

HEALTHCARE IT

Exa® PACS/RIS

Feature Summary

Insurance Mapping

©2024 Konica Minolta Healthcare Americas, Inc.

In the Insurance Mapping area of Exa Billing you can map payers. To access Insurance Mapping:

Burger > Billing...Setup...

۲ مر

	Studies Claims Payments EOB Report - Setup - Log - Log Off	SETUP
	く > く う C ③ ⑦ NEW CLAIM BATCH CLAIM	
Harper, Lili		ADJUSTMENT CODES
DASHBOARD		BILLING CODES
WORKLIST		BILLING CLASSES
PATIENT		CLAIM STATUS
QUERY/RETRIEVE		COLLECTIONS PROCESS
		DELAY REASONS
SCHEDULE /		BILLING PROVIDERS
BILLING		PROVIDER ID CODE QUALIFIERS
PAYMENTS		BILLING MESSAGES
REPORTS		PAYMENT REASONS
TOOLS		CAS GROUP CODES
		CAS REASON CODES
SETUP		STATUS COLOR CODES
PORTAL REG. USERS		BILLING VALIDATIONS
		EDI/ERA TEMPLATES
		EDI CLEARINGHOUSES
		INSURANCE MAPPING
INTERFACE		PRINTER TEMPLATES
Bright		AUTO BILLING

...Insurance Mapping

Insurance and Payer mapping are used to assign a billing method to payers including insurance payers, attorneys, and other third parties. This is not used for ordering facilities.

Insurance Name *	MEDICARE PART B	
Insurance Code *	МВ	
Billing Method *	Electronic Billing	,
Claim Clearinghouse *	CLEARINGHOUSE	~
EDI Code	Medicare	~
Claim File Indicator Code	МВ	
Print Name In Claim Form Print Signature On File for Pape Print Billing Provider Address	ar Claim Form	

You can enter the following settings in the mapping setup:

- Insurance Name Appears on paper claims
- Insurance Code Can be designated by the customer
- Billing Method Paper, Electronic, Direct Invoice, or Patient Payment
- Claim Clearinghouse Payers can only be assigned to one clearinghouse
- EDI Code Designates the type of insurance. This affects Box 1 of the Red CMS 1500 form, and the Black and White form. Don't use an EDI code for attorneys (AT), as it is not recognized by ANSI standards. The EDI code is also reported on 837 claim formats to identify the insurance type. It is recommended that this be selected for all payers (electronic and paper).

Exa Billing supports four billing methods: Paper, Electronic, Direct Invoice, and Patient Payment. By assigning a billing method to a payer, you can control how that payer's claims are sent.

Insurance Code *	MB
Billing Method *	Electronic Billing
Claim Clearinghouse *	Select
Grann GreannyHOuse "	Direct Billing
EDI Code	Electronic Billing Paper Claim
	Patient Payment
Claim File Indicator Code	
Print Name In Claim Form	
Print Signature On File for Pape	er Claim Form
Print Billing Provider Address	

For example, if a payer is assigned a billing method of Paper Claim, the system will not allow the claims to be transmitted electronically. The user would need to update the insurance mapping to reflect the correct billing method. However, payers who are mapped to electronic submission can still be printed to paper; this is done on claims from the Claim Inquiry screen. If you want to batch-print paper claims for an electronic payer, you must change the billing method.

EDI codes in the insurance mapping indicate the insurance type. The code is transmitted on the CMS-1500 form, in Box 1, and in the 837P EDI file. Once the EDI Code is selected, the system will automatically add the claim file indicator code.

Insurance Name *	MEDICARE PART B	
Insurance Code *	мв	
Billing Method *	Electronic Billing	~
Claim Clearinghouse *	CLEARINGHOUSE	~
EDI Code	Medicare	~
Claim File Indicator Code Print Name In Claim Form Print Signature On File for Paper Cla Print Billing Provider Address	Select Attorney Medicare Medicaid Commercial Blue Cross Railroad MC	
To always create a claim for t	Worker's Compensation X Champus Y Facility M DMERC Automobile HMO Medicare Risk	

The EDI code is not required when the payer is an attorney. If you select the attorney EDI code, it appears on claims where an attorney may be listed as secondary, and causes an error with the clearinghouse.



Each of the checkboxes above affect claims differently.

Print Name in Claim Form: This option removes the insurance carrier address from the upper-right corner of the CMS 1500 form.

HEALTH INSURANCE CLAIM FORM		AARP ME	DICARE COMPLETE		
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)02/	12	950 WINT	ER ST, SUITE 3800		
PICA		WALTHEN	M MA 02451		PICA
MEDICARE MEDICAID TRICARE CHAMPV Medicare#) (Medicaid) (D#DOD#) (Member ID	GROUP FECA	OTHER	1a. INSURED'S I.D. NUMB 1234	ER (For 1 156789	Program in item 1)
2.PATIENT'S NAME(Last Name, First Name, Middel Initial) TEST, TEST	3.PATIENTS BIRTH DATE MM DD YY M ✓ 10 10 2010	SEX F	4.INSURED'S NAME (Last TEST, TEST	Name, First Name, Mid	idle Initial)
5.PATIENT'S ADDRESS(No., Street) 123 MAIN ST	6.PATIENT'S RELATIONSHIP TO IN Self Spouse Child	Other	7.INSURED'S ADDRESS(N 123 MAIN ST	lo., Street)	
07170			0.754		07475

When selected:

		Г		
HEALTH INSURANCE CLAIM FORM				
PICA	z			PICA
1. MEDICARE MEDICAID TRICARE CHAMPUA	GROUP #EALTH PLAN #) ((D#)	FECA OTHE BLK LUNG (ID#)	ER 1a. INSURED'S I.D. NUMBER 123456789	(For Program in item 1)
2.PATIENT'S NAME(Last Name, First Name, Middel Initial) TEST, TEST	3.PATIENT'S BIRTH D MM DD 10 10 201		4.INSURED'S NAME (Last Name, Firs TEST, TEST	t Name, Middle Initial)
5.PATIENT'S ADDRESS(No., Street) 123 MAIN ST	6.PATIENT'S RELATIO	Child Other	7.INSURED'S ADDRESS(No., Street) 123 MAIN ST	

When cleared:

Print Signature on File for Paper Claims Form: This option removes the provider signature from Box 31 of the CMS-1500 form.

4																	I		NPI			
5																			NPI			
6																			NPI			
	25.FE 34	DERAL 45934	TAX I.D.	NUMBI	ER	SSN	EIN	26.P	ATIENT'S ACCOUN	TNO	2	ACCEP For gov	T ASSIC	NMENT? see back) N0	28.TOTAL (\$ 500	CHARGE	00	AMOU \$ 0	NT PAIL	100	30.Rsvd for I \$	NUCC Use
	1: South State () South State ()																					
	SIGN	ED				DATE		a.	121212123		b.				a. 17608	54442	b.					
	NUCO	C Insti	ruction	n Mar	nual a	vailab	le at ww	w.nu	cc.org PL	EASE	PRIN	IT OR	TYPE	CR061	1653 AI	PPRO	VED ON	4B-09	38-11	97 FO	RM 1500	(02-12)

When selected:

	_	_	_	_	_	_		_		_	_	_	_	_	_	_	_	_	_	_		
-																			NPI			
					_					_	_				_				_			
"																			NPI			
_																						
P																			NPI			
_																						
6																			NPI			
1	25.FE	ERAL	TAX LD	NUMBE	R	SSN	EIN	26.PA	TIENT'S ACCOUNT	T NO	27	ACCEP	T ASSIG	NMENT?	28.TOTAL	HARGE	2	9.AMOU	NT PAID		30.Ravd for 1	NUCC Use
J	34	5934					~	. 6	5			YES	E	NO	\$ 500	1	00	\$ 0		100	s	1.1
	ST. SIGNATURE OF PHYSICIAN OR SUPPLER INCLUDING DEGRESS OF GLASSENTIALS Supple to the billiand are made a part themat) ST. SERVICE FACULTY LOCATION INFORMATION BLUEBIRDS T23 MAIN STREET											33. BILLING PROVIDER INFO & PH # (222) 255-6565 POKITDOK 101 TEST BILLING NASHVILLE TN 37201										
	SIGNE	D				DATE	2024	a 1	21212123		b.				* 17608	54442	6					
4		in au	Sec.	- Iviar	a la c	TO DO		v.nuc	c.org PL	EASE	PRIN	TOR	TYPE	CR061	653 AF	PPROV	/ED OI	MB-09	38-11	97 FO	RM 1500 (02-12)

When cleared:

Print Billing Provider Address: This option removes the billing provider address from box 33 of the CMS-1500 form. Clearing the checkbox allows use of the pay-to-address for Box 33 (located in BILLING PROVIDER).

	5						Ī													NPI			
	e	25.	FEDERAL 345934	TAX LD. I	NUMBER	SS C	N EIN		26.PAT 6	IENT'S ACCO	UNT NO	27	ACCEPT or govt, YES	ASSIGN claims,	MENT? see back)] NO	28.TOTAL \$ 500	CHARGE	00	AMOUN \$ 0	NPI IT PAID	0 ^{30,8}	svd for NU	CC Use
		31.	SIGNATU INCLUDIR I certify t apply to th	RE OF PH VG DEGRE hat the sta his bill and	(YSICIAN ESS OR C dements of are made	OR SUP blackEN on the rev e a part th	PLIER FIALS erse ereof.)		32. SE BLU 123	INTER FACILIT	Y LOCATIO	ON INFO	RMATIO	N		33. BILLIN JRH 1010 T NASH	S PROVID TEST VILLE T	N 3720	& PH #	(123) 444-5	555	
selected:	L	sig NU(NED CC Inst	ruction	Manu	01 Di Jal avai	lable a	tww	a. 1: w.nuc	21212123 c.org	PLEASE	b. PRIN	T OR T	YPE	CR061	^{a.} 12345 653 A	6789 PPROV	ed on	1 B-0 93	8-1197	FORM	1500 (0:	2-12)
	Г															1		1		NPT	_		
	5				4	-	1													NPI			
	ľ	25.	FEDERAL 345934	TAX I.D. I	NUMBER	8	SN EIN		26.PA	TIENT'S ACCO 1	UNT NO	27	ACCEPT For gove	ASSIG	NMENT? see back) NO	28.TOTAL \$ 500	CHARGE	i 2 100	9.AMOU 9 0 \$	NPI NT PAID	30. 30 \$	Rsvd for N	UCC Use
		31.	SIGNATU INCLUDII (I certify t apply to th	IRE OF PH NG DEGRE hat the sta his bill and	eysician ess or c tements are made	N OR SUP blackEN on the rev e a part th	PLIER TIALS erse ereof.)		32. SE BL 12	RVICE FACILI UEBIRDS 3 MAIN STI	REET	ION INFO	ORMATIO	N		33. BILLI JRH NASH	IG PROVI	DER INFO	0 & PH #	()		
		SIG	NED	ruction	Manu	01 D	04 2024 ATE	1	a. 1	21212123	DIEAS	b.	TOP		CR06	a. 1234	56789 PPRO	R OI	MB-09	38-119	FORM	1500 ((12-12)

When

When cleared:

A pay-to-address is an alternate location to the facility where mailed payments are received.

Split Bill Functionality – Limited to Mobile Billing Customers

The insurance mapping area allows you to control how claims and invoices with technical and professional services are sent to different payers, by automatically splitting the services.

To always create a claim for the technical fee and another for the professional fee
To always create a claim for the technical fee and another for the professional fee

By turning On this option, the payer is given a function. When the study is validated and the claim is created, the claim is duplicated. The professional (26) and technical (TC) modifiers are automatically stamped on split claims and invoices. Split claims have a link to their counterpart.

Ed	it : Te	st, Barry Acc	#: 1234321 <i>10/1</i>	0/2010 M	Alerts 5 Patient C	hart						
сн/	RGES			DITIONAL INFO	BILLING SUMMARY					PRE	/ NE	хт
Cha	rges											
		Date	Accession No.	CPT Code	CPT Description		P1	P2	P3	P4	M1	M2
+	\times	06/14/2024	1421	77072 *	BONE AGE STUDIES	Ŧ	1				TC	
Glu	NEW C	HARGE	er claim(s) for the study									
	ксат	195 to view the oth	er claim(s) for the study									

Ed	it : Te	st, Barry Acc#: 1	234321 <i>10/1</i>	0/2010м (Alerts <mark>s Patient C</mark>	hart						
СН	ARGES			ITIONAL INFO						PREV	/ NE	хт
Ch	arges											
		Date	Accession No.	CPT Code	CPT Description		P1	P2	P3	P4	M1	M2
+	\times	06/14/2024	1421	77072 💌	BONE AGE STUDIES	v	1				26	
	NEW C	HARGE										
DCI	ck clain	n 94 to view the other cla	aim(s) for the study									
Cla	ims											