



## **Network Health's Claims Editing System**

# Overview

The claims editing portal is a module that works hand-in-hand with our claims editing software.

This web-based application allows users the ability to submit test claims for clinical editing and check the edit details on processed claims.



# Features

- Submit test professional and facility claims
- Look-up processed claims
- User friendly interface for easy claim testing
- Distinct processing for professional, inpatient and outpatient claims
- Claim results with line-by-line edits, edit rationale and edit source details



# Test Claim Submission

With the claims editing system portal, providers can create a test claim and immediately review the editing results.

- Test claims not considered actual claim submissions
- Test claims have no effect on claim history
- Test claims can be used to determine what potential edits would apply



Enter Professional Claim

Enter Facility Claim

Claim Lookup

Gender	Undefined	Date Of Birth		Claim Type	Commercial
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Line	Beg DOS	End DOS	Procedure	Modifier	Diagnosis	Units	POS	Specialty	Amount
1	7/31/2012	7/31/2012				1	04	99	0.0
2	7/31/2012	7/31/2012				1	04	99	0.0
3	7/31/2012	7/31/2012				1	04	99	0.0

Add Lines

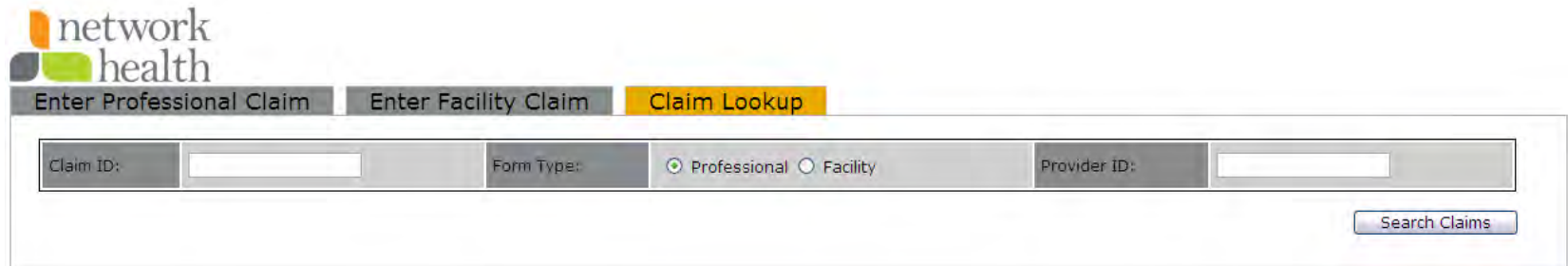
Submit



# Claim Lookup

Claim look-up gives users insight into claim edit results

- The portal queries edit results for processed claims
- The system uses claim ID, claim type and provider ID (NPI) to validate the user



The screenshot shows the Network Health portal interface. At the top left is the Network Health logo. Below it are three tabs: "Enter Professional Claim", "Enter Facility Claim", and "Claim Lookup" (which is highlighted in yellow). Below the tabs is a form with three main sections: "Claim ID:" with a text input field, "Form Type:" with two radio buttons labeled "Professional" (selected) and "Facility", and "Provider ID:" with a text input field. A "Search Claims" button is located at the bottom right of the form.

# Claim Results

- Displayed details include:
  - Status of claim or line
  - Edits that applied to the claim
  - Detailed information associated with the analyzed claim lines
- Results can be saved to a PDF

# Claim Results



Enter Professional Claim Enter Facility Claim **Claim Lookup**

Claim ID:	sample01234	Form Type:	<input checked="" type="radio"/> Professional <input type="radio"/> Facility	Provider ID:	1760524714
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Search Claims

Claim ID	sample01234	Gender	F	Date Of Birth	9/30/1963	Claim Type	professional
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## Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Code Type	Diagnosis	Units	POS	Provider ID	Specialty	Amount	Status
1	2/11/2011	2/11/2011	85025			230.0	1	81	1760524714	TSS0000001	8.0	A
2	2/11/2011	2/11/2011	99203			285	3	81	1760524714	TSS0000001	6.67	A

## Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags		
1	85025	1	8.0	CLEAN LINE		
2	99203	1	2.22	<b>Flag Description</b>	<b>Flag Status</b>	<b>Disclosure</b>
				Dx 285 is a nonspecific diagnosis code and requires a fourth and/or fifth digit.	review	<p><b>IDX Flag</b></p> <p>The IDX flag identifies claim line items where the submitted ICD-9-CM diagnosis code requires a fourth and/or fifth digit to provide appropriate specificity.</p> <p>The ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) general coding guidelines state, "Diagnosis and procedure codes are to be used at their highest number of digits available."</p>
				Procedure Code 99203 is not typically performed by a physician at Place of Service 81 [Independent Laboratory].	review	<p><b>POS Flag</b></p> <p>The POS flag identifies claim lines where the submitted Place of Service (POS) is not typical with the submitted CPT®/HCPCS procedure.</p> <p>This edit flags CPT or HCPCS codes (excluding unlisted codes) when the submitted POS falls outside of the list of sourced POS for the current CPT or HCPCS code.</p>
				Procedure Code 99203 with an allowed daily frequency of 1 has been exceeded by 2 for date of service 02/11/2011.	deny	<p>The Maximum Frequency per Day (MFD) edits indicate the number of times a procedure is typically performed in a 24-hour period based on common practice sources.</p> <p>The descriptors of certain CPT® and Healthcare Common Procedure Coding System (HCPCS) codes define the MFD that a code can be performed for the same patient by the same provider during the same 24-hour period. (note: the provider product rule does not consider billing provider, department and specialty as part of the history criteria when applying the MFD edit.) Examples are as follows:</p>

Export to PDF

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# Important Notes

- Claims tested on the portal are considered “hypothetical claims” and will not guarantee payment or denial of similarly billed live claims.
- When entering diagnosis codes on test claims, do not key in a decimal point.
- When keying multiple diagnoses per line use a comma to separate each diagnosis.
- Use the appropriate specialty code from the list provided by Network Health.
- Claim lookup only provides the clinical edits that applied on the claim but will not provide the final payment information of that claim.



# Network Health Claims Editing System Demonstration



<http://icesportal.networkhealth.com:8090/ProviderPortal>

**Thank You**



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