Setting Up Lytec for RelayHealth

Broadband

If you are sending claims through the RelayHealth module, you must have an active high-speed internet connection.

EDI Receiver List Window

You must first set up the EDI receiver. To set up the EDI receiver, go to the **Lists** menu and select **EDI Receivers**. In the **EDI Receivers** window, click **New**.

The **EDI Receivers** window opens to the **Address** tab. After entering the necessary settings on the various tabs on this window, click **Save** to complete the EDI receiver setup.

Address Tab

Enter the following information on this tab.
- **Name** — Enter **RelayHealth**.
- **Comment** — Leave blank or for former Exchange customers, enter **EXCHANGE**.
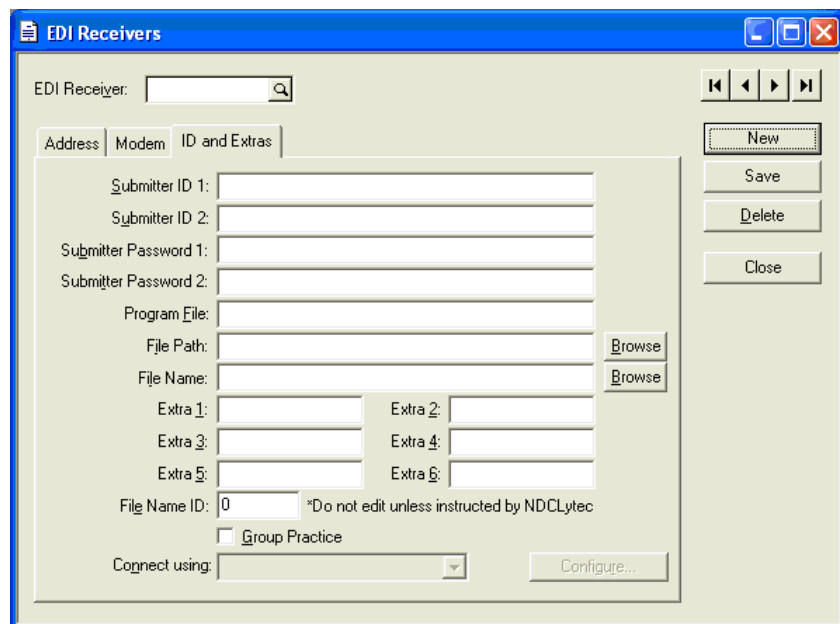
Modem Tab

If a field is not specified below, leave it blank or leave the default selection.
- **Transmission Mode** — Select **Active** unless sending test files.

ID and Extras Tab

If a field is not specified below, leave it blank or leave the default selection. Enter the following information:

Enter the following information in this tab.
- **Submitter ID 1** — Enter your RelayHealth **Login**.

- **Submitter ID 2** — Enter your RelayHealth **Billing ID** plus the RelayHealth **Submitter ID.** Do not put any spaces between the two series of numbers. For instance, if your Billing ID equals 9999 and your Submitter ID equals 001234, then you would enter 9999001234.
- **Submitter Password 1** — Enter the password.
- **Submitter Password 2** — Leave blank or for former Exchange customers enter your Exchange ID.
- **Program File** — Enter **RELAYH**.
- **Extra 1** — Leave blank.
- **Extra 2** — Leave blank.
- **Extra 3** — Enter the name of the contact person in your office who answers electronic claims questions.
- **Extra 4** — Enter a 1 or a 2 depending on whether the practice name consists of a practice name or an individual's name. For example, if the practice name is Centertown Offices, enter 1. If the practice name is Dr. John F. Centertown, enter 2.
- **Extra 5** — You only need to fill out this field if you are a billing service or are filing for multiple practices. If you send claims for multiple practices under one client ID and password, enter a unique two-digit code for the receiver (01-99). Do not use alpha or special characters.
- **Group Practice** — Check this box if you are a group practice.

Insurance Companies

To set up the insurance company, go to the **Lists** menu and select **Insurance Companies**. The **Insurance Companies** window opens. Edit an insurance company for which you send claims.

Name and Address Tab

Open the **Name and Address** tab and enter the following information.
- **Type:** Select the appropriate type for the insurance company.

   Note: If you file any crossover claims, you need to set up two insurance companies--one for regular Medicare claims (Medicare type) and one for the crossover company (Medicare with Crossover type).

Identification Tab

Open the **Identification** tab and enter the following information.

- **Provider ID** — In the Provider ID field, select the Provider ID that has been assigned to the insurance company. If you are not sure what number was set up under the Provider ID field, click the ellipsis button to open the Find Provider option.
- **Medigap ID** — If billing crossover claims, enter the Medigap ID.
- **Payer ID** — Enter the RelayHealth CPID. Obtain this number by going to: https://portal.transactions.mckhboc.com/portal/site/TSHPortal/menuitem.0b56f96c2891389ab4bf8c10100000f7.

Claims Tab

You only need to enter information on this tab if the practice is billing as a group practice.

Group Practice with practice ID: Enter the group number that has been assigned to the provider or the practice.

EDI/Eligibility Tab

Open the **EDI/Eligibility** tab and enter the following information.

- **EDI Receiver when Primary** — Enter the EDI receiver you created in the previous section.
- **EDI Receiver when Secondary** — If you send secondary claims, enter the same receiver in this field.
  Note: If you do not enter an EDI receiver in the EDI Receiver when Primary, claims will not be created or sent for this insurance company.

If the insurance company assigned a submitter ID on the clinic/provider level rather than on the clearinghouse level, you need to enter that number in an insurance custom field. See the Insurance Custom Field section below.

Click **Save** and repeat these steps for each applicable insurance company.
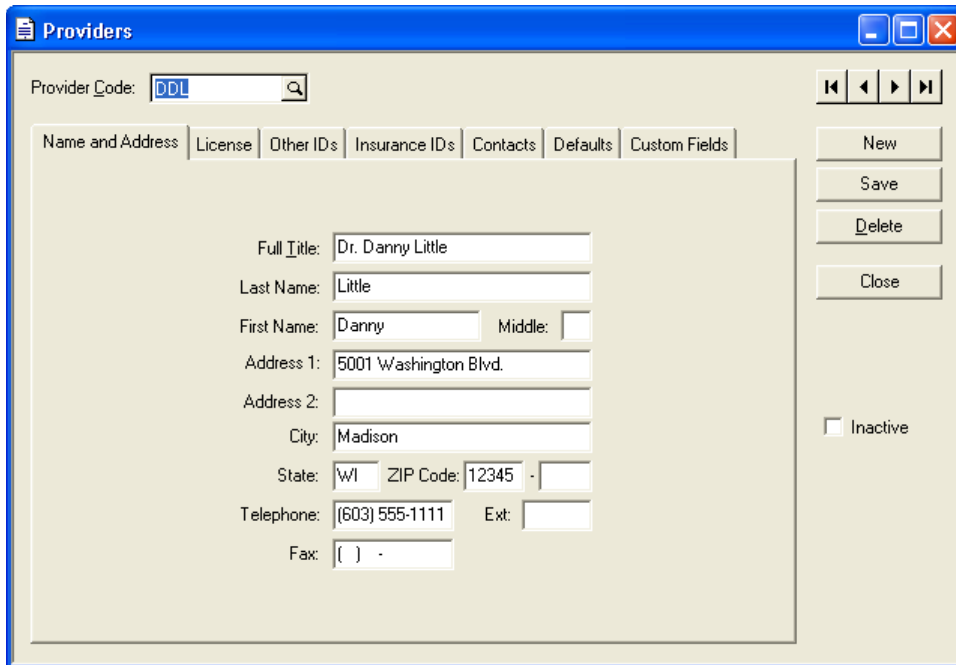
Insurance Custom Field

If the insurance company assigned a submitter ID on the clinic/provider rather than on the clearinghouse level, you need to create an insurance custom field for the ID named SUB:. To create this field, follow the steps below.

1. Go to the **Settings** menu and select **Custom Fields**.

2. Open the **Insurance** tab.

3. In the first available line, enter **SUB:** as the **Description**. You can leave the defaults in the other fields.

4. Click **OK** to save the custom field.

5. Then when you go into the insurance company's record, open the **Custom Fields** tab and enter the appropriate submitter ID in the **SUB:** field.

Providers

You must enter information for each provider whose claims you send. You will normally enter most of this information when setting up the provider record. However, you may want to verify that the provider is set up correctly for sending claims.

Go to the **Lists** menu and select **Providers**. Edit a provider. The **Providers** window opens.

License Tab

Open the **License** tab and enter the following information in this tab.
- **Social Security #** — Enter the provider's social security number.
- **Tax ID** — If applicable, enter the provider's tax ID number.
- **State License** — Enter the provider's State License Number.
- **National Provider ID** — Enter the National Provider Identifier for the provider.
- **Group National Provider ID** — If the provider bills some insurance companies as part of a group, enter the group National Provider Identifier in this field.
- **Specialty License** — Enter the Taxonomy code for the provider.
- **DEA Number** — Enter the provider's pharmaceutical DEA number.
- **UPIN** — The Unique Personal Identification Number is issued by Medicare. It is comprised of one alpha plus five numerical characters. Enter the provider's assigned UPIN.
- **Signature on File** — Check this box to include Signature on File on the HCFA 1500 form and on electronic claims.

Other IDs Tab

Open the **Other IDs** tab and enter the following information in this tab.
- **Submitter ID** — This field is only applicable to customers sending to through Noridian. Enter the submitter ID assigned to the provider by Noridian.
- **Mammography Cert Number** — This number is assigned to providers licensed to read mammograms. If the provider has a mammography certification number, enter it in this field.
- **Care Plan Oversight Number** — Medicare assigns this number to providers who are authorized to perform covered home health services. If the provider has a CPO number, enter it in this field.
- **Other ID** — Unless instructed in the crosswalk, leave this field blank.
- **Hospice Employed** — Check the box if the provider provides hospice care.

- **Medicare Participating Provider** — This field needs to be checked for the Remittance Processing program to post adjustments.
- **Allow Eligibility Verification** — Check this box if the provider is enrolled for eligibility verification.

Insurance IDs Tab

The **Insurance IDs** tab displays the PINs assigned by an insurance company to the provider.

- **ID Column** — Enter the provider's PIN.
- **Description** — Enter the name of the insurance company that assigned the PIN.
- **ID Qualifier** — Click the drop-down arrow and select the ID qualifier for the PIN. The ID qualifier indicates what type of PIN you are sending.

Custom Fields

You may need to enter values in custom fields for the provider. For example, if the provider has a CLIA number, you might need to enter it in his record. You would first create a **CLIA:** custom field in the **Custom Fields** window available from the **Settings** menu. Then you would come in the provider's record, open the **Custom Fields** tab, and enter the provider's CLIA number in the field.

Click **Save** and then repeat these steps for each applicable provider.

Patients

You must enter certain information for each patient for whom you want to send electronic claims. You will normally enter most of this information when setting up the patient record.

Go to the **Lists** menu and select **Patients**. Edit the first patient for whom you want to send claims.

Patient Information Tab

If the patient has a suffix or prefix (i.e. Jr or Mrs) on his/her insurance card, you must enter the additional information in the patient's name field. To add a suffix or prefix, open the Patient Information tab. If you need to enter a suffix (i.e. Jr), enter it after a comma in the Last Name field. For example, enter Smith, Jr. If you need to enter a prefix (i.e. Mrs), enter it after a comma in the First Name field. For example, enter Martha, Mrs.

Primary Insurance Tab

Open the **Primary Insurance** tab and enter the following information in this tab.
- **Accept Assignment** — Check this box if the insured is assigning benefits to the provider.
- **Relation to Insured** — Click the down arrow to select the appropriate option.
- **Insurance Code** — Enter the patient's primary insurance company.
- **Group Number** — Enter the patient's group number.
- **Insured ID Number** — Enter the insured's ID number.

Secondary Insurance Tab

If you are submitting Medigap claims, open the **Secondary Insurance** tab.

- **Bill insurance automatically** — Make sure this check box is not checked. Review the Medigap carrier list received from Medicare to verify its crossover status.

Associations Tab

Open the **Associations** tab and enter the following information in this tab.

- **Provider:** Enter the patient's provider.
- **Referring Physician:** Enter the patient's referring physician. If no referring physician exists, we suggest that you assign the provider as the referring physician. This is required if CPT codes are used for ordering lab work or X-rays.

  Note: If the referring physician is listed, the Unique Personal Identification Number (UPIN) is required. Enter the UPIN in the Insurance Code 1 field of the referring provider's record in the Addresses window.

Claim Information Tab

If you need to mark the patient as a non-person (i.e. it is a company), follow these steps:

1. Open the Claim Information tab.

2. Click the **More Information** button on the tab. **The More Information** window opens.

3. Open the **More Information 2** tab. Go to the **Entity Type** field.

4. Choose **Non-Person** to indicate the patient's entity type. Click **OK**.

5. Click **Save** and then repeat these steps for each applicable patient.

Guarantors

If a guarantor is not a patient and is a non-person (i.e. it is a company), you must designate the entity type as such. To make this designation, follow these steps:

1. Go to the **Lists** menu and select **Guarantors**. Edit the first guarantor for whom you send claims.

2. Go to the **Entity Type** field. Choose **Non-Person** to indicate the guarantor's entity type.

3. Click Save and repeat these steps for each applicable guarantor.

Addresses

A referring provider is required for electronic claims when a referral exists. A referring provider may also be required for selected procedure codes, diagnosis codes, or provider specialties. When a referring provider is required on a claim, an identification number for the referring provider is also required.
A facility is required if the place of service on a claim indicates the service is being billed for procedures that were performed outside of the doctor's office. A facility may also be required on a claim for certain procedure or diagnosis codes.

Referring providers and facilities are both set up in the **Addresses** window. Go to the **Lists** menu and select **Addresses**. Highlight the referring provider's record and click **Edit**. The **Addresses** window opens.

Type Tab

Open the **Type** tab and enter the following information.

- **Entity Type** — Choose Person or Non-Person, depending on whether the record is for an entire practice or for an individual. For example, if a referring provider bills as a practice, Dr. Doe's Clinic, choose Non-Person. If a referring provider bills under Dr. Doe, choose Person.

Insurance Codes Tab

Open the **Insurance Codes** tab and enter the following information.

- **National Provider ID** — Enter the National Provider ID for the referring provider or facility
- **Insurance Code 1** — Enter the referring provider's UPIN.
- **Insurance Code 2** — For referring physicians, enter the Social Security Number. For facilities, enter the Tax ID.
- **Other ID** — Enter the Tax ID number of the referring provider.

Insurance IDs Section

- **Insurance** — Select the insurance company that assigned the insurance ID to the referring provider or facility.
- **Insurance ID** — Enter the ID for the referring provider or facility.
- **ID Qualifier** — Click the drop-down arrow and select the qualifier for the insurance ID. This qualifier tells the payer what type of ID is being sent on the claim.

Click **Save** and repeat these steps for each applicable referring provider or facility.

Practice Information

Go to the **Settings** menu and select **Practice**. The **Practice Information** window opens.

- **Entity Type** — Choose Person or Non-Person, depending on whether the practice bills under the practice name or an individual's name. For example, if the practice bills under Centertown Offices, choose Non-Person. If the practice bills under Dr. John F. Centertown, choose Person.

Click **OK** to save the setting.

Medigap/Crossover Claims

Medicare does not always cover all of a patient's healthcare needs. Medigap policies are private insurance companies that can help pay for the "gaps" that Medicare does not cover. When a patient has a secondary insurance that is supplemental insurance to Medicare, Medicare will forward the claims to the secondary insurance company.

Complementary crossover occurs when Medicare forwards an adjudicated claim automatically to the secondary insurance company. The transfer of adjudicated Medicare claims information is based upon eligibility data supplied to Medicare by the supplemental insurance. Medicare has service agreements with payers for automatic crossover of the claim information.

According to the agreement, the secondary insurance companies provide Medicare with an eligibility file on a weekly or monthly basis that lists all patients eligible for their insurance coverage. If the secondary insurance does not fall under a complementary crossover, Medicare needs the patient's claim to report the secondary insurance information. Medicare assigns each supplemental insurance company a five-digit identification number called a Medigap ID or OCNA number.

Primary Insurance (Medicare) Setup for Medigap/Crossover Claims

To set up a Medicare primary insurance for Medigap/Crossover claims, do the following:

1. Go to **List** menu and select **Insurance Companies**. Click the magnifying glass and select the Medicare insurance company.

2. Select **Medicare with Crossover** in the **Type** field.

Secondary Insurance Setup for Medigap/Crossover Claims

To set up a secondary insurance company for Medigap/Crossover claims, do the following:

1. Go to **List** menu and select **Insurance Companies**. Click the magnifying glass and select the secondary insurance company.

2. Go to the **Identification** Tab. Enter the Medigap /ONCA number in the **Medigap ID** field.

3. If Medicare automatically forwards claims to the secondary, then type **CC:** into the **Medigap ID** field.

Patient Information Setup for Medigap/Crossover Claims

To set up the patient's record for Medigap/Crossover claims, do the following:

1. Go to the **Lists** menu and select **Patients**. Open the **Primary Insurance** tab.

2. Enter **Medigap** in the **Type** field.

3. Open the **Secondary Insurance** tab and enter **Supplement** in the **Type** field.


Entering Claim Documentation

Claim documentation may be required on a claim if information is needed to substantiate medical treatment. Claim documentation is sent on both the claim level and the transaction level. The program pulls all claim documentation from the Insurance Narratives window based on the information entered in the narrative.

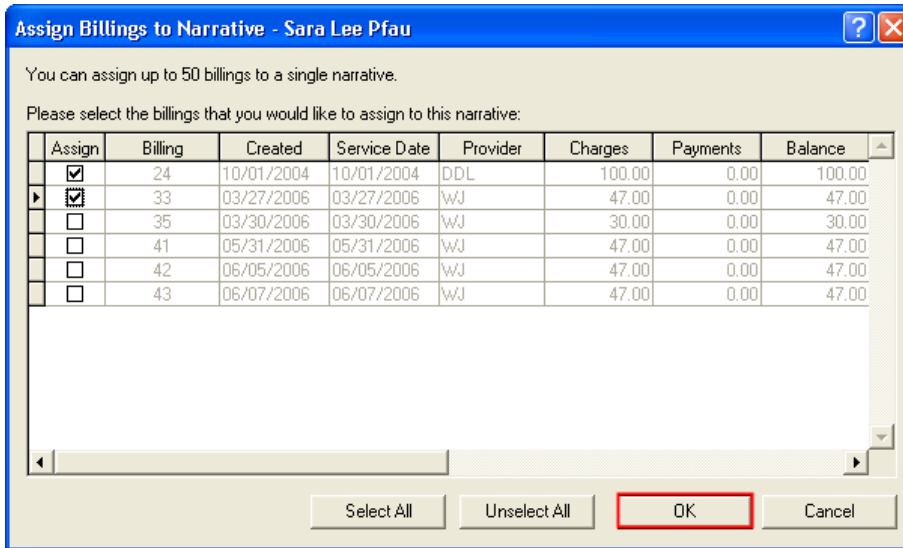## Entering an Insurance Narrative

There are two ways to enter data in the Insurance Narratives window. The first is to go to Charges and Payments, click the Billing button, and then select Insurance Narratives. The second way is to go to the Activities menu and select Insurance Narratives. If you select Insurance Narratives from the Activities menu, you will be prompted to select the patient for the narrative. Both methods lead to the Insurance Narratives window where you can add new documentation and edit existing documentation.

Once in the Insurance Narratives window, follow these steps to enter claim documentation:

1. Click the **Add** button.
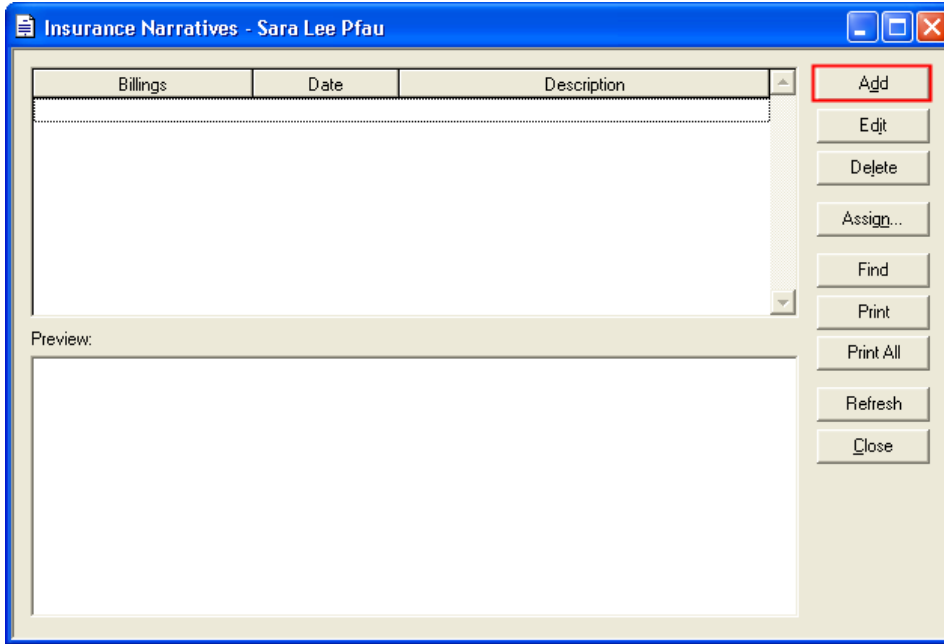
2. The **Assign Billings to Narratives** window opens, which lets you assign the documentation to either one or multiple billings. Click the box in the **Assign** column for each billing you want to which you want to assign the documentation. If you want to select the documentation to each billing, click the **Select All** button. Then click **OK**.

3. The **Insurance Narrative** window opens.
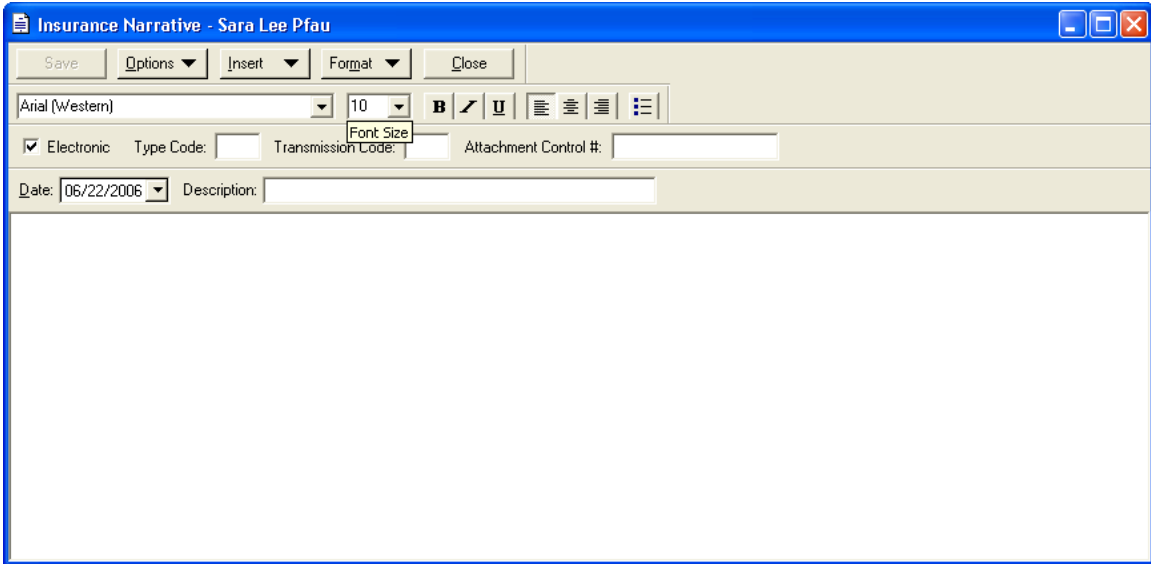
4. Enter the claim documentation in the text area of this window (the text area is highlighted in red). Each type of claim documentation is populated in different segments of the claim file and has a specific value that you will enter in the **Description** field.
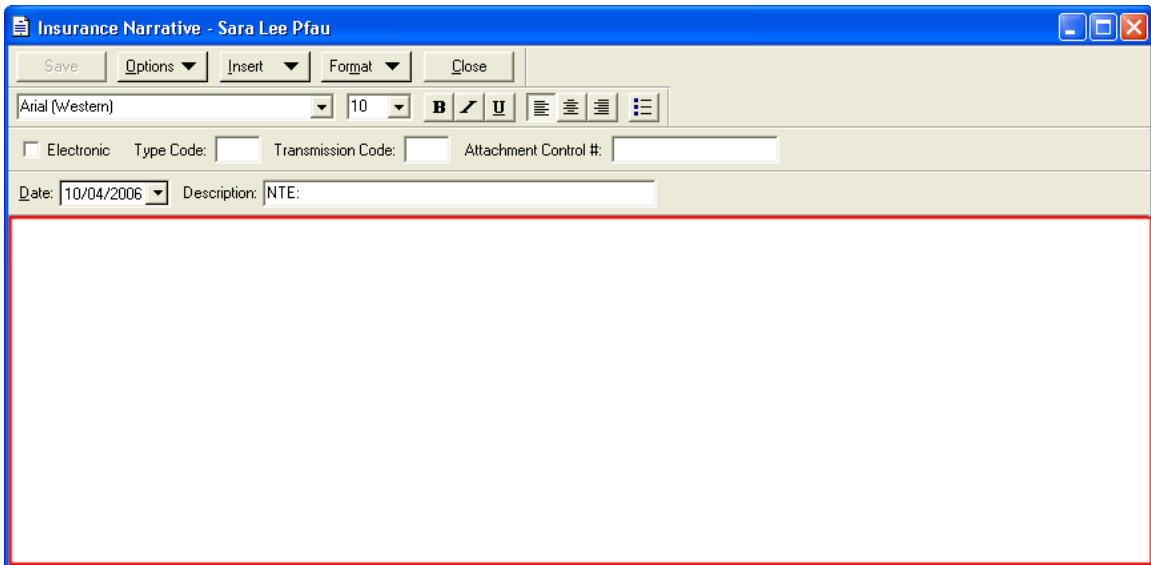
The Electronic Claims Help file lists the information needs to go in this window for the claim file to pull documentation correctly in each applicable segment of the claim file. Look up the following topics to view what values need to be populated in the **Insurance Narratives** window for the different types of claim documentation:

Loop 2000B Segment SBR
Loop 2300 Segment CLM
Loop 2300 Segment CR1
Loop 2300 Segment CRC
Loop 2300 Segment K3
Loop 2300 Segment NTE
Loop 2300 Segment PWK
Loop 2400 Segment K3
Loop 2400 Segment NTE
Loop 2400 Segment QTY

Once all Information has been filled in, click **Save** and then **Close**. The **Insurance Narrative** window will reopen with the narrative listed. The **Billings** column will indicate the billings to which the narrative has been assigned. The **Preview** section will display the contents of the narrative.