

Claims Guide NovoLogix



Questions about this document?

Contact NovoLogix HelpDesk

at helpdesk@novologix.net

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ABOUT NOVOLOGIX

NovoLogix is a company developed and led by Clinical, IT, and Business professionals who are dedicated to driving healthcare innovation. Throughout our history, we have introduced revolutionary ideas, advanced processes and pioneering technologies to many of the nation's leading health plans and thousands of healthcare providers.

Through our Software-as-a-Service (SaaS) platform, we deliver innovative software solutions to the medical pharmacy industry. Our software enables our clients to stay ahead of the shifting healthcare landscape, changes in the administration and sites of care, and other competitive forces affecting their bottom line.

CONTACT NOVOLOGIX

NovoLogix Client Support Services are available Monday – Friday, 8:00am to 6:00pm Central Time. Contact Client Support Services by e-mail at helpdesk@novologix.net or by phone at the number provided for the Health Plan for which you are seeking assistance. Please do not include Protected Health Information (PHI) when sending e-mail messages to NovoLogix. For application assistance or to request a User ID and password, contact NovoLogix Client Support Services by e-mail at helpdesk@novologix.net.

NOVOLOGIX TRAINING DEPARTMENT

The NovoLogix Training Department offers online training tools for providers accessing www.novologix.net.

TO SETUP EDI 837

NovoLogix accepts batch claims submitted by inbound 837. To obtain the EDI application and setup process, please send an e-mail to edisetup@novologix.net.

MINIMUM SYSTEM REQUIREMENTS

1. The NovoLogix claims system supports the use of Microsoft Internet Explorer versions 6, 7, 8 and 9 web browsers.
2. The standard browser options for cookies and JavaScript must be enabled.
3. While older versions of Internet Explorer such as 6 and 7 are supported, we strongly recommend users upgrade to the most recent version, which will provide the best user experience.
4. To install the most recent version of Internet Explorer you can use the following link: <http://www.microsoft.com/ie>.
5. Add app.novologix.net to Internet Explorer's list of "trusted sites">
 1. Open the new site in Internet Explorer
 2. Go to Tools > Internet Options
 3. Open the Security tab
 4. Select "Trusted sites"
 5. Click the "Sites" button
 6. The site URL should be showing in the "Add this website to the zone:" box. Click "Add"
 7. Click Close
 8. Click OK

1. INITIALIZING YOUR NEW NOVOLOGIX ACCOUNT

You will receive an email from NEED EMAIL ADDRESS asking you to confirm that you should have received a NovoLogix account.

1. Click on the **link** provided in the email

☆ DO NOT REPLY to me

[show details](#) 9:47 AM (1 minute ago)

Reply

Thank you for requesting access to www.novologix.net. Your username is:

Please select the link below to obtain your password.

<http://intg-novologix-application-portal.myhomecare.com/LoginInitialization.aspx?AccountName=heather.schneider5@gmail.com&ActivationCode=b96296ebc7f740ed9134df73a5a532ea>

You will receive a second email shortly including your password.

If you have any questions, please email helpdesk@novologix.net.

Thank you,

NovoLogix HelpDesk Team

2. You will be brought to the NovoLogix website
3. Click **Yes** that you are expecting to have an account set up for you

CONFIRM NEW ACCOUNT

Are you expecting an account to be created for you?

YES
 NO

If you answer **No** your account will be disabled.

4. After answering **Yes** you will be send an email with your password.

CONFIRM NEW ACCOUNT

You will receive an email with your password shortly.

5. Copy the password from your email by **highlighting** the assigned password and selecting **Control C** or selecting a right click of your mouse and select **Copy**

☆ DO NOT REPLY to me [show details](#) 9:53 AM (0 minutes ago) [Reply](#)

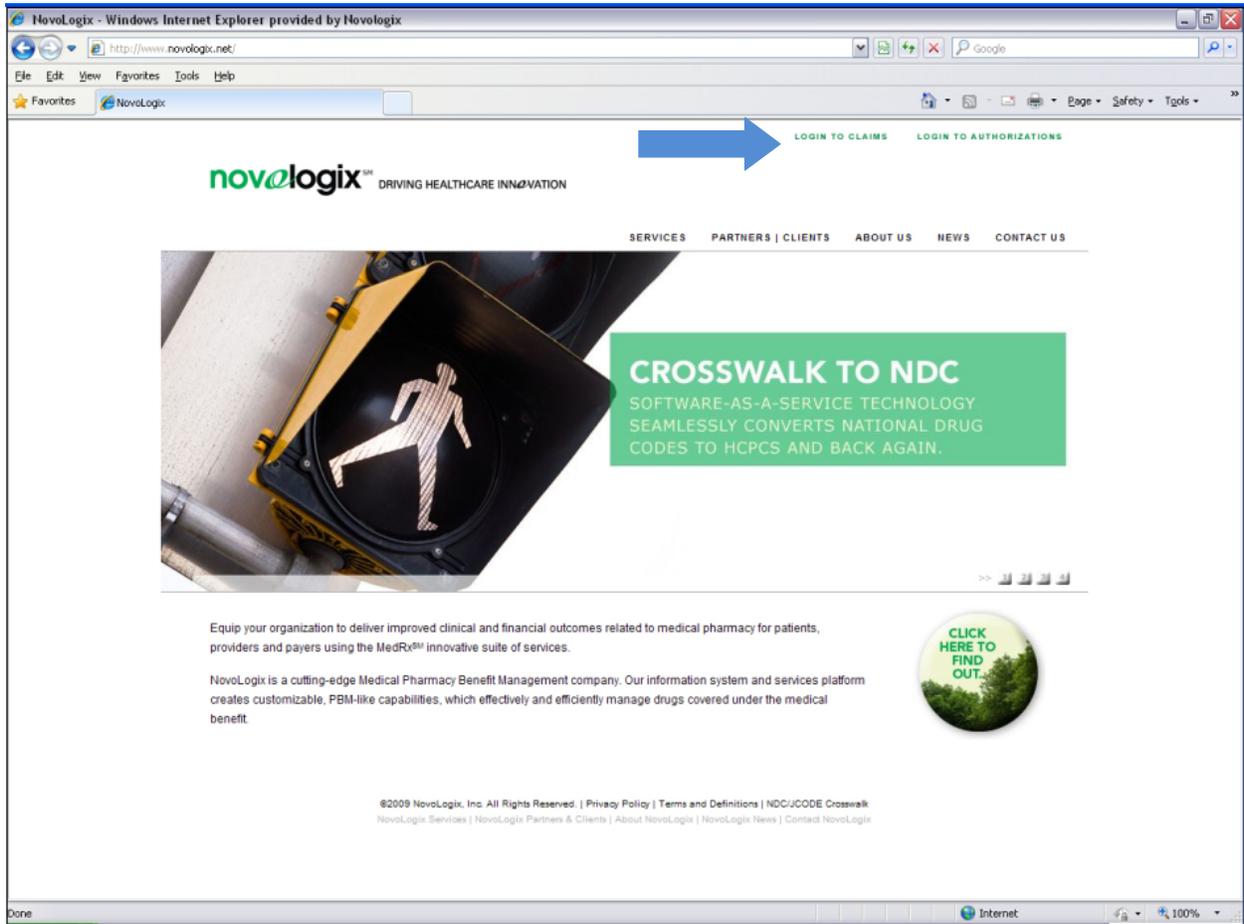
Thank you for requesting access to www.novologix.net. Your password is:

wq0;ODpxk%+LvN

Please go to <http://intg-novologix-application-portal.myhomecare.com/> and click login. At first login, you will be prompted to change your password. Please note that your password must be at least 8 characters long and include at least one capital letter and one number.

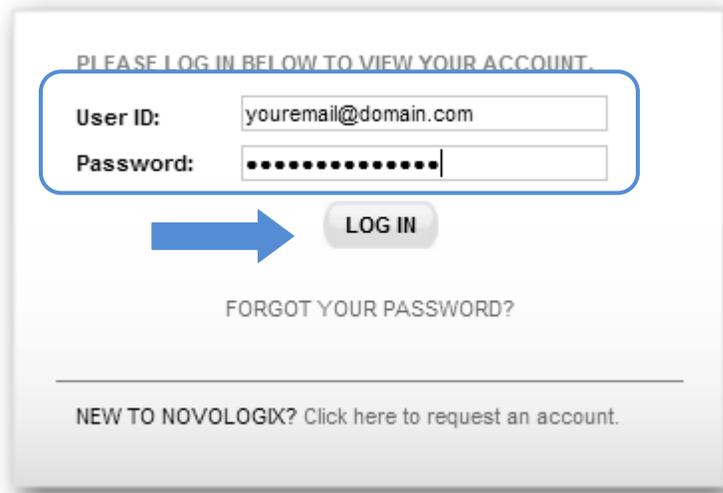
- Show quoted text -

6. Go to www.novologix.net and click on the **Login to Claims** link to enter your username.



You can mark the Login page as a favorite for future use.

7. Paste the password in the **Password** field via **Control V** or right click of your mouse and select **Paste**.



8. Click the **Log In** button.
9. You will be asked to enter your existing password as well as configure a new password.
10. Enter your **existing password**
11. Enter your **new password**
12. Confirm your **new password**
13. Password must contain:
 - a. Must be at least 8 characters long.
 - b. Must contain at least one capital letter.
 - c. Must contain at least one number.
 - d. Must contain at least 1 non-alphanumeric character. For example: ! @ # \$ % * .
 - e. Previous passwords are not allowed.
14. Enter a **security question** that you will remember.
15. Enter the **answer** to that security question.

PLEASE CHANGE YOUR PASSWORD

PASSWORD REQUIREMENTS:

- Must be at least 8 characters long.
- Must contain at least one capital letter.
- Must contain at least one number.
- Must contain at least 1 non-alphanumeric character. For example: ! @ # \$ % * .
- Previously used passwords are not allowed.

Current Password: *

New Password: *

Confirm New Password: *

Please create a security question and answer. You will be asked for your question and answer if you forget your password.

Security Question: *

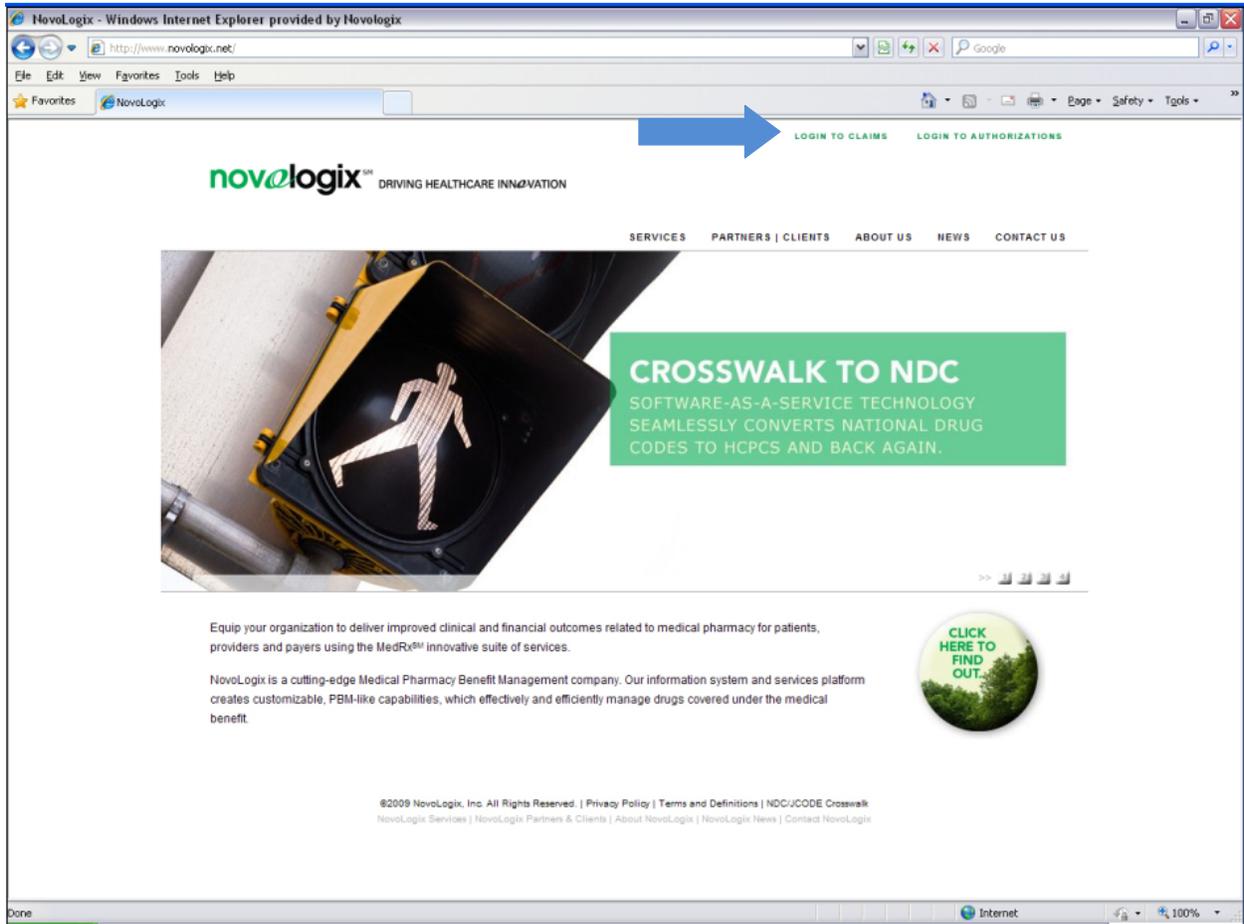
Security Answer: *

16. Click **Save**
17. Your password has now been reset and you will be brought into the NovoLogix website.

2. LOGGING IN AFTER INITIAL LOGIN

Begin by opening the NovoLogix website, www.novologix.net, in an internet browser.

1. Click on **Login to Claims** to enter the NEW NovoLogix login page



2. Enter user name in the **User Name** field.
Your username is your email address.
3. Enter password in the **Password** field.
4. Click the **Login** button.

Passwords are case sensitive.

PLEASE LOG IN BELOW TO VIEW YOUR ACCOUNT.

User ID:

Password:

➔

FORGOT YOUR PASSWORD?

NEW TO NOVOLOGIX? [Click here to request an account.](#)

3. FORGOT MY PASSWORD

In the event you have forgotten your password, select the **Forgot Your Password?** link underneath the **Log In** button. Selecting this link allows you to reset your password in order to log into the website.

1. Enter your **User ID** and click **Next** in the corresponding fields within this window.



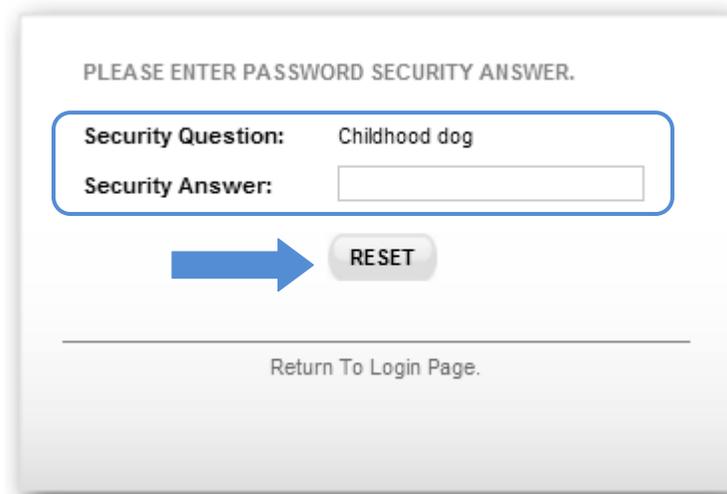
PLEASE ENTER USER ID.

User ID:

NEXT

[Return To Login Page.](#)

2. The Security question you entered when you first established your login will be presented. Enter your answer as you did when you configured the answer and click **Reset**.



PLEASE ENTER PASSWORD SECURITY ANSWER.

Security Question: Childhood dog

Security Answer:

RESET

[Return To Login Page.](#)

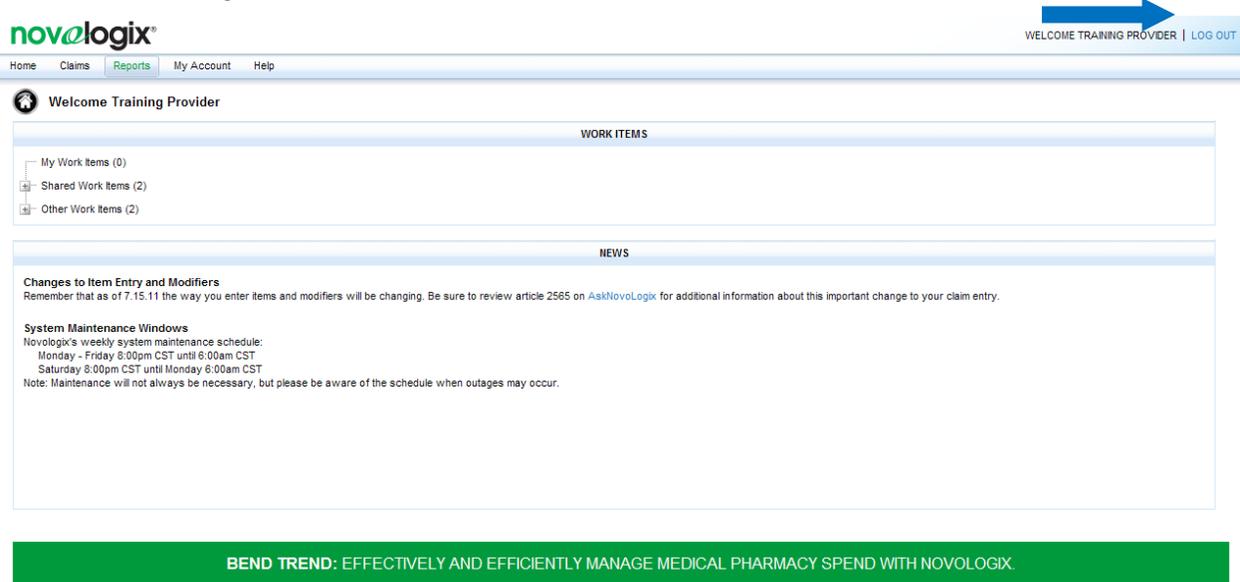
3. A reset password will be sent to your e-mail account within ten minutes.

If you do not remember your username or if you do not receive a reset password via e-mail, please contact NovoLogix using our telephone or e-mail contact information listed in the **Contact NovoLogix** section of this user guide. Passwords expire after 90 days of consecutive non-use. If it has been greater than 90 days since you have last logged into the NovoLogix website you will need to reset your password either using the method just described or by contacting NovoLogix.

4. LOGGING OUT

To ensure security, be sure to log out of the system whenever you are not using it. You will be automatically logged off after 30 minutes of inactivity.

1. To terminate your current session at any time, click the **Log Out** link in the upper right corner of the screen.

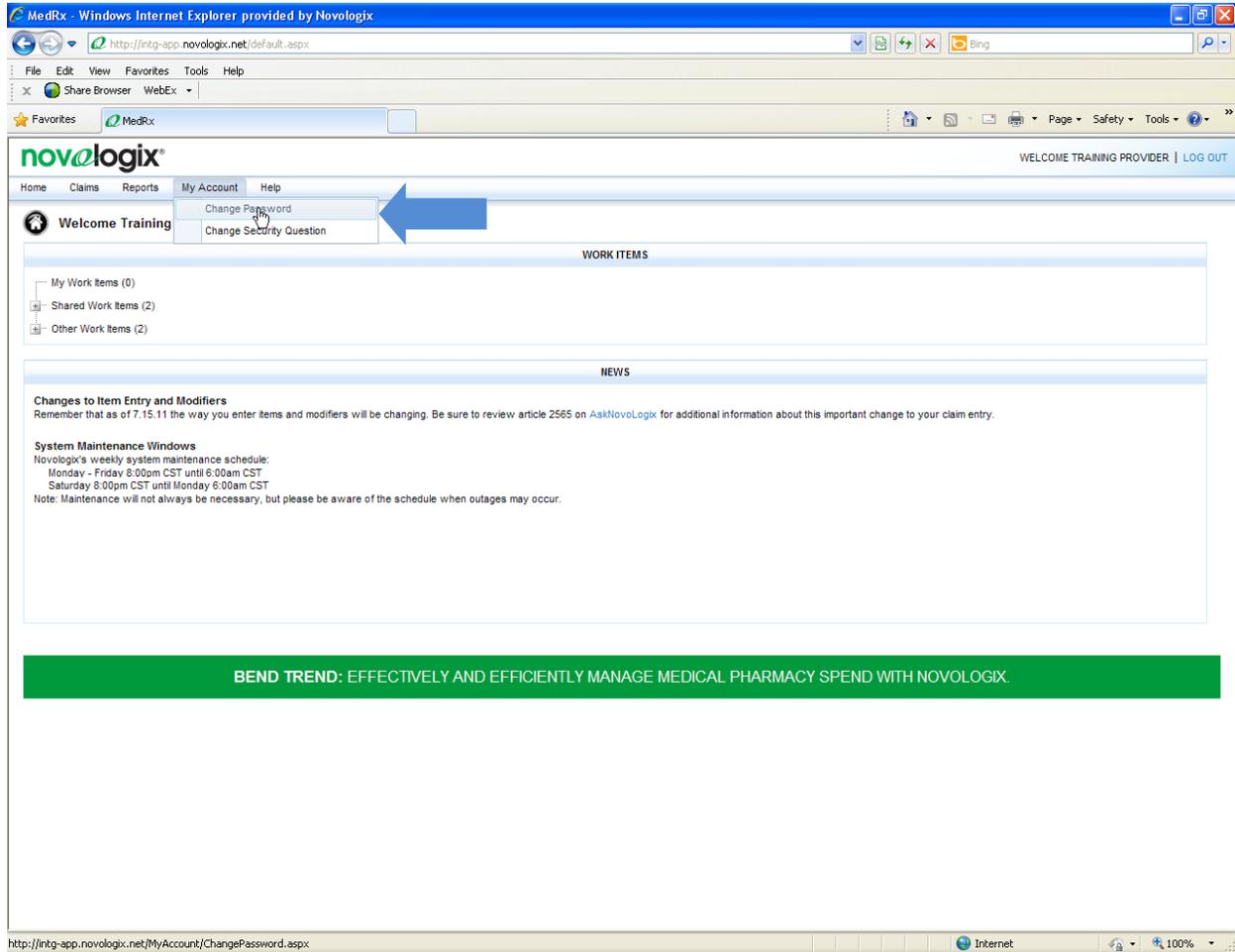


The screenshot displays the NovoLogix web application interface. At the top left is the NovoLogix logo. To its right is a navigation menu with links for Home, Claims, Reports, My Account, and Help. In the top right corner, there is a blue arrow pointing to the right, with the text 'WELCOME TRAINING PROVIDER | LOG OUT' next to it. Below the navigation menu, the main content area is titled 'Welcome Training Provider'. It features a 'WORK ITEMS' section with a list of items: 'My Work Items (0)', 'Shared Work Items (2)', and 'Other Work Items (2)'. Below this is a 'NEWS' section with the following text: 'Changes to Item Entry and Modifiers', 'Remember that as of 7.15.11 the way you enter items and modifiers will be changing. Be sure to review article 2565 on AskNovoLogix for additional information about this important change to your claim entry.', 'System Maintenance Windows', 'Novologix's weekly system maintenance schedule:', 'Monday - Friday 8:00pm CST until 6:00am CST', 'Saturday 8:00pm CST until Monday 6:00am CST', and 'Note: Maintenance will not always be necessary, but please be aware of the schedule when outages may occur.' At the bottom of the page, there is a green banner with the text 'BEND TREND: EFFECTIVELY AND EFFICIENTLY MANAGE MEDICAL PHARMACY SPEND WITH NOVOLOGIX.'

5. CHANGE YOUR PASSWORD

You will be able to reset your password at any time. The system will require that you change your password at least every 90 days.

1. From the home page, click the **My Account** link.



2. Next, click the **Change Password** link.
3. Enter your **Current Password** and **New Password** followed by **Confirm New Password**.
You may not reuse previous passwords.

Change Password

CHANGE PASSWORD DETAILS

PASSWORD REQUIREMENTS:

- Must be at least 8 characters long.
- Must contain at least one capital letter.
- Must contain at least one number.
- Must contain at least 1 non-alphanumeric character. For example: ! @ # \$ % ^.
- Previously used passwords are not allowed.

Current Password: *

New Password: *

Confirm New Password: *

[CHANGE PASSWORD](#) [CANCEL](#)

4. Click **Change Password** to save.
5. You will now be able to log into the system using your new password.

PLEASE LOG IN BELOW TO VIEW YOUR ACCOUNT.

User ID:

Password:

[LOG IN](#)

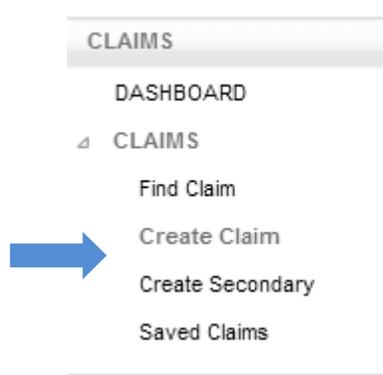
[FORGOT YOUR PASSWORD?](#)

NEW TO NOVOLOGIX? [Click here to request an account.](#)

6. SUBMIT A PRIMARY CLAIM

This section will show you how to submit a claim via the web in the NovoLogix system.

1. Click **Claims** to expand the options
2. Click **Create Claim**



7. Step 1: Get Started

There are several ways to begin your claim.

1. Quick Start

- a. Choose a plan.

Note the first plan you are assigned to will automatically appear.

- b. A user can create a claim by searching for an existing **Claim Number** or **Member ID** through

Important: A new feature to the NovoLogix system is a modification to the search capability. Any drop down or search field will require at least 3 characters before beginning a search. There is no need to click **Find** as there was in previous versions of the NovoLogix system.

- c. If the correct entry appears click on the **Row** to select

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Select a Plan

Demo Plan

Choose an Option to Start Your Claim

Quick Start (Returns patient and claim records)

123123123

Type	Member ID	Claim #	Patient Name	Plan	Billing Provider	NPI	Provider Location
Patient	123123123		Last, First	Demo Plan	Demo Provider		Anywhere USA
Patient	123123123		Last, First	Demo Plan	Demo Provider		Anywhere USA
Patient	123123123		Last, First	Demo Plan	Demo Provider		Anywhere USA
Patient	123123123		Last, First	Demo Plan	Demo Provider		Anywhere USA

1. **Start with a New Patient** and click **New Patient**

- a. Choose a plan. Note the first plan you are assigned to will automatically appear.
- b. Use the **New Patient** option if this is the first time entering a claim for this member.

If the Health Plan uses eligibility this option may not be available.

2. **Search for an Existing Patient**

- a. Choose a plan. Note the first plan you are assigned to will automatically appear.
- b. For use if searching for a member in eligibility or for a member that was previously added
- c. If member is found click the **Member ID** to select

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Quick Start
Start by entering the first three or more characters of a patient's member ID, or a complete claim number.

Start With a New Patient
Create a claim by adding a new patient record. **NEW PATIENT**

Search for an Existing Patient

Plan: DEMO MedRx Precision
Billing Provider: DEMO MedRx Precision Provider (1003000118)
Member ID: 123123123
Patient First Name:
Patient Last Name:
Date of Birth:

SEARCH

Click on the Member ID to start a claim for that Patient.

PATIENT SEARCH RESULTS Max Records 100

Page size: 25 1 records in 1 pages

Member ID	Plan	Patient First Name	Patient Last Name	Date of Birth	Provider	NPI	Provider City	Provider State
123123123	DEMO MedRx Precision	First	Last	1/1/1970	DEMO MedRx Precision Provider	1003000118	City	AL

d. Continue to the next section for selecting a member.

8. STEP 2: ENTER PATIENT DETAIL

A user will be able to confirm patient information every time you file a claim.

1. If **New Patient** is chosen you will be brought to a screen to enter your patient demographics.
 - a. Complete all required fields (*)
2. If an existing patient or claim is selected confirm all information is correct

Note: If you previously did not check AOB or Member signature on file you will be required to do so the first time you enter a claim for that member.

Create Claim

CLAIM DATA										
Step 1: Get Started	→	Step 2: Enter Patient Detail	→	Step 3: Enter Claim Detail	→	Step 4: Enter Claim Lines	→	Step 5: Review/Submit Claim	→	Complete
Patient Detail						Address Information				
Last Name:	<input type="text" value="Test"/>	*	Street Address 1:	<input type="text" value="123 Anywhere st"/>	*					
First Name:	<input type="text" value="Test"/>	*	Street Address 2:	<input type="text"/>	*					
Middle Initial:	<input type="text"/>		City:	<input type="text" value="Anywhere"/>	*					
Date of Birth:	<input type="text" value="1/1/2010"/>	*	State:	<input type="text" value="Nebraska"/>	*					
Gender:	<input type="text" value="Female"/>	*	Zip:	<input type="text" value="681235"/>	*					
Marital Status:	<input type="text"/>		Primary Phone #:	<input type="text" value="(402) 555-1212"/>	Type: <input type="text" value="Home"/>					
Employed:	<input type="checkbox"/>		Secondary Phone #:	<input type="text" value="() - - -"/>	Type: <input type="text" value="Home"/>					
Student:	<input type="text"/>		Make Address Private:	<input type="checkbox"/>						
Insurance Information										
Plan:	<input type="text" value="DEMO MedRx Precision"/>	*	Relationship to Insured:	<input type="text" value="Self"/>	*					
Billing Provider:	<input type="text" value="DEMO MedRx Precision Provider"/>	*	Insured Last Name:	<input type="text"/>						
Member ID:	<input type="text" value="876876876"/>	*	Insured First Name:	<input type="text"/>						
Insurance Group #:	<input type="text" value="12345"/>		Insured ID:	<input type="text"/>						
Effective Date:	<input type="text" value="1/1/2011"/>		AOB Info on File:	<input checked="" type="checkbox"/>	*					
Termination Date:	<input type="text"/>		Member Signature on File:	<input checked="" type="checkbox"/>	*					
<input type="button" value="« BACK"/>			<input type="button" value="CANCEL"/>						<input type="button" value="NEXT »"/>	

3. Click **Next**

9. STEP 3: ENTER CLAIM DATA

Claim Data will contain the universal information about your claim.

1. The **Billing Provider** will default to the provider added to the patient file
2. Click on **Enter Name or NPI** to select **Referring Provider**

Note: Referring Provider was formerly called Physician

Note: If searching by name enter Last Name, First Name (Last Name alone will also trigger the search)

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim

Patient
Name: First Last **Plan:** DEMO MedRx Precision **Member ID:** 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	smith, alan		

ADD PROVIDER

Name	NPI	City	State
SMITH, ALAN	1023227204	WHITESBORO	TX
SMITH, ALAN	1245359397	SAN DIEGO	CA
SMITH, ALAN	1619973872	PALESTINE	TX
SMITH, ALAN	1417079294	LITTLE ROCK	AR

ADD PROVIDER (with arrow pointing to SMITH, ALAN row)

Primary Diagnosis

ADD DIAGNOSIS

Claim Details

Plan Authorization

Patient Account #:

3. Click on the **Row** to select the correct **Referring** Provider
4. How to Add a new **Referring** Provider
 - a. If **Referring** Provider is not found click **Enter New Physician**

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last **Plan:** DEMO MedRx Precision **Member ID:** 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	smith, alan		

ADD PROVIDER

Name	NPI	City	State
SMITH, ALAN	1023227204	WHITESBORO	TX
SMITH, ALAN	1245359397	SAN DIEGO	CA

ADD PROVIDER (with arrow pointing to SMITH, ALAN row)

Primary Diagnosis

ADD DIAGNOSIS

- b. **Enter** all required fields

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
 Name: First Last Plan: DEMO MedRx Precision Member ID: 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring			

*
 *
 *

ADD PROVIDER

Diagnoses
 Primary Diagnosis: *

ADD DIAGNOSIS

Claim Details
 Plan Authorization #: NovoLogix Authorization #: Patient Account #:

- c. Click **Save** to add new **Referring** Provider
- d. You can add additional provider types by selecting **Add Provider**
- 5. To select your **Primary Diagnosis** begin typing your ICD9 or description
 - Note: Full or partial ICD9 or description will trigger the search
 - a. All matches will appear, click on the **Row** to select

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
 Name: First Last Plan: DEMO MedRx Precision Member ID: 123123123

Providers

Type	NPI	Name	Address
Billing	999999999	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	999999999	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	999999999	* SMITH, ALAN	123 Anywhere St Anywhere USA

ADD PROVIDER

Diagnoses
 Primary Diagnosis: *

ADD DIAGNOSIS

Code	Description
250.00	DB W/O COMP TYPE IIUNS NOT UNCNTL
250.01	DB W/O COMP TYPE I NOT UNCNTL
250.02	DB W/O COMP TYPE IIUNS UNCNTL
250.03	DB W/O COMP TYPE I TYPE UNCNTL

Claim Details
 Plan Authorization #: NovoLogix Authorization #: Patient Account #:

- 6. If any additional diagnosis are needed click **Add Diagnosis** to add

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last **Plan:** DEMO MedRx Precision **Member ID:** 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	1023227204	* SMITH, ALAN	123 Anywhere St Anywhere USA

ADD PROVIDER

Diagnoses

Primary Diagnosis: 250.00 (DB W/O COMP TYPE #UNSNOT UNCNTRL) *

ADD DIAGNOSIS

Claim Details

Plan Authorization #: **NovoLogix Authorization #:** **Patient Account #:**

« BACK CANCEL SAVE NEXT »



a. Enter ICD9 in the same fashion as **Primary Diagnosis**

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last **Plan:** DEMO MedRx Precision **Member ID:** 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	1023227204	* SMITH, ALAN	123 Anywhere St Anywhere USA

ADD PROVIDER

Diagnoses

Primary Diagnosis: 250.00 (DB W/O COMP TYPE #UNSNOT UNCNTRL) *

Additional Diagnosis: REMOVE

ADD DIAGNOSIS

Code Description

- 001.0 CHOLERA DUE TO VIBRIO CHOLERAE
- 001.1 CHOLERA DUE VIBRIO CHOLERAE EL TOR
- 001.9 UNSPECIFIED CHOLERA
- 002.0 TYPHOID FEVER

Claim Details

Plan Authorization #: **NovoLogix Authorization #:** **Patient Account #:**

CANCEL SAVE NEXT »



b. If an ICD9 is selected by mistake click **Remove**

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → **Step 3: Enter Claim Detail** → Step 4: Enter Claim Lines → Step 5: Review/Submit

Patient
 Name: First Last Plan: DEMO MedRx Precision Member ID: 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	1023227204	* SMITH, ALAN	123 Anywhere St Anywhere USA

ADD PROVIDER

Diagnoses

Primary Diagnosis: 250.00 (DB W/O COMP TYPE IWUNS NOT UNCNTL) *

Additional Diagnosis: [Dropdown] REMOVE

ADD DIAGNOSIS

Code	Description
001.0	CHOLERA DUE TO VIBRIO CHOLERAEE
001.1	CHOLERA DUE VIBRIO CHOLERAEE EL TOR
001.9	UNSPECIFIED CHOLERA
002.0	TYPHOID FEVER

Claim Details

Plan Authorization #: [Field] Authorization #: [Field] Patient Account #: [Field]

CANCEL SAVE NEXT »

7. Claim Details is optional, however if there is a **Plan Authorization Number** , **NovoLogix Authorization Number** or **Patient Account Number** please enter that data in the applicable fields
8. Click **Next** to continue

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → **Step 4: Enter Claim Lines** → Step 5: Review/Submit Claim → Complete

Patient
 Name: First Last Plan: DEMO MedRx Precision Member ID: 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Referring	1023227204	* SMITH, ALAN	123 Anywhere St Anywhere USA

ADD PROVIDER

Diagnoses

Primary Diagnosis: 250.00 (DB W/O COMP TYPE IWUNS NOT UNCNTL) *

ADD DIAGNOSIS

Claim Details

Plan Authorization #: 123456 NovoLogix Authorization #: [Field] Patient Account #: [Field]

« BACK CANCEL SAVE NEXT »

10. STEP 4: ENTER CLAIM LINES

The user will be able to enter ALL claim lines on one claim as applicable within the provider billing procedure.

1. To enter the first line confirm Place of Service is correct

2. Enter **Dates of Service** (Start and End)

- a. Enter the Start and End Date by entering the date in MM/DD/YYYY format or by clicking on the calendar icon

Note: After entering the **Start Date**, tab to the **End Date** and the system will auto populate with the same date. The **End Date** can be overridden by typing over the date or clicking on the calendar icon

The screenshot shows the 'Create Claim' interface. At the top, there's a navigation bar with 'Home', 'Claims', 'Reports', 'My Account', and 'Help'. Below it is a 'Create Claim' header. The main area is titled 'CLAIM DATA' and shows a progress bar with five steps: Step 1: Get Started, Step 2: Enter Patient Detail, Step 3: Enter Claim Detail, Step 4: Enter Claim Lines (highlighted), and Step 5: Review/Submit Claim. Below the progress bar, there are fields for Patient Name, Plan, and Member ID. Under 'Line 1', there's a 'Place of Service' dropdown set to 'Home'. The 'Date(s) of Service' field is highlighted with a blue box and contains '1/1/2011' to '1/1/2011'. Below this are fields for HCPCS/CPT Code, Quantity, and Description. There are also fields for NDC Code, Billed Charge, Modifiers, and For Diagnosis. At the bottom, there are buttons for 'ADD SERVICE LINE', 'BACK', 'CANCEL', 'SAVE', and 'NEXT'.

3. How to add **Per Diem** line

- a. Enter the full or partial Per Diem code to begin search

This screenshot shows the same 'Create Claim' interface as the previous one. In this step, the 'HCPCS/CPT Code' dropdown menu is open, displaying a search result for 'S9500 HIT antibiotic q24h diem'. The 'Date(s) of Service' field remains '1/1/2011' to '1/1/2011'. The 'HCPCS/CPT Description' field is now populated with 'HT antibiotic q24h diem'. The 'SAVE' and 'NEXT' buttons are visible at the bottom right.

Note: After entering criteria, if there is only one result, click tab to move to the next field, there is no need to click on the entry to select

- b. If multiple results are returned click on the result you wish to select

Note: Description will auto populate to the right of **HCPCS/CPT Quantity**

- c. Enter the number of days to be billed in **HCPCS/CPT Quantity**

IMPORTANT: Claim lines should be entered as separate line numbers. Please do NOT try to enter a per diem and drug on the same line. Enter your per diem information then click **Add Service Line** to enter the drug.

d. Enter **Billed Charge**

Note: **Billed Charge** should reflect the billed charge for the TOTAL quantity and not the individual quantity.

4. How to add **Drug** line

Note: To add additional lines to a claim click **Add Service Line**.

If entering a B Code Enteral, check the plan specific guidelines to see if NDC or HCPCS units are required.

a. Disregard HCPCS/CPT and HCPCS/CPT Quantity

Note: If these 2 fields are populated in conjunction with an NDC the NovoLogix system will disregard the HCPCS/CPT code and quantity. NovoLogix uses a proprietary file to crosswalk NDCs to HCPCS and the appropriate HCPCS code will be sent to the plan with correct HCPCS units.

b. Enter your **Drug Name** or **NDC** to begin search

c. Click on **Row** to select

Note: If you search by NDC, use of the **Tab** key will select if there is only one row

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → **Step 4: Enter Claim Lines** → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last Plan: Member ID:

Line 1 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: S9500 * HCPCS/CPT Quantity: 1.00 * HCPCS/CPT Description: HT antibiotic q24h diem

OR

NDC Code: Enter code or name * NDC Quantity: * NDC Description:

Billed Charge: \$100.00 * Strength/Measure:

Modifiers: Pkg. Size:

For Diagnosis: 250.00 DB W/O COMP TYPE WUNS NOT UNCNTL

Line 2 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: Enter code or name * HCPCS/CPT Quantity: * HCPCS/CPT Description:

OR

NDC Code: vancomy * NDC Quantity: * NDC Description:

Billed Charge: Code Name

Modifiers: 00002896725 Vancomycin HCl

For Diagnosis: 00002896925 Vancomycin HCl

ADD SERVICE LINE

00002950901 Vancomycin HCl

00074433201 Vancomycin HCl

00074433249 Vancomycin HCl

00074650901 Vancomycin HCl

00074650949 Vancomycin HCl

SAVE NEXT »

- d. Enter the **NDC Quantity** (ml, ea, vials)
- e. Enter the **Billed Charge**

Note: **Billed Charge** should reflect the billed charge for the TOTAL quantity and not the individual quantity.

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → **Step 4: Enter Claim Lines** → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last Plan: Member ID:

Line 1 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: S9500 * HCPCS/CPT Quantity: 1.00 * HCPCS/CPT Description: HT antibiotic q24h diem

OR

NDC Code: Enter code or name * NDC Quantity: * NDC Description:

Billed Charge: \$100.00 * Strength/Measure:

Modifiers: Pkg. Size:

For Diagnosis: 250.00 DB W/O COMP TYPE WUNS NOT UNCNTL

Line 2 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: Enter code or name * HCPCS/CPT Quantity: * HCPCS/CPT Description:

OR

NDC Code: 00002896725 * NDC Quantity: 4.00 * NDC Description: Vancomycin HCl

Billed Charge: 100 Strength/Measure: 100mg

Modifiers: Pkg. Size: 1.000 / EA

For Diagnosis: 250.00 DB W/O COMP TYPE WUNS NOT UNCNTL

ADD SERVICE LINE

« BACK CANCEL SAVE NEXT »

5. How to add **Nursing Visit** line

Note: To add additional lines to a claim click **Add Service Line**.

- a. Search for your nursing code by typing it into the HCPCS/CPT Code field

Line 4 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: 99601 * HCPCS/CPT Quantity: * HCPCS/CPT Description:

Code	Name
99601	Home Infusion RN Visit

OR

NDC Code: * NDC Quantity: * NDC Description:

For Diagnosis: 250.00 DB W/O COMP TYPE MUNS NOT UNCNTRL

ADD SERVICE LINE SAVE NEXT »

- b. Enter your number of HCPCS/CPT quantity into the HCPCS/CPT Quantity Field
- c. Enter your Billed Charge

Line 4 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: 99601 * HCPCS/CPT Quantity: 1.00 * HCPCS/CPT Description: Home Infusion RN Visit

OR

NDC Code: * NDC Quantity: * NDC Description:

Billed Charge: \$70.00 * Strength/Measure:

Modifiers: Pkg. Size:

For Diagnosis: 250.00 DB W/O COMP TYPE MUNS NOT UNCNTRL

ADD SERVICE LINE « BACK CANCEL SAVE NEXT »

6. How to add **Multi-Therapy** line

Note: To add additional lines to a claim click **Add Service Line**.

- a. Choose your Per Diem Code as seen above

Line 3 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: S9500 * HCPCS/CPT Quantity: 1.00 * HCPCS/CPT Description: HIT antibiotic q24h diem

OR

NDC Code: * NDC Quantity: * NDC Description:

Billed Charge: 100 * Strength/Measure:

Modifiers: SH Pkg. Size:

For Diagnosis: 250.00 DB W/O COMP TYPE MUNS NOT UNCNTRL

ADD SERVICE LINE « BACK CANCEL SAVE NEXT »

- b. Enter your **Quantity** (Formerly Days)
- c. Enter your **Billed Charge**
Note: **Billed Charge** should reflect the billed charge for the TOTAL quantity and not the individual quantity.
- d. Enter your **Modifier**
Note: SH is used for your 2nd therapy and SJ for your 3rd therapy

Line 3 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: S9500 * HCPCS/CPT Quantity: 1.00 * HCPCS/CPT Description: HIF antibiotic q24h diem

OR

NDC Code: Enter code or name * NDC Quantity: * NDC Description:

Billed Charge: 100 * Strength/Measure:

Modifiers: SH * Pkg. Size:

For Diagnosis: 250.00 DB W/O COMP TYPE WUNS NOT UNCNTL

ADD SERVICE LINE

« BACK
CANCEL
SAVE
NEXT »

7. How to add **Multi-Vial** line

Note: To add additional lines to a claim click **Add Service Line**.

- a. If you have 2 vials of the same drug you will enter them on separate lines
- b. Enter the 1st vial as noted above in the Vancomycin example
- c. To enter your 2nd vial click **Add Service Line**
- d. Enter **Dates of Service**
- e. Enter 2nd **NDC** or **Drug Name** in NDC Code to begin search
- f. Click on **NDC** you wish to select
- g. Enter **NDC Quantity** (ml, ea, vials)
- h. Enter **Billed Charge**

Note: **Billed Charge** should reflect the billed charge for the **TOTAL** quantity and not the individual quantity.

8. How to add **Wastage** line

Note: To add additional lines to a claim click **Add Service Line**.

- a. To enter a Wastage line follow the same steps as above but add the SV modifier to show that the line is Wastage

Line 5 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: Enter code or name * HCPCS/CPT Quantity: * HCPCS/CPT Description:

OR

NDC Code: 00002896925 * NDC Quantity: 1.00 * NDC Description: Vancomycin HCl

Billed Charge: \$100.00 * Strength/Measure: 500 MG

Modifiers: SV * Pkg. Size: 1.000 / EA

For Diagnosis: 250.00 DB W/O COMP TYPE WUNS NOT UNCNTL

ADD SERVICE LINE

« BACK
CANCEL
SAVE
NEXT »

9. After all of your lines have been entered click **Save** and **Next**

Important: Until a **Save** occurs on this screen your claim will not be added into the NovoLogix system. After **Save** your claim will be added as a **Saved Claim** for 30 days before it is removed from the system.

Your claim has **NOT** yet been submitted. You must complete the next steps and receive a **Pending** response to fully submit your claim.

Line 5 REMOVE

Place of Service: Home * Date(s) of Service: 1/1/2011 to 1/1/2011 *

HCPCS/CPT Code: Enter code or name * HCPCS/CPT Quantity: * HCPCS/CPT Description:

OR

NDC Code: 00002896925 * NDC Quantity: 1.00 * NDC Description: Vancomycin HCl

Billed Charge: \$100.00 * Strength/Measure: 500 MG

Modifiers: SV Pkg. Size: 1.000 / EA

For Diagnosis: 250.00 DB W/O COMP TYPE MUNS NOT UNCNTL

ADD SERVICE LINE

« BACK CANCEL SAVE NEXT »

11. STEP 5: REVIEW/SUBMIT CLAIM

After you have entered all of your claim information you will be provided a final review of your detail prior to final submission.

1. Click the **Submit Claim** button to release the transaction for claims processing.

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Home Claims Reports My Account Help

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → **Step 5: Review/Submit Claim** → Complete

Patient

Type: Patient	Name: Last, First	Plan: Demo Plan	Member ID: 123123123	Date of Birth: 1/1/1970
Type: Subscriber	Name: (Patient is the subscriber)			

Providers

Type: Billing	NPI:	Name: ABC Demo Provider	Address: 123 Anywhere Street Anywhere USA
Type: Referring	NPI:	Name: John Doe, MD	Address: 123 Anywhere Street Anywhere USA

Diagnoses

Type: ICD9	Code: 001.0	Description: CHOLERA DUE TO VIBRIO CHOLERAE
------------	-------------	---

Claim Details

NovoLogix Claim #: (not submitted)	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date:	Claim Start Date: 1/1/2011	Claim End Date: 1/1/2011
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #:
Claim Total Billed Charge:	Claim Total Price:	Sent to Payer:

Claim Lines

Line 1

Place of Service: Home	From Service Date: 1/1/2011	To Service Date: 1/1/2011
HCPCS/CPT Code: S9500	HCPCS/CPT Description: HIT antibiotic q24h diem	HCPCS/CPT Quantity: 1
NDC Code:	NDC Description:	NDC Quantity:
Line Billed Amount: \$100.00	Generic Name:	Route:
Modifiers:	Strength/Measure:	Dosage Form:
	Pkg. Size:	

Line 2

Place of Service: Home	From Service Date: 1/1/2011	To Service Date: 1/1/2011
HCPCS/CPT Code:	HCPCS/CPT Description:	HCPCS/CPT Quantity:
NDC Code: 00002896725	NDC Description: Vancomycin HCl	NDC Quantity: 1
Line Billed Amount: \$100.00	Generic Name: Vancomycin HCl For Inj 1000 MG	Route: IV
Modifiers:	Strength/Measure: 1000 MG	Dosage Form: SOLR
	Pkg. Size: 1.000 / EA	

« BACK CANCEL SAVE **SUBMIT CLAIM »**

2. If your claim is accepted you will receive a message telling you that your claim is currently under review and a claim number has been issued.

Important: You must check your home page daily to ensure that your claims have not been placed on hold due to a need for additional information. This process is described under the **CLAIM REVIEW** section.

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

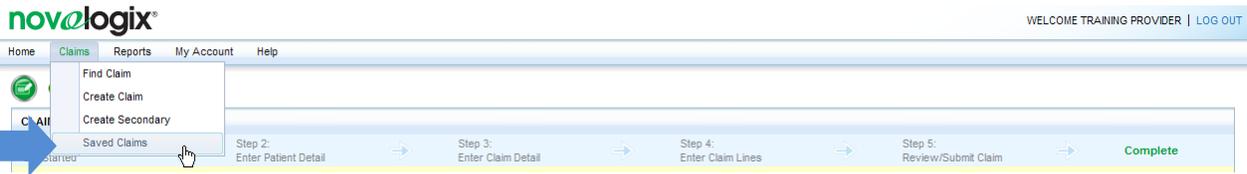
! Your claim is currently being reviewed. Please check your home page daily to confirm that no additional information is required to process your claim. Your claim number is: 239.

Patient

3. Click the **Cancel** button to cancel the submission process. If you click Cancel the transaction will *not* be saved and will not be submitted to the plan.

Note: Your claim may also be rejected if invalid information is entered. If this occurs you will not be able to correct the rejected claim. However you can click Copy, then correct and resubmit using preloaded data from previous submission.

- If you click **Save** but do not click **Submit** your claim will appear in **Saved Claims** but will not be sent to the plan.

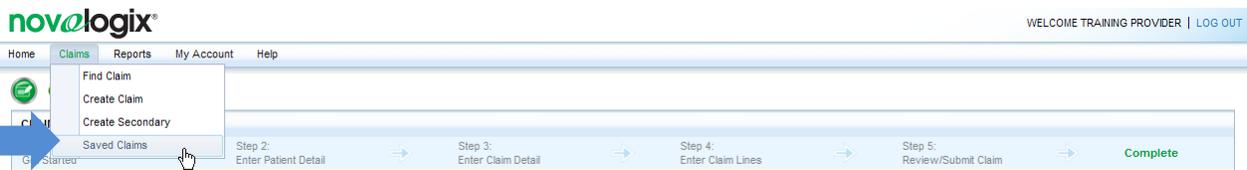


Important: A **Saved** claim will be held for not more than 30 days and will be removed from the system.

12. HOW TO FIND A SAVED CLAIM

A claim that you have **Saved** but not submitted to the Health Plan will be saved for 30 days. After which the claim will be removed from the system.

- Hover over **Claims** and click **Saved Claims**



- All **Saved Claims** will be listed in the results
- Click **Open** to access your claim

Saved Claims

SAVED CLAIMS								Max Records 100
Patient First Name	Patient Last Name	Date of Birth	Member ID	Start Date	Plan ID	Billing Provider		
Open	First	Last	8/30/1963	123123123	4/1/2010	Demo	Demo Provider	Delete

- You will be brought into Step 2: Enter Claim Detail

Create Claim

CLAIM DATA

Step 1: Get Started → **Step 2: Enter Patient Detail** → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last **Plan:** DEMO MedRx Precision **Member ID:** 123123123

Providers

Type	NPI	Name	Address
Billing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Servicing	1003000118	* DEMO MedRx Precision Provider	123 Main St City, AL 12345
Ordering	1023227204	* SMITH, ALAN	306 CHARLIE DR WHITESBORO, TX 762730705

ADD PROVIDER

Diagnoses
Primary Diagnosis: 250.00 (DB W/O COMP TYPE MUNS NOT UNCNTL) *

ADD DIAGNOSIS

Claim Details
Plan Authorization #: 123456 **NovoLogix Authorization #:** **Patient Account #:** Provider PAN

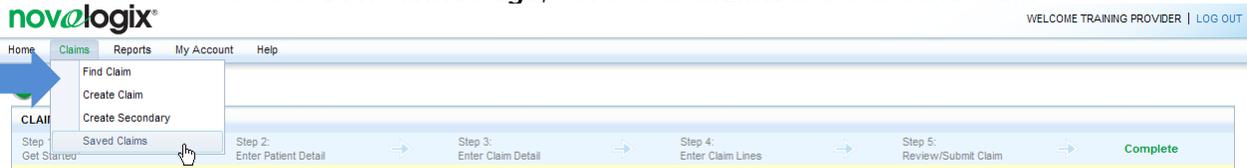
« BACK CANCEL SAVE NEXT »

5. Complete all remaining steps and click **Submit** for your claim to be released from **Saved Claims**

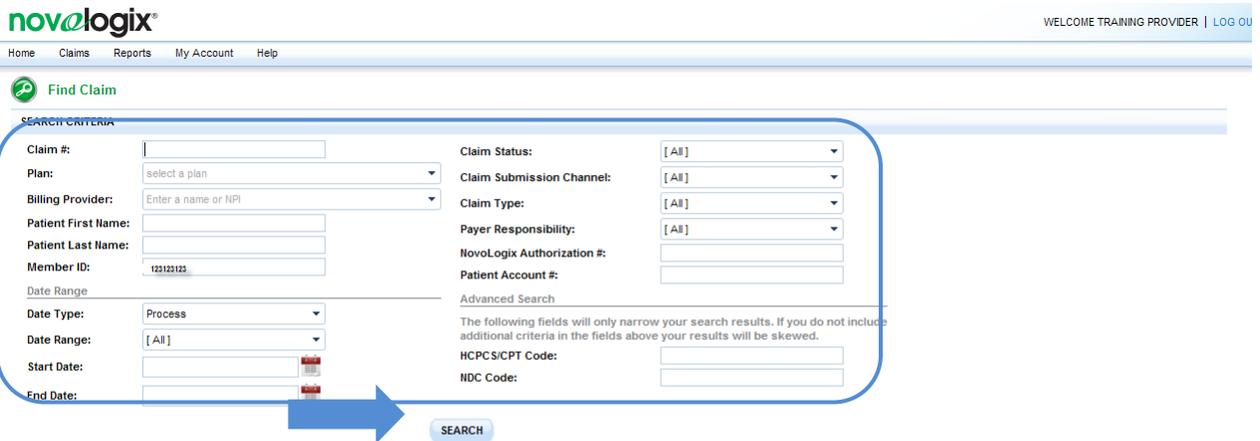
13. HOW TO FIND A CLAIM

All claims that have been submitted will be available through the Find Claim option.

1. From the **User Home Page**, hover over **Claims** and click **Find Claim**



2. Enter your search criteria and click **Search**
3. Click on the **Claim #** you wish to review



CLAIM SEARCH RESULTS

Page size: 25 Max Records: 100 2 records in 1 pages

Claim #	Patient First Name	Patient Last Name	Member ID	Start Date	Plan	Provider Name	Claim Received Date	Claim Status	Documents	Notes	Copy
83	First	Last	123123123	5/10/2010	Demo Plan	Demo Provider	6/15/2011	Pending			
84	First	Last	123123123	5/10/2010	Demo Plan	Demo Provider	6/15/2011	NLX Processed Rejected			

4. You will be able to view all information related to the selected claim



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Home Claims Reports My Account Help

Claim Detail: 83

CLAIM DETAIL

Patient

Type: Patient	Name: Last, First	Plan:	Member ID:	Date of Birth: 1/1/1970
Type: Subscriber	Name: Last, First	Plan	Insured ID:	

Providers

Type: Billing	NPI:	Name:	Address:
Type: Referring	NPI:	Name:	Address:

Diagnoses

Type: ICD9	Code: 123.8	Description: OTHER SPECIFIED CESTODE INFECTION
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Claim Details

NovoLogix Claim #: 83	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date: 6/15/2011	Claim Start Date: 5/10/2010	Claim End Date: 5/10/2010
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #:
Claim Total Billed Charge: \$100.00	Claim Total Price:	Sent to Payer: No
Status: Pending	Response:	
Workflow Status: Pending NLX Review	Payer Claim Number:	Related Claim:

Notes & Documents

Notes: (No notes found) [ADD NOTE](#) Documents: (No documents found) [ADD DOCUMENT](#)

Claim Lines

Line 1

Place of Service: Home	From Service Date: 5/10/2010	To Service Date: 5/10/2010
HCPCS/CPT Code:	HCPCS/CPT Description:	HCPCS/CPT Quantity:
NDC Code: 00409650901	NDC Description: Vancomycin HCl	NDC Quantity: 100
Line Billed Amount: \$100.00	Generic Name: Vancomycin HCl For Inj 5000 MG	Route: IV
Modifiers:	Strength/Measure: 5000 MG	Dosage Form: SOLR
	Pkg. Size: 1.000 / EA	

Line Processing Results:

Code Used for Pricing: 00409650901	Line Total Price: \$3,590.00	Qty Used for Pricing: 100	Code Sent to Payer: J3370	Qty Sent to Payer: 1000.000
Drug Data Source: NOVLOGIX MAC	Unit Price: \$35.9000	Discount: 0.00 %		

[REPLACE CLAIM](#) [COPY CLAIM](#) [VOID CLAIM](#)

14. HOW TO COPY A CLAIM

Copy Claim can be used to make a copy of any completed claim.

1. From the Claim Detail screen click **Copy Claim**
Saved Claims cannot be copied until they are completed.

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Home Claims Reports My Account Help

Claim Detail: 83

CLAIM DETAIL

Patient

Type: Patient	Name: Last, First	Plan:	Member ID:	Date of Birth: 1/1/1970
Type: Subscriber	Name: Last, First	Plan	Insured ID:	

Providers

Type: Billing	NPI:	Name:	Address:
Type: Referring	NPI:	Name:	Address:

Diagnoses

Type: ICD9	Code: 123.8	Description: OTHER SPECIFIED CESTODE INFECTION
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Claim Details

NovoLogix Claim #: 83	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date: 6/15/2011	Claim Start Date: 5/10/2010	Claim End Date: 5/10/2010
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #:
Claim Total Billed Charge: \$100.00	Claim Total Price:	Sent to Payer: No
Status: Pending	Response:	
Workflow Status: Pending NLX Review	Payer Claim Number:	Related Claim:

Notes & Documents

Notes: (No notes found) ADD NOTE Documents: (No documents found) ADD DOCUMENT

Claim Lines

Line 1

Place of Service: Home	From Service Date: 5/10/2010	To Service Date: 5/10/2010
HCPCS/CPT Code:	HCPCS/CPT Description:	HCPCS/CPT Quantity:
NDC Code: 00409650901	NDC Description: Vancomycin HCl	NDC Quantity: 100
Line Billed Amount: \$100.00	Generic Name: Vancomycin HCl For Inj 5000 MG	Route: IV
Modifiers:	Strength/Measure: 5000 MG	Dosage Form: SOLR
	Pkg. Size: 1.000 / EA	

Line Processing Results:	Line Total Price: \$3,590.00		
Code Used for Pricing: 00409650901	Qty Used for Pricing: 100	Code Sent to Payer: J3370	Qty Sent to Payer: 1000.000
Drug Data Source: NOVLOGIX MAC	Unit Price: \$35.9000	Discount: 0.00 %	

REPLACE CLAIM
COPY CLAIM
VOID CLAIM

- The user will be prompted to copy the claim with all of the lines and documents that were on the previous claim.
- Uncheck any of the items you do not wish to copy over prior to selecting **Copy Claim**

[Close]

Copy Claim Options

Select the items from the source claim you want to copy into your new claim.

You are copying claim #: 83

Include all claim lines

Line 1 (00409650901 - Vancomycin HCl)

Include all documents

Test.tif (Entire Claim)

COPY CLAIM
CANCEL

- The user will be brought to **Step 2: Enter Patient Detail**
- Confirm and/or update all detail on **Step 2** and click **Next**

Create Claim

CLAIM DATA

Step 1: Get Started → **Step 2: Enter Patient Detail** → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient Detail

Last Name: Last *
 First Name: First *
 Middle Initial:
 Date of Birth: 1/1/2010 *
 Gender: Female *
 Marital Status:
 Employed:
 Student: Not a student *

Address Information

Street Address 1: 123 Maple Street *
 Street Address 2:
 City: 123 Main St *
 State: Montana *
 Zip: 12345 *
 Primary Phone #: (123) 456-7890 Type: Home *
 Secondary Phone #: () - - Type: Home *
 Make Address Private:

Insurance Information

Plan: Demo Plan *
 Billing Provider: (1710018619) *
 Member ID: 123123123 *
 Insurance Group #: 12350
 Effective Date: 1/1/1900 *
 Termination Date:
 Relationship to Insured: Spouse *
 Insured Last Name: Insured Last *
 Insured First Name: Insured First *
 Insured ID: 12321 *
 AOB Info on File: *
 Member Signature on File: *

« BACK CANCEL  NEXT »

6. Confirm and/or update all detail on **Step 3: Enter Claim Detail** and click **Next**

Create Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → **Step 3: Enter Claim Detail** → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient

Name: First Last Plan: Anthem BCBS (Ohio) Member ID: 123123123

Providers

Type	NPI	Name	Address
Billing	999999999	Demo Provider	123 Anywhere St Anywhere, USA 12345
Servicing	999999999	Demo Provider	123 Anywhere St Anywhere, USA 12345
Referring	888888888	John Smith	555 Anywhere Dr Anywhere, USA 12345

ADD PROVIDER

Diagnoses

Primary Diagnosis: 998.59 (OTHER POSTOPERATIVE INFECTION NEC) *

ADD DIAGNOSIS

Claim Details

Plan Authorization #: NovoLogix Authorization #: Patient Account #: 1247657270501

« BACK CANCEL SAVE NEXT »

7. Confirm and/or update all detail on **Step 4: Enter Claim Lines** and click **Next**

The screenshot shows the 'Create Claim' process at Step 4: Enter Claim Lines. The progress bar at the top indicates the following steps: Step 1: Get Started, Step 2: Enter Patient Detail, Step 3: Enter Claim Detail, Step 4: Enter Claim Lines (current step), Step 5: Review/Submit Claim, and Complete. The form contains the following information:

- Patient:** Name: First Last, Plan: , Member ID:
- Line 1:**
 - Place of Service: Home
 - Date(s) of Service: 5/10/2010 to 5/10/2010
 - HCPCS/CPT Code: Enter code or name
 - HCPCS/CPT Quantity:
 - HCPCS/CPT Description:
 - OR
 - NDC Code: 00409650901
 - NDC Quantity: 100.00
 - NDC Description: Vancomycin HCl
 - Billed Charge: \$100.00
 - Strength/Measure: Novologix Shared.Payload.Library.Domain.Schemas.Drugidentification
 - Modifiers:
 - Pkg. Size: 1.000 / EA
 - For Diagnosis: 123.8 OTHER SPECIFIED CESTODE INFECTION

Buttons at the bottom include: ADD SERVICE LINE, < BACK, CANCEL, SAVE, and NEXT > (highlighted with a blue arrow).

- Confirm and/or update all detail on **Step 5: Review/Submit Claim** and click **Submit**

The screenshot shows the 'Create Claim' process at Step 5: Review/Submit Claim. The progress bar at the top indicates the following steps: Step 1: Get Started, Step 2: Enter Patient Detail, Step 3: Enter Claim Detail, Step 4: Enter Claim Lines, Step 5: Review/Submit Claim (current step), and Complete. The form contains the following information:

- Patient:**
 - Type: Patient, Name: Last, First, Plan: , Member ID: , Date of Birth: 1/1/1970
 - Type: Subscriber, Name: Last, First, Plan: , Insured ID:
- Providers:**
 - Type: Billing, NPI: , Name: , Address:
 - Type: Referring, NPI: , Name: , Address:
- Diagnoses:**
 - Type: ICD9, Code: 123.8, Description: OTHER SPECIFIED CESTODE INFECTION
- Claim Details:**
 - NovoLogix Claim #: (not submitted), Claim Type: Original, Payer Responsibility: Primary
 - Claim Received Date: , Claim Start Date: 5/10/2010, Claim End Date: 5/10/2010
 - Plan Authorization #: , NovoLogix Authorization #: , Patient Account #:
 - Claim Total Billed Charge: , Claim Total Price: , Sent to Payer:
- Claim Lines:**
 - Line 1:**
 - Place of Service: Home, From Service Date: 5/10/2010, To Service Date: 5/10/2010
 - HCPCS/CPT Code: , HCPCS/CPT Description: , HCPCS/CPT Quantity:
 - NDC Code: 00409650901, NDC Description: Vancomycin HCl, NDC Quantity: 100
 - Line Billed Amount: \$100.00, Generic Name: Vancomycin HCl For Inj 5000 MG, Route: IV
 - Modifiers: , Strength/Measure: 5000 MG, Dosage Form: SOLR
 - Pkg. Size: 1.000 / EA

Buttons at the bottom include: < BACK, CANCEL, SAVE, and SUBMIT CLAIM > (highlighted with a blue box).

- If your claim is accepted you will receive a message telling you that your claim is currently under review and a claim number has been issued.

Important: You must check your home page daily to ensure that your claims have not been placed on hold for additional information. This process is described under the **CLAIM REVIEW** section.

- Click the **Cancel** button to cancel the submission process. The transaction *will not* be saved and *will not be submitted* to the plan.

15. HOW TO SUBMIT A SECONDARY CLAIM

If you have a secondary claim you can submit these claims online through this feature.

A secondary claim is identified when the member has insurance through a company prior to submitting your claim to a NovoLogix payer.

Some payers do not submit Secondary Claims through this option. Be sure to confirm plan guidelines before submitting a secondary claim through this option.

1. Select **Claims** and **Create Secondary** from the menu on the left side of the screen
2. Step 1: Get Started Create a claim in one of 3 ways
 - a. Select the patient ID or use a claim number from a previous secondary claim
 - b. Enter a New Patient
 - c. Search for an Existing Patient

For information on how to use these options please see the primary claim section of this manual.

2. Step 2, Step 3 and Step 4 are completed in the same manner as the primary claim.
3. Step 5: Enter Primary Detail

The Patient Name, DOB and Gender will copy over from the patient record in Step 2.

- a. Confirm Patient, DOB and Gender are correct
- b. Enter **Relationship to Insured**

The screenshot shows a web-based form for entering claim details. A blue arrow points to a dropdown menu labeled "Relationship to Insured:". The dropdown menu is open, showing the following options: "Self", "Spouse", "Child", "Employee", and "Other". To the left of the dropdown are the labels "Primary Policy #:" and "Member ID:". Below the dropdown is a section titled "Other Paid Detail" with a sub-label "Date of Payment". To the right of the dropdown, the text "Billed Charges \$200.1" is visible. There are asterisks (*) next to the dropdown and the "Billed Charges" field, indicating they are required.

- c. Enter **Primary Policy #**
- d. Enter **Payer Name**
- e. Enter **Claim Filing Type**

	Claim Filing Type:		*
	Insurance Type:		*
	Patient Signature Source:	Automobile Medical	*
	Release of Information:	BCBS	*
	AOB Info on File:	Champus	*
		Commercial	
		Disability	
		DMO	
		EPO	
		FEP	
		HMO	
		HMOMR	
		Indemnity	
0	Payer Paid Amount	\$0.00	Liability Medical
			0.0
			Medicaid
			Medicare A
			Medicare B
	0	Payer Paid Amount	\$0.00
			Other Federal
			0.0
			Other Non Federal
			POS
			PPO
0	Payer Paid Amount	\$0.00	Title V
			0.0
			Unknown
			Veterans Affairs
			Workers Comp

f. Enter **Insurance Type**

Insurance Type: *

Patient Signature Source: *

Release of Information: *

AOB Info on File:

0	Payer Paid Amount	\$0.00	1.00
0	Payer Paid Amount	\$0.00	1.00
0	Payer Paid Amount	\$0.00	1.00

CA

Auto Insurance
Commercial
Group
HMO
Individual
Litigation
Long Term
Medicaid
Medicare B
Medicare Conditional
Medicare Primary
Medicare12
Medicare13
Medicare14
Medicare15
Medicare16
Medicare41
Medicare42
Medicare43
Medicare47
Medigap B
Other
Personal Payment

g. Enter Patient Signature Source

Patient Signature Source: *

Release of Information: *

AOB Info on File:

1	Payer Paid Amount	\$0.00	0.00
1	Payer Paid Amount	\$0.00	0.00

Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file
Signed HCFA-1500 Claim Form on file
Signed signature authorization form for HCFA-1500 Claim Form block 13 on file
Signature generated by provider because the patient was not physically present for services
Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

h. Enter Release of Information

 **Release of Information:** *

AOB Info on File:

0	Payer Paid Amount	\$0.00	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization	0.0
0	Payer Paid Amount	\$0.00	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes	0.0
0	Payer Paid Amount	\$0.00	The Provider has Limited or Restricted Ability to Release Data Related to a Claim	0.0
0	Payer Paid Amount	\$0.00	No, Provider is Not Allowed to Release Data	0.0
0	Payer Paid Amount	\$0.00	On file at Payor or at Plan Sponsor	0.0
0	Payer Paid Amount	\$0.00	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	0.0

- i. Confirm that **AOB info on File** is correct
- j. Enter the **Other Paid Detail**
 - 1. Date of Payment
 - 2. Confirm Billed Charges from Step 4 auto-loaded
 - 3. Enter total Payer Paid Amount
 - 4. Enter the total Allowed Amount
- k. Enter the **Line-Level Adjustments**
 - 1. Date of Payment
 - 2. Confirm Billed Charges from Step 4 auto-loaded
 - 3. Enter total Payer Paid Amount
 - 4. Enter the total Allowed Amount

Create Secondary Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Enter Primary Detail → Step 6: Review/Submit Claim →

Patient
Name: First Last **Plan:** Demo Plan **Member ID:** 123123123

Other Insured Demographics

Last Name: Last * **Payer Name:** Medicare *
First Name: First * **Claim Filing Type:** Medicare B *
Middle Initial: **Insurance Type:** Medicare B *
Date of Birth: 1/1/2010 * **Patient Signature Source:** Form block 12 and block 13 are on file *
Gender: Female * **Release of Information:** or at Utilization Review Organization *
Relationship to Insured: Self * **AOB Info on File:** *
Primary Policy #: 123123123 *
Member ID: *

Other Paid Detail

Date of Payment: 1/1/2011 * **Billed Charges:** \$300.00 **Payer Paid Amount:** \$0.00 * **Allowed Amount:** \$0.00

Line-Level Adjustments

Line 1
Date of Payment: 1/1/2011 * **Billed Charges:** \$100.00 **Payer Paid Amount:** \$0.00 * **Allowed Amount:** \$0.00
ADD ADJUSTMENT

Line 2
Date of Payment: 1/1/2011 * **Billed Charges:** \$200.00 **Payer Paid Amount:** \$0.00 * **Allowed Amount:** \$0.00
ADD ADJUSTMENT

Claim-Level Adjustments
ADD ADJUSTMENT

« BACK CANCEL SAVE  NEXT »

1. Click **Next** to continue
4. Step 6: Review/Submit Claim
 - a. Review your claim and click **Submit**.

Adjustments:

Group	Reason	Amount
Contractual Obligations	Not covered unless the provider accepts assignment	\$50.00
Total:		\$50.00

« BACK CANCEL SAVE  SUBMIT CLAIM »

5. Complete
Note: Don't forget to attach your EOB to **Documents** if required for your plan.

16. HOW TO ATTACH A DOCUMENT

If you have a copy of an EOB, prescription or other piece of documentation that needs to be submitted to NovoLogix or if your Health Plan reviews documentation online you can attach a document via the online claim.

1. From the **Claim Detail** click on Add Document

novologix® WELCOME TRAINING PROVIDER | LOG OUT

Home Claims Reports My Account Help

Claim Detail: 83

CLAIM DETAIL

Patient
 Type: Patient Name: Last, First Plan: Member ID: Date of Birth: 1/1/1970
 Type: Subscriber Name: Last, First Plan Insured ID:

Providers
 Type: Billing NPI Name: Address:
 Type: Referring NPI Name: Address:

Diagnoses
 Type: ICD9 Code: 123.8 Description: OTHER SPECIFIED CESTODE INFECTION

Claim Details
 NovoLogix Claim #: 83 Claim Type: Original Payer Responsibility: Primary
 Claim Received Date: 6/15/2011 Claim Start Date: 5/10/2010 Claim End Date: 5/10/2010
 Plan Authorization #: NovoLogix Authorization #: Patient Account #:
 Claim Total Billed Charge: \$100.00 Claim Total Price: Sent to Payer: No
 Status: Pending Response:
 Workflow Status: Pending NLX Review Payer Claim Number: Related Claim:

Notes & Documents
 Notes: (No notes found) ADD NOTE Documents: (No documents found) DOCUMENT

Claim Lines

Line 1
 Place of Service: Home From Service Date: 5/10/2010 To Service Date: 5/10/2010
 HCPCS/CPT Code: HCPCS/CPT Description: HCPCS/CPT Quantity:
 NDC Code: 00409650901 NDC Description: Vancomycin HCl NDC Quantity: 100
 Line Billed Amount: \$100.00 Generic Name: Vancomycin HCl For Inj 5000 MG Route: IV
 Modifiers: Strength/Measure: 5000 MG Dosage Form: SOLR
 Pkg. Size: 1.000 / EA

Line Processing Results:
 Line Total Price: \$3,590.00
 Code Used for Pricing: 00409650901 Qty Used for Pricing: 100 Code Sent to Payer: J3370 Qty Sent to Payer: 1000.000
 Drug Data Source: NOVOLOGIX MAC Unit Price: \$35.9000 Discount: 0.00 %

REPLACE CLAIM COPY CLAIM VOID CLAIM

2. Enter a **Title** for your document
3. Click **Browse** to locate your document on your local computer.

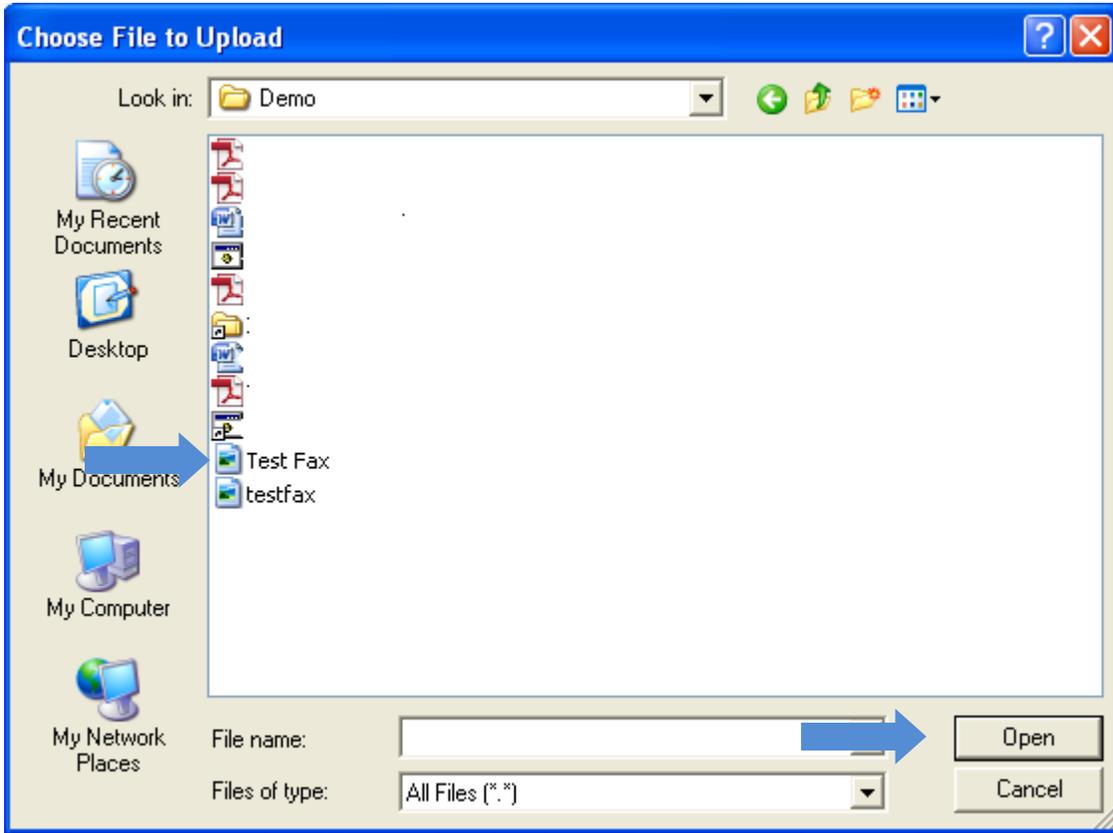
[Close]

Upload Document

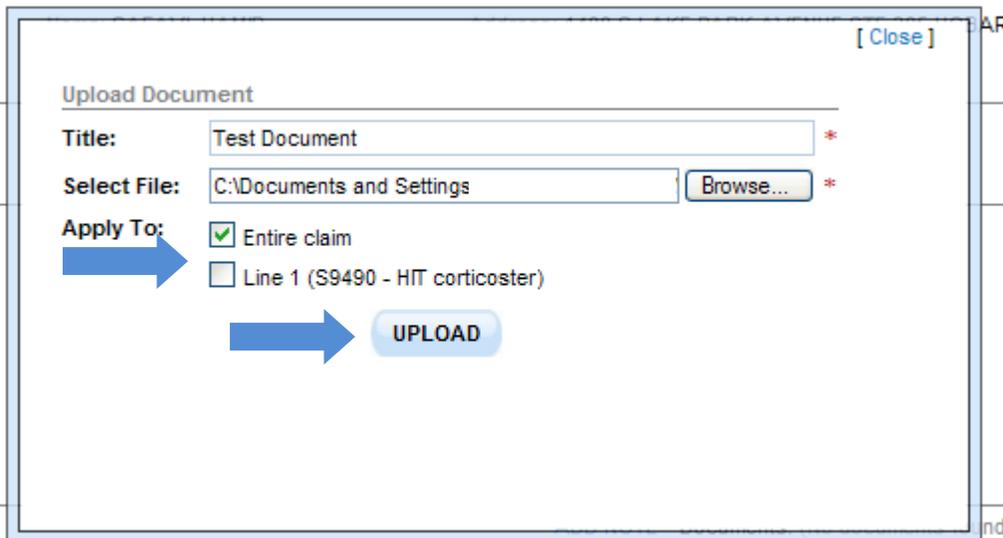
Title: *

Select File: *

Apply To:
 Entire claim
 Line 1 (S9490 - HIT corticoster)



4. You can attach your document to the **Entire Claim** or to a specific **Line** by clicking the appropriate check box.
5. Once all of your detail is completed click **Upload**



6. Click **Close** to return to the **Claim Detail**
Note: Once your document has been successfully loaded you will be provided with a confirmation message.
7. You can remove a document by selecting **Remove**
8. You can edit the **Title** and **Apply** setting by clicking **Edit**
9. You can view the document by clicking on the **Document Name**

Documents:

[ADD DOCUMENT](#)

Date	View	Applies To	Added By	Edit	Remove
4/15/2011	Test Document	Entire Claim	yourname@domain.com		

17. HOW TO ADD A NOTE

If you have a need to attach additional notation to a claim you can do so through adding a Note.

1. From the **Claim Detail** click **Add Note**

novologix WELCOME TRAINING PROVIDER | [LOG OUT](#)

Home Claims Reports My Account Help

Claim Detail: 83

CLAIM DETAIL

Patient

Type: Patient	Name: Last, First	Plan:	Member ID:	Date of Birth: 1/1/1970
Type: Subscriber	Name: Last, First	Plan:	Insured ID:	

Providers

Type: Billing	NPI:	Name:	Address:
Type: Referring	NPI:	Name:	Address:

Diagnoses

Type: ICD9	Code: 123.8	Description: OTHER SPECIFIED CESTODE INFECTION
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Claim Details

NovoLogix Claim #: 83	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date: 6/15/2011	Claim Start Date: 5/10/2010	Claim End Date: 5/10/2010
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #:
Claim Total Billed Charge: \$100.00	Claim Total Price:	Sent to Payer: No
Status: Pending	Response:	
Workflow Status: Pending NLX Review	Payer Claim Number:	Related Claim:

Notes & Documents

Notes: (No notes found) [ADD NOTE](#) Documents: (No documents found) [ADD DOCUMENT](#)

Claim Lines

Line 1

Place of Service: Home	From Service Date: 5/10/2010	To Service Date: 5/10/2010
HCPCS/CPT Code:	HCPCS/CPT Description:	HCPCS/CPT Quantity:
NDC Code: 00409650901	NDC Description: Vancomycin HCl	NDC Quantity: 100
Line Billed Amount: \$100.00	Generic Name: Vancomycin HCl For Inj 5000 MG	Route: IV
Modifiers:	Strength/Measure: 5000 MG	Dosage Form: SOLR
	Pkg. Size: 1.000 / EA	

Line Processing Results:

Code Used for Pricing: 00409650901	Line Total Price: \$3,590.00	Code Sent to Payer: J3370	Qty Sent to Payer: 1000.000
Drug Data Source: NOVOLOGIX MAC	Qty Used for Pricing: 100	Unit Price: \$35.9000	Discount: 0.00 %

[REPLACE CLAIM](#) [COPY CLAIM](#) [VOID CLAIM](#)

2. You can attach your Note to the **Entire Claim** or to a specific **Line** by clicking the appropriate check box.
3. Once your detail is completed click **Save**

4. Your note will be added to the **Claim Detail**

Notes & Documents

Notes: [ADD NOTE](#)

Date	Note	Applies To	Added By
4/15/2011	This is a test note...	Entire Claim	yourname@domain.com

18. HOW TO REPLACE (CORRECT) A CLAIM

If you have submitted a claim and you discover the claim is incorrect you can now replace the errant claim via the NovoLogix system.

1. From the **Claim Detail** click on the **Replace** button.

Line Processing Results:	Line Total Price: \$100.00		
Code Used for Pricing: S9490	Qty Used for Pricing: 10	Code Sent to Payer: S9490	Qty Sent to Payer: 10
Drug Data Source:	Unit Price: \$75.00	Discount: 0.00 %	

2. If your Original Claim has already been sent to the payer you will be required to enter your **Payer Claim Number**. If applicable, enter the **Payer Claim Number** and click **Continue**.

Note: **Payer Claim Number** is *NOT* the NovoLogix Claim number. Please reference the claim number you received from the Health Plan before submitting your Replacement through the NovoLogix system.

Replace Claim # 23

To submit your replacement claim to the Health Plan the Payer Claim Number is required.

Payer Claim Number: *



3. If your claim has NOT been sent to the payer you will be able to correct online and it will be sent as a new **Original Claim** to the payer.
4. Confirm and/or update the information in **Step 2: Enter Patient Detail** and click **Next**.

Create Replacement Claim

CLAIM DATA

Step 1: Get Started → **Step 2: Enter Patient Detail** → Step 3: Enter Claim Detail → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient Detail

Last Name: *
 First Name: *
 Middle Initial:
 Date of Birth: *
 Gender: *
 Marital Status:
 Employed:
 Student:

Address Information

Street Address 1: *
 Street Address 2:
 City: *
 State: *
 Zip: *
 Primary Phone #: Type: *
 Secondary Phone #: Type: *
 Make Address Private:

Insurance Information

Plan: *
 Billing Provider: *
 Member ID: *
 Insurance Group #:
 Effective Date:
 Termination Date:

Relationship to Insured: *
 Insured Last Name:
 Insured First Name:
 Insured ID:
 AOB Info on File: *
 Member Signature on File: *



5. Confirm and/or update the information in **Step 3: Enter Claim Detail** and click **Next**.

Create Replacement Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → **Step 3: Enter Claim Detail** → Step 4: Enter Claim Lines → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last **Plan:** Demo Plan **Member ID:** 4566051570

Providers

Type	NPI	Name	Address
Billing	999999999	Demo Provider	123 Anywhere St Anywhere USA
Servicing	999999999	Demo Provider	123 Anywhere St Anywhere USA
Referring	999999999	Smith, John	123 Anywhere St Anywhere USA

ADD PROVIDER

Diagnoses

Primary Diagnosis: 233.30 (CA IN SITU UNS FEMALE GENITAL ORGAN) *

ADD DIAGNOSIS

Claim Details

Plan Authorization #: **NovoLogix Authorization #:** **Patient Account #:**

« BACK CANCEL SAVE **NEXT »**

6. Confirm and/or update the information in **Step 4: Enter Claim Lines** and click **Next**.

Create Replacement Claim

CLAIM DATA

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Claim Detail → **Step 4: Enter Claim Lines** → Step 5: Review/Submit Claim → Complete

Patient
Name: First Last **Plan:** Demo Plan **Member ID:** 123123123

Line 1

Place of Service: Home * **Date(s) of Service:** 5/20/2010 to 5/20/2010 *

HCPCS Code: S9490 * **HCPCS Quantity:** 1 * **HCPCS Description:** HfT corticosteroid/diem

NDC Code: enter code or name * **NDC Quantity:** * **NDC Description:**

Billed Charge: \$100.00 * **Strength/Measure:**

Modifiers: **Pkg. Size:**

For Diagnosis: 233.30 CA IN SITU UNS FEMALE GENITAL ORGAN

ADD SERVICE LINE

« BACK CANCEL SAVE **NEXT »**

7. Confirm and/or update the information in **Step 5: Review/Submit Claim** and click **Submit** to release

Note: If your claim was NOT previously submitted to the Health Plan this version of the claim will be released as an **Original** claim.

If your claim WAS previously submitted to the Health Plan this version of the claim will be released as a Void/Replace and sent to the plan as a **Replacement** (Corrected Claim).

Create Replacement Claim

CLAIM DATA				
Step 1: Get Started	→	Step 2: Enter Patient Detail	→	Step 3: Enter Claim Detail
			→	Step 4: Enter Claim Lines
				Step 5: Review/Submit Claim
				→ Complete
Patient				
Type: Patient	Name: Last, First	Plan: Demo Plan	Member ID:	Date of Birth: 1/1/1970
Type: Subscriber	Name: (Patient is the subscriber)			
Providers				
Type: Billing	NPI: 999999999	Name: Demo Provider	Address: 123 Anywhere St Anywhere USA	
Type: Servicing	NPI: 999999999	Name: Demo Provider	Address: 123 Anywhere St Anywhere USA	
Type: Referring	NPI: 999999999	Name: Jon Smith	Address: 123 Anywhere St Anywhere USA	
Diagnoses				
Type: ICD9	Code: 233.30	Description: CA IN SITU UNS FEMALE GENITAL ORGAN		
Claim Details				
NovoLogix Claim #: (not submitted)	Claim Type: Replacement	Payer Responsibility: Primary		
Claim Received Date:	Claim Start Date: 5/20/2010	Claim End Date: 5/20/2010		
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #:		
Claim Total Billed Charge:	Claim Total Price:	Sent to Payer:		
Claim Lines				
Line 1				
Place of Service: Home	From Service Date: 5/20/2010	To Service Date: 5/20/2010		
HCPCS Code: S9490	HCPCS Quantity: 5	HCPCS Description: HIT corticosteroid/diem		
NDC Code:	NDC Quantity:	NDC Description:		
Line Billed Amount: \$100.00		Strength/Measure:		
Modifiers:		Pkg. Size:		
	« BACK	CANCEL	SAVE	→ SUBMIT CLAIM »

19. HOW TO VOID A CLAIM

If you have submitted a claim and discover the claim was submitted by mistake or for an incorrect member, plan or provider you can now Void these via the NovoLogix system.

- From the **Claim Detail** click on the **Void** button.

Line Processing Results:			
Code Used for Pricing: 99602	Line Total Price: \$325.00	Code Sent to Payer: 99602	Qty Sent to Payer: 5
Drug Data Source:	Qty Used for Pricing: 5	Unit Price: \$65.00	Discount: 0.00 %

REPLACE CLAIM COPY CLAIM VOID CLAIM

- If your Original Claim *has* been sent to the payer you will be presented with a warning message that this claim cannot be changed and you will be required to enter your **Payer Claim Number**. If applicable, enter the **Payer Claim Number** and click **Continue**.

Note: If you are attempting to correct a claim DO NOT Void it. Select **Replace Claim** instead. This will file your claim as a **Replacement** (Correction) rather than a **Void**.

Void Claim # 23

You are about to Void your claim. This will remove the claim from processing from the NovoLogix and Payer systems (as applicable). You will not be able to make further changes to this claim.

To submit your Void to the Health Plan the Payer Claim Number is required.

Payer Claim Number: *



- If your **Original** Claim was *not* sent to the Payer you will be asked to confirm you wish to Void your claim by clicking **Continue**.

Void Claim # 2076

You are about to Void your claim. This will remove the claim from processing from the NovoLogix and Payer systems (as applicable). You will not be able to make further changes to this claim.



- You will receive a message stating your claim has been successfully voided and if your **Original** Claim was not sent to the Payer the new status will appear as **Cancelled** and there will no need to forward to the payer as they did not receive the **Original** claim.

 **Claim Detail: 2076**

CLAIM DETAIL

 **Claim successfully voided.**

Patient

Type: Patient	Name: John Doe	Plan: Demo Plan	Member ID:	Date of Birth: 1/1/2000
Type: Subscriber	Name: (Patient is the subscriber)			

Providers

Type: Billing	NPI: 999999999	Name: Demo Provider	Address: 123 Anywhere St Anywhere USA	
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Diagnoses

Type: ICD9	Code: 357.81	Description:
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Claim Details

NovoLogix Claim #: 2076	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date: 5/3/2011	Claim Start Date: 4/24/2010	Claim End Date: 4/25/2010
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #: 196550802082952PBC
Claim Total Billed Charge: \$1,950.00	Claim Total Price:	Sent to Payer: No
Status: Cancelled	Response:	
Workflow Status:	Payer Claim Number:	Related Claim:

- If your **Original** Claim was sent to the Payer the new Status will appear as **Void** and a Void Transaction will be sent to the Payer.

 Claim Detail: 2076

CLAIM DETAIL

 Claim successfully voided.

Patient

Type: Patient Name: John Doe Plan: Demo Plan Member ID: Date of Birth: 1

Type: Subscriber Name: (Patient is the subscriber)

Providers

Type: Billing NPI: 999999999 Name: Demo Provider Address: 123 Anywhere St Anywhere USA

Diagnoses

Type: ICD9 Code: 357.81 Description:

Claim Details

NovoLogix Claim #: 2076 Claim Type: Original Payer Responsibility: Primary
 Claim Received Date: 5/3/2011 Claim Start Date: 4/24/2010 Claim End Date: 4/25/2010
 Plan Authorization #: NovoLogix Authorization #: Patient Account #: 1965506D2062952PBC
 Claim Total Billed Charge: \$1,950.00 Claim Total Price: Sent to Payer: No

Status: Void

20. HOW TO RESPOND TO REVIEW CLAIM REQUESTS

If during a review of your claim additional information is required you will be notified via your home page. Users will want to check this page frequently to avoid rejections for untimely response.

1. From the **Home Page** you will see a section called **Shared Work Items**
2. This section will include all of the claims currently assigned to your provider location(s) for review
3. Click on the **Task** to select

Welcome Provider Training

WORK ITEMS

My Work Items (0)

Shared Work Items (33)

Task	ID	Plan	Provider	Start Date	Due Date
Provider Action Required	32777	Demo Plan A	Demo Provider	5/18/2011	6/17/2011
Provider Action Required	27587	Demo Plan B	Demo Provider	5/24/2011	6/23/2011
Provider Action Required	33988	Demo Plan C	Demo Provider	5/24/2011	6/23/2011
Provider Action Required	34304	Demo Plan A	Demo Provider	5/24/2011	6/23/2011
Provider Action Required	6518	Demo Plan A	Demo Provider	5/25/2011	6/24/2011
Provider Action Required	28403	Demo Plan C	Demo Provider	5/25/2011	7/8/2011
Provider Action Required	24892	Demo Plan A	Demo Provider	5/26/2011	7/11/2011
Provider Action Required	25746	Demo Plan B	Demo Provider	5/26/2011	6/25/2011
Provider Action Required	28396	Demo Plan C	Demo Provider	5/26/2011	6/25/2011
Provider Action Required	32786	Demo Plan B	Demo Provider	5/26/2011	7/11/2011
Provider Action Required	28427	Demo Plan C	Demo Provider	6/2/2011	7/15/2011
Provider Action Required	20858	Demo Plan C	Demo Provider	6/6/2011	7/6/2011

4. By selecting a claim it will be auto assigned to your name and will appear in your **My Work Items** queue of your **Home Page**.

Note: Other users within your company will still be able to see these claims in the **Shared Work Items** queue but they will see that the claim is currently assigned to you.

Welcome Provider Training

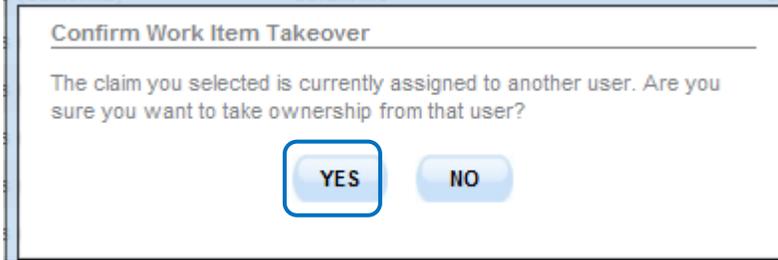
WORK ITEMS

My Work Items (1)

Task	ID	Plan	Provider	Start Date	Due Date	Assigned To
Provider Action Required	32777	Demo Plan A	Demo Provider	5/18/2011	6/17/2011	Training, Provider

Shared Work Items (32)

- If the claim is assigned to another user you can assign the claim to yourself by clicking on the **Task** next to the applicable claim in the **Shared Work Items** queue
- Then select **Yes** from the **Confirm Work Item Takeover** prompt.



- The user can view what additional information is requested in the **Notes** section of the **Claim Detail**.

Claim Review: 32777

CLAIM DETAIL PATIENT HISTORY

Patient

Type: Patient	Name: Last, First	Plan:	Member ID	Date of Birth: 1/1/1970
Type: Subscriber	Name: (Patient is the subscriber)			

Providers

Type: Billing	NPI:	Name:	Address:
Type: Referring	NPI:	Name:	Address:

Diagnoses

Type: ICD9	Code: 038.9	Description: UNSPECIFIED SEPTICEMIA
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Claim Details

NovoLogix Claim #: 32777	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date: 5/18/2011	Claim Start Date: 5/12/2011	Claim End Date: 5/17/2011
Plan Authorization #:	NovoLogix Authorization #	Patient Account #:
Claim Total Billed Charge: \$3,865.20	Claim Total Price: \$608.40	Sent to Payer: No
Status: Pending	Response:	
Workflow Status: Provider Action Required	Payer Claim Number:	Related Claim:

Notes & Documents

Notes: ADD NOTE Documents: (No documents found) ADD DOCUMENT

Date	Note	Applies To	Added By
5/18/2011	DHE Please provide a copy of the prescription to verify the dose submitted.	Line 1	NovoLogix User
5/18/2011	DHE Please provide a copy of the prescription to verify the dose submitted.	Line 2	NovoLogix User

- The user can either upload a document in response to the request or add a note with a response.
- If a document is needed, attach then click **Return to Reviewer**
Users can also fax the documentation needed to the NovoLogix Pharmacy team at 1 (402) 220-0950. However, you will also want to reply with a **Note** so that the Pharmacy team will have possession of your claim to release it to the plan when the review is completed.
- If a document is not needed but a note is needed, click **Return to Reviewer** and you will be prompted to enter a **Note** prior to sending back to the reviewer.

VOID CLAIM

RETURN TO MY WORK ITEMS

RETURN TO REVIEWER

11. Click **Save** to release the note and claim.

12. After you enter your note you will be brought back to your **Home Page**. However, if you were to look up a claim that was returned to the reviewer you will notice that your claim is now in a **Work Flow Status** (Located in the **Claim Details** section) of **Provider Response Received**.

Claim Details

NovoLogix Claim #: 32777	Claim Type: Original	Payer Responsibility: Primary
Claim Received Date: 5/18/2011	Claim Start Date: 5/12/2011	Claim End Date: 5/17/2011
Plan Authorization #:	NovoLogix Authorization #:	Patient Account #:
Claim Total Billed Charge: \$3,865.20	Claim Total Price: \$608.40	Sent to Payer: No
Status: Pending	Response:	Related Claim:
Workflow Status: Provider Response Received	Payer Claim Number:	

13. NovoLogix will review your claim and if the reviewers have additional questions the claim will appear on your home page again. Otherwise your claim will be released to the plan for processing.

21. REVIEW CLAIM: REJECTED CLAIM NOTIFICATION

If a request is not responded to within the pre-determined plan guidelines, claims can be rejected. These claims will appear on your home page in a **Task** named **Rejected Claim Notification**

1. Click on the **Task** to review the rejected claim(s)

Welcome Provider Training

WORK ITEMS					
Task	ID	Plan	Provider	Start Date	Due Date
Rejected Claim Notification	3	Demo Plan	Demo Provider	6/14/2011	7/4/2011

2. Resubmit the claim either through the Copy feature or via your EDI billing system.
3. Once the claim is resubmitted you can remove notification of the rejected claim from your home page by clicking **OK**.

Line Processing Results:	Line Total Price: \$658.91	Code Sent to Payer: J3490	Qty Sent to Payer: 56.000
Code Used for Pricing: 00173051801	Qty Used for Pricing: 56	Discount: 5.00 %	
Drug Data Source: MEDISPAN AWP	Unit Price: \$0.3229		

OK
RETURN TO MY WORK ITEMS

22. CLAIM ACCEPTANCE AND REJECTION

It is important that you run the **Provider Billing Report** to keep track of any rejected claims (either by NovoLogix or the Payer). Within 24 hours after your claim has passed all reviews in the NovoLogix system your claim will be submitted to your payer.

1. If you bill your claims online you will be notified right away as to the acceptance or rejection from the 1st level review edits.
 - a. If accepted your claim will have a **NovoLogix Accepted** or **Pending** status.
 - b. If rejected your claim will have a **NovoLogix Rejected** status and will include a specific reason for the rejection.
2. If you bill your claim via EDI you will be notified shortly after your claim file is processed via a proprietary acceptance report.

Note: If you bill through a clearing house, check with your clearing house for details on how to retrieve this report.

 - a. If accepted your claim will be in a **NovoLogix Accepted** or **Pending** status.
 - b. If rejected your claim will be in a **NovoLogix Rejected** status with a reason specified.
3. After the 1st level review edit your claim will go through a 2nd level review edit process (Drug Review)
 - a. If your claim passes drug review your claim will move from **Pending** to **NovoLogix Accepted**.
 - b. While in the review process your claim status will remain in **Pending**. However, your Work Flow status may change. (See section on Review Claim for more information)
4. Once your claim has passed the 2nd level review edit process your claim will be released from the NovoLogix system and the status of your claim will change to **Submitted**.
 - a. This means that your claim has left the NovoLogix system and can no longer be pulled back.
5. Once the payer receives the claim file they will send a response back to NovoLogix with a response of accepted or rejected.
 - a. If accepted your claim status will change from **Submitted** to **Payer Accepted**.
 - b. If rejected your claim status will change from **Submitted** to **Payer Rejected** with reason specified.
6. Claims that are rejected (either by NovoLogix or the payer) will NOT appear on your home page. For this reason NovoLogix suggests that provider run the Provider Billing Report each day to confirm that none of your claims were rejected.

IMPORTANT: The provider is responsible for insuring that all of their claims are successfully transmitted to both NovoLogix and the payer. Failure to do so may cause rejections to be missed and could cause delays in processing and payment.

7. To run this report select **Reports** and **Provider Billing Report**

8. Enter your criteria and click **Run Report**

Please do not enter more than a 1 month time frame as this may cause your report to error.

9. Once you have your report you can export to Excel and filter it based on status. The status of **Payer Rejected** will give you all claims that the payer rejected and the reason for rejection.

10. Please correct and resubmit the claim through either the **Replace** feature on the NovoLogix website or through a new EDI transaction.

23. HOW TO SUBMIT A PAPER CLAIM

The preferred method to submit your claim is via HIPAA Complaint 837 or the NovoLogix web interface.

Important: With the release of the new Claims System Corrected Claims can now be submitted online and you should no longer submit these via paper.

If you are having difficulty submitting your claim through one of the preferred methods please contact NovoLogix Client Support Services at helpdesk@novologix.net to obtain assistance.

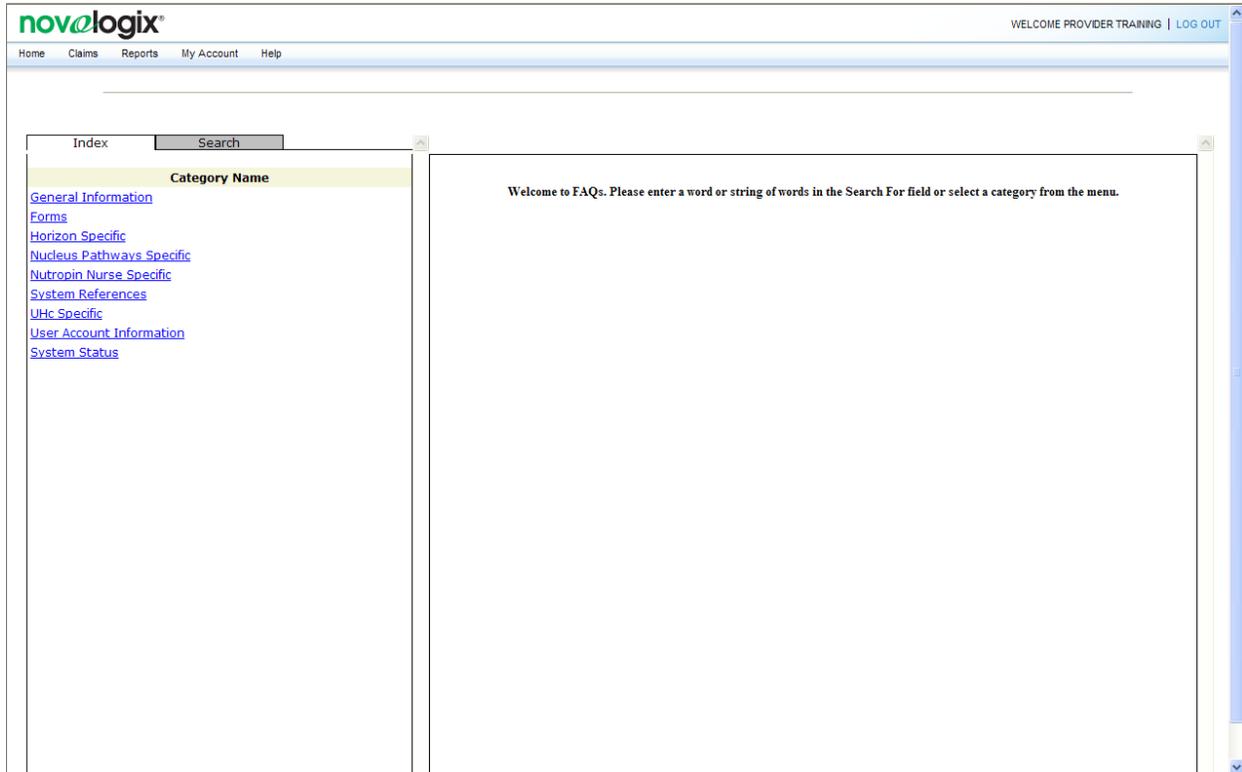
24. HOW TO ACCESS AskNovoLogix

The AskNovoLogix system was established to assist users in gaining access to items such as forms, user manuals and videos.

1. Select Help and AskNovoLogix

The screenshot shows the NovoLogix website interface. At the top left is the 'novologix' logo. To its right is a navigation menu with links for 'Home', 'Claims', 'Reports', 'My Account', 'Help', and 'Ask NovoLogix'. The 'Help' link is currently selected, and a dropdown menu is visible with 'Ask NovoLogix' as the first option, which is highlighted with a blue arrow. In the top right corner, there is a user greeting: 'WELCOME PROVIDER TRAINING | LOG OUT'. Below the navigation menu, the main content area is titled 'Welcome Provider Training' and contains sections for 'WORK ITEMS' (listing 'My Work Items (1)', 'Shared Work Items (31)', and 'Other Work Items (17)'), and 'NEWS' (containing 'Support', 'Event Closure Notice', 'Claims with Future Dates of Service', and 'System Maintenance Windows'). At the bottom of the page, there is a green banner with the text: 'BEND TREND: EFFECTIVELY AND EFFICIENTLY MANAGE MEDICAL PHARMACY SPEND WITH NOVOLOGIX.'

2. This will take you to the AskNovoLogix interface.



novologix

WELCOME PROVIDER TRAINING | LOG OUT

Home Claims Reports My Account Help

Index Search

Category Name

- [General Information](#)
- [Forms](#)
- [Horizon Specific](#)
- [Nucleus Pathways Specific](#)
- [Nutropin Nurse Specific](#)
- [System References](#)
- [UHc Specific](#)
- [User Account Information](#)
- [System Status](#)

Welcome to FAQs. Please enter a word or string of words in the Search For field or select a category from the menu.

3. Click on the item(s) you wish to review

25. REQUESTING CHANGES TO THIS DOCUMENT

Any questions, corrections or modification suggestions regarding this guide should be directed to the NovoLogix Training Department at training@novologix.net. Please reference the complete filename and version number (found in the page header) in any communication. Thank you for your feedback.