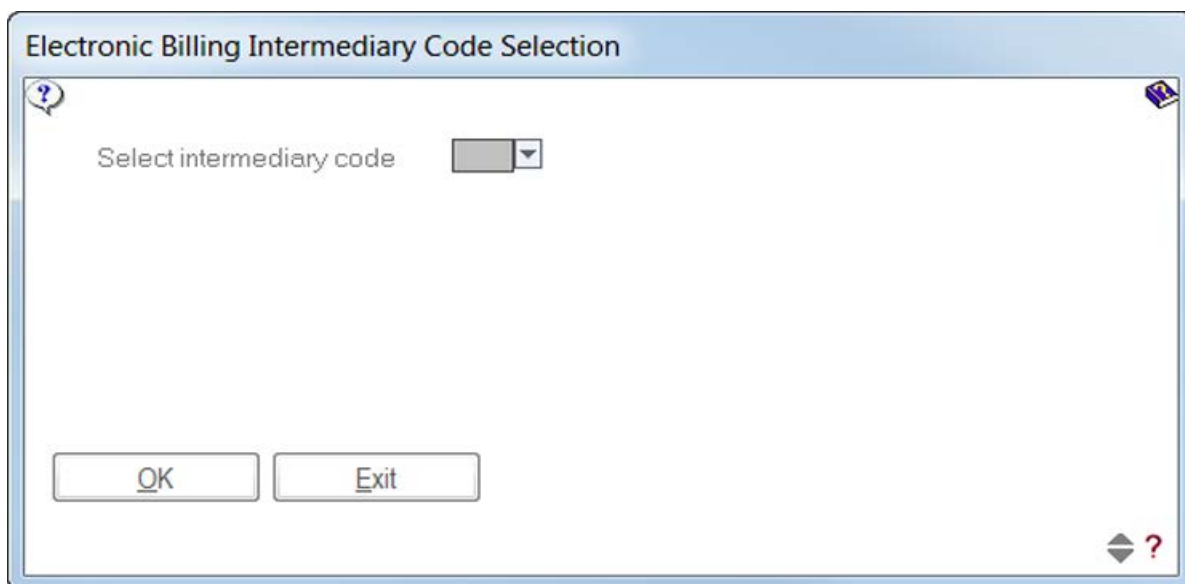
File: EBAUDIT

In this section

- Intermediary Code Selection window
- Electronic Billing Intermediary Code Lookup window (*next page*)

Intermediary Code Selection window

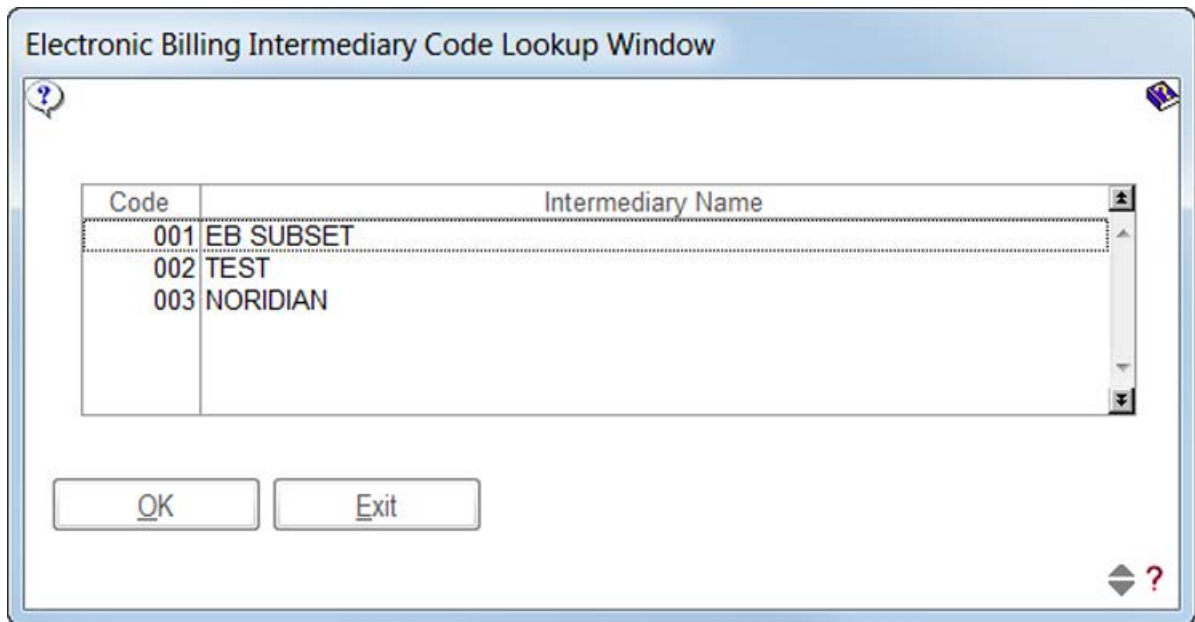
This window appears when you select **Reprint Audit Report in Electronic Billing Reports Menu I.**



Action: Enter the intermediary code by typing it or by clicking  to search for it in the **Electronic Billing Intermediary Code Lookup** window; then click **OK**.

Electronic Billing Intermediary Code Lookup window

This window appears when you click  in the **Intermediary Code Selection** window.



Action: Select an intermediary by clicking on it (to highlight it) and then clicking **OK**. (You can also just double-click on the intermediary).

EBRPT1 Option 4: Retrieve 837 Header Information

Overview: **Retrieve 837 Header Information** (Option 4 on Electronic Billing Reports Menu I) is used to print header information for the UB or 1500 electronic bill that was most recently restored.

This information can then be entered in the header records through Maintain EB System Control Record, Option 1 on the Electronic Billing Maintenance Menu.

[No prompt window appears when you select this option; the report simply prints to your default output queue.](#)

Program: EB0R03

Selection: None

Files: EBINTMED, ELECBILL, SYSCTL

EB0R03

MONITOR 837 Header Information
059 - BLUE CROSS OF TENNESSEE
837IPage No: 1
Print Date: 8/31/06
Time: 16:30:48

INTERCHANGE CONTROL HEADER					Interchange Sender ID (ISA06)
Authorization Qualifier (ISA01)	Authorization Info. (ISA02)	Security Qualifier (ISA03)	Security Info. (ISA04)	Inter. ID Qual. (ISA05)	
00		01	SECRET	ZZ	SUBMITTERS.ID
Inter. ID Qualifier (ISA07)	Interchange Receiver ID (ISA08)	Inter. Ctl Standards ID (ISA11)	Inter. Control Version (ISA12)		
ZZ	RECEIVERS.ID	U	00401		
Acknowledgment Request (ISA14)	Component Elmt Separ. (ISA16)				
1	:				
FUNCTIONAL GROUP HEADER					Version/Release ID Code (GS08)
Functional ID Code (GS01)	Application Sndr's Code (GS02)	Application Rcr's Code (GS03)	Responsible Agency Code (GS07)		
HC	SNDR CODE	RCV CODE	X		004010X096A1
TRANSMISSION TYPE HEADER					
Reference ID Qualifier (REF01)	Reference ID (REF02)				
87	004010X096A1				
SUBMITTER NAME (LOOP 1000A)					Name Middle (NM105)
Entity Identifier Code (NM101)	Entity Type Qualifier (NM102)	Name Last/Organ. Name (NM103)	Name First (NM104)		
41	2	ABC Submitter			
ID Code Qualifier (NM108)	Identification Code (NM109)				
46	99999999				
SUBMITTER EDI CONTACT INFORMATION HEADER					
Contact Function Code (PER01)	Submitter Contact Name (PER02)	Communication Qualifier (PER03)	Communication Number (PER04)		
IC	JANE DOE	TE	4159999680		
Communication Qualifier (PER05)	Communication Number (PER06)				

EB0R03

MONITOR 837 Header Information
059 - BLUE CROSS OF TENNESSEE
837IPage No: 2
Print Date: 8/31/06
Time: 16:30:48

RECEIVER NAME (LOOP 1000B)					Identification Code (NM109)
Entity Identifier Code (NM101)	Entity Type Qualifier (NM102)	Name Last/Organ. Name (NM103)	ID Code Qualifier (NM108)		
40	2	CSC HEALTHCARE	46		112223333
		** End of Report **			

RMTADV: Electronic Remittance Advice Menu

Overview: The Electronic Remittance Advice Menu is used to process electronic remittance advices.

This menu appears when you select **Electronic Remittance Advice Menu** (Option 11) on the Electronic Billing Main Menu.

The following pages describe each Electronic Remittance Advice Menu option in sequential order and any main windows that follow each selection. Any reports generated by the system are also described.

Action: Select a menu option by clicking on it.

The screenshot displays the 'Electronic Remittance Advice Menu' window. On the left is a vertical sidebar with buttons: 'OK', 'Retrieve', 'Information Assistant', 'System main menu', 'Previous', 'Exit', and 'Signoff'. The main area contains a list of menu options, each with an underlined first letter: 'Receive Electronic R/A', 'Reprint Electronic R/A Report', 'Print EOB's', 'Maintain Electronic R/A System Control', 'Maintain Electronic R/A Provider No', 'Maintain Electronic R/A Group(s)', 'Remove Unwanted Electronic R/A batch(s)', 'View Claim Adjust. Reason Codes', 'Denial Management Code Maintenance', 'E/B main menu', and 'Daily processing menu'. A status bar at the bottom right shows a diamond icon and a question mark.

Electronic Remittance Advice Menu	
OK Retrieve Information Assistant System main menu Previous Exit Signoff	Receive Electronic R/A Reprint Electronic R/A Report Print EOB's Maintain Electronic R/A System Control Maintain Electronic R/A Provider No Maintain Electronic R/A Group(s) Remove Unwanted Electronic R/A batch(s) View Claim Adjust. Reason Codes Denial Management Code Maintenance E/B main menu Daily processing menu

Option	Description
Receive Electronic R/A	Receive remittance advices from the intermediary by dialing and connecting to the intermediary, retrieving the remittance advices, and disconnecting from the intermediary. The received file is processed, and two reports will be generated: The Electronic Remittance Advice Listing and the Remittance Advice Error Report Listing.
Reprint Electronic R/A Report	Reprint the Electronic Remittance Advice Listing or the Remittance Advice Error Report Listing that are automatically generated in Option 1, Receive Electronic R/A.
Maintain Electronic R/A System Control	Create and maintain the system control record for the facility. This option can be run in live mode (for processing remittance advices) or in test mode. This option must be completed before attempting to process electronic remittance advices.
Maintain Electronic R/A Provider No	Maintain the hospital provider information to be used in electronic remittance advice processing. The information maintained in this option will override the information in Patient Accounting. Do not use this option unless instructed to do so by MEDHOST.
Maintain Electronic R/A Group(s)	Maintain ERA groups and the intermediary codes assigned within. When an ERA file is processed for one code, it will be processed for each of the other intermediary codes within the same group.
Remove Unwanted Electronic R/A batch(s)	Delete batches received in Option 1, Receive Electronic R/A. This option can only be run if the Electronic Remittance Advice system is running in the test mode, which is set up in Option 4, Maintain Electronic R/A System Control.
View Claim Adjust. Reason Codes	View and maintain the claim adjustment reason codes received by the intermediary.
Denial Management Code Maintenance	Maintain Denial Management Codes
Print EOB's	Print an explanation of benefits (EOB) for all patients who have a secondary insurance and have a record in Remittance Advice Entry, Option 6 on the Daily Processing Menu in Patient Accounting.
E/B main menu	Display the Electronic Billing Main Menu, the primary menu in the Electronic Billing system.
Daily processing menu	Display the Daily Processing Menu, which is not covered in this manual. Refer to the Patient Accounting User's Manual.

RMTADV Option 1: Receive Electronic R/A**Overview:**

Receive Electronic R/A is used to receive remittance advices from the intermediary by several different methods, one method is dialing and connecting to the intermediary, retrieving the remittance advices, and disconnecting from the intermediary; the second method is by an automated SFTP process to pull the ERAs straight to Enter Remittance Advice, these clients use the Receive ERA option just once to start (or restart) the auto job; and then, the third method is clients sign on to their vendor's website and pull the file back to a drive on their PC then move it to the IFS and then they run the Receive ERA option to pull the data from the IFS to MEDHOST.

NOTE: No electronic R/A processes can be run during Day End, Month End, and/or Backup (PBBACKUP).

A batch header and detail records are created which contain the received information. Batch numbers 970 to 979 are reserved for electronic remittance advices. The batch can be maintained through Enter Remittance Advice, Option 6 on the Daily Processing Menu in Patient Accounting. It is suggested that users confirm that the ERA totals match the batch totals in the Enter Remittance Advice option.

Informational messages display while remittance advice data is being received. When the data has been received and the job has been submitted to batch for processing, the Electronic Remittance Advice Menu appears again, with the following message:

Job has been submitted to batch for completion.

The received file is processed and reports generated:

The **Electronic Remittance Advice Listing** generates and shows the remittance advice information received. It contains data for all claims including those with errors. Patients whose claim was not denied appear on this report. If a patient only had a line-item rejection (error), he or she will still appear on this report.

If *all* the conditions listed below are met, the contractual adjustment amount will *not* post and the report will include the following message wherever it is applicable:

**** Cont. Adj. Amount(s) will not post for a claim status code of 2 ****

The required conditions are:

- The insurance type is Blue Cross.
- The claims data are not in error.
- The claims status code is 2 (Processed as Secondary).
- The system ID matches S15550.

In this section

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Receiving Bisynchronous

These messages will be displayed at the bottom of the screen if the facility is receiving using bisynchronous communications.

Setting Up Lines.
Receiving.

Receiving Asynchronously

These messages will be displayed at the bottom of the screen if the facility is receiving using asynchronous communications. The messages shown are examples from different intermediaries. The messages that your facility receives will depend on the intermediary from which your facility is receiving.

Mutual of Omaha—Receiving electronic R/A

Attempting to allocate resources...please wait.
Processing dial request.
Initialing modem.
Sending dial instruction. Phone #: 9999999999.
Session established with intermediary.
Sending User ID.
Sending password.
Asking to upload.
Receiving file.
Now logging off.
Hanging up.
Deallocating resources.
Session with Mutual of Omaha ended normally.

TN Blue Cross Blue Shield— Receiving electronic R/A

Attempting to allocate resources...please wait.
Processing dial request.
Initialing modem.
Sending dial instruction. Phone #: 9999999999.
Session established with intermediary.
Sending User ID.
Sending Password.
Logged on.
Making receive files from BCBSTN selection...
Selecting Reports / Remittance Advice option...
Choosing the select a library option...
Choosing the library.
Choosing the DOS file listing option...
Identifying available files.
Processing last screen of available files...
Selecting to download now...
Choosing zmodem protocol.
Sending a carriage return.
Choosing to exit...

Choosing the Exit File Libraries option...
 Choosing to exit...
 Now logging off.
 Hanging up.
 Deallocating resources.
 Session with BCBS Tennessee ended normally.

File names and descriptions

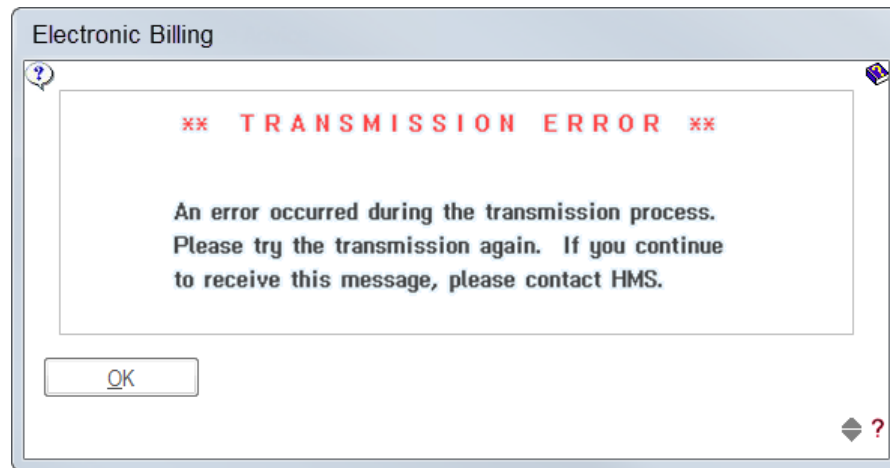
Listed below are the files that are used in the remittance advice system. These files can be used in Query to create a report containing information needed by the facility.

File	Description
EREDAT	835 Monetary Amounts
EREDATH	835 Monetary Amounts
EREDATHL1	835 Monetary Amounts
EREDATL1	835 Monetary Amounts
EREDCL	835 Claim Level Data
EREDCLH	835 Claim Level Data
EREDCLHL1	835 Claim Level Data
EREDCLHL2	835 Claim Level Data
EREDCLHL3	835 Claim Level Data
EREDCLL1	835 Claim Level Data
EREDCLL2	835 Claim Level Data
EREDCLL3	835 Claim Level Data
EREDCS	835 Claim Level Adjustments (CAS)
EREDCSH	835 Claim Level Adjustments (CAS)
EREDCSHL1	835 Claim Level Adjustments (CAS)
EREDCSL1	835 Claim Level Adjustments (CAS)
EREDFH	835 File Header
EREDFHH	835 File Header
EREDLQ	835 Industry Code
EREDLQH	835 Industry Code
EREDPA	835 Provider Adjustment
EREDPAH	835 Provider Adjustment
EREDQY	835 Provider Subtotal Data
EREDQYH	835 Provider Subtotal Data
EREDQYHL1	835 Provider Subtotal Data
EREDQYL1	832 Provider Subtotal Data
EREDRF	835 Reference Numbers
EREDRFH	835 Reference Numbers
EREDSV	835 Service Information
EREDSVH	835 Service Information
EREDSVHL1	835 Service Information
EREDSVL1	835 Service Information
EREDTS	835 Transaction Statistics
EREDTSH	835 Transaction Statistics

The Physical Files with **H** at the end of the file name (and listed in bold above), as in EREDATH, will hold the processed Electronic Remittance Advice information. The **H** at the end of the file name indicates that the file contains history information.

Transmission error window

This window appears when an error occurs during an attempted transmission or reception.

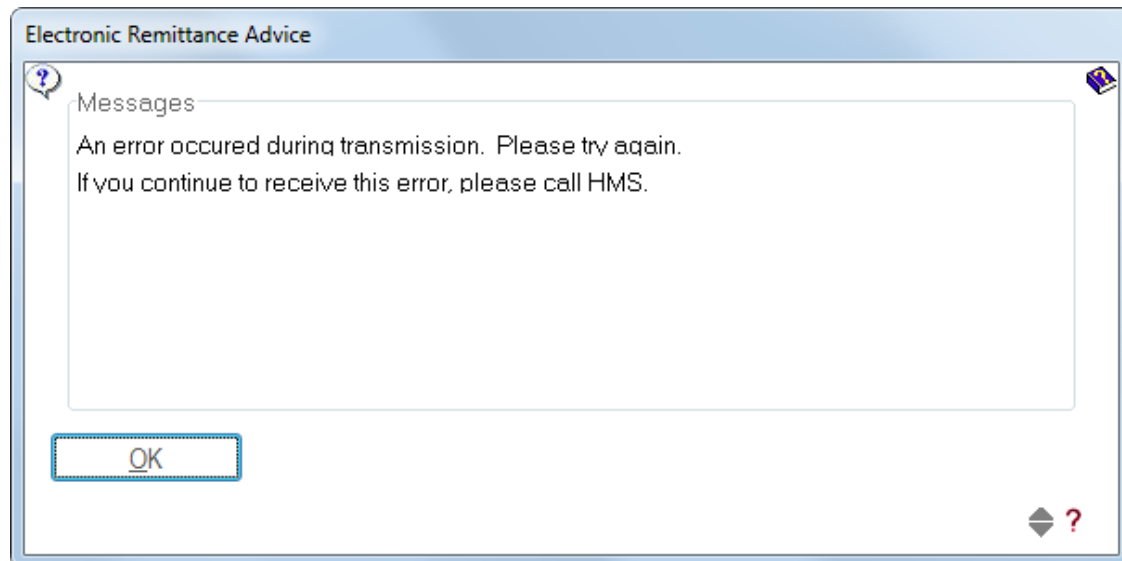


Action Click **OK**, then try transmitting or receiving again. If this window appears again, contact MEDHOST Support.

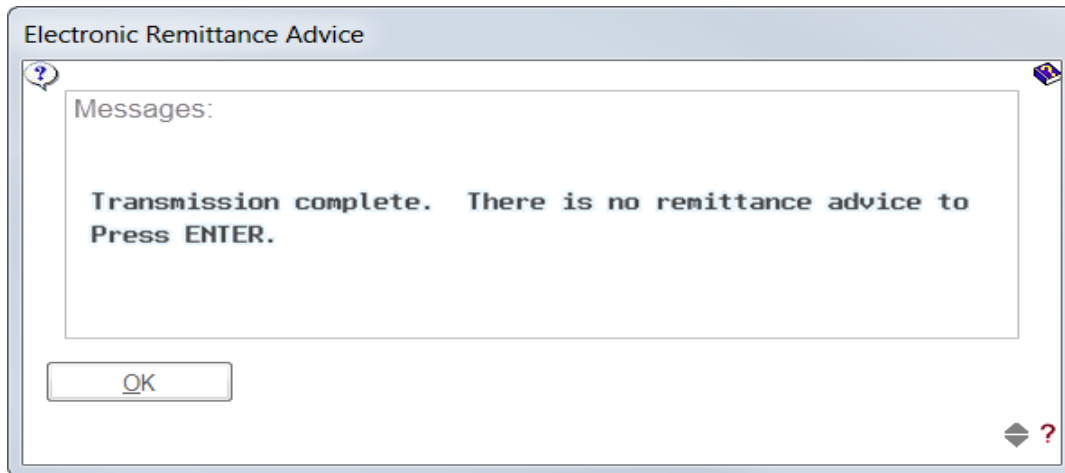
Message windows

Action Click **OK**, then follow any instructions the window gives.

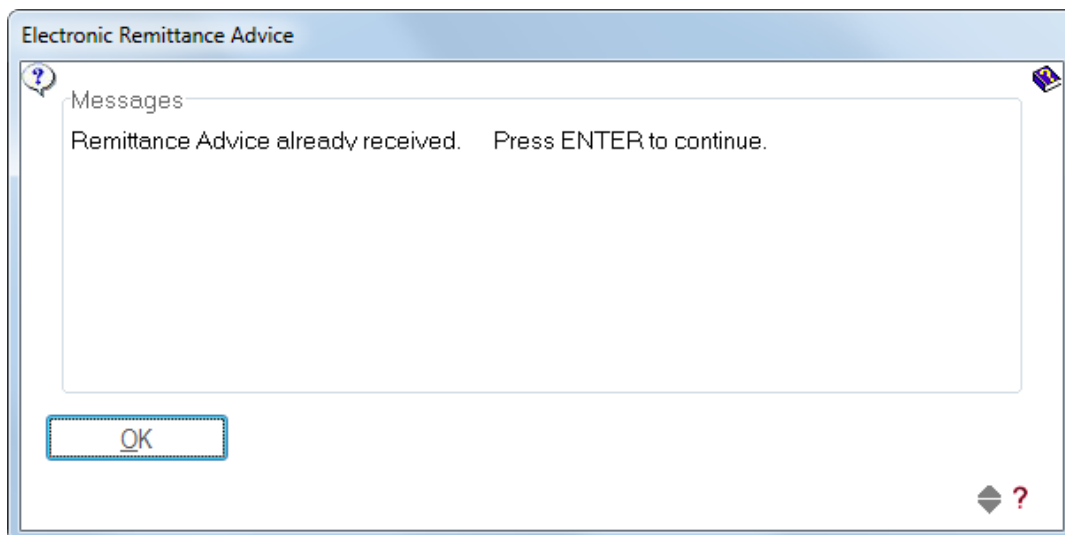
The window below appears when an error occurs while you are attempting to transmit or receive data. After clicking **OK**, try again. If the window appears a second time, call MEDHOST Support.



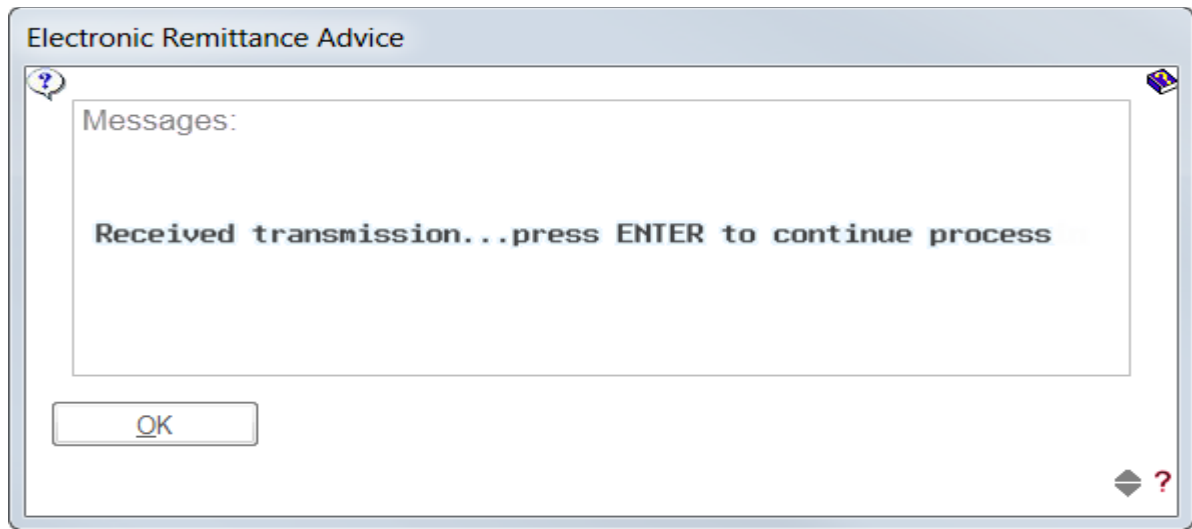
The window below appears when the remittance file you are attempting to receive is empty.



The window below appears when the file you are attempting to receive has already been received from the intermediary from a previous dial-up, but has not yet been processed.



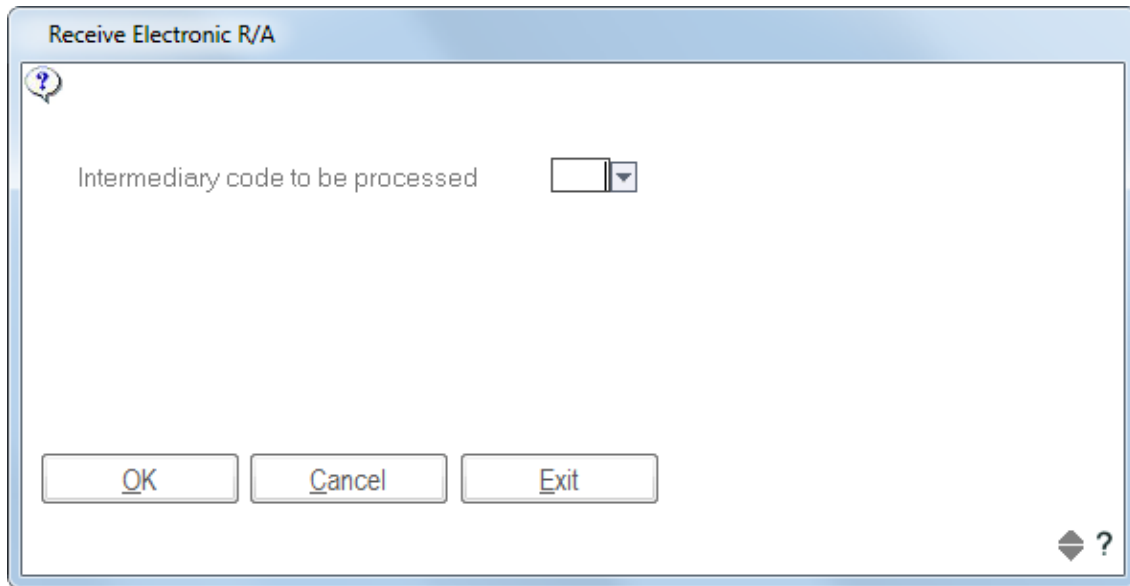
The window below appears when you have successfully received electronic remittance advice.



Intermediary code selection window

This window appears when you select **Receive Electronic R/A** from the Electronic Remittance Advice Menu. This option may need to be run multiple times per day if the client uses multiple intermediaries

Note: No electronic R/A processes should be run during Day End, Month End, and/or Backup (PBBACKUP).



Action

Enter the 3-digit intermediary code you want to use, and then click **OK**. You can either type the code or click  to search for it in the **Electronic R/A Intermediary Code Lookup** window.

These codes are set up and maintained through Maintain Intermediary File, Option 2 on the Maintenance Menu.

Password window

This window appears when the password has expired and a new one must be entered.

Two sample windows are shown below, but the precise instructions that appear will vary, depending on the intermediary.

Electronic Remittance Advice

?

Password

Your new password must be one word, 6 to 8 characters in length, that may include letters (lower case) and numbers.

Once the transmission is complete, you will need to replace the old password with the new password in the Maintain ERA System Control record for Medicare.

OK Exit

◆ ?

Electronic Remittance Advice

?

Password

The information below will assist in selecting a valid password

- All passwords must be at least 8 characters.
- All passwords must contain at least one UPPER case letter.
- All passwords must contain at least one lower case letter.
- All passwords must contain at least one number.
- All passwords must contain at least one special character (i.e. #, \$, @, &)
- PASSWORDS WILL EXPIRE AFTER 90 days.
- Passwords cannot be changed more than one time within a 24 hour period
- 24 passwords are remembered and cannot be reused until 24 others have been utilized

Once the transmission is complete, you will need to replace the old password with the new password in the Maintain ERA System Control record for WPS.

OK Exit

◆ ?

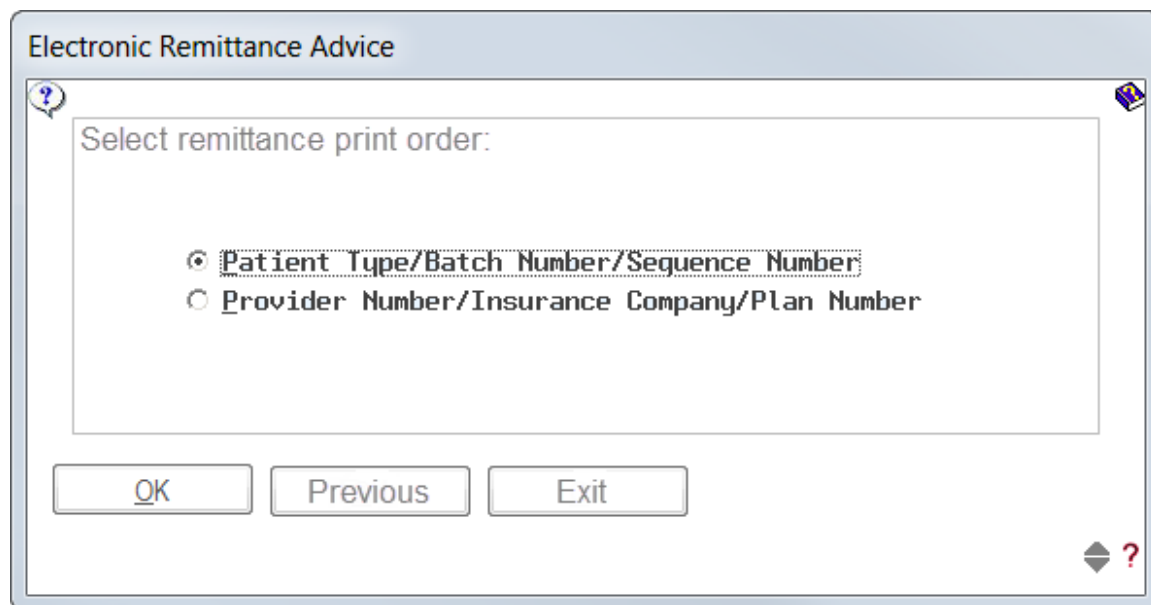
Action: Enter the password according to the instructions in the window, then click **OK**.

Remember to update the following with the new password:

- The EB system control record, Option 1 on the EB Maintenance Menu
- The ERA system control record, through Maintain Electronic R/A System Control, Option 4 on the Electronic Remittance Advice Menu.

Print order selection window

This window appears when you have successfully received electronic remittance advice.



Action

Select (click on) the print order you want for the Electronic Remittance Advice Listing or (if reprinting) the Error Report, and then click **OK**.

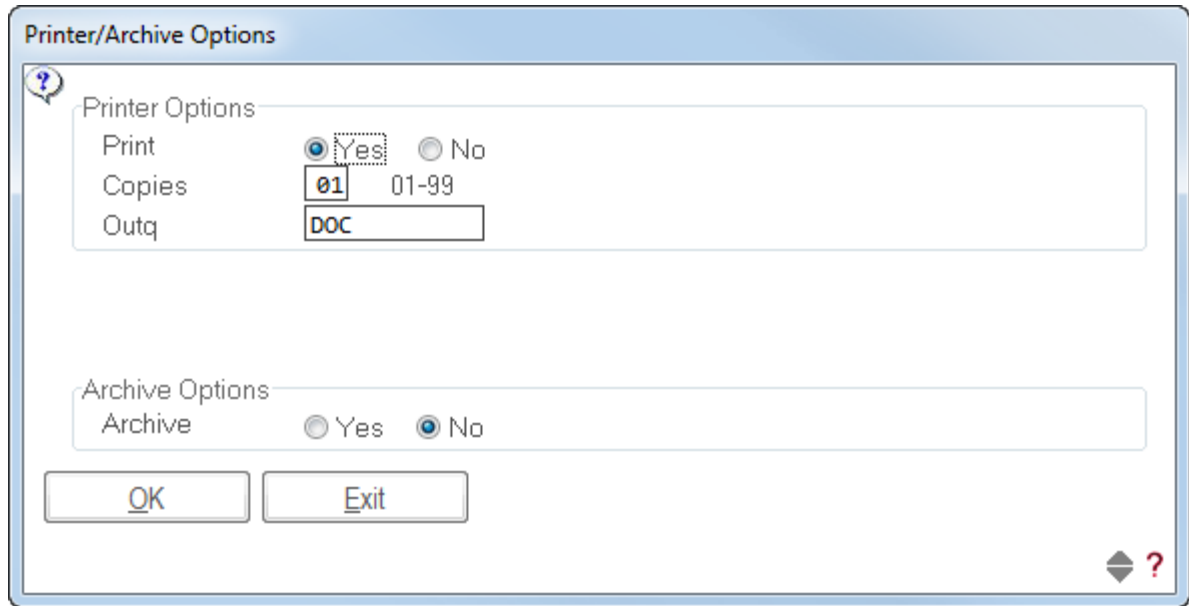
The print order you select determines the totals that print on the report, as follows:

- If you select **Patient Type/Batch Number/Sequence Number**, the totals will be for patient type and batch number.
- If you select **Provider Number/Insurance Company/Plan Number**, the totals will be for the provider and then the insurance company/plan.

The Error Report generated by reprinting uses the same format as the Electronic Remittance Advice Listing, but has Error Report in the report title.

Printer Options

This window appears when you select a print order.



The screenshot shows a dialog box titled "Printer/Archive Options". It contains two main sections: "Printer Options" and "Archive Options".

Printer Options:

- Print:** A radio button labeled "Yes" is selected, and a radio button labeled "No" is unselected.
- Copies:** A text box contains the value "01", and the range "01-99" is displayed next to it.
- Outq:** A text box contains the value "DOC".

Archive Options:

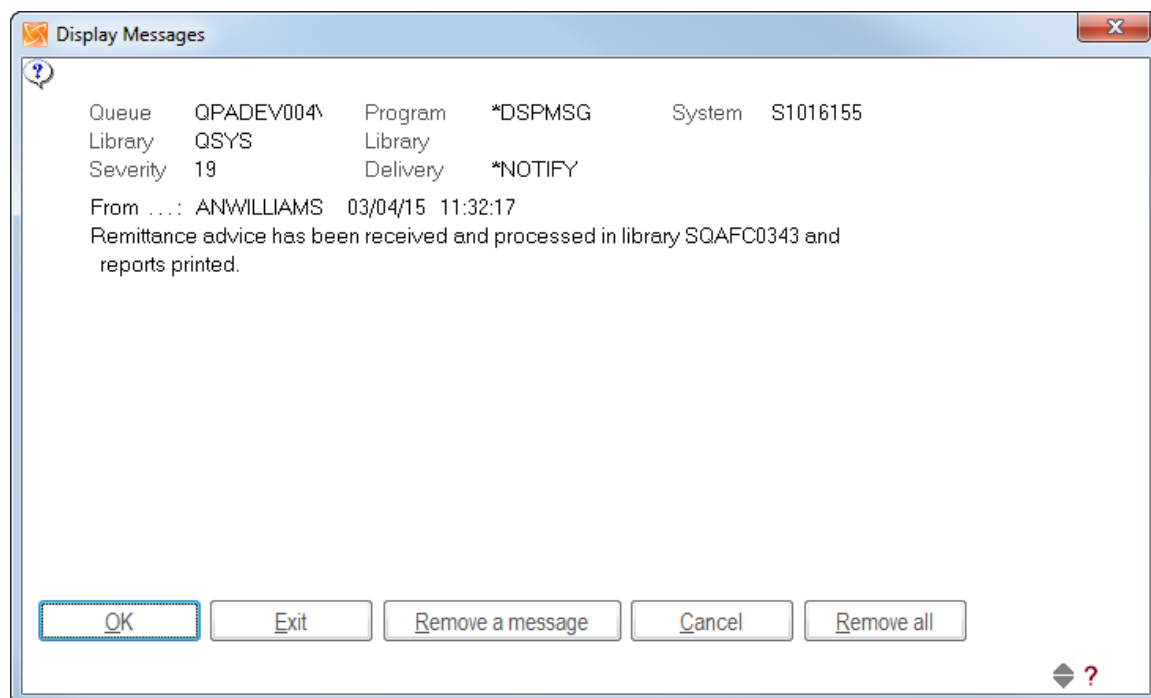
- Archive:** A radio button labeled "Yes" is unselected, and a radio button labeled "No" is selected.

At the bottom of the dialog box, there are two buttons: "OK" and "Exit". A small red question mark icon is located in the bottom right corner of the dialog box.

Action Enter the print options and output queue
 Select whether to archive the report generated

Display Messages window

This window appears when the batch job has finished processing.



At this point, the remittance advice batch has been created and the reports have been sent to the output queue.

If the batch contains errors, the Remittance Advice Error Report Listing will be generated, listing the errors for each patient.

Action Click **Exit** or remove the message.

Medicare Sequestration

Sequestration is a payment reduction by Medicare mandated by Congress because they could not adopt a budget by last April. Instead of reducing the formulas that Medicare uses to calculate expected payment, they just put in a 2% reduction to the net Medicare payment generated to the hospital (after subtracting patient liability amounts). It results in two issues that customers must manually handle:

1. The expected payment will not be correct (sequestration amounts cannot be added to our formula), causing a contract monitoring variance
2. If a customer writes off contract allowances at billing (charges – expected payment), MEDHOST currently does not post contractual allowances from remittances. If we did, this would duplicate the allowance written off at billing. Therefore, the account balance will not be correct until the customer posts the sequestration penalty amount to each account manually.

The #2 issue above is the reason we created this functionality. If the customer turns on auto-contractual (where allowances are written off at billing), we will now automatically post these sequestration penalty amounts from ERA's as a contractual allowance amount. The account will then be in balance and the customer will not have to identify and post these manually.

Message currently printing on the report states: Cont Adj amt will not post because Auto Cont is turned on, except for the monies associated with Mcare Sequestration. Reason cde 253.

Sample Electronic Remittance Advice Listing (in Patient Type/Batch Number/Sequence Number Order)

Print Date: 12/03/13				Electronic Remittance Advice										Document Control Number: 000011314			
Remit Date: 3/25/13														Version #: 005010X221A			
Bill Type: Inpatient																	
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark				
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Day Outlier	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark				
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Disp Share	Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark				
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Remark				
=====																	
KLAUCK VIOLET R	6000174 -01	721	0	000	.00	.00	.00	.00	.00	.00	.00	.00	.00				
2007-01-01	MEBFCQYQ		0			.00	.00	.00	.00	.00	.000						
2007-01-01	130318E140470000	1	0	.00		.00	.00	.00	.00	.00	.00						
1		Reason	164.00	164.00	.00	.00	.00	.00	.00	59.34	104.66						
ServDate	PT Proc	Mod	Rev	APC	Code	Units											
Cont Adj amt will not post because Auto Cont is turned on, except for the monies associated with Wcare Sequestration. Reason cde 253																	
2013-03-11	HC 99214		00000 45	1.000	140.00	101.57	.00	.00	.00	.00	38.43	101.57	N6				
2013-03-11	HC 81003		48368 253	1.000	24.00	3.09	.00	.00	.00	.00	20.91	3.09	N6				

Error Report

Warning! Transaction date in next month

When ERA's come in live (RMTADV option 1) or are reprinted (RMTADV option 2), the batch entry date will be checked against the current system date. If the batch entry date is in a future month, the reports will print this alert "Warning! Transaction date in next month." This informs the client so they can suspend the batch in case they do not want these to go to Accounts Receivable.

Batch Number:		QA MEDICAL CENTER - ELEVEN DOT ONE										Page No: 1	
Print Date: 2/17/14		Electronic Remittance Advice										Document Control Number: 000011314	
Remit Date: 3/27/14		Error Report										Version #:	
Bill Type: Inpatient		Warning! Transaction date in next month											
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark
Admit Date	HIC Nbr	Patient Stat	NonCov Days	Weight	Day Outlier	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Disp Share	Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Remark
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
CLEARMAN WESLEY	0000289 -61	721	0	000	.00	.00	.00	.00	.00	.00	.00		
	MEBF4MOQ		0			.00	.00	.00	.00	.00	.000		
	130319E427990000	1	0	.00		.00	.00	.00	.00	.00	.00		
			140.00	140.00	.00	81.74	.00	.00	50.00	.00	74.13		
ServDate	PT Proc	Mod	Rev	APC	Code	Units							
2012-12-20	HC	99214		00000	45 3	1.000							
					45 3								
					45 3								
2012-12-20	HC	99214		00000	45 3	1.000							
					45 3								
					45 3								

Remit Reconciliation Overview

Remit reconciliation helps billers balance accounts that use auto contractual. During billing, the system calculates the expected payment from the insurance company based on contractual agreements. Once the payment is received via Electronic Remittance Advice, if the calculated adjustment amount is not the same as the actual adjustment amount from the remit, remit reconciliation (**Reverse Auto Cont for ERA**) reverses the auto contractual amount and posts the contractual adjustment amount from the remit to the account.

ERA report messages related to remit reconciliation:

- This message displays when the auto contractual amount was reversed and the contractual adjustment posts:

ERA contractual amounts will post and auto contractuals will be reversed when Reverse Auto Contractual for ERA = Yes

- This message displays when the auto contractual amount matches the remit contractual amount:

Cont Adj will not post due to the amount matching the Remit Cont amount and Reverse Auto Cont flag = Yes

ERA Reports Example

The following examples include remit reconciliation messages in the ERA Report.

This message displays when the auto contractual amount was reversed and the contractual adjustment posts:

ERA contractual amounts will post and auto contractuals will be reversed when Reverse Auto Contractual for ERA = Yes

Batch Number: 970				QA MEDICAL CENTER - BILLING MASTER LIB								Page No: 1			
Print Date: 8/07/15				Electronic Remittance Advice								Document Control Number: 415400155			
Remit Date: 6/04/14												Medhost ERA ID Number: 152190933			
Bill Type: Outpatient												Version #: 005010X221A1			
Patient Name	Patient Nbr	TOS	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark		
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark		
Dchg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Disp Share	Lab Paid	Blood Deduct	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark		
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied		Deductible	Coinurance	Contract Adj	Payment	Remark	Remark		
=====															
PIF83083 MDSICD9	6000269 -01	851	0	000	.00	.00	.00	.00	.00	.00	.58				
2007-09-15	123456		0		.00	.00	220.90	.00	.00	.00	.000				
2007-09-18	21414103738707NIA	19	0	.00	.00	.00	125.57	.00	.00	.00	.00	MA18			
1		Reason	741.10	741.10	.00	.00	.00	.00	104.04	317.76	319.30				

ServDate	PT Proc	Moda	Rev	APC	Code	Units	ERA contractual amounts will post and auto contractuals will be reversed when Reverse Auto Contractual for ERA = Yes.								
2014-05-05	HC	36415	0300	97	253	1.000	21.70	12.34	.00	.00	9.36	12.34			
2014-05-05	HC	80061	0301	97	253	1.000	120.55	68.52	.00	.00	52.03	68.52			
2014-05-05	HC	84450	0301	97	253	1.000	39.95	22.71	.00	.00	17.24	22.71			
2014-05-05	HC	84460	0301	97	253	1.000	38.70	22.00	.00	.00	16.70	22.00			
2014-05-05	HC	76536	0402	97	253	1.000	520.20	193.73	.00	.00	104.04	222.43	193.73		

This message displays when the auto contractual amount matches the remit contractual amount:

Cont Adj will not post due to the amount matching the Remit Cont amount and Reverse Auto Cont flag = Yes

Batch Number: 970
Print Date: 8/07/15
Remit Date: 6/04/14
Bill Type: Outpatient

QA MEDICAL CENTER - BILLING MASTER LIS
Electronic Remittance Advice

Page No: 1
Document Control Number: 415400155
Medhost ERA ID Number: 152191235
Version #: 005010X221A1

Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	FPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark
Dischg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark	Remark
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Remark
PIF83083 MDSICD9	6000269 -01	851	0	000	.00	.00	.00	.00	.00	.00	.58		
2007-09-15	123456		0		.00	.00	4,175.57	.00	.00	.00	.000		
2007-09-18	21414103738707NIA	19	0	.00	.00	.00	125.57	.00	.00	.00	.00	Mh18	
1		Reason	741.10	741.10	.00	.00	.00	.00	104.04	4,260.00	319.30		
ServDate	PT Proc	Moda	Rev	APC	Code	Units							
Cont Adj will not post due to the amount matching the Remit Cont amount and Reverse Auto Cont flag = Yes.													
2014-05-05 HC 36415	0300	97	253	1.000	1,032.34	12.34	.00	.00	.00	1,020.00	12.34		
2014-05-05 HC 80061	0301	97	253	1.000	1,078.52	68.52	.00	.00	.00	1,010.00	68.52		
2014-05-05 HC 84450	0301	97	253	1.000	1,032.71	22.71	.00	.00	.00	1,010.00	22.71		
2014-05-05 HC 84460	0301	97	253	1.000	1,032.00	22.00	.00	.00	.00	1,010.00	22.00		
2014-05-05 HC 76536	0402	97	253	1.000	508.13	193.73	.00	.00	.00	104.04	193.73		
		2											

To view contractual adjustment and claim status messages on reports

- From the **Electronic Remittance Advice Menu**, select **Receive Electronic R/A** (Option 1)

Electronic Remittance Advice Menu

OK

Retrieve

Information Assistant

System main menu

Previous

Exit

Receive Electronic R/A

Reprint Electronic R/A Report
Print EOB's

Maintain Electronic R/A System Control

Maintain Electronic R/A Provider No

Maintain Electronic R/A Group(s)

Remove Unwanted Electronic R/A batch(s)

View Claim Adjust. Reason Codes

Denial Management Code Maintenance

E/B main menu

Daily processing menu

The **Receive Electronic R/A** screen displays.

2. Select the **Intermediary code to be processed**
3. Click **OK**

The report generates. A message displays on the report when a contractual adjustment flag is set to **Yes** but no claim status code is selected in the ERA system control file.

Batch Number: 970				MUTWO HOSPITAL				
Print Date: 3/21/17				Electronic Remittance Advice				
Remit Date: 3/25/13								
Bill Type: Inpatient								
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESR
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Disp Share	Lab Paid	Pro	
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Ded
=====	=====	=====	=====	=====	=====	=====	=====	=====
KLAUCK VIOLET R	0503630 -01	721	0	000	.00	.00	.00	.00
2005-08-04	MEBFCQYQ		0		.00	.00	.00	.00
2005-08-08	130318E140470000	1	0	.00		.00	.00	.00
1		Reason	164.00	164.00	.00	.00	.00	.00
ServDate	PT Proc	Mods	Rev	APC	Code	Units	-----	-----
Cont. Adj. amount(s) will not post for a claim status code of 1 according to settings in ERA System Control								
2013-03-11	HC	99214	45	1.000	140.00	101.57	.00	.00
2013-03-11	HC	81003	45	1.000	24.00	3.09	.00	.00
Batch Number: 970				MUTWO HOSPITAL				

Batch Number:										QA MEDICAL CENTER - BILLING MASTER LIB									
Print Date: 11/15/16										Electronic Remittance Advice									
Remit Date: 1/01/14										Error Report									
Bill Type: Inpatient																			
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital												
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged												
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt		Disp Share	Lab Paid												
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct												
=====	=====	=====	=====	=====	=====	=====	=====												
KLAUCK VIOLET R	6000174 -01	721	0	000	.00	.00	.00												
2007-01-01	MEBFCQYQ		0			.00	.00												
2007-01-01	130318E140470000	1	0	.00		.00	.00												
1		Reason	164.00	164.00	.00	.00	.00												
ServDate	PT Proc	Mod	Rev	APC	Code	Units													
2013-03-11	HC 99214			00000	45	1.000	140.00												
2013-03-11	HC 81003			48368	253	1.000	24.00												
ER-012 CLM STATUS SETTINGS DO NOT MATCH PATIENT PAYOR PLAN																			
ER-001 PAYMENT TRN CODE OR CONTR ADJ CODE IS INVALID																			
ER-003 INSURANCE COMPANY AND/OR PLAN IS MISSING																			

Error Message Details

ER-012 CLM STATUS SETTINGS DO NOT MATCH PATIENT PAYOR PLAN

The insurance type on the received ERA does not match the patient's payor plan.

Here is an example scenario that would produce this error message.

The Electronic Remittance Advice System Control (Remittance Advice Menu, Option 4) has the following settings:

Allow Secondary C/A by Claim Status = Y

Claim Status Codes = 2 (Processed as Secondary)

An ERA comes in for an account that shows secondary with a claim status of 2, but the insurance on the ERA is not the same insurance type as the actual secondary insurance listed on the account.

RMTADV Option 2: Reprint Electronic R/A Report

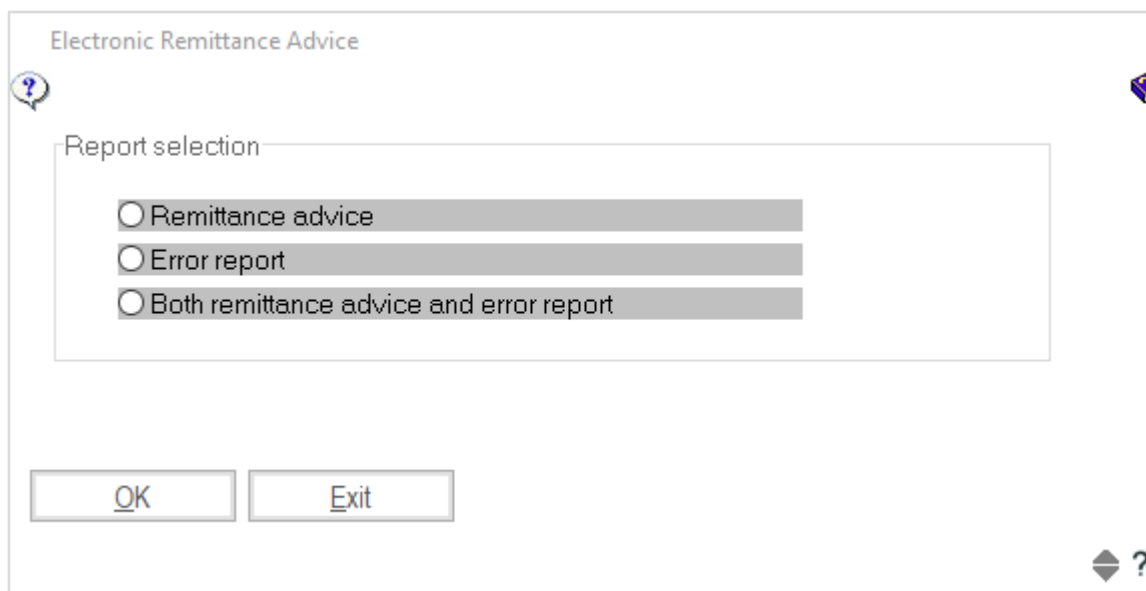
Overview: **Reprint Electronic R/A Report** (Option 2 on the Electronic Remittance Advice Menu) is used to reprint the Electronic Remittance Advice Listing or the Remittance Advice Error Report Listing that are automatically generated in Option 1, Receive Electronic R/A.

- The **Electronic Remittance Advice Listing** shows the remittance advice information received from the intermediary.
- The **Electronic Remittance Advice Error Report** shows entire claims that have been denied and lists all the patients that have an error. The error code descriptions will print at the end of the report.

In this section

- [Report selection](#)
- [Print order selection](#)
- [Medhost ERA ID Number/ERA Receive Date](#)
- [Medhost ERA ID Number selection](#)
- [Medicare Sequestration](#)
- [Error Report - Warning! Transaction date in next month](#)
- [Error Report - Claim Status Settings](#)
- [Remit Reconciliation Overview](#)

Report Selection



The screenshot shows a window titled "Electronic Remittance Advice". Inside the window, there is a section labeled "Report selection" containing three radio button options: "Remittance advice", "Error report", and "Both remittance advice and error report". At the bottom of the window, there are two buttons: "OK" and "Exit". A help icon (a diamond with a question mark) is located in the bottom right corner of the window.

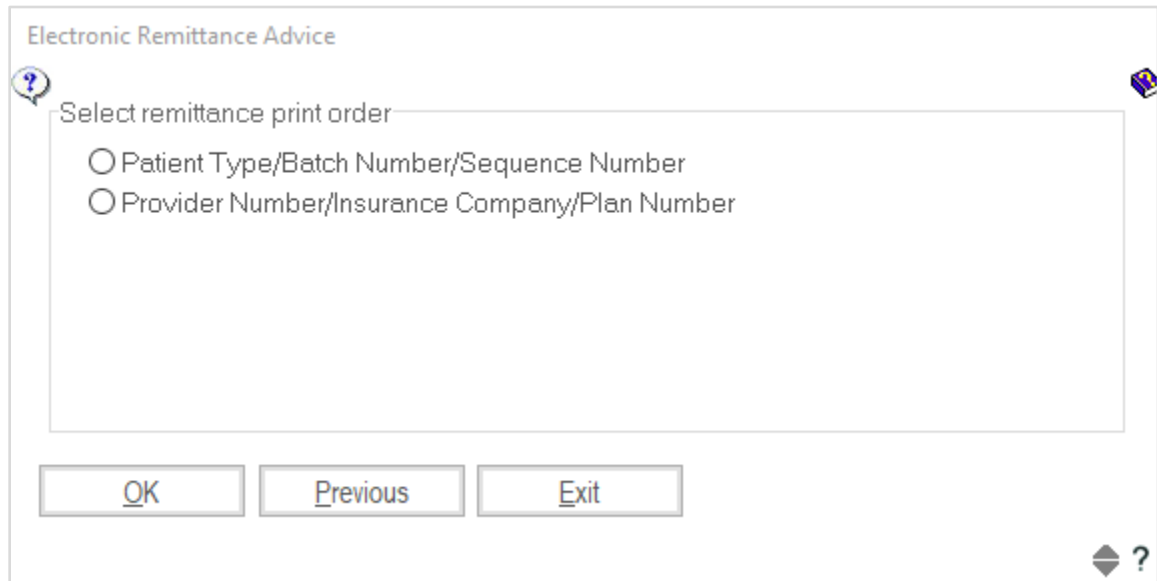
Action

Select **Remittance advice**, **Error report**, or **Both remittance advice and error report**.

The Error Report generated uses the same format as the Electronic Remittance Advice Listing but has **Error Report** in the report title.

Click **OK** and the **Select remittance print order** window displays.

Print order selection



Electronic Remittance Advice

Select remittance print order

☐ Patient Type/Batch Number/Sequence Number

☐ Provider Number/Insurance Company/Plan Number

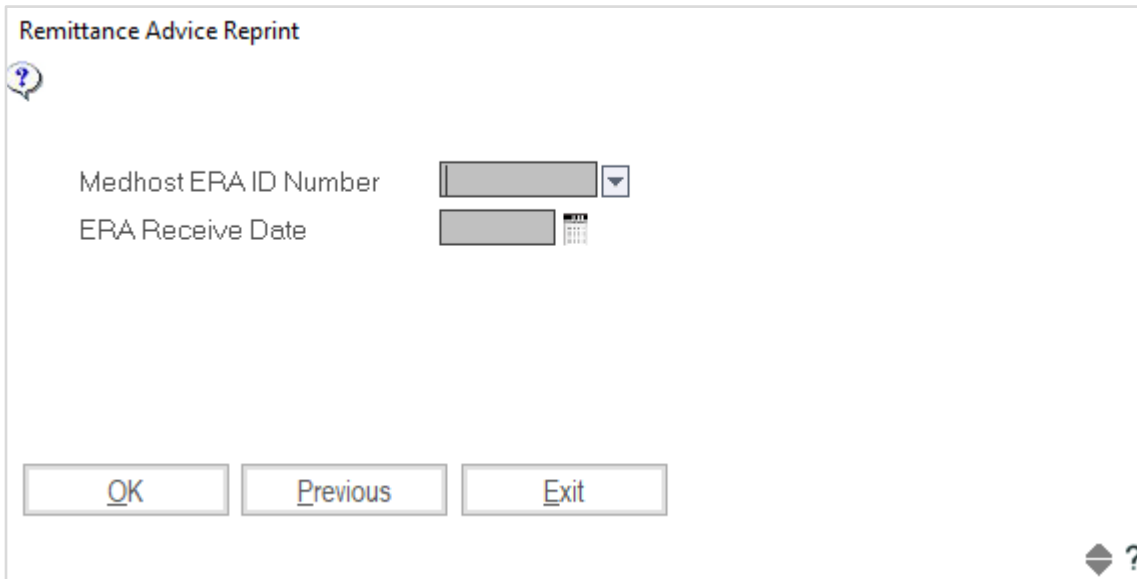
OK Previous Exit

Action

Select the remittance print order and click **OK**.

- **Patient Type / Batch number / Sequence Number**
Payor/plan and Payor name print for each account.
Report totals print for patient type and batch number.
- **Provider Number / Insurance Company / Plan Number**
The Payor/plan name prints in the report heading.
Report totals print for the provider and then the insurance company/plan.

Medhost ERA ID Number/ERA Receive Date



Remittance Advice Reprint

Medhost ERA ID Number ▼

ERA Receive Date 



This screen displays when a selection is made on the print order screen.

Action

Refer to the following report selection options:

- Leave both fields blank then use the **Medhost ERA ID Number** drop-down to display a list of available remits.
- Enter the **Medhost ERA ID Number**, if known, or use the drop-down to select an ERA which automatically populates the **ERA Receive Date**. If there is no specific remit for the entered ERA, the window displays beginning with the entered ERA in descending order.
- Enter the **ERA Receive Date** then use the **Medhost ERA ID Number** drop-down to select the ERA to reprint. If there is no specific remit for the entered date, the window shows beginning with the entered date in descending date order.

About the Medhost ERA ID Number

Please note the following:

- If a Medhost ERA ID Number is received from the intermediary, it will be a 9-digit number.
- If an Medhost ERA ID Number (Document Control Number) is entered by the user when entering a Remittance Advice batch in Enter Remittance Advice, Option 6 on the Daily Processing Menu in Patient Accounting, it can be user-defined as the remit date or even as text to identify the batch.
- The same Medhost ERA ID Number will be used for both the Electronic Remittance Advice Listing and the Error Report.

To determine the Medhost ERA ID Number for a report that has been received since the last Day End Processing, do the following:

1. Go to Enter Remittance Advice, Option 6 on the Daily Processing Menu in Patient Accounting.
2. Click  to search for a batch in the range of 970 to 979 with the appropriate date.
3. Select the batch, and the R/A document control number displays on the Batch Control screen.

Medhost ERA ID Number selection

RA Control Numbers

Medhost ERA ID Number	Date	Total Payments	Contractual Adjustments
182970942	10/24/18	23.77	523.95
182970919	10/24/18	319.30	311.25
173141334	11/10/17	2,840.94	3,105.34
171281430	5/08/17	2,840.94	3,105.34
152111549	7/30/15	1,528.67	392.00
152081536	7/27/15	5,969.60	6,388.28
151941221	7/13/15	5,969.60	6,388.28
151871013	7/06/15	5,969.60	6,388.28
1111	6/30/15	2,840.94	3,105.34
151581622	6/07/15	5,969.60	6,388.28

OK Previous

Action

Select a Medhost ERA ID Number (RA Document Control Number).

To select the number, double-click a line or click it once to highlight, and then click **OK**.

The selected reports generate. See examples below.

Example Report

- Print order = Patient Type / Batch number / Sequence Number

Batch Number: 970		EXAMPLE MEDICAL CENTER										Page No: 1	
Print Date: 1/07/21		Electronic Remittance Advice										Document Control Number: 199492873	
Remit Date: 7/19/17												Medhost ERA ID Number: 182970942	
Bill Type: Outpatient												Version #: 005010X221A1	
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt		Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark
Sequence No.	Payr/Pln/Name		Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Remark
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
SMART SALLY	2000249 -01	131	0	000	.00	.00	.00	.00	.00	.00	.00	.00	.00
2011-07-16	9999		0	.00	.00	.00	1,000.65	.00	.00	.00	.000	.00	.00
2011-07-17	171609999999	3	0	.00	.00	.00	23.77	.00	.00	.00	.00	.00	.00
1	18/ 2 MEDICARE 002		1,000.65	23.77	.00	.00	.00	.00	.00	523.95	23.77		
ServDate	PT Proc	Mod	Rev	APC	Rsn Cd	Units							
2017-06-08	HC	36415	0300	24	1.000	109.20	.00	.00	.00	109.20	.00	N381	
2017-06-08	HC	80053	0301	131	1.000	339.15	13.11	.00	.00	.00	13.11	N381	
2017-06-08	HC	85025	0305	131	1.000	137.55	10.66	.00	.00	.00	10.66	N381	
2017-06-08	HC	84153	0309	24	1.000	414.75	.00	.00	.00	414.75	.00	N381	

Batch Number: 970		EXAMPLE MEDICAL CENTER				Page No: 1		
Print Date: 1/07/21		Electronic Remittance Advice				Document Control Number: 199492873		
Remit Date: 7/19/17						Medhost ERA ID Number: 182970942		
						Version #: 005010X221A1		
CLAIMS DATA		PASS THRU AMOUNTS		PROVIDER PAYMENT RECAP				
Covered Days:	0	Capital:	.00	Drg Out Amt:				.00
NonCovered Days:	0	Return on Equity:	.00	Interest:				.00
Cost Days:	0	Direct Medical Education:	.00	Proc Cd Amt:				.00
Submitted Charges:	1,000.65	Kidney Acquisition:	.00	Net Reimbursement:				23.77
Accepted Charges:	1,000.65	Bad Debt:	.00	Total Pass Thru:				.00
Error Charges:	.00	Non Physician Anesthetists:	.00	PIP Payment:				.00
Covered Charges:	23.77	Total Pass Thru:	.00	Settlement Pymts:				.00
NonCovered Charges:	.00			Accelerated Payments:				.00
Denied Charges:	.00	PIP Payment:	.00	Refunds:				.00
Deductible:	.00	Settlement Payments:	.00	Penalty Release:				.00
CoInsurance:	.00	Accelerated Payments:	.00	Trans Outp Pymt:				.00
Payment:	23.77	Refunds:	.00	Hemophilia Add-on:				.00
MSP Prim. Pay Amount:	.00	Penalty Release:	.00	New Tech Add-on:				.00
Day Outlier Amount:	.00	Trans Outp Pymt:	.00	Void / Reissue:				.00
CAP Outlier Amount:	.00	Hemophilia Add-on:	.00	935 Payments:				.00
Cost Outlier Amount:	.00	New Tech Add-on:	.00	Balance Forward:				.00
DSH:	.00	Void / Reissue:	.00	Withhold:				.00
IME:	.00	935 Payments:	.00	Adjustment to Balance:				.00
Interest:	.00	WITHHOLD FROM PAYMENTS:		Net Provider Payment:				23.77
Contractual Adj:	523.95	Claims Accounts Receivable:	.00	(Payments minus Withhold)				
Sequestration Amount:	.00	Accelerated Payments:	.00					
DRG Amount:	.00							
		Penalty:	.00					
		Settlement:	.00					
		Affiliated Withholding:	.00					
Submitted OP Claims:	1	935 Withholding:	.00					
Accepted OP Claims:	1	Federal Payment Levy:	.00					
Error OP Claims:	0	Non_Tax FPLP:	.00					
		Total Withhold:	.00					

Example Report

- Print order = Provider Number / Insurance Company / Plan Number

Provider No.: 6		EXAMPLE MEDICAL CENTER										Page No: 1	
Ins. Co/Plan: 18/ 2 MEDICARE 001		Electronic Remittance Advice										Document Control Number: 199492873	
Print Date: 1/07/21												Medhost ERA ID Number: 182970942	
Remit Date: 7/19/17												Version #: 005010X221A1	
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt		Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark
Sequence No.	Sequence No.		Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment		
=====													
SMART SALLY	2000249 -01	131	0	000		.00		.00	.00	.00	.00		
2011-07-16	9999		0		.00	.00	1,000.65	.00	.00	.00	.000		
2011-07-17	171666999999	3	0	.00		.00	23.77	.00	.00	.00	.00		
970	1	Reason	1,000.65	23.77	.00	.00	.00	.00	.00	523.95	23.77		
ServDate	PT	Proc	Mod	Rev	APC	Code	Units						
2017-06-08	HC	36415		0300	24	1.000	109.20	.00	.00	.00	109.20	.00	N381
2017-06-08	HC	80053		0301	131	1.000	339.15	13.11	.00	.00	.00	13.11	N381
2017-06-08	HC	85025		0305	131	1.000	137.55	10.66	.00	.00	.00	10.66	N381
2017-06-08	HC	84153		0309	24	1.000	414.75	.00	.00	.00	414.75	.00	N381

Provider No.: 6		EXAMPLE MEDICAL CENTER				Page No: 1	
Ins. Co/Plan: 18/ 2 MEDICARE 001		Electronic Remittance Advice				Document Control Number: 199492873	
Print Date: 1/07/21						Medhost ERA ID Number: 182970942	
Remit Date: 7/19/17						Version #: 005010X221A1	
CLAIMS DATA		PASS THRU AMOUNTS				PROVIDER PAYMENT RECAP	
Covered Days:	0	Capital:	.00				
NonCovered Days:	0	Return on Equity:	.00				
Cost Days:	0	Direct Medical Education:	.00			PAYMENTS	
Submitted Charges:	1,000.65	Kidney Acquisition:	.00			Drg Out Amt:	.00
Accepted Charges:	1,000.65	Bad Debt:	.00			Interest:	.00
Error Charges:	.00	Non Physician Anesthetists:	.00			Proc Cd Amt:	.00
Covered Charges:	23.77	Total Pass Thru:	.00			Net Reimbursement:	23.77
NonCovered Charges:	.00					Total Pass Thru:	.00
Denied Charges:	.00	PIP Payment:	.00			PIP Payment:	.00
Deductible:	.00	Settlement Payments:	.00			Settlement Pymts:	.00
CoInsurance:	.00	Accelerated Payments:	.00			Accelerated Payments:	.00
Payment:	23.77	Refunds:	.00			Refunds:	.00
MSP Prim. Pay Amount:	.00	Penalty Release:	.00			Penalty Release:	.00
Day Outlier Amount:	.00	Trans Outp Pymt:	.00			Trans Outp Pymt:	.00
CAP Outlier Amount:	.00	Hemophilia Add-on:	.00			Hemophilia Add-on:	.00
Cost Outlier Amount:	.00	New Tech Add-on:	.00			New Tech Add-on:	.00
DSH:	.00	Void / Reissue:	.00			Void / Resissue:	.00
IME:	.00	935 Payments:	.00			935 Payments:	.00
Interest:	.00	WITHHOLD FROM PAYMENTS:				Balance Forward:	.00
Contractual Adj:	523.95	Claims Accounts Receivable:	.00			Withhold:	.00
Sequestration Amount:	.00	Accelerated Payments:	.00			Adjustment to Balance:	.00
DRG Amount:	.00						
		Penalty:	.00			Net Provider Payment:	23.77
		Settlement:	.00			(Payments minus Withhold)	
		Affiliated Withholding:	.00				
Submitted OP Claims:	1	935 Withholding:	.00				
Accepted OP Claims:	1	Federal Payment Levy:	.00				
Error OP Claims:	0	Non_Tax FPLP:	.00				
		Total Withhold:	.00				

Medicare Sequestration

Sequestration is a “payment reduction” by Medicare mandated by Congress because they could not adopt a budget by last April. Instead of reducing the formulas that Medicare uses to calculate expected payment, they just put in a 2% reduction to the net Medicare payment generated to the hospital (after subtracting patient liability amounts). It results in two issues that customers must manually handle:

1. The expected payment will not be correct (sequestration amounts cannot be added to our formula), causing a contract monitoring variance
2. If a customer writes off contract allowances at billing (charges – expected payment), MEDHOST currently does not post contractual allowances from remittances. If we did, this would duplicate the allowance written off at billing. Therefore, the account balance will not be correct until the customer posts the sequestration penalty amount to each account manually.

The #2 issue (above) is the reason we created this functionality. If the customer turns on auto contractual (where allowances are written off at billing), we will automatically post these sequestration penalty amounts from ERA's as a contractual allowance amount. The account will then be in balance and the customer will not have to identify and post these manually.

Message currently printing on the report states: Cont Adj amt will not post because Auto Cont is turned on, except for the monies associated with Mcare Sequestration. Reason cde 253.

About sequestration transaction codes

Transaction codes separate sequestration amounts reported in the ERA (electronic remittance advice). The reason code type SEQ identifies reason code 253 as a sequestration adjustment in the Remit Advice Codes Maintenance. Having the sequestration amounts displayed in separate fields helps the Business Office Director when reviewing the revenue and general ledger accounts.

Sequestration transaction codes display on Remittance Advice Entry screens and reports.

About sequestration percentages

For Medicare inpatients with contracted coverage, sequestration amounts display on Remittance Advice Entry screens and reports so that the sequestration dollars are easily identifiable.

The estimated sequestration amount will not automatically post to patient accounts; this amount is displayed for review and information purposes only. The sequestration percentage amounts are set in the payor plan maintenance file.

Error Message - Medicare Sequestration Example

Conj Adj amt will not post because Auto Cont is turned on, except for the monies associated with Mcare Sequestration, Reason Code 253

Batch Number: 970				EXAMPLE MEDICAL CENTER								Page No: 1							
Print Date: 12/03/20				Electronic Remittance Advice								Document Control Number: 00011314							
Remit Date: 5/25/20												Medhost ERA ID Number: 182970942							
Bill Type: Inpatient												Version #: 005010X221A1							
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark						
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark						
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt		Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark						
Sequence No.	Payr/Pln/Name		Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Remark						
=====																			
BAKER JOAN R	6000174 -01	721	0	000	.00	.00	.00	.00	.00	.00	.00								
2020-04-16	MEBFCQYQ		0		.00	.00	.00	.00	.00	.00	.000								
2020-04-25	17166G999999	1	0	.00	.00	.00	.00	.00	.00	.00	.00								
1	18/ 1 MEDICARE 001		164.00	164.00	.00	.00	.00	.00	.00	59.34	104.66								
ServDate	PT	Proc	Mod	Rev	APC	Rsn	Cd	Units											
Conj Adj amt will not post because Auto Cont is turned on, except for the monies associated with Mcare Sequestration, Reason cde 253																			
2020-04-16	HC 99214	00000	45	1.000	140.00	181.57	.00	.00	.00	.00	181.57	N6							
2020-04-25	HC 81003	48368	253	1.000	24.00	3.09	.00	.00	.00	.00	3.09	N6							

Error Report - Warning! Transaction date in next month

When ERAs are received (RMTADV option 1) or are reprinted (RMTADV option 2), the batch entry date will be checked against the current system date. If the batch entry date is in a future month, the reports will print this alert: Warning! Transaction date in next month. This informs the client so they can suspend the batch in case they do not want these to go to Accounts Receivable.

Batch Number:															QA MEDICAL CENTER - ELEVEN DOT ONE										Page No: 1	
Print Date: 2/17/14															Electronic Remittance Advice										Document Control Number: 000011314	
Remit Date: 3/27/14															Error Report										Version #:	
Bill Type: Inpatient																										
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark													
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Day Outlier	Day Outlier	Lab Charged	NSP Prim Pay	IME Adj	Cap FSP	Reim Rate	Remark	Remark													
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Disp Share	Disp Share	Lab Paid	Pro Fees	Med Ed	Cap HSP	Interest	Remark	Remark													
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Remark													
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====													
CLEARMAN WESLEY	0000289 -61	721	0	000	.00	.00	.00	.00	.00	.00	.00															
	MEB8F4MQQ		0			.00	.00	.00	.00	.00	.000															
	130319E427990000	1	0	.00	.00	.00	.00	.00	.00	.00	.00															
		Reason	140.00	140.00	.00	81.74	.00	.00	50.00	.00	74.13															
ServDate	PT Proc	Mod	Rev	APC	Code	Units																				
2012-12-20	HC	99214		00000	45 3	1.000	140.00	99.13	.00	81.74	.00	.00	50.00	.00	74.13	NS9										
					45 3																					
2012-12-20	HC	99214		00000	45 3	1.000	140.00	99.13	.00	81.74	.00	.00	50.00	.00	74.13	NS9										
					45 3																					

Error Report - Claim Status Settings**ER-012 CLM STATUS SETTINGS DO NOT MATCH PATIENT PAYOR PLAN**

The insurance type on the received ERA does not match the patient's payor plan.

Here is an example scenario that would produce this error message.

The Electronic Remittance Advice System Control (Remittance Advice Menu, Option 4) has the following settings:

Allow Secondary C/A by Claim Status = Y

Claim Status Codes = 2 (Processed as Secondary)

An ERA comes in for an account that shows secondary with a claim status of 2, but the insurance on the ERA is not the same insurance type as the actual secondary insurance listed on the account.

Batch Number: 970									
Print Date: 3/21/17									
Remit Date: 3/25/13									
Bill Type: Inpatient									
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital	ESR	
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP	
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt		Disp Share	Lab Paid	Pro	
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct	Ded	
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
KLAUCK VIOLET R	0503630 -01	721	0	000	.00	.00	.00	.00	
2005-08-04	MEBFCQYQ		0		.00	.00	.00	.00	
2005-08-08	130318E140470000	1	0	.00		.00	.00	.00	
1		Reason	164.00	164.00	.00	.00	.00	.00	
ServDate	PT Proc	Mods	Rev	APC	Code	Units			
Cont. Adj. amount(s) will not post for a claim status code of 1 according to settings in ERA System Control									
2013-03-11	HC 99214	45	1.000	140.00	101.57	.00	.00	.00	
2013-03-11	HC 81003	45	1.000	24.00	3.09	.00	.00	.00	
Batch Number: 970									
MUTWO HOSPITAL									

Batch Number:									
Print Date: 11/15/16									
Remit Date: 1/01/14									
Bill Type: Inpatient									
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	PPS Capital		
Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged		
Dschg Date	Claim Nbr	Claim Status	Cost Days	DRG Amt		Disp Share	Lab Paid		
Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied	Blood Deduct		
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
KLAUCK VIOLET R	6000174 -01	721	0	000	.00	.00	.00	.00	
2007-01-01	MEBFCQYQ		0		.00	.00	.00	.00	
2007-01-01	130318E140470000	1	0	.00		.00	.00	.00	
1		Reason	164.00	164.00	.00	.00	.00	.00	
ServDate	PT Proc	Mods	Rev	APC	Code	Units			
2013-03-11	HC 99214	00000	45	1.000	140.00	101.57	.00	.00	.00
2013-03-11	HC 81003	48368	253	1.000	24.00	3.09	.00	.00	.00
ER-012 CLM STATUS SETTINGS DO NOT MATCH PATIENT PAYOR PLAN									
ER-001 PAYMENT TRANS CODE OR CONTR ADJ CODE IS INVALID									
ER-003 INSURANCE COMPANY AND/OR PLAN IS MISSING									

Remit Reconciliation Overview

Remit reconciliation helps billers balance accounts that use auto contractual. During billing, the system calculates the expected payment from the insurance company based on contractual agreements. Once the payment is received via Electronic Remittance Advice, if the calculated adjustment amount is not the same as the actual adjustment amount from the remit, remit reconciliation (**Reverse Auto Cont for ERA**) reverses the auto contractual amount and posts the contractual adjustment amount from the remit to the account.

ERA report messages related to remit reconciliation:

- This message displays when the auto contractual amount was reversed and the contractual adjustment posts: **ERA contractual amounts will post and auto contractals will be reversed when Reverse Auto Contractual for ERA = Yes**

Batch Number: 970 Print Date: 8/07/15 Remit Date: 6/04/14 Bill Type: Outpatient										QA MEDICAL CENTER - BILLING MASTER LIS Electronic Remittance Advice										Page No: 1 Document Control Number: 415400155 Medhost ERA ID Number: 152190933 Version #: 005010X221A1									
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	FPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark	Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Cap HSP	Reim Rate	Interest	Remark	Remark
Dechgy Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Sequestratn	Disp Share	Lab Paid	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied									
=====																													
P1F83083	MDSICD9	6000269 -01	851	0	000	.00	.00	.00	.00	.00	.58			2007-09-15			0	123456	0	220.90	.00	.00	.00	.00	.00	.00			
2007-09-18		21414103738707NIA	19	0	.00	.00	125.57	.00	.00	.00	.00	.00	MA18	1		Reason	741.10	741.10	.00	.00	.00	.00	104.04	317.76			319.30		

Reverse - \$-Proc-Mod-Rev-AFC-Code-Units																													
ERA contractual amounts will post and auto contractals will be reversed when Reverse Auto Contractual for ERA = Yes.																													
2014-05-05	HC 84425	0300	97	253	1.000	21.70	12.33	.00	.00	.00	9.36	12.34		2															
2014-05-05	HC 80061	0301	97	253	1.000	120.55	68.52	.00	.00	.00	52.03	68.52		2															
2014-05-05	HC 84450	0301	97	253	1.000	39.95	22.71	.00	.00	.00	17.24	22.71		2															
2014-05-05	HC 84460	0301	97	253	1.000	38.70	22.00	.00	.00	.00	16.70	22.00		2															
2014-05-05	HC 76536	0402	97	253	1.000	520.20	193.73	.00	.00	.00	104.04	222.43		2															

- This message displays when the auto contractual amount matches the remit contractual amount: **Cont Adj will not post due to the amount matching the Remit Cont amount and Reverse Auto Cont flag = Yes**

Batch Number: 970 Print Date: 8/07/15 Remit Date: 6/04/14 Bill Type: Outpatient										QA MEDICAL CENTER - BILLING MASTER LIS Electronic Remittance Advice										Page No: 1 Document Control Number: 415400155 Medhost ERA ID Number: 152191235 Version #: 005010X221A1									
Patient Name	Patient Nbr	TOB	Cov Days	DRG	Cap Outlier	Cost Outlier	FPS Capital	ESRD	Adj to Bal	Cap DSH	Per Diem	Remark	Remark	Admit Date	HIC Nbr	Patient Stat	NonCov Days	DRG Weight	Sequestratn	Day Outlier	Lab Charged	MSP Prim Pay	IME Adj	Cap FSP	Cap HSP	Reim Rate	Interest	Remark	Remark
Dechgy Date	Claim Nbr	Claim Status	Cost Days	DRG Amt	Sequestratn	Disp Share	Lab Paid	Blood Deduct	Deductible	Coinsurance	Contract Adj	Payment	Remark	Sequence No.			Total Chgs	Covered Chgs	NonCov Chgs	Denied									
2007-09-15	6000269 -01	851	0	000	.00	.00	.00	.00	.00	.00	.00	.58		1	21414103738707NIA	19	0	.00	.00	.00	4,175.57	.00	.00	.00	.00	.00			
2007-09-18	123456		0	.00	.00	.00	125.57	.00	.00	.00	.00	.00	MA18	1		Reason	741.10	741.10	.00	.00	.00	.00	104.04	4,260.00			319.30		
Sequence FF Desc Mode Rev ABC Code Units																													
Cont Adj will not post due to the amount matching the Remit Cont amount and Reverse Auto Cont flag = Yes.																													
2014-05-05 HC 36415	0301	97	253	1.000	1,082.34	68.52	.00	.00	.00	.00	1,020.00	12.34		2			1,082.34	193.73	.00	.00	.00	.00	104.04	210.00			193.73		
2014-05-05 HC 80061	0301	97	253	1.000	1,078.52	68.52	.00	.00	.00	.00	1,010.00	68.52		2															
2014-05-05 HC 84450	0301	97	253	1.000	1,032.71	22.71	.00	.00	.00	.00	1,010.00	22.71		2															
2014-05-05 HC 84460	0301	97	253	1.000	1,032.00	22.00	.00	.00	.00	.00	1,010.00	22.00		2															
2014-05-05 HC 76536	0402	97	253	1.000	508.13	193.73	.00	.00	.00	.00				2															
2																													

RMTADV Option 4: Maintain Electronic R/A System Control

Overview: *Maintain Electronic R/A System Control (Option 4 on the Electronic Remittance Advice Menu)* is used to create and maintain the ERA System Control Record for a facility.



MEDHOST must set up the ERA System Control Record before processing electronic remittance advices.

For example, facilities in Pennsylvania, New Jersey, Maryland, Delaware, and the District of Columbia recently changed ERA intermediaries, from WPS to Highmark. Because settings for WPS and Highmark are different, the facilities' ERA System Control Records required adjustment.

The *Maintain Electronic R/A System Control* option has two independent sets of interface screens. These are based on the Electronic Remittance State Code that MEDHOST has set up for your facility, as follows.

This document describes how to set up the ERA System Control Record for facilities with either type of Electronic Remittance State Code. If you think your Electronic Remittance State Code might need to be changed (e.g., if your intermediary changes), please contact Customer Support for assistance.

This option can be run in live mode (for processing remittance advices) or in test mode. For details, see the Testing Mode descriptions in the section relevant to your facility.

Files: MUUSRH, SYSCTL

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Interface for a Specific State Code

Add/Maintain a Record for a State Intermediary

The screenshot shows a window titled "Electronic Remittance Advice System Control". At the top left are "OK" and "Exit" buttons. The main area contains three sections for different transmission types: Medicare, Medicaid, and Blue Cross. Each section has fields for User ID, Password, Phone, Remote ID, Line Speed, Acct ID, and Add'l ID. At the bottom, there is a "Run in testing mode" checkbox and radio buttons for "Yes" and "No".

Transmission Information : Medicare						
User ID	z3zp	Password	3X2422	Phone	96153837300	
Remote ID	1324	Line Speed	56	Acct ID	TN123456	
				Add'l ID	123456789	

Transmission Information : Medicaid						
User ID	MEDC	Password	MC123456	Phone	96153837300	
Remote ID	1234	Line Speed	56	Acct ID	TN789012	
				Add'l ID	123456789	

Transmission Information : Blue Cross						
User ID	BC125	Password	DC123456	Phone	96153837300	
Remote ID	1234	Line Speed	56	Acct ID	TN125125	
				Add'l ID	12345678	

Run in testing mode ☐ Yes ☒ No

The **Electronic Remittance Advice (ERA) System Control** window for a **State intermediary** appears when you select the *Maintain Electronic R/A System Control* link from the *Electronic Remittance Advice Menu* and your facility's Electronic Remittance State Code corresponds to your state.

Note: If your screen has different fields, go to the section, "Interface for the US Code."

You can enter and maintain separate sets of information for Medicare, Medicaid, and Blue Cross. The fields are described on the next page.

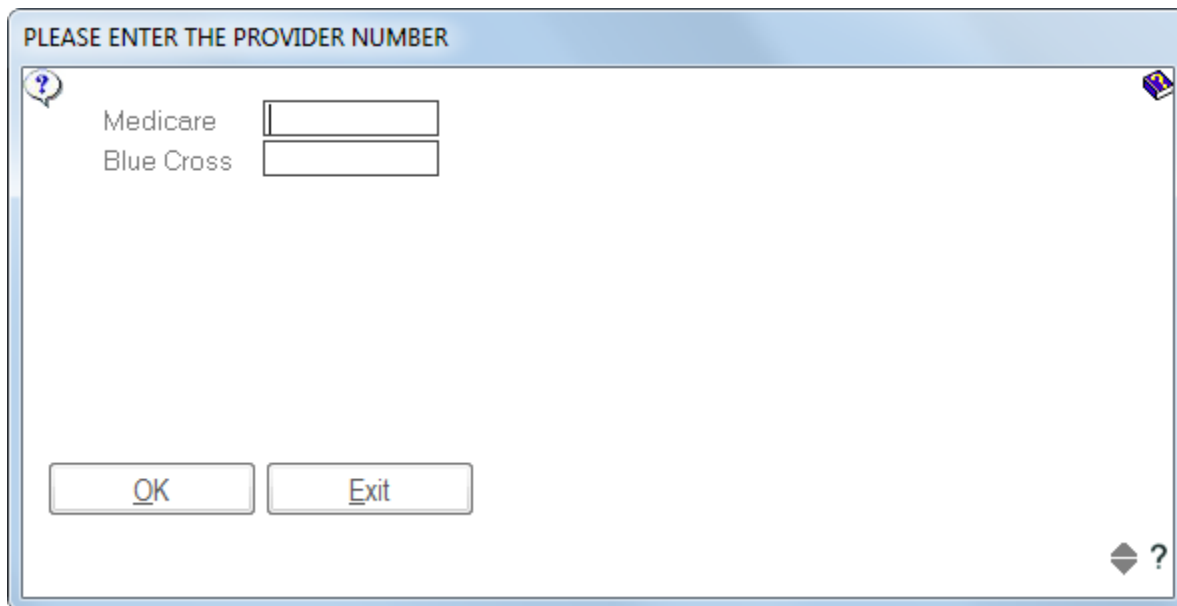
Action

Enter or maintain the system control information for the electronic remittance advice. Then click **OK** to save the information. For some Electronic Remittance State Codes, such as TN, a **Provider Number** window will open next (see the section, "Example Provider Number Window"). Otherwise, the intermediary's ERA System Control Record is complete, and you will return to the **Electronic Remittance Advice** menu.

To return to the *Electronic Remittance Advice Menu* without saving any entries or changes, click **Exit**.

Field	Description
Phone	Enter the phone number of the intermediary.
User ID	Enter the sender identification provided by the intermediary.
Password	Enter the password provided by the intermediary.
Acct ID	Enter the account number assigned by the intermediary.
Add'l ID	Enter any additional ID supplied by the intermediary, if applicable.
Remote ID	Enter the remote ID assigned by the intermediary.
Line Speed	Enter the speed of the modem that is being used (for example, 2400 , 4800 , or 9600).
Run in testing mode	Click Yes if running in test mode. When testing is complete, click No . When processing live remittance advices, this field must be No .

Example Provider Number Window



The Provider Number window appears when you click **OK** in the state **ERA System Control** window and have been given certain Electronic Remittance State Codes. The example window below appears when the Electronic Remittance State Code is TN (for Tennessee). The window will vary according to the providers you set up in the state **ERA System Control** window.

The provider number will allow the remittance advices, in this case Medicare and/or Blue Cross, to be received through *Receive Electronic R/A, Option 1* on the *Electronic Remittance Advice Menu*.

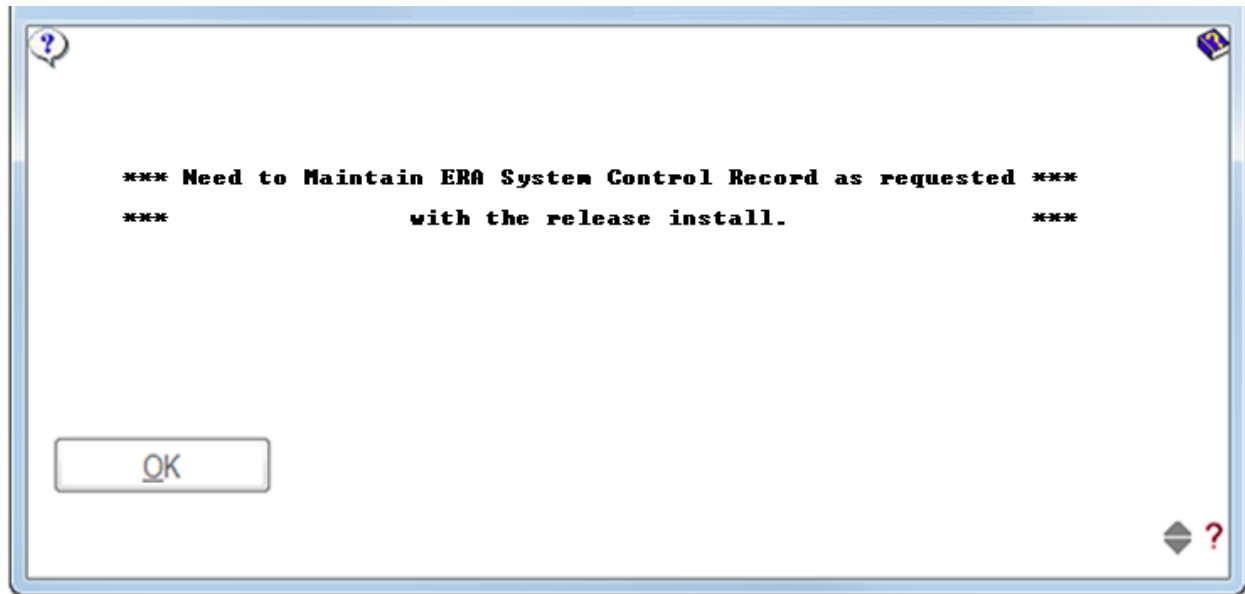
When you select the *Receive Electronic R/A* option, you can then choose to receive either Medicare or Blue Cross remittance advices.

Action

Enter the provider numbers and then click **OK**. This completes the setup for the state version of the ERA System Control Record, and you will return to the **Electronic Remittance Advice** menu.

Interface for the US Code

Warning Message Window

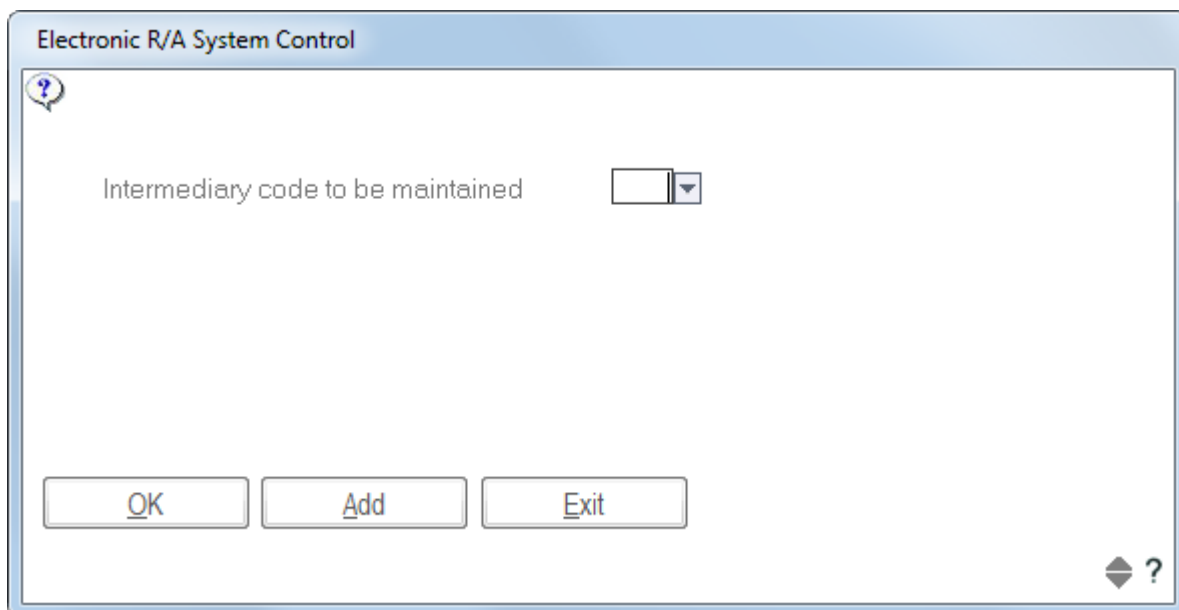


This Warning window appears when the Electronic Remittance State Code is US and you attempt to receive electronic remits without having properly set up the intermediary in the Electronic Admittance System Control File.

Action

Click **OK** to close the window. Then set up the intermediary's record in the Electronic Admittance System Control File according to the instructions in this section ("Interface for the US Code").

Select/Add a US Intermediary



The Electronic R/A System Control window for a US intermediary appears when you select the *Maintain Electronic R/A System Control* link from the *Electronic Remittance Advice Menu* and your facility's Electronic Remittance State Code is US.

You can use this window to start a record for an intermediary or to access and maintain an existing intermediary record.

Note:

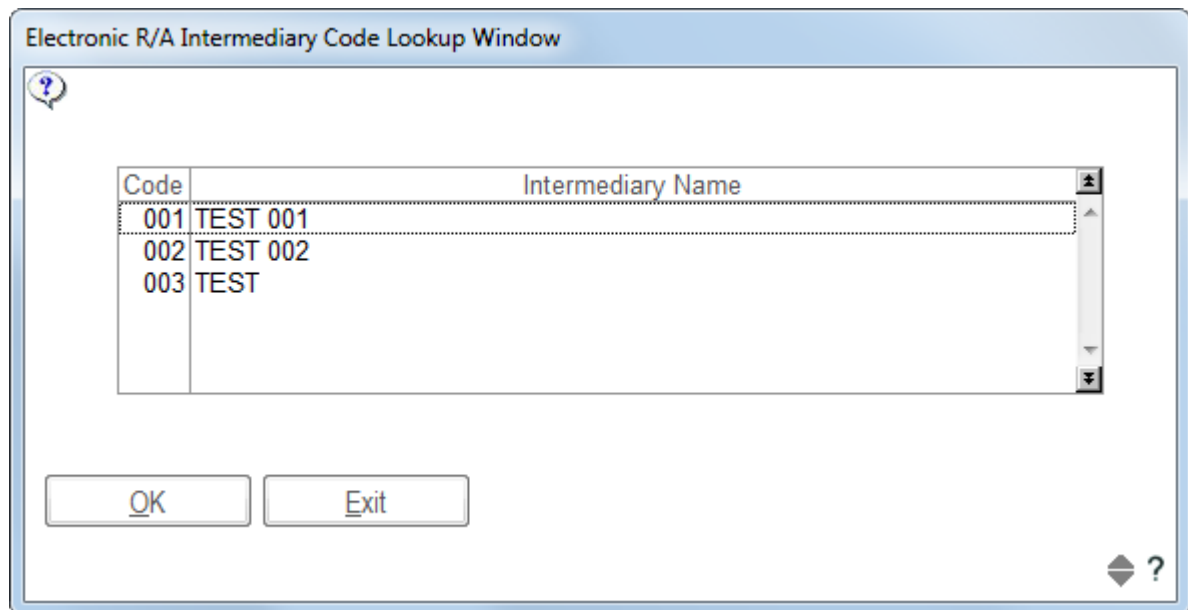
- If your window looks different, go to the section, “Interface for a Specific State Code.”
- Intermediary codes are set up and maintained through *Maintain Intermediary File, Option 2* on the *Electronic Billing Maintenance Menu*. These intermediary codes are completely different from the “State” or “US” Electronic Remittance State Codes that MEDHOST sets up.

Action

To add an intermediary record: Enter a new intermediary code or leave the entry field blank and click **Add**. The **Electronic Remittance Advice (ERA) System Control** window for a US intermediary will open (refer to the section, “Add/Maintain a Record for a US Intermediary”).

To access an existing intermediary record: Type the code or search for it by clicking the search button  (refer to the next page). Then click the **OK** button. The **Electronic Remittance Advice (ERA) System Control** window for a US intermediary will open (refer to the section, “Add/Maintain a Record for a US Intermediary”).

Electronic R/A Intermediary Code Lookup Window



The **Electronic R/A Intermediary Code Lookup window** appears when you click  in the **Electronic R/A System Control** window for a US intermediary. The list contains the intermediaries with completed ERA System Control Records.

Action

Select an intermediary by double-clicking on it, or by clicking on it (to highlight it) and then clicking **OK**. The **Electronic Remittance Advice (ERA) System Control** window for a US intermediary will open.

Add/Maintain a Record for a US Intermediary

Intermediary code	002	TEST 002	
Insurance Type		4	
Transfer Type		S	
IP Address		test	
HMS User ID		test	Remote ID 04192
Intermediary ID		test	Source of Pay COM
Run Time			(HHMM in 24 hour format)
RSA or DSA		DSA	
Intermediary X-Ref		test	
Batch Status		☒ Suspend ☐ Blank	
Claim Type		☐ UB ☒ 1500	
Testing Mode		☐ Yes ☐ No	
State		TN	
Purge Days/Save files		2	
Purge		2	

The Electronic Remittance Advice (ERA) System Control window for a US intermediary appears when you click OK in the Electronic R/A System Control window for a US intermediary.

The window for a new intermediary record will be slightly different than one that you are maintaining.

- ♦ If you are adding an intermediary record, all entry fields are blank and there are no fields in the middle of the window (see below). This is because the middle fields reflect the code you enter in the Transfer Type field. These fields are described in the section, "Fields Specific to Transfer Type."
- ♦ If you are maintaining an existing intermediary record, the fields contain current information, and the fields in the middle of the window reflect the Transfer Type code. For example, there will be no additional fields for Transfer Type, **C** = Client Access.

Action

To add or maintain the record, complete the fields according to your requirements, then click **OK**. For descriptions of the fields, refer to the following sections. After you complete the fields in this screen, the intermediary's ERA System Control Record will be complete, and you will return to the **Electronic Remittance Advice** menu.

If you are maintaining the record, a  button will be present (refer to the section, "Deleting a Record").

Fields for All Transfer Types

For information about the fields that depend on Transfer Type, see the section, “Fields Specific to Transfer Types.”

Field	Description
Intermediary Code	Type a description for the intermediary (maximum 30 characters; for example, MEDICARE UB).
Insurance Type	Enter the intermediary's insurance type code (one character). You can either type the code or click  to search for and select it.
Transfer Type	Enter or search for the intermediary's one-character Transfer Type code (see the section, “Transfer Type Selection Window”). The Transfer Type code determines fields that appear in the middle of the window. Valid codes are C , D , M , or S . Type F is for future use.
Claim Type	Select UB or 1500 for the claim type to be associated with the intermediary.
State	Enter or search for the intermediary's two-letter state code (see the section, “State Code Selection Window”). Note: This is <i>not</i> the same code as the Electronic Remittance State Code; the ER State Code is set using a different application.
Testing Mode	Select Yes if the intermediary is being tested; otherwise, select No . When you are processing live remittance advices, this field must be No .
Purge Days/Save Files	Type the number of days (up to 999) for which the intermediary's Electronic Remittance <i>daily</i> files will be saved. After this number of days, the files will be purged automatically.
Purge Days/History Files	Type the number of days (up to 999) for which the intermediary's Electronic Remittance <i>history</i> files will be saved. After this number of days, the files will be purged automatically.

Insurance Type – Payor Type Selection

Payor Type	Description
B	Blue Cross/Blue Shield
C	Commercial
G	Medigap
H	Champus
L	Black Lung
M	Medicare
O	Workmans Compensation

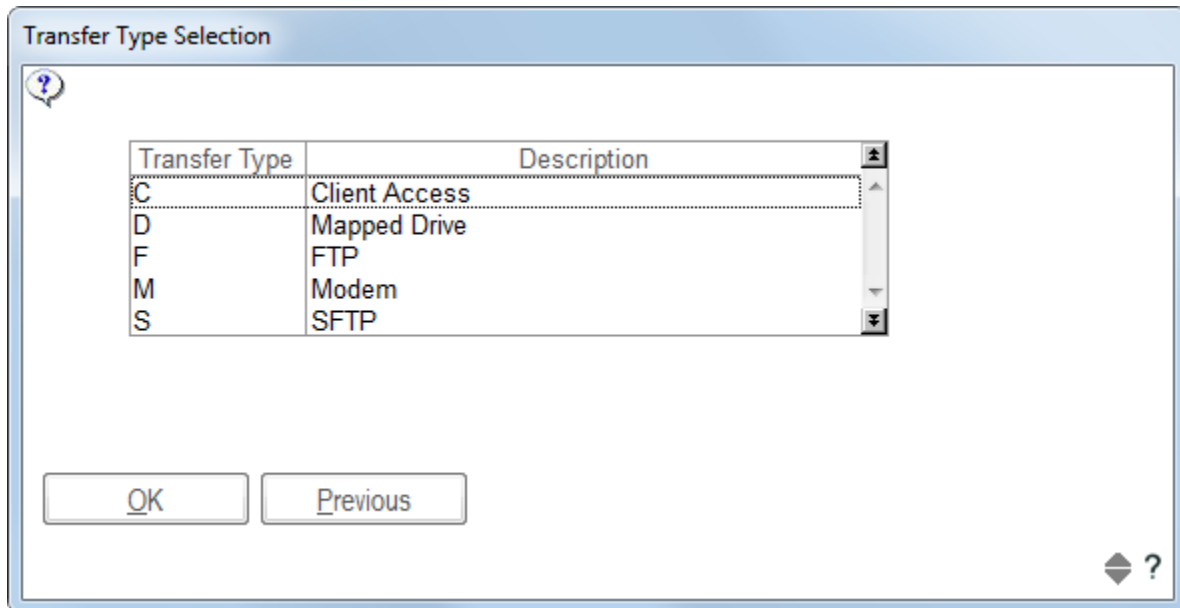
OK Previous

The Insurance Type – Payor Type Selection window displays when the Insurance Type down arrow  is clicked on the Electronic Remittance Advice System Control screen.

Action

Select a Payor Type and click **OK** to continue or **Previous** to return to the previous screen without making changes.

Transfer Type Selection Window



This window appears when you click  next to the Transfer Type field in the **ERA System Control** window for a US intermediary.

The Transfer Type you select determines which fields appear in the middle part of the **ERA System Control** window for a US intermediary.

Action

Select a transfer type by double-clicking on it, or by clicking on it (to highlight it) and then clicking **OK**.

Select only **C**, **D**, **M**, or **S**. Type **F** is for future use.

State Code Selection Window

State Code Selection

OK

Previous

State

☒ Alaska	☐ Georgia	☐ Maryland	☐ New Hampshire	☐ South Carolina	☐ Wyoming
☐ Alabama	☐ Hawaii	☐ Maine	☐ New Jersey	☐ South Dakota	☐ Puerto Rico
☐ Arkansas	☐ Iowa	☐ Michigan	☐ New Mexico	☐ Tennessee	☐ Emdeon UB
☐ Arizona	☐ Idaho	☐ Minnesota	☐ Nevada	☐ Texas	☐ Emdeon 1500
☐ California	☐ Illinois	☐ Missouri	☐ New York	☐ Utah	☐ Mutual of Omaha
☐ Colorado	☐ Indiana	☐ Mississippi	☐ Ohio	☐ Virginia	☐ SouthWest Regional HH
☐ Connecticut	☐ Kansas	☐ Montana	☐ Oklahoma	☐ Vermont	☐ United Health Care
☐ Delaware	☐ Kentucky	☐ Nebraska	☐ Oregon	☐ Washington	☐ TriSpan
☐ District of Columbia	☐ Louisiana	☐ North Carolina	☐ Pennsylvania	☐ Wisconsin	
☐ Florida	☐ Massachusetts	☐ North Dakota	☐ Rhode Island	☐ West Virginia	

This window appears when you click  next to the State field in the **ERA System Control** window for a US intermediary.

Note: You can now select the District of Columbia from the **State Code Selection** screen.

Action

Select a state or other item (in the far right column) by clicking on it and then clicking **OK**. You will return to the **ERA System Control** window.

Fields Specific to Transfer Types

Transfer Type M (Modem)

Electronic Remittance Advice System Control

OK Previous Delete Exit

Intermediary code 003 TEST

Insurance Type M

Transfer Type M

User ID

Password

Add'l ID 1

Add'l ID 2

Modem Phone

Resource Name

Claim Type ☒ UB ☐ 1500

Testing Mode ☐ Yes ☐ No

State TN

Purge Days/Save files 1

Purge 1

The other fields are described in the section, “Fields for All Transfer Types.”

Field	Description
User ID and Password	Type the user ID and password required for retrieving electronic remits from the intermediary (maximum 14 characters each).
Add'l ID 1 and 2	Type any additional user IDs if other identification is needed to communicate with the intermediary (maximum 14 characters each).
Modem Phone	Type the modem phone number, including an area code that connects you to the intermediary (maximum 14 characters). Type only the digits without any punctuation (for example, 6155551111).
Resource Name	Type the communication line used to dial direct to the intermediary (maximum 9 characters; for example, *FIRST).

Transfer Type D (Mapped Drive)

Electronic Remittance Advice System Control	
OK Previous Delete Exit	
Intermediary code	003 TEST
Insurance Type	M
Transfer Type	D
QDLS Path	
Claim Type	☒ UB ☐ 1500
Testing Mode	☐ Yes ☐ No
State	TN
Purge Days/Save files	1
Purge	1

The other fields are described in the section, “Fields for All Transfer Types.”

Field	Description
QDLS Path	Type the location and name of the 835 file in the QDLS folder (maximum 25 characters; for example, /QDLS/ERA/835.TXT).

Transfer Type S (SFTP)

Electronic Remittance Advice System Control

OK Previous Delete Exit

Intermediary code	005	TEST	
Insurance Type		G	
Transfer Type		S	
IP Address		3241153	
HMS User ID		231231	Remote ID
Intermediary ID		1231	Source of Pay
Run Time			(HHMM in 24 hour format)
RSA or DSA		RSA	
Intermediary X-Ref		2132	
Batch Status		☐ Suspend ☒ Blank	
Claim Type		☒ UB ☐ 1500	
Testing Mode		☐ Yes ☐ No	
State		KY	
Purge Days/Save files		999	
Purge		999	

The setup in this window allows for the automation of the electronic remittance advice file transfer/posting process when 834 remits are received by SSI or other outside vendors.

Note:

Remote I.D. and Source of Pay (Overrides)

The Insurance type and Remote Payor ID determines which file to pull for an intermediary at SSI.

- The S is used for Auto ERA only. The fields only display when the communication type is S (SFTP).
- If the type is "C" (commercial), the Automated ERA process will look for a file with "COM" in certain positions of the file name at SSI. If the remote payor is set up with SSI as a commercial payor, SSI puts their remits in a file with "COM" in the name.
- If a remote payor sends a non-commercial payment (such as Medicaid), the Automated ERA process to look for a file with "CAD" in the name and there will be no file association so, the file will not process correctly.
- When a payor is not following the standards (for example set up as a commercial payor at SSI but sending Medicaid), the new Remote I.D. and Source of Pay overrides can be employed to get their ERA's and process them correctly into the system. To do this, set up a new intermediary for the single payor and enter their Remote I.D.
- If a Remote I.D. and Source of Pay is entered for an intermediary, this will override the standard association of insurance type to SSI file name and allow the file to be pulled in and processed correctly. **Note:** The Remote I.D. and

Source of Pay are mutually inclusive - if one is entered the other one must also be entered also. In addition, a unique Remote I.D. and Source of Pay combination can be assigned to one intermediary and claim type combination only. These overrides are only needed in the scenario described above and normally these fields will be blank.

Batch Status

The batch status flag can be "S" or blank. If an "S" is entered, all automated ERA's that come in for this intermediary will be suspended to allow them to be reviewed before posting. Leaving the batch status blank will allow them to come in and post automatically as normal.

The other fields are described in the section, "Fields for All Transfer Types."

Field	Description
IP Address	(Required field) This is the SSI IP address that the facility will connect to. Enter a valid IP address for your facility (maximum 30 characters).
MEDHOST User ID	(Required field) This option is the user profile that runs the receive program (MEDHOST). This is created by the set up program.
Intermediary ID	(Required field) This option reflects the user profile assigned by the intermediary. This is created by SSI and will be provided to the client when the public/private keys are provided
Run Time	(Required field) This option designates the frequency the system will look for new remittances. Valid entries are actual time of day, i.e., 0100=1:00 a.m.
RSA or DSA	(Required field) Choose the type of encryption used for private/public key. Valid entries are RSA or DSA.
Intermediary X-Ref	(Required field) This is created by SSI and will be provided to the client when the public/private keys are provided. This is used on the SSI side on their systems.

Transfer Type C (Client Access)

Electronic Remittance Advice System Control	
OKPreviousDeleteExit	
Intermediary code	003 TEST
Insurance Type	M
Transfer Type	C
Claim Type	☒ UBI ☐ 1500
Testing Mode	☐ Yes ☐ No
State	TN
Purge Days/Save files	1
Purge	1

There are no extra settings/fields for Transfer Type C (Client Access).

Transfer Type F (FTP)

Do not use this code; it is reserved for future use.

Contractual Adjustments

About Contractual Adjustments by Claim Status

When an ERA is processed, billers control the following:

- Whether the primary, secondary, and tertiary contractual adjustment amounts are automatically written off
- When a contractual adjustment posts to a patient account per intermediary, payor position, and claim status

These controls provide an accurate account balance.

To set up contractual adjustments by claim status

1. From the **Electronic Remittance Advice Menu**, select **Maintain Electronic R/A System Control** (Option 4)

Electronic Remittance Advice Menu	
	<u>R</u> eceive Electronic R/A
	<u>R</u> eprint Electronic R/A Report <u>P</u>rint EOB's
<u>O</u> K	Maintain Electronic R/A System Control
<u>R</u> etrieve	<u>M</u> aintain Electronic R/A Provider No
<u>I</u> nformation Assistant	<u>M</u> aintain Electronic R/A Group(s)
<u>S</u> ystem main menu	<u>R</u> emove Unwanted Electronic R/A batch(s)
<u>P</u> revious	<u>V</u> iew Claim Adjust. Reason Codes
<u>E</u> xit	<u>D</u> enial Management Code Maintenance
	<u>E</u> /B main menu
	<u>D</u> aily processing menu

The **Electronic R / A System Control** screen displays.

Electronic R/A System Control

Intermediary code to be maintained

1

OK Add Exit

◆ ?

2. Enter an **Intermediary code** or select one using the drop-down
3. Click **OK**

The **Electronic Remittance Advice System Control** screen displays.

Electronic Remittance Advice System Control

Intermediary code

001

MEDICARE

Insurance Type

M

Transfer Type

D

QDLS Path

/ERA/835M.TXT

Claim Type

☒ UB

☐ 1500

Testing Mode

☒ Yes

☐ No

State

WI

Purge Days/Save files

999

Purge Days/History files

999

4. Click **OK**

The next **Electronic Remittance Advice System Control** screen displays.

Electronic Remittance Advice System Control

Intermediary code 001 MEDICARE

Allow Primary C/A by Claim Status
Claim Status Codes
☒ Yes ☐ No
1 19

Allow Secondary C/A by Claim Status
Claim Status Codes
☒ Yes ☐ No
2 20

Allow Tertiary C/A by Claim Status
Claim Status Codes
☒ Yes ☐ No

OK Previous Delete Exit

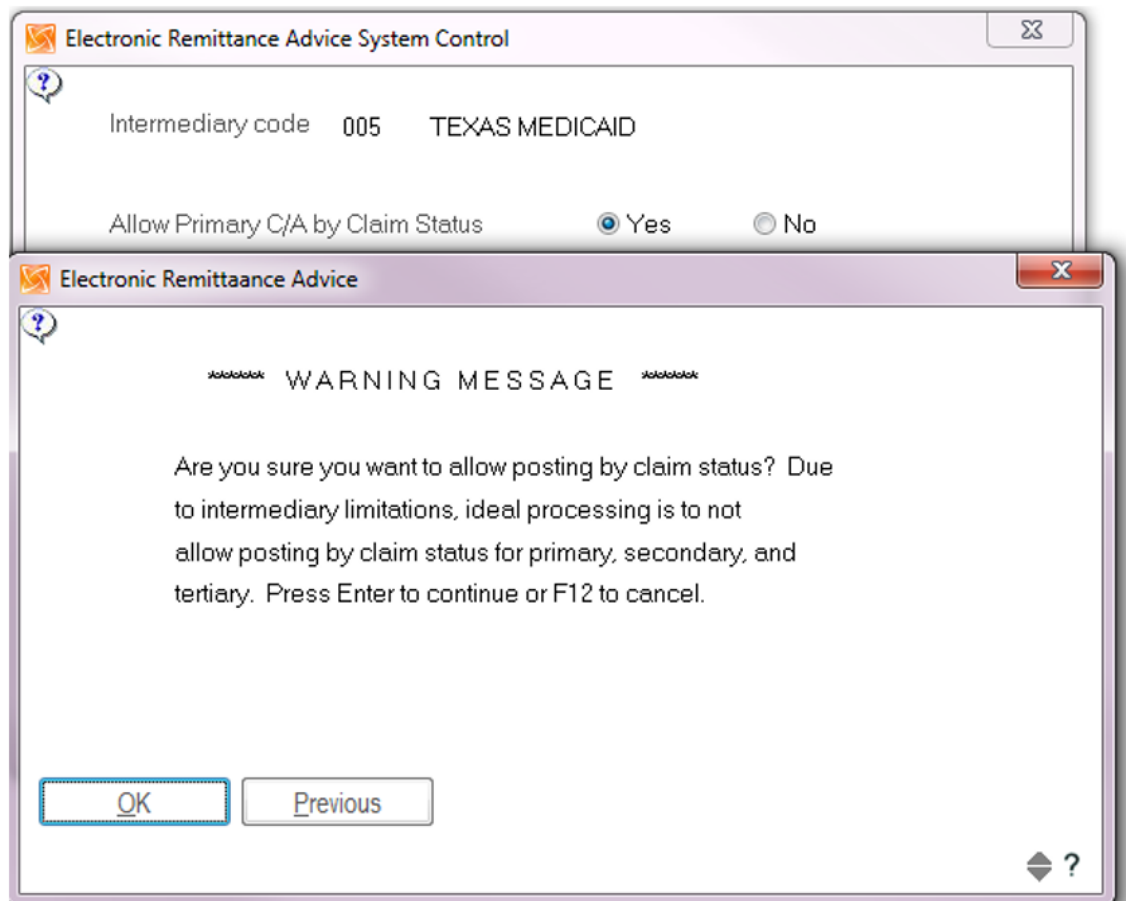
5. Select **Yes** to allow **Primary**, **Secondary**, or **Tertiary** contract adjustment by claim status
6. Select **Claim Status Codes**

NOTE:

If you select **Yes**, and leave the **Claim Status Codes** blank, no contract adjustments post. If you select **Yes**, and select specific **Claim Status Codes**, only contract adjustments for the corresponding codes post.

All flags default to **No** as a best practice when you use Texas Medicaid. Texas

Medicaid always displays a warning when you attempt to select **Yes**.



7. Click **OK** through the reminder of the screens

The **Electronic Remittance Advice Menu** displays.

Electronic Remittance Advice Menu	
	<u>R</u> ecieve Electronic R/A
	<u>R</u> eprint Electronic R/A Report <u>P</u>rint EOB's
<u>O</u> K	<u>M</u> aintain Electronic R/A System Control
<u>R</u> etrieve	<u>M</u> aintain Electronic R/A Provider No
<u>I</u> nformation Assistant	<u>M</u> aintain Electronic R/A Group(s)
<u>S</u> ystem main menu	<u>R</u> emove Unwanted Electronic R/A batch(s)
<u>P</u> revious	<u>V</u> iew Claim Adjust. Reason Codes
<u>E</u> xit	 <u>D</u> enial Management Code Maintenance
	 <u>E</u> /B main menu
	<u>D</u> aily processing menu

Deleting a Record

The screenshot shows a window titled "Electronic Remittance Advice System Control". At the top, there are three buttons: "OK", "Confirm Delete", and "Previous". Below these buttons is a form with the following fields:

Intermediary code	002	TEST 002		
Insurance Type		C		
Transfer Type		S		
IP Address		test		
HMS User ID		test	Remote ID	04192
Intermediary ID		test	Source of Pay	COM
Run Time		0000 (HHMM in 24 hour format)		
RSA or DSA		DSA		
Intermediary X-Ref		test		
Batch Status		☒ Suspend ☐ Blank		
Claim Type		☐ UB ☒ 1500		
Testing Mode		☐ Yes ☒ No		
State		AL		
Purge Days/Save files		002		
Purge		002		

At the bottom of the window, there is a red text instruction: "Press F23 to confirm delete or F12 to return to previous screen".

This window appears when you click  on the **ERA System Control** window for a US intermediary. This button will delete this record from the ERA System Control File.

Note: The  button only appears when you are maintaining a record. It is not in the window for a new record.

Action

To delete the record: Click the  button or pre F23. The record will be removed from the ERA System Control File, and the **Electronic R/A System Control** window will open so that you can select the record for another intermediary.

To return to the previous window without deleting: Click the  button.

RMTADV Option 5: Maintain Electronic R/A Provider No.

Overview: **Maintain Electronic R/A Provider No.** (Option 5 on the Electronic Remittance Advice Menu) is used to maintain the hospital provider information to be used in electronic remittance advice processing. The information maintained in this option will override the information in Patient Accounting.



Do not use this option unless instructed to do so by Customer Support.

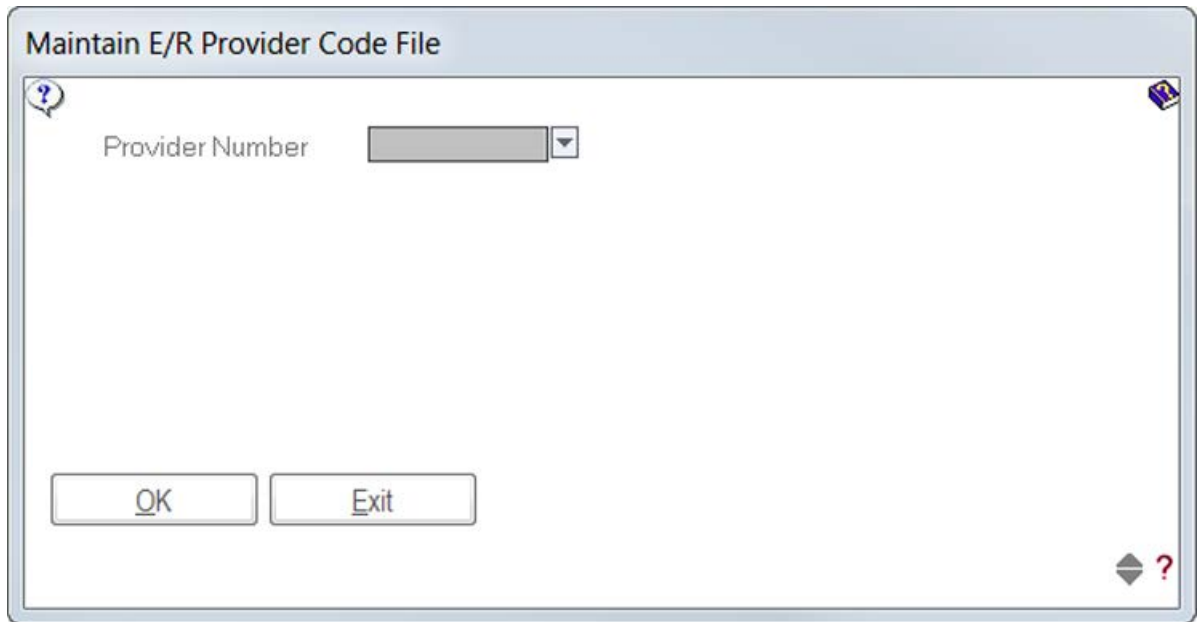
Files: ERPRVNUM

In this section

- [Provider number window](#)
- [ERA Provider Number Lookup window](#)
- [Provider number information window](#)
- [Delete confirmation window](#)

Provider number window

This window appears when you select **Maintain Electronic R/A Provider No.** from the Electronic Remittance Advice Menu.

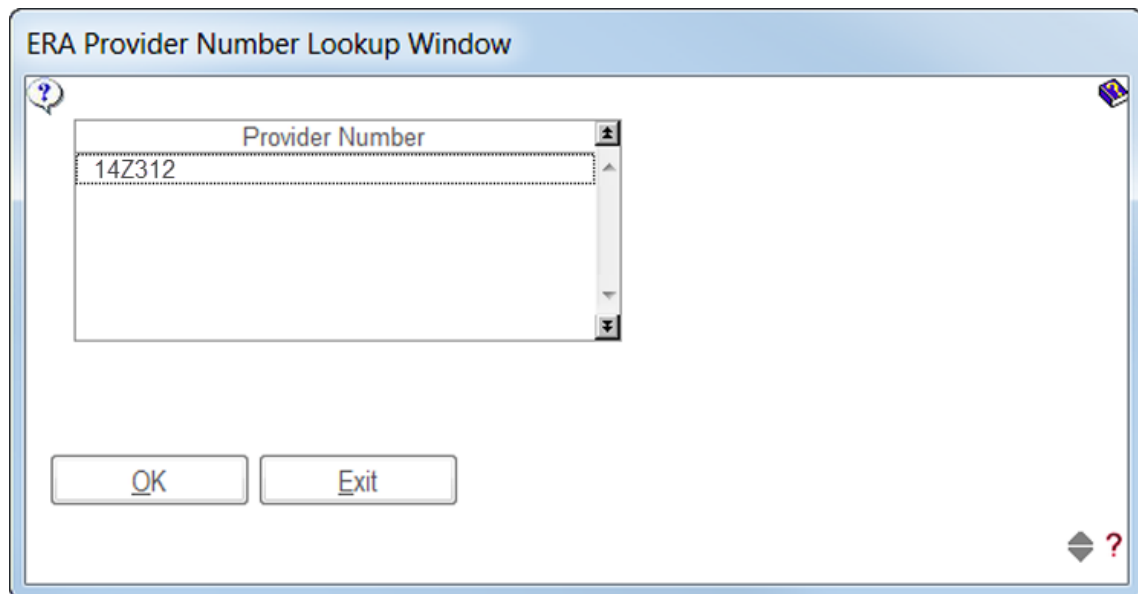


Action Enter the provider number you want to maintain, and then click **OK**.

To enter the number: Either type it or click  to search for it and select it in the **ERA Provider Number Lookup** window.

ERA Provider Number Lookup Window

This window appears when you click  in the provider number window.



Action Select the provider number you want.

To select the number: Either (1) double-click on it or (2) click on it once to highlight it, and then click **OK**.

Provider number information window

This window appears when you click **OK** after entering a provider number in the provider number window.

The A/R Transaction Codes will be retrieved from the Payor Master, Option 6 on File Maintenance Menu I in Patient Accounting.

This information will override the information in Patient Accounting.

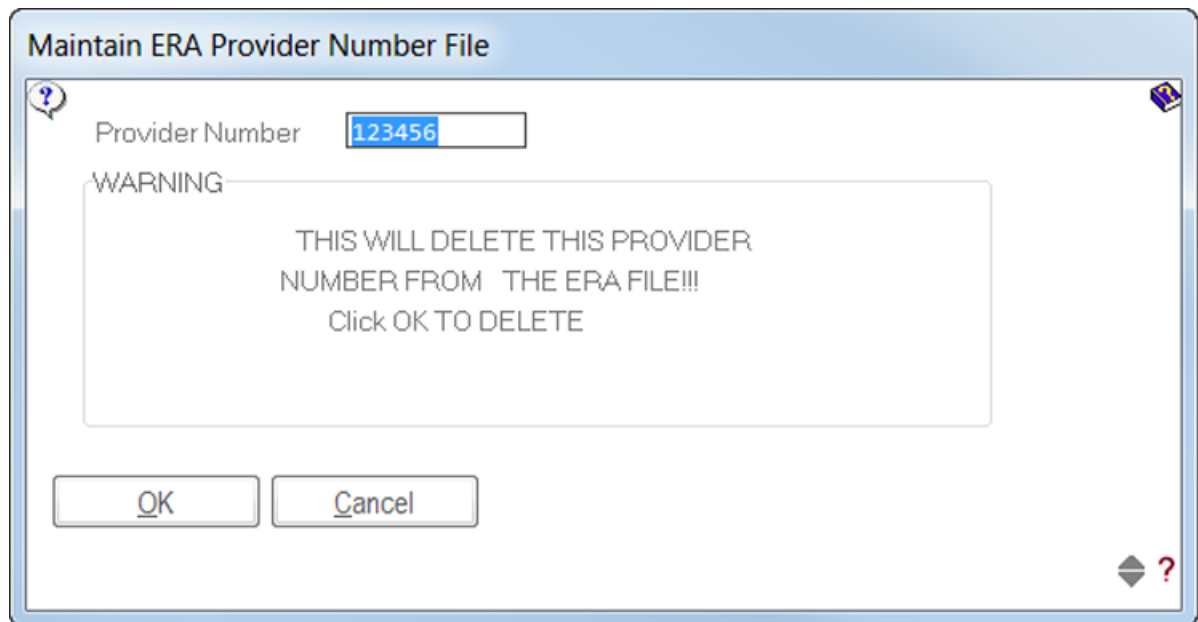
Action **To enter or maintain information:** Enter or select information, and then click **OK**. (Clicking **Exit** or **Previous** returns you to the Electronic Remittance Advice Menu or the provider number window without saving any information you entered or changed.)

To delete the provider record: Click **Delete**, then click **OK** in the confirmation window that appears (or click **Cancel** if you decide not to delete the record).

Field	Description
Provider Number	The provider number you entered earlier. You can change it if you wish.
Insurance Type	Select (click on) the type you want.
Transaction Type	Select (click on) the type you want.
Hospital Number	If your facility is part of a multi-facility environment, enter the facility number. Otherwise, leave the field blank.

Delete Confirmation Window

This window appears when you click **Delete** in the provider number information window.



Action **To delete the provider record:** Click **OK**.

To cancel the deletion: Click **Cancel**.

RMTADV Option 6: Maintain Electronic R/A Group(s)

Electronic Remittance Advice Group Maintenance Overview

Business office users can now create and maintain ERA groups, assigning multiple intermediary codes to a group. Now when SSI sends an ERA file with a mix of accounts, such as regular Medicare and Medicare Advantage plans serviced by commercial payors, both Medicare and commercial intermediary codes can be attached to the group. This prevents the error caused when the insurance type of the intermediary does not match the insurance type of the plan. This prevents the business office from having to receive an ERA multiple times, using different intermediary codes each time.

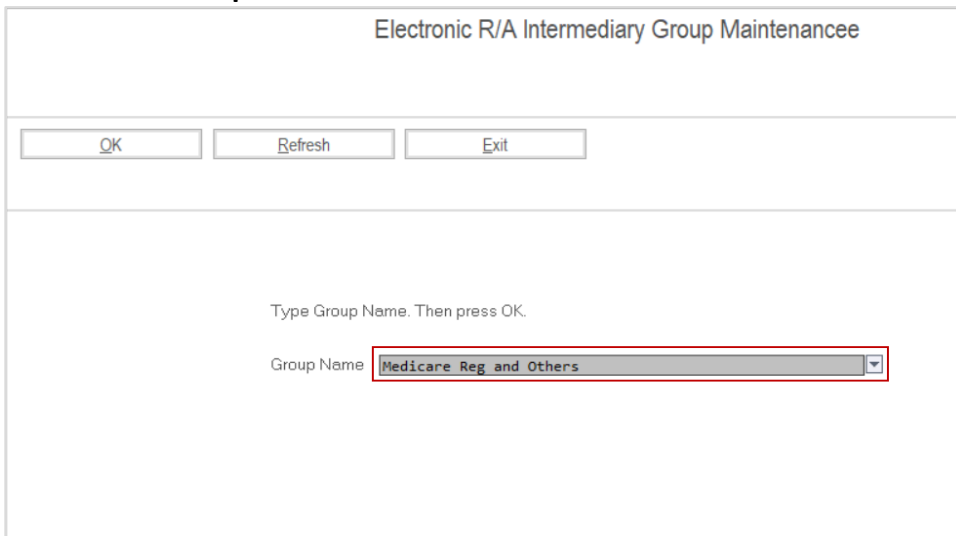
In this article, you will learn:

- [About Electronic Remittance Advice Groups](#)
- [To add an electronic remittance advice group](#)
- [To remove an intermediary code from an electronic remittance advice group](#)
- [To delete an electronic remittance advice group](#)
- [To add an intermediary code to an electronic remittance advice group](#)

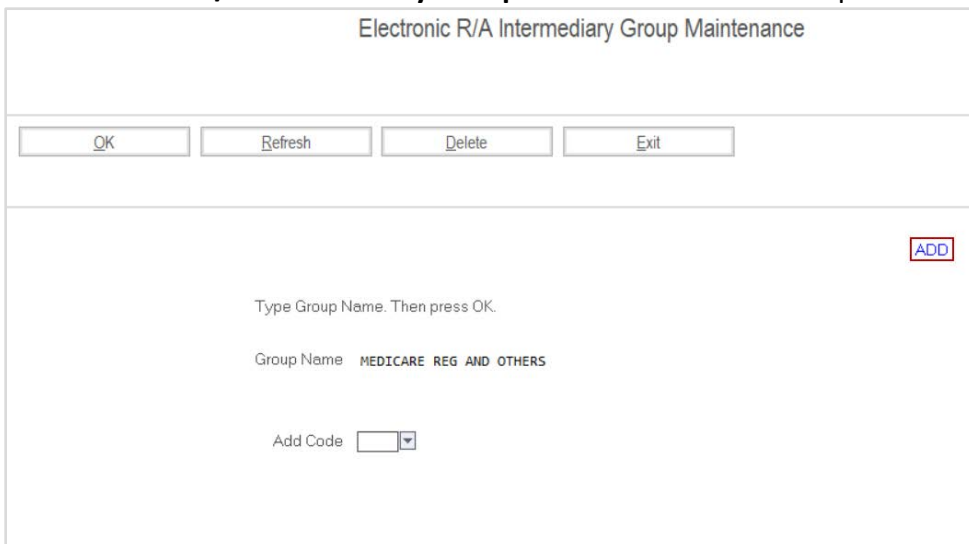
About Electronic Remittance Advice Groups

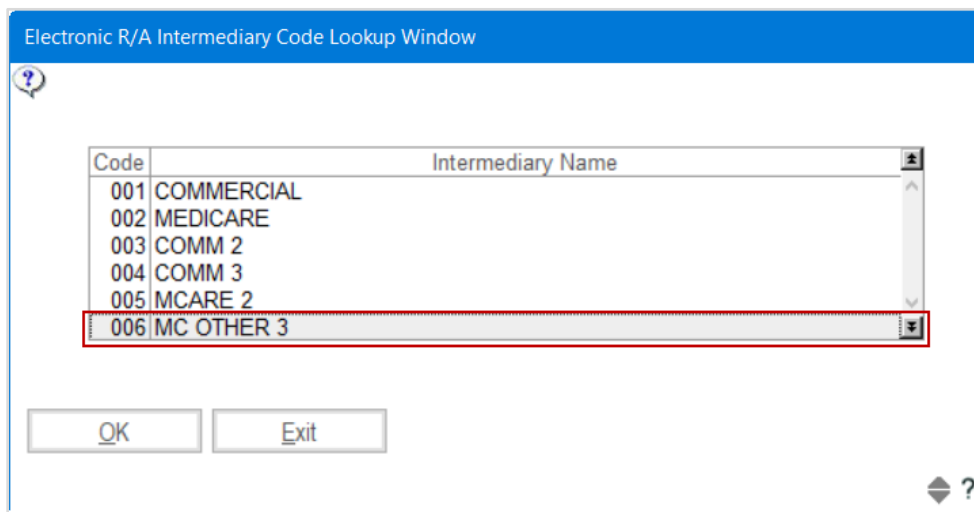
Electronic Remittance Advice groups allow users to receive ERA files using one intermediary code and have the file process for additional intermediary codes connected to it in a group. The receiving of the file is the same process, but the processing of the file applies to all the intermediary codes within a group. For example, a group is set up with both commercial and Medicare intermediary codes. A user receives the ERA using the commercial intermediary code. The file received has both commercial and Medicare claims. The file is processed, and the commercial claims are posted. Then the file is reprocessed, and the Medicare claims are posted.

To add an electronic remittance advice group

1. Enter a new **Group Name**2. Click **OK** or press Enter

The **Electronic R/A Intermediary Group Maintenance** window opens in **ADD** mode.

3. Enter the code or click the drop-down arrow to pull up the **Electronic R/A Intermediary Code Lookup Window**



4. Click **OK** or press Enter
5. Continue adding intermediary codes until all appropriate intermediary codes are attached to the group

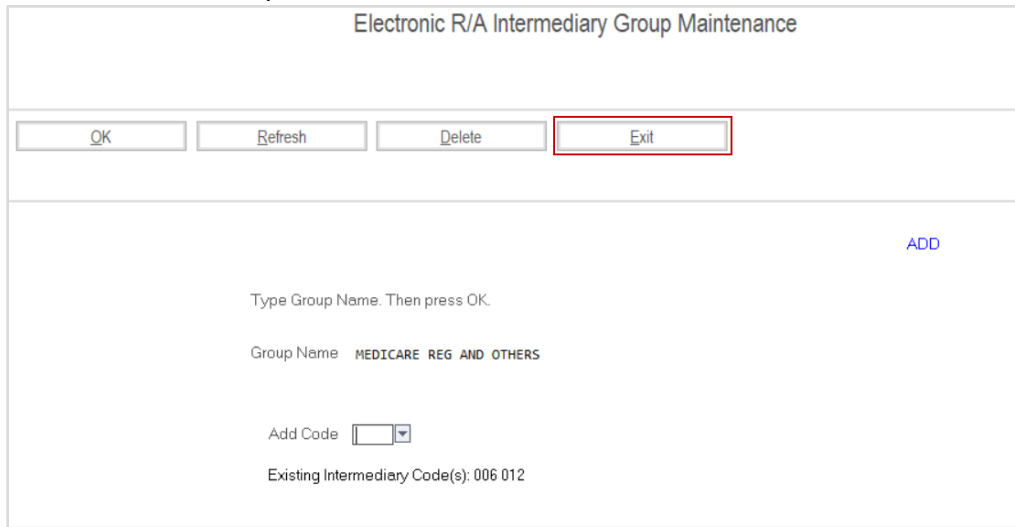
The screenshot shows a window titled "Electronic R/A Intermediary Group Maintenance". It has a header bar with the title. Below the header are four buttons: "OK", "Refresh", "Delete", and "Exit". In the top right corner, there is a blue "ADD" link. The main area contains the following text and controls:

Type Group Name. Then press OK.

Group Name **MEDICARE REG AND OTHERS**

Add Code

Existing Intermediary Code(s): 006 012

6. Click **Exit** when complete

Electronic R/A Intermediary Group Maintenance

OK Refresh Delete **Exit**

ADD

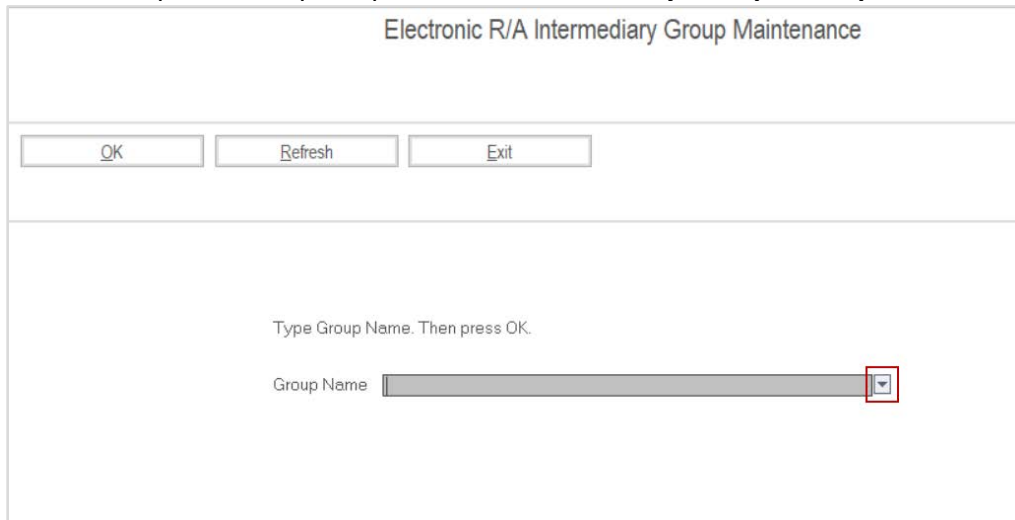
Type Group Name. Then press OK.

Group Name MEDICARE REG AND OTHERS

Add Code

Existing Intermediary Code(s): 006 012

To remove an intermediary code from an electronic remittance advice group

1. Use the drop-down to pull up the **ERA Intermediary Group Lookup Window**

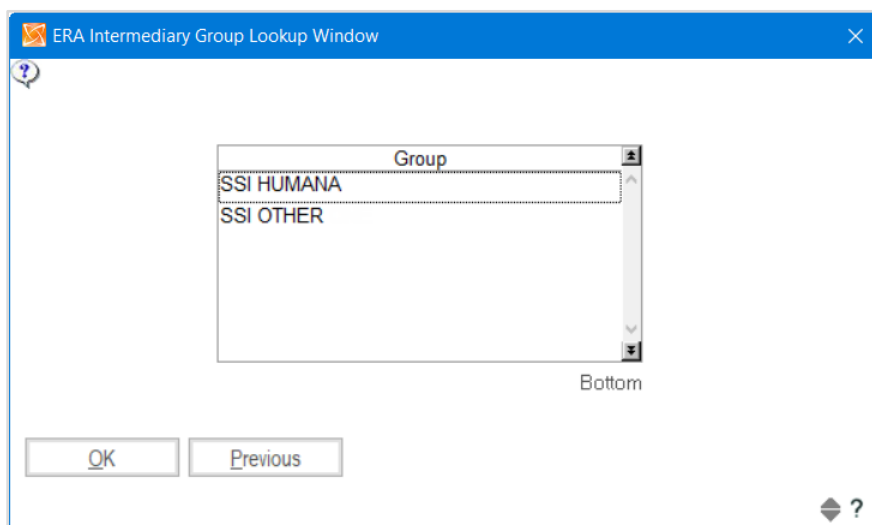
Electronic R/A Intermediary Group Maintenance

OK Refresh Exit

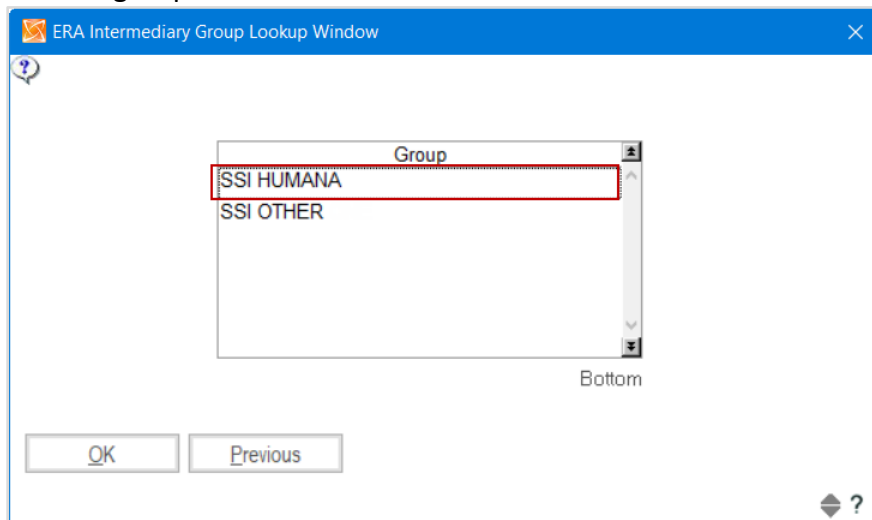
Type Group Name. Then press OK.

Group Name

The **ERA Intermediary Group Lookup Window** displays.



2. Select a group



3. Click **OK** or press Enter

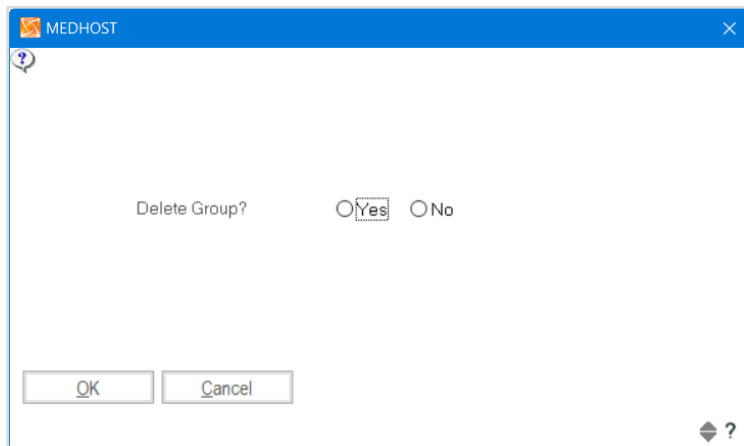
4. The display opens in **UPDATE** status

The screenshot shows a window titled 'MEDHOST' with a menu bar (File, Edit, Functions, Help) and a title bar 'Electronic R/A Intermediary Group Maintenance'. Below the title bar is a row of buttons: OK, Refresh, Delete, and Exit. In the main area, there is a red box labeled 'UPDATE' in the top right corner. Below this, the text 'Type Group Name. Then press OK.' is displayed. The 'Group Name' field contains 'SSI HUMANA'. The 'Add Code' field is a dropdown menu. At the bottom, it says 'Existing Intermediary Code(s): 001 002 009 010 013'.

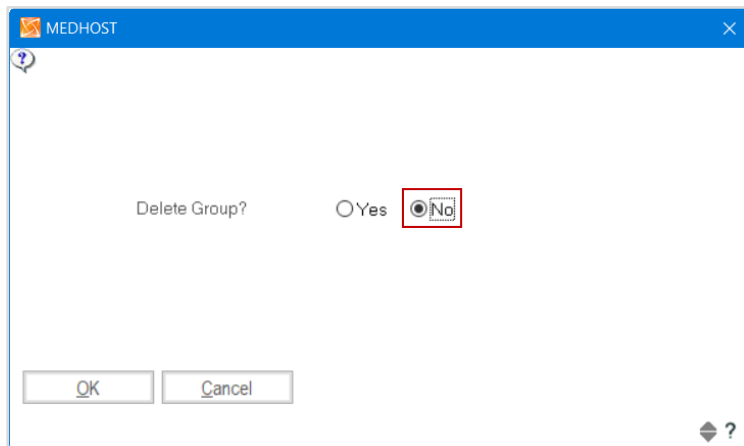
5. Click **Delete**

This screenshot is identical to the previous one, but the 'Delete' button in the top row is highlighted with a red rectangle. The 'UPDATE' status is still indicated by a red box in the top right corner of the main area.

A window asking if you want to delete the group appears.

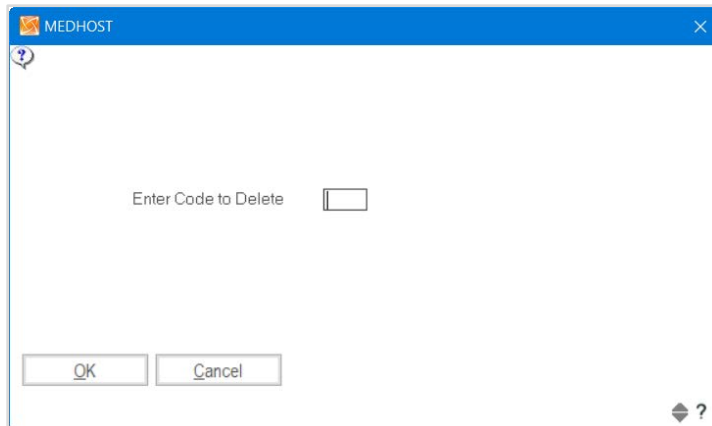


6. Select **No**

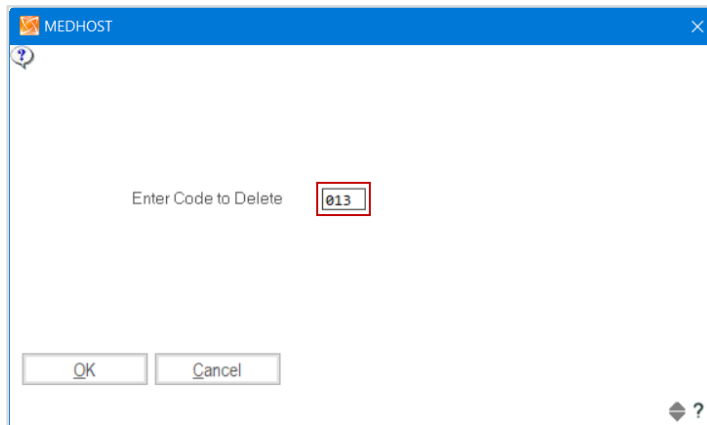


7. Click **OK**

A window displays for the deletion of intermediary codes.



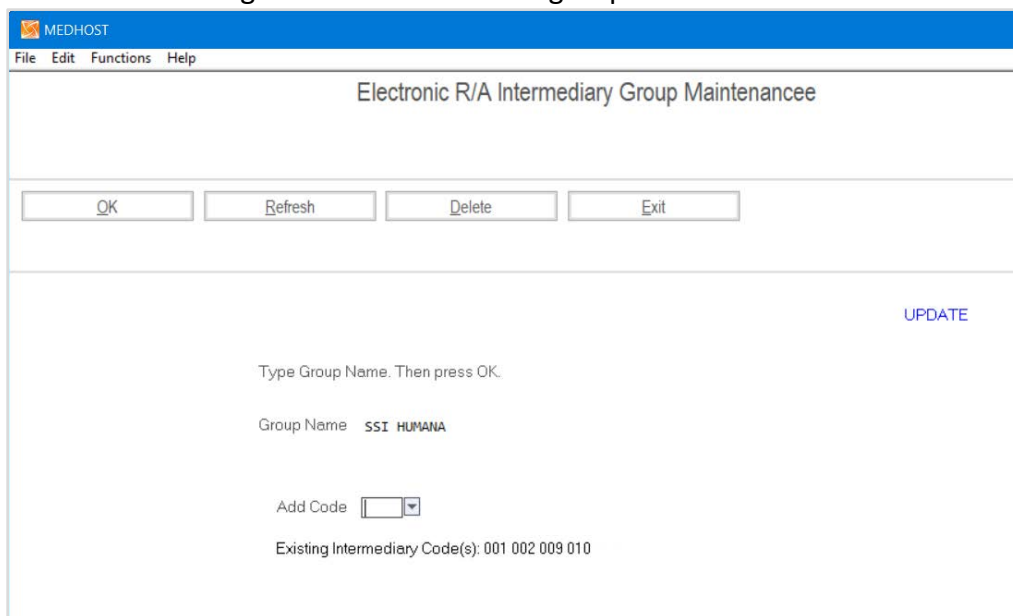
8. Enter code to delete



A dialog box titled "MEDHOST" with a blue header bar. The main area is white and contains the text "Enter Code to Delete" followed by a text input field containing the code "013". The input field is highlighted with a red rectangular box. At the bottom left are two buttons: "OK" and "Cancel". At the bottom right is a small icon of a diamond with a question mark.

9. Click **OK** or press Enter

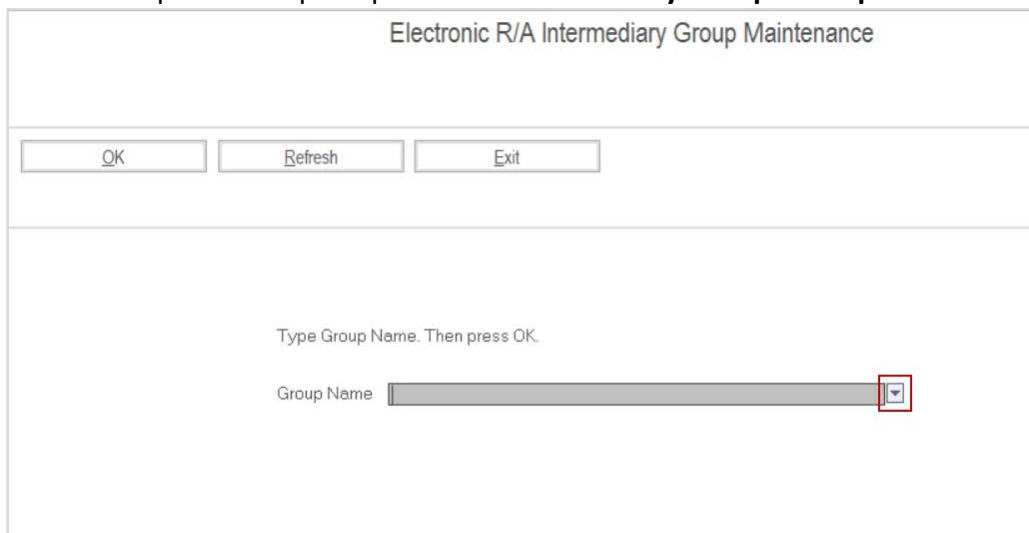
The code is no longer associated with the group.



The main application window titled "MEDHOST" with a blue header bar. Below the header is a menu bar with "File", "Edit", "Functions", and "Help". The main area has a title "Electronic R/A Intermediary Group Maintenance" centered at the top. Below the title is a row of four buttons: "OK", "Refresh", "Delete", and "Exit". Below these buttons is a large white area containing the text "Type Group Name. Then press OK." followed by "Group Name SSI HUMANA". Below this is a label "Add Code" followed by a text input field and a dropdown arrow. At the bottom is the text "Existing Intermediary Code(s): 001 002 009 010". In the top right corner of the main area is a blue link labeled "UPDATE".

To delete an electronic remittance advice group

1. Use the drop-down to pull up the **ERA Intermediary Group Lookup Window**



Electronic R/A Intermediary Group Maintenance

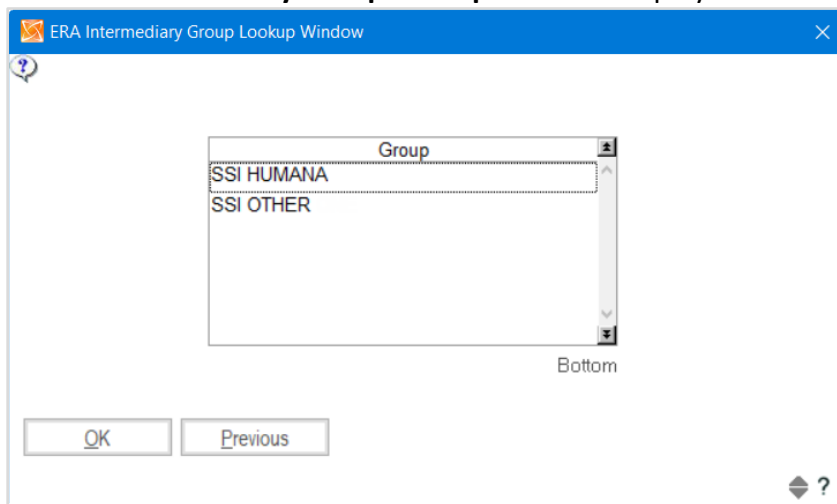
OK Refresh Exit

Type Group Name. Then press OK.

Group Name

The screenshot shows a window titled "Electronic R/A Intermediary Group Maintenance". At the top, there are three buttons: "OK", "Refresh", and "Exit". Below these buttons, there is a text prompt "Type Group Name. Then press OK." followed by a text input field labeled "Group Name". A red square highlights the drop-down arrow on the right side of the input field.

The **ERA Intermediary Group Lookup Window** displays.



ERA Intermediary Group Lookup Window

Group

SSI HUMANA

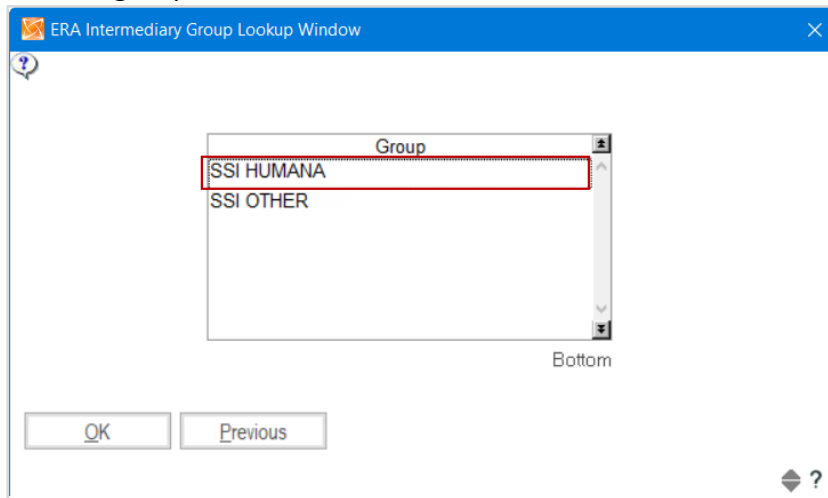
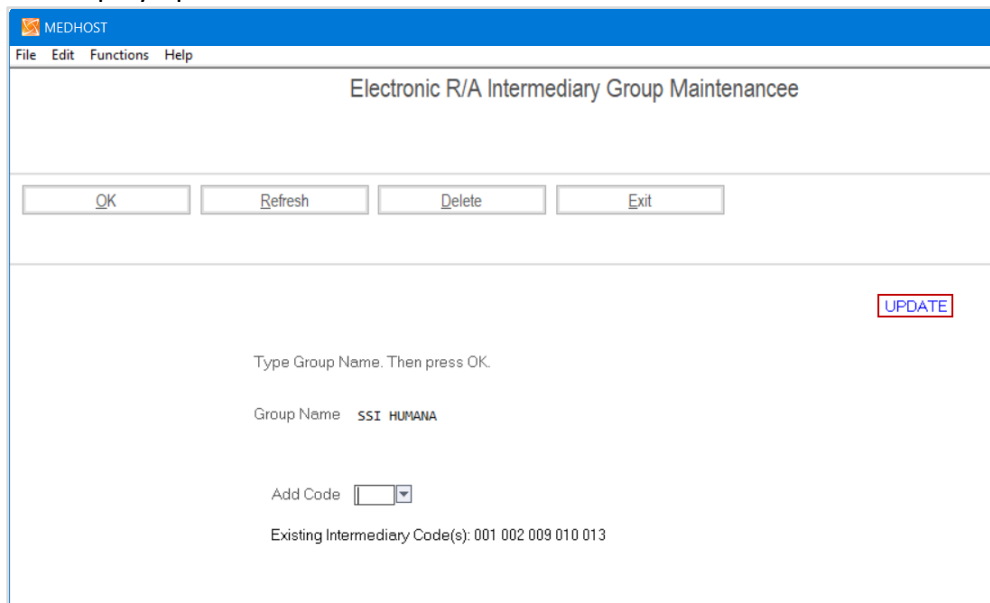
SSI OTHER

Bottom

OK Previous

The screenshot shows a window titled "ERA Intermediary Group Lookup Window". Inside the window, there is a list box labeled "Group" containing two items: "SSI HUMANA" and "SSI OTHER". Below the list box, the word "Bottom" is displayed. At the bottom of the window, there are two buttons: "OK" and "Previous". A help icon (?) is located in the bottom right corner of the window.

2. Select a group

3. Click **OK** or press Enter4. The display opens in **UPDATE** status

5. Click **Delete**

MEDHOST

File Edit Functions Help

Electronic R/A Intermediary Group Maintenance

OK Refresh **Delete** Exit

UPDATE

Type Group Name. Then press OK.

Group Name SSI HUMANA

Add Code

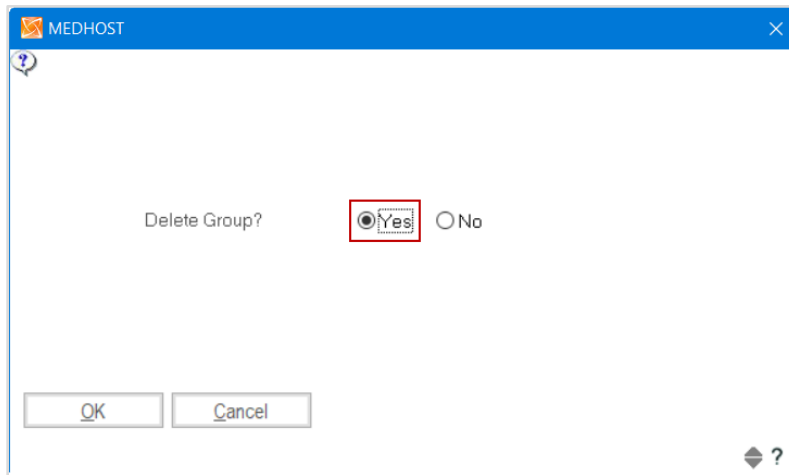
Existing Intermediary Code(s): 001 002 009 010 013

A window asking if you want to delete the group appears.

MEDHOST

Delete Group? ☒ Yes ☐ No

OK Cancel

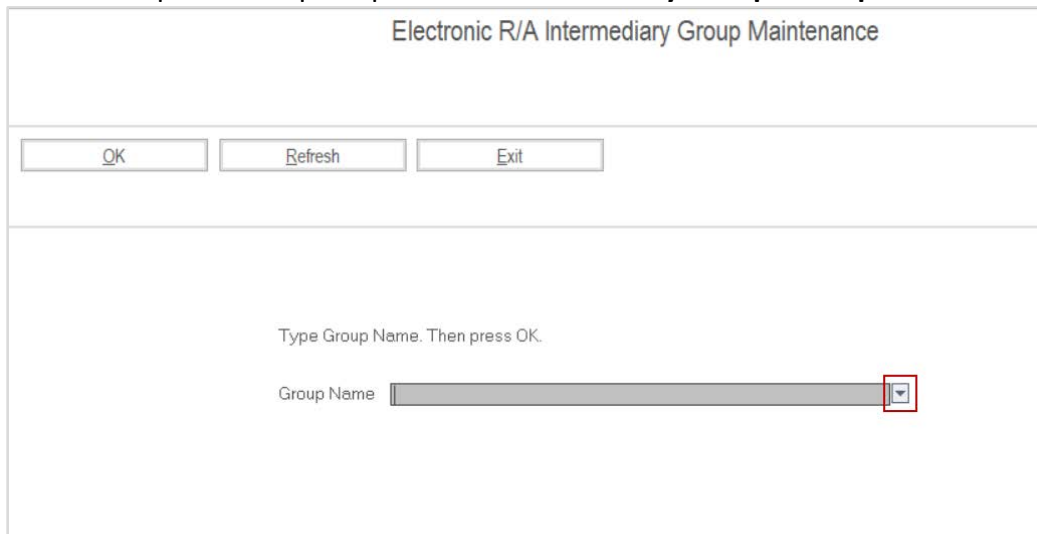
6. Select **Yes**7. Click **OK** or hit Enter

The group has been deleted and the **Electronic R/A Intermediary Group Maintenance** selection screen displays.

A screenshot of the 'Electronic R/A Intermediary Group Maintenance' screen. The title is centered at the top. Below the title are three buttons: 'OK', 'Refresh', and 'Exit'. Further down, there is a text prompt 'Type Group Name. Then press OK.' followed by a label 'Group Name' and a text input field with a dropdown arrow on the right.

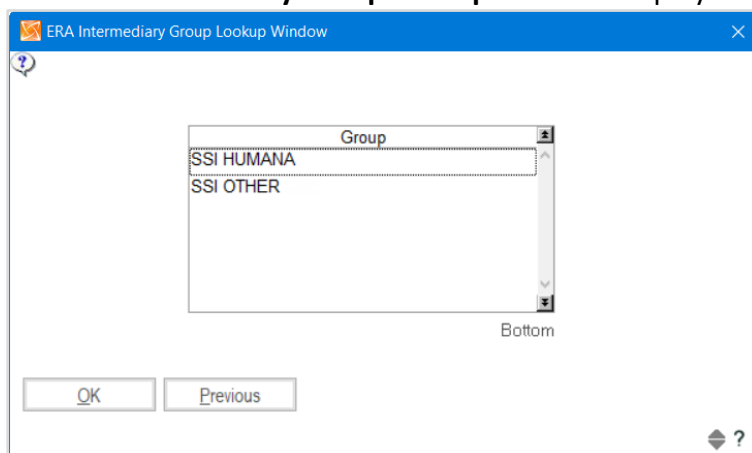
To add an intermediary code to an electronic remittance advice group

1. Use the drop-down to pull up the **ERA Intermediary Group Lookup Window**



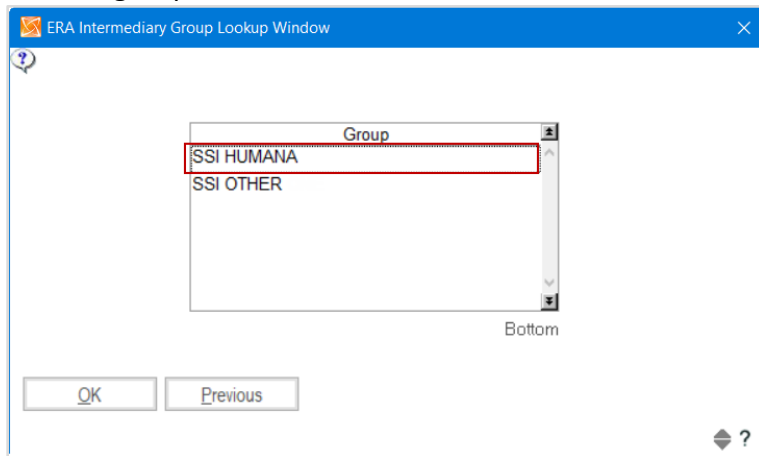
The screenshot shows a window titled "Electronic R/A Intermediary Group Maintenance". At the top, there are three buttons: "OK", "Refresh", and "Exit". Below these buttons, the text "Type Group Name. Then press OK." is displayed. Underneath this text is a text input field labeled "Group Name" followed by a drop-down arrow icon, which is highlighted with a red box.

The **ERA Intermediary Group Lookup Window** displays.

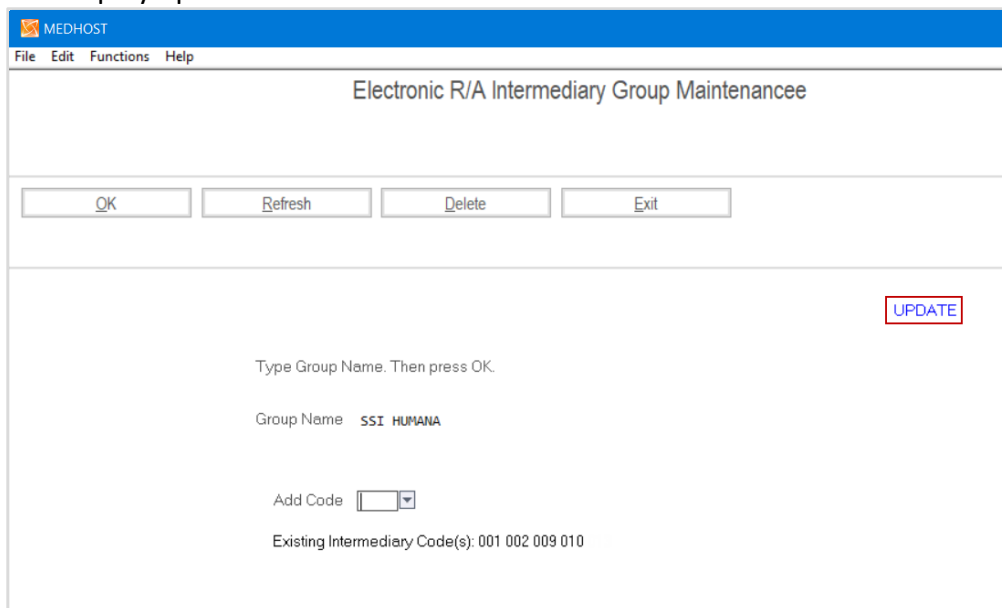


The screenshot shows a window titled "ERA Intermediary Group Lookup Window". Inside the window, there is a list box labeled "Group" containing two items: "SSI HUMANA" and "SSI OTHER". Below the list box, the word "Bottom" is displayed. At the bottom of the window, there are two buttons: "OK" and "Previous". In the bottom right corner, there is a small icon of a diamond with a question mark.

2. Select a group

3. Click **OK** or press Enter

The display opens in **UPDATE** status.

4. Enter the code or click the drop-down arrow to pull up the **Electronic R/A Intermediary Code Lookup Window**

MEDHOST
File Edit Functions Help

Electronic R/A Intermediary Group Maintenance

OK Refresh Delete Exit

UPDATE

Type Group Name. Then press OK.

Group Name SSI HUMANA

Add Code 013

Existing Intermediary Code(s): 001 002 009 010

5. Click **OK** or hit Enter

The code now appears with the **Existing Intermediary Code(s)**.

MEDHOST
File Edit Functions Help

Electronic R/A Intermediary Group Maintenance

OK Refresh Delete Exit

UPDATE

Type Group Name. Then press OK.

Group Name SSI HUMANA

Add Code

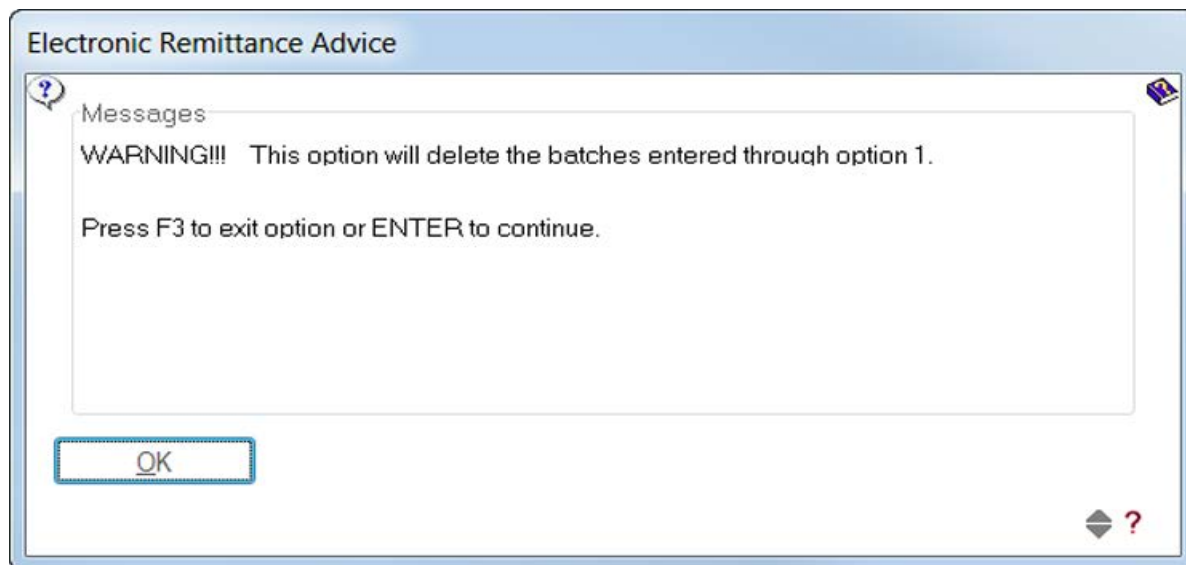
Existing Intermediary Code(s): 001 002 009 010 013

RMTADV Option 7: Remove Unwanted Electronic R/A Batch(s)

Overview: **Remove Unwanted Electronic R/A Batch(s)** (Option 7 on the Electronic Remittance Advice Menu) is used to delete the most recent RA batch received in Option 1, Receive Electronic R/A. It deletes the RA batch out of Daily Processing Menu and Enter Remittance Advice option but does not delete the RA data from ERA history.

This option can only be run if the Electronic Remittance Advice system is running in the test and live mode which is set up in Maintain Electronic R/A System Control, Option 4.

This window appears when you select **Remove Unwanted Electronic R/A Batch(s)** in the Electronic Remittance Advice Menu.

**Action**

To delete the batches: Click **OK**.

To cancel the deletion: Press **F3**.

RMTADV Option 8: View Claim Adjust. Reason Codes

Overview: *View Claim Adjust. Reason Codes (Option 8 on the Electronic Remittance Advice Menu) is used to view and maintain the claim-adjustment reason codes received by the intermediary. These codes could appear on the Electronic Remittance Advice Listing or Remittance Advice Error Report Listing. Both reports are automatically generated by Option 1, Receive Electronic R/A.*

MEDHOST provides the client with a “starter” list of codes and updates them via our regulatory releases when CMS has a related update. The client is apprised of these updates via the quarterly release information. CMS defines the reason code and reason group so those are the fields that MEDHOST populates/updates. The client needs to add/update the reason type for each reason code that applies to their facility. The type determines into which field in the log the money will go - deductible, copay, denial, contractual, etc. If an account on an ERA is assigned a reason code and the client has not assigned that code a reason type, any money associated with the reason code will not affect the account balance and the transaction will not be reported on the ERA Listing.

Codes can sorted, added, and changed but use caution when doing so in this option.

The codes are the claim-adjustment reason codes that could identify an error. These codes will indicate why a service was not covered or why a service was denied. The complete list of current codes is available at the Washington Publishing Company website:

<http://www.wpc-edi.com/codes>

The codes in this option will be checked automatically when the remittance advice file is received. If the condition is found in the file, the code will print on the reports.

The electronic remittance advice programs will read these claim-adjustment reason codes to determine how to identify a particular amount as a deductible, co-insurance, denial, contractual adjustment, and so on.

Note: Denial Management software purchase and installation is required prior to use in order to use/see certain functions/screens.

Without Software installation the following will not display:		Pages
Fields	Payor, Denial Category and Denial Type	8.4, 8.7, 8.15, 8.16
Screens	Payor Master Lookup	8.10
	DM Category Maintenance	8.13
	DM Type Code Maintenance	8.14

File:

ERAXREF

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ACCESSING REMITTANCE ADVICE REASON CODES

The **Remittance Advice Reason Codes** window appears when you select the *View Claim Adjust. Reason Codes* link from the *Electronic Remittance Advice Menu*. The **Remittance Advice Reason Codes** window lists all claim-adjustment reason codes that have been set up, in alphanumeric order by code.

You will use the window to add or maintain codes and their Groups, Types, and Descriptions.

You can use the sort buttons (▲ and ▼) at the top of the Code, Type, and Group columns to order the list, in either ascending or descending order. In ascending order any blanks will be at the top, so you can easily identify the codes that do not have Types or Groups set up.

The definitions of fields and buttons are on the next page.

Remittance Advice Reason Codes

OK
Legend
Add Code
Exit

Position to Reason Code

Reason Code ▲▼	Reason Group ▲▼	Payor	Reason Type ▲▼	Description	Denial Category	Denial Type	Denial Class
A0	CO			Patient refund amount.			
A0	CR			Patient refund amount.			
A0	QA			Patient refund amount.			
A0	PI		INF	Patient refund amount.			
A0	PR			Patient refund amount.			
A1	CO		DNY	Claim/Service denied. At least one			
A1	CR		DNY	Claim/Service denied. At least one			
A1	QA		DNY	Claim/Service denied. At least one			
A1	PI			Claim/Service denied. At least one			
A1	PR		DNY	Claim/Service denied. At least one			

Edit
Copy

◆ ?

Note: MEDHOST updates the Claim Adjustment Reason Codes on a quarterly basis. The updates include new codes and their descriptions as well as any existing codes and descriptions that have changed. The Claim Adjustment Reason Codes also require Type and Group codes if they are to be included on reports. The section, “Working with Reason Codes,” describes how to add Type and Group codes.

Action

To:

Do this:

Sort the list

Click  to sort the list in ascending or descending order.

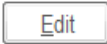
Find a code

Type part or all of the code in the **Position to Reason Code** field and click . The code you typed will appear at the top of the list.

Add a code

Click .

Edit a code

Highlight the code you want by selecting (clicking on) it, then click .

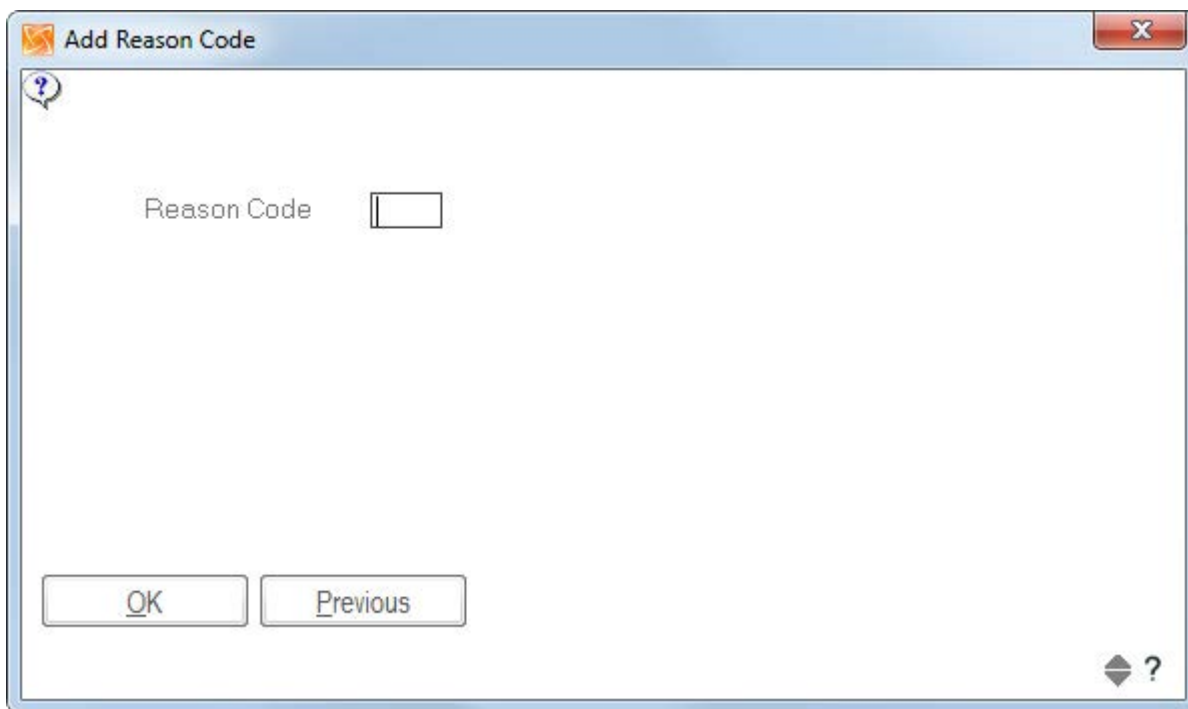
Buttons and Function Keys

Button	Function Key	Description
OK		Position the list of codes to what you entered in the Position to Reason Code field.
Add Code		Add a code to the list.
Exit		Return to the <i>Electronic Remittance Advice Menu</i> .

Button	Option	Description
Edit Type/Group/Description	2	Change the Reason Group, Reason Type, and/or Description of the selected code.

ADDING A REASON CODE

The **Add Reason Code** window appears when the **Add Code** in the **Remittance Advice Reason Codes** window is clicked.



Action

Type a new Reason Code selected from the national standard Claim-Adjustment Reason Code list then, click **OK**. The **Reason Code Description** window will open.

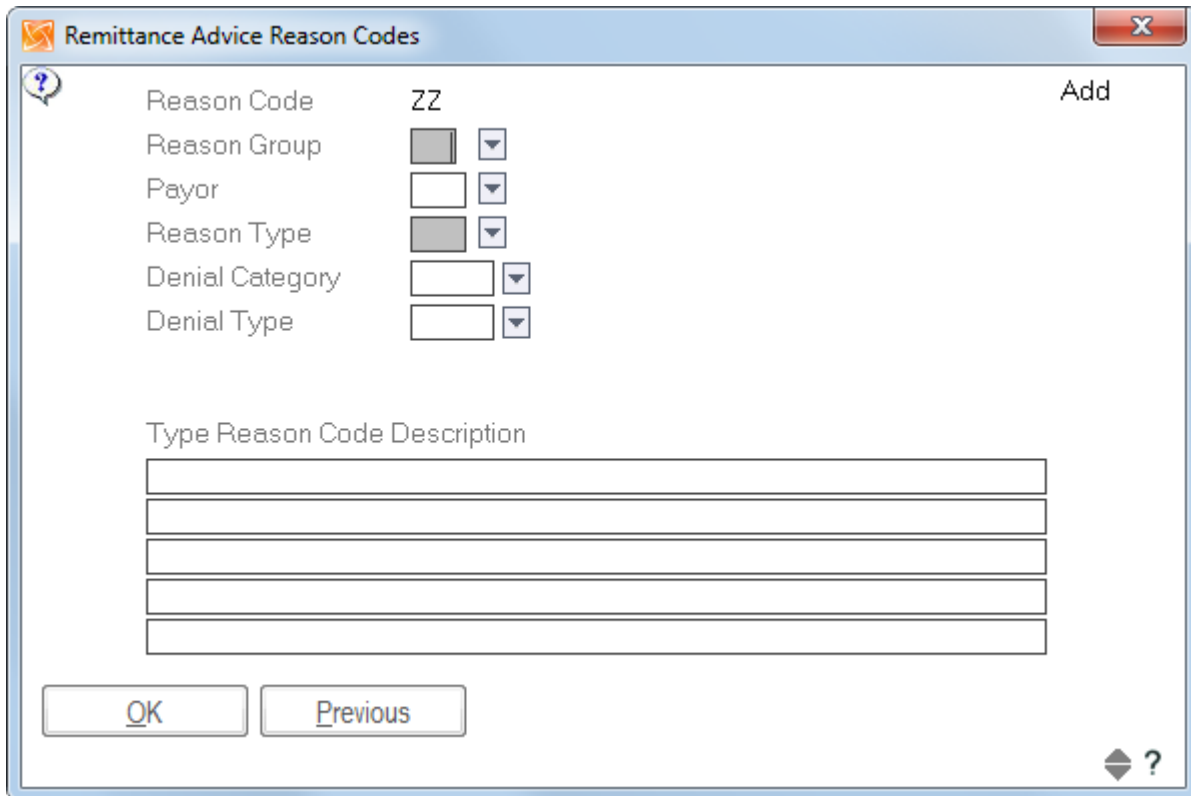
You can use the link below to access the current code lists** from the **Reference** page at the Washington Publishing Company's website. Code lists include the claim-adjustment reason codes, at the link below.

<http://www.wpc-edi.com/reference/>

** These lists are maintained by the Centers for Medicare and Medicaid Services (CMS), The National Uniform Claim Committee (NUCC), and committees that meet during trimester X12 meetings.

WORKING WITH REASON CODES - ADD

The **Reason Code Description** window appears after you type a new code in the **Add Reason Code** window and click **OK**.



The image shows a software window titled "Remittance Advice Reason Codes". It contains several input fields and buttons. The "Reason Code" field is populated with "ZZ". The "Reason Group" field is grayed out. The "Payor" field is empty. The "Reason Type" field is grayed out. The "Denial Category" field is empty. The "Denial Type" field is empty. There is an "Add" button in the top right corner. Below the input fields is a section labeled "Type Reason Code Description" with five empty text boxes. At the bottom are "OK" and "Previous" buttons. A help icon (?) is in the bottom right corner.

Reason Code	ZZ	
Reason Group		
Payor		
Reason Type		
Denial Category		
Denial Type		

Type Reason Code Description

OK Previous

Action

Fields in gray and description are required.

Type or search for () the Reason Group, Reason Type, and/or Description, and then click **OK** to save your entries and return to a previous window. If you are adding a new code, enter all three codes.

Click Previous to return to a previous window without saving any entries.

See the table on the next page for descriptions of the fields.

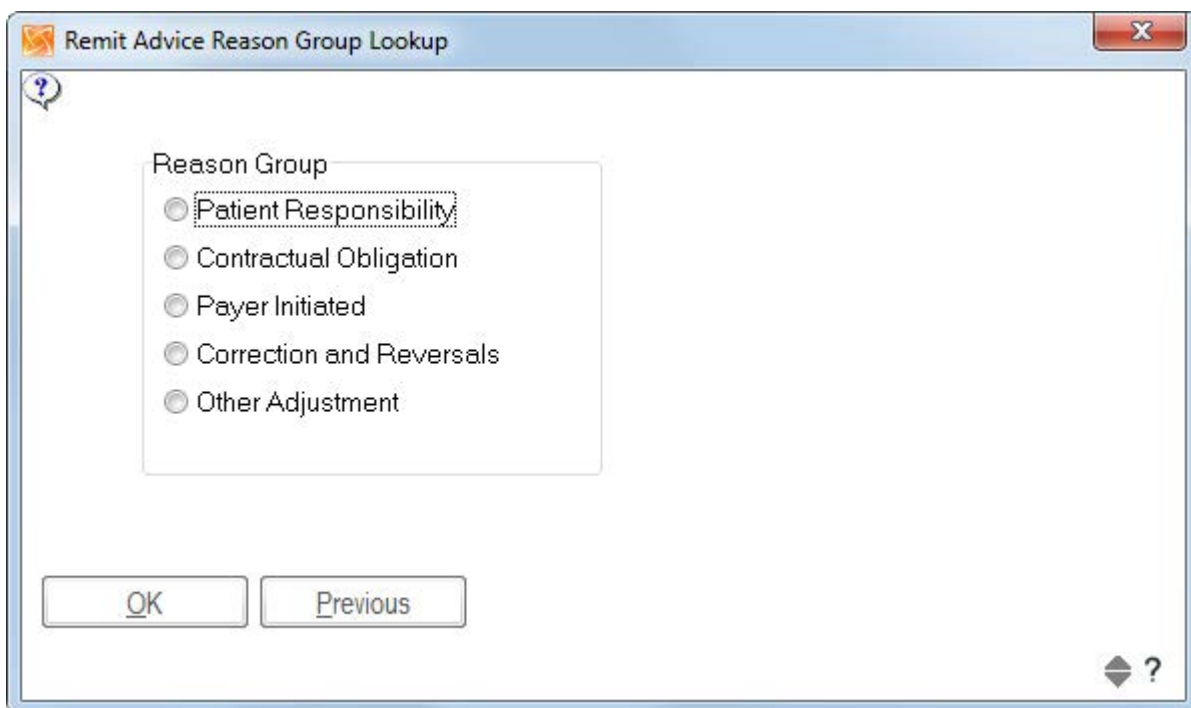
Field Descriptions

Field	Description
Reason Code	Display only. Reason codes are the national standard claim-adjustment reason codes. The complete list of the current codes is available at the Washington Publishing Company's website: http://www.wpc-edi.com/codes
Reason Group	Enter or change the Reason Group. You can either type the group code, or click  next to the field and then select the group you want in the Remittance Advice Reason Group window that appears. These are the 835-specified Reason Groups. The valid reason groups are: - PR = Patient Responsibility - CO = Contractual Obligation - PI = Payer Initiated - CR = Correction and Reversals - OA = Other Adjustment Items given the CO (Contractual Obligation) Reason Group code are no longer automatically placed in the <u>Contract Adj</u> column of the <i>Electronic Remittance Advice</i> report. For this reason, you must maintain your ERA Reason Codes, especially those that are set up for CO Reason Type 23 or any adjustments that would not be posted as a contractual.
Reason Type	Enter or change Reason Type. You can either type the code, or click  next to the field and then select the group you want in the Remittance Advice Reason Type Lookup window that appears. The Reason Types determine where a remittance advice amount will print on the <i>Electronic Remittance Advice Listing</i>. For valid Reason Types and the columns in which the amount will be printed, see the section, "Reason Types." There is now an MSP Reason Type code for MSP Primary Payer Amount. It places the amount in the MSP Primary Pay Amount field on the <i>Electronic Remittance Advice</i> report.
Description	Enter or change the reason code's Description. If you are changing it, you can provide more details or add information.

Reason Groups

This window appears when the  next to the Reason Group field in the **Reason Code Description** window is clicked.

You now control where the money for the CO (Contractual Obligation) Reason Group code appears, because it is no longer automatically placed in the Contract Adj column of the *Electronic Remittance Advice* report. Instead, it will be placed in the column indicated by the Reason Type. For this reason, you must maintain your ERA Reason Codes, especially those that are set up for CO Reason Type 23 or any adjustments that would not be posted as a contractual.



The image shows a Windows-style dialog box titled "Remit Advice Reason Group Lookup". It has a standard title bar with a question mark icon on the left and a close button (X) on the right. Inside the dialog, there is a group box labeled "Reason Group" containing five radio button options: "Patient Responsibility", "Contractual Obligation", "Payer Initiated", "Correction and Reversals", and "Other Adjustment". The "Patient Responsibility" option is currently selected. At the bottom of the dialog, there are two buttons: "OK" and "Previous". A small diamond-shaped icon with a question mark is located in the bottom right corner of the dialog area.

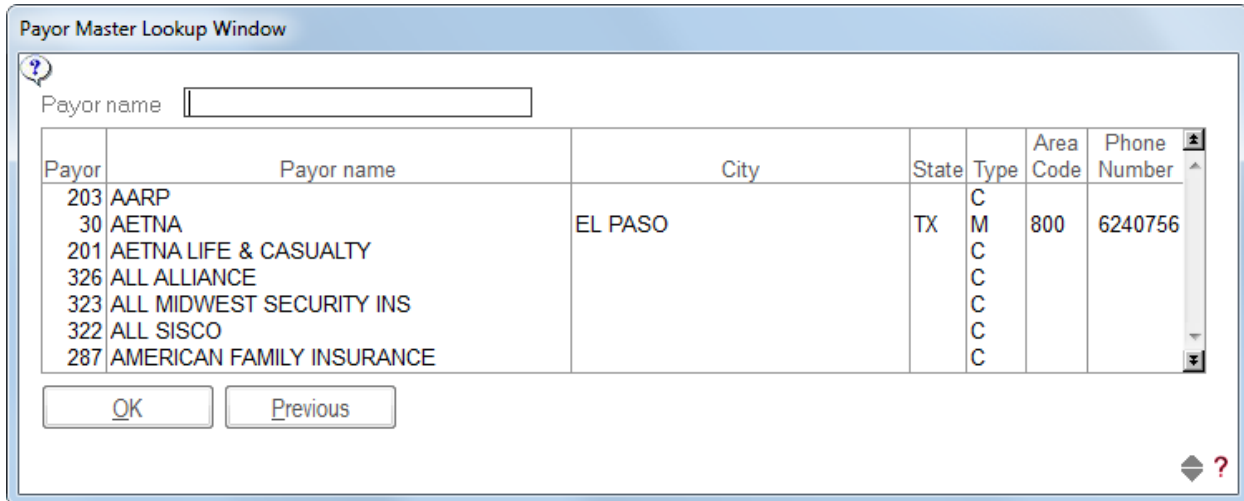
Action

Select a Reason Group then, click **OK**.

Click **Previous** to return to the previous window without entering a code.

Payor Master Lookup Window

The Payor Master Lookup Window displays when the Denial Category down arrow  is clicked while on the Add, Copy or Edit screens.



The screenshot shows a window titled "Payor Master Lookup Window". At the top left is a help icon. Below it is a text input field labeled "Payor name". Below the input field is a table with the following columns: Payor, Payor name, City, State, Type, Area Code, and Phone Number. The table contains several rows of data, with the first row being highlighted. Below the table are two buttons: "OK" and "Previous". In the bottom right corner, there is a diamond icon and a red question mark.

Payor	Payor name	City	State	Type	Area Code	Phone Number
203	AARP	EL PASO	TX	C	800	6240756
30	AETNA			M		
201	AETNA LIFE & CASUALTY			C		
326	ALL ALLIANCE			C		
323	ALL MIDWEST SECURITY INS			C		
322	ALL SISCO			C		
287	AMERICAN FAMILY INSURANCE			C		

Action

Select a Reason Group then, click [OK](#).

Click [Previous](#) to return to the previous window without entering a code.

Reason Types

This window appears when the  next to the Reason Type field in the **Reason Code Description** window is clicked.

Two reason types have been added:

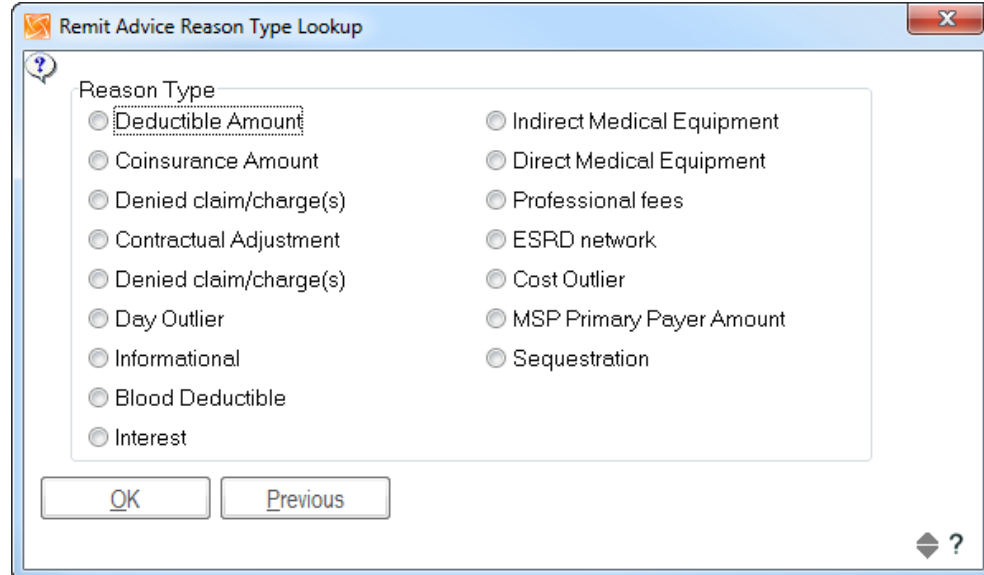
The **MSP Primary Payer Amount** reason type is used to populate the MSP Primary Pay Amount field on the *Electronic Remittance Advice* report. (In the past, all remittance advice records with a Reason Group of CO = Contractual Obligation would be placed in the Contract Adj column, regardless of the Reason Type.)

The **Sequestration** reason type (SEQ) is used to link specific transaction codes to Medicare Sequestration dollars received in the ERA.

About sequestration transaction codes

Transaction codes separate sequestration amounts reported in the ERA (electronic remittance advice). The reason code type SEQ identifies reason code 253 as a sequestration adjustment in the Remit Advice Codes Maintenance. Having the sequestration amounts displayed in separate fields helps the Business Office Director when reviewing the revenue and general ledger accounts.

Sequestration transaction codes display on Remittance Advice Entry screens and reports.



Action Select a Reason Type then, click **OK**.

Click **Previous** to return to the previous window without entering a code.

VALID REASON TYPES

Listed below are the valid Reason Types and the columns in which the amount will be printed.

Items with the CO (Contractual Obligation) Reason Group code are no longer automatically placed in the Contract Adj column, so you can use the Reason Type Code to specify where they will be placed.

Reason Type Code	Description	Remittance Advice Listing Column
MSP	MSP Primary Payor	MSP Primary Pay Amount
DDA	Deductible amount	Deductible
CIA	Co-insurance amount	Coinsurance
NCC	Non-covered charges	NonCov Chgs
CAD	Contract adjustment	Contract Adj
DNY	Denied claim/charges	Denied
DYO	Day outlier	Day Outlier
INT	Interest	Interest
BDD	Blood deductible	Blood Deduct
INF	Informational	Not Printed
IME	Indirect medical equipment	IME Adj
DME	Direct medical equipment	Med Ed
PRF	Professional fees	Pro Fees
ERD	ESRD	ESRD
CTO	Cost outlier	Cost Outlier
SEQ	Sequestration	Sequestration amount

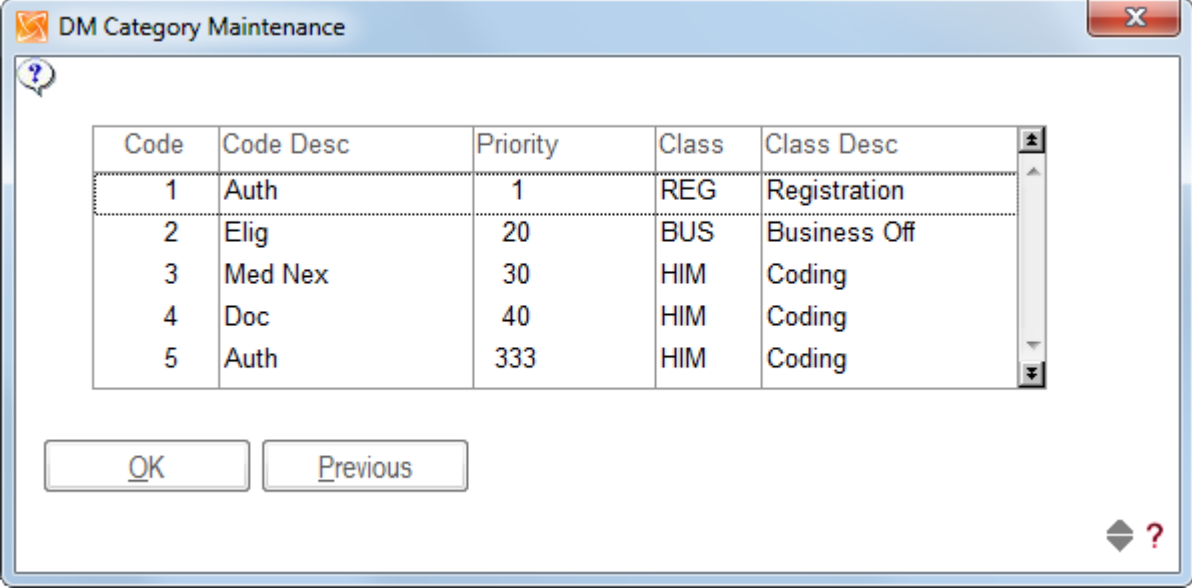
EXAMPLES

Here are a few examples of codes and the output column where an amount will be printed.

Reason Code	Reason Group	Reason Type	Remittance Advice Listing Column
1	PR	DDA	Deductible
18	CO	CAD	Contract Adj
18	PR	DNY	Denied
23	OA	MSP	MSP Primary Pay
B8	PR	NCC	NonCov Chgs

DENIAL CATEGORY SELECTION SCREEN

The Denial Category Selection Window displays when the Denial Category down arrow  is clicked while on the Add, Copy or Edit screens.



The screenshot shows a window titled "DM Category Maintenance" with a table of denial categories. The table has five columns: Code, Code Desc, Priority, Class, and Class Desc. There are five rows of data. Below the table are two buttons: "OK" and "Previous". A help icon (?) is in the top left corner, and a close icon (X) is in the top right corner. A status bar at the bottom right contains a diamond icon and a question mark.

Code	Code Desc	Priority	Class	Class Desc
1	Auth	1	REG	Registration
2	Elig	20	BUS	Business Off
3	Med Nex	30	HIM	Coding
4	Doc	40	HIM	Coding
5	Auth	333	HIM	Coding

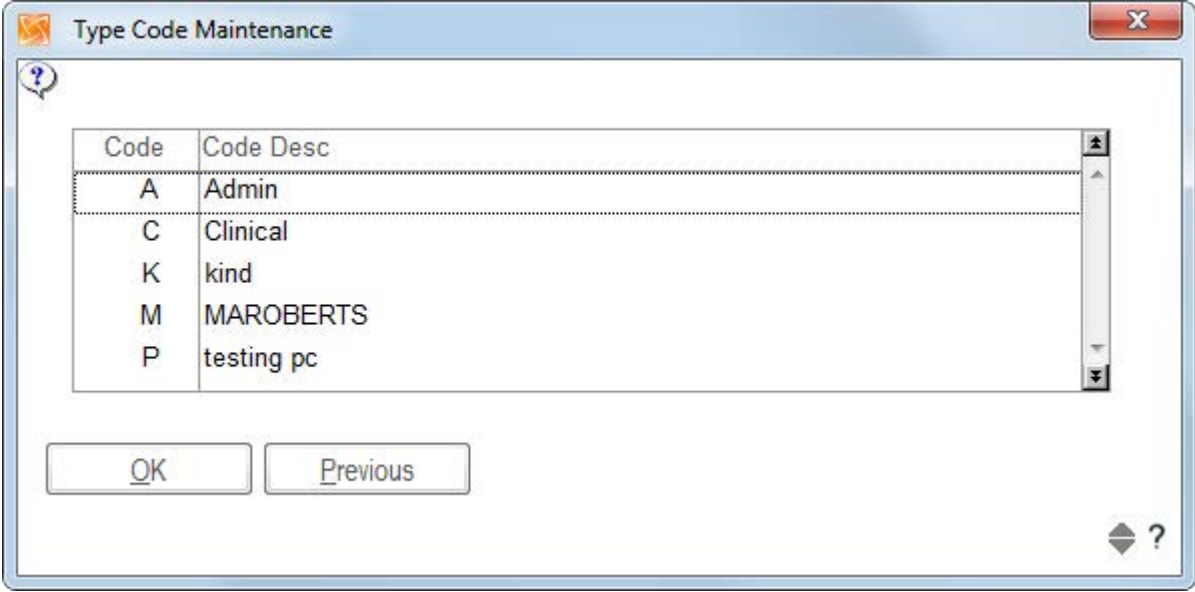
Buttons:

Action

Select a code then, press **OK** to continue or **Previous** to return to the previous screen.

DENIAL TYPE SELECTION SCREEN

The Denial Type Selection Window displays when the Denial Type down arrow  is clicked while on the Add, Copy or Edit screens.



The image shows a screenshot of a software window titled "Type Code Maintenance". The window has a standard Windows-style title bar with a close button (X) in the top right corner. Inside the window, there is a table with two columns: "Code" and "Code Desc". The table contains five rows of data. Below the table, there are two buttons: "OK" and "Previous". In the bottom right corner of the window, there is a small icon of a diamond with a question mark next to it.

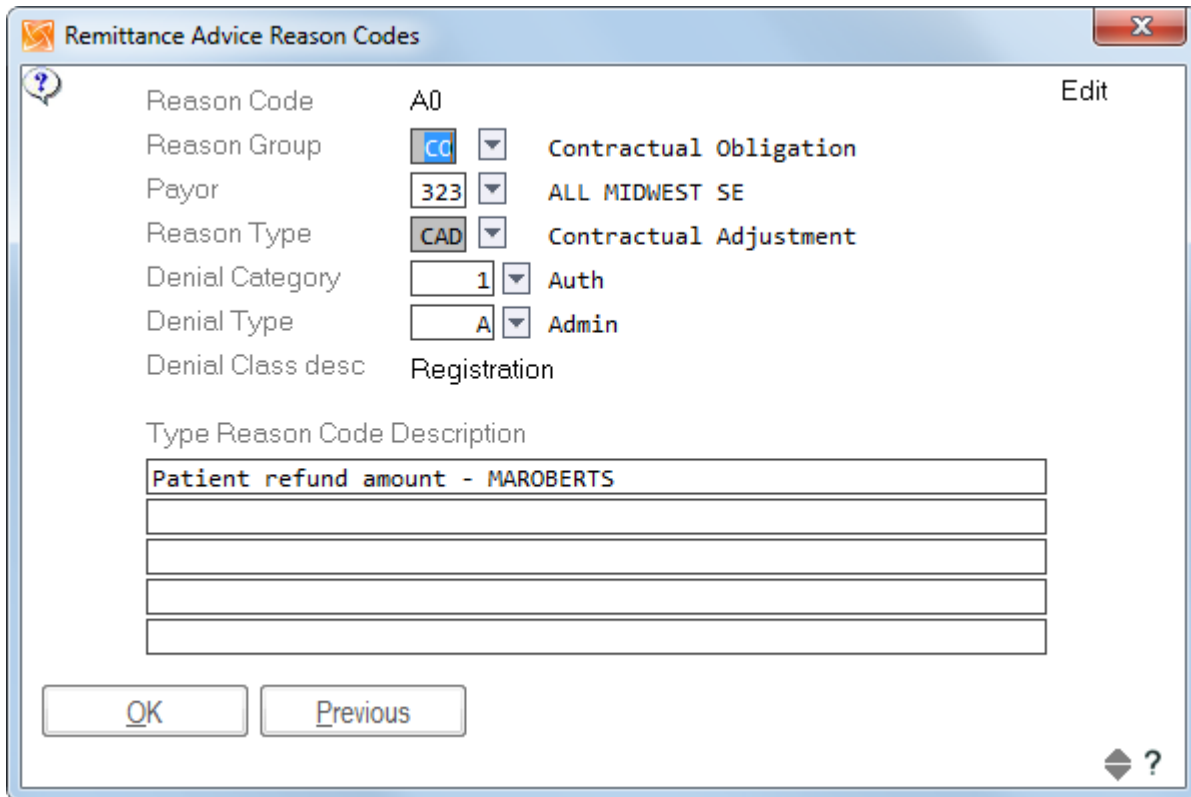
Code	Code Desc
A	Admin
C	Clinical
K	kind
M	MAROBERTS
P	testing pc

Action

Select a code then, press **OK** to continue or **Previous** to return to the previous screen.

UPDATE Reason Code description – EDIT

The Update Reason Code Description window displays when a Reason Code line item is selected and the Edit button  is clicked.



The screenshot shows a window titled "Remittance Advice Reason Codes" with a standard Windows-style title bar (minimize, maximize, close buttons). Inside the window, there is a form with several fields and a list of descriptions. The fields are: Reason Code (A0), Reason Group (CC), Payor (323), Reason Type (CAD), Denial Category (1), Denial Type (A), and Denial Class desc (Registration). To the right of these fields are labels: Contractual Obligation, ALL MIDWEST SE, Contractual Adjustment, Auth, and Admin. Below these fields is a section titled "Type Reason Code Description" followed by a list of five text boxes. The first text box contains the text "Patient refund amount - MAROBERTS". At the bottom of the window are two buttons: "OK" and "Previous". In the bottom right corner, there is a small icon of a diamond with a question mark.

Reason Code	A0	
Reason Group	CC	Contractual Obligation
Payor	323	ALL MIDWEST SE
Reason Type	CAD	Contractual Adjustment
Denial Category	1	Auth
Denial Type	A	Admin
Denial Class desc	Registration	

Type Reason Code Description

- Patient refund amount - MAROBERTS
-
-
-
-

OK Previous

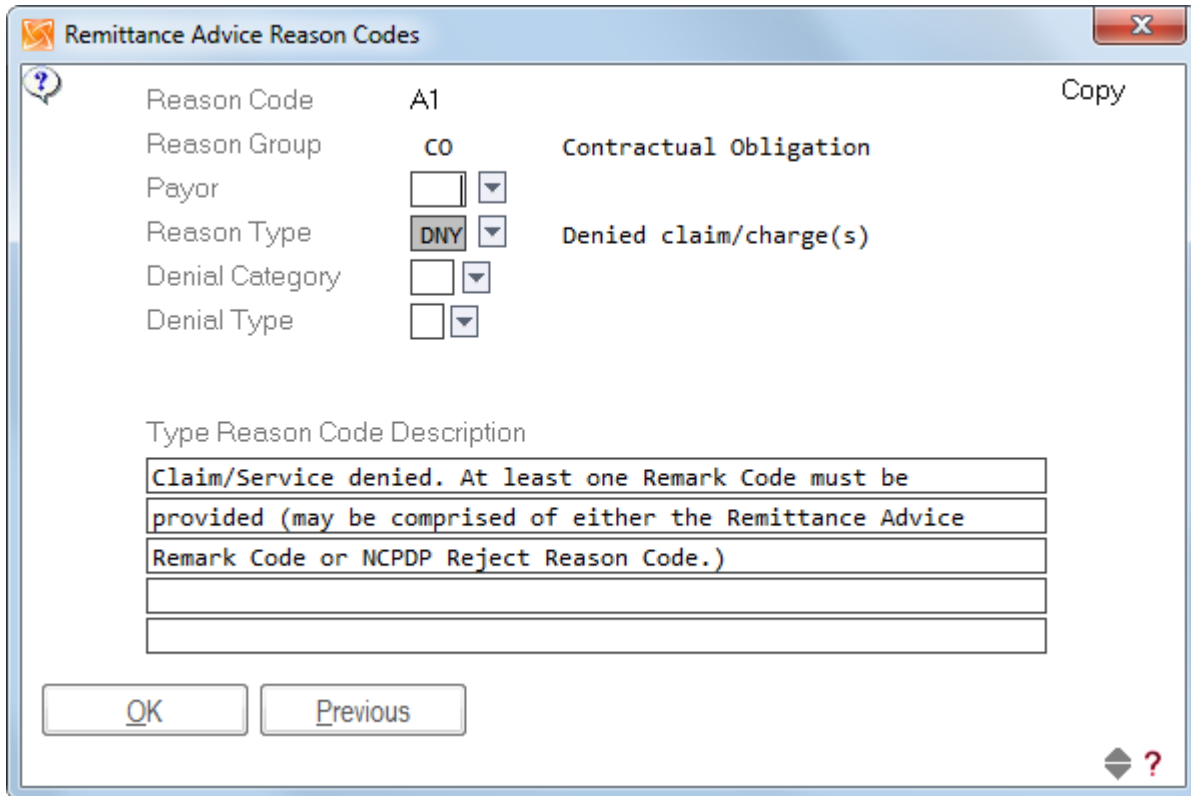
Action

If Denial Category is blank, the Denial Class Description label and description will not display. If a Denial Category is selected, the Denial Class Description label and description will display.

Make necessary changes then, press **OK** to continue or **Previous** to return to the previous screen.

Add Reason Type – Copy

The Add Reason Type window displays when a Reason Code line item is selected and the Copy button  is clicked.



The screenshot shows a window titled "Remittance Advice Reason Codes" with a close button (X) in the top right corner. Inside the window, there is a "Copy" button in the top right. The main area contains the following fields:

Reason Code	A1	
Reason Group	CO	Contractual Obligation
Payor		
Reason Type	DNY	Denied claim/charge(s)
Denial Category		
Denial Type		

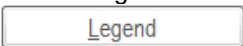
Below these fields is a section titled "Type Reason Code Description" with four text input boxes. The first box contains the text: "Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)". The other three boxes are empty.

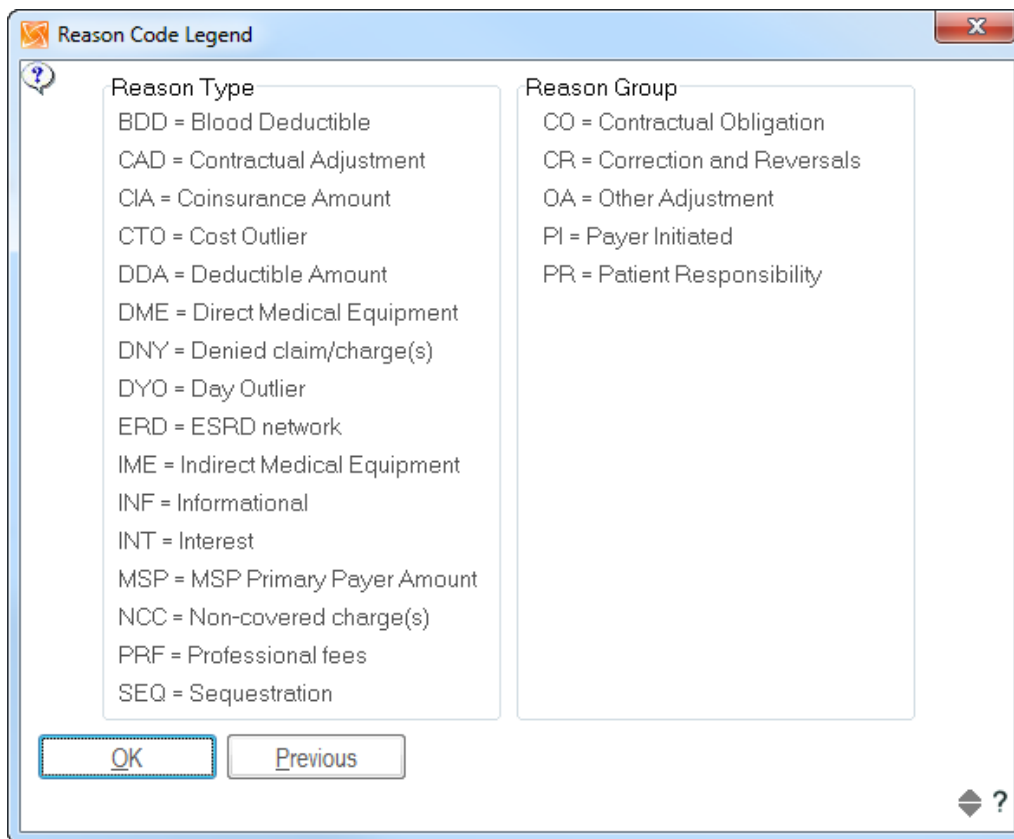
At the bottom left are two buttons: "OK" and "Previous". At the bottom right is a small icon of a diamond with a question mark.

Action

Make necessary changes to the copied version then, press **OK** to continue or **Previous** to return to the previous screen.

F1 – REASON CODE LEGEND

The Patient Logic Denial Management – Legend window displays when **F1** is pressed or the Legend button  is clicked on the Admittance Advice Reason Code window.



Action

Press **OK** to continue or **Previous** to return to the previous screen.

RMTADV Option 9:**Denial Management Code Maintenance****Overview:**

Use this option to create and maintain Denial Type, Category and Class Management Codes.

Note: This option is not functional until the new Denial Management software is installed.

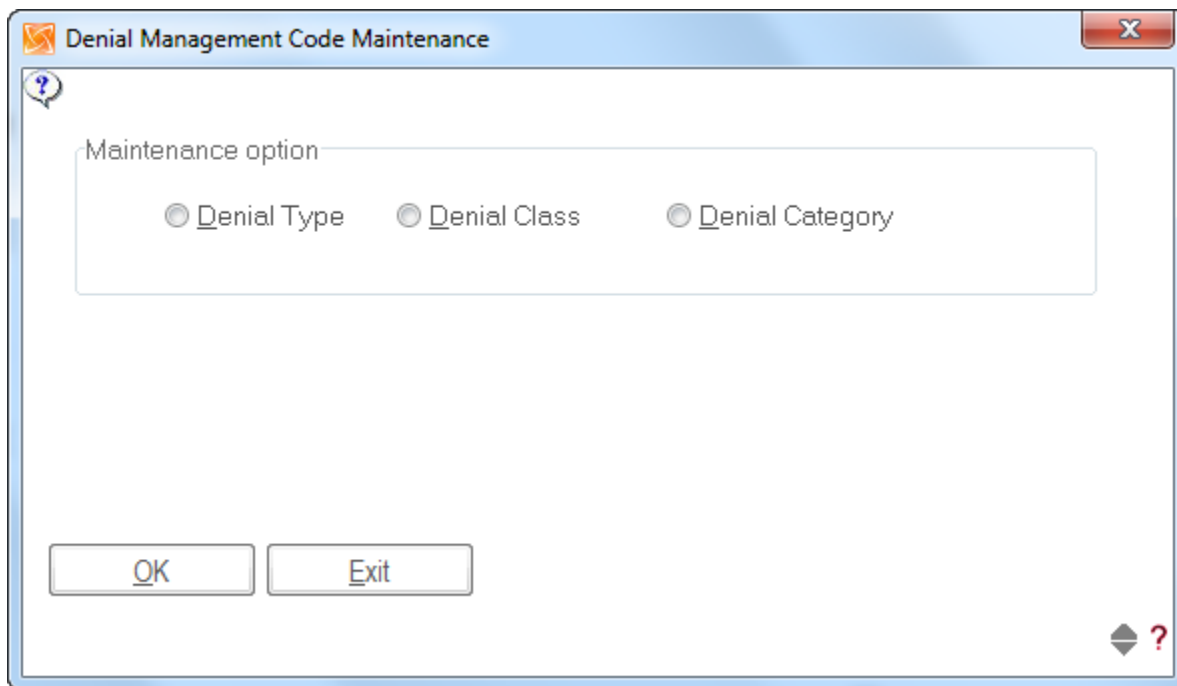
File:

SYSTABFL, PLDMCDEC, PLDMCDEV1

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DENIAL MANAGEMENT CODE MAINTENANCE



The Denial Management Code Maintenance window displays when **Option 9 (Denial Management Code Maintenance)** is selected from the **Remittance Advice** menu.

Action

Maintenance Option: Select **Denial Type**, **Denial Class** or **Denial Category** and click **OK** to continue, **Previous** to return to the previous screen, or **Exit** to quit.

DENIAL MANAGEMENT CODE MAINTENANCE – DENIAL TYPE

Codes	Description
A	ADMINISTRATION
C	CLINICAL

The **Denial Management Code Maintenance – Denial Type** window displays when Denial Type is selected from the **Denial Management Code Maintenance** window.

Action

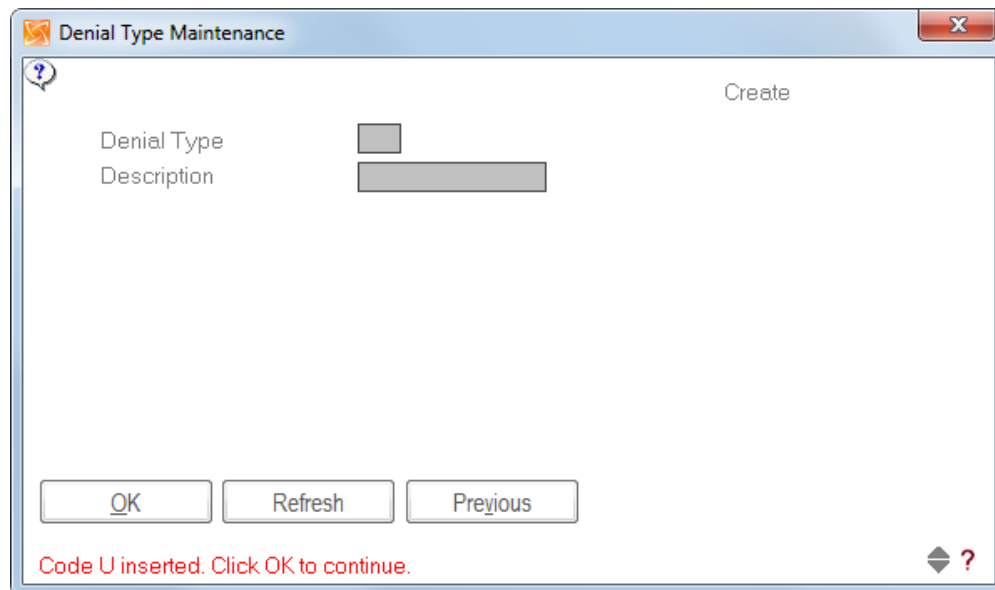
Select a Denial Type Code line item to update and click **Change** and the **DM Type Code Maintenance Update** window displays.

Select a Denial Type code and click **Deactivate** to deactivate the code and description.

Note: If a DM code is attached to a reason code, a message will display, “Code attached to category or reason. Deactivate not allowed.”

Click **OK** to update, **Previous** to return to the previous screen, or **Exit** to quit.

Denial Type Maintenance – Add



The **DM Type Code Maintenance – Create** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Type** window and **F6** is pressed or **Add** is clicked.

Note: The Description display on the **Remittance Advice Reason Codes** window (**RMTADV**) – **Option 8**.

Action

Gray fields are required.

Denial Type: Enter a Type Code. When a new code is added and **OK** is clicked, a message will display at the bottom of the window. **Example:** “**Code E inserted. Click OK to continue.**”

Once a code and description are entered and **OK** is clicked, they are checked for duplication, neither of which is case sensitive. If an upper case “E” is entered then, a lower case “e”, it will display as a duplicate. The same is true for a description. So, if a code is entered that already exists, a note will display stating: “**Duplicate code value not allowed. Please rekey.**”

Multiple entries are allowed after initial entry and message displays stating code has been added. Fields will display blank allowing another code to be added.

Description: Enter a description. If the description field is left blank, a warning message will display. **Example:** “**Description is blank or not valid. Please rekey.**”

Click **OK**, to accept added code and the fields clear; more codes can be keyed once fields clear or click **OK** twice will take user back to Codes Maintenance screen. Click **Previous** to return to the previous screen or **Refresh** to refresh window content.

Denial Type Maintenance – Update

Denial Type Maintenance

Update

Denial Type: A

Description: Admins

OK Refresh Previous

Code A updated. Click OK to continue.

The **DM Type Code Maintenance – Update** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Type** window and change is clicked.

Note:

- When a code is updated and **OK** is clicked, a message will display at the bottom of the window. **Example:** “Code O updated. Click OK to continue.”
- If the Description field is left blank, a message will display at the left bottom of the screen “Description is blank or not valid. Please rekey.”

Action

Gray fields are required.

Make changes to either of the two fields:

Denial Type: Enter a Class Code.

Description: Enter a description.

Click **OK** twice to accept changes and return to code maintenance screen or Click **Previous** to return to the previous screen or **Refresh** to refresh window content.

Denial Type Maintenance – Deactivate

Denial Type	Description
F	Room Freshner

Deactivate

OK Deactivate Previous Exit

The **DM Class Code Maintenance – Deactivate** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Type** window and Deactivate is clicked.

Action

Deactivate: To confirm deactivation, press **F23** or click **Deactivate**.

Click **OK** to accept changes and continue, **Previous** to return to the previous screen, or **Exit** to quit.

DENIAL MANAGEMENT CODE MAINTENANCE – DENIAL CATEGORY

Denial Management Code Maintenance

Codes	Description	Priority	Class
1	CODINGS	2	00002
2	TIMELY FILING	3	00002
3	TESTING	40	00002
4	NO FILING	27	00003
5	NEW	30	00001
6	Documentation	60	00003
7	Contract Mgt	71	00001
13	DIAGNOSIS NC	160	00002
25	INVESTIGATION	120	00001
36	DEDUCTIBLE AMT	110	00003
40	OTHER INSR	150	00002
46	NO GOOD	130	00001
53	ADMINISTRATIVE	90	00004
55	NOT AUTHORIZED	100	00001
70	WCOMP CASE	80	00003

?

The **Denial Management Code Maintenance – Denial Category** window displays when Denial Type is selected from the **Denial Management Code Maintenance** window.

Note:

A Category cannot be set up using Class until the Denial Class is set up.

Action

Select a Denial Category Code line item to update and click **Change** and the **DM Category Code Maintenance Update** window displays.

Select a Denial Category code and click **Deactivate** to deactivate the code and description.

Note: If a DM code is attached to a reason code, a message will display, "Code attached to category or reason. Deactivate not allowed."

Click **OK** to update, **Previous** to return to the previous screen, or **Exit** to quit.

Denial Category Category Maintenance – Add

Denial Category Maintenance

Update

Denial Category: 13

Description: DIAGNOSIS NC

Denial Priority: 160

Denial Class: 00002 DOCUMENTATION

OK Prompt Refresh Previous Continue

The **DM Category Maintenance – Create** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Category** window and **F6** is pressed or **Add** is clicked.

Note: The **Description** displays on the **Remittance Advice Reason Codes** window (**RMTADV**) – **Option 8**.

Action

Gray fields are required.

Denial Category: Enter a Category Code. When a new code is added and **OK** is clicked, a message will display at the bottom of the window. **Example:** “Code 12 inserted. Click OK to continue.”

Once a code and description are entered and **OK** is clicked, they are checked for duplication, neither of which is case sensitive. If an existing code is entered, a note will display stating: “Duplicate code value not allowed. Please rekey.”

Multiple entries are allowed after initial entry and message displays stating code has been added. Fields will display blank allowing another code to be added.

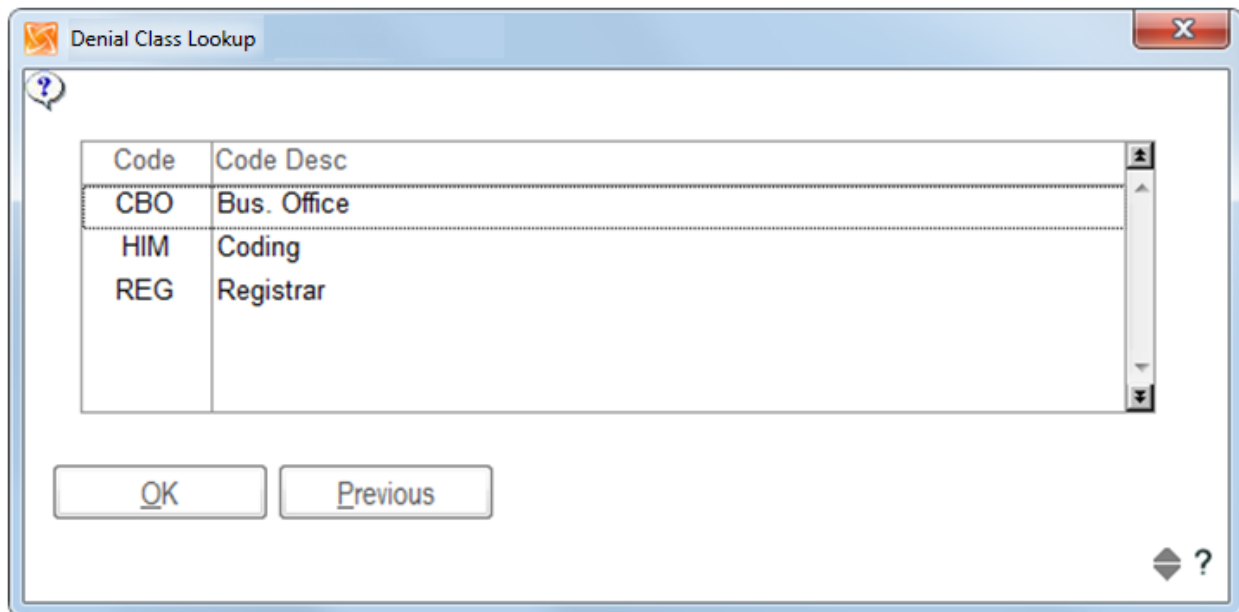
Description: Enter a description. If the description field is left blank, a warning message will display. Example: “Description is blank or not valid. Please rekey.”

Denial Priority: Enter a unique weight factor.

Denial Class: Enter or select a Class Code.

Click **OK**, to accept and the fields clear; more codes can be keyed once fields clear or click **OK** twice will take user back to Codes Maintenance screen. Click **Previous** to return to the previous screen or **Refresh** to refresh window content.

Denial Class Lookup



The image shows a software window titled "Denial Class Lookup". It contains a table with two columns: "Code" and "Code Desc". The table lists three entries: "CBO" for "Bus. Office", "HIM" for "Coding", and "REG" for "Registrar". Below the table are two buttons: "OK" and "Previous". The window has a standard Windows-style title bar with a close button (X) in the top right corner. A help icon (?) is visible in the top left corner of the window's content area, and a diamond-shaped icon with a question mark is in the bottom right corner.

Code	Code Desc
CBO	Bus. Office
HIM	Coding
REG	Registrar

OK Previous

The **DM Class Code Maintenance** window displays when the Class Code down arrow  is clicked on the **DM Category Maintenance – Create** window.

Action

Select a Code then, click **OK** to continue or **Previous** to return to the previous screen.

Denial Category Maintenance – Update

Denial Category Maintenance

Update

Denial Category: 13

Description: DIAGNOSIS NC

Denial Priority: 160

Denial Class: 00002 DOCUMENTATION

OK Prompt Refresh Previous Continue

The **DM Category Maintenance – Update** window displays when a line item is selected from the **Denial Management Category Maintenance – Denial Category** window and change is clicked.

Note:

- When a code is updated and **OK** is clicked, a message will display at the bottom of the window. **Example:** “Code 11 updated. Click OK to continue.”
- If the Description field is left blank, a message will display at the left bottom of the screen, “Description is blank or not valid. Please rekey.”

Action

Make Changes to any of the following fields:

Denial Category: Enter a Class Code.

Description: Enter a description.

Denial Priority: Enter a numeric up to three-digit number.

Denial Class: Enter or select a Class Code.

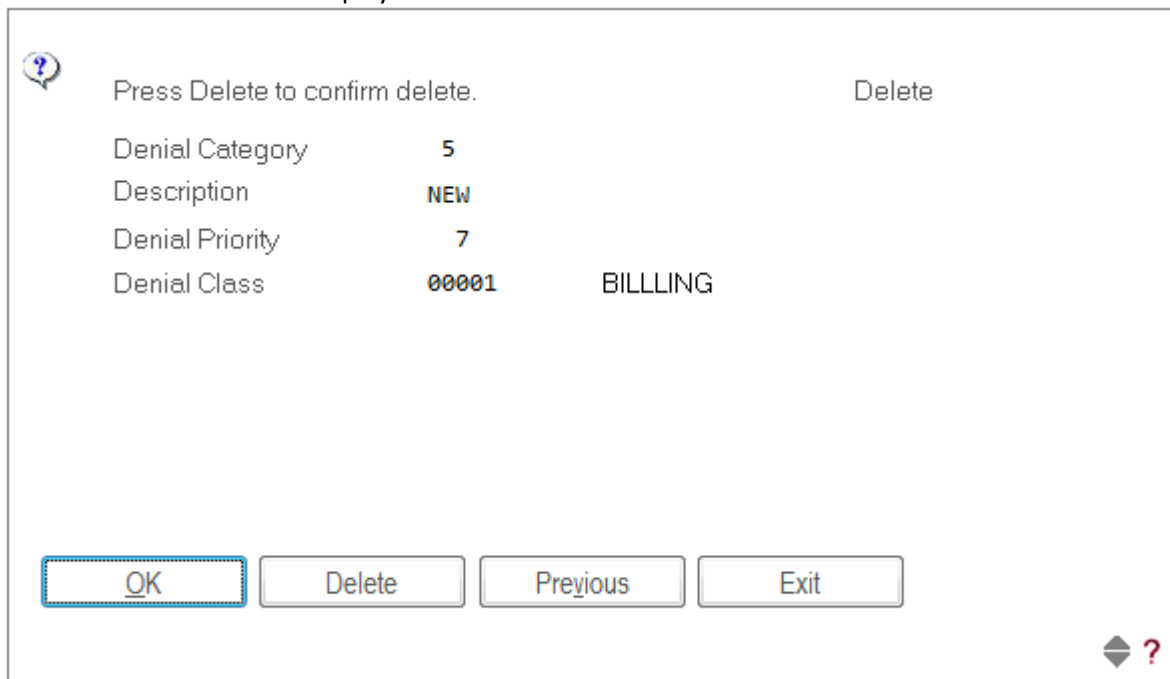
Click **OK** twice to accept changes and return to code maintenance screen or Click **Previous** to return to the previous screen or **Refresh** to refresh window content.

Denial Category Maintenance – Delete

To Delete a Denial Category Code

1. Select a line item from the **Denial Management Code Maintenance Denial Category** view
2. Click Delete

The **Confirm Delete** view displays.



The screen displays a confirmation dialog for deleting a denial category. It includes a help icon, a message to press delete, and a 'Delete' button. Below this, the details of the denial category are shown: Denial Category 5, Description NEW, Denial Priority 7, and Denial Class 00001 BILLING. At the bottom, there are four buttons: OK, Delete, Previous, and Exit. A help icon is also present in the bottom right corner.

Denial Category	5
Description	NEW
Denial Priority	7
Denial Class	00001 BILLING

3. Click **Delete** to confirm delete

Note:

A code attached to a reason code cannot be deleted and a message displays on the **Denial Management Code Maintenance Denial Category** view stating: "Cannot delete. Code attached to a reason code. Use F9 to display links."

Denial Category Maintenance – Resequence Priority (F10)

To re-sequence priority

Note:

When there are multiple denials, the one with the highest priority shows up as being the reason the claim was denied on the work list.

1. Select **Denial Category** from the **Denial Management Code Maintenance** view

The **Denial Management Code Maintenance** view displays.

Denial Management Code Maintenance

Denial Category

OK

Refresh

Add

Ascending *

Descending *

Resequence Priority

Previous

Exit

* Code	Description	* Priority	Class
1	CODING ERROR	40	00002
2	TIMELY FILING	3	00002
3	TESTING	110	00002
4	NO FILING	27	00003
5	NEW	7	00001
6	Documentation	89	00003
7	Contract Mgt	30	00001
13	DIAGNOSIS NC	160	00002
16	pam	5	00001
25	INVESTIGATION	25	00001
36	DEDUCTIBLE AMT	999	00003
40	OTHER INSR	150	00002
46	NO GOOD	130	00001
51	test	6	00003

Change

Delete

◆ ?

2. Click **Resequence Priority**

The **Denial Management Code Maintenance** view displays.

Denial Management Code Maintenance
Denial Category

Code	Description	Priority	Class
1	CODING ERROR	40	00002
2	TIMELY FILING	3	00002
3	TESTING	110	00002
4	NO FILING	27	00003
5	NEW	7	00001
6	Documentation	89	00003
7	Contract Mgt	30	00001
13	DIAGNOSIS NC	160	00002
16	pam	5	00001
25	INVESTIGATION	25	00001
36	DEDUCTIBLE AMT	999	00003
40	OTHER INSR	150	00002
46	NO GOOD	130	00001
51	test	6	00003

◆ ?

Note:

The Denial Management Code Maintenance view changes only displaying **OK**, **Exit**, **Refresh**, and **Previous** as options.

3. Position cursor in the **Priority** column to the right of the line item to change
4. Enter a new **Priority Code**
5. Click **OK**

The **Denial Management Code Maintenance** view displays with duplicate priority message.

Denial Management Code Maintenance
Denial Category

Code	Description	Priority	Class
1	CODING ERROR	40	00002
2	TIMELY FILING	3	00002
3	TESTING	110	00002
4	NO FILING	27	00003
5	NEW	7	00001
6	Documentation	89	00003
7	Contract Mgt	30	00001
13	DIAGNOSIS NC	160	00002
16	pam	5	00001
25	INVESTIGATION	25	00001
36	DEDUCTIBLE AMT	999	00003
40	OTHER INSR	150	00002
46	NO GOOD	130	00001
51	test	130	00003

Duplicate priority was found. Please rekey.

◆ ?

Note:

When a Priority number is duplicated, a message displays stating, "**Duplicate priority was found. Please rekey.**" Duplicate priority Code displays in red.

The **Denial Management Code Maintenance** duplicate priority message view.

Denial Management Code Maintenance
Denial Category

Code	Description	Priority	Class
1	CODING ERROR	40	00002
2	TIMELY FILING	3	00002
3	TESTING	110	00002
4	NO FILING	27	00003
5	NEW	7	00001
6	Documentation	89	00003
7	Contract Mgt	30	00001
13	DIAGNOSIS NC	160	00002
16	pam	5	00001
25	INVESTIGATION	25	00001
36	DEDUCTIBLE AMT	999	00003
40	OTHER INSR	150	00002
46	NO GOOD	130	00001
51	test	130	00003

Duplicate priority was found. Please rekey.

◆ ?

Denial Category Maintenance – Sort on Code and Priority

To Sort on Code and Priority of Denial Categories

1. Select **Denial Category** from the **Denial Management Code Maintenance** view

The **Denial Category** view displays.

Denial Management Code Maintenance
Denial Category

OK

Refresh

Add

Ascending *

Descending *

Resequence Priority

Previous

Exit

* Code	Description	* Priority	Class
1	CODING ERROR	40	00002
2	TIMELY FILING	3	00002
3	TESTING	110	00002
4	NO FILING	27	00003
5	NEW	7	00001
6	Documentation	89	00003
7	Contract Mgt	30	00001
13	DIAGNOSIS NC	160	00002
16	pam	5	00001
25	INVESTIGATION	25	00001
36	DEDUCTIBLE AMT	999	00003
40	OTHER INSR	150	00002
46	NO GOOD	130	00001
51	test	6	00003

Change

Delete

◆ ?

2. Click in either the **Code** or **Priority** column
3. Click **Ascending** or **Descending** to sort data

Data sorts in ascending or descending order in the column the cursor is positioned.

DENIAL MANAGEMENT CODE MAINTENANCE – DENIAL CLASS

Codes	Description
CBO	Bus. Office
HIM	Coding
REG	Registrar

The **Denial Management Code Maintenance – Denial Class** window displays when Denial Type is selected from the **Denial Management Code Maintenance** window.

Action

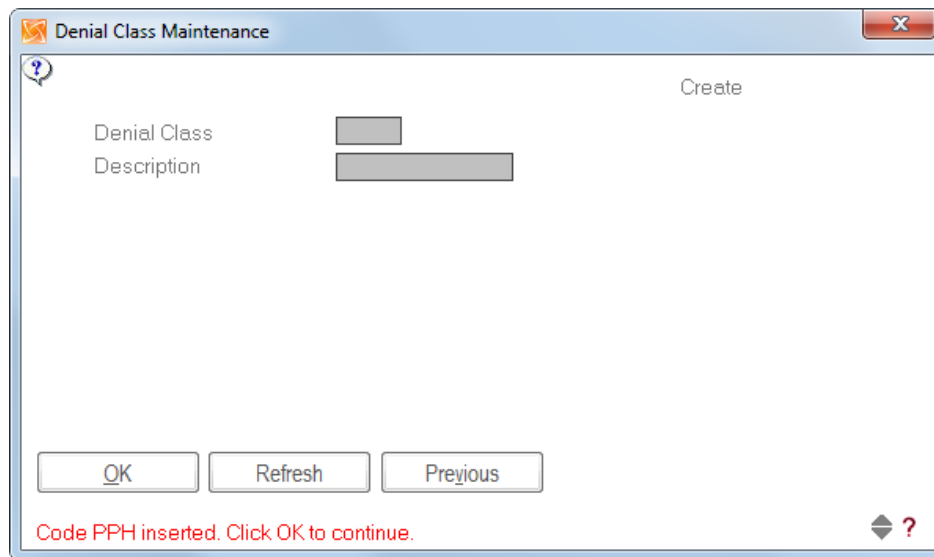
Select a Denial Class Code line item to update and click **Change** and the **DM Class Code Maintenance Update** window displays.

Select a Class Category code and click **Deactivate** to deactivate the code and description.

Note: If a DM code is attached to a reason code, a message will display stating, “Code attached to category or reason. Deactivate not allowed.”

Click **OK** to update, **Previous** to return to the previous screen, or **Exit** to quit.

Denial Class Maintenance – Add



The **DM Class Code Maintenance – Create** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Class** window and **F6** is pressed or **Add** is clicked.

Note: The Description will display on the **Remittance Advice Reason Codes** window (**RMTADV**) – **Option 8**.

Action

Gray fields are required.

Denial Class: Enter a Class Code. When a new code is added and **OK** is clicked, a message will display at the bottom of the window. **Example:** “**Code EEE inserted. Click OK to continue.**”

Once a code and description are entered and OK is clicked, they are checked for duplication, neither of which is case sensitive. If an upper case “E” is entered then, a lower case “e”, it will display as a duplicate. The same is true for a description. So, if a code is entered that already exists, a note will display stating: “**Duplicate code value not allowed. Please rekey.**”

Multiple entries are allowed after initial entry and message displays stating code has been added. Fields will display blank allowing another code to be added.

Description: Enter a description. If the description field is left blank, a warning message will display. Example: “**Description is blank or not valid. Please rekey.**”

*Click **OK**, to accept and the fields clear; more codes can be keyed once fields clear or click **OK** twice will take user back to Codes Maintenance screen. Click **Previous** to return to the previous screen or **Refresh** to refresh window content.*

Denial Class Maintenance – Update

Denial Class Maintenance

Update

Denial Class: PPH

Description: Pharmacy

OK Refresh Previous

Code PPH updated. Click OK to continue.

The **DM Class Code Maintenance – Update** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Class** window and change is clicked.

Note:

- When a code is updated and **OK** is clicked, a message will display at the bottom of the window. **Example:** “Code MAR updated. Click OK to continue.”
- If the Description field is left blank, a message will display at the left bottom of the screen, “Description is blank or not valid. Please rekey.”

Action

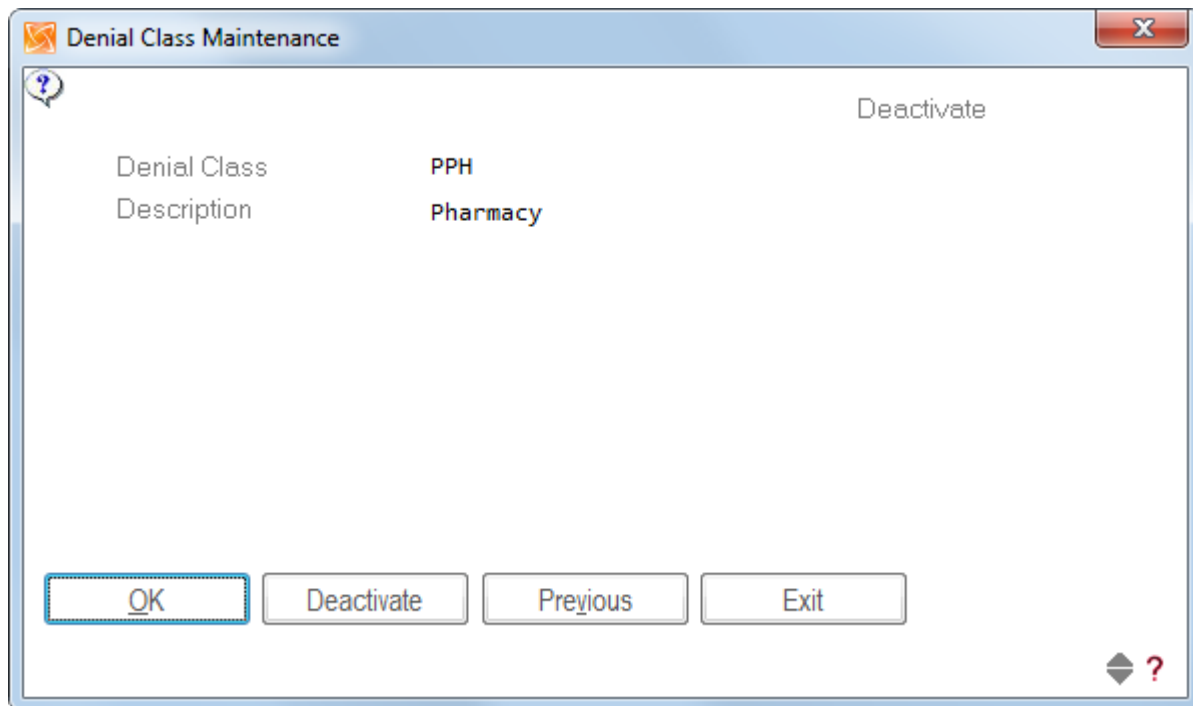
Gray fields are required.

Make Changes to either field:

Denial Class: Enter a Class Code.

Description: Enter a description.

Click **OK** twice to accept changes and return to code maintenance screen or Click **Previous** to return to the previous screen or **Refresh** to refresh window content.

Denial Class Maintenance – Deactivate

The **DM Class Code Maintenance – Deactivate** window displays when a line item is selected from the **Denial Management Code Maintenance – Denial Class** window and Deactivate is clicked.

Action

Deactivate: To confirm deactivation, press F23 or click **Deactivate**.

Click **OK** to accept changes and continue, **Previous** to return to the previous screen, or **Exit** to quit.

RMTADV Option 11:**Print EOB's**

The Explanation of Benefits has been enhanced to provide more information.

Overview:

Print EOB's (Electronic Remittance Advice Menu, Option 11) is used to print an Explanation of Benefits (EOB) for all patients who have a secondary insurance and have a record in *Remittance Advice Entry (Daily Processing Menu, Option 6)* in Patient Accounting.

The EOB prints claim information such as Submitted Charges, Contractual Adjustment Amount, Co-Insurance/Deductible Amount, and Payment Amount, Check/EFT Number, Adjustment Reason Codes, and Remarks.

EOBs can be printed from this option as long as the required data has not been purged. Purge days are set up in the ERA System Control File. EOBs may be printed by document control number or by patient number, with the option to choose to include or omit detail charges. You can also sort the EOBs by patient number or name. Examples of detailed and summary versions of an EOB are shown in the final section, "Sample EOBs."

Medhost will auto-assigned a unique Ctl# as the control number in all ERED* tables. The original number given by the intermediary will go in a new column at the end of table EREDFH/EREDFHH. The original number is still accessible on the screens/reports in case contact with the intermediary is necessary to troubleshoot claims.

Program:

ER0R04: Detail and Summary

Selection:

Select EOB by - Document Control Number or Patient Number

Select EOB by Document Control Number

Sort EOB reports by - **Patient Number** or **Patient Name**

Include detail charges - **Yes** or **No**

Select EOB by Patient Number

Select a **Patient**

Select a **Claim**

Include detail charges - **Yes** or **No**

Files:

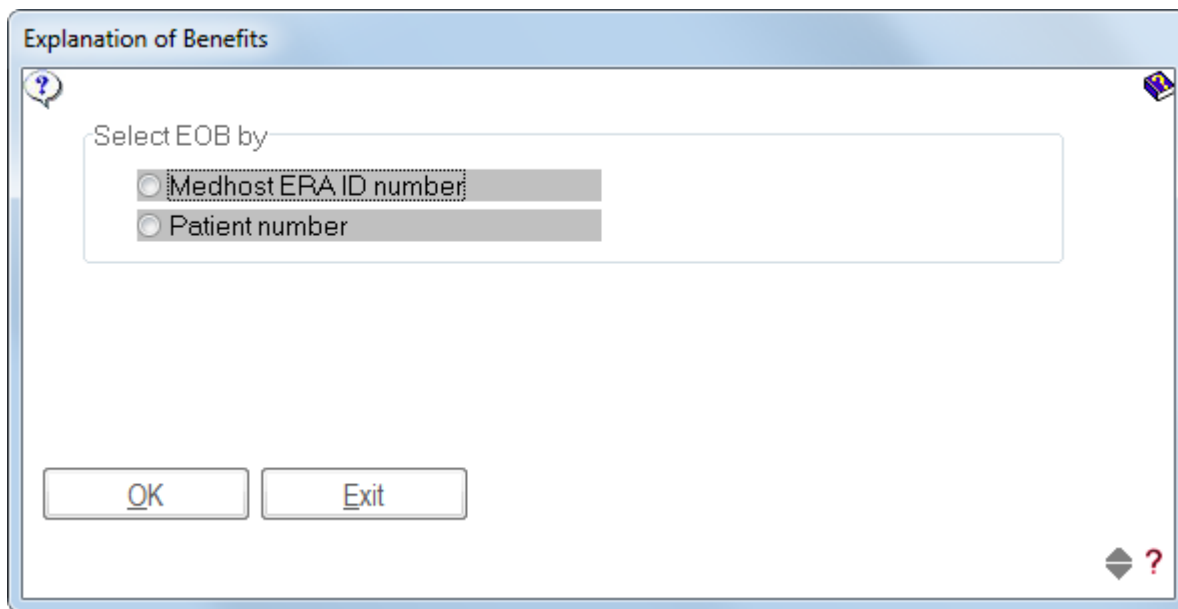
ARRATDTL, ARSUMMRY, BENEFITS, EREDATHL1, EREDCLH, EREDCSH, EREDCSHL1, EREDFHH, EREDQYHL1, EREDSVHL1, INSPLAN, PATHIST, PATIENTS, SYSCTL

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SELECTING THE EOB PRINTING METHOD

The Explanation of Benefits–Select EOB window opens after you select the *Print EOB's* link from the *Electronic Remittance Advice Menu*.



Action

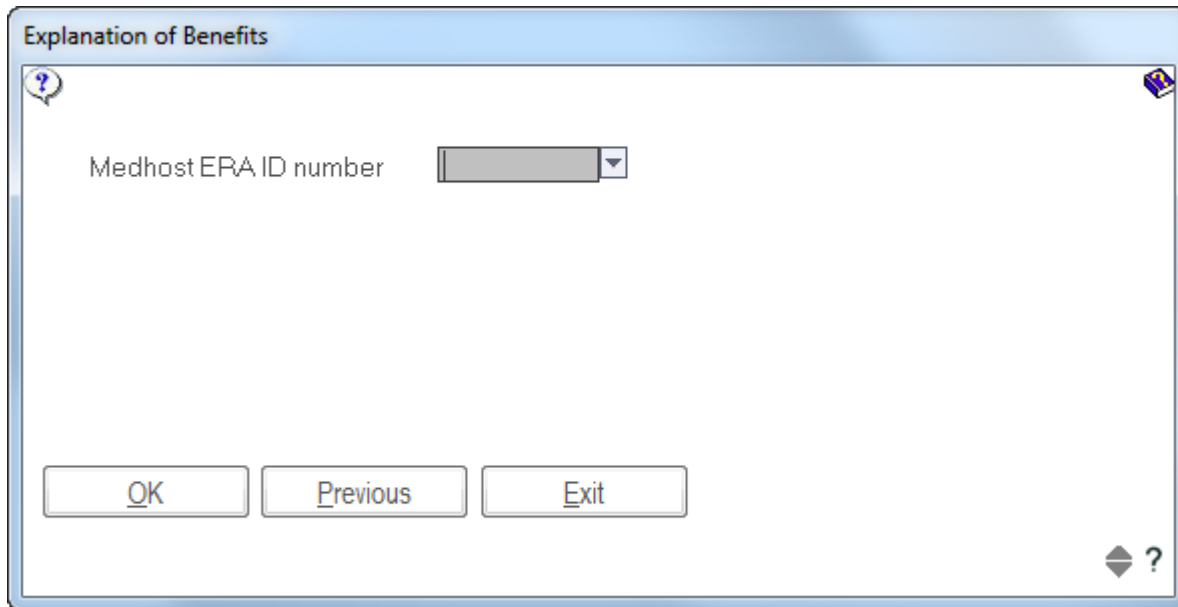
Select (click on) the method for printing the EOBs (by Document Control Number or Patient Number), and then click the **OK** button.

The next window will depend on your selection. Refer to the appropriate window for your method: "Printing by Document Control Number" or "Printing by Patient Number."

Note: The Medhost ERA ID number is a Medhost unique identifier number that prevents intermediaries that do not use unique ICN#s from affecting EOB retrieval.

Printing by Document Control Number

The **Explanation of Benefits–Document Control Number** window appears after you select Document Control Number in the **Select EOB** window.



Action

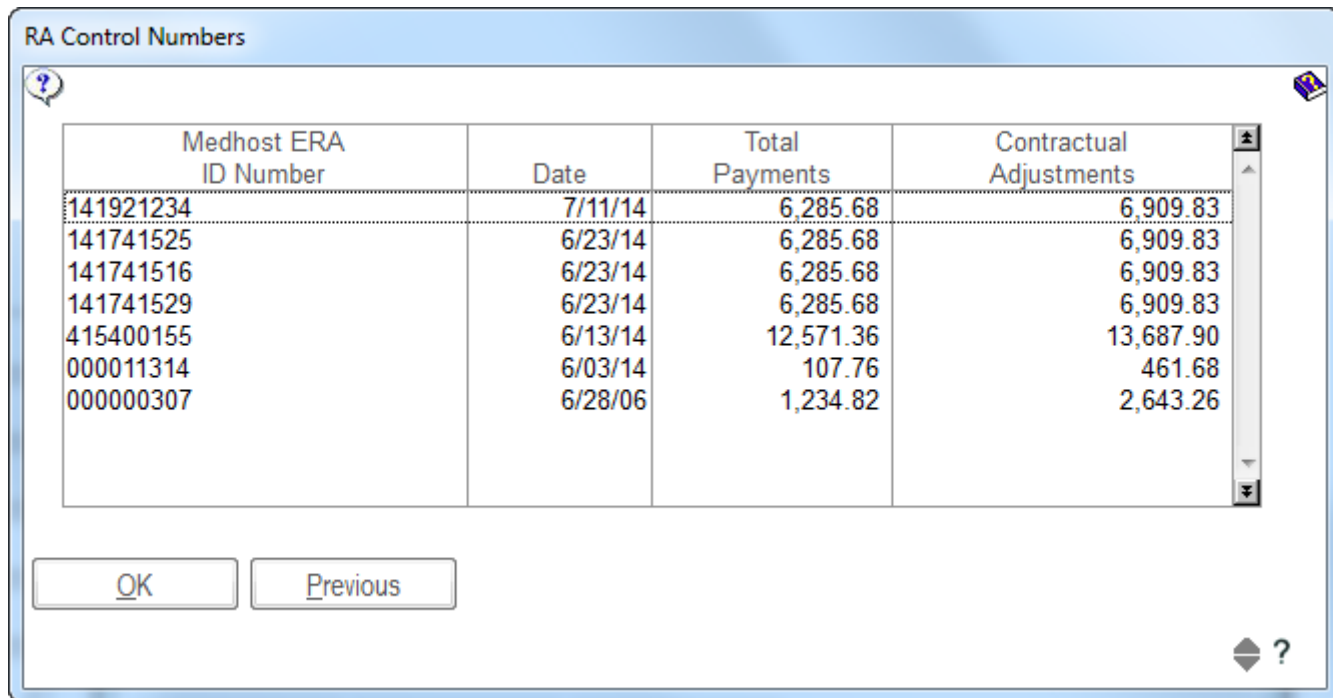
Enter the Document Control Number for which you want to print the EOBs, and then click **OK**.

- ◆ Type the number and press (click on) the **OK** button. The **Explanation of Benefits–Sort** window will open (see the section, “Selecting the Sort Method”).
- ◆ Press (click on) the search icon  to select the number from a list and the **RA Control Numbers** window will open (see the section, “Searching for the Document Control Number”).

(Clicking **Previous** returns you to the **Select EOB** window; clicking **Exit** returns you to the *Electronic Remittance Advice Menu*.)

SEARCHING FOR THE DOCUMENT CONTROL NUMBER

The **RA Control Numbers** window appears when you click the search icon  in the **Document Control Number** window.



The screenshot shows a window titled "RA Control Numbers". It contains a table with four columns: "Medhost ERA ID Number", "Date", "Total Payments", and "Contractual Adjustments". The table lists seven rows of data. Below the table are two buttons: "OK" and "Previous". A help icon (?) is in the top left corner, and a search icon (?) is in the bottom right corner.

Medhost ERA ID Number	Date	Total Payments	Contractual Adjustments
141921234	7/11/14	6,285.68	6,909.83
141741525	6/23/14	6,285.68	6,909.83
141741516	6/23/14	6,285.68	6,909.83
141741529	6/23/14	6,285.68	6,909.83
415400155	6/13/14	12,571.36	13,687.90
000011314	6/03/14	107.76	461.68
000000307	6/28/06	1,234.82	2,643.26

Action

Highlight the **RA (Remittance Advice) Number** you need and press (click on) the **OK** button. The **Explanation of Benefits–Sort** window will open (see the section, "Selecting the Sort Method").

SELECTING THE SORTING METHOD

The **Explanation of Benefits–Sort EOB Reports** window appears after you enter or select a Document Control Number.



Explanation of Benefits

Sort EOB report(s) by

☒ Patient number

☐ Patient name

OK Previous Exit

Action

Select (click on) the sort method for printing the EOBs (by Patient Number or Patient Name), and then click **OK**. The **Explanation of Benefits–Include Detail** window will open (refer to the section, “Specifying the Report Detail”).

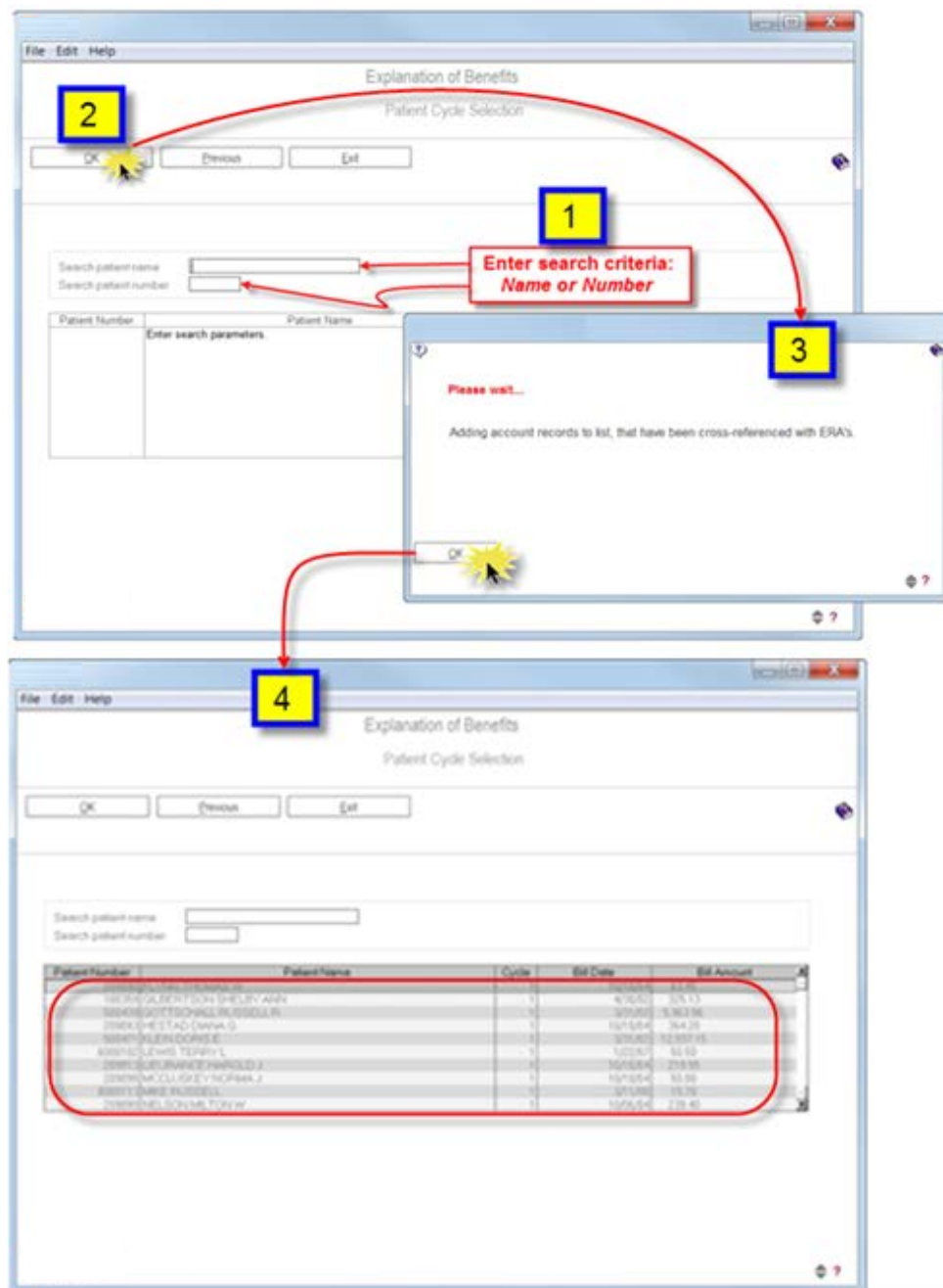
(Clicking **Previous** returns you to the document control number window; clicking **Exit** displays the **Include Detail Charges** window.)

PRINTING BY PATIENT NUMBER

ACCESSING PATIENTS' CLAIMS

The **Explanation of Benefits–Patient Cycle Selection** window appears after you select Patient Number in the **Select EOB** window.

Use this window to generate a list of patients' claims or one patient's claims.



Action

Enter a patient's name or number and press (click on) the **OK** button.

- ◆ To display a list of all patients' claims, type part or all of a patient's name (last name first) in the Search Patient Name field and click **OK**.
- ◆ To display a list of a specific patients' claims, type the entire patient number in the Search Patient Number field and click **OK**.

In both cases, a status window may appear briefly (#3 in the example on the previous page).

When the **Patient Cycle Selection** window reappears, select the patient's record and press (click on) the **OK** button. The **Claim Selection** window will open.

(Clicking **Previous** returns you to the initial **Select EOB** window without selecting a patient. Clicking **Exit** returns you to the *Electronic Remittance Advice Menu* without selecting a patient.)

SELECTING A PATIENT'S CLAIM

The **Explanation of Benefits–Patient/Cycle/Name** window opens after you select the patient's record from the **Patient Cycle Selection** window. This window lists all the selected patient's claims and lets you view the status of the claims and/or select the ones you want to print.

Medhost ERA ID	Claim Number	Payor/Plan	ERA Date	Remittance Amt
000000307	841960	1 / 2	1/30/06	946.27

Buttons:

Action

To view the claims' status, click the **Claim Status** button. Status codes and their descriptions will be shown under each one (refer to the section, "Viewing the Claims' Status").

To hide the claims' status, click the **Claim Status** button again.

To print the EOBs for one claim, select it and then press (click on) the **OK** button. The **Include Detail Charges** window will open (see the section, "Specifying the EOB's Detail").

To print EOBs for all the claims, click the **Select All** button. The **Include Detail Charges** window will open (see the section, "Specifying the EOB's Detail").

VIEWING CLAIM STATUS

The claims list expands when you click the **Claim Status** button in the **Patient/Cycle/Name** window. The window lists all the patient's claims with each one's status shown on the line below it.

You can print while the status is displayed.

The status codes are described in the table on the next page.

The screenshot shows a window titled "Patient/Cycle/Name" with the text "6000000/01/CAMPBELL PHIL". Below this is a table with the following data:

Doc Ctl	Claim Number	Payor Plan	ERA Date	Remittance Amount
000000307	841960	1 / 2	1/30/06	946.27
Status	1-Processed as Primary			

Below the table are four buttons: **OK**, **Claim status**, **Select all**, and **Previous**. A red question mark icon is located in the bottom right corner of the window.

Action

To hide the claims' status, click the **Claim Status** button.

To print the EOBs for one claim, select it and then press (click on) the **OK** button. The **Include Detail Charges** window will open (see the section, "Specifying the EOB's Detail").

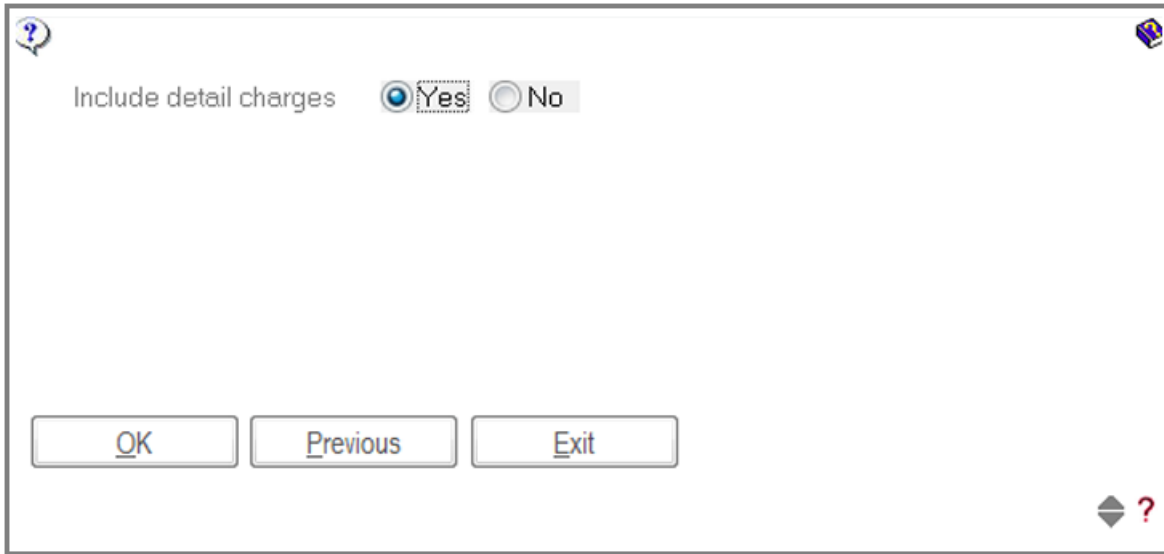
To print EOBs for all the claims, click the **Select All** button. The **Include Detail Charges** window will open (see the section, "Specifying the EOB's Detail").

CLAIM STATUS CODES

STATUS	DESCRIPTION
1	Processed as Primary
2	Processed as Secondary
3	Processed as Tertiary
4	Denied
5	Pended
10	Received, but not in process
13	Suspended
15	Suspended - investigation with field
16	Suspended - return with material
17	Suspended - review pending
19	Processed as Primary, Forwarded to Additional Payer(s)
20	Processed as Secondary, Forwarded to Additional Payer(s)
21	Processed as Tertiary, Forwarded to Additional Payer(s)
22	Reversal of Previous Payment
23	Not Our Claim, Forwarded to Additional Payer(s)
25	Predetermination Pricing Only - No Payment
27	Reviewed

SPECIFYING THE EOB DETAIL

The Explanation of Benefits—Include Detail window appears after you select a sort method in the **Sort** window (if printing EOBs by Document Control Number) or when you select one or more claims in the **Patient Claim** window (if printing by Patient Number).



Action

To include individual (detail) charges on the EOBs, click **Yes**. Then click **OK**.

To include only totals for Submitted Charges, Contractual Adjustment Amount, Co-Insurance/Deductible Amount, and Payment Amount, click **No**. Then click **OK**.

The EOBs will first be displayed on-screen in the **Display Spooled File** window (refer to the section, "Reviewing the EOB before Printing"). Then you can send them to a printer if you wish.

(Clicking **Previous** returns you to the initial **Document Control Number** window; clicking **Exit** returns you to the *Electronic Remittance Advice Menu*.)

REVIEWING THE EOB BEFORE PRINTING

The **Display Spooled File** window appears when you select the level of detail and click **OK** in the **Include Detail Charges** window.

Display Spooled File

OK Exit Previous Left Right More keys

File EOB2 Page/Line 1/3
Control Columns 1 - 96
Find

EROR04 QA MEDICAL CENTER - BILLING MASTER LIB 7/28/14

Explanation of Benefits

Payer Facility
MEDICARE QA MEDICAL CENTER - BILLING MA
UNITED GOV'T SERVICE 3102 WEST END AVENUE
401 W MICHIGAN ST PO BOX 800
MILWAUKEE, TN 53201-2019 NASHVILLE, TN 37203

Patient Patient ID: 123456
FORMULAR17 DEFAULTASC Patient/Cyc #: 200041901
30 DEC WRY
NASHVILLE, TN 37203

Document Ctl #: 415400155
Medhost ERA ID #: 141741529

Claim #: 21414103731007VIA
Remit Date: 6/04/14
DOS: 5/02/14 - 5/02/14
Check/EFT Number: EFT4049781

	Sub	C/R	Co-Ins/	Payment
2014-05-02	0255	100.000	320.00	136.83
				64.00
				119.17

More...

Attention

Overprinting not displayed.

This window shows you the specified EOBs on-screen so you can decide whether to print them.

Action

To print the EOB, press **OK**. The **Redirect Print Output** window will open (refer to the section, "Printing the Explanation of Benefits").

To exit the program, press **Exit**. The **Redirect Print Output** window will open (refer to the section, "Printing the Explanation of Benefits").

PRINTING THE EXPLANATION OF BENEFITS

This window appears when you click **OK**, **Exit**, or **Previous** in the **Display Spooled File** window.



Redirect to printer ☒ Yes ☐ No

Printer name

OK

Action

To print the EOBs: Select **Yes** for Redirect to Printer, complete the Printer Name field, and then press (click on) the **OK** button.

To not print the EOBs: Select **No** for Redirect to Printer, leave the Printer Name field blank, and then press (click on) the **OK** button.

In both cases, you will return to the *Electronic Remittance Advice Menu*.

SAMPLE EOB'S

With Detail charges

ER0R04 QA MEDICAL CENTER - BILLING MASTER LIB 7/28/14
 Explanation of Benefits

Payer: MEDICARE - APC - CONTRACT
 UNITED GOV'T SERVICE
 401 W MICHIGAN ST
 MILWAUKEE, WI 53201-2019

Facility: QA MEDICAL CENTER - BILLING MA
 3102 WEST END AVENUE
 PO BOX 800
 NASHVILLE, TN 37203

Patient: PIF89008 APRIL
 28 JULY WAY
 NASHVILLE, TN 37203

Patient ID: 123456
 Patient/Cyc #: 200058901

Document Ctl #:
 Medhost ERA ID #: 415400155

Claim #: 21414303325607WIA
 Remit Date: 6/04/14
 DOS: 5/06/14 - 5/06/14
 Check/EFT Number: EFT4849781

	sbm	C/A	Co-Ins/	Payment
2014-05-06 96374 0260	0.000	234.60	0.00	0.00
2014-05-06 96374 0260	0.000	234.60	0.00	0.00
2014-05-06 36415 0300	0.000	21.70	0.00	0.00
2014-05-06 36415 0300	0.000	21.70	0.00	0.00
2014-05-06 80048 0301	0.000	64.50	0.00	0.00
2014-05-06 80048 0301	0.000	64.50	0.00	0.00
2014-05-06 83880 0301	0.000	152.30	0.00	0.00
2014-05-06 83880 0301	0.000	152.30	0.00	0.00
2014-05-06 84484 0301	0.000	102.35	0.00	0.00
2014-05-06 84484 0301	0.000	102.35	0.00	0.00
2014-05-06 85027 0305	0.000	48.90	0.00	0.00
2014-05-06 85027 0305	0.000	48.90	0.00	0.00
2014-05-06 71020 0324	0.000	182.05	0.00	0.00
2014-05-06 71020 0324	0.000	182.05	0.00	0.00
2014-05-06 99285 0450	0.000	870.15	0.00	0.00
2014-05-06 99285 0450	0.000	870.15	0.00	0.00
2014-05-06 11940 0636	0.000	19.00	0.00	0.00
2014-05-06 11940 0636	0.000	19.00	0.00	0.00
2014-05-06 93005 0730	0.000	65.20	0.00	0.00
2014-05-06 93005 0730	0.000	65.20	0.00	0.00
2014-05-06 99285 0981	0.000	436.95	0.00	0.00
2014-05-06 99285 0981	0.000	436.95	0.00	0.00
2014-05-06 93010 59 0985	0.000	76.15	0.00	0.00
2014-05-06 93010 59 0985	0.000	76.15	0.00	0.00
Claim Totals:		2273.85	0.00	0.00

TOB : 850
 Patient Stat : -
 HIC Nbr : 330284966A
 NonCov Days : 0
 DRG : -
 DRG Amt : 0.00
 Cost Outlier : 0.00
 Disp Share : 0.00
 NonCov Chgs : 0.00
 Cap FSP : 0.00
 Denied : 0.00
 Lab Paid : 0.00
 ESRD : 0.00
 MSP Prim Pay : 0.00
 Pro Fees : 0.00
 Med Ed : 0.00
 Reim Rate : 0.0000
 Adj. Reason Codes : B9
 Remarks: N211

Claim Status : 4
 Claim Nbr : 21414303325607WI
 Cov Days : 0
 Cost Days : -
 DRG Weight : -
 Cap Outlier : 0.00
 Day Outlier : 0.00
 PPS Capital : 0.00
 Cap DSH : 0.00
 Cap HSP : 0.00
 Lab charged : 779.50
 Blood Deduct : 0.00
 Deductible : 0.00
 Coinsurance : 0.00
 IME Adj : 0.00
 Per Diem : 0.58
 Interest : 0.00

SAMPLE EOB'S

Without Detail charges

ER0R04

QA MEDICAL CENTER - BILLING MASTER LIB

7/28/14

Payer

MEDICARE - APC - CONTRACT
UNITED GOV'T SERVICE
401 W MICHIGAN ST
MILWAUKEE, WI 53201-2019

Patient

PIF89008 APRIL

28 JULY WAY

NASHVILLE, TN 37203

Explanation of Benefits

Facility

QA MEDICAL CENTER - BILLING MA
3102 WEST END AVENUE
PO BOX 800
NASHVILLE, TN 37203

Patient ID: 123456

Patient/Cyc #: 200058901

Document Ctl #:

Medhost ERA ID #: 415400155

Claim #: 21414303325607WIA

Remit Date: 6/04/14

DOS: 5/06/14 - 5/06/14

Check/EFT Number: EFT4849781

Sbm

	C/A	Co-Ins	Deductible	Payment
Claim Totals:	2273.85	0.00	0.00	0.00
TOB : 850	Claim Status : 4			
Patient Stat : -	Claim Nbr : 21414303325607WI			
HIC Nbr : 330284966A	Cov Days : 0			
NonCov Days : 0	Cost Days : -			
DRG : -	DRG weight : -			
DRG Amt : 0.00	Cap Outlier : 0.00			
Cost Outlier : 0.00	Day Outlier : 0.00			
Disp Share : 0.00	PPS Capital : 0.00			
NonCov chgs : 0.00	Cap DSH : 0.00			
Cap FSP : 0.00	Cap HSP : 0.00			
Denied : 0.00	Lab charged : 0.00			
Lab Paid : 0.00	Blood Deduct : 0.00			
ESRD : 0.00	Deductible : 0.00			
MSP Prim Pay : 0.00	Coinsurance : 0.00			
Pro Fees : 0.00	IME Adj : 0.00			
Med Ed : 0.00	Per Diem : 0.58			
Reim Rate : 0.000	Interest : 0.00			
Adj. Reason Codes : B9				
Remarks: N211				

Error Messages

Overview: When the electronic billing file is created in Create/Print EB Listing, Option 1 on the EB Main Menu, the file is tested for errors. If errors are found, an Electronic Billing Error List will print, listing the error messages. The electronic billing file cannot be transmitted until the necessary corrections are made.

This section lists those error messages in numerical order (they all begin with EB) and describes a cause for the error and an action that will correct the error. Error messages are shown in generic form. The message that actually prints might contain more specific information such as a patient number, revenue code, diagnosis code, etc.

Some duplicate message numbers with different message descriptions are listed. In other cases, similar or identical messages have different numbers, and are listed under each number.

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

- EB-001 FEDERAL TAX I.D. NUMBER IS ZERO**
CAUSE: The federal tax ID number was not entered in the electronic billing record.
ACTION: Enter the federal tax ID number in Maintain EB System Control Record (Option 1, EB Maintenance Menu).
- EB-001 ----- TAX I.D. NUMBER IS MISSING**
CAUSE: The federal tax ID number was not entered in the electronic billing record.
ACTION: Enter the federal tax ID number in Maintain EB System Control Record (Option 1, EB Maintenance Menu).
- EB-002 PROVIDER NUMBER IS MISSING OR INVALID**
CAUSE: The provider number indicated was not entered in the system control file.
ACTION: Enter the provider number in Patient Accounting using Provider Type Code File (Option 10, File Maintenance Menu I).
- EB-002 ----- NUMBER IS MISSING**
CAUSE: The number indicated was not entered in the system control file.
ACTION: Enter the number in Patient Accounting using Provider Type Code File (Option 10, File Maintenance Menu I).

EB-002A PROVIDER TAXONOMY CODE IS MISSING

CAUSE: The provider taxonomy code is blank in the Provider Type Code file.

ACTION: Enter the provider taxonomy code in Patient Accounting using Provider Type Code File (Option 10, File Maintenance Menu I).

EB-002B N.P.I. NUMBER IS MISSING

CAUSE: The NPI number is blank in the Provider Type Code file.

ACTION: Enter the number in Patient Accounting using Provider Type Code File (Option 10, File Maintenance Menu I).

EB-003 TYPE OF BILL IS ZERO OR INVALID

CAUSE: Possible program error or entering error.

ACTION: Change the bill type through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-003 TYPE OF BILL FREQUENCY MUST BE A 1,6,7 OR 8 ONLY

CAUSE: Possible program error or entering error.

ACTION: Change the bill type through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-004 SENDER CODE, PASSWORD, OR USER ID IS MISSING

CAUSE: Sender code, password, or user ID is blank.

ACTION: Correct through Maintain EB System Control Record (Option 1, EB Maintenance Menu).

EB-004A SUBMITTER'S CONTACT NAME IS MISSING

CAUSE: The Cert name (certified personnel) is blank in the EB System Control Record. This is the contact person who is responsible for transmitting the bills.

ACTION: Correct through Maintain EB System Control Record (Option 1, EB Maintenance Menu).

EB-005 PROVIDER NAME IS MISSING

CAUSE: Hospital name was not entered in the system control file.

ACTION: Enter the hospital name in Patient Accounting using Hospital Name/Addr/ID# Record (Option 1, System Control Menu).

EB-006 PROVIDER ADDRESS, CITY, STATE, OR ZIP CODE IS MISSING

CAUSE: Hospital address, city, state, or zip code was not entered in the system control file.

ACTION: Enter the hospital address, city, state, or zip code in Patient Accounting using Hospital Name/Addr/ID# Record (Option 1, System Control Menu).

- EB-007 PATIENT FIRST NAME OR LAST NAME IS MISSING**
CAUSE: Patient's name does not appear in the patient history file. Possible program error.
ACTION: Contact Customer Support.
- EB-008 PATIENT ADDRESS, CITY, STATE, OR ZIP CODE IS MISSING**
CAUSE: Patient's address, city, state, or zip code does not appear in the patient history file. Possible program error.
ACTION: Contact Customer Support.
- EB-009 STATEMENT COVERS PERIOD - FROM DATE IS ZEROS**
CAUSE: Possible electronic billing program error.
ACTION: Contact Customer Support.
- EB-010 STATEMENT COVERS PERIOD - THRU DATE IS ZEROS**
CAUSE: Possible electronic billing program error.
ACTION: Contact Customer Support.
- EB-011 FROM DATE NOT LESS THAN THRU DATE _____**
CAUSE: Possible electronic billing program error.
ACTION: Contact Customer Support.
- EB-012 PATIENT'S HISTORY NUMBER IS MISSING**
CAUSE: Patient's history number is missing from the patient file.
ACTION: Contact Customer Support.
- EB-013 _____ INSURANCE POLICY NUMBER IS MISSING OR INVALID**
CAUSE: Policy number is missing or incorrect in the patient benefits file (BENEFITS).
ACTION: Enter or correct the policy number in Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-014 INSURANCE ELECTRONIC BILLING PLAN CODE IS MISSING**
CAUSE: E/B plan code is missing from the Payor Plan file (INSPLAN).
ACTION: Enter the E/B plan code in Payor Plan File in Patient Accounting (Option 18, File Maintenance Menu I).
- EB-015 _____ INSURANCE COMPANY NAME IS MISSING OR SHOULD BE**
CAUSE: Insurance payor name is missing from the patient benefits file (BENEFITS) or the payor name code is missing from the Payor Plan file (INSPLAN).
ACTION: Enter the payor name code in Payor Plan File in Patient Accounting (Option 18, File Maintenance Menu I).
- EB-016 _____ INSURED'S FIRST OR LAST NAME IS MISSING / INVALID
FORMAT**
CAUSE: The insured's name was not found in the patient benefits file (BENEFITS).
ACTION: Enter the insured's name in Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).

- EB-017 INSURED'S SEX MUST BE "F" OR "M"**
CAUSE: The insured's sex code is invalid in the patient benefits file (BENEFITS).
ACTION: Enter the appropriate sex code for the insured in Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-018 ACCOMODATION CODES ARE MISSING OR ZEROS**
CAUSE: An accommodation code was not found in the UB file for this patient. Possible billing program error.
ACTION: Enter an accommodation code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-019 ACCOMODATION RATES ARE MISSING OR ZEROS**
CAUSE: An accommodation rate was not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-020 ANCILLARY CODES ARE MISSING OR ZEROS**
CAUSE: An ancillary code was not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-021 ANCILLARY DATES ARE MISSING**
CAUSE: The charge dates were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-022 ANCILLARY UNITS ARE MISSING**
CAUSE: The number of units were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-023 ANCILLARY CHARGES ARE MISSING OR ZEROS**
CAUSE: Ancillary charges were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-024 OUTPATIENT REVENUE CODES ARE MISSING OR ZEROS**
CAUSE: Outpatient revenue codes were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-025 OUTPATIENT UNITS OF SERVICE ARE MISSING**
CAUSE: Outpatient units were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.

- EB-026 OUTPATIENT DATES OF SERVICE ARE MISSING**
CAUSE: Outpatient dates of service were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-027 _____ OUTPATIENT CHARGES ARE MISSING OR ZEROS**
CAUSE: Outpatient charges were not found in the UB file for this patient. Possible billing program error.
ACTION: Contact Customer Support.
- EB-028 PRINCIPLE PROCEDURE CODE IS MISSING**
CAUSE: Principle procedure code was not found in the PATIENTS file.
ACTION: Enter the code in Patient Accounting using Enter Diagnosis (Option 12, Business Office Menu I) and enter the code in EB using EB Patient Maintenance (Option 7, Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-029 ATTENDING OR RENDERING PHYSICIAN'S TAXONOMY CODE IS MISSING**
CAUSE: Attending or rendering physician's taxonomy code is not found in the physician's file.
ACTION: Enter the physician's taxonomy code in the Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-029 ATTENDING OR RENDERING PHYSICIAN'S N.P.I. OR TAX ID IS MISSING OR INVALID**
CAUSE: Attending or rendering physician's NPI or federal tax ID number is not found in the physician's file.
ACTION: Enter the physician's NPI or taxonomy code in the Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-030 ATTENDING OR RENDERING PHYSICIAN'S FIRST NAME OR LAST NAME IS MISSING**
CAUSE: Attending or rendering physician name is not in physician's record.
ACTION: Enter the physician's name in the Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-031 ATTENDING, PCP, ADMITTING, ORDERING, OR REFERRING / OPERATING PHYSICIAN'S _____ # IS MISSING OR INVALID**
CAUSE: Specified physician's UPIN number or license number is not found in the physician's file.
ACTION: Enter the physician's license/UPIN number in Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-031 ATTENDING, PCP, ADMITTING, ORDERING, OR REFERRING / OPERATING PHYSICIAN'S N.P.I. IS MISSING OR INVALID**
CAUSE: Specified physician's NPI number is not found in the physician's file.
ACTION: Enter the physician's NPI number in Physician file in Patient Accounting (Option 16, File Maintenance Menu I).

- EB-031 ATTENDING, PCP, ADMITTING, ORDERING, OR REFERRING PHYSICIAN'S TAX ID IS MISSING OR INVALID**
CAUSE: Specified physician's tax ID is not found in the physician's file.
ACTION: Enter the physician's tax ID in Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-031 ATTENDING, PCP, ADMITTING, ORDERING, OR REFERRING PHYSICIAN'S TAXONOMY CODE IS MISSING**
CAUSE: Specified physician's taxonomy code is not found in the physician's file.
ACTION: Enter the physician's taxonomy code in the Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-032 ADMITTING, ORDERING, ATTENDING, PCP, OR REFERRING / OPERATING PHYSICIAN FIRST NAME OR LAST NAME IS MISSING**
CAUSE: Specified physician's first name or last name is not in physician's file.
ACTION: Enter the physician's name in Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-033 PRO APPROVAL INDICATOR IS MISSING OR INVALID (CONDITION CODE "C1" – "C7")**
CAUSE: PRO approval indicator is blank or not a valid number.
ACTION: Enter a valid PRO approval indicator in Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-034 ____ REVENUE CODE REQUIRES A HCPCS/CPT OR CONDITION CODE**
CAUSE: The indicated revenue code requires a CPT or condition code.
ACTION: Enter a CPT code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-034 MEDICARE OUTPATIENT SURGERY CHARGE REQUIRES A CPT CODE**
CAUSE: The indicated charge (revenue code) requires a CPT code.
ACTION: Enter a condition code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-035 __ X __ REVENUE CODE NON-COVERED AMT IS GREATER THAN TOTAL CHARGE**
CAUSE: A revenue code contains a non-covered amount greater than the charge amount. Possible billing program error.
ACTION: Contact Customer Support.

- EB-036 PRIMARY DIAGNOSIS CODE CANNOT BEGIN WITH AN "E"**
CAUSE: The primary diagnosis code is a trauma code. Medicare does not accept trauma codes as the primary diagnosis.
ACTION: The should be corrected by the Medical Records department. To correct for this bill, change the code in EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-036 ADMITTING DIAGNOSIS BLANK OR INVALID**
CAUSE: The admitting diagnosis code is missing or is invalid.
ACTION: The code should be corrected by the Medical Records department. To correct for this bill, change the code in EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-036 PRINCIPAL PROCEDURE CODE CANNOT BE BLANK**
CAUSE: The principal procedure code is missing.
ACTION: The code should be corrected by the Medical Records department. To correct for this bill, change the code in EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-037 RECEIVER TYPE CODE IS MISSING OR INVALID**
CAUSE: Receiver type code in header record of EB file is invalid.
ACTION: Contact Customer Support.
- EB-038 EMPLOYER INFORMATION IS MISSING**
CAUSE: Employer name, address, city, state or zip is missing.
ACTION: Correct through Patient Accounting using Patient Maintenance (Option 1, Business Office Menu I).
- EB-039 _____ INSURANCE GROUP NUMBER AND/OR NAME IS MISSING OR INVALID**
CAUSE: Group number or name is blank or invalid in the payor record.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-040 OCCURRENCE SPAN CODES AND/OR DATES ARE MISSING OR INVALID**
CAUSE: Occurrence span codes/dates are not valid.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

- EB-040 BILL TYPE 21X OR 18X REQUIRES OCC. SPAN CODE 70 AND DATES**
CAUSE: Occurrence span codes/dates are not valid.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-040 OCCURRENCE CODE 21, 31, AND /OR 32 REQUIRES OCCURRENCE SPAN CODE 76**
CAUSE: Occurrence span codes/dates are not valid.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-041 REVENUE CODE IS INVALID FOR ELECTRONIC BILLING**
CAUSE: A revenue code exists in the EB file that is invalid for electronic bills processing.
ACTION: Cancel claim from electronic billing.
- EB-041 REVENUE CODE '54X' PRESENT FOR O/P DO NOT TRANSMIT**
CAUSE: A revenue code exists in the EB file that is invalid for electronic bills processing.
ACTION: Cancel claim from electronic billing.
- EB-042 _____ PROC CODE DATE ISN'T WITHIN STATEMENT DATES**
CAUSE: A procedure code date is not valid.
ACTION: Enter a valid date through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-043 A REQUIRED OCCURRENCE CODE AND DATE IS MISSING OR INVALID**
CAUSE: An occurrence code and/or date is missing or invalid which is required.
ACTION: Enter a valid occurrence code and date through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-043 IF DIAGNOSIS CODE 800-999, OCC CODE 01-06 OR 11 IS REQUIRED**
CAUSE: An occurrence code of 01-06 or 11 is required if the primary diagnosis code is 800-999.
ACTION: Enter a valid occurrence code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

- EB-043 PHY THERAPY REQ OCC CODES 11 & 35 AND VAL CODE 50**
CAUSE: An occurrence code and value code are missing or invalid.
ACTION: Enter a valid occurrence code and value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-043 IF NON-COVERED DAYS PRESENT, OCCURENCE CODE MUST BE PRESENT**
CAUSE: An occurrence code is missing or invalid.
ACTION: Enter a valid occurrence code and value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-043 OCCURRENCE CODE __ DATE IS GREATER THAN STATEMENT FROM DATE**
CAUSE: An occurrence code is missing or invalid.
ACTION: Enter a valid occurrence code and value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-044 REVENUE CODE CONTAINS INVALID CPT CODE**
CAUSE: The revenue code's CPT code is invalid.
ACTION: Enter a valid CPT code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-045 EMPLOYMENT STATUS CODE IS MISSING OR INVALID**
CAUSE: The employment status code is invalid.
ACTION: Enter a valid code through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-046 REVENUE CODE 38X REQUIRES BLOOD VALUE CODES (37 AND 38 OR 39)**
CAUSE: The indicated revenue code requires blood pints furnished.
ACTION: Enter the appropriate value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-046 VALUE CODES 37-39 AMT MUST BE GREATER THAN OR EQUAL TO 1.00**
CAUSE: A required value code amount is missing or invalid.
ACTION: Enter the value code amount through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-047 VALUE CODE OR VALUE AMOUNT IS MISSING OR INVALID

CAUSE: A required value code and amount is missing or invalid.

ACTION: Enter the value code and amount through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-047 ____ REV CODE HAS MISSING VALUE CODE

CAUSE: A required value code and amount is missing or invalid.

ACTION: Enter the value code and amount through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-048 A REQUIRED VALUE CODE IS MISSING OR INVALID

CAUSE: A value code is required and is missing or invalid.

ACTION: Enter the correct value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-048 OCCURRENCE CODE __ REQUIRES VALUE CODE ____

CAUSE: A value code is required and is missing or invalid.

ACTION: Enter the correct value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-048 __ VALUE CODE IS REQUIRED FOR REV CODE ____X & BILL TYPE __X

CAUSE: A value code is required and is missing or invalid.

ACTION: Enter the correct value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-048 VALUE CODE 24 IS MISSING

CAUSE: A value code is required and is missing or invalid.

ACTION: Enter the correct value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-048 OCCURRENCE CODE 01 REQUIRES OCCURRENCE CODE24, CONDITION CODE 08, OR VALUE CODE 12-16 OR 41-43.

CAUSE: An occurrence code is required and is missing or invalid.

ACTION: Enter the correct occurrence code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-049 __ CONDITION CODE IS INVALID

CAUSE: A condition code is required and is missing or invalid.

ACTION: Enter the correct condition code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-049 __X BILL TYPE REQUIRES A CONDITION CODE OF C1, C3, C4 OR C5

CAUSE: A condition code is required and is missing or invalid.

ACTION: Enter the correct condition code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-049 FOR BILL TYPE XX7 & XX8 A CLAIM CHANGE REASON CODE IS REQUIRED

CAUSE: A claim change reason condition code is required and is missing or invalid.

ACTION: Enter the correct condition code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-050 __ REVENUE CODE MUST BE NON-COVERED CHARGES

CAUSE: The indicated revenue code requires non-covered charges.

ACTION: Enter the non-covered charges through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-051 REVENUE CODE REQUIRES MOTHER AND BABY TO BE FILED TOGETHER

CAUSE: The indicated revenue code requires that a mother and baby be filed together as one claim.

ACTION: Correct this error through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).

- EB-052 VALUE CODE AMOUNT GREATER THAN OR EQUAL TO TOTAL CHARGES**
CAUSE: The value code for the transaction has an amount the same or greater than the total charge.
ACTION: Correct this error through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-053 REFERRAL NUMBER FOR PCP IS MISSING**
CAUSE: Patient's referral number for PCP is missing.
ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).
- EB-054 PATIENT'S DATE OF BIRTH IS MISSING OR INVALID**
CAUSE: Patient's birth date was not found in the PATIENTS file.
ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).
- EB-055 PATIENT'S SEX CODE IS INVALID OR PATIENT'S SEX MUST BE "F", "M", OR "U"**
CAUSE: Patient's sex code is missing or invalid.
ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).
- EB-056 PATIENT'S DISCHARGE HOUR IS MISSING OR INVALID**
CAUSE: Patient's discharge hour is missing or invalid in the PATIENTS file.
ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).
- EB-057 PATIENT DISCHARGE STATUS IS MISSING OR INVALID**
CAUSE: Patient's discharge status is missing or invalid in the PATIENTS file.
Possible program error.
ACTION: Contact Customer Support.
- EB-058 COVERED DAYS IS ZERO**
CAUSE: Covered days were not found in the UB file.
ACTION: Enter covered days through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

- EB-058 COVERED DAYS + NONCOVERED DAYS + COINSUR DAYS + LIFETIME DAYS DOES NOT EQUAL STATEMENT COVER PERIOD (THRU DATE - FROM DATE)**
CAUSE: Covered days amount is incorrect in the UB file.
ACTION: Enter covered days through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-058 COVERED DAYS + NONCOVERED DAYS + COINSUR DAYS + LIFETIME DAYS DOES NOT EQUAL TOTAL OF ACCOMODATION REVENUE CODE(S) UNITS**
CAUSE: Covered days amount is incorrect in the UB file.
ACTION: Enter covered days through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-058 COINSURANCE DAYS CANNOT BE GREATER THAN COVERED DAYS**
CAUSE: Covered days amount is incorrect in the UB file.
ACTION: Enter covered days through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-058 VALUE CODE 09 OR 11 IS REQUIRED IF COINSURANCE DAYS ARE > 0**
CAUSE: Covered days amount is incorrect in the UB file.
ACTION: Enter covered days through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-059 REVENUE CODE IS MISSING**
CAUSE: Revenue code was not found in UB file.
ACTION: Enter the revenue code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-060 TOTAL CHARGES ARE MISSING FOR REVENUE CODE**
CAUSE: Total charges were not found in the UB file.
ACTION: Contact Customer Support.
- EB-060 HCPCS CODE CHARGES ARE MISSING**
CAUSE: HCPCS code charges were not found in the UB file.
ACTION: Contact Customer Support.

- EB-061 RELEASE OF INFORMATION REQUIRED FOR MEDICARE**
CAUSE: Payor release of information is missing or invalid.
ACTION: Enter a valid release of information indicator through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-062 ASSIGNMENT OF BENEFITS INDICATOR IS MISSING OR INVALID**
CAUSE: The assignment of benefits indicator is missing or invalid.
ACTION: Correct this error through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-063 PRIMARY DIAGNOSIS CODE IS MISSING**
CAUSE: Primary diagnosis code was not found.
ACTION: Enter a primary diagnosis code in EB File Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-064 PATIENT MARITAL STATUS IS MISSING OR INVALID**
CAUSE: The patient's marital status is not valid.
ACTION: Enter a valid code through Patient Maintenance (Option 1, Business Office Menu I).
- EB-066 REMARKS ARE REQUIRED**
CAUSE: The indicated patient requires remarks to be entered.
ACTION: Correct through Enter Remarks (Option 8, EB Main Menu).
- EB-067 PROCEDURE CODE ENTERED BUT NO SURGICAL PHYSICIAN**
CAUSE: Procedure code does not have an associated operating physician name, license, or UPIN number.
ACTION: Correct through Physician File (Option 16, File Maintenance Menu I).
- EB-068 SURGICAL PHYSICIAN ENTERED BUT NO PROCEDURE CODE**
CAUSE: Operating physician is not associated with a procedure code.
ACTION: Enter a procedure code through EB File Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-069 TYPE OF ADMISSION IS INVALID**
CAUSE: Type of admission is missing or not valid.
ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).
- EB-070 SOURCE OF ADMISSION IS INVALID**
CAUSE: Source of admission is missing or invalid.
ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).

EB-071 CLAIM MUST BE FILED ON PAPER

CAUSE: This claim is invalid for electronic billing processing.

ACTION: Cancel claim through Cancel Electronic Bills (Option 6, EB Main Menu).

EB-072 REVENUE CODE IS INVALID

CAUSE: An invalid revenue code was entered.

ACTION: Enter a valid revenue code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-073 ____ IS A REVENUE CODE THAT REQUIRES UNITS

CAUSE: Units are missing for a revenue code that requires units.

ACTION: Enter units through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-074 ____ IS AN INVALID CPT4 / HCPCS CODE FOR RADIOLOGY CODE ____ OR REVENUE CODE ____

CAUSE: A required HCPCS/CPT code is missing or invalid.

ACTION: Enter a valid CPT code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-074 CPT CODE INVALID. CANNOT BE 99001 FOR LAB.

CAUSE: A required HCPCS/CPT code is missing or invalid.

ACTION: Enter a valid CPT code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-074 HCPCS CODE FOR CHARGE IS MISSING OR INVALID

CAUSE: A required HCPCS/CPT code is missing or invalid.

ACTION: Enter a valid CPT code through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

- EB-075** **----- IS AN INVALID THRU/DISCHARGE DATE**
CAUSE: Discharge or final bill date is invalid. Possible program error.
ACTION: Contact Customer Support.
- EB-075** **DISCHARGE DATE IS ZERO OR INVALID**
CAUSE: Discharge or final bill date is invalid. Possible program error.
ACTION: Contact Customer Support.
- EB-076** **PROCEDURE CODE ENTERED BUT NO DATE**
CAUSE: Procedure code date is zeros.
ACTION: Enter the procedure code date through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-077** **PROCEDURE CODE DATE BUT NO PROCEDURE CODE**
CAUSE: Procedure code is missing.
ACTION: Enter the procedure code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-078** **ADMITTING DIAGNOSIS CODE IS MISSING**
CAUSE: Admitting diagnosis code was not found.
ACTION: Correct through Enter Diagnosis in Patient Accounting (Option 12, Business Office Menu I).
- EB-079** **OCCURRENCE CODE BUT NO OCCURRENCE DATE**
CAUSE: Occurrence code does not have a corresponding date.
ACTION: Enter the date through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-080** **OCCURRENCE DATE BUT NO OCCURRENCE CODE**
CAUSE: Occurrence date does not have a corresponding code.
ACTION: Correct error through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-081** **ACCOMMODATION RECORD IS MISSING**
CAUSE: Inpatient does not have an accommodation (room) record/revenue code. Possible program error.
ACTION: Contact Customer Support.

- EB-082 PAYOR ID IS MISSING OR INVALID**
CAUSE: Payor code is missing or not found.
ACTION: Enter the 5-digit payor code in Patient Accounting using Payor Master (Option 6 on the File Maintenance Menu I).
- EB-083 PROVIDER TELEPHONE NUMBER IS MISSING**
CAUSE: Hospital's telephone number is missing.
ACTION: Enter phone number in Patient Accounting using Hospital Name/Addr/ID# Record (Option 1, System Control Menu).
- EB-084 COORDINATION OF BENEFITS IS MISSING**
CAUSE: Coordination of benefits was not found in the patient benefits file (BENEFITS).
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-085 REVENUE CODE MUST BE FILED ON PAPER**
CAUSE: Revenue code not valid for electronic billing.
ACTION: Contact Customer Support.
- EB-086 VALUE CODES OUT OF ORDER**
CAUSE: Value codes must be in alpha/numerical order. Possible program error.
ACTION: Contact Customer Support.
- EB-087 CONDITION CODES ARE OUT OF ORDER**
CAUSE: Condition codes must be in alpha/numerical order. Possible program error.
ACTION: Contact Customer Support.
- EB-088 OCCURRENCE CODES ARE OUT OF ORDER**
CAUSE: Occurrence codes must be in alpha/numerical order. Possible program error.
ACTION: Contact Customer Support.
- EB-089 GUARANTOR ADDRESS, CITY, STATE, OR ZIP CODE IS MISSING**
CAUSE: Guarantor information was not found in the guarantor file.
ACTION: Correct through Patient Maintenance (Option 1, Business Office Menu I).
- EB-090 GUARANTOR FIRST AND/OR LAST NAME IS MISSING**
CAUSE: Guarantor name was not found.
ACTION: Correct through Patient Maintenance (Option 1, Business Office Menu I).

- EB-091 DIAGNOSIS DESCRIPTION IS REQUIRED FOR INPATIENTS**
CAUSE: Possible invalid diagnosis code.
ACTION: Enter a valid diagnosis code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-092 PHYSICAL RECORD COUNT(S) ARE INVALID**
CAUSE: The count of actual physical records are invalid.
ACTION: Contact Customer Support.
- EB-093 MORE THAN ONE SOURCE OF PAYMENT IS MEDICARE FOR THIS PATIENT**
CAUSE: Medicare cannot have more than one source of payment.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-094 MSP PAYOR CODE IS INVALID**
CAUSE: A valid value code for payor primary to Medicare is missing.
ACTION: Enter a valid value code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-095 TYPE OF SERVICE IS MISSING OR INVALID**
CAUSE: Type of service code is missing or invalid.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-096 PATIENT RELATIONSHIP IS NOT VALID**
CAUSE: Patient's relationship code is either missing or invalid.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-097 INVALID TYPE OF BATCH**
CAUSE: Inpatient/outpatient flag is neither "I" nor "O".
ACTION: Contact Customer Support.
- EB-098 STATEMENT FROM AND THROUGH DATES ARE INVALID**
CAUSE: The date range is invalid.
ACTION: Contact Customer Support.

- EB-099 DESCRIPTION OF SERVICE IS MISSING**
CAUSE: Description of service is blank.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-100 PATIENT RELATIONSHIP CODE IS MISSING OR INVALID**
CAUSE: Patient's relationship code is either missing or invalid.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-100 PATIENT RELATIONSHIP CODE MUST BE SELF (PATIENT INSURED)**
CAUSE: Patient's relationship code is either missing or invalid.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-101 ADMIT DATE IS ZERO OR INVALID**
CAUSE: Patient admission date is zero or invalid.
ACTION: Correct through Patient Maintenance (Option 1, Business Office Menu I) and (if patient is not a cycle bill) in EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-102 ADMIT DATE IS GREATER THAN STATEMENT FROM DATE**
CAUSE: Admit date cannot be greater than statement from date.
ACTION: Contact Customer Support.
- EB-103 ACCIDENT HOUR IS MISSING OR INVALID**
CAUSE: Accident hour is required and is missing or invalid.
ACTION: Correct using Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).
- EB-104 REVENUE CODE REQUIRES A PROCEDURE CODE**
CAUSE: The indicated revenue code requires a procedure code.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-105 BILL TYPE CANNOT BE TRANSMITTED**
CAUSE: Bill type is invalid for electronic billing.
ACTION: Cancel bill through Cancel Electronic Bills (Option 6, EB Main Menu).

EB-106 UNITS MUST BE ZERO

CAUSE: Units/quantity for this revenue code must equal zero.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-107 TOTAL AMOUNT BILLED IS ZERO

CAUSE: Total charges is zero. Possible program error.

ACTION: Contact Customer Support.

EB-108 SERVICE FROM AND/OR THROUGH DATE IS MISSING

CAUSE: Date of service was not found.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-108 ____ REV CODE SERVICE DATE IS NOT WITHIN STATEMENT DATES

CAUSE: Date of service was not found.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-108 HCPCS CODE SERVICE DATE IS MISSING OR GREATER THAN CURRENT DATE

CAUSE: Date of service was not found or is invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-109 INVALID DIAGNOSIS CODE ____

CAUSE: The indicated diagnosis code is invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-109 BILL TYPE 831 REQUIRES AN ICD-9-CM CODE

CAUSE: The indicated diagnosis code is invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-110 ____ PROCEDURE CODE INVALID

CAUSE: The indicated procedure code is invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-110 ____ PROCEDURE CODE MUST NOT BE USED ON AN OUTPATIENT CLAIM

CAUSE: The indicated procedure code is invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-110 BILL TYPE 831 REQUIRES A SURGICAL PHYSICIAN CODE

CAUSE: The indicated procedure code is invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-111 ADMIT HOUR IS INVALID

CAUSE: Patient admit hour is not valid.

ACTION: Correct through Patient Maintenance in Patient Accounting (Option 1, Business Office Menu I).

EB-112 PLACE OF SERVICE CODE IS MISSING OR INVALID

CAUSE: Place of service code is missing or invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-112 HCPCS CODE PLACE OF SERVICE CODE IS MISSING OR INVALID

CAUSE: Place of service code is missing or invalid.

ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

EB-113 PROVIDER TYPE CODE IS MISSING

CAUSE: Provider type code was not found in EB System Control record.

ACTION: Enter the provider code in EB System Control (Option 1, EB Maintenance Menu).

- EB-114 MEDICARE GROUP NAME CANNOT BE BLANK**
CAUSE: Group name is blank in the payor record.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-115 NO INSURANCE FOUND FOR PATIENT - ENTER INSURANCE INFO OR CANCEL CLAIM**
CAUSE: Patient does not have any insurance information.
ACTION: Enter the insurance information in EB Patient Maintenance (Option 7, EB Maintenance Menu) or cancel the claim (Option 6, EB Main Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-115 FOR BILL TYPE XX7, A REASON CODE MUST BE ENTERED IN REMARKS**
CAUSE: The indicated bill type requires a reason code to be entered as a remark.
ACTION: Correct through Enter remarks (Option 8, EB Main Menu).
- EB-115 FOR BILL TYPE 13X & 83X & REV CODE 54X REMARKS MUST BE ENTERED**
CAUSE: The indicated bill type and revenue code requires a remark.
ACTION: Correct through Enter Remarks (Option 8, EB Main Menu).
- EB-115 CPT CODE MODIFIER MUST BE "SH" OR "OC" FOR PHARMACY**
CAUSE: CPT code modifier is invalid.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-116 _____ INSURED DATE OF BIRTH IS MISSING OR INVALID**
CAUSE: The insured person's date of birth is missing or invalid for the primary, secondary, or tertiary payor (the word PRIMARY, SECONDARY, or TERTIARY will appear in the blank at the beginning of the message).
ACTION: Correct through Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-118 INSURED'S ADDRESS, CITY, STATE, OR ZIP CODE IS MISSING**
CAUSE: Insured's name, address, city, state or zip is missing or entered incorrectly. For example, if the zip code is not left-justified, this error will be received.
ACTION: Correct through Patient Accounting using Patient Maintenance (Option 1, Business Office Menu I).

- EB-119 OTHER PROCEDURE DATE BEFORE ADMIT DATE**
CAUSE: Other procedure date is prior to the admit date.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-120 PRINCIPAL DIAGNOSIS HAS INCORRECT OCCURRENCE CODE**
CAUSE: The principal diagnosis has a missing or invalid occurrence code.
ACTION: Enter a valid occurrence code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-121 GROUP NUMBER MISSING WHEN PLAN ROUTE CODE IS ZGA**
CAUSE: Group number is blank or invalid.
ACTION: Correct through Patient Accounting using Payor Benefits Maintenance (Option 15, Business Office Menu I).
- EB-122 ADMITTING PHYSICIAN'S LICENSE OR UPIN NUMBER IS MISSING**
CAUSE: Admitting physician's license number or UPIN number is not found in the physician's file.
ACTION: Enter the physician's license number or UPIN number in the Physician file in Patient Accounting (Option 16, File Maintenance Menu I).
- EB-123 EMERG PROC CODE REQ FOR TYPE OF BILL**
CAUSE: The type of bill requires an emergency procedure code.
ACTION: Enter the procedure code through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-125 XX OCCURRENCE SPAN CODE IS INVALID**
CAUSE: The Occurrence span codes is invalid.
ACTION: Correct through EB Patient Maintenance (Option 7, EB Maintenance Menu).
Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.
- EB-128 RENDERING PHYSICIAN'S _____ # SHOULD BE USED**
CAUSE: An incorrect physician's provider number is being used.
ACTION: The correct physician's provider number should be used for the payor plan in Locator 24K on the 1500.

- EB-129 ATTENDING PHYSICIAN'S _____ # SHOULD BE USED**
CAUSE: An incorrect physician's provider number is being used.
ACTION: The correct physician's provider number should be used for the payor plan in Locator 82 on the UB.
- EB-130 LOCATION CODE IS MISSING**
CAUSE: The location code is missing.
ACTION: Enter the Location Code in the Provider Type Code file. The Location Code field is specific to New York facilities.
- EB-131 OPERATING PHYSICIANS' _____ # SHOULD BE USED**
CAUSE: An incorrect physician's provider number is being used.
ACTION: The correct physician's provider number should be used for Locator 83 on the UB.
- EB-133 AMBULANCE TRANSPORTATION CODE IS MISSING**
CAUSE: A patient's claim has a revenue code of 054X for Ambulance Services and the Ambulance Transport Code has not been entered.
ACTION: Enter the code in Enter Remarks, Option 8 on the Electronic Billing Main Menu.
- EB-134 AMBULANCE TRANSPORTATION REASON CODE IS MISSING**
CAUSE: A patient's claim has a revenue code of 054X for Ambulance Services and the Reason for Ambulance Transportation has not been entered.
ACTION: Enter the code in Enter Remarks, Option 8 on the Electronic Billing Main Menu.
- EB-135 AMBULANCE TRANSPORTATION DISTANCE IS ZERO**
CAUSE: A patient's claim has a revenue code of 054X for Ambulance Services and the Transport Distance (in miles) has not been entered.
ACTION: Enter the distance in Enter Remarks, Option 8 on the Electronic Billing Main Menu.
- EB-136 AMBULANCE CONDITION CODE IS MISSING**
CAUSE: A patient's claim has a revenue code of 054X for Ambulance Services and an Ambulance Condition Code has not been entered.
ACTION: Enter the code(s) in Enter Remarks, Option 8 on the Electronic Billing Main Menu.
- EB-138 INSURANCE TYPE INVALID FOR PAYOR**
CAUSE: A patient's claim has an insurance type (in the payor plan) that is invalid for that claim.
ACTION: Contact Customer Support.
- EB-150 LABORTORY/FACILITY NAME, ADDRESS, CITY, STATE, ZIP, ID IS MISSING**
CAUSE: If a CPT modifier 90 through 99 is present, the outside lab information must be entered.
ACTION: Enter the information in the Outside Labs file in Patient Accounting (Option 22, System Control Menu).

- EB-151 DOCTORS TAX ID NUMBER IS MISSING**
CAUSE: The federal tax ID number was not entered in the electronic billing record.
ACTION: Enter the federal tax ID number in Maintain EB System Control Record (Option 1, EB Maintenance Menu).
- EB-152 REQUIRED INFO INVALID IN ISA SEGMENT**
CAUSE: Required information is invalid in the 837 ISA segment.
ACTION: Enter valid information through Maintain EB System Control Record (Option 1, Electronic Billing Maintenance Menu).
- EB-153 REQUIRED INFO INVALID IN GS SEGMENT**
CAUSE: Required information is invalid in the 837 GS segment.
ACTION: Enter valid information through Maintain EB System Control Record (Option 1, Electronic Billing Maintenance Menu).
- EB-154 REQUIRED INFO MISSING IN REF SEGMENT**
CAUSE: Required information is missing in the 837 REF segment.
ACTION: Enter the information through Maintain EB System Control Record (Option 1, Electronic Billing Maintenance Menu).
- EB-155 REQUIRED INFO MISSING IN NM1 SEGMENT**
CAUSE: Required information is missing in the 837 NM1 segment.
ACTION: Enter the information through Maintain EB System Control Record (Option 1, Electronic Billing Maintenance Menu).
- EB-156 REQUIRED INFO MISSING IN PER SEGMENT**
CAUSE: Required information is missing in the 837 PER segment.
ACTION: Enter the information through Maintain EB System Control Record (Option 1, Electronic Billing Maintenance Menu).
- EB-157 REQUIRED INFO INVALID IN NM1 SEGMENT**
CAUSE: Required information is invalid in the 837 NM1 segment.
ACTION: Enter valid information through Maintain EB System Control Record (Option 1, Electronic Billing Maintenance Menu).
- EB-201 HOME HEALTH START OF CARE DATE IS MISSING**
CAUSE: Start of care date was not found.
ACTION: Enter date in Maintain 485 Information (Option 5, Home Health Menu).
- EB-202 HOME HEALTH CERTIFICATION FROM DATE IS MISSING**
CAUSE: Certification from date was not found.
ACTION: Enter date in Maintain 485 Information (Option 5, Home Health Menu).
- EB-203 HOME HEALTH CERTIFICATION THRU DATE IS MISSING**
CAUSE: Certification through date was no found.
ACTION: Enter date in Maintain 485 Information (Option 5, Home Health Menu).
- EB-204 HOME HEALTH PRIMARY DIAGNOSIS DATE IS MISSING**
CAUSE: Primary diagnosis date was not found.
ACTION: Enter date in Maintain 485 Information (Option 5, Home Health Menu).

- EB-205 HOME HEALTH SECONDARY DIAGNOSIS DATE IS MISSING**
CAUSE: Secondary diagnosis date was not found.
ACTION: Enter date in Maintain 485 Information (Option 5, Home Health Menu).
- EB-206 AT LEAST ONE FUNCTIONAL LIMITATION IS REQUIRED FOR HOME HEALTH**
CAUSE: A functional limitation was not found.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-207 AT LEAST ONE ACTIVITIES PERMITTED IS REQUIRED IS HOME HEALTH**
CAUSE: An activities permitted was not found.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-208 AT LEAST ONE MENTAL STATUS CODE IS REQUIRED FOR HOME HEALTH**
CAUSE: A mental status was not found.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-209 HOME HEALTH PROGNOSIS IS REQUIRED**
CAUSE: Prognosis was not found.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-210 PHYSICIAN FIRST OR LAST NAME IS MISSING FOR HOME HEALTH RECORD**
CAUSE: Physician first and/or last name was not found.
ACTION: Correct through Physician maintenance (Option 16, File Maintenance Menu).
- EB-211 PHYSICIAN ZIP CODE IS MISSING FOR HOME HEALTH RECORD**
CAUSE: Physician zip code was not found.
ACTION: Correct through Physician maintenance (Option 16, File Maintenance Menu).
- EB-212 HOME HEALTH MEDICARE COVERED MUST BE EITHER "Y" OR "N"**
CAUSE: Medicare covered field is invalid.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-213 HOME HEALTH CERTIFICATION IS INVALID**
CAUSE: Certification is invalid.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-214 HOME HEALTH SURGICAL PROCEDURE CODE WITHOUT DATE**
CAUSE: Procedure code was entered without the date.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-215 HOME HEALTH SURGICAL PROCEDURE DATE WITHOUT CODE**
CAUSE: Procedure date was entered without the code.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-216 HOME HEALTH DISCIPLINE IS REQUIRED**
CAUSE: Discipline was not found.
ACTION: Correct through specific services/terms in Maintain 486 Information (Option 6, Home Health Menu).

- EB-217 AT LEAST ONE FREQUENCY AND DURATION IS REQUIRED FOR HOME HEALTH**
CAUSE: A frequency and duration was not found.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-218 AT LEAST ONE TREATMENT CODE IS REQUIRED FOR HOME HEALTH**
CAUSE: A treatment code was not found.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-219 HOME HEALTH TOTAL VISITS PROJECTED CANNOT BE ZERO**
CAUSE: Total visits projected equals zero.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-220 HOME HEALTH FORM 485 MEDICATIONS, NUTRITIONAL REQUIREMENTS, ORDERS FOR DISCIPLINES, OR GOALS/ REHABILITATION ELEMENT IS MISSING**
CAUSE: The specified data element is required and is missing.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-221 HOME HEALTH FORM 485 DATA MISSING FOR**
CAUSE: The specified element does not contain any data.
ACTION: Correct through Maintain 485 Information (Option 5, Home Health Menu).
- EB-222 HOME HEALTH FREQUENCY NUMBER OR PERIOD IS INVALID**
CAUSE: Frequency and duration contains an invalid number or period.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-223 HOME HEALTH TREATMENT CODE IS INVALID**
CAUSE: The treatment code entered is invalid.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-224 HOME HEALTH DISCIPLINE INFORMATION IS MISSING**
CAUSE: No discipline/frequency and duration/treatment codes have been entered.
ACTION: Correct through specific services/terms in Maintain 486 Information (Option 6, Home Health Menu).
- EB-225 HOME HEALTH FORM 486 UPDATED INFORMATION, FUNCTIONAL LIMITATIONS, OR PATIENT LEAVES HOME ELEMENT IS MISSING**
CAUSE: The specified data element is required and is missing.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).
- EB-226 HOME HEALTH FORM 486 DATA MISSING FOR**
CAUSE: The specified element does not contain any data.
ACTION: Correct through Maintain 486 Information (Option 6, Home Health Menu).

EB-227 PAYOR ORGANIZATION CODE IS MISSING

CAUSE: The NAIC number for the payor is blank or invalid.

ACTION: Enter or correct the NAIC number in Patient Accounting in the Payor master file (Option 6, File Maintenance Menu I).

EB-228 HOME HEALTH SKILLED NURSING FACILITY MUST BE "N", "Y", OR "U"

CAUSE: The skilled nursing facility code is missing.

ACTION: Enter through Maintain 486 Information (Option 6, Home Health Menu).

EB-229 HOME HEALTH FACILITY TYPE CODE IS MISSING OR INVALID

CAUSE: The facility code is missing.

ACTION: Enter through Maintain 486 Information (Option 6, Home Health Menu).

Electronic Remittance Advice Error Messages

Overview: When the electronic remittance advice (ERA) is received in Received Electronic R/A, Option 1 on the Electronic Remittance Advice Menu, the file is tested for errors. If errors are found, an Error Report generates.

This section lists those error messages in numerical order (they all begin with ER) and describes a cause for the error and an action that will correct the error. Error messages are shown in generic form. The message that prints might contain more specific information.

Some duplicate message numbers with different message descriptions are listed. In other cases, similar or identical messages have different numbers, and are listed under each number. Read the message carefully.

Any corrections made using EB Patient Maintenance only corrects the claim for electronic processing. Corrections should also be made through Patient Accounting to avoid future errors.

ER-001 PAYMENT TRAN CODE OR CONTR ADJ CODE IS INVALID

CAUSE: The transaction code received is not a valid code in the A/R Transaction Codes file (ARDESC).

ACTION: Verify the transaction codes on the patient's account with the codes in the A/R Transaction Codes file, Option 3 on the File Maintenance Menu I.

ER-002 CLAIM WILL BE OR IS A BAD DEBT WRITE OFF

CAUSE: The account and cycle from the received ERA file was found in the ARTRNDTL file (Cash Receipts Transaction Detail file) with a transaction type of B=Bad Debt write off. This would also happen if a payment or adjustments hits an account the same day that the account is written off to bad debt but has not been posted yet.

ACTION: Contact MEDHOST Customer Support.

ER-003 INSURANCE COMPANY AND/OR PLAN IS MISSING

CAUSE: Account is missing an insurance company or plan. This could happen if the payor is sending the ERA file with accounts that are not MEDHOST accounts.

This error would also be generated if the Insurance type of the ERA file being processed did not match the insurance type associated with the account's payor plan(s).

ACTION: Contact MEDHOST Customer Support.

ER-004 PATIENT/CYCLE NUMBER IS ZERO OR NOT FOUND.**ER-004 PATIENT/CYCLE NUMBER IS NOT VALID.**

CAUSE: The patient and cycle number are not found in our files. The ERA file has patient and cycle number that is not matching a patient and cycle number in MEDHOST accounts.

ACTION: Contact MEDHOST Customer Support.

ER-005 CLAIM STATUS=4 (THE ENTIRE CLAIM WAS DENIED.)

CAUSE: The claim status code is 4 which indicates the entire claim is denied.

ACTION: Review claim remarks for resolution.

ER-006 INSUR CO /PLAN NOT (INS. TYPE NOT " ")

CAUSE: The insurance type (payor) of the ERA Intermediary code being processed does not match the insurance type of the account's payor plan.

ACTION: Confirm the ERA file was processed under the correct ERA intermediary code.

ER-007 PATIENT# WAS NOT FOUND IN PATIENTS OR ARMAST FILES

CAUSE: The patient number are not found in our files. The ERA file has patient number that is not matching a patient number in MEDHOST accounts.

ACTION: Contact MEDHOST Customer Support.

ER-008 CLAIM STATUS=13 (THE ENTIRE CLAIM WAS PENDED)

CAUSE: The claim status code is 13 which indicates the entire claim is pending.

ACTION: Contact MEDHOST Customer Support.

ER-009 CLAIM STATUS=10 (CLAIM RECEIVED, BUT NOT IN PROCESS)

CAUSE: The claim status code is 10 which indicates the claim was received in the ERA file but has not yet been processed.

ACTION: Contact MEDHOST Customer Support.

ER-010 PROV# / NPI INS. TYPE MISSING (PLEASE CONTACT HMS)

CAUSE: The patient's account is missing an insurance type for the provider number/NPI retrieved from the ERA file.
Intermediaries have changed the Medicare 835 ERA file to NPI only. This has caused ERA's to be processed with a zero transaction code.

ACTION: Contact MEDHOST Customer Support.

ER-011 AR TRANSACTION CODE IS INACTIVE

CAUSE: The transaction code received is not a valid code in the A/R Transaction Codes file (ARDESC).

ACTION: Verify the transaction codes on the patient's account with the codes in the A/R Transaction Codes file, Option 3 on the File Maintenance Menu I in Patient Accounting.

ER-012 CLM STATUS SETTINGS DO NOT MATCH PATIENT PAYOR PLAN.

CAUSE: The insurance type on the received ERA does not match the patient's payor plan.

Here is an example scenario that would produce this error message.

The Electronic Remittance Advice System Control (Remittance Advice Menu, Option 4) has the following settings:

Allow Secondary C/A by Claim Status = Y
Claim Status Codes = 2 (Processed as Secondary)

An ERA comes in for an account that shows secondary with a claim status of 2, but the insurance on the ERA is not the same insurance type as the actual secondary insurance listed on the account.

ACTION: Verify the patient's payor plan. Be sure the correct payor plan with the appropriate insurance type is assigned to the patient.

Appendix A: Transmitting Using a PC

Overview: This process is used by facilities which use a PC in transmitting their electronic bills.

These facilities must purchase Procomm Plus and send MEDHOST the registration card for license verification. MEDHOST will change the Procomm Plus program to automate the process and send the program to the client. These facilities must also have PC Support installed.

Below is a summary of steps for transmitting electronic bills using a PC.

Process	System
1. Create/print listing (Option 1, EB Main Menu).	MEDHOST
2. Correct any errors on the report to get the file ready to transmit.	MEDHOST
3. Download the file EBXMIT2 using PCS(TRANSFER DATA – HOST TO PC).	PC Support
4. Access Procomm Plus from the menu or type PCPLUS from the PCPLUS directory.	Procomm Plus
5. Transmit Electronic Bills to EDS (Option 1, Procomm Plus Menu). This option will dial the intermediary, connect, transmit the file, and disconnect from the intermediary.	Procomm Plus
6. Wait 15 to 30 minutes.	
7. Receive Audit Report EDS (Option 2, Procomm Plus Menu). This option will dial the intermediary, connect, receive the file, and disconnect from the intermediary.	Procomm Plus
8. After reports have been received, upload the reports to the AS/400 using PCS(TRANSFER DATA – PC TO HOST).	PC Support
9. Receive audit reports (Option 9, EB Main Menu).	MEDHOST

Appendix B: 837P Billing/Pay-To Loops by PA1500 Setup

Overview: Appendix B contains examples of how the 837P Loop 2010AA (Billing Provider) and/or Loop 2010AB (Pay-To Provider) segments will look, based on the information provided in Locators 33 and 33A. The information supplied in the REF segments depends on the particular number/entry selected for 33 and/or 33A.

Each example includes a window image (screen shot) of the setup, followed by the segments that result from that setup.

The table below shows which Locator entries are used in each example.

All examples use the same information in the following fields:

Payor Plan	Medicare
Hospital Service Code	All
Loc 31 Phy Authorized Rep	Blank
Loc 32 Mammography Cert#	No
Loc 32 Print name and address	Yes

Example	Locator 33 Billing Provider	Locator 33A NPI Number	Pay-to same as Billing Provider
Example 1	Provider name and address	Facility/ National Provider ID	Yes
Example 2	Provider name and address	Facility/ National Provider ID	No
			Pay-to Provider – Performing Physician Address
			Pay-to Number – Performing Physician National Provider ID
Example 3	Performing Physician Address	Performing Physician National Provider ID	Yes
Example 4	Performing Physician Address	Performing Physician National Provider ID	
			Pay-to Provider – Provider Name/Address
			Pay-to Number – Performing Physician National Provider ID
			No

Example 1

1500 Control File Maintenance

Payor Plan /

Hospital Service Code

Loc 31 Phy Authorized Rep

Loc 32 Mammography Cert# ☐ Yes ☒ No

Loc 32 Print name and address ☒ Yes ☐ No

Loc 32A NPI Number

Loc 32B Other Numbers

Loc 33 Billing Provider

Loc 33A NPI Number

Loc 33B Other Numbers

Pay-to same as Billing Provider ☒ Yes ☐ No



5010 format

HL*5**20*1~

NM1*85*2*SENKBEILS MEDICAL CENTER*****XX*NPIPROV001~

N3*14 WEST ENDOFHERAINBOW A~

N4*NASHVILLE*TN*372111111~

REF*EI*FEDID00001~

Example 2

1500 Control File Maintenance

Payor Plan: 018 / 051 MEDICARE
 Hospital Service Code: [] **** A L L ****

Loc 31 Phy Authorized Rep: 1 BLANK
 Loc 32 Mammography Cert#: ☐ Yes ☒ No
 Loc 32 Print name and address: ☒ Yes ☐ No
 Loc 32A NPI Number: 7 Facility Natl Provider ID
 Loc 32B Other Numbers: 7 Facility Provider ID #
 Loc 33 Billing Provider: 1 Provider Name/Address
 Loc 33A NPI Number: 7 Facility Natl Provider ID
 Loc 33B Other Numbers: 1 BLANK
 Pay-to same as Billing Provider: ☐ Yes ☒ No

OK Delete Previous Update/Exit

1500 Pay-to Information

Pay-to Provider: 6 Performing Physician Address
 Pay-to Number: 6 Performing Phys Natl Provider ID
 ***Pay-to Number will override 33A NPI from previous screen

OK Previous

5010 format

```

HL*5**20*1~
NM1*85*2*SENKBEILS MEDICAL CENTER*****XX*NPIPROV001~
N3*14 WEST ENDOFTHERAINBOW A~
N4*NASHVILLE*TN*37211111~
REF*EI*FEDID00001~
NM1*87*1~
N3*3102 JANE ROGERS ADDRESS~
N4*NASHVILLE*TN*37203~
  
```

Example 3

1500 Control File Maintenance

Payor Plan 018 / 051 MEDICARE

Hospital Service Code **** A L L ****

Loc 31 Phy Authorized Rep 1 BLANK

Loc 32 Mammography Cert# ☐ Yes ☒ No

Loc 32 Print name and address ☒ Yes ☐ No

Loc 32A NPI Number 7 Facility Natl Provider ID

Loc 32B Other Numbers 7 Facility Provider ID #

Loc 33 Billing Provider 6 Performing Physician Address

Loc 33A NPI Number 6 Performing Phys Natl Provider ID

Loc 33B Other Numbers 1 BLANK

Pay-to same as Billing Provider ☒ Yes ☐ No

OK Delete Previous Update/Exit

?

5010 format

HL*5**20*1~

PRV*BI*PXC*2084P0804X~

NM1*85*1*ROGERSLASTNA*JANEFIRSTNAM*****XX*NPI0001024~

N3*3102 JANE ROGERS ADDRESS~

N4*NASHVILLE*TN*37203~

REF*EI*FEDID00001~

Example 4

1500 Control File Maintenance

Payor Plan 018 / 051 MEDICARE
 Hospital Service Code [] **** A L L ****

Loc 31 Phy Authorized Rep 1 BLANK
 Loc 32 Mammography Cert# ☐ Yes ☒ No
 Loc 32 Print name and address ☒ Yes ☐ No
 Loc 32A NPI Number 7 Facility Natl Provider ID
 Loc 32B Other Numbers 7 Facility Provider ID #
 Loc 33 Billing Provider 6 Performing Physician Address
 Loc 33A NPI Number 6 Performing Phys Natl Provider ID
 Loc 33B Other Numbers 1 BLANK
 Pay-to same as Billing Provider ☐ Yes ☒ No

OK Delete Previous Update/Exit

1500 Pay-to Information

Pay-to Provider 1 Provider Name/Address
 Pay-to Number 7 Performing Phys Natl Provider ID
 *Pay-to Number will override 33A NPI from previous screen

OK Previous

5010 format

```

HL*5**20*1~
PRV*BI*PXC*2084P0804X~
NM1*85*1*ROGERSLASTNA*JANEFIRSTNAM*****XX*NPI0001024~
N3*3102 JANE ROGERS ADDRESS~
N4*NASHVILLE*TN*37203~
REF*EI*FEDID00001~
NM1*87*2~
N3*14 WEST ENDOFTHERAINBOW A~
N4*NASHVILLE*TN*37211111~

```

Appendix C:**MEDHOST-Supported EB Intermediaries**

This appendix contains the current list of Electronic Billing intermediaries that are supported by MEDHOST.

**MEDHOST-Supported
Electronic Billing Intermediaries****October 24, 2012**

Intermediary	BlueCross UB	Medicare UB	Medicaid UB	Commercial UB	BlueCross 1500	Medicare 1500	Medicaid 1500	Commercial 1500
EB 837 SUBSET	X	X	X	X	X	X	X	X

Appendix D:**5010 Configuration for 270/271 and 837****Overview:**

This appendix explains how to configure the Version 5010 format for insurance eligibility (270/271) and 837 subset and how to test the Version 5010 format.

Configuration requires updating one or more settings in the *Vendor Maintenance* option (*Health Plan Transactions Menu, Option 10*) and the *Maintain EB System Control Record* option (*Electronic Billing Maintenance Menu, Option 1*). The process is described in the section *Version 5010 Configuration*.

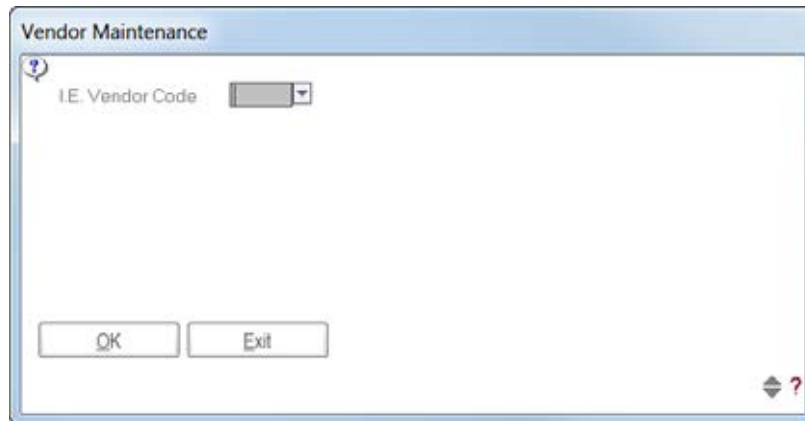
Testing the format is done at any time after you have finished electronic billing for the day, as explained in the section *Testing the 5010 Format*.

Note: MEDHOST recommends that you perform the 5010 format testing in a training library.

VERSION 5010 CONFIGURATION

Insurance Eligibility

1. Select the *Vendor Maintenance* option (see *Health Plan Transactions Menu, Option 10*) so you can set the format to Version 5010. The **Intermediary Code** search dialog will open.



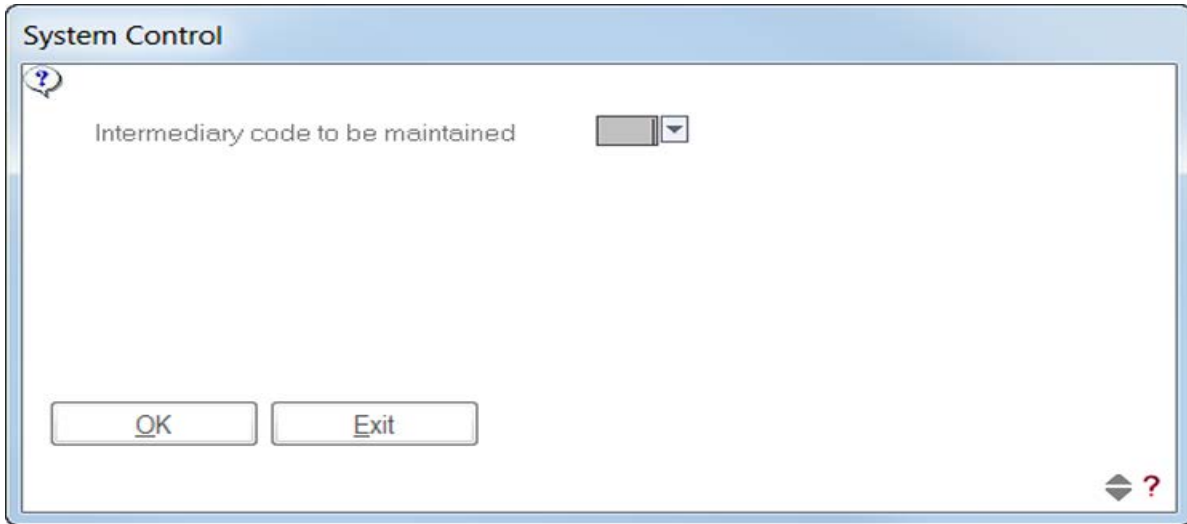
2. Select or search for the appropriate code and press the **OK** button. The **Vendor Maintenance** screen will open.

A screenshot of the "Vendor Maintenance" screen. At the top, there are five buttons: "OK", "Deactivate", "Reactivate", "Comm Parameters", and "Previous". Below these is a list of fields for vendor information. The "5010 Format" field is circled in red and has the "Yes" radio button selected. Other fields include Status (A), Vendor Code (A), Vendor Name (PASSPORT), Envoy Terminal ID, Trading partner ID, Facility ID, Vendor Signon, Vendor Password, Vendor Issued Provider # (VRFY4521), Transaction # (83), Check Detail on Confirmation (Yes), Communication method (FTP), Update benefits record (Yes), Usage indicator (Test), Medicare Password Change Information (New Password: 999, Number of Days Valid: 18192812, Last Date Changed: 18192812), and Send user profile (No).

3. Select **Yes** for the 5010 Format item and press **OK** to exit.

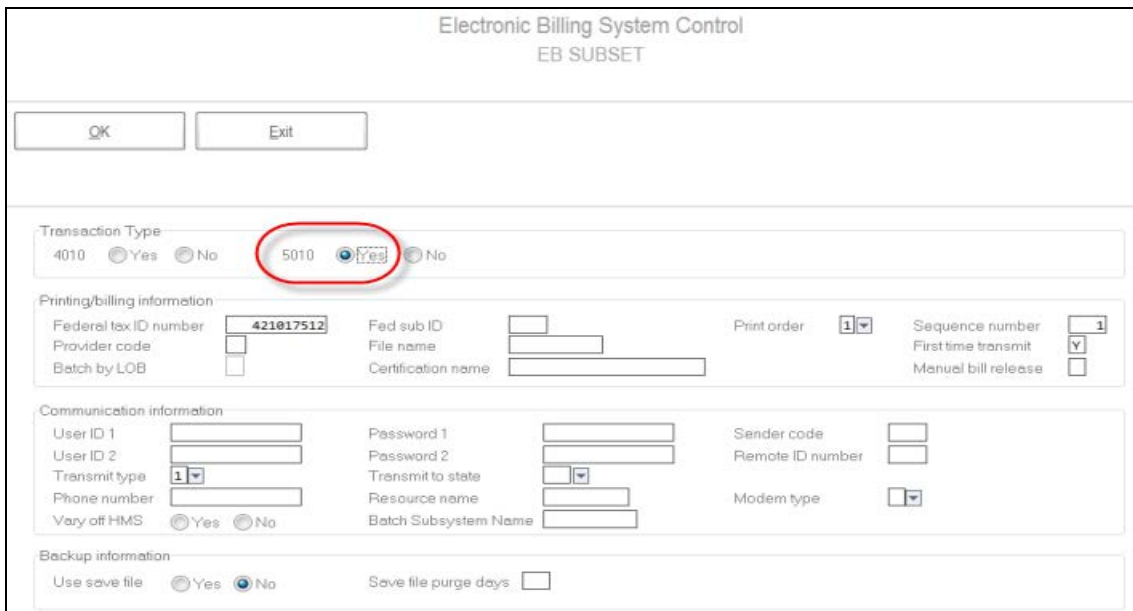
Electronic Billing

1. Select the *Maintain EB System Control Record* option (see *Electronic Billing Maintenance Menu, Option 1*) so you can update the transaction type and 837 subset headers for Version 5010.



The image shows a dialog box titled "System Control". It has a light blue header bar. Below the header, there is a text label "Intermediary code to be maintained" followed by a small grey box and a dropdown arrow. At the bottom of the dialog, there are two buttons: "OK" and "Exit". In the bottom right corner, there is a small icon of a diamond with a question mark.

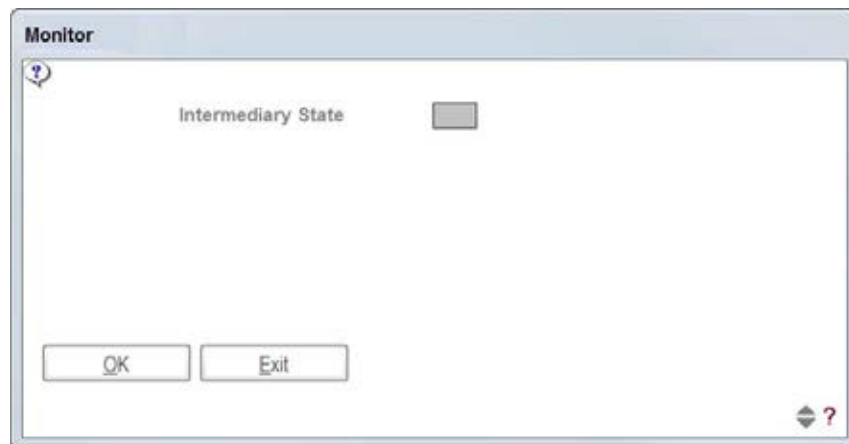
2. When the **Intermediary Code** search dialog opens, select your intermediary code and press the **OK** button.



The image shows a form titled "Electronic Billing System Control EB SUBSET". It has a light grey header bar. Below the header, there are two buttons: "OK" and "Exit". The form is divided into several sections:

- Transaction Type:** 4010 ☐ Yes ☐ No **5010** ☒ Yes ☐ No. The "5010 Yes" option is circled in red.
- Printing/billing information:**
 - Federal tax ID number: 421017512
 - Provider code:
 - Batch by LOB:
 - Fed sub ID:
 - File name:
 - Certification name:
 - Print order: 1
 - Sequence number: 1
 - First time transmit: ☒ Y ☐ N
 - Manual bill release: ☐
- Communication information:**
 - User ID 1:
 - User ID 2:
 - Transmit type: 1
 - Phone number:
 - Vary off HMS: ☒ Yes ☐ No
 - Password 1:
 - Password 2:
 - Transmit to state:
 - Resource name:
 - Batch Subsystem Name:
 - Sender code:
 - Remote ID number:
 - Modem type:
- Backup information:**
 - Use save file: ☒ Yes ☐ No
 - Save file purge days:

3. In the Transaction Type section, select **No** for 4010 and **Yes** for 5010. Then press the **OK** button. The **Intermediary State** search box will open.



4. Press the **OK** button (if necessary, enter your Intermediary State first). The **EB 837 Subset-Transmission Information** screen will open with buttons for the 837I Header File and the 837P Header.

A screenshot of the 'EB SUBSET' screen. At the top is the title 'EB SUBSET'. Below it is a row of five buttons: 'OK', '837I Header File', '837P Header', 'ETP Detail', and 'Exit'. The main area contains several sections of form fields. The first section is 'Transmission information' with fields for 'UB test code', '1500 test code', 'Other test code', '1500 submitter#', '1500 sequence number' (with a value of '2' entered), and 'Xmit 485/486 separately'. The next three sections are '1500 IP place of service:', '1500 OP place of service:', and '1500 type of service:', each with radio buttons for 'Blue Cross' (checked), 'Medicare', and 'Medicaid'. The 'Type of claims to xmit' section has radio buttons for 'UB claims' (checked), '1500 claims', and 'Home health'. The 'Secondary/Tertiary xmit.' section has radio buttons for 'UB claims' (Yes/No) and '1500 claims' (Yes/No). The '1500 units or minutes' section has radio buttons for 'Units' and 'Minutes'.

5. Press the **837I Header File** button. The **Interchange Control Header** screen opens. This is the first of five header screens.

Field	Value
Authorization Qualifier (ISA01)	00
Authorization Info. (ISA02)	1111111111
Security Qualifier (ISA03)	00
Security Information (ISA04)	2222222222
Inter. ID Qualifier (ISA05)	ZZ
Interchange Sender ID (ISA06)	1111111111111111
Inter. ID Qualifier (ISA07)	ZZ
Interchange Receiver ID (ISA08)	2222222222222222
Inter. Ctl Standards ID (ISA11)	^
Inter. Control Version (ISA12)	00501
Acknowledgment Request (ISA14)	0
Component Elmt Separ. (ISA16)	:

6. Verify that the screen values are the same as the ones shown above. Then press the **OK** button. A message will appear at the bottom of the screen if any settings need to be changed.

7. To save any changes to the settings, page through the header screens by pressing **OK** for each one, until you reach the **RECEIVER NAME** screen.

Note: As you press **OK** at each screen, a message at the bottom of the screen will give you the correct values if a setting needs to be changed.

Electronic Billing 837I File Maintenance

Intermediary MEDICARE UB

RECEIVER NAME (LOOP 1000B)

Entity Identifier Code (NM101) 40

Entity Type Qualifier (NM102) 2

Name Last/Organ. Name (NM103)

ID Code Qualifier (NM108) 46

Identification Code (NM109)

OK Add/Update Previous Exit

?

- At the **RECEIVER NAME** screen, press on the **Add/Update** button. You will return to the **EB 837 Subset-Transmission Information** screen, which has the buttons for the 837I and 837P headers.

EB SUBSET

OK 837I Header File 837P Header ETP Detail Exit

Transmission information

UB test code	☐	Other test code	☐	1500 sequence number	2
1500 test code	☐	1500 submitter#		Xmit 485/486 separately	☐

1500 IP place of service:

Blue Cross	☒	Medicare	☐	Medicaid	☐
------------	-------------------------------------	----------	--------------------------	----------	--------------------------

1500 OP place of service:

Blue Cross	☒	Medicare	☐	Medicaid	☐
------------	-------------------------------------	----------	--------------------------	----------	--------------------------

1500 type of service:

Blue Cross	☒	Medicare	☐	Medicaid	☐
------------	-------------------------------------	----------	--------------------------	----------	--------------------------

Type of claims to xmit:

UB claims	☒	1500 claims	☐	Home health	☐
-----------	-------------------------------------	-------------	--------------------------	-------------	--------------------------

Secondary/Tertiary xmit:

UB claims	☐ Yes	☒ No	1500 claims	☒ Yes	☐ No
-----------	---------------------------	-------------------------------------	-------------	--------------------------------------	--------------------------

1500 units or minutes:

☒ Units	☐ Minutes
--	-------------------------------

9. Press the **837P Header** button and repeat the process used to update the 837I Header.
10. When you return to this screen, press **Exit** to return to the **Electronic Billing Maintenance Menu**. Now you have finished the configuration for Version 5010 and the 837 subsets.

TESTING THE 5010 FORMAT

Before beginning the test:

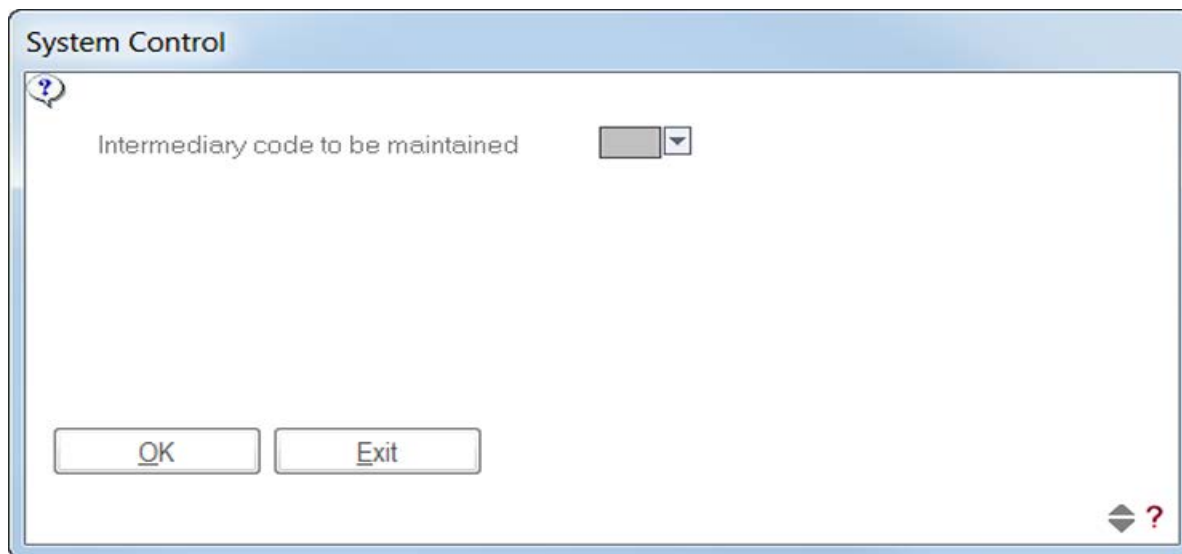
- Contact your Intermediary to notify them of your 5010 format testing.
- MEDHOST recommends that you perform the 5010 format testing in a training library.
- Record your current settings in each of the screens (e.g., using screen captures or notes). You will use these records to return to your original settings when the test is over.
- Wait to test the changes for the 837 subset until after daily electronic billing has been completed.

There are three parts to the test:

- ◆ Set up the Test Values
- ◆ Rebill and Generate an 837 File
- ◆ Revert to the Original Settings

Set Up the Test Values

1. Select the *Maintain EB System Control Record* option (see *Electronic Billing Maintenance Menu, Option 1*). The **Intermediary Code** search dialog will open.



2. Select or search for your intermediary code and press the **OK** button. The **EB 837 Subset-Transaction Type** screen will open.

Electronic Billing System Control
EB SUBSET

OK Exit

Transaction Type
4010 ☐ Yes ☒ No 5010 ☒ Yes ☐ No

Printing/billing information
Federal tax ID number 421017512 Fed sub ID 22 Print order 1 Sequence number 002
Provider code 3 File name ABCDEF First time transmit Y
Batch by LOB 2 Certification name TEST CERT Manual bill release Y

Communication information
User ID 1 userid Password 1 Password 2 Sender code 333
User ID 2 userid2 Password 2 Remote ID number 343
Transmit type 1 Transmit to state CA Modern type 2
Phone number 555-555-1234 Resource name HENNESSY
Vary off HMS ☐ Yes ☒ No Batch Subsystem Name

Backup information
Use save file ☒ Yes ☐ No Save file purge days 69

3. Verify that the Transaction Type is **No** for 4010 and **Yes** for 5010. Press the **OK** button. The **Intermediary State** search box will open.

Intermediary State XX

OK Previous

4. Press the **OK** button (if necessary, enter your Intermediary State first). The **EB 837 Subset-Transmission Information** screen will open with buttons for the 837I Header File and the 837P Header.

NORDIAN

OK 837I Header File 837P Header ETP Detail Exit

Transmission information

UB test code ☒ T Other test code ☐ 1500 sequence number 00002

1500 test code ☒ T 1500 submitter# Xmit 485/486 separately ☐

1500 IP place of service:

Blue Cross ☒ Medicare ☐ Medicaid ☐

1500 OP place of service:

Blue Cross ☒ Medicare ☐ Medicaid ☐

1500 type of service:

Blue Cross ☒ Medicare ☐ Medicaid ☐

Type of claims to xmit:

UB claims ☒ 1500 claims ☐ Home health ☐

Secondary/Tertiary xmit:

UB claims ☐ Yes ☐ No 1500 claims ☒ Yes ☐ No

1500 units or minutes

☒ Units ☐ Minutes

5. According to the type of code you want to test—UB code, 1500 code, or both—place a “T” in the UB Test code field and/or 1500 test code field.
6. Press the **837I Header File** button. The **Electronic Billing 837I File Maintenance—Interchange Control Header** screen will open. This is the first of five header setting screens.

Electronic Billing 837I File Maintenance

Intermediary EB SUBSET

INTERCHANGE CONTROL HEADER

Authorization Qualifier (ISA01)	00
Authorization Info. (ISA02)	1111111111
Security Qualifier (ISA03)	00
Security Information (ISA04)	2222222222
Inter. ID Qualifier (ISA05)	ZZ
Interchange Sender ID (ISA06)	1111111111111111
Inter. ID Qualifier (ISA07)	ZZ
Interchange Receiver ID (ISA08)	2222222222222222
Repetition Separator (ISA11)	U
Inter. Control Version (ISA12)	00501
Acknowledgment Request (ISA14)	0
Component Elmt Separ. (ISA16)	:

OK Previous Exit

Invalid repetition separator. Can not be a U. It can be a ^.

7. Page through the header screens by pressing the **OK** button until you reach the **RECEIVER NAME** screen. This process helps verify that the settings are correct, because a message at the bottom of the screen will give you the correct value if a setting needs to be changed.

Electronic Billing 837I File Maintenance

Intermediary MEDICARE UB

RECEIVER NAME (LOOP 1000B)

Entity Identifier Code (NM101) 40

Entity Type Qualifier (NM102) 2

Name Last/Organ. Name (NM103)

ID Code Qualifier (NM108) 46

Identification Code (NM109)

OK Add/Update Previous Exit

8. At the **RECEIVER NAME** screen, press on the **Add/Update** button. You will return to the **EB 837 Subset-Transmission Information** screen, which contains the 837I and 837P Header buttons.
9. Press the **837P Header** button and page through the five **Electronic Billing 837P File Maintenance** header screens to check their values.
10. When you return to the **EB 837 Subset-Transmission Information** screen, press the **OK** button to return to the main *Electronic Billing Maintenance Menu*.

Rebill & Generate an 837 File

Perform a rebill on previous claims using Bill Date or Patient Number (see *Electronic Billing Main Menu, Option 4: Rebill Electronic Bills*).

When the system notifies you that the rebilling process has finished, generate the bill (see *Electronic Billing Main Menu, Option 1: Create/Print EB Listing*).

Revert to the Original Settings

The reversion process differs for those who will continue to use the Version 5010 format and those who are still using the Version 4010 format.

Using the Version 5010 Format

Remove the T from the UB Test Code and/or 1500 Test Code items in the **EB 837 Subset–Transmission Information** screen.

Using the Version 4010 Format

1. Select **No** for the **5010 Format** field in the **Vendor Maintenance** screen (*Health Plan Transactions Menu, Option 10*), shown on page D.2 of this document.
2. Change the Transaction Type format **from** Version 5010 **to** Version 4010 in the **EB 837 Subset–Transaction Type** screen (*Electronic Billing Maintenance Menu, Option 1, Maintain EB System Control Record*).
3. Remove the T from the UB Test Code and/or 1500 Test Code items in the **EB 837 Subset–Transmission Information** screen (*Electronic Billing Maintenance Menu, Option 1, Maintain EB System Control Record*).
4. Page through the 837I and 837P header screens to reset the values so they are consistent with Version 4010. Refer to the section, “Set Up the Test Values” for examples of the process.
5. Press **OK** to save your changes and exit.

Index

Listed in alphabetical order below and on the next page are all the Electronic Billing menu options and topics described in this manual, along with their tabbed section and, where applicable, menu option number.

Item	Menu / Tab	Option
Appendices	APPENDICES	
A: Transmitting Using a PC		
B: 837P Billing/Pay-To Loops by PA1500 Setup		
C: MEDHOST-Supported EB Intermediaries		
D: Version 5010 Configuration for 837 Subset		
Cancel Electronic Bills	MAIN MENU	6
Change Insurance Revenue Codes	MAINTENANCE MENU	8
Copy Electronic Bills to Hard Media	MAIN MENU	10
Create/Print EB Listing	MAIN MENU	1
Display Batch Submission Status	MAIN MENU	16
EB Maintenance Menu	MAIN MENU	20
EB Patient Maintenance	MAINTENANCE MENU	7
EB Reports Menu I	MAIN MENU	21
Electronic Remittance Advice Menu	MAIN MENU	11
Enter Remarks	MAIN MENU	8
Error Messages	ERROR MESSAGES	
Finding your way through the manual	INTRODUCTION TO MANUAL	
Generate Home Health 485/486 Claims	MAIN MENU	14
Hold Electronic Bills	MAIN MENU	4
How this manual is organized	INTRODUCTION TO MANUAL	
Initialize Media	MAINTENANCE MENU	5
Insurance Benefits Maintenance	MAINTENANCE MENU	3
List Bills on Hold	REPORTS MENU I	1
List NEIC Reference File	REPORTS MENU I	2
Maintain EB System Control	MAINTENANCE MENU	1
Maintain EB system misc control	MAINTENANCE MENU	11
Maintain Electronic R/A Provider No.	ELEC REMIT ADVICE MENU	5
Maintain Electronic R/A System Control	ELEC REMIT ADVICE MENU	4

Item	Menu / Tab	Option
Maintain Intermediary File	MAINTENANCE MENU	2
Maintain Taxonomy Code File	MAINTENANCE MENU	10
Maintenance Menu	MAIN MENU	20
Omit Bill Types from EB	MAINTENANCE MENU	4
Outside Lab File Maintenance	MAINTENANCE MENU	2
Print EOB's	ELEC REMIT ADVICE MENU	11
Purge Old EB Save Files	MAINTENANCE MENU	9
Rebill Electronic Bills	MAIN MENU	3
Receive Audit Reports	MAIN MENU	9
Receive Electronic R/A	ELEC REMIT ADVICE MENU	1
Release Electronic Bills	MAIN MENU	5
Remittance Advice Menu	ELEC REMIT ADVICE MENU	
Remove Unwanted Electronic R/A Batch(s)	ELEC REMIT ADVICE MENU	7
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