

HNSCONNECT - Testing Checklist

HNS would like to make your testing/retesting setup as smooth as possible. Please note that the below check list contains the various fields that HNS needs in order to properly setup your custom file. HNS will be using this same checklist to evaluate your test file when it is submitted.

Please have the following information for test claims ready when your HNSConnect Representative calls to assist your office with submitting a test file. If you are submitting a test file without the assistance of your HNSConnect Representative, please include the following when submitting a test file.

_____ My test file contains at least 5 claims containing the following HNS Insurance carriers:
(Please let us know if you do not have any claims for the following carriers)

_____ CIGNA

_____ MEDCOST

_____ PRIMARY PHYSICIANS CARE

_____ BCBS

_____ At least one of my claims is for a patient with a relationship of "Self"

_____ At least one of my claims is for a patient with a relationship of "Spouse" or "Child"

_____ At least one of my claims is for a Male patient

_____ At least one of my claims is for a Female patient

_____ At least one of my claims has four diagnoses

_____ At least one of my claims has a CPT code with a modifier

_____ My MedCost claim(s) has all box 11 boxes completed as required.

_____ At least one of my claims has a date of onset in box 14

_____ At least one of my claims has more than three service lines.

(Recommended, but not required) I have included a secondary claim where box 9 through box 9d have been completed: _____

NOTE:

Please contact your HNSConnect Representative or your software company if you need assistance in preparing your test file and/or updating your patient files in your software. We are here to help!