

*EDITOR*

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# GUIDE

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*Overview of Claims Editor Tool*

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**Infinedi**

**ELECTRONIC DATA EXCHANGE**

[www.infinedi.net](http://www.infinedi.net)

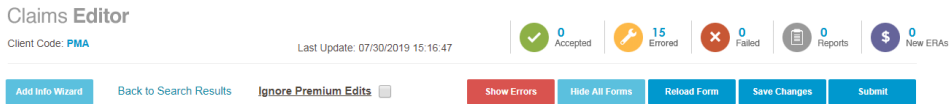
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## Online Editor 2.0

The initial overview of your claim in the Online Editor:

Selections at the top of the editor:



### Add Info Wizard

This button will give you additional choices to add information to your claim.

### Ignore Premium Edits

If you disagree with the Premium Edits that have attached to your claim and forced it to be stopped, you can override the Premium Edits. Select this box, and then select **Submit**.

### Show Errors

This will display all of the errors that have attached to your claim in a popup box.

### Hide All Forms

This quick shortcut button will quickly close all of the multiple popup boxes that you have opened.

### Reload Form

This will reload your form to the original view as long as you **HAVE NOT SAVED** any changes. If you have made any changes and clicked the **Save Changes** button, then it will reload the form with the last selection saved.

### Save Changes

This will save any changes that you have made to this claim.

### Submit

This button will resubmit this single claim to your destination payer.

Certain boxes are populated in order to identify which claim you have opened. They are as follows:

- The **Insured's Name**, box 4
- The **Patient's Name**, box 2 (If the patient is not the insured.)
- The **Patient's Birth Date**, box 3
- The **Service Lines**, box(es) 24

*Disclaimer: All claim information is fictitious. Please note no association of actual patients or events is intended.*

<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK/LLING <input type="checkbox"/> OTHER						INSURED'S ID NUMBER			
2. PATIENT'S NAME (Last Name, First Name, Middle Name)				3. PATIENT'S BIRTH DAY   SEX 04/07/1945   M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Name) BRADY, JAN.			
5. PATIENT'S ADDRESS (No. Street)				6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED ADDRESS (No. Street)			
24. A. DATE(S) OF SERVICE	B. POS	C. EMG	D. CPT/HCPCS I MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EP/SOT FAMILY PLAN	I. ID. QUAL.	J. RENDERING PROV ID#
1   05/19/2016			HC 98941 AT	1 2 3 4	55	1		PXC	111N00000X
2   05/19/2016			HC G0283	1 2 3 4	20	1		PXC	111N00000X

### Claim Errors:

If there are claim errors, they will first display in an opened pop up box. You may want to close the popup box as you work on the errors: Single click **Close**.

To see your error notifications again:

Single click **Show Errors** at the top of the form.

**Close**

### Claim Errors

Go to the associated field to correct the error(s).

- Provider Not enrolled for this claim type >KSMC<
- Invalid/Missing patient date of birth (box 3) ><
- Missing Pay-To NPI - Not In Infindi Master File
- Invalid Insured ID (box 1a) >5057<
- Missing Rendering NPI - Not In Infindi Master Files or on Claim

**Please note:**

To correct an error on the claim, please click in the box that corresponds with the error message: i.e. error message - invalid/missing group number box 11, then you would click in box 11 to make the correction.

As you make changes to your claim, the changes will stay in the popup boxes and the data will not display on the red claim form. The reason for this is, the current advanced online editor now allows more additional fields and more options than there are boxes on a claim. See the Add Info Wizard below.

Also note, additional validation errors may appear in the pop up box. If you elected to use the online editor and you have a validation error, then the error must be corrected or completed.

**Add Info Wizard:**

The Add Info Wizard feature is available to assist you by giving you additional choices to add information to your claim form.



**Wizard**

- 2010AB-Pay To Address Name
- 2010AC-Pay To Plan Name
- 2300-DTP-Claim Date Information
- 2300-CN1-Contract Information
- 2300-REF-Claim Identifier Information
- 2300-K3-File Information
- 2300-CR1-Ambulance Transport Information
- 2300-CR2-Spinal Manipulation Service Information
- 2300-Ambulance Certification
- 2300-CRC\*E1||E2||E3-Patient Condition Information:Vision
- 2300-CRC\*75-Homebound Indicator
- 2300-CRC\*ZZ EPSDT Referral
- 2310E-Ambulance Pick-up Location
- 2310F-Ambulance Drop-off Location
- 2320-SBR-Other Subscriber Information
- 2320-OI-Other Insurance Coverage Information
- 2320-CAS-Claim Level Adjustments
- 2320-AMT\*Other Claim Amounts
- 2330A-REF\*SY-Other Subscriber Secondary Identification
- 2330B-REF-Other Payer Identifiers