

1. Perform Eligibility Check

It doesn't do any good to submit a claim for a patient to the wrong payer! Choose the Payer and the Date of Service for your claim here.

Once you have checked Eligibility, click on the "Next" link at the bottom of the page, or click on the Claim Information Tab at the top of the page. When you move away from the Eligibility Tab a claim number is generated.

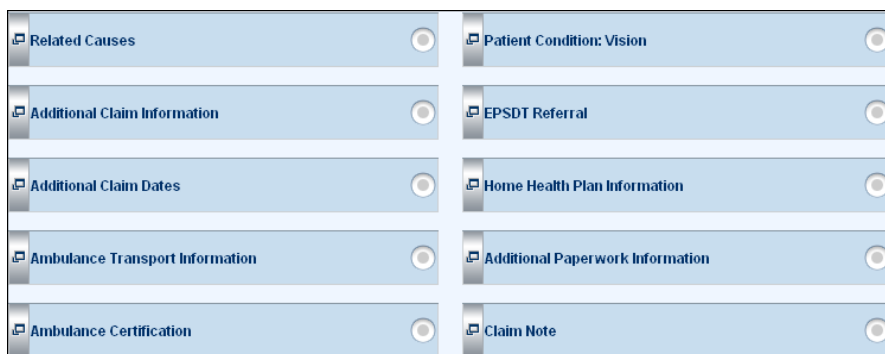


2. Fill out the appropriate Claim Information

This tab allows you to put in great amounts of data, but not all of it is required to submit. You must be the judge of what is necessary on your claim for your practice to receive remittance.

- The Patient Account Number is your own internal patient reference number. This is for your own reference, and in all of the claims searching features on NEHENNet you can search by this number as well as the standard searching features.

- In addition to the main information at the top of the page, there is a series of buttons at the bottom of that page for optional information that will cause pop-up windows to be pop up. These pop-ups are where you can put in any extra information that your claim might need, such as EPSDT info or Ambulance Transport info. If you fill out information in these sections you must remember to hit the save button at the bottom of the pop-up for the information to actually be saved. Once you have entered information in one of these optional sections you will see the icon in the Name of that button change from the Optional icon to the Pending icon (To see the icon legend, click on the Icon Legend box at the top of the screen). This denotes that you have changed one of those fields, and it is pending the validation and being saved.



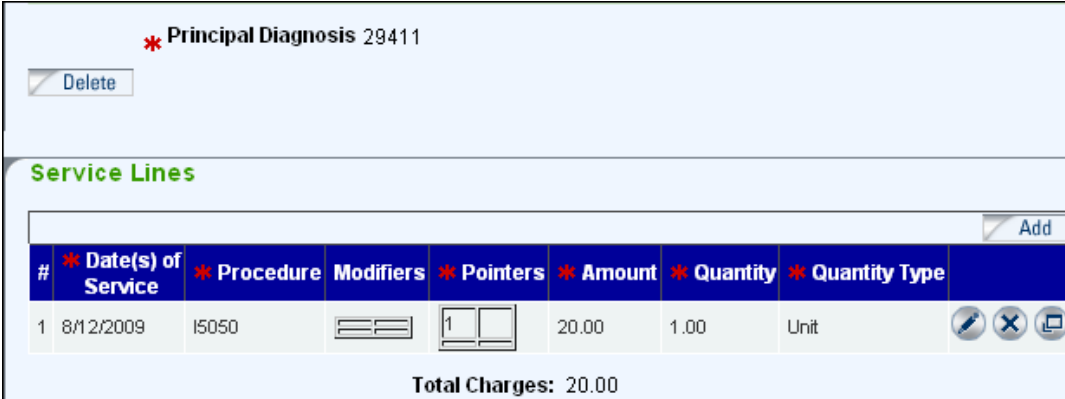
When you have entered all of the Claim Information, click on Next or the Provider Information tab.

On the Provider Information tab you can fill out all of the provider information. Your favorites will work here just like they do on the rest of NEHENNet.

- If you chose a Place of Service, other than your regular office location, on the Claim Information tab you can define this place of service in the "Service Facility" optional window.
- The provider billing information is filled out based on the Selected NPI chosen in the upper left hand corner. It is possible to overtype this information, to use favorites to choose another provider, or to use the standard lookup screen.
- The federal Tax ID for the Provider Billing Information must be typed in; it does not fill in automatically. NEHENNet does not store the Federal Tax ID for security reasons.

When you have entered in the provider information, you should click on Next or click on the Service(s) tab.

The Services Tab is where you enter in diagnostic and service line details. This is a multi-part process.




*** Principal Diagnosis 29411**

Delete

Service Lines

#	* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type
1	8/12/2009	I5050		1	20.00	1.00	Unit

Total Charges: 20.00

- Enter the Diagnosis. You can search for the code or name, or use your favorites, and then click on the Add button next to the Diagnosis line.
- Once you have added the Diagnosis codes you are allowed to enter the Service Line information. The Pointer number refers to the Diagnosis code. So if you have a principle diagnosis on line one and you want the service to refer back to it, you type the number one. If you have two diagnoses that you would like the service to refer to, you can type in multiple numbers in the pointer number field. Likewise, you can have many diagnoses, and many correlating service lines, each of which has to have a pointer number referring to the correct diagnosis. Once you have finished the Service Line click on the Plus symbol  at the end of the line to add it.
- Once the Service line is added, you can add a variety of details specific to that actual service by clicking on the Open Window Icon next to it. This allows a Pop-up to show with many options specific to the line of service you are working with. These details will override any details entered for the general claim, but only for that line. So, for example, if your claim is for a service performed in your office, but one particular Service line was performed as a home visit, you can designate that specific service as having been performed at a home visit. This does not change the location for the rest of the services provided, just for that specific example.

When all of the information is entered, click on Next or go to the Validation tab.

The Validation tab ensures that all of the data required to submit a basic claim has been entered and is free of technical errors. It does not ensure that all of the information needed on your specific claim is there, or that it is correct. It is also not validating that your claim will be guaranteed for payment. It just makes sure that the claim meets the threshold of quality to be submitted in the first place. If it does not, it will let you know where the errors in data lie, and allow you to fix it so that you can complete your claim.

3. Click Complete

Once you have validated successfully, click Complete. This submits your claim to the payer to be processed.

