Exa® PACS/RIS

Feature Summary
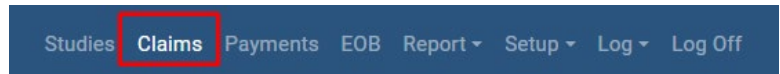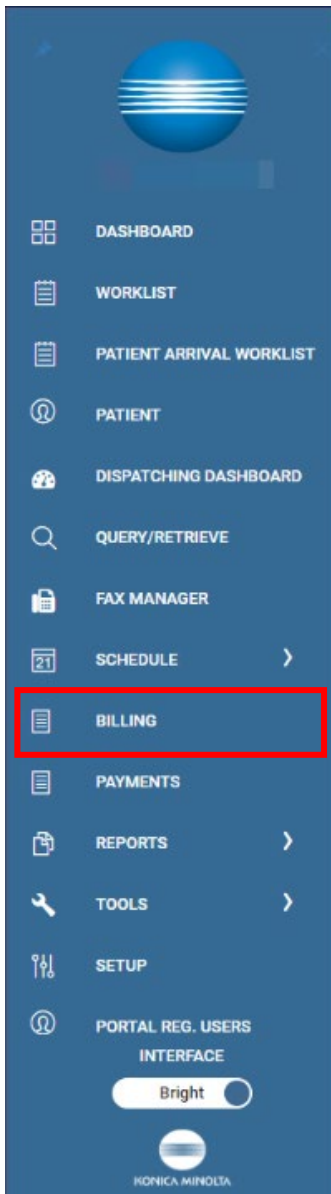
Submitting Claims

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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.
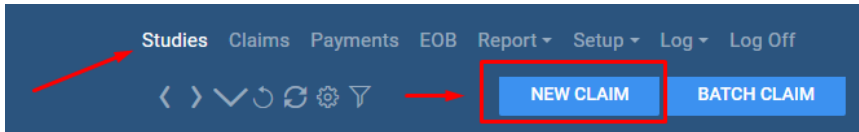Go to **Burger** > **Billing** > **Claims**.

Select **Burger** > **Billing**...
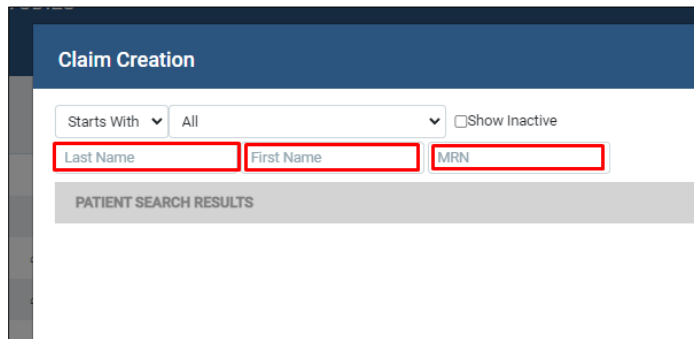
...**Claims** (appears by default)
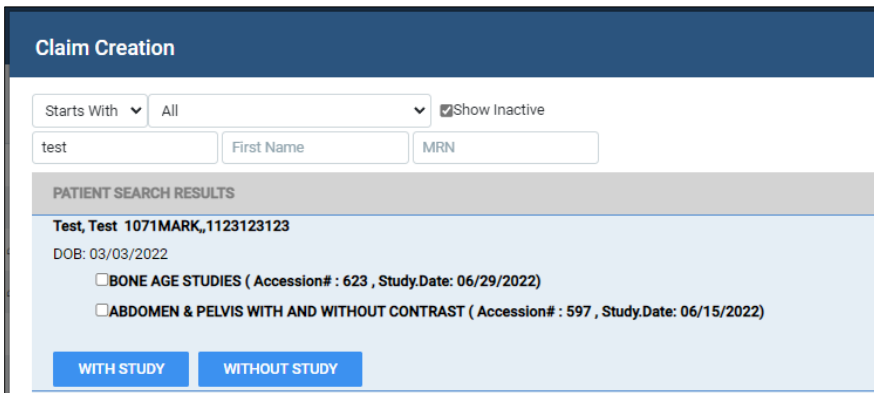
Create a claim

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).
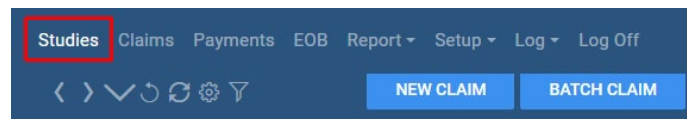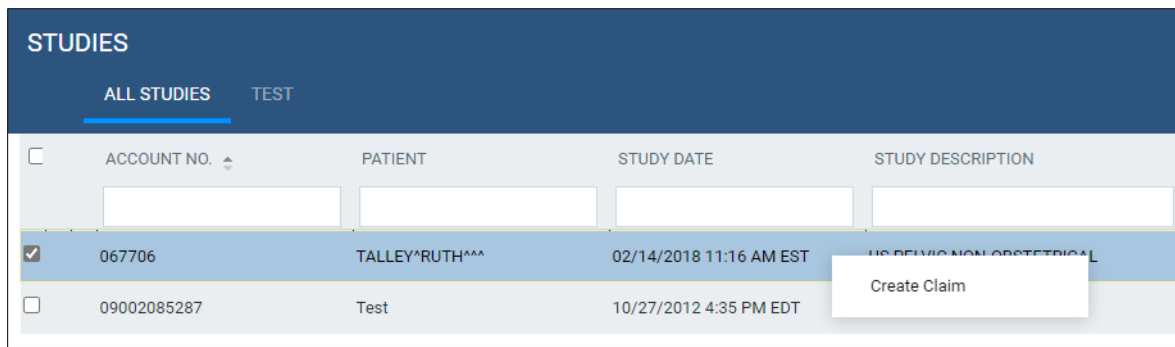

Select the Study

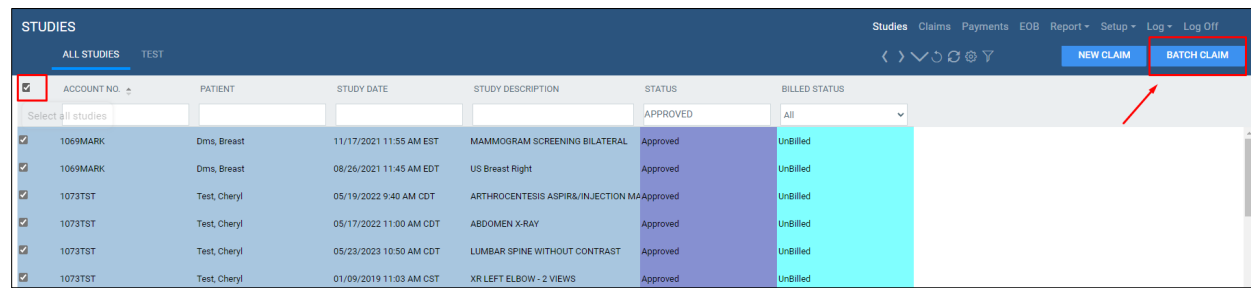## Create a claim by using the shortcut menu

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

Create a batch claim

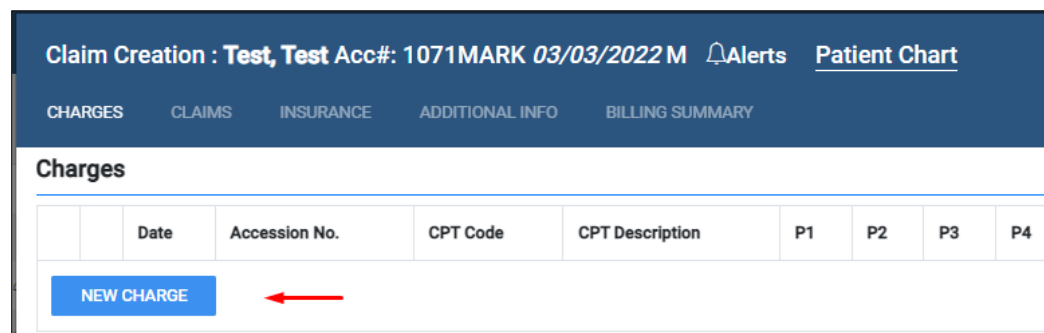To create a batch claim (create multiple claims at once), on the **ALL STUDIES** screen, select **BATCH CLAIM**. The studies must be marked as approved to create claims.

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

Claims sub-tab

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

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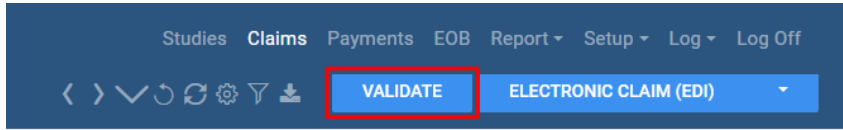
To validate in a batch, filter the claims by claim status Pending Validation, select all claims, and then select **VALIDATE** (upper-right corner). The claim statuses change to **Pending Submission**.
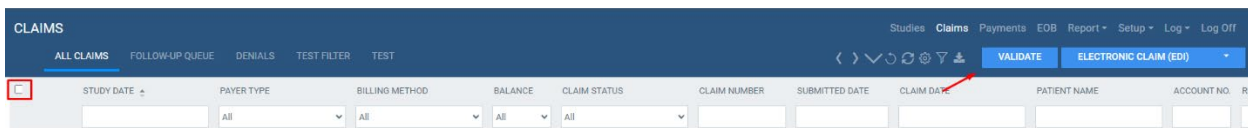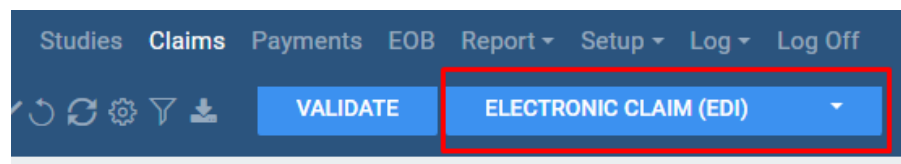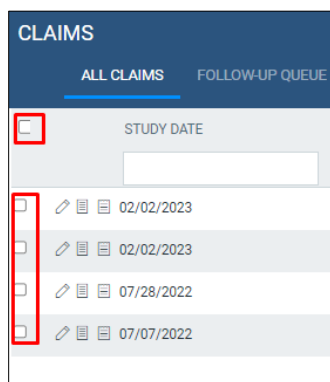

Submit an electronic claim

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.

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.**
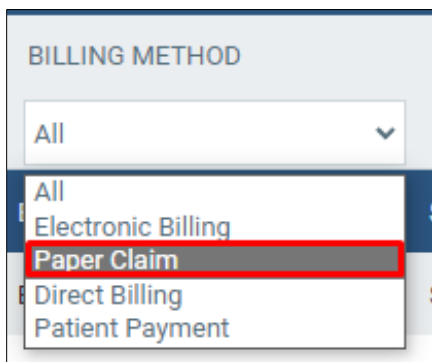
Submit a paper claim

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
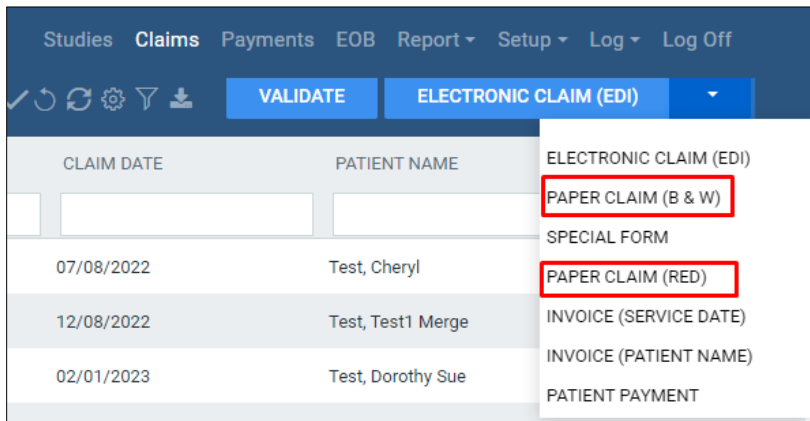- **Clearinghouse**

Select claims ready to be billed and validate them. To select all claims, select the checkbox in the upper-left corner.
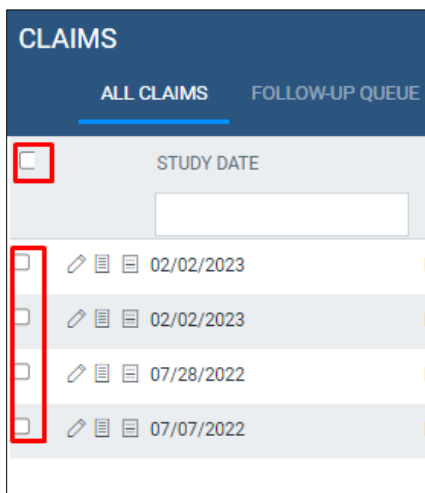
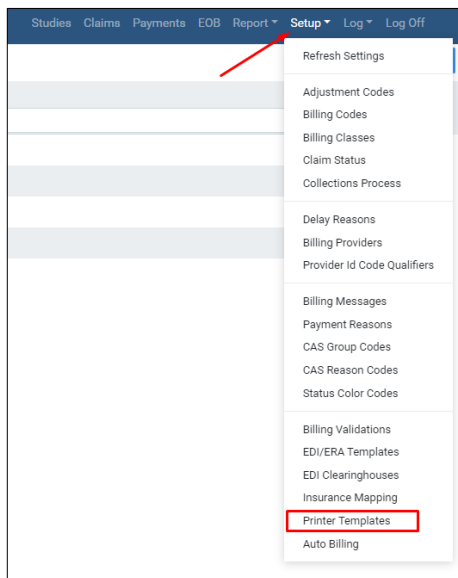Select a billing method of **Paper Claim**.

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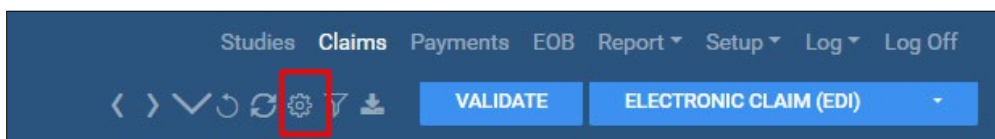

The claims status changes to **Pending Payment.**

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 **User Settings** dialog, select what form the printer will point to.