Better Billing Series

Manual Links & Navigation

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Part 1

Daily Billing Summary

The Daily Billing Summary is an alternative Chart Central view designed to allow users quick access to view or change billing information before posting. You can access the Daily Billing Summary from Chart Central, the Practice Management menu or the Medical Records menu. Security is required to access this screen.

Manual Links

Practice Management > Daily Billing Summary
Medical Records > Chart Central > Daily Billing Summary
https://www.medent.com/htmlmanual/html/v235/dailybillingsummarypm.html

Practice Management > Billing > Daily Billing Summary Admin Setup
https://www.medent.com/htmlmanual/html/v235/dailybillingsummaryadminsetup.html

Troubleshooting - Daily Billing Summary
https://www.medent.com/htmlmanual/html/v235/troubleshooting-dailybillingsummary.html

Videos

WEBINAR: medent's Daily Billing Summary (59:33)

WEBINAR: medent's Daily Billing Summary & Allocate Payments (56:01)

TUTORIAL: Daily Billing Summary Overview (4:29)

TUTORIAL: Daily Billing Summary Setup (3:36)

Part 1

Allocate Payments

Practice Management > Billing > Superbills > Superbills > <u>Edit/View Superbills</u>

If there are payments in the eSuperbill, the user can allocate the payments to Copay, Prior Personal Balance or Unapplied. When the payments in the eBill are posted, they will be applied according to the allocations. If <u>Payment Posting Options > #52 Yes Auto Populate Allocations</u> is set to Yes, the money will automatically default into the allocation buckets. For example, if eligibility returns a copay, it will default money into the copay allocation section. If the patient has a prior balance, it will default money into the prior balance allocation section.

NOTE: The user must have security to use this feature.

Allocate Payments	Pending Allocation: $ 35.00	
Copay	0.00	Allocate Remainder
Prior Balance	0.00	Allocate Remainder
Unapplied	0.00	Allocate Remainder
Future E-Superbills		

Copay

If Eligibility returns Copay Information. Copay will be posted to the E&M code for the visit or the CPT code ranked #1 if there is no E&M Code.

Prior Balance

If the account has a prior personal balance, this will be applied to the oldest personal balance item.

Unapplied

Any remaining money will be allocated to unapplied.

Future E-Superbills

Select one or more future eSuperbills to allocate payments to. NOTE: The money that is allocated to a future eBill is **not** actually put in the eBill as a payment; the money will still be Unapplied when posting the current eBill, but the unapplied payment will have the future eBill linked to it. The money will automatically be applied when the future eBill is closed out via Charge Entry or Post & Close eBill.

Ledger Card

The primary function of the Ledger Card is to display the patient's A/R balance with aging and how it is broken down between insurance companies and personally owed. The screen also provides direct access to the accounting transactions such as charges, payments, adjustments and reversals for the purpose of viewing and changing as needed and allowed for by the accounting rules set in medent.

Manual Links

Practice Management > Ledger Card
https://www.medent.com/htmlmanual/html/v235/ledgercardpm.html

Practice Management > Ledger Card > Ledger History
https://www.medent.com/htmlmanual/html/v235/ledgercardpm.html

Troubleshooting - Ledger Card
https://www.medent.com/htmlmanual/html/v235/troubleshooting-ledgercard.html

Troubleshooting - Ledger History
https://www.medent.com/htmlmanual/html/v235/troubleshooting-ledgerhistory.html

Videos

WEBINAR: medent's Daily Billing Summary (59:33)

TUTORIAL: Retrieve From History (1:51)

TUTORIAL: Transfer Claims (3:25)

TUTORIAL: Resubmit Claims (2:08)

Part 3

Eligibility

All automated eligibility functions in medent require a High-Speed Internet Connection. The request is sent to the clearinghouse, which sends it to the insurance. The response comes back from the insurance company, not medent.

There are three different eligibility screens: Commercial, Medicare, Manual

Eligibility can be run from the following areas of medent:

- Patient Insurance Info
- Referrals
- Charge Entry
- Daily Billing Summary
- Chart Central

You may see the following icons throughout medent. Here's what they mean:

Automated insurance eligibility request has not been run within the past week.

Manual insurance eligibility request has not been run within the past week.

Patient is covered by insurance.

Patient is not covered by the insurance or the insurance request failed.

Patient has partial insurance coverage. Click View Entire File in the eligibility screen to determine what type of coverage the patient has.

The Member ID returned in the eligibility real-time file does not match the member or insured ID entered in the medent patient insurance information screen. Active w/Insurance ID Mismatch.

CAUTION: Eligibility can only be relied on to verify if a patient has insurance coverage for a specific insurance company plan. Insurance companies are currently not compelled to update or provide current copays or deductibles, and many do not return this information in the Eligibility Check. For those that do, the information under Copay, Deductible Total and Deductible Remaining may not necessarily be the most current and should not be relied on by the office.

Videos

https://www.medent.com/video-tutorials-billing-posting/

Eligibility

You must set up eligibility information in the insurance company master files. Under Practice Management, click Setup, Insurance Co's/Col Agencies and Insurance Co's/Collection Agcy's.

Here, you will see an Eligibility tab where you can enter the following information:

- Eligibility Type
- Eligibility ID
- Use RPA Eligibility
- RPA Eligibility ID
- Copay Override *[CCS User only field]*
- Default PCP Copay *[CCS User only field]*
- Submit Patient As Subscriber
- Website

Manual Links

Practice Management > Billing > Eligibility
https://www.medent.com/htmlmanual/html/v235/eligibilitybill.html

Practice Management > Billing > Eligibility > Insurance Eligibility Information Screen
https://www.medent.com/htmlmanual/html/v235/insuranceeligibilityinformationscreenelig.html

Practice Management > Billing > Eligibility > Troubleshooting - Eligibility
https://www.medent.com/htmlmanual/html/v235/troubleshooting-eligibility.html

Practice Management > Setup > Insurance Co's/Col Agencies > Insurance Co's/Collection Agcy's
https://www.medent.com/htmlmanual/html/v235/insurancecoscollectionagcysicca.html

Practice Management > Appointments > Office Appointments > Office Appointment Maintenance > Type of Appointment Maintenance
https://www.medent.com/htmlmanual/html/v235/typeofappointmentmaintenanceoa.html

Part 4

Active CPT Codes

Under Practice Management, you can set up Active CPT Codes.

medent does not have an automatic CPT update, so offices must maintain and add their own codes.

Manual Link

Practice Management > Setup > CPT/HCPCS Codes > CPT/HCPCS Codes
https://www.medent.com/htmlmanual/html/v235/cpthcpcscodescpt.html

Click **New** to enter a new CPT/HCPCS code into medent. If the code being entered is identical or similar to an existing code, use the utility to Copy an Existing CPT/HCPCS Code to Another CPT/HCPCS Code. If fee schedules are set up with different fees by Doctor, Location and/or Specialty code, adding a new CPT/HCPCS code should be done via the utility to Copy Existing CPT/HCPCS Code to New CPT/HCPCS Code in order for the different fee lines to be created for accurate billing.

Deactivate/Reactivate
- Deactivate an active code. The CPT/HCPCS code will be removed from the look up list. The code will still be used for reporting purposes.

- Reactivate a deactivated code.
 1. Click Deactivate/Reactivate.
 2. Click Include Deactivated.
 3. Deactivated codes are greyed out. Select the code to reactivate.
 4. Click Continue.
 5. If at least one fee schedule has one of the following options set to Yes, the user will be prompted to select another active CPT to code from: Different Fee Per Doctor, Different Fee Per Specialty, Different Fee Per Location.
 6. Select a CPT code to copy from that is similar to the one being reactivated.
 7. Click Continue.
 8. Select the appropriate option for Reset Fee Per Unit.
 9. Answer the prompt, which shows the class code from the CPT code that was selected to copy from (if a code was used).
 10. If any of the Fee schedule lines are set to use the Fee by Effective Date, the user will then be prompted to select which date range bucket they want the new fee per unit to be put in. If the user wants the new fee to be entered in all date buckets, select All Fee Per Unit Values.
 11. Click Continue to activate the new code.

Part 4

Bill As/Credentialing

Under Practice Management, in the Insurance Company Masterfiles, users can set up Bill As and Credentialing information.

Manual Link

Practice Management > Setup > Insurance Co's/Col Agencies > Insurance Co's/Collection Agcy's > Buttons > Doctor Provider #'s
https://www.medent.com/htmlmanual/html/v235/insurancecoscollectionagcysicca.html

Credentialing

CR: Indicates how a provider is credentialed with an insurance company. It will also determine whether a group NPI will be sent for this insurance company.

- **G**: Credentialed as a Group - Will send the Individual and the Group NPI Numbers
  - If using G, for ECS claims the **Provider Type Org** in the control file should be set to 008. Many providers who did not previously bill as a group will need to bill that way for NPI. If they work for more than one practice, the group NPI will help the insurance company determine which practice to make payments to.
- I: Credentialed as an Individual - Will send the Individual NPI Number
- N: Not Credentialed - Will not send the Claim, ECS selection will Error Out, 1500 forms/Insurance printing will Error Out
- P: Pending Credentialing with this Company - Will send Supervising Doctor NPI
  - When the provider is setup in the Doctor Setup as Doctor for the Provider Type and this value is set in charge entry you will be able to attach a supervising doctor to the claim. The claim will then bill out according to the value set for the Supervising doctor selected.
  - This option is to be used for a medical doctor that may be new to the practice and is pending complete credentialing. Some insurance companies will allow a practice to bill the new provider's charges out under a supervising doctor. This eliminates the need to create separate fee lines during the credentialing process.
    - If provider is setup as Yes to NP/PA question in the Doctor Setup a P cannot be selected.
- H: Hold Claims
  - Claims for the provider will be held and not billed. For non-doctor all claims will be held, even if they would have billed under the supervising doctor. ECS will give an error if charges try to bill for a provider that is on hold.

Bill As/Credentialing

Bill As

BA: This field will determine how claims are submitted to insurance (electronic and paper claims). The default is **F**.

- If provider is a Doctor or Dentist we will only look at the Bill As (BA) field if the CR field = P (Pending). Otherwise the Doctor/Dentist will always go out on the claim.
- If CR is set to P (Pending) the Bill As field will automatically change to S-Supervising
- **S- Supervising**: This option will send the 'Supervising' Provider as the Servicing provider on the claims. This option will be available to select if the Provider is setup as:
  - Nurse Practitioner
  - Physician Assistant
  - Other Non Doctor Provider
  - Resident
- **R- Rendering:** This option will send the 'Rendering' Provider as the Servicing provider on claims. This option will be available to select if the Provider is setup as:
  - Doctor
  - Dentist
  - Nurse Practitioner
  - Physician Assistant
  - Other Non Doctor Provider
- **B- Both Supervising & Rendering:** This option will send both the Rendering and the Supervising providers on the claim. This option will only be available to select if the Provider is setup as:
  - Nurse Practitioner
  - Physician Assistant
  - Other Non Doctor Provider
- **I- Incident to:** When this option is set the Incident to question will come up in the progress note, e- superbill or charge entry depending on which Install option is set in Charge Entry Standard Options > **#33 'Incident to' Dflt Answer**. This option trumps the Incident to setup on the first page of the Insurance Setup. This option will only be available if the provider is setup as:
  - Nurse Practitioner
  - Physician Assistant
  - Other Non Doctor Provider and Allow Incident to is set = Yes in the Doctor Setup.
- **F- Fee Line Setup:** This is the default value for all providers. medent will continue to look at the Fee line setup to determine how the claim gets billed. **Note:** Providers setup as a Resource will remain set to F (Fee Line Setup). Billing is not submitted for these types of providers. Set up for scheduling purposes only.

Scheduling Setup

In Office Appointment Maintenance, templates for office hours are defined. Appointment types can be built in to the template for easy searching. Appointment time slots are very flexible and can be set up in any time increments and with multiple slots/time.

Manual Link

Practice Management > Appointments > Office Appointments > Office Appointment Maintenance
https://www.medent.com/htmlmanual/html/v235/officeappointmentmaintenanceoa.html

- A daily template should be set up for each set of scheduling circumstances. Days that have the same office hours can share a template.
- When building templates, keep in mind that the more structured a day is with respect to appointment types and times, the more effective the appointment search will be.
- Each time a schedule template is added, deleted or modified, a log entry will be added.
- Schedule templates can be deactivated or reactivated using De/Reactivate. To delete schedule templates completely, please contact medent Support. Templates should not be deleted if they are currently being used in the Office Maintenance Setup Schedule. Deleting these templates could cause time slots to show as unavailable when an appointment is deleted, rescheduled or cancelled.

Videos

TUTORIAL: Type of Appointment Maintenance (6:44)

TUTORIAL: Create a New Schedule Template (3:38)

TUTORIAL: Modify an Existing Schedule Template (4:29)

TUTORIAL: Setup Schedule Maintenance (6:22)

TUTORIAL: Extend Schedule Maintenance (2:01)

TUTORIAL: Revise Schedule Maintenance (3:18)