Objectives & Goals - Setup CPT & ICD-9 Options

- Creating Custom List of CPT Codes
- CPT Details and Parameters
- CPT Macros and Templates
- Create custom list of ICD-9 Diagnosis Codes
- ICD9 Templates

Hot Keys

F11 – Add Row
Ctrl + N - Add a New record
Ctrl + E - Edit a record
Ctrl + L - Cancel a record
Ctrl + H - Search a record
F12 – Delete Row
Ctrl + Del - Delete a record
Ctrl + S - Save a record
Ctrl + R - Retrieve all records
Ctrl + T - Sort
TAB – toggle between data entry fields
TAB + Shift – toggle backwards between data entry fields

Setup Billing Options

From the menu, click Setup >> Bill

A menu is displayed with the Bill Setup Options:

Most Used CPT Codes
CPT Code
CPT Macros
CPT Templates
Fee Schedule
Most Used ICD-9 Codes
Diagnosis (ICD) Code
Diagnosis Templates
Payment Codes
HCFA Template
Pre-Claim Template

NOTES:

_____

_____

_____

_____

_____

Most Used CPT Code

Setup>> Billing>> Most Used CPT Code

IMS comes with a long list of CPT and billing codes, however since this list is so large each organization needs to create a list of Most Used CPT Codes. This list of most used codes will be accessible throughout the system instead of the entire list being accessible

To add codes to the most used list, use the  arrow to move codes from the left panel to the right panel. Left panel will be displaying list of all Available Billing/CPT codes and Right Panel will be displaying Most Used Billing/CPT code(s).

The search function allows users to search by code or description for any CPT code in either the available or most used list.

The double arrow keys will move all items between the two lists.

The 

button opens a window for users to create a new CPT. This window is similar to the screen described in the CPT Code section.

When your most used list is complete hit “Save”.

CPT Code – Add or Edit to Most Used List

Setup>> Billing>> CPT Code

CPT fields (parameters) are also available from the Add button under Most Used CPT Codes and from the CPT Parameter button from both Insurance Carrier and Insurance Plan masters. If the user changes a parameter in this window and this item is different for different carriers/plans, the system prompts the user if the parameter should be changed for all carriers/plans.

Use this module to create or edit any CPT code in the Most Used list.

For each new code, the Code, Description and Class are required fields (as denoted by the asterisk next to the field title).

- The Active checkbox determines whether or not this code can be used in the system. Once a code has been used you cannot delete the code but you can inactivate it.

NOTES:

_____

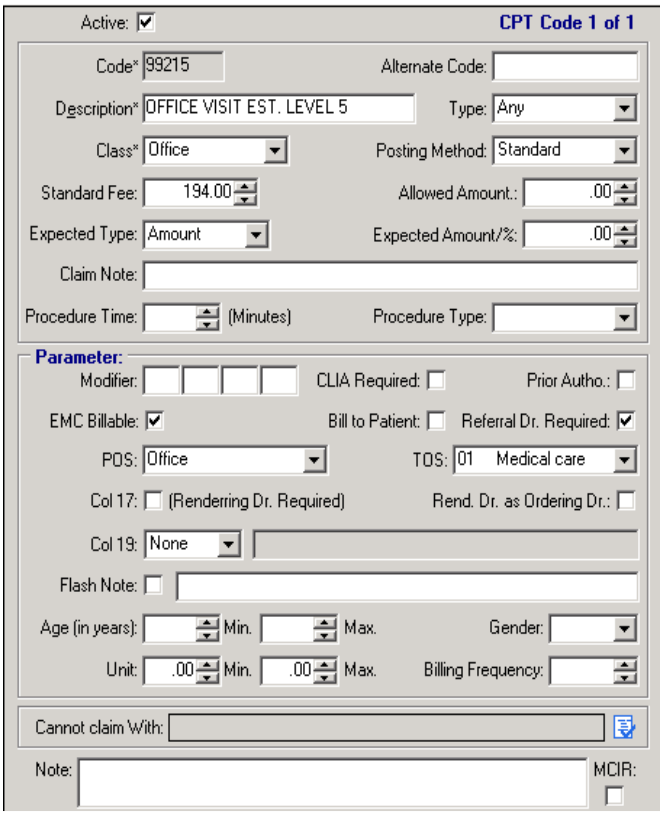
_____

_____

_____

_____

- The *Code* field (required) is the one to five digit alpha-numeric identifier used throughout the system to use this item. Throughout the system the Code and Description display for users to select which CPT to use. This code will also appear on the claim form if the Alternate code field is null.



- The *Alternate Code* field is the code that will display on the claim form. This field is only required if an organization wants the Code field to be something other than the standard CPT code. In that case, this item will be the standard CPT code. If the standard CPT code (such as 99215) is used in the Code field, then this field is unnecessary.

- The *Description* field (required) is the description of the CPT code. This description appears throughout the system to aid users in selecting the correct CPT.

- The *Type* field determines if a CPT is any, managed care charge or a fee-for-service charge. This is usually defaulted to any.

- The *Class* field is a type of categorization for CPT codes. Specify whether the CPT code is an office procedure, surgery, etc.

  Based on this field, the system can default the patients co-pay for certain classes and leave the co-pay field null for other classes. For example, perhaps and office wants the patient's $25 co-pay to default in for office visits. But for injections, the office does not want any co-pay to default into the charge line. Sort these codes into different classes, and use a system parameter (under Charge Posting, Populate co-pay for Selected CPT Class) to identify office visits to get a co-pay.

- The *Posting Method* field determines the method of posting this charge, e.g. time, anesthesia, standard, etc. This field is strictly informational.

- The *Standard Fee* field is the amount charged for this CPT. This is the amount that goes out on the claim or statement. See Fee Schedule section for information on how to charge different amounts for different patients or insurances.

NOTES:

_____

_____

_____

_____

_____

- The *Allowed Amount* is the amount that is allowed by the insurance Carrier. This field is only informational at this time. See Fee Schedule section to set different allowed amounts for different insurances. As a default you can populate this with the same amount you put in the Standard Fee field.

- The *Expected Type* field dictates whether the Expected Amount/% field will be an amount or a percentage.

- The *Expected Amount/%* field is the payment amount (or percentage of charged amount) expected from the insurance. See Fee Schedule section to set different expected amounts for different insurances. As a default you can leave this field blank.

- The *Classification* field is a way to organize CPT codes. Users can create custom classifications.

- The *NDC Code* field is the National Drug Code for your CPT if this is applicable.

- The *Claim Note* field allows the user to enter a note that will appear in box 24 of the CMS 1500 form. Use this field if there is a note that always needs to be added for this CPT. Recall that this field can also be set for specific insurances. Also, this field can be set and edited at the time of Charge Posting for any charge.

- The *Procedure Time* field is the time it takes to do this procedure.

- The *Procedure Type* field is still under development. Currently it is informational.

- The *Modifier* field allows users to set default modifiers for CPT codes. These modifiers will pull in to the bill automatically in Charge Posting; they can be removed at that time.

- If the *CLIA Required* checkbox is checked the system will check that the CLIA number is entered. This check happens during the Pre-Claim scrubbing process; see Pre Claim Template section for further details. The CLIA number is entered in the office record.

- If the *Prior Authorization* checkbox is checked, the system will prompt the user during Charge Posting if an authorization number has not been entered.

- The *EMC Billable* checkbox determines whether this charge can be sent to insurance via electronic format.

- The *Bill to Patient* checkbox, when checked, forces the CPT code to go to straight to patient responsibility without being assigned to insurance.

NOTES:

_____

_____

_____

_____

_____

- The *Referral Doctor Required* checkbox controls whether or not a referral doctor is required when claiming this CPT. Users will be warned during charge posting if a referral doctor is required but not entered.
- The *POS* field is the default place of service for this CPT. The POS will pull into Charge Posting as defaults; however they can always be edited. If the POS field is left null, then the default is defined by a system parameter, under Bill General, Default POS.

- The *TOS* field is the default type of service for this CPT. The TOS will pull into Charge Posting as defaults; however they can always be edited. If the TOS field is left null, then the default is defined by a system parameter, under Bill General, Default TOS.

- The *Col 17* checkbox makes the rendering provider required on the bill. In charge posting, users will be prompted if there is no rendering provider.

- The *Rend. Dr as Ordering Dr* field makes the rendering provider as the ordering provider.

- The *Col 19* field refers to the box on the CMS 1500 form. This field has two parts. The first part is a drop down list with options: None, Auto Add, and Edit Add. None means that this field is not used and there is no default text for this CPT. Auto Add and Edit Add both open up a free text box where text can be entered. This text is defaulted into Col 19 on the CMS 1500 form for this CPT. This box can later be edited when the CPT is posted during Charge Posting. Edit add will prompt the user that text has been added and ask if the user wants to edit. Auto add will add the text to the charge posting session, but will not prompt the user that this text has been added; the user can still change the text though.

- The *Flash Note* field also has two parts. If the checkbox is checked, then this field is used; if it is not check, this field is not used. In the free text box, any note that is entered will appear throughout the system as a pop-up box when this CPT is used. For example, if the CPT were entered into Charge Posting, a pop-up box will appear with the note.

- *RVS - Relative Value Scale (RVS)* is the conversion factor for your geographic area that RBRVS assigns procedures performed by a physician or other medical provider.

- The *Age (in years)* field designates an age range for which a CPT code is valid. The system will not allow users to use this code if the patient falls outside of the age range.

- The *Gender* field designates for which gender this CPT code is valid. The system will not allow users to use this code if the patient is the wrong gender.

- *The Unit* field is a range of units allowed to be billed for this CPT. If the units entered for this CPT fall outside of the range the user will be prompted; however, this will only be a warning and the user can ignore the unit range.

NOTES:

_____

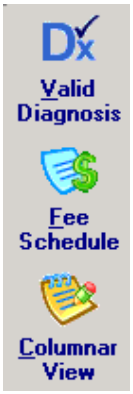
_____

_____

_____

_____

- The *Billing Frequency* field is how often in days this CPT is allowed to be billed. In charge posting, a warning pops up if CPT is bill for patient too close to previous billing of CPT.
- *Anesthesia CPT* can be checked if this is an Anesthesia code and you want your claims to automatically populate with a Unit of time.
- The *Cannot Claim With* field is a list of other CPT codes that cannot appear on the same claim as the current CPT code. See CPT Classification section on how to create and edit classifications.
- The *Note* field is a free text field in which can be entered any note related to this CPT.
- The *MCIR* field is used for a Michigan program.



Valid Diagnosis button - users can enter the only diagnosis codes that can be used with this CPT. If these are left blank, all diagnosis codes are valid.

Fee Schedule button shows the fee schedules this charge is in. Here users can edit the charge amount, allowed amount, expected amount for this CPT in that fee schedule. However, users cannot add this CPT to fee schedules from here.

Column View allows an alternate view of CPT codes. From here users can edit various items from many CPT codes in a quick column format.

CPT Classification

Setup>> Bill >> CPT Classification

CPT Classifications are used to organize CPT codes. A CPT Classification is added to a CPT code in the CPT Master. Use the Add button to enter new classifications. Use the Delete button to remove classifications. Use the Save button to save changes.

Sort CPTs

Setup>> Bill>> Sort CPT's

By default, CPTs in Most Used List are sorted by numeric order (with alpha characters appearing after numeric characters).

For each Doctor, users can set a custom sort order of the CPT codes so the ones commonly used by a doctor appear first. Use the search field to search for CPT codes by Code or Description.

NOTES:

_____

_____

_____

_____

_____

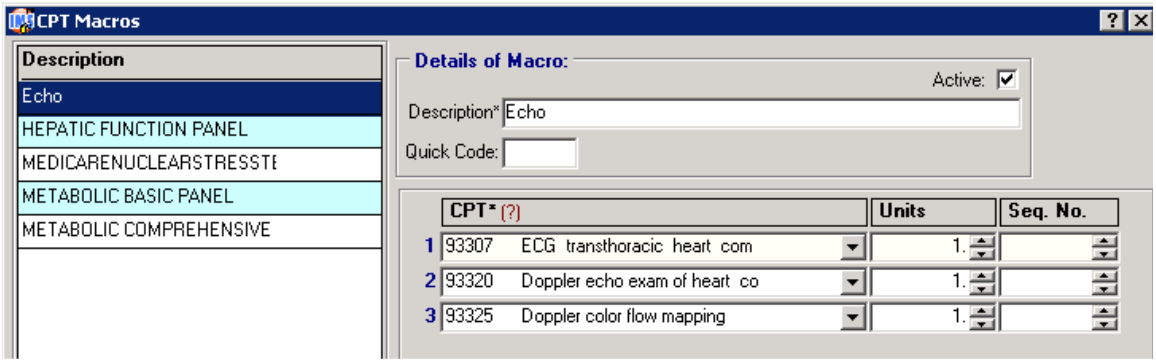
Select the Doctor for which to set the CPT order, and then set the Sequence Number (*Seq No*) for each CPT code. Any CPT codes that do not have a Seq No will be sort by the default method (numerical order).

The *Copy Sort Order* button allows users to set the order for one doctor and then copy that same order to another doctor. Click the button and select which doctors to copy the current order to. Once the doctors are selected, press the Copy button.

CPT Macros

Setup>> Bill>> CPT Macro

CPT Macros contain multiple CPT codes. In charge posting, users can enter a macro and the system will translate that macro code into multiple CPT codes. It allows users to quickly enter multiple CPT codes that are routinely billed together.



Open the CPT Macros window.

Enter a *description* (required) of the new macro.

The *quick code* field allows quicker lookup in Charge Posting or Superbill windows; in those windows, in the CPT code field, enter a dash, '-', and the quick code as an alternative to selecting the CPT Macros button and choosing a macro that way.

Next enter the *CPT codes* (required) that are a part of this macro. For each code, determine the *sequence order* and how many *units* to charge. When completed hit "Save".

NOTES:

_____

_____

_____

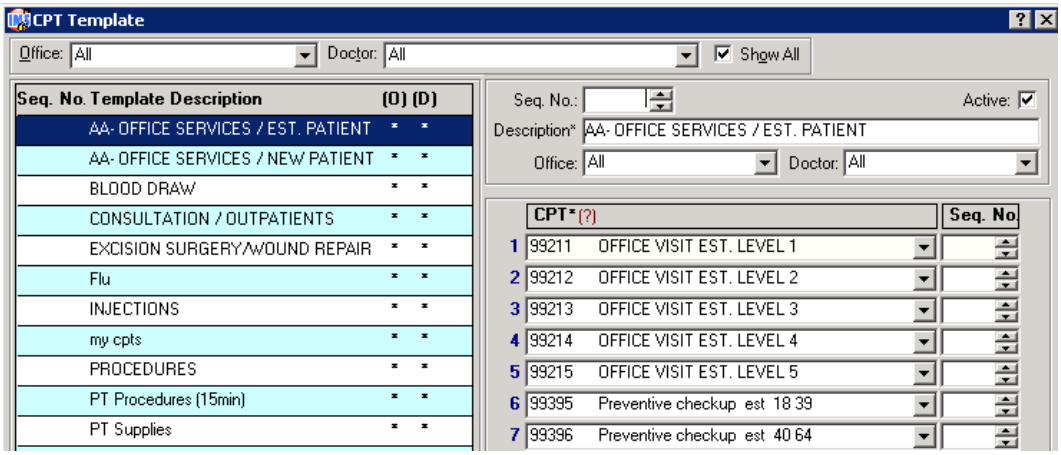
_____

_____

CPT Template

Setup>> Bill>> CPT Templates

Offices often have their CPT codes organized on super bills. CPT Templates is the organization method in IMS. A CPT template contains any number of CPT codes and they can be specific to an office or doctor. In Charge Posting and Super Bill Entry (in Visit Note or Check Out), these templates are available for users to access and quickly find a CPT code. For example, a user can select a template for Office Visits codes or Injection codes and quickly find the CPT code in that category.



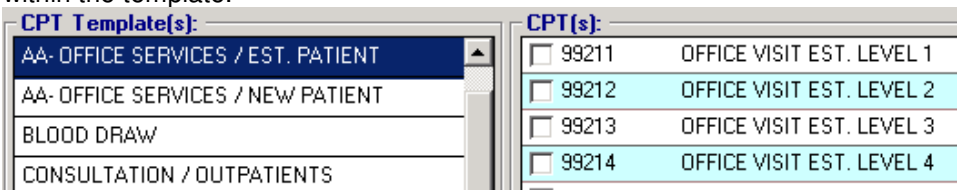
The *Office* field and *Doctor* field at the top of the CPT Template Setup window are only available if the *Show All* checkbox is unchecked. Use these fields to filter the Templates that appear in the left panel.

The *Seq No* is the order in which this template will appear in relation to the other templates.

The *description* (required) is the name that will appear through out the system for this template.

If this template is only available for certain *offices* or certain *doctors* select the appropriate restrictions under the description field.

Then select the *CPT codes* (required) within this template and determine the *sequence* of the CPT codes within the template.



NOTES:

_____

_____

_____

_____

_____

Diagnosis – ICD Codes

Most Used ICD-9 Code

Setup>> Bill>> Most Used ICD-9 Codes

IMS comes with a complete list of ICD-9 codes. Therefore, each organization needs to create a smaller list of Most Used ICD-9 Codes. This list of most used codes will be quickly and easily accessible throughout the system; however the entire ICD-9 list is also accessible if needed.

To add codes to the most used list, use the  arrow to move codes from the left panel to the right panel. Left panel will be displaying list of all Available ICD-9 codes and Right Panel will be displaying most used ICD-9 code(s).

The search function allows users to search by code or description for any ICD code in either the available or most used list.

The 

button opens a window for users to create a new ICD code. This window is similar to the screen described in the Diagnosis Code section.

Diagnosis Code – Add or Edit Most Used List

Setup>> Bill>> Diagnosis (ICD) Code

This option displays the codes in the most used list. Users can add or delete codes from here; adding codes from here will add them to the most used list; deleting codes from here will remove them from the most used list, however they will still be in the complete list. Once diagnosis codes have been used in visit notes or on bills, they cannot be deleted you must inactivate the diagnosis code.

Users can also *link* diagnosis codes with prescriptions, lab orders, careplan, CPTs, reminder, authorization, documents to fax/email/print, or a followup appointment.

For example, we can setup a link between a diagnosis code and a prescription. Whenever we assign that diagnosis code to a patient in our visit note, the system will prompt us with the option of adding the prescription with one click. This way the provider does not have to go look for the prescription because the system offers a one click option of adding it. Also, the provider can ignore the link at any time.

To link diagnosis codes click on the chain link icon,  . In the link pop-up window, select the type of item to link to this diagnosis code. Follow the prompts for that link and hit save when completed.

NOTES:

_____

_____

_____

_____

_____

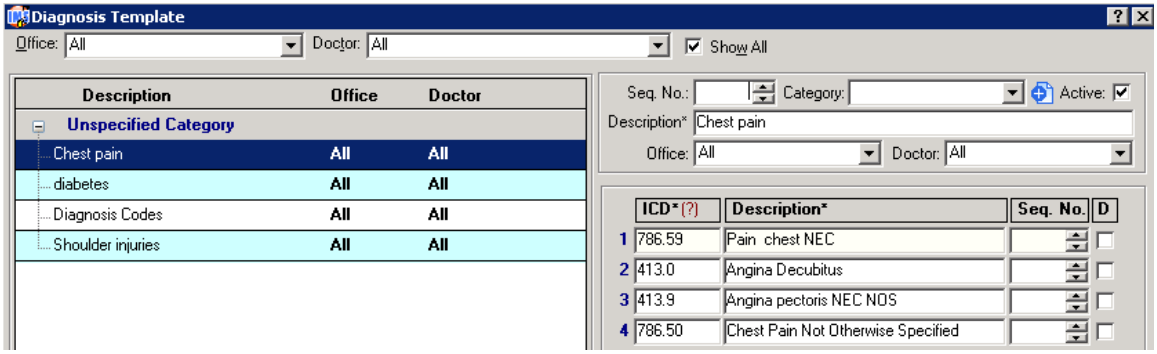
Diagnosis Template

Setup>> Bill>> Diagnosis Template

Offices often have their Diagnosis codes organized on super bills. Diagnosis Template is the organization method in IMS.

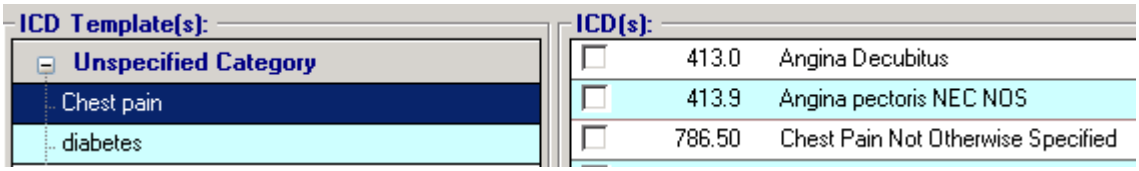
Templates can be specific to an office or doctor and can be categorized. In Charge Posting and in the Visit Note, these templates are available for users to access and quickly find a Diagnosis code.

In this setup window, all templates are displayed by default. Uncheck the *Show All* check box to only display templates for certain *offices* or *doctors*. The templates are displayed on the left sorted into categories. The contents and details of the templates are displayed on the right. Select a template to edit it, or click the Add button to create a new template.



The *Seq No* is the order in which the template will display in relation to other templates in the same category.

Categories are another layer of organization. Diagnoses are organized into templates and templates can then be organized into categories. Select a category from the drop down list or click the blue plus sign in order to create a new category. To add a category, enter a *description* (or name of the category), the *Seq No*, or order in which this category is to appear in relation to other categories, and any *note*.



NOTES:

_____

_____

_____

_____

_____

Next, enter a *description* (required) for the template, the *doctor* and *office* to which this template applies.

After entering the template details, enter the diagnosis codes which belong to this template. By entering the *ICD-9 code* (required), the *description* (required) will auto populate.

Users can also search by ICD or description by clicking on the red question mark or pressing F5 while in the ICD field. Enter a *Seq No* to determine the order of diagnosis codes within the template. The *D* column is a checkbox is still under development.

NOTES: