

# ClaimsConnect Rejection Guide



**Netsmart**  
Helper

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Helper Client,

The purpose of this document is to assist you in accelerating the resolution of claim rejections. We have identified the most frequent rejection messages, and have included detailed text and visual instructions that will expedite resubmission and payment.




We recommend scanning the table of contents for the rejection you are experiencing, and then clicking that title (it will automatically bring you to the correct page).

Alternatively, the 'Find' feature in the PDF (holding the Control Key and tapping the "F" button) will allow you to type in words from the rejection message and be brought to the correct page

Atop each page is a link back to this table of contents.

## Overview

While using ClaimsConnect, claims will be rejected for various reasons. A red X will show up next to claims which have been rejected by ClaimsConnect as shown below.

▼  HELPER, THERAPIST .	WJ8002D	\$160.01 12/19/2014	WELLBEING INS.	PROVIDER, T000062	6/9/2015 1:20:02	6/9/2015 1:20:03
▼  HELPER, THERAPIST .	WJ8002C	\$160.01 12/19/2014	WELLBEING INS.	PROVIDER, T000062	6/9/2015 1:16:49	6/9/2015 1:16:51
▼  HELPER, THERAPIST .	WJ8002B	\$80.01 12/19/2014	WELLBEING INS.	PROVIDER, T000062	6/9/2015 12:35:48	6/9/2015 12:35:50

This guide goes over the most common rejections our users encounter. The rejections are sorted by most common at the top to less common further down. Each section will have the rejection in the title, an explanation of the rejection, and how to resolve the rejection in Helper.

Please do not hesitate to call Helper Support at 800-343-5737 option 1 with any of your questions or concerns.

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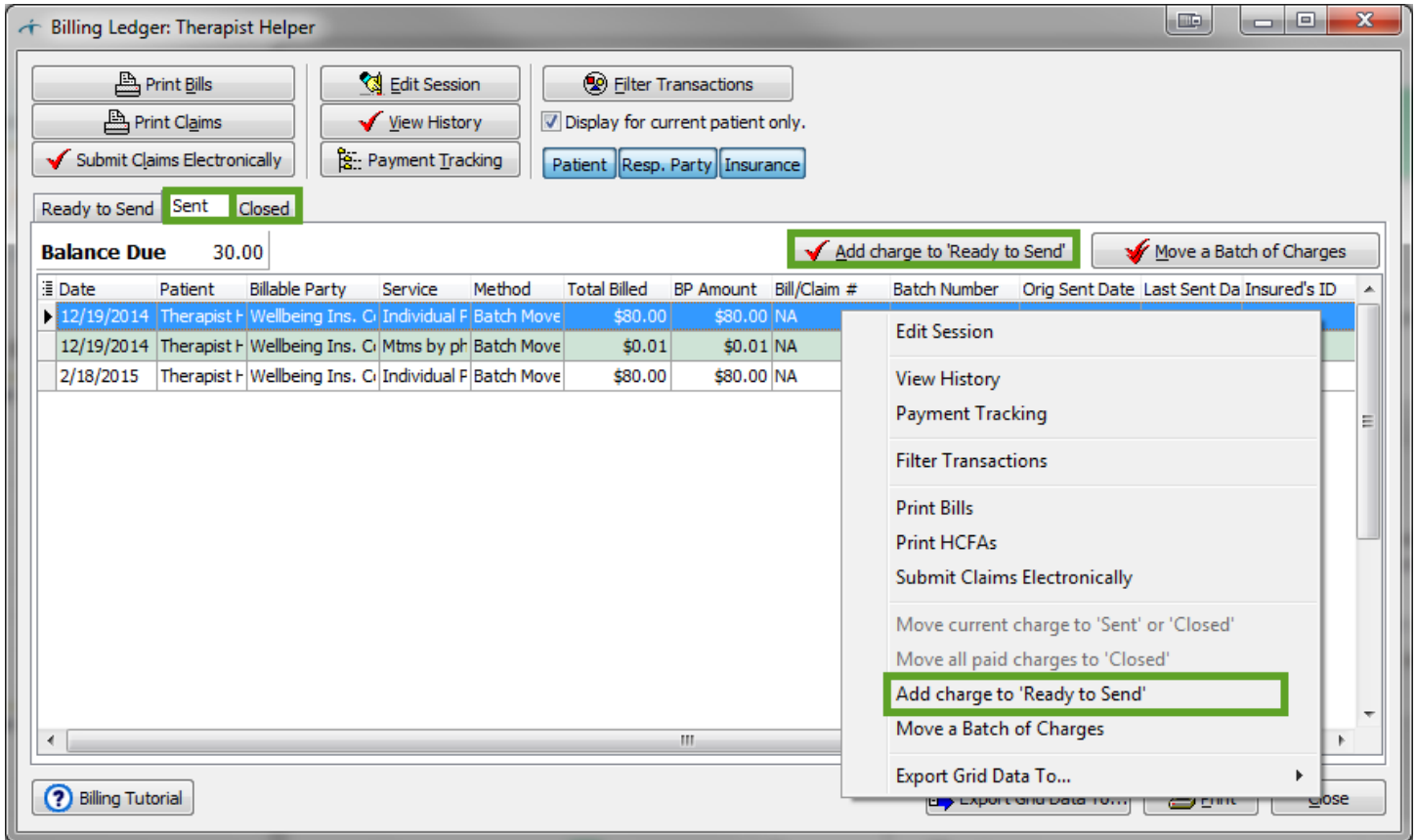
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## Resubmitting Claims Rejected by ClaimsConnect

There are two main methods to resubmit a claim that has been corrected. The first is used to move individual dates of service. The second is to move an entire batch of charges at the same time. A batch of claims means that the claims were submitted together. A batch can include multiple patients who were submitted at the same time

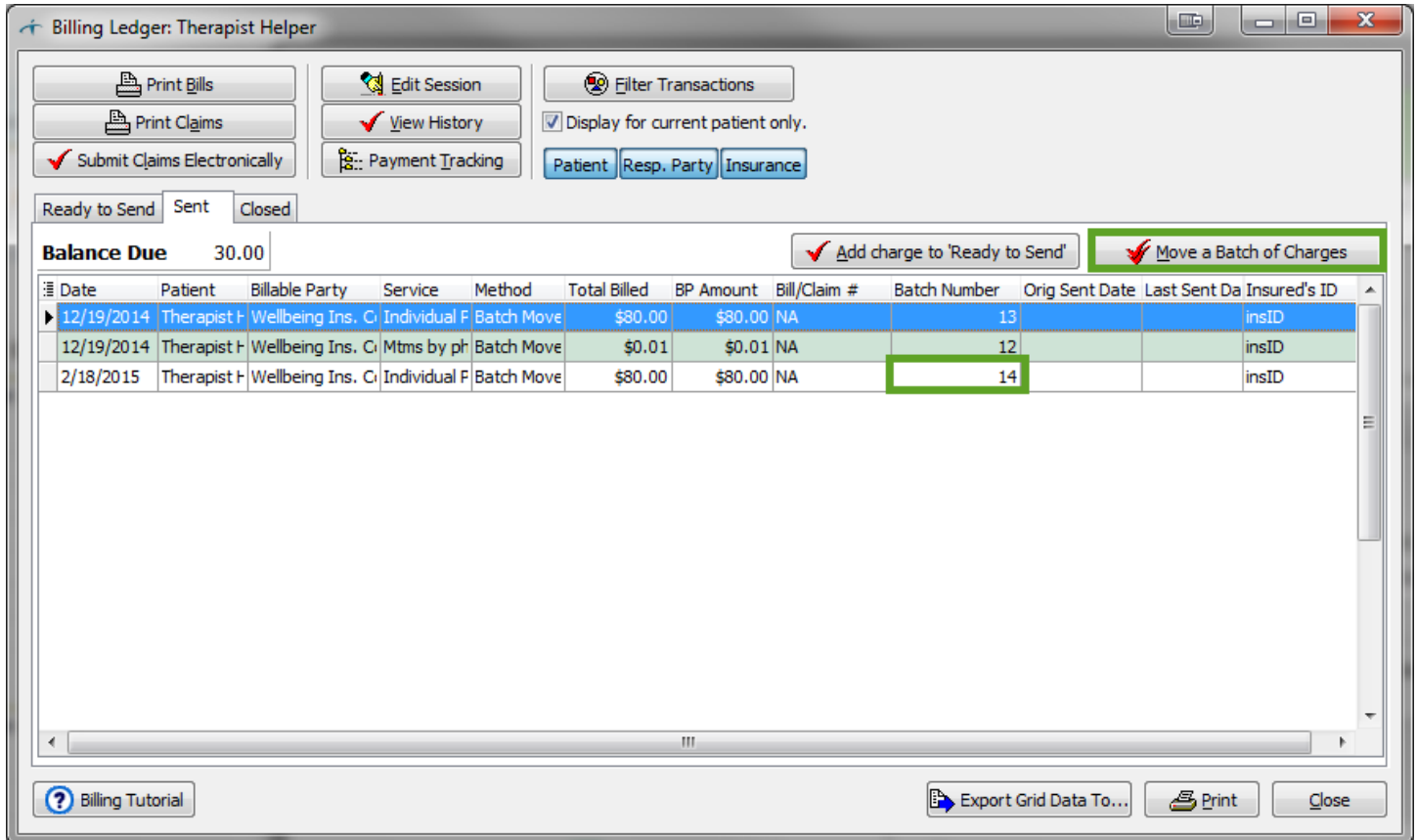
### Moving individual dates of service

1. Open the Billing ledger for the patient needing to be resubmitted
2. Select the Sent or Closed tab to find the date of service
  - Sent claims have not yet been fully paid by all parties or written off
  - Closed claims have been fully paid off by all parties written off
3. Click on the date of service (make sure to select the line item with insurance company as the Billable Party)
4. Either right click on the date of service and click on 'Add charge to 'Ready to Send'' or click on the button entitled Add charge to 'Ready to Send'
5. Select the billing method you would like to send this date of service through (typically ClaimsConnect)
6. These claims will now show when you click on Submit Claims Electronically



### Moving a batch of charges

1. Open the Billing ledger for the patient needing to be resubmitted
2. Select the Sent or Closed tab to find the date of service
  - Sent claims have not yet been fully paid by all parties or written off
  - Closed claims have been fully paid off by all parties written off
3. View the Batch Number of the claim
4. Click on the 'Move a Batch of Charges' button
5. Click 'Next' then click on 'Add to Ready to Send from Sent or Closed' and click 'Next' again
6. View the list of batches and select the batch that matches the batch number and click 'Next'
7. Check off all the boxes next to the dates of service needing to be resubmitted and click 'Next'
8. Click on 'Finish' then select 'Yes' to process the dates of service
9. These claims will now show when you click on Submit Claims Electronically



**All services on a claim must be in the same year.**

Explanation: This error occurs when a user tries to submit claims with service dates in multiple years. Services can only be submitted for one year per claim.

Resolution: To resolve this, add all charges back to ready to send from the sent or closed tab in the billing ledger. Click on Submit Claims Electronically. Deselect the claims from one of the years the click Transmit Data Now. You will then go back into Submit Claims Electronically and submit the next year's dates of service.

This procedure will transmit insurance claims from Helper to **ClaimsConnect**.

Select Procedures: Submitter Receiver Other

Select All Deselect All

Drag a column header here to group by that column

Include	Date	Patient	Billable Party	Service	Billed	BP Amount	Therapist
<input checked="" type="checkbox"/>	12/19/2014	Therapist Helper	Wellbeing Ins. Co. - Primary	Individual Psychotherapy	\$80.00	\$80.00	Sample Provider, PhD
<input checked="" type="checkbox"/>	12/19/2014	Therapist Helper	Wellbeing Ins. Co. - Primary	Mtms by pharm addl 15 min	\$0.01	\$0.01	Sample Provider, PhD
<input checked="" type="checkbox"/>	2/18/2015	Therapist Helper	Wellbeing Ins. Co. - Primary	Individual Psychotherapy	\$80.00	\$80.00	Sample Provider, PhD

3 Procedures \$160.01 \$160.01

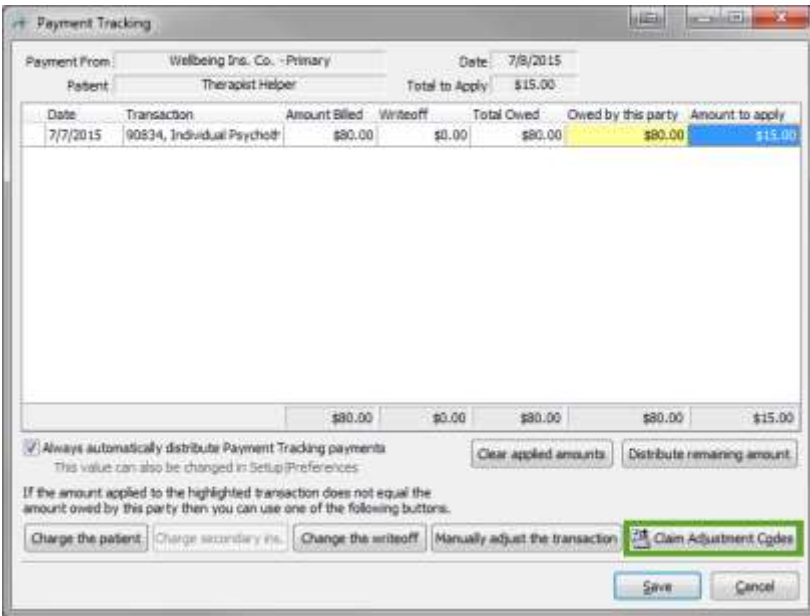
Transmit Data Now Close

## Claim Balance- The Service amount paid plus adjustments do not add up to the original service charges.

Explanation: When submitting secondary claims electronically, you need to add Claim Adjustment Codes. These are adjustment codes that associate any adjustment activity provided by the primary insurance company payment. These will be populated automatically when using Helper's electronic remittance advice service (ERA), but it has to be done manually when posting payments.

Resolution: When you are in the Payment Tracking screen after entering a payment from the primary insurance you will see a button for Claim Adjustment Codes. From here, you will be able to enter the claim adjustment reason codes listed on the EOB from the primary insurance.

This can also be done after the fact by selecting the payment from the transactions ledger then clicking on the Payment Tracking button across the top.



This is the Claim Adjustment Code screen which will list the current codes associated with this payment. Click 'Add' to add a new code to the list. For codes already entered you have the option to 'Edit' or 'Delete.'



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After clicking on 'Add' or 'Edit' you will see the screen shown below. All fields must be populated. The Group and Reason codes are based on the list provided by Medicare. For those primary insurances other than Medicare you will need to select the most applicable match.

Claim Adjustment Code

Enter the Claim Adjustment Code and details that will need to be submitted with a secondary claim.

Group Code: [Dropdown]

Reason Code: [Dropdown]

Amount: \$65.00

Units: 0

Save Save & Add Cancel

For any transactions that a Claim Adjustment Code is associated with, you will see the Claim Adjustment Code icon displayed on the far left side of that transaction line in Payment Tracking. Click the Claim Adjustment Code button next to the transaction to view the codes again.

Payment From: Wellbeing Ins. Co. - Primary Date: 7/8/2015

Patient: Therapist Helper Total to Apply: \$15.00

Date	Transaction	Amount Billed	Writeoff	Total Owed	Owed by this party	Amount to apply
7/1/2015	90834, Individual Psychoth	\$80.00	\$0.00	\$80.00	\$80.00	\$0.00
7/7/2015	90834, Individual Psychoth	\$80.00	\$0.00	\$80.00	\$80.00	\$13.00

\$160.00 \$0.00 \$160.00 \$160.00 \$15.00

Always automatically distribute Payment Tracking payments  
This value can also be changed in Setup/Preferences

Clear applied amounts Distribute remaining amount

If the amount applied to the highlighted transaction does not equal the amount owed by this party then you can use one of the following buttons.

Charge the patient Change secondary ins. Change the writeoff Manually adjust the transaction Claim Adjustment Codes

Save Cancel

Now that the Claim Adjustment Code(s) have been added you may click save and resubmit the date of service.



## N5010-DIAGNOSIS- Diagnosis code invalid for service year.

Explanation: A currently non billable diagnosis code has been sent out of the claim. This can mean the code is a retired code, an ICD-10 code has been used before they have been implemented, or the code is invalid.

Resolution: Verify the diagnosis code(s) on the rejected claim. In order to make changes to the diagnosis code(s), navigate to Transactions ledger and edit the diagnoses of the individual dates of service the save. Also, make sure to edit the patient's Facesheet and navigate to Defaults. Updating the diagnosis codes here will ensure all future sessions are setup properly. Please use the sites listed below to validate the rejected

ICD-9: <http://www.icd9data.com/2015/Volume1/default.htm>

ICD-10: <http://www.icd10data.com/ICD10CM/Codes>

### DISCLAIMER HERE

Session for Therapist Helper

Session  
Enter Session details for the Session.

General Other Billing Authorizations Claim Adjustment Codes

Session Reference Code: C

24A. Date(s) of service: 6/24/2015 to //

24D. Service: 90806, Individual Psychotherapy Mod

24E. Days or Units: 1 Length: 50 Time: 12:36 PM

Per Unit Charge: \$80.00

24F. Total Charge: \$80.00

21. Diagnosis 1: 001.0 [Pointer #1]

2. [Pointer #2]

3. [Pointer #3]

4. [Pointer #4]

24B. Place of Service

24J. Rendering Therapist: Provider, Sample

24K. Billing Therapist: Provider, Sample

22 Service Facility Location: 851 Psychological

Status: Kept and charged for

Buttons: Save, Save & Add, Save & Add Copy, Cancel

Version 8.1 and prior session edit

Session for Therapist Helper

Session  
Enter Session details for the Session.

General Diagnosis Other Billing Authorizations Claim Adjustment Codes

Bill for this Session using:  ICD-9  ICD-10

21. Diagnosis

Code	Pointer	Description
31.81	1	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
300.01		Panic disorder without agoraphobia
NA		
NA		
NA		
NA		
NA		
NA		

Buttons: Save, Save & Add, Save & Add Copy, Cancel

Version 9.0 and later session edit

Defaults: Therapist Helper

General Session Adjustment ERA

The information here is copied into every new Session. This helps speed data entry of Sessions. If any of this information does not apply to a particular Session, you can change it when you are adding the Session. Press F1 for details.

27. Referring Physician: Reference, Kim

21. Diagnosis 1: 001.0 [Pointer] [Cholera due to vibrio cholerae]

2. [Pointer]

3. [Pointer]

4. [Pointer]

5. [Pointer]

Billing Memo

Comments

Buttons: Save, Save & Add, Save & Copy, Cancel

Version 8.1 and prior Facesheet edit

Defaults: Therapist Helper

General Session Adjustment ERA

The information here is copied into every new Session. This helps speed data entry of Sessions. If any of this information does not apply to a particular Session, you can change it when you are adding the Session. Press F1 for details.

17. Referring Physician: Reference, Kim

21. Diagnosis

Code	Pointer	Description
31.81	1	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
300.01		Panic disorder without agoraphobia
NA		
NA		
NA		
NA		
NA		

Billing Memo

Comments

Buttons: Save, Save & Add, Save & Copy, Cancel

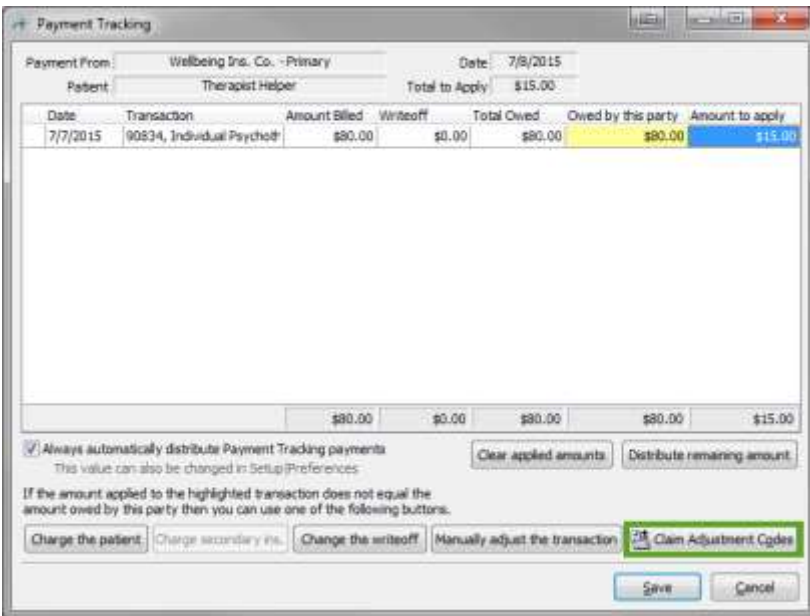
Version 9.0 and later Facesheet edit

**Claim Balance- The sum of all service payments does not add up to the total amount paid for an adjudicating payer.**

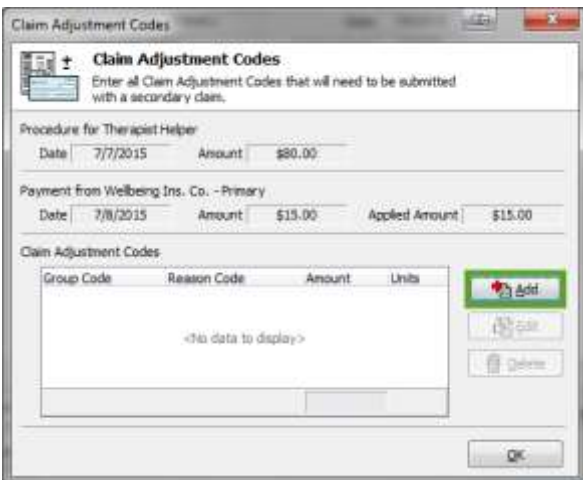
Explanation: When submitting secondary claims electronically, you need to add Claim Adjustment Codes. These are adjustment codes that associate any adjustment activity provided by the primary insurance company payment. These will be populated automatically when using Helper’s electronic remittance advice service (ERA), but it has to be done manually when posting payments.

Resolution: When you are in the Payment Tracking screen after entering a payment from the primary insurance you will see a button for Claim Adjustment Codes. From here, you will be able to enter the claim adjustment reason codes listed on the EOB from the primary insurance.

This can also be done after the fact by selecting the payment from the transactions ledger then clicking on the Payment Tracking button across the top.



This is the Claim Adjustment Code screen which will list the current codes associated with this payment. Click ‘Add’ to add a new code to the list. For codes already entered you have the option to ‘Edit’ or ‘Delete.’



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After clicking on 'Add' or 'Edit' you will see the screen shown below. All fields must be populated. The Group and Reason codes are based on the list provided by Medicare. For those primary insurances other than Medicare you will need to select the most applicable match.

Claim Adjustment Code

Enter the Claim Adjustment Code and details that will need to be submitted with a secondary claim.

Group Code: [Dropdown]

Reason Code: [Dropdown]

Amount: \$65.00

Units: 0

Save Save & Add Cancel

For any transactions that a Claim Adjustment Code is associated with, you will see the Claim Adjustment Code icon displayed on the far left side of that transaction line in Payment Tracking. Click the Claim Adjustment Code button next to the transaction to view the codes again.

Payment From: Wellbeing Inc. Co. - Primary Date: 7/8/2015

Patient: Therapist Helper Total to Apply: \$15.00

Date	Transaction	Amount Billed	Writeoff	Total Owed	Owed by this party	Amount to apply
7/1/2015	90834, Individual Psychod	\$80.00	\$0.00	\$80.00	\$80.00	\$0.00
7/7/2015	90834, Individual Psychod	\$80.00	\$0.00	\$80.00	\$80.00	\$15.00

\$160.00 \$0.00 \$160.00 \$160.00 \$15.00

Always automatically distribute Payment Tracking payments  
This value can also be changed in Setup/Preferences

Clear applied amounts Distribute remaining amount

If the amount applied to the highlighted transaction does not equal the amount owed by this party then you can use one of the following buttons.

Change the patient Change secondary ins. Change the writeoff Manually adjust the transaction Claim Adjustment Codes

Save Cancel

Now that the Claim Adjustment Code(s) have been added you may click save and resubmit the date of service.

## N2400-SV-101-1- Missing or invalid HCPCS ID EDI fields may not begin or end with spaces or contain exempted special characters.

Explanation: The HCPCS ID is another acronym for the CPT code. This rejection means that the CPT code which has been billed is retired or invalid. This can typically occur when a no show appointment or a no longer used code (E.g. billing a 90806 code) is billed.

Resolution: Navigate to the transactions ledger for the rejected patient. Find the dates of service in question and click on edit. Verify the CPT code being sent out is valid.

If this is continuing to happen with each new session, edit the Facesheet. Navigate to Defaults and click on the Session tab. This section is where you will be able to choose the default code that will be filled in for all new sessions for this patient. This will be the most used code, it is possible to change the code to other codes for individual sessions.

Session HCPCS/CPT code entry

Facesheet HCPCS/CPT code entry

## 2330B-NM1-09- Invalid other payer id.

Explanation: A payer ID was not added to the insurance company. The word 'other' denotes that it is not the insurance company you have submitted to, but it is the patient's other insurance. If this error was received when submitting a primary claim, the secondary insurance company is missing the payer ID and vice versa.

Resolution: Edit the patient's Facesheet. Navigate to the Insurance Co. page and choose either the primary or secondary insurance company from the tabs across the top. Select the three dotted ellipsis button next to the insurance company name. Click Edit on the insurance company list. Select the Billing tab. On this page, we can click on the three dotted ellipsis button next to the Payer Organization ID to select an ID from the list.

If you do not find the payer ID you are looking for we will need a fax of the front and back of the patient's insurance card sent to 888-265-1517 with a coversheet with your account and contact information on it.

Insurance Companies: Therapist Helper

Primary Insurance Co. Secondary Insurance Co.

1. Type of Ins. Ins. Type Code

1a. Insured's ID Number Insurance Company SS Number  
insID Wellbeing Ins. Co. \*\*\*

4. Insured's Name (Last, First, Middle) Same

6. Patient Relationship to Insured Self

7. Insured's Address (No., Street) 4950 College Blvd  
City, St., Zip Leawood KS 66211  
Telephone (Home) Home Business

10d. Reserved for Local Use / Claim Codes

11. Insured's Policy, Group, or PECA Number 13. Insured's or Authorized Person's Signature  
Signed Date //

a. Date of Birth Sex 9/7/2014 Male Female

b. Employer's or School's Name / Other Claim Id 19. Reserved for Local Use / Additional Claim Info

c. Insurance Plan Name 27.  Accept Insurance Assignment?

d.  Is There Another Health Plan? E-mail

Champus Copy From... Clear Page Archive Ins. Co. Claim Guidance Save Save & Add Save & Copy Cancel

Insurance Company: Wellbeing Ins. Co.

Contact Billing Claim Options Therapist Claim Settings

Managed Care  
Action:  
Comment: ...

Box 27 Claim Default:  ACCEPT INSURANCE ASSIGNMENT?

Box 32b and 33b:  Insert a space between the qualifier and the id

Loop 23108:  Output in all claims, regardless of Loop 2010AA values  
 Use the Supervisor in place of the Rendering Therapist  
[Show why Loop 2310b is being used](#)

Payer Organization ID: 13162 ...

Payer Claim Office #:

Payer Identification #: (5010 loop 2010BB REF\*2U)

ERA Payer Id:

Source of Payment: F - Commercial Insurance Company

Claim Filing Indicator: C1 - Commercial Insurance Co.

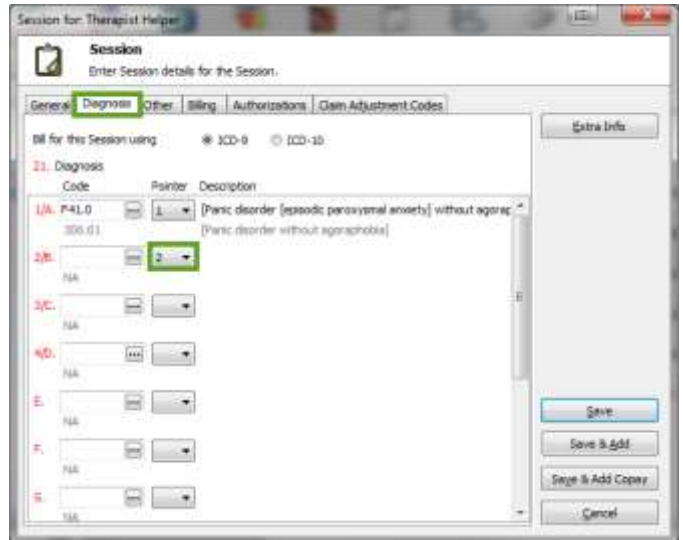
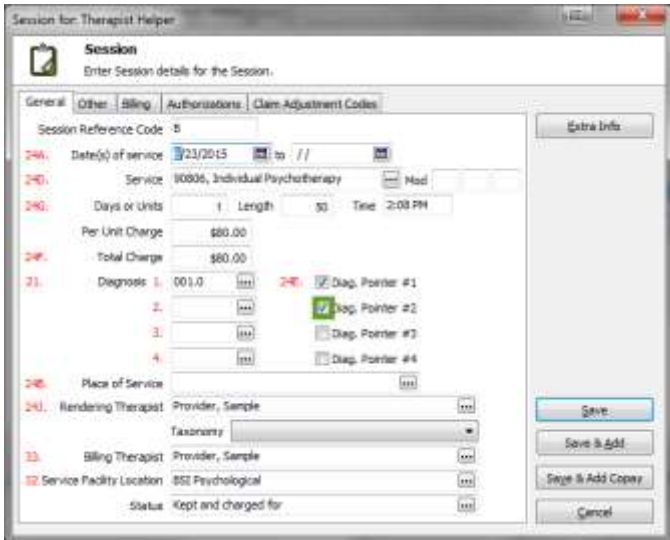
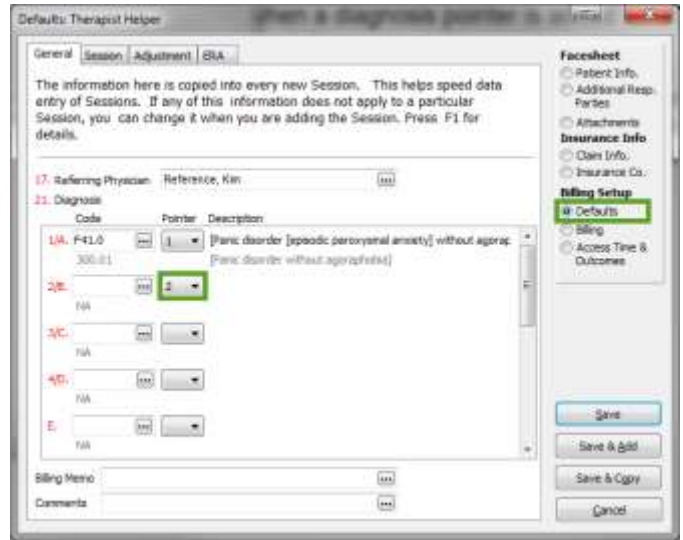
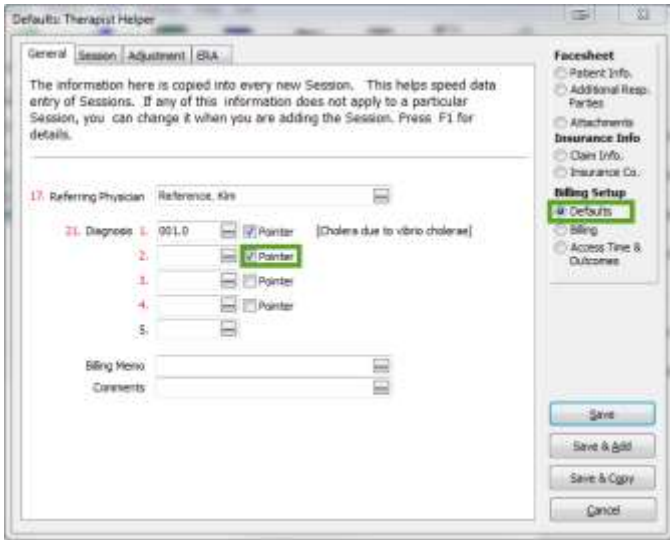
Billing (used as defaults when adding a Facesheet)  
Billing Method:  
 When secondary insurance, hold claim until the primary makes a payment

Extra Info  
Fee Schedule  
Save  
Save & Add  
Cancel

## DIAGNOSIS-POINTER- Service diagnosis pointer points to an empty diagnosis code.

Explanation: This rejection occurs when a diagnosis pointer is added for a blank diagnosis code. A diagnosis pointer should only indicate an entered diagnosis code.

Resolution: Edit the patient's Facesheet and navigate to Defaults. In version 8.1 and prior, remove the checkbox next to the diagnosis. In version 9.0 and later change the drop down diagnosis pointer to the blank option. Additionally, the diagnosis pointer will need to be removed from each session in your transactions ledger.



Version 8.1 and prior

Version 9.0 and later

## 2010AA-PER- Invalid submitter or biller contact qualifier.

Explanation: The submitter information has not been added to the claims.

Resolution: Navigate to the Billing Ledger for any patient. Click on Submit Claims Electronically. Choose the Submitter tab across this window. Of the four lines across the bottom, please fill out the Submitter Contact Name and Telephone Number. The Submitter Contact Name should only be the first and last name. No titles or certifications will be accepted. Nothing else needs to be entered on this screen.

Export to ClaimsConnect

This procedure will transmit insurance claims from Helper to **ClaimsConnect**.

Select Procedures **Submitter** Receiver Other

Submitter Entity Type is a Person  
Last Name First Name Middle Name

Submitter Entity Type is a Non-Person  
Organization Name

Submitter Identifier Electronic Transmitter Identification Number (ETIN).  
Established by trading partner agreement.

Submitter Contact Name Helper User

Telephone Number (111) 111-1111

Facsimile ( ) -

Electronic Mail

Transmit Data Now Close

## 2010AA-PER- Invalid submitter or billing provider contact information.

Explanation: The submitter information has not been added to the claims.

Resolution: Navigate to the Billing Ledger for any patient. Click on Submit Claims Electronically. Choose the Submitter tab across this window. Of the four lines across the bottom, please fill out the Submitter Contact Name and Telephone Number. The Submitter Contact Name should only be the first and last name. No titles or certifications will be accepted. Nothing else needs to be entered on this screen.

Export to ClaimsConnect

This procedure will transmit insurance claims from Helper to **ClaimsConnect**.

Select Procedures **Submitter** Receiver Other

Submitter Entity Type is a Person

Last Name First Name Middle Name

Submitter Entity Type is a Non-Person

Organization Name

Submitter Identifier  Electronic Transmitter Identification Number (ETIN),  
Established by trading partner agreement.

Submitter Contact Name

Telephone Number

Facsimile

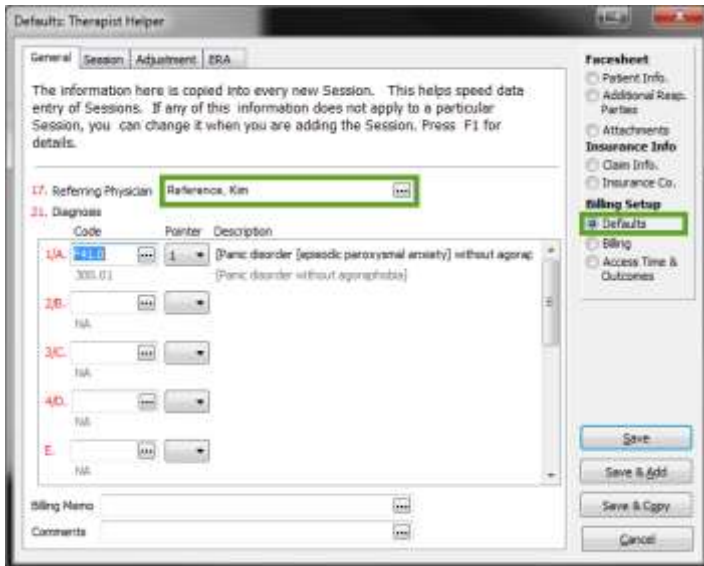
Electronic Mail



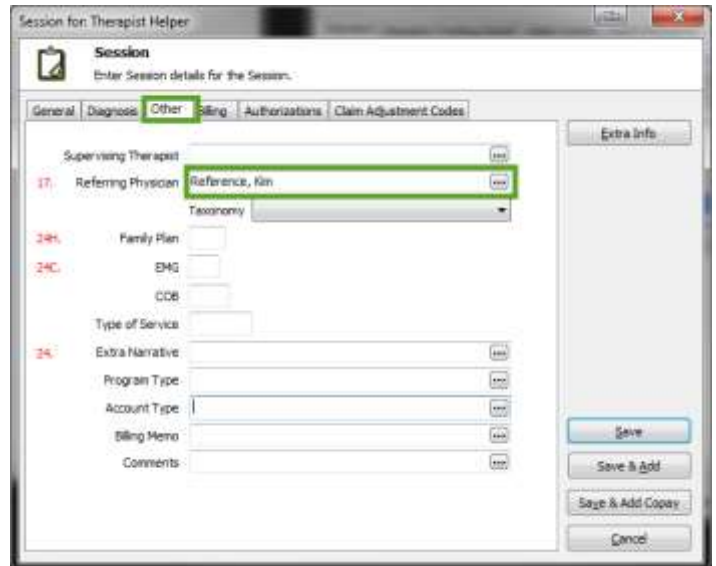
## 2310A-NM1-09- Either a referring provider NPI or a referring provider secondary ID is required when a referring provider is on the claim.

Explanation: A referring physician is currently being sent out on this claim. When there is a referring physician being sent out, the referring physician's NPI is required.

Resolution: There are two options to resolve this claim rejection. First, the referring physician may be removed. In order to do this, edit the client's Facesheet. Click on Edit Facesheet then click on Defaults. From here, remove the entry to referring physician. Additionally, it is important to remember that the Facesheet edit will only remove the referring physician from future claims. To remove the referring physician from the existing dates of service, go to Transaction. Edit a date of service and go to the Other tab. Make sure to remove the referring physician from this entry.

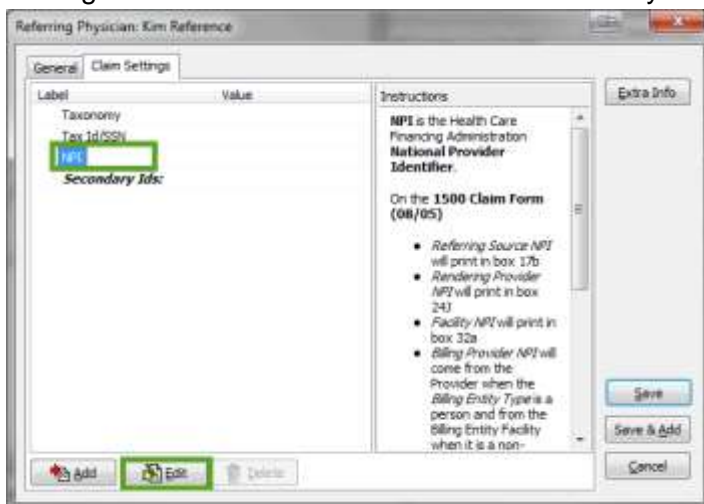


Facesheet Edit



Session Edit

Alternatively, if the referring provider is required on the claim, navigate to Setup>Libraries>Referring Physicians. Select the provider that needs to have a NPI added then click on the Edit button. Go to the Claims Settings tab and click on NPI and click edit. Here you can add a NPI for this physician.



## **Billers zip code must be 9 digits.**

Explanation: The zip code being sent out with your billing information is the five digit zip code. This zip code must be the full nine digits when submitting electronically.

Resolution: Navigate to Setup>Libraries. There are two different locations that can cause this error. Navigate to the Therapist library and click on each entry and click edit to add the nine digit zip code to the therapist(s). Next, navigate to the Facilities library and do the same thing for the rest of these entries. Please take a look at a piece of mail or go to the link listed below to find the nine digit zip code.

There can also be a similar rejection for the insurance company library zip codes containing only five digits, as well. In the libraries screen, go to Insurance Companies then edit an item on the list. This will allow you to change the insurance company's zip code.

[https://tools.usps.com/go/ZipLookupAction\\_input](https://tools.usps.com/go/ZipLookupAction_input)