Electronic Claim Submission
Change Healthcare Dental Network

“it just makes sense”
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This document contains:

1 Electronic Claim Requirements

2 Insurance Queue (Claims Management)

3 Claim Status Reports
Section 1

Please note that Emdeon has changed their name to Change Healthcare Dental Network. If you see a window that has Emdeon as the title, they are the same company.

Claim Requirements
Now that you are enrolled in Change Healthcare Dental Network there is information that must be included on a claim in order to prevent rejection. Before submitting a claim to Change Healthcare, Cloud9 does internal claim verification checks to prevent incomplete submission. The checks that are performed by Cloud9 are:

1. Verifying that the following boxes on the claim form is checked or filled in.

   - **Box 1** – Type of Transaction
   - **Box 7** – Other Coverage Gender. This box should only be checked if a patient has secondary coverage.
   - **Box 10** – Patient’s Relationship to Person Named in #5. Again, this box should only be checked if a patient has secondary coverage.
   - **Box 14** – Policyholder/Subscriber Gender
   - **Box 18** – Relationship to Policyholder/Subscriber
   - **Box 21** – Patient Date of Birth
   - **Box 22** – Patient Gender
   - **Box 40** – Is Treatment for Orthodontics
   - **Box 43** – Replacement of Prosthesis
   - **Box 45** – Treatment Resulting from if treatment is the result of an accident.
   - **Box 48** – Billing Provider Address, City State Zip
   - **Box 51** – Billing Provider Tax ID
   - **With Submission** – Insurance Payer ID

After performing the above internal checks, the claim is either submitted to Change Healthcare, or remains on the Insurance Queue as Rejected. Rejected claims must be corrected before they can be resubmitted. The Insurance Queue is discussed in *Topic 2, Insurance Queue (Claims Management)*.

Adding Payer IDs to Insurance Billing Centers
An Insurance Billing Center is the address where claims are processed. Payer IDs are used to identify the insurance provider. You only need to enter the Payer ID one time for each Billing Center. The next time you need to apply a Billing Center to an insurance provider, the Payer ID is the same. Even though you do not see the Payer ID on the claim, it is required for electronically submitted claims.

1. From the Edit toolbar, click **Setup** icon.
2. Click **Insurance Billing Centers** item.
You have two options, you can search for the most common Insurance Companies in your practice and enter the Payer ID, or simply go down the list and add them in the order they are in your database. If you select the later option, you are assured to have them all correct for future claims.

3. In the **Search** field, enter the name of the insurance company.
4. Click **Refresh** button.

**OR** Start with Step #5.

![Figure 1-1: Insurance Billing Centers Search from the Setup Menu](image)

5. Highlight the **Insurance Billing Center** to modify, click **Edit** icon.
6. In the **Payer Code** field, click **… Lookup** button. Type the name of the Insurance Company and click **Search** button.

![Figure 1-2: Change Healthcare (Emdeon) Payers](image)

7. Select the **Change Healthcare (Emdeon Payer Name)** and click **OK** button.
8. Click **OK** button to save your changes.
There are some Insurance Companies that are not enrolled in Electronic Claims. If you do not find the Insurance Company in the Emdeon Payers List, be sure to search for the **Generic Payer ID code of 06126**. Submitting claims using this code instructs Change Healthcare to print the claim and send it to the Insurance Company via regular mail.

![Figure 1-3: Generic Search 06126](image)

**Section 2**

**Insurance Claim Queue**

No matter if you accept assignment or not, you manage all claims through the Insurance Queue. In the Insurance Queue, printing, e-filing, changing a claim status and looking up specific patient claims are all in one window. Staying on top of insurance claims has never been easier.

*The Insurance Queue*

1. From the Financial toolbar, click **Insurance Claims** icon.

![Figure 1-4: Insurance Claims Queue](image)

**Submit a Claim**

1. The **Insurance Claims Queue** is open.
2. Check the box next to the claim(s) to send, click **Send Claims** icon.

**Change a Claim’s Status**

1. The **Insurance Claims Queue** is open.
2. Check the box next to the claim to change, click **Set Status** icon.
3. In the **New Claims Status** field, click the status desired, click **OK** button.
This is extremely important to mark a claim as Paid or Partially Paid. Marking the submitted claims properly help you stay on top of paid claims.

**Correct a Rejected Claim**
1. The Insurance Claims Queue is open.
2. In the Claim Status field, select Rejected item and then click Reload Queue icon.
3. In the Claim Errors column, place the mouse cursor on the error number. The reason for the rejection is indicated.

**Figure 1-5: Claim Rejection Codes**

4. Right-click on the claim and select the appropriate shortcut for correcting.

For example, if the Payer ID is missing, click on the Edit Insurance Billing Center item. If the Patient’s Date of Birth is missing, click on the Edit Patient item.

5. Once the items are corrected, click on the checkbox to select the claim.
6. Click Edit Claim icon.
7. Click Rebuild icon and verify the information. Click OK button.

If the claim is part of a series of continuation claims for this patient, an Update Claims prompt appears asking to update the future claims.

**Figure 1-6: Update Claims Prompt**

8. Click OK button to change future claims, click Cancel if not necessary.
9. With the claim still checked, click Send Claims icon for e-filing.
Section 3

**Claim Status Reports**
Change Healthcare Dental sends reports within 24 hours of the submitted claims. These reports provide you with information on the status of the claims as well as the ones that have been accepted by the provider.

As the claim is being sent to Change Healthcare Dental reports are being downloaded indicating the status of past-submitted claims. You can choose to view the reports after downloading or open the report at a later time. If you choose to view at a later time, be sure to view these reports 24 hours after submission.

**View the Claim Status Report**
1. From the Financial toolbar, click **Insurance Claims** icon.
2. **DO NOT** have any claims checked, click **Send Claims** icon. This brings back the report and updates the statuses of claims in the Queue. This action only brings back any report that has not been previously downloaded.
3. From the Reports toolbar, click **Reports** icon.
4. Select **Claim Status Reports** from the list, click **… Lookup** button.
5. In the **From Date** and **To Date** fields, enter the desired date range.
6. Click **Search** button.
7. Select the **File Name** of the report you want to view, click **OK** button. This information comes directly from Change Healthcare.

![Image of Claim Status Reports]

**Figure 1-6: Claim Status Reports**

Once the report has been opened, the codes at the left of the claim shows the status.

**ECS** – Electronic Claim Submission  
**PRT** – Claim was printed and sent to Billing Center via regular mail  
**REJ** – The claim was rejected by Change Healthcare

If a claim has been rejected by Change Healthcare, the reason is listed at the bottom. Correct any information missing in the claim form from the Insurance Queue Rejected list and resubmit the claim.