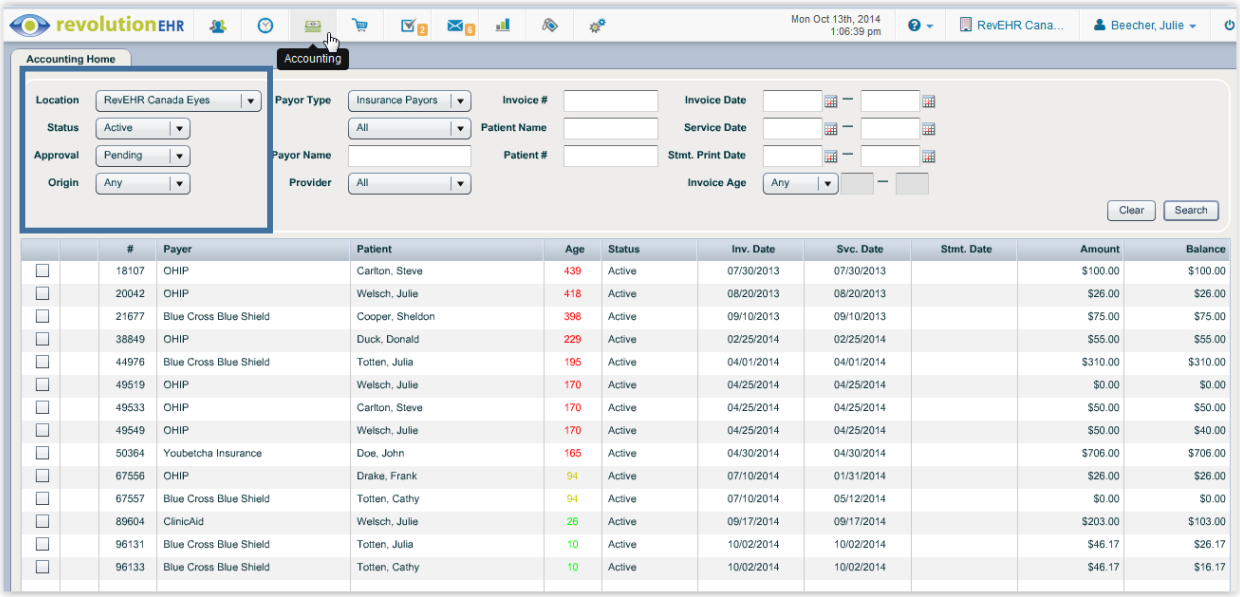
Claim Preparation and Filing Overview for U.S.

During the course of a patient visit, invoices will be created by various staff within the office. It is recommended that when an insurance invoice is created only the person responsible for submitting the claim will authorize it. This allows the billing person(s) in the office an easy way to generate a "working" list of insurance invoices.

From the accounting module find all your "pending" insurance invoices set your filters accordingly and 'Search':

Location: choose the correct location from the dropdown, or leave at "any" if there is no need to generate the list by location.
Status: Active
Approval: Pending
Payor Type: Insurance Payors

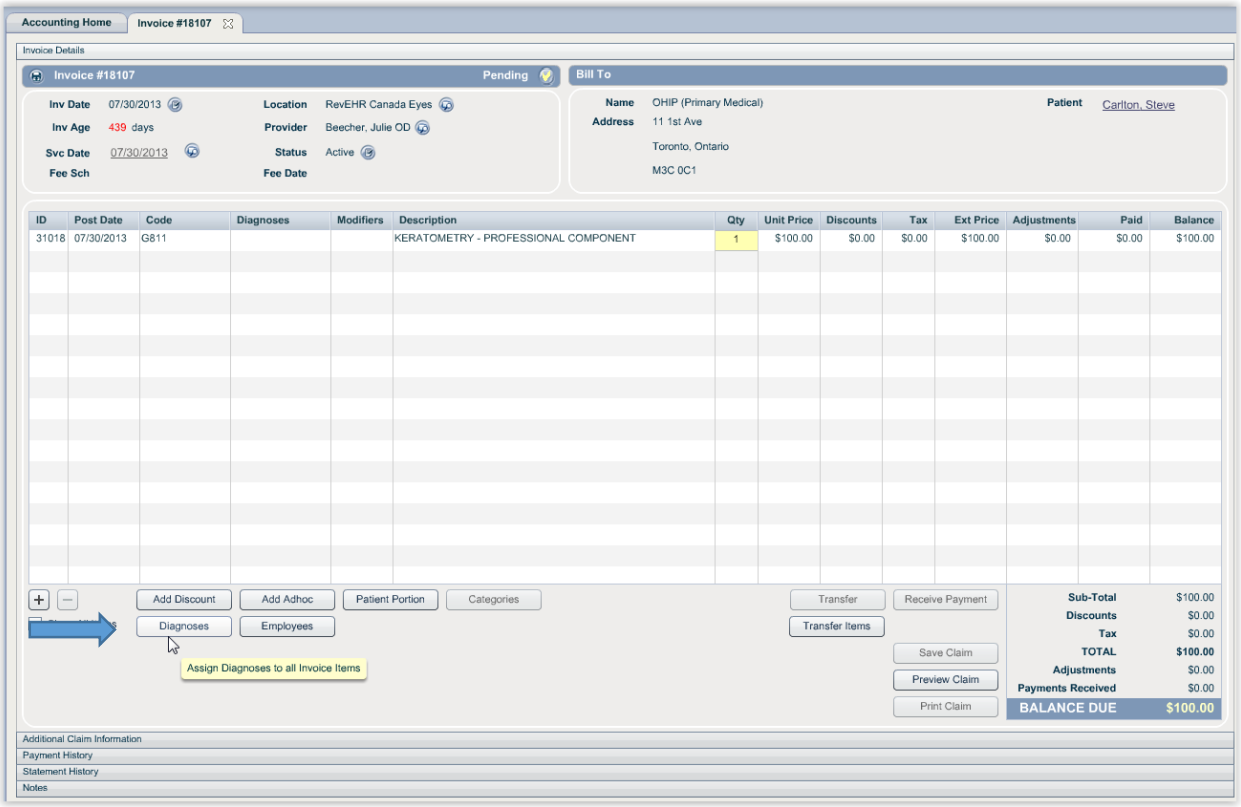
This will return a list of all "pending" insurance invoices. This list is used by the billing person to preview and adjust the claim information prior to authorizing the invoice.



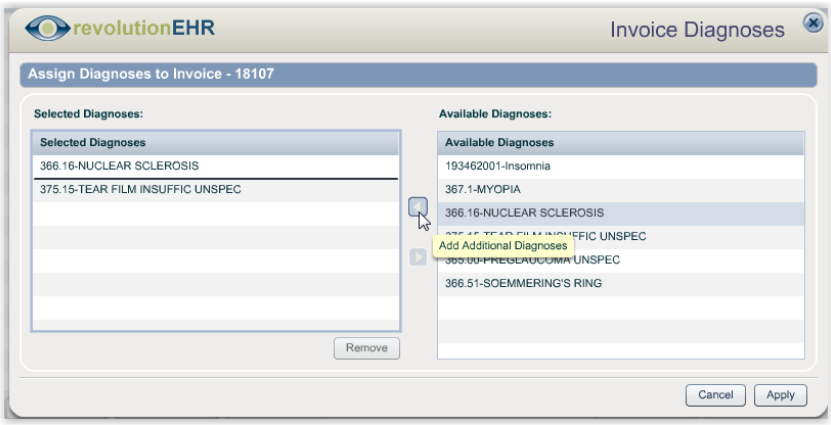
#	Payer	Patient	Age	Status	Inv. Date	Svc. Date	Stmt. Date	Amount	Balance
18107	OHIP	Carlton, Steve	439	Active	07/30/2013	07/30/2013		$100.00	$100.00
20042	OHIP	Welsch, Julie	418	Active	08/20/2013	08/20/2013		$26.00	$26.00
21677	Blue Cross Blue Shield	Cooper, Sheldon	398	Active	09/10/2013	09/10/2013		$75.00	$75.00
38849	OHIP	Duck, Donald	229	Active	02/25/2014	02/25/2014		$55.00	$55.00
44976	Blue Cross Blue Shield	Totten, Julia	195	Active	04/01/2014	04/01/2014		$310.00	$310.00
49519	OHIP	Welsch, Julie	170	Active	04/25/2014	04/25/2014		$0.00	$0.00
49533	OHIP	Carlton, Steve	170	Active	04/25/2014	04/25/2014		$50.00	$50.00
49549	OHIP	Welsch, Julie	170	Active	04/25/2014	04/25/2014		$50.00	$40.00
50364	Youbetcha Insurance	Doe, John	165	Active	04/30/2014	04/30/2014		$706.00	$706.00
67556	OHIP	Drake, Frank	94	Active	07/10/2014	01/31/2014		$26.00	$26.00
67557	Blue Cross Blue Shield	Totten, Cathy	94	Active	07/10/2014	05/12/2014		$0.00	$0.00
89604	ClinicAid	Welsch, Julie	26	Active	09/17/2014	09/17/2014		$203.00	$103.00
96131	Blue Cross Blue Shield	Totten, Julia	10	Active	10/02/2014	10/02/2014		$46.17	$26.17
96133	Blue Cross Blue Shield	Totten, Cathy	10	Active	10/02/2014	10/02/2014		$46.17	$16.17

In the grid, double click to open the insurance invoice. If there is no diagnosis or the diagnosis is incorrect you have two options available for adjusting the diagnosis.

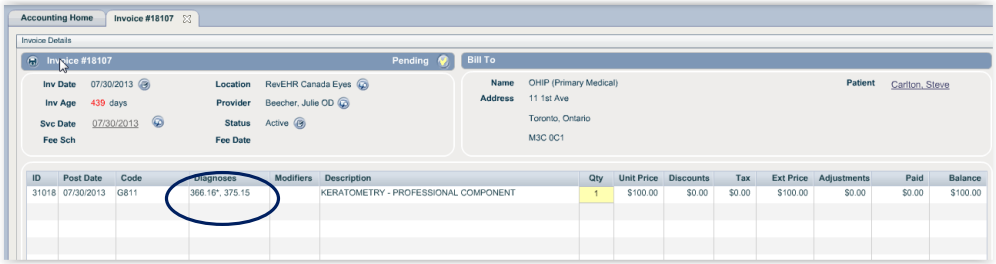
1. Using the ‘diagnosis” button on the invoice will allow you to add the same diagnosis to every line item:



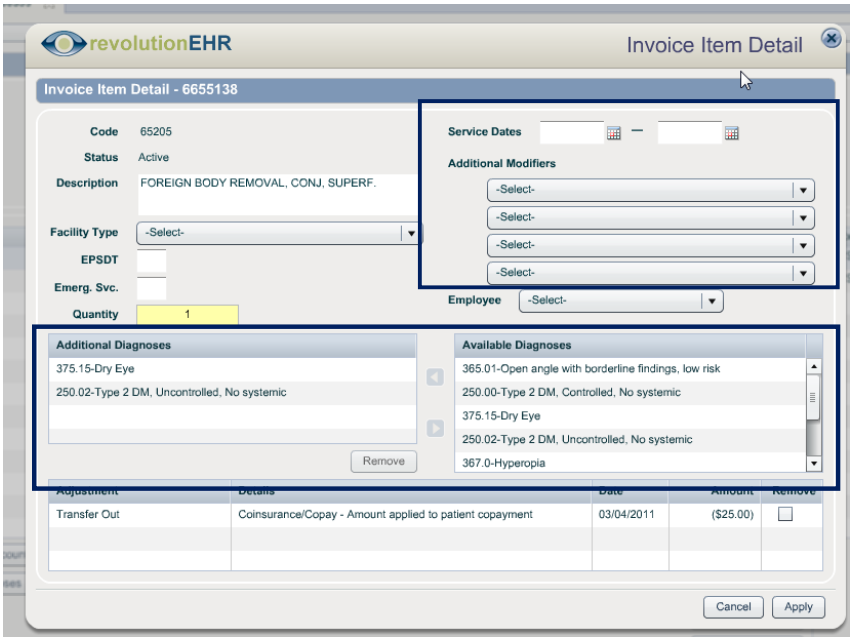
Click on any diagnoses in the “available diagnoses” list on the right and drag or use the arrow to assign them to the “selected diagnoses” list. When finished “apply”



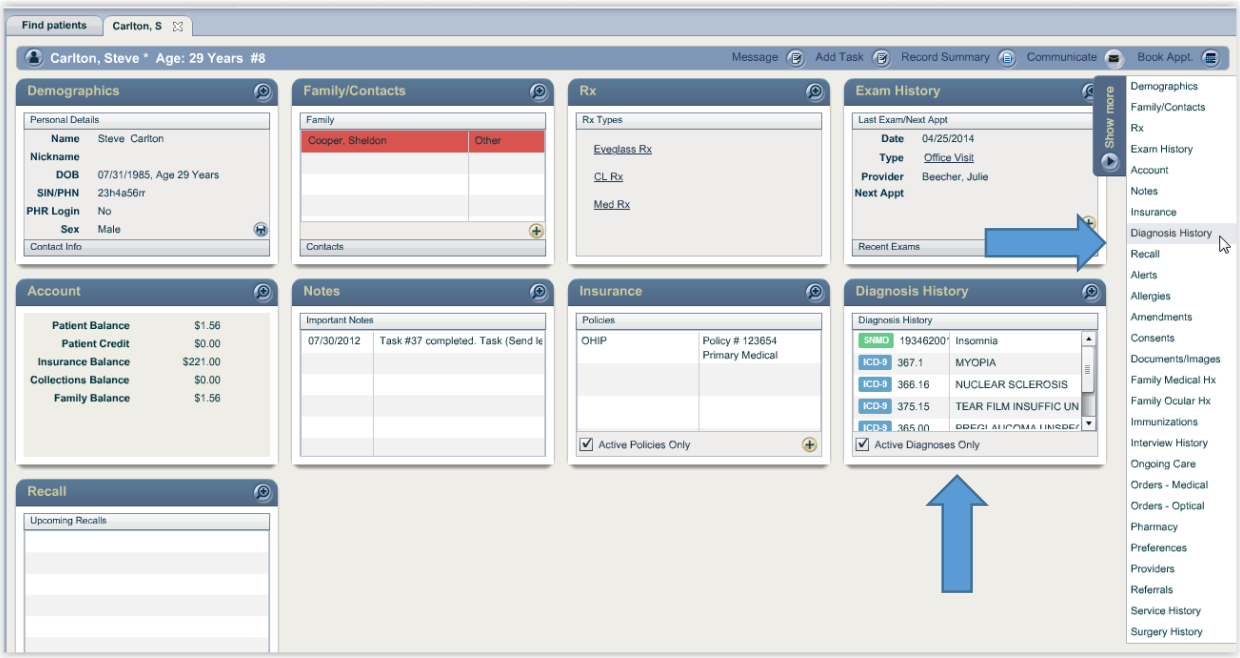
The selected diagnoses will be added to each line item



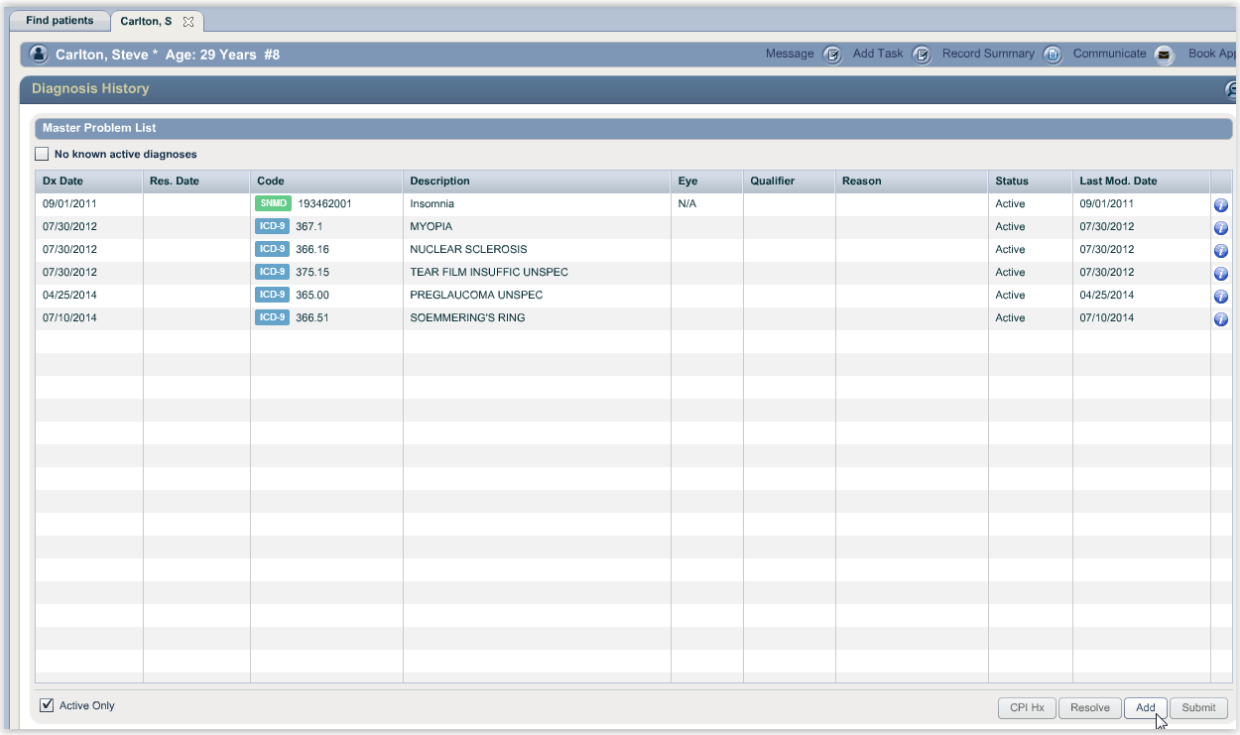
2. Double clicking on the appropriate line item will allow you to change the place of service, date of service, and/or add additional modifiers to an individual line item. Make any needed changes and “apply” to save.



If a diagnosis needs to be added to a claim/invoice and it is not one in the “available diagnosis” list, click on the patient’s underlined name found in the upper right hand corner of the invoice. This hyperlink will navigate to and open the patients file. From the patient dashboard open the “diagnosis history” pod or go to the patients show more tab > diagnosis history. Either option will allow you to add the needed diagnosis.

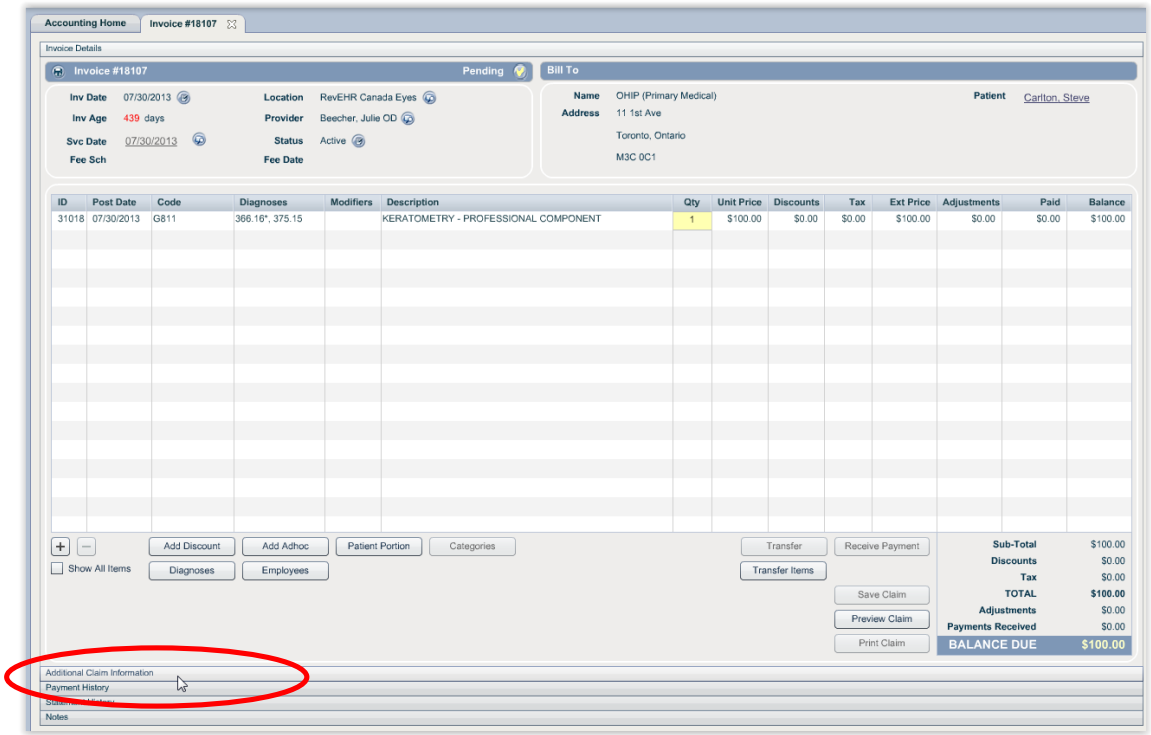


Click “add” in the bottom right

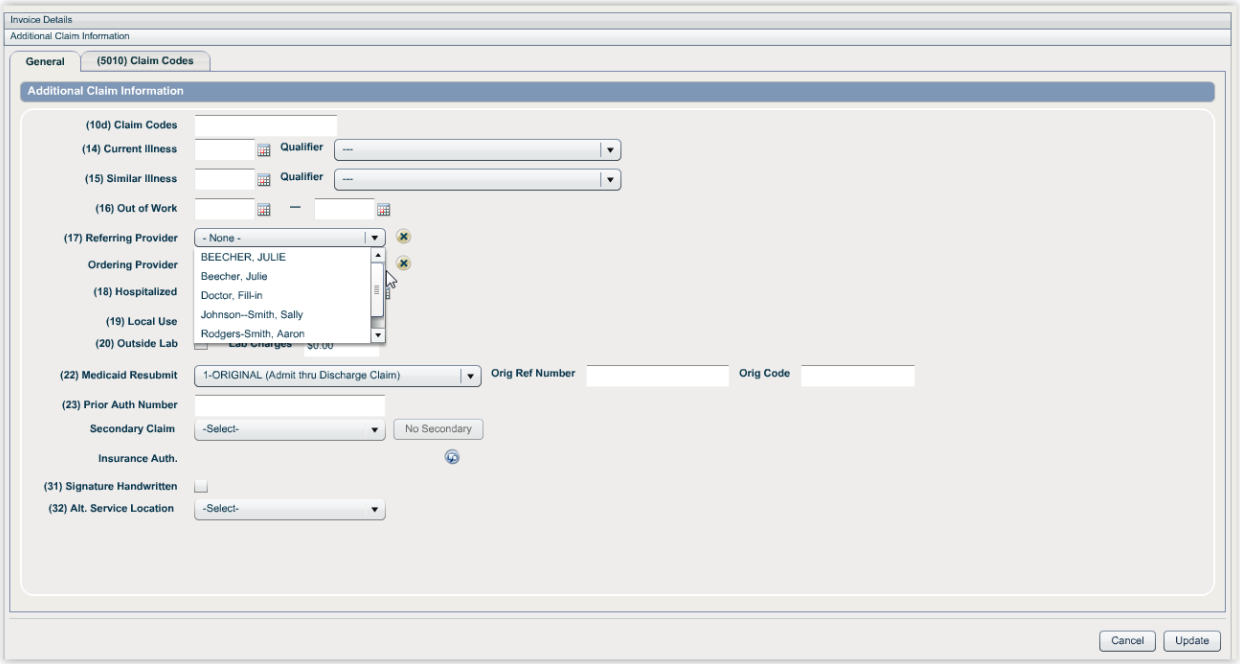


Search by code or description; select the appropriate diagnosis from the lookup and “save changes”. This diagnosis will now appear your list of available diagnoses

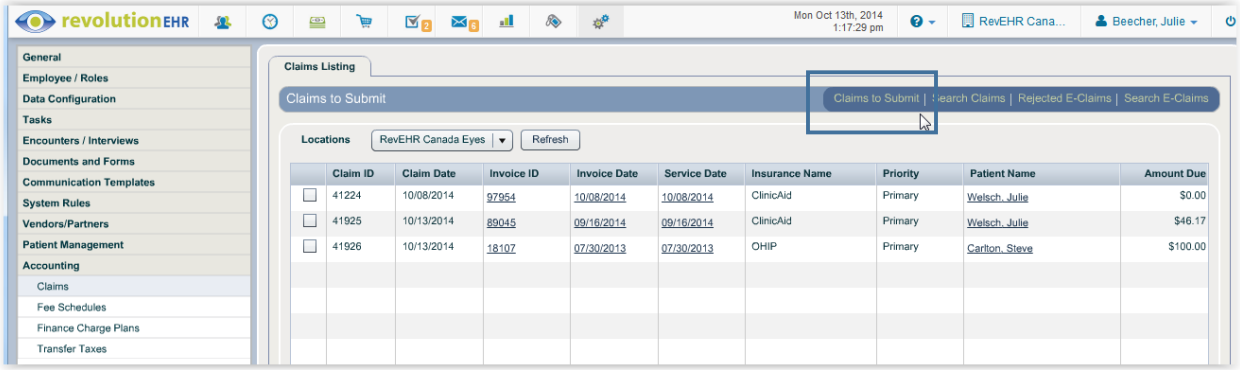
To edit other information that will need to appear on the claim click on the “Additional Information” slider at the bottom of the invoice.



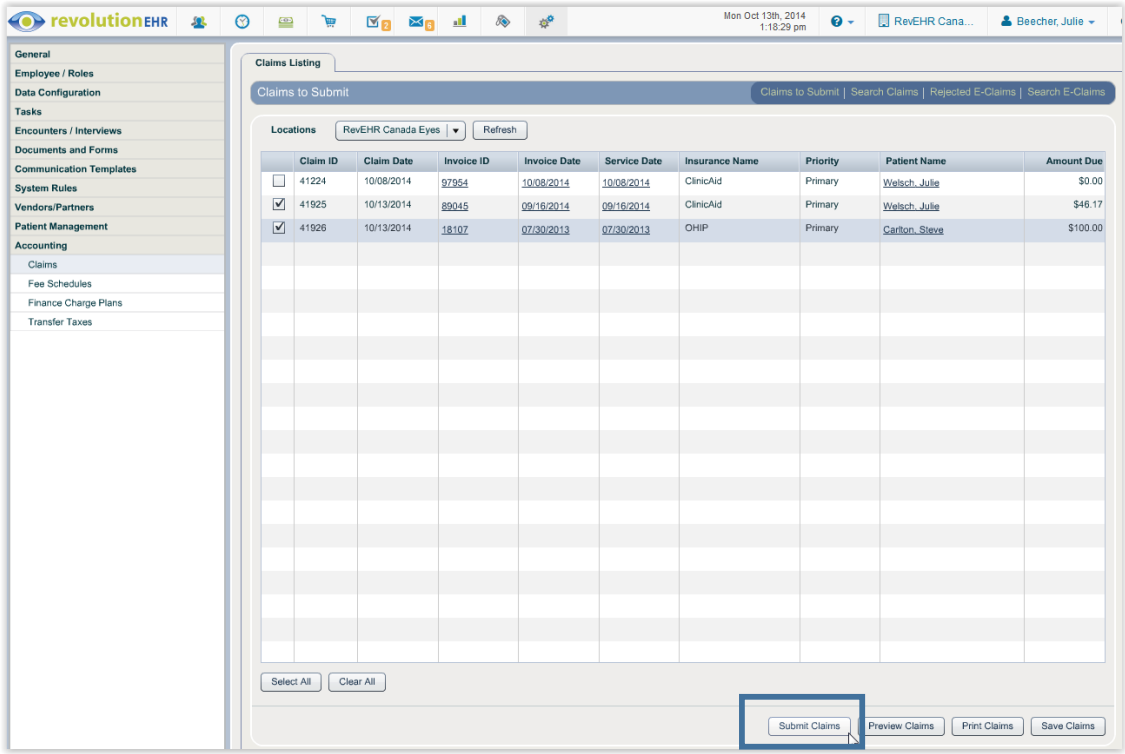
With the invoice pending, 'edit' in the bottom right. If needed choose the appropriate referring provider from the list. This list can be updated in administration > vendors / partners > external providers. 'Update' to save any changes. The numbers in ( ) represent the HCFA-1500 boxes.



Once you have verified that the claim information is accurate you will "authorize" the invoice. If this insurance company has claim submission set to "electronic" authorizing the invoice will create a pending electronic claim that can be found in administration > claims > claims to submit:



From the 'claims to submit' screen, check the appropriate claim(s), and "submit" in the bottom right. This will send the selected claims directly to the clearinghouse.

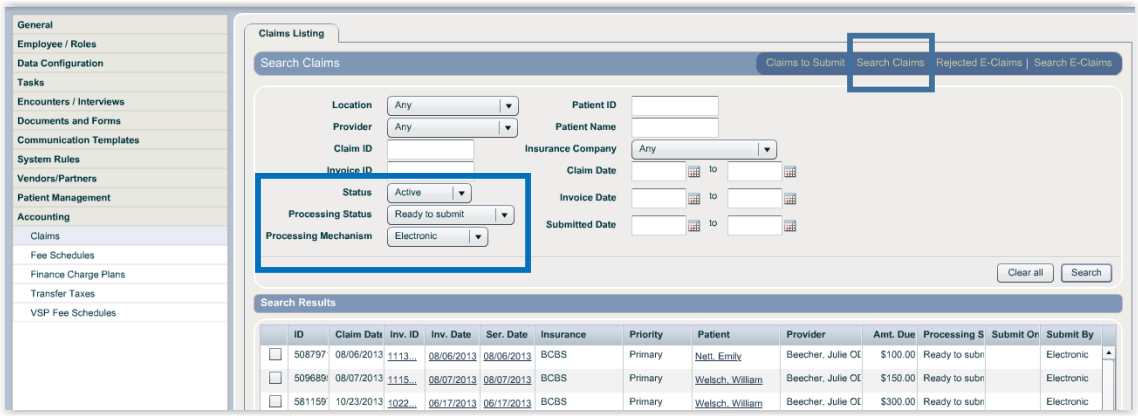


You can manage all claims in the 'Search Claims' screen. If you need to remove any claims from the "claims to submit" screen that you do not need to be sent electronically, set your filters:

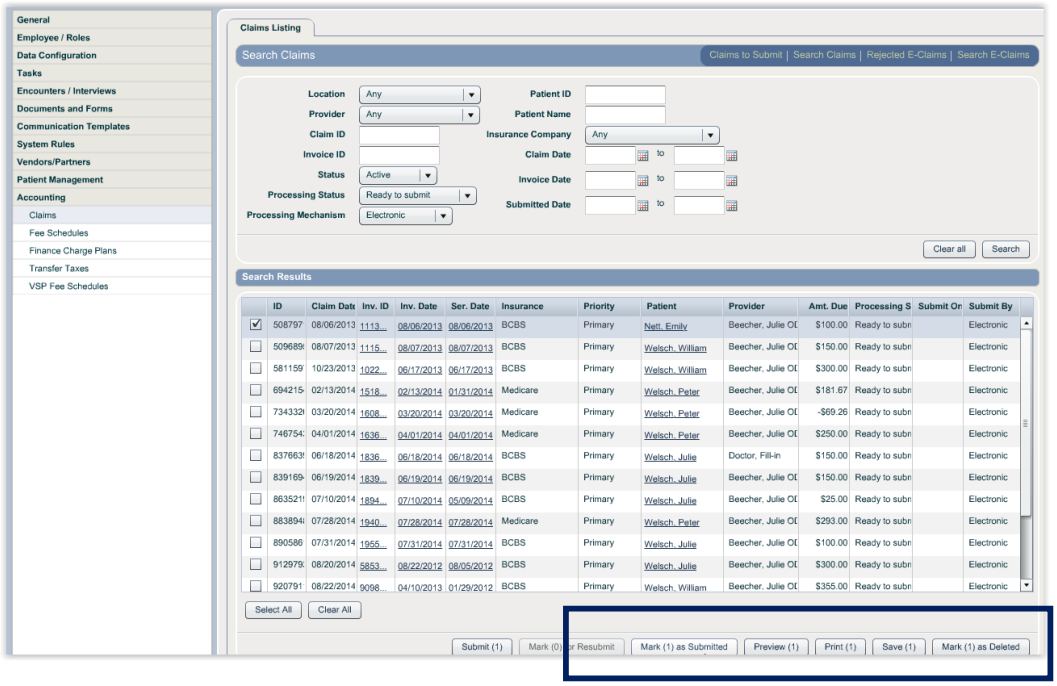
Status: Active

Processing Status: Ready to Submit

Processing Mechanism: Electronic



This will re-create what is in your 'Claims to Submit' screen. Check the claim(s) that you need removed from the list and either 'delete' ($0.0 claims that no longer need to be submitted) or 'mark as submitted' (claims that were sent outside of Revolution and no longer need to be submitted) in the bottom right corner

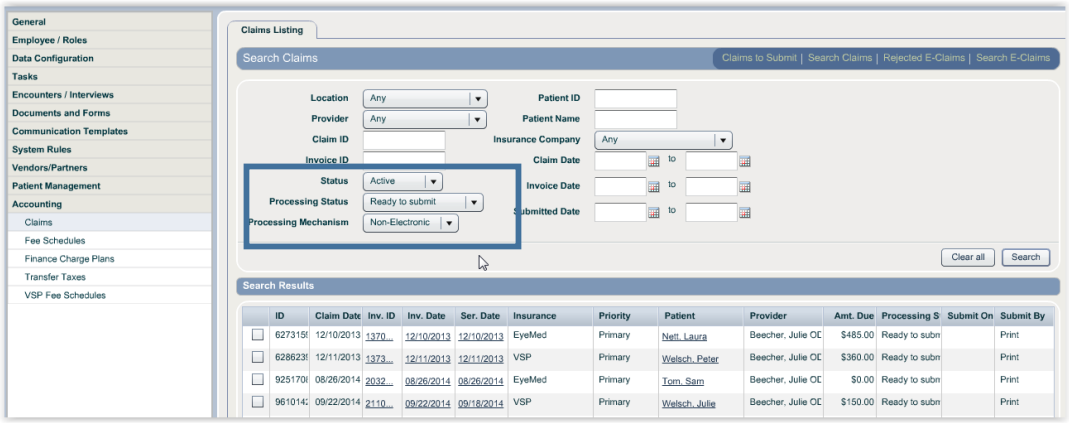
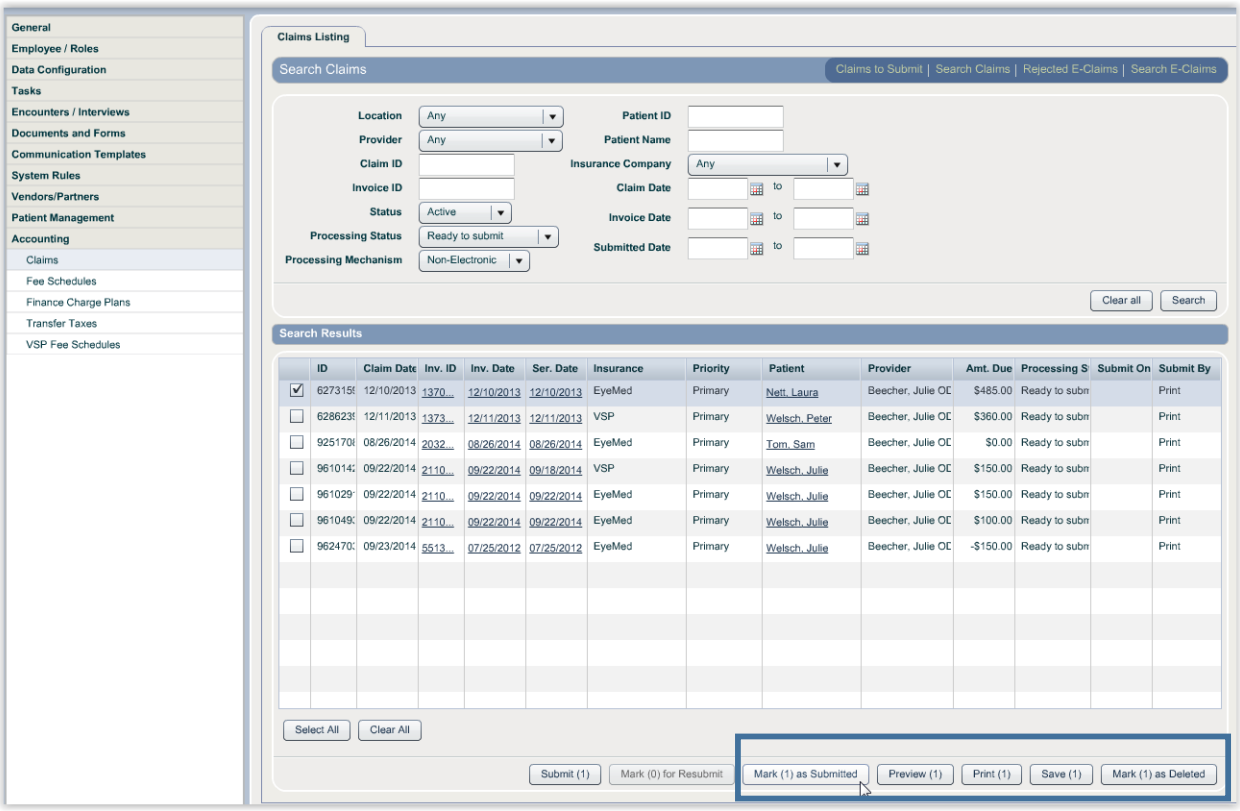


In this same screen you can also search for your non-electronic claims. This will allow you to manually keep track of what has been submitted outside of RevolutionEHR. Set your filters to:

Status: Active

Processing Status: Ready to Submit

Processing Mechanism: Non-electronic



Check the appropriate claim(s) and in the bottom right 'mark as submitted' or if the claim is not needed 'mark as deleted'