

Understanding Screen 5 of the Plan Setup

The requirements of third party plans can vary from payer to payer. HIPAA states that only the information requested by the payer via their published payer sheet be transmitted in a claim transaction.

To address that requirement, we've given you a great deal of flexibility when defining what information is transmitted to the end payer. Screen 5 of the plan setup defines what information is sent, and what type of transaction the information is sent in. Below you will see a screen shot of page 5 along with an overview of the information displayed.

Row #	Segment Name	Segment/Field Name	Field ID	Claim Billing	Claim Reversal	Eligibility Verification	Service Billing	St Re
1	HEADER	Header Segment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	HEADER	Bin Number	101-A1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	HEADER	Version/Release Number	102-A2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	HEADER	Transaction Code	103-A3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	HEADER	Processor Control Number	104-A4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	HEADER	Transaction Count	109-A9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	HEADER	Service Provider ID Qualifier	202-B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	HEADER	Service Provider ID	201-B1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	HEADER	Date of Service	401-D1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	HEADER	Software Vendor/Certification ID	110-AK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11								
12	INSURANCE	Insurance Segment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
13	INSURANCE	Cardholder ID	302-C2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
14	INSURANCE	Cardholder First Name	312-CC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	INSURANCE	Cardholder Last Name	313-CD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	INSURANCE	Home Plan	314-CE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	INSURANCE	Plan ID	524-FO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	INSURANCE	Eligibility Clarification Code	309-C9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19	INSURANCE	Group ID	301-C1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	INSURANCE	Person Code	303-C3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21	INSURANCE	Patient Relationship Code	306-C6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
22	INSURANCE	Medigap ID	359-2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	INSURANCE	Medicaid Indicator	360-2B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	INSURANCE	Provider Accept Assignment Indicator	361-2D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	INSURANCE	CMS Part D Defined Qualified Facility	997-G2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	INSURANCE	Medicaid ID Number	115-N5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27								
28	PATIENT	Patient Segment if Patient IS NOT Cardholder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
29	PATIENT	Patient Segment if Patient IS Cardholder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
30	PATIENT	Patient ID and Qualifier	332-CY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	PATIENT	Date of Birth	304-C4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32	PATIENT	Patient Gender Code	305-C5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
33	PATIENT	Patient First Name	310-CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
34	PATIENT	Patient Last Name	311-CB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Segment Name – Claim information is separated into segments when the claim is transmitted and received. Occasionally a payer will return the segment name when returning a rejected claim. This helps you determine what piece of information is missing in the claim.

Segment/Field Name – Within each segment, there are multiple fields. Payers will typically return this field on a rejected claim. This helps you determine what piece of information is missing in the claim.

Field ID – Each field has a unique Field ID number. Payers will almost always return this field on a rejected claim. This helps you determine what piece of information is missing in the claim.

Checkbox Columns – Each column represents a different transaction type; Claim Billing, Claim Reversal, Eligibility Verification, Service Billing and Service Reversal. The fields in the columns are color coded:

Green - This field will be transmitted for the transaction type represented by the column in question by default.

Yellow - This field is optional and will only be transmitted if there is a checkbox in the field of the transaction type represented by the column in question.

Red – This field is not available for the transaction type represented by the column in question.

So, you have control over what is sent. For example, let's assume that you have sent a claim to a payer and have received a reject stating "Missing/Invalid Patient First Name". You can come to the screen in the plan setup and place a check in the Claim Billing column for the field Patient First Name. This will now tell the system to send the patient's first name when submitting the claim.