

HEALTHCARE IT

Exa® PACS/RIS

Feature Summary

Submitting Claims

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Open the Claims screen

You submit claims in the Claims screen. You can define a claim as services rendered, and billed. Claims can be submitted for multiple billing methods, including electronic billing, paper claim, direct or patient. Go to Burger > Billing > Claims.

Select Burger > Billing...

DASHBOARD

WORKLIST

PATIENT

FAX MANAGER

SCHEDULE

BILLING

PAYMENTS

REPORTS

TOOLS

SETUP

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...Claims (appears by default)



Create a claim

To create a claim, select the **Studies** tab and then select **NEW CLAIM**.



In the Claim Creation screen, search for the patient/study for billing by last name, first name, or MRN (medical record number).

Claim Creation		
Starts With 🖌 All		✓ □Show Inactive
Last Name	First Name	MRN
PATIENT SEARCH RESU	LTS	
PATIENT SEARCH RESU	LTS	

Select the Study

Claim Creation		
Starts With 🖌 All		✓ Show Inactive
test	First Name	MRN
PATIENT SEARCH RE	SULTS	
Test, Test 1071MAR	K "1123123123	
DOB: 03/03/2022		
BONE AGE S	TUDIES (Accession# : 623 , S	tudy.Date: 06/29/2022)
ABDOMEN &	PELVIS WITH AND WITHOUT	CONTRAST (Accession#: 597, Study.Date: 06/15/2022)
WITH STUDY	WITHOUT STUDY	

Create a claim by using the shortcut menu

You can also create a claim by right-clicking an approved study and selecting Create Claim.

Studies	Claims	Payments	EOB	Report -	Setup -	Log -	Log Off
<	Claims Payments く > ✓ ጏ ♫ ☺ ♡			NEV	V CLAIM	BA	TCH CLAIM

STU	DIES			
	ALL STUDIES TEST			
	ACCOUNT NO. 🍦	PATIENT	STUDY DATE	STUDY DESCRIPTION
	067706	TALLEY^RUTH^^^	02/14/2018 11:16 AM EST	
	09002085287	Test	10/27/2012 4:35 PM EDT	Create Claim

Create a batch claim

To create a batch claim (create multiple claims at once), on the **ALL STUDIES** screen, select **BATCH CLAIM**. The studies must be marked as approved to create claims.

STU	DIES					SI	tudies Claim	
	ALL STUDIES TEST							O © ♡ NEW CLAIM BATCH CLAIM
⊠	ACCOUNT NO. 🍵	PATIENT	STUDY DATE	STUDY DESCRIPTION	STATUS	BILLED STATUS		1
	t all studies				APPROVED	All	~	
-	1069MARK	Dms, Breast	11/17/2021 11:55 AM EST	MAMMOGRAM SCREENING BILATERAL	Approved	UnBilled		ŕ
~	1069MARK	Dms, Breast	08/26/2021 11:45 AM EDT	US Breast Right	Approved	UnBilled		
~	1073TST	Test, Cheryl	05/19/2022 9:40 AM CDT	ARTHROCENTESIS ASPIR&/INJECTION M	Approved	UnBilled		
~	1073TST	Test, Cheryl	05/17/2022 11:00 AM CDT	ABDOMEN X-RAY	Approved	UnBilled		
~	1073TST	Test, Cheryl	05/23/2023 10:50 AM CDT	LUMBAR SPINE WITHOUT CONTRAST	Approved	UnBilled		
~	1073TST	Test, Cheryl	01/09/2019 11:03 AM CST	XR LEFT ELBOW - 2 VIEWS	Approved	UnBilled		

In the **Claim Creation** screen, modify charges and review for the following claim information:

Individual line-item information

- Allowed amount
- Bill fee
- Total amount
- Modifiers, if applicable
- NDC codes, if applicable

Cla	im C	reation	: Test	, Test Acc#:	1071MARK <i>03</i> ,	/03/2022 M	Alerts	Patient Cl	nart	
СНА	RGES	CLAI	MS	INSURANCE	ADDITIONAL INFO	BILLING SUM	MMARY			
Cha	rges									
		Date	Acces	ssion No.	CPT Code	CPT Description	I P1	I P2	P3	P4
	NEW (CHARGE	-	←						

Claims sub-tab

Claims		
Study Date *	02/13/2023	
ClaimDate *	02/13/2023	
Facility Name *	Clemons OLD Facility	~
Billing Provider *	Select	~
Rendering Provider	Select Read. Provider	*
Referring Provider	Select Refer. Provider	*
Service Facility Location	Select Ordering Facility	Ŧ
POS Type	Select	~

The fields with an asterisk are required.

- Study Date
- Claim Date (always defaults to the date the charge is entered)
- Facility Name
- Billing Provider

If you submit secondary claims electronically, assign insurance as Primary or Secondary. See **Accept Assignment** next to **Existing Insurance.**

The following fields with an asterisk are required.

- Policy Number
- Relationship
- Subscriber name
- DOB
- Gender
- Address including City, State, and Zip Code

Edit : Test, Test Acc#: test7	78 10/10/2010 M Alerts Patient Chart	
	ANCE ADDITIONAL INFO BILLING SUMMARY PAYMENTS	PREV NEXT NOTES DOCUMENTS AND REPORTS VALIDATE SAVE
Primary Insurance CLEAR		Secondary Insurance CLEAR
Existing Insurance	SELECT 🗸 🖾 Accept Assignment	Existing Insurance SELECT 🗸 🗋 Accept Assignment
Carrier	AARP MEDICARE COMPLETE *	Medicare payer
Address	950 WINTER ST, SUITE 3800	Carrier
City/State/ZIP	WALTHEM, MA, 02451	Address
Phone	(800)393-0939	City/State/ZIP
Policy Number *	234567	Phone #
Group No.	Group No.	Policy Number * Policy Number
Coverage Start/End Date	MM/DD/YYYY MM/DD/YYYY	Group No. Group No.
Relationship *	Self	Coverage Start/End Date MM/DD/YYYY MM/DD/YYYY
Subscriber Name *	test Mi test Suffix	Relationship * Select 🗸 🗅 Self
DOB *	10/10/2010	Subscriber Name * First Name Mi Last Name Suffix
Gender *	M	DOB * MM/DD/YYYY III
Country	linited States	Gender * Select *
Address Line 1 T	122 MAIN CT	Country United States
Address Cine 1		Address Line 1 * Address Line 1
Address Line 2	Address Line 2	Address Line 2 Address Line 2
City/state/zie**	PHOENIX AZ • 85001 ZIP Plus	City/State/ZiP *
ELIGIBILITY / ESTIMATION		
		ELKIBELTY .
		CANCE

Validate claims

After claims are reviewed and saved, they move to the Claims section of the Billing workflow and the status of the claim changes to Pending Validation. All claims must be validated prior to submission. Claims can be validated individually or by batch.



To validate in a batch, filter the claims by claim status Pending Validation, select all claims, and then select **VALIDATE** (upper-right corner). The claim statuses change to **Pending Submission**.



Submit an electronic claim

To submit for electronic billing, edit the following filters in the claims screen.

- Study Date Select the date range of claims
- Payer Type
 Primary or secondary insurance
- Claims Status
 Select Pending Submission claims
- Billing Method
 Select Electronic Billing
- Clearinghouse

Select claims ready to be billed. To select all claims, select the checkbox in the upper-left corner.

CLAIMS								
ALL CLAIMS FOLLOW-UP QUEU	Studies	Claims	Payments	EOB	Report -	Setup -	Log -	Lo
STUDY DATE								
	く ご む 尊	7 🕹	VALIDAT	Έ	ELECTR	ONIC CLAI	M (EDI)	
□ 🖉 🗏 🖹 02/02/2023								
□ 🖉 🗏 🖹 07/28/2022	P							
□ 🖉 🗏 🗐 07/07/2022	F							

Select **ELECTRONIC CLAIM (EDI)** create a batch bill. Alternatively, select billing options in the button menu.

You can download a copy of the EDI response file to your desktop as a shared file or local file. The claims statuses change to **Pending Payment.**

Submit a paper claim

To submit a paper claim, edit the following filters in the claims screen.

- Study Date Select the date range of claims
- Payer Type Primary or secondary insurance
- Claims Status Select Pending Submission claims
- Billing Method
 Select paper billing
- Clearinghouse

Select claims ready to be billed and validate them. To select all claims, select the checkbox in the upper-left corner.

CLAIMS									
		ALL	CLAIMS	Follow-UP queue					
]		STUDY DA	ATE					
	0	Ì	02/02/202	3	F				
	0		02/02/202	3	F				
	0	ee	07/28/202	2	F				
	0		07/07/202	2	F				

Select a billing method of **Paper Claim**.

All V All Electronic Billing	
All Electronic Billing	
Paper Claim I Direct Billing Patient Payment	

Select a paper form, such as Paper Claim (RED) or Paper Claim (B&W).

Studies Claims	Payments EOB	Report - S	Setup - Log -	Log Off		
✓୬5⊕7±	VALIDATE	ELECTRON	IIC CLAIM (EDI)	•		
CLAIM DATE	PATIENT NAME		ELECTRONIC C	ELECTRONIC CLAIM (EDI)		
				PAPER CLAIM (B & W)		
			SPECIAL FORM	1		
07/08/2022	Test, Cheryl		PAPER CLAIM	/ (RED)		
12/08/2022	Test, Test1 Merge		INVOICE (SERV	INVOICE (SERVICE DATE)		
02/01/2023	Test, D	Test, Dorothy Sue		INVOICE (PATIENT NAME)		

The claims status changes to Pending Payment.

Select the right paper claim form

For printing paper claims, each user must configure their default form by selecting **Setup** > **Printer Templates**.



Assign a printer template

You can assign user-specific printer templates. In **Billing**, select the settings button.



In the $\ensuremath{\textbf{User}}$ Settings dialog, select what form the printer will point to.

					SAVE
olumn Order		Settings			
Study Date	*	Default Column	Study Date	~	
🖾 Payer Type		Default Sort Order		~	
Billing Method		Printer Templates			
Claim Status		Paper Claim (B&W)	Select	~	
Claim No		Paper Claim (RED)	Select Balck & White Final		
Submitted Date	_	Direct Invoice	Select	~	
🖾 Claim Date		Datiant Invalian	0-lest		
Patient Name		Patient invoice	Select	~	
Clearing House		Special Form	Select	~	
Billing Provider					
Account No.					
Date Of Birth					
SSN					
Place Of Service					
Referring Providers					
Rendering Providers					