

Tips and Tricks

Creating 837 File

NOTE: If you have never done any electronic billing in ClinicPro before, [Contact ClinicPro Support](#) first before trying to create a billing file. Failure to contact us will result in unnecessary rejections, which will waste your time!

1. Click on **Activities**, then **Insurance Billing**, then **Do Billing**.
2. Click on **837 4010** and select the **submitter** that you are sending your claims to. (**Required.**)
If you bill by **billing doctor** or **carrier**, you can select those as well. (**Optional.**)
3. Click **OK**.
4. Print a billing **detail** report. To do this, click on **Detail**, then **Send to Printer**, then **Print**.
5. Check the detail report for any invalid diagnosis codes, procedure codes, people going to the wrong insurance company, etc.
6. Choose one of the following below:
 - If you find something incorrect, click on **cancel**, then **quit**, make your corrections, and start over at step 1.
 - **OR** b) If everything looks correct, click **Process**.
7. Wait patiently while ClinicPro checks for errors. You will see a little box in the upper left-hand corner of the screen that will count up the number of claims.
8. One of the two things will happen.

You'll either get:

1. A little box that says "**837 Completed Successfully.**" This means you didn't get any pre-processing errors, and a billing file was created. Click on **Quit**. **OR**
2. A window that pops up that says **837 Errors**. If you get this screen, a billing file wasn't created because ClinicPro found errors.
This screen will tell you the **patient's name**, and the **error** description. You will want to do the following:
 1. Click on **Print Errors**.
 2. Click **Exit**, then click on **Quit**.
 3. You will need to fix the errors that printed out on the **837 error log**.
 4. Then start over at step 1. **DO NOT** click on **Process with Errors** unless one of the support staff tells you to. If you process with errors, more than likely, **your entire billing file will reject**.

If you don't understand an error, first click on the following link: [Troubleshooting 837 errors](#). If that resource did not help, you can [contact ClinicPro support](#). Again, **DO NOT process with errors**.

Problem: No transactions found to bill (when you actually have claims to bill)

Solution: There can be a couple different reasons why this message could occur.

Try the following: #1 – Check insurance coverage

1. Bring up the patient you are trying to bill, and click on the **Insurance/Dates** tab.
2. Make sure the insurance you are trying to bill is **not** archived.
3. Make a note of the **exact spelling** of the insurance company you are trying to bill.
4. Go to **Lists, Insurance and Medigap Companies**.
5. Double-click on that insurance with that **exact spelling**.
(NOTE: If you have more than one insurance company with that exact same spelling, you will have to check each one.)
6. If you are trying to bill **electronically**, make sure that **Fee for Service** and **Electronic** are selected. Also make sure the correct **submitter** is listed. If you are trying to bill **on paper**, make sure that **Fee for Service** and **HCFA** are selected.

#2 – Check the patient's information

1. Go back to the patient. Make sure you are at the **Patient Detail** tab.
2. Make sure the Bill Patient Only checkbox is **not** checked.

#3 – Check the transactions

1. Click on the patient's **transactions** tab.
2. Highlight one of the transactions you are trying to bill.
3. Try the following:
 - a) Look down below the transaction line until you see a checkmark next to **Exclude from Insurance Billing**. Make sure that is **not** checked. If it is, **uncheck** it and hit **Save**.
 - b) Look at the bottom right hand corner of the transaction card until you see **Date Billed**. **Date Billed** should be **blank**. If it isn't, follow the instructions to reset a [reset a transaction](#) so that this transaction can be billed.
5. a) Look the transaction line that is highlighted, and make sure the **Carrier** is the **name** of the Insurance Company you are trying to bill. If it isn't, click on the **I** button, click **Change Insurance**, and choose **Primary**.

Troubleshooting 837 Errors

The following is a list of common errors that can occur when you are doing electronic billing in the 837 4010 format:

- [The subscriber address is missing \(or city, state, zip code\)](#)

- Other Insured
- Gender or DOB (Date of Birth) is missing
- Payer ID missing
- Facility Type is missing
- Could not locate the rendering doctor's secondary identification
- Could not locate the referring/billing doctor's secondary identification
- There is a missing provider or group id for this doctor
- You have posted a payment from the primary and have not recorded a deductible or copay
- The transaction date for this transfer is missing

Error: The Subscriber's Address (or city, state, zip code) is missing/not filled in.

Solution:

1. The Error will tell you what patient this is on. Go to the **Patient Detail** tab for that Patient.
2. Click on the **Address...** button.
3. Check and make sure that the address, city, state, zip code are all in the correct places.
4. If everything already looks correct, go to the patient's **Insurance/Dates** tab.
5. If the **insured person** is different than the patient, go to that patient and repeat steps 1 – 3.
6. If the insured person is not a patient, or if everything is already correct on the insured person, go to **Lists**, then **Non-Patients**.
7. Check to see if the **insured person** or the **patient** shows up in this list. If they do, click on the **Data Entry** tab and repeat steps 2 – 3.

Error: Other Insured Gender or DOB (Date of Birth) is missing.

Solution:

1. The Error will tell you what patient this is on. Go to the **Patient Detail** tab for that Patient.
2. Check and make sure the **Gender** and the **Date of Birth** are filled in. If everything already looks good, continue to step 3.
3. Click on the patient's **Insurance/Dates** tab, make a note of who the **Insured Person** is. Check each insurance company.
4. Go to **Lists**, then **Non-Patients**. The **Insured Person** will likely show up in this list.
5. Highlight the **Insured Person**, then click on the **Data Entry** tab.
6. Make sure the **Gender** and **Date of Birth** is filled in. If you do not know the Insured Person's Date of Birth, you will need to retrieve that information from the patient in order

to process the claim.

Error: Payor ID missing.

Solution:

1. The Error will tell you what insurance company this is for.
2. Go to **Lists, Insurance and Medigap Companies**
3. Highlight the name of insurance on your error log, then click on the **Company Detail** tab.
4. Make sure you have a **Payor ID** filled in.

***If you have **more than one** insurance company with the same name, you will need to check **each insurance company** and make sure a **Payor ID** is filled in. If you do not know the Payor ID, try the following:

If the insurance company is set up as **HCFA**, put in '98999' for the Payor ID. If the insurance company is set up as **Electronic**:

- – If you are located in Michigan, check the [EDI Payor List](#).
- – If you are located outside of Michigan, [contact support](#) to see what **Payor ID** you should be using.

Error: The Facility Type is missing.

Solution: *If the error does not list a particular facility, do the following:**

1. Go to **Lists, Facility/Hospital**.
2. If you get a message saying there are no records on file, click **OK**. You will be adding your office as a facility.
3. Input the **name, address, and facility type** (choose **service location**).
4. Click on the **Save** button.

*****If the error lists a particular facility, do the following:**

1. Go to **Lists, Facility/Hospital**.
2. Highlight that facility, then click on **Facility Detail**.
3. Make sure you have a **Facility Type** filled in.

If you still get the error following the above steps, try the following:

1. Go to the patient's **transactions** tab.

2. Highlight the **date(s) of service** you are trying to bill.
3. Click on the **#2** button (in **12IHCOMPA**).
4. Click on the **drop down arrow** and input your office as the facility.

Error: Could not locate the Rendering Provider's Secondary Identification

Solution:

1. The Error will tell you what provider this is on.
2. Go to the Lists, Staff Doctors, and choose that provider.
3. The Rendering Provider Secondary Identification is as follows:

If you are billing:	BCBS	Medicare	Medicaid	Commercials
Make sure the following is filled in:	BCBS Provider ID	Medicare Provider ID	Medicaid Provider ID	UPIN Number

Error: Could not locate the Referring Provider's Secondary Identification

Solution:

1. The Error will give the name of the Referring Provider.
2. Go to **Lists, Referring Doctors**.
3. Highlight the Provider, then click on **Referring Doctor Detail**.
4. The Referring Provider Secondary Identification is listed in the table below.
5. If you do not know the IDs of your referring provider, you will need to collect this information before processing the patient's claim.

If you are billing:	BCBS	Medicare	Medicaid	Commercials	Blue Care Network
Make sure the following is filled in:	License Number (in MI) UPIN Number (in KS) Blue Shield ID (all other states)	UPIN Number	Medicaid ID	UPIN Number	HMO ID

Error: There is a Missing Provider or Group ID for this Doctor.

Solution:

1. The Error will tell you what patient this is for. Go into the transaction card for that patient. *In the upper right corner*, make a note of the insurance company with that EXACT spelling.
2. Go to **Lists, Insurance & Medigap Companies** and see how many insurance companies have that EXACT spelling.
3. Go to the **Company Detail** tab for **each insurance** (in step 2) and put numbers at the end of the insurance company name, so that you can tell the insurance company apart **by name**. Once that is complete, go back into the transaction card for that patient to see which of those insurances is the one showing up for him/her.
4. Click **Lists, Staff Doctors** and select the doctor the patient is being treated by.
5. Click the **Provider IDs** tab.
6. Make sure that every single instance of that insurance is listed here with the correct provider id and group id assigned to that doctor by that insurance company.

NOTE: If you need to add some, click the New button at *the lower left corner*, enter the info, and hit the save button .

Error: You have posted a payment from the Primary and have not recorded a deductible or copay.

Solution:

1. The Error will give you the name of the patient. Go to the **Transactions** tab for that Patient.
2. This Error occurs on a **secondary claim**. You will need to look at some recent payments made by the primary insurance. Here are some steps:
 - a) Double-click on a payment in the transaction card (or ledger). This should bring up the payment screen with the details of the posted payment.
 - b) Double-click on one of the transactions in the bottom area. This should bring up the **Balance Transfer** screen.
 - c) If an amount is in the **Transfer to Insurance** field, make sure that you have an amount in either the applied to **deductible** or **copay** fields.
 - d) If you already have this information filled in, **repeat** steps **b** and **c**. If this entire payment looks correct, look at another payment (repeat steps **a – c**).

Error: The transaction date for this transfer is missing. Please contact ClinicPro Support.

Solution: This error will give the name of the patient. Go to the **Transactions** tab for that patient. Make sure you have printed out a **Billing Preview (or Detail) report**. This can be a complicated error. There could be 3 different reasons why this error has occurred. **Reason #1 – Rebilling of a secondary claim.**

1. Look on your **Billing Preview (or Detail) report** and find the transactions that are billing out for this patient.
2. Highlight one of the patient's transactions that show up on the **Billing Preview (or Detail) report**.
3. If you see a line directly below the transaction that says **Rebill**, highlight the **Rebill** line and click **Delete**.
4. Follow the instructions to [Reset a transaction](#) instead of using the Rebill button.

Reason #2 – Billing an old insurance that used to be primary (but is now secondary, tertiary, etc).

1. Look on your **Billing Preview (or Detail) report** and find the transactions that are billing out for this patient.
2. Check to make sure that there is **only one insurance** you are trying to bill for this patient.
3. If **more than one** insurance company exists for this patient, you will notice that one insurance will be the patient's primary insurance, and the other insurance will be secondary (or tertiary).
4. In the patient's transaction screen, **exclude from billing** every transaction that has the secondary (or tertiary) insurance listed as the carrier. To do this, highlight the transaction, then check **Exclude From Insurance Billing**. Then try to do your billing.
5. After you have billed this patient, do the following:
 - a. Go back to the Transactions tab for that patient.
 - b. Highlight one of the transactions that you **excluded from billing**.
 - c. Uncheck **Exclude from Insurance Billing**. Repeat steps b and c if necessary.
 - d. Then, go to the **Insurance/Dates** Tab.
 - e. Change the order of the insurances so that the **Insurance Company** you are trying to bill is **primary**. Then do your billing again.
 - f. After billing, go back to the **Insurance/Dates** tab for that patient, and make sure the insurance companies are back in the correct order.

Reason #3 – Situation still too complicated. If you tried the above reasons but are still having trouble, [contact ClinicPro support](#).