# Keying a Professional Claim

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

## Topics covered

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## Keying Tips

- Prior to keying claims, it is recommended that frequently used providers be entered in Provider Management.

- Because ConnectCenter requires the entry of a lot of payer and provider information that is typically the same between different claims, you will find that **copying** an existing claim becomes an essential short-cut in creating new claims.
    - You should copy only claims that have already been validated, sent to the clearinghouse and accepted by the payer.
    - If you have a patient that has the same services performed at every appointment, copy a claim accepted by the payer and modify the service dates.
    - If you provide a service frequently, copy a paid claim for that service to create an unsubmitted template claim in which you replace the patient's name and demographic information with the current patient's data.

- Any data that resides on multiple tabs need only be updated on one tab.
    - For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, then the Patient Last Name field on the UB tab will be automatically updated.

- At any time while creating your claim you can click 'Validate'. Validate will alert you to errors on the claim that would otherwise prevent the claim from being processed.
    - Only claims that are error free can be send to the clearinghouse for processing.
    - It is recommended that you wait to 'Validate' your claim until you have completed all data you expect will be needed; clicking 'Validate' too early in the data entry process will result in false errors stemming from omission of fields that have not yet been entered.

- ConnectCenter autosaves your claim as you make changes. Claims can be saved as 'work in progress' prior to sending the claim to the clearinghouse.

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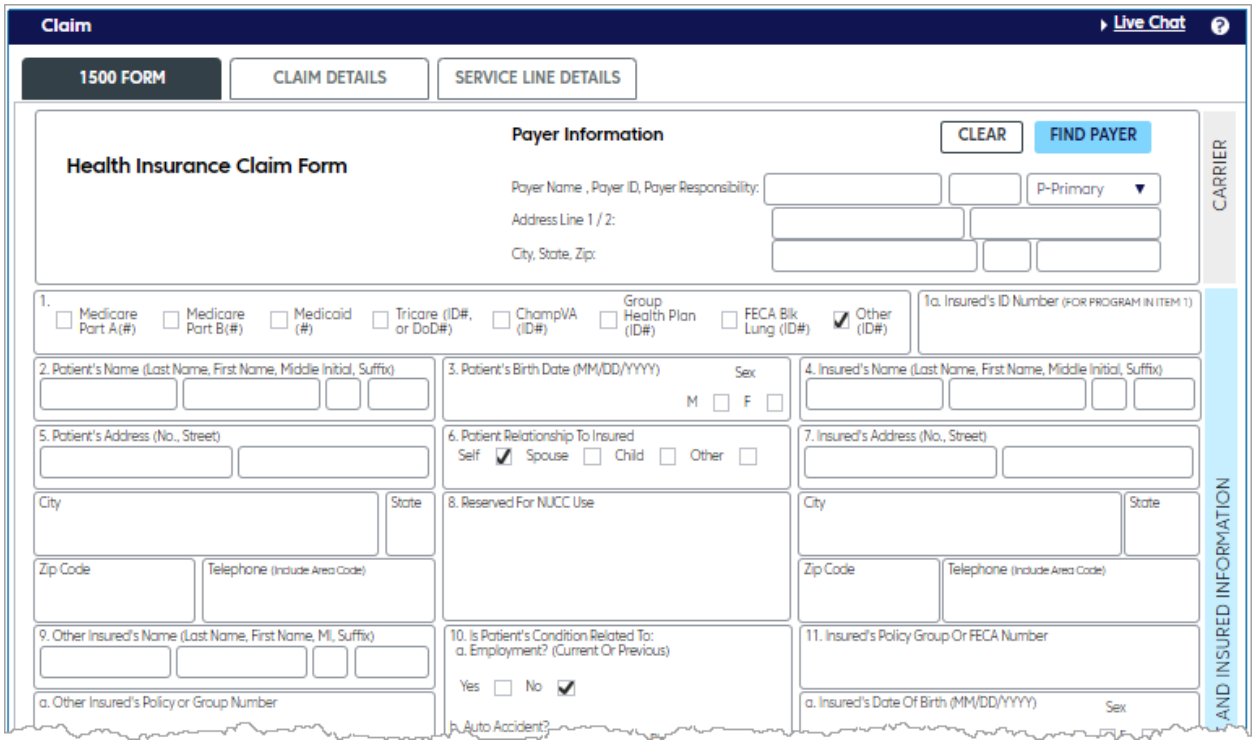
Only claims that have NOT been sent and accepted by the clearinghouse can be deleted.

## 1500 Form

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### 1500 Key Fields

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

| Box | Label / Description | Emdeon Section / Field |
|---|---|---|
| | Payer Information<br>• Use the Find Payer button to find your payer<br>• Payer address is required; be sure to add it if it's not returned from the Find Payer results<br>• Do not enter dashes (-) in the extended zip code. | New Claim Setup<br>Select a payer from the drop-down list given in Step 3 |
| 1a | Insured's ID | Payer/Insured Information<br>Insured's ID/Cert # |
| 2 | Patient's Name | Patient Information<br>Last Name, First Name, MI |
| 3 | Patient's Birth Date | Patient Information<br>Date of Birth |
| 5 | Patient's Address<br>Address, City, State, Zip Code, no dashes | Patient Information<br>Street Address 1, Street Address 2, City, State, Zip |

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| Box | Label / Description | Emdeon Section / Field |
|---|---|---|
| 9a | Other Insured's Policy or Group Number | Supplemental Claims<br>Insured ID, within the Insurance tab<br>*Requires user to check "Route Claim for Supplemental Data Entry" |
| 11d | Is there another health benefit plan?<br>Check Yes or No | Insurance Information<br>Other Insurance Indicator |
| 12 | Patient's or Authorized Person's Signature<br>Enter "Y" on the Signed field | Insurance Information<br>Release of Information Indicator |
| 13 | Insured's or Authorized Person's Signature<br>Enter "Y" in the Signed field | Provider Information<br>Certification Indicator |
| 14 | Date of current illness | Accident/Symptom Information<br>Symptom Date |
| 21 | Diagnosis Code<br>Enter without the decimal point | Patient Information<br>Diagnosis Code<br>Note: Connect Center does not provide a favorites list or dictionary search for these fields |

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| Box | Label / Description | Emdeon Section / Field |
|---|---|---|
| 22 | Resubmission Code<br>Options:<br>1 - New claim submission (always use 1)<br>7 - Replacement of prior claim<br>8 - Void/cancel of prior claim | Other Information<br>Resubmission Code |
| 23 | Prior Authorization Number | |
| **24** | **Service Line Information** | |
| 24 A | Dates of Service<br>Must have MM/DD/YYYY format<br>Note: click in the white area under the line number and gray far to find the data entry field | Claim Line Information<br>Start Date and End Date<br>Note: ConnectCenter is much less tolerant of variation in date entry formats. |
| 24 B | Place of Service | Claim Line Information<br>Place Code<br>Note: Connect Center does not provide a drop-down list of values for place of service |
| 24 D | CPT/HCPCS<br>Procedures, Services or Supplies | Claim Line Information<br>Proc and Mods<br>Note: Connect Center does not provide a favorites list or dictionary search for these fields |

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| Box | Label / Description | Emdeon Section / Field |
|---|---|---|
| 24 E | Diagnosis Pointer<br><br>**Alpha** indicators | Claim Line Information<br><br>**Numeric** ICD Pointers |
| 24 F | Charges | Claim Line Information<br><br>Charges |
| 24 G | Days or Units<br><br>If your claim requires that the service line is expressed in minutes, the Unit/Basis measurement can be modified by accessing the **Service Line Details tab.** In the section, Service Line Information, Service Line Supplemental Information, enter MJ in the Unit/Basis Measurement Code field for EACH applicable service line. (See the Service Line section below, for more information)<br><br>NOTE: Only key numeric data in field 24 G | Claim Line Information – Unit Qty |
| 24J | Rendering Provider NPI<br><br>• NOTE: if a Rendering Provider NPI is put on a service line, the Rendering provider name must be provided on the **Service Line Details**<br>• NOTE: If the Rendering Provider NPI is applicable to the entire claim add this information on the **Claim Detail Tab**, rather than each individual service line. | Performing Provider #<br><br>• Note: typically performing provider for the entire claim is selected in Step 3 of the New Claim setup page, as part of selecting Service Provider. |
| | | |

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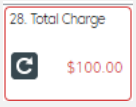
| Box | Label / Description | Emdeon Section / Field |
|---|---|---|
| 25 | Federal Tax I.D. Number<br><br>No dashes | Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address. |
| 26 | Patient Account Number<br><br>Optional | Patient Information<br><br>Patient Account # |
| 27 | Accepts Assignment?<br><br>Options: (enter A, B or C)<br><br>A – Assigned<br><br>B – Not Assigned<br><br>C – Clinical Labs | Provider Information<br><br>Accepts Assignment? |
| 28 | Total Charges<br>Click the refresh button. The system will calculate the total charges based on the amounts entered in 24F for all service lines.<br>  | Claim Line Information<br><br>Total |
| 31 | Signature of Physician or Supplier<br><br>Enter "Y" in the Signed field | |
| 32 | Service Facility Location Information<br><br>Address, City, State, Zip Code with no dash | Other Facility Information<br><br>Name, Number, Street Address 1, Street Address 2, City, State, Zip |

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| Box | Label / Description | Emdeon Section / Field |
|---|---|---|
| 32a | Service Facility Location Information<br><br>NPI of the facility | Other Facility Information – Facility/Lab NPI |
| 33 | Billing Provider Info<br><br>Name, NPI, Address, City, State, Zip Code, & Telephone number.<br><br>• Use the green + button to select information from your provider list<br>• Do not use dashes for the phone number or an extended zip code.<br>• An extension should be represented by a 'x' and then a numeric. There should be no spaces between the base telephone number and the extension.<br>• NOTE: If a phone number is provided on the 1500 Main form for the billing provider than a contact name must be provided on the **Claim Details** under the Billing Provider | Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address. |

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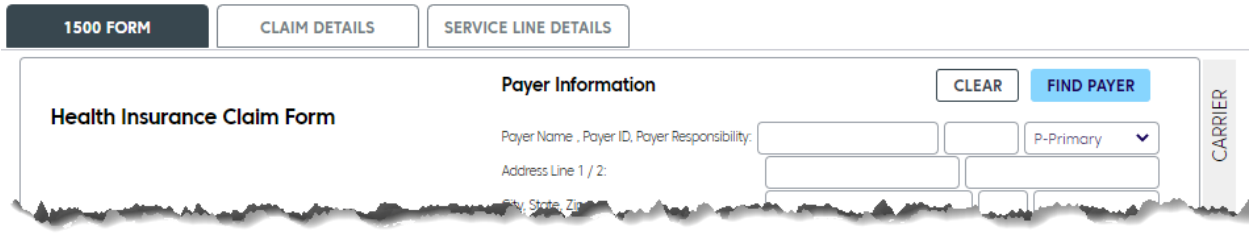
## Claim Details Tab

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




Note, each field on the 1500 form is also duplicated on either the Claim Detail or Service Line Details. For each field that is duplicated on more than one tab, updating the field on one form will also update that field on other tabs. For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, the Patient Last Name field on the 1500 tab will be automatically updated.

| Section | Label / Description | Emdeon Section / Field |
|---|---|---|
| Payer, Payer Information | Claim Filing Indicator<br><br>Recommended value = CI | Not displayed (defaults to CI) |
| Payer, Payer Information | Group Name | Payer<br><br>Group Name |
| Billing Provider, ID's | Taxonomy | Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address. |
| Billing Provider, ID's | State License Number | Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address. |
| Billing Provider, ID's | UPIN Number | Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address. |

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| Section | Label / Description | Emdeon Section / Field |
|---|---|---|
| Billing Provider, Commercial ID's | • Use FY as the ID type for the Claim Office Number<br>• Use G2 as the ID type for the Commercial Number<br>• Use LU as the ID type for the Location Number | Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address. |
| Other Providers, Referring Provider Information IDs | NPI | Other Information<br><br>Referring Provider NPI |
| Other Providers, Referring Provider Information IDs | • Use 0B as the ID type for the State License Number<br>• Use G2 as the ID type for the Commercial Number<br>• Use 1G as the ID type for the UPIN | Other Information<br>• Referring Provider # is used to collect IDs that are not an NPI<br>• Referring Provider Tax ID Type is used to select whether the Referring Provider # is a Tax ID, License Number or UPIN |

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## Special Cases – Secondary Claims

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

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| Section | Label / Description | Emdeon Section / Field |
|---|---|---|
| Claim Details<br>Other Insurance/COB<br>Insured/Subscriber Information | Last/Organization Name<br>First Name<br>Middle Name<br>Suffix | Supplemental Claims<br>Secondary Claim<br>Payer<br>Prior Payer Information<br>Insured Name |
| Claim Details<br>Other Insurance/COB<br>Insured/Subscriber Information | Insured's ID# | Supplemental Claims<br>Secondary Claim<br>Payer<br>Prior Payer Information<br>Insured ID |
| Claim Details<br>Other Insurance/COB<br>Payment/Adjudication | Reimbursement Rate<br>HCPCS Payable Amount<br>End Stage Renal Disease Payment Amount<br>Non-Payment Professional Component Billed<br>Patient Liability | Supplemental Claims<br>Secondary Claim<br>Claim Level Entries<br>Optional Payment Information<br>• Medicare Outpatient Adjudication Reimbursement Rate<br>• HCPCS Payable Amount<br>• ESRD Amount<br>• Component Billed Amount<br>• Liability Amount |

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

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### Special Cases – Ambulance Information

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

| Section | Label / Description | Emdeon Section / Field |
|---|---|---|
| Property & Casualty, Ambulance, Pick Up Location | • Address 1<br>• Address 2<br>• City<br>• State<br>• Zip Code<br>• Country Code | Supplemental Claims<br>Ambulance Data<br>Ambulance Pick Up Address<br>• Street Address 1<br>• Street Address 2<br>• City<br>• State<br>• Zip |
| Property & Casualty, Ambulance, Drop-off Location | • Address 1<br>• Address 2<br>• City<br>• State<br>• Zip Code<br>• Country Code | Supplemental Claims<br>Ambulance Data<br>Ambulance Drop Off Address<br>• Street Address 1<br>• Street Address 2<br>• City<br>• State<br>• Zip |
| Property & Casualty, Ambulance, Other Information | Patient Weight | Supplemental Claims<br>Ambulance Data<br>Patient Weight |

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| Section | Label / Description | Emdeon Section / Field |
|---|---|---|
| Property & Casualty, Ambulance, Other Information | Transport Distance | Supplemental Claims<br>Ambulance Data<br>Miles |
| Property & Casualty, Ambulance, Other Information | Transport Reason Code – Enter one of the following codes<br>• A – Patient transported to nearest facility<br>• B – Patient transported to preferred physician<br>• C – Patient transported for nearness of family members<br>• D – Patient transported for specialist or for specialized equipment<br>• E – Patient transported to Rehab Facility | Supplemental Claims<br>Ambulance Data<br>Transport To/From |
| Property & Casualty, Ambulance, Other Information | Round Trip Purpose | Supplemental Claims<br>Ambulance Data<br>Purpose of Round Trip |
| Property & Casualty, Ambulance, Other Information | Stretcher Purpose | Supplemental Claims<br>Ambulance Data<br>Purpose of Stretcher |

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| Section | Label / Description | Emdeon Section / Field |
|---|---|---|
| Property & Casualty, Ambulance, Other Information | If you need to set a condition codes, select Yes and use one of the following codes<br>• 01 – Patient was admitted to hospital<br>• 04 – Patient was moved by stretcher<br>• 05 – Patient was unconscious or in shock<br>• 06 – Patient was transported in an emergency situation<br>• 07 – Patient had to be physically restrained<br>• 08 – Patient had visible hemorrhaging<br>• 09 – Ambulance service was medically necessary<br>• 12 – Patient is confided to a bed or chair<br><br>NOTE: The Yes/No indicator is not needed at the service line level | Supplemental Claims<br>Ambulance Data<br>• Moved by Stretcher<br>• Unconscious/Shock<br>• Emergency Situation<br>• Physical Restraints<br>• Visible Hemorrhaging |

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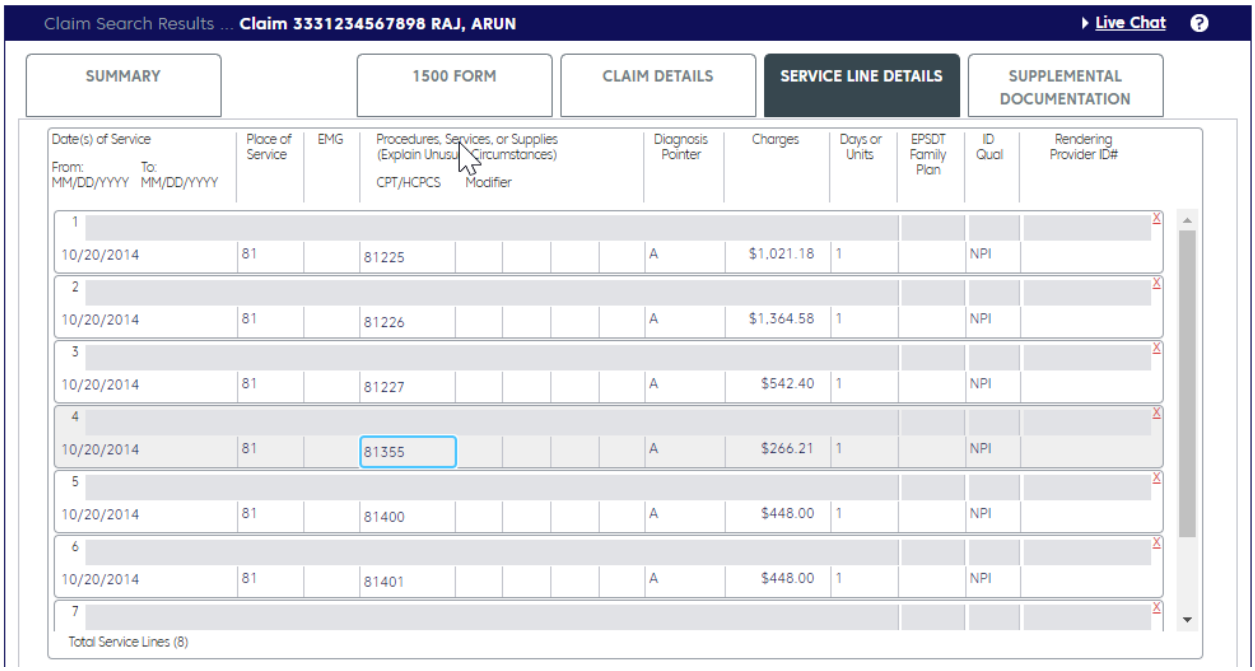
## Service Line Detail Tab

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

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

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**Service Line Details**

| Section | Label/Description | Emdeon Section/Field |
|---|---|---|
| Service Line Details<br>Providers<br>Ordering | NPI<br>ID Type/Other ID<br>Last Name, First Name, Middle Name, Suffix | Additional Claim Line Information<br>Provider Information<br>Ordering Provider NPI<br>Ordering Provider UPIN<br>Ordering Provider Name |
| Service Line Details<br>Providers | NPI<br>ID Type / Other ID<br>Last Name, First Name, Middle Name, Suffix | Additional Claim Line Information<br>Provider Information<br>Supervising Provider NPI<br>Supervising Provider UPIN<br>Supervising Provider ID<br>Supervising Provider Name |
| Service Line Details<br>Providers | Entity Type: Yes/No<br>Purchased Service Charge Amount<br>NPI<br>ID Type / Other ID | Additional Claim Line Information<br>Service Information<br>• Purchased Service: Y/N<br>• Purchased Service Charge<br>Provider Information<br>• Purchased Service Provider NPI,<br>• Purchased Service Provider # |

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| Section | Label/Description | Emdeon Section/Field |
|---|---|---|
| Service Line Details<br><br>Service Line Supplemental Information | CLIA # | Additional Claim Line Information<br><br>Provider Information<br><br>CLIA # |
| Service Line Details<br><br>Service Line Supplemental Information | Mammography Certification # | Additional Claim Line Information<br><br>Provider Information<br><br>Mammography Cert Number |
| Service Line Details<br><br>Service Line Supplemental Information | Hospice Employee | Additional Claim Line Information<br><br>Provider Information<br><br>Hospice Employee |
| Service Line Details<br><br>Drug Information | NDC ir Universal Product ID<br><br># of Units<br><br>Measurement Basis<br><br>RX# | Additional Claim Line Information<br><br>Service Information<br><br>• National Drug Code<br>• NDC Quantity<br>• NDC Units of Measure<br>• Prescription Number<br>• NDC Link Sequence # |

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| Section | Label/Description | Emdeon Section/Field |
|---|---|---|
| Service Line Details<br><br>Test Results | Hemoglobin/Hematocrit/Both Date<br><br>ID, Qualifier, Value | Additional Claim Line Information<br><br>Service Information<br><br>• Hemoglobin/Hematocrit Date<br>• Hemoglobin g/dl<br>• Hematocrit % |

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