

AntsZ™ Special Instructions

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AntsZ™ Special Instructions

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Start Up Outline

- The provider's office needs to contact and request from their states EDI department an Enrollment Package. This will include a submitter number and password.
- The Software To Systems, Inc. **AntsZ™** form will need to be completed and returned to our office (fax # (513) 893-9888). The form may also be completed on our website <http://www.software2sys.com>. The form is used to create a setup program file.
- A custom **AntsZ™** Medicare form for the Lytec 2000 or Lytec 2001 AntsZMCR will be sent via e-mail, PC Anywhere or direct mail to your provider.
- A test file of 10 claims would be created using the Insurance Tracer feature in Lytec. This will create a file named "cdansi.rpt". Testing is always done on a provider-to-provider basis. The file is sent to us and we perform testing with the carrier getting the provider set to production.

Setup

ANSI X-12 formats **do not allow for any special characters**. In STS's special form, we SCAN for punctuation and remove special characters and leave a blank space.

1. The Patient ID numbers cannot have any dashes or spaces. **The first 10 digits must have a format of 9 numeric and 1 (one) alpha** character.
2. ***STS requires the Provider Social Security Number in the Provider File with no spaces or special characters.***
3. In order to pass the translators rigid testing process, all patient and claim files must be complete and clean of errors. This includes fields such as the patient phone numbers and zip codes.

Anesthesia

Minutes (Time Units) must be entered in the "Notes" field in "charges and Payments", "Billing", "Detail" with a prefix "#" (pound) sign (i.e.: #75 is entered for 75 minutes).

Modifier 3 and 4: Must be entered into the "Detail Notes" field starting in position 6 through 9.

Chiropractic

Date of Last X-Ray is required. This date is pulled from the "Patient Demographic Database". Date of first symptom is required. This date is also stored in the Patient Demographic File.

8/23/03 - Additions

CLIA Numbers

When billing for Laboratory Charges, this number is required for each claim. **AntsZ™** stores this number in the "setup" file.

Facility

Care Plan Oversight Plan - Facility ID Number

Enter this number in the "Address" file in the "Insurance 1" field (no spaces, dashes or slashes).

*Reference the "Hospital / Nursing Home Facility ID" to compare the difference!

Co-Management

When using modifiers 54 or 55 to indicate Co-Management. Specify date for relinquished care; indicate on claim under "Billing Options" (F8); "Billing Information tab"; in claim box 10, enter DCA with Date (i.e. DCA20010401 for April 1, 2001).

Hospital / Nursing Home Facility ID Number

Enter this number in the "Address File" in the "Insurance Filed Code 1". Enter a prefix "H" to the facility number (i.e. H456782). Reference the Care Plan Oversight Facility ID to compare the difference! "H" with the number or blank creates an NMI*61 segment, otherwise, the facility number only creates an NMI*FA segment (used for example care plan oversight facility).

Homebound Indicator for Nursing Home Patients

This indicator is required for Nursing Home Services. Medicare requires identifying the residency of a home patient. If the patient is in a nursing home or a private home, enter in the "Patient Code" field one of the following: S=Skilled; T=Rest Home; R=Residential Treatment Facility; P= Private Home

Independent Laboratories must use an indicator for Homebound Lab Services. "Lab Charges" indicator in "Patient File" must be marked to "Y" for YES.

Hospital Span Dates Effective 1/1/2004

Admission date is required when sending hospital charges!

Consecutive Dates may be entered into the “from” and “to” dates on the same line, using the appropriate units.

When billing a Secondary Medicare (MSP) Claim

Use “Billing Custom Fields” Control F7 to record required secondary claims information from primary EOB.

Custom Fields Setup: Settings; Billing

- | | | |
|-----------------------------------|------|--|
| 1. Primary allowed amount | Text | 6. MSP Insurance Type (see list below) |
| 2. *Deductible / Co-Insurance MSP | Text | 7. PR Reason Code |
| 3. Co Insurance amount | Text | 8. *Contractual Adj |
| 4. EOB date | Date | 9. Contractual Adj. Code |
| 5. *Claim Paid Amount | Text | |


***IMPORTANT: Paid Amount, Patient Responsibility and Contractual Adj. Must equal the total claim amount.**

Length Prompt

Box 18 6780 Form, Box 19 6780 Form, Box 20 6780 Form, Box 25 6780 Form, Paid Amount:

- 12 • Medicare secondary working aged beneficiary or spouse with employer group health plan
- 13 • Medicare Secondary end stage renal disease beneficiary in the 12-month coordination period with an employer’s group health plan
- 14 • Medicare secondary, no-fault insurance including auto is primary
- 15 • Medicare secondary workers compensation
- 16 • Medicare secondary public health service (PHS) or other federal agency
- 41 • Medicare secondary black lung
- 42 • Medicare secondary veteran’s administration
- 43 • Medicare secondary disabled beneficiary under age 65 with large group health plan (LGHP)
- 45
- 47 • Medicare secondary, other liability insurance is primary

2. Print Insurance Claims: (Make sure everyone is OUT of Lytec during Step 1)

- a. Billing
- b. Print Insurance Claims (or re-print – if errors are found in step 2, after errors are corrected)
- c. Choose Insurance Form Code – Lytec Forms/AntsZ NPI_MSP.LCI
- d. “INCLUDE” Tab, “Insurance Categories”, Range = MCR - MCR
- e. Click Print
- f. Click Replace
- g. Click OK
- h. Click on the print icon 

*** Medicare Secondary Claims: repeat steps a; b=AntsZMCR MSP; Print Claim Type=Secondary;

d: Include range of insurance company= Medicare Secondary; e; f=append to; repeat g and h.

Narrative Notes

Comments or Notes associated to a charge can be sent using the notes field. On the Transaction line, click on Notes, change print on Insurance Claim to “YES”. Then enter comment up to 80 Characters.

Organization ID Number

Electronic Files look at the name and address of the insurance company using the Payer ID. This number is different state by state. This can usually be found on the states Medicare Web Site. They are usually 2 to 8 digits. Enter this number into the Insurance File in the Medigap Field. Some states translators will reject the file if this segment is blank. A zero value 00000 equal to the number of digits assign to a Medigap number will keep this from occurring.

Payer (State ID) is entered into “Insurance Companies”; “Identification” Tab; “Payer ID” field (required for 4010).

Podiatry

"Date Last Seen" - This date should be entered into "Billing Options" by check-marking "Similar Symptoms" and entering date last seen in "Date" field beneath. This is a required field for Podiatry and Physical Therapy.

If billing for test 11055, 11056, 11057, 11719, 11720 or 11721, a NM1*DQ segment is required for the attending/supervisory Physician. In order to accommodate this requirement: In the "Address" file, "Referring Physician Record", under "Insurance Codes", other ID field either the SS# or Tax ID # must be entered (i.e. 5123456789 or T123456789) 9/29/03 **(UPIN number will be used until further notice)! 2004>outside PCP**

Effective 11/03 Only Lytec XE and newer can be supported using the Outside PCP Date Last Seen and Outside PCP Provider

Physical Therapy

"Date Last Seen" - This date should be entered into "Billing Options" by check-marking "Similar Symptoms" and entering date last seen in "Date" field beneath. This is a required field for Physical Therapy and Podiatry.

Rural Area

When modifier "QB" is used, the facility must be sent. Make sure that you fill in the facility field. This file is in the Addresses Database that has your physical practice Name, Address, City, State, Zip.

Supervising Physician

When bill "incident to" services a Supervising Physician is required on the claim. A NM1*DQ segment is required for the attending/supervisory Physician. In order to accommodate this requirement: In the "Address" file, "Referring Physician Record", under "Insurance Codes", other ID field either the SS# or Tax ID # must be entered (i.e. 5123456789 or T123456789) 9/29/03 **(UPIN number will be used until May 23, 2008)! Beginning in 2004, use Outside PCP field. In the final release of the NPI AntsZ 2008 changes will be made to accommodate the new Lytec field "Supervising Physician".**

Effective 11/03 Only Lytec XE and newer can be supported using the Outside PCP Date Last Seen and Outside PCP Provider

Type Of Service Code

When using TOS code they must be single digit numbers. Example: "1" - correct, not "01" – incorrect - No longer required by carriers.

Carrier Special Issues

Pennsylvania Blue Shield - Must have the following NEIC numbers in each respective Insurance Company File; under "Identification" tab:

Commercial ID:

Blue Shield	=	MS54771	Keystone Central	=	95199
Keystone East*	=	95056	Gateway	=	96938
Keystone West	=	MS54771	Personal Choice	=	54704

Specialty codes: **REQUIRED** - Enter the appropriate number into "Provider File" in Lytec "Specialty License" Field (see appendix 2)

*See appendix 3 - Advise Software To Systems, Inc. at time of registration that you are a Keystone East Provider

ANSI Version 4010 Taxonomy Codes <http://www.wpc-edi.com/codes/Codes.asp>

Element Description and Codes

127 Provider Specialty Code -

X12 Codes **Provider Specialty - Numeric Codes**
Surgery

00	Hospital Facility
01	Surgery
02	Neurological Surgery
03	Orthopedic Surgery
04	Plastic Surgery
05	Thoracic Surgery
12	Colon / Rectal Surgery
50	Pediatric Surgery
85	Vascular Surgery
92	Hand Surgery
	<u>Medical</u>
06	Obstetrics
07	Gynecology
08	Obstetrics / Gynecology
09	Ophthalmology
10	Otorhinolaryngology
11	Ophthalmology / Otorhinolaryngology
13	Urology
14	Internal Medicine
15	Cardiology
16	Gastroenterology
17	Pediatrics
18	Neurology
21	Dermatology
23	General Practice
24	Family Practice
25	Industrial Medicine

Element Description and Codes

128 Provider Specialty Code -

X12 Codes Provider Specialty - Numeric Codes

29	Multi-Specialty Group
30	Allergy / Immunology
39	Endocrinology
40	Hematology
41	Infectious Diseases
42	Medical Oncology
43	Nephrology
44	Pulmonary Diseases
45	Rheumatology
48	Preventative Medicine
49	Neonatology
51	Pediatric Hematology / Oncology
53	Maternal <input type="checkbox"/> Fetal Medicine
55	Emergency Medicine
56	Midwifery
57	Optometry
60	Audiology
61	Critical Care
71	Registered Nurse
72	Licensed Practical Nurse
82	Physician Assistant
89	Peripheral Vascular Disease (NJ Medicare
91	Geriatrics (NJ Medicare Only)
	<u>Diagnostic/Therapeutic</u>
22	Radiology
26	Pathology
27	Psychiatry
46	Nuclear Medicine
52	Radiation Oncology
63	Portable X-Ray Supply
65	Physical Therapy
66	Gynecology / Oncology
73	Speech Therapist
74	Occupational Therapist
75	Respiratory Therapist
80	Home Health Care Agency

Values by X12 Element Number: Appendix 2

Element Description and Codes

127 Provider Specialty Code -

<u>X12 Codes</u>	<u>Provider Specialty - Numeric Codes</u>
86	Manipulative Therapy (NJ Medicare Only)
90	Radiation Therapy
	<u>DME</u>
54	Orthotic / Prosthetic Supply
58	Optical Supply
68	Hearing Aid Dealer
70	Hearing Aid Fitter / Dealer
83	Pharmacy / DME Supplier
87	Durable Medical Equipment Supply
	<u>Psychiatry / Psychology</u>
19	Psychiatry / Neurology
62	Psychology
81	Social Worker
	<u>Anesthesiology</u>
20	Anesthesia
79	Certified Registered Nurse Anesthetist
	<u>Podiatry</u>
31	Podiatrist
	<u>Chiropractic</u>
35	Chiropractor
	<u>Ambulance</u>
59	Ambulance Service
67	Ambulatory Surgical Center
	<u>Independent Lab</u>
69	Independent Laboratory

Values by X12 Element Number: Appendix 2

Element Description and Codes
584 Employment Status Code - Insured's Employment Status

<u>X12 Codes</u>	<u>Employment Status</u>
FT	Full Time
PT	Part Time
NE	<u>Not Employed</u>
SE	Self Employed
RT	Retired
AC	On Active Military Duty
UK	Unknown

Requirements by Insurance Company: Appendix 3

Keystone Health Plan Central, Keystone Health Plan East, Community Choice and Health One:

The DataStream System can accept medical/encounter and medical/surgical claim information electronically from billing sources for benefits under plans from: Keystone Health Plan Central (KHPC), Keystone Health Plan East (KHPE), Community Choice and HealthOne. The claim and encounter information will be forwarded to the appropriate plan for processing.

Note: Keystone Health Plan West (KHPW) claims and encounters should be submitted along with Highmark Blue Cross Blue Shield or Pennsylvania Blue Shield claims under NAIC Code MS54771.

NAIC Code / Suffix: (2110-A) 055-NM109-67

*Use the following values to indicate the appropriate plan for the claim or encounter information. In all cases, the NAIC code is required. The NAIC code suffix requirements are as indicated below.

	<u>NAIC Codes</u>	<u>Suffix</u>	
Keystone West	54771		
Capital Blue Cross			
Community Choice Claims / Encounters	54720	PS1	Required
HealthOne Claims / Encounters	54720	PS2	Required
Keystone Health Plan East Claims / Encounters	95056	HMO	Required
Keystone Health Plan Central Claims / Encounters	95199	HMO	Optional
KHP Central SrBlue (Medicare) - Encounters	95199	MCR	Optional
KHP Central SrBlue (Medicare) - Claims	95199	MCR	Optional
KHP Central HealthySteps (Medicaid) - Encounters	95199	MCD	Optional
KHP Central HealthySteps (Medicaid) - Claims	95199	MCD	Optional

Batch Identification: (2010-A) 2-085-REF02-127

*Use "300" to indicate HMO encounters or "310" to indicate HMO claims (professional provider). This is a **mandatory** submission requirement for KHPE, Community Choice and HealthOne and an **optional** submission requirement for KHPC products.

Provider Number for HMO Claims And Encounters / Managed Care Vendor Number: (2010-A) 2-085-REF02-127


The HMO provider number is reported as a ten-position number. Prefix the provider number with leading zeros to create a ten-position value (i.e. 0000123456). One ALPHA is required in the fourth position for Community Choice and HealthOne (i.e. 000A123456). NOTE: This HMO provider number may be different than Highmark's provider number reported in (2010-A) 2-035-REF02.

SAMPLE INSTRUCTIONS

Batching & Sending *Medicare Kentucky Claims*

STEP

Print Insurance Claims: (Make sure everyone is OUT of Lytec during Step 1)

- a. Billing
- b. Print Insurance Claims (or re-print – if errors are found in step 2, after errors are corrected)
- c. Choose Insurance Form Code – EDI Forms/4010ANTSZMCR.LCI
- d. “INCLUDE” Tab, “Insurance Categories”, Range = MCR - MCR
- e. Click Print
- f. Click Replace
- g. Click OK
- h. Click on the print icon  Print
- i. Minimize Lytec

2 **Run Medicare AntsZ Format Program:**

- a. Double Click on “Medicare Batching” icon (on desktop)
- b. Click PreEdit – press “enter” @ end of each bracket to the end. If any errors other than those fields not required are found, print out, have errors corrected and re-check-marked, and begin batching and sending process again starting with Step one.
- c. Click “Process” (check # of claims & \$ on screen (top box) against # of claims on printed report)
- d. Exit

3 **Dial Up to Medicare:**

- a. Double click on “Medicare Dial Up” Icon (desktop)
- b. Dial (no password required)
- c. Login: (lowercase) _____
- d. Password: (lowercase) _____
- e. Click on DONE


4 **PC FTP Communications / Sending / Receiving Claims & Reports:**

- a. Double click “Cute FTP Pro” Icon (desktop)
- b. Tools –
 - i. Macros & Scripting
 - ii. Run Script
 - iii. STS Medicare OHMaster.vbs
- c. Wait for “final status is “finished”” note to pop up – click OK
- d. Exit (X) CuteFTPPro
- e. Right mouse click on Icon (computers lower right corner of screen)
- f. Disconnect

Batching & Sending *Anthem Ohio Claims*

STEP

Print Insurance Claims: (Make sure everyone is OUT of Lytec during Step 1)

- g. Billing
- h. Print Insurance Claims (or re-print – if errors are found in step 2, after errors are corrected)
- i. Choose Insurance Form Code – EDI Forms/4010ANTSZBLU.LCI
- j. “INCLUDE” Tab, “Insurance Categories”, Range = ANT-ANT
- k. Click Print
- l. Click Replace
- m. Click OK
- n. Click on the print icon  Print
- o. Minimize Lytec

5 **Run ANTHEM AntsZ Format Program:**

- a. Double Click on “ANTHEM Batching” icon (on desktop)
- b. Click PreEdit – press “enter” @ end of each bracket to the end. If any errors other than those fields not required are found, print out, have errors corrected and re-check-marked, and begin batching and sending process again starting with Step one.
- c. Click “Process” (check # of claims & \$ on screen (top box) against # of claims on printed report)
- d. Exit

6 **Dial Up to ANTHEM:**

- a. Plug Modem line into phone jack
- b. Double click on “ANTHEM 800 Dial Up” Icon (desktop)
- c. Dial (no password required)
- d. Terminal Login Screen –
Login: mw_____ (letters lower case)
Password: _____ (letters lower case)
- e. Click “Done”


7 **PC FTP Communications / Sending / Receiving Claims & Reports:**

- a. Double click “Cute FTP Pro” Icon (desktop)
- b. Tools –
 - i. Macros & Scripting
 - ii. Run Script
 - iii. STS ANTHEM OHMaster.vbs
- c. Wait for “final status is “finished”” note to pop up – click OK
- d. Exit (X) CuteFTPPro
- c. Right mouse click on Icon (computers lower right corner of screen)
- d. **Disconnect**

Batching & Sending *Emdeon Web Claims*

STEP

Print Insurance Claims: (Make sure everyone is OUT of Lytec during Step 1)

- e. Billing
- f. Print Insurance Claims (or re-print – if errors are found in step 2, after errors are corrected)
- g. Choose Insurance Form Code – EDI Forms: **EMDEONWEB.LCI**
- h. “INCLUDE” Tab, “Insurance Categories”, Range = **WEB-WEB**
- i. Click **Print**
- j. Click **Replace**
- k. Click **OK**
- l. Click on the print icon  Print
- m. Minimize Lytec
- n. Retrieve report from printer prior to beginning step 2

8 **Run EMDEON WEB Batching Program:**

- a. Double Click on “**EMDEON WEB Batching**” icon (on desktop)
- b. Click PreEdit – press “enter” @ end of each bracket to the end. If any errors other than those fields not required are found, print out, have errors corrected and re-check-marked, and begin batching and sending process again starting with Step one.
- c. Click “Process” (check # of claims & \$ on screen (top box) against # of claims on printed report)
- d. Record Control #; Exit

9 **SEND**

- a. Open send folder to compress all batches
- b. Right click “file”, left click “send to”
- c. Click on compressed zip folder; “yes” to replace
- d. Repeat process for all batches (all clients)

10 **UPLOAD FILES**

- a. Double click “**Emdeon Connect**” –
- b. Click “Select”
- c. Double click on zipped batched file
- d. Upload when successfully loaded – will return “0”
- e. Repeat process until all files have been uploaded

KENTUCKY MEDICAID INSTRUCTIONS FOR SENDING ELECTRONICALLY

Medicaid EDS

Step 1 - LYTEC

Click on Billing
Print Insurance Claims
Insurance Form Code – 4010ANTSZCaid.LCI
“INCLUDE” Tab, “Insurance Categories MCD - MCD
Click **Print**
Click on **Replace**
Print Report – **Click OK**
Click on **Printer Icon**
Minimize Lytec

Step 2

1. Double Click on **ANTSZ Medicaid Direct**
2. Click on **Process**
3. Click on Pre Edit (check for errors)
5. Double Click on **Process, Generate 837 File**
4. Click on **X** to Close

Step 3 - Dial Up To EDS

1. Double Click on Medicaid Dial UP
2. Click on **Dial**
3. Login (lowercase): **990000**_____
4. Password (lowercase): _____
5. At menu selection
Type: **A** (Transmission Submission- to send claims)
A – 837 Professional
A - No Compression
Z Zmodem = (recommended)

Screen will be ready for send

6. Click on **Transfer**
7. Click on **Send Files**
8. Click on Browse, C Drive, SendC Folder
9. Double click on medicaid.dat

Step 4 - Communications / Sending/ Receiving Reports

You are Trading Partner: 990000_____

Connected to node: 15

B Transmission Retrieval ³

Select the transaction type you are requesting

A 835/U277 Payment Advice

OR

E 997 Functional Ack.

Z Zmodem = (recommended)

A No Compression

G Goodbye

Y Logoff

File will be sent to your computer
Logoff and use Wordpad to print report

Step 5 - TO PRINT REPORT

1. Click on **Start, Find, Files/Folders**
2. Click in Named field:,Click on down arrow,
3. Select your search item
4. Click on Find Now
When asked what program to open item with.
Choose Word Pad (Opens document in Word Pad)
5. Click **File**
6. Click on **Print**
7. Click on **[OK]**
To Exit: Click on **X**

EDS 1 800 205 4696

Trading Partner ID 990000_____