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.

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Keying Tips

- Prior to keying claims, it is recommended that frequently used providers be entered in Provider Management. See the "Getting Started with Provider Management" guide for additional information.

- 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.

- 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.
    - Errors displayed after validation will be highlighted in several ways:
        - A list of errors will be displayed at the top of the claim form, with clickable error messages
        - Every field containing an error will be highlighted in red
    - 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

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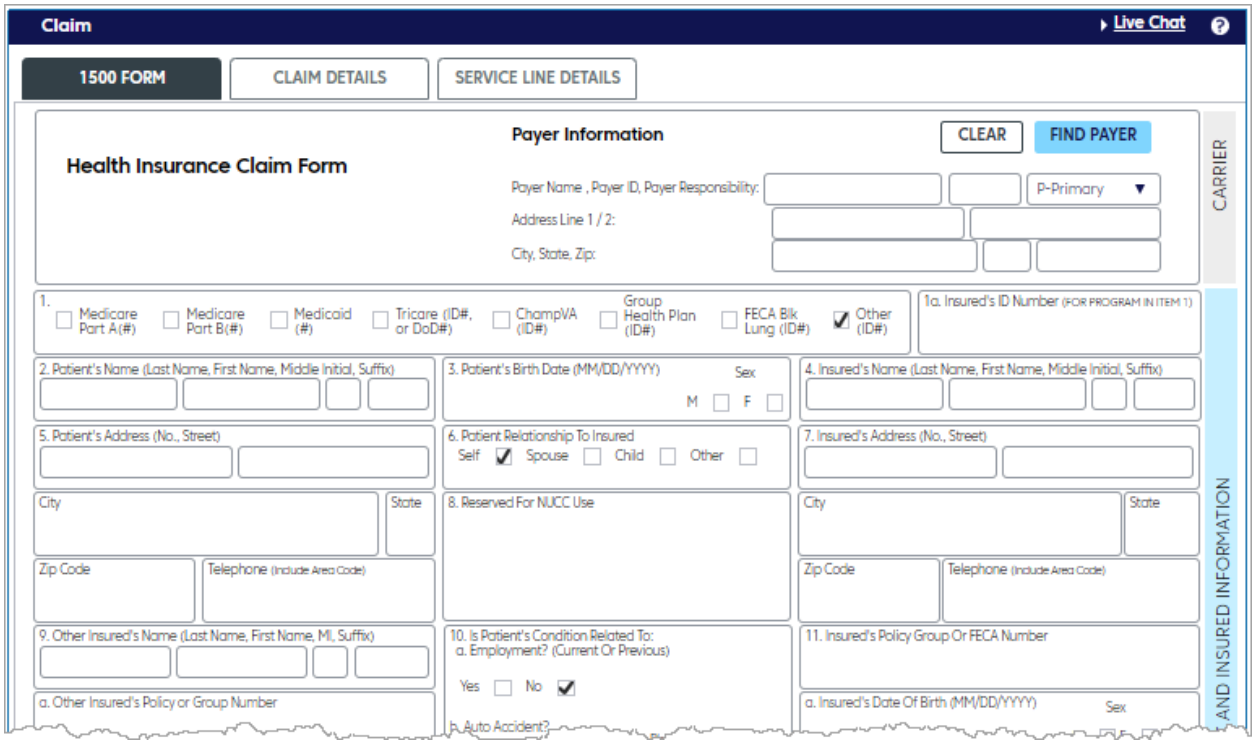
saved as 'work in progress' prior to sending the claim to the clearinghouse.

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 should be ignored.

Box	Label / Description	Emdeon Section / Field
	Payer Information • Use the Find Payer button to find your payer. Note: Aetna Better Health of Ohio has a payer ID of 6876 • Payer address is required; be sure to add it if it's not returned from the Find Payer results • Do not enter dashes (-) in the extended zip code.	New Claim Setup Select a payer from the drop-down list given in Step 3
1a	Insured's ID	Payer/Insured Information Insured's ID/Cert #
2	Patient's Name	Patient Information Last Name, First Name, MI
3	Patient's Birth Date	Patient Information Date of Birth
5	Patient's Address Address, City, State, Zip Code, no dashes	Patient Information 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 Insured ID, within the Insurance tab *Requires user to check "Route Claim for Supplemental Data Entry"
11d	Is there another health benefit plan? Check Yes or No	Insurance Information Other Insurance Indicator
12	Patient's or Authorized Person's Signature Enter "Y" on the Signed field	Insurance Information Release of Information Indicator
13	Insured's or Authorized Person's Signature Enter "Y" in the Signed field	Provider Information Certification Indicator
14	Date of current illness	Accident/Symptom Information Symptom Date
21	Diagnosis Code Enter without the decimal point	Patient Information Diagnosis Code 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 Options: 1 - New claim submission (always use 1) 7 - Replacement of prior claim 8 - Void/cancel of prior claim	Other Information Resubmission Code
23	Prior Authorization Number	
24	**Service Line Information**	
24 A	Dates of Service Must have MM/DD/YYYY format Note: click in the white area under the line number and gray far to find the data entry field	Claim Line Information Start Date and End Date Note: ConnectCenter is much less tolerant of variation in date entry formats.
24 B	Place of Service	Claim Line Information Place Code Note: Connect Center does not provide a drop-down list of values for place of service
24 D	CPT/HCPCS Procedures, Services or Supplies	Claim Line Information Proc and Mods 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 **Alpha** indicators	Claim Line Information **Numeric** ICD Pointers
24 F	Charges	Claim Line Information Charges
24 G	Days or Units 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) NOTE: Only key numeric data in field 24 G	Claim Line Information – Unit Qty
24J	Rendering Provider NPI • NOTE: if a Rendering Provider NPI is put on a service line, the Rendering provider name must be provided on the **Service Line Details** • 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 # • 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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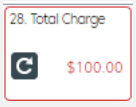
Box	Label / Description	Emdeon Section / Field
25	Federal Tax I.D. Number No dashes	Selected in Step 2 of the New Claim setup page, as part of choosing the Pay To provider and address.
26	Patient Account Number Optional	Patient Information Patient Account #
27	Accepts Assignment? Options: (enter A, B or C) A – Assigned B – Not Assigned C – Clinical Labs	Provider Information Accepts Assignment?
28	Total Charges Click the refresh button. The system will calculate the total charges based on the amounts entered in 24F for all service lines. 	Claim Line Information Total
31	Signature of Physician or Supplier Enter "Y" in the Signed field	
32	Service Facility Location Information Address, City, State, Zip Code with no dash	Other Facility Information 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 NPI of the facility	Other Facility Information – Facility/Lab NPI
33	Billing Provider Info Name, NPI, Address, City, State, Zip Code, & Telephone number. • Use the green + button to select information from your provider list • Do not use dashes for the phone number or an extended zip code. • 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. • 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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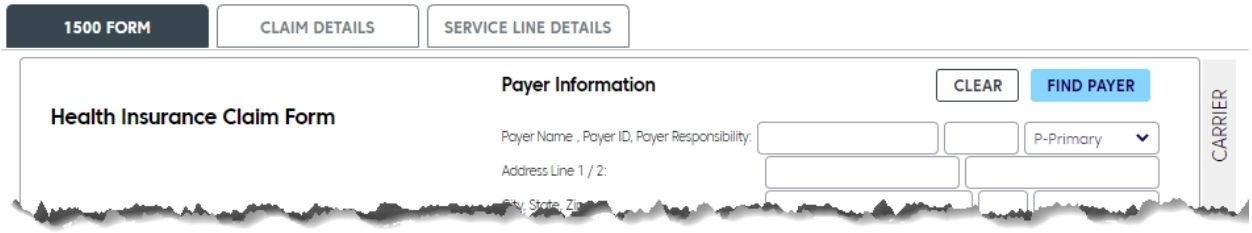
Claim Details Tab

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 Recommended value = CI	Not displayed (defaults to CI)
Payer, Payer Information	Group Name	Payer 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 • Use G2 as the ID type for the Commercial Number • 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 Referring Provider NPI
Other Providers, Referring Provider Information IDs	• Use 0B as the ID type for the State License Number • Use G2 as the ID type for the Commercial Number • Use 1G as the ID type for the UPIN	Other Information • Referring Provider # is used to collect IDs that are not an NPI • 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 Other Insurance/COB Payment/Adjudication	Adjudication Payment Date	Supplemental Claims Secondary Claim Claim Summary Adjudication Date
Claim Details Other Insurance/COB Payment/Adjudication	Amount Paid	Supplemental Claims Secondary Claim Claim Summary Payer Amount Paid
Claim Details Other Insurance/COB Payer	Payer Primary ID	Supplemental Claims Secondary Claim Payer Prior Payer Information Payer ID
Claim Details Other Insurance/COB Insured/Subscriber Information	Patient Relationship to Insured	Supplemental Claims Secondary Claim Payer Prior Payer Information Patient Relationship to Insured

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

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Section	Label / Description	Emdeon Section / Field
Claim Details Other Insurance/COB Payment/Adjudication	Claim Payment Remark Codes	Supplemental Claims Secondary Claim Claim Level Entries Medicare Outpatient Adjudication Remarks
Claim Details Other Insurance/COB Payment/Adjudication	Claim Adjustments	Supplemental Claims Secondary Claim Claim Level Entries Claim Adjustments 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 • Address 2 • City • State • Zip Code • Country Code	Supplemental Claims Ambulance Data Ambulance Pick Up Address • Street Address 1 • Street Address 2 • City • State • Zip
Property & Casualty, Ambulance, Drop-off Location	• Address 1 • Address 2 • City • State • Zip Code • Country Code	Supplemental Claims Ambulance Data Ambulance Drop Off Address • Street Address 1 • Street Address 2 • City • State • Zip
Property & Casualty, Ambulance, Other Information	Patient Weight	Supplemental Claims Ambulance Data Patient Weight

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Section	Label / Description	Emdeon Section / Field
Property & Casualty, Ambulance, Other Information	Transport Distance	Supplemental Claims Ambulance Data Miles
Property & Casualty, Ambulance, Other Information	Transport Reason Code – Enter one of the following codes • A – Patient transported to nearest facility • B – Patient transported to preferred physician • C – Patient transported for nearness of family members • D – Patient transported for specialist or for specialized equipment • E – Patient transported to Rehab Facility	Supplemental Claims Ambulance Data Transport To/From
Property & Casualty, Ambulance, Other Information	Round Trip Purpose	Supplemental Claims Ambulance Data Purpose of Round Trip
Property & Casualty, Ambulance, Other Information	Stretcher Purpose	Supplemental Claims Ambulance Data 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 • 01 – Patient was admitted to hospital • 04 – Patient was moved by stretcher • 05 – Patient was unconscious or in shock • 06 – Patient was transported in an emergency situation • 07 – Patient had to be physically restrained • 08 – Patient had visible hemorrhaging • 09 – Ambulance service was medically necessary • 12 – Patient is confided to a bed or chair NOTE: The Yes/No indicator is not needed at the service line level	Supplemental Claims Ambulance Data • Moved by Stretcher • Unconscious/Shock • Emergency Situation • Physical Restraints • Visible Hemorrhaging

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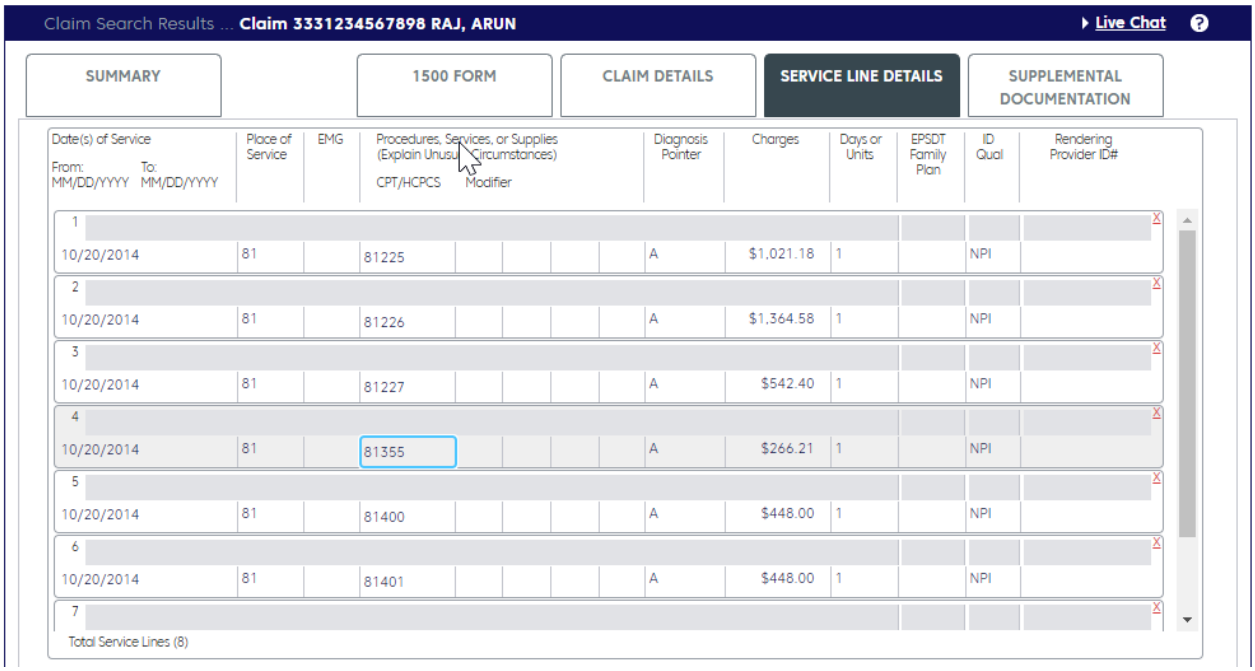
Service Line Detail Tab

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 Providers Ordering	NPI ID Type/Other ID Last Name, First Name, Middle Name, Suffix	Additional Claim Line Information Provider Information Ordering Provider NPI Ordering Provider UPIN Ordering Provider Name
Service Line Details Providers	NPI ID Type / Other ID Last Name, First Name, Middle Name, Suffix	Additional Claim Line Information Provider Information Supervising Provider NPI Supervising Provider UPIN Supervising Provider ID Supervising Provider Name
Service Line Details Providers	Entity Type: Yes/No Purchased Service Charge Amount NPI ID Type / Other ID	Additional Claim Line Information Service Information • Purchased Service: Y/N • Purchased Service Charge Provider Information • Purchased Service Provider NPI, • Purchased Service Provider #

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

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

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