

CHARGE ENTRY

Charge Entry in the Batch menu allows the user to:

- Enter charges for procedures performed at any location or practice enterprise
- Copy and Modify charges for a patient from the charges entered previously
- See the previously entered charges based on a specified search criteria for the selected patient
- Enter charges based on group billing (or what is also known as “Panel Billing”)

OVERVIEW OF CHARGE ENTRY

SequelMed keeps a hierarchy of visits and charges. It treats visits as a parent and charges as children. One visit can have many charges, but one charge can only be attached to one visit. In charge entry, multiple charges can be entered on the basis of diagnosis and procedures. If in each charge, the Practice, Location, Provider, Plan and Visit Date(s) are the same, then only one visit can be created and attached to that charge. If any of the above-mentioned fields are different in any of the charges being entered, then a new/separate visit will be created for that charge. Charges based on a new/separate visit are discussed in the Ticket Charge Entry option of the Batch Menu.

Whereas in patient-by-patient charge entry, whenever the user is finished entering the charges for one patient, the user has to select the next patient through the Patient Inquiry window and come back into the charge entry window to enter corresponding charges. In batch charge entry the user can select a patient by First Name or by Account Number or by Encounter Form Number and enter the charges in the same charge entry window.

HOW TO ENTER CHARGES

[Screen shot]

Hot Keys

First N ame	Alt+N	Procedure	Alt+C
A ccount #	Alt+A	U nits	Alt+U
F rom	Alt+R	P rovider	Alt+P
D iagnosis	Alt+I	F ee	Alt+F

Buttons

E xtra Info	Alt+E	Visit Detail	
All Visits		Details	Alt+T
L ast Visit	Alt+L	D elete	Alt+D
Set Fee		H elp	Alt+H
Group		E xit	Alt+X
S ave	Alt+S		

<u>Field</u>	<u>Description</u>
Group	<p>Allows posting of charges based on a user-defined group. This is a way to pull in prior data for simplification of charge entry, otherwise known in the medical practice management industry as “Group Billing or “Panel Billing”. It allows you to bring in all the charge line items for a selected visit automatically and then drag and drop in order to modify them.</p> <p>To set up a user-defined Group you must go to the Profile menu and move the blue tool bar to the Coding Option, which in turn, will open a window with the option of selecting Panel Billing. When you click on Panel Billing the Panel Billing Find Criteria window appears. At this stage you must hit the <u>N</u>ew button. This will open up the Procedure Group window. Now you must create a Procedure Group Short Name and click on <u>S</u>ave. Once you have chosen your short name, you have to click on the Coding Relation tab and click on <u>N</u>ew. This is where you will link your specific CPT codes to the group you have created. You also have the option of linking diagnosis codes to the procedure codes in this screen.</p>
Automatic	<p>If this box is checked, and there is a user defined Group name in the group field, the system will automatically select, drag and drop the charge line items into the Charges Entered field.</p>
First Name	<p>This is where you would enter the first name of the patient when the account number is not readily available. When you enter the first letter of the patients first name, the system will automatically open up the Patient Browse window allowing you to enter the patients First Name, Last name, Account Number, SS #, DOB, Chart Number, Practice, Location or Plan ID. Once you have entered the patient information in the field and hit the <u>F</u>ind button, the patient(s) matching the information entered will appear. At this point you must highlight the correct patient with the blue toolbar and hit the <u>S</u>elect button. The Find Criteria screen will automatically close and the patient’s name and account number will appear in the charge entry screen with the cursor now on the date of service field.</p>
Account Number	<p>This field allows you to enter the patient’s account number. By filling in this field, the patients name will appear on the charge entry screen.</p>
Encounter Number	<p>This field allows you to enter the Encounter number of the patient.</p>
Force Submit on Paper	<p>This box should be checked if you do not want the claim to be submitted electronically. This will force the submission on paper.</p>
Visit Date	<p>This field is where you would enter the “From” and “To” dates of when the procedure or service was provided. If you enter the “From” date and hit the Tab key, the “To” date will automatically default to the “From” date, so that you do not have to type in the date of service twice. You also have the option of clicking on the calendar, located next to the dates of service. When the calendar appears you can click on the date of service instead of manually typing it in.</p>

Diagnosis	This field is where you would enter the diagnosis for the patient. If you know the diagnosis code you can enter it into the field. If you do not know the Diagnosis code you can hit the Home key. The Home key will display all of the current I-CD9 codes in the system. At least one diagnosis code must be entered in order to save the information, but you have the option of listing up to four I-CD9 codes per procedure.
Procedure	This field is where you would enter the Procedure code for the patient. If you know the procedure code you can enter it into the field. If you do not know the Procedure code you can hit the Home key within this field, to display all the current CPT codes in the system. You will notice that when you enter the Procedure and move to the next field, a fee appears in the Fee field. This is because all Procedure codes are linked to fees within the Profile menu. At least one Procedure code must be entered in order to save the information.
Modifier	This is where you would enter the modifier for the patient. If you know the modifier you can enter it into the field. If you do not know the correct modifier, you can hit the Home key and all the modifiers within system will appear. You have the ability of attaching up to four modifiers to a procedure code.
Units	This field allows you to change the number of units linked to a procedure code. For example, one modality is equal to one unit, but if you performed the same modality twice you would change the units to two instead of entering the procedure code twice. You will notice that the units always default to 01.
TOS	This field shows a numerical code, which represents the type of service that patient received. This code is linked to a procedure code within the Profile menu, so it will automatically default to the correct TOS when you enter the procedure code. If you were not sure of the TOS code you always have the option of hitting the Home key within this field, which will display all the TOS codes in the system. This field is required in order to save the information.
POS	This field shows a numerical code, which represents the place of service where the patient received care. This is initially set up in the Profile menu and is linked to the Location profile, so it will automatically default to the correct POS when you enter the location of the provider. If you were not sure of the correct POS you always have the option of hitting the Home key within this field, which will display all of the POS codes in the system. This field is required in order to save the information.
Provider	This field will display the short name of the provider rendering the service. Hitting the Home key within this field can retrieve the list of existing providers. You have the option, when setting up the Patient Demographics, of linking the patient to a specific provider, so that when you are entering the charges, the providers name appears automatically in the Provider field. You also have the option of overriding that providers name and choosing another provider. This field is required in order to save the information. By pressing the "p" of provider the

provider window opens up giving you the option of editing the provider's current profile.

Plan This field is where the patient's insurance plan will go. You always have the option of hitting the Home key to bring up existing plans. You also have the option of adding a new plan, by hitting the letter "p" of Plan, which opens up the Plan window allowing you to add a new plan and plan address.

Practice This field will display the short name of the practice. You will notice that this field is grayed out. The reason for this is that this field self populates depending upon the location of the patient. The practice is initially set up in the Profile menu under Practice.

Location This field will display the short name of the location. You always have the option of hitting the Home key to display all of the locations. This field is required in order to save the information. This location is initially set up in the Profile menu under Location.

Fee This field self populates once the procedure code is entered. The fees are initially set up by Sequel Systems, as per the clients request, but you always have the option of overriding a fee by moving the cursor into the field and changing it.

Plan Amount This field self populates once the procedure code is entered. This amount represents the fee that is being billed to the insurance company for payment. You always have the option of overriding this fee by moving the cursor into the field and changing the amount manually.

Patient Amount This field represents the amount of the bill that is the patient's responsibility. If the patient had no insurance, or you removed the plan short name and entered a procedure code, the fees would be the patient's responsibility and a statement would automatically be generated.

Charge Co Pay It is calculated automatically based on the fee schedule, yet is editable

Note: The patient is responsible for co payment. There are two types of co payments, Visit Co Pay and Charge Co Pay. If a patient's visit has any charges involving the Charge Co Pay then the Visit Co Pay will become zero. SequelMed retrieves the Charge Co Pay from the fee schedule used.

Primary This field should be checked if the co pay is being applied to the patient's primary insurance plan.

Visit Co Pay

This field represents the co pay for the patient. The co pay for each patient is initially set up in the Patient Demographic screen, within the Insured Party section. If the patient does in fact have a co pay, the system will ask you if you want to apply it once you have saved the first charge. At this point you will click on "Yes" and the Charge Co pay Ledger Entry screen will appear. You must enter the required information and hit the **OK** button. Note that you have the option of checking the Print box on the right side of the screen. This feature enables you to print out a receipt for the patient. The system will now take you back to the charge entry screen, enabling you to enter another charge for the same patient if need-be.

Accept Assignment

This field is used to indicate whether or not the provider of service is accepting assignment on the specific claim. In other words, is the provider participating in the patient's insurance plan. If you check the assignment flag in the insured party section of the patient demographics window, the system will automatically deduct the amount of the charge co pay from the fee and show the balance in the Plan Amount field and the Charge co pay in the Charge co pay field. If the accept assignment flag is not checked the system will show the balance amount in the patient amount field. In other words, if checked, the plan is billed. If not checked, the patient is billed.

Don't Print

If you choose to check this box, the charge will not be printed on a claim form at the time of printing. This option is helpful when a patient gives you incomplete insurance information (i.e. Patient forgot to bring insurance card). You can post the charges but hold the claim until you verify that the patient's information is correct. You always have the option of removing the check mark from the Charge Detail screen at any time.

Hold

This option allows you to post a charge and hold it. If you choose to check this box, the amount of the charge will not affect the bill attached to the patient or the plan. You always have the option of removing the check mark from the Charge Detail screen.

PAN

This field is used for the Provider Authorization Number or Approval Number.

Ref Provider

This field is used for counting down and keeping track of patients with referrals from an outside physician or practice. The referring providers are initially set up in the Profile menu. If the referring provider already exists and is linked to a patient through the patient demographics screen, when you bring up the patients name in charge entry, the ref mgmt field will self populate. If you click on the ref mgmt. button the Patient Referral Mgmt. screen will appear, allowing you to view the information pertaining to the referral and how many visits remain for the patient.

Asst Provider

This field is used if the provider is working with Physicians Assistant, Resident, etc. This field is primarily used for internal reporting purposes and is not linked to the billing of the patient at all.

Comments

This field is used for any additional comments that concern the current charges. Note that these charges will appear on the HCFA form along with the charges.

<u>Button</u>	<u>Description</u>
Patient	This option will open up the patient registration window displaying the patient demographic and insured party information.
Extra Info	This field will open up the Visit Extra Info, which is used for numerous reasons. This field allows you to keep track of the "From" and "To" date of the patient's illness, due to No-Fault, Workers Compensation, Hospitalization and Disability. This field also gives you the option of entering information in field 19 on the HCFA-1500 form for insurance carriers that request certain information for claims processing.
All Visits	This field allows you to view all the patient's visits to date and copy them if necessary. By hitting the All Visits button, the Find All Visits screen will appear. At this point you must hit the find button to view all of the patient's visits to date. You can move the blue toolbar to the specific date of service you are looking for and hit the Select button. This will open up the Visits to Copy screen. You now must choose the visits that you want to copy and hit the Copy button. You will be automatically brought back to the Visits to Copy screen where you must hit the Exit button. Now you will be back in the charge entry screen with the copied charges appearing on the top of the screen. At this point you must highlight the charge, and with the mouse, hold down the left button and drag the copied charge down.
Last Visit	This button will display the information about the patient's last visit by opening the Visits to Copy window. This feature allows you to highlight the Charges of Visits to Copy by highlighting the specific charge for the patient and hitting the Copy button. The copied charges will now appear in the charge entry screen where you must highlight the charge with the blue tool bar and drag it down with the mouse.
Set Fee	This button allows you to create or update procedure fee. When you click on this button, it will first show existing fee and how it was calculated. You can then create a new or update the existing fee, which will take effect permanently with respect to that particular procedure.
Group	This feature is used with Panel Billing and allows you to post charges based on the user defined group you initially created. By hitting the group button, the procedure group window will open where you must enter the group that you initially created. When you have entered the group name a grouping of CPT codes will appear with the option of adding up to 4 diagnosis codes. You must hit the Ok button which will bring you back to the charge entry screen, where you will drag and drop the charges for posting.
Save	This button allows you to save the information that you have currently entered.
Visit Detail	This button will take you to the Visit Detail screen. This screen allows you to view all the changes, for a specific date of service, that have already been entered into the system. From here you can change the

Location, Provider and/or Plan. You can add a referring provider and/or a PAN. You can resubmit a charge, view the patient demographics, or view the history of the claim. Once you have modified the information, you must hit the Save button. This field also allows you to enter the "From" and "To" dates relating to hospitalization and injury related illnesses. You can add comments in this screen along with any information that is reserved for field 19 on the HCFA 1500 form for claims processing.

Details

This button is used to open the Charge Detail screen where you have the ability to change information on a specific CPT code previously entered for the patient. The fields that appear in blue are the only ones you can manipulate. When you have finished, you must hit the Save button.

Help

This button will take you to the help file.

Exit

This button will exit you out of this window. The system will ask you if you want to exit without saving when you have forgotten to save the information.