

Exa® PACS/RIS

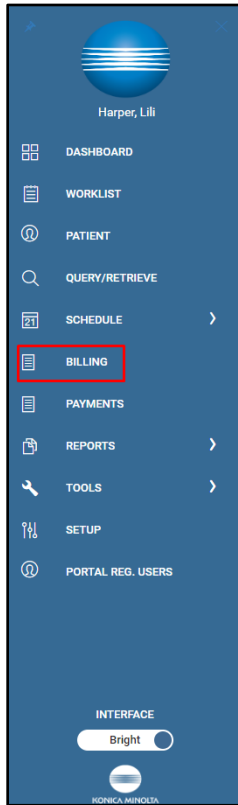
Feature Summary

Insurance Mapping

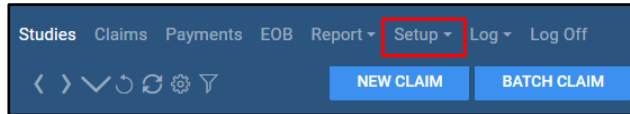
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In the Insurance Mapping area of Exa Billing you can map payers. To access Insurance Mapping:

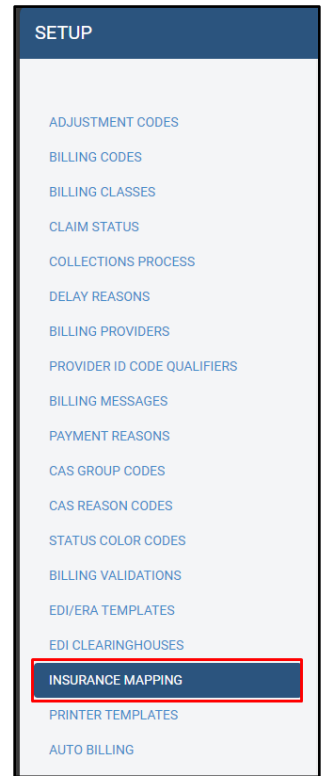
Burger > Billing...



...Setup...



...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.

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.

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.

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.

When selected:

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)02/12

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA LING OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1)
 (Medicare) (Medicaid) (ID#000#) (Member ID#) (ID#) 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) TEST, TEST 3. PATIENT'S BIRTH DATE (MM | DD | YY) 10 | 10 | 2010 4. INSURED'S NAME (Last Name, First Name, Middle Initial) TEST, TEST

5. PATIENT'S ADDRESS (No., Street) 123 MAIN ST 6. PATIENT'S RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURER'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. NPI
5. NPI
6. NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT (For gov't. clients, see back) 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rev'd for NUCC Use
 345934 65 YES NO \$ 500 00 \$ 0 00 \$ I

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.) TEST, RADIOLOGIST 01 31 2024 32. SERVICE FACILITY LOCATION INFORMATION BLUEBIRDS 123 MAIN STREET 33. BILLING PROVIDER INFO & PH # (222) 255-6565 POKITDOK 101 TEST BILLING NASHVILLE TN 37201

SIGNED DATE 01 31 2024 121212123 1760854442

NUCC Instruction Manual available at www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

When selected:

4. NPI
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6. NPI

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SIGNED DATE 01 31 2024 121212123 1760854442

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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. NPI
6. NPI

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 345934 61 YES NO \$ 500 00 \$ 0 00 \$ I

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.) 01 04 2024 32. SERVICE FACILITY LOCATION INFORMATION BLUEBIRDS 123 MAIN STREET 33. BILLING PROVIDER INFO & PH # (123) 444-5555 JRH 1010 TEST NASHVILLE TN 37201

SIGNED DATE 01 04 2024 121212123 123456789

NUCC Instruction Manual available at www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

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6. NPI

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SIGNED DATE 01 04 2024 121212123 123456789

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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.

Edit : Test, Barry Acc#: 1234321 10/10/2010 M Alerts 5 Patient Chart
 CHARGES CLAIMS INSURANCE ADDITIONAL INFO BILLING SUMMARY PAYMENTS PREV NEXT

Charges

	Date	Accession No.	CPT Code	CPT Description	P1	P2	P3	P4	M1	M2
+ X	06/14/2024	1421	77072	BONE AGE STUDIES	1				TC	

NEW CHARGE

Click claim 93 to view the other claim(s) for the study.

Claims

Edit : Test, Barry Acc#: 1234321 10/10/2010 M Alerts 5 Patient Chart
 CHARGES CLAIMS INSURANCE ADDITIONAL INFO BILLING SUMMARY PAYMENTS PREV NEXT

Charges

	Date	Accession No.	CPT Code	CPT Description	P1	P2	P3	P4	M1	M2
+ X	06/14/2024	1421	77072	BONE AGE STUDIES	1				26	

NEW CHARGE

Click claim 94 to view the other claim(s) for the study.

Claims