

# Initial Training Outline

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Office Name

Date

Start Time

End Time

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Trainee Name

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Initial training sessions take place in your office Monday through Thursday. We have found that training sessions scheduled on Friday's generally do not have a high success or retention rate. Sessions take three hours of uninterrupted time. The following outlines the initial training and setup of the **TCXMED** program. Some changes to the outline may be made due to office needs.

1. **USR – Users** ~ each user must log into the system with their individual User Name and Password.
2. **CO – Company** ~ main practice information.
3. **DR – Providers** ~ individual information for providers, physician assistants, and nurse practitioners.
  - i. **PY – Payee** ~ information for doctor, clinic or organization that the payment will be made to. This information will print out on box 33 on a CMS-1500 claim form.
  - ii. **SP – Specialties** ~ physicians specialty.
  - iii. **TC – Taxonomy Codes** ~ 10 digit HIPAA specialty code.
  - iv. **PG – Provider Groups** ~ large clinic setting, you may wish to group your providers together by specialty, e.g. family practice, pediatricians, etc.
  - v. **CCT – Claim Coding Types** ~ tells the system what information to put on a claim, on an insurance by insurance basis.
  - vi. **RD – Referring Provider**
4. **IC – Insurance Companies** ~ Insurance company electronic and paper information.
  - i. **IG – Insurance Groups** ~ Group insurance companies, e.g. all Aetna insurance companies. This will help with payment entry and reports.
  - ii. **PCT – Payment Classification Codes** ~ Description of type of payments being entered.
  - iii. **CT – Claim Type** ~ determines the processing format of the claim.
  - iv. **FST – Fee Schedule Types** ~ manages fee schedule for each claim coding type.
5. **FY – Facilities** ~ information for each facility were services are rendered.
  - i. **FT – Facility Types** ~ determine place of service codes for facilities.
    - a. **POS – Place of Service Codes** ~ manage place of service codes.
6. **PC – Procedure Codes** ~ procedure code maintenance.
  - i. **PCD – Procedure Code Departments** ~ assign procedure codes to departments, excellent for running reports.
  - ii. **PCC – Procedure Code Classifications** ~ assign procedure codes classifications.
  - iii. **RR – Recall Reason Codes** ~ manage patient recall reasons.
7. **DC – Diagnosis Codes** ~ diagnosis code maintenance
8. **Claim Processing Center Enrollment Forms** ~ Suggestions for selection of Claim Processing Center.

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Trainee Signature

Date

## Users

## USR

The screenshot shows a window titled "[USR] Users - HELP {AM 06/05/2008 11:45 AM}" with a menu bar containing "LookUp", "Data Entry", "Cancel", and "Query". The window has three tabs: "General", "Specialty Keys", and "User Access Log". The "General" tab is active and contains the following fields and sections:

- ID:** HELP
- Name - Last:** -HELP
- First:** HELP
- Password:** \*\*\*\*\*
- FF Bckgrd Color:** [Color Selection]
- Default Rights:** 1055 Administrator
- Restore Login:**
- Authorized Databases:**

Database
AM
* Ann's Database
- Menu exception(s) to default rights:**

Menu	Rights
*	
- User Group exception(s) to default rights:**

User Group
*
- Comments:** Each user must log into the system with their individual user name and password. The practice administrator or authorized person is responsible for the set up and maintenance of the users table. Each user must log
- Inactive:**  **Disallow Use:**

At the bottom of the window, there are buttons for "Documents", "Other Actions", "Error Check", "Save", and "Save-Next: [Field]".

Each user must log into the system with their individual user name and password. The practice administrator or authorized person is responsible for the set up and maintenance of the users table.

**ID:** Generally the first and last initial of the individual's name

**Name – Last:** Last name of the individual

**First:** First name of the individual

**Password:** Unique password for each individual

**FF Background Color:** Background color for data entry fields

**Default Rights:** To be determined on an individual basis. Each user at a minimum must have at least the default rights set up.

**Restore Login:** Checked. This box can be used as a security measure. If the box is checked and the application is minimized and then maximized, you will be asked to re-enter your password. It will then bring up the same screen you were at before you minimized it.

**Authorized Databases:** Each user can be authorized for individual or multiple databases and granted privileges for all tasks or limited to only specific tasks.

**Comments:** For Internal Use

**Menu exception(s) to default rights:** e.g. You want a user to only have View Only rights on everything but be able to have Administrator Rights to the RI – Registrations and Related Information screen.

**User Group exception(s) to default rights:** e.g. User groups can be set up for appointment schedulers, so that they can only have access to information pertinent to scheduling and not have or have limited access to other areas like charge and payment entry, etc.

**Inactive and Disallow Use Check Boxes:** When a user is no longer authorized to access the system (e.g. terminated employee), the administrator needs to change the user to inactive status and disallow use. The user should **not** be deleted from system as it will affect the transaction history. There is also a user access log that will track the date and time the user access the application. For a specific date use the (UAL)

**Company – General Tab****CO**

The practice administrator or authorized person will set up the clinic or practice name and address in this screen. The company information needs to be completed for each database you have. Most practices will have only one database with the exception of billing services. The clinic name will appear on the blue title bar and on the heading of reports.

**Please complete the following for each practice or database**

- Co Name: Name of the doctor or group
- Address: Address of the doctor or group
- Zip Code: Zip code of the doctor or group
- City, State: City and State of doctor or group
- Main Phone Number and extension: Main phone number and extension of the doctor or group
- Fax Number: Fax number of the doctor or group
- T/Id

**Default Global Statement Message:**

This is where the default statement message is managed for your statements.  
(See the statement processing section for more information)

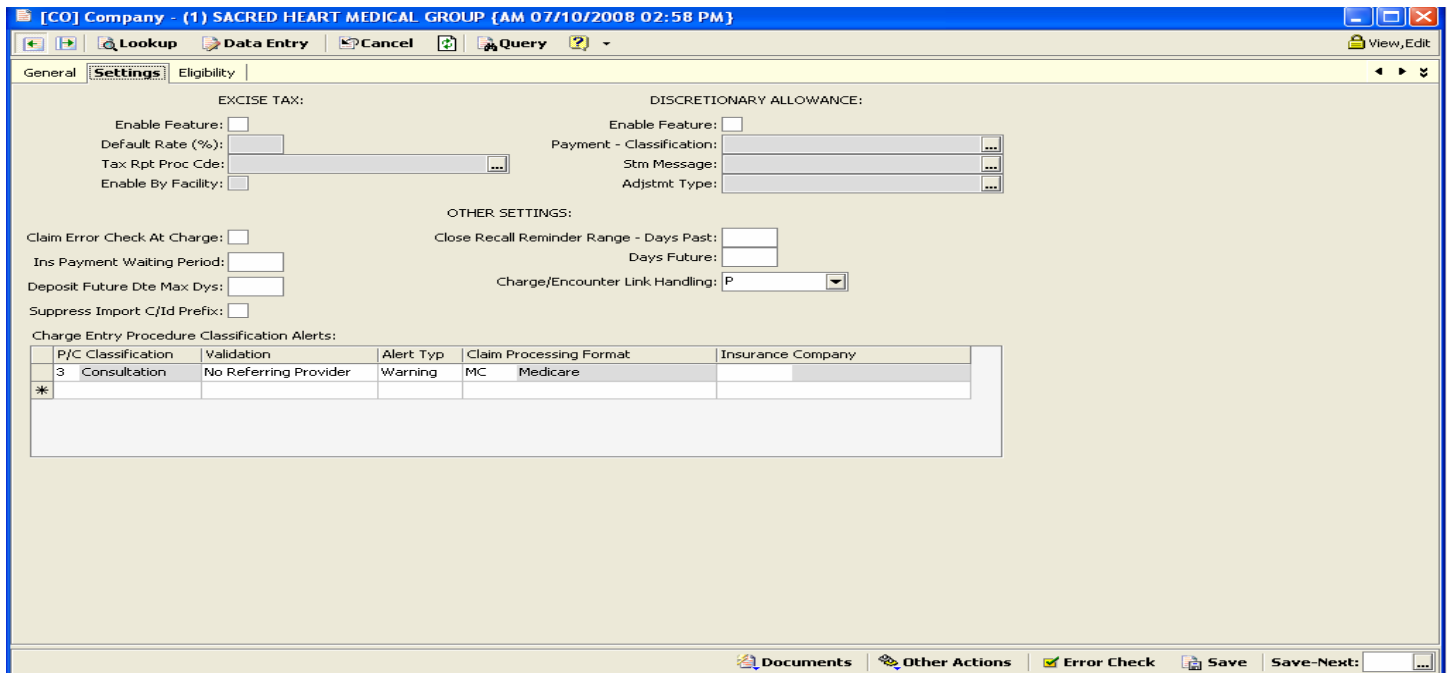
**Transaction “Post Dates”:**

This will display the most current posted date for charges and payments.

Note: If you have made a posting error and need to correct it, you will either need to make adjusting entries or contact your support personnel to un-post the charge or payment for you.

**Company – Settings Tab**

**CO**



**Excise Tax: Leave un-checked**

This is utilized by another region and is for taxing medical services. If you think you may need to use this option please contact your local support personnel to discuss as this is currently tailored to a specific region.

**Claim Error Check At Charge: Check box**

Activates claim processing error check whenever a charge is saved.

**Insurance Payment Waiting Period:**

Number of days since original filing date to wait for insurance to pay before forcing balance to the responsible part. Leave blank for indefinite.

**Deposit Future Date Maximum Days:**

The maximum number of calendar days the deposit date for a payment entry can be set into the future based on the current date. The allowable range is 0-7 days.

**Suppress Import c/Id Prefix: Leave un-checked**

Suppress prefixing the charge id with "C" when the charge is created by the charge import process (CII)

**Discretionary Allowance: Leave un-checked**

Allows for the auto discounting of R/P balances. In order to utilize this tool it must first be activated in this screen. Once activated you will notice an additional field on the (RI) screen called D/A%. This is where you will enter the percentage amount that you want to do a "courtesy adjustment" for. The amount entered must be a whole number not to exceed 100.

This only applies when setting up the DA. Then you will use DA for the Payment-classification, statement message and adjustment type defaults. We suggest that you select a unique code for your automatic allowances. This is so they can be differentiated from your manually entered adjustments.

**Close Recall Reminder Range – Days Past:**

Range is where you will set up the number of days past and number of days future you want the system to alert you if you have a recall set for the patient. E.g. If you have a recall set on a patient and have your recall settings filled out for 5 days past and or future, if the recall is within those date ranges the system will alert you when making an appointment so that you can close the recall.

**Charge Entry Procedure Classification Alerts:**

**Providers** **DR**

[DR] Providers - (1) DORIAN, JOHN MD [AM 07/16/2008 03:06 PM]

Full Rights

**General** | Claim Coding Overrides | Schedules | Schedule Exceptions | Provider/Facility Claim Coding Schedules | Sender Identifiers (Trading Partner Ids)

Id:\* 1  
 Name - Last:\* DORIAN  
 First: JOHN MI:   
 Address: 1919 MEDICAL CENTER PARKWAY  
 Address: SUITE 19  
 Zip Code: 92504 RIVERSIDE CA  
 City: RIVERSIDE St: CA  
 Ph Number: 951-555-5555 Ext:   
 Cell Phone:   
 Email:

Prof Lic Type: MD Lic Num: A12345  
 Social Security: 555-12-1212 Tax Id : 95-1234567  
 UPIN: A98745 Nat'l P/Id: 1215961966  
 Payee:\* 1 SACRED HEART CLINIC  
 Specialty: GP GENERAL PRACTICE  
 Taxonomy Cde: 193400000X SINGLE SPECIALITY  
 Provider Group:   
 Appt Provider:  Non-person Entity:

Claim Coding Schedules:\*

Claim Coding Type	Prov Num	Provider Number Qualifier	Group Num	Group Number Qualifier	Grp NPI	Credentials	P/Agmt	A/Assgn	SOF
D DEFAULT	00A123450	1C - Medicare Provider Number			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comment:

Inactive:  Disallow Use:

This screen is where you will enter each Provider, Physicians Assistant, and Nurse Practitioner practice identification numbers for each claim coding type such as Medicare, Medi-Cal, Blue Cross, Worker's Compensation, etc. Also this is where you setup the Providers appointment schedule and schedule exceptions (holidays, vacations, etc).

**Name – Last:** Last name of provider

**First:** First name of provider

**Address, City, St, Zip:** Address information of provider

**Phone Number, Cell Phone and Email:** Information of provider

**Prof Lic Type (Professional License Type):** e.g. DO, MD, NP or PA

**Lic Num:** State license number of provider

**Social Security:** Social Security number of provider

**Tax Id:** Tax Id of provider

**UPIN:** UPIN number of provider

**Nat'l P/Id (National Provider Number):** NPI number of provider

**Payee:** Click on ellipsis to choose from the Payee Table

**Specialty:** Click on the ellipsis to choose from the Specialty Table

**Taxonomy Code:** Enter the CORRECT taxonomy code for provider

**Provider Group:** Attach to a group if applicable.

**Appt Provider:** Check box if appointment will be scheduled for provider

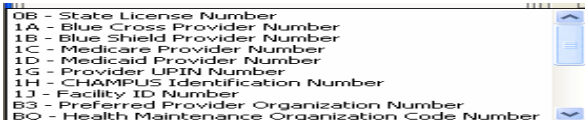
**Non-person Entity:** Not implemented, leave blank

### Claim Coding Schedule Grid Box

**Claim Coding Type:** Click on the ellipsis to choose from the Claim Coding Type Table, e.g. Default, Medicare, Medi-Cal, Workers Comp, etc.

**Prov Num:** Enter the provider number for the specific Claim Coding Type.

**Provider Number Qualifier:** Click on the down arrow to choose from the following drop down menu.



**Group Num:** Enter the group number for the individual Claim Coding Type, if applicable.

**Group Number Qualifier:** Click on the down arrow to choose from the above drop down menu.

**GRP NPI:** Check box when provider belongs to a group with an NPI number for the individual Claim Coding Type, e.g. you are a group with Medicare but not with any other insurance company.

**Credentials:** Enter the individual provider number when belonging to a group. This information will print in box 31 of a printed claim form.

**P/Agmt (Participating Agreement):** Check this box if the provider is participating for the individual Claim Coding Type.

**A/Assign (Accept Assignment):** Check this box if the provider has signed a contract with the individual Claim Coding Type to accept assignment of payment.

**SOF:** Signature on File, check this box if the provider has a signature on file with the payer.

**Comments:** For Internal Use, does not populate data on electronic or paper claims

**Inactive:** Check box if the provider is inactive.

**Disallow Use:** Check box to disallow use of the provider.

**Payee** **PY**

The screenshot shows a software window with a title bar that reads "[PY] Payees - (1) SACRED HEART CLINIC {AM 06/04/2008 10:20 AM}". Below the title bar is a menu bar with options: "Lookup", "Data Entry", "Cancel", "Query", and "Full Rights". The main area is titled "General" and contains the following fields:

- Name:** SACRED HEART CLINIC
- Address:** 1919 MEDICAL CENTER PARKWAY
- Address:** SUITE 19
- Zip Code:** 92504 RIVERSIDE CA
- City:** RIVERSIDE **St.:** CA
- Main Ph Num:** 951-555-5555 **Ext.:**
- Stmnt Ph Num:** **Ext.:**
- Grp Nat'l Prov Id:** 1336172709
- Elect Stmt - C/Cde:**
- Password:**
- Proc Routine:** HTA.MIM.Server.DefaultPayeeElectronic
- Comments:** HELP!  
The information on this screen will populate in box 33 of a CMS-1500 claim form, it is also the pay to and return address that will print on the statements.  
The PY - Payee is assigned to the provider in the DR - Provider screen.

At the bottom of the form, there are two checkboxes: "Inactive:  Disallow Use: ". The window footer contains buttons for "Select", "Cancel Select", "Documents", "Other Actions", "Error Check", and "Save".

The information on this screen will populate in box 33 of a CMS-1500 claim form, it is also the pay to and return address that will print on the statements.

The PY - Payee is assigned to the provider in the DR - Provider screen.

# Specialities

# SP

The screenshot shows a software window titled "[SP] Specialities - HELP {AM 06/04/2008 04:30 PM}". The window has a menu bar with options: Lookup, Data Entry, Cancel, Query, and Full Rights. Below the menu bar is a "General" tab. The form contains the following fields:

- ID: \* HELP
- Description: \* HELP
- Comments: This screen allows you to create different specialties for the doctor. This will be utilized in the DR - Providers screen and RD - Referring Provider screen.

At the bottom of the form, there are two checkboxes: "Inactive:  " and "Disallow Use:  ". The bottom status bar includes buttons for "Select", "Cancel Select", "Documents", "Other Actions", "Error Check", and "Save".

This screen allows you to create different specialties for the doctor. This will be utilized in the DR - Providers screen and RD - Referring Provider screen.



# Taxonomy Codes

TC

[TC] Taxonomy Codes - HELP [AM 06/04/2008 04:46 PM]

Lookup Data Entry Cancel Query Full Rights

**General**

ID:\* HELP

Description:\* HELP

Comments: Taxonomy codes are also called Specialty Codes, and are the 10-digit numbers assigned under the HIPAA provisions to health care providers, in order to digitally encode their specialty to facilitate electronic billing.

Inactive:  Disallow Use:

Select Cancel Select Documents Other Actions Error Check Save

Taxonomy codes are also called Specialty Codes, and are the 10-digit numbers assigned under the HIPAA provisions to health care providers, in order to digitally encode their specialty to facilitate electronic billing.

# Provider Groups

PG

[PG] Provider Groups - HELP [AM 06/04/2008 02:34 PM]

Lookup Data Entry Cancel Query Full Rights

**General**

ID:\* HELP

Description:\* HELP

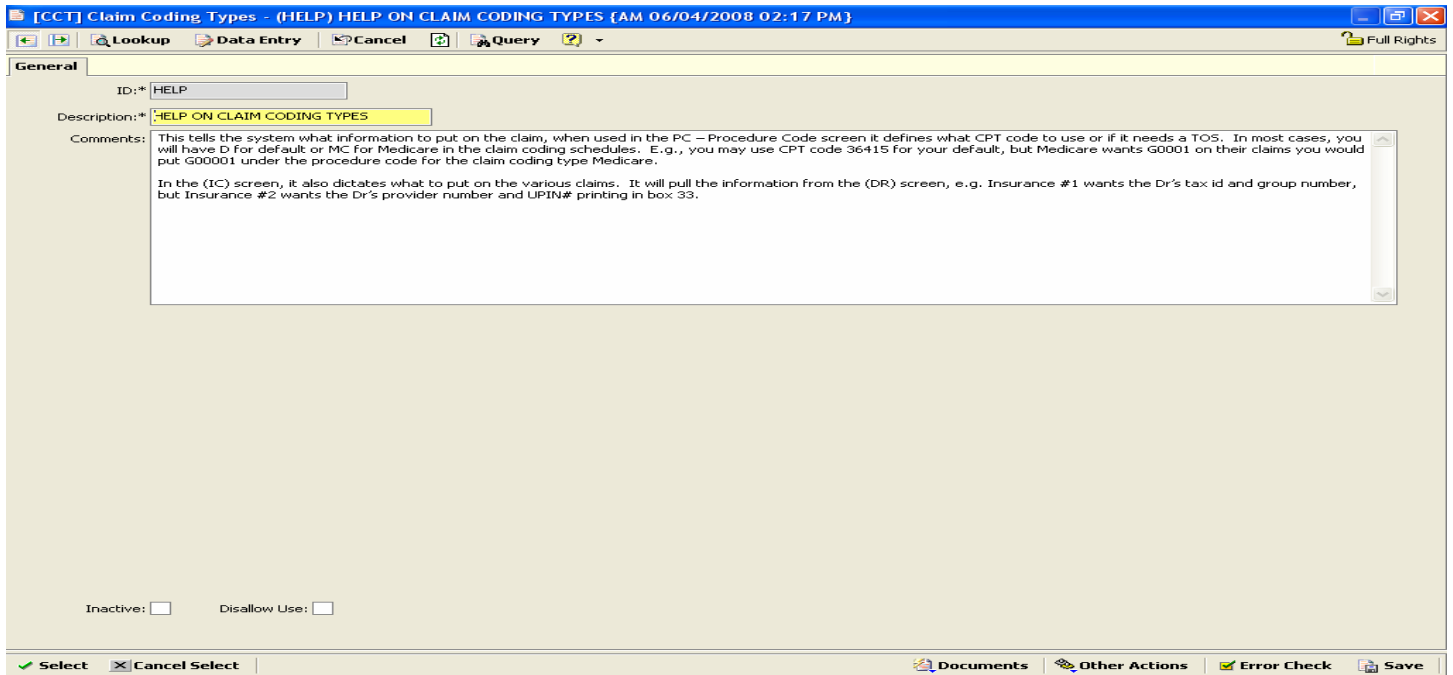
Comments: In a large clinic setting you may wish to group your providers together by specialty, e.g. Family practice, pediatricians, etc. It is also going to be used in the future to control fee schedules.

Inactive:  Disallow Use:

Select Cancel Select Documents Other Actions Error Check Save

In a large clinic setting, you may wish to group your providers together by specialty, e.g. family practice, pediatricians, etc. It is also going to be used in the future to control fee schedules.

<b>Claim Coding Types</b>	<b>CCT</b>
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This tells the system what information to put on the claim, when used in the PC – Procedure Code screen it defines what CPT code to use or if it needs a TOS. In most cases, you will have D for default or MC for Medicare in the claim coding schedules. E.g., you may use CPT code 36415 for your default, but Medicare wants G0001 on their claims you would put G00001 under the procedure code for the claim coding type Medicare.

In the (IC) screen, it also dictates what to put on the various claims. It will pull the information from the (DR) screen, e.g. Insurance #1 wants the Dr's tax id and group number, but Insurance #2 wants the Dr's provider number and UPIN# printing in box 33.

### **(CCT)Claim Coding Type**

The claim coding type dictates what information is going to be put on the claim for that type. This depends primarily on where it is being used. You will see the claim coding type in several screens. It is used in the (DR) Doctor, (IC) Insurance Company, and (PC) Procedure Code Screens.

#### **(DR)Doctor**

You will more than likely have several different claim coding types. Examples would be Medicare, BC/BS, Medicare RR, Workers Comp, default, etc. You must have a Default and it can be used for most of your commercial insurance companies provided they do not have any other specific provider or group number claim requirements. Provider number is the pin number and group is the group number in box 33 of a CMS 1500.

#### **(IC) Insurance Company**

In the insurance companies claim coding schedules you will need to select the claim coding type that should be used when this particular insurance company is selected. So for example if you are setting up your Medicare insurance company you will need to determine the claim type, fee schedule and claim coding type. By selecting the Medicare claim coding type you are telling the system to find the Medicare claim coding type in the doctors and procedure code screen and use the information provided.

#### **(PC)Procedure Code**

In the procedure code screen in the claim coding schedule under the claim coding type you should have at least a Default and a Medicare. If you have another insurance company that requires something different to go on the claim then they will need to be set up. All insurance companies will use default unless otherwise indicated by another claim coding type.

**Referring Doctors** **RD**

This is the screen for any providers that refer patients to you. This information will populate in the referring doctor field on a printed claim form and electronically.

Complete the fields marked **MANDATORY FIELDS** for proper billing. The **OPTIONAL FIELDS** may be used are not mandatory for billing. Please do not complete the fields marked **LEAVE BLANK**.

- Name – Last and First:** Last and first name of referring physician **MANDATORY FIELDS**
- Address, City, State, and Zip:** Address information of referring physician **OPTIONAL FIELDS**
- Phone, Fax, and Cell Phone Number:** Telephone, Fax and Cell phone number of referring physician **OPTIONAL FIELDS**
- Pro Lic Type (Professional License Type):** **LEAVE BLANK**
- Lic Number:** **LEAVE BLANK**
- Social Security:** **LEAVE BLANK**
- Tax Id:** **LEAVE BLANK**
- UPIN:** UPIN number of referring doctor **MANDATORY FIELD**
- Nat'l P/ID:** NPI number of referring doctor **MANDATORY FIELD**
- UPIN Override Schedule Grid:** **LEAVE BLANK**

**Insurance Companies** **IC**

[IC] Insurance Companies - (MC) J1 MAC PALMETTO GBA [AM 02/11/2009 08:36 AM]

**General**

Id:\* MC Insurance Grp: ALL ALL INS Payment Only:   
 Co. Name:\* J1 MAC PALMETTO GBA Defl't Pyt Class: MC MEDICARE Max Svc Lines per e/claim:   
 Address: 12345 MEDICARE ROAD Remit Pyt Class: MC MEDICARE  
 Address: Electronic Claim Process Center: OAX Office Ally  
 Zip Code: 92504 RIVERSIDE CA E/E Verification:  Proc Ctr:   
 City: RIVERSIDE St: CA Medigap Code: Nat'l Payer Id:  
 Main Ph Num: 951-555-2222 Ext: Paper - Clm Frm: New 1500 NPI St: NPI Only  
 Verif Ph Num: Ext: Elect NPI Status: NPI Only  
 Fax Number: Payer Ids:  
 Email: Processing Ctr Submission Id Remittance Id  
 Website: OAX Office Ally MC123  
 \*

Claim Type Schedules:\*

Claim Type	Fee Schedule Type	Claim Coding Type	P/Clm	Form	NDC Req	Box 24K	Times 24H	Adjud Req	Write-Off Setting
MCR MEDICARE	MC MEDICARE	MCR MEDICARE	Y	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*									

Comments:

Inactive:   
 Disallow Use:

Error Check

This is where you set up or modify the insurance company's information, e.g. name, address, phone number, claims processing center, control ID and other related information.

When insurance is for paper, you will not add the Processing center or the payer id.

**ID:** A numeric or alphabetic character, to be determined by office

**Co Name:** Insurance Name

**Address, Zip Code, City, State:** Address information of insurance company

**Main Phone Number:** Telephone number of insurance company

**Verif Phone Number:**

**Fax Number:** Fax number of insurance company

**Email:** Email address of insurance company

**Website:** Website of insurance company

**Insurance Group:**

**Def't Pymt Class (Default Payment Class):** Payment Type, e.g. if Aetna is the insurance company the Aetna payment would be the Default Payment Class.

**Remit Pymt Class (Remit Payment Class):** Remittance Type, e.g. if Aetna is the insurance company the Aetna payment would be the Remit Payment Class.

**Processing Center:** NHS for Net Health Claim Service and OAX for Office Ally claims. Leave blank when sending on paper claims to the insurance company.

**Medigap Code:** Medigap number for insurance. Medigap numbers can be obtained from [www.nhicmedicare.com](http://www.nhicmedicare.com)

**Nat'l Payer Id:** Not implemented, leave blank

**Paper – Clm Form:** Choice between the old CMS 1500 and the new CMS 1500 form

**NPI St (Paper NPI Status):** Choice between Not Supported, Legacy Number & NPI, or NPI Only. Per CMS guidelines, submissions should contain both legacy number and NPI until further notice.

**Elect NPI Status:** Choice between Not Supported, Legacy number & NPI, or NPI only. Per CMS guidelines, submissions should contain both legacy number and NPI until further notice.

**Payer Ids Grid Box:**

**Processing Center:** NHS or OAX

**Submission Id:** Payer id from Processing Center published payer list.

**Remittance Id:** The number 1 and tax id from the payer, e.g. 19505876717

**Payment Only:** Leave box blank. Indicates that this insurance company is to be used only for the entry of payments.

**Claim Type Schedules Grid Box:**

**Claim Type:** Generally, you will want to use the defaults, e.g. Aetna insurance will fall under your Default. If insurance is Medicare, Medi-Cal or Worker Comp, choose the appropriate Claim Type.

**Fee Schedule Type:** Choose the appropriate Fee Schedule, e.g. Cash Basis, Co-Pay, Default, Medicare, Medi-Cal, etc.

**Claim Coding Type:** Choose the appropriate Claim Coding Type, e.g. Co-Pay, Default, Medicare, Medi-Cal, etc.

**P/Clm (Process Claims):** Choice of Yes, No and Hold.

**Form (Claim Form):** Choice of Electronic or Paper CMS 1500

**NDC Req (National Drug Code Required):**

**Box 24K:** Check box if Provider ID is required in box 24K(Old CMS 1500 Form) 24J(New CMS Form)

**Times 24:** Check box to show 24K(Old CMS 1500 Form) 24J(New CMS Form)

**Adjud Req:** Other payer adjudication information. If any, is required to be included when filing an electronic claim. Check this box, this will send primary information on the secondary claim.

**Write-Off Setting:** Not implemented, leave blank

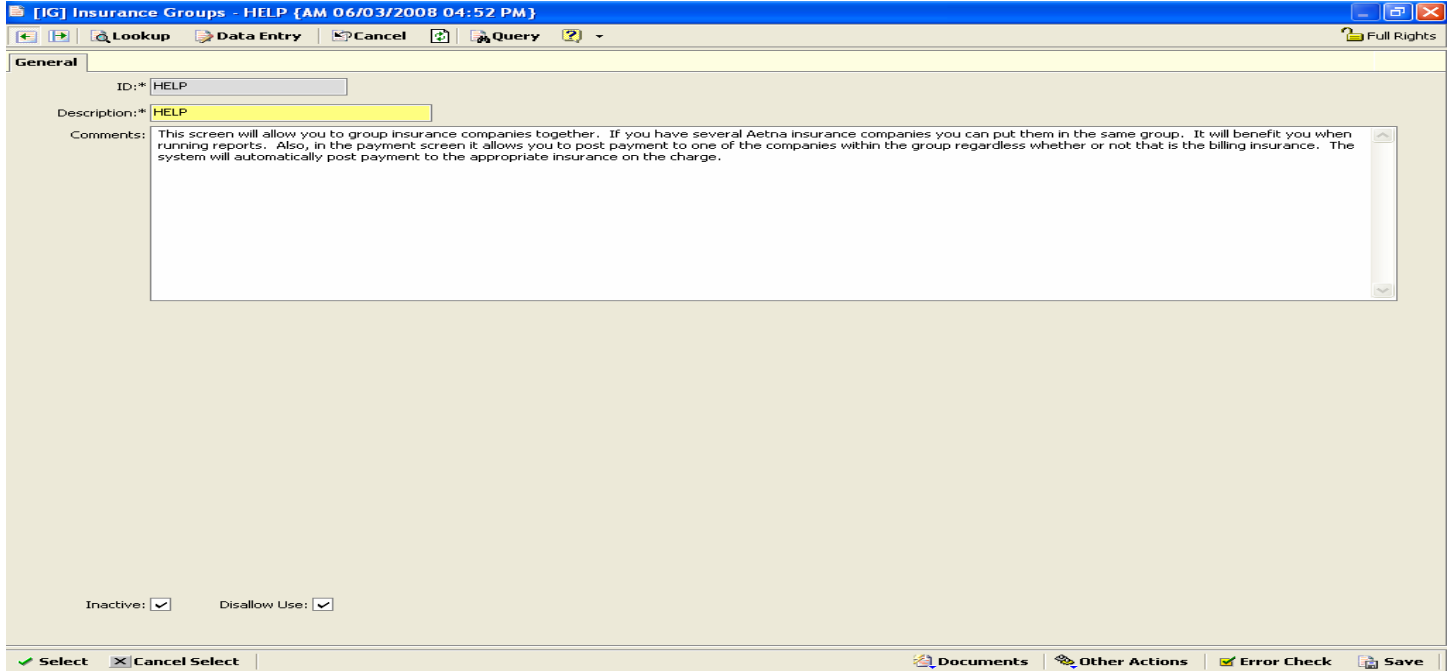
**Comments:** Local Use does not populate data on electronic or paper claims.

**Inactive:** Check box if the insurance company is now inactive.

**Disallow Use:** Check box to disallow use of insurance company.

# Insurance Groups

IG

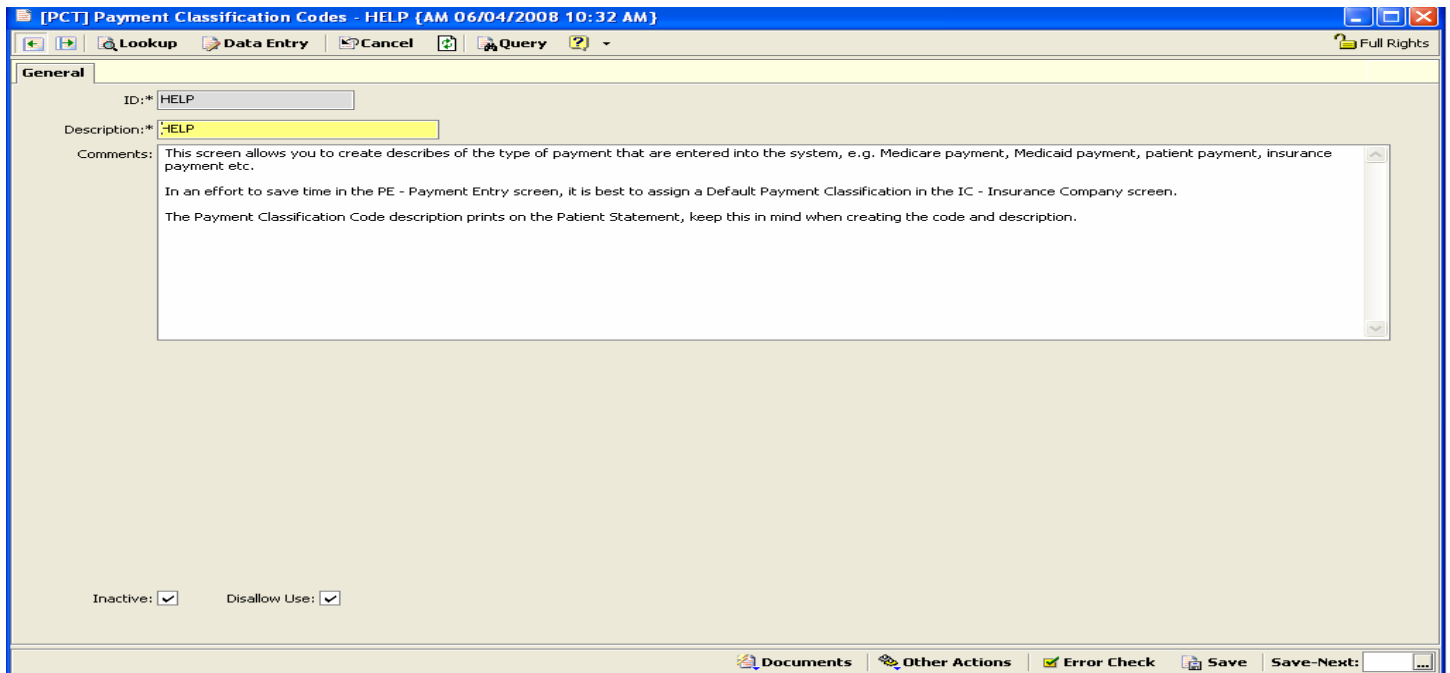


This screen will allow you to group insurance companies together. If you have several Aetna insurance companies you can put them in the same group. It will benefit you when running reports. Also, in the payment screen it allows you to post payment to one of the companies within the group regardless whether or not that is the billing insurance. The system will automatically post payment to the appropriate insurance on the charge.



# Payment Classification Codes

# PCT



This screen allows you to create describes of the type of payment that are entered into the system, e.g. Medicare payment, Medicaid payment, patient payment, insurance payment etc.

In an effort to save time in the PE - Payment Entry screen, it is best to assign a Default Payment Classification in the IC - Insurance Company screen.

The Payment Classification Code description prints on the Patient Statement, keep this in mind when creating the code and description.

# Claim Types

# CT

[CT] Claim Types - HELP {AM 06/03/2008 02:05 PM}

Lookup Data Entry Cancel Query Full Rights

**General**

ID:\* HELP

Description:\* -HELP

Processing Rule:\* C Commercial

Category:\* O Other

Comments: The Information on this screen determines the processing format of the claim. The claim type will be used in the insurance company screen. The most common types are Medicare, Medi-Cal, Commercial, Workers Comp, and Default.

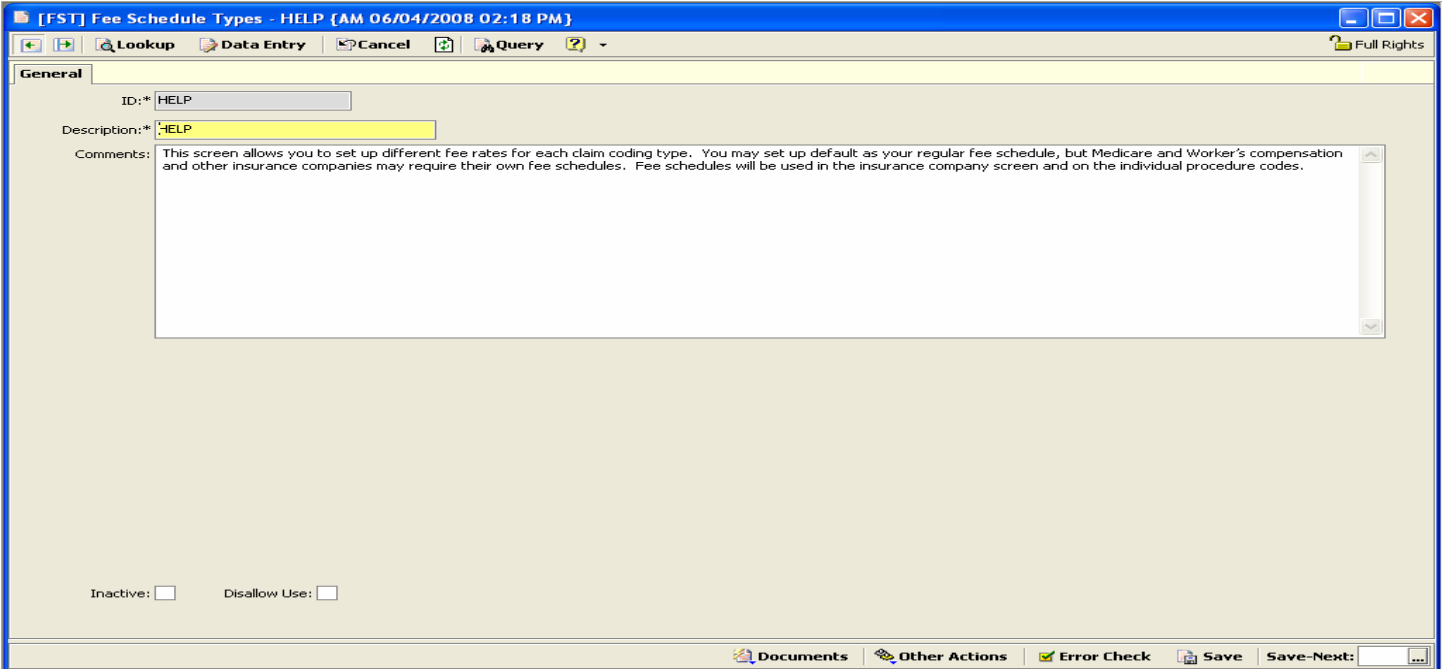
Inactive:  Disallow Use:

Documents Other Actions Error Check Save Save-Next: ...

The Information on this screen determines the processing format of the claim. The claim type will be used in the insurance company screen. The most common types are Medicare, Medi-Cal, Commercial, Workers Comp, and Default.

# Fee Schedule Types

# FST



This screen allows you to set up different fee rates for each claim coding type. You may set up default as your regular fee schedule, but Medicare and Worker's compensation and other insurance companies may require their own fee schedules. Fee schedules will be used in the insurance company screen and on the individual procedure codes.

**Facilities** **FY**

This is where you set up each facility that the doctor performs services such as offices, hospitals or other locations. Some insurance companies require an ID to print on paper claims in box 32b, and/or submitted electronically.

**Nat'l P/ID:** Enter your **Facility** NPI Number here.

**FOR OFFICE, LEAVE BLANK; DO NOT ENTER THE PHYSICIAN NPI NUMBER HERE.**

**Tax ID:** Enter your Primary Legacy Number here.

**FOR OFFICE, LEAVE BLANK; DO NOT ENTER THE PHYSICIAN PRIMARY LEGACY NUMBER HERE.**

Entries in the **Claim Coding Schedules** grid will override the Tax Id value based on the **Claim Coding Type**. The override value and id qualifier is taken from the corresponding **Secdry Id** and **Secondary Number Type** columns. **The HCFA Id Code** column, while it continues to be visible, is for reference purposes only and is no longer utilized by any claim processing.

**Claim Coding Schedules Grid Box:**

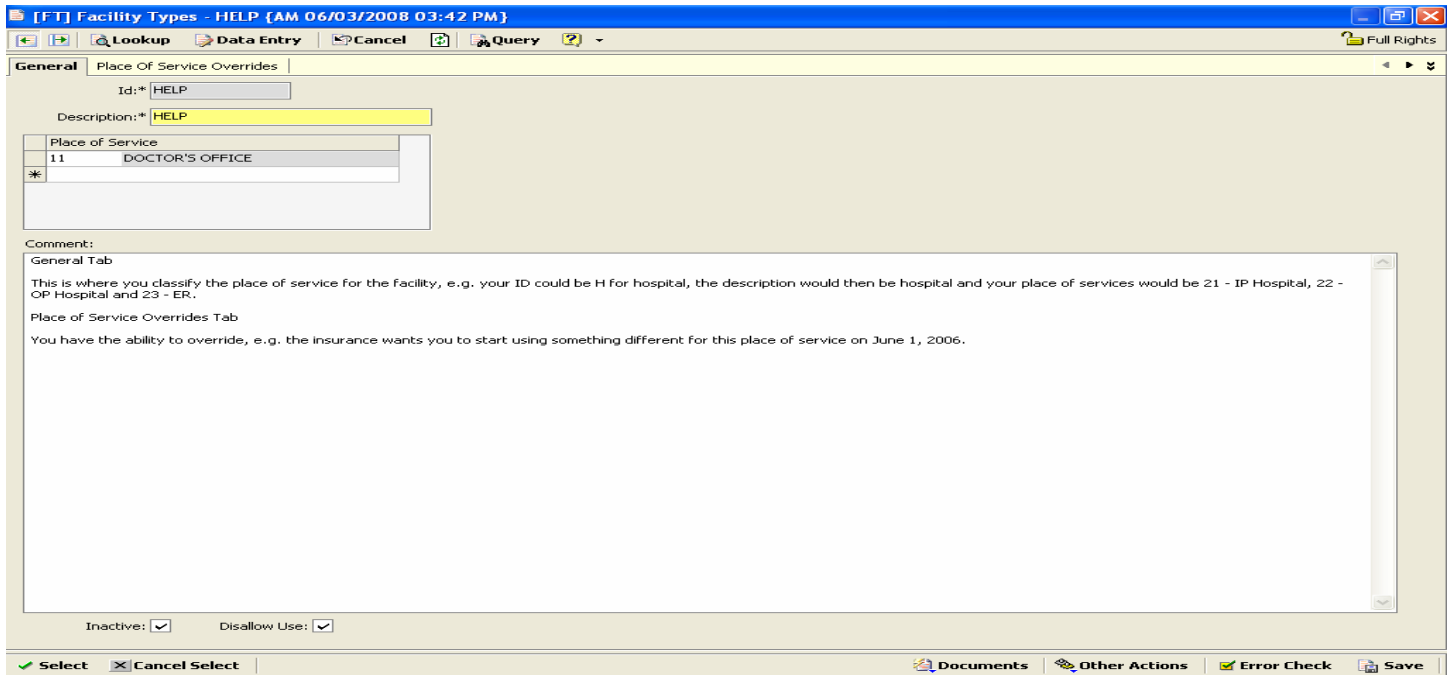
**Claim Coding Type:** Default, Medi-Cal, Medicare, Workers Comp

**HCFA ID Code:** No Longer Used

**Secdry ID:** Specific number for facility that will print in box 32b of a claim form or sent electronically.

**Secondary Number Type:** From the drop down menu select 1C – Medicare Provider Number if the Secondary ID is for Medicare, 1D – Medicaid Provider Number if the Secondary ID is Medi-Cal for all Claim Coding Types in the Secdry ID field.

# Facility Types FT



## General Tab

This is where you classify the place of service for the facility, e.g. your ID could be H for hospital, the description would then be hospital and your place of services would be 21 - IP Hospital, 22 - OP Hospital and 23 - ER.

## Place of Service Overrides Tab

You have the ability to override, e.g. the insurance wants you to start using something different for this place of service on June 1, 2006.

# Place of Service Codes

# POS

[POS] Place of Service Codes - HELP [AM 06/04/2008 11:40 AM]

Lookup Data Entry Cancel Query Full Rights

**General**

ID:\* HELP

Description:\* HELP

Comments: This screen allows you to create Place of Service codes. These codes are then assigned in the Facility Types table.

Inactive:  Disallow Use:

Select Cancel Select Documents Other Actions Error Check Save

This screen allows you to create Place of Service codes. These codes are then assigned in the Facility Types table.

**Procedure Codes** **PC**

[PC] Procedure Codes - HELP [AM 06/04/2008 02:33 PM]

Full Rights

**General** | Procedure Group Codes | Coding Schedule Overrides | Fee Schedule Overrides | Procedure/Facility Claim Coding Schedules

Id:\*

Description:\* 
 Classification:

Department: 
 Recall - Reason:

Rel Value Units: 
 Nat Drug Cde: 
 Lag Days:

Age - From: 
 To: 
 Gender Limit:

Claim Coding Schedules:*	Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use	Meas
	HELP	HELP ON CLAIM CODIN	HELP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*								

Fee Schedules:*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
	HELP	HELP	<input type="checkbox"/>	\$0.00			<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
*										

Comment: This is one of the most important screens. It not only has an impact on financial settings but on the reporting of productivity as well. You have the option to setup the procedure code with a modifier, e.g. you have procedure code id 93320 and a separate procedure code id of 93320-26. Modifiers can also be added at the charge entry level. Any miscellaneous charges that your office bills for will also need to be given an id e.g. Copy of records, NSF, Interest, etc

Inactive: 
 Disallow Use:

Error Check

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## General Tab

**Id:** Procedure Code

**Description:** Description of procedure code

**Department:** Once the department is set up you can assign procedure codes to appropriate departments such as office visit, x-ray, or laboratory, for reporting purpose.

**Relative Value Units:** Not implemented at this time.

**National Drug Code:** this is the NDC for medication.

**Age – From – To:** Ability to enter an age limit for specific procedure codes

**Classification:** This will be hard coded by TCXMED. The user must make the appropriate selection. Click on the ellipsis to make your selection. If the Classification does not match the description of the procedure code you will leave blank. Classification marked as 6 for “post operative visit” you will then not get a warning for the global days. This is used most of the time on a no charge procedure code to just track how many visits the surgical patient received.

**Recall – Reason:** Why the patient would need to come back for follow up after a specific procedure.

**Lag Days:** How many days in between the time the initial procedure is done and the time the recall is sent out.

**Claim Coding Schedules Grid:** This grid is used when specific insurance companies require unique information. Also see CCT – Claim Coding Schedules Table Maintenance.

Claim Coding Schedules:*	Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use
	D DEFAULT	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MCAL MEDI CAL	93307-Z5	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MC MEDICARE	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TRICHP TRIWEST/CHAMPUS	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	WC WORKERS COMP	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Claim Coding Type:** e.g. Default, Medi-Cal, Medicare, Triwest, etc.

**Procedure Code:** Procedure code specific for insurance

**Type of Service:** NO LONGER USED – view only

**Prt Description (Print Description):** If box is checked, description will print out on claim form

**P/Only (Paper Only):** If box is checked, claim must be filed on paper only

**S/Unit (Single Units):** If box is checked, can only be filed as single units

**Block 19 – Local Use:** Information to print in box 19 on a CMS 1500 claim form

**Fee Schedules Grid:** Also FST – Fee Schedule Types Table Maintenance.

Fee Schedules:*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
	C CASH BASIS	<input type="checkbox"/>	\$500.00		\$200.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D DEFAULT	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	MCAL MEDI-CAL	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MC MEDICARE	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	TRICHP TRIWEST/CHAMPUS	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	WC WORKMENS COMP	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Fee Schedule Type:** Type of fee, e.g. cash basis, default, Medi-Cal, Medicare, etc.

**Co-Pay:** Leave blank

**Charge Amount:** What you charge for the procedure. To be determined by your office.

**Profile Amount:** What the insurance company agrees to pay for the procedure.

**Patient Amount:** What the patient is expected to pay. Generally used for cash patients.

**Patient %:** Leave blank

**Sec O/R (Secondary Override):** Let default to a checked box.

**G/Days (Global Days):** Days allowed between procedures. Will generate error at charge entry if within global days.

**100%:** This box MUST be checked if you DO NOT want any patients to get a statement (e.g. Medicaid and workers comp patients), the 100% box must be checked off on the individual fee schedule for the procedure code.

**Non-Cov (Not Covered):** No insurance coverage.

**Comments:** For Internal Use, does not populate data on electronic or paper claims.



**Procedure Code Grouping** **PC**

[PC] Procedure Codes - (...1) EKG GROUPING {AM 04/02/2008 12:45 PM}

General | Procedure Group Codes | Coding Schedule Overrides | Fee Schedule Overrides | Procedure/Facility Claim Coding Schedules

Id:\* ..1

Description:\* EKG GROUPING      Classification: 6 Post Operative Visit

Department: PR IN-OFFICE PROCEDURE      Recall - Reason: ...

Rel Value Units:      Nat Drug Cde:      Lag Days: ...

Age - From:      To:      Gender Limit: ...

Claim Coding Schedules:*	Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use	Meas
*	D DEFAULT	..1			<input type="checkbox"/>	<input type="checkbox"/>		

Fee Schedules:*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
D	DEFAULT	<input type="checkbox"/>	\$0.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
*										

Comment:

Inactive:       Disallow Use:

Documents    Other Actions    Error Check    Save    Save-Next: ...

Start by creating an id for your procedure code group, e.g. legacy medical billing users this is the same concept as ..1  
 Complete all required fields, as you would for an individual procedure code. Leave the Charge Amount as zero, see example above.

**Procedure Code Group Tab** **PC**

General | Procedure Group Codes | Coding Schedule Overrides | Fee Schedule Overrides | Procedure/Facility Claim Coding Schedules

Procedure Code	
93307	ECHO 2D M-MODE
93325	ECHO COLOR FLOW
93320	ECHO DOPPLER
*	

Start by creating an id for your procedure code group, e.g. legacy medical billing users this is the same concept as ..1  
 Complete all required fields, as you would for an individual procedure code. Leave the Charge Amount as zero, see example above.

# Procedure Codes – Cash Patients

PC

[PC] Procedure Codes - (80100) URINE DRUG SCREEN {AM 07/10/2008 10:20 AM}

**General** | Procedure Group Codes | Coding Schedule Overrides | Fee Schedule Overrides | Procedure/Facility Claim Coding Schedules

Id:\* 80100  
 Description:\* URINE DRUG SCREEN      Classification: 1 Laboratory  
 Department: BI BILLING DEPARTMENT      Recall - Reason:  
 Rel Value Units:      Nat Drug Cde:      Lag Days:  
 Age - From:      To:      Gender Limit:

Claim Coding Schedules:*	Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use	Meas
*	DEFAULT	80100	NA NO LONGER BEING USED		<input type="checkbox"/>	<input type="checkbox"/>		

Fee Schedules:*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
C	CASH BASIS	<input type="checkbox"/>	\$30.00	\$30.00			<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DEFAULT	<input type="checkbox"/>	\$30.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
*										

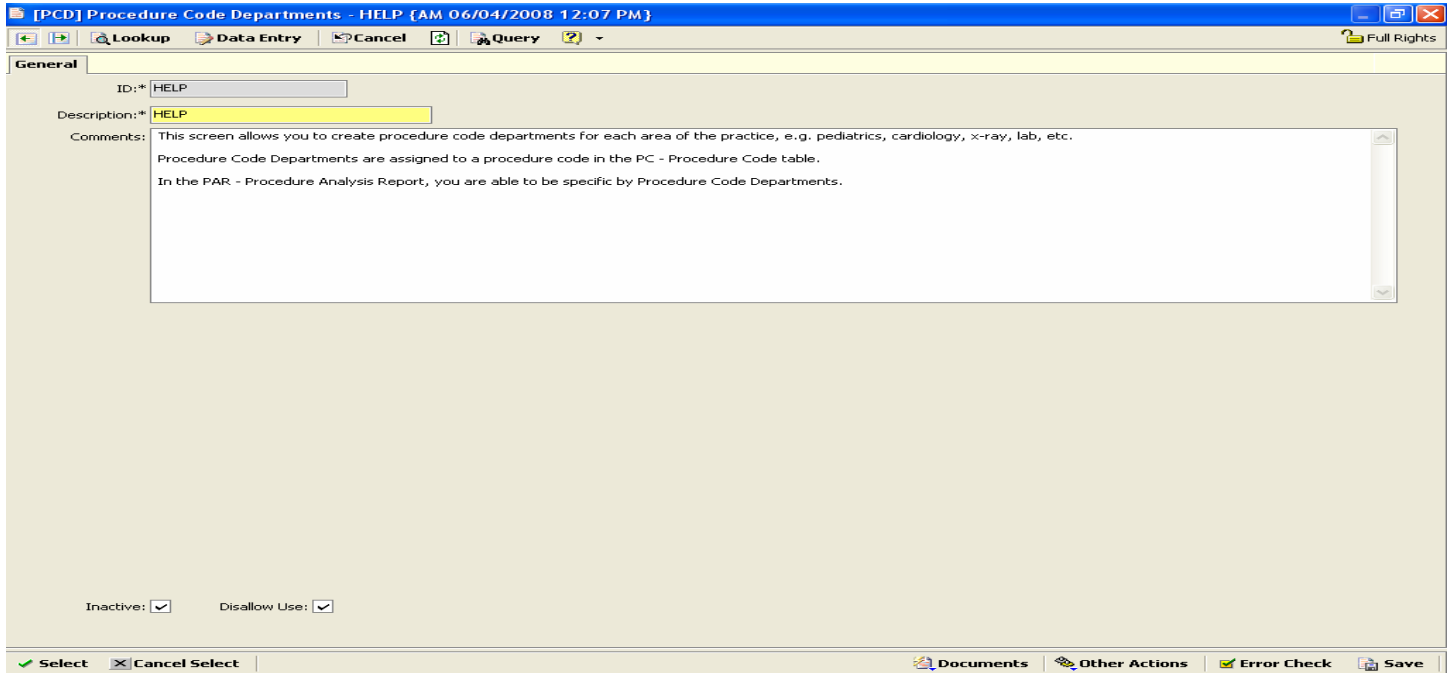
Comment:  
 Inactive:       Disallow Use:

Error Check

If the amount that you charge the patient is different from the amount you charge the insurance, you will set up a Fee Schedule Type for Cash. Enter the Charge Amt, Profile Amt and Patient Amt. Check Non-Covered box, this will not allow a claim print.

# Procedure Code Departments

# PCD



This screen allows you to create procedure code departments for each area of the practice, e.g. pediatrics, cardiology, x-ray, lab, etc.

Procedure Code Departments are assigned to a procedure code in the PC - Procedure Code table.

In the PAR - Procedure Analysis Report, you are able to be specific by Procedure Code Departments.

# Recall Reason Codes

# RR

[RR] Recall Reason Codes - HELP [AM 06/04/2008 03:10 PM]

Lookup Data Entry Cancel Query Full Rights

**General**

ID:\* HELP

Description:\* HELP

Comments: This screen allows you to create patient recall reasons, e.g. 1 year follow up exam, repeat lab, etc.

Inactive:  Disallow Use:

Select Cancel Select Documents Other Actions Error Check Save

This screen allows you to create patient recall reasons, e.g. 1 year follow up exam, repeat lab, etc.

# Diagnosis Codes

## DC

[DC] Diagnosis Codes - (HELP) HELP ON DIAGNOSIS CODES {AM 06/02/2008 03:09 PM}

Lookup Data Entry Cancel Query Full Rights

**General**

Id:\* HELP

Description:\* HELP ON DIAGNOSIS CODES

Description Long:

Age - From: Gender Limit: To: Not Specific:

Comment: This screen allows you to add or modify diagnosis codes (ICD-9). Within the diagnosis code setup, you can also limit age and gender as appropriate. Default diagnosis can also be set up through the case coverage tab in the RI screen and it will automatically appear on the charge entry screen. It is the user's responsibility to keep up to date with all diagnosis codes.

Inactive:  Disallow Use:

Select Cancel Select Documents Other Actions Error Check Save

This screen allows you to add or modify diagnosis codes (ICD-9). Within the diagnosis code setup, you can also limit age and gender as appropriate. Default diagnosis can also be set up through the case coverage tab in the RI screen and it will automatically appear on the charge entry screen. It is the user's responsibility to keep up to date with all diagnosis codes.

**ID:** Diagnosis Code, the decimal point needs to be used, e.g. 151.9

**Description:** Description of diagnosis code

**Description Long:** Extended description of diagnosis code

**Age – From – To:** Ability to enter an age limit for specific diagnosis codes

**Gender:** Ability to be gender specific for diagnosis codes

**Not Specific:**

**Comments:** For Internal Use, does not populate data on electronic or paper claims.

**Inactive or Disallow Use:** Ability to make a diagnosis code inactive and disallow use.

# Claim Processing Centers

# CPC

**[CPC] Claim Processing Centers - (OAX) Office Ally [madmin 07/10/2008 02:45 PM]**

General Transmission Details

Id: OAX

Name: Office Ally

Address: 32356 S Coast Highway

Address:

Zip Code: 92651 LAGUNA BEACH CA

City: Laguna Beach St: CA

Main Ph Num: 949-464-9129 Ext:

Fax Num: 949-376-6951

Sender - Id: 12345 Password: R/I 837: 330897513

Receiver - Id: Password: R/C 837: oa

Submitter Name: SACRED HEART MEDICAL GROUP

Sub Contct Name: ANN

Sub Ph Number: 951-555-5555

Comments:

Inactive:  Disallow Use:

Documents Other Actions Error Check Save Save-Next: [ ]

This table dictates what claim processing center you will use to submit your electronic claims.