

Entering Charge Transactions and Patient Payments

6

WHAT YOU NEED TO KNOW

To use this chapter, you need to know how to:

- ◆ Start Medisoft, use menus, and enter and edit text.
- ◆ Enter patient information in Medisoft.
- ◆ Work with chart and case numbers.

LEARNING OUTCOMES

In this chapter, you will learn how to:

- ◆ Enter charges for procedures.
- ◆ Edit and delete charge transactions.
- ◆ Use Medisoft's Search features to find specific transaction data.
- ◆ Record and apply payments received from patients.
- ◆ Print walkout receipts.

KEY TERMS

adjustments

charges

MultiLink codes

payments

TRANSACTION ENTRY OVERVIEW

charges amounts a provider bills for the services performed.

payments monies received from patients and insurance carriers.

adjustments changes to patients' accounts that alter the amount charged or paid.

Three types of transactions are recorded in Medisoft: charges, payments, and adjustments. **Charges** are the amounts a provider bills for the services performed. **Payments** are monies received from patients and insurance carriers. **Adjustments** are changes to patients' accounts. Examples of adjustments include returned check fees, insurance write-offs, Medicare adjustments, and changes in treatment. This chapter covers charge transactions and patient copayments. Chapter 8 covers insurance payment and adjustment transactions.

The primary document needed to enter charge transactions in Medisoft is a patient's encounter form. Typically, the physician circles or checks the appropriate procedure and diagnosis codes on the encounter form during or just after the patient visit. Charges and payments listed on an encounter form are later entered in the Transaction Entry dialog box in Medisoft by an insurance billing specialist. After the information is entered, it is checked for accuracy. If all the information is correct, the transaction data are saved, and a walkout receipt is printed for the patient. If it is incorrect, the data are edited and then saved.

THE TRANSACTION ENTRY DIALOG BOX

Transactions are entered in the Transaction Entry dialog box, which is accessed by selecting Enter Transactions on the Activities menu. The Transaction Entry dialog box consists of three main sections:

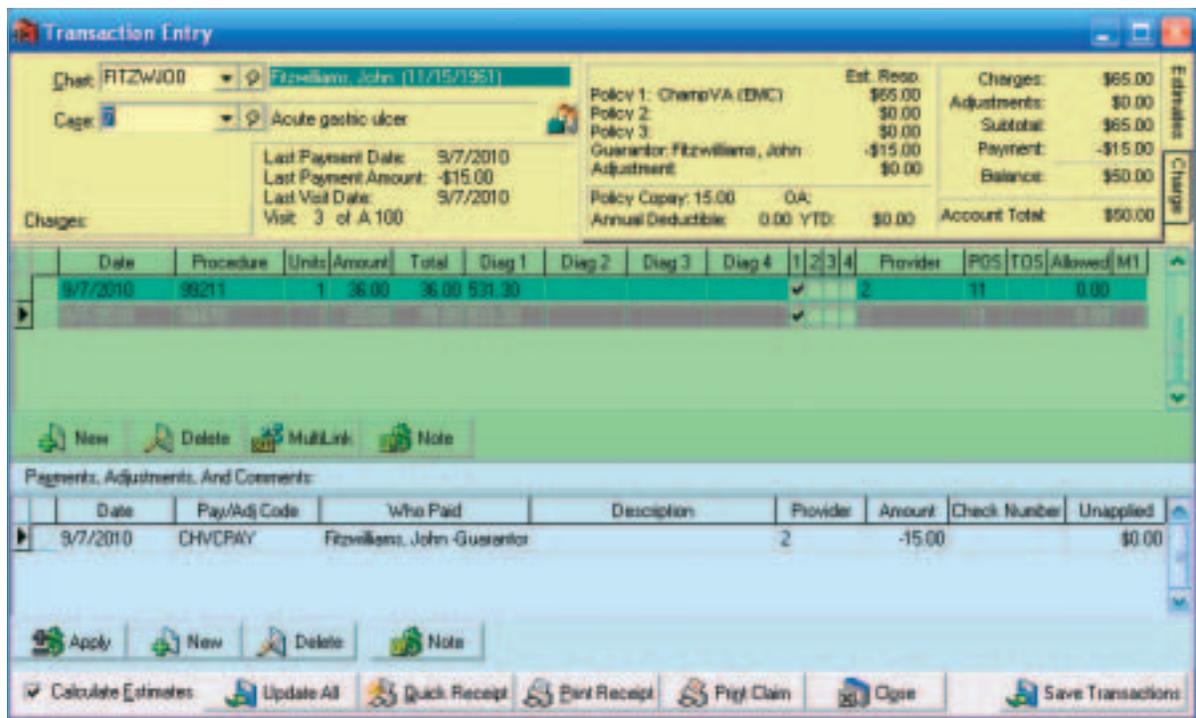
- ◆ The top third contains information about the patient, the insurance coverage, and the patient's account.
- ◆ The middle section lists charge transactions.
- ◆ The bottom third lists payments and adjustments.

The following paragraphs provide an overview of the different areas of the Transaction Entry dialog box (see Figure 6-1).

PATIENT/ACCOUNT INFORMATION

This section of the Transaction Entry dialog box contains two critical pieces of information: chart number and case number. Boxes for entering these numbers are found at the top left of the dialog box.

Chart The Chart drop-down list includes all patients in the practice. In large practices, the list of chart numbers could be very long, so it



- Patient/Account Information
- Charge Transactions
- Payment/Adjustment Transactions

Figure 6-1 Transaction Entry dialog box with three sections highlighted.

is important to know how to search for a chart number. One way to locate a chart number is to key the first several letters of a patient’s last name. As the letters are keyed, the first chart number in the list that matches is highlighted. In the example in Figure 6-2, the letter “F” was keyed. The program highlights the first patient with a chart number beginning with “F”—in this case, John Fitzwilliams. If this is the correct patient, pressing Tab selects the patient and closes the drop-down list. If a different patient is desired, the up and down arrow keys are used to move up or down in the list.

Case Once the patient’s chart number has been located, the Case that relates to the current charges or payments must be selected. The drop-down list in the Case box displays case numbers and descriptions for the patient (see Figure 6-3). By default, the transactions for the most recent case are displayed. Transactions for other cases can be displayed by changing the selection in the Case box. Only one case can be opened at a time.

Other Information The remaining areas in the Patient/Account Information section of the Transaction Entry dialog box display information regarding payments and office visits, estimated responsibility for charges, and a breakdown of the patient’s account (see

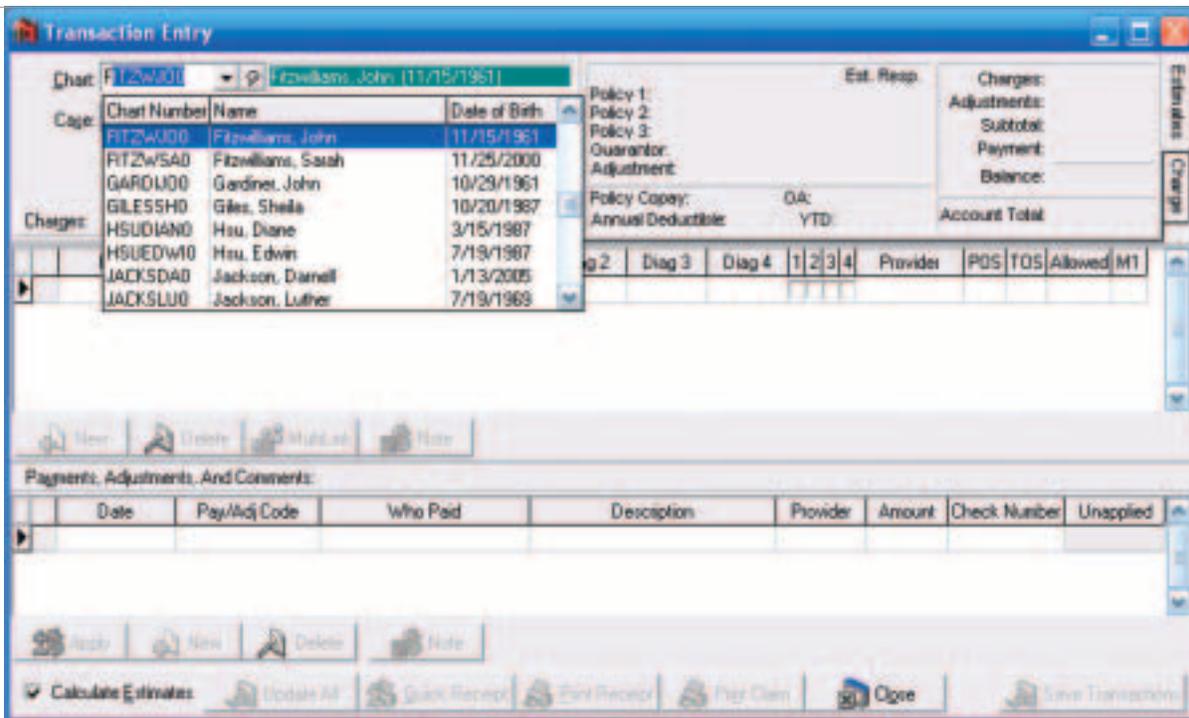


Figure 6-2 Chart drop-down list after “F” is keyed.

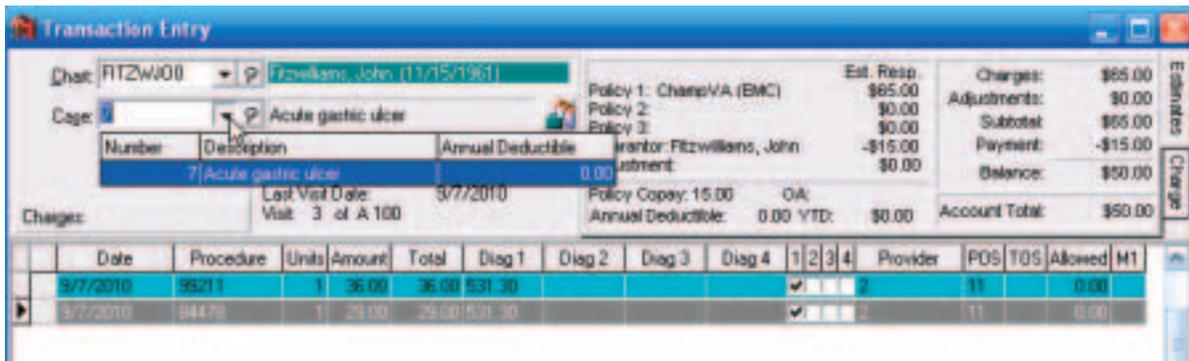


Figure 6-3 Case drop-down list for the patient listed in the Chart box.

Figure 6-4). This information is entered automatically by the program, and no changes can be made. The figures are automatically updated after a new transaction is entered and saved.

CHARGE TRANSACTIONS

Charges for procedures performed by a provider are entered in the Charges section in the middle of the Transaction Entry dialog box (see Figure 6-5). The process of entering a charge transaction in Medisoft begins with clicking the New button, located just below the list of individual charges.

Date When the New button is clicked, the program automatically enters the current date (the date that the Medisoft Program Date is

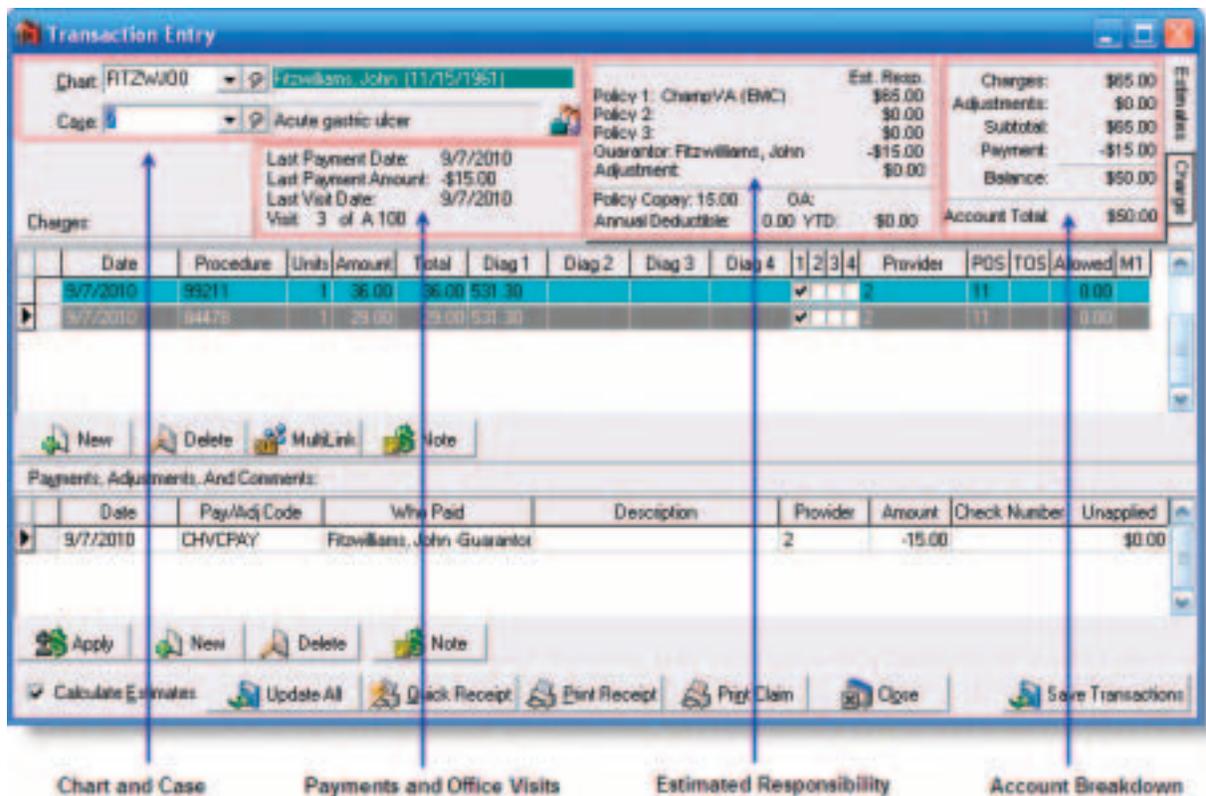


Figure 6-4 The Patient/Account Information section of the Transaction Entry dialog box.

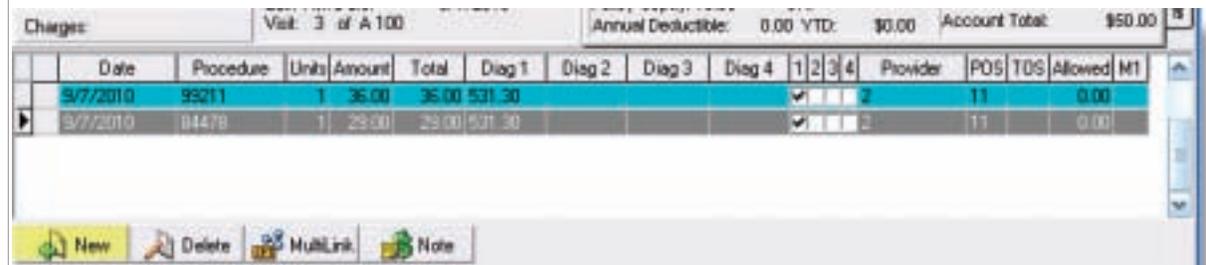


Figure 6-5 Charges area in the Transaction Entry dialog box, with the New button highlighted.

set to) in the Date box (see Figure 6-6). If this is not the date on which the procedures were performed, the date must be changed to reflect the actual date of the procedures. To change the default date for these boxes, any of these methods can be used:

- ◆ The Set Program Date command on the File menu is clicked.
- ◆ The date button in the bottom right corner of the screen is clicked. (This must be done before the New button is clicked in the Transaction Entry dialog box.)
- ◆ The information that is already in the Date box can be keyed over.

Procedure After the date is entered, the next information required is the code for the procedure performed by the provider. The procedure code is selected from a drop-down list of CPT codes already in

| Charges: | | Visit: 3 of A 100 | | Annual Deductible: 0.00 YTD: \$0.00 | | Account Total: \$50.00 | | | | | | | | | | | |
|----------|-----------|-------------------|--------|-------------------------------------|--------|------------------------|--------|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|-----|-----|---------|----|
| Date | Procedure | Units | Amount | Total | Diag 1 | Diag 2 | Diag 3 | Diag 4 | 1 | 2 | 3 | 4 | Provider | PDS | TOS | Allowed | M1 |
| 9/7/2010 | 95211 | 1 | 36.00 | 36.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |
| 9/7/2010 | 84478 | 1 | 29.00 | 29.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |
| 9/7/2010 | | 1 | 0.00 | 0.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | 0.00 | |

Figure 6-6 After the New button is clicked and the date is displayed in the Date column (new entry highlighted in yellow).

| Charges: | | Visit: 3 of A 100 | | Annual Deductible: 0.00 YTD: \$0.00 | | Account Total: \$50.00 | | | | | | | | | | | |
|----------|-----------|-------------------|--------|-------------------------------------|--------|------------------------|--------|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|-----|-----|---------|----|
| Date | Procedure | Units | Amount | Total | Diag 1 | Diag 2 | Diag 3 | Diag 4 | 1 | 2 | 3 | 4 | Provider | PDS | TOS | Allowed | M1 |
| 9/7/2010 | 95211 | 1 | 36.00 | 36.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |
| 9/7/2010 | 84478 | 1 | 29.00 | 29.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |
| 9/7/2010 | 80048 | 1 | 0.00 | 0.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | 0.00 | |

| Code 1 | Description |
|--------|---|
| 80048 | Basic metabolic panel |
| 80051 | Lipid panel |
| 82270 | Blood screening, occult; feces |
| 82947 | Glucose screening-quantitative |
| 82951 | Glucose tolerance test, three specimens |
| 83718 | HDL cholesterol |
| 84478 | Triglycerides test |
| 85007 | Manual differential/WBC |

Figure 6-7 Procedure drop-down list after the numbers “800” are entered.

the database. Again, it is more efficient to locate a code by entering the full code number or the first several digits, rather than scrolling through the entire list of codes. In the example in Figure 6-7, the numbers “800” were entered, and the first CPT code that matches is highlighted. To select the code, press Tab. If a different code is desired, use the up and down arrow keys on the keyboard to move up or down in the list.

Only one procedure code can be selected for each transaction. If multiple procedures were performed for a patient, each one must be entered as a separate transaction (unless a MultiLink code, which is discussed later in the chapter, is used).

If a CPT code for a procedure is not listed, it can be added to the database by pressing the F8 key or by clicking Procedure/Payment/Adjustment Codes on the Lists menu. This may be done without exiting the Transaction Entry dialog box.

After the code is selected and the Tab key is pressed, the program automatically enters data in the other columns (see Figure 6-8). These entries are described in the paragraphs that follow.

Units The Units box indicates the quantity of the procedure. Normally, the number of units is one. In some cases, however, it may be more than one. For example, if a patient had three skin tags

| Charges: | | Visit: 3 of A 100 | | Annual Deductible: 0.00 YTD: \$0.00 | | Account Total: \$50.00 | | | | | | | | | | | |
|----------|-----------|-------------------|--------|-------------------------------------|--------|------------------------|--------|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|-----|-----|---------|----|
| Date | Procedure | Units | Amount | Total | Diag 1 | Diag 2 | Diag 3 | Diag 4 | 1 | 2 | 3 | 4 | Provider | POS | TDS | Allowed | M1 |
| 9/7/2010 | 99211 | 1 | 36.00 | 36.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |
| 9/7/2010 | 84478 | 1 | 29.00 | 29.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |
| 9/7/2010 | 80048 | 1 | 50.00 | 50.00 | 531.30 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 11 | | 0.00 | |

Figure 6-8 Charges section of the Transaction Entry dialog box after a procedure code is selected.

removed, the CPT code is selected, and “3” would be entered in the Units box.

Amount The Amount box lists the charge amount for a procedure. The amount is entered automatically by the system based on the CPT code and insurance carrier. Each CPT code stored in the system has a charge amount associated with it. The charge amount can be edited if necessary.

Total To the right of the Amount box is the Total box. This field displays the total charges for the procedure(s) performed. The amount is calculated by the system; the number in the Units box is multiplied by the number in the Amount box. For example, suppose a patient had three X-rays done at a charge of \$45.00 per X-ray. The Units box would read “3,” and the Amount box would read “\$45.00.” The Total box would read “\$135.00,” which is $3 \times \$45.00$.

Diagnosis The Diag 1, 2, 3, and 4 boxes correspond to the information in the Diagnosis tab of the Case folder. If a patient has several different diagnoses, the diagnosis that is most relevant to the procedure is used.

1, 2, 3, 4 The 1, 2, 3, and 4 boxes to the right of the Diag 1, 2, 3, and 4 boxes indicate which diagnoses should be used for this charge. A check mark appears in each Diagnosis box for which a diagnosis was entered in the Diag 1, 2, 3, 4 boxes. Some insurance carriers do not permit more than one diagnosis per procedure. Diagnoses can be checked or unchecked as needed.

Provider The Provider box lists the code number of a patient’s assigned provider. If a patient sees a different provider for a visit, the Provider box can be changed to list that provider instead.

POS The POS, or Place of Service box, indicates where services were performed. The standard numerical codes used are:

- 11 Provider’s office
- 21 Inpatient hospital
- 22 Outpatient hospital
- 23 Hospital emergency room

When Medisoft is set up for use in a practice, an option is provided to set a default POS code. In addition, POS codes can be assigned to specific procedure codes when they are set up in the Procedure/Payment/Adjustment Codes List. For purposes of this book, the default code has been set to 11 for provider's office.

TOS "TOS" stands for "type of service." Medical offices may set up a list of codes to indicate the type of service performed. For example, "1" may indicate an examination, "2" a lab test, and so on. The TOS code is specified in the Procedure/Payment/Adjustment entry for each CPT code.

M1 The M1 box is for a CPT code modifier. Modifiers are two-digit codes that allow more specific descriptions to be entered for the services the physician performed. For example, a modifier needs to be used when the circumstances require services beyond those normally associated with a particular procedure code. A common modifier is -90, which indicates that the procedure was performed by an outside laboratory. The grid in the Transaction Entry dialog box can be changed to allow entry of up to four modifiers per line.

Buttons in the Charges Area of the Transaction Entry Dialog Box

Four buttons are provided at the bottom of the Charges area: New, Delete, MultiLink, and Note. The New button, used to create a new charge entry, has already been discussed.

Delete Button To delete a charge transaction, it is necessary to select the particular charge that is to be deleted. This is accomplished by clicking in any of the boxes associated with that transaction (Date, Procedure, Units, Amount, and so on). Clicking in a box selects the transaction, indicated by the black triangle pointer at the far left box on the line (see Figure 6-9).

Once the desired transaction is selected, it is ready for deletion. Clicking the Delete button causes a confirmation message to be displayed (see Figure 6-10). To continue with the deletion, click the Yes button. To cancel the deletion, click the No button.

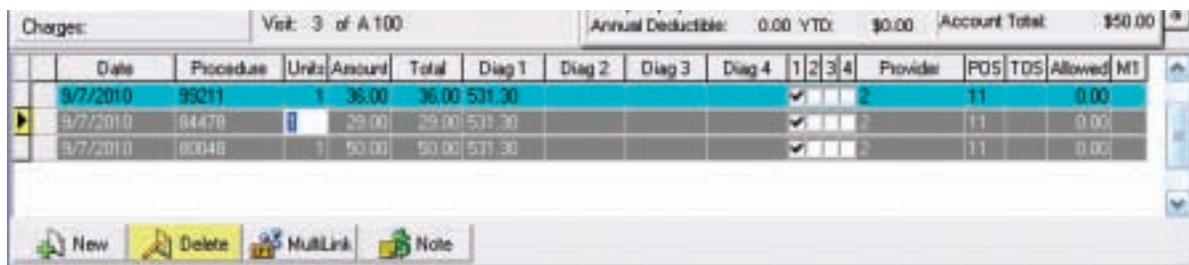


Figure 6-9 Transaction selected for deletion indicated by Line pointer at left.

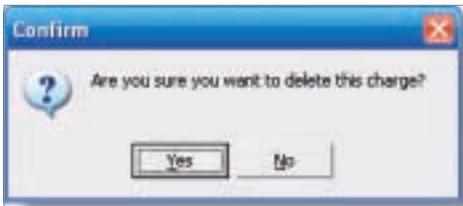


Figure 6-10 Confirm dialog box displayed after clicking the Delete button.

All transactions can be deleted from within the Transaction Entry dialog box. Caution should be exercised when using the Delete feature. **Deleted data cannot be recovered!**

MultiLink Button Medisoft provides a feature that saves time when entering multiple CPT codes that are related to the same activity. **MultiLink codes** are groups of procedure code entries that relate to a single activity. For example, a MultiLink code could be created for the procedures related to diagnosing a strep throat: 99211 OF—Established patient, minimal; 87430 Strep test; and 85025 Complete CBC w/auto diff. WBC.

MultiLink codes groups of procedure code entries that relate to a single activity.

When the MultiLink button is clicked, the code STREPM is selected from a drop-down list of MultiLink codes already in the database (see Figure 6-11 and Figure 6-12). All three procedure codes associated with diagnosing a strep throat are entered automatically by the system, eliminating the need to enter each CPT code separately. The MultiLink feature saves time by reducing the number of procedure code entries, and it also reduces omission errors. When procedure codes are entered as a MultiLink, it is impossible to forget to enter a procedure, since all of the codes that are in the MultiLink group are entered automatically.

Clicking the MultiLink button (see Figure 6-11) in the Transaction Entry dialog box displays the MultiLink dialog box (see Figure 6-12). After a MultiLink code is selected from the MultiLink drop-down list, the Create Transactions button is clicked.

The codes and charges for each procedure are automatically added to the list of transactions at the bottom of the Transaction Entry dialog box (see Figure 6-13).



Figure 6-11 MultiLink button.

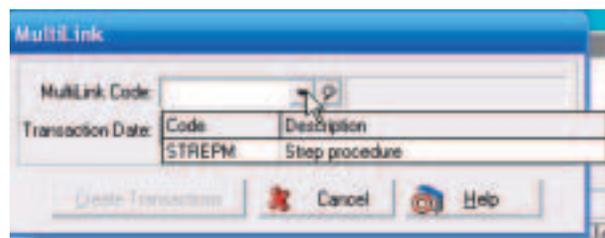


Figure 6-12 MultiLink Code drop-down list.

| | Date | Procedure | Units | Amount | Total | Diag 1 | Diag 2 | Diag 3 | Diag 4 | 1 | 2 | 3 | 4 | Provider | POS | TDS | Allowed | MI |
|--|----------|-----------|-------|--------|-------|--------|--------|--------|--------|---|---|---|---|----------|-----|-----|---------|----|
| | 9/7/2010 | 93211 | 1 | 36.00 | 36.00 | 531 30 | | | | ✓ | ■ | ■ | ■ | 2 | 11 | | 0.00 | |
| | 9/7/2010 | 87430 | 1 | 29.00 | 29.00 | 531 30 | | | | ✓ | ■ | ■ | ■ | 2 | 11 | | 0.00 | |
| | 9/7/2010 | 65025 | 1 | 13.60 | 13.60 | 531 30 | | | | ✓ | ■ | ■ | ■ | 2 | 11 | | 0.00 | |

Figure 6-13 Charge transactions created with STREPM MultiLink code.

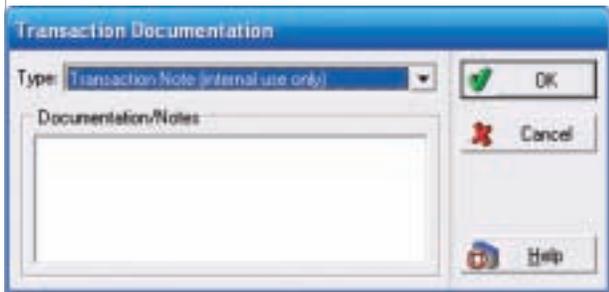


Figure 6-14 Transaction Documentation dialog box, where notes about a transaction are entered.

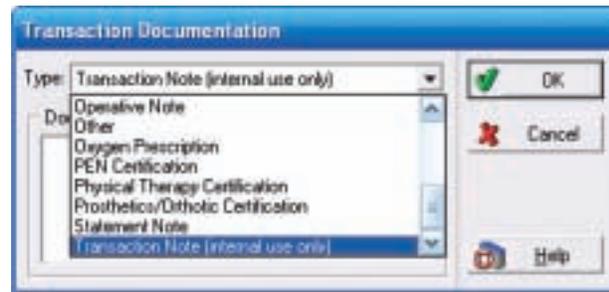


Figure 6-15 Some of the many types of transaction documentation available in Medisoft.

Note Button The Note button is used to enter additional information about a particular procedure. To use this feature, click the Note button. The Transaction Documentation dialog box is displayed (see Figure 6-14).

In the Type field, Medisoft provides a list of types of documentation in the drop-down list (see Figure 6-15). Some of the information entered here is transmitted with an insurance claim when claims are transmitted electronically.

Saving Charges

When all the charge information has been entered and checked for accuracy, the transaction must be saved. Transactions are saved by clicking the Save Transactions button, which is located at the bottom of the Transaction Entry dialog box (see Figure 6-16).

Transactions can also be saved by clicking the Update All button, located in the same row of buttons. When Update All is clicked, the transactions are saved, and the program checks all fields for missing or invalid information and displays various messages, such as a warning that the date entered is in the future.

The other buttons located in this row, Quick Receipt and Print Receipt, are used to print a walkout receipt for a patient (covered later in this chapter). The Print Claim button will be discussed in Chapter 7, Creating Claims. The Close button simply closes the Transaction Entry dialog box.

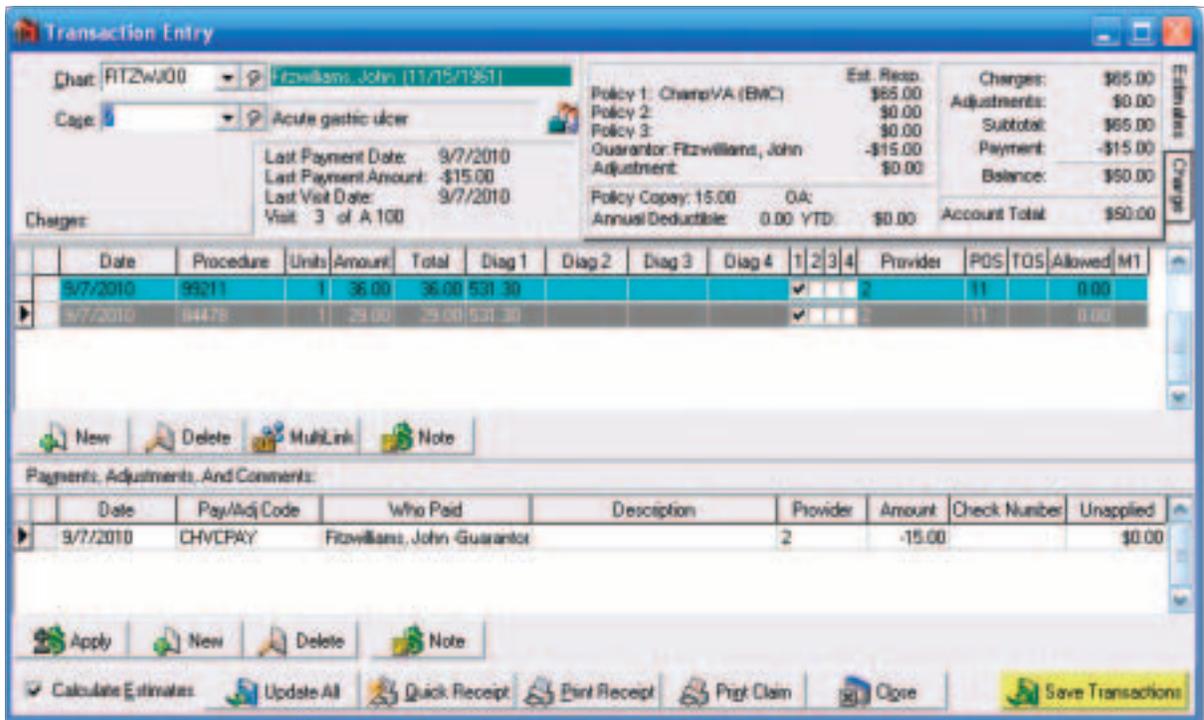


Figure 6-16 Transaction Entry window with Save Transactions button highlighted.

Editing Transactions

The most efficient way to edit a transaction is to click in the field that needs to be changed and enter the correct information. For example, to change the procedure code, click in the Procedure box, and either key a new code or select a new code from the drop-down list. After changes are made, the data must be saved. To view the updated amounts in the Patient/Account Information area, click the Update All button near the bottom of the Transaction Entry dialog box.

Depending on the type of edit, the program may display several message boxes. For example, if an attempt is made to change the Payment Type or Who Paid fields, a message is displayed to confirm the change. If someone tries to change a diagnosis code that is already included in a claim, the program asks whether to remove the transaction from the existing claim and create a new claim, or to replace the original Diagnosis Code in the transaction.

COLOR CODING IN TRANSACTION ENTRY

Transactions in Medisoft are color-coded, making it easy to determine the status of a charge or payment. No color can be assigned to more than one transaction type at the same time. Color codes are set up using the Program Options selection on the File menu. In the medical practice used in this textbook, the codes have already been determined.

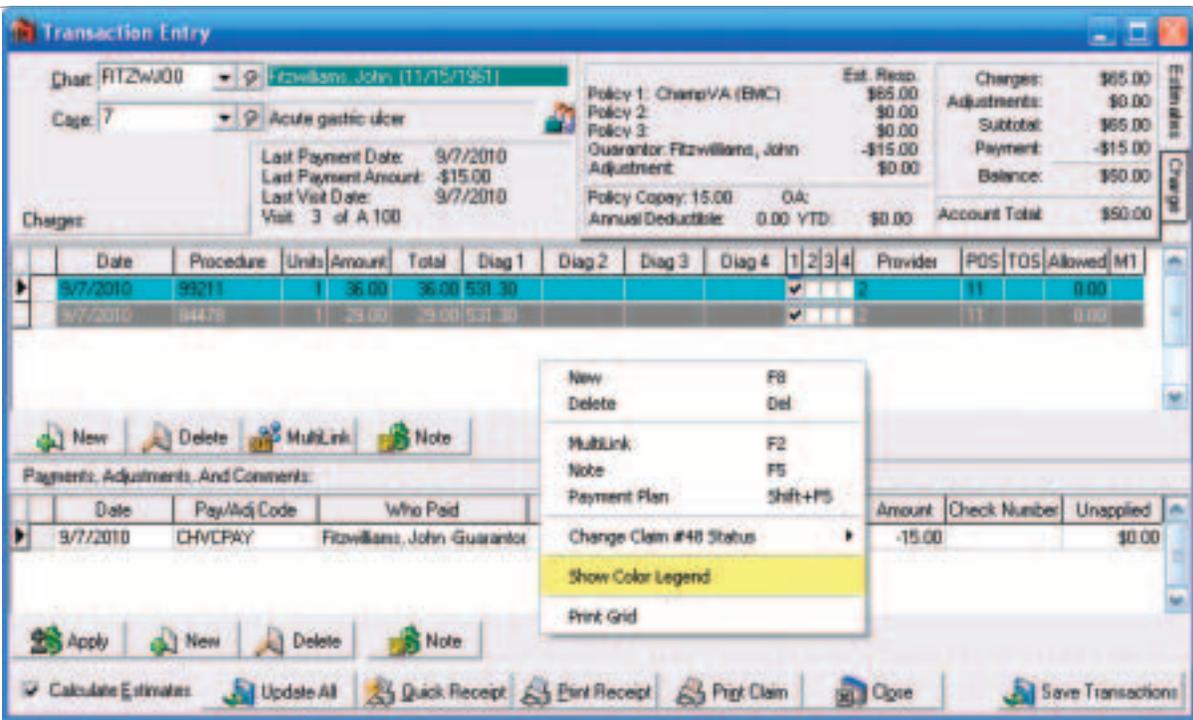


Figure 6-17 Submenu with Show Color Legend option highlighted.

Three color codes are applied to the status of a charge:

- ◆ No payment (gray)
- ◆ Partially paid (aqua)
- ◆ Overpaid charge (yellow)

Charges that have been paid in full are not colored and appear white.

To display a list of color codes used in Transaction Entry, click the right mouse button in the white area below the list of transactions, and a menu is displayed (see Figure 6-17).

When the Show Color Legend option is selected, the Color Coding Legend box appears on the screen (see Figure 6-18). The box lists the meaning of the color codes used in Transaction Entry—three for charges, and three for payments. The color codes used to indicate the status of a payment are discussed later in the chapter.



Figure 6-18 Color-Coding Legend box.

In Figure 6-17, there are two charge entries on 9/7/2010: 99211 and 84478. The first entry, 99211, is color-coded as partially paid. The patient made a copayment of \$15.00 that was applied to the 99211 charge. The copayment is listed in the Payments, Adjustments, and Comments section of the dialog box. The 84478 charge appears gray, indicating that no payment has been made on that charge.

EXERCISE 6-1

Using Source Document 3, enter a charge transaction for Hiro Tanaka's accident case.

Note: Steps 1–3 are required at the beginning of each chapter. These steps start Medisoft, set the path to the correct data location, and restore the data saved at the end of the last work session.

Date: October 4, 2010

1. Hold down the F7 key, and start Medisoft. Enter the location of the Medisoft data in the Find Medisoft Directory box, and click OK. (If you are unsure what to enter, ask your instructor.) When the Open practice dialog box appears, verify that Family Care Center is highlighted, and click OK.
2. Restore the data from your last work session by selecting Restore Data on the File menu. When a Warning box appears, click OK. Enter the file path and file name in the File Destination Path and Name, or click the Find button and browse to the desired location. The file name should be FCC11-5.mbk (the database name followed by the chapter number that you last worked on). The file path will vary depending on your computer and network set up. Ask your instructor for the file path, and enter it here.
3. Click the Start Restore button. When a Confirm dialog box appears, click OK. Medisoft restores the data. When it is complete, an Information box is displayed, indicating that the restore is complete. Click OK. The Restore box closes, and the main Medisoft window is displayed.
4. Change the Medisoft Program Date to October 4, 2010, if it is not already set to that date.
5. On the Activities menu, click Enter Transactions. The Transaction Entry dialog box is displayed.
6. Key *T* in the Chart box, and then press Tab to select Hiro Tanaka. An Information dialog box is displayed with a message about Tanaka's allergies. Click the OK button to close the box.
7. Verify that the Accident—back pain case is the active case in the Case box.
8. In the Charges section of the dialog box, click the New button.
9. Verify that the entry in the Date box is 10/4/2010. Notice that the Diagnosis box and the Units box have been automatically completed. If necessary, these entries can be edited by clicking in the box and entering new data.
10. Click in the Procedure box, and enter **99202** to select the procedure code for the service checked off on the encounter form. Press Tab. The Amount box is automatically completed (\$88.00).

11. Review the entries in the Provider (1) and POS (11) boxes. Since there are no modifiers to the procedure code, the M1 box is left blank.
12. Check your entries for accuracy.
13. Click the Save Transactions button. A message appears that a \$20.00 copayment is due. This will be entered in the section on payments in this chapter. Click the OK button.
14. Click the Save Transactions button again to save the transaction. When the Date of Service Validation message appears, click the Yes button, since you want to save the transaction.

EXERCISE 6-2

Using Source Document 5, enter a charge transaction for Elizabeth Jones's diabetes case.

Date: October 4, 2010

1. If necessary, open the Transaction Entry dialog box.
2. Click in the Chart field; key **JO** in the Chart box; and press Tab to select Elizabeth Jones. Click the Case drop-down list, and select the Diabetes case.
3. Click the New button in the Charges section of the window.
4. Accept the default in the Date box (10/4/2010).
5. Key **99213** in the Procedure box to select the procedure code for the services checked off on the encounter form. Press Tab.
6. Keep "1" in the Units box.
7. Accept the charge for the procedure that is displayed in the Amount box (\$72.00).
8. Review the entries in the other boxes, and check your entries for accuracy.
9. Click the Save Transactions button. When the Date of Service Validation box appears, click Yes.

PAYMENT/ADJUSTMENT TRANSACTIONS

Payments are entered in two different areas of the Medisoft program: the Transaction Entry dialog box, and the Deposit List dialog box, which will be discussed in Chapter 8. Practices may have different preferences for how payments are entered, depending on their billing procedures. In this book, you will be introduced to both methods of payment entry.

Patient payments made at the time of an office visit are entered in the Transaction Entry dialog box. Payments that are received electronically or by mail, such as insurance payments and patient payments sent by mail, are entered in the Deposit List dialog box. The Deposit List feature is very efficient for entering large insurance payments that must be split up and applied to a number of different patients.

ENTERING PAYMENTS MADE DURING OFFICE VISITS

The first step when entering a patient payment is to select a patient's chart number and case number in the Transaction Entry dialog box. After the chart and case numbers have been selected, a payment transaction can be entered. Payments are entered in the Payments, Adjustments, and Comments section of the Transaction Entry dialog box (see Figure 6-19).

The process of creating a payment transaction begins with clicking the New button. When the New button is clicked, the program automatically enters the current date (the date that the Medisoft program date is set to) in the Date box (see Figure 6-20).

If this is not the date on which the payment was received, the date must be changed to reflect this date. To change the default date for these boxes, any of these methods can be used:

- ◆ The Set Program Date command on the File menu is clicked.
- ◆ The Date button in the bottom right corner of the screen is clicked. (This must be done before the New button is clicked in the Transaction Entry dialog box.)
- ◆ The date that is already in the Date box is keyed over.

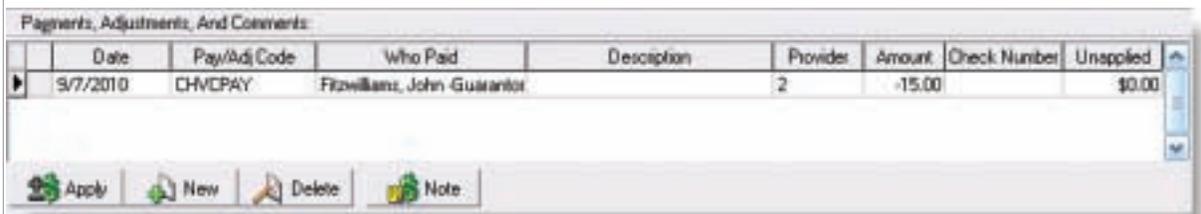


Figure 6-19 Payments, Adjustments, and Comments area of the Transaction Entry dialog box.

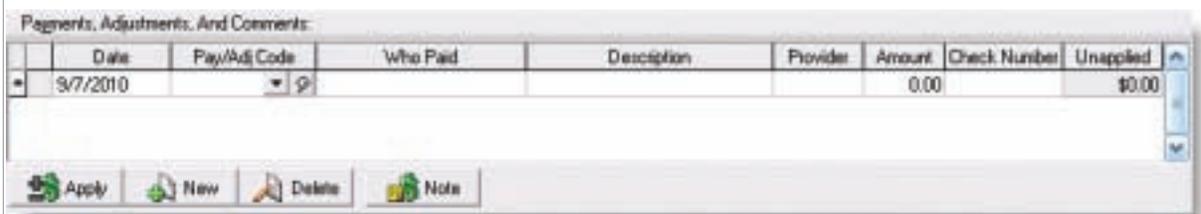


Figure 6-20 Payments, Adjustments, and Comments area after clicking the New button.

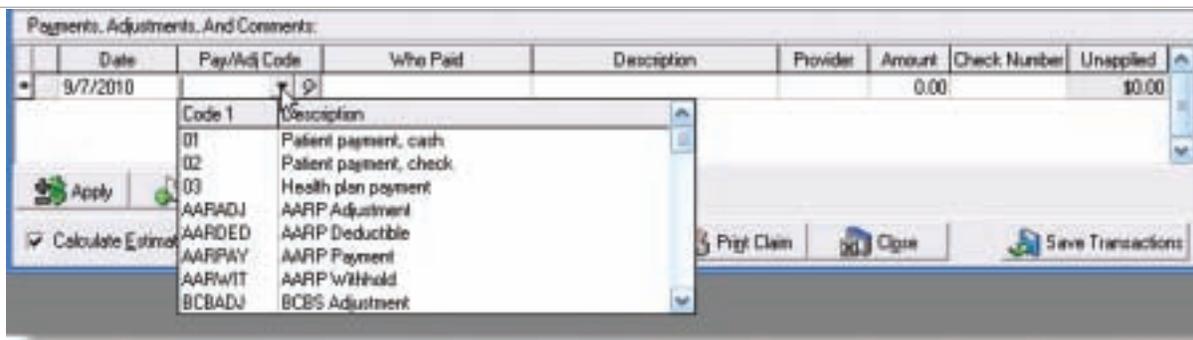


Figure 6-21 Payment/Adjustment Code drop-down list.

Payment/Adjustment Code Once the correct date is entered, pressing the Tab key moves the cursor to the Payment/Adjustment Code box. The code for a payment is selected from the drop-down list of payment codes already entered in the system (see Figure 6-21).

If a payment code is not listed, it can be added to the database by pressing the F8 key or by clicking Procedure/Payment/Adjustment Codes on the Lists menu. This may be done without exiting the Transaction Entry dialog box.

Who Paid After the code is selected and the Tab key is pressed, the program automatically completes the Who Paid box based on information stored in the database (see Figure 6-22). The Who Paid field displays a drop-down list of guarantors and carriers that are assigned in the patient case folder.

Description The Description field can be used to enter other information about the payment, if desired.

Amount The Amount field contains the amount of payment received. If the payment is a copayment from a patient, this box is completed automatically when a Payment/Adjustment code is selected. Again, the program uses information stored in the database.

Check Number The Check Number field is used to record the number of the check used for payment.

Unapplied The dollar value in the Unapplied box is the amount that has not yet been applied to a charge transaction.

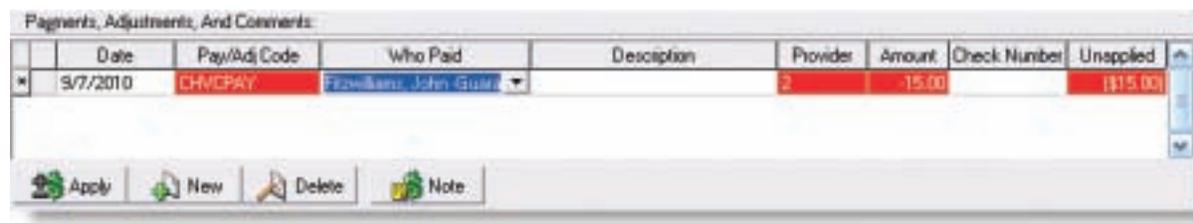


Figure 6-22 Payments, Adjustments, and Comments area after Payment/Adjustment Code is entered.

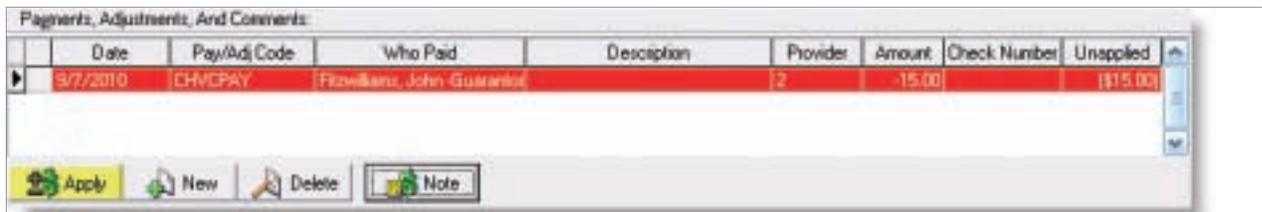


Figure 6-23 Payments, Adjustments, and Comments area with the Apply button highlighted.

Applying Payments to Charges

Payments are color-coded to indicate payment status (see Figure 6-23).

Three color codes are applied to the status of a payment:

- ◆ Partially applied payment (blue)
- ◆ Unapplied payment (red)
- ◆ Overapplied payment (pink)

Payments that have been fully applied are not colored and appear white.

Once all the necessary information is entered, it is time to apply the payment to specific charges. This is accomplished by clicking the Apply button. After the Apply button is clicked, an Information dialog box displayed as a reminder that the patient is required to pay a copayment (see Figure 6-24).

The Apply Payment to Charges dialog box lists information about all unpaid charges for a patient, including the date of the procedure, the document number, the procedure code, the charge, the balance, and the total amount paid (see Figure 6-25).

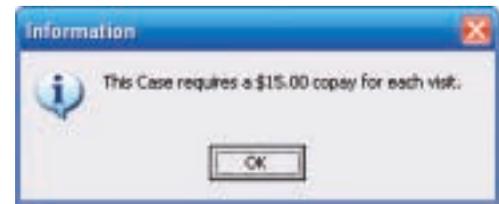


Figure 6-24 Information dialog box with copayment reminder.

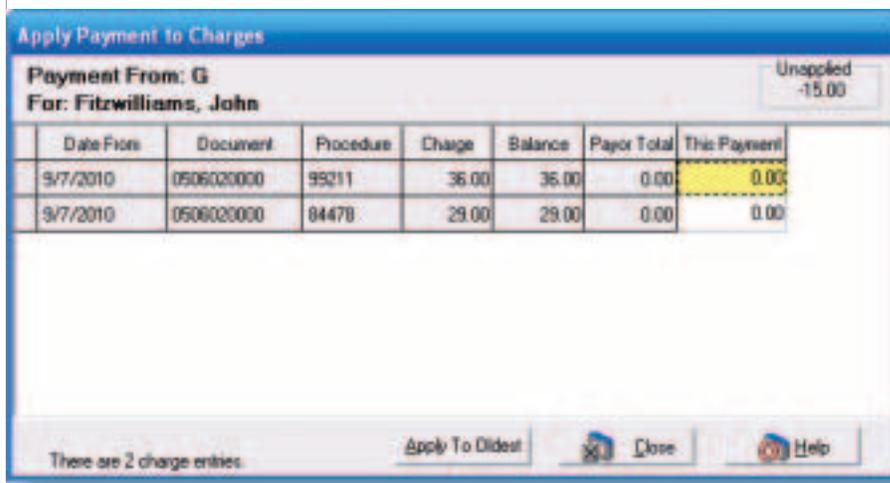


Figure 6-25 Apply Payment to Charges dialog box with This Payment box highlighted.

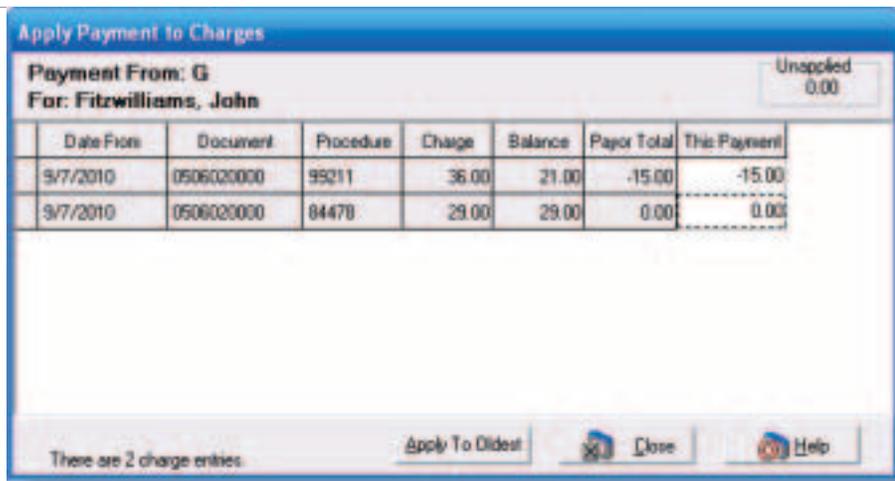


Figure 6-26 Apply Payment to Charges with payment entered.

In the top right corner of the dialog box, the amount of payment that has not yet been applied to charges is listed in the Unapplied box. The first step in applying a payment is to determine the charge to which the payment should be applied. For example, if the payment is a copayment for an office visit on 9/7/2010, it would be necessary to locate that charge before applying the payment.

When the Apply Payment to Charges box is opened, the cursor appears in the top box of the column labeled "This Payment." If this is not the charge to which the payment should be applied, another box must be selected. To select a box, click in it; a dotted rectangle appears around the outside of the box. The amount of the payment is then entered without a decimal point, and the Enter key is pressed.

Notice in Figure 6-26 that the payment amount has been entered in the appropriate This Payment box.

Once the box is closed, the payment appears in Payments, Adjustments, and Comments area of the Transaction Entry dialog box (see Figure 6-27).

Payments can be applied to more than one charge. For example, suppose that the payment is \$200.00 and three charges have not been paid. The \$200.00 payment can be applied to one, two, or all three of the charges.

Saving Payment Information

When all the information on a payment has been entered and checked for accuracy, it must be saved. Payment transactions are saved in the manner described earlier for charge transactions, by clicking the Save Transactions button.

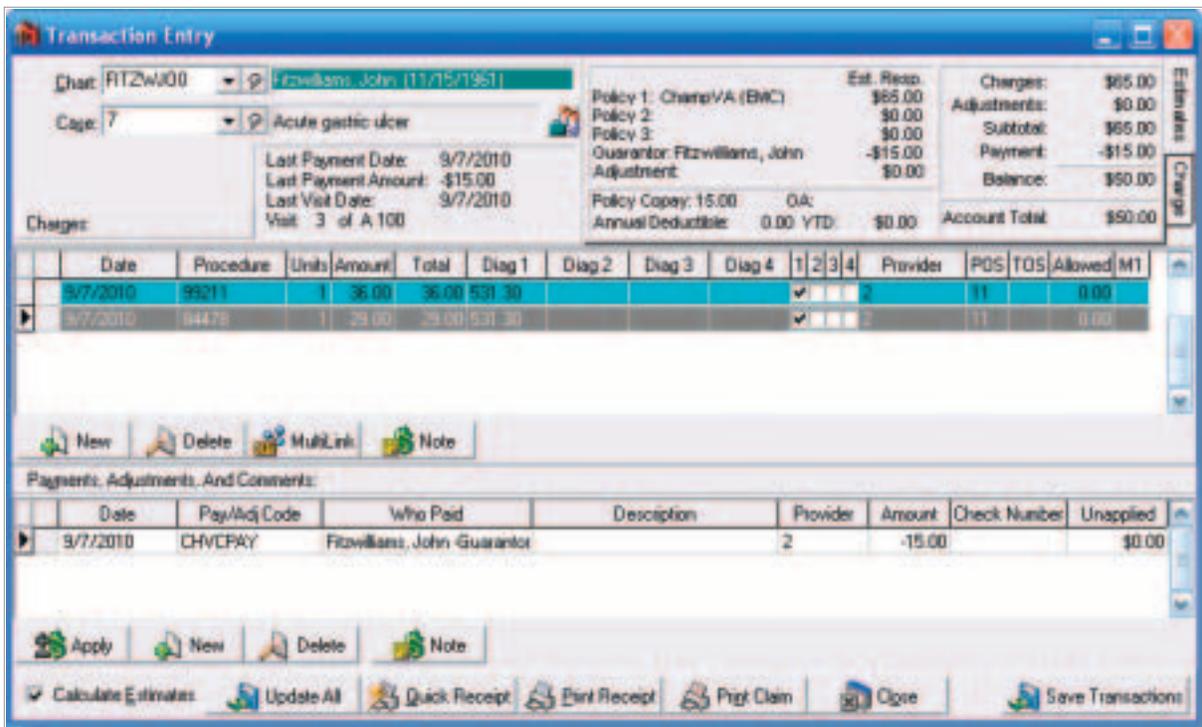


Figure 6-27 Payments, Adjustments, and Comments area with payment listed, and charges color-coded as partially paid (aqua) and no payment (gray).

EXERCISE 6-3

Using Source Document 3, enter the copayment made by Hiro Tanaka for her October 4, 2010, office visit.

Date: October 4, 2010

1. Open the Transaction Entry dialog box, if it is not already open.
2. In the Chart box, key *T*, and press Tab to select Hiro Tanaka. An Information box is displayed with information about Tanaka's allergies. Click the OK button.
3. Verify that Accident—back pain is the active case in the Case box.
4. Click the New button in the Payments, Adjustments, and Comments section of the dialog box.
5. Accept the default entry of 10/4/2010 in the Date box.
6. Click in the Pay Code box. Select OHCCPAY (the code for Ohio-Care HMO Copayment), and press Tab. Notice that all the boxes except Description and Check Number have been completed by the program.
7. Verify that Tanaka, Hiro—Guarantor is listed in the Who Paid box.
8. Notice that -20.00 has already been entered in the Amount box. Confirm that this is correct.

9. The Unapplied Amount box should read (20.00).
10. Click in the Check Number box; enter **123**; and press Tab.
11. Click the Apply button. The Apply Payment to Charges dialog box is displayed.
12. Notice that the amount of this payment (–20.00) is listed in the Unapplied box at the top right of the dialog box.
13. Click the box in the This Payment column for the 99202 procedure charge.
14. Enter **20** in this box. Press the Enter key. The system inserts a decimal point automatically. Notice that the amount listed in the Unapplied Amount column is now zero. Click the Close button.
15. Click the Save Transactions button. When the date warning boxes appear, click Yes.
16. Notice that the line listing the procedure charge has changed from gray (not paid) to aqua (partially paid), indicating that a portion of the charge has been paid.

EXERCISE 6-4

Using Source Document 6, enter the procedure charges and copayment for John Fitzwilliams's acute gastric ulcer case.

Date: October 4, 2010

1. Click in the Chart box, and key **F**. Notice that the chart number for John Fitzwilliams is highlighted on the drop-down list. Press the Tab key. Verify that Acute gastric ulcer is the active case in the Case box.
2. Notice that there are already charges and payments listed for this case, since this is an existing medical condition for which the patient has been treated in the past.
3. Click the New button in the Charges section of the dialog box.
4. Accept the default in the Date box (10/4/2010).
5. Select the procedure code for the services checked off on the encounter form. There is more than one procedure. Enter the first procedure code (99212). Press Tab.
6. Accept the default entries in the other boxes.
7. Check your entries for accuracy.

Now enter the second procedure code marked on the encounter form by following these steps.

8. Click the New button.
9. Accept the default in the Date box.
10. Select the procedure code for the second service checked off on the encounter form (82270). Press Tab.

11. Accept the default entries in the other boxes.
12. Check your entries for accuracy.
13. Click the Save Transactions button. Two Date of Service Validation boxes appear, one for each transaction. Click Yes each time a box is displayed.

Now enter the copayment listed on the encounter form by completing the remaining steps.

14. Click the New button in the Payments, Adjustments, and Comments section of the dialog box.
15. Accept the default entry of 10/4/2010 in the Date box.
16. On the Pay Code drop-down list, click CHCVPAY (ChampVA Copayment), and press Tab. Notice that all the remaining boxes except Check Number and Description are once again filled in. Verify that the entries are correct.
17. Enter **456** in the Check Number box, and press Tab.
18. Click the Apply button. The Apply Payment to Charges dialog box is displayed.
19. Notice that the amount of this payment (–15.00) is listed in the Unapplied box at the top right of the dialog box.
20. In the list of charges that appears, locate the 99212 procedure charge for Fitzwilliams’s October 4, 2010, office visit. Click in the This Payment box located on the same line as this charge.
21. Enter **15** in the This Payment box. Press the Enter key. The system inserts a decimal point automatically.
22. Click the Close button.
23. Notice that the amount listed in the Unapplied Amount column is now zero. Also notice that the line listing the 99212 charge on 10/4/2010 is now aqua rather than gray, indicating that the charge has been partially paid.
24. Click the Save Transactions button. When the date warning boxes are displayed, click the Yes button.

PRINTING WALKOUT RECEIPTS

After a patient payment has been entered in the Transaction Entry dialog box, a walkout receipt is printed and given to the patient before he or she leaves the office. A walkout statement, also known as a walkout receipt, includes information on the procedures, diagnosis, charges, and payments for a visit. If there is a balance due, the receipt serves as a reminder to the patient of the amount owed.

In the Transaction Entry dialog box, walkout receipts are created via the Print Receipt button (see Figure 6-28). (*Note: A Print Claim button also appears in the Transaction Entry dialog box; claim management is discussed in detail in Chapter 7.*)

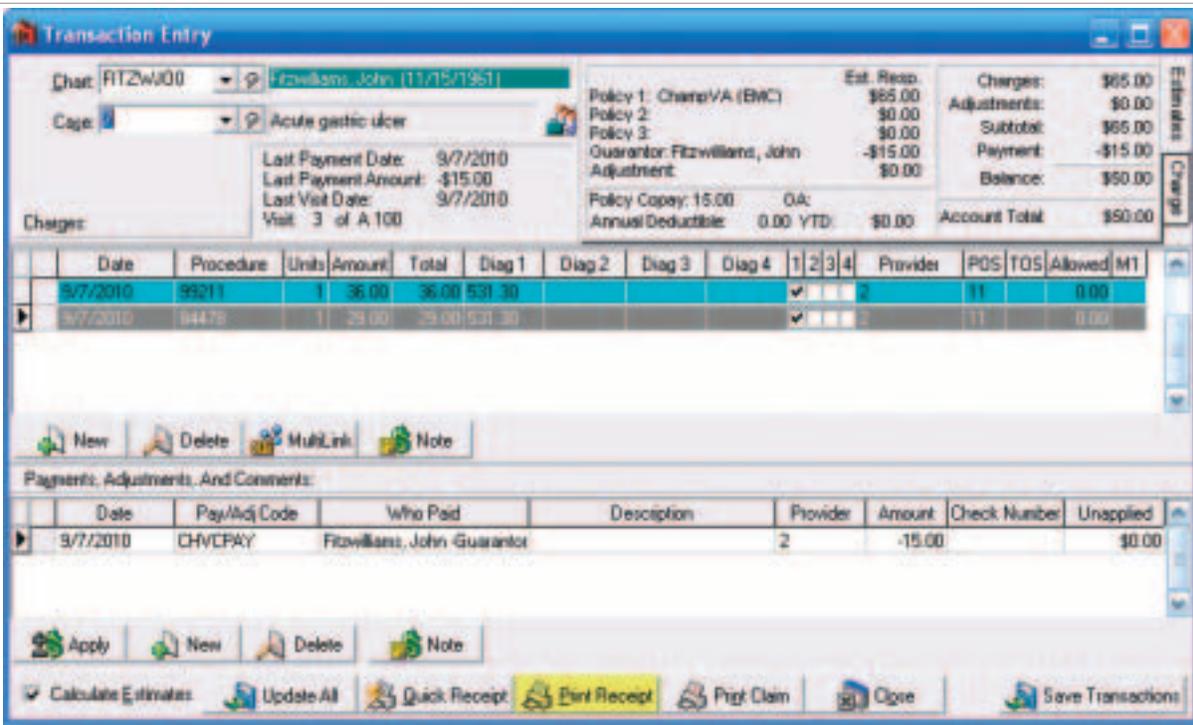


Figure 6-28 Print Receipt button highlighted in yellow.

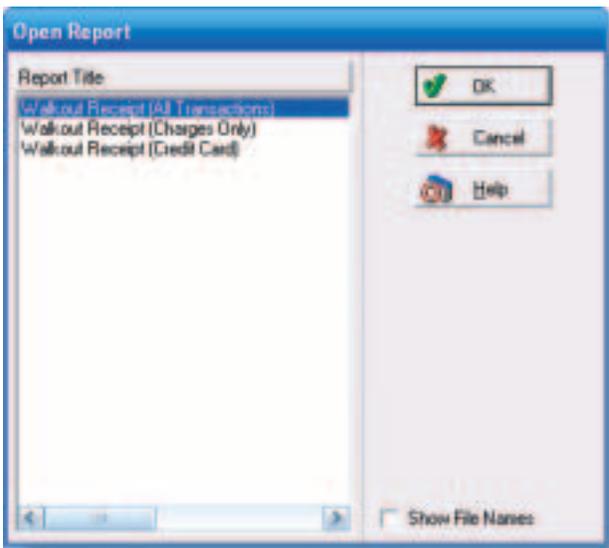


Figure 6-29 Open Report window with Walkout Receipt (All Transactions) selected.

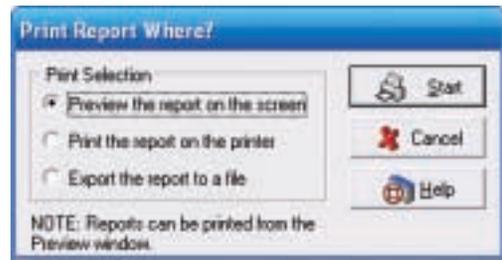


Figure 6-30 Print Report Where? dialog box.

When the Print Receipt button is clicked, the Open Report window appears, with the first report highlighted Walkout Receipt (All Transactions) (see Figure 6-29).

After clicking the OK button in the Open Report window, the Print Report Where? dialog box is displayed, and three option are provided (see Figure 6-30):

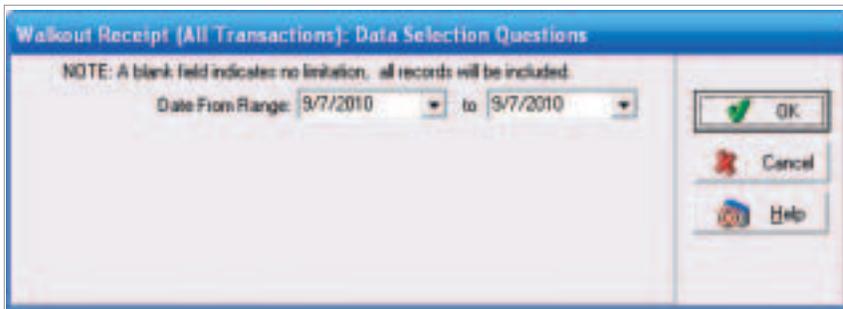


Figure 6-31 Data Selection Questions window.

1. Previewing the report on the screen
2. Sending the report directly to the printer
3. Exporting the report to a file

Once a printing choice is made, clicking the Start button causes the Data Selection Questions window to open (see Figure 6-31). This is where the date for the receipt is selected.

Finally, when the OK button is clicked, the report is sent the report to its destination (on screen, to the printer, to a file) (see Figure 6-32).

EXERCISE 6-5

Create a walkout receipt for John Fitzwilliams.

Date: October 4, 2010

1. With the Transaction Entry dialog box open to John Fitzwilliams's acute gastric ulcer case, click the Quick Receipt button. The Print Report Where? dialog box is displayed.
2. In the Print Report Where? dialog box, accept the default selection to preview the report on the screen. Click the Start button. The Preview Report window opens, displaying the walkout receipt.
4. Review the charge and payment entries listed in the top half of the receipt.
5. Scroll down and review the total charges, payments, and adjustments listed at the lower right area of the receipt. Compare the account balance listed here with the amount listed in the Estimates section of the Transaction Entry dialog box. The numbers should be the same.
6. Click the Close button to exit the Preview Report window.

Family Care Center
 285 Stephenson Boulevard
 Stephenson, OH 60089
 (614)555-0000

Page: 1

9/7/2010

Patient: John Fitzwilliams
 1627 Forest Avenue
 Jefferson, OH 60093

Chart #: FITZWJ00
Case #: 7

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

| Date | Description | Procedure | Modify | Dx 1 | Dx 2 | Dx 3 | Dx 4 | Units | Charge |
|----------|---------------------------------|-----------|--------|--------|------|------|------|-------|--------|
| 9/7/2010 | Champ VA Copayment | CHVCPAY | | | | | | 1 | -15.00 |
| 9/7/2010 | OF-established patient, minimal | 99211 | | 531.30 | | | | 1 | 36.00 |
| 9/7/2010 | Triglycerides test | 84478 | | 531.30 | | | | 1 | 29.00 |

Provider Information

Provider Name: John Rudner MD
 License: 84701
 Champ VA PIN
 SSN or EIN: 339-67-5000

| | |
|------------------------------|-----------------|
| Total Charges: | \$ 65.00 |
| Total Payments: | -\$ 15.00 |
| Total Adjustments: | \$ 0.00 |
| Total Due This Visit: | \$ 50.00 |
| Total Account Balance: | \$ 50.00 |

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____

Date: _____

Figure 6-32 Sample walkout receipt.

ON YOUR OWN EXERCISE 3: ENTER PROCEDURE CHARGES AND A PATIENT PAYMENT

October 4, 2010

Lisa Wright has just been seen by Dr. Jessica Rudner. Using Source Document 7, enter the procedure charges and the copayment.

ON YOUR OWN EXERCISE 4: PRINT A WALKOUT RECEIPT

October 4, 2010

Print a walkout receipt to give to Lisa Wright before she leaves the office.

Remember to create a backup of your work before exiting Medisoft!

CHAPTER REVIEW

USING TERMINOLOGY

Match the terms on the left with the definitions on the right.

- | | |
|--------------------------|--|
| _____ 1. adjustments | a. Changes to patients' accounts. |
| _____ 2. charges | b. The amounts billed by a provider for particular services. |
| _____ 3. MultiLink codes | c. Monies paid to a medical practice by patients and insurance carriers. |
| _____ 4. payments | d. Groups of procedure code entries that are related to a single activity. |

CHECKING YOUR UNDERSTANDING

Answer the questions below in the space provided.

5. What are the two key pieces of information you must have before entering a procedure charge?

6. List two advantages of using MultiLink codes.

7. When is it appropriate to print a walkout receipt?

8. What color code indicates that no payment has been made on a charge transaction?

9. What is the color code for an unapplied payment?

APPLYING KNOWLEDGE

Answer the questions below in the space provided.

- 10.** After you have entered a charge for procedure code 99393, you realize it should have been 99394. What should you do?

- 11.** The receptionist working at the front desk phones to tell you that Maritza Ramos has just seen the physician and would like to know—before she leaves the office—what the charges were for her September 8, 2010, office visit. You are in the middle of entering charges from an encounter form for another patient. What should you do first? What is your reasoning?

- 12.** After you have entered a patient copayment for \$20.00, you realize it should have been \$30.00. What should you do?

AT THE COMPUTER

Answer the following questions at the computer.

- 13.** What are the procedure codes and charges for Randall Klein that occurred on September 7, 2010?

- 14.** What is the amount of the procedure charge entered on September 10, 2010, for patient Jo Wong?

- 15.** What is the total amount that John Fitzwilliams paid in copayments in September 2010? (*Hint:* Include his daughter Sarah in the calculation.)
