

eCW Reference Guide: Split on 8 - 12 ICD [Insurance Plan Setting]

The setting to Split on 8 - 12 ICDs No CPT Duplication is useful for submitting all ICD codes on a claim. By activating this, the claim will electronically have a second page created to ensure that all ICD codes that were entered are delivered to the payer.

Go to Menu → File Tab → Insurances

1. Click Insurances
2. Search Insurance
3. Select the Insurance
4. Click Update
5. Click EDI-ANSI 2 tab
6. Check the 2nd from bottom box (CPT IS NOT DUPLICATED)
7. Click OK
8. Click Close

The screenshot displays the eClinicalWorks 11e interface. The 'Insurance Lookup' window is open, showing a table of insurance providers. The 'Update Insurance (17 - ADV BETHANY HEALTH PRTRNS)' dialog box is also open, with the 'EDI-ANSI 2' tab selected. The 'Misc. Options and search functionality' section is expanded, and the 'SPLIT ON 12 OR 8 ICDs. NO CPT DUPLICATION' option is checked. The 'OK' button is highlighted.

Id	Name	Address Line	City	State	Zip	Tel	Payer Id
17	ADV BETHANY HEALTH PRTRNS	PO BOX 378	MT. PROSPECT	IL	60056	847-298-6000	65095
19	ADV GOOD SHEP HEALTH PRTR...	PO BOX 430	MOUNT PROSPECT	IL	60056-0405	847-298-6000	65093
20	ADV ILL MASONIC HEALTH PRT...	PO BOX 503	MT. PROSPECT	IL	60056	847-298-6000	65093
21	ADV SO SUB HEALTH PARTNERS	PO BOX 869	MOUNT PROSPECT	IL	60056-0801	847-298-6000	65093
22	ADV TRINITY HEALTH PARTNERS	PO BOX 377	MT. PROSPECT	IL	60056	847-298-6000	65093
23	ADVANTRA FREEDOM	PO BOX 7154	LONDON	KY	407427154		25133

Update Insurance (17 - ADV BETHANY HEALTH PRTRNS)

EDI-ANSI 2

Enable Taxonomy Codes Configuration Rules Enable only when Payer has special requirements. Don't enable for default implementation which works for most payers.

Billing / Pay-To-Provider Taxonomy Code (Loop 2000A) Default

Claim - Rendering Provider Taxonomy code (Lop 2310B) Default

Service Line - Rendering Provider Taxonomy Code (Loop 2420A) Default

Primary timely filing (days) 0

Secondary timely filing(days) 0

Payer Name in Electronic (Professional) / Paper Claims

ERA [] Option not to transfer the responsibility after ERA posting

Misc. Options and search functionality

CAUTION! SPLIT ON 12 OR 8 ICDs. CPT IS DUPLICATED. Allow more than 12 Diagnosis Codes in ANSI 5010 format Professional electronic claims (8 codes in 4010 format). Split the claim automatically based on CPT/ICD association when the ICD count exceeds the ANSI format allowed value. To submit any ICDs unassociated to CPT/HCPCS, if required, automatically create new electronic claims by copying First CPT along with charges to new claims. (This is not a usual default, but a specific payer requirement. As charges may get duplicated, please don't enable this for 'Fee for Service' type of Payers/Claims)

SPLIT ON 12 OR 8 ICDs. NO CPT DUPLICATION. Allow more than 12 Diagnosis (ICD) Codes in ANSI 5010 format Professional electronic claims (8 codes in 4010 format). Split the claim automatically based on CPT/ICD association when the ICD count exceeds the ANSI format allowed value. Use available empty ICD slots in split claims to submit any unassociated ICD codes. Some of the unassociated ICD codes may not get transmitted. This option does not duplicate Charges to submit remaining unassociated ICD codes.

5010 Professional Claims having Claim Level Place of Service (POS) Code:12 - Submit Patient's Home Address in Loop 2310C - Service Facility Location

Assoc. Insurance Groups Options

OK Cancel