

Objectives & Goals – Charge Posting

- Open Charge Posting using icon or shortcut
- Bill Super bills from To Be Billed window
- Generate charges for multiple dates
- Add the charges manually
- Print the HCFA
- Re Bill the charges
- Copy Diagnosis from one charge to another charge
- Review the claim and payment history
- Template and Macros
- Reconcile patient's open credit

Hot Keys

F2 - Patient Master

F6 - Charge Posting

F8 - Insurance Receipt

F11- Add Row

Ctrl + F2 – Reminder

Ctrl + F6 - Patient Ledger

F3 - Select Patient

F7 - Claim

F9 - Schedule

F12 – Delete Row

Ctrl + F3 - Patient Note


Ctrl + F9 - Collections

TAB – toggles between available fields

Shift + TAB – toggles backwards between available fields

Charge Posting Screen



To begin charge entry press F6 or the  icon on the toolbar.

The Charge Posting module allows users to not only enter charges into the system, but users can do follow-up on denied charges, review history, rebill claims and view any necessary patient information.

NOTES:




Like many places in the system, the Waldo icon is present giving access to the patient's entire electronic record. Also, the options button allows users to perform many financial related functions such as rebill, copy bills and more.


Patient Details


In the upper left corner, enter the patient for which we will enter charges:


Patient* (?) TEST, DUMMY (PT000025)

Users can select the red question mark, or press F5, to open the patient search window. In the screen shot, the patient window is a drop down list; a system parameter (Setup>>Parameter>>System>>Charge Posting>>Show patient dropdown) dictates if this field is a dropdown list or not.

Next to the patient field is the Waldo icon, . This icon opens up the window to the right from which users can access any item related to the patient. See the training section on Waldo/Right Click options for details on what is available, but some of the items include jumping to the patient's ledger, prescriptions, or editing the patient master.

The next icon, , opens up the Patient Face Sheet. The face sheet displays the patient's demographic information, insurance information, contacts, prescriptions, diagnoses, allergies and case histories. From this window, users can change the patient, view the face sheet for only a certain case, determine if inactive insurances or cases display. Users can also print the face sheet.

The third icon, , opens up a list of the patient's contacts and phone numbers. The patient's home, work and cell phones are listed. As well as the phone and fax numbers for the patient's insurance, pharmacy, hospital, referral doctor, etc.

The final icon, , opens the patient's insurance window. See that Patient Master Setup section for details on this window. Here is where users can add new insurances or edit existing insurances.

- Appointment...
- Contact...
- Face Sheet...
- Picture...
- Signature...
- Insurance...
- Insurance URLs ▶
- Bill...
- Statement...
- Outstanding...
- Financial History...
- Ledger...
- Statement History...
- Payment Plan...
- Prescription...
- Prescription Refill...
- Document...
- Note...
- Reminder...
- Fax Sent...
- Letter (Visit Note)...
- Case...
- Edit...

NOTES:



M 2/1/1950 58 Yr(s) 3 Mo(s) 123-65-4789 244, 126, 01213*

The M or F next is for male or female. This is followed by the patient's birthday and the age (in years and months) of the patient. Next is the patient's social security number. Finally, the IDs of the patient's insurance are displayed (plan codes).

Balance: 395.00 Y Y

Users can double click on the patient balance to bring up a statement of the charges. The first Y/N is yes or no as to whether the patient is on a payment plan. Hover the mouse over the Y to view details of the payment plan or double click on the Y to open up the payment plan window.

The options button is the same as right click on one of the past charges. See below for more details on these options.

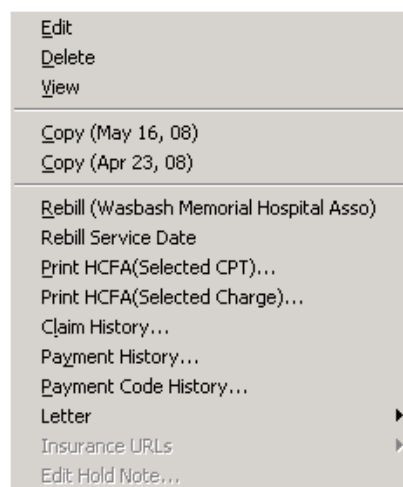
	Serv. From	Serv. To	CPT	Diagnosis(ICD-9)	POS	Charge	Unit	Amount	Status	Sent Date
>>	04/22/2008	04/22/2008	99214	786.59, 493.90	11	133.00	1	133.00	Sent	04/23/2008 04:43 PM
2			10061	786.59, 493.90	11	55.00	1	55.00	To be claimed	
3	03/20/2008	03/20/2008	99211	786.59, 493.90	11	100.00	1	100.00	Sent	04/23/2008 04:43 PM
4	03/13/2008	03/13/2008	97022	786.59, 493.90	11	123.00	1	123.00	To be claimed	

The next section down displays all the past charges for this patient. There is a system parameter (Setup>>Parameter>>System>>Charge Posting>>No of days to retrieve bills) to determine how far the system should look back to display this history.

From any charge line in the history section, users have right click options. Users can edit, delete or just view any past charge.

The Copy options allow users to copy a past charge to the very next service date or to the current date. For offices that regularly bill the same charge to a patient, this can make the charge posting workflow much quicker since the copy option copies CPTs, ICDs, Modifiers, and everything else from a past service date.

From here users can rebill charges if they need to send a corrected claim, print out claim forms, view claim history, view payment history or create a letter.



NOTES:

To be Billed [Selected]		
	Date	Patient
1	10/26/07	Oliver, George F
2	10/26/07	Smith, Theodore S
3	10/26/07	Gaffner, John E
4	10/26/07	Mueller, Janet R
>>	10/26/07	Wahl, John J

To the left the system displays pending bills (this only applies to offices that use the EMR module). The system displays pending bills for a particular date; users can double click on a patient to open their pending bill. If a patient is already selected, the pending bills for that patient display in this section.

In the lower left corner, the system displays any copays, or other open credits, that were collected and are not matched to any charge.

Service From* 05/16/2008	Service To* 05/16/2008	Bill No.:	Bill		
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The main section of the Charge Posting module is where users enter the specific of the charge. Users can enter a date range for the service date, or a single date. To turn off the Service To Date, see system parameter (Setup>>Parameter>>System>>Charge Posting>>Enable Service To Date).

This icon, , opens up the patient's visit note for billers to review.

To Be Billed

The **To Be Billed** form shows the visit notes that are not yet billed or only partially billed. These bills are created when a visit note is created, vitals are taken, or a superbill is created.

01/11/2008	
01/11/2008	
Bill	

To see the list of all the pending super bills, simply click the icon that says "To Be Billed."

NOTES:

To be Billed

Criteria:

Office: Performing Dr.: Supervising Dr.: Patient (?): Insurance (?): From Date: To Date:

Billable: Gen. At: Room: Signed Off: Super Bill: All:

	Office	Doctor	Visit Date	Chart No.	Patient	Insurance	Super Bill	Description	Billable	Status	Gen.
1	00001	Flemming, Stephen	11/22/07	PT00000008	Markus, John M	CIGNA	Not Entered	Worker's Comp	Yes	Not Billed	Office
2	00001	Hales, Linda	11/20/07	PT00000023	Test_new, Test_new	America Life insurancd	Not Entered	General	Yes	Not Billed	Office
3	00001	Hales, Linda	11/23/07	51551515451541	Rathod, Ronak Test		Not Entered	General	Yes	Not Billed	Office

Selectio

Once required criteria will be selected then click on "Retrieve" and list of respective pending visits will be displayed in middle panel.

Insurance	Super Bill
CIGNA	Entered
CIGNA	Entered
	Not Entered
	Not Entered

Make as Not Billable...

Not Billed Note...

Add Superbill...

View Scanned Super Bill

Bill...

Visit Note (Template)

Patient

Under the Super bill column "Entered" and "Not Entered" informs, whether the Super bill has been entered or not entered for specific visit.

Right click on any pending billable visit and Click on "Make as Not Billable", which will make the selected visit as Not Billable. When click on "Add Super bill", system will open Super bill screen and we can enter CPTs needs to be billed.

	Office	Doctor	Visit Date	Chart No.	Patient	Insurance
14	00001	Max, Johnson	03/18/08	PT00000022	Test_1, Test_1	CIGNA
15	00001	Patricks, Mark	06/18/07	PT00000003	Davidson, Ross	
16	00001	Patricks, Mark	06/22/07	PT00000003	Davidson, Ross	
17	00001	Patricks, Mark	06/23/07	PT00000003	Davidson, Ross	
18	00001	Patricks, Mark	06/23/07	PT00000006	Levy, Jonathan	

Select the visits, which need to be billed and click on "Bill" Button.

NOTES:

All the visits will come to left panel of the Charge Posting screen and by default first patients visit will be selected and if super bill entered then system will automatically fetch the charges from super bill to charge posting

When the To Be Billed screen closes, the patient's select appear in the left panel. The current patient has arrows (>>) next to his name.

After entering and saving charges for one patient, double click on another patient from this list to pull up the next super bill.

The middle frame of the Charge Posting screen contains Charge related information like, Service date, CPT, Dx, Modifier, Unit, Co pay.

NOTES:



You will be able to open visit note by clicking icon from charge posting screen.


The **Billed** button opens a window that shows all billed charges for a set of restrictions. Users can change the restrictions to view any charged billed out of the system.

- The **Copy** button will copy the selected previous bill into the current Charge Posting session.



Click on "Copy from" button.

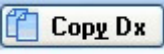
Bill Copy From							
Patient(?) Test, Bhavu (PT000000031)					Retrieve		
	Serv. From	Serv. To	CPT	Diagnosis(ICD-9)	POS	Charge	Unit
1	03/21/2008	03/21/2008	76005	764.24	11	100.00	1
2		03/21/2008	20526	765.27	11	1150.00	1
3	03/20/2008	03/20/2008	20526	764.24	11	2.00	1
4		03/20/2008	99201	764.24	11	22.90	1
5		03/20/2008	99201	764.24	11	22.90	1
6		03/20/2008	99214	764.24	11	100.00	1
7		03/20/2008	99203	765.27	11	57.20	1
8		03/20/2008	76005	764.24	11	100.00	1
9		03/20/2008	90780	764.24	11	250.00	1

All the previously saved bills for the patient will be displayed. Select the required charge line you want to copy and click on  button and all the selected charges will be copied to current bill.

NOTES:

- Be able to copy Diagnosis from one charge to another charge.

Service From*		03/24/2008		Service To*		03/24/2008	
	S	CPT* (?)	Diagnosis* (ICD-9) (?)				
1	1	27096	764.24				
2	2	20552					
3	3	90780					
4	4	20550					

If you want to copy the same Diagnosis to the other charge line then click on  button.

Check the box for applying the same ICD code to other CPT's.

Copy To

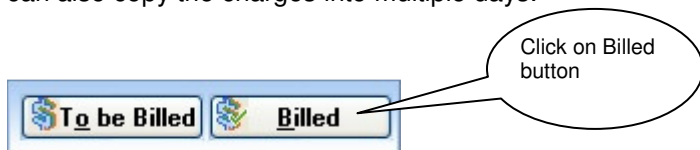
Copy From:

CPT	Dx (P)	Dx (S)	Dx (T)	Dx (Q)
27096	764.24			

Copy To:

CPT Code	Diagnosis			
	Primary	Secondary	Tertiary	Quadratic
1 20552	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 90780	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 20550	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Generate Multiple button is similar to the copy button in that it will copy the select charges to the current Charge Posting session. However, it allows users to specify which dates to copy the charges to; users can also copy the charges into multiple days.



NOTES:

Billed

Criteria:
 Doctor: Patient: From Date: To Date: Status: Bill No.: Only Hold: ☐

	Doctor	Patient	Serv. From	Serv. To	Bill No	CPT	Diagnosis(ICD-9)	POS	Charge	Unit	Amount	Status
1	Lee, Jacob	Test, Bhavu	03/19/2008	03/19/2008	8000000041	99201	764.24	11	150.00	1	150.00	Paid, To be claimed
2						64405	764.24	11	200.00	1	200.00	Paid
3					8000000042	99214	764.24	11	100.00	1	100.00	To be claimed

Click on  button.

Generate Multiple Bills

Generate bills from bill of 03/19/2008

Service Dates:

	From*	To*
1	<input type="text" value="03/20/2008"/>	<input type="text" value="03/24/2008"/>

F11- Add Row F12- Delete Row

Specify the range of date.

Select the Charge, which you want to generate for multiple dates. This will be applicable only when you want to generate multiple charges for the same procedure for consecutive days.

Once we click on "Generate Multiple" button, System will open a screen to enter the multiple date range.

Enter the dates and Click on "Generate" button.

NOTES:



Entering CPT Details

The **CPT details** are the main section of the Charge Posting module:

S	CPT* (?)	Diagnosis* (ICD-9) (?)	Modifier	POS*	Charge	Unit*	Copay	Amount	Hold
1									

- The *S* column allows users to order the CPTs for the CMS 1500 form. The order of the CPTs on the claim is dictated by a parameter (Setup>>Parameter>>System>>Insurance Claim>>Sort field in HCFA form); one of the options is to order by the ordered entered in the *S* column.
- The *CPT* column is where users enter the CPT code. Use the red question mark, or press F5, to open the CPT search window. Use the dropdown list to select a CPT from the Most Used List. If a user selects a code that is not in the most used list, the system will prompt the user to add it to the most used list.
- The *Diagnosis* column allows users to enter four diagnosis codes here (users can enter more from the Patient Dx button at the bottom of the screen). Similar to the CPT field, users can open the search window or select from the dropdown list or type in the ICD-9 code.
- Enter up to four *modifiers*.
- The *POS* (place of service) is where the patient received care. For place of service 21 or 22, users will have to enter a hospital in the Case.
- *Charge* is the amount of this CPT.
- *Unit* is how many of the CPT are being charged.
- *Copay* is how much the patient has paid for this charge.
- The *Amount* is the charge times the unit.
- Place a check in the *Hold* checkbox to prevent this charge from being sent on a claim. Users may want to hold charges if some critically piece of information is needed. From the Claim module, users can see which charges are being held.

NOTES:



The CPT Detail icon, , opens a window for users to enter more information related to the charge.

From the CPT detail, users can modify the modifiers, diagnoses, POS, TOS (type of service), charge amount, units, and copay just. However, there are also additional fields:

- *Self Pay* checkbox will for a charge to go to patient responsibility instead of insurance
- *Col 19 Notes* is a text box that will display in column 19 on the CMS 1500 form.
- *EMC* means that this charge can be sent to insurance electronically.
- *Hold* allows users to place this charge on hold.
- *EMG* and *COB* will appear in those CMS 1500 claim boxes.
- *Claim Note* is a note that will appear on the CMS 1500 for in box 24.
- *Superbill Note* is a note that may have been entered when the superbill was created.
- *Receipt Note* is a note that can be accessed when payments are posted.
- *Biller's Note* is a general note. This field can record changes to charges that were pulled from a super bill (Setup>>Parameters>>System>>Charge Posting>>Use biller's note for super bill).
- *NDC Code* is the national drug code that is required for some CPT codes.
- *EPSDT (Col 24H)* is used for Well Child visits for Medicaid.

NOTES:



Bottom Section of the Charge Details

Below the charge details are the information for all the charges on this bill.

The Performing Doctor and Doctor (billing) pull from the superbill if there is one, or from the patient's default doctor as entered in the Patient Master. The Performing Doctor field is used based on a system parameter (Setup>>Parameter>>System>>Bill General>>Use performing doctor). If this field is used, this is the provider that the patient saw, but the Doctor field is the person we are billing out under.

A screenshot of the SuiteMed software interface. The form has several fields: 'Perf. Doctor' (dropdown menu with 'Alvarado, RONALD'), 'Billed Date' (text field with '10/30/2007'), 'Print CPT(s) on same HCFA' (checkbox), 'Doctor*' (dropdown menu with 'Alvarado, RONALD'), 'Entered By' (text field with 'system'), 'Insurance:' (dropdown menu with 'Group Health Plan (114) 100'), 'Case*' (dropdown menu with 'General - 00001 - 04/17/06'), 'Autho. No.' (dropdown menu), 'Note' (text field), and 'Office*' (dropdown menu with '00001'). Below the form is a toolbar with buttons: 'Template', 'Macros', 'Copy Dx', 'Case', 'Autho.', 'Fee Sch.', 'Other', and 'Dx Patient Dx'.

Next, select the case for this visit. Press F4 to edit a case or create a new one. The case holds information that is not specific to one visit, but a group of visits, e.g. referring doctor, first symptom date, facility, etc. See below for more details on the case. The Autho No is a dropdown list for users to select the necessary authorization number. To enter new authorization numbers, access the case, then authorization number.

The Print CPT(s) on same HCFA checkbox dictates how CPTs print on the insurance CMS 1500 form. By default, the system will print all charges with the same patient, doctor and insurance on the same CMS 1500 claim form. The "Print CPT(s) on same HCFA" check box overrides the default behavior and defines how CPTs appear on a claim CMS 1500 (HCFA) form.

- If you only want CPTs entered in the same charge posting session to appear together on a CMS 1500 form, then leave this box checked.
- If you want all CPTs with the same patient, doctor and insurance to appear on the same CMS 1500 form, then leave this box unchecked.

For example, if you want a charge posted on 7/6 and a charge posted on 7/8 to appear on the same claim form. If these charges have the same patient, doctor and insurance, then leave this box unchecked and they will print on the same claim form.

Finally, the Insurance to which this charge will go first displays. Users can change the insurance to which we want to bill this charge.

NOTES:



The bottom of this Charge Posting module contains buttons to access various features.

- The Template button opens a form with CPT and ICD codes organized into categories (templates). The CPT and ICD templates are customizable for easy access to commonly used codes for your organization.

CPT Template(s):	CPT(s):
AA- OFFICE SERVICES / EST. PATIENT	<input type="checkbox"/> 99201 OFFICE VISIT NEW LEVEL 1
AA- OFFICE SERVICES / NEW PATIENT	<input type="checkbox"/> 99202 OFFICE VISIT NEW LEVEL 2
BLOOD DRAW	<input type="checkbox"/> 99203 OFFICE VISIT NEW LEVEL 3
CONSULTATION / OUTPATIENTS	<input type="checkbox"/> 99204 OFFICE VISIT NEW LEVEL 4
EXCISION SURGERY/WOUND REPAIR	<input type="checkbox"/> 99205 OFFICE VISIT NEW LEVEL 5
INJECTIONS	

- **Macros** are groups of CPT codes that are billed together. Select one macro to bill out multiple charges.
- The Copy Dx button allows users to copy the Diagnosis codes from one charge to those of other charges within the session.
- The Case and Autho button open the detail form for the Case and Authorization respectively. See below for details on the case.
- Fee Schedules are used to setup different pricing schemes based on provider, insurance and office. This button in Charge Posting allows users to review the various fee schedules that the charge is in.
- Other contains some miscellaneous options.
- Patient Dx opens a window with all the diagnosis for a patient. Users can select more diagnoses to go out on the electronic claim.

Creating a Case

Case - TEST, DUMMY (PT00002547)					
Description	Office	Referred By	Start Date	Hospital	Facility
hospitalization (041406)	00001	Kim, KEVIN	05/30/2006	St Joseph Hospital	
General	00001	Faryniarz, Deborah	05/19/2006		
desc	00001	Faryniarz, Deborah	03/11/2008		
WC	00001		02/13/2008		
WC	00001	James, Jeffrey	02/13/2008	St. Lucke's Hospital	

NOTES:



The top section of the Case window shows all the cases for this patient.

Select a case to view the details for that case below:

Case No.* CS00001247		Active: <input checked="" type="checkbox"/> Is Private? <input type="checkbox"/>	
Office* 00001	Doctor* Alvarado, CHARLES		
Case Type* Illness	Start Date* 05/30/2006		
Description* hospitalization (041406)	First Symp. Date: 00/00/0000		
Hospital & Facility:			
Hospital (?) St Joseph Hospital	Facility (?)		
Room:	From: 00/00/0000	To: 00/00/0000	Discharge: <input type="checkbox"/>
Referred By:			
By (?) Kim, KEVIN, M.D.	Ref. Emp (?)		
Date: 00/00/0000	Source:		
Referred To:			
To (?)			
Note:			
Copy Add Save Cancel			

Other Detail
 Author ization
 Other doctor(s)
 Other Ref. Dr.
 Detail
 Insurance

- Enter the office and doctor this case applies to.
- Case Type determines the sort of case this is. Types include illness (normal patient visit), Personal Injury (patient was injured and we will need to bill attorney), Work Compensation (allows additional functionality to bill separately then normal case), Physical, Allergy Shot.
- Start Date, this field is required, is the first date of the case. The service date of charges cannot be before this date.
- Description is a brief description of the case; this does not appear on the claim.
- First Symp Date is the first date of symptoms.
- Hospital field is where users enter the hospital were the services were rendered. This field is required if the POS is 21 or 22. Type in the hospital name, press F5, or click the dropdown menu to search for hospitals. Press F4 to edit the hospital record. If the hospital is not in the system, enter the new name and tab off the field; the system will prompt the user to enter a new record.

NOTES:



- Facility field is where users enter the facility where the services were rendered. Type in the facility name, press F5, or click the dropdown menu to search for facilities. Press F4 to edit the facility record. If the facility is not in the system, enter the new name and tab off the field; the system will prompt the user to enter a new record.
- Room field is the room at the hospital the patient was in.
- The from and to date are range the patient was in the hospital.
- Discharge checkbox is for patients that have been discharged from the hospital.
- Referred By field is the doctor that referred this patient.
- Ref Emp is the employee that referred the patient.
- Date field is the date of original referral.
- Source field determines where the patient was referred from.
- Referred to field is the provider this patient has been referred to.

The Copy button allows users to copy information from one case to paste into another case.

The Other Detail button to the right offers more, but less used items. Users can enter employment information, disability information, Similar Illness date (print in CMS 1500 box 15), outside lab information, discharge location.

Entering an Authorization

The Authorization button to the right is where users can enter the authorization number and details.

- First, select an Insurance (required) this authorization applies to.
- Next enter the authorization number in the No field (required).
- The Date field is the date this authorization number was entered into the system. This field is not required, nor does it drive any functionality.

Type	CPT (?)	No. of Visits	From Date*	To Date*	Priority	Charge Posted	Balance
CPT	All		00/00/0000	00/00/0000			

NOTES:

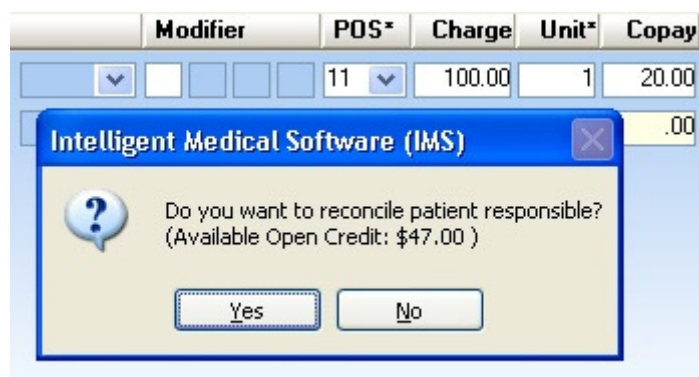


- Type field dictates what this authorization applies to, CPTs or a CPT macro.
- CPT field is the CPTs that are authorized under this authorization.
- No of Visit is the number of visits allowed by this authorization.
- From Date and To Date are required. These are the dates the authorization is valid.
- Priority applies if there are multiple CPT lines in this authorization; which line takes priority.

The Other Doctors button on the right of the case window allows users to enter other providers that participated in treating this patient.

The Other Ref Doc button on the right of the case window is where users can enter additional referral doctors.

To reconcile patient's open credit



If patient has paid the co pay in advance or if patient will have some open credit available for the doctor, then when you put amount in Co-pay field of charge posting and try to save the charge, system ask you to reconcile patient responsible with open credit.

If patient will have more than one open credit, then system will give an option to choose required open credit among them.

NOTES:

A screenshot of a software window titled "Receipt". It contains a "Receipt Information" section with fields for Date (03/17/2008), Receipt No. (REC0000088), Paid By (Patient), Payment Type (Cash), Received By (Christian, Joshua), Bank, Check No., Amount (20.00), Refund Amount (0.00), and Remain to Post (0.00). There are "Auto Post" and "Print" buttons. Below is an "EOB:" section with a table of charges.

	Service	CPT	Claimed	Charge	Received	Written off	Paid	Co-Ins	Pt. Resp.	Write off	Codes	Balance
>	03/24/2008	99214	20.00	100.00	0.00	0.00	20.00	.00	.00	.00		0.00

Patient Receipt window will open. Enter the paid amount in Paid field and save the receipt.

Parameter Settings

Located under Setup >> Parameters >> System and Setup >> Parameters >> User. Both have various parameters listed under Billing, Charge Posting, Payment Posting and Insurance Claim.

Tips

Issue:

Charge had been posted and claim sent. Claim is rejected due to invalid information in either charge line, or insurance information. User must make correction and REBILL (never resend). However, when trying to edit charges, user gets message that this **charge has been claimed and cannot edit**.

Solution:

Right click on charge and choose to REBILL claim or charge line. Claim or charge is now in To Be Claimed mode and user can make corrections and rebill.

Issue:

Charge posted and Saved, but co-payment was not entered. User can not enter co-payment or any patient payments from the Patient Payment screen and no open credit is noted.

Solution:

To enter the c-opayment after the charge has been saved you must "edit" the charge, put the co-payment amount in the co-payment field and SAVE. If there is no Open Credit in the system the system will prompt

NOTES:



user with message asking if you wish to enter a payment but there is no credit recorded. Click YES and enter payment.

Issue:

Charge is posted, patient has lots of open credits, user is prompted to adjust the open credits. Window pops up with ALL open credits.

Solution #1:

User MUST choose the appropriate Open Credit as the highlighted open credit is simply the first in the selection and may not be the correct open credit.

Solution #2:

The Open Credit you need to post is not showing in the Open Credit window - click CANCEL (not OK) and the payment window will appear. In this area you can input the date, amount, etc.

NOTES:
