

Review claims

Last Modified on 01/11/2023 3:41 pm AEDT

The introduction of Medicare Web Services means you no longer need to batch invoices in Zedmed. Claims are automatically sent one at a time and invoices are still paid in bulk by Medicare. These Claims are now managed in the **Claims Status** screen's Claims tab and Payments tab.

Overview

The Claims tab makes it easy to review submitted claims, including those that have been received and responded to by Medicare and those that were not accepted by Medicare. Key to using this tab is understanding all of the headings and status types, which are explained in the sections below.

Common uses for the Claims tab:

- Investigate rejected items, overpayments and underpayments so you can complete a reconciliation.
- Review and void rejected claims for full invoices.
- · Reinvoice invalid claims.

To open the Claims tab:

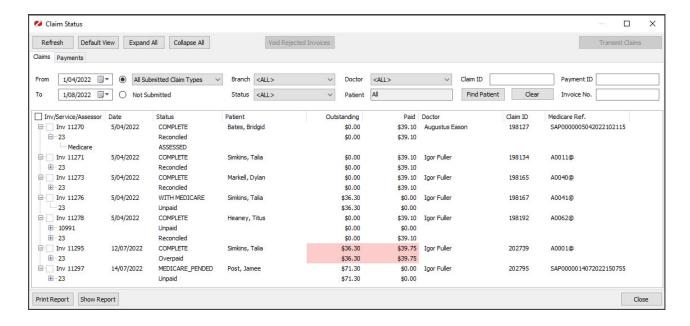
- 1. Go to Zedmed's Management tab.
- 2. Select Claims, and the Claims Status screen will open on the Claims tab.

Claims Status (top) menu options:

- Refresh updates the listed invoices after selecting a filter, for example, a date range or doctor.
- **Default View** resets the view to all New (not receipted) invoices.
- Expand / Collapse All expands or collapses all listed invoices.
- Void Rejected Claims voids the selected invoice. You can then create a new invoice with the required changes.
- Transmit Claims is used to transmit any held (suppressed) Medicare, DVA, bulk bill and fund invoices.

Claim Status Detail report

To help staff communicate key information, Zedmed v35.3.3 adds **Print Report** and **Show Report** buttons to the **Claims** tab so you can view or print the information displayed on the screen. To adjust what is included, use the options in the **Filtering** section below, select **Refresh** then open the report.



Processing rejected claims

Medicare can reject a claim for a full invoice or an item in an invoice. In both scenarios, the process is to review the reason shown on the Claims tab, take any required actions such as raising a new invoice, then void the rejected invoice or item.

In Zedmed v35.3.0 and later, Outstanding and Paid values that don't match will be highlighted in pink. Double-clicking the payment opens it in the Claims tab where you can see the Overpaid, Underpaid or Rejected status and any reasons provided by Medicare. The invoices will be sorted with rejected items at the top, then underpaid and overpaid. If you click a patient their record will open for easy access to Acc Enquiry (to open the invoice) and Billing (to reinvoice).

Rejected claims for items

If an item in an invoice is rejected when performing a reconciliation on the **Payments** tab, you will receive the following message: 'Claim for service ID was rejected'. You can also tell if a payment includes a rejected item as the amount Paid will be less than the amount Outstanding (although this could be due to an underpayment of an item and not a rejection).

You can void the rejected item or investigate the rejected item and then void it. Both of these tasks are explained below.

To investigate a rejected item identified in the **Payments** tab:

1. From the **Payments** tab, double-click on the payment ID.

This will open the payment and the invoices it is for, in the **Claims** tab.

You can also search for the specific invoice number in the Claims tab by using the Invoice No. field provided and selecting **Refresh**.

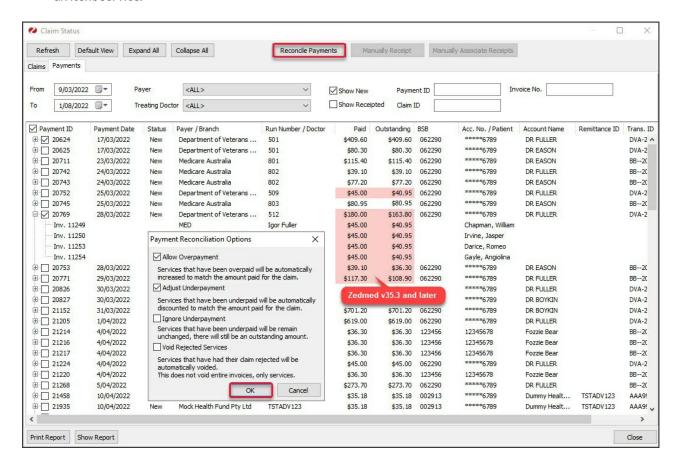
The invoice with the rejected item will have the **Status** COMPLETE as Medicare considers the claim complete.

- 2. Expand the invoice and review the item. The reason for the rejection will be displayed next to the Status.
- 3. You can double-click an invoice or the patient to open the **Patient Details** screen for easy access to **Acct Enquiry** and **Billing**.

To void a rejected item:

- 1. Go to the Payments tab and select the payment with the rejected invoice items.
- 2. Select Reconcile Payments.
- 3. Select Void Rejected Services on the Payment Reconcile Options dialog.
- 4. Select **OK**.

Void Rejected Services is not selected by default as rejected items may indicate that an update is required for an item/service.



Rejected claims for full invoices

If a full invoice is rejected, it will not appear in the **Payments** tab as there will be no payment. It will appear in the **Claims** tab, so you need to come to the Claims tab on a regular basis to review and void rejected invoices. The reason for the rejection can be seen by expanding the invoice.

To process rejected claims for full invoices:

- 1. Go to the Claims tab.
- 2. Select Rejected from the Status field.
- 3. Select Refresh.

All rejected invoices will appear.

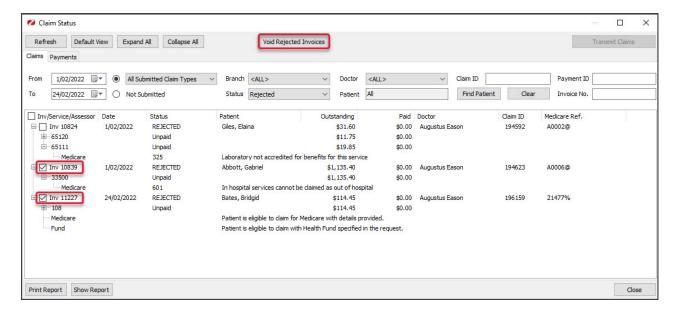
4. Expand each invoice to see the reason for the rejection next to the status.

5. Take any required actions such as creating a new invoice.

For fast access to **Acct Enquiry** and **Billing**, double-click the invoice to open the Patient's details. Once you have reviewed the reason for the rejection and taken the required actions, you can void the invoice.

- 6. Select the invoice to be voided.
- 7. Select the Void Rejected Claims button.
- 8. Confirm the action.
- 9. Repeat these steps for each **Rejected** status. For example, **Rejected Fund**.

The invoice will disappear from the Claims tab but it will still appear in Acct Enquiry with the status Void.



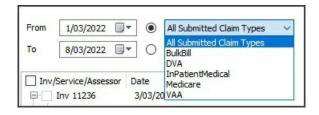
Filtering and locating invoices

Claims Invoices for the past week are shown by default, and you can filter what is displayed to view specific payers or invoices. Select **Refresh** after changing the display options.

To find a specific invoice or invoices, enter a Patient ID, Payment ID, Claim ID or Invoice No into the fields provided and select Refresh. If you are using filters to limit what is shown, they will not filter out invoices that match the search criteria.

Claims tab display options (Refresh to update selections):

- From & To are used to display invoices within a selected date range based on the invoices' creation date.
- Claim Types allows you to view invoices sent to the following payers:
 - All Submitted Claim Types shows invoices for all payers
 - Bulk Bill Medicare invoices (Terminology change).
 - DVA Department of Veterans Affairs invoices.
 - InPatientMedical ECLIPSE invoices(Terminology change).
 - **Medicare** Private patient invoices patient is the payer. Uses MA Online or Tyro Easy Claim (Terminology change).
 - VAA DVA Allied Health invoices.



- Not submitted is used to show Medicare and DVA bulk bill and fund invoices that have been held (suppressed).
- Branch is used to view invoices from the selected branch.
- **Status** is used to show only invoices with the selected status, for example, Cancelled, Complete or Invalid invoices.
- **Doctor** is used to show the invoices for a selected doctor.

Understanding the information shown

The following columns provide information for each claim:

- Inv/Service/Assessor the invoice number, service and the assessor of the claim.
- Date when the invoice was completed and submitted.
- Status tells you if the claim has been completed and reconciled, if an invoice was rejected, if an underpayment or overpayment was received and where the invoice is in Medicare's claiming process. See details below.
- Patient shows who the invoice is for and any Medicare notes, for example, why an invoice was rejected.
- Outstanding shows the outstanding amount on the invoice.
- Paid shows how much was received from the payer.
- **Doctors** the doctor the invoice was raised for.

The Inv/Service/Assessor Status

The status shown in capitals is from Medicare and the status in lower case is from Zedmed. The status options provided by Medicare can change and may use similar wording for the same status. The Status will often include an explanation, for example, why an invoice was rejected.

Medicare Status options:

- COMPLETE Medicare has confirmed the claim was completed. This usually indicates the claim was successful. If an invoice had a rejected item it will also appear here. To learn more, see rejected invoice processing.
- WITH MEDICARE The claim was submitted and is waiting to be accepted by Medicare.
- INVALID The claim was not accepted into the Medicare system. This may be due to incorrect formatting or a missing mandatory field. If you try retransmitting the claim, a reason will be displayed. You can open the invalid invoice make any required changes and reinvoice.
- MEDICARE ASSESSING The claim was submitted and is being assessed.
- MEDICARE PENDABLE This is a real-time interactive claim (MA Online) that may be flagged for review by a
 person.
- MEDICARE PENDED- This is a real-time interactive claim (MA Online) that has been flagged for review by a person.
- REJECTED (incl by Medicare or fund) The full invoice was rejected. To learn more, seerejected invoice
 processing.

- CANCELLED- the practice canceled the claim after submitting it. Only cancel or void a submitted claim in rare circumstances (for example, if the claim is for the wrong patient) because you will need to manually reconcile it. Instead, wait for Medicare to reject the claim then void the invoice.
- LOST this refers to situations where Medicare has not responded to a claim for 2 weeks. If the claim has been paid it can be manually receipted. If the claim has not been paid, retransmit it from Acc Enquiry.
- Status numbers: sometimes Medicare will show a number and text next to it instead of a capitalised status. This number is the code for the response and the text equivalent is next to it. The number does not represent a financial amount; what is important is the text.

Zedmed status options:

- Reconciled the payment was receipted. The invoice and claiming process has been completed.
- Paid a payment has been received for the full invoice.
- Not paid the invoice was not paid. This could happen if the invoice was submitted with \$0 outstanding.
- Underpaid the amount paid is less than the amount outstanding on the invoice.
- Overpaid the amount paid is more than the amount outstanding on the invoice.
- Part payment (ECLIPSE) when Medicare only pays part of the invoice because a health fund paid part.

