Exa® PACS/RIS

Feature Summary
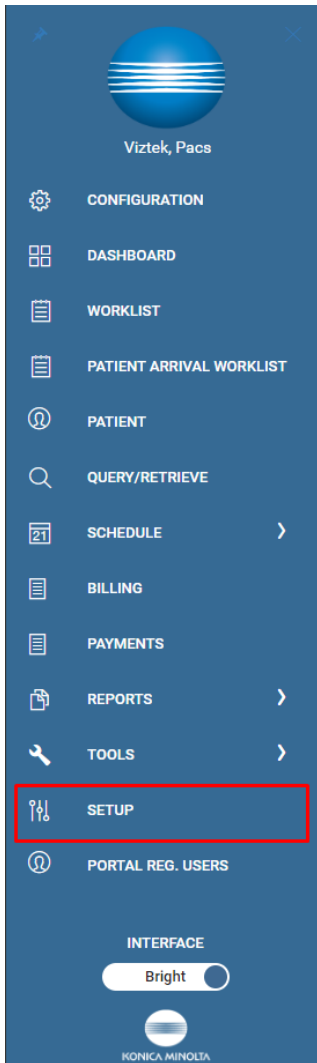
Fix Common Claim Errors

In this document, we've outlined common claim rejections that you can fix in Exa PACS/RIS before a claim is resubmitted. To do this, you'll use either the Setup or Billing modules.
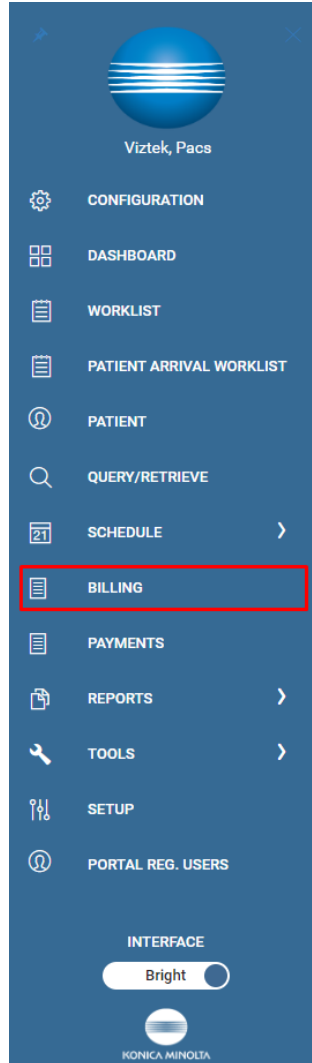
Setup	Exa Billing
Burger > **Setup**	**Burger** > **Billing**

Table of Contents

Diagnosis rejections

Burger > **Setup** > **Office** > **Scheduling & Codes** > **Diagnostic Codes**.

Diagnostic rejections can occur for various reasons, but if the reason is an invalid diagnosis you can fix it in Setup by adding, editing, or inactivating diagnostic codes. Deleting diagnostic codes affects dependent claims and is not recommended—inactivation is preferred.

Rendering provider rejections

Burger > **Setup** > **Office** > **Providers & Resources**

Rejection: Missing rendering provider NPI or incorrect NPI.
You can correct NPIs (National Provider Identification) in Setup. NPIs should be verified using the NPPES NPI Registry.

Rejection: Missing rendering provider taxonomy

The use of the taxonomy can vary depending on insurance. When the taxonomy is requested, set it under **Burger** > **Setup** > **Office** > **Providers & Resources.** Open the rendering provider, and then fill in the **Taxonomy Code** field.

Procedure code rejections

Burger > **Setup** > **Office** > **Scheduling & Codes** > **Procedure Codes**

Rejection: Procedure code is invalid for the date of service

Official bodies update procedure codes yearly, and you must update the codes in Exa PACS/RIS to match, otherwise incorrect or outdated procedure codes can appear on claims. You can update codes in Setup. Deleting codes affects dependent claims and is not recommended—inactivation is preferred.

NDC rejections

Burger > **Setup** > **Office** > **Scheduling & Codes** > **NDC Codes**

Rejection: Claim is missing an NDC

An NDC (National Drug Code) rejection indicates that the NDC was not associated with the procedure code when the study was approved.
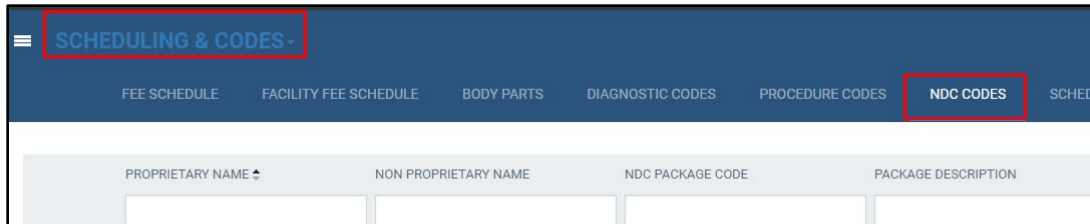
If your version of Exa Billing is earlier than 1.4.34, associate the NDC to an existing claim at the clearinghouse level. Otherwise, add the NDC code to the claim by selecting the NDC action button on the Charges screen. In the Additional Charges screen, fill in the appropriate dosing information.
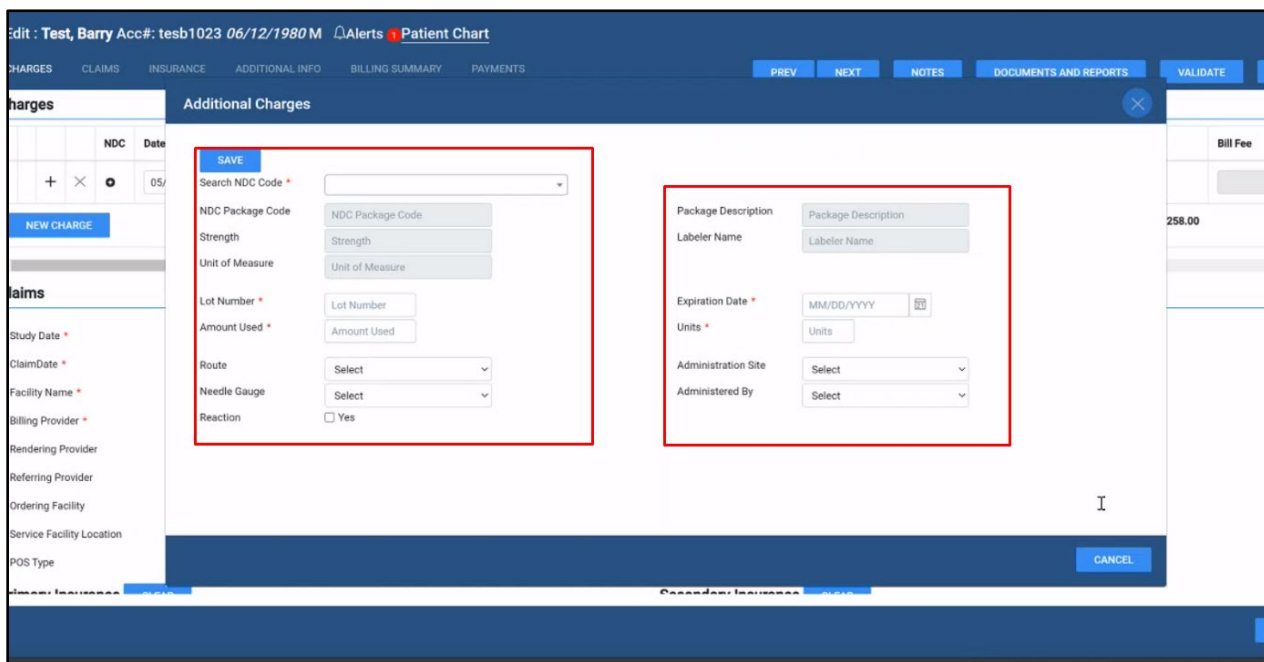
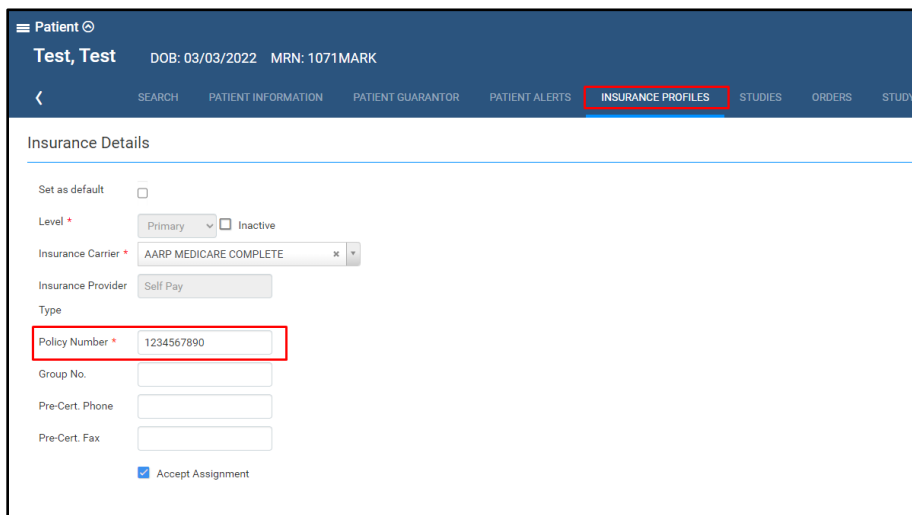## Incorrect subscriber ID

Burger > **Patient** > **Find and Open Patient Chart** > **Insurance Profiles**

Rejection: Subscriber ID incorrect/not found

If there is an error related to a subscriber ID, you can fix it in the patient chart (fixing the ID on an individual claim only updates the individual claim). Enter subscriber IDs using only capital letters if the policy number is alphanumeric. Verifying eligibility and saving a copy in the patient documents tab for future reference is important.

Workers' compensation rejection

Burger > **Billing** > **Claim** > **Additional Information**

Rejection: Missing injury date

Workers' compensation claims require injury dates and documentation. You can enter the injury dates on the claim or the patient chart under Additional Information. Related documents are available in the Documents and Reports tab of the charges.

Resubmitting a corrected claim

Burger > **Billing** > **Claim** > **Additional Information**

Resubmit your claims according to the rejection in the clearinghouse—not all resubmissions need to be corrected claims. If a corrected claim is needed, you can enter the additional information in the Charges screen.

Under **Burger** > **Billing** > **Claims** > **Charges** > **Additional Information**, enter the original ICN (Internal Control Number) in the Original Ref section, and use Frequency Code 7 to indicate a correction.

This document is intended to assist with common claim errors that can be fixed in Exa and demonstrate the resubmission process. This is not intended for consulting purposes.