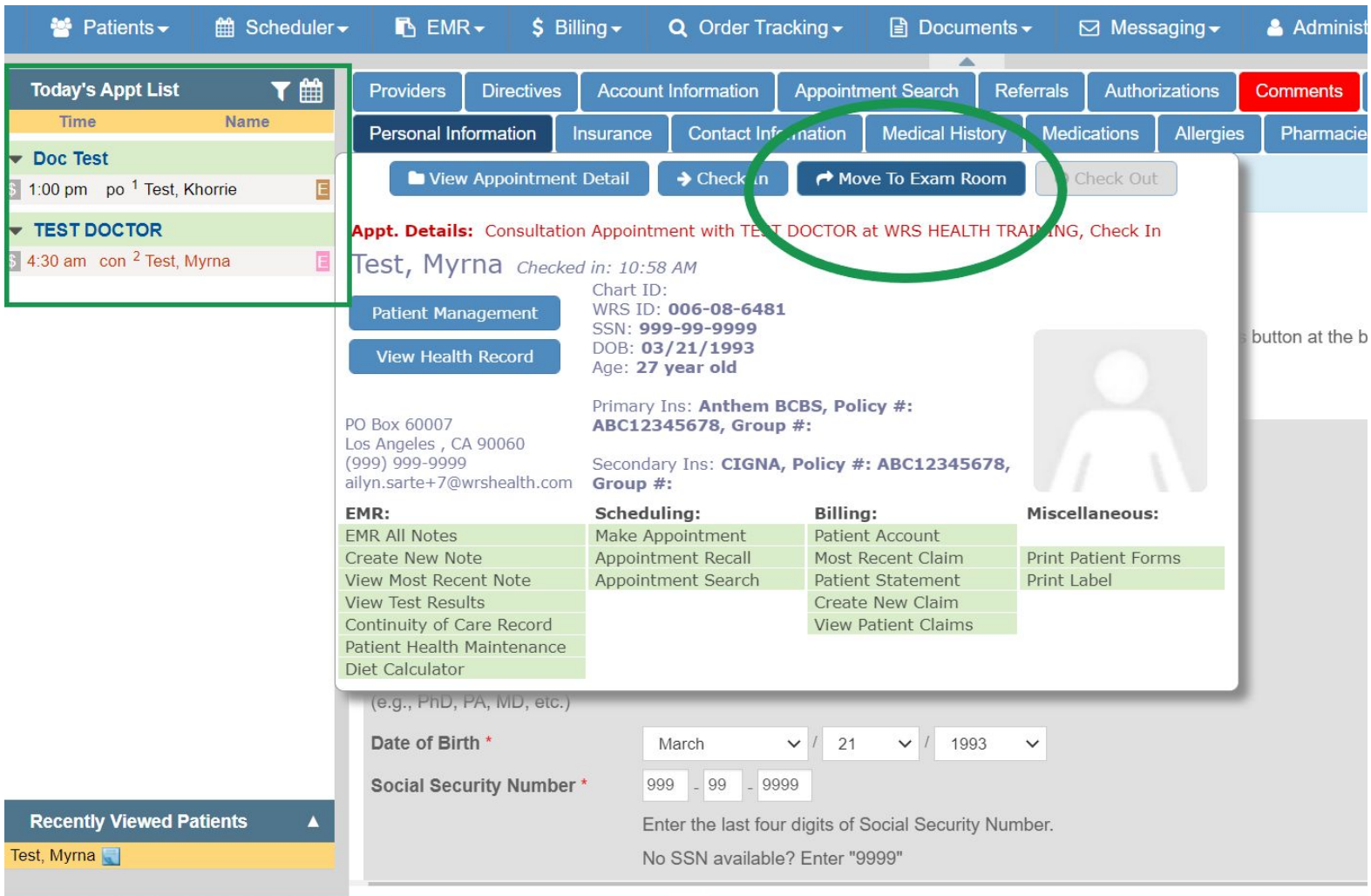


**How to create a claim from the **CREATE CLAIMS** queue:**

Review the appointment list. This contains the patients scheduled to specific providers and locations. Front Desk performs the check-in and check-out workflow.

When the option **Move To Exam Room** is clicked, the system automatically prepares the EMR NOTE.



The screenshot displays the WRSHealth software interface. At the top, there is a navigation bar with icons for Patients, Scheduler, EMR, Billing, Order Tracking, Documents, Messaging, and Administration. Below this is a secondary menu with buttons for Providers, Directives, Account Information, Appointment Search, Referrals, Authorizations, and Comments. A third menu contains buttons for Personal Information, Insurance, Contact Information, Medical History, Medications, Allergies, and Pharmacies. The main content area is divided into two sections. On the left, a 'Today's Appt List' table shows two appointments: '1:00 pm po 1 Test, Khorrie' and '4:30 am con 2 Test, Myrna'. The '4:30 am con 2 Test, Myrna' appointment is highlighted with a green box. On the right, the 'Appt. Details' for Myrna Test are displayed. The 'Move To Exam Room' button is circled in green. Below the appointment details, there are buttons for 'View Appointment Detail', 'Check In', 'Move To Exam Room', and 'Check Out'. The patient details include: 'Appt. Details: Consultation Appointment with TEST DOCTOR at WRS HEALTH TRAINING, Check In', 'Test, Myrna', 'Checked in: 10:58 AM', 'Chart ID: WRS ID: 006-08-6481', 'SSN: 999-99-9999', 'DOB: 03/21/1993', 'Age: 27 year old', 'Primary Ins: Anthem BCBS, Policy #: ABC12345678, Group #:', and 'Secondary Ins: CIGNA, Policy #: ABC12345678, Group #:'. There is also a patient management section with buttons for 'View Health Record' and 'View Appointment Detail'. At the bottom, there is a 'Recently Viewed Patients' section showing 'Test, Myrna'.

Time	Name
1:00 pm po 1	Test, Khorrie
4:30 am con 2	Test, Myrna

**Appt. Details:** Consultation Appointment with TEST DOCTOR at WRS HEALTH TRAINING, Check In

**Test, Myrna** Checked in: 10:58 AM

Chart ID:  
WRS ID: **006-08-6481**  
SSN: **999-99-9999**  
DOB: **03/21/1993**  
Age: **27 year old**

Primary Ins: **Anthem BCBS, Policy #: ABC12345678, Group #:**  
Secondary Ins: **CIGNA, Policy #: ABC12345678, Group #:**

PO Box 60007  
Los Angeles, CA 90060  
(999) 999-9999  
ailyn.sarte+7@wrshealth.com

EMR:	Scheduling:	Billing:	Miscellaneous:
EMR All Notes	Make Appointment	Patient Account	Print Patient Forms
Create New Note	Appointment Recall	Most Recent Claim	Print Label
View Most Recent Note	Appointment Search	Patient Statement	
View Test Results		Create New Claim	
Continuity of Care Record		View Patient Claims	
Patient Health Maintenance			
Diet Calculator			

(e.g., PhD, PA, MD, etc.)

**Date of Birth \*** March / 21 / 1993

**Social Security Number \*** 999 - 99 - 9999

Enter the last four digits of Social Security Number.  
No SSN available? Enter "9999"

**Recently Viewed Patients**

Test, Myrna

Patients Scheduler EMR Billing Order Tracking Documents Messaging Administration

### ORDERS AND PROCEDURES

Test, Myrna  
27 year old female,  
DOB: Mar 21, 1993  
Tel: (990) 998-3333

**CLINICAL DATE**  
SEP 6, 2020 TO SEP 6, 2020

Procedures Orders Type CPT Code / Description to search Add View All Results Show Tests due

Orders

2 LABS 3 LABCORP TEST 4 Radiology version 2 C Codes (2) - May C Codes - May Cardiology - Mac

[67700] BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	[E0570] NEBULIZER, WITH COMPRESSOR	[36415] VENIPUNCTURE
[PA1039] CLAY PANEL	[PA1037] RACHELLE PANEL	[36410] VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING ...

Current Procedure	Comments	Diagnosis	Ordered on	Action
No Current Procedures.				

Current Order	Comments	Diagnosis	LabName	Ordered on	Expected DOC	Action
No Current Orders.						

#### SERVICE CODING

Service Level Medical Decision-making

Type of patient visit: Office visit, established

CPT Code: Suggest

99211	99212	99213	99214	99215
Uncoded	Other:			

**E & M Advice:**  
This note has no CPT code. Do one of these:  
\* Click the Suggest button to see what code this note satisfies  
\* Choose a code

Internal Medicine Note

ALL NOTES

CURRENT NOTE

HPI

IM ROS

Histories & Habits

Vital Signs

IM Physical Exam

Medications

**Orders & Procedures**

Assessment & Plan

Drawing Tool Voice Recorder

Note Sign off

Private Visit

Patient Portal Access

Sign Note

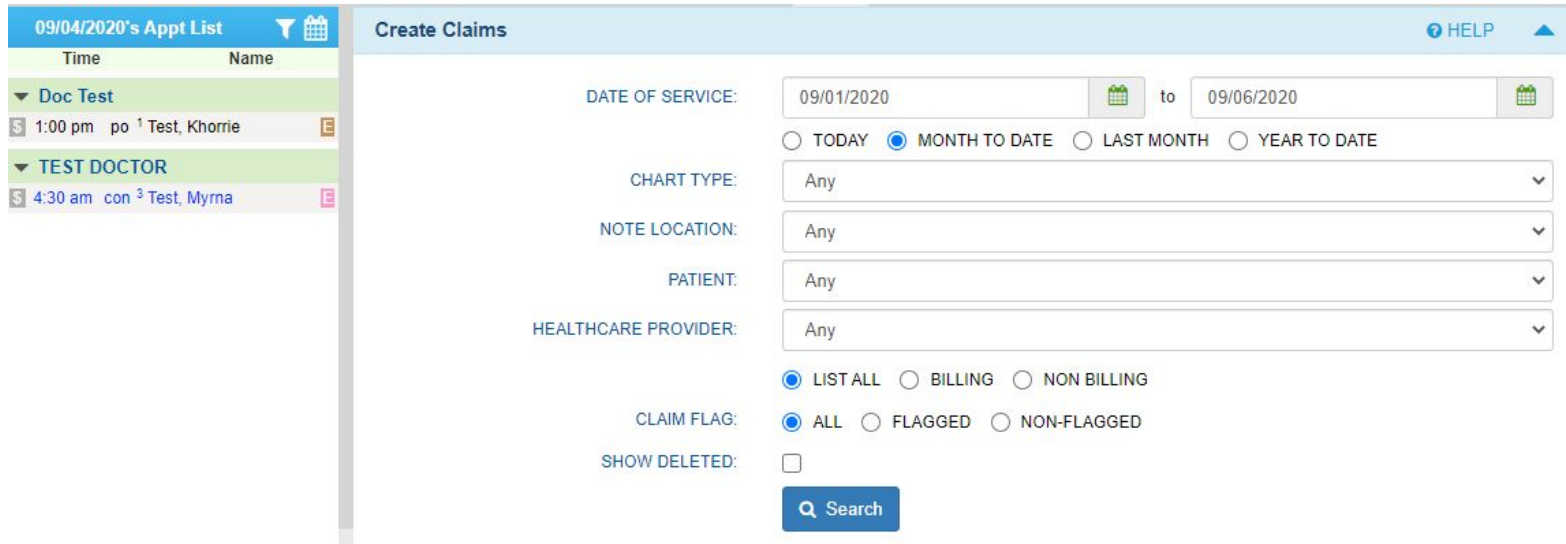
**Clinical Date** - this is going to be the date of service on the claim. Click the calendar icon to modify.

**Orders & Procedures** tab - allows the user to enter CPT, Modifier, and ICD Codes

The CPT, Modifier, and ICD Codes entered in the superbill in the EMR Note automatically populate in the CMS 1500/claim form.

## CREATE CLAIMS section

To create a claim from the EMR note, go to **Billing > Claims > Create Claims**



Select the filters to pull the notes:

**Date of service** - select a date range by clicking the calendar icon. Year to Date option ensures that all claims including from older date of service are pulled up.

**Chart type** - filter the notes either signed or unsigned

**Note Location** - filter the notes by location

**Patient** - pull up notes by patient name. Choosing **Any** pulls up all patients in the queue

**Healthcare Provider** - you can bill one provider at a time. Choosing **Any** pulls up all providers in the claims queue.

**LIST ALL / BILLING / NON BILLING** - select **List All** to pull up all billable and non-billable notes (i.e. prescription notes, hospital encounters, phone conversations)

**CLAIM FLAG** - select to pull up flagged or non-flagged notes

You can also choose **Show Deleted** to view all “deleted” notes. Deleted notes are notes that the provider wanted to keep in the chart but will not be billed. An example would be a prescription refill note.



Once you choose your filters depending on the practice policy, click [Search](#). Here you will see a list of notes waiting for claims to be created.

Create Claims HELP

Results

<input type="checkbox"/>	CREATE CLAIM	DATE OF SERVICE	PATIENT	HEALTHCARE PROVIDER	PRIMARY INSURANCE	LOCATION	V	S	R	
<input type="checkbox"/>	Create Claim	6/8/2020	Test, Bong 30 year old, Male, SSN:123-45-6789		BLUE CROSS BLUE SHIELD OF MICH	Testing Site	V	S	R	
<input type="checkbox"/>	Create Claim	6/10/2020	Test, Sarai 27 year old, Female, SSN:999-99-9999		Medicare B	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/12/2020	Test, Amber 0 year old, Female, SSN:999-99-9999		WI Medicaid Inclusa, Inc (WPS)	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/12/2020	Test, Mikaela 32 year old, Female, SSN:999-99-9999		*SELF PAY*	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/15/2020	First, Anne 21 year old, Female, SSN:999-99-9999	DOCTOR, TEST	UNITED HEALTHCARE	Testing Site	V	S	R	
<input type="checkbox"/>	Create Claim	6/18/2020	Test, Ben 38 year old, Male, SSN:999-99-9999		*SELF PAY*	WRS HEALTH TRAINING	V	S	R	
<input type="checkbox"/>	Create Claim	6/19/2020	Test, Shirley 2 15 year old, Female, SSN:234-45-6323		BCBS-KC: BCBS OF KANSAS CITY	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/25/2020	Test, Rachelle 56 year old, Female, SSN:999-99-9999		UNITED HEALTHCARE	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/26/2020	Test, Bong 30 year old, Male, SSN:123-45-6789		BLUE CROSS BLUE SHIELD OF MICH	WRS HEALTH TRAINING	V	S	R	
<input type="checkbox"/>	Create Claim	6/26/2020	Test, A1 32 year old, Female, SSN:123-45-6789	TEST, PROVIDER	Amerihealth Claims Receipt Center	WRS HEALTH TRAINING	V	S	R	
<input type="checkbox"/>	Create Claim	6/26/2020	Test, Alexandra 56 year old, Female, SSN:222-22-2222	TEST, PROVIDER	BCBS-NY: EMPIRE BCBS	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/26/2020	Test, Zoe 2 year old, Female, SSN:999-99-9999	TEST, PROVIDER	Cigna Health Springs	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/26/2020	Test, A1 32 year old, Female, SSN:123-45-6789		Amerihealth Claims Receipt Center	CLINICAL TESTING	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Adeline 25 year old, Female, SSN:999-99-9999	BROWN, ADAM	*SELF PAY*	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Adeline 25 year old, Female, SSN:999-99-9999	BROWN, ADAM	*SELF PAY*	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Ajax 64 year old, Female, SSN:999-99-9999	BROWN, ADAM	Aetna	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Amanda 30 year old, Female, SSN:111-11-1111	BROWN, ADAM	Anthem BCBS	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Brynner 31 year old, Female, SSN:222-22-2222	BROWN, ADAM	Medicare B	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Alyzza 27 year old, Female, SSN:072-75-6854	BROWN, ADAM	Medicare B	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	
<input type="checkbox"/>	Create Claim	6/29/2020	Test, Bryon 38 year old, Male, SSN:999-99-9999	BROWN, ADAM	*SELF PAY*	ADVANCED MEDICAL ASSOCIATES, P.A.	V	S	R	

Submit Selected Claims


1 - 20
21 - 40
41 - 60
61 - 80
81 - 82
»


The results page will show up to 20 notes. You can move to the next page by selecting the options at the bottom of the screen.

On the far right, you will see the buttons: **V for view note**, **S for view superbill**, **R for a referral letter**, and **the trash bin to delete a note**.

PRIMARY INSURANCE	LOCATION	V	S	R	
UNITED HEALTHCARE	Goshen Test	V	S	R	

Deleting a note in the create claims queue does not delete the note on the patient's chart.

 **CREATE CLAIM**    **DATE OF SERVICE**    **PATIENT**

 Create Claim    9/1/2020    **Test, Rachelle** 56 year old, Female, SSN:999-99-9999

**Flags** would be used to communicate that this note cannot be billed and the reason should be put in the comments. The provider can review this by selecting **Flagged** from the filters. An example of when to use a flag is when “procedure code is not valid” or “patient is inactive”.

The **Create Claim** once clicked, pulls the CMS 1500. The first half of the claim form is pre-populated. It gets data from the patient’s demographics.

**CMS 1500**

 Print    Message Type : 837P    Fee Schedule : default \*DEFAULT

Print background

CLAIM STATUS: NEW CLAIM



[Print](#)

INSURANCE PLAN AND ADDRESS:

Anthem BCBS  
PO Box 60007  
Los Angeles, CA 900600007



**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE <input type="checkbox"/> (Medicare #)    MEDICAID <input type="checkbox"/> (Medicaid #)    TRICARE <input type="checkbox"/> (ID#DOD#)    CHAMPVA <input type="checkbox"/> (Member ID#)    GROUP HEALTH PLAN <input type="checkbox"/> (ID#)    FECA BLK LUNG <input checked="" type="checkbox"/> (ID#)    OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) ABC12345678	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) TEST, MYRNA		3. PATIENT'S BIRTH DATE    SEX MM DD YY    M    F <input checked="" type="checkbox"/> 03 21 1993	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) TEST, MYRNA		5. PATIENT'S ADDRESS (No., Street) PO BOX 60007	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) PO BOX 60007	
8. RESERVED FOR NUCC USE		CITY    STATE LOS ANGELES    CA	
CITY    STATE LOS ANGELES    CA		CITY    STATE LOS ANGELES    CA	
ZIP CODE    TELEPHONE (Include Area Code) 90060    (999) 999 - 9999		ZIP CODE    TELEPHONE (Include Area Code) 90060    (999) 999 - 9999	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) TEST, MYRNA		10. IS PATIENT'S CONDITION RELATED TO:	
a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. INSURED'S POLICY OR GROUP NUMBER ABC12345678		a. INSURED'S DATE OF BIRTH    SEX MM DD YY    M    F <input checked="" type="checkbox"/> 03 21 1993	
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME Anthem BCBS	
d. INSURANCE PLAN NAME OR PROGRAM NAME CIGNA		10d. CLAIM CODES (Designated by NUCC)	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>if yes, complete items 9, 9a, and 9d.</i>		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED    Signature on File    DATE		SIGNED    Signature on File	

CARRIER  
PATIENT AND INSURED INFORMATION



While the second half of the form shows the ICD, procedure codes, modifiers entered on the note. Some of the fields, however, does not auto-populate.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE MM DD YY QUAL			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY														
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a.						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
17b. NPI						19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0												22. RESUBMISSION CODE ORIGINAL REF. NO.								
A. R51		B. G44.059		C. G44.001		D.		E.		23. PRIOR AUTHORIZATION NUMBER										
E.		F.		G.		H.		I.		J.		K. L.								
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EP/OT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
1					99214				ABC		300.00		1				NPI			
2																	NPI			
3																	NPI			
4																	NPI			
5																	NPI			
6																	NPI			
25. FEDERAL TAX I.D. NUMBER 260359751				SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE 300.00		29. AMOUNT PAID \$ 0		30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION WRS HEALTH TRAINING 2004 ROUTE 17M GOSHEN NY 10924-5210						33. BILLING PROVIDER INFO & PH # (973 928 5101 ADVANCED MEDICAL ASSOCIATES, P.A. 1450 MAIN AVE CLIFTON NJ 07011-9999								
Supervising Provider: DOCTOR TEST						Rendering Provider: DOCTOR TEST						a. 1234567890		b. 260359751						

**Box 17** is where you would add the referring, rendering, or supervising provider when needed. Chose the provider qualifier from the dropdown and the provider on the next dropdown.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE MM DD YY QUAL														
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a.						17b. NPI					
<div style="border: 1px solid black; padding: 5px;"> DN-Referring Provider  DK-Ordering Provider  DQ-Supervising Provider </div>						ON (Designated by NUCC)						DIAGNOSIS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0					

**Box 21A – L** is where diagnosis codes will populate. You can remove or add right into the claim form. You can also type in a question mark and enter to pull up the [ICD-9/10 Lookup](#) and search for a diagnosis.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL				15. OTHER DATE QUAL MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0									
A. R51		B. G44.059		C. G44.001		D. ?			
E.		F.		G.		H.			
I.		J.		K.		L.			
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY		B. PLACE OF SERVICE EMG		C.		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	
1 09 06 2020 09 06 2020 11		11		99214				ABC	
2									
3									
4									

ICD9 Code Lookup - Google Chrome

ehr.wrshealth.com/billing/lcd9LookupPage.php?

### ICD-9/10 Lookup

ICD-9/10 CODE

DESCRIPTION

CATEGORY

VERSION

**Box 23** is where you will see a prior authorization or referral when one is on file. The CLIA number is also found in the dropdown once added in your billing setup.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								22. RESUBMISSION CODE ORIGINAL REF. NO.					
A. R51		B. G44.059		C. G44.001		D. ?		23. PRIOR AUTHORIZATION NUMBER					
E.		F.		G.		H.		<div style="border: 2px solid green; padding: 5px;"> <p>VALID AUTHORIZATION NUMBERS</p> <p>CLIA05D0987504</p> <p>ENTER YOUR OWN NUMBER</p> <p>ADD NEW REFERRAL</p> <p>ADD NEW AUTHORIZATION NUMBER</p> </div>					
I.		J.		K.		L.							
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY		B. PLACE OF SERVICE EMG		C.		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER						E. DIAGNOSIS POINTER	
1 09 06 2020 09 06 2020 11		11		99214								ABC	
2													
3													



**Box 24** is the procedure or CPT coding area. Above the date of service populates the NDC code, when applicable. You can type in a question mark in 24D to search for a CPT code by name. You can also reassign a diagnosis to a CPT in Box 24E.

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER												
1	09	06	2020	09	06	2020	11		99214		ABC	300.00	1		NPI	
2	N470069000501 [CYANOCOBALAMIN 1,000 MCC]								ML							
	09	06	2020	09	06	2020	11		J3420		ABCD		1		NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

**Box 24J** - The rendering provider NPI will automatically crossover to the clearinghouse. There is no need to manually enter the information in this box unless you are mailing a paper claim.

You can only enter up to 6 procedure codes unless already added in the EMR note. Once all fields are reviewed, you are now ready to verify by choosing the following options:

Verify and Submit Electronically

Verify and Drop To Paper

Send To Hold Queue

If you are ready to submit your claim, click **Verify and Submit Electronically**, this scrubs the claim using the CCI National Correct Coding Initiative edits as well as the LCD, Local Coverage Decision edits. If your claim passes these edits, a claim number will be assigned (also populated in Box 26) and the claim will be transmitted to the clearinghouse at midnight. If the claim is not accepted, the system will show the error reason and allow you to make changes before submitting it again.

**Verify and Drop To Paper** will allow you to print the CMS1500 and manually mail the claim form. **Send To Hold Queue** puts the claim on hold. Both options do not submit the claim to the clearinghouse.