How to Post Claims and Charges:

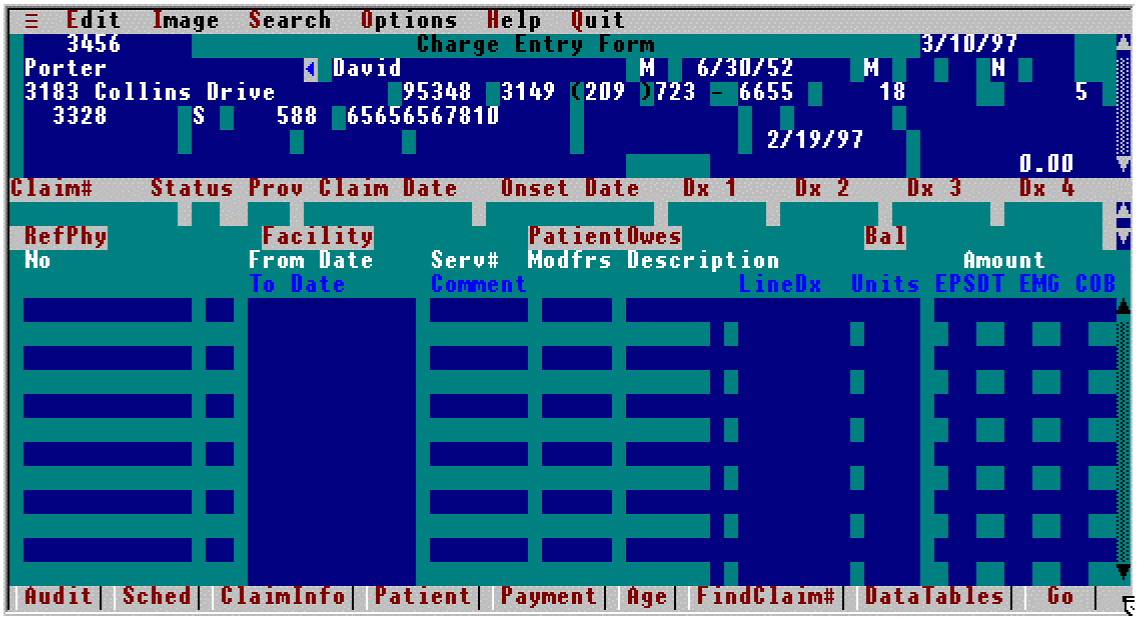

Figure 1. The charge entry form.

Get to the charge entry form, either by 1) selecting it from under Files on the Main Menu, 2) pressing Atl+C, 3) clicking the mouse on the charges button.

The charge entry form is really three forms in one. On the top is the patient form, in the middle are the claims, and on the bottom are the transactions for current claim. The patient shown in Figure 1 has no claims as evidenced by the claim and transact parts of the form have no data in them.

Please bear in mind, the system is designed to enable the data entry person to maximize the use of the numeric key pad on the keyboard for speed of data entry.

You can start adding claims and charges by either: 1) pressing Ctrl+G, 2) Clicking the Go button on the button bar, 3) pressing F10 for the menu or clicking on it then pick O for options and select Go, or 4) by pressing insert when you are on the patient or claims area of the form.

For the sake of this discussion, let's press Ctrl+G, that is press the Ctrl key down and hold it down while we tap the G key and then let both keys up.

The "Go To:" Menu

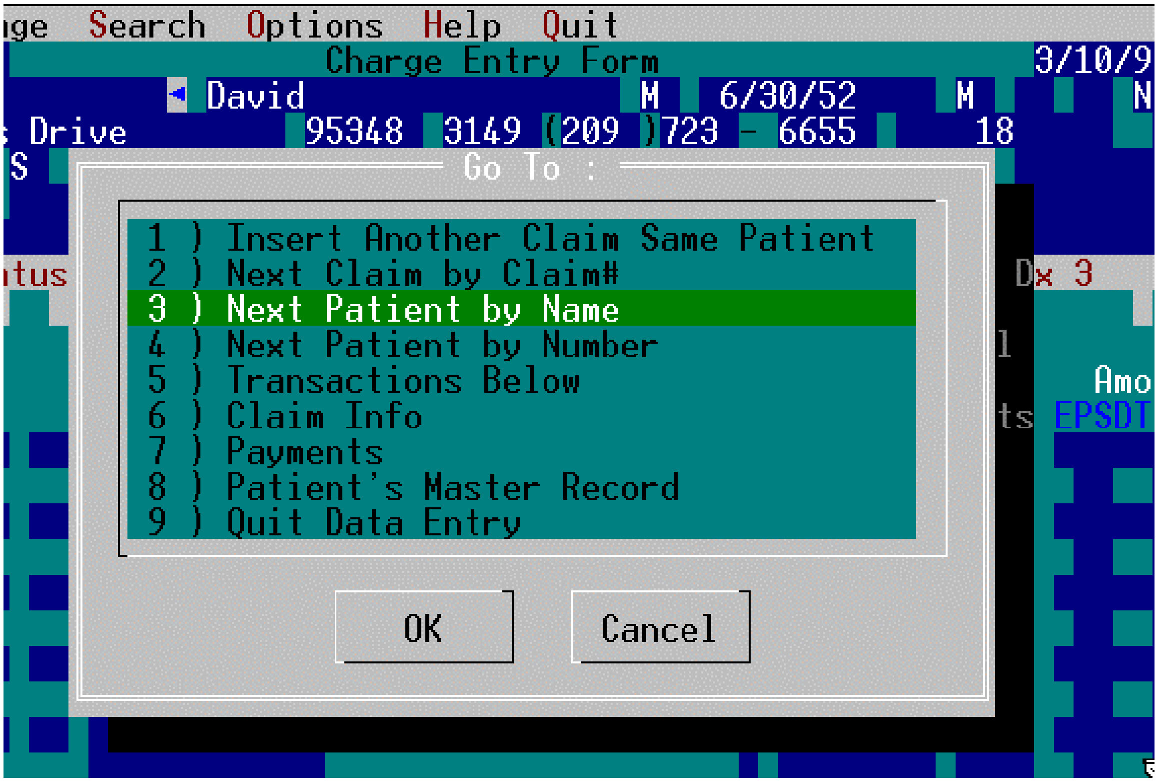

Figure 2. The "Go To:" menu on the charges entry form.

This brings up the " Go To: " menu as shown in Figure 2. If we select 1 for Insert another claim same patient then it will insert a claim on the patient shown at the top of the form. If we select 2 for Next Claim by Claim # then we would get a dialog box to enter a claim number. The Next Claim by Claim # is for when you have printed a charge slip that we want to find and input. Or we could use the Next Claim by Claim # to add or edit claim info or transactions on an existing claim. In the following example, we select 3 for Next Patient by Name then we will get the Dialog Box to find the right patient using their name as shown in Figure 3. The fourth selection is to find the patient by his patient number.

Figure 3. Look for patient by LastName, FirstName

We will type into this dialog box the name of the patient that we want, such as: porter,dav . After pressing enter after typing the name in, the system will present you with a browse box highlighting the best match it can find to what you typed in, See Figure 4.

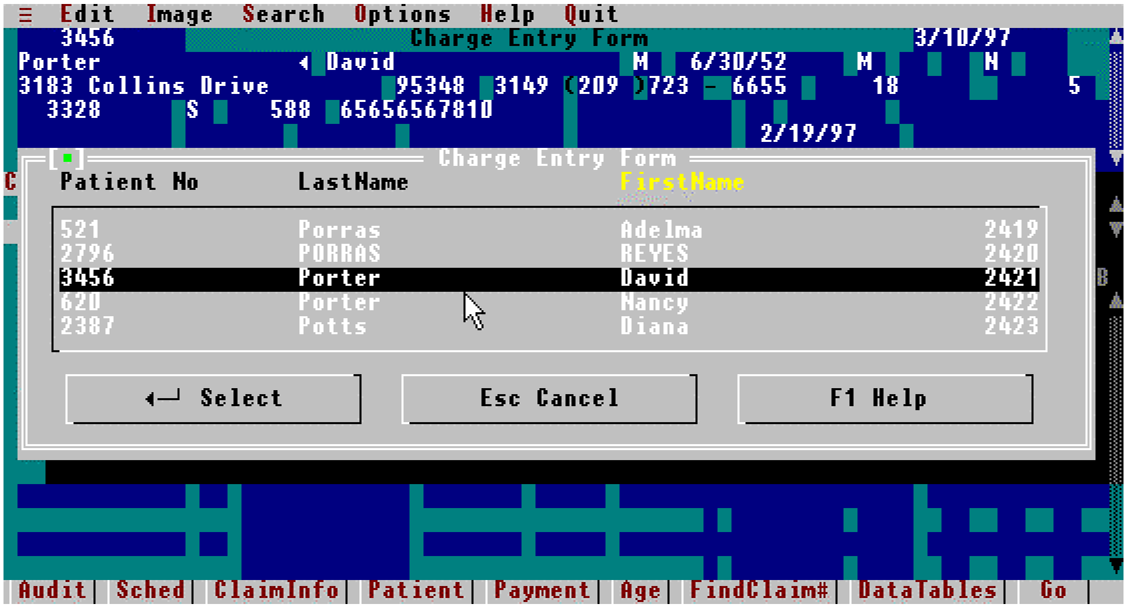

Figure 4. Patient Table Browse Box.

If we are not on the patient we want we can use the up and down arrows or the mouse or conduct a new search from right here to find the patient we need. Pressing F1 here or clicking on the F1 Help button will give us generic browse box help. Once we have the patient we want highlighted in black in the center of the browse box, we can tap enter to "land" on that patient.

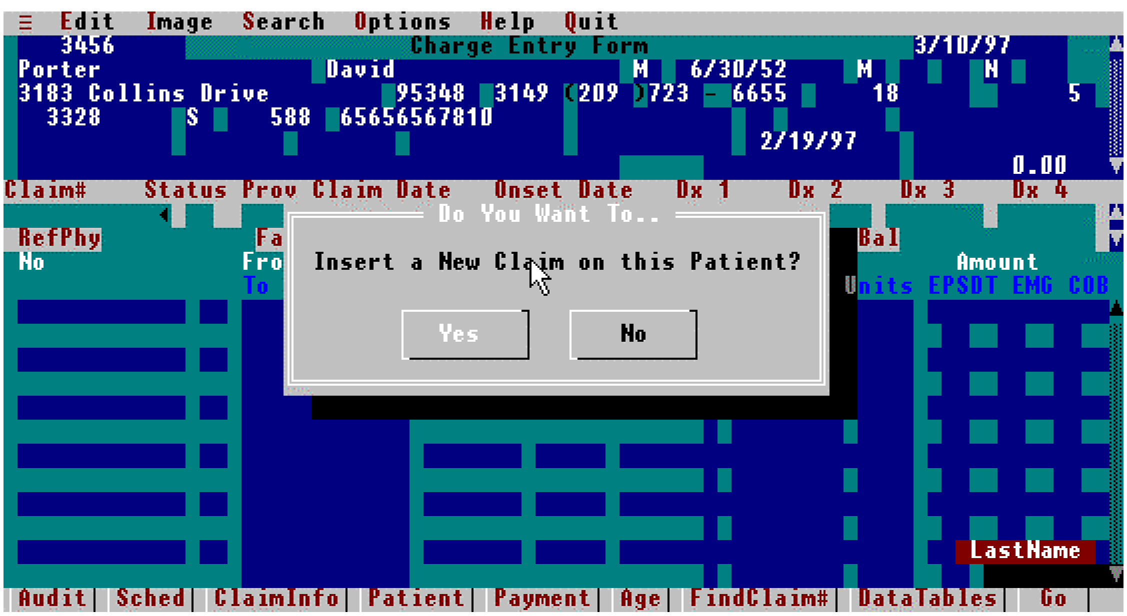

Figure 5. Confirming that you want to insert a new claim.

Immediately after landing on the Patient, you then get a dialog box asking you to confirm that you want to add a new claim. See Figure 5. Tap enter to say yes. If you don't want to add a new claim to this patient you can press N, Click the N button, press Esc or click anywhere outside the dialog box.

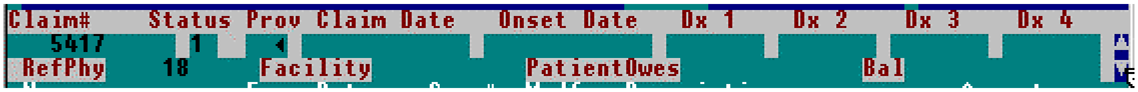

Figure 6. New Claim being Added. This figure is just the claim portion of the form.

The system automatically assigns a sequential claim number for you, sets the status to 1 and moves to the Prov (Provider) field see figure 6. If you only have one provider in your system it will skip over to the Claim Date and you can skip down through these instructions to Claim Date.

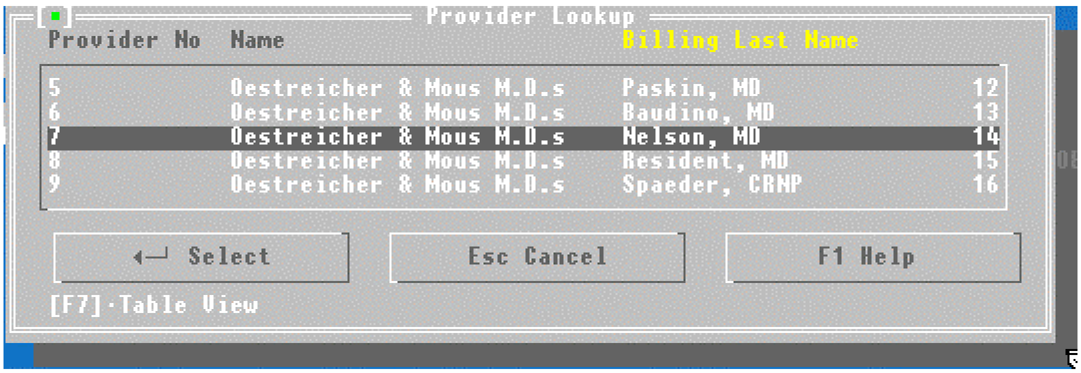

Figure 7. Provider Lookup browse box.

Claim Prov: If you know the number for the provider, you can key it in here, if not press F1, for the Provider Browse box see Figure 7. You can use the arrows or the mouse to search through the provider table. When you have the one you want highlighted in black in the center of the browse box press enter to select it.

Claim Date: (See figure 6) This is the date of the claim. If you just tap enter it will default to either today if this is the first claim you have entered in this session or it will default to the date you entered on the last claim you entered in this session. This is a required field. It is best if this is the actual date of service, but it can be any date you want. The aging is done using this field. On all date fields in this system, if you press F1 you will get a calendar. On all date fields in this system, if you are starting with a blank field and you press the space bar it will give you the current month and a slash as in 3/ if it is March, press the space bar again and you will add today's date as in 3/10/ if it is the tenth and then either pressing the space bar again or by just tapping enter you will get this year. When entering dates, you can use the space bar instead of the / key. If you have entered an invalid date the system will beep and keep you on this field.

Onset Date: (See figure 6) This is an optional field that can be left blank. It is important for workers comp, ob cases, and some other cases that it be filled with the date of injury, LMP or onset as the case may be but it is not strictly required on all claims.

Dx 1: (See figure 6) This is the first ICDA code and is a required field. You may key the ICDA code in directly here (no periods allowed) or use F1 to help you find it.

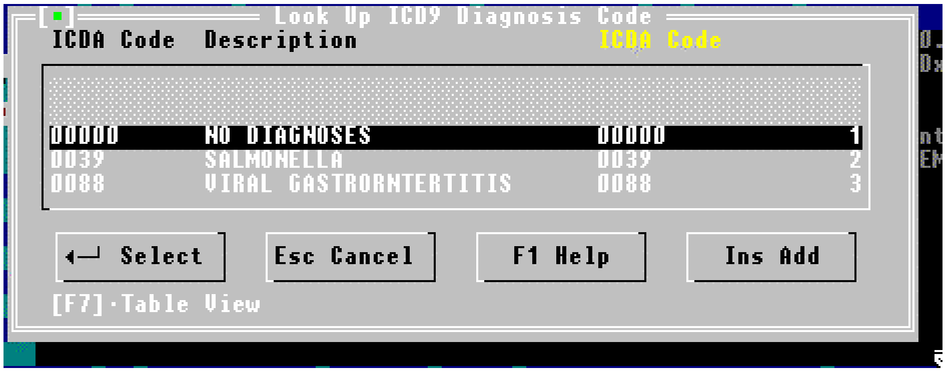

Figure 8 The Look UP ICD9 Diagnosis Code browse box.

If I press F1 I will get the Lookup ICD9 Diagnosis Code browse box as in Figure 8. Let's say for the sake of this example I'm looking for "ringworm", so I type in ringworm and it appears in the left column in red as in figure 8a below.

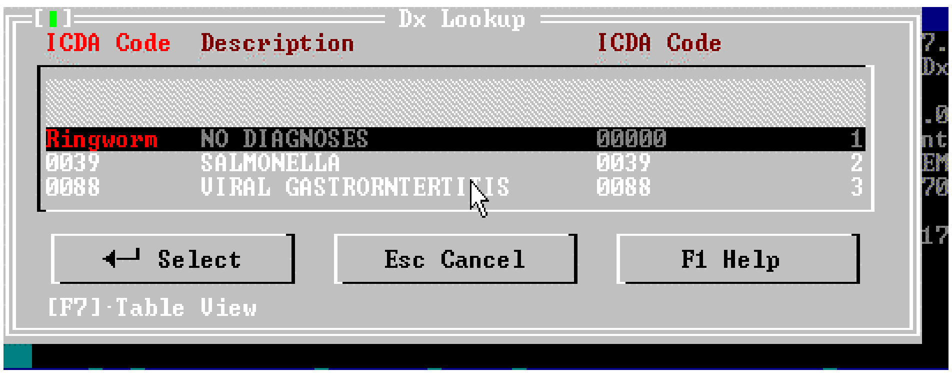

Figure 8a. After typing "Ringworm" and before pressing right arrow.

Next I press the right arrow to get Ringworm into the description column, see Figure 8b.

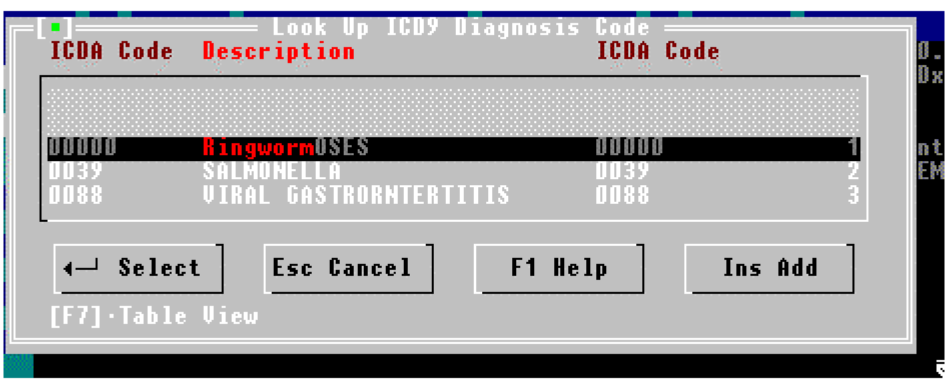

Figure 8b After typing "Ringworm" and after pressing right arrow once before enter or tab.

Once I have Ringworm in the column I want to search, I can press either tab or enter. The difference between tab and enter is that enter will find Descriptions that BEGIN with "Ringworm" where as if I press Tab it will find ringworm anywhere in the description not just at the beginning. So, to be on the safe side I'm going to press tab.

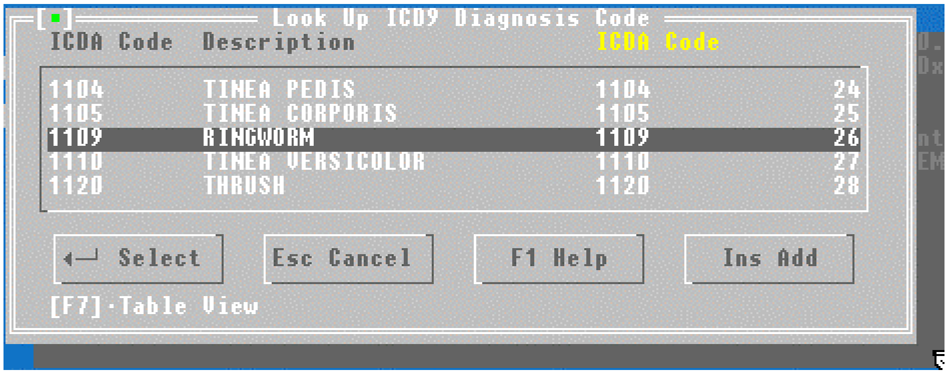

Figure 8c. After typing "Ringworm", after Pressing right arrow, and after pressing Tab

Viola! It found the diagnosis I wanted. If it didn't find the one I wanted I could press Alt+Z and it would look again for the next occurrence of ringworm. Or, I could try another search (return to figure 8 and try again) by typing in something else pressing right arrow and tab again. Note, pressing F1 here will give you generic browse box help. Also, if I can't find the code I need, I can click the mouse on the "Ins Add" button or press the Insert key and this will allow me to add an ICDA that is not in this system. Incidentally, probably searching for just "ring" or "worm" would be better because if it was entered as "ring worm" then searching for "ringworm" would not find it.

Dx 2, Dx 3, Dx 4: (See Figure 6) Except that these are optional fields they behave just like Dx 1 in that I can key a code in or press F1 for help, etc.

Note: If you are using the ABCDx table on the Claim Info Screen you can put in an A , a B, a C, a D, or E (for all), or any combination of ABCD as in BADC, BA and the system will plug the Dxs from the ABCDx table into the claim for you.

The “Now Add:” Menu

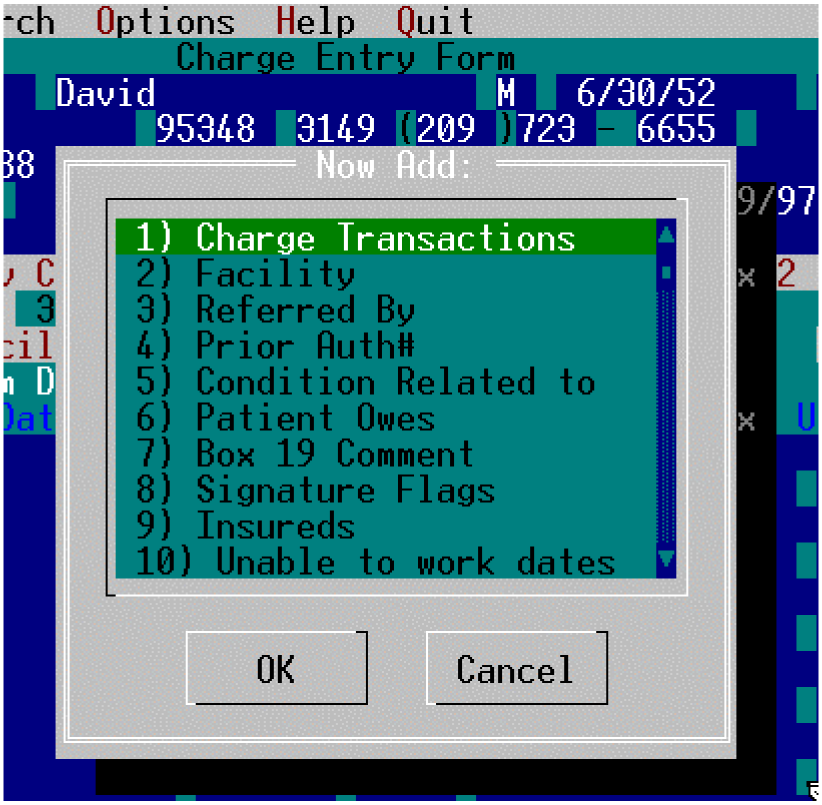

Figure 9. The “Now Add” menu after finishing the Diagnosis…..

Adding Claim Level Information: After adding at least one diagnosis, if you leave any of the other Dx fields empty or after you add the fourth dx, you will be presented with the “Now Add” menu, see Figure 9. If you do not need anything else because the claim you are posting is a plain vanilla claim you can just select 1) Charge Transactions. If you need to add or change claim level information, here is where you do it. Rarely will you need all of these on one claim but for the purposes of this discussion, we are going to go through them all. You pick things on this menu by either using the numbers, the arrow keys, or the mouse. Remember, for speed, use the numeric pad. Note that the scroll bars on the right side of the box indicate that there are more selections past 10, use the mouse or the down arrow key to see them all. If you pick any of these other than the first one, you will be moved to another field or presented with other dialog boxes or both. Once you complete these other fields and/or dialog boxes, you are again presented with the “Now Add” menu in order that you can complete other data elements if necessary before you proceed to adding the actual charge transactions that make up the claim. So, the discussion on #1 Charge Transactions is after all the other selections on this menu where it says Charge Transactions in bold below.

2) Facility: If you select 2 from the Now Add menu you are moved to the Facility field on the claim portion of the form (see Figure 6). This is where you indicate where the service was performed if it wasn’t in the office or your provider’s default place of service. These facilities are stored in a lookup table, just like the diagnosis and the zip codes, etc. If you know the number of the facility you want you can key it in, if not press F1 for a lookup browse box. See Figure 10.

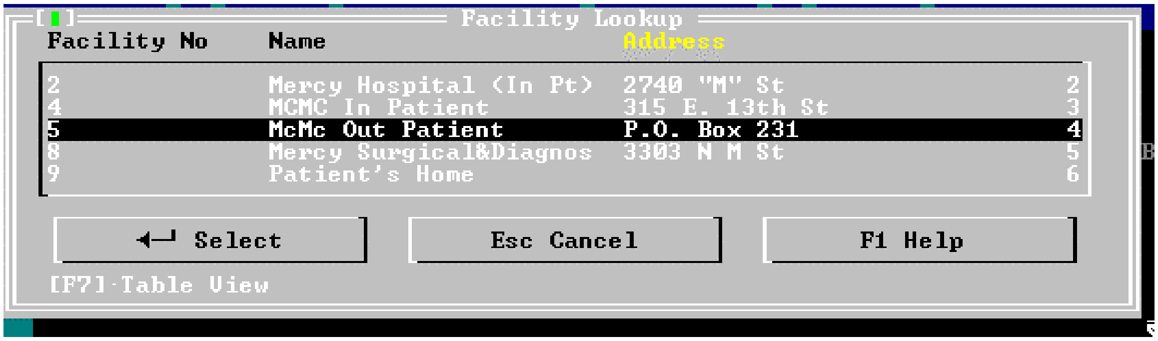

Figure 10. Facility Lookup Browse Box.

If you put a facility number in the Facility Field, when you leave that field you will be asked for the dates of Hospitalization. See Figure 11.

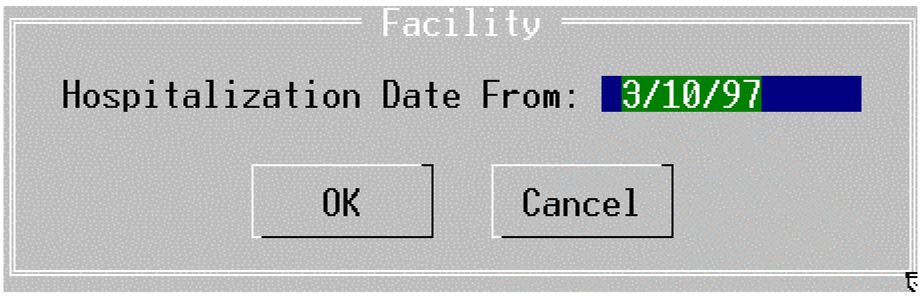

Figure 11. After entering a facility

The default Hospitalization Date From is the same as the claim date. But, you can leave it blank if you wish (by pressing Ctrl+Backspace) or just type a different date. Once you enter this date the next question is Hospitalization Date To: See Figure 12.

Figure 12. Hospitalization Date To:

If you know the date of discharge from the hospital, you can enter it here, otherwise you may leave it blank. Once you Ok this dialog box you are again returned to the "Now Add" menu see Figure 9.

3) Referred By   When you select 3 from the "Now Add" menu, see Figure 9, you will be moved to the RefPhy Field on the claim portion of the form, see Figure 6. If you added a referring physician when you added the patient it will automatically be copied into this field for you. What goes in this field is the number of the Referring Physician from the lookup table and information from the ReferPhy table will go in boxes 17 and 17a on the HCFA 1500. If you know the number you can key it in, if you don't, guess what, press F1 for a Lookup Browse box, just like on the provider, dx, facility, etc.

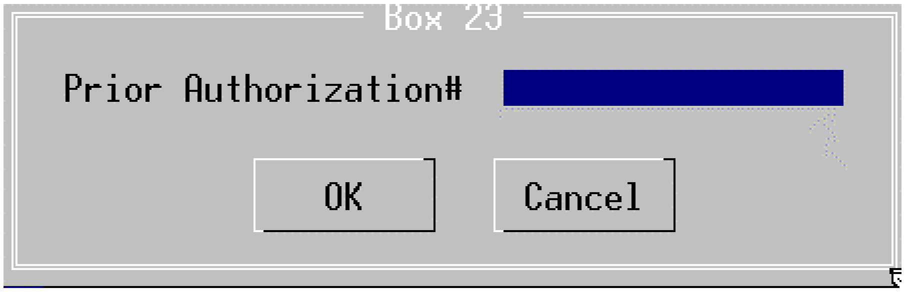

Figure 13. Prior Authorization#

4) Prior Auth# When you select 4 from the “Now Add” menu, see Figure 9, you will be presented with a dialog box, see Figure 13, in which you enter the Prior Authorization number that you want to appear in box 23 of the HCFA 1500 claim. Once you Ok this dialog box you are again returned to the “Now Add” menu see Figure 9.

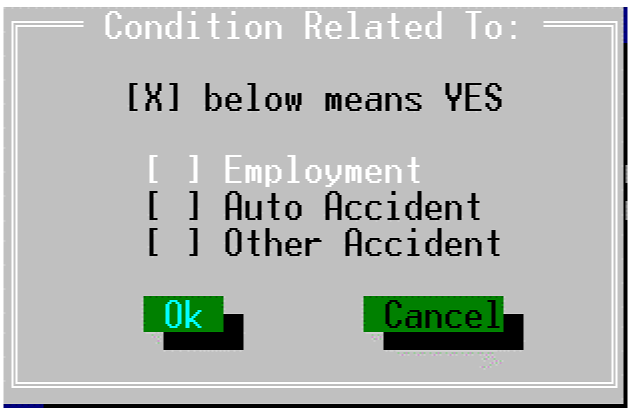

Figure 14. Condition Related to Dialog Box

5) Condition Related to: When you select 5 from the “Now Add” menu, see Figure 9, you will be presented with a dialog box, see Figure 14, in which you X the boxes that you want to appear as Yes in box 10 of the HCFA 1500 claim. When you add a claim the program looks up the account type and plugs in the default values from the account type, but you can change them here if you need to. Use the mouse and click the one you want to change or use the arrow keys to highlight in white the [ ] you want to change, then press the spacebar to X or blank out the option you wish to change. Once you Ok this dialog box you are again returned to the “Now Add” menu see Figure 9.

6) Patient Owes: If you select 6 from the Now Add menu you are moved to the Patient Owes field on the claim portion of the form (see Figure 6). You can key a dollar amount that you want the patient to owe on this claim. It is actually better to manipulate this field later in this process, that is, after you finish adding the charges below it will ask you this question specifically in the chain of events. Once you leave this field you are again returned to the “Now Add” menu see Figure 9.

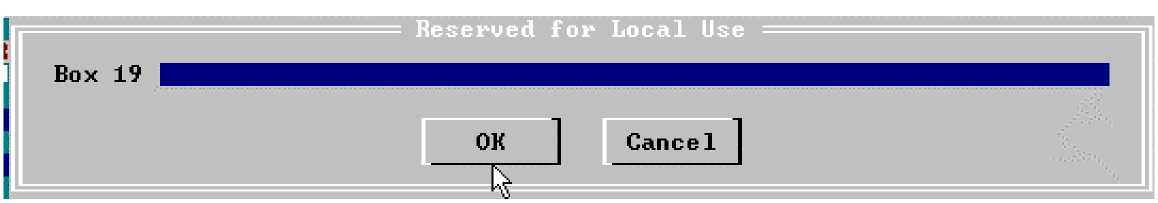

Figure 15. Box 19 Comment

7) Box 19 Comment When you select 5 from the “Now Add” menu, see Figure 9, you will be presented with a dialog box, see Figure 15. You can key what you to appear in Box 19 of the HCFA 1500 here. Once you Ok this dialog box you are again returned to the “Now Add” menu see Figure 9.

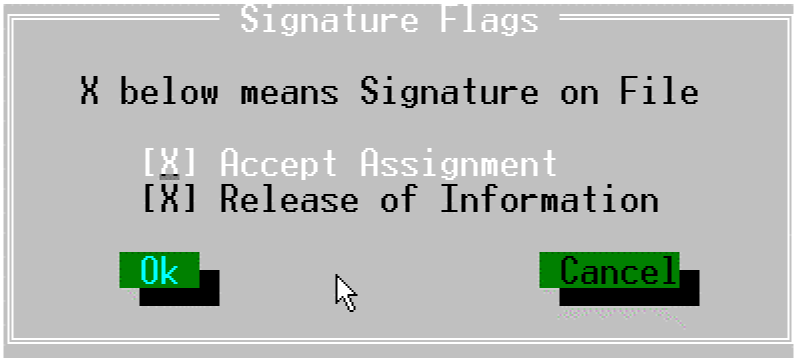

Figure 16 Signature Flags Dialog Box

8) Signature Flags: When you select 8 from the “Now Add” menu, see Figure 9, you will be presented with a dialog box, see Figure 16, in which you X the boxes that make “Signature on File” appear in box 12 Release of Information and Box 13 Accept Assignment on the HCFA 1500 claim. When you add a claim the program looks up the account type of the patient and plugs in the default values from the account type, but you can change them here if you need to. Use the mouse and click the one you want to change or use the arrow keys to highlight in white the [ ] you want to change, then press the spacebar to X or blank out the option you wish to change. Once you Ok this dialog box you are again returned to the “Now Add” menu see Figure 9.

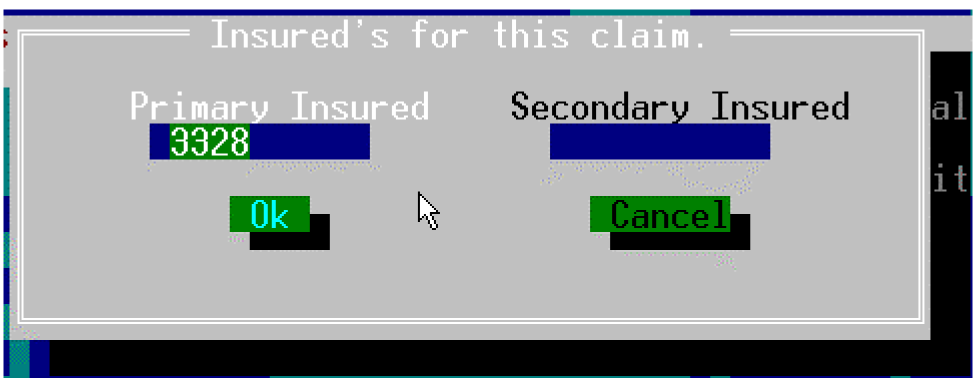

Figure 17. Insured’s for this claim dialog box.

9) Insureds When you select 9 from the “Now Add” menu, see Figure 9, you will be presented with a dialog box, see Figure 17. By default, the program pulls the primary and secondary (if any) insured’s from the patient’s master record, but you can change them here to a different insured when you find a need to do so. You have to know the insured number you want here because there is no lookup help available here. It does however check to see that you have entered a valid insured number. If you do need lookup help, you can go to the Claim Info form, see the “Go To:” menu after you finish this claim. Once you Ok this dialog box you are again returned to the “Now Add” menu see Figure 9.

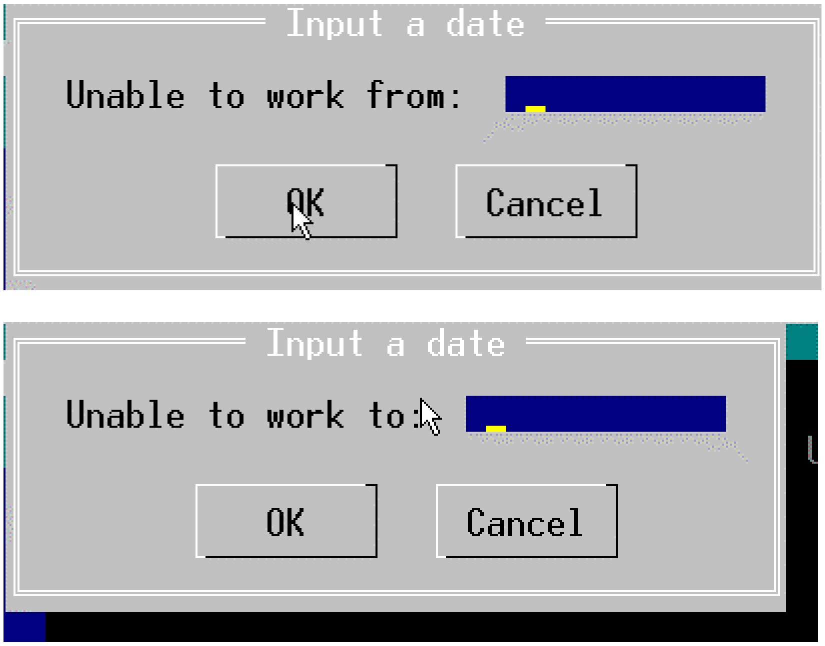

Figure 18. Unable to work dates

10) Unable to work dates: When you select 10 from the “Now Add” menu, see Figure 9, you will be presented with two dialog boxes in a row, see Figure 18. Enter the dates that you want to appear in box 16 of the HCFA 1500. Once you “Ok” the second dialog box you are again returned to the “Now Add” menu see Figure 9.

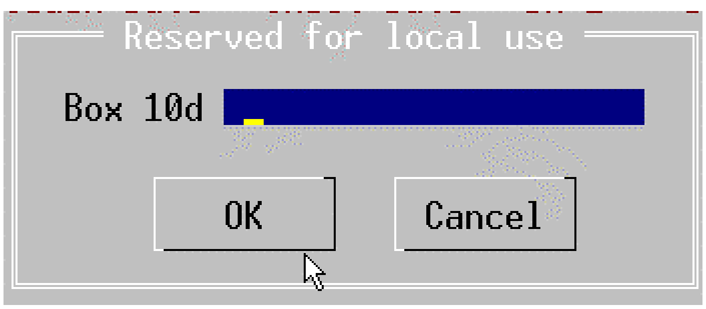

Figure 19. Box 10d

11) Box 10d: When you select 11 from the “Now Add” menu, see Figure 9, you will be presented with a dialog box, see Figure 19. You can key what you to appear in Box 10d of the HCFA 1500 here. Once you Ok this dialog box you are again returned to the “Now Add” menu see Figure 9.

Charge Transactions

When you select 1) Charge Transactions from the “Now Add” menu (Figure 9), the program moves you to the transaction portion of the form, inserts a new line with the next available transaction number in it, marks the transaction as a type C for charge and leaves you and the cursor on the From Date field. Another way that you can get to this same place in the program is: locate the patient you want, then locate an existing claim on that patient, then moving to the transaction table portion of the form and then press the insert key.

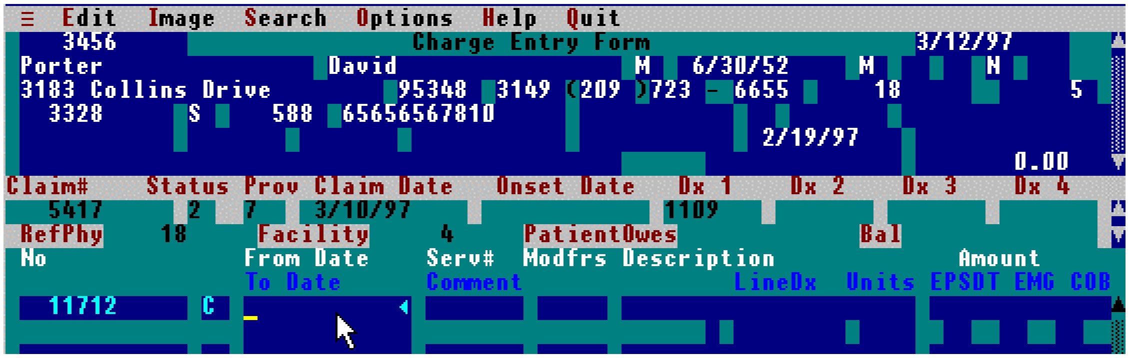

Figure 20. Starting to add a charge transaction

Figure 20 Shows a newly inserted transaction line waiting for us to complete. Each transaction takes two rows. The column labels on the top like From Date, Serv#, Modfrs, Description, etc are the labels for the top row and the To Date, Comment, LineDx label the columns in the second row.

From Date: On this field, if we just tap enter, the program will copy the Claim Date above on the claim into this field for us. Of course we can key in a new date, press the spacebar for the month, etc or press F1 for the little calendar window.

Serv# (Service Number): In this field we will key the number of the service in the service data table that we want to use, for example 99214. If we need help we can press F1 and get the Lookup Service Code browse box (see figure 21).

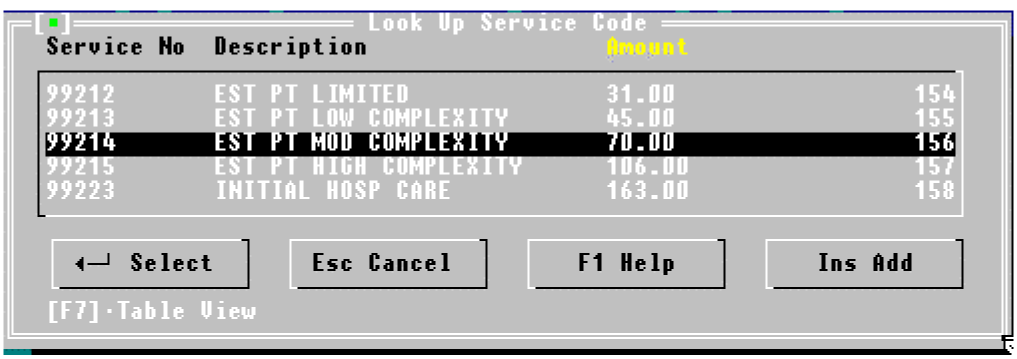

Figure 21. The Look Up Service Code browse box.

The Look Up Service Code browse box, is just like all the other browse boxes in that once it is on the screen we can press F1 for generic browse box help, we can use the arrow keys to move the column that we want to search into the window if necessary, type the value we want to search for into the left column, use the right arrow key if necessary to get the search value into the correct column and then press tab to search for embedded search values or tap enter to search that column for rows that begin with the search value. If it locates what we want then we tap enter to select it, otherwise, you can Alt+Z to search for the next occurrence of what you are searching for. You can press Esc to abandon the search or you can press insert to add a service record not in the system.

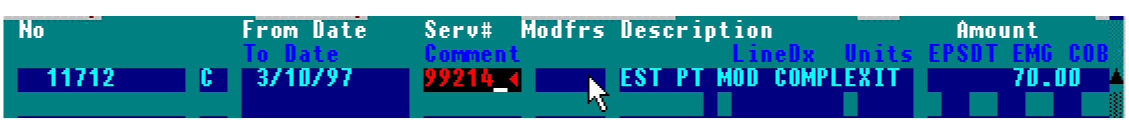

Figure 22. After entering the service number.

After you select a service number or service code, the program completes the description and the price fields using the information in the Services Table. See Figure 22.

Modfrs (Modifiers): In this field you can enter a modifier if you need to. When HCFA 1500s are created the program reads the record in the Service table and uses the procedure code that matches the insurance of your patient and puts that procedure code on the form. There is room in each procedure code in the service table for two modifiers that will be used if you don't key something here. So if you always use a modifier on a service, that modifier belongs in the service table so that you don't always have to key it again here. If you do enter modifiers here they will replace the modifiers, if any, in the procedure code in the service table for this service.

Charges "What do you want to do now?" Menu

Figure 23. "What do you want to do now?" menu.

If the amount or price in the service record is blank and therefore the price on the transaction is blank, when you depart the Modfrs field then the program will jump you to the amount field so that you can enter the amount. Otherwise, when you depart the "Modfrs" (and several of the other fields on the charge transaction ,see Figure 22) you get the "What do you want to do now?" menu. This menu is to expedite the completion of all the data elements in a charge transaction and the claim itself. If you do not need anything else because the transaction you are posting is a plain vanilla transaction you just select either 1) Finish this Claim or 2) Add another charge. If you need to add transaction level information, here is where you do it. Rarely will you need all of these on one transaction but for the purposes of this discussion, we are going to go through them all. Note that the scroll bars on the right side of the box indicate that there are more selections past 10, use the mouse or the down arrow key to see them all. If you pick any of these other than the first two, you will be moved to another field or presented with other dialog boxes or both. Once you complete these other fields and/or dialog boxes, you are again presented with the "What do you want to do now" menu in order that you can complete other data elements if necessary before you proceed to adding another charge transaction or proceed to finishing up the claim. So, the discussion on #1 Finish this Claim is after all the other selections on this menu where it says Finish this Claim in bold below. The discussion on #2 Add Another Charge is below where "Add Another Charge" appears in bold.

3) Edit Service Code: This is just a short cut back to the service code field. If you want to change the service code pick this and it will return you to the Serv# field.

4) Description: This selection moves you to the description field where you can edit or change the description of this transaction. The changed description will appear here of course, on the statement for this claim if itemized, and on the production revenue report.

5) Amount: This is a short cut to the amount field so that you can edit the amount of this transaction. On dollar amount fields you can press F1 and get a 10 key style calculator that allows you to add, subtract, multiply, etc. When using this calculator, when you get the answer you want in the register, you can press F2 or Tab then enter to pull the calculator answer into the dollar amount field.

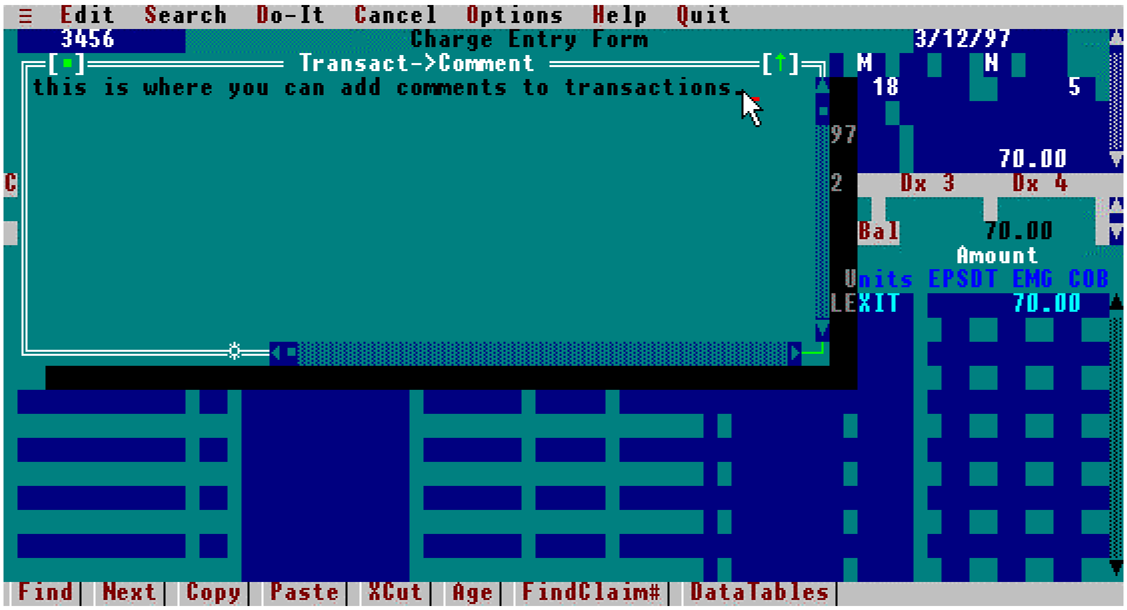

Figure 24. Adding a comment to a transaction

6) Comment: Pick this selection and a memo editor window pops up and you can type and edit a comment see Figure 24. What you key here will print underneath this transaction on the HCFA 1500.

7) Line Diagnosis: If you need a line diagnosis, pick #7 from the “What do you want to do now?” menu. Whatever you type here will appear on the HCFA 1500 in box 24e. If you don’t put anything in here the claim form program will put a 1 or a 1,2 or a 1,2,3 or a 1,2,3,4 in box 24e for this transaction depending on the number of diagnosis you entered on this claim. So, if I want just a 2 for MediCare for example (Medicare only wants one pointer), I would key a 2 into this field and just that 2 will print on the form.

8) Units: If you need to indicate units on the service you are performing pick 8 from the “What do you want to do now?” menu and you and the cursor will go to the units field. This is box 24g on the HCFA1500. This field follows MediCare’s lead here in that there is an implied decimal point between the second and third digits from the left. This means one unit must be keyed as 010 in this field. Actually, if you leave this field blank 1 is the implied number of units and 010 will print on a Medicare form and 1 will print on the other forms. Ten units would be 100 and one tenth of one unit is keyed as 001. Two and one half units should be keyed 025. Two units should be keyed 020 as in the example in Figure 25. When the HCFA 1500 prints and it is a Medicare claim, what you key here prints on the form in box 24 g. If it is not a Medicare form, when we prepare the HCFA 1500 we drop leading and trailing zeros (so 010 prints as just 1) or we add the decimal point (so 025 prints as 2.5) if we can. The print area on the stupid form is only three characters wide, so something like 255 which is really 25.5 we have to print just 25. If this is a

problem for you, petition the AMA, HCFA, and congress to change the form. Seriously, let MSI know and we will try to accommodate you somehow.

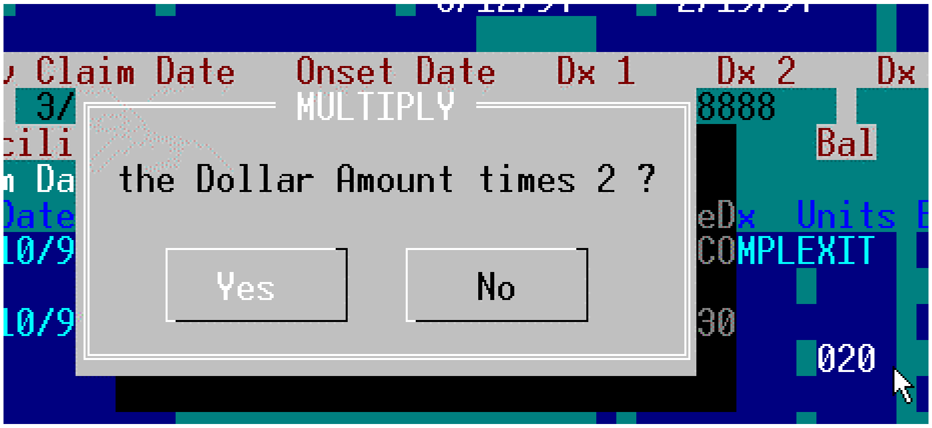

Figure 25. Multiply the amount by the units

After you key the units in, and this is a brand new transaction, a yes no dialog box comes up asking if you want to multiply the price times the number of units, see Figure 25. Y or enter or a click in the Yes button will multiply the amount times the units. Don't forget the implied decimal, look at Figure 25 as an example. If you don't want to multiply the price; N, or tab or right arrow then enter, or Esc, or clicking on the No button or clicking outside this dialog, will not change the price.

9) Date of Service from: This is a short cut back to the Date of Service From field so that you can edit it.

10) Date of Service to: This takes you to the Date of Service To field so that you can enter the ending date of service for this transaction line if you need to, only a few services require an ending date of service.

11) EPSDT (family planning): Use this selection to put something in box 24 h. What you key is what you get on HCFA1500. Extra Pickles, Salad Dressing and Tomatoes?

12) Emergency: Use this selection to put something in box 24 i. What you key is what you get on HCFA1500. You should probably use an X or Y to indicate it was an emergency.

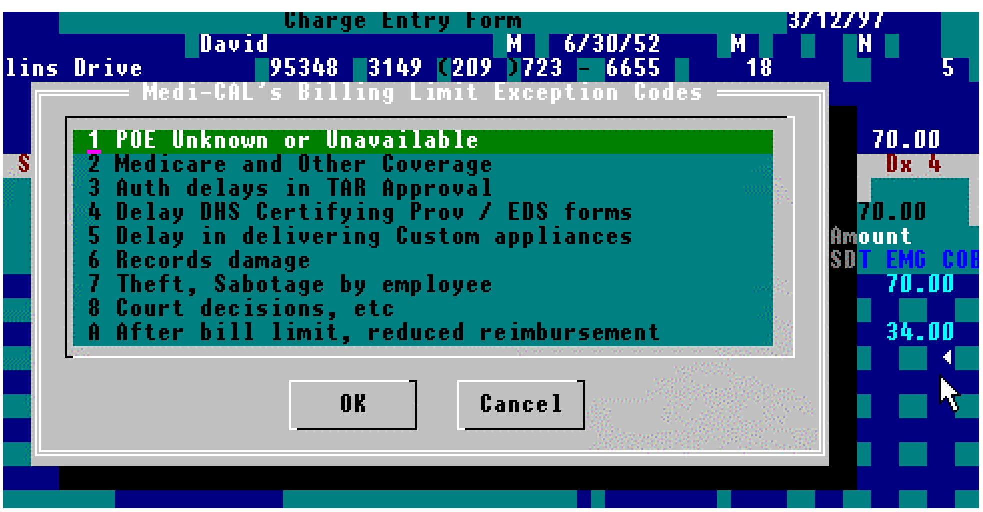

Figure 26. After Pressing F1 on COB field, help for Medi-Cal's billing limit exception codes.

COB (Medi-Cal Billing Limit): Claim Over Billing limit? This box 24j on the HCFA 1500 form. If you press F1 on this field you get the Medi-Cal exception codes (consult your MediCal provider manual). You also need further explanation in the comment (see 6) Comment and Figure 24 above) for some of these. Also, if the date of service is over one year for MediCal, you can not bill it electronically and there is a special address for these claims, again consult the provider manual.

Add Another Charge:

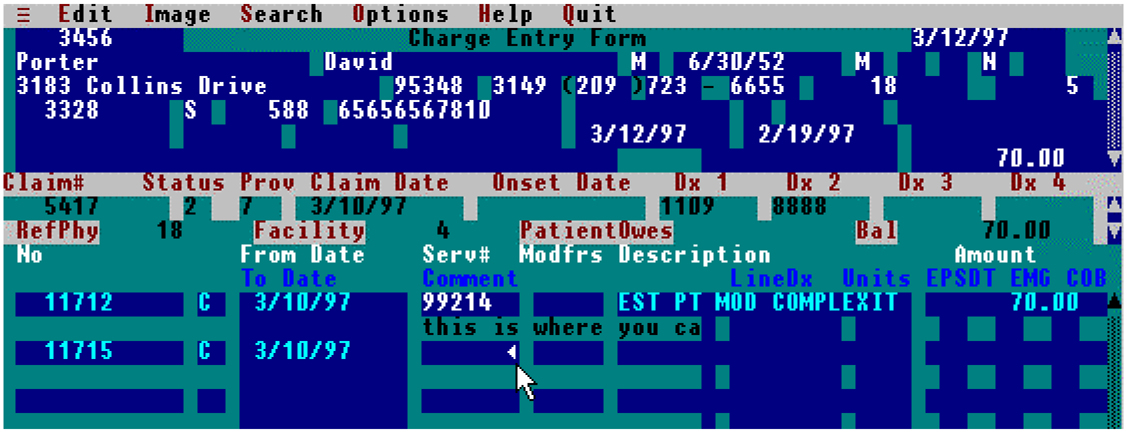

Figure 27. Immediately after choosing 2) Add another charge from “What do you want to do now?”

When you pick 2) Add Another charge from the “What do you want to do now?” menu shown on Figure 23, the system inserts a new line and copies the From Date from the service above and leaves you sitting on the Serv# field ready to pick another service and complete that transaction. If you need a different From Date you can use the left arrow or shift tab to get back to the date or you can pick the #9 selection from the “What do you want to do now?” menu when you depart the modfrs field.

Hopefully, you have figured out that you are in kind of a loop that enables you to efficiently input as many charges and their attendant data elements as quick as can be. Use the numeric key pad for best results.

Finish this Claim:

When you pick 1) Finish this Claim from the “What do you want to do now?” menu shown on Figure 23, the system will guide you through the process of completing the claim and charges you have entered and set you up to enter the next claim and its charges. Because there are many different possible combinations of what can happen here, you have to pay attention to the questions being asked. If the patient has been set up as not having an insurance to bill, it will behave slightly differently then if she does. If you have added a charge to a preexisting claim it will be slightly different then a brand new claim, etc. The discussion below should be the most common chain of events.

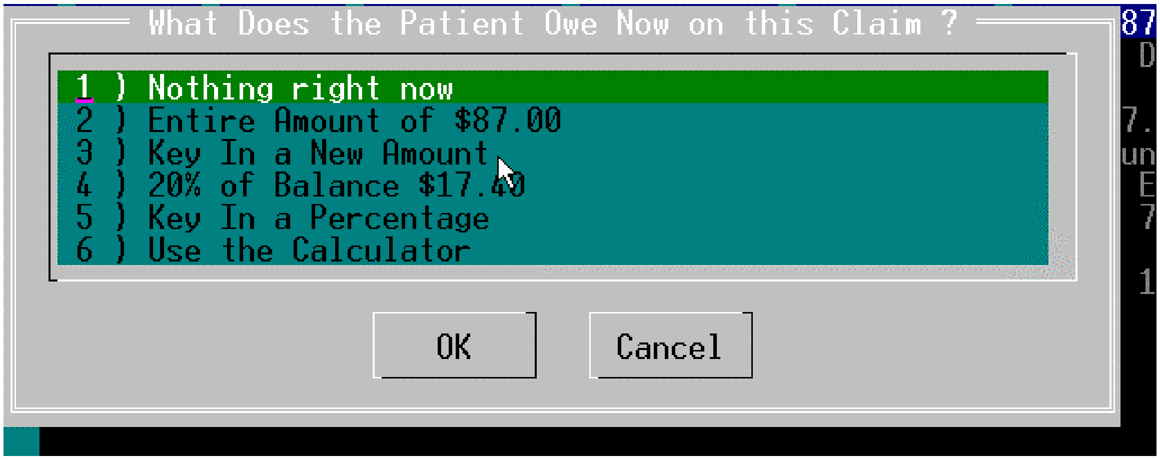

Figure 28. What does the Patient Owe Now on this Claim?

After you select Finish this Claim, the next question regards how much does the patient owe at this point, see Figure 28. Whatever amount we enter here will make this claim appear on the next statement sent out to this patient or his/her responsible party. If this field is blank or zero this claim will not be on the statement until changed by the operator, which would most likely be during the posting of payments from the insurance company. In this example the patient has been set up as having an insurance to bill. If the account type of the patient was set up with print a claim form set to no the default amount owed would be the entire amount. If you select 1, 2 or 4 the program will plug the corresponding value into the claim.

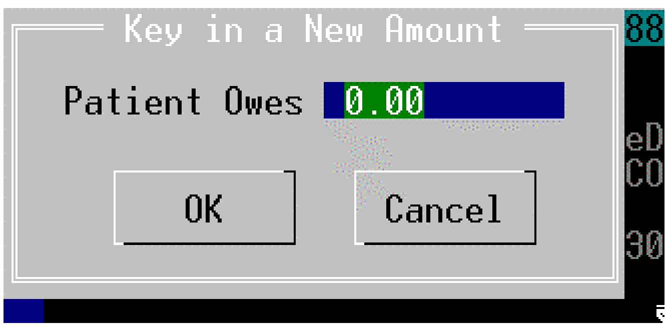

Figure 29. Key in a New Amount dialog.

If the patient has a copay then you would pick 3) Key in a New Amount, and you will get the Key in a New Amount dialog, see Figure 29. Here you simply key the amount you want to bill the patient, the default 0.00 is in green which means anything you type will immediately erase the 0.00, you don't have to backspace or ctrl-backspace before you start. You can look up and the lower right portion of the patient part of the screen and see what that patient's copay is. So, if I want $10 , I simply key 10 and then press enter.

After you finish the "What Does the Patient Owe Now?" question you are again presented with the "Go To:" menu (Figure 2) at the very beginning of this chapter. This is the menu that lets you Go To: 1) Insert Another Claim Same Patient, 2) Next Claim by Claim#, 3) Next Patient by Name, 4) Next Patient by Number, 5) Transactions Below, 6) Claim Info, 7) Payments, 8) Patient's Master Record, 9) Quit Data Entry. The first four of these are explained above at the beginning of this chapter.

If you discover at this point that you need to add or edit the transactions you just posted you can pick the number 5 selection on the "Go To:" menu and you will be returned to the transactions on the bottom of the screen. You can use the mouse or Ctrl+PgUp and Ctrl+PgDn to move to the line you want to work with.