
Electronic Transportation Claims

Submitting
Transportation Claims
Electronically via
QClaims

EI-Central Billing Office

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Provider Setup for Transportation Claims in QClaims

It is necessary to create a provider file when submitting transportation claims electronically to the CBO in Qclaims. The provider set up consists of two fields; the Group Practice field and the Group Provider field. The Group Practice field is used for the entry of the payee name data. The Group Provider field is used for the entry of the individual rendering provider. The Group practice and Group Provider data will be the same for transportation provider set up. If you are already signed up for Qclaims for other services you will not need to add another Group Practice record for transportation. Skip to the instructions for adding a Group Provider.

Set up for taxi or service cars:

Group Practice Set Up

- Click Setup and from the drop down box select Providers.
- Click Add located on the right of the Search tab to add the Group Practice record.
- You are now on the Edit tab and a provider profile screen will display.
- On the Edit tab select the Group Practice option.
- Use the tab key to navigate through this screen.
- In the Group Name field enter your payee name.
- The Provider Code field will automatically fill. This field can be updated.
- In the Tax ID field enter the payee Tax ID number.
- Select the Type of Tax ID listed (SSN – Social Security number, EIN/TIN- Federal Identification Number).
- Enter the NPI number associated to the payee name.
- Click the Accept Icon located at the top of the Edit tab.

Group Provider Set Up

- Click Setup and from the drop down box select Providers.
- Click Add located on the right of the Search tab to add a Group Provider record.
- You are now on the Edit tab and a provider profile screen will display.
- On the Edit tab select the Group Provider option.
- Use the tab key to navigate through this screen.
- In the Group field your payee name should be listed. If not choose it from the drop down box.
- Leave the first name field blank and go to the last name field.
- Enter your payee name in the last name field.
- The Provider Code field will automatically fill. This field can be updated.
- In the Tax ID field enter the payee Tax ID number.
- Select the Type of Tax ID listed (SSN – Social Security number, EIN/TIN- Federal Identification Number).

- Enter the NPI number associated to the payee name.
- Click the Accept Icon located at the top of the Edit tab.

Set up instructions for private auto (parent/guardian):

Group Practice Set Up

- Click Setup and from the drop down box select Providers.
- Click Add located on the right of the Search tab to add the Group Practice record.
- You are now on the Edit tab and a provider profile screen will display.
- On the Edit tab select the Group Practice option.
- Use the tab key to navigate through this screen.
- In the Group Name field enter your name (Last Name, First Name).
- The Provider Code field will automatically fill. This field can be updated.
- In the Tax ID field enter your Social Security number.
- Select the Type of Tax ID listed (SSN – Social Security number).
- In the NPI number field enter the number 9 ten times. Parents do not have an NPI number.
- Click the Accept Icon located at the top of the Edit tab.

Group Provider Set Up

- Click Setup and from the drop down box select Providers.
- Click Add located on the right of the Search tab to add a Group Provider record.
- You are now on the Edit tab and a provider profile screen will display.
- On the Edit tab select the Group Provider option.
- Use the tab key to navigate through this screen.
- In the Group field your name should be listed. If not choose it from the drop down box.
- Leave the first name field blank and go to the last name field.
- Enter your name in the last name field (Last Name, First Name).
- The Provider Code field will automatically fill. This field can be updated.
- In the Tax ID field enter your Social Security number.
- Select the Type of Tax ID listed (SSN – Social Security number)
- In the NPI number field enter the number 9 ten times. Parents do not have an NPI number.
- Click the Accept Icon located at the top of the Edit tab.

Group Practice

Qc-claims 4.0.7 - CQuest America

File **Setup** Reports Help Provider File

Provider File Import Merge Refresh Close

Accept Cancel

Provider Entry Type Organization or Solo Practice **Group Practice** Group Provider

Organization _____

First Name _____ MI _____

Last Name _____ Suffix _____

Address 1 _____

2 _____

City ST Zip _____

Medicare Participating?

Provider Signature on File?

PayTo Address

Address _____

City ST Zip _____

Optional

Phone _____

Contact Name _____

E-mail _____

State License _____

Site No. _____

Location No. _____

Taxonomy _____

Org. Type _____

Specialty _____ NSF Commercial claims only

Provider Tickets

Provider Code _____

Tax ID _____ Type EINTN

NPI _____

Medicare A PIN _____

Medicare B PIN _____

UPIN _____

Medicaid PIN _____

Tricare PIN _____

Blue Cross PIN _____

Blue Shield PIN _____

Commercial PIN _____

HMO PIN _____

PPO PIN _____

PIN Overrides...

Do not send Default Rendering Provider

Help

You must setup and maintain this Provider list separately from your practice management system. There are new attributes that are mandated for electronic claims by the HIPAA regulations that most practice management systems and standard claim forms do not provide entry fields for.

The Provider ID you print on your hard-copy forms needs to be in the list above, as that is how your hard-copy forms are mapped to an entry in this Provider list in order to generate an electronic transmit file. You will be warned after importing claims if there are Provider IDs that did not match up to any on this list.

Click to accept your changes to this record

2012-06-11

Group Provider

The screenshot shows the 'Provider File' window in the CQuest America software. The 'Setup' menu item in the top menu bar is circled in red. The 'Accept' button in the top-left toolbar is also circled in red. The 'Group Provider' radio button under the 'Provider Entry Type' section is circled in red. The form contains the following fields and options:

Provider Entry Type: Organization or Solo Practice, Group Practice, Group Provider

Organization: First Name, Last Name, Address 1, City, ST, Zip

Provider Code: Provider Code, Tax ID, NPI, Medicare A PIN, Medicare B PIN, UPIN, Medicaid PIN, Tricare PIN, Blue Cross PIN, Blue Shield PIN, Commercial PIN, HMO PIN, PPO PIN

PayTo Address: Address, City, ST, Zip

Optional: Phone, Contact Name, E-mail, State License, Site No., Location No., Taxonomy, Org. Type, Specialty

Other Options: Medicare Participating?, Provider Signature on File?, Do not send Default Rendering Provider

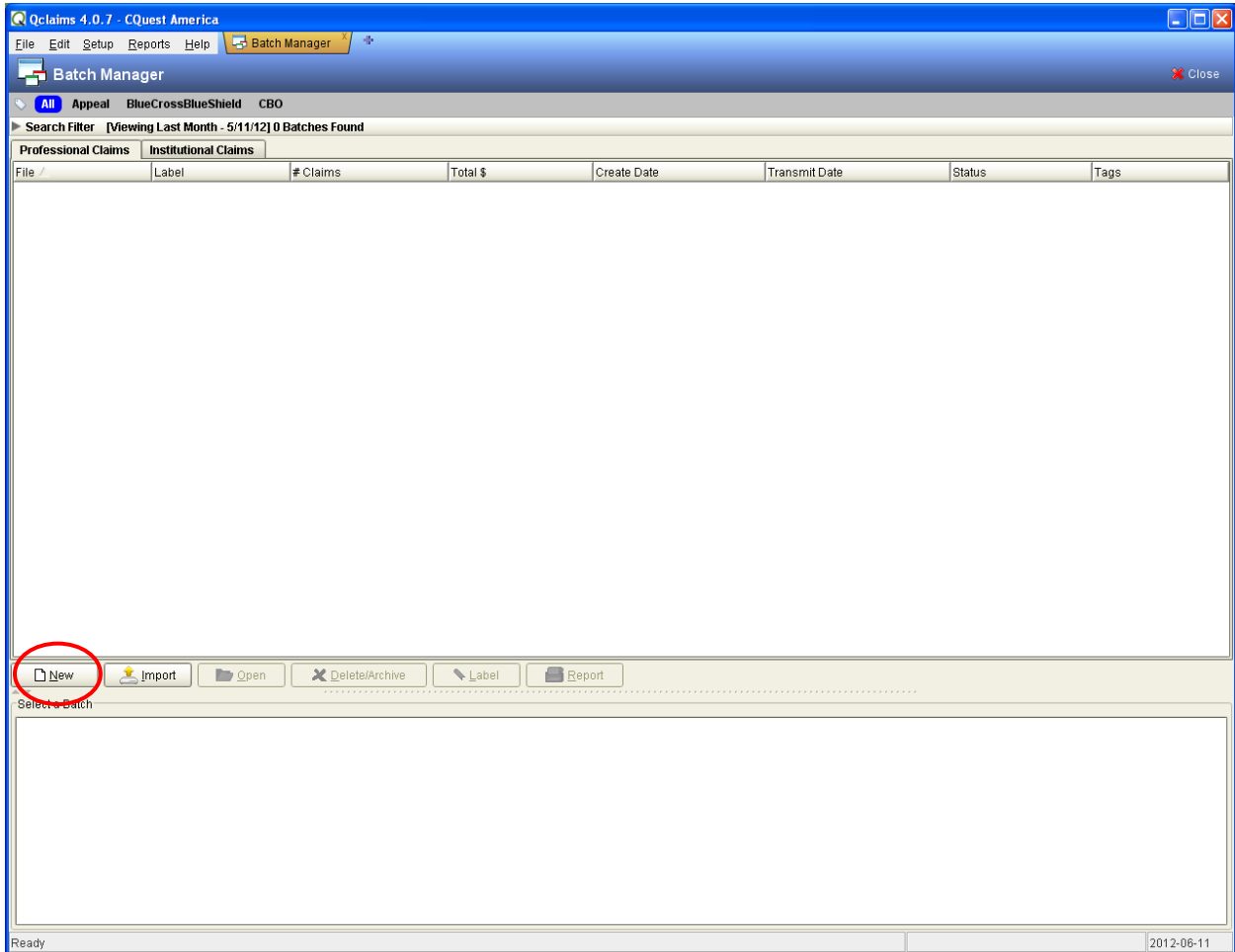
Buttons: Accept, Cancel, Edit, Import, Merge, Refresh, Close, PIN Overrides

Help: You must setup and maintain this Provider list separately from your practice management system. There are new attributes that are mandated for electronic claims by the HIPAA regulations that most practice management systems and standard claim forms do not provide entry fields for. The Provider ID you print on your hard-copy forms needs to be in the list above, as that is how your hard-copy forms are mapped to an entry in this Provider list in order to generate an electronic transmit file. You will be warned after importing claims if there are Provider IDs that did not match up to any on this list.

Footer: Click to accept your changes to this record | 2013-06-11

How to Create a Transportation Claim in QClaims

To create a transportation claim in QClaims, open a new claim by first clicking on File and selecting Batch Manager from the drop down box. The Batch Manager screen will open. Next, open a new claim form by clicking New.



You are now on the CMS-1500 Tab for generating a new claim.

Select the Payer ID on the claim form by clicking on the magnifying glass located to the right of the Payer ID field. To submit claims to the CBO the Payer ID should be the EI-CBO (CQuest).

- Enter the participant’s demographic information (see the image below).
 - ❖ Box 1a: Child’s six digit EI Number
 - ❖ Box 2: Child’s Name (Last, First)
 - ❖ Box 3: Child’s date of birth
 - ❖ Box 5: Child’s Address (street, city, zip code and state)

Now scroll down so that Box 24 A is displayed

Service Line One

- In Box 24 A, enter in the first date of service. The “From” and “To” dates must be the same.

- Enter place of service “99” in Box 24 B.
- Enter the procedure code in Box 24 D.
 - ❖ The procedure code for service car base rate is A0120
 - ❖ The procedure code for taxi base rate is A0100
 - ❖ The procedure code for private auto rate(parents) is A0090
- Enter the billed amount for the procedure coded listed in Box 24 F.
- Enter mileage (for one way) in Box 24 G.
 - ❖ When using procedure code A0120 or A0100 enter number “1” in Box 24 G. Note: Although these codes represent a base rate a value of one must be entered in this field in order for the claim to be submitted successfully.
- Enter the NPI number in Box 24 J.
 - ❖ The NPI number can be selected by checking on the magnifying glass located in the box. (Parents will not have an NPI number however you should still click on the magnifying glass and proceed to the next step)
 - ❖ Select the Group Provider entry from the Provider Search box that appears.
 - ❖ Box 31 will autofill with the Provider Name and box 33 will auto fill with the payee name

Parents Only: The first line of the claims should represent travel from the residence to the destination. The second line of the claim represents travel from the destination to the residence. The total of three trips of transportation, to and from the residence and the destination can be billed on a single claim form. Steps for box 24 A through 24 G can be repeated to add two more additional transportation dates. Once the place of service (99), procedure code (A0090) and mileage have been entered, for the dates billed, parents should proceed to the paragraph on page 11 for instructions on entering the departure and destination addressed. There is also a claim example on page 11 as well.

Service Line Two

- In Box 24 A (2), enter in the first date of service. The “From” and “To” dates must be the same.
 - ❖ The same date of service is used.
- Enter place of service “99” in Box 24 B (2).
- Enter the procedure code in Box 24 D (2).
 - ❖ The procedure code for non-employee attendant is T2001
- Enter the billed amount for the procedure coded listed in Box 24 F (2).
- Enter mileage in Box 24 G (2).
 - ❖ When using procedure code T2001, enter number “1” in Box 24 G. Note: Although this code represent a base rate a value of one must be entered in this field in order for the claim to be submitted successfully.

Service Line Three

- In Box 24 A (3), enter in the first date of service. The “From” and “To” dates must be the same.
- Enter place of service “99” in Box 24 B (3).
- Enter the procedure code in Box 24 D (3).

- ❖ The procedure code for service car mileage is A0425
- Enter the billed amount for the procedure coded listed in Box 24 F (3).
- Enter mileage in Box 24 G (3).
 - ❖ When using procedure code A0425 the exact number of miles one way is entered in Box 24 G.

Transportation Providers: The first three lines of the claim should represent travel from the residence to the destination. The last three claim lines of the claim represent travel from the destination to the residence. If the transportation provider did not provide transportation back to the residence than the last three lines should remain blank. However, if the transportation provider provided transportation back to the residence then the last three lines of service on the claim form should be completed using the same instructions as above. An example is listed below of how the charges and procedure codes should be entered on the claim form.

**See Appendix 1 for additional information regarding transportation procedure codes.

Transportation Provider CMS 1500 Claim Example

The screenshot displays the 'Claim Editor - amonroe 06-11' window. The 'Transportation' tab is active. The form is divided into two main sections: PATIENT and PHYSICIAN OR SUPPLIER INFORMATION.

PATIENT INFORMATION:

- 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [Blank]
- 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: [Blank]
- 14. DATE OF CURRENT ILLNESS: 2012-06-08
- 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS: [Blank]
- 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: [Blank]
- 17. NAME OF REFERRING PROVIDER: [Blank]
- 18. HOSPITALIZATION DATES: [Blank]
- 19. RESERVED FOR LOCAL USE: [Blank]
- 20. OUTSIDE LAB?: [Blank]
- 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: [Blank]
- 22. MEDICAID RESUBMISSION CODE: [Blank]
- 23. PRIOR AUTHORIZATION NUMBER: [Blank]

PHYSICIAN OR SUPPLIER INFORMATION:

24. A. DATES(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. UNITS	H. RATE	I. Q1 QUAL	J. RENDERING PROVIDER ID. #
2012-06-08	99		A0120		8.23	1		NPR	
2012-06-08	99		T2001		2.87	1		NPR	
2012-06-08	99		A0425		4.24	4		NPR	
2012-06-08	99		A0120		8.23	1		NPR	
2012-06-08	99		T2001		2.87	1		NPR	
2012-06-08	99		A0425		4.24	4		NPR	

Summary and Billing Information:

- 25. FEDERAL TAX ID. NUMBER: [Blank]
- 26. PATIENT'S ACCOUNT NO.: NONE
- 27. ACCEPT ASSIGNMENT?: YES [X] NO []
- 28. TOTAL CHARGE: 30.68
- 29. AMOUNT PAID: 0.00
- 30. BALANCE DUE: [Blank]
- 31. SIGNATURE OF PHYSICIAN OR SUPPLIER: [Blank]
- 32. SERVICE FACILITY LOCATION INFORMATION: [Blank]
- 33. BILLING PROVIDER INFO & PH #: [Blank]

Parent CMS 1500 Claim Example

SolAce EMC Client+ 4.2.0 - CQuest America

File Edit Setup Reports Admin Help Claim Editor - amonroe 04-18

Claim Editor - amonroe 04-18

1 of 1 Accept Add Delete

CMS-1500 Payers Patient Provider Diagnosis Services **Transportation** Chiropractic Attachments All Fields

5. PATIENT'S ADDRESS (No., Street)
1215 South St
CITY Springfield STATE IL
ZIP CODE 62704 TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
1215 South St
CITY Springfield STATE IL
ZIP CODE 62704 TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. RESERVED FOR NUCC USE
c. RESERVED FOR NUCC USE
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous)
YES NO
b. AUTO ACCIDENT? PLACE (State)
YES NO
c. OTHER ACCIDENT?
YES NO
10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH 2005-03-08 SEX M F
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO #yes, complete items 9, 9a, and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED S DATE 2006-05-26

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED M

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
QUAL. ...

15. OTHER DATE
QUAL. ...

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NPE
17a. ...
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. ...
A. ... B. ... C. ... D. ...
E. ... F. ... G. ... H. ...
I. ... J. ... K. ... L. ...

22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT (Family Plan)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
2017-04-02 2017-04-02	99		A0090		3.45	15		NPI	
2017-04-02 2017-04-18	99		A0090		3.45	15		NPI	
2017-04-06 2017-04-06	99		A0090		3.45	15		NPI	
2017-04-06 2017-04-06	99		A0090		3.45	15		NPI	
2017-04-17 2017-04-17	99		A0090		3.45	15		NPI	
2017-04-17 2017-04-17	99		A0090		3.45	15		NPI	

25. FEDERAL TAX I.D. NUMBER 364587800 SSN EIN

26. PATIENT'S ACCOUNT NO. BOBR001

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE 20.70

29. AMOUNT PAID 0.00

30. Rsvc for NUCC Use

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

After the claim form has been completed, the next step will be to enter the departure and destination addresses. To enter the address information for each service line, click the Transportation tab. Once the Transportation tab has been selected the Depart/Dest sub tab appears.

Qclaims 4.0.7 - CQuest America
 Claim Editor - amonroe 06-12

Service Line COB Info NDC DME/OXY Rental EPO Attachments **Depart/Dest**

▼ EI-CBO Transportation Detail

Vehicle
 Vehicle License Plate#

Departure
 Street Address
 City State Zip
 Departure Time (hhmm) Code

Destination
 Street Address
 City State
 Arrival Time (hhmm) Code

#	From	To	POS	TOS	Procedure	Mods	DX	Charge	Units	Provider
1	2012-06-08		99		A0120			8.23	1	
2	2012-06-08		99		T2001			2.87	1	
3	2012-06-08		99		A0425			4.24	4	
4	2012-06-08		99		A0120			8.23	1	
5	2012-06-08		99		T2001			2.87	1	
6	2012-06-08		99		A0425			4.24	4	

Total **30.68** Patient Paid

10 Warnings Patient: Provider: Payer: EI-CBO (CQuest)

Field	Severity	Warning	Status
PROVIDER-NPI	High	Billing Provider must match to an entry in the SolAce Provider list.	Pending
PATIENT-NAME	High	First and last name must be specified.	Pending
PATIENT-ADDRESS	High	Address must be specified, use 'TRANSIENT' if no known address.	Pending

Ready 2012-06-12

Line 2

You are now on the EI-CBO Transportation Address Detail subscreen.

Note: For each service line the Departure and Destination fields must be completed.

Line One

- Click and highlight line # 1 near the bottom of the screen
- Enter the vehicle license number in the Vehicle License Plate# field
- Enter the transportation provider's address in the Departure section of the screen
- Enter the participant's address in the Destination section of the screen. For best results, the state should be selected from the drop down box next to the state field.
- Enter the departure time in the Departure Time field.
 - ❖ A colon will auto fill in the Departure Time field.
- Select the Code from the drop down box in the Code field
 - ❖ R-Residence (use when the address entered is the participant's address)
 - ❖ D-Medical Services (use when the address entered is the transportation provider's address)

Line Two

- Click and highlight Line # 2.
- Enter the transportation provider's address in the Departure section of the screen
- Enter the departure time in the Departure Time field.
 - ❖ A colon will auto fill in the Departure Time field.
- Select the Code from the drop down box in the Code field.
 - ❖ R-Residence (use when the address entered is the participants address)
 - ❖ D-Medical Services (use when the address entered is the transportation provider's address)

Line Three

- Click on line three located in the lower part of the screen.
 - ❖ This will highlight the third line and the EI-CBO Transportation Detail for the third line of service will appear.
- Enter the transportation provider's address in the Departure section of the screen.
- Enter the departure time in the Departure Time field.
 - ❖ A colon will auto fill in the Departure Time field.
- Select the Code from the drop down box in the Code field.
 - ❖ R-Residence (use when the address entered is the participants address)
 - ❖ D-Medical Services (use when the address entered is the transportation provider's address)

As previously mentioned, the first three lines represent travel from the residence to the destination. The last three lines represent travel from the destination to the residence. If the transportation provider did not provide transportation back to the residence then the claim is complete. However, if the transportation provider did provide transportation back to the residence then continue to complete the Departure and Destination information for the remaining lines of service.

When the final departure and destination addresses have been entered and all high severity warnings (if any) have been resolved, the claim can be submitted.

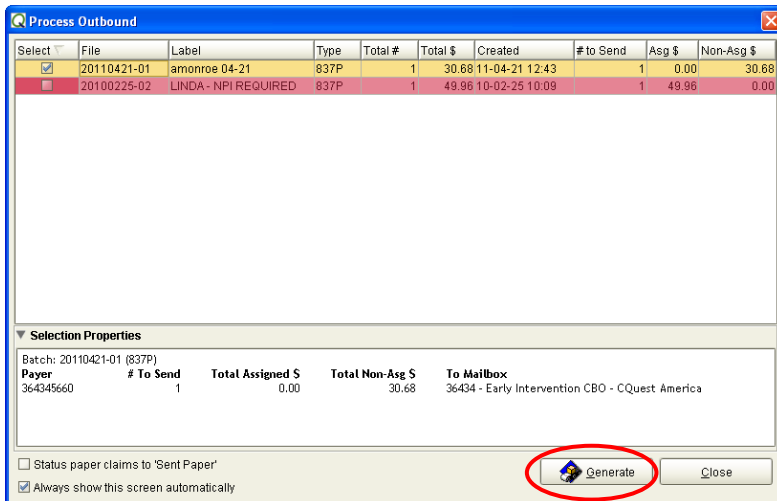
*See Appendix 2 for more detailed information on Warnings

How to Submit a Completed Claim Form to the EI- Central Billing Office

The claim can be transmitted by clicking the “Save” icon. A Ready to Send box will appear in the middle of the screen.



- Select “Go to Message Center” from the options listed.
- Click “OK”.
 - ❖ Once arriving at the Message Center a Process Outbound box will appear. Verify that the claim to be transmitted is check under the Select column.
- Click the “Generate” icon inside the Process Outbound box to submit the claim to the CBO for payment consideration.



Submitting Multiple Claims to the EI- Central Billing Office

Multiple claims may be submitted to the CBO in a batch. After the completion of the first claim the Add button, located on the Claim Editor screen can be selected to create additional claims. Once a batch of claims has been completed, they can be submitted by:

- Clicking Save on the final claim.
- Clicking File and selecting Batch Manager from the drop down box.
 - ❖ This will take the user to the Batch Manager screen. The batch of claims can be viewed in the center of the screen.
 - ❖ Clicking the batch will highlight the batch of claims
 - ❖ Double clicking the batch will allow the user to enter into the Batch Editor screen.
 - ✓ All of the claims entered in the batch are listed on the Batch Editor screen.
- Submit the claim(s) by clicking the Transmit icon located at the top of the Batch Editor screen.
 - ❖ Once the Transmit icon has been clicked the Message Center will appear with the Process Outbound box.

#	Insured ID	Acct No	Patient Name	DOB	DOS	Payer ID	Provider ID	Asg	Total \$	Status	Mailbox
1	235841	none	Clavin, Cliff	2005-01-02	2012-06-08	364345660	888999111	N	30.88	Hold (manual)	36434

- Verify that the batch to be sent is checked and click the Generate button (see the Process Outbound screen shot for details).

Appendix 1

Procedure Codes	Unit of Service	Description
A0120	1	Service car, base rate
A0120	1	Service care, return
A0425	loaded mileage	Service car, mileage
T2001	1	Non-employee attendant
A0100	1	Taxi, base rate
A0100	1	Taxi, return
A0425	loaded mileage	Taxi, mileage
T2001	1	Non-employee attendant
A0090	1	Private auto (Parents)
Transportation codes can only be billed for loaded mileage. Loaded mileage means that the child is in the vehicle and is being transported to and from an EI service.		

Appendix 2

Warnings

Any possible errors that may prevent the claim from being submitted successfully are displayed in this area. Each warning has a different level of severity. All high severity warnings will prevent QClaims from submitting the claim, these warnings should be addressed and resolved. After the discrepancy has been resolved the warning will be removed.

Medium or low severity warnings will not prevent the claim from being transmitted. The two medium level warnings (1)“The claim must have at least a primary diagnosis.” and (2)“The service line should reference a diagnosis code.” will appear in the Warning section of the screen. These warnings will not prevent the claim from being transmitted and can be bypassed by highlighting clicking “Ignore”. The warning status will then change from “Pending” to “Ignore”. (Note: QClaims can take the user to the source of the warning for correction by double clicking on the warning.)

A high severity warning related to Patient-Signature –Source can be resolved by clicking the Patient tab and filling in the appropriate code in the Signature field under the Patient tab. The drop down box next to the Signature field may be used to select the appropriate code (S- Signed authorization form for CMS-1500 block 12).

When the final departure and destination addresses have been entered and all high severity warnings (if any) have been resolved, the claim can be submitted.