



Medicare EDI Alert !!! NEW MEDICARE EDIT IS NOW IN EFFECT

We have just been informed that effective July 6, 2004 Medicare started deleting most if not all claims because of a newly added edit. This new Medicare edit rejects all claims included in a transmission if the Billing Phone Number, field 7 in the Physician/ Provider file, contains any characters other than numbers. For example, if the Billing Phone number is entered as 818-706-9191, your claims will be rejected because of the "-" characters in this field. Although the ANSI 4010 printed specifications allow for these characters in this field, Medicare has decided to no longer accept them.

The rejections will show up on the Error Summary Report (ESR) with the following message: INVALID COMM NO - CLAIM DELETED and all claims transmitted in this file will be rejected. Our programming team quickly made a change to the Avanta System to accommodate this new Medicare edit. This updated Avanta program is being distributed to our clients this week, and will strip out all non-numeric characters in the Billing Phone number field for future transmissions.

You can be proactive in addressing this issue by removing any non-numeric characters from the Billing Phone number field. Once you have identified the transmission(s) which have the above stated rejection, they can easily be reflagged using the new Reflag Previously Billing Items program. Then a new transmission files needs to be built and transmitted.

As always, a vital part of transmitting electronic claims is verifying that Medicare and/or Proxymed received your claims submission and more importantly are actually processing all your claims. For your Medicare

(continued to the right)

(continued from the left)

electronic claims it is important to check the Transmission Log for a transmission confirmation number, the (ACK) Acknowledgment Report for a transmission confirmation number and claim count, and the (ESR) Error Summary Report for claim level detail as to which claims are being denied. The ACK should be received immediately after your transmission is sent, the ESR should be received within three days of the transmission being sent and may contain multiple transmissions if they were sent within this period. If you want to check to see if your system has already been updated, if you have any questions regarding this new Medicare edit, or if you have any questions regarding your Medicare Error Summary Report, please call Avanta.

★★ QUICK KEYS ★★

Did you know that the Avanta system offers Quick Keys to more efficiently navigate through patient information? Quick Keys provide instant access to various areas of your practice, allowing the user to press fewer keys and save valuable time. You may use Quick Keys from the home screen to access information for the current patient which is noted on the bottom left of your screen. Below is a listing of the Quick Keys and their functions:

- [F1] Enter Patient Data
- [F2] Post Charges
- [F3] Post Payments/View Ledger
- [Shift-F3] ... Reference View Ledger
- [F4] Patient Balance
- [F5] Print Statements
- [F6] Insurance Billing
- [F7] Recall Data
- [F8] Patient Notes
- [F9] MedChart