Processing Superbills

Introduction

Reviewing and processing superbills is a crucial part of the billing cycle. Within Aprima, superbills can be created in several different ways, but they all appear in Track Superbills. This centralized location allows the biller to review and validate the superbills before they are sent to insurance ensuring that you are submitting clean claims. Best Practices are indicated by the ⭐.

Reviewing Superbills

All the superbills that are created within Aprima are available in Track Superbills. This is where you will begin the review process for your claims. To navigate to Track Superbills select Billing → Track Superbills
This will open the Track Superbills window.

Within the Track Superbills window, you can access any superbill.

1. Track Superbills toolbar - This toolbar will allow you to select superbills, validate superbills, reassign superbills to another batch, or create a new superbill.

2. Track Superbills filter - Your Track Superbills filter allows you to search any type of superbill. The filter includes the superbill ID, status, provider, patient, or insurance. By default, the filter is set to show you Preliminary and Ready to Review superbill statuses.

Use your Track Superbills filter for your benefit. Create saved filters that allow you to search for superbills that you need to work daily. If your office is separated by provider, and you are to review one provider at a time, create a filter that is saved with that provider. This will save you time.
By default, you will see only the superbills that need to be reviewed. These superbills will be in a Preliminary or Ready to Review status. A Preliminary status indicates that the Note is not yet completed. You may want to hold off on reviewing these until the note is completed. Once the note is completed, the status will change to a Ready to Review status.

Within the return portion of the window, you will see the superbill status, the visit date and the patient name. To review a superbill, select the superbill ID hyperlink. This will open the superbill in a new window and allow you to review it, make changes if necessary, and save.
Validating Superbills

After you have reviewed your superbills, you will need to validate them. The validation process can be two fold. The first will ensure that your claims are in an ANSI compliant format. This validation checks for Insurance ID number, Subscriber information, Payer information, and other information necessary for the claim to be created. The second is the 3M Code Validation. This sends the diagnosis and procedure codes to 3M Medical Necessity Online and checks the diagnosis and procedure codes against the published determination policies for the insurance payer. If the payer does not have policies published, it will not return information regarding that claim.

The validation process will check your claims thoroughly and will display all errors discovered. This will aid in the correct process as all errors found will be available for correction.

Once you have validated your claims, your superbill status will have changed into one of the following four options, depending on the outcome of the validation.

<table>
<thead>
<tr>
<th>Queued</th>
<th>The claim is ANSI compliant and is ready to be sent to the insurance payer. These claims will appear in Process Claims.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="Queued.png" alt="Queued Image" /></td>
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<table>
<thead>
<tr>
<th>Failed Validation</th>
<th>The claim is not ANSI compliant. This claim will need to be corrected. To see what is wrong with the claim, select the error hyperlink within the Track Superbills window. Then, once the claim has been corrected, validate the superbill again to change the status to Queued.</th>
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<td></td>
<td><img src="Failed%20Validation.png" alt="Failed Validation Image" /></td>
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</table>
Pending Patient Payment

The claim does not have insurance information; therefore the balance is being transferred to the Responsible Party’s liability. Double check these to make sure the patient’s insurance wasn’t missed in error.

Complete

The claim amount is $0.00. This can happen because the patient has paid the total amount of the charge at the time of the visit or the procedure code had a $0.00 fee.

Be sure that you check your Track Superbills window frequently for superbills that are in the Failed Validation status. You want to make sure these are corrected and validated again to ensure the errors have been corrected.
Processing Superbills

Now that your superbills have been validated and are queued, ready for submission, you can now process those claims to the clearinghouse. To open the Process Claims window, go to Billing → Process Claims.

When the Process Claims window opens, you will see, by default, all your claims that are in a Queued or Queued Rejected status that have a service date within the last 30 days.
It is very helpful to create filters in the Process Claims window to help you process all your superbills. By creating these filters, you can quickly search for the claims you wish to process. To create a filter, enter the search criteria and select Save As. This creates a new filter. Enter the name in the Name field and select OK to save. If you have the ability, you may want to make the filter visible to Everyone.
Primary Electronic Claims - These are all your electronic claims that are processing to the primary payer.

Primary Paper Claims - These are all your paper claims that are processing to the primary payer.
Secondary Electronic Claims - These are all your electronic claims that are processing to the secondary payer.
Secondary Paper Claims - These are all your paper claims that are processing to the secondary payer.

Now that you have found your claims, select the claims you wish to process and then select Process (or Print). The Processing windows will appear. These windows indicate that communication is taking place between the application and the clearinghouse. At this time, the application is sending the claims to the clearinghouse, and the clearinghouse is sending the application reports back on previously sent claims. Depending on the number of claims you have sent, this may take 30 seconds to a couple minutes.

Electronic
When the processing has completed, you will see that all of your claims have been sent or you will see that some claims rejected at the clearinghouse. You can work the errors here by accessing the error hyperlink or you can close the Process Claims window to process the errors in Superbill Reports.
Superbill Reports

After you have sent your claims, check your Superbill Reports. This window displays all the communication between the clearinghouse and the application. To open the Superbill Reports window, go to Billing → Superbill Reports.

Once the window opens, you will see all the reports returned by the clearinghouse. First, you will want to filter those results to only show the Information reports. These reports are generally Acknowledgements from the clearinghouse, but you will need to review them before marking them viewed.
Information Reports:

1. Report Type - Select Information for the Report Type.

2. Select Search. This will display the first 100 Information reports returned by the clearinghouse.

3. Notes - Review the notes. You should see that all the informational reports are typically acknowledgements from the clearinghouse and/or payer. You will receive at least 3 acknowledgements from the clearinghouse on each claim that you send.

4. Select the reports you wish to mark as viewed. You can select manually or use the select all icon at the top of the window.

5. Mark Viewed - This will remove this report from the default view. This does not remove the report from the database. These reports are kept in the superbill history as well as in Superbill Report. To find a viewed report, go to the Superbill History within the superbill, or from this window, select Reviewed as the status. Marking them Viewed indicates that you are done working this report.

6. Repeat steps 2-5 as necessary until all reports have been cleared.
Error Reports:

1. **Remove the Information selection from the Report Type field.**
2. **Select Search.** This will display the first 100 Error reports.
3. **Review the Notes.** These notes are the description of the error.
   a. You can see in the screenshot above that they are generally in easily understandable format. In this example, there is a diagnosis code missing from the superbill, diagnosis pointers are missing, and the Responsible Party has missing information.
4. **Superbill and Patient Demographic hyperlinks.** Using these hyperlinks to open the superbill and Patient Demographics will help you correct your superbill errors.
   a. In our example, the user can open the superbill by accessing the 785C hyperlink and add the diagnosis code listed on the patient record. Also, this will allow you to change the superbill status to queued, if necessary.
   b. Also, the user can use the Patient Demographic hyperlink to correct the Responsible Party information.
5. Select the Error reports. After you have corrected the claim, select the error reports using the checkboxes. You can change the superbill status here using the button at the top of the window, if you did not modify the superbill.

6. Select the Mark Viewed button to indicate that you have completed those corrections. Once you have fixed your errors, and your reports have been marked viewed, open the Processing Claims window and resubmit your claims. Continue this workflow until all your claims have been corrected and sent.