

EZClaim Advanced 9
ANSI 837P

Capario Clearinghouse
Manual

EZClaim Medical Billing Software
December 2013

Capario Client ID# _____

Capario SFTP Password _____

Enrollment Process for EDI Services

1. Enroll with the Clearinghouse

- EZClaim Rep will contact the Customer to begin Enrollment process.
 - Advanced 8 is updated to latest release, internet connection and email access.
 - Enrollment documentation has been received by customer.
 - Capario Payer ID list has been provided to the customer.
- Customer will complete the Provider Enrollment and Credit Card Authorization forms. Forms are faxed to EZClaim at 248-651-9273.
 - EZClaim Rep will contact customer to confirm Enrollment data.

2. Enter Claims and Complete Payer Agreements

- Using the Clearinghouse Manual, customer will enter claim data for 2 claims, one Commercial, one BCBS, Medicare or Medicaid Claim. Completed claims are faxed to EZClaim at 248-651-9273.
 - Contacted by EZClaim for claim data entry corrections, if needed.
 - Receive final claim approval from EZClaim.
- EZClaim Rep will email or fax Payer Agreements to customer. Payer Agreements are completed by provider/customer with assistance from EDI rep.
 - Customer will mail or fax Payer Agreements following all instructions.
 - Customer will provide tracking form to EDI rep.

3. Submit Claims and Move to Production

- EZClaim Rep will schedule an appointment for screen sharing session and assists customer in sending first batch of claims to Capario. (Printed Clearinghouse Manual is required for this session.)
 - Customer will print 'test' claim report and fax to EZClaim Rep.

Note: Once customer has received verbal or written approval, customer will fax or email a notice of the approval to EZClaim Rep.

- Once test claims are accepted EDI rep moves customer to 'Production' status. Customer submits claims to Capario.

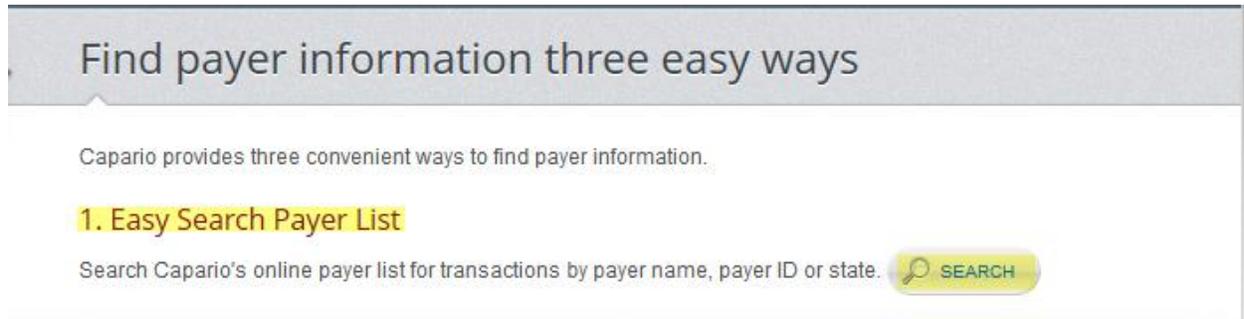
4. Retrieve Reports

- Customer retrieves Reports. See page 'Report Overview'

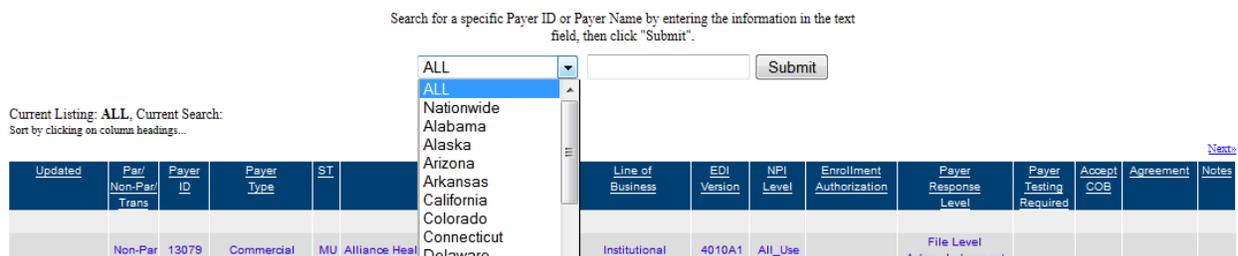
Capario Payer ID

Click on the link below to access the Capario Payer Lists.
<http://www.capario.com/resource-center/payer-list.aspx>

- Click on 'Easy Search Payer List'.



- Use dropdown to select a state for 'State Payers' and/or enter a Payer name in the blank box and then click 'Submit'.



Search for a specific Payer ID or Payer Name by entering the information in the text field, then click "Submit".

Current Listing: ALL, Current Search:
Sort by clicking on column headings...

Updated	Par/Non-Par Trans	Payer ID	Payer Type	ST	Line of Business	EDI Version	NPI Level	Enrollment Authorization	Payer Response Level	Payer Testing Required	Accept COB	Agreement	Notes
	Non-Par	13079	Commercial	MU Alliance Heal	Institutional	4010A1	All_Use		File Level				

Setting Up Your Data

Before you will be authorized to submit test claims to Capario, you must have your test claims set up in the following format! Please follow these instructions.

Required: You must use a **Capario Payer ID#** for every insurance company you are sending claims. Click on this link and use the <http://www.capario.com/resource-center/payer-list.aspx> for Payer ID#s.

Step 1 - Setting up the Payer Library

Payer Library Icon

Name	Address	ST	Payer ID	Ins Type...
BCBS	6789 HOWELL STREET	MI	12345	
SAMPLE PAYER	456 FRONT STREET	ST		

Enter Payer ID from the Capario Payer ID list

Add Payer Information to Library

Required: You must have a Payer name and Capraio ID# for every insurance company you are sending electronic claims.

1. Enter name of Insurance carrier.
2. Enter Capario Payer ID# in 'Payer ID' field.
3. **Ins Type Code:** Select only if sending **Medicare** claims as a secondary payer. Use dropdown arrow to select 'Medicare Secondary Claims' Ins Type code.
4. Click on the 'Save' button.
5. Payer information is now listed in the box to the left.

Edit Payer Information

Highlight the Payer, edit Payer information and then 'Save'.

Step 2 - Physician, Organization and Facility Library

Physician/Facility Library Icon

Physician/Facility Library – Library information must be completed before entering patient data. Once the entries are completed in the library, they will be selected on EZClaim data entry screens. Correct set-up of the Library is important for error free claims.

Billing Provider Information (Box 33 on CMS 1500 form)

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

Physician, Organization and Facility Library

Physician/Organization Library Entries: Use the Tab key to move to the next field. Enter to save.
 Show: Active Inactive All
 Full Name (Required)

Filter: Filter Clear

Classification: Billing Inactive

Type: Person Non-Person

Last Name if Person or Organization Name if Non-Person

BILLING

First Name: JOHN Middle: j

Address Line 1: 313 SOUTH ST

Address Line 2:

City, State, Zip: COOPERSVILLE MI 999994444

Telephone: 5556667777 Fax:

E-Mail:

NPI 0987654321 Taxonomy Code:

Tax ID Type: Tax ID:
 24 Tax ID Number 222334444

Notes:

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
Del		

Delete Library List Report Library Usage Report New Close Save

Use dropdown arrow to select Classification type

9 digit Zip Code

1. Enter the Name of Provider, Agency or Business in “Full Name Required” field.
2. Select ‘Billing’ as Classification.
3. Select **Person or Non-Person** as ‘Type’ depending on the billing provider entry.
4. Enter ‘Organization’ name or ‘Last Name’ and ‘First Name’ if person.
5. Enter street Address information **including 9 digit Zip Code**.
 - Note: A **P.O. Box** address requires setting up a separate billing entry using the Classification of ‘Pay to Provider’. Once the entry is completed, go to **Tool>Options>Submitter Information** to select your ‘Pay to Provider’ entry.

Pay To Provider - Do not use unless required by payer:

DR BILLING

6. Enter Individual or Organizational NPI number.
7. Using the dropdown arrow, select ‘Tax ID Type’ and enter number.
8. Enter Taxonomy Code if required by your insurance company.
Note: Fax and Email is used for your reference only.

Additional ID numbers

1. **Situational:** Select ‘Payer’ by clicking in the blank line under ‘Payer’. Continue entering ID Type and either the Individual or Group ID Number.

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
Del BCBS - 6789 HOWELL STRE1	Blue Shield Number-1B	345678

Delete Library List Report Library Usage Report New Close Save

2. Click on ‘Save’.

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

Physician, Organization and Facility Library

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

Show: Active Inactive All

Filter: Filter Clear

Full Name (Required)
RENDERING

Classification: Rendering Inactive

Type: Person Non-Person

Last Name if Person or Organization Name if Non-Person
RENDERING

First Name: JOHN Middle: J

Address Line 1:

Address Line 2:

City, State, Zip:

Telephone: Fax:

E-Mail:

NPI: 0234567678 Taxonomy Code:

Tax ID Type: Tax ID:

Notes:

Additional ID Numbers (Legacy Numbers):

Payer	ID Type/Qualifier	ID Number
Del		

Delete Library List Report Library Usage Report New Close Save

1. Enter First and Last name in 'Full Name (Required)' field.
2. Select **Rendering** as 'Classification'.
3. Select **Person** as Type.
4. Enter Last name and First name.
5. Enter Individual NPI number.
Optional: If a Tax ID is required, enter under 'Additional ID Numbers'.
6. Click on 'Save'.

Facility Information

Enter Facility information only if different than the Billing Provider information. (Box 33 of the 1500 form.)

1. Enter Facility Name in 'Full Name (Required)' field.
2. Select **Facility** as 'Classification'.
3. Select **Non-Person** as 'Type'.
4. Enter Facility Name and Address information including **9 digit Zip Code**.
5. Enter NPI number.
6. Click on 'Save'.

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

Step 3 - Patient/Insured Info Screen

- Do not use words such as 'SAME' or 'NONE' or 'N/A'.

Required: Patient name and address information

Required: Insured information is required if 'Insured' is different than the 'Patient'.

Required: Enter Insured ID Number in this format, 2345678. Do not use dashes or punctuation.

Required: Patient's Birth Date

Required: Patient Relationship to Insured

Required: Patient Signature on File

Required: Check 'Insured Signature on File' for payment to be sent to Provider. If not checked, payment will be sent to the Insured.

Box 9b-9c – Reserved for NUCC use. Not used for electronic billing

Other Insured Information.

- Enter secondary data only if submitting a secondary insurance for this claim.
- Enter secondary 'Insured's ID' and 'Patient Relationship to Insured' on the **Payers/Other Info** tab.

Note: Enter any additional information requested by the insurance company.

Step 4 - Physician/Diagnostic Info Screen

The screenshot shows the 'Physician/Diagnostic Info' screen in the EZClaim software. The patient is identified as 'SAMPLE, PATIENT' with a date of birth of 2/21/1967. The screen is divided into several sections:

- Patient/Insured Info:** Includes fields for Name, Date of Current, and First Date of Similar Illness.
- Referring/Ordering Physician:** Fields for Name, NPI, and Qualifier and Other ID.
- Diagnosis Codes:** A grid of fields labeled A through L for entering codes.
- Claim Template:** Includes 'Initial Charge Values' and a table for 'Place', 'EMG', 'CPT/HCPCS', 'Modifier', 'Diag. Line #', 'Charge', 'Units', 'EPSDT', and 'Patient Paid'.
- Rendering Provider:** Fields for Signature on File, Print Bill Date, and Billing Provider Info & Phone #.
- Service Facility Location Information:** Fields for Facility Name, Address, and City/State/Zip.
- Payer Area:** Fields for Payer Name, Address, and City/State/Zip.
- Additional Information:** Fields for Patient Account No., Accept Assignment, and various NPI/Qualifier and Other ID fields.

At the bottom of the screen, there is a table showing claim details:

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat.	Perm Sta.	Patient Group	Printed	Exported	Ready fo...	Secondary	Claim ID
SAMPLE, PATIENT	11/7/2013		\$70.00	BCBS	Not Paid	Not Perm...	PATIENT GROUP 1			Yes	No	10

Filters at the bottom: Only Show Claims: Not Printed: Not Exported: Not Permanent: Not Paid: Not Archived:

Field Requirements

Required: Billing Provider Info & Phone Number information. Use dropdown arrow to select the Physician/Organization name.

Required: Accept Assignment indicator. 'Yes' or 'No'

Required: Physician Signature on File indicator

If required by your Payer, enter the following information.

- Rendering Provider information previously set up in the Physician/Facility Library.
- Date of Current – This is the default 'Date of Current' field. Enter a date in this field only if the date is used for all charges for this patient. For Medicare this date cannot be same as first date of service.
- Referring or Ordering Provider
- Facility Information - Do not enter facility information unless Facility data is different from Billing information or Place of Service is a 12 or required by your insurance company.

Step 5 – Payers/Others Info Screen

The screenshot shows the 'Payers/Others Info' screen in the EZClaim software. The patient is 'SAMPLE, PATIENT' (Age: 46, ID: 54321, Group: PATIENT GROUP 1). The primary payer is (12345) BCBS with address 6799 HOWELL STREET, ANYTOWN MI 99999. The primary claim filing indicator is 'BL'. The secondary payer ID is highlighted in yellow. The patient relationship to the insured is 'Self'. The 'Include Notes With EDI File' checkbox is checked. A table at the bottom shows a claim record for 11/7/2013 with a balance due of \$70.00.

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat...	Perm Sta...	Patient Group	Printed	Exported	Ready fo..	Secondary	Claim ID
SAMPLE, PATIENT	11/7/2013		\$70.00	BCBS	Not Paid	Not Perm...	PATIENT GROUP 1			Yes	No	10

Primary/Destination Payer

1. **Required:** Click 'Primary Payer' button to select Payer previously set up in the Payer Library. Select 'Payer' by highlighting the Primary Payer and click 'OK'.
2. **Required:** 'Primary Claim Filing Indicator'.

Secondary/Other Payer

1. **Required:** Secondary/Other Payer
2. **Required:** Claim Filing Indicator
3. **Required:** Secondary/Other Insured's ID#
4. **Required:** Patient Relationship to Insured

Note: See tabs below for additional Situational information. **Do not** enter 'Situational' information unless required by your insurance company.

Note: To Delete a Payer on Payer/Others Info screen, click on the 'Clear Primary' or 'Clear Secondary' button.

EDI Claim Notes: To include notes in Loop 2300 NTE Segment of your electronic file, check the 'Include Notes with EDI' file checkbox.

Step 6 - New Charges Screen

- Required:** Click on the calendar to select 'Date of Service'. Enter charges and other service line information.
- Required:** ICD Indicator, using the dropdown box select 9 for ICD-9 or 0 for ICD-10 codes. **Cannot have BOTH ICD-9 AND ICD-10 codes on a claim.**

Diagnosis Codes: A.	3004	B.	4610	C.	5362	D.		E.		F.	
ICD Ind.	9	G.		H.		I.		J.		K.	
Initial Ch.	0 ICD-10					A	\$0.00	\$0.00	1		
	9 ICD-9					Procedure	Dian Code	Applied	FPSDT		Print/F

- Required:** Diagnosis codes.
- Required:** Enter the diagnostic code pointers (ABCD etc.) on the charges line. Do not use the actual diagnosis code in this box, 24E, only pointers. Enter no more than four DX pointers on each service line.
- Required:** Place of Service, must use 2 digits.

Below are the most commonly used codes.

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

Required: Procedure Codes

Situational: Rendering Provider: This data is pulled from the Rendering Provider information which has been selected on the Physician/Diagnostic Info tab. If Rendering Provider information has not been selected on the Physician/ Diagnostic Info tab, use the dropdown arrow to select the Rendering Provider previously set up in the Physician/Facility Library.

Situational: Enter EMG only if requested by your insurance company. Usually left blank.

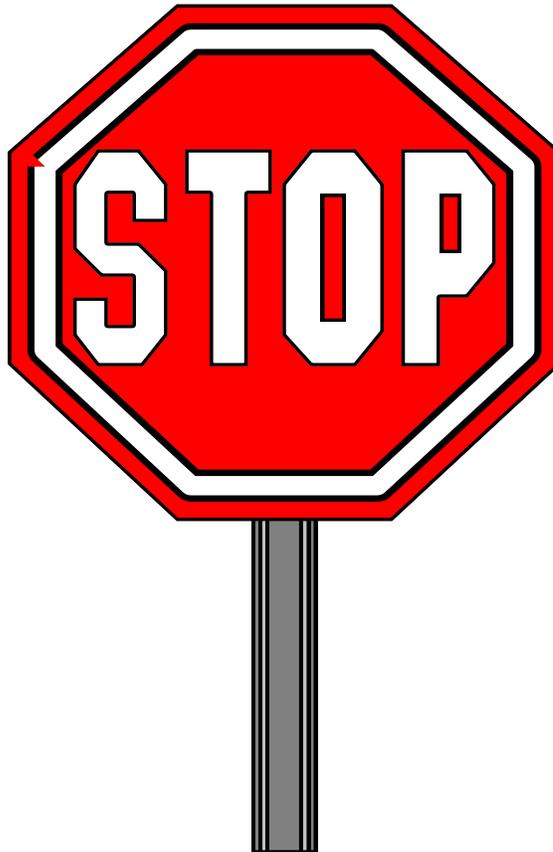
NOTE: DME Companies do not use Rendering Providers. Leave the rendering provider fields blank.

Step 7 – Sample Claims

If you have not yet faxed your **'Sample Claims'** to EZClaim, follow these instructions.

1. Go to the Patient/Insured screen and confirm that 'Print Form and Data' is checked on the bottom right of the screen.
2. Go to the Charges screen and click on 'Print 1500' button.
3. Fax Sample claims to EZClaim at 248.651.9273.

Step 8 - Uploading Claims to the Clearinghouse

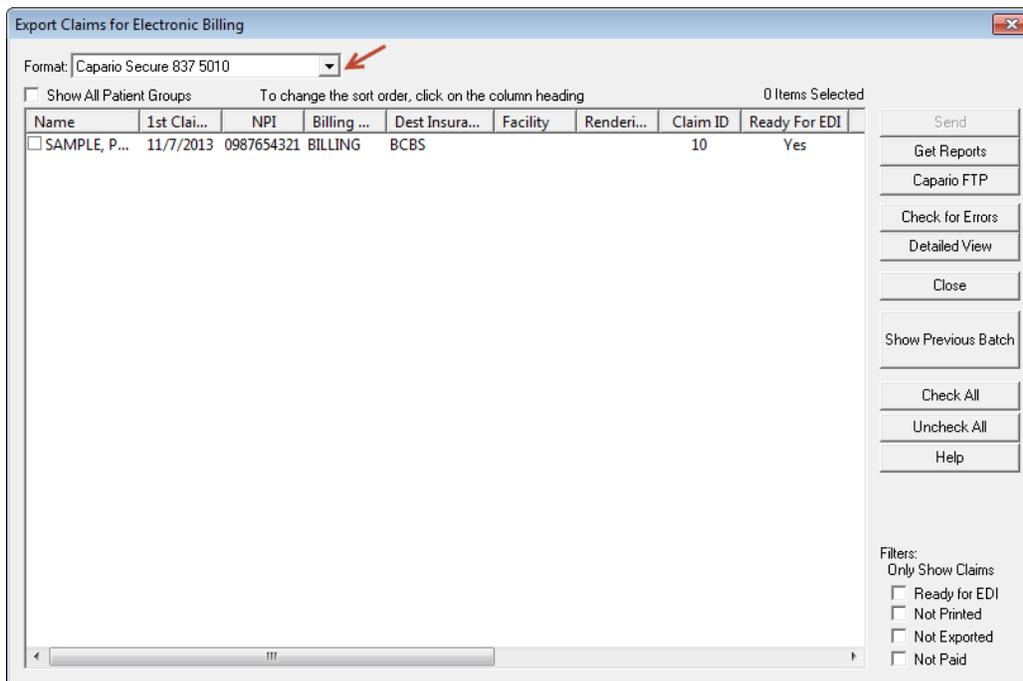


Do not Upload claims to the Clearinghouse until instructed by your EZClaim EDI Rep.

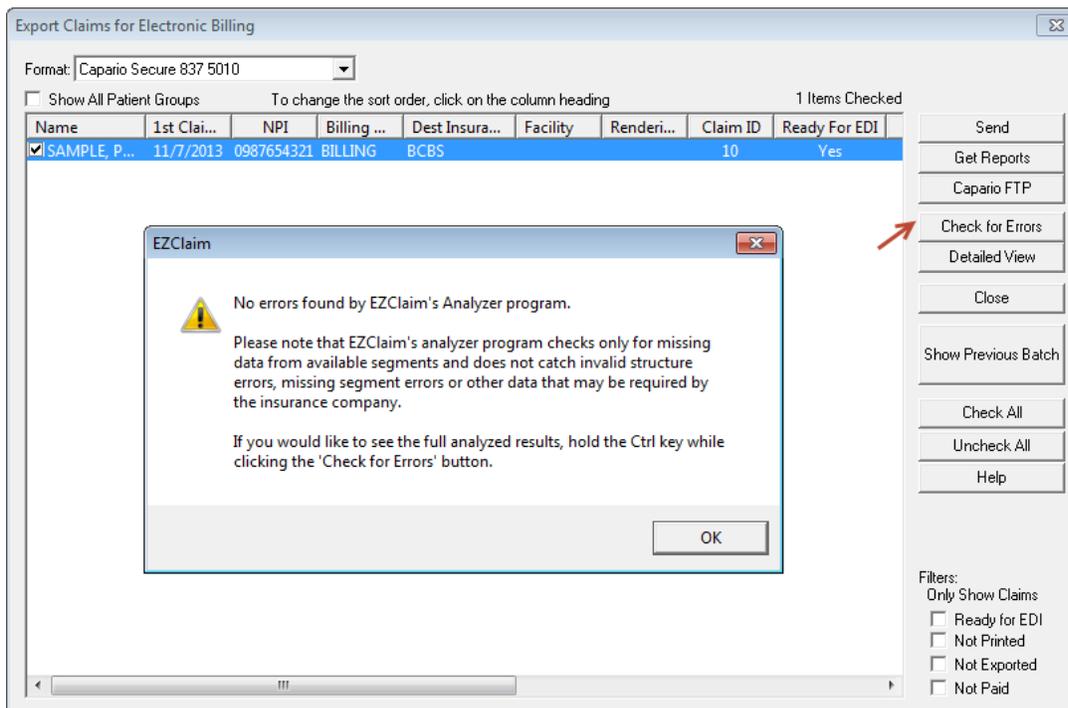
Step 9 - Submitting Claims Using EZClaim SFTP

Menu Location: *Electronic Billing Icon*

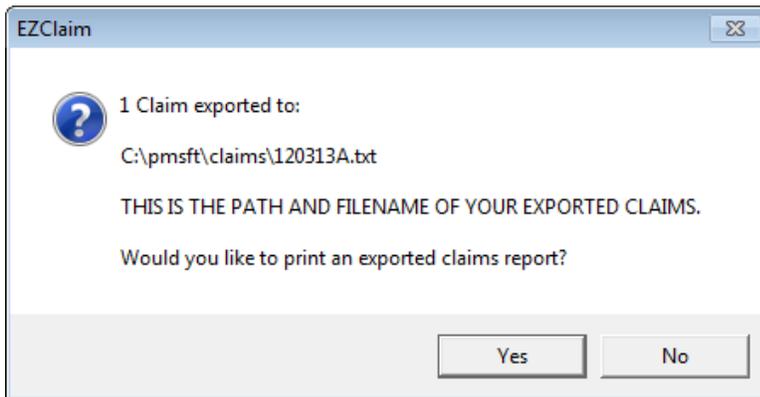
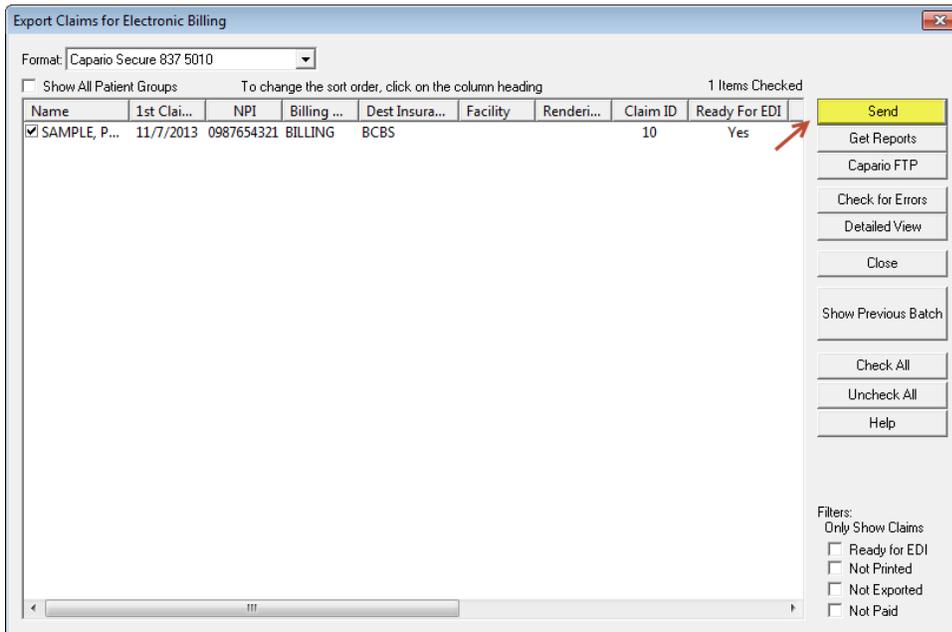
1. Using the dropdown arrow select '**Capario Secure 837 5010**'. Once selected **DO NOT** change this format!



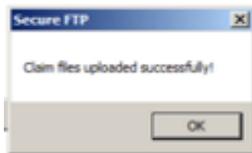
2. Select claims to be exported by checking the check box next to claim. Note: You may also click the 'Check All' box if all claims are ready to submit.
3. Click on the 'Check for Errors' button.



4. If the analyzed report states there are errors, return to the claim and correct errors. Once errors have been corrected, return to 'Electronic Claims' and continue.
5. If the report states there are no errors, click on OK, click on the 'Send' button.

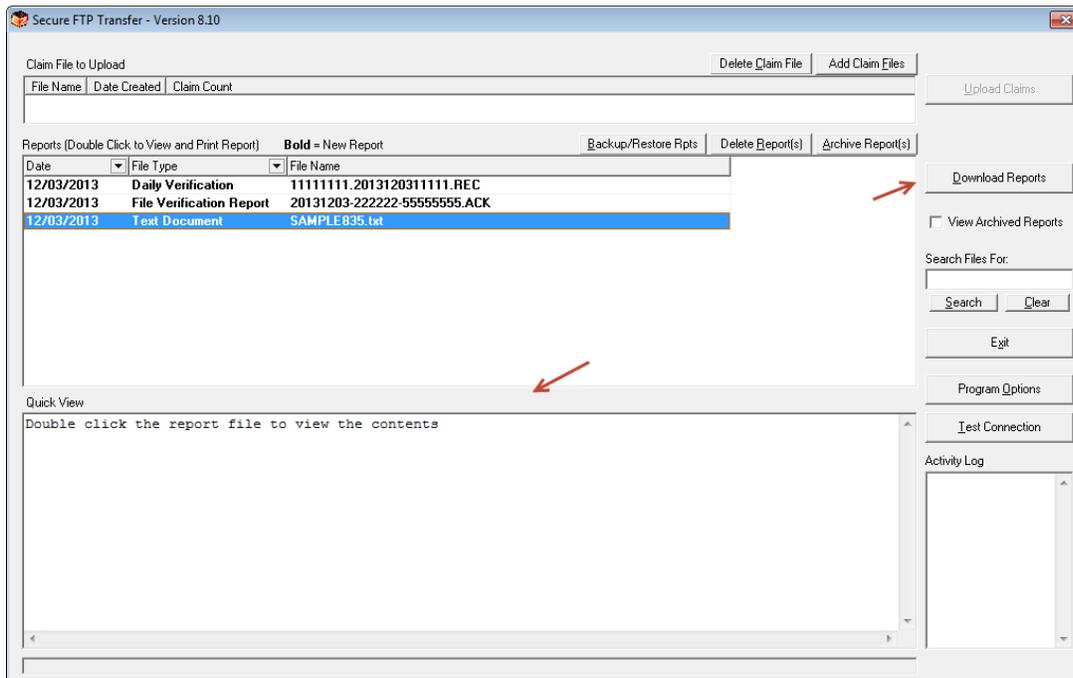


6. Select 'Yes' to print an 'Exported Claims' Report.
7. File will then automatically upload and a confirmation message, **'Claim files uploaded successfully!'** will be displayed and transmission is complete. If the file fails to upload, see 'Common Capario EDI Errors' at end of document..



Step 10 – Reports

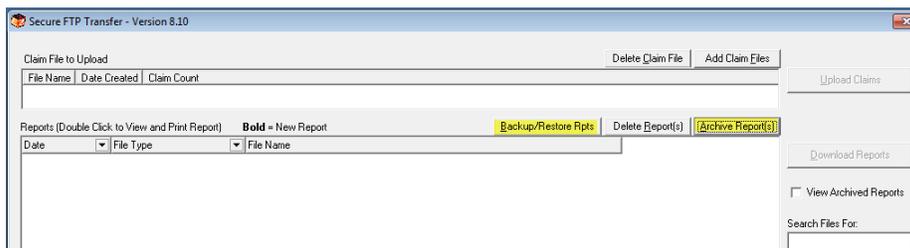
1. To download reports open the Capario FTP program and click on ‘Download Reports’.



2. Double click on a Report file name to open
3. View Reports. If your report states that your claims have errors, make necessary changes to claims and resubmit claims.

Managing Reports

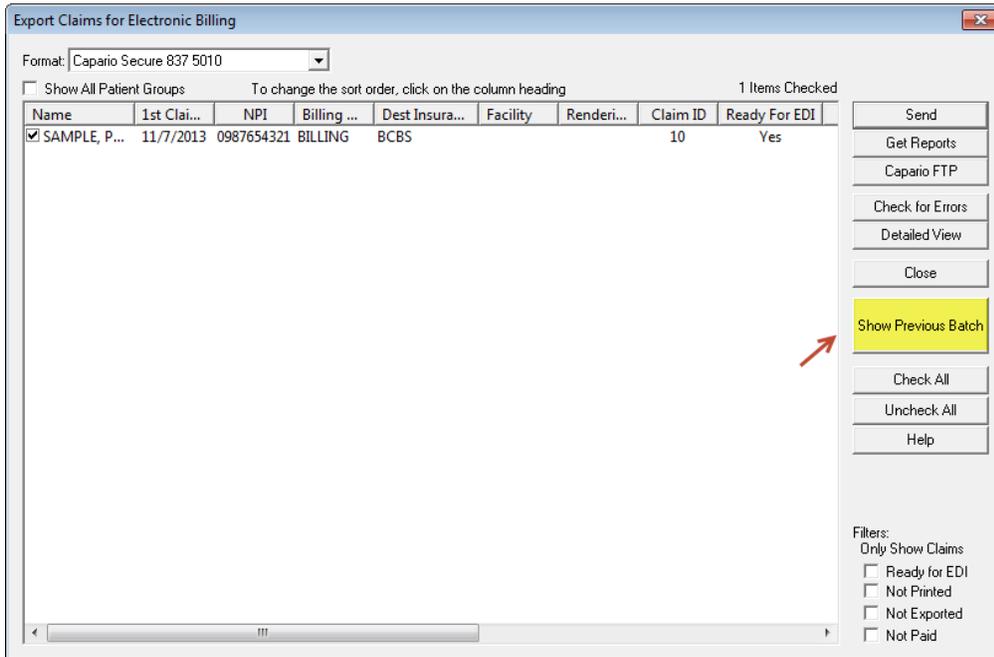
- After viewing it is suggested that reports are ‘Archived’ and not ‘Deleted’.
- To select multiple reports, hold down the Ctrl key and highlight reports to be deleted or archived.
- To ‘Restore’ reports, click on ‘Backup/Restore Rpts’, browse to backup report location and click ‘Open’.



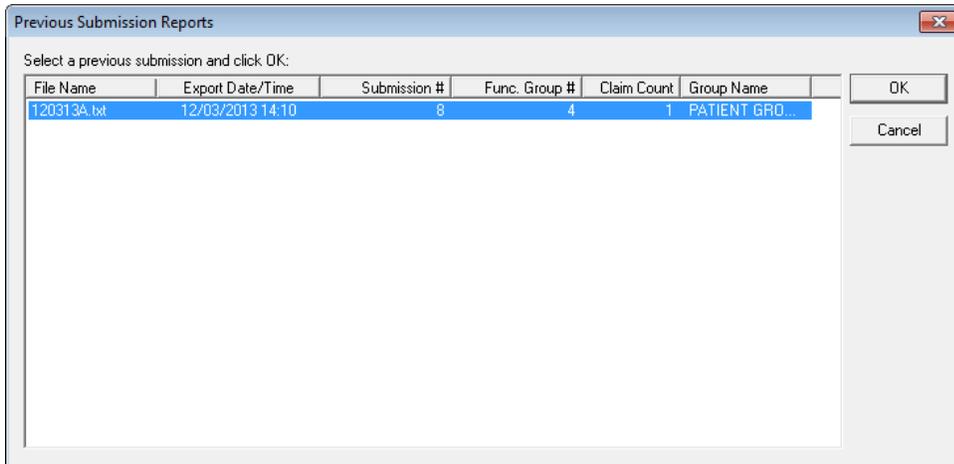
Resubmitting Claims

Electronic Billing Icon

1. Click on the 'Show Previous Batch' button.



2. Highlight and then double click on the previous batch of claims to view.



3. Claims are now ready to select and resubmit.
4. Select by highlighting all claims or individual claims to re-export.
5. Click on the 'Send' button.
6. Confirm 'Claim File Upload Successful'.

Electronic Report Overview

Capario currently offers the following electronic reports to assist in the prompt and accurate processing of electronic submissions:

- (ACK) – File Verification Report**
- (REC) – Daily Verification Report – Processed or Rejected**
- (INS) – Payor Response Report**
- (ARA or ERA) - Electronic Remittance Advice (835) Report***
- (HTML) – Print EOB**

File Verification Report (ACK)

File Verification Report: This report confirms receipt of your Inbound file and will be available the same day.

CAPARIO
FILE VERIFICATION REPORT

Statement Generated	Tuesday, December 28, 2010 12:27:30 PM
Client Number	000XXXXXX
Capario File ID	CLM6666666
File Size	2020

This statement represents receipt of an inbound file. A detailed report will be available within 24 hours.

Daily Verification Report (REC)

Daily Verification Report: This report is generated within 1 business day of submission and verifies each claim transmitted to Capario. The Status code indicates that the claim was Processed by Capario and has been submitted to the Payor for processing or that the claim was Rejected by Capario.

Payor Reports (INS)

Note: Not all payers will return each report. Some payers will provide Rejection reports only. See report sample on page 22.

Payor Status Reports: These reports are provided 2-7 business days after Capario processing and shows processing and adjudication information from the Payor. The Payor report types provided vary by Payor. The most common Payor report types are:

Payor Acceptance Report: This report indicates the Payor has received (accepted) the claim for further processing.

Payor Status Report: This report indicates that the Payor is processing the claim and has a processing update to report.

Payor Rejection Report: This report indicates the Payor has attempted to process the claim, but it contains invalid or missing information.

Sample Capario Reports

P - Processed by Capario and forwarded to the Payer.

R - Rejected by Capario for missing or invalid data, correct and resent to Capario



SAMPLE REC REPORT

CAPARIO, INC. (714) 979-4467

CAPARIO, Inc DAILY CLAIMS-VERIFICATION Statement

PAGE: 1

Statement Generated: 012/16/08 At: 14:44:09 Processed: 12/16/2008

File Name: IM081601CLM163354CNV

Client Name : DR JOHN DOE

Client Number: 99990000

SUB ID: [999999] PROVIDER: DOE, JOHN M.D.

Patient Account	Patient Name	Date	Charge	Stat	Payer - Trace Number -
V102L83415	BEAR,B	06/20/08	37.00	P	MARS1 228000548373000
V98L44351	BIRD,T	02/10/08	190.80	P	JUPIT 228000548694000
V102L92180	BUNNY,B	06/23/08	33.00	P	PAPEB 228000547552000
V98L44351	CAT,S	02/10/08	31.50	P	JUPIT 228000548695000
V101L98455	CHARMING,P	05/24/08	508.30	P	VENUS 228000548324000
V104L32475	CINDERELLA,P	08/08/08	169.40	P	VENUS 228000548019000
V104L3377	COYOTE,W	08/02/08	135.36	R	MERCU 228000548638000

Processed

1 INSURED'S ID MISSING/INVALID - []

**** REJECTED ****

V102L84690	DUCK,D	06/21/09	67.70	P	NEPTU 228000547740000
V102L98011	DUCK,D	06/25/08	201.00	P	NEPTU 228000547831000
V93L942	DUCK,H	08/31/08	33.00	P	NEPTU 228000548276000
V104L28112	DUCK,L	08/07/08	146.50	P	NEPTU 228000547612000
V99L78342	EAST,W	03/19/08	213.50	P	URANU 228000548093000
V91L74691	FOGHORN,G	07/20/08	125.50	P	PLUTO 228000548082000
V102L99662	JECKLE,B	06/25/08	224.85	R	PAPEB 228000547842000

Rejected

1 PAYOR ZIP CODE INVALID FOR STATE CODE - [93711]

**** REJECTED ****

V104L32426	FOX,B	08/08/08	100.00	P	MARS1 228000548018000
V101L98455	GODMOTHER,F	05/24/08	33.66	P	PAPEB 228000548325000
V103L46856	HECKLE,A	07/12/08	128.00	P	PAPEB 228000547866000

V103L72142	LION,C	07/18/08	549.75	P	PAPEB 228000548475000
V104L32882	MOUSE,M	08/08/08	130.00	P	SATUR 228000548027000
V102L89171	MOUSE,M	06/22/08	41.50	P	SATUR 228000548409000
V97L80243	PUE,P	01/18/08	163.50	P	PAPEB 228000548691000
V104L33409	RABBIT,B	08/08/08	15.00	P	MARS1 228000548043000
V102L98254	RUNNER,R	06/25/08	208.70	P	MERCU 228000547561000
V102L85765	SCARECROW,B	06/21/08	85.00	P	EARTH 228000547772000
V102L89326	TINMAN,H	06/22/08	102.40	P	SATUR 228000547806000
V104L25482	TORNADO,D	08/07/08	314.00	P	PAPEB 228000548540000
V104L25482	TOTO,D	08/07/08	78.65	P	EARTH 228000548541000
V102L88540	WEST,G	06/22/08	10.00	P	MERCU 228000547796000

SUB ID: [999999] SUB TOTALS

CLAIM COUNT	PROCESSED	REJECTED
Mercury Ins	3 354.06	1 135.36
Venus Ins	2 677.70	0 0.00
Earth Ins	2 163.65	0 0.00
Mars Ins	2 152.00	0 0.00
Jupiter Ins	2 222.30	0 0.00
Saturn Ins	3 273.90	0 0.00
Uranus Ins	1 213.50	0 0.00
Neptune Ins	4 448.20	0 0.00
Pluto Ins	1 125.50	0 0.00
Paper (Conv.)	7 1,446.76	1 224.85

Totals 27 4,077.57 2 360.21

END OF LISTING FOR FILE: IM081601CLM163354CNV



SAMPLE INS REPORT

PHYSICIANS HEALTH SERVIC ELECTRONIC RESPONSE REPORT



Provider Name: PHYSICIAN ONE 11-1111111 / 70563963 0002912
Address : 1300 STREET ONE, CITY ONE, CA 11111
Payor Process Date: 01/24/2009

INS Report Run Date: 01/30/2009

Ims Ctl Id	Patient Account	Name	Svc Date	Charge	Payor Ref #
024141266213004	15756020101R	RUBBLE,	20090123	75.00	15756020101R
		CLAIM STATUS: [ACCEPTED]			
024141266219004	157360111026	FLINTSTONE,	20091124	120.00	157360111026
		CLAIM STATUS: [ACCEPTED]			

Provider Name: PHYSICIAN TWO 22-2222222 / 70563963 0008251
Address : 833 STREET TWO, CITY TWO, CA 22222
Payor Process Date: 01/24/2009

INS Report Run Date: 01/30/2009

Ims Ctl Id	Patient Account	Name	Svc Date	Charge	Payor Ref #
024141266817004	4832020100F4	SCARECROW,	20091218	460.00	4832020100F4
		CLAIM STATUS: [ACCEPTED]			

Provider Name: PHYSICIAN THREE 33-3333333 / 70563963 0001540
Address : 2044 STREET THREE, CITY THREE, CA 33333
Payor Process Date: 01/24/2009

INS Report Run Date: 01/30/2009

Ims Ctl Id	Patient Account	Name	Svc Date	Charge	Payor Ref #
024141265450004	K008	MOUSE, M	20090121	120.00	3216
		CLAIM STATUS: [ACCEPTED]			
024141265455004	JU87	DUCK, D	20090121	150.00	2430
		CLAIM STATUS: [ACCEPTED]			
024141265456004	9876	RABBIT, B	20090121	220.00	4112
		CLAIM STATUS: [ACCEPTED]			
024141265457004	FR45	LION, K	20090121	255.00	3567
		CLAIM STATUS: [ACCEPTED]			
024141265464004	98JH	CINDERELLA,	20090122	105.00	1286
		CLAIM STATUS: [ACCEPTED]			
024141265465004	9NM8	POOH, W	20090122	150.00	1288
		CLAIM STATUS: [ACCEPTED]			
024141265511004	5TR7	BIRD, T	20090123	340.00	4676
		CLAIM STATUS: [ACCEPTED]			
024141265512004	0DF3	BEARS, T	20090113	20.00	4676
		CLAIM STATUS: [ACCEPTED]			
024141265513004	0000	FOGHORN,	20090124	295.00	4677
		CLAIM STATUS: [ACCEPTED]			
024141265526004	12JK	PATIENT, S	20090122	180.00	4038
		CLAIM STATUS: [ACCEPTED]			
024141265548004	JK89	TOTO, D	20090101	100.00	1256
		CLAIM STATUS: [REJECTED]			[MISSING OR INVALID SUBSCRIBER ID]

QUESTIONS REGARDING CLAIMS REJECTED BY YOUR PAYER, CONTACT THE

ANSISI 837 Quick Reference

LOOP 2000A (Specialty/Taxonomy)	Segment	EZClaim Location
Billing Provider Specialty Information	PRV03	Physician/Facility Library Icon>Billing or Rendering Provider > Taxonomy
LOOP 2010AA (Billing Provider)		
Billing Provider Name (Box 33)	NM103	Physician/Facility Library Icon>Billing Provider Name and Address
Billing Provider Primary Identifier	NM109	Physician/Facility Library Icon>Billing Provider> NPI
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider > Tax ID#
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider > Legacy ID#
Billing Provider Address	N3 & N4	Physician/Facility Library Icon>Billing Provider> Address & Zip
LOOP 2310B (Rendering)		
Rendering Provider Name (Box 31)	NM103	Physician/Facility Library Icon>Rendering Provider First and Last Name
Rendering Provider Primary Identifier	NM109	Physician/Facility Library Icon>Rendering Provider> NPI
LOOP 2310A (Referring)		
Referring Provider Name (Box 17)	NM103	Physician/Facility Library Icon>Referring Provider First and Last Name
Referring Provider Primary Identifier	NM109	Physician/Facility Library Icon>Referring Provider> NPI
LOOP 2310D (Facility)		
Service Facility Name (Box 32)	NM103	Physician/Facility Library Icon> Facility Name
Facility Address	N3 & N4	Physician/Facility Library Icon>Facility> Address & Zip
Facility Primary ID# (If required)	NM109	Physician/Facility Library>Facility NPI
LOOP 2010BB (Payer)		
Payer (Insurance Co.) Name	NM103	Payer Library Icon>Payer Name
Payer ID#	NM109	Payer Library Icon>Payer ID
LOOP 2300		
Claim Information		General claim information plus Diagnostic Codes and Total Claim Charge
LOOP 2400		
Service Line Information (Charges tab)		Data related to procedure code charges. Ex: Dates, procedure codes, modifiers, charges, units.