

<u>ClinixPM Master Table Step by Step Training Guide</u></u>

NOTE- This document is designed to help new users input data into their Master Tables in the order in which they need to be completed. Therefore, the order of the tables will not match the order in which they are listed in ClinixPM.

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| Master Menu 11.5 - Recalls | |
| Master Menu 11.13 Encounter Form Setup | |
| Master Menu MM-Shift F7 – Automatic Write-off Procedure Codes | |

Introduction: Clinix Master Files and Control Tables Functions

Choose Master Menu Selection 1 to access the **MASTER FILES** function screens in order to create, view and/or maintain files which are used to produce patient accounts, insurance master records, procedures, claims, statements and appointment schedules, and are used for reference during data entry and processing activities.

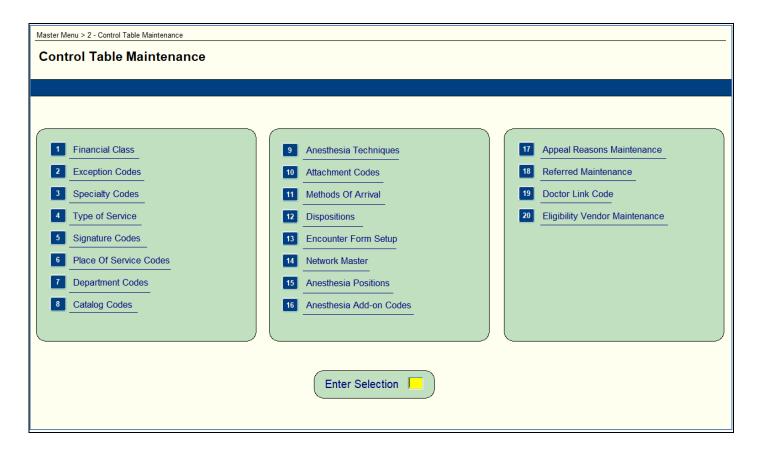
Choose Master Menu Selection 2 to access **CONTROL TABLES MAINTENANCE** in order to create, view and/or maintain tables which are used for reference during data entry and processing activities.

Each Master File or Control Table's purpose and field usage is outlined in the following Master Menus based on the format "Master Menu X.n" where "n" is the submenu number.

| Master Menu | | |
|--|--|------------------------|
| Master Tables and File Searches 1 Clinic Master Files 2 Control Table Maintenance 3 Edit Tables Menu 4 Account Collections 3 File Searches 6 Crosswalk | Patient Accivity 1 Patient Account 2 Guarantor Setup & Maintenance 3 Guarantor Setup & Maintenance 9 Transaction Entry 10 Billing Office Interface Enter Selection | Appointment Scheduling |

| Ma | ster Men | u > 1 - Clinic Master Files | | | | | |
|----|----------|-----------------------------|----|-----------------------------|----|--------------|--|
| с | lient | Master Files | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 1 | Client Profile | 11 | Expected Payment Percentage | 21 | Retail Sales | |
| | 2 | Doctor Master | 12 | Expected Payment CPT Level | | | |
| | 3 | Location Master | 13 | Bank Setup | | | |
| | 4 | Insurance Master | 14 | Refund Check Register | | | |
| | 5 | Diagnosis Codes | 15 | Test Codes | | | |
| | 6 | Procedure Codes | 16 | Group Provider Numbers | | | |
| | 7 | Billing Messages | 17 | Individual Provider Numbers | | | |
| | 8 | Management Group | 18 | Action Codes | | | |
| | 9 | Audit Trail | 19 | Managed Care Contract | | | |
| | 10 | Provider Fee Schedules | 20 | User Level Security | | | |
| | | | | Enter Selection | | | |

Master Menu 2 – Table Codes Maintenance



Master Menu 1.1 Client Profile

Purpose: Used to create the control record that defines you as a Clinix client by identifying your overall system criteria. Fields utilized for this purpose are defined below.

| Master Menu > 1 - Clinic Master Files > 1 - Client Profile | | | | | | |
|--|----------------|--------------------------------------|--|--|--|--|
| Client Profile | | | | | | |
| | | | | | | |
| Client Statistics | | | | | | |
| | | | | | | |
| | Client Code | Management Group | | | | |
| | Client Name | Curryear | | | | |
| | Address 1 | Currmonth | | | | |
| | Address 2 | Automatic Ins Assign | | | | |
| | City St | Auto Ins Code | | | | |
| | Zip Code | Patient Scheduled Thru | | | | |
| | Billing Office | Default Group Code | | | | |
| | Contact Ext | Last Updated | | | | |
| | Fax Ext | Updated by | | | | |
| | | | | | | |
| | | | | | | |
| | | and comitting the change will result | | | | |
| | | Aonth process completing tonight | | | | |
| | Last EOM | Run EOM Processing N | | | | |
| | Last Update | ated User ID | | | | |
| | | | | | | |

| Master Menu 1.1 Client Profile | | | | | |
|--------------------------------|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Client Code | Behind the scenes code used by Programming. Client will never see this | | | | |
| | code. MUST be different than database code. | | | | |
| Client Name | Client's short name as will be used for identifying their database. | | | | |
| Address 1 and Address 2 | This address does not appear anywhere, just FYI here. | | | | |
| City, State, and Zip Code | Enter the City, State, and Zip Code | | | | |
| Billing Office | Number Clinix staff should use to contact the client. | | | | |
| Contact | Additional number that can be used to contact the client; sometimes | | | | |
| | referred to as a back office line. | | | | |
| Fax | Fax number of Billing office | | | | |
| Management Group | Always a 'Y' | | | | |
| Curryear and Currmonth | Displays the current system month and year | | | | |
| Automatic Ins Assign | Enter Y if you want the system to automatically assign numeric | | | | |
| C C | Insurance key codes. Blank assumes No. | | | | |
| Auto Ins Code | Enter the number the system should auto assign after | | | | |

| Patients Scheduled Thru | Displays the latest date through which the appointment schedule is |
|----------------------------------|--|
| | built |
| Default Group Code (Use | If client only has one group, the group should be entered. |
| the default Group Code | |
| Code if you <u>only</u> have one | |
| group in your database) | |
| Last Updated | This field will display the last date a changed was made. |
| Updated By | This field will display the last user that updated the form. |
| Last EOM | This field will display the date of the Last EOM. Note: A security |
| | must be set on MM1.21 for this feature. |
| Run EOM Processing | This field will default to an N. If client is set up as 'At |
| | Notification' for their EOM processing by entering a Y in this field |
| | it will set their EOM process to run that night. Note: A security |
| | must be set on MM1.21 for this feature. |
| Last Updated | This field will show the last date that the 'Run EOM Processing' |
| | flag was updated. Note: A security must be set on MM1.21 for this |
| | feature. |
| User ID | This field will show the last user that updated the 'Run EOM |
| | Processing' flag. Note: A security must be set on MM1.21 for this |
| | feature. |

Master Menu 1.2 Doctor Master

Purpose: To define each doctor or provider of care within the group and input data needed for insurance claim filing and to define each referring physician to the group and input data needed for insurance claim filing. This record can also be used to define functional areas or resources such as Treadmill, X-ray, EKG, internal Lab, or others that can be used for scheduling purposes.

| Credentialed | Doctor Ins Crosswalk | Provider's # | Doctor Statistics Info | Attend Doc Xwalk | Refer Doc Xwall |
|---------------------|----------------------|---------------------|------------------------|------------------|-----------------|
| Certification Codes | | | | | |
| _ | | | | | |
| | | | | | |
| | Group Code | | Telephone () | - | |
| | Doctor Code | | Fax () | - | |
| | Doc Last Name | M.I. | Soc Sec Num | | |
| | First Name | Title | Tax Id | | |
| | Doctor Name | | License Num | | |
| | Address 1 | | NPI | | |
| | Address 2 | | Alt Grp NPI | | |
| | City | St | | _ | |
| | Zip Code | | Department | | |
| | Specialty | _ | Last Schedule | | |
| | Fee Schedule 1 | Referring Phys N | WCB Rating Code | | |
| | Participating Y | Intern N | WCB Auth Num | | |
| | Payee | Attending Phys N | Resident N From | Through | |
| | Public Aid Elec. | Medicare Elec. | Active Y EffDate | | |
| | Person Y | Blue Shield Elec. Y | Taxonomy | | |
| | Check Eligibility? | | | | |
| | Last Update | By | Link Code | | |

| Master Menu 1.2 Doctor Master | | | | | |
|-------------------------------|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Group Code | Group specific for attending. Attending may also be marked | | | | |
| | as referring within the same specific group. If referring can | | | | |
| | be shared by more than one group, put referring in group All. | | | | |
| Doctor Code | Numeric only. May set system to auto assign but enter | | | | |
| | number for exceptions. | | | | |
| Doc Name and Title | Block 31 of CMS-1500 | | | | |
| Address 1 and 2 | Not needed | | | | |
| Zip Code, City and State | Self-explanatory | | | | |
| Telephone | FYI | | | | |
| Fax | FYI | | | | |
| SSN | May be used for claim depending (not required) | | | | |
| Tax ID | May be used for claim depending | | | | |
| License Number | Used primarily for Worker's Comp proprietary claims | | | | |
| NPI | National Provider Identification number. Select from LOV. | | | | |
| Alt Grp NPI | Can be used when a practice has two group numbers. If an | | | | |
| | NPI number is stored in the 'Alt Grp NPI' field this NPI will | | | | |
| | override the NPI that is stored in the Management Group, | | | | |
| | MM1.8. If this field is left blank, the insurance program will | | | | |
| | use the NPI number that is stored on MM1.8. | | | | |
| Department | Used for reporting | | | | |
| Last Schedule | Displays the date of the last built schedule | | | | |
| WCB Rating Code | Worker's comp related | | | | |
| WCB Auth Number | Worker's comp related | | | | |

| Specialty | Used in scheduling |
|---------------------|--|
| Fee Schedule | Identifies the pricing the doctor uses. |
| Participating | Enter Y if Doctor Participating with Medicare |
| Payee | Illinois IDPA and PA Medicaid # used on claim |
| Public Aid Electric | Enter a 'Y' to file electronic, 'N' to file to paper, and 'H' to |
| | hold all Medicaid Claims. |
| Person | Enter 'Y' or leave blank if the referring doctor is a person. |
| | Enter 'N' if the referring doctor is a non-person indicating |
| | that the referral was a facility |
| Check Eligibility? | Enter 'N' to exclude provider from batch and real time |
| | eligibility check. Y or null assumes Yes. |
| Referring Physician | Enter Y if doc can be used as referring |
| Resident | No longer used |
| Intern | No longer used |
| Attending Physician | Enter Y if doc is attending |
| Medicare Electric | Enter a 'Y' to file electronic, 'N' to file to paper, and 'H' to |
| | hold all Medicare Claims |
| Blue Shield Elec. | Enter a 'Y' to file electronic, 'N' to file to paper, and 'H' to |
| | hold all Blue Shield Claims. |
| Active | Type N to deactivate doctor (Y does nothing) |
| Effective Date | Date doctor deactivate. Will not allow charges for DOS => |
| | effective date. |
| Taxonomy | Select from LOV |
| Link Code | This field can be utilized to link all Referring Physicians that |
| | belong to the same practice. There are several reports that the |
| | link code will display. |
| Resource Doctor | Type Y when you are setting up a resource, i.e., Treadmill, |
| | EKG. The Not Posted report will not include resource. |
| Locum Tenens | If a provider is performing Locum Tenens function, check |
| | this box for internal reporting only. |
| User name and Date | Auto stamps upon commit |

Master Menu 1.2, F11-Doctor Credentialed

Purpose: This will allow users to hold claims, based on the insurance key code, when the doctor is not yet credentialed.

| | Group Code | Doctor | Ins | Effective Date | Cred | Active | User | Date/Time | |
|---|------------|--------|---|--|--------|--------|--|--|--|
| | | | 2 1 1 1 1 2 2 3 400 | 04/01/14 04/01/08 04/01/08 04/01/08 04/01/08 04/05/08 04/05/08 04/05/08 04/30/08 05/12/08 | YNNNNN | YZZZZ | CBIN JDIA JDIA GBRI GBRI GBRI AKEL GBRI | 04/10/14 12:00:32 P.M. 04/24/08 12:14:09 P.M. 04/24/08 12:07:09 P.M. 04/25/08 10:27:02 A.M. 04/25/08 01:30:26 P.M. 05/12/08 12:02:19 P.M. 04/25/08 01:31:50 P.M. 06/05/08 03:08:16 P.M. 04/30/08 04:32:26 P.M. 05/12/08 11:30:40 A.M. | |
| Group PHYSICIAN'S GROUP #1 Ins TESTING NUMBERING Doc RONALD A SPECIALIST CRNA Entered By CBIN Date Entered 04/10/14 | | | | | | | | | |

| Master Menu 1.2, F11- Doctor Credentialed | | | | | |
|---|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Group Code | This defaults from MM1.2- Doctor Master Record Maintenance | | | | |
| Doc | This defaults from MM1.2- Doctor Master Record Maintenance | | | | |
| Ins | Enter the insurance key code where the claims need to be put on | | | | |
| | hold | | | | |
| Effective Date | This is just for documentation purposes | | | | |
| Cred | An 'N' will prevent claims from opening for that provider for that | | | | |
| | carrier. When the doctor becomes credentialed, a new record will | | | | |
| | need to be entered with a 'Y' which will allow claims to begin | | | | |
| | opening for that provider for that carrier. | | | | |
| Active | A 'Y' will default to state this record is being utilized in insurance | | | | |
| | processing. If a doctor becomes credentialed the user will need to | | | | |
| | set this field to a 'N' and enter a new record with a 'Y' stating | | | | |
| | this provider can begin filing claims for a specific carrier | | | | |
| User | The system will automatically stamp the user id of the person | | | | |
| | entering/updating that record | | | | |
| Date/Time | The system will automatically stamp the date and time the record | | | | |
| | was entered and/or updated | | | | |
| Bottom of the screen: | | | | | |
| Group | FYI field- Shows the full name of the group | | | | |
| Doc | FYI field- Show the full name of the doctor | | | | |
| Ins | FYI field- Show the full name of the insurance carrier | | | | |
| Entered by | Shows the user who entered the original record | | | | |
| Date Entered | Shows the date the record was originally entered | | | | |

Master Menu 1.3 Location Master

Purpose: To define each location the group provides services. This information is used in filing Insurance claims and to develop financial statistics.

• Note- Location Code Maintenance – Medloc (MM1.3) If you have the POS attached to a specific location on the Location Master Table and you do not have 1) the POS default set on the Batch Control screen or 2) a POS code set on a specific CPT code in the Procedure Master; then the POS from the Location Master will default at charge entry.

For full POS hierarchy information see announcement with effective date November 7, 2007 with the title '<u>Created a</u> <u>hierarchy to default the Place of Service (POS) from specific screens/forms within Clinix</u>'

| Master Menu > 1 - Clinic Master Files > 3 - Location Master | | |
|--|---|-------------------------------------|
| Location Master | | OFFC Physician Office Test Database |
| Location Statistics | | |
| Group Code Location Code Location Name Address 1 Address 2 City Zip Code Telephone Clia # / HHA # Link Code Sched Loc Name FDA # Facility Outside Lab NPI Effective Date Expiration Date | St RVU Locality N HPSA (Health Professional Shortage Areas) Fax POS MD Locator Code Updated on By | |

| Master Menu 1.3 Location Master | | |
|--|---|--|
| Field Name Field Description | | |
| Group | Must be group specific. | |
| Location Code | Must be numeric. | |
| Location Name and Address | Block 32 of CMS-1500. Ins. Program must have an address for HIPAA. Put in additional 4 digits to zip code. | |
| RVU Locality | Clinix will programmatically set this field when possible; however, we ask that you very every locality code. | |
| HPSA(Health Professional Shortage Areas) | Y if qualified as an HPSA, or N or leave blank | |

| Telephone | FYI only |
|-----------------|--|
| Clia #/HHA # | Prints in Block 23 or 32 of CMS-1500. Insurance |
| | program determines placement dependent on carrier. |
| | Clia 3 represents Lab Certification |
| | HHA represents Home Health Agency certification |
| Link Code | Not used at this time |
| POS | If you have the POS attached to a specific location on |
| | the Location Master Table and you do not have 1) the |
| | POS default set on the Batch Control screen or 2) a POS |
| | code set on a specific CPT code in the Procedure Master; |
| | then the POS from the Location Master will default at |
| | charge entry. |
| Sched Loc Name | When data is entered into this field and saved, this field |
| | will pull into the drop down list for the Location Name |
| | in the parameter section of the Scheduling form. |
| FDA # | This field is used to store the: |
| | Mammogram FDA certification number prints in CMS- |
| | 1500 block 32 or the |
| | Facility Number when required. |
| Facility | This field is only used for IDPA paper claims, Form |
| | HFS 2360. Enter name that should appear on HFS-2360 |
| | block 21 if different than what appears in Location |
| | Name above. |
| Outside Lab | Enter Y if CMS-1500 block 20 should be marked Yes |
| MD Locator Code | Please enter the Locator code for NY Medicaid or ID |
| | Medicaid |
| NPI | Location NPI field for block 32A on CMS-1500 |
| Effective Date | Used for FYI |
| Expiration Date | Used for FYI |

Master Menu 1.4 Insurance Master

| · · · | Page 1 |
|---|---|
| Master Menu > 1 - Clinic Master Files > 4 - Insurance Master | |
| Insurance Master | OFFC Physician Office Test Database Parent: OFFC |
| Carrier (TPL) Codes Contract | |
| Co. Master Code Master State Return Claim Referral Auth. N Medigap TP # | Key Code Ins Type Office Code HMO N Contracted? EOB |
| Ins Pay Code Ins Adj Code | W/H Adj Code Sequest Code |
| CMS-1500 Form Type 15 Electronic? N Payor # | UB Claims Form Type Electronic? Payor # |
| Company Name | Claim Inquiry Ext |
| Address One | Representative |
| Address Two | E-Mail |
| City | Website http://www. Launch URL |
| Country USA Zip Fax | |
| Comments | |
| | Last Update Updated By |
| F10 - Next | Page >> |

Purpose: To define all insurance company master records that is used to file patient insurance claims.

| Master Menu 1.4 Insurance Master | |
|----------------------------------|--|
| Field Name | Field Description |
| Company Master Code | Select from LOV. Must be a network that the payor is in, not to be used |
| | to store payors. (Think credentialing when deciding on a master code) |
| Master State | Only use if the carrier has different formatting by state. |
| Insurance Key Code | May be alpha or numeric, 5 character maximum |
| Product Type Code | Select from LOV, critical to payment posting reporting in the near future |
| Insurance Type | Select from LOV |
| Return Claim | Enter an R if you want the claim to drop to paper and be returned to the |
| | client. Enter an S if claim to be returned to client for signature only when |
| | claim had to drop to paper because it could not open electronically. |
| | Return or Signature will appear on the top of the claim as applicable. |
| Referral Auth | If this field is set to 'Y' the system will force the user to enter the |
| | referral/authorization when scheduling an appointment. NOTE- The |
| | 'Primary Physician' field on MM2.3 will need to be set to 'N' for this |
| | field to function correctly. |
| Medigap | By entering a medigap number, the system does not send a secondary |
| | claim but records that a medigap claim has been forwarded by the |
| | primary carrier. |

| TP # | Louisiana Medicaid number, BCBS of TN requires BSS, and TNcare |
|-------------------------------|--|
| | requires 002. Any keycode with form type 64 must have either BL, HM, |
| | MB, or OF in the TP # field (medins) in order to go electronically. |
| | BL means blue shield. |
| | HM means blue care network. |
| | MB means Medicare advantage. |
| | OF means federal. |
| Office Code | Some Change Healthcare carriers still use this in addition to the payor #. |
| НМО | If the HMO flag is a Y, this means the payer is a medicare |
| | advantage plan and we will send code 16 (HMO medicare risk) |
| | instead of code MB (medicare part B) in the emc filing indicator |
| | (SBR09). The HMO flag is also tied to rejection 36 (MSP code |
| | missing) when the secondary payer is medicare part B and the MSP |
| | |
| Contro etc. 49 | code is blank and the HMO flag is N or blank. |
| Contracted? | Enter Y if there is a contract with this product. |
| | In addition, if this field is marked with a 'Y' the adjustment will |
| EOB | automatically be taken when posting insurance payments.Enter a Y or P. If this field is marked with a 'Y', users will have the |
| EOD | ability to enter the Allowed, Co insurance, Deductible, etc when posting |
| | insurance payments and a system generated EOB will generate. If this |
| | field is marked with a P, users will users will have the ability to enter the |
| | Allowed, Co insurance, Deductible, etc when posting insurance payments |
| | but a system generated EOB will not generate. |
| Active? | Enter N to deactivate this insurance record. The deactive flag prevents |
| Active: | the user from manually entering this code from that point forward. It |
| | does not stop claims from generating for existing accounts. |
| Ins Pay Code | Select from LOV |
| Ins Adj Code | Select from LOV |
| W/H Adj Code | Select from LOV. If a payment is being manually posted to an |
| Willing Code | insurance carrier that has a withhold adjustment entered, the system |
| | will deduct that withhold amount from the payment amount and |
| | |
| | post a withhold adjustment. NOTE- if this field is left null the |
| | offsetting adjustment will not be posted but the system will still |
| | deduct the withhold amount from the payment. |
| Sequest Code | Select from LOV or enter your Medicare sequestration code |
| CMS-1500 – Form Type | Form 15 should be used for Change Healthcare carriers. For direct |
| | carriers select correct form type from the LOV |
| Electronic? | Y will send claims electronically if Medicare, Medicaid, BC, RR directly; |
| D // | all other carriers via Change Healthcare when payor number is entered |
| Payor # | Find on the Change Healthcare web page. This number identifies for |
| UD Claimer Fame Trans | Change Healthcare where to forward the claim |
| UB Claims: Form Type | If an electronic UB04 claim is needed, enter the form type of UB. |
| Electronic? | Enter a 'Y' if a UB claim can be filed electronically. |
| Payor # | The appropriate Change Healthcare payor number must be entered. Note: |
| | Additional enrollment might be required for some insurance carriers. |
| | This will be noted on the Change Healthcare Payor List on their website - |
| Company Nama | changehealthcare.com. |
| Company Name Address 1 & 2 | Top of claim for mailing purposes |
| | Self-explanatory Self-explanatory |
| Zip Code, City, and State | Sen-explanatory |

| Country | Self-explanatory |
|----------------|---------------------------------------|
| Fax | Self-explanatory |
| Claim Inquiry | FYI |
| Representative | FYI- Open Claims Report #6946 |
| Email | FYI |
| Website | Self-explanatory |
| Comments | Any comments for this key code record |

| | | | | Page 2 |
|--|---|-------------------------------|--------------------------------|---|
| Master Menu > 1 - Clinic Master Files > 4 - In | surance Master | | | |
| Insurance Master | | | | OFFC Physician Office Test Database Parent: OFFC |
| Carrier (TPL) Codes Contract | | | | |
| Insurance Name | Ins. | Key Code | FYI Only: Medicare Medicaid | Provider Numbers BCBS |
| | Flag Flag -Z). B-Optional Alphabetic (A-Z). N-Req Alphanumeric(A-Z,0-9). V-Optional Alph | | Assignment | Miscellaneous? |
| Coding: | Filing Req'mts: Auto Refile | Prov Req'mts: Print Perf Doc? | Mcare & PA Mcaio | t: Emergency: |
| Modifier Req? | Timely Filing Limit | Prov. # Req? | CRN Rqrd | ERCode |
| ICD9 Only? | Days Before Auto Refile | Billing NPI Req | ATcd 🔲 | ER Code Req? |
| Payee Information | | | | |
| Name | Addres | s 1 | Address 2 | |
| City | State | Zip | | , |
| | | << F10 - Previous Page | | |

Master Menu 1.4 Insurance Master (continued)

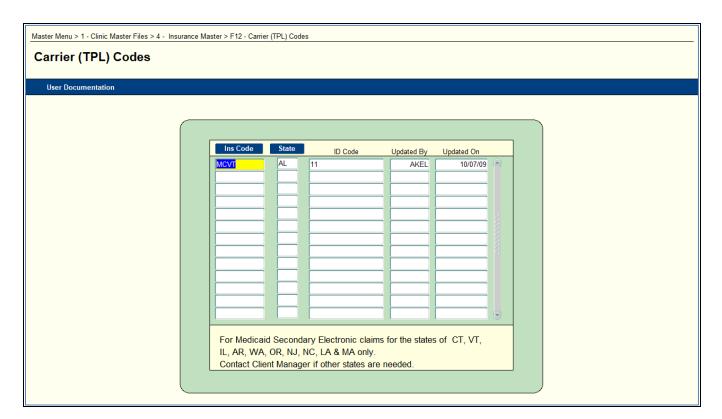
| | Master Menu 1.4 Insurance MasterPage 2 | |
|----------------------------|--|--|
| Field Name | Field Description | |
| FYI Only: Provider Numbers | These fields will display the provider numbers | |
| Policy # Format & Flag | Set parameters that users will have to follow when entering account | |
| | policy numbers. CTR B for a list. Enter W for warning, V for validation. | |
| Group # Format & Flag | Set parameters that users will have to follow when entering account | |
| | policy numbers. CTR B for a list. Enter W for warning, V for validation. | |
| Assignment | Enter Y to Accept Assignment, N for No. Block 27 of CMS 1500 | |
| Miscellaneous? | A 'Y' requires the user to enter the insurance name and address in the | |
| | Misc. Medacins fields. An N prevents a user from entering the name and | |
| | address on the Medacins screen. A null leaves the Mis. Medacins field | |
| | optional. | |
| Coding: CCI | Enter Y to active the Correct Coding Initiative edits. | |

| Modifier Required? | Enter Y if required. | |
|----------------------------------|---|--|
| Mod | Enter the code at charge entry or enter the Modifier code to default at the | |
| | time of charge entry. | |
| MUE? | Definition- 'Maximum units of service that a provide would report under | |
| | most circumstances for a single beneficiary on a single date of service.' | |
| | Any charges entered where the units exceed the MUE maximum | |
| | allowable will generate on our Batch Edit Report (5207). | |
| ICD9 Only? | Enter a 'Y' if the insurance carrier will only accept ICD9 diagnosis codes | |
| - | after October 1, 2015. | |
| Global Days | ClinixPM has defaulted this field to a 'Y' on all insurance carriers within | |
| | your database. If you do not want a specific carrier to look at the global | |
| | days and thereby notifying the user during charge entry, you will need to | |
| | change this field to an 'N' and save. | |
| | If this field is marked with a 'Y', when a charge is posted and the account | |
| | number, date of service, and the procedure code conflict with another | |
| | charge that has been posted or is still pending, the user will get a warning | |
| | pop up. This warning is not a fatal warning and will allow the user to | |
| | continue posting without taking any action. This is simply a warning | |
| | message to notify the user of a potential problem that could result in | |
| | denied claims. | |
| Filing Req'mts: Auto Refile | This field will allow users to inform the system if a specific insurance | |
| | carrier should not be considered when we run our automatic close and | |
| | refile claims program based on the (med) option that has been put in place | |
| | for a database. | |
| | This field will only hold a 'Y' or 'N' value. Adding data into the this | |
| | field will override the (med)options that have been set | |
| Timely Filing Limit | Enter the number of days the carrier has set for their timely filing limit. | |
| Days Before Auto Refile | This field will allow users to inform the system if a specific insurance | |
| | carrier needs a different number of days set regarding when to close and | |
| | refile claims based on the (med) option that has been put in place for a | |
| | database. | |
| | This field will only hold up to three (3) numeric characters. Adding data | |
| | into the this field will override the (med)options that have been set | |
| Provider Req'mts Print Perf Doc? | Enter N if this product only wants the attending doctor on the claim. | |
| Prov. # Req? | This field will reject a claim if a provider # is missing for this product. | |
| | Enter a G for group number, I for Individual number and B for both | |
| | numbers. Since we are sending NPI only to Medicare, Medicaid, and BCBS, if | |
| | you want legacy numbers to print in addition to the NPI, a project | |
| | must be entered for that payer. There are several Medicaid's who | |
| | still want legacy numbers. Note: For BCBS policies that are filing | |
| | through Emdeon, you will need to enter an 'N' in this field. If you | |
| | are entering an 'I','G', or'B' on a carrier that is going through | |
| | someone other than Emdeon, please call your Client Manager. | |
| Ref Doc Req? | Enter Y if the user must enter a referring doctor at charge entry. Not | |
| ter Doo ney. | necessary for Specialty ED as the attending doctor defaults as the | |
| | referring doctor | |
| Billing NPI Req | If a specific insurance carrier requires something other than the NPI | |
| g | indicated on the Group Master, in block 33a, then users can set this field | |
| | to allow an 'I' for Individual (NPI) or a 'G' for Group (NPI) to be used as | |
| | to more an i for marriage (if i) of a G for Group (if i) to be used us | |

| | the billable NPI. If the Insurance Master field is left blank the logic will |
|----------------------------------|--|
| | go to the Group Master. Setup per ins if IT does not use NPI. |
| Alt NPI Req | If a specific insurance carrier requires the Group NPI number in both box 24J you will need to enter a 'G' in this field. If a specific insurance carrier requires nothing to print in this field you will enter an 'N'. If this |
| | field is left blank, the doctor's individual NPI number will print in block 24j. The Group NPI number will also need to be in the 'NPI' field in |
| | the Management Group Profile Maintenance screen and the 'Use |
| | Group NPI' field will need to be set to 'Y' in MM1.8. |
| Mcare & PA Mcaid CRN Rqrd | Medicare and PA Medicaid have Insurance Claim Numbers (ICN) that |
| | are needed for secondary EOBs. Entering Y in this field will require |
| | manual posted payments to enter a Claims Reference Number. (Remit |
| | program does not use this field, it always posts the ICN) |
| ATcd | Enter a Y if an attachment code is required when posting payments, necessary for PA Medicaid. |
| ED Specialty: ERCode and ER Code | Enter the letter O but no code if the user may enter an ER code at |
| Req? | charge entry based on the procedure. |
| | Enter Y and no code if you want the field to be mandatory and you |
| Only applicable for Specialty ED | want the user to enter the code at charge entry. |
| clients. | Enter a Y and the code if you want the field to be mandatory but the |
| | ER code to default the code entered on this table. You will not be able to |
| | access this field at charge entry. |
| | Enter an N if you do not want the user to access the field at charge |
| | entry as an ER code is never warranted for this carrier. |
| Payee Information | Name & address info for mailing insurance refund checks if different |
| | from Company Name & Address on Page 1. |

Master Menu 1.4, F12 – Carrier (TPL) Codes

• Purpose: To allow a user to enter a TPL, Third Party Liability, code when a Medicaid secondary claim can be filed electronically.



| Master Menu 1.4, F12 Carrier (TPL) Codes | |
|--|--|
| Field Name | Field Description |
| Ins Code | Enter the Keycode that files claims to Medicaid carrier |
| | requiring TPL code |
| State | Enter the State to define which Medicaid should include |
| | the TPL code |
| ID Code | Enter the TPL code Note: This applies only to the States |
| | of CT, VT, IL, AR, WA, OR, NJ, and LA at this time. |
| | If additional states are need contact your Client |
| | Manager |
| Updated By | System will automatically stamp the users name |
| Updated On | System will automatically stamp the date |

Master Menu 1.6 Procedure Codes

- Purpose: This screen is used to input and maintenance all procedures performed by the group. It is also used to define payment and adjustment codes used in posting to patient accounts
- Note- Procedure Master Medproc (MM1.6) If you have the POS attached to a specific CPT code on the Procedure Master and you do not have 1) the POS default set on the Batch Control screen; then the POS from the Procedure Master will default at charge entry.
 - For full POS hierarchy information see announcement with effective date November 7, 2007 with the title 'Created a hierarchy to default the Place of Service (POS) from specific screens/forms within Clinix'

| Master Menu > 1 - Clinic Master | ster Menu > 1 - Clinic Master Files > 6 - Procedure Codes | | | | | | |
|---------------------------------|---|---------------|---------------------------------------|--------|----------------------------|---|--|
| | | | | | | | |
| Procedure Codes | \$ | | | | | | |
| | | | | | | | |
| Procedure Amounts | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | _ | C T 0 | _ | |
| | Management Group ALL | | Modifier One | | Purchase Test? Product? | | |
| | Procedure Type Procedure Code | | Modifier Two | | Product? Sales Tax? | _ | |
| | | | ModifierThree Anesthesia Procedure | | Bill Insurance? | _ | |
| | Department Revenue Code | | Laboratory Procedure | N | Stmt Print? | | |
| | Catalog Code | | Type of Service | | Custom? | | |
| | CPT Code | MD | Place of Service | | DME Code? | | |
| | Medicare Code | MD | Bill Medicare Elect? | | Global Days | | |
| | Medicaid Code | MD | Bill Medicaid Paper? | H | Subject To Global? | | |
| | Workers Comp Code | MD | Bill Others Elect? | | PQRS code? | | |
| | Statement Description | | Bill Medicaid Elect? | | MPPR? | | |
| | UB04 Description | | | | Prof/Tech Comp | | |
| | Full Description | | | > | NDC Code | | |
| | SV1 Message | | | | NDC Unit Measure | | |
| | Performing Doctor Required | Units | Deactivate? | | NDC Quantity | | |
| | Allow Different Months? | Refund | Auto Credit | | Barcode | | |
| | No Multiply | Anatomy | Updated by | | SKU | | |
| | Insurance Pay/Adj Procedure | Office Visit | Updated On | | | | |
| | Bad_debt Contractual | Prof Courtesy | Ref. Adj Ref Doc | Req? C | Co-Pay | | |
| | | | | | | | |
| | | | | | | | |

| Master Menu 1.6 Procedure Codes | | | | |
|---------------------------------|---|--|--|--|
| Field Name | Field Description | | | |
| Management Group | If there is more than one group, procedures can be loaded under group "ALL." If there is only one group, it can be group specific. If group "ALL" is used it will have to be set up in Master Menu 1.8. Table can be loaded with all charge codes from the AMA manual or from a spreadsheet supplied by the client with only the codes they use. | | | |
| Procedure Type | C for charges, A for adjustments, P for paycodes. | | | |
| Procedure Code | Free text for Paycodes and Adjustment codes. May use CPT code or free text for charges. | | | |
| Department | See Department table. Master Menu 2.7 | | | |
| Revenue Code | Used for UB04 billing. | | | |

| Catalog Code | See catalog code. Master Menu 2.8 |
|-------------------------------|--|
| CPT Code / Modifier | Must be the AMA code. / Enter a modifier if it should default |
| | for all insurance claims other than Medicare, Medicaid, or |
| | Worker's Comp. See those carriers listed separately below. |
| Medicare Code / Modifier | For carrier specific coding. / Enter a modifier if it should |
| | default for Medicare claims. |
| Medicaid Code / Modifier | For carrier specific coding. / Enter a modifier if it should |
| | default for Medicaid claims. |
| Worker's Comp Code / Modifier | For carrier specific coding. / Enter a modifier if it should |
| | default for Worker's Comp. claims. |
| Statement Description | Allows you to have a different description appear on the |
| _ | patient's statement verses the claim. |
| Performing Doctor Required? | Enter Y to force the user to enter the performing doctor code |
| | at charge entry. Enter N or leave null and the attending doc |
| | code will default into the performing doc field at charge |
| | entry. |
| Allow Different Months | Leave blank to restrict the "To date" field at charge entry to |
| | be in the same month as the "From date" for a service. Enter |
| | a Y to allow different months in From Date (DOS) and To |
| | Date. |
| No Multiply | Enter Yes if you don't want the price times the unit to |
| | multiply for total charge. Null field assumes yes. |
| Insurance Pay/Adj Procedure | Enter Y if the Paycode or Adjustment code represents an |
| | Insurance. This will tell the system to deduct the previous |
| | payment when creating a secondary claim. |
| Modifier 1,2,3 | Defaults at charge entry for all carriers. If carrier specific, |
| | see above carrier code fields. |
| Anesthesia Procedure | Enter Yes if the charge is an anesthesia procedure. |
| Laboratory Procedure | Not used. |
| Type of Service | Will default at charge entry. No longer required in CMS- |
| | 1500 Block 24 C. However; internal programming still |
| | requires the TOS. If the TOS is anything other than a 1 or 2, |
| | the CPT code will kick out in the upfront scrubber as needing |
| | a referring doctor. |
| Place of Service | If you have the POS attached to a specific CPT code on the |
| | Procedure Master and you do not have the POS default set |
| | on the Batch Control screen; then the POS from the |
| Bill Medicare Elect? | Procedure Master will default at charge entry. |
| DIII Medicare Elect? | Null or Y assumes to bill this procedure to Medicare |
| | electronically. N will keep the procedure from going |
| | electronically. Enter an R to drop to paper and return to |
| Pill Medicaid Daner? | client. Null or Y will allow the procedure to bill on a paper claim. |
| Bill Medicaid Paper? | Enter an N to keep the procedure from printing on a |
| | Medicaid claim. |
| Bill Others Elect? | Used in Blue Shield and Emdeon electronic programs. Null |
| DIII OUICIS LICCI! | or Y allows the procedure to bill electronically to other |
| | carriers besides Medicaid and Medicare. Enter an N to keep |
| | the procedure from billing electronically. Enter an R to drop |
| | to paper and return to the client. |
| | to paper and return to the chem. |

| Bill Medicaid Elect? | Null or Y assumes to bill this procedure to Medicaid |
|-------------------------|---|
| | electronically. N will keep the procedure from going |
| | electronically. Enter an R to drop to paper and return to |
| | client. |
| Purchase Test? | Enter a Y if this procedure is a purchased test. This is block |
| | 20 on the CMS paper form. It is also in |
| | production for emc claims. This is optional. The medoption |
| | is rptname=MEDCINS, option=3, which=8. |
| | If client desires to use purchase test, they must: |
| | 1. Set purchase test flag to Y on procedure code. |
| | 2. Purchase test charges MUST be posted to a separate |
| | location code from other charges. |
| | 3. The location master needs either a clia # or fda #. |
| | Purchase test charges will print on a separate claim from |
| | other charges. |
| | If a patient has more than one purchase test charge (different |
| | proc codes), |
| | each purchase test will print on a separate claim. |
| Bill Insurance? | Enter an N if this procedure should not bill on an insurance |
| | claim. Null presumes to bill the insurance. |
| Statement Print? | No longer used. |
| Custom? | Enter a Y in this field to identify procedure codes that should |
| | be disregarded when implementation of the AMA Annual |
| | updates occur. |
| DME Code? | Enter 'Y' if this is a DME charge code |
| Global Days | Enter 0, 10 or 90 depending on surgery |
| Subject to Global Days? | Enter a 'Y' if a specific code should be considered within the |
| | global period of another code. Enter 'N' if a specific code |
| | should NOT be considered within the global period. |
| PQRS Code? | Enter a 'Y' if the charge code is a CPT II code. Null or 'N' |
| | if the charge code is not a CPT II code. |
| MPPR | Enter 'Y' if code will be used in MPPR edit – see |
| | announcement dated 07/30/15 |
| Prof/Tech Comp | For Reporting: Enter a P for Prof component or T for Tech |
| | component- specific to RVU reporting- null assumes global |
| NDC Code | When an NDC number is defaulted in this field, it will |
| | automatically populate to the charge line item when the code |
| | is posted. |
| NDC Unit Measure | default unit measure |
| NDC Quantity | default quantity |
| Barcode | If a specific code is marked with a 'Y' in the Product? field, |
| | you can scan the products barcode in this field. You can then |
| | use the barcode scanner to automatically populate the |
| | product when either creating an order or posting a product. |
| SKU | If needed, enter the SKU number of a product. |
| Statement Description | Procedure description for pt statement |
| UB04 Description | Used to print in block 43 on the UB04 form. If this field is |
| | left blank then the 'Full Description' field will print. |
| Full Description | Full description as provided by CPT source |

| Units | This field prints in the Unit block on CMS-1500. Null |
|---------------|---|
| | assumes this procedure represents one unit so one unit would |
| | default at charge entry and will appear on CMS-1500. |
| Deactive? | Enter a D to deactivate. This code will not be available for |
| | data entry when de-activated. |
| Refund | If your adjustment or paycode represent a refund, enter a Y. |
| | If refund is an adjustment, go to Auto credit field and enter |
| | an N. |
| Auto Credit | If adjustment code should not be a credit, as with refunds, |
| | enter an N. Null or Y will make all adjustments credits. |
| Anatomy | No longer used. |
| Bad Debt | For reporting. When applicable, enter an 'X' when loading |
| | an adjustment procedure code. |
| Contractual | For reporting. When applicable, enter an 'X' when loading |
| | an adjustment procedure code |
| Prof Courtesy | For reporting. When applicable, enter an 'X' when loading |
| | an adjustment procedure code |
| Ref Adj | For reporting. When applicable, enter an 'X' when loading a |
| | refund adjustment procedure code |
| Ref Doc Req? | Enter a Y if a referring doctor is required for this procedure. |
| | Null assumes a referring doctor is not required. |
| Co-pay | By entering a Y in this field you are identifying this paycode |
| | as a copay, which tells the system to not reset the account age |
| | regarding statement aging when this paycode is used for |
| | payment posted. |
| Office Visit | Enter a 'Y' when a procedure code is a true office visit. The |
| | field is used in the automated co-pay apply program when a |
| | payment code is also marked as 'Y' in the Co-pay field (see |
| | above). The Co-pay apply program will do the following: |
| | if a charge flagged as an office visit is posted for the same |
| | doctor and same DOS, apply the co-pay to that charge |
| | if no charge is posted for the same doctor and same DOS, list |
| | the co-pay on the unapplied report |
| | if only charges that are not flagged as an office visit are |
| | posted for same doctor and same DOS, apply the co-pay to |
| | the charge with the highest dollar value or amount. |

Master Menu 1.6, F12 -Procedure Amounts Query and Maintenance

| edure Amoui | nts Query/M | aintenar | ice | | | | | | | | |
|-------------|----------------|---------------------|------------------|---------------------|--------|---|--------------------|-------------|-------|-------------------|--|
| | | | | | | | | | | | |
| | Management Gro | Jp 12 | Procedure | 99213 | OFFICE | OUTPATIE | NT VISIT | 15 MINUT | ES |] | |
| | | Fee Def Sche Doc | Charge Amount | Reimburse Amount | Attend | Fee Split Perf | Percentag Othe1 | ge Othe2 | Othe3 | Effective Date | |
| | MC SF | | | | | | | | | 01/01/17 | |
| | Updated By | r | On | | | | | | | | |

| Procedure Amounts | Used to query and/or set prices for procedure codes |
|-------------------|--|
| Management Group | Group brought forward from Procedure Maint screen |
| Procedure | Procedure code and name brought forward from Proc Maint screen |
| Price Code | Enter appropriate Price Code |
| Fee Sche(dule) | Enter Fee Schedule applicable to this Price Code |
| Def Doc | No longer used. |
| Charge Amount | Amount to charge for this procedure |
| Reimburse Amount | Expected reimbursable amount |
| Attend(ing) Dr | Percentage split to go to attending doctor |
| Perf(orming) Dr | Percentage split to go to performing doctor |
| Other1 | Percentage split to go to other provider |
| Other 2 | Percentage split to go to other provider |
| Other 3 | Percentage split to go to other provider |
| Effective Date | Effective date for this charge/price code combination, if any |

An alternative and quicker method to input the fee associated with each procedure code follows in Master Menu 1.10.

Master Menu 1.7 Billing Messages Purpose: To input and maintenance billing messages that appear at the bottom of the guarantor statement. The messages may be customized by the group for each financial class and by age of account.

| laster Menu > 1 - Clinic Master Files > 7 - Billing Messages | | | | | |
|--|------------|--------|------|------|---|
| Billing Messages | | | | | |
| User Documentation | | | | | |
| | | | | | |
| | Group Code | EC Arr | Line | Text | |
| - | Group Code | Age | | Iext | - |
| | | | | | |
| | | | | | |

| Master Menu 1.7 Billing Messages | | | | |
|----------------------------------|--|--|--|--|
| Field Name | Field Description | | | |
| Group Code | May use group all to print a message at the bottom of the | | | |
| | statements for all groups | | | |
| Financial Class | Enter the FN class warranting the message | | | |
| Age | Enter the account age warranting the message. (Age $0=1^{st}$ | | | |
| | statement) | | | |
| Line | This is used to keep track of the message. This does not mean it | | | |
| | will print on a separate line. | | | |
| Text | The current statement will only allow 7 lines. | | | |

Master Menu 1.8 Management Group

Purpose: To define each group or entity that is a part of the client. Fields not defined are no longer used on this file. ****Be sure MM 2.3 Specialty Codes is setup BEFORE group master****

| Master Menu > 1 - Clinic Master Files > 8 - Management Group | | | | | | | |
|--|---|--|--|--|--|--|--|
| Management Group | | | | | | | |
| Provider #'s Group Statistics Alternate Sta | tement Address | Alternate Claim Billing Address | Alternate Claim Pay to Address | | | | |
| Group Code Master Grp Short Name | Auto Doctor Assign Auto DrCode Assign Auto Doctor Auto Guar Assign Auto Guarantor Specialty Type Fiscal Year End Mor | Auto Acct 0 Explode Chgs? Add end date Allow Att. as Ref. Past Due Age NPI | Defaults Location Code Exception Code Price Code Self Pay Type Account Stat Accession Num Update Exc Code Update Exc Code ePayments Min ePay Amt Min ePay % Stmt PIN Valid (Days) Client URL Stmt PIN Valid (Days) | | | | |
| Fax Ext Contact Email Office Code Max Patient Billings Misc Doctor | Currmonth Curryear Minimum Bill Amount | Client Revenue % | UB04 Information Facility Type Bill Class Provider Numbers Medicare | | | | |
| Collection Letter Auto Suspense Charges Patient Schedule Days 0 Acct Type Patient Schedule Purge Patischedule Thru | DME Supplier # Scan Bar Code Scan Vendor Server Name htt | Percent Ct Cpgrp p://www. | Medicaid Blue Cross Last Update by | | | | |

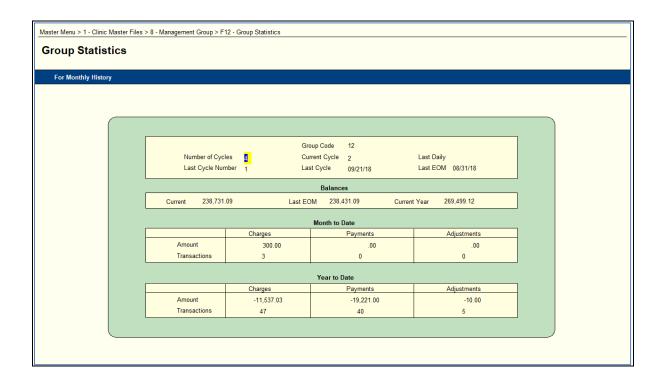
| Master Menu 1.8 Management Group | | | |
|----------------------------------|--|--|--|
| Field Name | Field Description | | |
| Group Code | Alpha 10 character max. Group code will appear on all reports and screens. | | |
| Master Group | To group like groups together for reporting. Click on Master Group button to access Master Group table for insert of a Master Group. | | |
| Short Name | Enter Group Short name. Displays on the new medinsguide form, see MM1.21, Insurance Name Conversion, CTRL A. Note: This is currently only being used by one client. | | |
| Group Name | Block 33 of CMS-1500 identifying where carrier is to send payment. Appears on Statement in the Remit and Return address field. Appears on reports and screens. Only room on CMS-1500 for 29 characters. Must be entered exactly as credentialed. | | |
| Group Name2 | This field only appears on Statements. If you do <u>not</u> want this field to appear on statements, enter medoption: rptname= medptstm, options=N, whichop=O. | | |
| Address One | Block 33 of CMS-1500 identifying where carrier is to send | | |
| Address Two | payment. Appears on Statement in the Remit and Return | | |

| | address field. If return address is different, notify Operations. |
|-------------------------------|---|
| | Operations will send return mail to the separate address. |
| | Reference Alt tabs on pages 34-35. |
| City, State and Zip Code | Enter the City, State and Zip Code+4 digits (required by 5010) |
| Billing Office | Top of Block 33 on CMS-1500 and on statements. |
| Contact | Additional number that can be used to contact the client; |
| | sometimes referred to as a back office line. Medoption |
| | available to print contact phone number from the Group |
| | Master instead of Billing Co. phone # on the bottom of the |
| | Patient Recall Letter. Medoption available to have contact |
| | phone number print on the statement rather than the Billing |
| _ | Co. phone #. |
| Fax | Fax number for client |
| Contact Email | Will print on patient's statement for optional method to contact |
| | office. |
| Office Code | Used for Internal reports (Billing co name is entered in |
| | Office Code) |
| Max Patient Billings/Dunnings | Limits how many dunnings the patients will receive without |
| | any new charge, payment or adjustment posting. |
| Collection Letter | The age that a pre-collect letter will be sent rather than a |
| | statement. |
| Patient Schedule Days | How far in advance do you want the system to generate a |
| | schedule. The default is 90 days. Starts at 0. |
| Patient Schedule Purge | Leave blank for no purge – enter number of days to keep |
| | schedule before purging |
| Patients Scheduled Thru | Displays the latest date through which the appointment |
| | schedule is built |
| Auto Suspend Charges | Used to hold charges in a file that are awaiting to be matched |
| | to demographics that will later download. Medoption must be set. |
| A account Turce | EB = Encounter billed. Client creates a new account every |
| Account Type | time the patient is seen. |
| | AB = Account billed. Same account used for all visits. |
| Auto Doctor Assign | A Y will cause the doctor that is stored on Medacct to default |
| Auto Doctor Assign | at charge entry. |
| Auto Acct Assign | A Y will let the system auto assign but can be assigned |
| Auto Acti Assign | manually when necessary ie company acct. |
| Auto DrCode Assign | A Y will let the system auto assign but can be assigned |
| Auto DiCode Assign | manually when necessary ie non- referring doctor . |
| Auto Account | Same as Auto Guarantor number. |
| Auto Doctor | Enter the number the system should auto assign after. Last |
| Auto Doctor | number assigned will be stored here. |
| Explode Chgs? | Allows test codes to explode. Medoichge will display the |
| Lapioue engo. | exploding charges but the claim screen, Medoiin2 will not. |
| Auto Guar Assign | A Y will let the system auto assign but can be assigned |
| rato Guur rissign | manually when necessary ie company acct. |
| Add End Date | Always answer Y. This will then show the end date for a |
| | service with a range date on the description on the acct detail |
| | transaction, Medoichge. |
| | |

| Auto Guarantor | Enter the number the system should auto assign after. Last number assigned will be stored here. |
|------------------------|---|
| Allow Att as Ref? | Allow attending dr to be referring dr – must be reflected on Dr |
| | Master as well. |
| Specialty | ED if Emergency Room Client, AN if Anesthesia Client, and |
| | UC if Urgent Care. Please note: Specialty ED or UC will |
| | always set the referring doctor to equal the attending doctor |
| | when the group specialty is ED or UC. Some insurance |
| | companies may require the PCP to also be the referring doctor. |
| | In this case you would not want to use ED or UC as the |
| | specialty. If any other type client, the client can choose the |
| | abbreviation. Users can go ahead and enter the |
| | abbreviation in this field prior to setting it up in the |
| | Specialty table. |
| Past Due Age | Will flag accounts with exception code PD. A report will |
| č | generate listing all accounts where the patient OR insurance |
| | balance has reached the age listed in this field. |
| Туре | Used by our insurance program(s) to identify the CMS-1500 |
| - | Block 25- that requires a Federal Tax ID. The Type tells the |
| | Insurance program where to pull the tax ID: |
| | CL =Clinical-Insurance program will look for each individual |
| | doctor for tax id when needed. CP =Combined Practice- |
| | Insurance program will look at each Group for tax id when |
| | needed. HB =Hospital Based-Insurance program will look at |
| | each Group for tax id when needed. |
| | SP = Solo Practice – Insurance program looks at the one |
| | doctor for a tax id. Only use SP when the group is a one Doc |
| | practice. |
| NPI | If you have a Group NPI, enter it here. |
| Fiscal Year End Month | For reporting and system accumulation of totals. |
| Use Group NPI | If marked with a 'Y' (blank assumes 'Y'), the group NPI |
| 1 I | number will be used as the billing NPI. If there is not a group |
| | NPI number this field <u>must</u> to be marked with an 'N', so the |
| | Individual provider NPI number will be used as the billing NPI |
| | on your claims. Depending on how the field is marked that's |
| | what will print in block 33A and the individual NPI will |
| | always show in block 24J. |
| Curryear and Currmonth | Displays the current system month and year |
| Tax ID | Block 25 of CMS-1500; either uses this field for the EIN |
| | (Employee Identification Number) or uses Doc table for the |
| | SSN. See Type for usage; When type is CL it first looks to |
| | Meddoctr table, if not there it looks here. |
| Taxonomy | Enter a Group Taxonomy Code for any insurance company |
| Twitchiolity | that may require the group taxonomy number to appear in box |
| | 33b on an |
| | insurance claim form. If there is a group taxonomy number |
| | entered in this field the |
| | number will print in 33b on the 1500 form. As of Nov. 15, 2007 this will only apply to VT |
| | Medicaid, CT Medicaid, Ladies First, and Community Health |
| | payer 62149. If this field is left blank then the taxonomy |

| Minimum Bill Amount DME Supplier Number Scan Bar Code Scan Vendor | number that is entered in the taxonomy field in the Doctor Master Record, MM 1.2 will print on the 1500 form.NOTE: In order for the group taxonomy code to print in block 33b your Client Manager will need to be notified for any carrier not mentioned above. Anything less than the amount entered in this field will not produce a statement. Provider number on DME claims. (Durable Medical Equipment) 'Y' if using bar code on charge entry forms If scanning vendor is known, enter name here |
|--|--|
| Server Name | If scan vendor server name is known, enter here |
| Client Revenue Percentage | |
| Percent | No longer used. |
| Ct | No longer used. |
| Cggrp | No longer used. |
| Defaults | |
| Location | Defaults at the time of charge entry. |
| Exception Codes | Defaults on Medacct. |
| Price Code | Defaults on Medacct. |
| Self-Pay | Defaults on Charge if pt doesn't have insurance |
| Account Status | A for active, W for wind down, I for inactive. |
| Accession Number | Y warns user to enter the number, M=Mandatory. Used for lab services billing tracking. |
| Update Exception Code | If this ='Y', then user can update exception code in medbchge and anebchge. |
| Print PIN Number | Users must enter a 'Y' to use the ePayment process. This field indicates to the application to print a PIN number on the patient's statements in order for them to make payments using a credit or debit card. Checks (ACH Transactions) will be added at a later date. Blank equals 'N' |
| Minimum ePayment Amount | This field is required if the 'Print PIN Number?' field is marked with a 'Y'. Users should enter the minimum amount allowed for a credit card payment. The amount must be between \$1.00 and \$99.00. Only whole dollars are allowed. |
| Minimum ePayment Percentage | Users can enter the minimum percentage that should be allowed for a credit card payment. If this field is entered but the 'Minimum ePayment Amount' field is left blank a warning will appear stating the minimum amount must be entered. If an arrangement has been made between the patient and the provider on what the patient's payments should be, then the payment amount that is stored on the Patient's Account (MM4-Minimum Pay field) will be displayed as the minimum payment in the ePayment forms. If the 'Minimum Pay' field on MM4 is zero, then the amount is calculated by multiplying the amount entered in the 'Minimum ePayment Percentage' field and the 'Statement Balance' value. This value is then compared to the 'Minimum |

| | ePayment Amount' field on MM1.8. The greater number is |
|----------------------------|--|
| | used as the minimum payment amount in the ePayment forms. |
| Statement PIN Valid (Days) | This field will automatically default to '27' whenever a user |
| | enters data into one of the fields listed above. Users are not |
| | able to update this field. The reason we use 27 days is a new |
| | statement is generated every 28 days plus for security reasons |
| | we want to limit the number of days that a PIN is valid. |
| Client URL | Users can enter their company web address. If populated, the web address listed will display on the statement as the website the patients should link to in order to pay their bill online. PLEASE NOTE- The customer is responsible to ensure their web site is working correctly. The customer is also responsible for adding a link on their web site that directs their patients to www.EZPayMed.com |
| UB04 Information | |
| Facility Type | This is concatenated with Bill Class and then a '1' to print at top-right of UB04 form in block "Type of Bill" |
| Bill Class | See Facility Type, above |
| Provider Numbers | FYI only. The Insurance program doesn't reference provider numbers from this table. If ins requires a legacy identifier (not use NPI) puts provider # in addition to NPI. |
| Last Updated | System will automatically stamp the system date when update was made. |
| Updated By | System will automatically stamp user that updated information. |
| | |



| Group Statistics | Displays Statement and /or Collection Letter Billing Cycle information and current | | | |
|-----------------------------|--|--|--|--|
| | statistics for all providers in the Group. | | | |
| Group | Identifies the Group you have accessed. | | | |
| Number of Cycles | Identifies how many billing cycles the Group warrants. Statements cycles that run | | | |
| | Friday nights will print the following Monday and be mailed Tuesday. If a claim is | | | |
| | open, charges on that claim will not generate a cycle billing until the claim is | | | |
| | closed. You cannot force a cycle billing for charges on an open claim. Statements | | | |
| | that are RETURN coded or BAD ADDRESS statements/letters are returned to | | | |
| | Paducah, then distributed and mailed to each client, at least twice a week. | | | |
| Current Cycle | Billing Cycle the Group is currently set to | | | |
| Last Daily | Not currently used. | | | |
| Last Cycle Number | Previous billing cycle that generated statements and/or collection letters | | | |
| Last Cycle | Displays run date of the last cycle. | | | |
| Last EOM | Identifies Last day of Month that a Group generated a month end close | | | |
| Balances, Current, Last End | Displays the current Balance, Balance as of Last End of Month, Balance as of | | | |
| of Month, Current Year | Beginning of Current Fiscal Year. Displays month to date and year to date | | | |
| | transaction data in dollar amount and number of transaction that comprises each | | | |
| | area: charges, payments and adj. | | | |

Master Menu 1.8 Management Group (continued)

| er Menu > 1 - Clinic Master Files > 8 - Management Group > F11 - Alternate Statement Addres | 55 |
|---|-------------------------|
| ternate Statement Address | |
| | |
| | |
| | |
| | |
| Group 12 PHYSICIAN OFFICE & TEST GROUP | P |
| Alternate Mail Ha | andling Addresses |
| Remit To | Return To |
| Name | Name |
| Addr 1 | Addr 1 |
| Addr 2 | Addr 2 |
| City | City |
| State Zip Code | State Zip Code |
| | |
| Payment Info | |
| Discover Skip Trace | Last Updated |
| American Express View Statement | Updated By |
| Mastercard | |
| Visa | |
| | |
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| Ct | tr q - << Previous Page |
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| Alternate Statement Address | Will allow a user to modify information pertaining to patient | | | | |
|-----------------------------|--|--|--|--|--|
| | statements. | | | | |
| Remit To | | | | | |
| Name | Enter if different than what is on MM1.8. Blank will default to information on MM1.8. This is where patient payments will be mailed to. | | | | |
| Addr1 | Enter if different than what is on MM1.8. Blank will default to information on MM1.8 | | | | |
| Addr2 | Enter if different than what is on MM1.8, if applicable | | | | |
| City | Will default when zip code is entered | | | | |
| State | Will default when zip code is entered | | | | |
| Zip Code | Enter if different than what is on MM1.8 | | | | |
| Return To | | | | | |
| Name | Enter if different than what is on MM1.8. Blank will default to information on MM1.8. This is where return statements will be mailed to. | | | | |
| Addr1 | Enter if different than what is on MM1.8. Blank will default to information on MM1.8 | | | | |
| Addr2 | Enter if different than what is on MM1.8, if applicable | | | | |
| City | Will default when zip code is entered | | | | |
| State | Will default when zip code is entered | | | | |
| Zip Code | Enter if different than what is on MM1.8 | | | | |
| Payment Info | | | | | |
| Discover | Enter a 'Y' if your office accepts this credit card. If 'Y' is entered, this credit card info will print on the patient's statement. Blank assumes No. | | | | |
| American Express | Enter a 'Y' if your office accepts this credit card. If 'Y' is entered, this credit card info will print on the patient's statement. Blank assumes No. | | | | |
| MasterCard | Enter a 'Y' if your office accepts this credit card. If 'Y' is entered, this credit card info will print on the patient's statement. Blank assumes No. | | | | |
| Visa | Enter a 'Y' if your office accepts this credit card. If 'Y' is entered, this credit card info will print on the patient's statement. Blank assumes No. | | | | |
| Skip Trace | This field can only be seen by Clinix staff. They will enter a 'Y' or 'N' depending on if a client is interested in this feature. | | | | |
| View Statement | This field can only be seen by Clinix staff. They will enter a 'Y' or 'N' depending on if a client is interested in this feature. | | | | |
| Last Updated | System will automatically stamp the system date when update was made. | | | | |
| Updated By | System will automatically stamp user that updated information. | | | | |

Master Menu 1.8 Management Group (continued)

| Master Menu > 1 - Clinic Master Files > 8 | 3 - Management Group > Shft F8 - Alternate Claim Billing Ad | ldress | | | | |
|---|---|---------------------------|--|--|--|--|
| Alternate Claim Billin | Alternate Claim Billing Address | | | | | |
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| | Group 12 PHYS | ICIAN OFFICE & TEST GROUP | | | | |
| | | ICIAN OFFICE & TEST GROUP | | | | |
| | Ins Code | | | | | |
| | Master Code | | | | | |
| | Master State | Loc Code | | | | |
| | EMC - Loop 2010AA | Paper - Box 33 | | | | |
| Name | | Name | | | | |
| Addr 1 Addr 2 | | Addr 1 | | | | |
| City | | City Zip Code | | | | |
| St | Zip Code | | | | | |
| | | Updated By Last Updated | | | | |
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| | Ctr | q - << Previous Page | | | | |
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| Alternate Claim Billing Address | |
|---------------------------------|--|
| Ins Code | If applicable, enter the Insurance Code |
| Master Code | If applicable, enter the Master Code |
| Master State | If applicable enter the Master State |
| Loc | If applicable, enter the location |
| EMC- Loop 2010AA | If the group master has a PO Box entered as the billing address the user can keep the PO Box and enter a street address in the new Alternate Claim Billing Address Maintenance form. The claims program will still use the group master address as the billing address <u>unless</u> there is something entered in the Alternate Claim Billing Address Maintenance screen. |
| Paper- Box 33 | If the group master has a PO Box entered as the billing address the user can keep the PO Box and enter a street address in the new Alternate Claim Billing Address Maintenance form. The claims program will still use the group master address as the billing address <u>unless</u> there is something entered in the Alternate Claim Billing Address Maintenance screen. |
| Update By | System will automatically stamp the system date when upate was made. |
| Last Updated | System will automatically stamp user that updated information. |

Master Menu 1.8 Management Group (continued)

| Master Menu > 1 - Clinic Master Files > 8 - Management Group > Ctr g - Alternate Claim Pay To Address | |
|---|---------|
| Alternate Claim Pay To Address | |
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| | <u></u> |
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| | |
| Group 12 | |
| | |
| Master Code | |
| Master State Loc Code | |
| EMC - Loop 2010AB | |
| Name | |
| Addr 1 | |
| Addr 2 City | |
| St Zip Code | |
| | |
| Updated By Last Updated | |
| | |
| Ctr q - << Previous Page | |
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| Alternate Claim Pay to Address | |
|--------------------------------|---|
| Ins Code | If applicable, enter the Insurance Code |
| Master Code | If applicable, enter the Master Code |
| Master State | If applicable enter the Master State |
| Loc | If applicable, enter the location |
| EMC- Loop 2010AB | The pay to address is only needed if it's different from the billing |
| | address. However, if the pay to address needs to be a PO Box or Lock |
| | Box address the user can enter that address in the 'Alternate Claim Pay |
| | To Address Maintenance' form |
| Update By | System will automatically stamp the system date when update was |
| | made. |
| Last Updated | System will automatically stamp user that updated information. |

Master Menu 1.10 Provider Fee Schedules

Purpose: This screen is used to input the fee that is to be charged with each procedure code for each group within the client database.

• NOTE: The client can supply Clinix with a spreadsheet containing the columns shown below and we will upload the data

| | Menu > 1 - Clinic Master Files > 10 - Provider Fee Schedules vider Fee Schedules | | | | | | |
|------------|--|--|--------------|---------------|----------------|-----------|-----------------------|
| vider Fe | e Sched | uies | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Group Code | Proc Code | Price Code | Fee Schedule | Charge Amount | Effective Date | % of Perf | Procedure Description |
| | | | 1 | 0.00 | | 100.00 | |
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| Updated By | | On | | | | | |
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| Master Menu 1.10 Provider Fee Schedules | | | | |
|---|--|--|--|--|
| Field Name | Field Description | | | |
| Group Code | Must be group specific | | | |
| Procedure Code | Enter procedures warranting set fees. (May send excel file | | | |
| | for loading if available.) | | | |
| Price Code | Enter the Price Code as it relates to the charge. May use | | | |
| | more than one price code. | | | |
| Fee Schedule | If using more than one price within a price code, enter the | | | |
| | appropriate fee schedule code. You may have up to 9 | | | |
| | codes. | | | |
| Charge Amount | Enter the few to charge for the procedure. | | | |
| Effective Date | Leave blank on first entries to identify original price loaded | | | |
| | into Clinix. (Unless a charge conversion takes place, then | | | |
| | dates must be loaded on original entries.) | | | |
| % of Perf | This defaults 100%. | | | |
| Procedure Description | Defaults from procedure master. | | | |

Master Menu 1.11 Expected Payment Percentage

Purpose: This screen is used to identify insurance companies and what percentage of payment the group should receive. The report will print daily when a payment is posted for an insurance company that paid less or more than the percent indicated on this master file by looking at DOS.

NOTE: NOTIFY YOUR CLIENT MANAGER IF YOU DECIDE TO IMPLEMENT THIS OPTION

| Master Menu > 1 - Clinic Master Files > 11 - Expected Payment Percentage | | | | | | |
|--|---------------------|------------------|---------------------------|---------|--|--|
| Expected Payment Percentage | | | | | | |
| Insurance Screen | | | | | | |
| | | | | | | |
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| | | | | | | |
| Grou | up Ins Code Doc Cod | Percent Eff.Date | Exp.Date Insurance Compan | ny Name | | |
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| Master Menu 1.11 Expected Payment Percentage | | | |
|--|--|--|--|
| Field Name | Field Description | | |
| Group | When the contract is doctor specific, the insurance percentage must be entered by group. If the contract is for all doctors within a group, use ALL for the group code and enter the information in one record for that insurance company code. | | |
| Insurance Code | The Insurance Master File code (key code) that identifies the insurance company payments you want to report on. | | |
| Doctor Code | The Doctor Master File code that identifies the specific doctor if you need to track payments for certain doctors. | | |
| Percent | Percent of charge that payment is expected | | |
| Effective Date | Date of Service | | |
| Expiration Date | Date of Service | | |
| Insurance Company Name | Displays based on Insurance Code selected | | |

Master Menu 1.12 Expected Payment –CPT Level

Purpose: To identify insurance companies and what dollar amount the group should receive for a specific procedure. This can be based on the payment posted or on the allowed amount entered at the time of payment posting. A medoption must be set to base the report on the allowed amount. When a payment or allowed amount falls above or below the pay amount entered on this Master File, an exception report will generate that day.

NOTE: NOTIFY YOUR CLIENT MANAGER IF YOU DECIDE TO IMPLEMENT THIS OPTION

| | | | | | | | |
|------------|----------|-----------|----------------------|---------|--------------|----------------|------------|
| Group Code | Ins Code | Procedure | Procedure Decription | Allowed | % of Allowed | Effective Date | Expiration |
| | | | | | | | |
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| Master Menu 1.12 Expected Payment – CPT Level | | | | |
|---|---|--|--|--|
| Field Name | Field Description | | | |
| Group | When the contract is doctor specific, the insurance percentage must | | | |
| | be entered by group. If the contract is for all doctors within a | | | |
| | group, use ALL for the group code and enter the information in one | | | |
| | record for that insurance company code. | | | |
| Insurance Code | The Insurance Key Code that identifies the insurance company | | | |
| | payments you want to report on. | | | |
| Procedure Code | The Procedure File code that represents the charge | | | |
| Allowed | Allowed Amount | | | |
| % of Allowed | Percentage of allowed for this Doctor/Insurance/CPT combination | | | |
| Effective Date | Date of Service | | | |
| Expiration Date | Date of Service | | | |

Master Menu 1.13 Bank Setup

Purpose: This screen is used to input the information needed to produce a refund check in the Clinix System.

| Master Menu > 1 - Clinic Master File | es > 13 - Bank Setup | |
|--------------------------------------|----------------------|------------------------|
| Bank Setup | | |
| | | |
| User Documentation | | |
| | | |
| | | |
| | | |
| (| (| |
| | Group | All Refund Type Prcode |
| | Name | Ins Refund Type Prcode |
| | City | Pat Refund Type Prcode |
| | State Zip Zip Plus | |
| | Owner | Void |
| | Upper | Refund Number |
| | | |
| | Payer's | Information |
| | Name | |
| | Address 1 | |
| | Address 2 | |
| | City | |
| | State Zip | |
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| Master Menu 1.13 Bank Setup | | | | |
|---------------------------------|---|--|--|--|
| Field Name | Field Description | | | |
| Group | Management Group Code | | | |
| Name | Bank Name if not pre-printed on checks | | | |
| City, State, Zip and Zip Plus 4 | Bank City, State and Zip if not pre-printed on checks | | | |
| Owner | Bank owner number if not pre-printed on checks | | | |
| Upper | Bank routing number if not pre-printed on checks | | | |
| All Refund Type | P or A, depending on acct practices | | | |
| Prcode | Procedure Code that can be used for ALL refunds | | | |
| Ins Refund Type | P or A, depending on acct practices | | | |
| Prcode | Procedure Code used for only Insurance Refunds | | | |
| Pat Refund Type | P or A, depending on acct practices | | | |
| Prcode | Procedure Code used for only Patient Refunds | | | |
| Void | If desired, enter "Void after XX days" | | | |
| Refund Number | Starting number less one for refund checks to be issued | | | |
| | to carrier – can leave this blank | | | |
| Payer's Information | Name and address to appear on check if other than name | | | |
| | and address on group master. Put the word 'BLANK' in | | | |
| | the payer name to leave the payer name and address | | | |
| | blank on the check as pre-printed checks might already | | | |
| | contain this information. | | | |

Master Menu 1.15 Test Codes

Purpose: This screen is used to define test or 'explode codes' that consist of multiple CPT codes. Each CPT code is defined and priced underneath the 'explode code'. Each explode code must be defined and total price entered in the Procedure Codes Maintenance screen.

| Menu > 1 - Clinic Ma t Codes | aster Files > 15 - Tes | t Codes | | | | | | | | | |
|---------------------------------|------------------------|---------|-------------|----------|---------------|----------|---------------------|--------------------|------|----------|------------------|
| Coues | | | | | | | | | OFFC | Physicia | an Office Test I |
| Query | F | Preview | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Group | | | | | | | | | | |
| | Test Code | | | | | | | | | | 1 |
| | Cpt Code | | Description | Price Cd | Cpt Amount | Md1 Md | Effective 2 Date | Expiration Date | | Qty | - |
| | | | | | 0.00 | | | | | | |
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| Master Menu 1.15 Test Codes | | | | | |
|-----------------------------|---|--|--|--|--|
| Field Name | Field Description | | | | |
| Group | Must be Group specific | | | | |
| Test code | Procedure code from Procedure Code Master File that will identify | | | | |
| | Test code | | | | |
| CPT code | List all CPT codes that should be associated with the Test Code | | | | |
| Description | Will default from Procedure Master File | | | | |
| Price Code | Select the Price Code to be used to apply the charge amount | | | | |
| CPT Amount | Type in the dollar amount of the code | | | | |
| Modifier1, Modifier 2 | If modifiers are applicable, enter here. These modifiers will be | | | | |
| | used. Modifiers on Medproc will not be used even if these are null. | | | | |
| Effective Date | Date of service | | | | |
| Expiration Date | Date of service | | | | |
| Fee | Enter 1 unless you have multiple doctors in a group that have more | | | | |
| | than one fee schedule | | | | |
| Quantity | Number of units | | | | |
| | | | | | |

Master Menu 1.16 Group Provider Numbers

Purpose: To define the Group Provider Numbers that are needed for filing insurance claims. The Provider Numbers may be entered for each unique Ins Key Code, or if several Ins codes need the same provider number, the provider number may be entered using the Master Code only.

| ster Menu > 1 - Clinic M roup Provide | | | | | | | |
|--|----------------------|----------------------|-------------|----------------------|------------------|---------------------------|--|
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| | | | | | | | |
| | | | | | | | |
| | Group Code | Ins Code Master Code | ST Loc Code | Group Provider # | Billing NPI # | Group Taxonomy # DME A | |
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| | Grp Desc Mtr Desc | | | Ins Desc Loc Desc | | | |
| | User | | | Date | | | |
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| Mas | ter Menu 1.16 Group Provider Numbers |
|-----------------------|---|
| Field Name | Field Description |
| Group Code | Group associated with provider number |
| Insurance Code | Only enter if Group Provider Number must be for a specific Key Code in the |
| | Insurance Master file. If Key Code is entered, the Master Code will |
| | automatically display |
| Master Code | If the Group Provider number can be used for <u>all</u> Key Codes that fall under a |
| | Master Code umbrella, enter the Master Code only. |
| State | Only enter if Group Provider Number is state specific |
| Location Code | Only enter if Group Provider Number is location specific |
| Group Provider Number | Number assigned by carrier to appear in block 33 |
| Billing NPI # | This field can be used to enter an alternate Billing NPI that will display in |
| | Box 33a if different at the insurance level from the standard NPI. |
| Group Taxonomy # | This field can be used to enter an alternate Group Taxonomy code that will |
| | display in Box 33a if different at the insurance level from the standard |
| | Taxonomy code. |

| DME | If an insurance key code or insurance master should file on a DME claim with a different Billing NPI and/or Group Taxonomy you will enter a 'Y' in this field. |
|--|--|
| Active | Enter an "N" to de-activate a record. Records cannot be edited for audit trail purposes |
| Group, Insurance, Master and Location Description | Displays from Master Files |
| User name and Date | Auto stamps upon commit |

Master Menu 1.17 Individual Provider Numbers

Purpose: To define the Doctor Provider Numbers which are needed for filing insurance claims. The Provider Numbers may be entered for each unique Ins Code, or if several Ins Codes need the same provider number, the provider number may be entered using the Master Code only.

| Master Menu > 1 - Clinic M | Aaster Files > 17 - Gro | oup Provider Numbers | | | | | |
|----------------------------|-------------------------|----------------------|-------------|----------------------|------------------|---------------------------|--|
| Group Provid | er Numbers | i | | | | - | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | Group Code | Ins Code Master Code | ST Loc Code | Group Provider # | Billing NPI # | Group Taxonomy # DME A | |
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| | Grp Desc Mtr Desc | | | Ins Desc Loc Desc | | | |
| | User | | | Date | | | |
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| Master Menu 1.17 Individual Provider Numbers | | | | |
|--|---|--|--|--|
| Field Name | Field Description | | | |
| Group Code | Group associated with provider number | | | |
| Doctor Code | Doctor code from Doctor Master File | | | |
| Ins | Only enter if Doctor Provider Number must be for a specific Key | | | |
| | Code in the Insurance Master file. If Key Code is entered, the | | | |
| | Master Code will automatically display | | | |

| Master Code | If the Doctor Provider number can be used for <u>all</u> Key Codes that |
|---|---|
| | fall under a Master Code umbrella, enter the Master Code only. |
| State | Only enter if Doctor Provider number is state specific |
| Location Code | Only enter if Doctor Provider Number is location specific |
| Individual Provider Number (24J) | Enter Doctor Provider Number if you want it to appear in block |
| | 24J of CMS-1500. |
| | Some states require additional information when loading |
| | referring docs that needs to be in either block 19 or 17 on the |
| | 1500 form. Users will need to load that information into this |
| | field and the system will pull it into the appropriate block. |
| | 24J (if populated) will print in block 17 for: |
| | NY Medicaid, MS Medicaid, VA Medicaid, MA Medicaid, PA |
| | Medicaid, IN Medicaid, NC Medicaid, MT Medicaid, MI |
| | Medicaid (prov type plus 24J), and MI blue shield |
| | 24J (if populated) will print in block 19 for: KY Medicaid |
| | and. SC Medicaid hmo |
| | Other states not listed will need to be programmed first to the |
| | appropriate box. |
| | Some examples of state specific additional info-KY is Kenpac, |
| | NC is Access Number |
| Individual Provider Number (33 PIN) | Enter Doctor Provider Number if you want it to appear in block |
| | 33 PIN of CMS-1500 |
| Individual EMC Number | Only enter if Doctor Provider Number is different when filing |
| | and electronic claim |
| Provider Type | Enter if applicable |
| Biller Code | Enter if applicable |
| Tax Suffix | Enter if applicable |
| Active | Enter a D to de-activate a record. Records cannot be edited for |
| | audit trail purposes |
| Group, Insurance, Master, Location, | Displays from Master Files |
| Insurance Carrier, and Doctor Description | |
| User name and Date | Auto stamps upon commit |

Master Menu 1.18 Action Codes

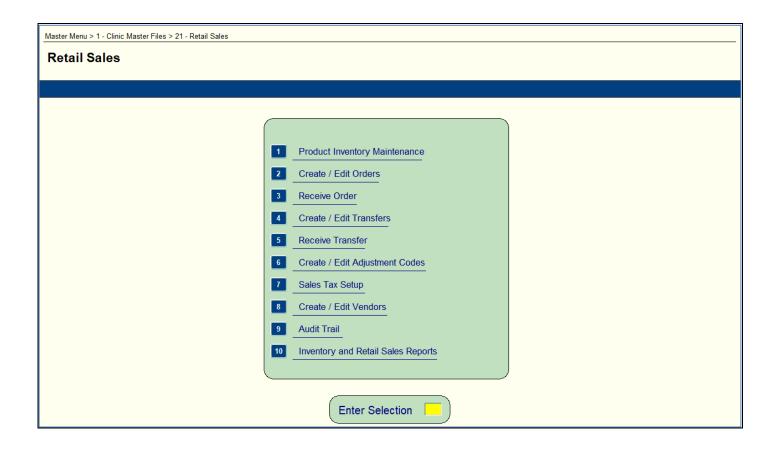
Purpose: Action Codes can be used when entering comments on Patient Accounts and are convenient for populating text without having to enter all the words. Code VERIF is used to pull information into Scheduling Report 8926 - Insurance Verification Report.

| Master Menu > 1 - Clinic Master Files > 18 - Action | 1 Codes | | | |
|---|---------|-------------|---|---|
| Action Codes | | | | |
| User Documentation | | | | |
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| | | | | |
| | Code | Description | | |
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| Master Menu 1.18 Action Codes | | | | | | |
|-------------------------------|---|--|--|--|--|--|
| Field Name | Field Description | | | | | |
| Code | Action Code – alpha-numeric, 5 characters | | | | | |
| Description | Enter the description of the action code | | | | | |

Master Menu 1.21 Retail Sales

Purpose: These tables can be set up if a client wishes to post products and payments. Please contact your Client Manager before completing any retail sales tables to obtain a separate retail sales document. There are behind the scenes programming tasks that must be completed prior to posting products.



Master Menu 2.1 Financial Class

Purpose:

- Set up Financial Class Codes that will identify a patient's primary insurance and is used for reporting purposes and used in the creation of statements and insurance claims.
- \circ Set up a Price Code to be used to identify procedure fees.
- Set up Insurance Types for Insurance claim billing and reporting.

| - 6 | |
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| | |
| | Master Monu > 2 - Control Table Maintonance > 1 - Einancial Class |
| | Master Menu > 2 - Control Table Maintenance > 1 - Financial Class |

| Group | Cd | Description | F | Prt P ns St | rt m M0 | C MD | СН | CH VA | FE CA | от у | PP | нм | FC | PC | lm IT Bil | |
|-------|--------------|-------------|---|----------------|------------|------|----|----------|----------|------|-----|----|----|----|--------------|---------|
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| Master Menu 2.1 Financial Class | | | | | |
|-------------------------------------|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Group | Must be group specific. | | | | |
| Code ("Cd") | May be alpha or numeric, 2 characters. | | | | |
| Description | Free text | | | | |
| Print Insurance ("Prt Ins") | IT driven not FN class. (Y or N) | | | | |
| Print Statement ("Prt Stm") | IT driven not FN class. (Y or N) | | | | |
| MC,MD,CH,CHVA,FECA (black lung,) OT | Identifies which box to be checked on CMS-1500 Block 1 | | | | |
| (Other): | and used for Insurance program. X should go under the | | | | |
| | appropriate column except for BCBS, use a B under OT | | | | |
| | instead of X. | | | | |
| Worker's Compensation | Identifies that code as WC for Insurance program specifics | | | | |
| | and demographic interfaces | | | | |
| Industrial Medicine | Not used at this time | | | | |
| Private Pay | Various Clinix programs need to know which codes are self- | | | | |
| | pay. | | | | |
| Health Maintenance | Not used at this time | | | | |
| Financial Class | X if it's a Fin Class code. | | | | |
| Price Code (Fee Schedule) | PP is used for encounter billed accounts for the CPS | | | | |
| | logic. The PP is used to know that an account using our CPS | | | | |
| | logic has gone to Patient pay. If all insurances have paid, | | | | |
| | then we look for a record where the $PP = X$ to know what FC | | | | |
| | code to set the | | | | |
| | CPS field with on that patient so that it is Patient Pay. If | | | | |

| | there is more than one record in the FC table marked with PP=X for that group, then we get the default for Patient Pay in the group master on page 3. |
|----------------|---|
| Insurance Type | X if it's an Insurance Type. |
| Im Bill | Y if Immediately send bill to patient |

Master Menu 2.2 Exception Codes

Purpose: Can be used to note specifics about an account and may be used to prevent the generation of a claim or statement. May also be used to cause an appointment scheduler to override, bring the accounts exception to the scheduler's attention. Can also be used as a means to identify the status of the account regarding user activity.

| Menu > 2 - Table Codes Maintenance > 2 - Exception Codes | | | | | | | | |
|--|------------|------|-----------------------|-----------|-------------|----------|------|-----------------|
| eption Cod | les | | | | | | | |
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| | | | | | | | | |
| | Group Code | Code | Description | Print Ins | Print Stmt | Past Due | Over | Warn/Restricted |
| | 12 | B | BANKRUPT | N | N | | Y | W |
| | 12 | BA | BAD ADDRESS | Y | N | - | Y | W |
| | 12 | С | ACCOUNT IN COLLETIONS | N | N | <u> </u> | Y | |
| | 12 | CA | COLLECTIONS | N | | — | Y | R |
| | 12 | CP | COLLECTION PENDING | Y | Y | | Y | w |
| | 12 | DE | DECEASED | Y | N Y Y | F | Y | R |
| | 12 | FT | FORCE TURNOVER | Y | Y | | Ν | |
| | 12 | MR | MAIL RETURN | Y | N | | Y | w |
| | 12 | NS | NSF CHECK | Y | N Y | F | N | |
| | 12 | Ρ | PENDING ELIGIBILITY | Y | Y | | Y | w |
| | 12 | PD | PAST DUE | Y | Y | Y | N | |
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| Mast | er Menu 2.2 Exception Codes |
|------------------------------|---|
| Field Name | Field Description |
| Group Code | Group specific |
| Code | Alpha or numeric, 2 characters |
| Description | Free text |
| Print Insurance ("Prt Ins") | Enter N to prevent claim generation |
| Print Statement ("Prt Stmt") | Enter N to prevent statement generation |
| Past Due | Enter Y for the exception code designated to use when acct |
| | age is past due |
| Scheduling Override ("Over") | This field will need a 'Y' entered if you want to receive a |
| | popup message when an appointment is being booked for a |
| | patient that has an exception code attached to their account. |
| | This will alert you that an action may need to take place |
| | before the appointment is booked. If the exception code |
| | does not need an alert enter an 'N' in this column. |
| Warn/Restricted | This is a required field if there is a 'Y' in the Over field. |
| | The options are 'W' Warn or 'R' for Restrict. For the W it |
| | will allow a user to bypass the popup and book the |
| | appointment and for an R the user will not be able to bypass |
| | the popup and complete the appointment unless there is a |
| | privilege set on MM1.28. |

Master Menu 2.3 Specialty Codes

Purpose: Used to identify special needs required for certain services and for reporting. Also used in conjunction with appointment scheduling functions.

Note: Anesthesia clients must enter AN, Emergency Department must enter ED.

| cialty Codes | | | | | | | OFFC Phy | ysician Offic | e Test Datal |
|---------------|-----------|------|--------------------|-----------|-----------------|---------|----------|---------------|--------------|
| | | | | | | | | | |
| Documentation | | | | | | | | | |
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| | Group Cod | Code | Description | Diagnosis | Primary Care | Special | ist | | |
| | 12 | AN | ANESTHESIOLOGY | | N | | | | |
| | 12 | CA | CARDIOLOGY | | N | H | | | |
| | 12 | DM | DERMATOLOGY | | N | E E | | | |
| | 12 | FM | FAMILY MEDICINE | | Y | N | 12 | | |
| | 12 | M | INTERNAL MEDICINE | | N | H | | | |
| | 12 | MR | MRI CENTER | | N | N | | | |
| | 12 | NE | NEPHROLOGY | | N | Π. | | | |
| | 12 | ОВ | OB/GYN | | N | E E | | | |
| | 12 | ON | ONCOLOGY | | N | Y | | | |
| | 12 | OP | OPHTHALMOLOGY | | N | H | | | |
| | 12 | OR | ORTHOPEDIC SURGERY | | N | H | | | |
| | 12 | PA | PATHOLOGY | | N | | | | |
| | 12 | PD | PEDIATRICS | | N | H | | | |
| | 12 | PS | PLASTIC SURGERY | | N | H | | | |
| | 12 | PY | PSYCHIATRY | | N | H | | | |

| Ma | ster Menu 2.3 Specialty Codes |
|--------------|---|
| Field Name | Field Description |
| Group Code | Must be group specific. |
| Code | Can be alpha or numeric. Only AM, Ambulance, AN, Anesthesiology and ED, Emergency Department, and UC if Urgent Care. Please note: Specialty ED or UC will always set the referring doctor to equal the attending doctor when the group specialty is ED or UC. Some insurance companies may require the PCP to also be the referring doctor. In this case you would not want to use ED or UC as the specialty. Codes are predefined, 2 characters. |
| Description | Free text. |
| Diagnosis | Not used |
| Primary Care | Used to note that the specialty is a primary care. A 'Y' will cause the authorization/referral check to bypass. Only "N" if pre-certs are required. |

Master Menu 2.4 Type of Service Purpose: Used for CMS-1500 billing

| Master Menu > 2 - Control Table Maintenance > 4 - Type | of Service | | | | |
|--|------------|------|-------------|--|--|
| Type of Service | | | | | |
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| | Group Code | Code | Description | | |
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| Master Menu 2.4 Type of Service | | | | | |
|---------------------------------|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Group Code | Must be group specific | | | | |
| Code | No longer required in CMS-1500 Block | | | | |
| | 24 C. However; internal programming still requires the | | | | |
| | TOS. If the TOS is anything other than a 1 or 2, the | | | | |
| | CPT code will kick out in the upfront scrubber as | | | | |
| | needing a referring doctor. Enter codes obtained from | | | | |
| | CMS-1500 billing guide. | | | | |
| Description | From CMS-1500 billing guide | | | | |

Master Menu 2.5 Signature Codes

Purpose: Used for CMS-1500 billing. Accepted instead of written signature on claim.

| ture Codes | | | | | OFFC Physician Offic | ce Test Dat |
|--------------|-----------|---|-------------|-------------------|----------------------|-------------|
| ocumentation | | | | | | |
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| | | | | | | |
| | | | Default | Bara adultar | | |
| | roup Code | Code | Value? | Description | | |
| | 2 | 1 | Y | SIGNATURE ON FILE | | |
| | 2 | 2 | | SIGNATURE ON FILE | | |
| | | Y | Y | SIGNATURE ON FILE | | |
| | 1 | Ľ | Y | SIGNATURE ON FILE | | |
| | 2 | Y | | SIGNATURE ON FILE | | |
| | 3 | <u> </u> | <u> </u> | SIGNATURE ON FILE | | |
| | 4 | Ľ | Y Y Y | SIGNATURE ON FILE | | |
| | 5 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Y | SIGNATURE ON FILE | | |
| | 6 | Y | Y | SIGNATURE ON FILE | | |
| | 7 | Y | Y | SIGNATURE ON FILE | | |
| | 8 | Y | Y | SIGNATURE ON FILE | | |
| | 9 | Y | Y | SIGNATURE ON FILE | | |
| | | M | Y | SIGNATURE ON FILE | | |
| | 1 | Y | Y | SIGNATURE ON FILE | | |
| | | Y | Y | SIGNATURE ON FILE | | |

| Master Menu 2.5 Signature Codes | | | | | |
|---|---|--|--|--|--|
| Field Name | Field Description | | | | |
| Group | Must be group specific | | | | |
| Code Code can be alpha or numeric, 1 character. | | | | | |
| | Code represents the description you want to | | | | |
| | appear on CMS-1500 blocks 12 & 13. | | | | |
| Default Value? | If Y, that description code will default. | | | | |
| Description | "Signature on File" most commonly used. | | | | |

Master Menu 2.6 Place of Service Codes

Purpose: Used for CMS-1500 Billing

| Master Menu > 2 - Table Codes Maintenance > 6 - Place of Serv | ce Codes | | | * |
|---|----------|---------------------|---------|----------------------------------|
| Place of Service Codes | | | OFF | C Physician Office Test Database |
| | | | | |
| User Documentation | | | | |
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| | | | | |
| Group Code | Code | Description | | |
| 1 | 1 | IPATIENT HOSPITAL | | |
| 11 | 1 | IPATIENT HOSPITAL | | |
| 12 | 1 J | OHN DIAZ FUNNY FARM | | |
| 13 | 1 | IPATIENT HOSPITAL | | |
| 14 | 1 | IPATIENT HOSPITAL | | |
| 15 | 1 | IPATIENT HOSPITAL | | |
| 16 | 1 | IPATIENT HOSPITAL | | |
| 17 | 1 | IPATIENT HOSPITAL | | |
| 18 | 1 | IPATIENT HOSPITAL | | |
| 19 | 1 | IPATIENT HOSPITAL | | |
| 2 | 1 | IPATIENT HOSPITAL | | |
| 21 | 1 | IPATIENT HOSPITAL | | |
| 22 | 1 | IPATIENT HOSPITAL | | |
| 3 | 1 | NPATIENT HOSPITAL | | |
| 4 | 1 | IPATIENT HOSPITAL | | |
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| Master Menu 2.6 Place of Service Codes | | | | | |
|--|--|--|--|--|--|
| Field Name Field Description | | | | | |
| Group Code | Must be group specific | | | | |
| Code | CMS-1500 Block 24-B. Enter codes obtained from | | | | |
| | CMS-1500 billing guide. | | | | |
| Description | From CMS-1500 billing guide | | | | |

Master Menu 2.7 Department Codes

Purpose: This form can be used in a number of ways:

- The reception screen to pull appointments by department if you want all doctors within one department.
- User may choose to print the appointments based on the Appt Department
- In charge load interfaces to determine if a particular group has a certain Dept code to assign a location.

Used to group 'like' doctor

•

Used to group 'like' procedure codes in order to produce reports by department

| Master Menu > 2 - Table Codes Maintenance > 7 - Department Department Codes | nt Codes | | | |
|--|------------|------|--------------------|-------------------------------------|
| Deparament Codes | | | | OFFC Physician Office Test Database |
| User Documentation | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Group Code | Code | Description | |
| | 18 | 1 | | |
| | 12 | 9999 | ННН | |
| | 12 | BK | TESTING 9I | |
| | 12 | CARD | CARDIOLOGY | |
| | 12 | FAM | FAMILY MEDICINE | |
| | 9ITEST | FAM | FAMILY | |
| | 12 | IM | INTERNAL MEDICINE | |
| | 16 | INT | INTERNAL | - |
| | 12 | KAH | KEITH IS TESTING | |
| | 9ITEST | NUTS | YOU KNOW | |
| | 12 | OB | OB/GYN | |
| | 12 | ONC | ONCOLOGY | |
| | 12 | OP | OPHTHALMOLOGY | |
| | 12 | ORTH | ORTHOPEDIC SURGERY | |
| | 12 | PED | PEDIATRICS | |
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| Master Menu 2.7 Department Codes | | | | | |
|----------------------------------|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Group Code | Must be Group Specific | | | | |
| Code | User Defined can be alpha or numeric. Used in the Doctor and Procedure Master in order to group for reporting, 4 characters. | | | | |
| Description | Free text. | | | | |

Master Menu 2.8 Catalog Codes

| Master Menu > 2 - Control Table Maintenance > 8 - | Catalog Co | des | | |
|---|------------|---------------------|-----------------------------------|----|
| Catalog Codes | | | OFFC Physician Office Test Databa | se |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | Code | Description | | |
| | S | PRODUCT SALES | | |
| | + | ANETHESIA | | |
| | 1 | NUMBERS ARE ALLOWED | | |
| | 8 | GROUP 8 CODE | | |
| | @ | TESTING 9I | | |
| | A | CLINIC SERVICES | | |
| | В | INJECTIONS | | |
| | С | OPTICAL | | |
| | D | SUPPLIES | | |
| | E | RADIOLOGY | | |
| | F | LABORATORY | | |
| | G | EMERGENCY ROOM | | |
| | | ADJUSTMENTS | | |
| | ĸ | MISCELLANEOUS | | |
| | L | MISCELLANEOUS DR | | |
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Purpose: To define like procedure codes into categories for reporting purposes.

| Master Menu 2.8 Catalog Codes | | | | | | |
|-------------------------------|---|--|--|--|--|--|
| Field Name Field Description | | | | | | |
| Code | Must be 1 character, alpha or numeric. Used in the Procedure Master in order to group for reporting on like procedures. | | | | | |
| Description | Free text. | | | | | |

Master Menu 2.13 Network Master

Purpose: To set up Insurance Networks to be linked to patient's insurance record, identifying the Provider Network for appropriate billing and payment posting.

| aster | | | | OFFC | Physician Off |
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| Group Code | Code | Description | Pay Code | Adj Code | Contract |
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| Master Menu 2.13 Network Master | | | | | |
|---------------------------------|---|--|--|--|--|
| Field Name | Field Description | | | | |
| Group Code | Group specific | | | | |
| Code | Alpha or numeric code to identify a network | | | | |
| Description | Free Text | | | | |
| Pay Code | Identifies pay code used to post Network payments | | | | |
| Network Adj Code | Identifies adjustment code used to post Network | | | | |
| | adjustments | | | | |
| Contract | Set this field to Y if the carrier is contracted and the | | | | |
| | adjustment should be calculated for the difference in the | | | | |
| | charge verses the allowed amount. | | | | |
| | Null or N in this field indicates not contracted and no | | | | |
| | adjustment will be calculated. | | | | |

Master Menu 2.16 - Appeal Reason Maintenance

Purpose: To setup the reasons as to why a charge needs to be reviewed and the action codes that indicate what is required for a charge based on the review.

| | | tenance | | | | 0 | FFC Phy | sician Office T |
|---|-------|--|---------|-----------|---------|---------|---------|-----------------|
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| _ | | | | | | | | |
| | Orde | Description | Deserve |) A - 6 0 | No | | Success | |
| | Code | Description TEST | Reason | Action? | Action? | Кероп / | | 2 |
| | 12345 | TESTING | | | | | | - |
| | 33.1 | NO COVERED INDICATIONS IN MR | | | | | | |
| | 33.12 | CLIENT CODING ERROR | | | | | | |
| | 33.13 | TIMELY FILING | | | | | | 5 |
| | 33.14 | DENIED ON APPEAL - CLOSED | | | | | | |
| | 33.15 | CHARGE POSTING ERROR | | | | | | 8 J |
| | 33.4 | DISAGREE WITH MED NECESSITY DENIAL - APPEAL WRITTE | | | | | | |
| | 33.5 | INCORRECT CODING EDITS - APPEALED | | | | | | |
| | 33.6 | NON CPT CODING CHANGE | | | | | | |
| | 33.7 | NEED ADDITIONAL INFORMATION | | | | | | - |
| | A | 01234567890123456789012345678541251361351321321321 | | | | | | |
| | ABC | ABC REJECTION REASON | | | | | | |
| | BK | NEW ACTION CODE | | | | | | |
| | BKTES | DODADODA | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |

| | Master Menu 2.16 Appeal Reason Maintenance | | | | | |
|----------------|--|--|--|--|--|--|
| Field Name | Field Description | | | | | |
| Code | Enter a user defined code that is up to 5 characters long using number, letters and/or symbols. **Please note- Clinix is reserving the code '*****' as an internal code that will used in specific instances that will be explained later in this document. | | | | | |
| Description | Enter the description with a 50 character max | | | | | |
| Report? | If the code entered is a reason why the charge needs to be reviewed the 'Reason' check box should be selected. | | | | | |
| Action? | If the code entered is an action that should be taken after reviewing the charge the 'Action' check box should be selected. | | | | | |
| No Action? | If no action is required based on the review of a charge, users can select 'No Action'. **Please note- 'No Action' can only be selected if 'Action' is checked | | | | | |
| Detail Report? | If the 'Detail Report?' box is checked any charges that have been appealed using that particular code will be included on the 'Detailed Appealed Listing' report, report number 24141. This listing shows all charges that have been appealed | | | | | |

| | during the current post month and year. Charges that have been appealed during the current fiscal year using this code will be included on the summary 'Detailed Appeal Listing – Totals by Appeal Code'. |
|-----------------|--|
| Success Report? | If the 'Success Report?' box is checked any charges that have been appealed using that particular code will be included on the 'Appeals by Insurance Company-Success Report' report, report 24141. This listing shows all charges that have been appealed that have had no response, i.e., insurance payment or subsequent denial, from the insurance carrier to which the appeal was made. The appealed items will remain on this report until a response from the insurance carrier has been received. After a response is received, the appealed item will appear on the listing one more time for the current post month/year and then drop off. |

Master Menu 2.17 Referred Maintenance

Purpose: To document and track the source in which the patient was referred to the practice. This field is located on the 'Patient Account' MM7.

| Master Menu > 2 - Control Table Maintenance > 17 - | Referred Maintenance | | | |
|--|----------------------|---------|-----------------|-------------------------------------|
| Referred Maintenance | | | | OFFC Physician Office Test Database |
| | | | | |
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| 6 | Group Code | | Referral Source | |
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| Maste | er Menu 2.17 Referred Maintenance |
|-----------------|--|
| Field Name | Description |
| Group Code | Enter the group code in which this referral pertains to. Enter for |
| | each group, if needed. |
| Referral Source | Free text up to 20 characters, the source of the referral. |

Master Menu 2.18 Doctor Link Code

Purpose: To create a link code that can be added to referring doctors. The link code can be attached to each referring doctor that is within the same practice.

| Master Menu > 2 - Control Table Maintenance > 18 | 8 - Doctor Link Coo | de | |
|--|---------------------|---------------------|-------------------------------------|
| Doctor Link Code | | | OFFC Physician Office Test Database |
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| | | | |
| | | | |
| | Code | Description | |
| | ABC | ABC CLINIC | |
| | 123 | 123 CLINIC | |
| | 222 | Testing | |
| | 999 | 99C Walk in Clinic | |
| | 111 | Williams Clinic | |
| | AB3 | AB Check up | |
| | 201 | Standard Clinic | |
| | 202 | Bone & Joint Clinic | |
| | 203 | Pain Management | |
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| Master M | enu 2.18 Doctor Link Code |
|-------------|--|
| Field Name | Field Description |
| Code | This can be alpha or numeric. This code will be entered in |
| | the Link Code field on MM1.2. |
| Description | Free Text. This field is where the name of the practice |
| | will be entered that needs to be grouped by the Link Code. |

Master Menu 3.1 LCD Edits

Purpose: Used to define CPT/ICD code pairs that can be associated with specific modifiers by insurance company. Can define inclusions as well as exclusions.

Note: Once a CPT code has been identified as an inclusion LMRP code pair, all possible CPT/ICD-9 code pairs must be listed for that CPT code.

Note: To identify a CPT/Modifier combination that is inclusive, you may list a CPT without a diagnosis. This relationship is only for inclusive CPT/Modifier combinations. It does not work for Exclusions.

Master Menu > 3 - Edit Tables Menu > 1 - LCD Edits

LCD Edits

User Documentation

| s Cd | Master Code | ST | СРТ | ICD | MD | Inc? | IT | Description | Effective Date | Expiration Date |
|------|-------------|----|-------|--------|----|------|----|--|-------------------|--------------------|
| | MCARE | TN | 36471 | 18001 | | Y | | Phlebitis and thombophlb of superfic vessels of r low extrem | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 18002 | | Y | | Phlebitis and thombophlb of superfic vessels of I low extrem | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 18003 | | Y | | Phlbts and thombophlb of superfic vessels of low extrm, bi | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183011 | | Y | | Varicose veins of right lower extremity with ulcer of thigh | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183012 | | Y | | Varicose veins of right lower extremity with ulcer of calf | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183013 | | Y | | Varicose veins of right lower extremity with ulcer of ankle | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183014 | | Y | | Varicose veins of r low extrem w ulcer of heel and midfoot | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183015 | | Y | | Varicose veins of r low extrem w ulcer oth part of foot | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183018 | | Y | | Varicose veins of r low extrem w ulcer oth part of lower leg | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183021 | | Y | | Varicose veins of left lower extremity with ulcer of thigh | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183022 | | Y | | Varicose veins of left lower extremity with ulcer of calf | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183023 | | Y | | Varicose veins of left lower extremity with ulcer of ankle | 02/15/16 | 12/31/30 |
| | MCARE | TN | 36471 | 183024 | | Y | | Varicose veins of I low extrem w ulcer of heel and midfoot | 02/15/16 | 12/31/30 |

| | Master Menu 3.1 LCD Edits |
|-------------|---|
| Field Name | Field Description |
| Ins Code | Enter the Insurance Company Key Code if the edit is Key |
| | Code specific. |
| Master Code | Enter the Master code if the edit applies to all payors |
| | identified with this Master code in the Insurance Master File. |
| State | Enter the State only if the edit is state specific |
| CPT | Enter the CPT that applies to this LMRP edit |
| ICD | Enter the diagnosis code that applies to this LMRP edit |
| MD | Enter the modifier if applicable that applies to this LMRP |
| | edit in relation to the ICD-9 and CPT code. |
| Inc? | Enter Y to indicate that the LMRP edit record is an Inclusion, |
| | which indicates the ICD-9/ CPT code pair can be billed. |
| | Enter N to indicate that the LMRP edit record is an |
| | Exclusion, which indicates the ICD-9/ CPT code pair are not |
| | to be billed. |
| IT | This field is used for interface edits only. This field is used |
| | to mark exceptions rather than cause a fatal error. Enter an |
| | Insurance Type to override the charge transaction insurance |
| | type. This flags the user that the charge has an LMRP edit |
| | that needs correcting. |
| Description | Description populated by ICD code |

OFFC Physician Office Test Database

| Effective Date | Date of Service when the edit becomes effective |
|-----------------|---|
| Expiration Date | Date of Service when the edit should no longer be |
| | considered. |

Master Menu 3.2 Eligibility Parameters

Purpose: To list the insurance carriers that should be considered for batch or real time eligibility checks through Passport. The eligibility checks will be based off of the appointment scheduler and the insurance key codes or insurance master codes that have been manually setup.

| jibility Parameters | |
|---|----------------------|
| | |
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| | |
| | |
| Master Group OR Group code | |
| | |
| Ins Key Master Prod | Batch |
| Vendor Code State Type Payor ID Master Code Description Ins Key Code Desc | ription NPI Elig RTE |
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| Master N | Aenu 3.2 Eligibility Parameters |
|------------------------------|--|
| Field Name | Field Description |
| Master Group – OR Group Code | Enter Master group OR Group Code to specify which group's |
| | accounts the batch eligibility processing program will use |
| Insurance Key Code | Only enter if the batch eligibility program should check for that |
| | specific Key Code in the Insurance Master file. If Key Code is |
| | entered, the Master Code will automatically display |
| Master Code | If the batch eligibility program can be used for <u>all</u> Key Codes that |
| | fall under a Master Code umbrella, enter the Master Code only. |
| Master State | Enter if only applicable for records for a specific state |
| Product Type | Select the product type that suits the inquiry |
| Payor ID | Enter the Payor ID according to the Passport payer list. This is an |
| | alpha/numeric field that can allow for up to 10 characters. |

| Master Code Description | Populated based on the Master Code entered. This field will display the description of the 'umbrella' as shown on the Insurance Master Record. |
|--------------------------|---|
| Ins Key Code Description | Populated based on the Insurance Key Code entered. This field will display the company name as shown on the Insurance Master Record |
| NPI | For clients that send batch eligibility files to Passport, the program is currently setup to send the Group NPI; however, some insurance carriers require patient eligibility to be checked against the Individual Provider's NPI. When an 'I' is entered in the NPI field, the application will pull the Individual NPI instead of the Group NPI. |
| Batch Elig | Check mark this field if the corresponding insurance should be checked through batch eligibility |
| RTE | Check mark this field if the corresponding insurance should be checked through Real Time Eligibility |

Master Menu 3.4 ANSI Reason Codes (Smart Denials)

Purpose: Provide a more efficient and effective method for automating the process to close and deny a claim, and immediately bill the patient when the carrier denies payment due to patient responsibility. These denials are often referred to as ANSI Hard Denial codes.

| ason | Code | s | | OFFC Physician | n Office T |
|------|------|----------------|---|--|------------|
| | | | | | |
| | Code | Hard Denial | Custom Messace | Standard Message | |
| | 1 | | Deductible Amount | Deductible Amount | |
| | 2 | | Coinsurance Amount | Coinsurance Amount | |
| | 3 | | Co-payment Amount | Co-payment Amount | |
| | 4 | | The procedure code is inconsistent with the modifier used or a required modifier is missing. | The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop | |
| | 5 | | The procedure code/bill type is inconsistent with the place of service. | The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service | |
| | 6 | | The procedure/revenue code is inconsistent with the patient's age. | The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment | T |

| Master Menu 3.4 ANSI Reason Codes | | | | | |
|-----------------------------------|---|--|--|--|--|
| Field Name | Field Description | | | | |
| Code | ANSI Reason Code populated by Clinix | | | | |
| Hard Denial | Check this box if you want this Reason to result in a "Hard Denial" which will close the claim and make it patient responsibility | | | | |
| Custom Message | Allows client to customize the denial message. This message will print on the statement. | | | | |
| Standard Message | Populated by Clinix. Not printed anywhere at this time. | | | | |

Master Menu 3.5 ANSI Remark Codes (Smart Remarks)

Purpose: Provide a more efficient and effective method for automating the process to close and deny a claim, and immediately bill the patient when the carrier denies payment due to patient responsibility. These denials are often referred to as ANSI Hard Denial codes.

| l Remark | Codes | | | | |
|----------|-------|--------|---|--|------------------|
| | | 3 | | OFFC Physician | Office Test Data |
| | | | | | |
| | | | | | |
| | | Hard | | | |
| | Code | Denial | Custom Message | Standard Message | |
| | M1 | | X-ray not taken within the past 12 months or near enough to the start of treatment. | X-ray not taken within the past 12 months or near enough to the start of treatment. | |
| | M2 | | Not paid separately when the patient is an inpatient. | Not paid separately when the patient is an inpatient. | |
| | M3 | | Equipment is the same or similar to equipment already being used. | Equipment is the same or similar to equipment already being used. | |
| | M4 | | This is the last monthly installment payment for this durable medical equipment | Alert: This is the last monthly installment payment for this durable medical equipment. | |
| | M5 | | Monthly rental payments can continue until the earlier of the 15th month from the first rental month, or the month when the equipment is no longer needed | Monthly rental payments can continue until the earlier of the 15th month from the first rental month, or the month when the equipment is no longer needed. | |
| | M6 | | You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for every 6 month period after the end of | Alert: You must furnish and service this item for any period of medical need for the remainder of the reasonable useful lifetime of the equipment. | |
| | | | | | |
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| Master Menu 3.5 ANSI Remark Codes | | | | |
|-----------------------------------|--|--|--|--|
| Field Name | Field Description | | | |
| Code | ANSI Remark Code populated by Clinix | | | |
| Hard Denial | Check this box if you want this Reason to result in a "Hard Denial" | | | |
| | which will close the claim and make it patient responsibility | | | |
| Custom Message | Allows client to customize the denial message. Not used at this time | | | |
| Standard Message | Populated by Clinix. Not printed anywhere at this time. | | | |

Master Menu 3.6 PQRS Quality Reporting

Purpose: This screen will enable users, which participate in the PQRS reporting program, to develop a PQRS Measurement Edit table specific to their individual practice. Entries into this table will be used to identify charges that qualify for the PQRS program and alert clients that they have an opportunity to enter CPT II codes along with the qualifying encounter charge that is being posted.

- All CPT II codes that are being posted must have a zero dollar value and must appear with the qualifying CPT code on the insurance claim.
- <u>NOTE</u>: The Procedure Maintenance master table has been enhanced so PQRS edits can be identified. If a database(s) already has any CPT II code(s) loaded, Clinix has automatically performed these actions for you. If you are manually entering the CPT II codes designated by CMS the following steps will need to be taken:
 - Mark these codes with a 'Y' in the 'PQRS Code' field to allow the insurance program to file the zero charge(s) on a claim.
 - Enter a zero (0) dollar amount for each CPT II code so it can be billed correctly to the carrier.
 - o Mark the field labeled 'Bill Medicare Elect' with a 'Y'
 - Mark the fields listed below with a 'N'
 - 'Bill Medicaid Elect'
 - 'Bill Others Elect'
 - 'Bill Medicaid Paper'
- <u>NOTE</u>: An addition to the Batch Edit Report, report number 5207, has been created to show the CPT and ICD pairs that are eligible for the PQRI program based on the edits that have been manually entered in MM15.9.
 - It is advised that users should do their own 'test' by entering charges without the CPT II code to be sure that they have the measurement entered correctly AND that we are editing for that measurement accurately.

| > 3 - Edit Tables Menu > 6 - PQRS Quality R Quality Reporting | | | | | | | | | | | |
|--|------|----------|-------|---------|---------|-------|------|-----------|-----|--------------|----------|
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| , | | | Age | _ | | | | | | | —) |
| Edit # Measurement Des | c OP | Age | To Se | x POS C | PTII M1 | M2 M3 | 3 M4 | ICD - ICD | СРТ | . <u>CPI</u> | |
| Effective Expiration | | * | | | | | | | | | |
| Effective Expiration | | | | | | | | | | | |
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| MM3.6 PQRS Quality Reporting | | | | | |
|------------------------------|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Edit # | Enter the PQRS Measurement number that is provided by CMS | | | | |
| Measurement Desc | Type the description of the Measurement Edit | | | | |
| OP | Using the drop down OP field, choose the appropriate choice for the age definition | | | | |
| Age | Enter the beginning age if using an age range or the specific age associated with the edit | | | | |
| Age To | Enter the ending age in the age range if applicable | | | | |
| Sex | Enter a sex (M/F) if applicable | | | | |
| POS | Enter a POS if applicable | | | | |
| CPT II | Enter a valid CPT II code | | | | |
| M1, M2, M3, and M4 | Enter a valid PQRS Modifier if applicable | | | | |
| ICD | Enter the first valid ICD code of the range (if a range is applicable) or if you are using a single ICD code | | | | |
| ICD | Enter the last valid ICD code of the range (if a range is applicable) | | | | |
| СРТ | Enter the first valid CPT I code of the range (if a range is applicable) of if you are using a single CPT I code | | | | |
| СРТ | Enter the last valid CPT I code of the range (if a range is applicable) | | | | |
| Effective | Enter the effective date of the PQRS Measure | | | | |
| Expiration | Enter the expiration date of the PQRS Measure if applicable | | | | |

Note: This form will allow a user to insert, update, and delete records whenever necessary.

Master Menu 3.7 Advanced Denials

| vanced | Denia | ls | | | | | | | | | | OF | FC Phy | sician Offi | ce Test Datal |
|-------------|---------|-----------|-------------|-------|--------------|----------|----------|-----------|-----------|-----------|-----------|-------|---------|-------------|---------------|
| Jser Docume | ntation | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | Ins. | Reason | Remark | Fin. | | Message | Change | Hold | Post | Write-Off | Close | Close | | Leave | 1 |
| | Seq | Code | Code | Class | Code | Code | Initials | Statement | Adj. Code | Item Bal. | Next | Deny | Refile | Open | - |
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| | State | Ins. Type | Master Code | Comme | ent Action C | ode Comr | ment | | | 1 | Updated B | у | Updated | l On | |
| | | | | | | | | | | | | | | | |

| | Master Menu 3.7 Advanced Denials |
|------------------|---|
| Field Name | Field Description |
| Parameters: | The following define the factors that need to be in place for the related actions to occur. |
| Ins Seq | Enter the Insurance Sequence: 1= primary, 2=secondary, 3=tertiary. The related action will only occur when the defined ANSI is posted to a charge with the Ins. Seq defined in this field. This is a required field. |
| Reason Code | ANSI Reason code requiring an action to occur |
| Remark Code | ANSI Remark code requiring an action to occur. If both are posted against a charge, the Reason code will take precedence. |
| State | If the action is only to be taken for the specific state that is defined on the Insurance Master Record, enter the state abbreviation here. Either Ins. Type and/or Master code must be defined. |
| Ins. Type | If the action is only to be taken for the specific Insurance Type as defined on the Insurance Master record, enter the insurance type here. Either Ins. Type and/or Master code must be defined. |
| Master Code | If the action can be taken only for specific Insurance Company Master codes as defined in the Insurance Master record, enter the Company Master code here. Either Ins. Type and/or Master code must be defined. |
| Related Actions: | The following define the actions that can be taken: |

| | (Note: Any actions that update the Patient Account will also create an FM Audit trail record) |
|---------------------|---|
| | Enter a Financial class if you want the patient account's Financial |
| Fin. Class | class to be updated when the related ANSI is posted. This does not |
| | validate the relation to the Price Code. This is not advised. |
| Exception Code | Enter an Exception code if you want the patient's account to be |
| | updated with an Exception code. If the account already has an |
| | exception code, this program will override that exception code. |
| Message Code | Enter a Message Code if you want the next statement generated to |
| | include a message code. If the account already has a Message |
| | code, this program will override that Message code. This program |
| | also will default Message Count 1. |
| Change Initials | Enter up to 3 alpha or numeric characters to have the program |
| Change Initials | update the Initials field on the Patient Account. |
| Hold Statement | Select this field if you need the account to be flagged with a Hold |
| | Statement. This will update the patient account with a Hold |
| | Statement = Y . |
| Post Adj. Code | Enter the adjustment code that the program should use if you need |
| rostriuj. Couc | the program to write-off the item balance when the ANSI code is |
| | posted. |
| Write-Off Item Bal. | Select this field if you need the program to write-off the item |
| | balance when the ANSI code is posted. |
| Claim Status | You must select one of the following: |
| -Close Next | The claim will be set to file to the next sequence. |
| - Close Deny | The claim will be set as $Deny = Y$ and bill the patient for the |
| | balance. |
| -Close Refile | The claim will be set to close and refile to the same sequence. |
| -Leave Open | The claim will remain open. |
| Comment Action Code | Enter the Account Comment Action code that you want to be |
| | entered on the patient's Account Comment screen based on the |
| | ANSI code posted. |
| Comment | Enter the comment that you want the program to enter on the |
| | Patient's Account Comment screen based on the ANSI code posted. |
| Updated by | This field defaults the user who is entering or updating the Advance |
| - r | Denial record |
| Updated On | This field will default the date that the Advance Denial record was |
| r | entered or updated. |

Master Menu 3.8 Clinix Claims Rejections

Purpose: This screen will enable users to choose if they want the charge that is attached to an Insurance Rejection Code to print on a patient's statement. **Note:** These rejection codes are attached to charges that did not meet necessary criteria in our upfront insurance scrubber, which are stored on MM 5.5 or report 3991, Claims Rejections

| Master Menu > 3 - Edit Tables Menu > 8 - | Clinix Clai | ms Rejections | | | |
|--|-------------|---|---------------------|----------------|---|
| Clinix Claims Rejection | ns | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | Code | Description | | Print on Stmt? | 1 |
| | 01 | THIS CHARGE HAS NOT BEEN DISTRIBUTED | | N 🗎 | |
| | 02 | INCOMPLETE PATIENT OR INSURED ADDRESS | | Y | |
| | 03 | NO ACCOUNT INSURANCE FOR THIS INS SEQ | | Y | |
| | 04 | SERVICE DATE LESS THAN INS EFFECTIVE | | Y | |
| | 05 | DOS EQUAL OR GREATER THAN INS EXPIRATION | | Y | |
| | 06 | DR OR GROUP HAS NO PROVIDER NUMBER | | N | |
| | 07 | PATIENT HAS NO BIRTH DATE | | Y | |
| | 08 | MISSING OR INVALID POLICY NUMBER | | Y - | |
| | 10 | PATIENT / INSURED SEX IS INVALID | | N | |
| | 11 | RELATION TO INSURED MUST BE A 1 | | N | |
| | 12 | NO PRIMARY DIAGNOSIS CODE-POSSIBLE 19 REQ | | N | |
| | 13 | NO INSURANCE COMPANY MASTER | | N | |
| | 14 | DR OR GROUP HAS NO TAX ID/SSN | | N | |
| | 15 | REFERRING NAME MISSING | | N | |
| | 16 | REFERRING NAME AND NPI MISSING | | Y 🛡 | |
| | | 1 | | 1 | |
| | | Updated By AKEL | Updated On 12/13/16 | i | |
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| MM3.8 | Clinix Claims Rejections |
|---------------|---|
| Field Name | Field Description |
| Code | This is the insurance rejection code. Note: these are standard |
| | codes that are assigned by Clinix. |
| Description | Description of the insurance rejection |
| Print on Stmt | If a 'Y' is entered in this field, the charge that is attached to the |
| | rejection code will print on the patient's statement, not the |
| | rejection itself. Note: By printing the charge on a patient |
| | statement, it will not correct the insurance rejection. The charge |
| | will continue to have the rejection attached to it until the error is |
| | corrected by the user. If an 'N' is entered, the charge that is |
| | attached to the rejection code will not print on a patient's |
| | statement. |
| Updated By | The system will automatically stamp the User ID that updated the |
| | line item. |
| Update On | The system will automatically stamp the date the update occurred |

Master Menu 3.10 – CPT Write Off

Purpose: This will give users the ability to enter a CPT code or a group of CPT codes that an insurance company is never going to allow. When entries are made on this form, the ERA posting will automatically perform the write off at the time an ERA is being posted. Note: This will not apply to manual posting of insurance payments.

| Aaster Menu > 3 - Edit Tables Menu > 10 - CPT Write Off | |
|--|--|
| CPT Write Off | |
| | |
| | |
| Entries on this form will only apply to payments/adjustments that are posted via electronic remits | |
| | |
| | |
| Origin Type of Pay Seq CPT CPT Prefix Denial Code Adj Code | |
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| User Updated | |
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| MM3.10 CPT Write Off | | | | |
|----------------------|---|--|--|--|
| Field Name | Field Description | | | |
| Origin | Enter one of the following: State, WB if Emdeon, | | | |
| | DM if Durable Medical, or RR if Railroad Medicare | | | |
| Type of Pay | Choose either, MC – Medicare, MA – Medicaid, BS | | | |
| | – Blue Shield, BC – Blue Cross, or CO - | | | |
| | Commerical | | | |
| Seq | Enter the sequence of the insurance record | | | |
| СРТ | Enter the CPT code that needs to be adjusted off at | | | |
| | time of ERA posting. | | | |

| СРТ | Enter either the same CPT as entered in the first CPT field or an ending CPT if a range of CPT codes needs to be adjusted off at the time of ERA posting. |
|-------------|---|
| Denial Code | Enter the ANSI denial code associated with the adjustment |
| Adj Code | Enter the adjustment code associated with the adjustment. |

Master Menu 4.1 – Collection Letter

Purpose: To create or edit a letter to be generated when an account reaches the age to generate a collection letter. May also be used to create or edit a letter to be generated at any time by a user for collection or other informational purposes.

| Master Menu > 4 - Collections > 1 | Master Menu > 4 - Collections > 1 - Collection Letter | | | |
|-----------------------------------|---|------|------|--|
| Collection Letter | | | | |
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| Master Menu 4.1 Collection Letter | | | |
|-----------------------------------|---|--|--|
| Field Name | Field Description | | |
| Group | Group specific | | |
| ID | ID number for this particular letter | | |
| Age | Statement age at which this letter is automatically generated by Clinix | | |
| Line | This is used to keep track of the message. This does not mean it will print on a separate line | | |
| Text | Free text. | | |

Master Menu 4.5 Collections and W/O Automation

Purpose: To allow the user to define the necessary parameters for establishing the Small Balance, Bad Debt and Collection Write-Offs.

Note: This screen can be used to setup Account Collections or Partial Collections

Note: The automated small balance write off program waits until the last entry (charge, payment or adjustment) is at least 45 days old before it makes a small balance write off as the standard rule. If a client would like a different date range a medoption can be set:

Rptname: Autosmallwo

Frmname: Enter the # of days you want to use as the minimum wait period if other than the standard 45 days Opt: W

WhichOP: M

These are the field descriptions associated with Small Balance, Bad Debt, and Account Collection Write-off:

| Master Menu > 4 - Collections > 5 - Collections and W/O Automation | |
|---|--|
| Collections and W/O Automation | |
| | |
| | |
| Group: Updated By Type of Collection Automatic Max amount: Adj code Denial Code Small Min amount: 01 (Minimum can be negative i.e4.99) Automatic Bad Inact days: Adj code Denial Code Bad NOTE: Bad debt amount: > small balance maximum & < collection minimum. Account Balance amt, not line item | |
| Max bills (Y/N): (Y = max statements/letters MUST have been sent) | |
| Statement Delayed days: Claim Delayed days: Number of Billings : | |
| Type of Collection Updated By Automatic Small Balance Max amount: Adj code Denial Code Automatic Bad Inact days: Adj code Denial Code Debt NOTE: Bad debt amount: > small balance maximum & < collection minimum. Account Balance amt, not line item | |

| Master Menu 4.5 Collections and W/O Automation | | |
|--|--|--|
| Field Name | Field Description | |
| Group | Group Specific | |
| Type of Collection | Enter an 'A' if the collection program should look for accounts to qualify only when the entire account balance meets the criteria. If an existing client is changing the type of collection program that is being run this will need to be | |

| | set programmatically so please contact your client |
|--------------------------|---|
| | manager. |
| Automatic Small Balance: | Specify the maximum amount to be treated as small |
| Maximum amount | Specify the maximum amount to be treated as small balance (i.e. 4.99) |
| A division and | Select from Small Balance Adj code LOV |
| Adjustment code | Select from Small Balance Auj code LOV |
| Denial Code | Code to be placed in the claim denial reason when claims |
| | are closed (i.e. SBWO) |
| Minimum amount | Can be negative |
| Automatic Bad Debt: | |
| Inactive Days | Number of days that must pass since last transaction (chg, payment, adj) before the balance is considered a bad debt (i.e., 120) |
| Adjustment Code | Select from Bad Debt Adj code LOV |
| Denial Code | Code to be placed in the claim denial reason when claim is closed (i.e. BDWO) |
| Automatic Collection: | |
| Minimum Amount | Minimum amount that will be considered for the collection process (i.e. 25.00) |
| Adjustment Code | Select from Collection Adj code LOV to be used for the collection (i.e. CA) |
| Denial Code | Code to be placed in the claim denial reason when claim is closed (i.e. COLAG) |
| Inactive Days | Number of days that must pass since the last transaction (chg, payment, adj) before the balance is considered for collections |
| Agency Code | Enter code from LOV, Ctrl F. F8 will take you to a split screen used for two agencies |
| Skip Financial Classes | Enter up to 10 FN classes that should be omitted from the collection process |
| Claim Days | Maximum days that a claim can be open and deny any of the w/off. |
| Max bills | Enter Y for maximum statement/letters must have been sent to be considered for bad debt and collections (not small balance) |
| Statement Delayed days | This field allows you to delay a collection w/off from occurring until set number of days has passed since the last statement was generated |
| Claim Delayed days | This field allows you to delay a collection w/off from occurring until set number of days has passed since the last claim was generated. |
| Number of Billings | This field defines the number of bills that must be generated before a charge will be considered as eligible for partial collection. |

| Edit and Edit Date | This is used by the Account Collection Program to verify that a group is ready to have the edit program run. The edit program will flag the accounts that are eligible for collection based on the parameters that have been entered. Users will only be able to enter a 'Y' in this field. The field remains a 'Y' until the edit program runs. The program will then remove the 'Y' but retain the date as a reference. If a 'Y' is entered again before the T/O (turnover) occurs, additional accounts will be added to the T/O and an additional edit report will generate listing just those added accounts. |
|--------------------|---|
| T/O and T/O date | This is used by the Turn Over program which performs the write offs and creates the collection file and/or report. Users will only be able to enter a 'Y' in this field. This field remains a 'Y' until the T/O program runs. The program will then remove the 'Y' but retain the date for reference |

Master Menu 6.7 IT/FC Cross Reference

Purpose: For the purpose of cross walking the Financial Class to the Insurance Type to the Price Code for demographic and Medptdemo assignment.

| Master Menu > 6 - CrossWalk Menu > 7 - IT/FC Cross Referen | ce | | | | |
|--|----------|----------------|-----------|------------|-------------------------------------|
| IT/FC Cross Reference | | | | | OFFC Physician Office Test Database |
| User Documentation | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | Group | Ins Type BC | F/C SI | Price Code | |
| | 1 | BS | SI | SF | |
| | 1 | СС | СС | SF | |
| | 1 | MC | MC | MC | |
| | 1 | MD | MD MC | SF | |
| | 1 | SI | SI | SF - | |
| | 1 | SP | SP | SF | |
| | 1 | WC | WC | SF | |
| | 11 11 | BS MD | BS MD | SF | |
| | 11 | SI | SI | SF SF | |
| | | JP J | 35 | SF | |
| | | | | | - |
| | | | | | |

| Master Menu 6.7 IT/FC Cross Reference | | | | |
|---------------------------------------|---|--|--|--|
| Field Name | Field Description | | | |
| Group | Group specific | | | |
| Insurance Type | List from MM10,1 | | | |
| Financial Class | List from MM10,1. Only used for reporting | | | |
| | purposes. | | | |
| Price Code | List from MM10,1 as applicable | | | |

Master Menu 7 – Patient Account - Setting up a BLOCKED account

Purpose: If client will be using the appointment scheduling system, a BLOCKED account should be created in order to use the block/unblock feature.

| Master Menu > 7 - Patient Account | | | | | |
|-----------------------------------|-------------------|----------------------------------|---|---------------------|--|
| Patient Account Insert | New Account | | | c | OFFC Physician Office Test Database |
| Patient Appts Patient Insurance | Comment Record CI | neck In Posted Detail | Pending Detail Summary | Appt Sched DOS D | etail Inquiry |
| Comment | | | Date Cmnt. | Other General | |
| Group <mark>12</mark> Gua | r BLOCK Re | elation 1 Account BLOCK | ED Active Y Type | Patient Vedical Rec | |
| Last BLOCKED | First BLOCKED | MI | Maiden or Alt. | Gender M 👻 Ma | arital Unknown 🔽 SSN |
| Addr1 5211 MARYLAND WAY | Ac | ldr2 | Zip 370 | 27 City BRENTWO | OD ST TN Ctry |
| Home # Cell # | Email | | Opt Out 🗆 Pref | - DOB 10/07/197 | 3 🗰 44 DOD 🗰 |
| Red Flag Exc Code | Race | Ethn | Lan Referred | - Se | et up 08/20/01 Follow up |
| | Ins1: Key Code | Policy # Policy # Policy # | Group # Group | | Eligibility Price Cd SF Fin Class SI |
| | | | | Balance 0.00 | Last Visit |
| Hosp# | Primary | | | Pat. Balance .00 | Acct. age |
| Log Date | Ref In | | | Fam Balance 0.00 | Cycle 1 |
| Scan Index | Emer. Contact | | | Minimum Pay 0.00 | Hold Stm N |
| Injury Dte | Contact Rel. | - Contac | t Ph Ext | Co Pay | For # or stmts |
| Src Client | Emp St | Employer | | Last Charge | Initials |
| Ontional Fields | Work Phone | Ext | | Msg Cd Collec | tion Flag Prepaid? N |

When setting up this guarantor/patient, be sure the <u>Account Number</u> is entered as BLOCKED. The name can be anything.

Master Menu 7 – Patient Account – Message Code

Purpose: Setup codes for messages to appear on guarantor's statement. If a message uses the code ALLS, it will appear on every patient account statement every time. Other codes can be limited as to how many times they occur by putting a number in the small count field next to the Msg Cd.

| | s | | | OFFC Physician Office Test Data |
|----------------|-----------------|-------------|---|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | p Code Msg Code | | Text | |
| 12 | 1 | 1 | Insurance Company has requested additional information | ^ |
| 12 | 1 | 2 | Please call our office to discuss. | |
| 12 | 1 | 3 | If we do not hear from you in 7-10 days, we will have to bill you. | |
| 12 | 2 | 1 | PLEASE PAY AMOUNT DUE. QUESTIONS. DON'T CALL. JUST PAY. | |
| 12 | 4 | 1 | Testing TEST | iii |
| 12 | 5 | 1 | | |
| 12 | 6 | 1 | Test msg code 5 PLEASE BRING YOUR INSURANCE CARD WITH YOU ON YOUR NEXT VISIT. | |
| 12 | ALLS | 1 | THIS BILL IS FOR SERVICES RENDERED BY OFFICE BASED TEST | |
| | ALLS | 2 | CLIENT PHYSICIANS PRACTICE GROUP AND IS PAYABLE UPON | |
| | | 3 | RECEIPT. | |
| 12 | ALLS | | 1 | |
| 12 | ALLS | 1 | WE ACCIDENTALLY POSTED A CHARGE TO YOUR ACCOUNT IN ERROR | |
| 12 12 12 | ERRO | 1 | WE ACCIDENTALLY POSTED A CHARGE TO YOUR ACCOUNT IN ERROR We will be closed on St. Patrick's Day. Please do not call. We will | |
| 12 12 | | 1 1 2 | WE ACCIDENTALLY POSTED A CHARGE TO YOUR ACCOUNT IN ERROR We will be closed on St. Patrick's Day. Please do not call. We will be drinking green beer and may give out bad information. | |

| Master Menu 7 | Statement Messages |
|---------------|---|
| Field Name | Field Description |
| Group Code | Group specific |
| Msg Code | Message Code, alpha-numeric, 4 characters |
| Line | This is used to keep track of the message. This does not mean it will print on a separate line. You will need to add a blank line in between each paragraph for the letter to look nice. |
| Text | Free text |

Master Menu 7 – Patient Account – Insurance Claim Denial Codes

Purpose: To print information for a guarantor in the body of a statement with ***Claim Status*** in front. This only prints if a Medoption is set and this code has a 'Y' in the Print on Stmt box.

NOTE: To reach this screen, go to MM4-Patient Account, press F2 (the first account you come to in the group will be

fine), then click Posted Detail, then click Ins Claim Maintenance and then click Reason

| nu > 7 - Patient Account > Shf | tF8 - Account Detail Information > F10 - Insura | ance Claims Maint (Open & Close) > LOV - Insurance Claim De | nial Codes |
|--------------------------------|---|---|------------------------------------|
| rance Claim Den | ial Codes | | OFFC Physician Office Test Databas |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Ins | Code Claim Den Rsn | Description | |
| 00 | 450 91 | FAILED | |
| 00 | 450 TESTING | TESTING | |
| AL | L AUTH | SERVICES NOT AUTHORIZED | |
| AL | L BDWO | BAD DEBT WRITE OFF | |
| AL | L CARD | NEED COPY OF INS CARD | |
| AL | L CO | COLLECTION WRITE OFF | |
| AL | L COV | DOS PRIOR TO EFFECTIVE DATE | |
| AL | L DIAG | DIAGNOSIS DOES NOT SUPPORT CPT | |
| AL | L DP | DUPLICATE CHARGE | |
| AL | L IND | INSURANCE DENIED ALL | |
| AL | L NC | NON COVERED SERVICES | |
| AL | L PHY | NO COVERAGE FOR YRLY PHYSICAL | |
| AL | L PROV | PROVIDER # NOT ON FILE | |
| AL | L RC | OVER REASONABLE AND CUSTOMARY | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Master Menu 7 Insurance Claim Denial Codes | | | | | |
|--|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Ins Code | Can be for ALL insurance companies or for specific Ins | | | | |
| | Key Codes | | | | |
| Denial Reason | Reason Code, alpha-numeric, 20 characters | | | | |
| Description | Text description of reason for denial | | | | |
| Print on Stmt? | Y if reason is to print on statement, N if not. The denial | | | | |
| | code will only print if the account is using the old | | | | |
| | statement program or if the account is a 'Z' (company) | | | | |
| | account and the correct medoption is set. | | | | |

Master Menu 11.1 Reason Codes

Purpose: To enter or update Appointment Reason Codes which are assigned to schedule time slots to determine what type of appointments can be booked in the slots.

• Notes: In order to make the reason codes useable and easy to maintain, it is recommended that you make the codes as open and general as possible, e.g., *NEW* for a New Patient.

| aster Menu > 11 - Appointmer | nt Scheduling > 1 - R | eason Codes | | | | |
|------------------------------|-----------------------|---------------------------|-----------------|------------------------------|--------|--------------------|
| Reason Codes | | | | | TN00 | TN00 Training Data |
| Return To Group Field | | | | | | |
| Retain to oroup field | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Group DEMA | | | | | |
| | | | | Referring Hide From Next | Color | |
| | Reason Code | Description | Print Fee Tckt? | Doc. Required? Avail. Query? | | |
| | ALT | ALERT | N | | 333333 | |
| | AMM | ALLIANCE MEDICAL MINISTRY | Y | | FFFFC8 | |
| | ATC | APPOINTMENT TO CALL | N | | 999999 | |
| | BLU | BLU-U TX | Y | | 8C8C00 | |
| | C/S | COSMETIC OR SURGERY | Y | | CCCCFF | |
| | CAL | ALSPAUGH LASER | Y | | 9966FF | |
| | CCS | C-COSMETIC OR SX | Y | | 99FFFF | |
| | CD5 | C-DOUBLE BOOK-5 MIN APPT | Y | | FF33FF | |
| | CFS | C-FULL SKIN EXAM | Y | | 99FF99 | |
| | CFU | C-FOLLOW-UP | Y | | 10C1AA | |
| | CNP | C-NEW PATIENT | Y | | 0A817E | |
| | CON | COSMETIC CONSULT | Y | | DBDBFA | |
| | COS | COSMETIC APPT | Y | | AB64FE | |
| | CSH | C-SPACE HOLDER | Y | | CCEEC6 | |
| L | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | - |
| | | | | | | |

| Master Menu 11.1 Reason Codes | | | | |
|---------------------------------|---|--|--|--|
| Field Name | Field Description | | | |
| Group | Group specific | | | |
| Reason Code | Alpha-numeric, 3 character maximum | | | |
| Description | Free text | | | |
| Print Fee Ticket? | Option to print encounters for this type of appointment. | | | |
| | Blank is same as Y. | | | |
| Referring Doc Required? | Y if Referring doctor required for this appt type. Default is | | | |
| | blank (N). | | | |
| Hide from next available query? | Enter Y to hide from next booking query | | | |
| Color | Select the LOV to manually choose an individual colors for a | | | |
| | specific Appointment Reason Codes | | | |

Master Menu 11.2, F6 – Template Application

Purpose: To establish or update schedule slots for the actual times and periods for which appointments can be booked during a schedule session.

- Notes:
 - If you are creating doctor schedules before using the system to book appointments for the first time, inform your Client Service Manager that you have created the doctor schedules. They will need to instruct the system to run the program that actually creates your scheduling "book." This program is usually run after hours, so the schedule will be available the next day. If you have modified an existing schedule, the changes will be available the next day.

With this scheduling template you can build daily templates using any naming convention that will easily apply to a specific practice.

| To Group Field | Appt Sched Reason | Code Maintenance | | | | | | | | | | |
|----------------|--------------------|---------------------|----|-----|-----|----|-----|-----|----------|-----|------------|---|
| | | | | | | | | | | | | |
| | Group 12 PHYSICIAN | OFFICE & TEST GROUP | | | | | | | | | | |
| | Template Name | RC | Be | gin | A/P | F | ind | A/P | Interval | Max | Restr Type | |
| | Dr Clarke M,W,F | APP | 08 | 00 | A | 10 | 00 | A | 15 | 1 | A | |
| | Dr Clarke M,W,F | SUR | 10 | 00 | A - | 11 | 00 | A - | 30 | 1 | R | 2 |
| | Dr Clarke M,W,F | FUV | 11 | 00 | A - | 12 | 00 | Ρ - | 15 | 1 | A | Ť |
| | Dr Clarke M,W,F | LUN | 12 | 00 | P - | 01 | 00 | P - | 60 | 1 | R | 1 |
| | Dr Clarke M,W,F | APP | 01 | 00 | Р - | 05 | 00 | Ρ - | 15 | 1 | Α | |
| | Dr Smith T, THU | APP | 08 | 00 | A - | 12 | 00 | P - | 15 | 2 | А | |
| | Dr Smith T, THU | LUN | 12 | 00 | P - | 01 | 00 | Ρ - | 60 | 1 | R | |
| | Dr Smith T, THU | FUV | 01 | 00 | P - | 03 | 00 | P - | 15 | 1 | А | |
| | Dr Smith T, THU | SUR | 03 | 00 | P - | 05 | 00 | Ρ - | 30 | 1 | R | |
| | Holiday | HOL | 08 | 00 | A | 05 | 00 | P 🔻 | 540 | 1 | R | |
| | Summer Schedule | APP | 08 | 00 | A - | 11 | 00 | A - | 15 | 1 | Α | |
| | Vacation | VAC | 08 | 00 | A - | 05 | 00 | P v | 540 | | R | |

| Master N | Aenu 11.2, F6 Scheduling Template |
|-----------------|---|
| Field Name | Field Description |
| Group | Group specific |
| Template Name | This is a free text field which will allow 40 characters. Enter the |
| | template name that will have a clear meaning to a specific practice. |
| Reason Code | Enter the appointment reason code that you would like to attach to |
| | the template name. |
| Begin | Enter the hour and minute when slot should begin e.g., 0830 for |
| | 8:30 |
| A/P | Enter the beginning time: A for A.M., P for P.M. |
| End | Enter the hour and minute when slot should end e.g., 0830 for 8:30 |
| A/P | Enter the ending time: A for A.M., P for P.M. |
| Interval | Enter the length of slot, in number of minutes, if the slot will be |
| | used to book more than one appointment. The system defaults the |
| | length of the slot assuming one appointment |
| Maximum | Enter the number of appointments allowed during the slot, system |
| | assumes 1 appointment per slot |
| Restricted Type | Enter the code for the restriction on what type of appointment can |
| | be booked in the slot, see below for choices: |
| | A = Accept any appointment type which means the scheduler can |
| | override the reason code when booking an appointment |
| | N = No Appointments may be booked |
| | R = Only allows the scheduler to book appointments for the type |
| | specified in the Reason Code field |
| | E = Allow the scheduler to book any type of appointment except the |
| | type specified in the Reason Code field $C = On call day for the destar (the schedular uses this as a reminder$ |
| | C = On call day for the doctor (the scheduler uses this as a reminder to keep the schedule light) |
| | to keep the schedule light) NOTE Any reason and that has a restriction of (N) or (E) will |
| | NOTE-Any reason code that has a restriction of 'N' or 'E' will NOT show on the schedule |
| | INO1 show on the schedule |

Completing the Doctor Scheduling Calendar

| Master Menu > 11 - Appoint | | heduling > 2 - Templa | | | | | | | | | | |
|----------------------------|--------|-----------------------|-------|------------|-----|----------|----------|----------|-----|-------------|--------------|---------------|
| Template App | licati | on | | | | | | | | OFFC Physic | cian Office | Test Database |
| Scheduling Template | | Doctor Mainte | nance | Appt Sched | Pa | age Down | Page Up | | | Rel | ouild Entire | Schedule |
| | Group | | C | Doctor | N | lonth | ¥ | Year | - | | | |
| Rebuild Clone | | | | | | From | | То | | Rebuild | | |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday |
| Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template |
| · · | ╞╌┠╴ | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template |
| | ┢ | | | | | | | | | | | |
| | ┢ | | | | | | | | | | | |
| Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template |
| | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | | |
| Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template | Loc | Template |
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| | | | | | | | | | | | | |
| | | | | | | | | 5 | | | | D |

Once the Scheduling Template has been completed and saved, the template will need to be applied to the calendar.

NOTE: This form is automatically in a query/search mode.

- 1. Enter the Group Code
- 2. Enter the Doctor, Month, and Year to apply a template to, F2
- 3. Click on the day of the month where the template needs to be applied. To view the template use Ctrl F when the cursor is in the field where the template needs to be applied; the list of the templates will appear in a popup screen.
- 4. Select the template that needs to be applied by double clicking on the template or using the F4 function key. This will insert the template into the Doctor Scheduling Calendar.
- 5. Enter the location for the template
- 6. Down arrow if additional templates are needed and repeat the process.
- 7. Save
- 8. Continue the same steps for each day where a template needs to be applied.

Cloning

The Clone feature enables you to copy one or more pre-defined weeks. Doctor schedules that consistently follow a pattern are created once and then can be cloned into future months.

How to Clone a Template

1. Click the check box next to the week you want to clone.

| - | 8 Template | Loc | 9 Template | Loc | 10 Template | Loc | 11 Template Loc | ľ | 12 Template | Loc | 13 | Template | Loc | 14 | Template |
|---|-----------------|-----|---------------|-----|-----------------|-----|-----------------|----|-----------------|-----|----|----------|-----|----|----------|
| 2 | Dr Clarke M,W,F | 1 | | | Dr Clarke M,W,F | 1 | | | Dr Clarke M,W,F | 1 | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | |][| | | | | | | |

- 2. Click the Radio button at the top of the screen next to the word Clone. The fields shown below will appear.
 - Copy Week
 - **Repeat Every** ___**Week:** Enter the amount of weeks that this schedule should be repeated (e.g every 1 week, every 2 weeks, etc)
 - **From:** Enter the date cloning is to begin
 - **To:** Enter the date cloning is to end
 - **Clear Weeks:** Select this if there is an existing template already in place within the time frame selected for cloning and you want to clear the existing template. This will clear the existing template and replace it with the one that is being cloned.

| \subset | Rebuild | Clone | Repeat Every 1 Week | Copy Week From 10/08/18 | To 12/31/18 | Clear Weeks 🗹 | Clone |
|-----------|---------|-------|---------------------|-------------------------|-------------|---------------|-------|
| | | | | | | | |

- 3. Click on the Clone button after all selections are made.
- 4. Once the calendare has been successfully cloned, a confirmation notice will display.



5. Click on the OK button to refresh the calendar and display the month the copy state date begins. For example; If you used the first week in April as the basis for the cloning, and entered May 15, 2018 as the start date for the cloned schedule, a calendar refresh will bring you to May 2018. This will allow you to view the beginning month of the cloned template.

Note: When the calendar is complete, you can rebuild the entire schedule and begin booking appointments. This is done by clicking on the Rebuild Entire Schedule text in the blue bar above the calendar. If you do not rebuild the template, at the time of a change, the schedule will automatically rebuild overnight.

Master Menu 11.3 Doctor Reason Codes

Purpose: To enter or update Doctor Reason Codes which are used to issue special instructions, based on appointment reason that will appear in the Comment section of the General Appointment Booking screen when appointments are made. These instructions will also appear on the doctor's schedule.

| lenu > 11 - App | 11 - Appointment Scheduling > 3 - DoctorReason Codes | | | | | | |
|-----------------|--|-----------|--------|-----|--|----------------|--------|
| or Reas | on Codes | 6 | | | | TN00 TN00 Trai | ning D |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Group Code | Doctor | Reason | Int | Special Instructions | | |
| | DEMA | 1 | C/S | 30 | COSMETIC OR SURGERY PT NEEDS TO BE TAKEN TO ROOM 3 | | |
| | DEMA | 1 | CFU | 15 | C-FOLLOW-UP AFTER PROCEDURE | | |
| | DEMA | 1 | NP | 60 | NEW PATIENT NEEDS TO BRING LIST OF MEDICATIONS | | |
| | | | | | | | |
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| | | | | | | | |
| | ClinixPM Demo | Group Na | ame | | Doctor Name SUN ROETEN MD | | |
| | ClinixPivi Demo | Database | | | SON ROETEN MD | | |
| | Reason COSM | ETIC OR S | URGERY | | User Id AKEL Last Update 01/21/19 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Master Menu 1 | 1.3 – Reason Codes by Doctor |
|----------------------|--|
| Field Name | Field Description |
| Group Code | Group specific |
| Doctor | Select from Doctor Master File |
| Reason | Enter Reason code to be displayed in a popup box when booking appointments. Alpha-numeric, 3 characters. If used as a "sticky cursor," this reason will populate the Rsn code at the bottom of the General Appt Booking screen (medapgen) |
| Int | Specify an appointment interval time, if needed |
| Special Instructions | These instructions will populate the Comment section at the bottom of Medapgen screen. |

Master Menu 11.4 – Scheduling Alerts

Purpose: This form can be utilized to set up any scheduling alerts that you may want to flag on a specific doctor on a specific day. For example; Doctor 1 may want a light schedule because he has a meeting that day. When this is set there will be a red indicator box on the scheduler screen for that day. You can hover over the red box to see the scheduling alert.

| roup Field | | | | | | | | | | | |
|------------|----------|----|-----|-----|------|----|-----|-----|----------|---------------------|---|
| Group 12 | | | | | | | | | | | |
| Doc From | То | Be | gin | A/P | End | | A/F | , P | Day | Comment Description | |
| 1 07/03/19 | 07/03/19 | 08 | 00 | A - | 05 0 | 00 | Р | ⊤ Y | WED | SCHEDULE LIGHT | P |
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| N | Iaster Menu 11.4 – Scheduling Alerts |
|---------------------|---|
| Group | Group Specific |
| Doc | Enter Doctor number the alert needs to be attached to |
| From | Enter the date the alert needs to begin |
| То | Enter the date the alert needs to go through |
| Begin | Enter the begin time for the alert |
| A/P | Select A for AM or P for PM |
| End | Enter the end time for the alert |
| A/P | Select A for AM or P for PM |
| Р | No longer used |
| Day | Enter the Day of the week for the alert or leave blank if |
| | multiple days |
| Comment Description | Enter the alert that is needed |

Master Menu 11.5 - Recalls

Purpose: A patient recall is a communication to a patient, reminding the patient that it's time to schedule an appointment. You can have the system generate recall notice letters or recall notice address labels on a regular basis.

| Master | Master Menu > 11 - Appointment Scheduling > 5 - Recalls | | | | | | | | | | |
|----------|---|-------------------------|------------|------------|--------|-------------|------------|--------------|---------------|------------------|----|
| Re | Recalls TN00 Training Database | | | | | | | | | | |
| Reca | ll Letter Ma | aintenance | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Group | Account | Last Name | First Name | DOB | Doctor | Recall Date | Recall Rsn | Recall Freq. | Recall Ltr ID | Last Recall Date | |
| DEMA | 142357 | TAYLOR III | CHAZ | 08/15/1947 | 2 | 12/31/18 | | | 1 | | 76 |
| DEMA | 213392 | WILLIAMS | SHARYN | 10/23/1938 | 1 | 12/31/18 | FUV | | 1 | 12/31/18 | |
| DEMA | 106977 | TWISDALE | DAYO | 07/11/1966 | 1 | 08/01/17 | FSE | | 1 | 08/01/17 | |
| DEMA | 64650 | KIST | JALAL | 01/23/1956 | 1 | 09/01/17 | FSE | | 1 | | |
| DEMA | 90726 | WISTEHUFF | SYNA | 09/07/1920 | 1 | 09/01/17 | FSE | | 1 |)[| |
| DEMA | 142768 | JADI | JAMIL | 09/17/1956 | 5 | 09/01/17 | M/M | | 1 | | |
| DEMA | 45420 | STOYANOV | BREE | 04/17/1970 | 1 | 09/01/17 | MM | | 1 |) | |
| DEMA | 79135 | LARKIN | HALSTON | 08/15/1921 | 1 | 09/01/17 | MM | | 1 | | |
| DEMA | 206638 | GILMORE | NAHUM | 08/10/1951 | 1 | 09/01/17 | MM | | 1 |) | |
| DEMA | 45673 | KATUTA | JOHNNIE | 08/10/1915 | 1 | 10/01/17 | M/M | | 1 | | |
| DEMA | 54703 | REILLY | DEEYA | 10/07/1941 | 1 | 11/01/17 | FSE | | 1 |] | |
| DEMA | 67576 | TROWEL | LUANN | 10/20/1997 | 1 | 11/01/17 | FSE | | 1 | | |
| DEMA | 206444 | CICCARELLI | CAMRYN | 03/19/1994 | 1 | 11/01/17 | M/M | | 1 |] | |
| DEMA | 135328 | GOMARLO | TENISHA | 06/17/1961 | 1 | 08/01/17 | FSE | | 1 | 08/01/17 | |
| | Created On | 01/08/18 04:24:23 pm By | AKEL | | | | | | | | |
| | Updated On | By | | | | | | | | | |
| | | Uy | | | | | | | | | |
| <u> </u> | | | | | | | | | | | |

| Ma | Master Menu 11.5 – Recalls | | | | |
|------------|---|--|--|--|--|
| Field Name | Field Description | | | | |
| Group | Group specific | | | | |
| ID | Recall Letter ID number; alpha-numeric, 2 characters | | | | |
| Line | Sequential line number to appear on letter (1 for first line, 3 to skip a | | | | |
| | line, etc.). You will need to add a blank line in between each | | | | |
| | paragraph for the letter to look nice. | | | | |
| Text | Enter "Dear *Name" to have the Dear salutation and the responsible | | | | |
| | party name print. Enter "Estimado *Name" for the Spanish version. | | | | |
| | "Dear" is a suggested salutation but can be substituted. | | | | |
| | If the user wishes to have the Guarantor addressed instead of the | | | | |
| | patient, they need to enter 'Dear *Guarname'. | | | | |

Master Menu 11.13 Encounter Form Setup

Purpose: Establish and maintain Encounter forms (Fee Tickets) for recording procedures rendered at time of service.

| Master Menu > 2 - Control Table Maintenance > 13 - E | Master Menu > 2 - Control Table Maintenance > 13 - Encounter Form Setup | | | | | | | | |
|---|---|---|----------------|--|--|--|--|--|--|
| Encounter Form Setup | Encounter Form Setup | | | | | | | | |
| Group Form ID Doctor Style 1 FRONT Side BACK Side | Columns Lines Text Length | Location Characters F9 - Previous Block | | | | | | | |
| Front Page Back Page Column 1 Column 2 Column 3 Column 4 | | | | | | | | | |
| Type Code Text | Type Code Text | Type Code Text | Type Code Text | | | | | | |
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| Master Menu 11.13 Encounter Form Setup | | | | | |
|---|--|--|--|--|--|
| Field Name | Field Description | | | | |
| Group | Enter Group ID (group-specific) | | | | |
| Form ID | Enter 2 character user-defined Form Id | | | | |
| Doctor | Leave blank for all drs, or enter specific dr number | | | | |
| Location | Leave blank for all locations, or enter specific location number | | | | |
| Style | Select from LOV | | | | |
| Front Page, Back Page | Click appropriate side of form | | | | |
| Columns, Lines, Text Length, and Characters | Informational fields that displays preset parameters based on the "Style" and "Side" of the encounter form the user is displaying | | | | |
| Col | Defines which column of the form data belongs with (based on max number of columns allowed). Controls placement of columns on the encounter form | | | | |
| Line | Enter sequential line number of the text (based on max number of lines allowed). Controls placement of text on the encounter form | | | | |

| Shade | Leave blank or press Ctrl-'O' to shade "Text" |
|-------|---|
| Font | Leave blank or press Ctrl-'B' to bold "Text" |
| Туре | Enter 'P' for procedure code, 'D' for diagnosis code, 'B' for |
| | blank, 'H' for heading |
| Code | Enter procedure code or diagnosis code (determined by value |
| | entered in "Type" |
| Text | Enter text (Based on "text length" parameter displayed) |

Master Menu MM-Shift F7 – Automatic Write-off Procedure Codes

Purpose: When you need to write off the remaining balance after a payment has been made by an insurer, e.g., Workers Comp or Medicaid, because the patient is not to be billed.

| Shft F7 - Automatic | F7 - Automatic Write-Off Procedure Codes | | | | | | | | |
|--|--|----------------|-----------------------------|------|------------|------------------------|------------|--|--|
| utomatic Write-Off Procedure Codes OFFC Physician Office Test Database | | | | | | | | | |
| | | | | | | | | | |
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| | Group | Ins Code | | Туре | Procedure | Description | | | |
| | 12 | 00001 | WE PAY WORKER'S COMP | | 666 | CONTRACTUAL ADJUSTMENT | _ ^ | | |
| | 12 | 00450 | MEDICARE | P | CARE | MEDICARE PAYMENT | | | |
| | 12 | 1234 | AETNA | | 666 | CONTRACTUAL ADJUSTMENT | | | |
| | 12 | 1669 CAID | MEDICAID | | 672 672 | MEDICAID ADJ. | | | |
| | | - | | | | MEDICAID ADJ. | -8 | | |
| | 12 | MCR 00845 | MEDICARE AETNA LIFE INS. | | 666 666 | CONTRACTUAL ADJUSTMENT | - 8 - 1 | | |
| | | \neq | | | | | - 4 | | |
| | 9ITEST ALL | 88888 | ORMSY HEALTH INSURANCE | | 88888 | INSURANCE ADJUSTMENT | - | | |
| | SDT | CIGNA 01011 | WORKERS COMPENSATION | | 666 | WRITE OFF | | | |
| | SUI | 01011 | WORKERS COMPENSATION | | 000 | WRITE OFF | | | |
| | | | | — H | | | - | | |
| | L | | · | | | | | | |
| | Last U | pdate: 05/2 | 22/02 By: COMMON | | | | | | |
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| Master Menu Shift-F7 | | | | |
|----------------------|--|--|--|--|
| Field Name | Field Description | | | |
| Group | Group specific or group 'ALL' can be used on this form | | | |
| | when the w/off should be performed for all groups in the | | | |
| | database | | | |
| Ins Code | Insurance Key Code | | | |
| Company | Populated from Ins Key Code | | | |
| Туре | 'A' for adjustment, 'P' for Payment | | | |
| Procedure | Adjustment or Payment code | | | |

| Description | Populated from Procedure |
|-------------|--------------------------|