Orion Healthcare Technology

AccuCare Billing

Manual for Setup Areas

Revision for Release 9.8.J



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Setup

To begin billing within AccuCare, you must first setup your business and therapist information. To access the setup areas within AccuCare Billing, click on the **Setup** dropdown from the main menu and select **Billing**. Within this list are the following options:

- Business Info
- Location of Service (Located under Setup Main)
- Services
- Provider Info
- Payer
- Contract Rates
- Accounting Codes

Setup - Step 1 - Setup Business Info

Enter the information for your business that will be used by your clients and insurance companies to identify your organization. This information will serve to identify your default business location.

| p > Business Info previation Name B ABC Treat,emt T ABC Treatment TX ABC Treatment N | Business Details |
|--|--|
| p > Business Info previation Name B ABC Treat,emt T ABC Treatment TX ABC Treatment N N | Business Details |
| ABC Treat,emt B T ABC Treatment TX ABC Treatment | Business Details |
| ABC Treat,emt TT ABC Treatment TX ABC Treatment N | |
| | Name* ABC Treat,emt |
| It Treat Best Treatment Tomorrow PerlyR Beverly Remm Coring Family | Abbreviation* ABC |
| Althouse Healthcare Althouse A | Address Line 1* 1111 Lincoln |
| Strong Minds Counseling AR Z_AR Testing Corp | Address Line 2 |
| с | City* Lincoln |
| s | State* NE 🗸 |
| Z | Zip* 68502 |
| P | Phone (402) 489-9959 |
| F | Federal Tax ID# 80-0036141 |
| N | NPI 1215078225 |
| T | Taxonomy Behavioral Health & Social Serviv |
| See further explanation below on | Mental Health |
| these areas C | Code 101YM0800X |
| | |
| New Edit Save C | Cancel Delete Evit |

You have two options to fill in this area of the Business info under Taxonomy and Code.

(Option #1) Click on the 1st drop down find your **Taxonomy**; then find the **sub-title** under the 2nd drop down. This will automatically give the appropriate Code for the last box.

(Option #2) By typing in the exact code in the last box will cause the other two above field's taxonomy and subtitle will fill-in automatically.



Setup - Step 2 - Setup Location of Services (Located under Setup - Main)

This area is used to enter any additional locations that are billed under your organization. You do not need to enter your main business location, as that will be covered by the information you enter in Step 1. *Note: Every time a business is added, a location of service is automatically created to match that business.*

| Location Name* | Z AR Testing Corp |
|------------------------------------|--|
| Location Abbreviation* | Z_AR |
| Address Line 1* | 18047 Oak Street |
| Address Line 2 | |
| City* | Omaha |
| State* | NE 🗸 |
| Zip* | 68130-6093 |
| NPI | 1003994245 |
| Default Place of Service | 11 - Office 🗸 |
| Inpatient Type of Bill | |
| Default Facility Type | 1 - Hospital 🗸 🗸 |
| Default Facility Classification | 3 - Outpatient 🗸 |
| | |
| | Location Name* Location Abbreviation* Address Line 1* Address Line 2 City* State* Zip* NPI Default Place of Service Inpatient Type of Bill Default Facility Type Default Facility Classification |

For inpatient, claims choose the appropriate Default Facility Type and Classification.

| Innationt Type of Bill | |
|------------------------|---|
| Default Facility Type | |
| Default Facility | |
| Classification | 1 - Hospital |
| | 2 - Skilled Nursing 3 - Home Health |
| Cancel Delete | 4 - Religious Nonmedical Health Care Institution Inpatient |
| <u> </u> | 5 - Religious Nonmedical Post Hospital Extended Care Services |
| | 7 - Clinic |
| | 8 - Special Facility or ASC Surgery |

| Inpatient Type | of Bill | |
|------------------------------------|---------|--|
| Default Facility | Туре | • |
| Default Facility Classification | | |
| Cancel | Delete | 1 - Inpatient Including Part A 2 - Inpatient Part B Only 3 - Outpatient |
| | | 4 - Other 5 - Critical Access Hospital 6 - Residential Facility 8 - Swing Beds 9 - Other |

Setup - Step 3 - Setup Services

In this area, you will setup the transactions and services for which you will be providing to clients. To add a new service to the list of services, click the "New" button. All of the services that have been added to the system will display in the left handle window, with Service Description and the Transaction Type showing for each service. To edit or delete a service, click on the service in the left hand window and click the desired action button.

| tup > Services | | | |
|---|--|---|---|
| ervice Description | Transaction Type | Service Details | |
| J0534 J0549-1 J6101-B Assessment Salance Forward Jash Payment Jo-pay (cash) Jo-pay (check) Jo-Pay (credit card) Jollections Out Credit Card Payment Deb90834 Deb90847 Discount FocusOn-0905 FocusOn-0905 FocusOn-0905 FocusOn-0906 Sroup Therapy Hodividual Therapy Individual Therapy Individual Code | Charge Charge Charge Charge Charge Charge Customer Payment Customer Payment Customer Payment Customer Payment Collection-Out Customer Payment Charge | Service Description* Transaction Type* Charge Type CPT/HCPC Code Revenue Code Description on Statements Method Units Unit Type Amount per Unit \$ | Assessment × Charge Outpatient 90791 Evaluation I Units 200.00 |
| IOP Psych IOP Substance Abuse Late Cancellation Mastercard MSE Eval Renew | Charge Charge Charge Customer Payment Charge | Session Type | |

Service Description: The information entered in this field should be the name of the service you are adding. This description is completely customer dependent and should be based upon the terminology that you use for each code at your facility or practice. It is completely up to the customer what description is used. Whatever description you put here is how you will be referring to the service through the rest of the system. The information you put in this field will not appear on any claims.

(For example: If one of the services you provide is an Initial Evaluation. In the Service Description field you can label this service as Initial Evaluation, or Assessment, or 90801, etc.)

| Service Details Service Description* | Assessment × | Transaction Type : For the service that you entered you will need to select a type of transaction for the service. |
|--|---------------------|---|
| Transaction Type* Charge Type | Charge | |
| CPT/HCPC Code Revenue Code Description on Statements Method Units | 90791 Evaluation | Charge Type: If the service you are adding is has a transaction type of Charge, and if it is a service that you will be sending on an inpatient or outpatient claim, then you will select inpatient or outpatient for the service. |

CPT/HPCPC Code: If the Charge Type is Outpatient and it is a service that you will be sending on a claim to insurance you will need to put the appropriate five digit CPT code in this field. The information in this field is exactly what will appear on a claim so there should be no unnecessary characters. (*For example: 90791*)

| Service Details | |
|------------------------------|--------------|
| Service Description* | Assessment × |
| Transaction Type* | Charge 🗸 |
| Charge Type | Outpatient V |
| CPT/HCPC Code | 90791 |
| Revenue Code | |
| Description on Statements | Evaluation |
| Method | |
| Units | 1 |



Revenue Code: If the Charge Type is Inpatient and it is a service that you will be sending on a claim to insurance you will need to put the appropriate three or four digit Revenue Code in this field. The information in this field is exactly what will appear on a claim so there should be no unnecessary characters. *(For example: 1002 or 906)* CPT/HCPC codes are optional for Inpatient Charge Types.

| Service Details Service Description* Transaction Type* Charge Type CPT/HCPC Code | Assessment × Charge × Outpatient × | | Description on Statement: This is the field that you will put a description of the service for the Client Statement. The user can be as descriptive or as brief for this field. The text entered in this field will only appear on the Client Statement report. |
|--|--|-----|---|
| Revenue Code | | | |
| Description on Statements | Evaluation | | |
| Method | \checkmark | | |
| Units | 1 | | |
| Unit Type | Units | | |
| Amount per Unit \$ | 200.00 | | Units: Only used for Transaction Type - Charge |
| Session Type | 101 🗸 | | The user will need to enter the number of Units/Hours/Sessions for the service. |
| | | r | |
| Service Details | |] / | Unit Type: Select the type of Unit for the service. |
| Service Description* | Assessment × | | |
| Transaction Type* | Charge 🗸 | | Amount per Unit: Enter the monetary amount |
| Charge Type | Outpatient V | | per unit for the service. |
| CPT/HCPC Code | 90791 | | (For example: If the Assessment is for one hour, |
| Devenue Carda | | 1 | |
| Revenue Code | | | for the Amount. or if the 90801 is one hour but |
| Description on Statements | Evaluation | | for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute |
| Description on Statements Method | Evaluation | | for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute increments, you could enter 4 for the Units and \$50.00 for the Amount per Unit |
| Description on Statements Method Units | Evaluation | | for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute increments, you could enter 4 for the Units and \$50.00 for the Amount per Unit. Note: You will have the ability to edit and |
| Nevenue Code Description on Statements Method Units Unit Type | Evaluation | | for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute increments, you could enter 4 for the Units and \$50.00 for the Amount per Unit. Note: You will have the ability to edit and change both the amount and number of units for |
| Nevenue Code Description on Statements Method Units Unit Type Amount per Unit \$ | Evaluation | | for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute increments, you could enter 4 for the Units and \$50.00 for the Amount per Unit. Note: You will have the ability to edit and change both the amount and number of units for an individual service when you are in the |
| Revenue Code Description on Statements Method Units Unit Type Amount per Unit \$ | Evaluation Evaluation Units 200.00 | | for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute increments, you could enter 4 for the Units and \$50.00 for the Amount per Unit. Note: You will have the ability to edit and change both the amount and number of units for an individual service when you are in the Transaction Register. |

Modifiers: When you have a CPT or HCPC code that requires a modifier, you are able to add the modifier in the CPT/HCPC code field.

After you have entered the five digit CPT/HCPC code then enter a ":" followed by the appropriate modifier. If a service has multiple modifiers continue to separate the modifiers with the ":".

(For example: no spaces (90791:HO) or (90791:HO:AJ) Note: This step should only be completed if you are going to send claims and modifiers on electronic claims ONLY. This will not display correctly on Paper Claims.

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Setup - Step 4 - Setup Provider Information

Enter all of the providers that will be providing services. The **General** area collects information such as Name, Taxonomy Codes, NPI numbers, and credentials for each provider. If the provider is also an AccuCare Clinical user and has a login, you can link this profile to that user name. The **Bill As** section, allows you to have the provider name in the General but when submitting claims you can have overriding information in the Bill As, such as a facility or supervising provider. In **Charge Overrides**, you can assign a different charge amount for a service. This information will display on any claims using this provider and service code. **Modifiers** allow you to identify any required modifiers for every provider for any a specific insurance company.

Note: A provider will automatically be created for every business that is created. One provider will need to be designated as the "default provider." It is recommended that the business or the primary provider is default.

| atun > Drouidan In | iformation | | |
|--|---|----------------|--|
| emp > r tovider li | inormation | Select a Provi | ter: Behavioral Health. Treatment |
| General | | | |
| General Informat | tion | Bill As | |
| Abbreviation | | ✓ Same as | General Info Copy from Existing Provider |
| First Name | eatment | First Name | Treatment |
| Middle Name | | Middle Name | |
| Last Name * Be | havioral Health | Last Name * | Behavioral Health |
| Suffix | | Suffix | |
| Title | | Title | |
| Credentials | | Credentials | |
| Taxonomy Re | esidential Treatment Facilities | Taxonomy | Residential Treatment Facilities |
| Su | ibstance Abuse Rehabilitation Facility | | Substance Abuse Rehabilitation Facility |
| Code 32 | 4500000X | Code | 324500000X |
| NPI 18 | 01018528 | NPI | 1801018528 |
| Assignment/Links Associated Busine AccuCare User ID Default Location of | ss * Best Treat Service BHT | Accept Ass | gnment |
| | Image: A set of the set of the | Signature o | Aetna |
| Active Provider? | | | - Aeuld 1407 J |
| Active Provider? Default Provider? | | | ✓ Aetna30755 |

| Accul | Care general System | | |
|-----------------|--|-----------------------------|--|
| Setup > Provide | er Information | | |
| | | Select a Provider: Bel | navioral Health, Treatment |
| General | | | |
| General Infor | mation- | -Bill As | If the Bill As is the same |
| Abbreviation | 1 | Same as General I | as the General check |
| First Name | Treatment | First Name Treatme | this box to use the same |
| Middle Name | , | Middle Name | provider details. |
| Last Name * | Behavioral Health | Last Name * Behavio | ral He |
| Suffix | | Taxonomy: To add t | he providers taxonomy code |
| Title | | by selecting the clas | sification from the two drop |
| Credentials | | the Code field. | the actual taxonomy code in |
| Taxonomy | Residential Treatment Facilities V | NPI: Enter the indiv | idual provider NPI (N ational |
| | Substance Abuse Rehabilitation Facility | Provider Identifier) n | umber. |
| Code | 324500000X | Associated Business | : Select which Business this |
| NPI | 1801018528 | provider is associate | d to. If you have a provider |
| | | that is associated w | ith multiple businesses, you |
| | | association. | |
| Assignment/Lin | iks | | |
| Associated Bu | siness * Best Treat | Accept Assignment | 🗹 Aetna 🔺 |
| AccuCare Use | r ID | 7 | ✓ Aetna14079 |
| Default Locatio | on of Service BHT | 7 | AHCCCS |
| Active Provide | r? 🖉 | Signature on File | Aetna 🔺 |
| Default Provide | er? 🗌 | | Aetna14079 |
| Provider Perce | ntage Amount % | | ✓ Aetna30755 ✓ AHCCCS |
| Charge Ove | rrides | | Show |
| Churge over | inte a | Accept Assign | ment and Signature on Eile: As |
| AccuCare Use | r Id: If the provider is also an active AccuCare | insurance paye | rs are added to your AccuCare system |
| profile to that | at user name. If you subscribe to AccuCare | in the Setup>B | illing>Payer area, each Payer will be |
| Clinical Progre | ess Notes, the Progress Note Transfer screer | by default. If | you wish to identify No as Accept |
| the User that | t entered the progress note to display the | Assignment to | the Payer, meaning that the payment |
| correct provid | ler on the transaction. | by the insuran | ce company should be made to the |
| | | insurance comp | Dany. |

| General General Information Abbreviation First Name First Name Freatment Middle Name Last Name * Behavioral Health Suffix Title Credentials Suffix ult Location of Service: Select a default location mervice if the provider is at one location more and place of service when this provider is ted in the Transaction Register. The Location of ce can be changed from the default location for exider in the default location for wider in Transaction Register. Associated Business* Accucare User ID Active Provider? Active Provider? Default Provider? Cold Suffice Provider is a provider is the changed from the default location for the provider? Portice Provider? Cative Provider? Default Provider? Cative Provider is a provider is checked for that provider is the Transaction Register. Sociated Business* Sociated Resolution of Service is the entered for that provider is checked for that provider? Default Provider? Cold Suffix Provider is a provider is checked for that provider in the Transaction Register. Sociated Business* Sociated Resolution of Service is the entered for that provider in the Transaction Register. Sociated Business* Sociated Business* Active Provider? Cative Provider is checked for that provider in the Transactio | | | Select a Provider: Behavioral Health, Treatment |
|--|---|---|---|
| General Information Abbreviation First Name First Name Title Last Name * Behavioral Health Suffix Title Credentials ult Location of Service: Select a default location more vently. This will appear as the default location of ce and place of service when this provider is to ne location for ec and place of service when this provider is to ne location for ec and place of service when the sprovider is to ne location for ec can be changed from the default location of ce can be changed from the default location for exvice in the Transaction Register. Assignment/Links Accuare User ID Default Provider? Default Provider? Default Provider? Provider Provider? Default Provider? Provider Provider? Ocharge Overrides @ Modifiers | Genera | ıl | |
| Abbreviation First Name First Name Middle Name Last Name * Behavioral Health Suffix Title Credentials ult Location of Service: Select a default location rvice if the provider is at one location more uenty. This will appear as the default location of ec an blace of service when this provider is ted in the Transaction Register. Assignment/Links Associated Business* AccuCare User ID Default Location of Service Best Treat AccuCare User ID Default Location of Service is at one service Best Treat AccuCare User ID Default Location of Services Default Provider? Default Provider? Provider Percentage Amount % O' Charge Overrides Stite Concel Default Provider is the provider is the provider is is the provider | Gen | eral Information | Bill As |
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| Last Name * Behavioral Health Suffix Title Title Credentials ult Location of Service: Select a default location more uently. This will appear as the default location of ce can d place of service when this provider is ted in the Transaction Register. The Location of ce can be changed from the default location for ec can be changed from the default location for ec can be changed from the default location for exvider in Transaction Register. Assignment/Links Associated Business * AccuCare User ID Default Location of Service? Behavioral Health Suffix Code 1801018528 AccuCare User ID Default Provider? Default Provider? Charge Overrides © Charge Overrides © Modifiers Social Modifiers Social Control Provider in the Transaction Register. Social Control Provider in the Transaction Register. Social Control Provider in the Transaction Register. Substance Abuse Rehabilitation Facility * Code Social Control Provider is a control of the provider is the control of the provider in the Transaction Register. Social Charge Overrides Social Charge Ove | Mide | lle Name | Middle Name |
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| Credentials ult Location of Service: Select a default location ervice if the provider is at one location more ervity. This will appear as the default location of ce and place of service when this provider is ted in the Transaction Register. The Location of ce can be changed from the default location for vvider in Transaction Register. Assignment/Links Associated Business* AccuCare User ID Default Location of Service BHT Cincuture Provider? Default Provider? Provider Percentage Amount % (Charge Overrides (Modifiers | Title | | Title |
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| Jently. This will appear as the default location of the analysis of the default location for the default location fo | ervice if the | provider is at one location more | Substance Abuse Rehabilitation Facility |
| ted in the Transaction Register. The Location of ce can be changed from the default location for ovider in Transaction Register. | iently. This w ce and place | of service when this provider is | Code 324500000X |
| ce can be changed from the default location for voider in Transaction Register. Assignment/Links Associated Business * AccuCare User ID Default Location of Service BHT Active Provider? Default Provider? Default Provider? Default Provider? Provider Percentage Amount % Charge Overrides S Modifiers S | ted in the Tr | ansaction Register. The Location of | NPI 1801018528 |
| Assignment/Links Associated Business * AccuCare User ID Default Location of Service BHT Active Provider? Default Provider? Provider Percentage Amount % Ocharge Overrides So Modifiers | ice can be chi ovider in Tran | anged from the default location for saction Register. | |
| Assignment/Links Associated Business * AccuCare User ID Default Location of Service BHT Default Provider? Default Provider? Provider Percentage Amount % Charge Overrides Modifiers Active Default Provider I for that provider in the Transaction Register. | | | |
| Associated Business * AccuCare User ID Default Location of Service BHT Construction of Service BHT Default Provider? Default Provider? Provider Percentage Amount % Charge Overrides Modifiers Active Provider If a provider is checked Active, this will allow services to be entered for that provider in the Transaction Register. Second Provider in the Transaction Register. | Assign | ment/Links | Accout Accignment |
| AccuCare User ID Default Location of Service BHT Active Provider? Default Provider? Provider Percentage Amount % Science Cite Active Provider : If a provider is checked Active, this will allow services to be entered for that provider in the Transaction Register. Science Cite Active Provider in the Transaction Register. | Assoc | iated Business * Best Treat | Accept Assignment Aetna |
| Default Location of Service BHT Active Provider? Default Provider? Provider Percentage Amount % Charge Overrides Modifiers Active Provider is checked Active, this will allow services to be entered for that provider in the Transaction Register. Second Default Provider | | care User ID | Aetna 14075 |
| Active Provider? Signature on File Default Provider? Active Provider: If a provider is checked Provider Percentage Amount % Strive Provider in the Transaction Register. Signature on File Modifiers Signature on File | AccuC | the section of Compiles DUT | × AHCCCS |
| Default Provider? Active, this will allow services to be entered for that provider in the Transaction Register. Starge Overrides Starge Overrides Modifiers Starge Overrides | Accu0 Defaul | Location of Service BH1 | Allocos |
| Provider Percentage Amount % for that provider in the Transaction Register. Starge Overrides Modifiers | AccuC Defaul Active | Provider? | Active Provider: If a provider is checked |
| | AccuC Defaul Active Defaul | Provider? | Active Provider: If a provider is checked Active, this will allow services to be entered |
| Modifiers Support Support | AccuC Defaul Active Defaul Provid | Provider? | Active Provider: If a provider is checked Active, this will allow services to be entered for that provider in the Transaction Register. |
| | AccuC Defaul Active Defaul Provid | Provider? | Active Provider: If a provider is checked Active, this will allow services to be entered for that provider in the Transaction Register. |
| | Accue Defaul Active Defaul Provid | Provider? | Active Provider: If a provider is checked Active, this will allow services to be entered for that provider in the Transaction Register. |

Default Provider: One provider must be checked as the Default Provider. Each time a transaction is added to the Transaction Register, the provider marked as default will be the provider name that is automatically populated. A different provider can be selected in the Transaction Register.

(Hint: If there are multiple providers that will have transactions entered, by making the business/facility provider the default will help guide that clients and services are not be entered and submitted to insurance with the wrong provider name.)

| | | Select a Drovider: R | ahavioral Health Treatment | |
|---|--|---|---|------|
| noral | | Select a Provider. | | |
| General Infor | mation | | | |
| Abbreviation | | Same as General | Info Copy from Existing Provi | ider |
| First Namo | Treatment | First Name Treatm | ient | |
| | | Middle Name | ion. | |
| vilddie Name | Deber institute | Lest Name t | ioral Hoalth | |
| Last Name * | | Last Name " Denav | | |
| Suffix | | Suffix | | |
| Fitle | | Title | | |
| Credentials | | Credentials | | |
| Taxonomy | Residential Treatment Facilities | Taxonomy Reside | ntial Treatment Facilities | ٣ |
| | Substance Abuse Rehabilitation Facility | Substa | nce Abuse Rehabilitation Facility | Ŧ |
| Code | 324500000X | Code 32450 | X0000 | |
| | | | | |
| | 1801018528 | NPI 18010 | 18528 | |
| s In Charg you ca c charge This inf | ge Overrides section - n assign a different amount for a service. Formation will display | Accept Assignment | 18528 ✓ Aetna ✓ Aetna14079 ✓ Aetna30755 ✓ Aetna2075 | |
| si In Charg you ca c charge fa on all provide | ge Overrides section - n assign a different amount for a service. Formation will display claims that use this | | I8528 ✓ Aetna ✓ Aetna14079 ✓ Aetna30755 ✓ AHCCCS | |
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| s In Charge you ca c charge fault Provide fault Provide | ge Overrides section - n assign a different amount for a service. Formation will display claims that use this r and service code. | Accept Assignment Signature on File | I8528 | |
| si In Charg you ca charge This inf an all ti provider fault Provide | r? | Accept Assignment Signature on File | I8528 | |
| si In Charg s you car c charge This inf fa on all ti provider fault Provide ovider Percer Charge Over | ge Overrides section - n assign a different amount for a service. Formation will display claims that use this r and service code. r? ntare Amount % | | I8528 | |
| si In Charge syou ca c charge fa you ca c charge fa on all ti provide fault Provide ovider Percer Charge Over Modifiers | 1801018528 ge Overrides section - n assign a different amount for a service. formation will display claims that use this r and service code. r? manual service code. rrides | Accept Assignment Signature on File | I8528 ✓ Aetna ✓ Aetna14079 ✓ Aetna30755 ✓ AHCCCS ✓ Aetna ✓ Aetna14079 ✓ Aetna30755 ✓ AHCCCS | |
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| si In Charg you ca c charge This inf a on all provider fault Provide cvider Percer Charge Over Modifiers | 1801018528 ge Overrides section - n assign a different amount for a service. formation will display claims that use this r and service code. r? mtape Amount % rrides New Edit Save | Accept Assignment Signature on File Cancel Dele | I8528 ✓ Aetna ✓ Aetna14079 ✓ Aetna30755 ✓ Aetna14079 ✓ Aetna30755 ✓ Aetna30755 ✓ Aetna30755 | Sh |
| si In Charg syou ca charge fault Provider fault Provider charge Over Modifiers | 1801018528 ge Overrides section - n assign a different amount for a service. formation will display claims that use this r and service code. rr? ntare Amount % rrides New Edit Save | | I8528 | Sh |

Setup – Step 5 - Setup Payer Information

In this screen, you will setup all of the insurance companies that your clients are covered by, or with which you contract. All of the insurance companies that you have added to your system will be displayed and can be selected at the top of the screen in the Select a Payer dropdown. To begin, click New and select the type of Payer: Insurance or Invoice. Complete all required or desired fields. For Abbreviation, this is an assign abbreviated name for the payer. This will allow you to add multiple entries for the same insurance company that might have a different address. For example: United Healthcare has multiple P.O. Box addresses, but electronically they will all be received to the same place. The abbreviated name will be the name that will be displayed on all other screens in AccuCare, when selecting the client's insurance plan and when preparing claims) (Hint: When adding an abbreviated name for an insurance company, it is helpful to put the PO Box number in the abbreviation name so you can identify which plan it is when selecting the insurance plan for client. For Example: If you have United Healthcare with a P.O. Box 37055, enter the abbreviation as "UHC 37055".)

| Setup > Payer | | | | |
|--|---|---|--|---|
| General Other Insu | rance Details IDs | Select a l | Payer (Aetna) Aetna | T |
| General Other Insu Type Name* Other Name Abbreviation* Abbreviation To Address Line 1* Address Line 2 City* State* Memo | rance Details IDs Insurance ▼ Aetna Aetna P.O. Box 981106 EI Paso TX ▼ Zip* 79998 | Elec Payer ID Contact Person Contact Phone Fax Email Website | 60054 | |
| New Ed nsurance Type Payers: ance companies AccuC begin to filter by typing ance company, the Ele ance company. If the in in the list, then select the 'his will allow you to er d in the insurance com- nsurance company in the nsurance company in the nsurance company in the nsurance company in the solution the | it Save Cancel The Name list includes the Care can submit electronic the name of the payer. Or ctronic ID number associat nsurance company you are ne option "OTHER" from the ther an insurance company pany list from Orion. Enter the Other Name field. You wo | Delete Print e over 3000 claims. The list nee you find the ted with that e looking for is the drop down of that is not the name of will be required named | Exit to Main Menu • For Invoice Type Pa to a client and to t method will be an electronic claims. | Exit yer: When an Invoi heir services/trans |

Please contact Orion Healthcare Technology to request the insurance company is added to the main list for electronic claims submission.

OTHER.

Payer is assigned tions, the output ead of paper or

Setup – Step 6 - Setup Contract Rate Information

Contract Rates allow you to put in override units and amount for an individual or a group of Payers.

| Setup > Contract Rates | | | | | | | | |
|------------------------|------------------------|------------------------|--------|----------------|----------|--|-------|--------|
| | | | | | | | | |
| 🖶 Add New | | | | | | | | |
| Contract Rate Name | Payer(s) | | | | | Edit | Print | Delete |
| GP ATR | (GPATR) Acces | is To Recovery GP | | | | s de la constanción de la constancición de la constanción de la constanción de la co | 8 | X |
| LA County | (CGTI) CG Insu | irance | | | | s de la constanción de | 8 | X |
| | | | | | | | | |
| | 🗖 Add/Edia Control to | | | | | | | |
| | Add/Edit Contract F | lates | | | | | | |
| | Contract Rate Name: | Community Health Payer | | | | | | |
| | Payer(s): | | Select | | | | | |
| | | De | ault | | Contract | Sw only Contract Rates | | |
| | Service | l | nits | Default Amount | Units | Contract Amount | | |
| | Diagnostic Assessmen | nt | 1 | \$150.00 | | | | |
| | Family Therapy | | 1 | \$75.00 | | | | |
| | Group Therapy | | 1 | \$75.00 | | | | |
| | Individual Therapy | | 1 | \$125.00 | | | | |
| | Music Therapy | | 1 | \$95.00 | | | | |
| | Psychiatric Consultati | on | 1 | \$175.00 | | | | |
| | | | | | | | _ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | OK | Cancel | | | | | |

Setup – Step 7 - Setup Accounting Code

Introduction: Accounting Codes can be setup in AccuCare Billing to be able to match billing activity with your organization's chart of accounts. This information creates reports for your finance department through the various Accounting Reports available in AccuCare.

Notes:

- 1. You will need to have your account codes or chart of accounts available prior to working in this setup area.
- 2. You will need to have completed the setup areas for your Services (Setup>Billing>Services).
- 3. If you are going to assign Insurance Company activity (insurance payments and adjustments) you will need to complete the Insurance Companies setup area (Setup>Billing>Insurance Companies).



Account Code Setup Screen

| Setup > Billing > Accounting Codes | |
|------------------------------------|--|
| Select Account | General Account Code: Account Name: Account Description: Account Type: Transaction Type: Details |
| New Edit Delete | Save Cancel Close |

Accounting Codes User Interface:

On the left side with the heading "Select Account" is the list of all the account codes added in your AccuCare system.

On the right side there are two headings "General" and "Details". This area contains the fields that need to be completed with information for each account code that is being setup or has been setup in AccuCare.

Description of Fields under "General":

| Account Code: | This will be the account code from your chart of accounts that matches the account code in your financial system. | | | | | |
|----------------------|--|--|--|--|--|--|
| Account Name: | he name of the account code you are setting up. | | | | | |
| Account Description: | More information about the name or account. | | | | | |
| Account Type: | Each account code will have an account type to identify the type of account and to be able associate appropriate offset accounts. See Attachment 1-A for more description and details. Account Types include: Income Expense Expense: Refund Asset: Un-deposited Funds Asset: Cash Liability Depending on the Account Type selected will determine the available selection for the Transaction Type. See Attachment 1-A for more description and details. | | | | | |
| Transaction Type: | Select the type of transaction associated to this account code Transaction Type include: Charge – required with all "Income" account types Collection Out – available with "Expense" account type Discount– available with "Expense" account type Insurance Adjustment– available with "Expense" account type Write Off– available with "Expense" account type Refund – required with "Expense: Refund" account type Customer Payments – available with "Asset: Undeposited Funds" | | | | | |

Adding a New Code Step By Step

Step 1: To add a new Account Code and association click "New".

| Setup > Billing > Accounting Codes | |
|------------------------------------|--|
| Select Account | General Account Code: Account Name: Account Description: Account Type: Transaction Type: Details |
| New Edit | t Delete Save Cancel Close |

Step 2: Begin entering your Account Code, the Account Name and the Description of your Account Code.

| | General | | | |
|--------------|----------------------|------------------|---|--|
| | Account Code: | 4001 | | |
| Account Code | Account Name: | Group Therapy | | |
| Information | Account Description: | Outpatient Group | × | |
| | Account Type: | | • | |
| | Transaction Type: | | Ŧ | |
| | | | | |

Step 3: Select the Account Type. See Attachment 1-A for account type relationships.

| General | | _ | |
|----------------------|------------------|------|-------------------|
| Account Code: | 4001 | | |
| Account Name: | Group Therapy | | |
| Account Description: | Outpatient Group | | This Account Type |
| Account Type: | Income 🔻 | 4 | is an income type |
| Transaction Type: | Charge 🔻 | | |
| Details Services: | | ▼ OK | |

Step 4: Select the available Transaction Type for the Account Type selected in the dropdown above.

| General | | | |
|----------------------|------------------|---|--|
| Account Code: | 4001 | | |
| Account Name: | Group Therapy | | All Income |
| Account Description: | Outpatient Group | | have a Transaction |
| Account Type: | Income | | Type of Charge so |
| Transaction Type: | Charge 🔻 | K | already selected |
| Details | | | for us. |
| Services: | < | | Depending on the Transaction Type selected additional drop down selections will be available in the Details area. |

Step 5: Select the appropriate selection(s) from the Details drop down to complete the Account Code relationship.

| General | | | |
|---------------------|------------------|--------|--------------------|
| Account Code: | 4001 | | |
| Account Name: | Group Therapy | | |
| Account Description | Outpatient Group | | can be made, click |
| Account Type: | Income | - // | [OK] button after |
| Transaction Type: | Charge | | making selections. |
| Details | | L L | |
| Services: | | - 📀 OK | |
| 90834 | | | |
| 90849 | 1 | | |
| 96101 | В | | |
| Assess | ment | | |
| Balanc | e Forward | | |

6. Click [Save] button to save this Account Code record to your list of Accounting Codes.

| Setup > Billing > Accounting Codes | | | |
|------------------------------------|---|---------------------|--------|
| Select Account | General | | |
| | Account Code: | 4001 | |
| | Account Name: C Account Description: C | Group Therapy | |
| | | Outpatient Group | |
| | Account Type: | Income 🔻 | |
| | Transaction Type: | Charge 💌 | |
| | - Details | | |
| | Services: Group Therag | y . | - 📀 ок |
| | | · | |
| | | Click Save, to save | |
| | \checkmark | this record. | |
| New Edit Delete | Save Cancel Close | e - | |



Closing the Account Code Setup Screen

When you leave the Accounting Code Setup area, if there are any Services or Insurance Companies or Offset Account Code that have not been set up with an account code, you will receive a confirm exit message. This message will inform you that there are still items that have not been associated to an account code. If you still wish to leave the Account Code setup, click Exit. If you would like to continue to setup an remaining accounts, click Cancel and you will be returned to the Setup area.

| Confirm Exit | | |
|--|--|--|
| Not all service codes are associated with accounts. Not all insurance companies are associated with accounts for all insurance transaction types. | | |
| Are you certain you wish to leave Account Code Setup? | | |
| Exit Cancel | | |

Note: All transactions will still appear on the accounting report, however if they have not had an account code setup for the service or insurance company the account code information on the report will display as blank information.

To Edit an Accounting Code

Click on an account code in the left window, click the Edit button to enable the fields on the right side. Make any edits or changes to the account code information. Click Save when completed.

To Delete an Accounting Code

Click on an account code in the left window, and then click the [Delete] button. You will receive a Confirm Delete Message before the deletion can occur. You will need to check on the box in front of the text "I am certain I wish to delete this account" before you can delete the account code.

| AccuCare Bit david Aratic Kangeweed System | | | | |
|---|--|--|------------------------------|--------|
| Setup > Billing > Accounting Codes | _ | _ | _ | |
| Select Account | | General | | |
| 4001 Group Therapy | | Account Code: | | |
| | | Account Name: | | |
| | | Account Description: | | |
| | | Account Type: | | - |
| | | Transaction Type: | | - |
| | 🗐 Confirm Delete | | | |
| | Are you certain you This will remove any associations and will likely cause breakage with action is completed, I am certain I wish Delete | wish to delete this account this account has to other a h the accounting reports. A it cannot be undone. to delete this account. | t? Accounts After this | - O OK |

Billing Setup Accounting Code Reference Sheet - <u>Attachment 1-A</u>

| When Account Type | Transaction Type will | Details | Details Include |
|---------------------------|---|------------------------|---|
| is: | be: | Category | |
| Income | Charge | Services | All services from the Setup>Billing>Services that have been setup with a Transaction Type: Charge |
| Expense | Collection Out Discount Write Off | Services | All services from the Setup>Billing>Services that have been setup with a Transaction Type: Collection Out, Discount, or Write Off |
| Expense | Insurance Adjustment | Insurance Companies | All insurance companies from the Setup>Billing>Insurance Company |
| Expense: Refund | Refund | Services | All services from the Setup>Billing>Services that have been setup with a Transaction Type: Refund |
| Asset: Un-deposited Funds | Customer Payment | Services | All services from the Setup>Billing>Services that have been setup with a Transaction Type: Customer Payment |
| Asset: Un-deposited Funds | Insurance Payment | Insurance Companies | All insurance companies from the Setup>Billing>Insurance Company |
| Asset: AR | None | Accounts | All Account Codes from Setup with Account Type: - Income - Asset: Un-deposited Funds |
| Asset: Cash | None | Accounts | All Account Codes from Setup with Account Type: - Expense: Refund |
| Liability | None | Accounts | All Account Codes from Setup with Account Type: - Expense |

Client Information – Step 1 - Client Intake

To enter a new client into your AccuCare database, click [Add New Client] button and enter demographic and contact information.

| Client Intake | | | | | | | | |
|--|---|---------------------|--|------------|---------------------------|--|--|---------------|
| Search by: Last Name Date Of Birth Phone | 🛛 SSN 🔘 Client Reference # 🔘 | Billing Reference # | Name | DOB | Phone | SSN | Client Ref # | Billing Ref # |
| Begins with or matches: Client Name: Level of Care: Location: | Sea | Display All | No clients to display. | | | | | |
| Demographics Case Management Billing | Payers Fee Schedule | Referrals AI/A | IN Custom Forms | Multi-Dim | ensional Assessn | nent Co | omments | |
| Main | | | -Contact Information | | | | | |
| Client Name: F Nickname: M Date of Birth: M Gender: F Social Security #: F Client Reference #: F Legal Status Involved with Child Protective Services: | irst Encounter Date: Aarital Status: Vork Status: Lace: Leligion: thnic Group: | | Address: Email: Emergency Contact: | | Family Mem Number of I | Phone 1: Phone 2: Phone 3: Phone: bers with Mi | ilitary Background: bers in Military: | |
| Current Probation Status: Current Parole Status: Family in Criminal Justice System: | | | -Additional- Privacy Agreement Sig | ned: | | Archived | 6 | |
| Add New Cl | ient Delete Client | Print File ar | d Sign Referral So | urce Setup | Export C | lose | | |

Highlighted in yellow is the information that should be completed before attempting to add the client to Client Billing module.

| Mair / | n Section | | Contact Information Section | | | | |
|-------------------------------------|---|------------|-----------------------------|-------------------------------|----------------|----------------------|--|
| emographics | | | | ¥ | | | |
| 1ain | First Encounter Date: | 02/22/2017 | Contact Inform | mation Whisteria Lane | | | |
| irst Name*: Alice | Marital Status: | | Address 2: | | | | |
| Middle Name: M | Work Status: | | City: | Omaha | | | |
| ast Name*: Ababdo | Religion: | • | State: | NE | Zip Code: | 68434 | |
| Date of Birth: 05/12/1976 | Religion Other: | | Phone 1: | () | x | Home | |
| F F | Race: | • | Phone 2: | () | х | Home | |
| ocial Security #: 345-34-3333 | False SSN Ethnic Group: | | Phone 3: | () | x | Home | |
| ast Name at Birth: | | | Email: | | | | |
| Client Reference #: WR5928 | — | | Emergency Co | ontact Information | | | |
| lickname: | | | Full Name: | | Relation: | | |
| and Status | | | Phone: | () | Home | • | |
| egai siaias | | | Military | | | | |
| Currently Involved with Child Prote | ctive Services: | • | Military Statu | e1 | Missing Data | - | |
| state: | State Other: | | Military Branc | h. | Not Applicable | - | |
| Current Probation Status: | Decement Other | • | Client has fan | uly with Military Background: | Missing Data | • | |
| Program: | Program Other: | • | Number of fa | mily members in Military: | 0 0 0 | Don't know 🔍 Refused | |
| tater | State Other | | | | | | |
|)o you have any family involved in | the criminal justice surtum? | • | Additional | | | | |
| you have any family involved in | rule chininal justice system: | | Privacy Agree | ment Signed: 📃 | Archived: | | |
| | | Save | Cancel | | | | |

Demographics Tab in Client Intake

Client Reference # can also be entered. When you have a Client Reference Number entered in the Client Intake, then the Billing Module will pull that number over to use. When there is no Client Reference #, the Billing Module will automatically generate a required Billing Reference Number for the client.

Client Information – Step 2 - Client Billing Information

Search for a client in the Select a Client field or using the Advanced Client Search.

When adding a new client begin by clicking the Edit button on the Billing Tab.

| Demographics | Case Management | Billing | Payers | Fee Schedule | Referrals | Al/AN Custom Forms Multi-Dimensional Assessment Comments |
|---------------------------|--------------------------|---------------------------|--------|--------------|-----------|--|
| Edit Statement Informe | ation | | | | | Reference Numbers |
| Statement Name: | Alexander A | Abbott | | | | Billing Reference #: AA1112/8// |
| Address: | 282015 Sto Memphis, C | cklyn Road T 456821253 | | | | Client Consent |
| Phone: | | | | | | Release of Info on File: Yes |
| Statement Comm | ent: | | | | | Release of Info Date: |
| | | | | | | Client given Informed Consent: No |
| Hold Statement: | No | | | | | Assign Payment to Agency: Yes |
| Self Pay: | No | | | | | Client's Condition |
| Referring Physicia | n | | | | | Condition Related To: Employment Date of Current Illness: |
| Name: | | | | | | First Date of Illness: |
| INP1 =: | | | | | | |
| -Billing Comments | | | | | | e e e e e e e e e e e e e e e e e e e |

Billing Tab

Billing Reference Number: In the Reference Number section, if a client reference number was not already assigned to this client in **Client Intake**, the system will create one using predefined criteria. The Client Billing Reference number can be changed or edited if the system has assigned a default reference number.

Statement Information: you can use the **Get Address from Client Intake** button to pull the information you already entered into the system. Information in the Statement Comment will appear on the client's statement when printed.

Client Consent: is required, check for yes or uncheck for no if you have a release of information on file. When checked, you may enter a date of the release of information (this date is not required). When it is unchecked, you will not enter a date but will need to give a response for client given informed consent. Choose a response for Assign insurance payment to agency, yes will mean the payment from the insurance company will be sent to the business or provider. No, will mean payment will be sent to the patient from the insurance company.

Client's Condition: This is not required and is optional to capture additional conditional information relating to illness, injury or accident that would need to be reported.

Referring Provider: These are optional fields to enter the referring physician's name and NPI number.

| 🚍 Billing Information | | | | | | |
|--|------------------------|----------------------|------------|------------|--|--|
| Billing Reference #: AA11127877 | Statement Informatio | n | | | | |
| Client Consent | Copy from Demographics | | | | | |
| Release of Info on File | First Name: | Alexander | Last Name: | Abbott | | |
| Release of Info Date: Enter Date | Address 1: | 282015 Stocklyn Road | | | | |
| Client Given Informed Consent | Address 2: | | | | | |
| Assign Payment to Agency | City: | Memphis |] | | | |
| Referring Provider | State: | CT 🔹 | Zip: | 45682-1253 | | |
| First Name | Phone: | () | x | Home 🔻 | | |
| | Statement Comment: | | | | | |
| | Hold Client Statem | ient | | | | |
| NP1#: | Self Pay | | | | | |
| Client's Condition | Billing Comments | | | | | |
| Condition Related To: 📝 Employment | | | | | | |
| Other Accident | | | | | | |
| Auto Accident Location (State): | | | | | | |
| Date of Current Illness: Enter Date | | | | | | |
| First Date of Illness: Enter Date | | | | | | |
| Dates Unable to Work: Enter Date 🔟 to Enter Date | | | | | | |
| Dates Hospitalized: Enter Date to Enter Date | | | | | | |
| | | | | | | |
| Save | Cancel | | | | | |

Once the information has been entered click, [Save] button to save the General Billing Information.

Payers Tab

The Client Billing Information, Payers Tab will allow you to add one or many payer plans for each client.

| Demographics | Case | Management Bill | ing Payers | Fee Schedule Ref | errals AI/AN | Custom Forms | Multi-Dimensio | nal Assessment Co | omments | | |
|---------------------|--------------------|-----------------|--|------------------|--------------|----------------|----------------|-------------------|---------|----------|--------|
| Add New Paye | Add New Payer Plan | | | | | | | | | | |
| Automation Order | Default | Payer Type | Payer Name | Plan Name | Plan Type | Effective Date | End Date | ID Number | Held | Edit | Delete |
| | | Insurance | Blue Cross Blue Shield of Texas | | Other | 01/01/2016 | | 2353535 | ~ | A | X |
| 2 | | Invoice | Invoice | | Other | 01/01/2015 | | 0980768769 | | | X |
| 1 | \checkmark | Insurance | Magellan Behavioral Health Services | | Primary | 01/01/2014 | | W1235W12321W | | J? | × |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

To add a new plan for a client, click the [Add New Payer Plan] button

| Payer Type*: | | Insured's Information | tion | |
|----------------------|---------------------|---|-----------------------------|---|
| Paver Name*: | Insurance | | Get Info from Client Intake | |
| -, | Invoice | First Name*: | | |
| Plan Name: | | Middle Namer | | |
| Effective Date*: | Enter Date | Last Name*: | | |
| End Date: | Enter Date | Suffix: | | |
| Plan Type*: | | Address 1*: | | |
| Insured's ID*: | | Address 2: | | |
| Group #: | | City*: | | |
| Group Name: | | State*: | • | |
| Relationship to | | Zip*: | · | |
| insured*: | | Gender*: | - | |
| | Set as Default Plan | Date of Birth*: | Enter Date | |
| | | Employer/School: | | |
| | | Phone 1: | () × | • |
| Automation Order: | | Phone 2: | () x | • |
| Plan Notes: | | | | |
| | | | | |
| | | | | |
| | | | | |

Payer Type: First, select if you are adding an Insurance Plan or Invoice Plan for this client.

For INSURANCE TYPE ONLY:

- **Payer Name:** Select the Payer Name of the Insurance Plan, this list is populated from the Payer Setup.
- **Plan Name:** Select the Plan name of the Contract Rate this Client Plan is associated with, this list is populated from the Contract Rate Setup.
- **Effective date:** Enter the date coverage for the client began.
- **End Date:** If this plan is current, there is no need to enter an end date. However, if you are entering a new plan for this client that is meant to replace the prior plan, make sure that an end date has been entered for the old plan. By entering the appropriate end dates for a plan will allow the system to file new and old claims to the correct insurance plan for the dates of service that falls between the effective and end dates.
- **Plan Type:** Select if the plan is a primary plan or secondary insurance plan. Select other when the plan is not primary or secondary.

| | 📄 Payer Plan De | tails | | | | | | |
|--|---|--|--|--|---|---|--|--|
| | Payer Type*: | Insurance 🔻 | Insured's Information | | | | | |
| Insured's ID: Enter the subscriber or member or policy number of the insurance plan. Group #: enter if the insurance card lists one. This is not a required field and may not be applicable. | Payer Name*: Plan Name: Effective Date*: End Date: | (OptumNM) OptumHealt ▼ 02/01/2015 Ⅲ Enter Date Ⅲ | First Name*: Middle Name: Last Name*: Suffix: Address 1*: Address 2: City*: State*: Zip*: Gender*: Date of Birth*: Employer/School: Phone 1: Phone 2: | Get Info from Client Intake Hannah Banana 1006 North West CA 45684 | | Insured's Information: Enter the insured's information, If the client is the same as the Insured or shares the same address with the client, you can click Get Info from Client Intake to pull in the details that were previously entered in the intake | | |
| | Plan Type*: Insured's ID*: Group #: Group Name: Relationship to Insured*: Automation Order: Plan Notes: | Primary | | | | | | |
| Group Name: enter if the insurance card lists one. This is not a required field and may not be applicable. | | Set as Default Plan Hold 1 | | F • • • • • • • • • • • • • • • • • • • | B III X X | record. | | |
| Relationship to Insured: Select the client's relationship to the subscriber or insured. | | | Save Ca | ancel | | | | |
| Hold: checkbox allows user to hold any claims from being submitted to the assigned insurance plan (claims will be on hold until this box has been unchecked).Set as Default: che automatically displ client for all of the user does not have the same plan that | | | eckbox will lay this plan for services, so the e to manually se : is always used | the e elect | Automation multiple pla sequentially order to the billed in the | Order: When there are ns that need to be billed <i>r</i> , assigning an automation e plan will make sure it is proper order it is assigned. | | |

For INVOICE TYPE ONLY:

unchecked).

Select the Payer Name of the Invoice Plan, this list is populated from the Payer Setup. Payer Name: Plan Name: Select the Plan name of the Contract Rate this Client Plan is associated with, this list is

populated from the Contract Rate Setup.

Effective date: Enter the date coverage for the client began.

End Date: If this plan is current, there is no need to enter an end date. However, if you are entering a new plan for this client that is meant to replace the prior plan, make sure that an end date has been entered for the old plan. By entering the appropriate end dates for a plan will allow the system to file new and old claims to the correct insurance plan for the dates of service that falls between the effective and end dates.

| 🗐 Payer Plan | Details | | | | | | |
|---|------------------------------------|--|---|--|--|--|--|
| Payer Type*: Payer Name* Plan Name: Effective Dat End Date: Plan Type*: Insured's ID* Group #: Group Name Relationship | Details Invoice (LALALL) LALALAL | Insured's Information Get In First Name*: Middle Name: Last Name*: Suffix: Address 1*: Address 2: City*: State*: Zip*: | nfo from Client Intake | | | | |
| Relationship Insured*: Automation Order: Plan Notes: | to Set as Default Plan Hold | Gender*: Date of Birth*: Enter Employer/School: Phone 1: | Date III | | | | |
| I: checkbox allows user to hold claims from being submitted to | Set as Default: automatically | Save Cancel : checkbox will display this plan for the | Automation Order: When there are multiple plans that need to be billed | | | | |
| assigned insurance plan (claims be on hold until this box has been | user does not | client for all of the services, so the sequentially, assigning an aut user does not have to manually select order to the plan will make su | | | | | |

the same plan that is always used.

billed in the proper order it is assigned.

Client Information – Step 3 - Client Diagnosis

Client Diagnosis:

The Client Diagnosis area is a centralized diagnosis area where the diagnosis for each client can be assigned and saved by client and will be accessible use throughout other areas in AccuCare.

| Client Dia | gnosis | | | | | | | | |
|------------|----------------|-------------|------|--------------------|--------------|-------------------|--------------|--------|---------|
| Selection | Client: Doe | lohn | - Q | Client Peference # | | CCNI. | | | |
| Disease | client 1000, | , | | Client Reference # | | भारत | | | |
| Diagnosi | s List | | | | | | | In Sn | View |
| Select | Code | Description | Axis | Set Admit | ting Primary | Diagnosis Date(s) | Diagnosed By | Status | History |
| No Diag | nosis to displ | ay. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Add | Edit | Update Status | Delete | Reporting | Close | | |

Search for a client in the Select a Client field or using the Advanced Client Search.

| Client Diag | Inosis | | | | | | | | | | |
|-------------|---------|----------------|---------------|------|------------|--------------|--------------|-------------------|--------------|--------|-----------------|
| | | D | | | 0 | | | | | | |
| Select a | Client: | Banana, Hannan | | • | S Client I | Keference #: | | 55N: | | | |
| Diagnosi | s List | | | | | | | | | 🗹 Sh | ow Active Only |
| Select | Code | Description | ı | Axis | Set | Admitting | Primary | Diagnosis Date(s) | Diagnosed By | Status | View History |
| | 296.1 | 2 RECUR MA | NIC DIS-MOD | | ICD-9 | | \checkmark | unknown - current | | Active | 2 |
| | 314.0 | 0 ATTN DEFI | C NONHYPERACT | | ICD-9 | | | unknown - current | | Active | 2 |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | Add | Edit | Upda | te Status | Delete | Reporting | Close | | |

Client Information – Step 3 - Client Diagnosis con't

The Diagnosis List displays all of the diagnosis codes entered for the client. Including: the description, the coding system of the code entered, a flag for the Primary and/or Admitting code, the date of the diagnosis code, the user who entered the diagnosis and a status. You are able to Edit an existing code in the list or remove the diagnosis code from the list for the selected client. There is also an icon to view the history of the status of the diagnosis code.

Add: a diagnosis code to the list for a client click on the Add Diagnosis button at the bottom of the screen. This will bring up the Add/Edit Diagnosis form to add a diagnosis for a client.

| Add/Edit Diagnosis | | | | | | |
|--|------------------------|---------|--------------|--|----------------------------|----------|
| Select Diagnosis Coding System: Axis: Use DSM 5 Substance U | ICD-10 Jse Criteria | ▼ ▼ | Manual Entry | Details Diagnosed by: Diagnosis Date: Primary | Ron Super Admin 06/12/2017 | |
| Begin typing | ~ Q | Jocardi | | Admitting Archived | | |
| | | | | Active Inactive Inactive By: Date | 05/12/2017 | • |
| | (| Save | Cancel | - Inactive: | 00/12/2017 | |

Select the Coding System you wish to use (DSM-IV, DSM-V, ICD-9 or ICD-10). If DSM-IV is used, select the Axis of your diagnosis. Next, search for the diagnosis code by beginning to type the **first three characters of any code** or description information of the diagnosis. As you begin typing information, the drop down list items will narrow down, select the desired diagnosis code. Add the selected diagnosis code to the client's list, by clicking OK.

| Selec | t Diagnosis —— | | |
|----------------|----------------|--|----|
| Coding System: | | ICD-10 👻 | |
| Axis: | | - | |
| | Use DSM 5 Subs | tance Use Criteria | |
| | | C | _ |
| | | | Se |
| E | 10 | ~ Q | |
| С | ode | Description | |
| F | 10.10 | Alcohol abuse, uncomplicated | |
| F | 10.120 | Alcohol abuse with intoxication, uncomplicated | |
| F | 10.121 | Alcohol abuse with intoxication delirium | |
| F | 10.129 | Alcohol abuse with intoxication, unspecified | |
| F | 10.14 | Alcohol abuse with alcohol-induced mood disorder | |
| F | 10.150 | Alcohol abuse with alcohol-induced psychotic disorder with delusions | |
| F | 10.151 | Alcohol abuse with alcohol-induced psychotic disorder with hallucinations | |
| F | 10.159 | Alcohol abuse with alcohol-induced psychotic disorder, unspecified | |
| F | 10.180 | Alcohol abuse with alcohol-induced anxiety disorder | |
| F | 10.181 | Alcohol abuse with alcohol-induced sexual disfunction | |

Client Information - Step 3 - Client Diagnosis con't

You can also search and select a diagnosis code using the Advance Diagnosis Search by clicking on the magnify glass icon.

| Beain typina | |
|--------------|--|
| Begin typing | |
| | |

The Advanced Diagnosis Search contains all of the current published ICD-9 and ICD-10 diagnosis codes. Once you click on the Advanced Diagnosis Search icon, you can search for the diagnosis codes using filters.

| S: | |
|-------------|-----------------------------|
| Search | |
| Description | |
| ч. | |
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| | |
| y | Search Description y. |

Your search selection options include searching by Code or Description. Once you have selected your Search by criteria you can enter a value that contains the diagnosis code you are searching for. Once you enter a value to search by you can click the Search button to display your search results.

| Advanced Search | Code 🔹 | Select to Search by Code or Description. |
|-----------------------|---|---|
| Begins with or matche | Search | Enter code value to search. |
| Code 🔺 | Description | |
| F10.10 | Alcohol abuse, uncomplicated | Click search button. |
| F10.120 | Alcohol abuse with intoxication, uncomplicated | |
| F10.121 | Alcohol abuse with intoxication delirium | |
| F10.129 | Alcohol abuse with intoxication, unspecified | |
| F10.14 | Alcohol abuse with alcohol-induced mood disorder | View search results. |
| F10.150 | Alcohol abuse with alcohol-induced psychotic disorder with delusions | |
| F10.151 | Alcohol abuse with alcohol-induced psychotic disorder with hallucinations | |
| F10.159 | Alcohol abuse with alcohol-induced psychotic disorder, unspecified | |
| F10.180 | Alcohol abuse with alcohol-induced anxiety disorder | |
| | OK Cancel | |

Click on the diagnosis code you were searching for and click OK. Your selected diagnosis will be added to the Add/Edit Diagnosis Code form, then click OK to add the diagnosis to the client diagnosis list.

Client Information – Step 3 - Client Diagnosis

You also have the ability to manually add a diagnosis code that was not found while searching the AccuCare code list. To enter a manual diagnosis, click on the Manual Entry tab next to the Search tab. Then enter the specific diagnosis code value and a description. Click OK to add this manually entered diagnosis code to the client's list.



Only one diagnosis code in the client's list can be selected as the Primary Diagnosis. The Primary diagnosis code will appear as the default code when entering transactions in Service Process, Transaction Register and Billing Transfer areas. You will be able to override the Primary diagnosis when it is automatically populated in the billing areas. It is not required to use the Primary, however if the client has only one diagnosis or has a main diagnosis for the services entered, then selecting a Primary diagnosis will save time by pre populating that diagnosis code on the services for you.