



UNDERSTANDING THE EDI FILE



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Note: This guide covers the EDI file type X12 837-P only (837 is the file type used for claims' submission electronically). EDI 837-P file is the electronic version of the HCFA form. To know more about paper claims submission or the HCFA form, please refer to the HCFA Guide on CS Forum.

EDI file is the standard electronic file that a practice submits to clearing house/insurance and comprises of all the patient, practice and claim information that the insurance needs to process the claim. The standard format that is followed while submitting a claim is **ANSI X12 837** release version 5010.

While the information is populated in boxes on the HCFA form, 33 boxes to be precise, information gets populated in loops in the EDI file. These loops are not confined to a number or a limit and the EDI file can have hundreds of loops in one file, which means that a lot more data can be transmitted via EDI file than HCFA; one of the advantages of electronic claims over paper claim submission.

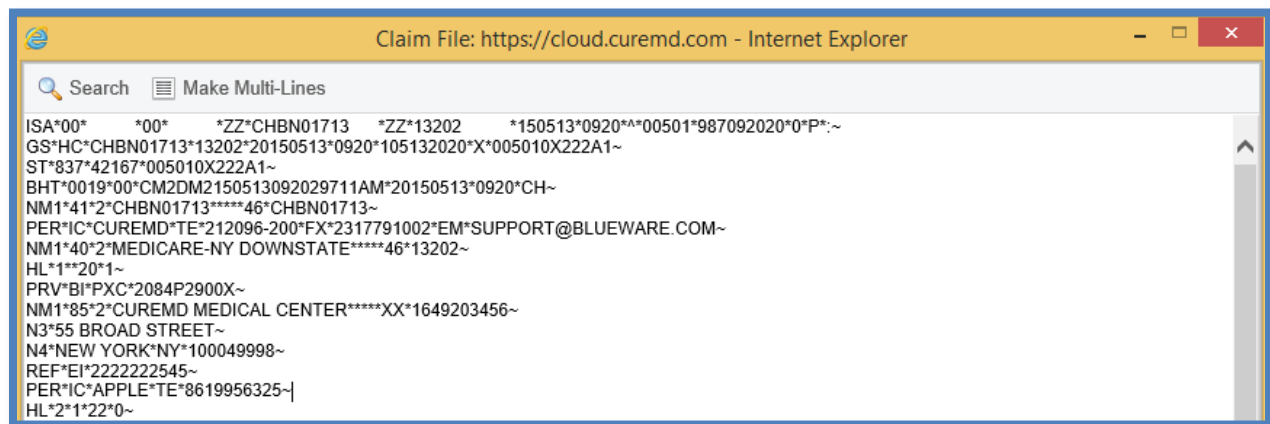


Figure 1: A Sample EDI File

Types of EDI (837) File

Different types of the 837 files have been developed for specific kinds of claims:

- 837 – Institutional (called the 837-I) replaces the UB-04
- 837 – Professional (called the 837-P) replaces the HCFA-1500, and
- 837 – Dental (called the 837-D) replaces American Dental Association forms

File Structure

A standard EDI file is made up of segments, elements and sub-elements. Each segment begins with a two or three **word identifier** (ISA, GS, ST, N1, REF etc.). In principle, each line is a segment, and the identifiers at the beginning of a line are **segment identifiers**. Each segment contains "elements" (and sometimes sub-elements) which are essentially positional fields. They are delimited by **"element delimiters"**. Let's take a look at the first line of the EDI file (Figure 1).

```
ISA*00*      *00*      *ZZ*CHBN01713  *ZZ*13202      *150513*0920*^*00501*987092020*0*P*:~
```

In this line/segment, ISA is the segment identifier, and every '*' in this line is an element delimiter. So '00' after the ISA identifier is the first element, ' ' is the second element, '00' is the third element, ' ' is the fourth element, 'ZZ' is the fifth element and so on. So, now you know that ISA segment's eleventh element is '^'.

Let's look at the last three characters of the ISA segment. In this case, '*' is the element delimiter, ':' is the sub-element delimiter, and '~' is the segment delimiter. Remember that each segment/line ends with a segment delimiter '~'.

Keep in mind that the structural hierarchy is **Loops > Segments > Elements > Sub Elements**.

Dissecting the EDI

We will follow the EDI file below as a reference for understanding purposes. It covers most of the loops and segments that an EDI file contains.

```

ISA*00*      *00*      *ZZ*134089564  *ZZ*133052274  *150518*1122**^00501*987112259*0*P*~
GS*HC*134089564*133052274*20150518*1122*105182259*X*005010X222A1~
ST*837*42167*005010X222A1~
BHT*0019*00*CM2DM2150518112263011AM*20150518*1123*CH~
NM1*41*2*134089564*****46*134089564~
PER*IC*CUREMD*TE*212096-200*FX*2317791002*EM*SUPPORT@BLUEWARE.COM~
NM1*40*2*EMDEON*****46*133052274~
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*222222545~
PER*IC*APPLE*TE*8619956325~
HL*2*1*22*0~
SBR*S*18*****C~
NM1*IL*1*COOPER*ERIC*****MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
DMG*D8*19901218*M~
NM1*PR*2*AETNA*****PI*60054NOCD~
N3*P O BOX 36, SUITE 3~
N4*ALLEN TOWN*NJ*085018547~
CLM*CMDM25E42167*200***11:B:1*Y*A*Y*Y*AA::NY~
DTP*439*D8*20150501~
DTP*314*RD8*20150501-20150510~
REF*9F*1122334455~
REF*G1*5566778899~
REF*X4*246813579~
REF*EA*42167~
HI*BK:25000*BF:042*BF:04500~
NM1*DN*1*AHMED*MUFTAH*****XX*1123448768~
NM1*82*1*APPLE*JOE*****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*0B*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC*****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE*****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
LX*1~
SV1*HC:99213:25:::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~
LX*2~
SV1*HC:0190T:LT*100*UN*1***2:3~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K214710K2~
SVD*13202*20*HC:0190T:LT**1~
CAS*PR*2*40~
CAS*CO*45*40~
DTP*573*D8*20150515~
LX*3~
SV1*HC:36415:::ROUTINE VENIPUNCTURE*30*UN*1***1:2:3~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K6151K3~
SVD*13202*10*HC:36415**1~
CAS*PR*2*15~
CAS*CO*45*5~
DTP*573*D8*20150515~
SE*71*42167~
GE*1*105182259~
IEA*1*987112259~

```

Figure 2: A Complete EDI File

Envelopes & Functional Groups

Some segments in the file form EDI X12 envelopes. They are common to all EDI X12 files and message types. Those segments are ISA, GS, ST, SE, GE and IEA. This set contains important information about the clearing house or trading partners (like Sender Id, Receiver Id, etc.)

The first three lines (segments) of the EDI file is the header, or EDI X12 top envelope segments.

```
ISA*00*      *00*      *ZZ*134089564  *ZZ*133052274  *150515*1033**^*00501*987103304*0*P*~
GS*HC*134089564*133052274*20150515*1033*105153304*X*005010X222A1~
ST*837*42167*005010X222A1~
BHT*0019*00*CM2DM2150515103398411AM*20150515*1033*CH~
NM1*41*2*134089564*****46*134089564~
PER*IC*CUREMD*TE*212096-200*FX*2317791002*EM*SUPPORT@BLUEWARE.COM~
NM1*40*2*EMDEON*****46*133052274~
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*1*APPLE*JOE****XX*1234567893~
```

Figure 3: Top Envelope

The next four lines contain the clearing house information. NM1*41* has the clearing house transmitter id, PER*IC* contains clearing house' contact information and NM1*40* has clearing house receiver id or insurance receiver id/payer id.

The last three lines of the EDI file is the footer, or EDI X12 bottom envelope segments.

```
REF*6R*42167/K6151K3~
SVD*13202*10*HC:36415**1~
CAS*PR*2*15~
CAS*CO*45*5~
DTP*573*D8*20150515~
SE*69*42167~
GE*1*105153304~
IEA*1*987103304~
```

Figure 4: Bottom Envelope

In a nutshell, the first and last three lines are the top and bottom envelopes respectively, that contain the functional group or EDI file related information, and the four segments after the top envelope contain clearing house information. These loops cannot be populated from the application but are system generated, i-e, populated from back-end.

From here onwards, claim specific information starts which we will go through step by step and will find out how it gets populated in the EDI file from the application.

EDI File Segments Population

For the subject claim (Figure 2), patient has primary insurance as Medicare and secondary insurance as Aetna. This claim is being submitted to secondary Aetna, and so all information is being populated accordingly. The claim has already been submitted to primary and ERA/payment has been received as well. You will also find this information in the EDI file.

Hierarchal Level 1

```

NM1*41*2*134089564*****46*134089564~
PER*IC*CUREMD*TE*212096-200*FX*2317791002*EM*SUPPORT@BL
NM1*40*2*FMDFON*****46*133052274~
HL*1*20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*2222222545~
PER*IC*APPLE*TE*8619956325~
HL*2*1*22*0~
SBR*S*18*****CI~
NM1*IL*1*COOPER*ERIC****MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
  
```

Figure 5: Hierarchical Level 1

This loop contains the billing provider/entity information. Please refer to the table below.

Sr No.	Element	Description
1	HL*1	Hierarchal Level 1. This loop contains billing provider/entity information
2	PRV*BI*PXC	Contains taxonomy code of billing entity/provider
3	NM1*85*2	NM1*85 has billing entity/provider name and NPI. NM1*85*1 indicates individual billing setup and contains billing provider's name and NPI while NM1*85*2 is used for group billing and contains billing entity's name and NPI
4	N3*	This segment has billing entity's street address
5	N4*	It has billing entity's city state and zip code information. N3 and N4 segments always contain addresses
6	REF*EI	This segment has entity's tax id or SSN. REF*EI contains tax id whereas REF*SY contains the social security number
7	PER*IC	This segment contains the entity's contact information

PRV*BI*PXC*

```
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*2222222545~
PER*IC*APPLE*TE*8619956325~
```

Figure 6: PRV*BI*PXC*

Go to Settings > Practice > Provider > Practice Provider, and select provider's specialty from the drop down or by clicking on the Specialty button. The specialty relevant taxonomy code will populate accordingly as highlighted in Figure 6.

Workflow 1: Settings > Practice > Provider > Practice Provider

NM1*85*2*

```
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*2222222545~
PER*IC*APPLE*TE*8619956325~
```

Figure 7: NM1*85*2

NM1*85* has billing entity/provider name and NPI. NM1*85*1 indicates individual billing setup and contains billing provider's name and NPI while NM1*85*2 is used for group billing and contains billing entity's name and NPI.

In case of an individual billing provider, provider's name and NPI in NM1*85*1 gets populated from Settings > Practice > Provider > Practice Provider.

Tuesday, May 19, 2015 9:52 AM
Inbox 0 Today's Patients

Settings - Practice Provider

Practice Provider

Search Add

Specialty (Select) Search By Last Name

Name	Specialty	License No.	NPI	DEA
Apple, Joe	Pediatrics	88745111	1234567893	AP5716329
Assistant, Physician				
Ball, Valerie	Pediatrics	6363636666	1477639029	AP5716329
Balog, Carl	Pain Medicine		1245319599	
Bernstein, Amy	Orthopaedic Surgery		1234567895	
Black, John	Internal Medicine	110210310	1242362352	T14522222
Blesyou, Chang	Allergy & Immunology	2345678	1234567890	BL8984783
Blues, Mervin	Sports Medicine		1214567889	BJ6125341

Workflow 2: Settings > Practice > Provider > Practice Provider

In case of a group billing entity, entity's name and NPI in NM1*85*2 gets populated from Settings > Practice > Provider Groups > Billing Provider.

Tuesday, May 19, 2015 9:56 AM
Inbox 0 Today's Patients

Settings - Billing Group

Billing Group **Group Detail**

Save Save For All Plans Attach Providers Delete

Group Details [Fill Practice Info](#)

Name* CureMD Medical Center Plan* Aetna

Location --All-- NPI* 1649203456 Tax ID(EIN)* 22-22222545

Specialty UPIN Licence#

ePIN -- Select --

Billing Address **Pay To Address (Required if different than Billing)**

Address1* 55 Broad Street Address1

Address2 Address2

City* New York State* NY Zip* 10004 City State Zip

Provider Details

Provider	Specialty	License No.	NPI	DEA
<input checked="" type="checkbox"/> Apple, Joe	Pediatrics	88745111	1234567893	AP5716329

Showing 1 - 1 of 1 Records First Previous Next Last

Workflow 3: Settings > Practice > Provider Groups > Billing Provider

N3* & N4*

```
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*2222222545~
PER*IC*APPLE*TE*8619956325~
```

Figure 8: N3 and N4

Remember that N3* and N4* segments always contain addresses. N3* contains street address and N4 contains city, state and zip code. In this case, N3 and N4 contain billing entity's address. Go to Settings > Practice > Provider Groups > Billing Provider to populate N3* and N4* segments.

Tuesday, May 19, 2015 10:14 AM

Inbox 0 Today's Patients

Settings - Billing Group

Billing Group Group Detail

Save Save For All Plans Attach Providers Delete

Group Details

Name CureMD Medical Center Plan Aetna

Location --All-- NPI 1649203456 Tax ID(EIN) 22-22222545

Specialty UPIN

ePIN -- Select -- Licence#

Billing Address

Address1 55 Broad Street

Address2

City New York State NY Zip 10004

Pay To Address (Required if different than Billing)

Address1

Address2

City State Zip

Workflow 4: Settings > Practice > Provider Groups > Billing Provider

REF*EI*

```
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*2222222545~
PER*IC*APPLE*TE*8619956325~
```

Figure 9: REF*EI*

This segment has entity's tax id or SSN. REF*EI* contains tax id whereas REF*SY contains the social security number. Go to Settings > Practice > Provider Groups > Billing Provider to enter billing entity's tax id.

Tuesday, May 19, 2015 10:14 AM

Inbox 0 Today's Patients

Settings - Billing Group

Billing Group Group Detail

Save Save For All Plans Attach Providers Delete

Practice 0 Online

My Practice Settings

Appointment Reason

Appt Reason Group

Global Block Schedule

Quality Programs

eSuperBill

Reminders & Confirmations

Appointment Chains

Bank

Agency

Reference Data

Financial Aging

Provider

Provider Groups

Billing Provider

Rendering Provider

Referring Provider

Group Details

Name CureMD Medical Center

Location --All--

Specialty

ePIN -- Select --

Plan Aetna

NPI 1649203456

UPIN

Tax ID(EIN) 22-22222545

Licence#

Billing Address

Address1 55 Broad Street

Address2

City New York State NY Zip 10004

Pay To Address (Required if different than Billing)

Address1

Address2

City State Zip

Workflow 5: Settings > Practice > Provider Groups > Billing Provider

PER*IC*

```
HL*1**20*1~
PRV*BI*PXC*208000000X~
NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*2222222545~
PER*IC*APPLE*TE*8619956325~
```

Figure 10: PER*IC

This segment contains the entity's contact person information. Since the contact person in this case is Dr. Apple Joe, this segment is populating provider's contact information from Settings > Practice > Provider > Practice Provider.

Tuesday, May 19, 2015 11:52 AM

Inbox 0 Today's Patients

Settings - Practice Provider

Profile Schedule Block Schedule Provider Plan PIN

Save Report Delete

Fill Location Info

Messaging 0 Online

Practice

- My Practice
- My Practice Settings
 - Appointment Reason
 - Appt Reason Group
 - Global Block Schedule
 - Quality Programs
 - eSuperBill
 - Reminders & Confirmations
 - Appointment Chains
 - Bank
 - Agency
 - Reference Data
 - Financial Aging
- Provider
 - Practice Provider
 - Reference Provider
- Provider Groups
 - Provider Taxonomy Codes
 - Outsource Location
 - Recall Reason
 - Resource
 - Title
 - Transport
 - Void Appointments
 - Zip-Code Library
 - Practice User
 - Patient Portal User
 - Patient Portal Setup
 - Role

Active

Title Dr Short Name DR JF

Name Joe Apple

Tax Type EIN EIN 13 - 6547892 SSN 987-52-1478

NPI 1234567893 UPIN 9876543211 DEA AP5716329

License Type

State NJ License # 88745111

Auto Select on Patient's Profile

Rendering/Attending

Pay-to

Operating

Physician Assistant

Atypical

Billing

Supervising

Assistant Surgeon

Purchased Service

Billing as Rendering

Default Billing Provider Apple, Joe

Billing Address

Address 1 8969 BANANA ROAD

Address 2

City Jersey City State NJ Zip 07302 3243

Pay To Address (If different than Billing)

Address 1

Address 2

City State Zip

Office Ph (861) 995-6325 Office Fax

Specialty Pediatrics

Activate Windows
Go to PC settings to activate Windows.

Workflow 6: Settings > Practice > Provider > Practice Provider

Hierarchal Level 2

```

NM1*85*2*CUREMD MEDICAL CENTER*****XX*1649203456~
N3*55 BROAD STREET~
N4*NEW YORK*NY*100049998~
REF*EI*222222545~
PER*IC*APPLE*TE*8619956325~
HL*2*1*22*0~
SBR*S*18*****CI~
NM1*IL*1*COOPER*ERIC****MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
DMG*D8*19901218*M~
NM1*PR*2*AETNA*****PI*60054NOCD~
N3*P O BOX 36, SUITE 3~
N4*ALLENTOWN*NJ*085018547~
CLM*CMDM25E42167*200***11:B:1*Y*A*Y*Y**AA:::NY~
DTP*439*D8*20150501~
DTP*314*RD8*20150501-20150510~
REF*9F*1122334455~
REF*G1*5566778899~
  
```

Figure 11: Hierarchal Level 2

This loop contains subscriber and insurance information. Please refer to the table below.

Sr No.	Element	Description
1	HL*2	Hierarchical Level 2. This loop contains subscriber and insurance information
2	SBR*S	Subscriber information starts from SBR* segment. SBR*P is for primary insurance and SBR*S is for secondary insurance.
3	NM1*IL	This segment contains subscriber name and member id
4	N3*	This segment has subscriber's street address
5	N4*	It has subscriber's city state and zip code information. N3 and N4 segments always contain addresses
6	DMG*D8	Subscriber's date of birth and sex is populated in this segment
7	NM1*PR	It has subscriber's insurance name and payer id
8	N3 and N4	Insurance address

SBR*S*

```
HL*2*1*22*0~
SBR*S*18*****CI~
NM1*IL*1*COOPER*ERIC***MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
DMG*D8*19901218*M~
NM1*PR*2*AETNA*****PI*60054NOCD~
N3*P O BOX 36, SUITE 3~
N4*ALLENTOWN*NJ*085018547~
```

Figure 12: SBR*S*

Subscriber information starts from SBR* segment. SBR*P* is for primary insurance and SBR*S* is for secondary insurance. This segment specifies that this claim is being sent to secondary insurance (because of the 'S' in SBR*S), and secondary insurance type which is also known as the claim filing indicator is CI, i-e, Commercial.

Claim filing indicator is populated from Settings > Billing > Plan as shown below.

Wednesday, May 20, 2015 1:45 PM

Inbox 0 Today's Patients

Settings

Plan Edit

Messaging 1 Online

Save Delete Unmap

Practice

EHR

Billing

Claims Status

Collection Agencies

Diagnosis

Drug

Fee Schedule

Financial Closing

Inpatient Billing

Modifier

Payment Comments

Payment Reason

Plan

Plan Category

Procedure

Provider Preferred Codes

Plan

Display Name

Category

Active Electronic Send Paper Claims Electronically

Realtime Claim Status By Group Individual

Miscellaneous

Details

CI Commercial Insurance Co.

365 days claim filing limit

180 days reconsideration limit

Accepts COB claims

CLIA not required

Payer ID

Batch 60054NOCD Real Time 60054

Workflow 7: Settings > Billing > Plan

NM1*IL*

HL*2*1*22*0~

SBR*S*18*****CI~

NM1*IL*1*COOPER*ERIC***MI*123454321~

N3*55 BROAD STREET~

N4*NEW YORK*NY*10004~

DMG*D8*19901218*M~

NM1*PR*2*AETNA*****PI*60054NOCD~

N3*P O BOX 36, SUITE 3~

N4*ALLENTOWN*NJ*085018547~

Figure 13: NM1*IL*

This segment has subscriber name and member id information. It gets populated from Patient > Registration > Profile > Insurance.

Wednesday, May 20, 2015 2:44 PM

Inbox 0 Today's Patients

Eric Cooper
24Y 5M Male
DOB 12/18/1990
Account 3146
abc@123.com

0.67 BSA
22.90 BMI
42.44 lbs Weight
3' 0.1" Height

Allergy
Lactose
Peanut
ACE Inhibitors
acebutolol

Insurance \$ 1389.12
Primary Medicare o..
Balance Unapplied
Patient \$ 380 \$ 730
Family \$ 380 \$ 730

Notes +

Patient - Profile

Demographics Insurance Contacts Consents Preferences Restrictions

Save Verify Eligibility Delete Cancel Log

Priority	Plan	Address	Insured Party	Policy Number	Status
Primary	Medicare of NY	P.O. BOX 6178	Self	611016644A	Active
Secondary	Aetna	P O Box 36, suite 3	Self	123454321	Active
Primary	Medicare	P.O. BOX 2500	Self	611016644A	Inactive
Primary	TRICARE	NORTH REGION PO BOX 870140	Self	123456	Inactive
Primary	SELF-PAY	SELF-PAY	Self		Inactive
Secondary	Medicaid	P.O.Box 4401	Self	8965478956	Inactive

Insurance

Plan* Aetna ☒ Active ☒ Default

Address* P O Box 36, suite 3 ☒ Referral Required

Priority Secondary

Subscriber Policy No. 123454321

Group Number

Sign On File* 5/12/2015

Copy 0.00

Patient Policy No.

Group Name

Release Information Yes

Front

Upload Scan Activate Wind Go to PC settings t

Workflow 8: Patient > Registration > Profile > Insurance

N3*, N4* & DMG*D8*

```
HL*2*1*22*0~
SBR*S*18*****CI~
NM1*IL*1*COOPER*ERIC****MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
DMG*D8*19901218*M~
NM1*PR*2*AETNA*****PI*60054NOCD~
N3*P O BOX 36, SUITE 3~
N4*ALLENTOWN*NJ*085018547~
```

Figure 14: N3*, N4* and DMG*D8*

N3* and N4* contain patient's address and DMG*D8 contain patient's date of birth and sex. All this information populates from patient's demographics page. Go to Patient > Registration > Profile > Demographics.

Workflow 9: Patient > Registration > Profile > Demographics

NM1*PR*, N3* and N4*

```
HL*2*1*22*0~
SBR*S*18*****CI~
NM1*IL*1*COOPER*ERIC****MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
DMG*D8*19901218*M~
NM1*PR*2*AETNA*****PI*60054NOCD~
N3*P O BOX 36, SUITE 3~
N4*ALLENTOWN*NJ*085018547~
```

Figure 15: NM1*PR, N3* and N4*

NM1*PR has subscriber's insurance name and payer id, while N3* and N4* contain insurance' address. This information populates from patient's insurance page. The workflow is Patient > Registration > Profile > Insurance.

Wednesday, May 20, 2015 2:44 PM

Inbox 0 Today's Patients



Eric Cooper
24Y 5M Male
DOB 12/18/1990
Account 3146
abc@123.com

0.67 BSA
22.90 BMI
42.44 lbs Weight
3' 0.1" Height

Allergy
Lactose
Peanus
ACE Inhibitors
acebutolol

Insurance \$ 1389.12
Primary Medicare o..
Balance Unapplied
Patient \$ 380 \$ 730
Family \$ 380 \$ 730

Notes +

Patient - Profile

Demographics **Insurance** Contacts Consents Preferences Restrictions

Messaging 1 Online

- Registration
 - Profile
 - Referrals
 - Family
 - Patient Notes
 - Letters
- Provider Notes
- G0 Services
- Clinical
 - Messages
 - eMessages
- Interoperability
 - Documents
- Appointment
- Billing

Save Verify Eligibility Delete Cancel Log

Priority	Plan	Address	Insured Party	Policy Number	Status
Primary	Medicare of NY	P.O. BOX 6178	Self	611016644A	Active
Secondary	Aetna	P O Box 36, suite 3	Self	123454321	Active
Primary	Medicare	P.O. BOX 2500	Self	611016644A	Inactive
Primary	TRICARE	NORTH REGION PO BOX 870140	Self	123456	Inactive
Primary	SELF-PAY	SELF-PAY	Self		Inactive
Secondary	Medicaid	P.O.Box 4401	Self	8965478956	Inactive

Insurance

Plan* Aetna ☐ Active ☒ Default

Address* P O Box 36, suite 3 ☐ Referral Required

Priority Secondary Copay 0.00

Subscriber Policy No. 123454321 Patient Policy No.

Group Number Group Name

Sign On File* 5/12/2015 Release Information Yes ☒

Front



Upload Scan Activate Wind
Go to PC settings t

Workflow 10: Patient > Registration > Profile > Insurance

Claim Segment, Dates and References

```

PER*IC*APPLE*TE*8619956325~
HL*2*1*22*0~
SBR*S*18*****CI~
NM1*IL*1*COOPER*ERIC****MI*123454321~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
DMG*D8*19901218*M~
NM1*PR*2*AETNA*****PI*60054NOCD~
N3*P O BOX 36, SUITE 3~
N4*ALFENTOWN*NI*085018547~
CLM*CMDM25E42167*200***11:B:1*Y*A*Y*Y**AA:::NY~
DTP*439*D8*20150501~
DTP*314*RD8*20150501-20150510~
REF*9F*1122334455~
REF*G1*5566778899~
REF*X4*246813579~
REF*EA*42167~
HI*BK:25000*BF:042*BF:04500~
NM1*DN*1*AHMED*MUFTAH****XX*1123448768~
NM1*82*1*APPLE*JOE****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*0B*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
SBR*P*18*****MB~

```

Figure 16: Claim Segment, Dates and References

Please refer to the table below.

Sr No.	Element	Description
1	CLM*	This segment contains claim identifier and claim specific information
2	DTP*439*	Accident Date
3	DTP*314*	Disability Date Period
4	REF*9F*	Referral Number
5	REF*G1*	Prior Authorization Number
6	REF*X4*	CLIA Number
7	REF*EA*	This segment contains a log of number of claims submitted by practice till date that the system keeps. This is a system generated number. Notice how it is the same as the last five digits of claim identifier.

CLM*

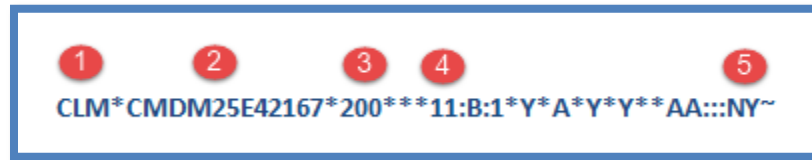


Figure 17: CLM*

1. Claim segment starts from here.
2. Claim Identifier.
3. \$200 is the charged amount for this claim.
4. 11 is the Place of Service. In this case the POS is 'Office'.
5. NY is the state where accident took place. This element is included only in case of Auto Accident claims.

DTP*439* & DTP*314*

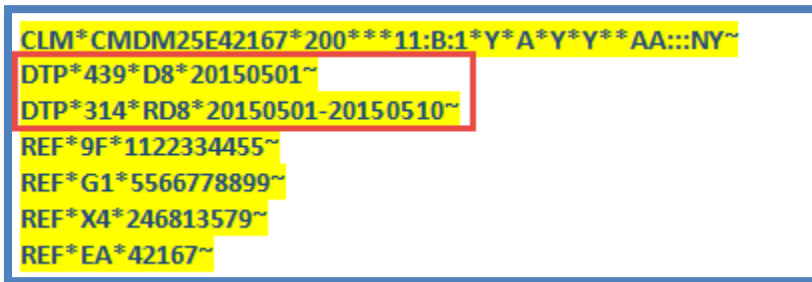


Figure 18: DTP*439* and DTP*314*

DTP*439* contains accident date and DTP*314* contains disability date period. Both these dates get populated by going to Patient > Clinical > Case Review as shown below.

Workflow 11: Patient > Clinical > Case Review

REF*9F* & REF*G1*

```
CLM*CMDM25E42167*200***11:B:1*Y*A*Y*Y**AA::NY~
DTP*439*D8*20150501~
DTP*314*RD8*20150501-20150510~
REF*9F*1122334455~
REF*G1*5566778899~
REF*X4*246813579~
REF*EA*42167~
```

Figure 19: REF*9F* and REF*G1*

REF*9F* contains provider referral number and REF*G1* contains prior authorization number acquired by practice. Both these segments populate from charge page; by going to Patient > Billing > Charges.

Save Receipt Problem List Statement Payment UB-04 Claim

Eric Cooper PCP: Unapplied 730.00 Balance Plan \$ 1,389.12 Patient \$ 380.00 Family \$ 380.00

Insurance - Appointment - Provider Place of Service 11. Office Accept Assignment

Primary Plan Medicare of NY Referral PAN Copay 20.00 Paid Allocate

Secondary Aetna Referral 1122334455 PAN 5566778899 Adv. --Reason--

Location CureMD Center Start DOS 04/12/2014 End DOS 04/12/2014 Transaction 08/12/2015

Claim Type Original Original Ref #

Admission Discharge

Rendering Apple, Joe Billing Apple, Joe Referring Ahmed, Muftah Dates Add New Date

Spinal Manipulation Service Info.

Patient Condition --Select-- Description

Diagnosis & Procedure Preferred Last Visit Template

Diagnosis 1. 250.00 DIABETES 2. 042 HUMAN IMMUNODEFICIENCY VIRUS (HI
3. 045.00 ACUTE PARALYTIC POLIOMYELITIS SPI 4.

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr *	Procedure Time	Units	Patient \$	Plan \$
99213	04/12/2014	04/12/2014	25	1 1		1 UN	\$ 0.00	70.00
0190T	04/12/2014	04/12/2014	LT	1 2,3		1 UN	\$ 0.00	100.00
36415	04/12/2014	04/12/2014		0 1,2,3		1 UN	\$ 0.00	30.00
				0		1 UN	\$ 0.00	0.00
Total:							200.00	200.00

Workflow 12: Patient > Billing > Charges

REF*X4*

```
CLM*CMDM25E42167*200***11:B:1*Y*A*Y*Y**AA:::NY~
DTP*439*D8*20150501~
DTP*314*RD8*20150501-20150510~
REF*9F*1122334455~
REF*G1*5566778899~
REF*X4*246813579~
REF*EA*42167~
```

Figure 20: REF*X14*

This segment contains CLIA number. It gets populated from the charge page. Go to Patient > Billing > Charges, click on the drop down button adjacent to Insurance-Appointment-Provider on top and enter the CLIA number there.

Save		Receipt		Problem List		Statement		Payment		UB-04		Claim	
Eric Cooper				PCP: Unapplied 730.00		Balance		Plan \$ 1,389.12		Patient \$ 380.00		Family \$ 380.00	
Insurance		Place of Service 11. Office						<input checked="" type="checkbox"/> Accept Assignment					
Primary Plan	Medicare of NY	Referral		PAN		Copay	20.00	<input type="checkbox"/> Paid	Allocate				
Secondary	Aetna	Referral	1122334455	PAN	5566778899	Adv.		--Reason--					
Tertiary	--Select--	Referral		PAN		Dates	Add New Date						
Appointment													
Location	CureMD Center	Start DOS	04/12/2014	End DOS	04/12/2014	Transaction	08/12/2015						
CLIA	246813579	Reason	(None)			Resource	--Resource--						
Case	Accident	Special Prog	--Select Special Program Code--			UT Status	--Select--						
APG		Delay Reason	--Select Delay Reason Code--										
Outside Lab	<input type="checkbox"/> 0.00	SAEC	--Select Service Authorization Exception Code--										
Claim Type	Original	Original Ref #											

Workflow 13: Patient > Billing > Charges

Diagnosis and Providers' Details

```

CLM*CMDM25E42167*200***11:B:1*Y*A*Y*Y**AA:::NY~
DTP*439*D8*20150501~
DTP*314*RD8*20150501-20150510~
REF*9F*1122334455~
REF*G1*5566778899~
REF*X4*246813579~
REF*EA*42167~
HI*BK:25000*BF:042*BF:04500~
NM1*DN*1*AHMED*MUFTAH****XX*1123448768~
NM1*82*1*APPLE*JOE****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*0B*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC***MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSSTATE*****PI*13202~
  
```

Figure 21: Diagnosis and Providers' Details

Please refer to the table below.

Sr No.	Element	Description
1	HI*	Healthcare diagnosis code information. HI*BK* contains the primary diagnosis while HI*BF* elements contain secondary diagnosis
2	NM1*DN*	Referring Provider
3	NM1*82*	Rendering Provider
4	PRV*PE*PXC*	Taxonomy code of provider/entity under discussion
5	REF*OB*	Rendering Provider's State License Number
6	NM1*77*	Service Facility Location
7	N3 and N4	Service Facility Address

HI*

```

HI*BK: 25000*BF: 042*BF: 04500~
NM1*DN*1*AHMED* MUFTAH*****XX*1123448768~
NM1*82*1*APPLE*JOE*****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*OB*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~

```

Figure 22: HI*

This segment contains diagnosis codes used in the claim. HI*BK* refers to the primary diagnosis and HI*BF* refers to the secondary diagnosis. These are populated in EDI file from the charge page by going to Patient > Billing > Charges. Notice how 250.00 on charge page populates as 25000 on EDI file; without the dot.

Save Receipt Problem List Statement Payment UB-04 Claim

Eric Cooper PCP: Unapplied 730.00 Balance Plan \$ 1,389.12 Patient \$ 380.00 Family \$ 380.00

Insurance - Appointment - Provider Place of Service 11. Office Accept Assignment

Primary Plan Medicare of NY Referral PAN Copay 20.00 Paid Allocate

Secondary Aetna Referral 1122334455 PAN 5566778899 Adv. --Reason--

Location CureMD Center Start DOS 04/12/2014 End DOS 04/12/2014 Transaction 08/12/2015

Claim Type Original Original Ref #

Admission Discharge

Rendering Apple, Joe Billing Apple, Joe Referring Ahmed, Muftah Dates Add New Date

Spinal Manipulation Service Info.

Patient Condition --Select-- Description

Diagnosis & Procedure Preferred Last Visit Template

Diagnosis

1.	250.00	DIABETES	2.	042	HUMAN IMMUNODEFICIENCY VIRUS (HI
3.	045.00	ACUTE PARALYTIC POLIOMYELITIS SPI	4.		

Procedures

	Start DOS	End DOS	Modifier	Dx. Ptr *	Procedure Time	Units	Patient \$	Plan \$
99213	04/12/2014	04/12/2014	25	1		1	UN \$ 0.00	70.00
0190T	04/12/2014	04/12/2014	LT	1	2,3	1	UN \$ 0.00	100.00
36415	04/12/2014	04/12/2014		0	1,2,3	1	UN \$ 0.00	30.00
				0		1	UN \$ 0.00	0.00
Total:							200.00	200.00

Workflow 14: Patient > Billing > Charges

NM1*DN* & NM1*82*

```

HI*BK:25000*BF:042*BF:04500~
NM1*DN*1*AHMED*MUFTAH****XX*1123448768~
NM1*82*1*APPLE*JOE****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*OB*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
  
```

Figure 23: NM1*DN* and NM1*82*

NM1*DN* has the referring provider's name and NPI and NM1*82* has rendering provider's name and NPI. Both these segments get populated from the charge page, by going to Patient > Billing > Charges, as shown below.

Save Receipt Problem List Statement Payment UB-04 Claim

Eric Cooper PCP: Unapplied 730.00 Balance Plan \$ 1,389.12 Patient \$ 380.00 Family \$ 380.00

Insurance - Appointment - Provider Place of Service 11. Office Accept Assignment

Primary Plan Medicare of NY Referral PAN Copay 20.00 Paid Allocate

Secondary Aetna Referral 1122334455 PAN 5566778899 Adv. --Reason--

Location CureMD Center Start DOS 04/12/2014 End DOS 04/12/2014 Transaction 08/12/2015

Claim Type Original Original Ref #

Admission Discharge

Rendering Apple, Joe Billing Apple, Joe Referring Ahmed, Muftah Dates Add New Data

Spinal Manipulation Service Info.

Patient Condition --Select-- Description

Diagnosis & Procedure Preferred Last Visit Template

Diagnosis 1. 250.00 DIABETES 2. 042 HUMAN IMMUNODEFICIENCY VIRUS (HI)

3. 045.00 ACUTE PARALYTIC POLIOMYELITIS SPI 4.

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr	Procedure Time	Units	Patient \$	Plan \$
99213	04/12/2014	04/12/2014	25	1		1	UN \$ 0.00	70.00
0190T	04/12/2014	04/12/2014	LT	1	2,3	1	UN \$ 0.00	100.00
36415	04/12/2014	04/12/2014		0	1,2,3	1	UN \$ 0.00	30.00

Workflow 15: Patient > Billing > Charges

PRV*PE*PXC*

```

HI*BK:25000*BF:042*BF:04500~
NM1*DN*1*AHMED*MUFTAH*XX*1123448768~
NM1*82*1*APPLE*JOE*XX*1234567893~
PRV*PE*PXC*208000000X~
REF*OB*88745111~
NM1*77*2*WEST*XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
  
```

Figure 24: PRV*PE*PXC*

This segment has referring provider's taxonomy number. Notice how taxonomy code for billing entity appeared in the file before, and the segment started with PRV*BI*PXC (Figure 4).

To populate the referring provider's taxonomy code, go to Settings > Practice > Provider > Practice Provider, and select provider's specialty from the drop down or by clicking on the Specialty button. The specialty relevant taxonomy code will populate accordingly.

Workflow 16: Settings > Practice > Provider > Practice Provider

REF*OB*

Figure 25: REF*OB*

This segment contains rendering provider's ePIN, whereas OB is the ePIN qualifier. It populates from provider's Plan PIN details, by going to Settings > Provider > Practice Provider > Provider Plan PIN.

Friday, May 22, 2015 9:28 AM
Inbox 0 Today's Patients

Settings - Reference Provider

Profile Schedule Block Schedule Provider Plan PIN PIN Details

Save Delete

Plan Name* Aetna Location* CureMD Center

HCFA

PIN Qualifier 0B State License Number PIN 55555

Tax Type EIN Please Specify

Group AB5799181 ☒ Print Billing Provider's Address & Phone Number at Box 33

C4 Worker's Compensation

Rating Code AL ALLERGY/IMMUNOLOGY Authorization No.

EDI - Rendering Provider

Billing	Rendering	Purchased Service	Supervising	Attending	Pay to Provider	Operating
eSubmitterID	AB7599181					
ePIN Qualifier	0B State License Number	ePIN	88745111			
<input type="checkbox"/> Use the same values for All						

Workflow 17: Settings > Provider > Practice Provider > Provider Plan PIN

NM1*77*, N3* & N4*

```

HI*BK:25000*BF:042*BF:04500~
NM1*DN*1*AHMED*MUFTAH****XX*1123448768~
NM1*82*1*APPLE*JOE****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*0B*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
  
```

Figure 26: NM1*77*, N3* & N4*

NM1*77* contains service facility location name and NPI while N3* and N4* contain its address. We can select the service facility location from the charge page, and the selected 'Location' pulls up location name and address from Settings > Practice > My Practice > Locations. Notice how 'West' is populating in EDI file for location 'CureMD Center'; since it's specified in the figure below.

Settings - Location

Messaging

1 Online

Practice

My Practice

My Practice Settings

Appointment Reason

Appt Reason Group

Global Block Schedule

Quality Programs

eSuperBill

Reminders & Confirmations

Appointment Chains

Bank

Agency

Reference Data

Financial Aging

Provider

Provider Groups

Provider Taxonomy Codes

Outsource Location

Recall Reason

Resource

Title

Transport

Void Appointments

Zip-Code Library

Practice User

Patient Portal User

Patient Portal Setup

Role

EHR

Billing

Reports

Practice

Locations

+

 Add Location

Save

Delete

Location	Address	Status
Carmel lane	clane	Active
CLINTON	8700 Old Branch Ave	Active
CureMAIN Office Health Center	23 Lucky Lane	Active
CureMD Center	80 Old Riverhead Road	Active
CureMD Data Center	CureMD Data Center	Active

Showing 11 - 15 of 54 Records

First

Previous

3 of 11

Next

Last

Location Profile

Location*

CureMD Center

Location (EDI)*

west

Address1

80 Old Riverhead Road

Address2

City

New York

State

NY

Zip

10001

0077

Short Name*

CMDC

Phone

(718) 712-7127

Fax

Email

Contact Name

Kristy

Location Setting

Location NPI

1124455666

Group NPI

1124455666

CLIA #

Type*

77. Service Location

Place of Service*

11. Office

Cosite ID

Facility Code REF*LU

Billing Provider

Holmes, Peggy

Time Difference

+ 0 Minutes

Workflow 18: Settings > Practice > My Practice > Locations

Other Insurance Information

```

REF*EA*42167~
HI*BK:25000*BF: 042*BF: 04500~
NM1*DN*1*AHMED*MUFTAH****XX*1123448768~
NM1*82*1*APPLE*JOE****XX*1234567893~
PRV*PE*PXC*208000000X~
REF*OB*88745111~
NM1*77*2*WEST*****XX*1124455666~
N3*80 OLD RIVERHEAD ROAD~
N4*NEW YORK*NY*100010077~
SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE*****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
LX*1~
SV1*HC:99213:25:::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~
LX*2~

```

Figure 27: Other Insurance Information

Please refer to the table below.

Sr No.	Element	Description
1	SBR*P*	Subscriber information starts from SBR* segment. SBR*P is for primary insurance and SBR*S is for secondary insurance.
2	AMT*D*	Amount already paid by Primary Insurance
3	AMT*EAF*	Amount transferred to patient and Secondary Insurance
4	OI*	Other Insurance
5	NM1*IL*	This segment contains subscriber's name and member id
6	N3*, N4*	Subscriber's Address
7	NM1*PR*	It has subscriber's insurance name and payer id
8	REF*G1*	Prior Authorization Number
9	REF*9F*	Referral Number

SBR*P*

```
SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE*****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
```

Figure 28: SBR*P*

Subscriber information starts from SBR* segment. SBR*P is for primary insurance and SBR*S is for secondary insurance. Since SBR*S* was mentioned earlier, it means that this claim has already been submitted to primary insurance and now it's being sent to secondary. The primary insurance type which is also known as the claim filing indicator is MB, i-e, Medicare.

Claim filing indicator is populated from Settings > Billing > Plan as shown below.

The screenshot shows the 'Settings' window with the 'Billing' section expanded and the 'Plan' sub-section selected. The 'Plan' tab is active, displaying a form with the following fields and values:

- Plan:** MEDICARE-NY-DOWNSTATE
- Display Name:** Medicare of NY
- Category:** Medicare
- Realtime Claim Status By:** Group (selected), Individual

On the right side, the 'Details' section is expanded, showing the following information:

- Claim Filing Indicator:** MB Medicare Part B (highlighted with a red box)
- 365 days claim filing limit**
- 120 days reconsideration limit**
- Accepts COB claims**
- CLIA required**
- Payer ID:** Batch 13202 Real Time CMS

Workflow 19: Settings > Billing > Plan

AMT*D* & AMT*EAF*

```

SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
  
```

Figure 29: AMT*D* & AMT*EAF*

AMT*D* contains amount paid by previous payer (primary insurance in this case) and AMT*EAF* contains amount transferred to next party (secondary insurance and patient in this case). Both these segments get populated from patient's payment page. Go to Patient > Billing > Payment and click on the appointment date to see payment allocation details.

Payer and Payment Method

Payment By: P: Medicare of NY
Payment Method: Check
Check Date:
Deposit Date:
Claim Control #:

Payment Date: 5/15/2015
Check Number:
Bank Name: -Select-

☐ Reversal

Advances and Allocation

Total Unapplied: 730.00
Current Visit Unapplied: 0.00
Allocate from Unapplied:

☐ Crossover Claim
Interest Amount: 0.00
Copoly: \$20.00

CPT	St. DOS	Charged	Balance	Allowed	Paid/ Refund	Transfers	Copay	Write Off	Details	Pat Bal	Plan Bal
99213	4/12/2014	70.00	70.00	50.00	30.00	0	20	20		20.00	70.00
0190T	4/12/2014	100.00	100.00	60.00	20.00	40	0	40		0.00	100.00
36415	4/12/2014	30.00	30.00	25.00	10.00	15	0	5		0.00	30.00
Total:		200.00	200.00	135.00	60.00	55.00	20.00	65.00		20.00	200.00

Notes & Comments

Claim Status: 7. Never been billed
Next Responsible: S: Aetna
☐ Debt Setoff

Workflow 20: Patient > Billing > Payment

NM1*IL*, N3* & N4*

```
SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE* ****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
```

Figure 30:NM1*IL*, N3* & N4*

NM1*IL* has subscriber name and member id information. It gets populated from Patient > Registration > Profile > Insurance.

Patient - Profile

1 Online

● Messaging

- Registration
- Provider Notes
- G0 Services
- Clinical
 - Messages
 - eMessages
- Interoperability
 - Documents
- Appointment
- Billing

Demographics Insurance Contacts Consents Preferences Restrictions

Save Verify Eligibility Delete Cancel Log

Priority	Plan	Address	Insured Party	Policy Number	Status
Primary	Medicare of NY	P.O. BOX 6178	Self	611016644A	Active
Secondary	Aetna	P O Box 36, suite 3	Self	123454321	Active
Primary	Medicare	P.O. BOX 2500	Self	611016644A	Inactive
Primary	TRICARE	NORTH REGION PO BOX 870140	Self	123456	Inactive
Primary	SELF-PAY	SELF-PAY	Self		Inactive
Secondary	Medicaid	P.O.Box 4401	Self	8965478956	Inactive

Insurance

Plan* Medicare of NY ☒ Active ☒ Default

Address* P.O. BOX 6178 ☒ Referral Required

Priority Primary ☐ Copay 20.00

Subscriber Policy No. 611016644A Patient Policy No.

Group Number Group Name

Sign On File* 5/12/2015 Release Information Yes ☐

Effective Date Termination Date

Exception Code Person Code

Insurance Code (P) MB Medicare Part B

Comments

Front

Back

Upload Scan

Activate Windows
Go to PC settings to activate Windows.

Workflow 21: Patient > Registration > Profile > Insurance

N3* and N4* contain patient's address and is populated from patient's demographics page by going to Patient > Registration > Profile > Demographics.

Tuesday, May 26, 2015 1:53 PM

Inbox 0 Today's Patients

Eric Cooper
24Y 5M Male
DOB 12/18/1990
Account 3146
abc@123.com

0.67 BSA
22.90 BMI
42.44 lbs Weight
3' 0.1" Height

Allergy
Lactose
Peanus
ACE Inhibitors
acebutolol

Insurance \$ 1389.12
Primary Medicare 0..
Balance Unapplied
Patient \$ 380 \$ 730
Family \$ 380 \$ 730

Notes +

Patient - Profile

Demographics Insurance Contacts Consents Preferences Restrictions

Save Mark Inactive Mark Red Flag Rx Eligibility Print Send Patient Portal Log

Registration 1 Online

Profile
Referrals
Family
Patient Notes
Letters

Provider Notes

G0 Services

Clinical
Messages
eMessages

Interoperability
Documents

Appointment

Billing

Title Mr
First Name * Eric MI Last Name * Cooper
Gender * Male Status Single
DOB * 12/18/1990 SSN
Mother's Maiden First Name Last Name
Address 1 55 Broad Street
Address 2
City new york State NY
Zip 10004 Country United States of America
Home Ph Location * CureMD Center

Picture
Upload
Scan
Webcam

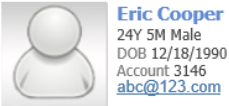
Workflow 22: Patient > Registration > Profile > Demographics

NM1*PR*

SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~

Figure 31: NM1*PR*

NM1*PR* contains subscriber's insurance name and payer id and is populated from Patient > Registration > Profile > Insurance.



Eric Cooper
 24Y 5M Male
 DOB 12/18/1990
 Account 3146
 abc@123.com

0.67 BSA
 22.90 BMI
 42.44 lbs Weight
 3' 0.1" Height

Allergy
 Lactose
 Peanuts
 ACE Inhibitors
 acebutolol

Insurance \$ 1389.12
 Primary Medicare o..
 Balance Unapplied
 Patient \$ 380 \$ 730
 Family \$ 380 \$ 730

Notes +

Patient - Profile

Demographics
 Insurance
 Contacts
 Consents
 Preferences
 Restrictions

Save
 Verify Eligibility
 Delete
 Cancel
 Log

Messaging 1 Online

Registration
 Profile
 Referrals
 Family
 Patient Notes
 Letters
 Provider Notes
 G0 Services
 Clinical
 Messages
 eMessages
 Interoperability
 Documents
 Appointment
 Billing

Priority	Plan	Address	Insured Party	Policy Number	Status
Primary	Medicare of NY	P.O. BOX 6178	Self	611016644A	Active
Secondary	Aetna	P O Box 36, suite 3	Self	123454321	Active
Primary	Medicare	P.O. BOX 2500	Self	611016644A	Inactive
Primary	TRICARE	NORTH REGION PO BOX 870140	Self	123456	Inactive
Primary	SELF-PAY	SELF-PAY	Self		Inactive
Secondary	Medicaid	P.O.Box 4401	Self	8965478956	Inactive

Insurance

Plan* Medicare of NY
 Address* P.O. BOX 6178
 Priority Primary
 Subscriber Policy No. 611016644A
 Group Number
 Sign On File* 5/12/2015

Copay 20.00
 Patient Policy No.
 Group Name
 Release Information Yes

Front
 Upload
 Scan

Workflow 23: Patient > Registration > Profile > Insurance

REF*G1* & REF*9F*

```

SBR*P*18*****MB~
AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC****MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSTATE*****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
  
```

Figure 32: REF*G1* & REF*9F*

REF*G1* contains prior authorization number acquired by practice and REF*9F contains provider referral number. Both these segments populate from charge page; by going to Patient > Billing > Charges.

Save Receipt Problem List Statement Payment UB-04 Claim

Eric Cooper PCP: Unapplied 730.00 Balance Plan \$ 1,389.12 Patient \$ 380.00 Family \$ 380.00

Insurance - Appointment - Provider Place of Service 11. Office ☒ Accept Assignment

Primary Plan	Medicare of NY	Referral	1122334455	PAN	5566778899	Copay 20.00	<input type="checkbox"/> Paid Allocate
Secondary	Aetna	Referral	1122334455	PAN	5566778899	Adv.	--Reason--
Location	CureMD Center	Start DOS	04/12/2014	End DOS	04/12/2014	Transaction	08/12/2015
Claim Type	Original	Original Ref #					
Admission		Discharge					
Rendering	Apple, Joe	Billing <input checked="" type="checkbox"/>	Apple, Joe	Referring	Ahmed, Muflih	Dates	Add New Date

Spinal Manipulation Service Info.

Patient Condition --Select-- Description

Diagnosis & Procedure Preferred Last Visit Template

Diagnosis	1.	250.00	DIABETES	2.	042	HUMAN IMMUNODEFICIENCY VIRUS (HI
	3.	045.00	ACUTE PARALYTIC POLIOMYELITIS SPI	4.		

Workflow 24: Patient > Billing > Charges

Since primary insurance information is populating in segments above the referral and PAN segment, these values are also for primary insurance, as highlighted in the screen shot above.

Line Level Information (Procedure Details)

From here onwards, the line level information starts which contain CPT specific details.

LX*1

```

AMT*D*60~
AMT*EAF*75~
OI***Y***Y~
NM1*IL*1*COOPER*ERIC***MI*611016644A~
N3*55 BROAD STREET~
N4*NEW YORK*NY*10004~
NM1*PR*2*MEDICARE-NY-DOWNSSTATE****PI*13202~
REF*G1*5566778899~
REF*9F*1122334455~
LX*1~
SV1*HC:99213:25::::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~
LX*2~
SV1*HC:0190T:LT*100*UN*1***2:3~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K214710K2~
SVD*13202*20*HC:0190T:LT**1~
CAS*PR*2*40~
CAS*CO*45*40~
DTP*573*D8*20150515~
LX*3~
SV1*HC:36415:.....ROUTINE VENIPUNCTURE*30*UN*1***1:2:3~

```

Figure 33: LX*1

Please refer to the table below.

Sr No.	Element	Description
1	LX*1	CPT Line 1
2	SV1*HC	Service Procedure specific information
3	DTP*472*RD8*	Date of Service
4	REF*6R*	Line Item control number; system generated, populates from back end
5	SVD*	Primary Payment Information
6	CAS*PR*	Patient Responsibility – Transfers
7	CAS*CO*	Contractual Obligation – Write Offs
8	DTP*573*D8*	Payment/Transaction Date

SV1*

```

LX*1~
SV1*HC:99213:25:::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~
  
```

Figure 34: SV1*

This segment contains procedure specific information.

1 2 3 4 5 6 7

```

SV1*HC:99213:25:::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
  
```

Figure 35: SV1* - Detailed

1. Segment starts here.
2. Procedure Code; 99213.
3. Modifier; 25.
4. Line Level Comment.
5. Charged amount for this CPT; \$70.
6. Number of units used; one in this case.
7. Diagnosis Pointer.

All these elements are populated from the charge page, by going to Patient > Billing > Charges.

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr *	Procedure Time	Units	Patient \$	Plan \$
<input checked="" type="checkbox"/> 99213	04/12/2014	04/12/2014	25	1 1		1 UN ✓ \$	0.00	70.00
<input checked="" type="checkbox"/> 0190T	04/12/2014	04/12/2014	LT	1 2,3		1 UN ✓ \$	0.00	100.00
<input checked="" type="checkbox"/> 36415	04/12/2014	04/12/2014		0 1,2,3		1 UN ✓ \$	0.00	30.00
<input type="checkbox"/>				0		1 UN ✓ \$	0.00	0.00
Total:						200.00	0.00	200.00

Workflow 25: Patient > Billing > Charges

DTP*472*RD8*

```
LX*1~
SV1*HC:99213:25:::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~
```

Figure 36: DTP*472*RD8*

DTP*472* contains date of service. It gets populated from the charge page by going to Patient > Billing > Charges as shown below.

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr *	Procedure Time	Units	Patient \$	Plan \$
<input checked="" type="checkbox"/> 99213	04/12/2014	04/12/2014	25	1 1		1 UN	\$ 0.00	70.00
<input checked="" type="checkbox"/> 0190T	04/12/2014	04/12/2014	LT	1 2,3		1 UN	\$ 0.00	100.00
<input checked="" type="checkbox"/> 36415	04/12/2014	04/12/2014		0 1,2,3		1 UN	\$ 0.00	30.00
<input type="checkbox"/>				0		1 UN	\$ 0.00	0.00
Total:						200.00	0.00	200.00

Workflow 26: Patient > Billing > Charges

SVD*, CAS*PR* & CAS*CO*

```
LX*1~
SV1*HC:99213:25:::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~
```

Figure 37: SVD*, CAS*PR* and CAS*CO*

These segments provide procedure specific payment details. In the figure above, SVD* segment specifies that payer id 13202 (Medicare) paid \$30 for CPT 99213. The next two segments, CAS*PR* and CAS*CO* contain payment adjustment details. CAS*PR*3 is the patient copay (\$20) and CAS*CO*45 is the write off amount (\$20). These segments are populated from patient's payment page. Go to Patient > Billing > Payments to view the payment details.

Payer and Payment Method
Payment By: P: Medicare of NY
Payment Method: Check
Check Date:
Deposit Date:
Claim Control #:
☐ Reversal

Advances and Allocation
Total Unapplied: 730.00
Current Visit Unapplied: 0.00
Allocate from Unapplied:

☐ Crossover Claim
Interest Amount: 0.00
Copoly: \$20.00

CPT	St. DOS	Charged	Balance	Allowed	Paid/ Refund	Transfers	Copay	Write Off	Details	Pat Bal	Plan Bal
99213	4/12/2014	70.00	70.00	50.00	30.00	0	20	20		20.00	70.00
0190T	4/12/2014	100.00	100.00	60.00	20.00	40	0	40		0.00	100.00
36415	4/12/2014	30.00	30.00	25.00	10.00	15	0	5		0.00	30.00
Total:		200.00	200.00	135.00	60.00	55.00	20.00	65.00		20.00	200.00

Notes & Comments
Claim Status: 7. Never been billed
Next Responsible: S: Aetna
☐ Debt Setoff

Workflow 27: Patient > Billing > Payments

DTP*573*D8*

```

LX*1~
SV1*HC:99213:25::::OFFICE OR OTHER OUTPATIENT VISIT*70*UN*1***1~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K12240K1~
SVD*13202*30*HC:99213:25**1~
CAS*PR*3*20~
CAS*CO*45*20~
DTP*573*D8*20150515~

```

Figure 38: DTP*573*D8*

This segment contains the payment/transaction date of payment posting. It gets populated from Patient > Billing > Payments as shown below. Note that payment date and transaction date are same on patient payment page.

Payer and Payment Method
Payment By: P: Medicare of NY
Payment Method: Check
Check Date:
Deposit Date:
Claim Control #:
☐ Crossover Claim

Payment Date: 5/15/2015
Check Number:
Bank Name: -Select-
☐ Reversal

Advances and Allocation
Total Unapplied: 730.00
Current Visit Unapplied: 0.00
Allocate from Unapplied:

Interest Amount: 0.00
Crossover Claim: ☐

Copay: \$20.00

CPT	St. DOS	Charged	Balance	Allowed	Paid/ Refund	Transfers	Copay	Write Off	Details	Pat Bal	Plan Bal
99213	4/12/2014	70.00	70.00	50.00	30.00	0	20	20		20.00	70.00
Transaction: 5/15/2015		Medicare of NY		50.00	30.00	0.00	20.00	20.00			
0190T	4/12/2014	100.00	100.00	60.00	20.00	40	0	40		0.00	100.00
Transaction: 5/15/2015		Medicare of NY		60.00	20.00	40.00	0.00	40.00			
36415	4/12/2014	30.00	30.00	25.00	10.00	15	0	5		0.00	30.00
Transaction: 5/15/2015		Medicare of NY		25.00	10.00	15.00	0.00	5.00			
Total:		200.00	200.00	135.00	60.00	55.00	20.00	65.00		20.00	200.00

Notes & Comments
Claim Status: 7. Never been billed
Next Responsible: S: Aetna

Workflow 28: Patient > Billing > Payments

Bottom Envelope

```

CAS*PR*2*40~
CAS*CO*45*40~
DTP*573*D8*20150515~
LX*3~
SV1*HC:36415::::ROUTINE VENIPUNCTURE*30*UN*1***1:2:3~
DTP*472*RD8*20140412-20140412~
REF*6R*42167K6151K3~
SVD*13202*10*HC:36415**1~
CAS*PR*2*15~
CAS*CO*45*5~
DTP*573*D8*20150515~
SE*71*42167~
GE*1*105182259~
IEA*1*987112259~

```

Figure 39: Bottom Envelope

After the line level information/procedure details, bottom envelope starts. The bottom envelope, just like the top envelope, is system generated. The last three lines of the bottom envelope are closing segments. SE* closes ST*, GE* closes GS*, and IEA* envelope closes ISA*, which brings an end to the EDI file.