

## **CSI Network Services is now active with Availity for Electronic Claim Submission**

CSI has been activated as a health plan partner with Availity. This allows your agency to submit claims electronically to CSI through Availity at no cost to you.

**CSI Network Services' Payer ID#: 34186**

There are multiple ways to submit electronic claims through Availity...

- Agencies can sign up for a direct free account with Availity (simply go to [www.availity.com](http://www.availity.com)) and set up CSI Network Services' payer ID, 34186. When you do so you have the ability to upload a file to Availity and claims will route to CSI within a few hours. Once received by CSI we will provide an immediate response to Availity that the claims have been received and uploaded by CSI. This message will then be available to your agency in the form of a 997 or human readable report from Availity.
- Agencies that are already signed up with an EDI clearinghouse that has a connection to Availity (all major clearinghouses have this connection), should check with their software and clearinghouse vendor to determine what needs to be done to set up CSI's payer ID's in their system. Once this is complete, claims to CSI can be submitted through the clearinghouse to Availity. Please note that claims running through your current clearinghouse to Availity will be subject to whatever fees are normally charged to you by your clearinghouse for electronic claims delivery.

- An important note for Quadax Users, in the near future we will be directing Quadax to submit our claims to Availity instead of the process that currently exists. If you signed up with Quadax in order to submit EDI claims to CSI, you should be aware that you may now sign up with Availity directly and no longer incur a Quadax expense. If you choose to continue to submit claims through Quadax, they will be forwarding those claims on to Availity and through Availity to CSI.

### Electronic claim submission results in a revised CSI Explanation of Payment

When you begin submitting claims to CSI through Availity, you will be receiving a revised, system generated EOP from CSI. Currently when we return a response after a claim has been submitted we will print out a HCFA UB04 or 1500 form with a CSI specific stamp on it containing information regarding the payments the provider is due as a result of this claim submission. In the new process we have created a custom form that contains all the pertinent demographic and service related information along with the CSI specific payment information you are familiar with receiving from CSI. Please see a copy of the form that will be returned as a result of an electronic claims submission through Availity to CSI (attached).

Again, CSI is pleased to bring you a cost-free option for submitting your claims to CSI electronically. At this time, the CSI functionality that is available through Availity is limited to EDI claims submission. CSI will soon be able to offer you the ability to check claim status online through your Provider Portal with CSI. If you do not currently have a Provider Portal login, please enroll online at [www.csi-network.com](http://www.csi-network.com). Continue to check our website for new and improved online service capabilities.



# CSI Infusion Services

**Agency Information:**

**Billing Provider**

ABR TEST CLINIC  
 200 MAIN STREET  
 JACKSONVILLE, FL 32256  
 NPI #: 1234567893  
 Tax ID#: 751012223

**Patient Information:**

Patient Date of Birth: 19790505  
 Name: LLLL HHHH  
 Address: 12345 NOWHERE  
 DALLAS, FL 75149  
 Patient Account#: TEST5005  
 Insured's Name: LLLL HHHH  
 Prior Auth:

**Billing Information:**

Referring Physician ID#: \_\_\_\_\_  
 Insurance ID #: 12345  
 Insurance Group #:

Diagnosis Codes:  
 6111

<b>CSI Network Claims</b> 6966 Treeline Dr. Brecksville, OH 44141					
<b>Explanation of Payment</b>					
Acct. #: _____					
Amt. Billed: _____					
Discount: _____					
Late Fees: _____					
Total: _____					
<b>DO NOT BALANCE BILL PATIENT</b>					
Date/Initials: _____					
Per Diem: _____					
Contract Rates					
SNV	PT	OT	ST	MSW	HHA
Claim #: _____					

Date of Service	REV	HCPS	Mod	Units	Charges
20110505		99212		1	\$ 50.06
<b>Total Charges:</b>					<b>\$ 50.06</b>