

Posting Charges

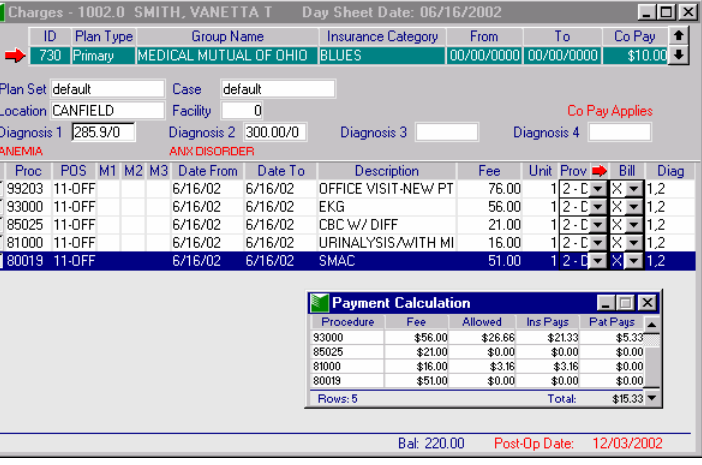
- Mouse or keyboard control
- Explosion Codes—post multiple charges with one code
- Co-Pay Alert—if charge is applicable
- Add modifiers at time of posting
- Add documentation to any procedure
- Capitated charges are tracked and written off
- Fee-for-service & capitated charges can be posted at the same time.
- Patient chronic diagnoses automatically appear
- Patient's last 4 diagnoses automatically appear
- Patient's authorized visits screen helps prevent billing errors
- Able to post to more than one daysheet at a time
- Payment Calculation Screen displays how much a patient will owe after the insurance plan pays its portion
- CrossCode Messages and Provider Credentials used to verify providers, procedures, and diagnoses with insurance plans
- Change place-of-service for any procedure at time of posting
- Track charges by location or service facility
- Prints a patient's receipt for today's visit
- Bundling of hospital charges, if needed
- Void charges
- Automatic addition of sales tax
- Track inventory
- Batch charge posting
- Autocharge posting

Post charges & payments from the same sequence screen.

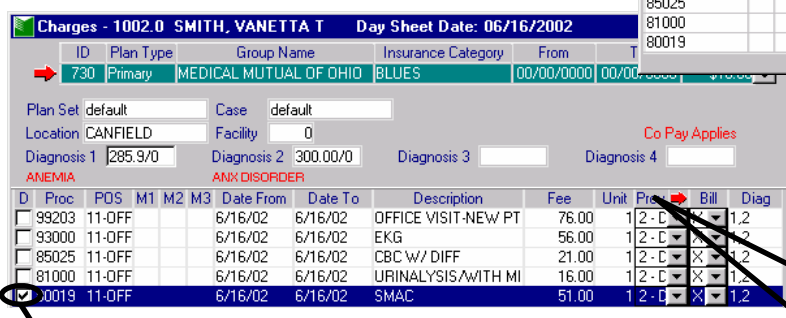
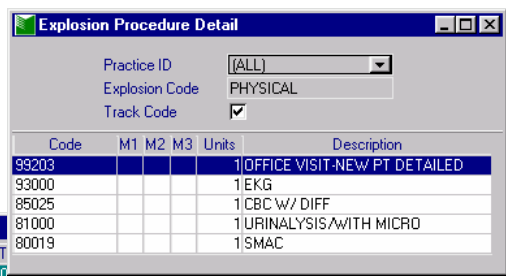
■ **Posting charges:** Each line item can be changed from the **default value**, such as place of service, modifiers, dates, fee, units, provider, responsibility, and diagnoses. *No need to tab through to the next item—just click NEW, or press CTRL-N and advance to the next line.* Add as many as three modifiers per procedure.

■ **MicroMD** automatically alerts you that a **co-pay amount** should be applied to a patient's account while posting charges.

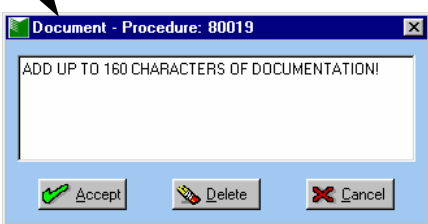
■ **Payment calculation** remembers the plan's past allowed amount, contracted amount, and payment amount. It displays the amount of patient and insurance responsibility for each charge at the time of posting charges. You are able to inform the patient of their responsibility amount before they leave the office—and collect!



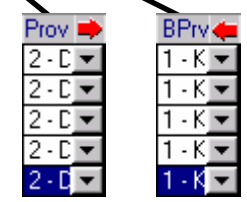
■ **Explosion Codes:** These are user-defined *macro* codes that contain any number of specific CPT codes that are always posted together during certain procedures. For example, "PHYSICAL" may contain 99211, 80061, 85007 & 93000. Posting @PHYS explodes all the contained codes to the posting screen, making posting charges faster, and the user is less likely



■ **MicroMD** also lets you select a **billing and rendering provider** at the time of posting. The billing provider appears on the claim. Various reports can be run based on billing or rendering provider.



■ **Documented info** can be added to each procedure while posting charges (see screen above) and sent with the electronic claim. Up to 160 characters of type can be added to each procedure.



Posting Charges...Continued

Planned Visits are displayed in a pop-up screen at time of posting for patients with authorized visits from their insurance plan. This alerts the operator to the effective date range as well as the number of authorized visits remaining. This can be tracked by procedure, diagnosis, or both.

CPT	ICD	From	To	V	R	Authorization	Notes
99211	ALL	02/01/2002	08/04/2002	6	6	AC9986506	
ALL	300.00/0	02/01/2002	05/31/2002	4	4	5564421	

Claim Transactions 1002.0--SMITH, VANETTA T Sequence: 4

Employment Related
 Auto Accident
 Other Accident
 State

Injury: _____ Const/llness: _____ Lst Seen: _____
 Disability Frm: _____ Disability To: _____
 Admission: _____ Discharge: _____

Referral: _____ 2 SMYTHE, JAMES PCP: 2-SMYTHE, JAMES
 Service Fac: _____ 0

Assignment: Family Planning Claim Encounter
 Emergency: Prior Authorization # _____ EPSDT:

Outside Lab: Block 10d: _____
 Lab Charges: _____ Block 19: _____

Hospice Provider No: _____ Hospice Employed Provider:

Additional Insurance Information is displayed on a screen that includes such items as Workers Comp info, last X-ray date, Referring Doctor, and Hospice information. Since this screen can be easily accessed at any time, this can be filled in at the time of posting or before the claim is submitted.

Plan Sets and cases determine what insurance plans to use for the patient. A plan set automatically defaults for the patient based on the selected case. However, you still have the option to choose another plan set. Plan sets are groups of the patient's insurance plans.

For example, a patient may have a worker's compensation case and a regular medical case. Each one of these cases uses a different plan set. When posting charges, the operator selects a case and the plan set for that case is automatically selected. This allows the patient to have multiple primary, secondary, and tertiary insurance plans.

PATIENT RECEIPT
Phone: (330) 758-7084

MICROSYS MEDICAL CENTER
790 BOARDMAN-CANFIELD RD.
YOUNGSTOWN, OH 44512

Date: 3/8/1999
Patient No: 17.0
Phone: (330) 758-7084
Federal ID: 34-1570909

Diagnosis: ANTHONY T. SMITH
401.9 - HYPERTENSION 1234 NEWTON STREET
078.0 - MOLLUSCUM CANFIELD, OH 44406
250.0 - DIABETES MELLITUS

Beginning Balance: \$343.50

Date	Code	POS Description	Prov	Diag	Amount	Balance	Total
06/12/1998	9921151	11 OFFICE VISIT-LEVEL I/ESTABL	SALENDRO	401.9	\$72.00	\$72.00	\$415.50
06/12/1998	80061	11 LIPID PROFILE	SALENDRO	401.9	\$16.00	\$88.00	\$431.50
06/12/1998	85007	11 CBC-W/DIFF.	SALENDRO	401.9	\$12.50	\$100.50	\$444.00
06/12/1998	93000	11 EKG	SALENDRO	401.9	\$24.00	\$124.50	\$468.00
06/27/1998	3	PO PAYMENT MEDICARE	SALENDRO		(\$74.40)	\$50.10	\$393.60
06/27/1998	43	W1 WRITE OFF MEDICARE	SALENDRO		(\$35.50)	\$14.60	\$358.10
11/05/1998	2	PO PAYMENT CR#789	SALENDRO		(\$14.60)	(\$0.00)	\$343.50

Ending Balance: \$343.50

Account	RESP.	Current	31 - 60	61 - 90	Over 90	Balance
Aging	Patient	0.00	0.00	0.00	38.40	38.40
	Insurance	0.00	0.00	0.00	329.10	329.10
	Total	0.00	0.00	0.00	367.50	367.50

Patient Walk-out Receipt: The receipt can be printed before the patient leaves the office. This outlines the total activity pertaining to that day's visit. Also, any prior insurance payments posted to a claim that are paid on by the patient that day, display on the receipt.

- MORE FEATURES:**
- Shortcut keystrokes to post and save. Use the Ctrl-N key combo to post a new charge. Use the Ctrl-X key combo to exit from a posting screen.
 - Notifies the operator if the patient's primary insurance plan has changed.
 - Multiple diagnoses can be assigned to an individual procedure and listed according to primary, secondary, etc.