

# WINASAP ICD-10 Nursing Facility Training

August 2015

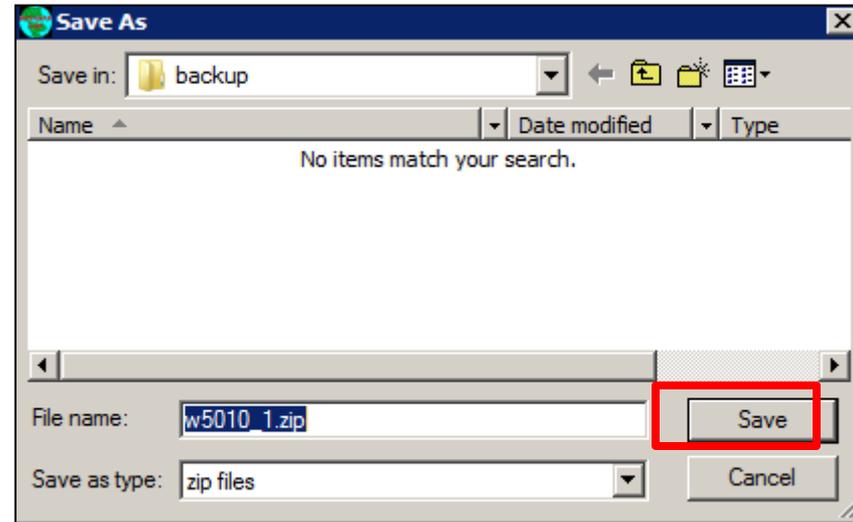
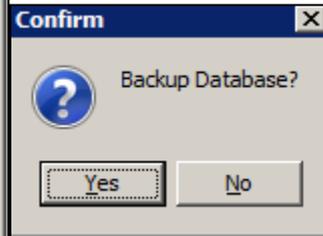
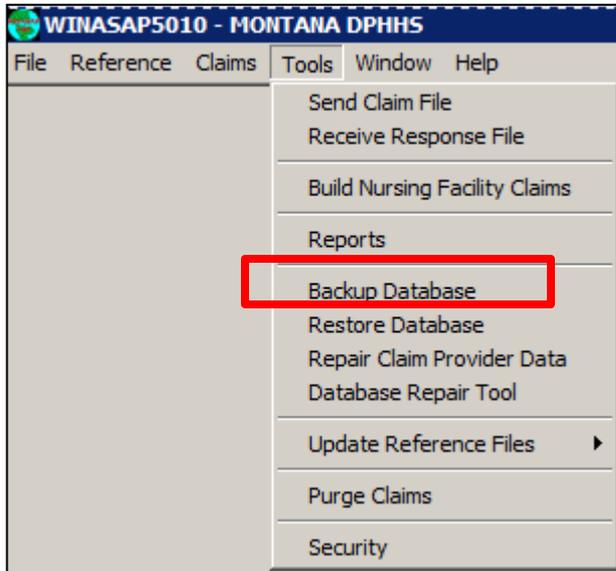
# Topics

1. Database backup
2. Add ICD-10 diagnosis code to table
3. Updating templates
4. Creating claims
5. Test versus Production
6. Database restore
7. WINASAP 5010 Users Guide
8. EDI Support
9. Benefits of electronic billing
10. Enrolling for electronic billing
11. [ICD-10 resources on the provider website](#)

# Database Backup

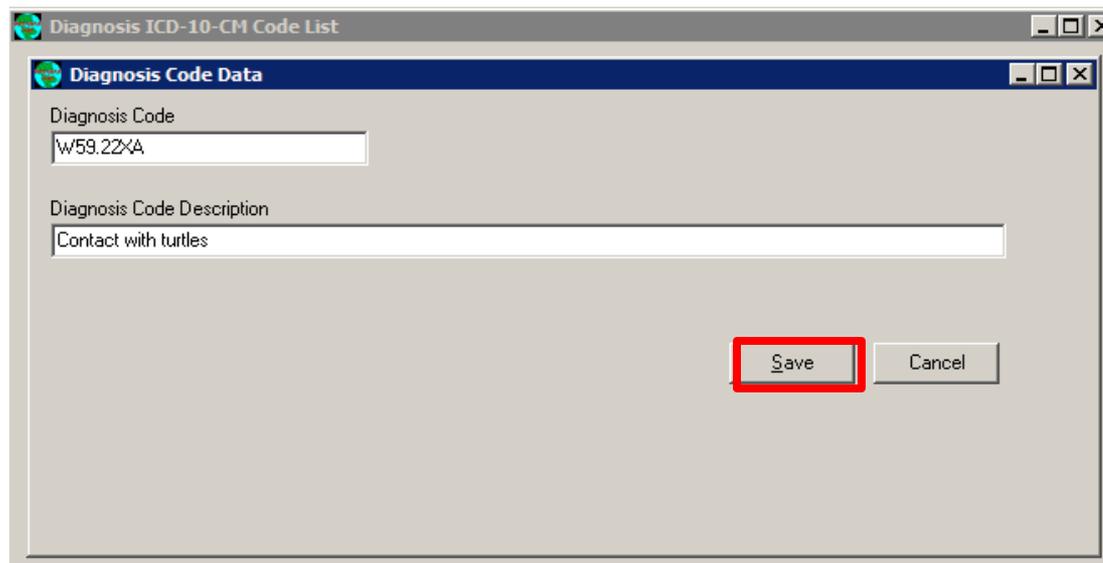
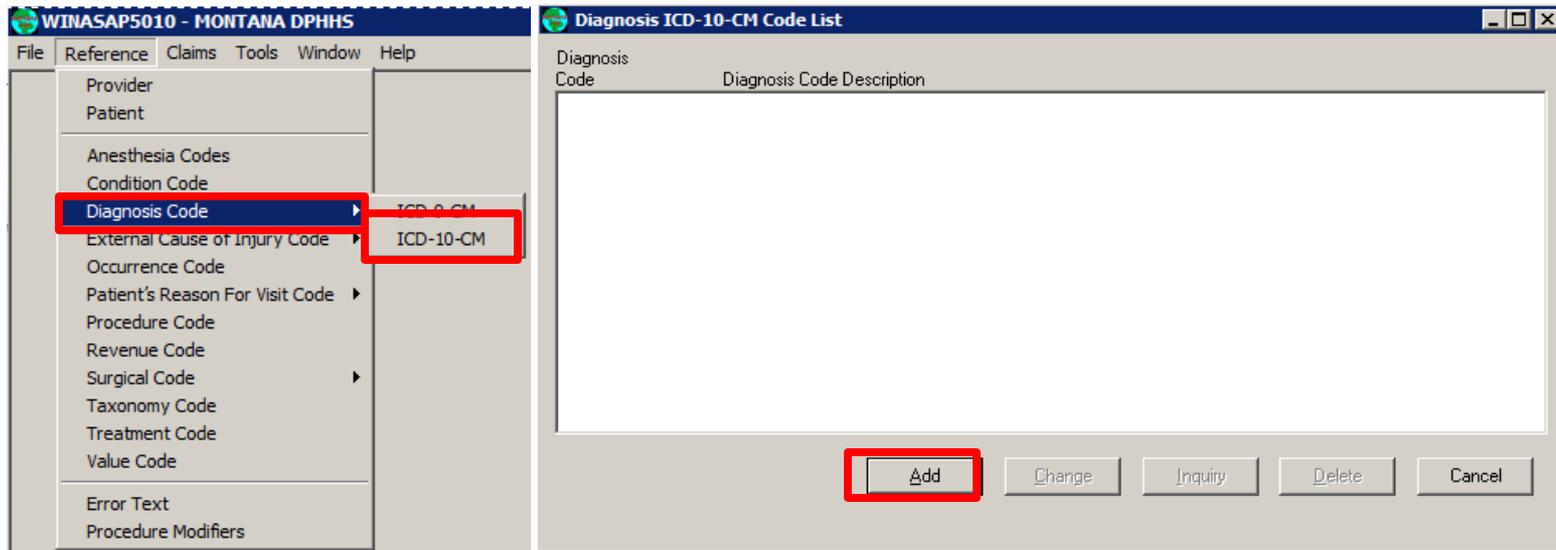
Click Tools → Backup Database

Select destination folder – Default C:\Program Files\ACS\W5010\db\backup



# Add ICD-10 Diagnosis Code

Click Reference → Diagnosis Code → ICD-10-CM



# Updating Template

Click Nursing Facility → Nursing Facility Template

The screenshot shows the 'WINASAP5010 - MONTANA DPHHS' application window. The 'Claims' menu is open, showing 'Nursing Facility' selected, with a sub-menu containing 'Nursing Facility Claim' and 'Nursing Facility Template'. A red arrow points to 'Nursing Facility Template'. Below the menu is a table titled 'Nursing Facility Templates List' with the following data:

User Batch/Claim #	Patient ID	Patient Account No	Begin DOS	Patient's Name	Claim Amount	Ind	Status	Status Date
/	1111111	1111111	05/01/2015	Resident, Nursing Home	\$0.00		Template	06/16/2015
/	1234567	1234567	05/01/2015	Client, Medicaid	\$0.00		Template	06/16/2015

At the bottom of the window, there are several buttons: 'Add', 'Copy', 'Change', 'Delete', 'Inquiry', and 'Cancel'. The 'Change' button is highlighted with a red box.

# Nursing Facility Template Data

Template Data | Template Codes | Template Line Items

## Procedure Codes

Principal Procedure Code Qualifier:  Principal Procedure Code:  Principal Procedure Date:    Other Procedure Codes

## Diagnosis Codes

Principal Diagnosis Code Qualifier:  ICD-9-CM Principal Diagnosis Code:  1234 Present on Admission Indicator:  Other Diagnosis Codes  
Admitting Diagnosis Code Qualifier:  Admitting Diagnosis Code:

## Additional Claim Codes

Assignment or Plan Participation Code:  Assigned  
Release of Information Code:  Yes, Provider has a signed Statement Permitting Release of Medical Billing Data Related to a Claim  
Delay Reason Code:   
Claim Filing Indicator Code:  Medicaid

Assignment of Benefits Indicator:  Yes DRG Code:

Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Occurrence Codes  
Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info

## Additional Claim Information

Patient Responsibility Amount:  Claim Notes Billing Notes Other Subscriber Info Other Reference Info  
Supplemental Info Contract Info File Info EPSDTInfo

Next Page Previous Page Save Cancel

# Nursing Facility Template Data

Template Data | **Template Codes** | Template Line Items

## Procedure Codes

Principal Procedure Code Qualifier:  Principal Procedure Code:  Principal Procedure Date:  / /     Other Procedure Codes

## Diagnosis Codes

Principal Diagnosis Code Qualifier:  ICD-10-CM  Principal Diagnosis Code:  W22.0ZXA  Present on Admission Indicator:  Other Diagnosis Codes

Admitting Diagnosis Code Qualifier:  Admitting Diagnosis Code:

## Additional Claim Codes

Assignment or Plan Participation Code:  Assigned

Release of Information Code:  Yes, Provider has a signed Statement Permitting Release of Medical Billing Data Related to a Claim

Delay Reason Code:

Claim Filing Indicator Code:  Medicaid

Assignment of Benefits Indicator:  Yes  DRG Code:

Patient Reason for Visit Codes  External Cause of Injury Codes  Occurrence Span Codes  Occurrence Codes

Value Codes  Condition Codes  Treatment Codes  Claim Pricing / Repricing Info

## Additional Claim Information

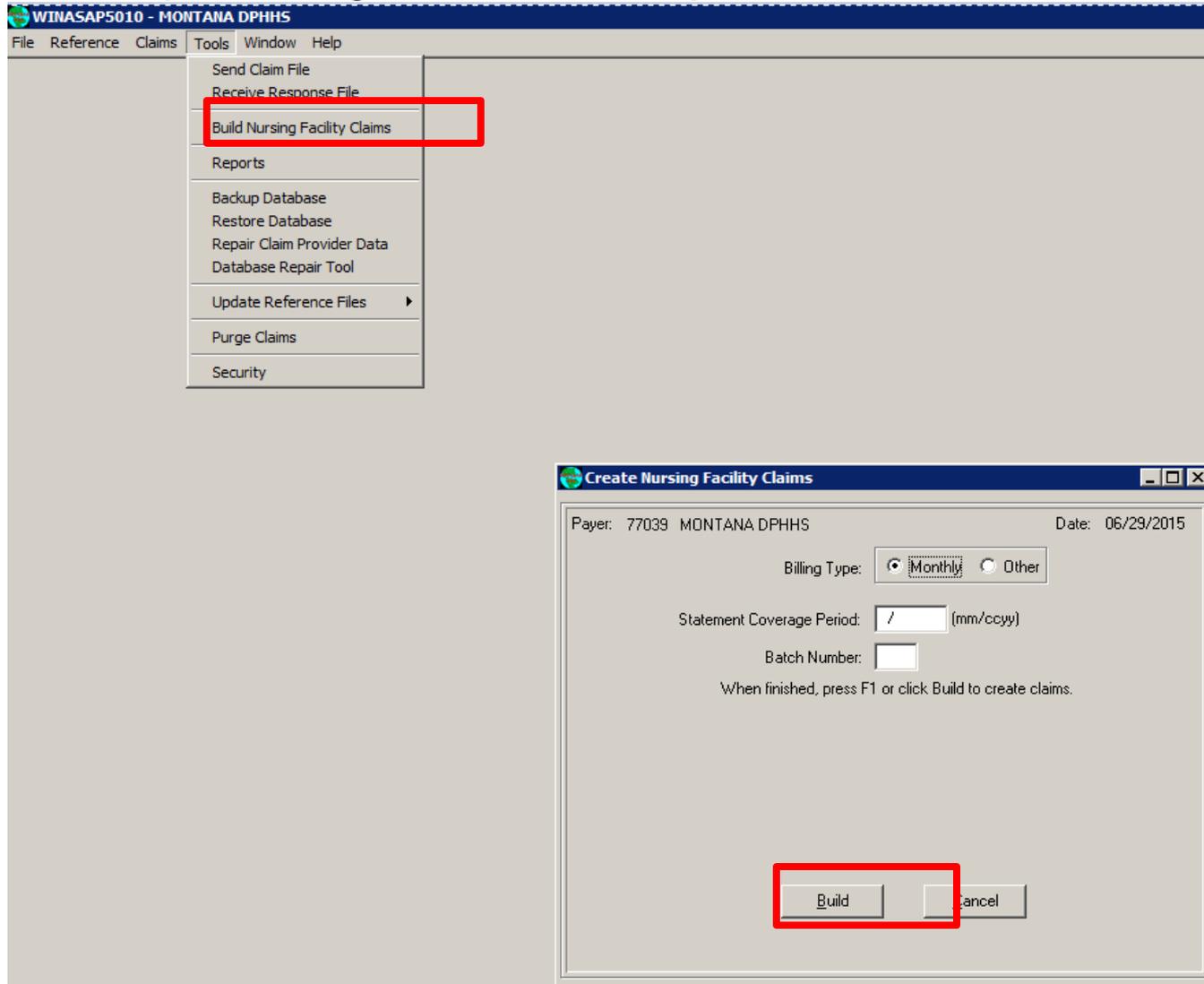
Patient Responsibility Amount:

Claim Notes  Billing Notes  Other Subscriber Info  Other Reference Info

Supplemental Info  Contract Info  File Info  EPSDT Info

Next Page  Previous Page  **Save**  Cancel

Once the template diagnosis code is updated continue to bill as before.



## Nursing Facility Claim List

User Batch/Claim #	Patient ID	Patient Account No	Begin DOS	Patient's Name	Claim Amount	Ind	Status	Status Date	Trans Set
/	1111111	1111111	05/01/2015	Resident, Nursing Home	\$3100.00		Keyed	06/16/2015	167091343
/	1234567	1234567	05/01/2015	Client, Medicaid	\$3100.00		Keyed	06/16/2015	167091346

**Send Claims**

Submission Claim Status Selection

- Send "KEYED" Claims. (Claims That Have Not Been Billed)
- Send "REJECTED" Claims. (Claims That Have Been Billed But Rejected)
- Send "ERRORED" Claims. (Claims That Have Been Billed But Errored)

Submission Type Selection

- Test
- Production

Professional  
 Institutional  
 Dental

Select by Claim Type

PLEASE NOTE: Nursing Facility Claims will be generated by selecting Institutional.

Production Submission

Select All Deselect All

Send Cancel

**System Message**

2 claims will be generated.

Do you wish to proceed?

OK Cancel



# Test Claims

**Have you backed up your database? If not, back up your database before you proceed.**

Change the ICD-10 information on one or two members in the template and build a batch. Delete all but those two members from the claim list and submit in Test, not Production.

Once claims are sent, restore the previous backup with the old ICD-9 data and set it to production until it is time to bill in October.

Please notify Tom Keith/Xerox at [tom.keith@xerox.com](mailto:tom.keith@xerox.com) or Janet Reifschneider/DPHHS at 406-442-6300 when test file has been submitted.

Nursing Facility Claim List

User Batch/Claim #	Patient ID	Patient Account No	Begin DOS	Patient's Name	Claim Amount	Ind	Status	Status Date	Trans Set
/	1111111	1111111	05/01/2015	Resident, Nursing Home	\$3100.00		Keyed	06/16/2015	167091343
/	1234567	1234567	05/01/2015	Client, Medicaid	\$3100.00		Keyed	06/16/2015	167091346

**Send Claims** [ - ] [ □ ] [ X ]

Submission Claim Status Selection

Send "KEYED" Claims. (Claims That Have Not Been Billed)  
 Send "REJECTED" Claims. (Claims That Have Been Billed But Rejected)  
 Send "ERRORED" Claims. (Claims That Have Been Billed But Errored)

Submission Type Selection

**Test** Test
 Production

Professional  
 Institutional  
 Dental

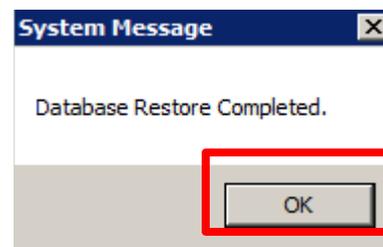
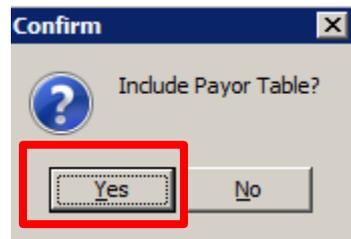
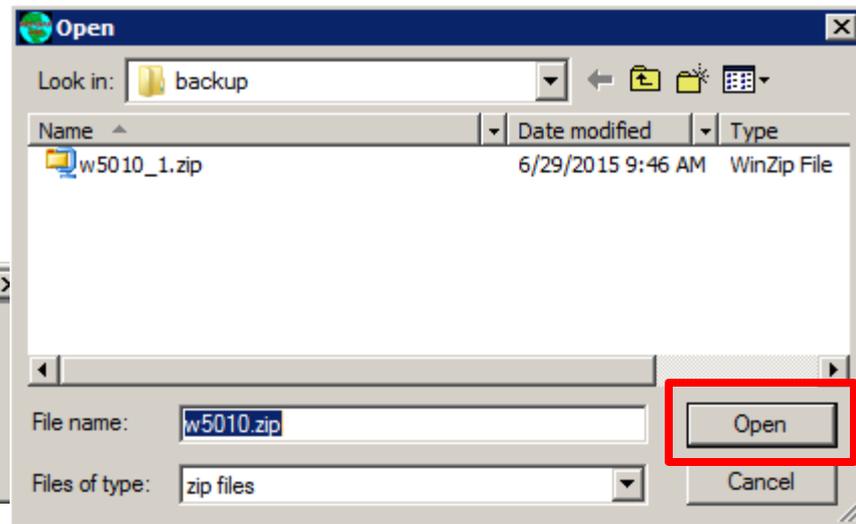
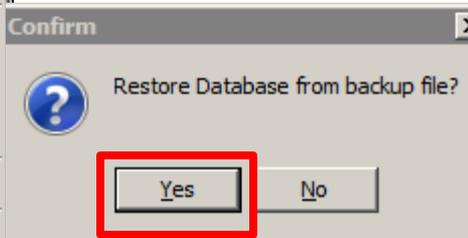
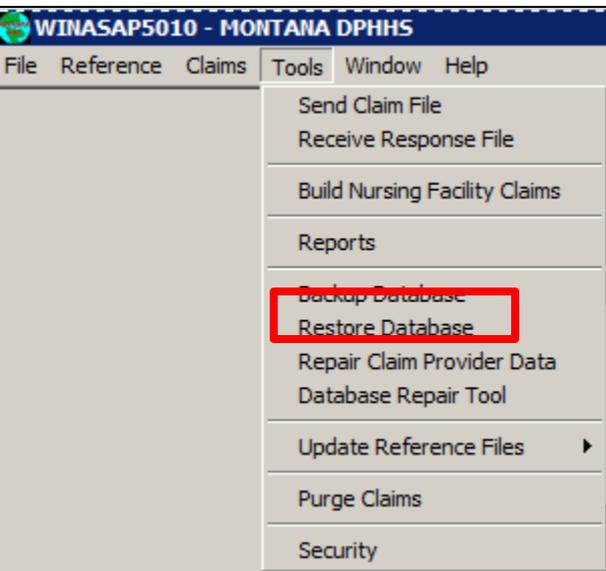
Select by Claim Type  
 PLEASE NOTE: Nursing Facility Claims will be generated by selecting Institutional.

Test Submission

**System Message** [ X ]

The "Test" indicator is set!  
 If you continue your claims will be submitted to the Test system and not be paid! Press Cancel to end transmission and change Indicator

# Restore Database



# WINASAP 5010 Montana Users Guide

## Electronic Billing

Whether you submit one claim a month or hundreds, any provider can benefit from switching from paper to electronic billing. Whether by using the free WINASAP 5010 software or by using a clearinghouse to submit claims, electronic billing is faster, more accurate, and more secure.

You need a personal computer with Windows 98 and above to submit electronically via WINASAP 5010.

See Electronic Submission Setup below to begin the process.

[For information about HIPAA 5010, click here.](#)

▶ [Electronic Submission Setup](#)

[Software Downloads and Users' Guides](#)

▶ [Montana Healthcare Programs Information, News Briefs, and Provider Notices](#)

▼ [Software Downloads and Users' Guides](#)

To bill claims electronically using the WINASAP software, a provider must enroll with Xerox EDI Solutions and download the WINASAP software from the Xerox EDI website.

- [WINASAP 5010 Software Download](#)

WINASAP 5010 is a Windows-based electronic claims entry application for Montana Medicaid. If you have questions regarding WINASAP 5010, contact the EDI Support Unit at 1.800.987.6719.

- [WINASAP 5010 WebEx Presentation](#)

For assistance using WINASAP, view the WebEx presentation and download the PDF version of the Montana Users Guide.

- [WINASAP 5010 Montana Users Guide 03.2015](#)

The Montana Users Guide contains important information required for billing. Answers to most questions can be found by referencing the Users Guide, including those regarding hardware requirements. Please read the Montana Users Guide prior to calling Provider Relations with questions. **Technical support is limited for this free software.**

# EDI Support

**Before contacting the EDI Support Unit, refer to Troubleshooting Tips for solutions.**

Call the EDI Support Unit at 1-800-987-6719 (option 3, option 2) for WINASAP technical issues, electronic claims submission, rejects, and enrollment.

Call Provider Relations at 1-800-624-3958 or 406-442-1837 with other claim questions.

# Benefits of Electronic Billing

Whether you submit one claim a month or hundreds, any provider can benefit from switching from paper to electronic billing. Whether by using the free WINASAP 5010 software or by using a clearinghouse to submit claims, electronic billing is faster, more accurate, and more secure.

- Reduce human error.
- Submission and claims processing is faster than paper.
- Receive reimbursement faster.
- Billing frequency that meets your needs.
- WINASAP 5010 is free software.

# Enrolling for Electronic Billing

To bill claims electronically using the WINASAP software, a provider must enroll with Xerox EDI Solutions and download the WINASAP software from the Xerox EDI website.

<http://medicaidprovider.mt.gov/claims>.

Follow steps 1 and 2. If you are unsure about requested information, submit the packet to the best of your ability, and Xerox EDI will contact you if clarification is needed.

Step 3 includes a tutorial video and a detailed Montana Users Guide with step-by-step instructions.

**If you bill other payers electronically via clearinghouse, contact customer support to begin billing.**

# ICD-10 Resources at [www.medicicaidprovider.mt.gov](http://www.medicicaidprovider.mt.gov)

## [Provider Information](#)

[Claim Instructions](#)

[Claim Jumper Newsletters](#)

[Contact Us](#)

[Definitions and Acronyms](#)

[Enhanced Payment](#)

[Electronic Billing](#)

[EPSDT](#)

[FAQs](#)

[Forms](#)

[Health Improvement Program](#)

[ICD-10 Information](#)

[Local Offices of Public Assistance](#)

[Medicaid Fraud and Abuse](#)

[Nurse First](#)

[Passport to Health](#)

[Plan First](#)

[Preferred Drug List](#)

[Presumptive Eligibility](#)

## ICD-10 Information

### [ICD-10 Final Rule](#)

From the link: This final rule implements section 212 of the Protecting Access to Medicare Act of 2014 by changing the compliance date for the international Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, including the Official ICD-10-CM Guidelines for Coding and Reporting, and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding, including the Official ICD-10-PCS Guidelines for Coding and Reporting, from October 1, 2014 to October 1, 2015. It also requires the continued use of the International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2 (diagnoses), and 3 (procedures) (ICD-9-CM), including the Official ICD-9-CM Guidelines for Coding and Reporting, through September 30, 2015.

▶ [Testing](#)

▶ [Introduction](#)

▶ [ICD-10 Comparison](#)

▶ [ICD-10 Informational Resources](#)

▶ [ICD-10 Timeline](#)

▶ [Provider Notices and Training](#)

▶ [Contact Information](#)