

Speedy Claims CMS 1500 Manual

© 2009 SpeedySoft USA, Inc.

Speedy Claims CMS 1500

User Manual

by SpeedySoft USA, Inc.

The Speedy Claims for CMS 1500 software is very easy to use.

This manual will show you how to most effectively use it to save you time.

Speedy Claims CMS 1500 Manual

© 2009 SpeedySoft USA, Inc.

All rights reserved. No parts of this work may be reproduced in any form or by any means - graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems - without the written permission of the publisher.

Products that are referred to in this document may be either trademarks and/or registered trademarks of the respective owners. The publisher and the author make no claim to these trademarks.

While every precaution has been taken in the preparation of this document, the publisher and the author assume no responsibility for errors or omissions, or for damages resulting from the use of information contained in this document or from the use of programs and source code that may accompany it. In no event shall the publisher and the author be liable for any loss of profit or any other commercial damage caused or alleged to have been caused directly or indirectly by this document.

Printed: February 2009 in (whereever you are located)

Publisher

SpeedySoft USA, Inc.

Managing Editor

Technical Editors T. Paul Szczesniak Dan Perrine

Special thanks to:

To our users. Thanks to all of you who have given suggestions over the years on how to make the software better. It is because of you that we are now the Market Leader in CMS 1500 Form Filler software.

5

Table of Contents

	Foreword	7
Part I	First Steps	10
1	Registration	10
2	Set Up	12
3	Backing Up	13
Part II	Using the Vertical Menu	16
1	Claims Button	16
	CMS 1500 Form	16
-	Claims List	
2	Tables Button	18
	Patient Table Facility Table	19 20
	Insurance Table	
	Provider Table	24
•	Referring Provider Table	25
3		27
	Diagnosis Code List	
	Place of Service Code List	
4	Set Up Button	30
	Set Up	
Part III	Printing Claims	34
1	Printing	34
2	Printer Alignment Guide	34
Part IV	Electronic Claims	40
1	Why Use Electronic Claims	40
2	Upgrading to Electronic Claims	40
3	Step One - Creating a Batch Folder	40
4	Step Two - Creating a Batch File	42
Part V	Support	44
1	Registration Problems	44
2	Deregistering/Moving the Program	44
	Index	47

Foreword	7
----------	---

Foreword

This is just another title page placed between table of contents and topics

Top Level Intro

This page is printed before a new top-level chapter starts



1 First Steps

1.1 Registration

Registration

When you first open the software you will see a Registration Notice Popup



If you have not already purchased the software you can click on the Purchase button to go to our website and purchase it.

If you have purchased it already but want to wait until later to register click on the Register Later button.

Serial Number	
	Please enter the Serial Number from your Vendor in the space below.
Serial Number	
	Cancel Continue

Click on the Register button to begin the Registration process.

Enter the Serial Number you received when you purchased the software and click Continue.

You must be connected to the Internet at this point to finish registering. You will see the following screen

© 2009 SpeedySoft USA, Inc.

10

except the fields will be empty.

🚹 Online Registr	ation		
Please Ente notify you v	er your contact information. This information when product upgrades are available.	will only be used to	
First Name	Dan	Last Name	Perrine
Email Address	an@speedysoftusa.com	Phone Number	888-217-2303
Company Name	SpeedySoft USA		
Address	1351 Tyringham Road	City	Eustis
State	FL · FLORIDA	Zip Code	32726
	Cancel	Continue	

Fill in the fields with your information and click Continue.

CMS 1500	
Congratulations! You have successfully Activated Speedy Claims.	
(CK)	

If there was a problem along the way you will see the following screen.

Authorization Key	
50)	Register was not successful. Problems encountered trying to connect to the Internet. Call 888-217-2303 and talk to a representative to register your software.
Registration Key itgae	njvhawnamhnfgfmymmhqajhfjm
Authorization Key	
	Cancel

At this point please call us at the toll free number 888-217-2303 x701 and we will register you over the phone.

1.2 Set Up

12

Set Up

When you first start the Speedy Claims you will see a pop-up window asking if you want to go to the setup page. Choose yes.

This page is where you set your preferences and input your default Provider information. You can save the data at any time by clicking on the Save icon.





This option controls whether Box 24F (Charges) is multiplied by Box 24G (Days or Units) to produce the Total Charge in Box 28. Most carriers will accept claims with Charges multiplied by Units but some do not.

Box # 24B - Place of Service	
Default Place of Service:	
11 - Office]

This option allows you to set your default Place of Service code. Your choice will automatically populate Box 24b on the form.

Box # 25 - Federal I	Information	
Tax ID Number		
C SSN	CEIN	

Choose the appropriate option and fill in the blank with the provider's SSN or EIN. This data will automatically populate Box 25 on the form.

Box # 31 - Physician	's Signature	
Signature on File	SOF	
	·	

Either leave this blank or type "Signature on File" or "SOF". This data will automatically populate Box 31 on the form.

Name Phone # () Address NPI Number City State Non NPI ID	Box # 33 - Phys	sician's Supplier's Billing In	formatio	n			
Address NPI Number City State Non NPI ID	Name				Phone #	\bigcirc	•
City State Non NPI ID	Address				NPI Number		
	City		State	-	Non NPI ID		
Zip Code	Zip Code						

Fill in with the appropriate data. This data will automatically populate Box 33 on the form.

NOTE: The Other ID # is a payer assigned unique identifier and may change depending on to whom the claim is being submitted. Insert your most commonly used Non NPI ID# here and change on the form as needed. Alternatively you can leave this field blank and fill in on the form as needed.

r	Default Print Type
l	C Print Red (Uses Red CMS-1500 Form)
l	Print Black (Uses Blank 8.5 × 11 Paper)

Choose Print Red if you print your claims onto the Red CMS-1500 form. Choose Print Black if you wish to print the data AND the form onto blank paper. **NOTE:** Most carriers will not accept forms that are not printed on the official Red CMS-1500 form.

Default Form Type	_
C CM51500 - Pre October 2006	
CMS1500	

You can choose which CMS 1500 form to display here. This setting affects both the form displayed and the ECH "Print Image" form if you are using the electronic claims module.

Program Update Option	1
C Perform Upgrades Automatically	
C Ask Before Performing an Upgrade	
C Don't Perform Automatic Upgrades	

Updates to your Speedy Claims are free. This option tells Speedy Claims how you want to perform the updates. If you choose to not perform automatic updates you can update by clicking on Check for Update under the Help Menu. You must be connected to the Internet and online to receive updates.

Tables
Codes
Setup
Setup

You can return to the Setting screen at any time by clicking on the Setup Button in the left hand vertical menu bar.

1.3 Backing Up

Backing Up

We have built in a Backup and Restore system to help protect your data and work in case of a computer crash. It is very simple to use and we highly recommend you backup your data every time you use Speedy Claims.

Backing Up

When you are done working for the day or at any other time you choose simply click on File then Data Backup.

•	:MS 1	500							
Eile	<u>E</u> dit	<u>V</u> iew <u>H</u> e							
Dr	Vew	Ctrl	+N						
💕 (Open	Ctrl+O							
— с	Data B	ackup	_						
(C	Data R	estore							
	T.ViF								
	EXIC								

You will be prompted for a file name and location to store the file. We suggest that you use the same file name and location every time. This will overwrite the existing file with the latest data.

Restoring

To restore your database after a catastrophic failure and reinstall of the software you simply click on File then Data Restore. You will be prompted for the name and location of your backup file. Select it and click Open. This will restore your data.

Please note that this function is not for moving data between computers or exporting the data to another program. If you perform a Restore function on an existing database you will end up with duplicate data and a corrupt database.



This page is printed before a new top-level chapter starts



2 Using the Vertical Menu

Vertical Menu

There are four buttons in the vertical menu along the left hand of the screen.

Claims	
Tables	
Codes	

Claims - This is the menu for viewing, creating and working with claims.

Tables - This menu is where you can create, view and edit patient, provider, insurance company and facility data.

Codes - This is the menu where you manage your CPT, ICD and POS codes.

Setup - This is the menu for setting up your options, preferences and defaults.

2.1 Claims Button

Claims Button

Clicking the Claims Button produces only two icons. CMS 1500 Form and Claims.



Selecting CMS 1500 Form opens a new form ready for data entry to create a new claim. Selecting Claims opens a list of all the claims you have produced.

2.1.1 CMS 1500 Form

CMS 1500 Form

Selecting CMS 1500 form opens a new form ready for data entry to create a new claim. You can simply fill in the blanks to create a new claim then click Save or Print. If you choose to print the form your claim is automatically saved.

Print Cut Copy	Poste Save Ca	s II 🛷 🗋			
Clains	CMS 1500 Form	n			
	Mode: New	Status:	Changed By:	Charv	nged Date:
CHS 1500 Forn Claime			ORM	1054.00 00-00 10554.00 [1] 50	
	2 INTERN'S MARK SAL 3 INTERN'S MARK SAL 5 INTERN'S ADDRESS GTV 20° CODE 6 OTHER INSURED'S IN 6 OTHER INSURED'S IN 8 OTHER INSURED'S IN	TELEPHORE DISC TELEPHORE (Include A TELEPHORE (Include A TELEPHORE (Include A ME (Lad Name, Peel Name, Me DICY OII GROUP HoldBER AIE OF DRITH BES	Control of the second sec	Construction C	C PSURACTS NAME (Flat Name, Peul Name, Mode Intus) C PSURACTS ADDRESS (No., Street) C PSURACTS ADDRESS
Tables Codes	EMPLOYENS MAKE C EMPLOYENS MAKE EMPLOYENS MAKE EMPLOYENS ON AUTH Employen SOMED SOMED SOMED TO BOOK DF PERFERSE	M COLOCA MARK	CONTRELACIONAL CONTRELACIONAL CONTRELACIONAL CONTRELACIONAL CONTRELACIONAL CONTRELACIONAL CONTRELACIONAL CONTRELACIÓN CONTRELACIÓN CONTRELACIÓN CONTRELACIÓN		C - HISURIANCE PLAN MAKE ON PROGRAM NAME C - HISURIANCE PLAN MAKE ON PROGRAM NAME C - HISURA AND THEN HAN TO REVERTIFY AND C - HISURA AND THEN HAN TO REVERTIFY AND C - HISURA AND THEN HAN TO REVERTIFY AND C - HISURA AND THEN HAN TO REVERTIFY AND C - HISURA AND THEN HAN TO REVERTIFY AND FORM / TO TO
Setup	19. RESERVED FOR LOS	AL USE			20. OUTSIDE LABY S CHARGES

When you create and save a claim all of your data is saved into the appropriate tables AND a copy is stored in the Claims list.

SHORTCUTS

- Use Ctrl D or double click inside the Insurance Carrier field to display the Insurance Company Table. Select the one you need and all of the Carrier field lines will be filled. You can use this same shortcut for Field 2 Patient Name, Field 17 Referring Provider, Field 21 Diagnosis Code, Field 24 D Procedure Code, Field 24 J Rendering Provider, Field 32 Facility and Field 33 Billing Provider.
- Use Ctrl D or double click in Fields 12 and 13 to autofill "Signature on File".
- Double click in any date field to pop up a selectable calendar.
- You can quickly create multiple line items in Field 24 by simply filling in Line 1 and then clicking your F4 button. The data will be copied to Line 2, then Line 3, etc. Just change the date.
- You can quickly delete line items in Field 24. Just click the red X to the left of the line item.

2.1.2 Claims List

Claims List

If you click on the Claims icon you can see a list of all the claims you have produced.

Die Edit Vew	Help									
🍅 🖨 👗 Open Print Cut	Copy Patts	New Delete								
Claires	Claim									
	Look For:	In: Patient Name 💌	Find Noe Go							
CMS 1500 Form	Patient Name	Address	City	State	Zip Code	Phone	Account No.	Insured Name	Greate Date	Status
TRA.	Nouman, Alfred E	123 Mod Ave	New York	NY	10012	212 555 1212	123456789	Nouman, Alfred E	11/2/2006 2:46:2	SAVE
48										
Claive										

From this screen you can Open and EDIT the claim, create a NEW claim from this claim, or delete the claim.

- To EDIT the claim simply select the claim and then click the Edit icon. (Or Right click on the claim then click on the Edit option.)
- This opens the claim in Edit mode. You can change the information you need and then click Save. This **overwrites** the original claim.
- To create a NEW claim from this claim you select the claim and then click on the New Copy icon. (Or Right click on the claim then click on the New Copy option.) This will open the form with the existing claim data. You can then change the data required and click Save to create a new claim. Your original claim remains untouched. This is particularly handy when you do repeat procedures on patients and all you need to change is the date of the visit.
- By default, double clicking on a claim in the list will open the claim in New Copy mode. You can change this action to Edit mode by changing the option in the Settings page.
- To delete the claim simply select the claim then click Delete.

You can sort this and all other lists by clicking on the column name. For instance, clicking on the column name City will arrange all the claims alphabetically in ascending order. Clicking it again arranges them in descending order. All columns work this same way.

You can also print or choose which claims to send to the clearinghouse from this list by "batching". Batching is simply selecting multiple claims for a specific action. You can select multiple claims by holding down your Ctrl key while clicking on the claims you want to select. Once you have the ones selected you can then choose the desired action. Print, Delete or ECH.

2.2 Tables Button

Tables Button

The Tables are where the data from your claims is stored for reuse, modification, or deletion.

Clicking on the Tables Button causes a column of icons to appear below the button. Clicking these icons select which table list will be displayed in the area to the right of the menu. In the case below the Patient Table icon was selected.

🐏 CMS 1500											
Ele Edit Yew	Help										
St Copy Par	te Ø Save Ce	S 🗊	I I New	× Delete	Export E						
Claims Tables	Patient										
	Look For:		In: Name	¥	Find Nov	e Clear					
<u></u>	Name		Address		Oty	State	Zip Code	Phone	Date Of Birth	Account #	
Patients	Neuman, Alfred	İΕ	123 Mad Ave		New York	NY	10012	212 555 1212	8/27/1934	123456789	
Facility Facility Insurance Provider											
- 1	Patient Insured	f)									
Ref Provider		(Last Name, F	First Name, Middl	e Initial)	_						
	Name	Neuman, Alfi	red E		F	hone #	(212) 555	-1212			
	Address	123 Mad Ave	,	_	E	lirth Date	06/27/193	4			
	City	New York	Sta	ke NY	▼ 5	šex	Male	-			
	Zip Code	10012									
	Account #	123456789									
	Relation to In	nsured Self		w.	•	farital Statu	5 N	tarried	*		
	Condition Re	lated To:	Employment		E	Imployed	, T	7			
			Auto Accident		t	ducation St	etus 🗍		-		
		S	tate 🖉								
			Other Accident	t							
Codeo	Local Use										
Setup	Changed By	Dan	Dat	e 11/	2/2006 2:	22:48 PM					

The Facility Table stores the data regarding Service Facilities and is populated from Block 32.

The Insurance Table stores the data regarding the various Insurance companies associated with your patients and is populated from the Carrier block in the upper right corner of the form.

The Provider Table stores the data regarding the Billing Provider and is populated from the Setting menu and Block 33 of the form.

The Referring Provider Table stores the data regarding the Referring Provider and is populated from Block 17 of the form.

2.2.1 Patient Table

Patient Table

You can Add, Edit, Delete and Export patient data from this screen. Data from this screen fills Blocks 1 through 10 on the form.

🐏 CMS 1500	P							-					
Ele Edit Yew	Help												
Cut Copy P	aste Ø Save Ce	S 🖸		New De	×	Export							
Claims	Patient												
Tables	Look For:		In: Name		¥	Find No.	w Geo	r i					
	Name		Address			Gty	9	itate	Zip Code	Phone	Date Of Birth	Account #	
Patients	Neuman, Alfred	i E	123 Mad Av	ve		New Yor	k I	44	10012	212 555 12	12 8/27/1934	123456789	
Facility Facility Insurance													
- * •	Patient Insured	F)											
Ref Provider		(Last Name, F	First Name, N	iddle In	itial)						_		
	Name	Neuman, Alfi	red E				Phone a	*	(212) 555	-1212			
	Address	123 Mad Ave	,				Birth Da	ate	06/27/193	4	_		
	City	New York		State	NY	-	Sex		Male	-			
	Zip Code	10012											
	Account #	123456789											
	Relation to I	nsured Self			Ξ.		Marital	Status		tarried			
	Condition Re	lated To:	Employme	nt	_		Employ	ed	, P	7			
		Г 9 Г	Auto Accid tate Other Acci	ident v			Educati	on Ste	kus				
Codes	Chapacidou	Dan		Date				0.44					
Sahan	Changed By	Dan		Date	11/2	c/ 2006 3	222348	P141					

- Add Patient To add a new patient simply click the New icon, fill in the relevant data and click Save.
- Edit Patient To edit the patient data select the patient from the list, change the data and click Save.
- Delete Patient To delete a patient from the system select the patient from the list and click the delete icon.
- Export Patient Data You can export the patient list for use in another program if you wish. Simply click on the export icon and select the format you want to use.

Exporting DataSet	
Export formats:	<u>E</u> xport
Microsoft Excel	Canad
HTML	
Microsoft Word	
Microsoft Excel	
Text	
f Rich Text	
Comma-Separated Text	
Tab-Separated Text	
Clipboard	

2.2.2 Facility Table

Facility Table

You can Add, Edit, Delete and Export the Service Facility data from this screen. Data from this screen fills Block 32 on the form.

🕂 CMS 1500											
<u>File E</u> dit <u>V</u> iew <u>F</u>	<u>t</u> elp										
New Cut Copy	Paste Sa	🕈 🔯 🛛 🗗) 🧶 _D	× elete	₩.						
Claims	Facility										
Tables	Look For:	In:	Name	•	Find Now	Clear					
	Name	Ado	, dress		City	State	Zip Code	Phone	NPI Number	Non NPI ID	
Patients	The Big Hospit	al 123	3 Main ST		Wellness	NC	12345	123 123	ge-12345	fr-1434	
Facility											
E Insurance											
Provider											
Ref Provider											
	-										
	Name	The Big Hospital			Pho	one#	(123) 123-				
	Address	123 Main ST	_		NP:	I Number	ge-12345				
	City	Wellness	State	NC	→ Oth	her ID #	fr-1434				
Codes	Zip Code	12345									
Setup	Changed By	Dan	Date	11/20,	/2006 4:2	21:25 PM					

- Add Facility To add a new Facility simply click the New icon, fill in the relevant data and click Save.
- Edit Facility To edit the Facility data select the Facility from the list, change the data and click Save.
- Delete Facility To delete a Facility from the system select the Facility from the list and click the delete icon.
- Export Facility Data You can export the Facility list for use in another program if you wish. Simply click on the export icon and select the format you want to use.

Exporting DataSet	
Egport formats:	<u>E</u> xport
Microsoft Excel	Coursel
HTML	Lancel
Microsoft Word	1
Microsoft Excel	
Text	
f Rich Text	
Comma-Separated Text	
Ce Tab-Separated Text	
Clipboard	

2.2.3 Insurance Table

Insurance Table

You can Add, Edit, Delete and Export Insurance Company data from this screen. Data from this screen fill the insurance address information at the top right of the form.

CMS	5 1 5 0 0								
<u>E</u> ile <u>E</u> d	dit ⊻iew <u>H</u>	elp							
D New	K 🗈 Cut Copy	Paste Save Cancel	Delete	₩Î					
	laims	Insurance							
	ables	Look For:	In: Name 💌	Find Now Clea	Bir				
🧃	9	Name	Address	City	State	Zip Code	Phone	1	
Pa	atients	AETNA	P.O. BOX 14079	LEXINGTON	кү	40512-40	877 402 8742		
		AETNA	P.O. BOX 1125	BLUE BELL	PA	19422	800 624 0756	_	
Á	16	AMERICAN HEALTH GROUP, I	P.O. BOX 1500	MAUMEE	он	43537		_	
		AMERICAN POSTAL WORKERS	P.O. BOX 967	SILVER SPRING	MD	20910			
Fa	acility	BCBS	801 PINE STREET	CHATTANOOGA	TN	37402-255		_	
		BEECH STREET	P.O. BOX 853925	RICHARDSON	ТΧ	75085-392			
6		BEECH STREET	P.O. BOX 23759	COLUMBUS	SC	29224-375			
Insi	urance	BENEFIT PLANNERS	P.O. BOX 690450	SAN ANTONIO	ТΧ	78269-045			
	andride	BETTER HEALTH PLANS	P.O. BOX 1028	MONROEVILLE	PA	15146-513			
Å	2	CHESTERFIELD RESOURCES,	P.O. BOX 1884	AKRON	ОН	44309			
	- ⊁	CIGNA	P.O. BOX 9387	SHERMAN	TΧ	75091-933			
Pro	ovider	FEDEX c/o TENNESSEE HEALT	P.O. BOX 3490	JACKSON	TN	38303-349			
	_	FORTIS	P.O. BOX 624	MILWAUKEE	WI	53201-062			
l á	* 1	GEHA	P.O. BOX 4665	INDEPENDENCE	мо	64051-466			
Date	Provider	HEALTH CHOICE	P.O. BOX 39710	COLORADO SPI	CO	80949-393			
nerr	FIOVIDEI	HEALTH CHOICE C/O MSAG	P.O. BOX 830650	BIRMINGHAM	AL	35283-065			
		HEALTHSPRING	P.O. BOX 20000	NASHVILLE	TN	37202			
		HEALTHSPRING REMITTANCE	P.O. BOX 20000	NASHVILLE	TN	37202			
		HUMANA	P.O. BOX 14610	LEXINGTON	КҮ	40512-463		_	
		INSUREX	P.O. BOX 41779	MEMPHIS	TN	38174-177			
		MAIL HANDLERS	P.O. BOX 44242	JACKSONVILLE	FL	32231-424			
		MEDICARE	P.O. BOX 1465	NASHVILLE	TN	37202			
					_				
		Name AETNA		Phone -	#	(877) 402-8	742		
		Address P.O. BOX 1407	79						
		City LEXINGTON	State KY	•					
		Zip Code 40512-4079							
C	odes	Changed By	Date						
S	ietup								

- Add Insurance Company To add a new Insurance Company simply click the New icon, fill in the relevant data and click Save.
- Edit Insurance Company To edit the Insurance Company data select the Insurance Company from the list, change the data and click Save.
- Delete Insurance Company To delete a Insurance Company from the system select the Insurance Company from the list and click the delete icon.
- Export Insurance Company Data You can export the Insurance Company list for use in another program if you wish. Simply click on the export icon and select the format you want to use.

Exporting DataSet	
Export formats:	Export
Microsoft Excel	- Connect
HTML	
Microsoft Word	
Microsoft Excel	
Text	
Rich Text	
Comma-Separated Text	
Tab-Separated Text	
Clipboard	

2.2.4 Provider Table

Provider Table

You can Add, Edit, Delete and Export Billing Provider data from this screen. Data from this screen fills Block 33 on the form.

💽 CI	MS 1500												
Eile	<u>E</u> dit ⊻iew ļ	<u>H</u> elp											
D New	K 🗈 Cut Copy	Paste Sa	7 😡 ive Cancel	2	× Delete	™							
	Claims	Provider											
		Look For:	Ir	n: Name	•	Find N	low Clear						
	<u>.</u>	Name	F	Address		City	St	ate	Zip Code	Phone	NPI Number	Non NPI ID	
	Patients	Macum Feelgo	od, MD 1	121 PARK AVE		MEMPH	IS TN	1	38111			bc 123	
	Facility	Macum Feelgo	od, MD 1	121 PARK AVE		Memph	is TN	1	38111			med -234	
lı	nsurance												
	Provider												
Be	ef Provider												
		Name	Macum Feelgood	d, MD			Phone #	R) -				
		Address	121 PARK AVE				NPI Numb	er [
		City	MEMPHIS	State	TN	-	Other ID ;	# [t	oc 123				
		Zip Code	38111		,			,					
	Codes Setup	Changed By	Dan	Date	11/2	:0/2006	4:33:12 F	M					
)											

• Add Provider - To add a new Provider simply click the New icon, fill in the relevant data

and click Save.

- Edit Provider To edit the Provider data select the Provider from the list, change the data and click Save.
- Delete Provider To delete a Provider from the system select the Provider from the list and click the delete icon.
- Export Provider Data You can export the Provider list for use in another program if you wish. Simply click on the export icon and select the format you want to use.

Exporting DataSet	
Export formats:	Export
Microsoft Excel	Coursel
HTML	
Microsoft Word	1
Microsoft Excel	
Text	
F Rich Text	
Comma-Separated Text	
Tab-Separated Text	
Clipboard	

If you have different ID numbers for use with various insurance entities you can duplicate your data here, changing only the ID number. Then while filling out the form you can double click in Block 33 and choose the appropriate entry.

2.2.5 Referring Provider Table

Referring Provider Table

You can Add, Edit, Delete and Export Referring Provider data from this screen. Data from this screen fills Blocks 17 and 17a on the form.

🕂 CMS 1500												
<u>Eile E</u> dit <u>V</u> iew ł	Eile Edit View Help											
New Cut Copy	🛍 🧯 Paste Sa	🔰 🔀 ive Cancel	¢	🥏 📑 De	X I	₩.						
Claims Tables	Ref Provider											
	Look For:		In: Name		-	Find Now Clear						
	Name		Address		C	iity	State	Zip Code	Phone	NPI Number	Non NPI Qual	Non NPI ID
Patients	I DR. Tom LoBa	sso			N	lashville	TN	31111				
	DR. Jones				N	lashville	TN	31111	901 123 1234			
Facility												
, comy												
msulance												
.												
Provider												
A												
Ref Provider												
	ļ											
	Name	Tom LoBasso				Phone	# [(423) 543-:	2434			
	Address					NPI Nu	mber					
	City	Nashville		State	TN 🗖	 Non NP 	I Qual					
	Zip Code	31111				Non NP	I ID					
Codes	Chapted By	,		Date			1					
Setup	Changed by			Date								
·	1											

- Add Referring Provider To add a new Referring Provider simply click the New icon, fill in the relevant data and click Save.
- Edit Referring Provider To edit the Referring Provider data select the Referring Provider from the list, change the data and click Save.
- Delete Referring Provider To delete a Referring Provider from the system select the Referring Provider from the list and click the delete icon.
- Export Referring Provider Data You can export the Referring Provider list for use in another program if you wish. Simply click on the export icon and select the format you want to use.



2.3 Codes Button

Codes Button

If you click on the Codes Button a column of icons will appear below the button.

Claims	Diagnosis			
Tables				
Codes	Look For:	In: Code	-	Fi
Diagnosis	Code	Description		
Procedure				
Place of Service				

Clicking these icons select which code list will be displayed in the area to the right of the menu. In the case above the Diagnosis code icon was selected.

You can view, create, edit and delete Procedure Codes and Diagnosis Codes from this menu.

The Place of Service Codes is a view only screen.

2.3.1 Diagnosis Code List

Diagnosis Code List

You can manage your diagnosis codes from the diagnosis code list under the Codes Button in the Vertical Menu.

Click on the Codes Button in the Vertical Menu, then click on the Diagnosis icon. You will see the following screen.

🕂 СМЅ 1500						
<u>File E</u> dit <u>V</u> iew <u>F</u>	≘ile <u>E</u> dit <u>V</u> iew <u>H</u> elp					
New Cut Copy) 🐰 🗈 🛍 🗙 🖬 🕖 🖄 🔯 🏟 w Cut Copy Paste Delete Export Save Cancel					
Claims	Diagnosis					
Tables						
Codes	Look For:	In: Code 🗾	Find Now Clear			
	Code	Description				
29						
Diagnosis						
Procedure						
Z						
Place of Service						
Place of Service						

As you can see, the software does not contain any diagnosis codes when it is first installed. You can add the appropriate codes for your practice individually by clicking on File then New, clicking on the New icon or by using your Ctrl - N keys. This will bring up the input fields at the bottom of the page.

Code	
Description	
Changed By	Date

Enter the code number in the top field and the code description in the bottom field. Click on the Save icon or use your Ctrl - S keys to save the code. You can edit any code by simply highlighting the code and changing the data in the above fields and clicking Save.

(If you purchase the ICD-9-CM code disk from SpeedySoft USA or your vendor you can bypass this operation and install all of the diagnosis codes in a few minutes.)

The Diagnosis codes listed here are used in Block 21 1-4 on the form. If you are filling out a new claim form you can simply double click in Block 21 to bring up this list. Then you can import your choice of codes by double clicking on the code itself. This will take you back to the form for further entry.

2.3.2 Procedure Code List

Procedure Code List

You can manage your procedure codes from the procedure code list under the Codes Button in the Vertical Menu.

Click on the Codes Button in the Vertical Menu, then click on the Procedure icon. You will see the following screen.

➡ CMS 1500						
<u>File E</u> dit <u>V</u> iew <u>F</u>	<u>File E</u> dit <u>V</u> iew <u>H</u> elp					
New Cut Copy	Paste Delete Export	🧭 🔀 📝 Save Cancel				
Claims	Procedures					
Tables						
Codes	Look For:	In: Code 🗾	Find Now Clear			
	Code	Description	Amount			
29	*					
Diagnosis						
Procedure						
Place of Service						

As you can see, the software does not contain any procedure codes when it is first installed. You can add the appropriate codes for your practice individually by clicking on File then New, clicking on the New icon or by using your Ctrl - N keys. This will bring up the input fields at the bottom of the page.

Code		
Description		
Amount		
Changed By		Date

Enter the code number in the top field and the code description in the bottom field. Click on the Save icon or use your Ctrl - S keys to save the code. You can edit any code by simply highlighting the code and changing the data in the above fields and clicking Save.

The Procedure Code list works the same as the Diagnosis Code list but has an additional field for your fee for the procedure. If you have different fees for different payers you can simply add the code with a different fee. I would suggest changing the description to reflect the appropriate payer. An example is below.

	Code	Description	Amount
▶	11223	Leg Cast - Aetna	125.00
	11223	Leg cast - BCBS	75.00

The Procedure codes listed here are used in Block 24d on the form. If you are filling out a new claim form you can simply double click in Block 24d to bring up this list. Then you can import your choice of codes by double clicking on the code itself. The fee will also be imported into Block 24f.

2.3.3 Place of Service Code List

Place of Service Code List

Place of Service codes are used in Block 24b of the claim form.

This code list will help you determine the correct Place of Service code to use for your practice. Once you determine the correct code to use you can set it to fill in Block 24b by default whenever you start a new claim. Default settings are done in the Settings menu under the Set Up button in the Vertical Menu. Alternatively, you can double click inside Block 24b to bring up this list and choose a Place of Service.

🕂 CMS 1500			
<u>File E</u> dit <u>V</u> iew <u>I</u>	<u>H</u> elp		
Cut Copy Pas	1 🗗	Ø	
Claims Tables	Place of S	ervice	
Codes	Look For:	In: Code 💽 Find Now Clear	
_@	Code	Name	
39	▶ 11	Office	
Diagnosis	12	Home	
_	15	Mobile Unit	
R.	20	Urgent Care Facility	
	21	Inpatient Hospital	
Procedure	Code Name	11 Office	
Place of Service	Description	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations diagnosis, and treatment of illness or injury on an	, ,

2.4 Set Up Button

2.4.1 Set Up

Set Up

When you first start the Speedy Claims you will see a pop-up window asking if you want to go to the setup page. Choose yes.

This page is where you set your preferences and input your default Provider information. You can save the data at any time by clicking on the Save icon.

Dave	
Roy	# 24 - Total Charges
BOX .	# 24 - Total Charges
0 T	otal Charges WITH Multiplied Days or Units
CT	otal Charges WITHOUT Multiplied Days or Units

ø

This option controls whether Box 24F (Charges) is multiplied by Box 24G (Days or Units) to produce the Total Charge in Box 28. Most carriers will accept claims with Charges multiplied by Units but some do not.

Box # 24B - Place of Service
Default Place of Service:
11 - Office

This option allows you to set your default Place of Service code. Your choice will automatically populate Box 24b on the form.

Box # 25 - Federal 1	Information	_
Tax ID Number		
C SSN	C EIN	

Choose the appropriate option and fill in the blank with the provider's SSN or EIN. This data will automatically populate Box 25 on the form.

Box # 31 - Physician	's Signature
Signature on File	SOF
	, ,

Either leave this blank or type "Signature on File" or "SOF". This data will automatically populate Box 31 on the form.

Box # 33 - Physician's Supplier Name	's Billing Information	Phone # () -
Address		NPI Number
City	State 🗨	Non NPI ID
Zip Code		

Fill in with the appropriate data. This data will automatically populate Box 33 on the form. **NOTE:** The Other ID # is a payer assigned unique identifier and may change depending on to whom the claim is being submitted. Insert your most commonly used Non NPI ID# here and change on the form as needed. Alternatively you can leave this field blank and fill in on the form as needed. Default Print Type Print Red (Uses Red CMS-1500 Form) Print Black (Uses Blank 8.5 × 11 Paper)

Choose Print Red if you print your claims onto the Red CMS-1500 form. Choose Print Black if you wish to print the data AND the form onto blank paper. **NOTE:** Most carriers will not accept forms that are not printed on the official Red CMS-1500 form.

Default Form Type	
C CMS1500 - Pre October 2006	

You can choose which CMS 1500 form to display here. This setting affects both the form displayed and the ECH "Print Image" form if you are using the electronic claims module.

Program Update Option	
C Perform Upgrades Automatically	
C Ask Before Performing an Upgrade	
C Don't Perform Automatic Upgrades	
5	

Updates to your Speedy Claims are free. This option tells Speedy Claims how you want to perform the updates. If you choose to not perform automatic updates you can update by clicking on Check for Update under the Help Menu. You must be connected to the Internet and online to receive updates.

Tables
Codes
Setup

You can return to the Setting screen at any time by clicking on the Setup Button in the left hand vertical menu bar.



This page is printed before a new top-level chapter starts



3 Printing Claims

3.1 Printing

Printing

You have two options for printing your claims.

- You can print your claims onto the standard OCR red form.
- You can print your claims onto plain paper. This option prints the form and the data in black.

You can set you option in the Set Up menu under the Settings button.

Printing can be done claim by claim as you create them or you can print them later from the Claims List. . If you print a claim when you create it, the claim is automatically saved to the Claims List. Alternatively, you can save the claims as you create them and "batch" print them at a later time. Open the Claims List found under the Claims button in the Vertical Menu. Select the claim you want to print from the list by left clicking on it once. Then click on Print. You can select multiple claims to print at the same time by holding down your Ctrl key while selecting the claims from the list.

When you click on the print icon the printer dialog box opens.

Print CMS-1500	X
Printer	Properties
Make Default for CMS-150	00 Printing
Currency Punctuation Show Punctuation:	Copies Number of copies: 1
Eorm / Printer Settings	OK Cancel

If you have any alignment problems the Form/Printer Settings button in the lower left corner of the dialog box is where you go to fix them.

3.2 Printer Alignment Guide

Printer Alignment Guide

If your printer does not line all the data fields up correctly with the standard OCR red forms there are a few simple steps you can take to align the software to your printer. We created the Form/Printer Settings program to make it easy for you. You can access the program by choosing a form to print then selecting the Form/Printer Settings button in the lower left of the printer dialog box.

We will discuss using the All Text, Carrier Text and Vertical Spacing tools first as these three solve 90% of all alignment problems.

34

CMS-1500 Form / Printer Settings	$\overline{\mathbf{X}}$
Text Alignment	Text Font 10 pt Arial Modify Bottom Row Text Adjustment Default Save all settings
Expand + 0 - Contract	
Restore Defaults Restore Saved	OK Cancel Help

The All Text Tool

The All Text tool, as it's name implies, will move all the text on a form an equal amount in one direction or another. For instance, if all of your text was printing a little low on the page then you would select the up arrow under All Text to move the text upward on the page as in the example here.



Each click of this tool will move the characters approximately .02 inches. Six clicks will move the text about 1/8 of an inch which is about equal to one character width or height. You can move the text either left or right and either up or down on the page.

The Vertical Text Tool

If your printer starts the top of the form correctly but the text gets progressively farther and farther off alignment vertically then this is the tool to use.

Vertical spacing (All Text)

	-		-	
Expand	+	0	-	Contract

If the text is correct at the top of the page but too high at the bottom then you will Expand the spacing. If it is too low at the bottom of the page you will Contract the spacing. Each click of this tool will move the bottom text approximately .05 inches. Five clicks will move the bottom text about 1/4 inch.

The Carrier Text Tool

The Carrier Text tool can be used to help align the insurance name and address with your window envelopes or in case it does not line up correctly on your page.



This tool works exactly the same as the All Text tool but it only moves the Insurance Carrier text. **The Bottom Row Text Adjustment Tool**

The Bottom Row Text Adjustment affects Boxes 31, 32 and 33 only. If the bottom lines are a little crowded then using this tool will help.

Bottom Row Text Adjustment

	Default
	Default
	Reduced Font
	Reduced Spacing
1	Reduced Font & Reduced Spacing

- Reduced Font Prints the text in font size minus one.
- **Reduced Spacing** Shifts the text up one unit per line. i.e. the first line is shifted up one unit, the second line two units, etc.
- Reduced Font & Reduced Spacing Both.

The Text Font Tool

The Text Font tool will allow you to change the printer font to any font face, size and style available on your computer.

Text Font	
10 pt Arial	Modify

The default is 10 pt Arial and this font works for nearly all printers.

Restore Tool

Once you have everything printing the way you want it to be sure to click the Save all settings box. The software will then always print using your settings and you will not have to reset them every time you print.

Restore Defaults	Restore Saved
------------------	---------------

Clicking on Restore Defaults will reset the settings to 0. Clicking on Restore Saved will reset the settings to your saved settings.

Dot Matrix Printers

A common problem with dot matrix printers is that their default settings do not allow them to print close to the bottom of the page and parts of Boxes 31, 32 and 33 will not print. In this case, you must find the default setup for your printer and change the setting.

Occasionally dot matrix printers will override the software settings and use their default font and spacing settings throwing off the print. In this case again, you must find the setup for your printer and allow it to be software controlled.



This page is printed before a new top-level chapter starts



4 Electronic Claims

4.1 Why Use Electronic Claims

Why Use Electronic Claims?

The object of electronic billing is to eliminate paper generated medical claims, to submit cleaner claims to payors/carriers, provide faster payment, and to help providers and payors/carriers cut the costs involved in processing paper and erroneous claims. You get paid faster and many times you get paid more.

The average cost to submit a paper claim is \$5.00 and normal payment is 60 to 120 days. The cost of an electronic claim runs less than \$.45 and payment can be received in 7 to 14 working days. Both the government and insurance carriers are moving toward requiring electronic transmittal of claims to help reduce costs.

Can I send my claims directly to Medicare?

Speedy Claims is set up to utilize a clearinghouse. You cannot send electronically direct to Medicare or other insurance companies.

What is a clearinghouse?

A clearinghouse is like an electronic post office. You send all your claims to them and they sort them out and make sure they go to the right place and in the right format. They charge a small fee (about the same as a stamp) but save you a lot of time and frustration trying to send your claims individually. They also do a lot of upfront edit checking to make sure you have the information needed to submit the claims. This alone is worth using because your rejection rate will drop.

Which clearinghouse can I use?

You can use any clearinghouse that accepts the "print image". Most of them do.

Do you recommend a particular clearinghouse?

Yes.We have worked with the ET&T Clearinghouse for over 8 years. We highly recommend that you use them as your clearinghouse.

ET&T has agreed to discount their rate to Speedy Claims users. They are dropping 10 cents off the regular rate of \$.45. You pay only 35 cents per claim when you send your claims from the Speedy Claims software. That is less than the price of a stamp to mail the claim!

Sign up for electronic claims today and start saving money and time and maximizing your income.

4.2 Upgrading to Electronic Claims

Upgrading to Electronic Claims

If you wish to upgrade to electronic claims you will first need to contact SpeedySoft USA or your vendor to purchase the upgrade. Once the upgrade is processed you can click on Help, Upgrade to ECH. Your software will be automatically upgraded.

Please allow 24 hours for the database to be reset and your upgrade to go into effect.

4.3 Step One - Creating a Batch Folder

Step One - Creating a Batch Folder

Clearinghouses do not want you to send each individual claim to them separately. They want you to "batch" your claims together into one file and send them all at once.

The first step is to create a Folder where you will store your electronic claim Batch Files. You will only have to do this one time. From then on you will use the same folder for all of your batch files.

Open My Computer (or Computer). You will see a list of the drives on your computer.



Double click on your C: drive to open it up. Then you will click on File then New then Folder. This will create a new folder on your C: drive.

🗢 System XP (C:)						
File	Edit	View	Favorites	Tools	Help	
Ne	New		🕨 🧰 Eolo	der		
Create Shortcut		⊡ <u>S</u> ho	rtcut			

Rename this folder by Right clicking on the folder then left clicking on Rename. Change the name to EClaims or something similar.

mykey.pvk	Delete	
	Rename	File
ollback.ini	Properties	figura
New Folder (3)		File Folder

Your batch FOLDER is now created and it is located at C:\EClaims. This is where you will store all of your batch FILES.

42

4.4 Step Two - Creating a Batch File

Now that your batch folder is created you are ready to create a Batch File which you can send to the clearinghouse.

There are several different ways to create an electronic claims batch file:

- You can simply create the claim and press the ECH button. Repeat for each claim.
- You can create many claims, saving each one as it is created. Once you are ready to file, open the Claims List, select the claims you wish to send by holding down your Ctrl key and clicking on multiple claims. Then click on the ECH icon.

When you click on the ECH icon for the first time in any session you will be asked to choose a location to save the file. You want to browse to your Batch Folder already setup.

You will also be asked to name the file. Check with your clearinghouse to see if they have a particular naming convention they want you to follow. Otherwise, you might want to choose a name that is date relative so you easily tell when a particular file was submitted.

Once your batch file is created you simply use the software or portal provided to you by the clearinghouse to send the file to them.



This page is printed before a new top-level chapter starts



5 Support

5.1 Registration Problems

Registration Problems

Your Speedy Claims License entitles you to install the software on a single computer. If you try to install it on an additional computer you will get the error message that it is already registered.

If you need to install the program on more than one computer you can obtain additional licenses from your vendor or SpeedySoft USA at a discount.

Occasionally a computer will crash and the program will have to be reinstalled. If this happens you will have to call support at 888-217-2303. The support techs can reset the database to allow you to reinstall.

Hopefully, you have been doing daily backups and did not lose all your data during the crash.

5.2 Deregistering/Moving the Program

Your Speedy Claims license allows you to register the program on one computer. If you need to use it on more than one computer you must purchase additional licenses.

You can, however, move the program to a different computer if you need to do so. Lets say you just bought a new computer and you want to use it to do your billing instead of the old clunker. Here is what you need to do.

NEW COMPUTER

- Go to www.speedysoftusa.com and download the latest version.
- You can download and install the 10 day trial because it is the full working version.

OLD COMPUTER

- Do a database backup by clicking on File then Backup Data.
- Name the file something like speedybackup and save it onto your Desktop.
- Click on the Help menu at the top and then click on About.
- Write down your 8 digit serial number.
- Copy the backup file onto a flash drive or other removable media.

NEW COMPUTER

- Plug in the flash drive or other media that contains the backup file.
- Open the Speedy Claims.
- Click Register Later.
- When asked if you want to go to the Setting Page choose No.
- Click on File then Data Restore.
- When asked whether to overwrite or append select Overwrite.
- Browse to the removable media and select the backup file and click open.
- Once it is done writing the files to your new Speedy Claims click on the Claims List to make sure your data has been safely transported.
- Close Speedy Claims.

OLD COMPUTER

• In Speedy Claims click on the Help menu and then click on Deregister. This will release your serial

number so you can use it to register on the new computer. THIS MUST BE DONE WHILE ONLINE OR IT WILL FAIL.

• Once the software is deregistered we recommend that you also uninstall it. You have confidential patient data inside Speedy Claims and it is better to be safe then sorry.

NEW COMPUTER

- Open the Speedy Claims.
- Choose Register now.
- Enter your 8 digit serial number and click continue twice.

Index

- C -

CMS 1500 Form 12, 16, 30 Creating Electronic Claims 40

- P -

Printer Alignment Guide 12, 30, 34

- R -

Registration Problems 10, 44

Endnotes 2... (after index)

