Common Reasons For Claims Not To Be Billed

Quick-MD

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1 The claim has already been billed.

Quick-MD puts a red billing note in the ledger when a claim is billed and shows the user whether it's a Primary Insurance (1000), Secondary Insurance

(1001), Third (1002) or Patient Billing (1003) note. When Quick-MD is told to bill a particular Responsibility Code, it runs through all the ledgers checking for claims that have no billing notes on them.

2 The claim has a different location or provider

When doing billing from Quick-MD you can choose to bill for one location or provider. Only claims that have the same provider and location will be billed. If you choose to leave these options blank it will bill claims for all providers and locations.

3 Block Bill on the patient demographics

If a I, S, A or P is listed in the Block Bill edit box. Then the listed responsibility will never be billed for this patient. Recall the fundamental concept that:

- I stands for the Primary insurance

- S stands for the Secondary insurance

- A stands for the Tertiary insurance

- P stands for the Patient

4 Stop CH is checked on the patient's demographics

If the box labeled Stop CH, on the patient's demographics screen, is checked. Then none of this patient's claims will be build electronically to the clearing house.

5 Insurance company blocked to the clearing house

You can block an individual company from getting billed electronically by going into tables, Edit Insurance Record and checking the box labeled "Block Claims To Clearing House".

6 The system has been told not to file this insurance company to the clearing house.

On the Electronic Clearing House Setting screen under properties you can define up to six companies that should never be billed. Any claims that these insurance companies are responsible for will never get sent, electronically.

7 If billing government claims the companies must be defined

Medicare, Medicaid, BCBS, Railroad Medicare and a few other must be defined to the system. You can check this by going to properties and Insurance ID numbers. You will want to make sure that the ID set here match the ID's for these companies in the insurance table.

8 Clearing house payer Id missing

On the clearing house payer module there is a check-box labeled "Pick Up Only Companies with Payer ID's Set.". This is checked by default. When this is checked only companies that have a clearing house ID set will be billed. You can verify that the clearing house ID is set by going to Table and Clicking on Edit Insurance Record. On the insurance record screen you will need to fill out the box labeled "Clearing House PayorID.". You can get a list of the Payer IDs from your Clearing House's website.

9 A historical insurance company is responsible

You can check to see if a patient has a historical insurance company by going to their demographics and clicking on the Primary Button. If this person has any historical insurance they will be listed at the bottom of this screen. Any claims that fall before date that the company was moved to history will not be billed electronically.

10 There is a BLOCKI, BLOCKS or BLOCKA note

You can block the primary, secondary, or tertiary insurance billing. Adding a note anywhere within the claim does this. To block primary the description line of the note would be BLOCKI, secondary would be BLOCKS and third would be BLOCKA. Once you delete this note the billing will be picked up. You can add the note from the Charge entry screen by checking the box "Block billing to primary ins" check-box. The List Insurance Claims Not Billed report will list the blocked claims by putting [Blocked] in front of the Insurance Company name.

11 A ledger date later then cut off date used for the initial billing run.

This is a mistake that usually occurs in January when you are enter claims for the end of December. You need to check your year and make sure that

it is correct.

12 All line items exclude from the claim

The F11 key from the ledger browse screen will exclude a charge from being included when re-billing a claim. You can tell if a charge has been excluded if there is an asterisk (*) in front of the description.

13 Seconday claims does not have a primary billing note.

If you are billing a secondary company electroncially a invoice 1000 primary billing note must be inplace.

14 Corrupt Ledger

This is rare and would only be the suspect if all of the other situations do not apply. You can fix this by getting everyone out of Quick-MD, going to System Utilities and choose Data Files Rebuild. Next, you will click on the button labeled Current Ledger File. This could take several minutes to run depending on the size of your ledger.