

## **Batch Scrubber Instruction Manual**

Use this guide for answers to frequently asked questions about **SuperCoder's CMS 1500 Scrubber for Batch Processing** and for a quick start to using this product's time-saving and denial-reducing features.

### **Topics covered include:**

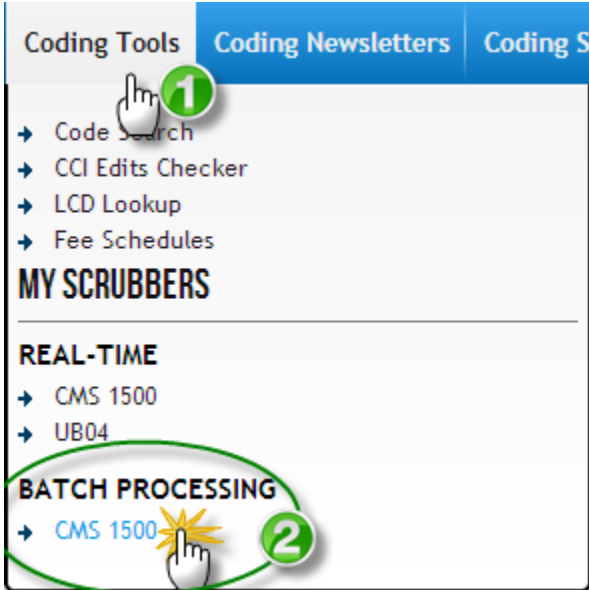
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## 1. How do I access the Batch Scrubber?

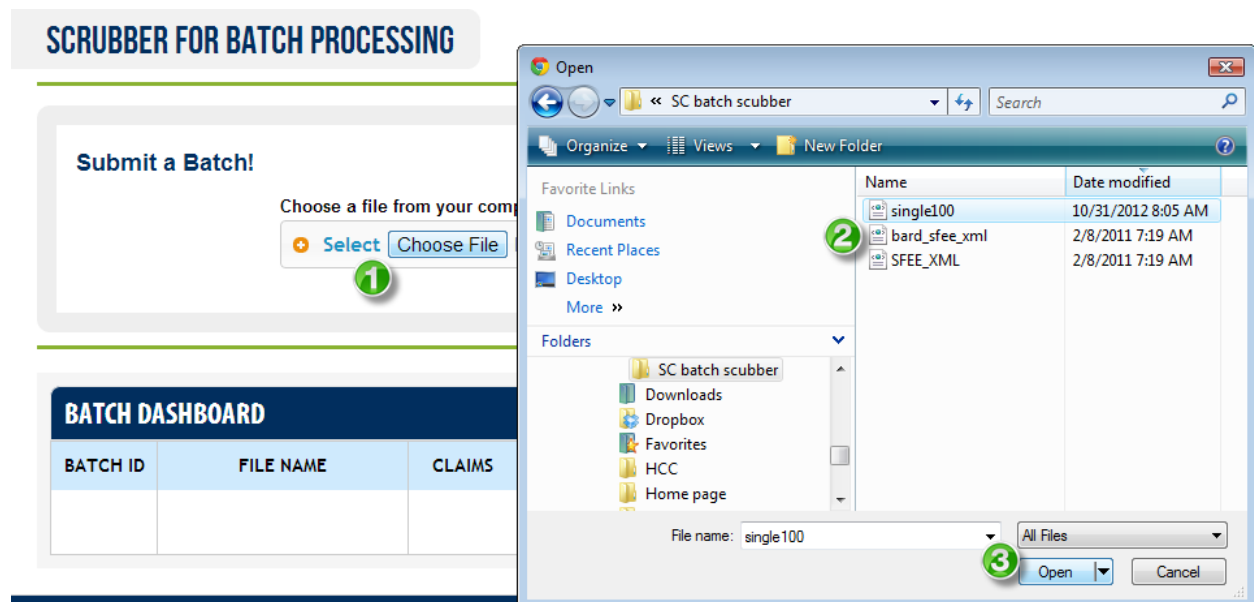
In your browser window, enter <https://www.supercoder.com/login>. Log in by entering your email/username and password. From SuperCoder’s main menu, mouse over “Coding Tools” and under Batch Processing, click on “CMS 1500.”



## 2. How do I upload a batch file?

On [www.supercoder.com/scrubber/batch-processing/](http://www.supercoder.com/scrubber/batch-processing/) follow these steps to upload a file:

1. Click on Choose File
2. Navigate to the location on the file’s location on your system.
3. Click Open



4. You will see the “Pending” message indicating the file you selected.
5. Click Upload

**Submit a Batch!** [Instructional notes for using XML](#) | [Sample XML](#)

Choose a file from your computer:

✦ Select

No file chosen
Upload
✦ Clear

4
single100.xml (119.7KB)
5

Pending...

Only XML format is allowed

Note: Larger files containing multiple claims and/or claims with numerous codes may take up to 3 minutes to load.

6. You will see your file in the Batch Dashboard below the Submit a Batch grey box.

BATCH DASHBOARD							
BATCH ID	FILE NAME	CLAIMS	UPLOAD DATE	STATUS	ACTIONS		
#B17	single100.xml	100	2012-11-08				

### [3. Where does the Batch ID come from?](#)

SuperCoder’s Batch Scrubber will assign your file a Batch ID number (B#).

### [4. What information is shown in the Batch Dashboard?](#)

From left to right, you will see a column for:

- **BATCH ID** (#B1xx) that SuperCoder’s Batch Scrubber assigns to each file on upload
- **FILE NAME** that you saved the file as on your system
- **CLAIMS** shows the number of claims included in the batch file
- **UPLOAD DATE** which displays the date you uploaded the file into SuperCoder’s Batch Scrubber
- **STATUS** indicates the most severe error level detected in the claims
- **ACTIONS** you can take on the file. These include file:
  - Repair – see the individual claims in the file
  - Delete – remove the batch file
  - Export – save the batch file back to the user’s system.

BATCH DASHBOARD							
BATCH ID	FILE NAME	CLAIMS	UPLOAD DATE	STATUS	ACTIONS		
#B17	single100.xml	100	2012-11-08				

### 5. What does the Status Flag Color represent?





The Status Flag color (red - critical, medium - orange, yellow – low, green - clean) indicates the most severe level found on any of the claims included in the batch file. This gives the coder a glimpse of the files with the most severe errors so that she may work them first. The flag color indicates 4 levels:

Priority	Severity	Explanation
1	Critical	The file contains a critical error that must be fixed to avoid claim denial, incorrect payment, and/or code misuse. Examples include CCI edits not allowing a modifier, invalid modifier use per CPT®, and invalid code.
2	Medium	The file contains an error that may cause the claim to be denied. Fixing it is fairly important but not essential for claim payment. Examples include CPT®-ICD-9 code mismatch, ICD-9 not on NCD, and incorrect descending value order.
3	Low	The file contains a warning that adding/removing additional info may promote correct code usage and speed claim payment.
4	Green	No errors detected for checked items.

### 6. What do the Actions permit the coder to do?

From the Batch Dashboard, the user can select from these file actions:



- Repair – see the individual claims in the file
- Delete – remove the batch file
- Export – save the batch file back to the user’s system.

BATCH DASHBOARD					
BATCH ID	FILE NAME	CLAIMS	UPLOAD DATE	STATUS	ACTIONS
#B17	single100.xml	100	2012-11-08		 Repair  DELETE  EXPORT











### 7. What information does the Batch Claim List include?

The batch claim list includes columns for (From left to right):

- **CLAIM ID** - (Cl#xxxxxx) that a user assigns to each claim on upload
- **CLAIM DATE OF SERVICE** which displays the claim’s date of service pulled from the data you included in the file
- **NO. OF EDITS** the number of edits the Batch Scrubber detected in the claim
- **STATUS** indicates the most severe error level detected in the file
- **TYPE OF ERRORS** gives a summary of 6 error groups (E.g. modifier, CPT®-ICD Mismatch)found in the file

- **ACTIONS** you can take on the file. These include file review of a file that has:
  -  - Changes from the user
  -  - No changes from the user
- **EXPORT** – Check the box under Export to include the claim in the batch file for export back to the user’s system
  - **Tip:** A Select All box is included at the top and bottom of the Batch Claim List for quick inclusion of all a file’s claims for export. Or the user can choose to export only claims that she has changed.
- **BACK** - Click the yellow BACK button located at the top of Batch Claim List on the dark blue bar to return to the Batch Dashboard



BATCH CLAIM LIST <span style="float: right;">BACK &gt;</span>						
CLAIM ID	CLAIM DATE OF SERVICE	NO. OF EDITS	STATUS	TYPE OF ERRORS	ACTIONS	EXPORT <input type="checkbox"/> select all
#CI40001	2007-07-18	18		Modifier CPT-ICD Mismatch		<input type="checkbox"/>
#CI40002	2007-07-30	18		Modifier CPT-ICD Mismatch		<input type="checkbox"/>
#CI40003	2007-01-02	15		Modifier CPT-ICD Mismatch		<input type="checkbox"/>
#CI40004	2007-07-18	19		Modifier CPT-ICD Mismatch		<input type="checkbox"/>
#CI40005	2007-07-18	12		Modifier CPT-ICD Mismatch		<input type="checkbox"/>

### 8. How can I rework a claim?

SuperCoder’s Batch Scrubber is designed for the coder to be able to instantly start making adjustments to the claim. Here’s how:

1. From the Batch Claim List, click the claim’s Review button. The claim data is automatically loaded into the CMS 1500 form and ready for instant reworking. For quick error fixing, errors are shown at each code level. The same errors are summarized at the bottom of the claim.
2. Make any changes. To add more CPT® or HCPCS level II codes, click the green Add Procedure button. Add ICD-9 codes by clicking Add 3 More under the Diagnosis Code column.
3. Click Submit and review the updated error messages. All information on the claim and on the claim’s Batch Claim List will be refreshed.

**PATIENT INFORMATION** OPTIONAL

**CODING INFORMATION**

PROCEDURE CODE	DIAGNOSIS CODE	MODIFIER	UNITS
1 20100 Exploration of penetrating wound (separate procedure); neck	874.00 Open wound of larynx with trachea uncompli  Diagnosis code is not under LCD coverage for state and carrier Diagnosis code is not under CMS NCD (National Coverage Determination) coverage <a href="#">Add 3 More</a>	25 85 51 50  Invalid modifier: Modifier 25 can be used only with E/M procedure codes Invalid Modifier :85	1
	874.01 Open wound of larynx uncomplicated  Diagnosis code is not under LCD coverage for this state and carrier Diagnosis code is not under CMS NCD (National Coverage Determination) coverage <a href="#">Hide All</a>		

**Add Procedure** Click here to get field to enter another CPT or HCPCS level-II code

Click here to get field to enter 3 more ICD-9 codes

Warnings appear below data entry for instant error fixing

After making any changes, click Submit to recheck the claim. The code level and summary error messages will automatically update as will the information shown on the claim's Batch Claim List.

**Submit**

Scroll down to read Error Messages summary

DISCLAIMER: Reasonable attempts have been made to provide accurate CPT®, ICD-9-CM, and Medicare Linkage, Modifier, Coverage Determination, and National Coverage Determination information to assist in accurate code combinations. However, the user bears responsibility for ensuring that the information submitted to the insurer is accurate and complete. Commercial third party payers may have coding policies that differ from the policies that MACs may occur due to following of CPT® and ICD-9-CM policies that vary from the policies that MACs. Coders, board members, contributors and consultants warrant or guarantee that any Data related to information tailored to your specific circumstances, consult a qualified professional.

Codes	Severity	Error Message
	Critical	Invalid date: please enter proper DOS in MM-DD-YYYY format
	Medium	Encounter Date of the procedure cannot be prior to Date Of Birth
20100	Critical	Invalid modifier: Modifier 25 can be used only with E/M procedure codes
85	Critical	Invalid Modifier

**9. Will I be able to save a report showing the changes I made?**

No claim edit history is saved. A report showing changes available for saving will be coming soon.

**10. When I'm on the Claim Review page, how can I return to the Batch Claim List?**

Click the blue BACK button and you will go back to the Batch Claim List showing the updated claim status including updated error message number.

**SCRUBBER FOR CMS1500**

[BACK >>](#)

**PATIENT INFORMATION** OPTIONAL

**CODING INFORMATION**

PROCEDURE CODE	DIAGNOSIS CODE	MODIFIER	UNITS
1 20100 Exploration of penetrating wound (separate procedure); neck	874.00	25 85 51 50	1

## 11. What items will the Batch Scrubber check?

SuperCoder's CMS 1500 Scrubber **Real Time** and for **Batch Processing** scrubs claims for more than 50 top denial triggers and suggests compliance-increasing fixes.

### **CCI Edits**

- Explains when modifier 59 is appropriate
- Improves compliance by alerting to bundled codes
- Protects payments with modifier allowed prompt
- Suggests modifier 25 application as needed

### **Code Validation**

- Checks if ICD-9 code is valid for date of service
- Ensures claims aren't denied due to missing 4<sup>th</sup> or 5<sup>th</sup> digit
- Checks if CPT® code is valid for date of service
- Checks for invalid procedure code

### **Coding Guidelines**

Prevents claims denials from:

- CPT® hierarchy relationship
- CPT® parent-child relationship
- incorrect anesthesia modifier application
- missing base code
- modifier 24-code conflict
- modifier 25-code mismatch
- modifier 63 nonallowance
- E code misordering
- V code incorrect order
- Wrong modifier based on place of service

### **Medicare Outpatient Code Edits**

Warns of denial due to:

- ICD-9 code and gender conflict
- CPT® code and age conflict
- CPT® code and gender conflict

### **Medical Necessity**

- CPT®-ICD-9 code CrossRef using top diagnoses submitted to insurers for procedure
- LCD
- NCD

## Medicare Physician Fee Schedule

Alerts to requirement for:

- bilateral modifier 50
- modifier 57

Prevents overbilling with check on:

- code status
- professional, technical components
- units-bilateral modifier 50

Plugs revenue drain by:

- suggesting RVU descending-value code reordering
- checking:
  - assistant surgeon allowance
  - modifier 51 exemptions
  - co-surgeons allowance
  - team surgeons permission

## Medically Unlikely Edits (MUEs)

- Stops over coding with MUE violation warning

## Patient Demographics

- Age
- Date of service
- Gender

## Private Payer

- Prevents paybacks with modifier 51 reminder.

## [12. How can I export the file?](#)

You can export a Batch file back into your own system from one of two places:

1. **Batch Claim List:** Select individual or all claims to include in the file and click the export button at the bottom of the list. The file will automatically download to your system.

#CI40008	2007-07-18	13		Modifier CPT-ICD Mismatch		<input checked="" type="checkbox"/>
#CI40009	2007-01-04	16		Modifier CPT-ICD Mismatch		<input checked="" type="checkbox"/>
#CI40010	2007-07-18	14		Modifier CPT-ICD Mismatch		<input checked="" type="checkbox"/>





Showing 1 to 10 of 100 results

1 2 3 4 5 6 7 8 9 10

Select all



2. **Batch Dashboard:** Click export and all claims in the file will be exported to your system. The file will automatically download to your system.

BATCH DASHBOARD					
BATCH ID	FILE NAME	CLAIMS	UPLOAD DATE	STATUS	ACTIONS
#B17	single100.xml	100	2012-11-08		 Repair  DELETE  EXPORT

**13. What format will the export file be in?**

The same format that you used to upload the file will be used as the export file.

**14. What file formats does Scrubber for Batch Processing accept and export?**

XML. 837 is coming soon.

**15. How can I prepare an XML file?**

- 1) Download the sample XML form from the Tool page and save the XML onto desktop or any other location on your hard disk.
- 2) Right click on the XML file – go to “Edit” and open the file with Notepad or Wordpad. In the Notepad or Wordpad, you can add or delete claim lines as per your data to be scrubbed. Also, modify the data fields into each claim line – put your own coding data such as:

Claim ID (this should be unique for every single claim)

**Patient Information:**

Patient Name

Birth Date (DOB) [date must be entered in **YYYY-MM-DD** format. Always use “hyphen (-)” in between]

Gender

Encounter date (DOS/Date of Service) [date must be entered in **YYYY-MM-DD** format. Always use “hyphen (-)” in between]

**LCD info** (if LCD is to be checked):

State (Abbreviated term)

Contractor type

**Coding Information:**

Procedure code (CPT® / HCPCS)

Diagnosis code (ICD-9 Vol.1code) [max. 4 diagnosis codes per CPT®/HCPCS code]

Modifier (for corresponding CPT®/ HCPCS only) [max. 4 Modifiers per CPT®/HCPCS code]

Unit (Unit of CPT®/HCPCS codes to be billed)

When necessary, add more claim IDs and other claim lines based on your no. of claims in a single batch. Just paste the previous claim ID's lines in the editable notepad and then replace the coding data and patient info as per the new claim/chart.

3) Once all data modifications are complete for an entire batch, just press "CTRL S" to Save the file. The data modifications are automatically changed and saved in the same downloaded XML form. Now open the XML by double-clicking on it and you can see the data changes reflected in it.

#### **16. What format for entering date to be used in the forms?**

The input date must be in "yyyy-mm-dd" format. You must use "--"(hyphen) in the date. [E.g. – 10th March, 2011 should be entered as, 2011-03-11]

#### **17. Where can I find the contractor ID and state name abbreviations that the tool requires?**

To fill up the required fields in the XML form, please use two lists containing the "State Abbreviations" and "Contractor Type" from the end of this instructional manual.

#### **18. What is the maximum number of claims one file can contain?**

500

#### **19. What is the maximum number of ICD-9 and CPT®/HCPCS level II codes that can be used on one claim?**

A single claim has addable lines to include more than 100 CPT® and/or HCPCS level II codes. Each line item can contain 4 ICD-9 codes, 4 modifiers, and 1 unit field.

#### **20. How do I make my own edit rules or add additional rules?**

The Scrubber for Batch Processing does not currently offer individual rules or allow users to add their own rules. Email [customerservice@supercoder.com](mailto:customerservice@supercoder.com) with your specifics and we will look into fulfilling your request. Our mission is to make our products meet our clients' needs.

#### **21. Is the Batch file and claims reworking HIPAA secure?**

To ensure complete HIPAA compliance, no claim information is stored on the site. The Batch file is available after uploading the file for 1 hour in case you need to reload the file.

#### **22. Can I get a trial of the Scrubber for Batch Processing?**

Yes, you may try the Scrubber for Batch Processing at no charge for 7 days.

#### **23. How can I cancel the trial of the Scrubber for Batch Processing?**

After logging into SuperCoder, go to My Accounts and click on My Subscriptions. Click Cancel Trial. Please give us feedback on your decision as we strive to improve our products and the best way for us to do so is to learn from you our customers.

#### **24. Will SuperCoder's Scrubber eliminate all my denials?**

While Scrubber for Batch Processing will improve your claim acceptance rate, it will not completely eliminate all your denials. Some denial reasons are insurer-specific and require an insurer-level scrubber that includes the insurer's private rules. These scrubbers, however, can be hard for a coder to understand and has to be run per insurer. By pre-insurer reviewing the claims, coders can work claims faster for even faster insurer-level scrubbing.

**25. How does the Scrubber interact with billing software?**

The coder views the error report and makes any adjustments. The biller can then take the XML adjusted items and incorporate them into the billing software.

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**Select Contractor Type**

- 1 -- Carrier
  - 2 -- FI
  - 3 -- RHHI
  - 4 -- DMERC
  - 6 -- DME PSC
  - 8 -- MAC - Part A
  - 9 -- MAC - Part B
  - 10 -- DME MAC
  - 11 -- HHH MAC
- 

**Select State Index Number (in “Contractor state” area of XML)**

<b>STATE</b>	<b>NUMBER</b>
All States	0
Alabama	2
Alaska	1
American Samoa	4
Arizona	5
Arkansas	3
California - Entire State	6
California - Northern	66
California - Southern	67
Colorado	8
Connecticut	9
Delaware	11
District of Columbia	10
Florida	12
Georgia	14
Guam	15
Hawaii	16
Idaho	18
Illinois	19
Indiana	20
Iowa	17

Kansas	21
Kentucky	22
Louisiana	23
Maine	26
Maryland	25
Massachusetts	24
Michigan	27
Minnesota	28
Mississippi	31
Missouri - Entire State	29
Missouri - Northeastern & Southern	61
Missouri - Northwestern	62
Montana	32
Nebraska	36
Nevada	40
New Hampshire	37
New Jersey	38
New Mexico	39
New York - Downstate	63
New York - Entire State	41
New York - Queens	64
New York - Upstate	65
North Carolina	34
North Dakota	35
Northern Mariana Islands	60
Ohio	42
Oklahoma	43
Oregon	44
Pennsylvania	45
Puerto Rico	46
Rhode Island	47
South Carolina	48
South Dakota	49
Tennessee	50
Texas	51
Utah	52
Vermont	55
Virgin Islands	54
Virginia	53
Washington	56
West Virginia	58
Wisconsin	57
Wyoming	59