Orion Healthcare Technology

AccuCare Billing

Manual for Setup Areas

Revision for Release 9.8.J

Step By Step Guide: Using AccuCare Billing

18047 Oak Street • Omaha, Nebraska 68130

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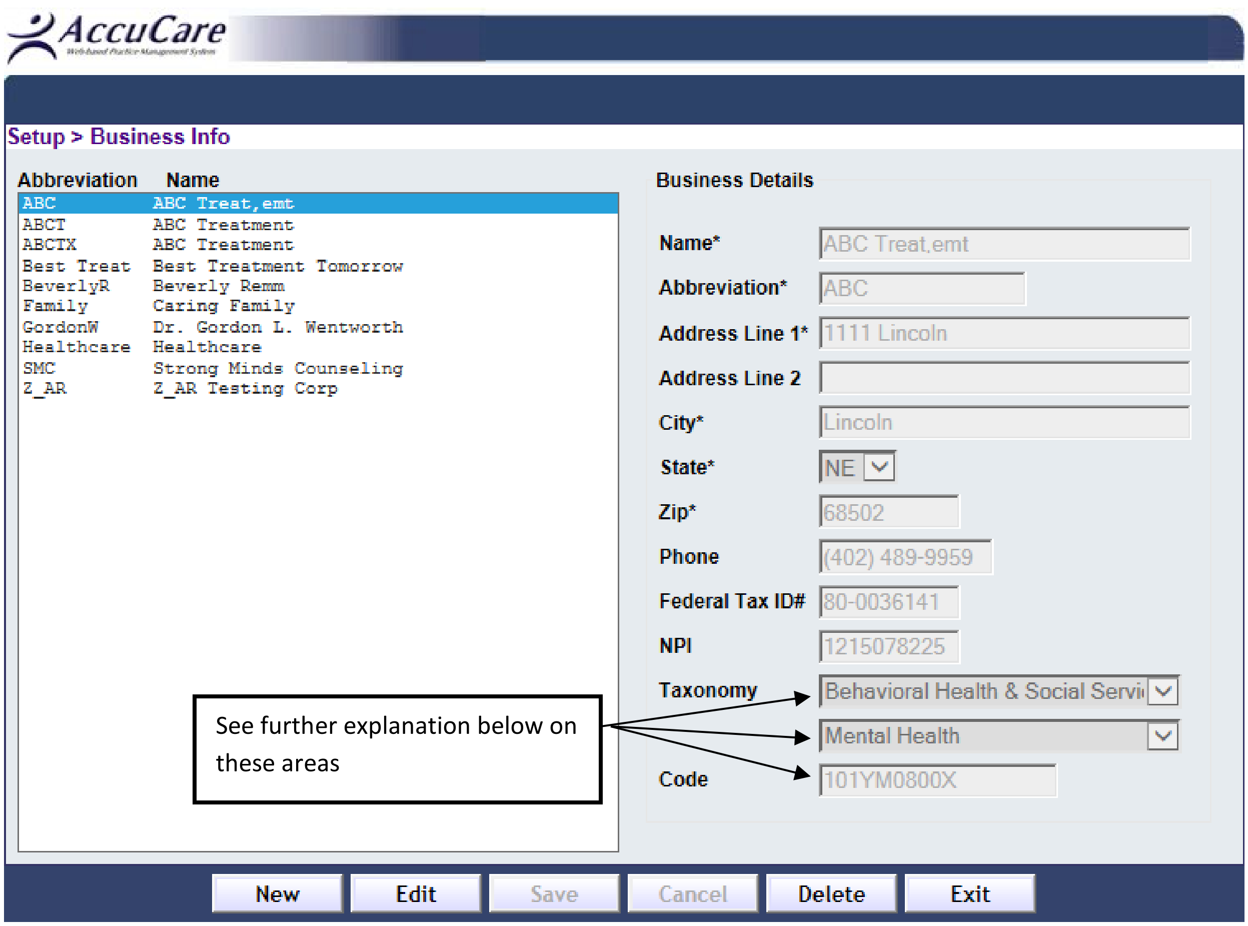
Setup

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.



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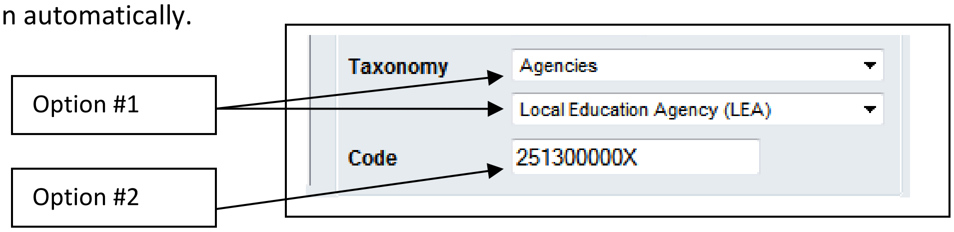
You have two options to fill in this area of the Business info under Taxonomy and Code.

(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.

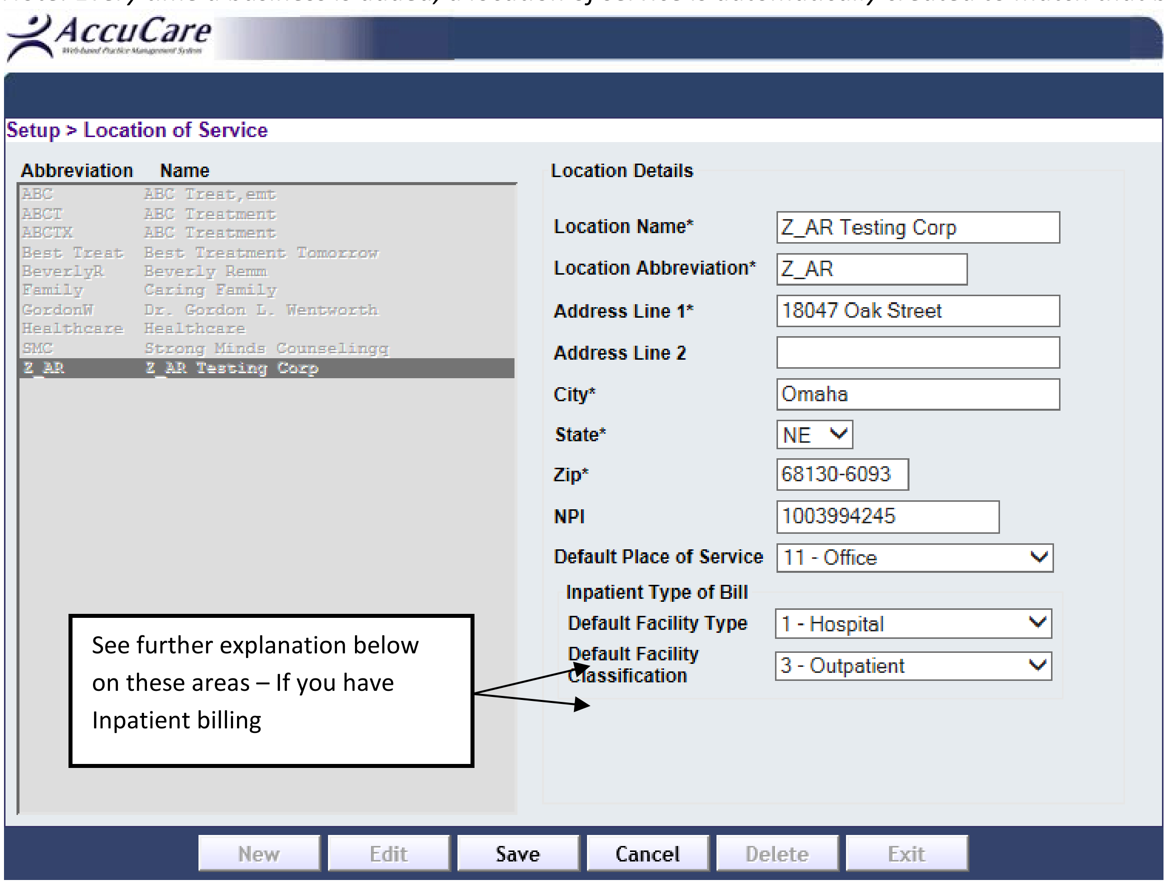
(Option #2) By typing in the exact code in the last box will cause the other two above field's taxonomy and sub-title will fill-in automatically.



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.



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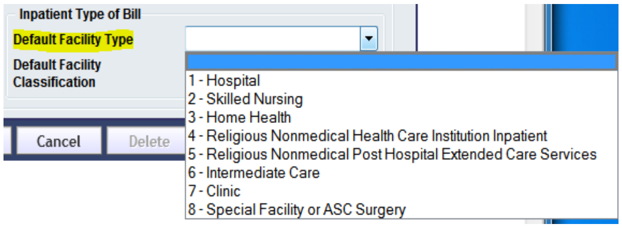
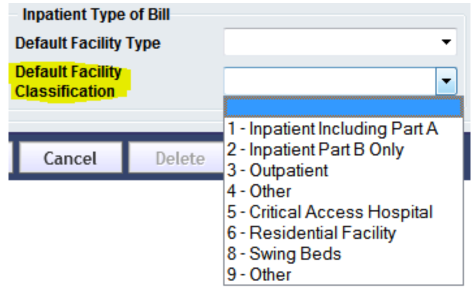
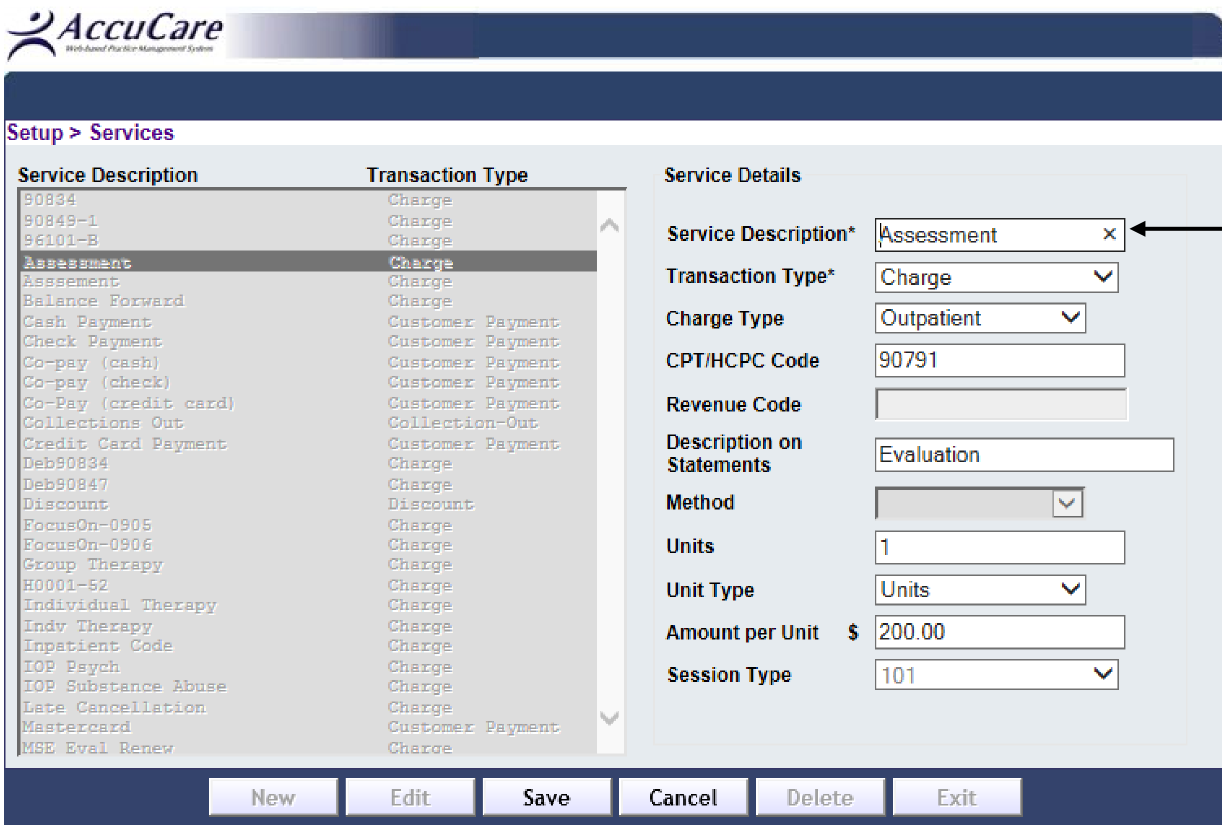
For inpatient, claims choose the appropriate Default Facility Type and Classification.





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.



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.)

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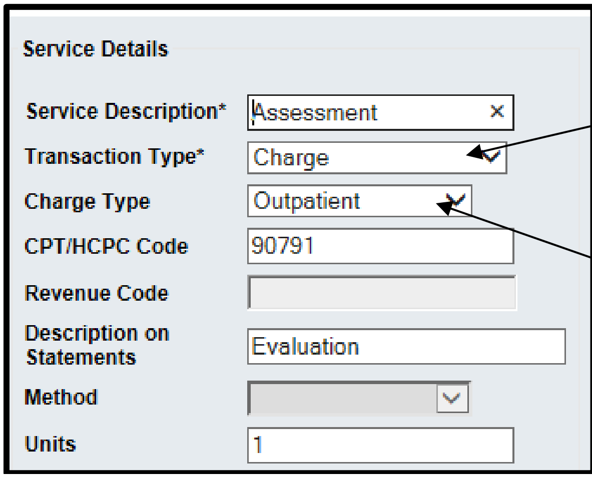
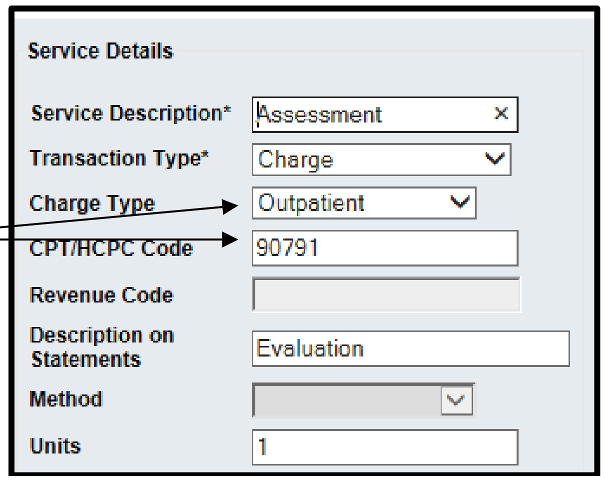
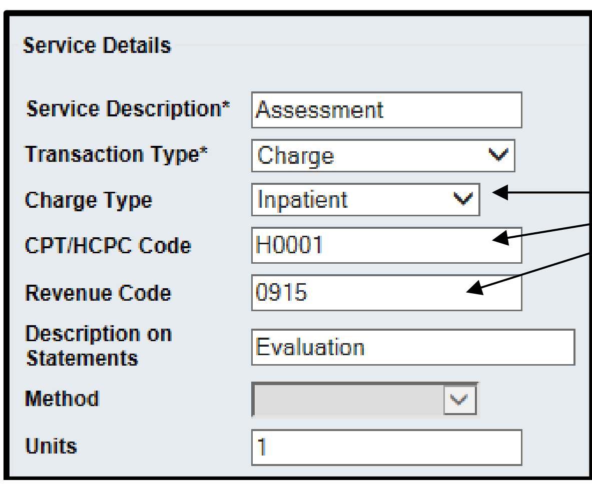


Transaction Type: For the service that you entered you will need to select a type of transaction for the service.

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)***





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.

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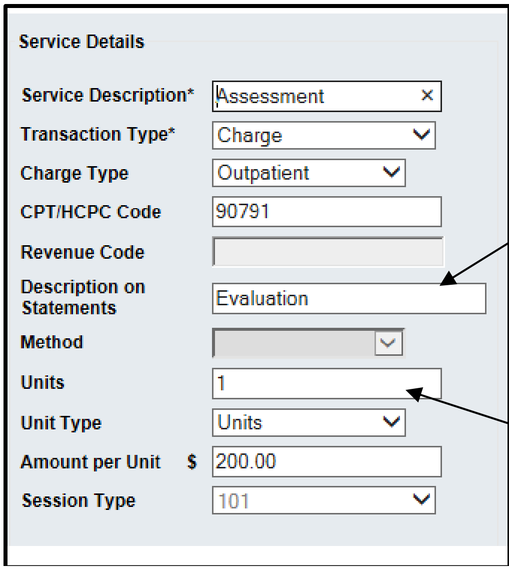
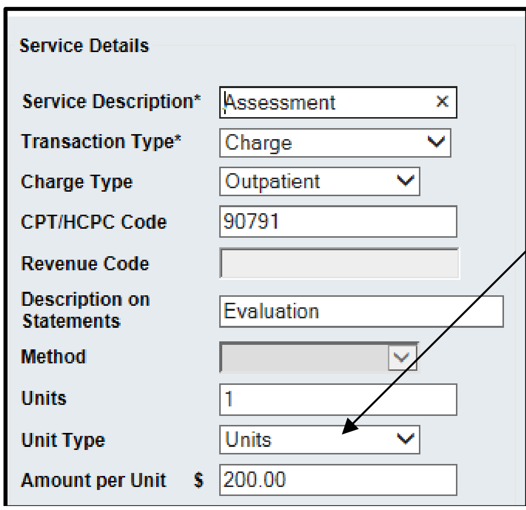


Description on Statement: This is the field that you will put a description of the service for the Client Statement. The user can be as descriptive or as brief for this field. The text entered in this field will only appear on the Client Statement report.

Units: Only used for Transaction Type = Charge. The user will need to enter the number of Units/Hours/Sessions for the service.



Unit Type: Select the type of Unit for the service.

Amount per Unit: Enter the monetary amount per unit for the service.
(For example: If the Assessment is for one hour, you would enter "1" for the Units and $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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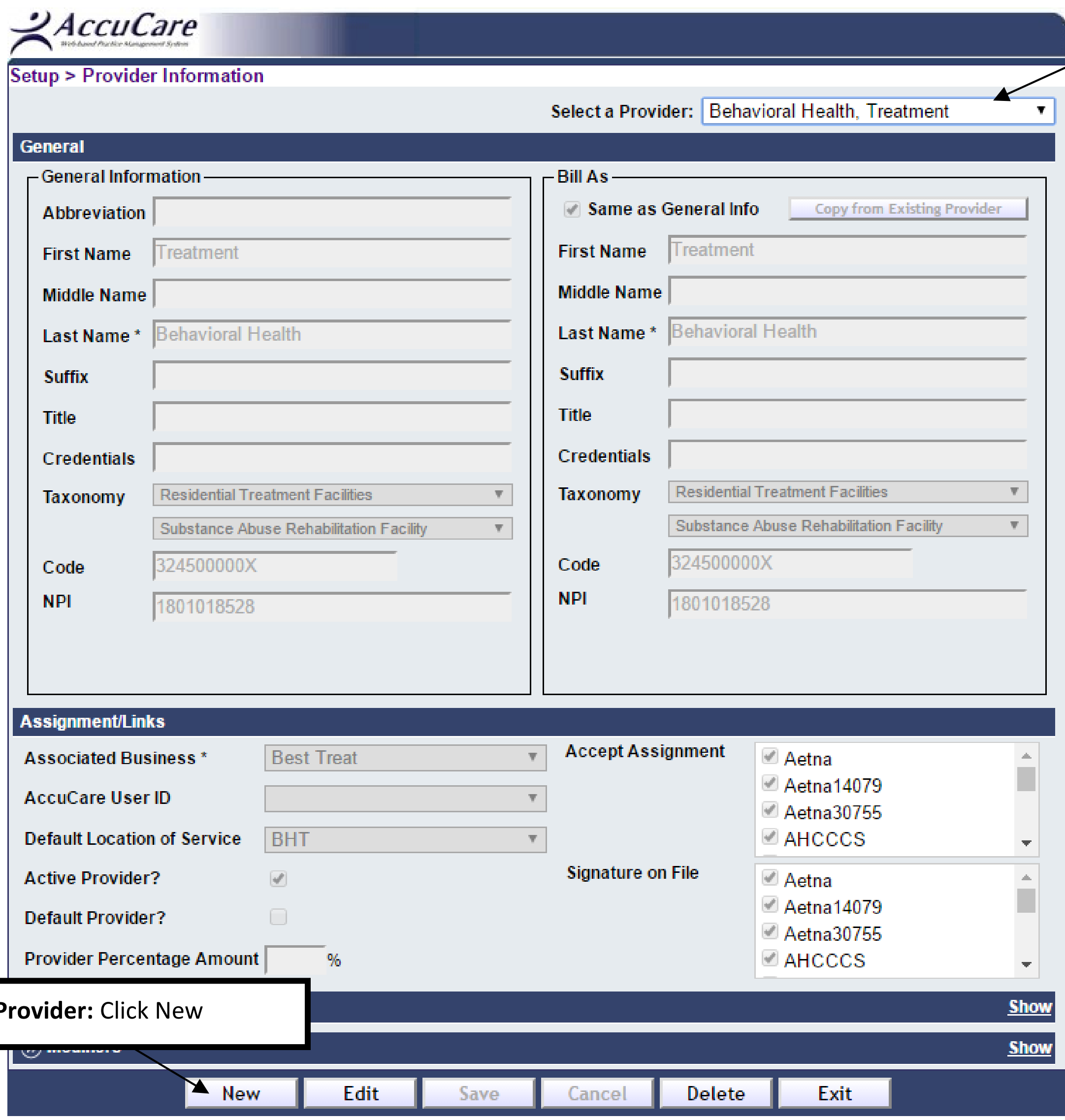
Setup – Step 4 - Setup Provider Information

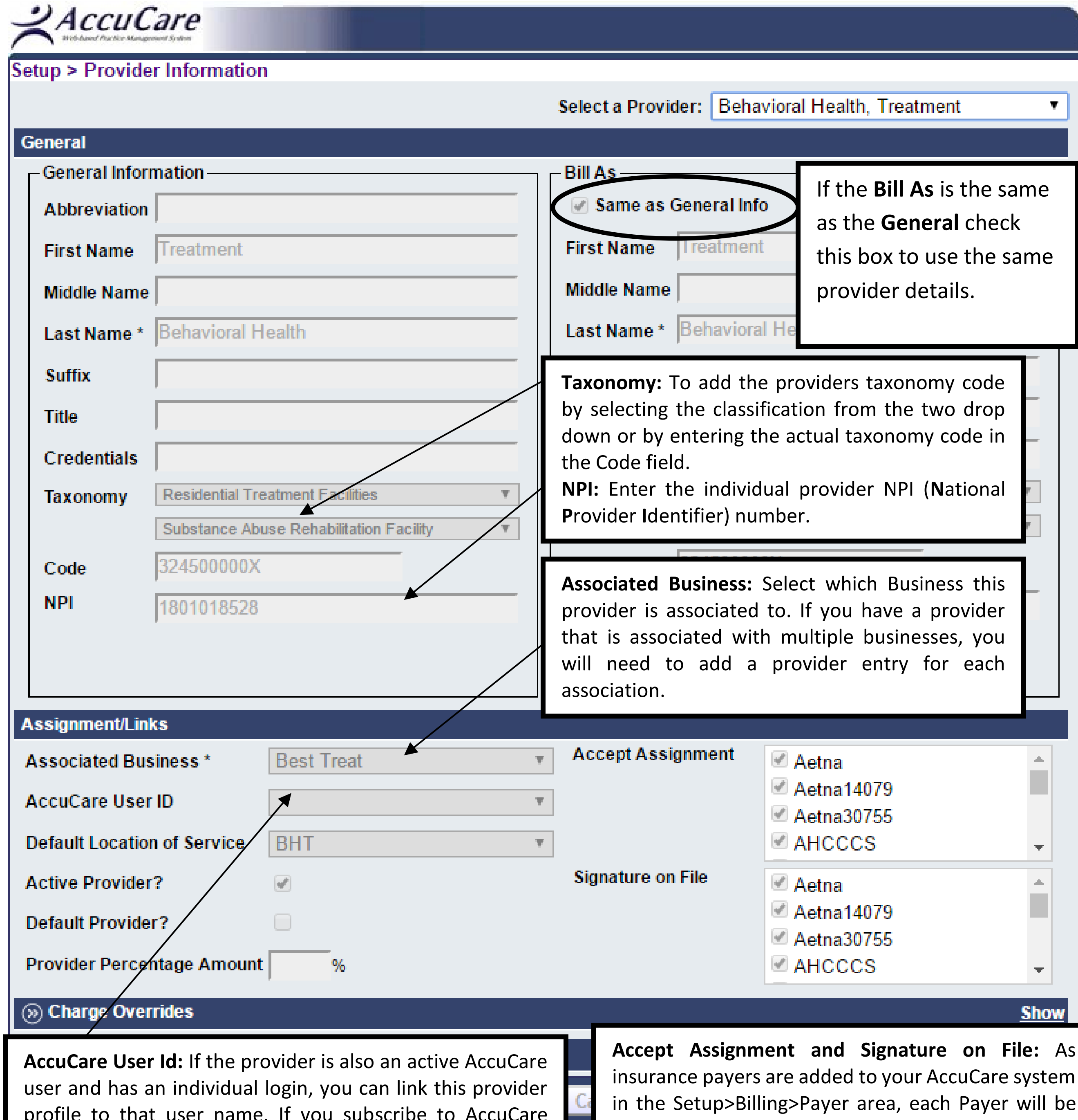
Enter all of the providers that will be providing services. The **General** area collects information such as Name, Taxonomy Codes, NPI numbers, and credentials for each provider. If the provider is also an AccuCare Clinical user and has a login, you can link this profile to that user name. The **Bill 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.

Select a Provider: This is a dropdown list of all the providers that have been added to the system.



To add a Provider: Click New



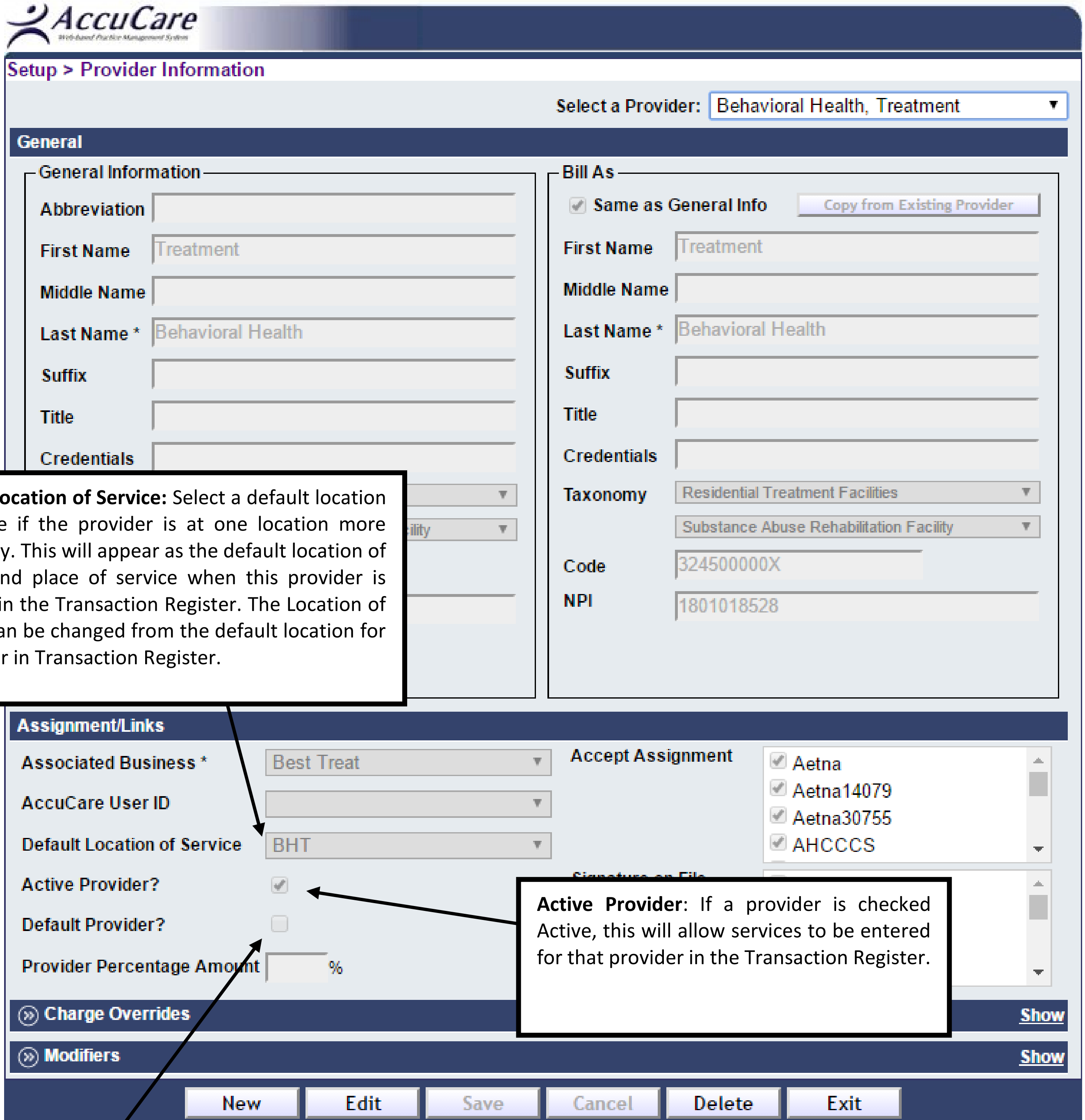
If the **Bill As** is the same as the **General** check this box to use the same provider details.

Taxonomy: To add the providers taxonomy code by selecting the classification from the two drop down or by entering the actual taxonomy code in the Code field.
NPI: Enter the individual provider NPI (**N**ational **P**rovider **I**dentifier) number.

Associated Business: Select which Business this provider is associated to. If you have a provider that is associated with multiple businesses, you will need to add a provider entry for each association.

AccuCare User Id: If the provider is also an active AccuCare user and has an individual login, you can link this provider profile to that user name. If you subscribe to AccuCare Clinical Progress Notes, the Progress Note Transfer screen will look at the User Id from the Provider Information and the User that entered the progress note to display the correct provider on the transaction.

Accept Assignment and Signature on File: As insurance payers are added to your AccuCare system in the Setup>Billing>Payer area, each Payer will be listed in the Accept Assignment and will be checked by default. If you wish to identify No as Accept Assignment to the Payer, meaning that the payment by the insurance company should be made to the client, you will want uncheck the box for that insurance company.



Default Location of Service: Select a default location of service if the provider is at one location more frequently. This will appear as the default location of service and place of service when this provider is selected in the Transaction Register. The Location of Service can be changed from the default location for a provider in Transaction Register.

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.)

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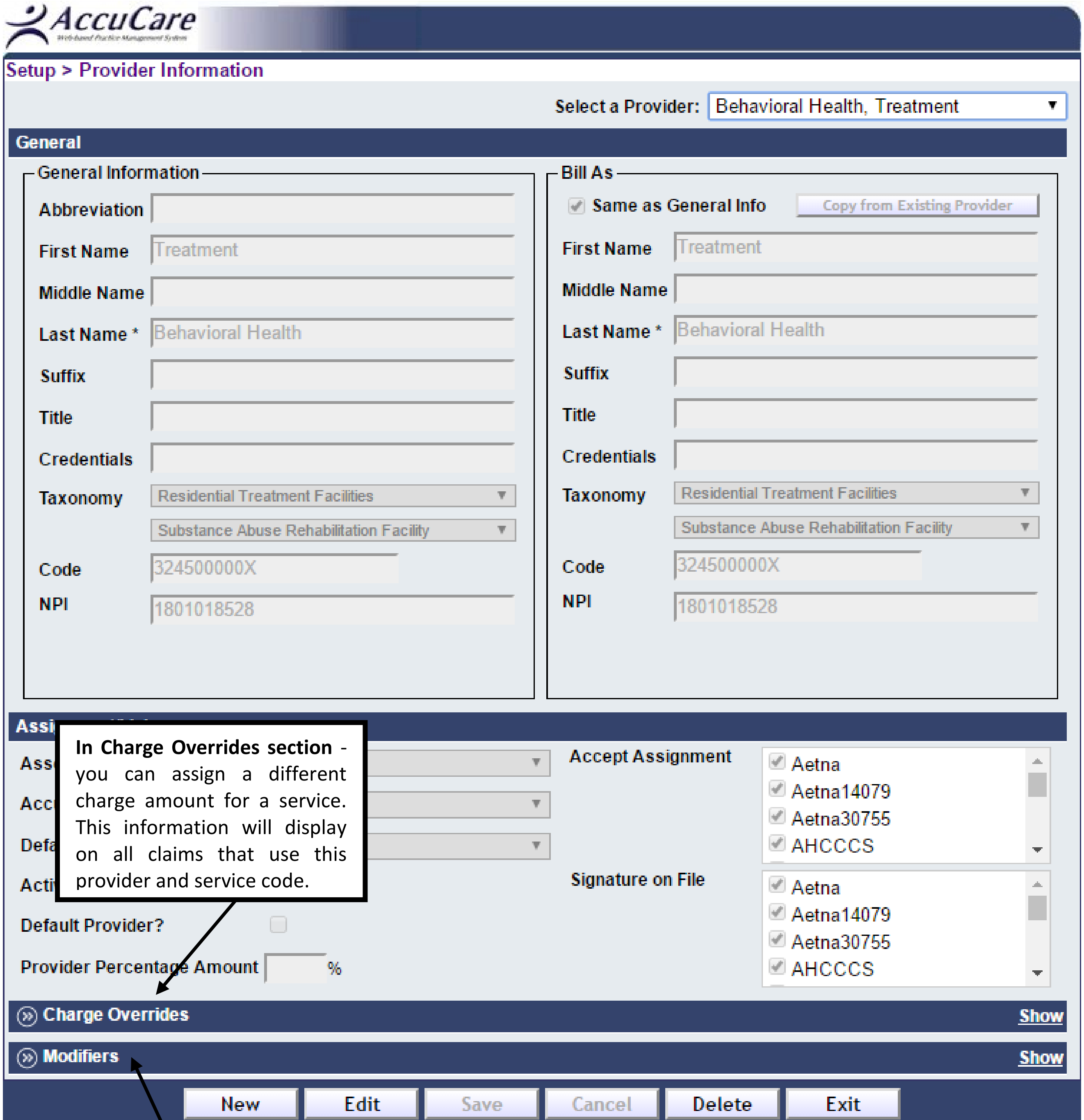

In Charge Overrides section - you can assign a different charge amount for a service. This information will display on all claims that use this provider and service code.

Modifiers - allow you to identify any required modifiers for every provider for any a specific insurance company and a specific service. If you are printing modifiers on a paper claim form, you will need to enter the modifier here.
(Hint: To reduce the amount of entries when adding modifiers for a provider, it is suggested that you add all your modifiers in the Setup Services area. Do not add modifiers in both Services and Provider Information.)

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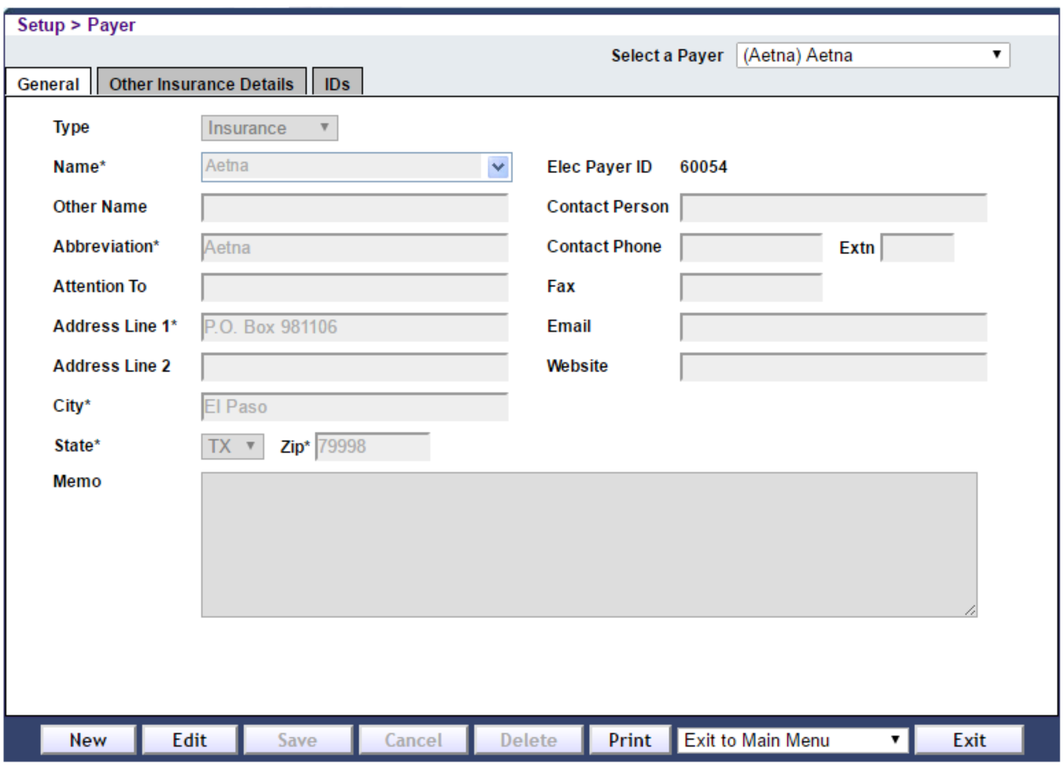
Setup – Step 5 - Setup Payer Information

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".)*



For Insurance Type Payers: The Name list includes the over 3000 insurance companies AccuCare can submit electronic claims. The list will begin to filter by typing the name of the payer. Once you find the insurance company, the Electronic ID number associated with that insurance company. If the insurance company you are looking for is not in the list, then select the option "OTHER" from the drop down list. This will allow you to enter an insurance company that is not found in the insurance company list from Orion. Enter the name of the insurance company in the Other Name field. You will be required to send paper claims only to any insurance companies named OTHER.
Please contact Orion Healthcare Technology to request the insurance company is added to the main list for electronic claims submission.

For Invoice Type Payer: When an Invoice Payer is assigned to a client and to their services/transactions, the output method will be an Invoice Report instead of paper or electronic claims.

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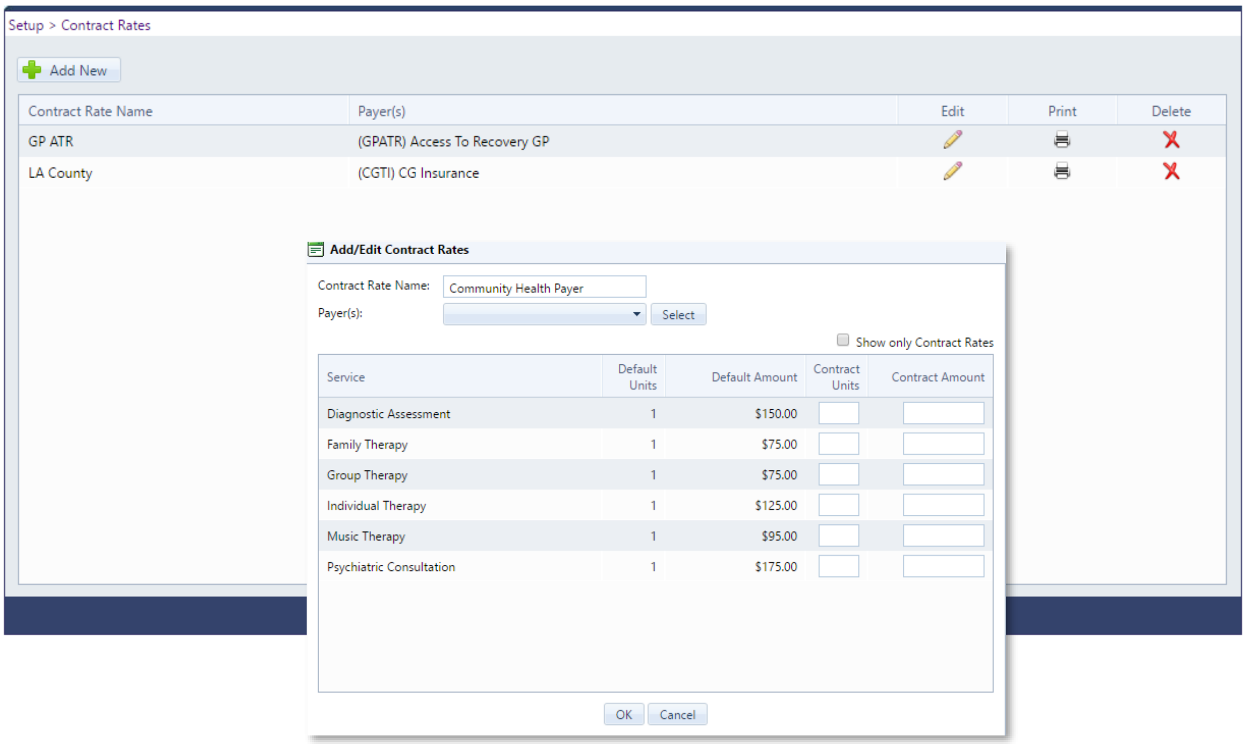
Setup – Step 6 - Setup Contract Rate Information

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



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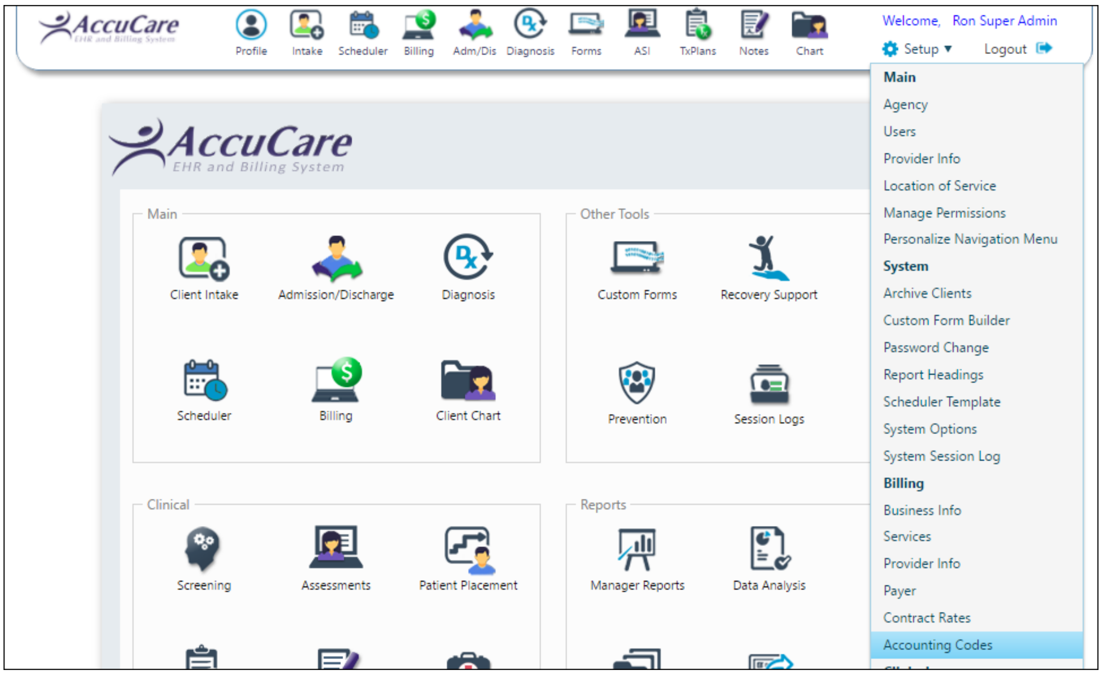
Setup – Step 7 - Setup Accounting Code

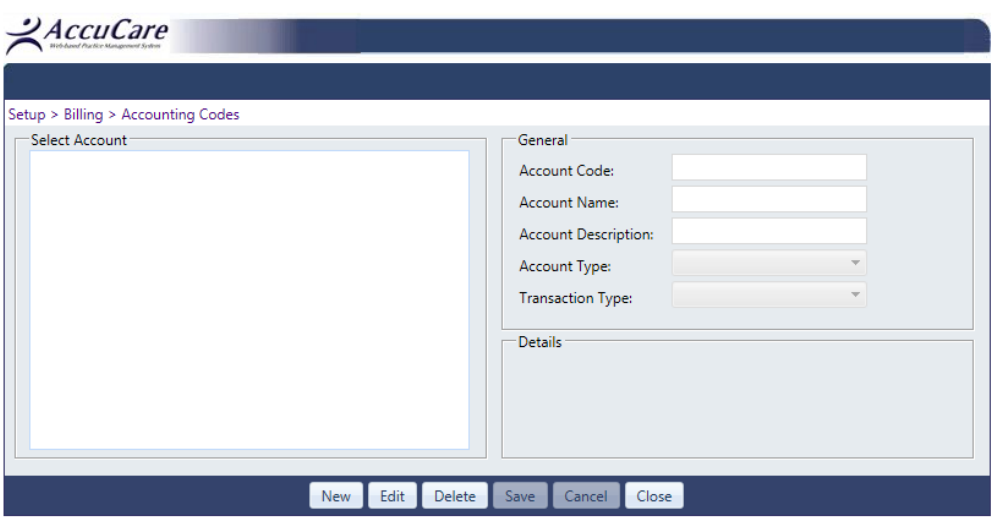
Introduction: Accounting Codes can be setup in AccuCare Billing to be able to match billing activity with your organization's chart of accounts. This information creates reports for your finance department through the various Accounting Reports available in AccuCare.

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



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Step By Step Guide: Using AccuCare Billing

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: The 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: AR
- 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"

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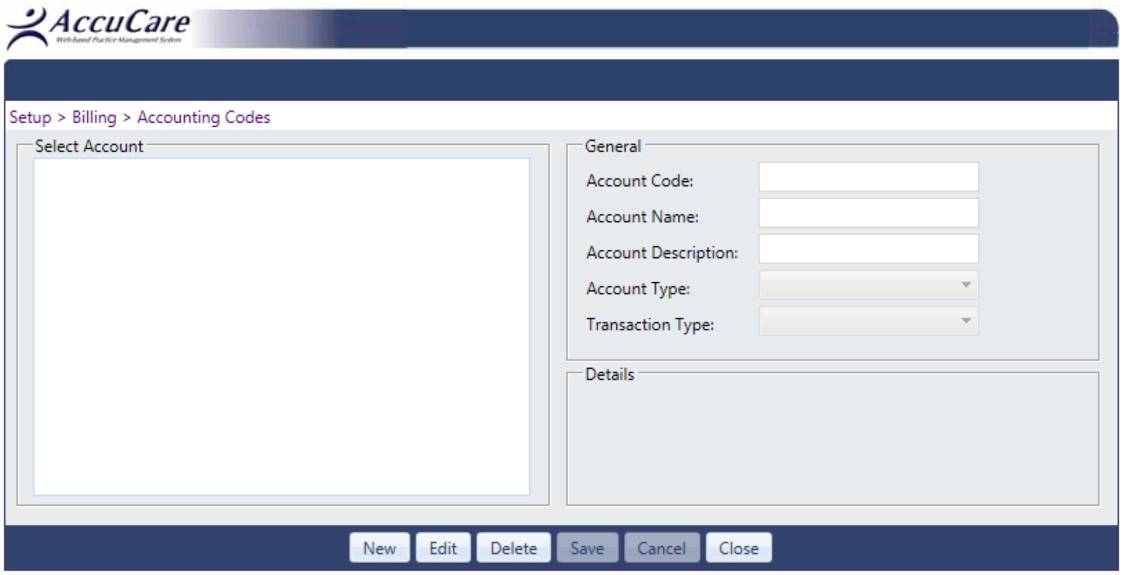
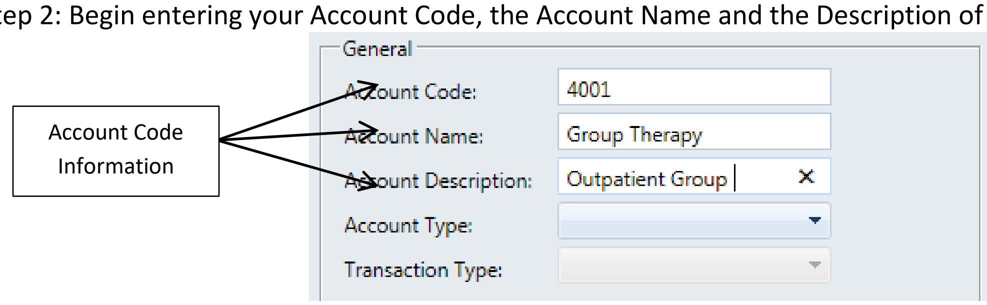
Adding a New Code Step By Step

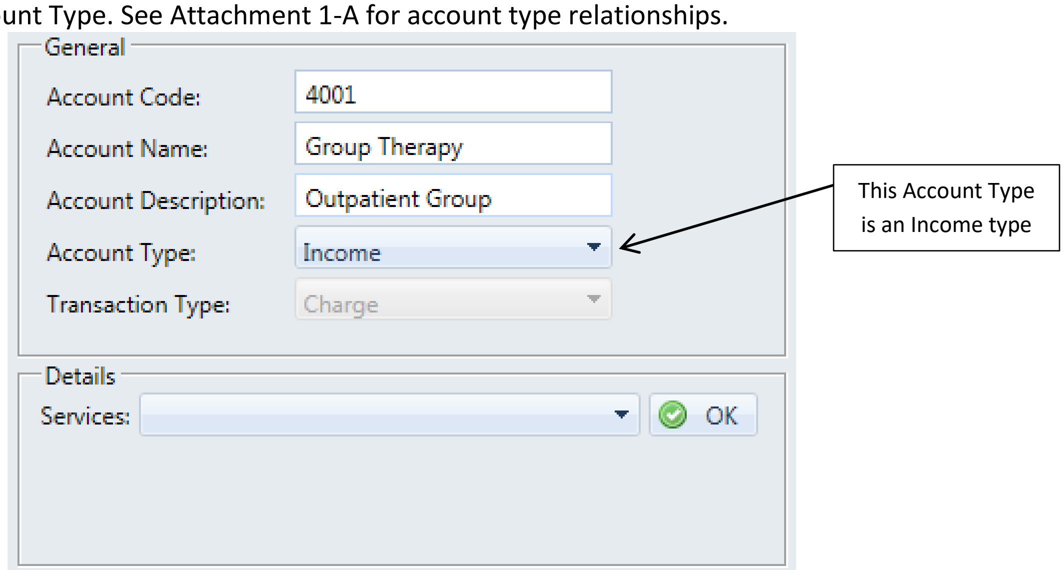
Step 1: To add a new Account Code and association click "New".



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



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



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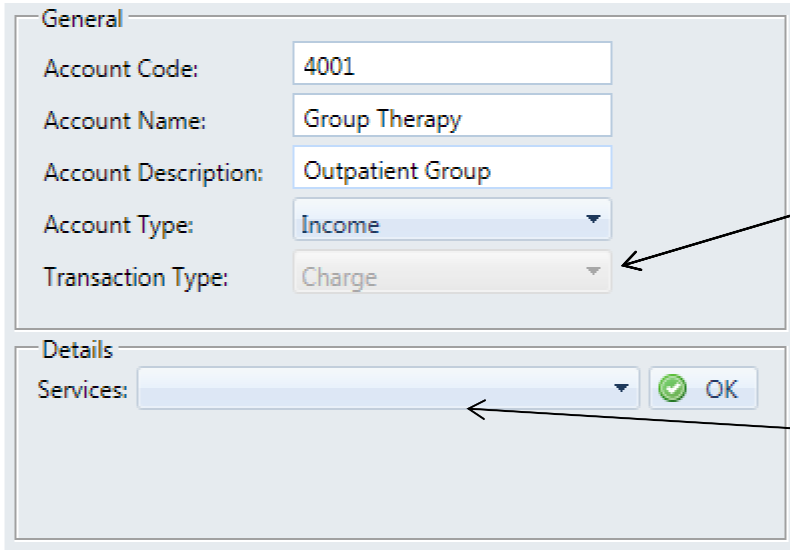
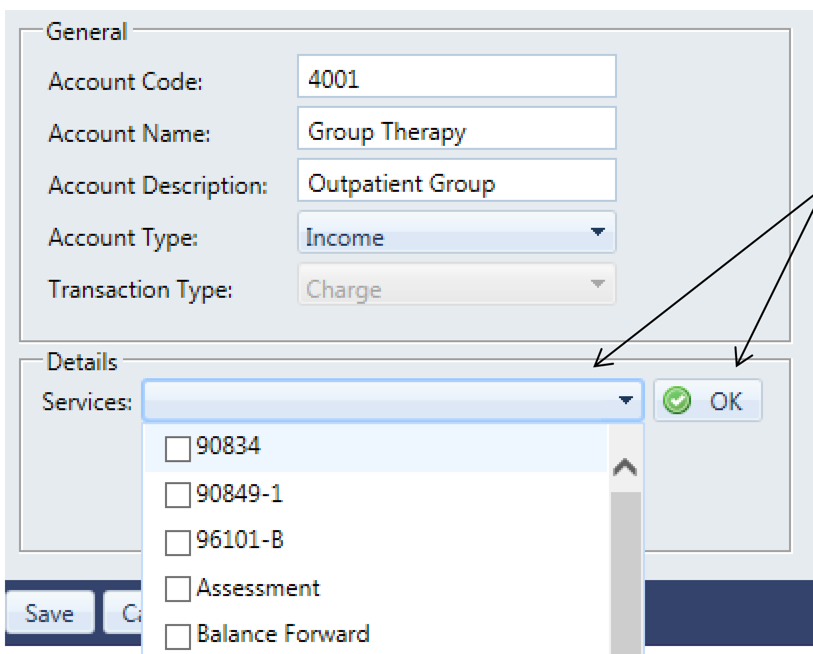
Step 4: Select the available Transaction Type for the Account Type selected in the dropdown above.



All Income Account Types have a Transaction Type of Charge so "Charge" is already selected for us.

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.



Multiple selections can be made, click [OK] button after making selections.

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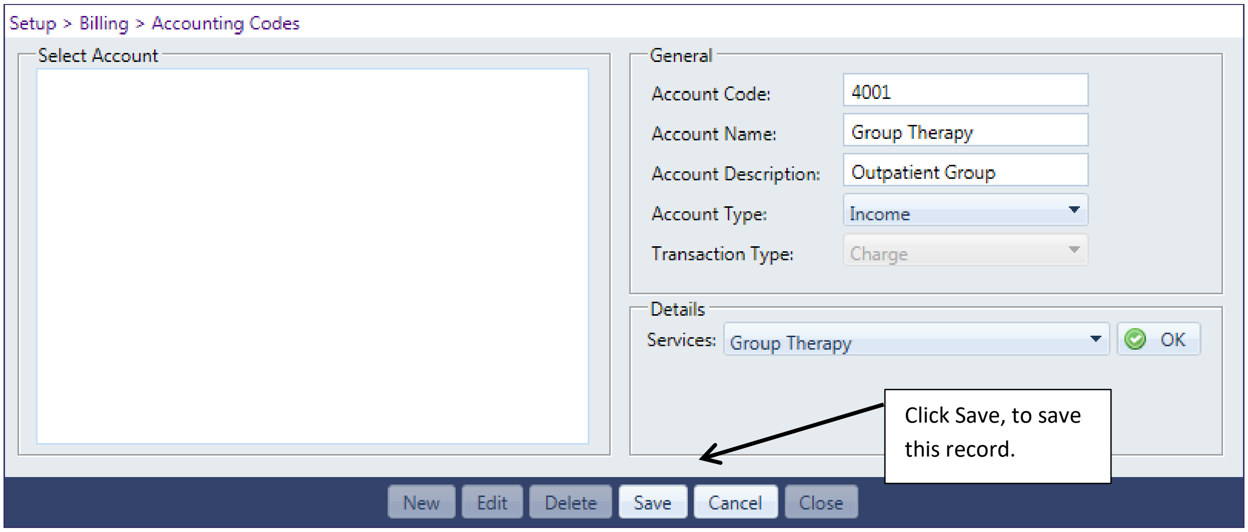
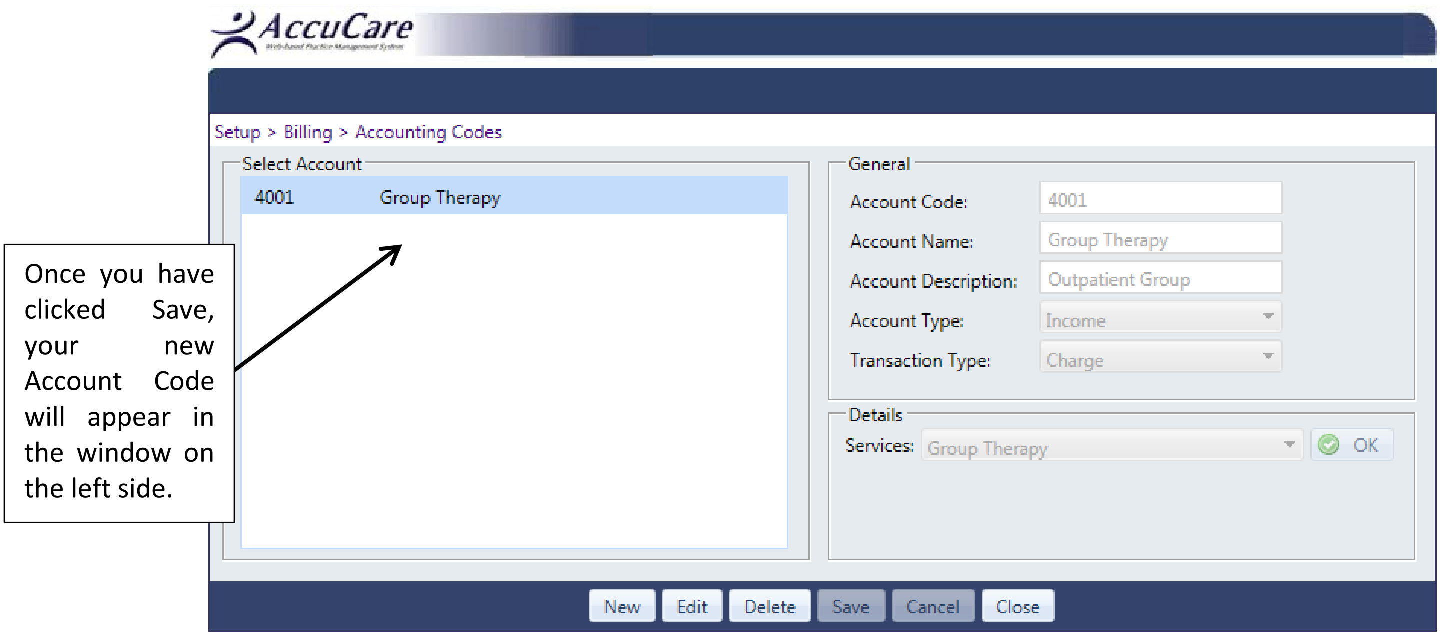
6. Click [Save] button to save this Account Code record to your list of Accounting Codes.





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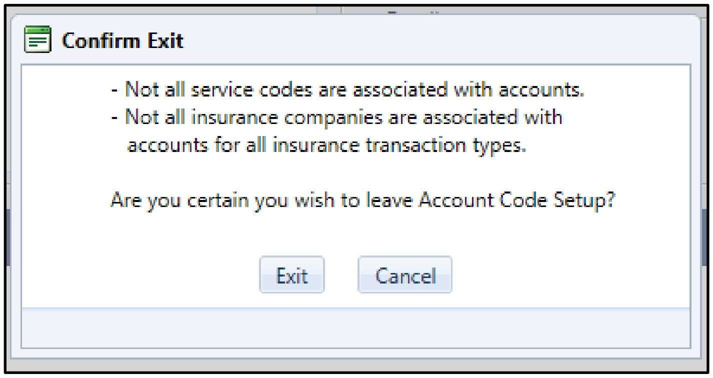
Closing the Account Code Setup Screen

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.



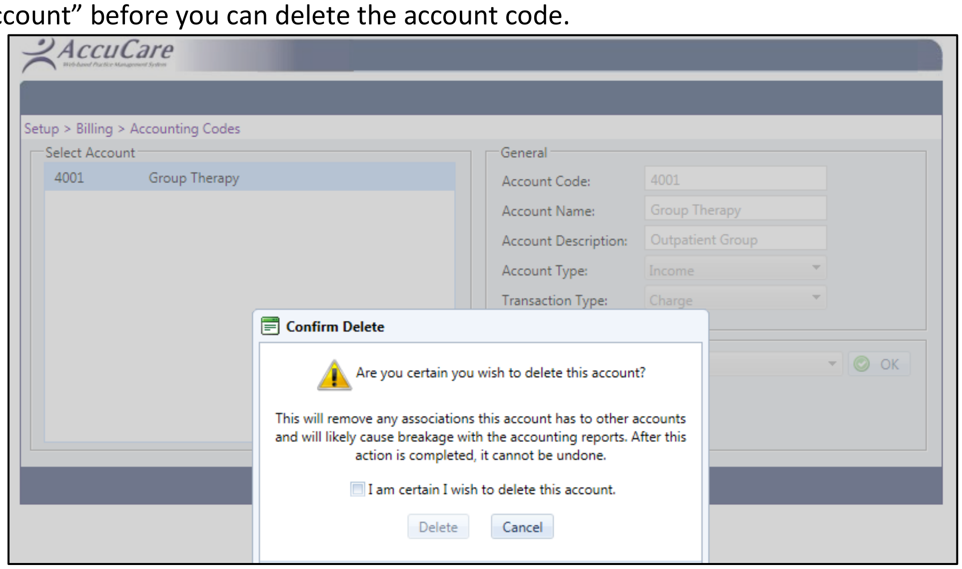
Note: All transactions will still appear on the accounting report, however if they have not had an account code setup for the service or insurance company the account code information on the report will display as blank information.

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.



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Billing Setup Accounting Code Reference Sheet - Attachment 1-A

When Account Type is:	Transaction Type will be:	Details Category	Details Include
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

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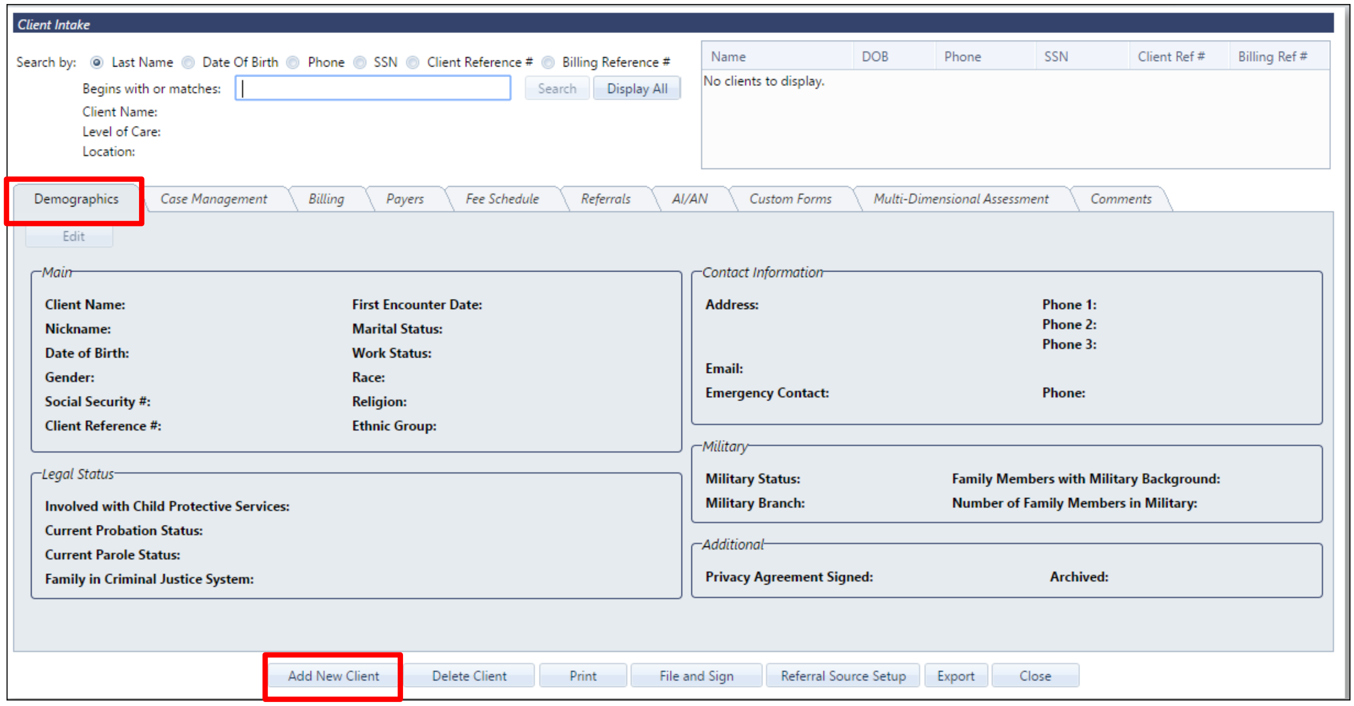
Client Information – Step 1 - Client Intake

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



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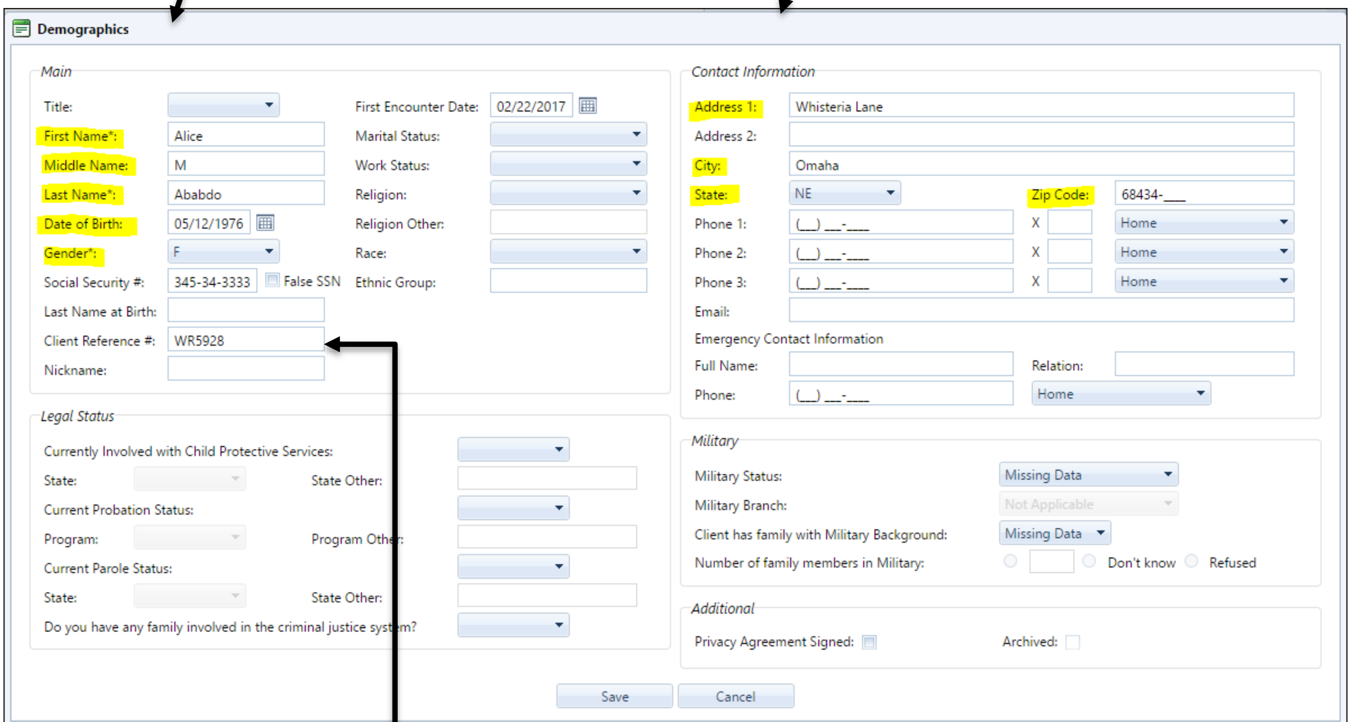
Highlighted in yellow is the information that should be completed before attempting to add the client to Client Billing module.

Demographics Tab in Client Intake

Main Section **Contact Information Section**



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.

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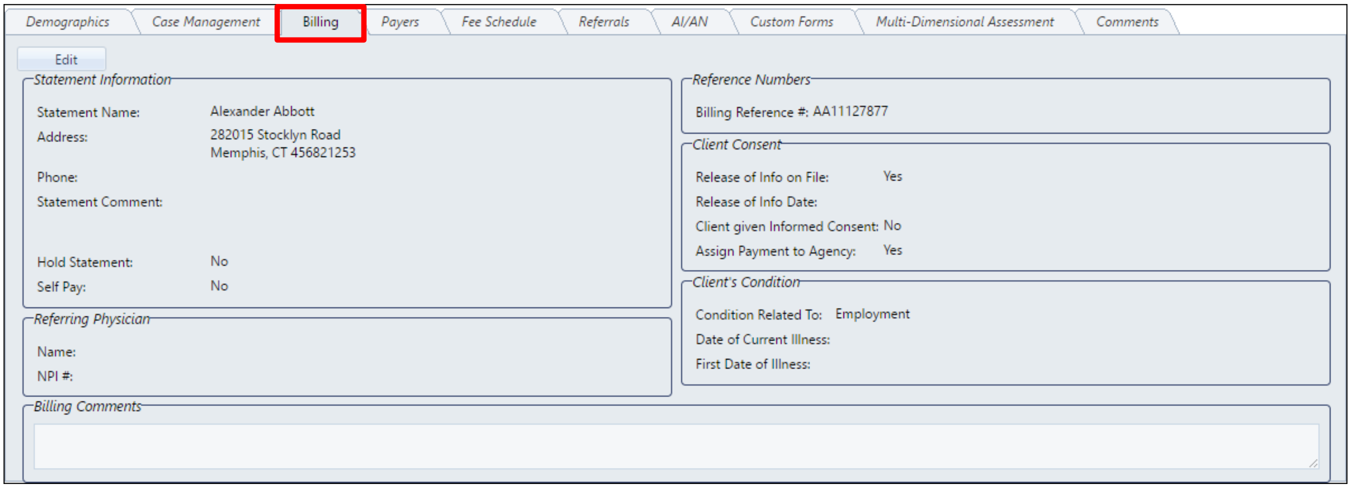
Client Information – Step 2 - Client Billing Information

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.



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.

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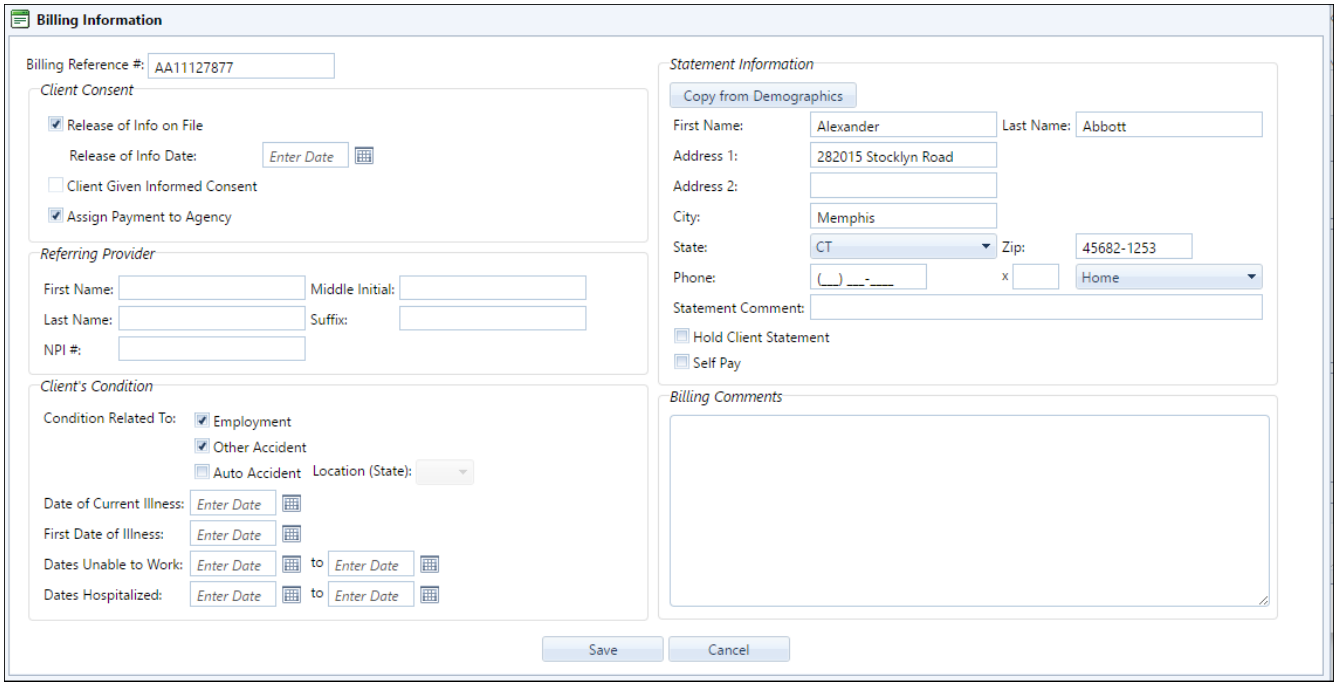
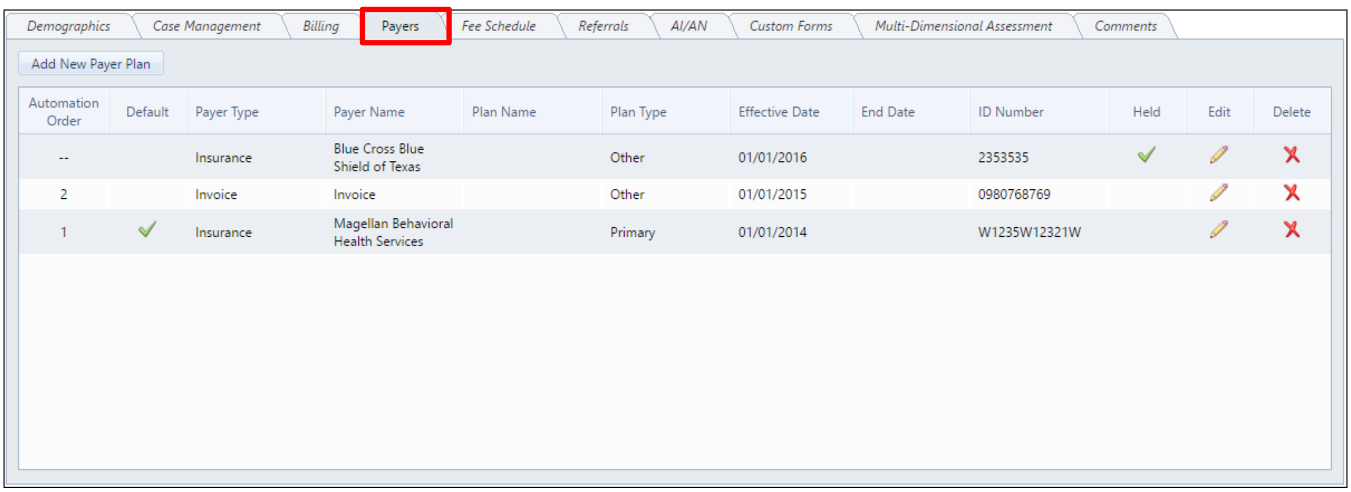


Once the information has been entered click, [Save] button to save the General Billing Information.

Payers Tab

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



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

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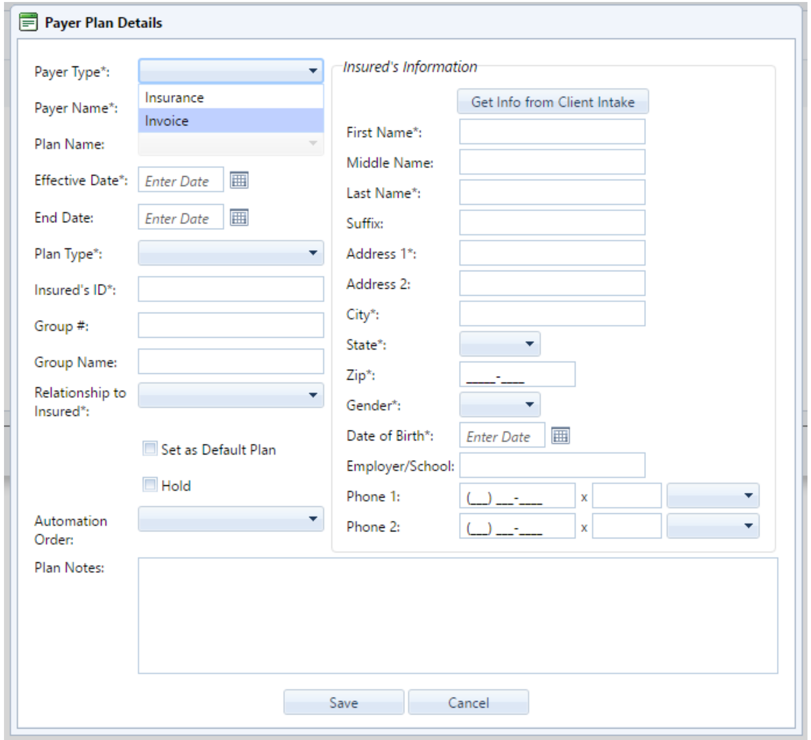

Payer Type: First, select if you are adding an Insurance Plan or Invoice Plan for this client.

<u>For INSURANCE TYPE ONLY:</u>

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.

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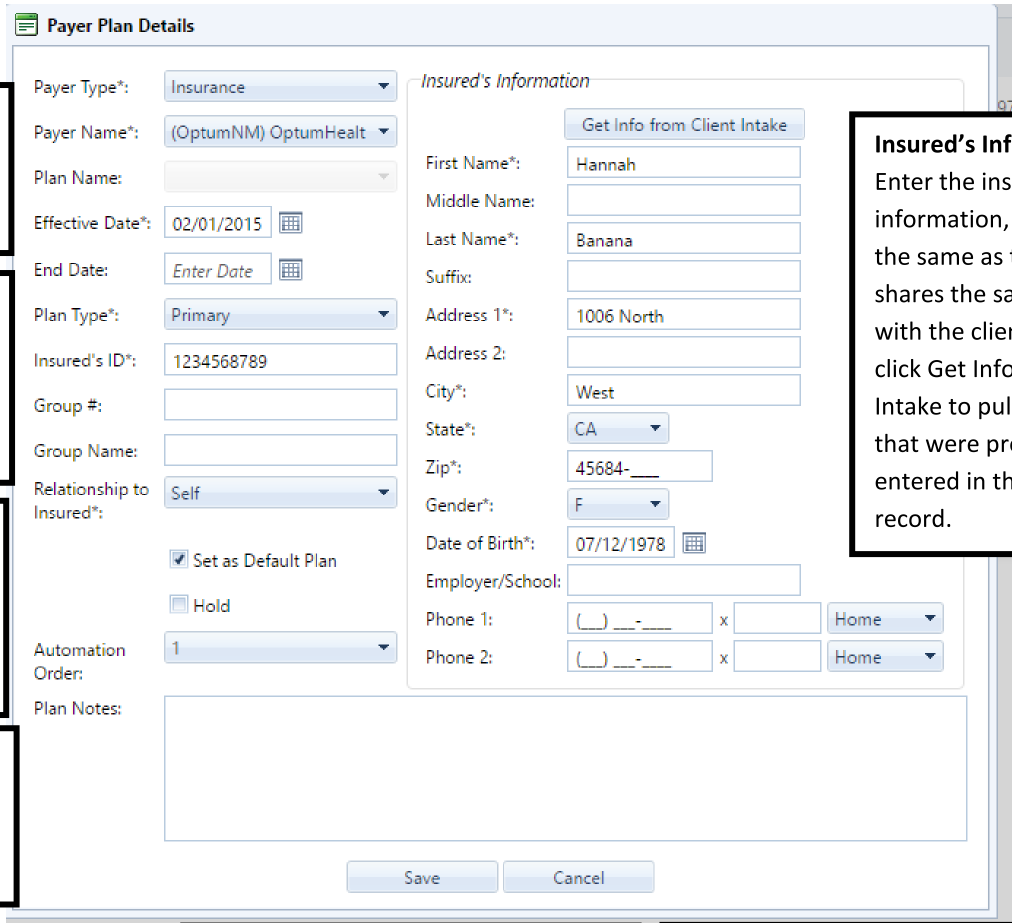
Insured's ID: Enter the subscriber or member or policy number of the insurance plan.

Group #: enter if the insurance card lists one. This is not a required field and may not be applicable.

Group Name: enter if the insurance card lists one. This is not a required field and may not be applicable.

Relationship to Insured: Select the client's relationship to the subscriber or insured.



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 record.

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: checkbox will automatically display this plan for the client for all of the services, so the user does not have to manually select the same plan that is always used.

Automation Order: When there are multiple plans that need to be billed sequentially, assigning an automation order to the plan will make sure it is billed in the proper order it is assigned.

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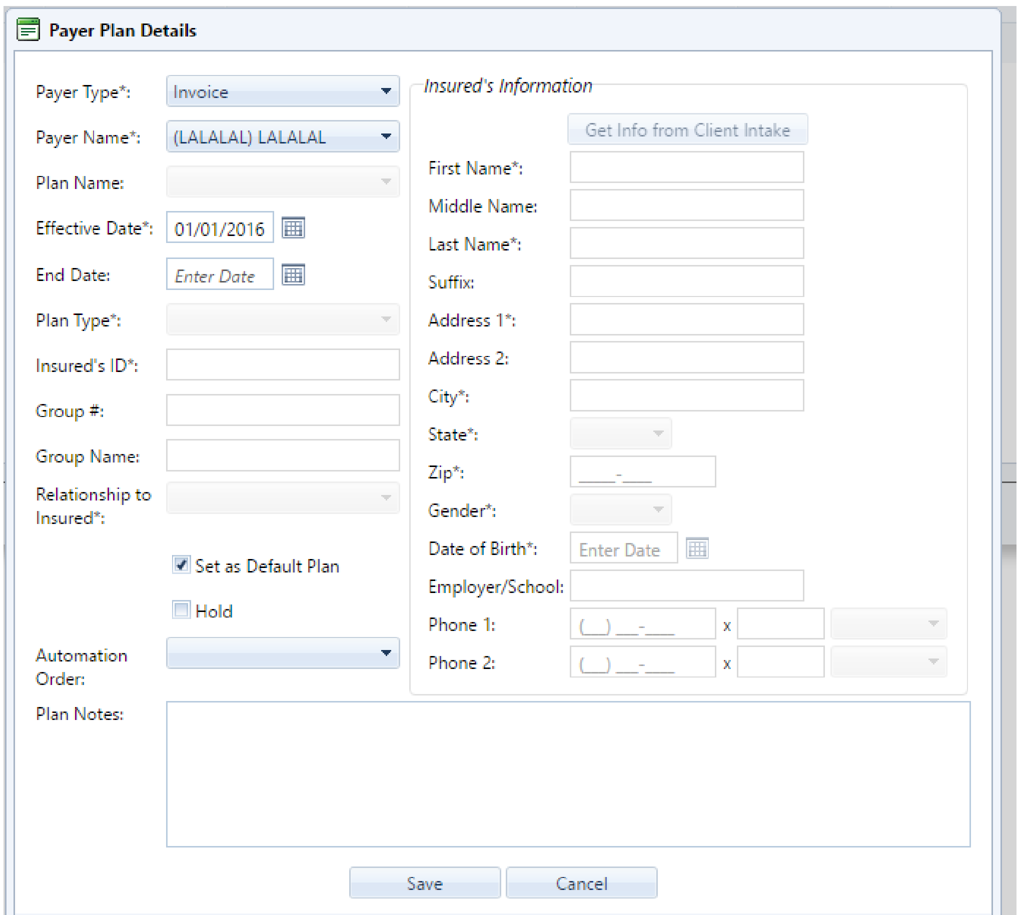
<u>For INVOICE TYPE ONLY:</u>

Payer Name: Select the Payer Name of the Invoice 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.



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: checkbox will automatically display this plan for the client for all of the services, so the user does not have to manually select the same plan that is always used.

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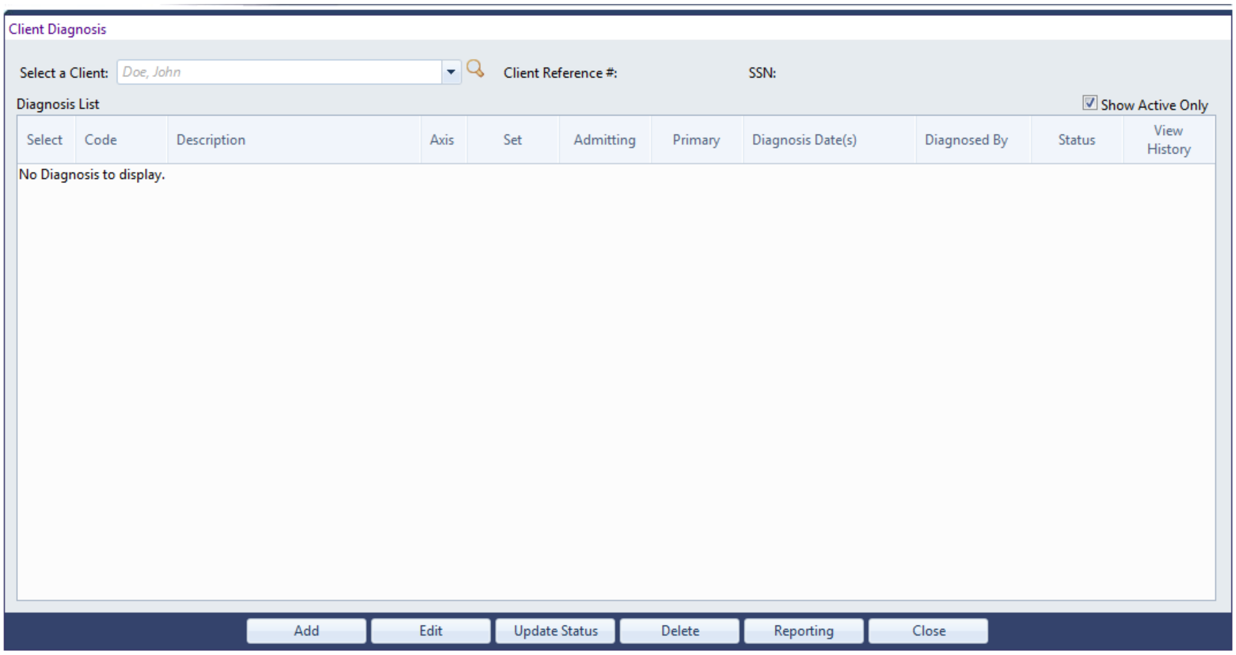
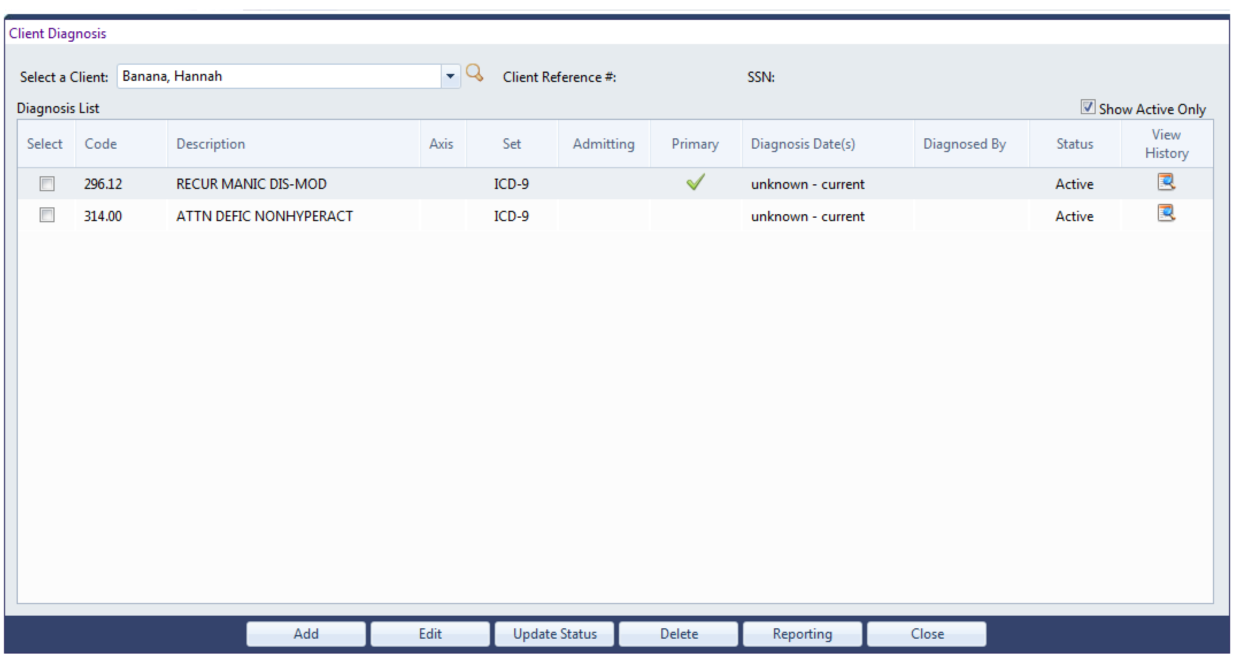
Client Information – Step 3 - Client Diagnosis

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.



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



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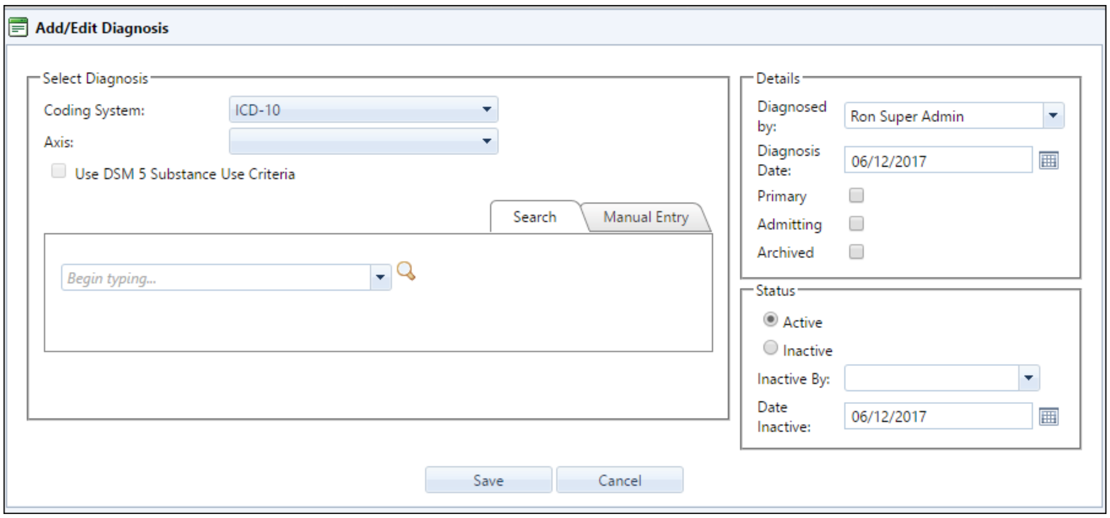
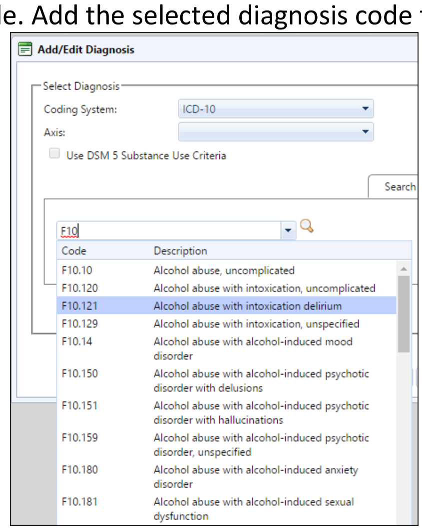
Client Information – Step 3 - Client Diagnosis con't

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.



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.



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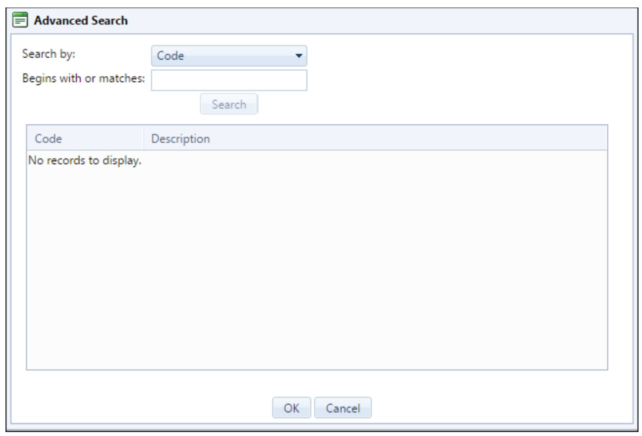
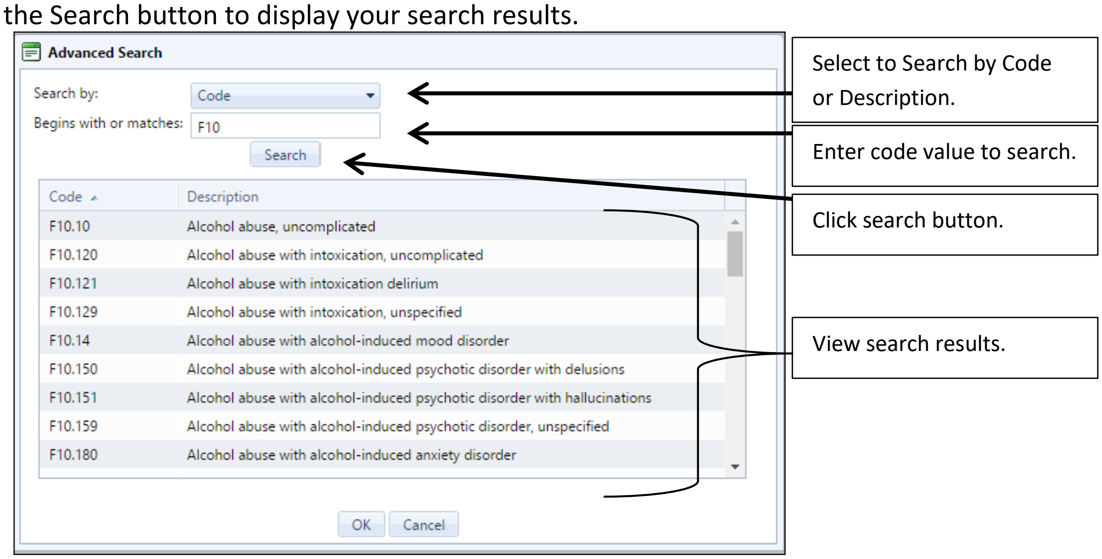
Client Information – Step 3 - Client Diagnosis con't

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

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.



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.



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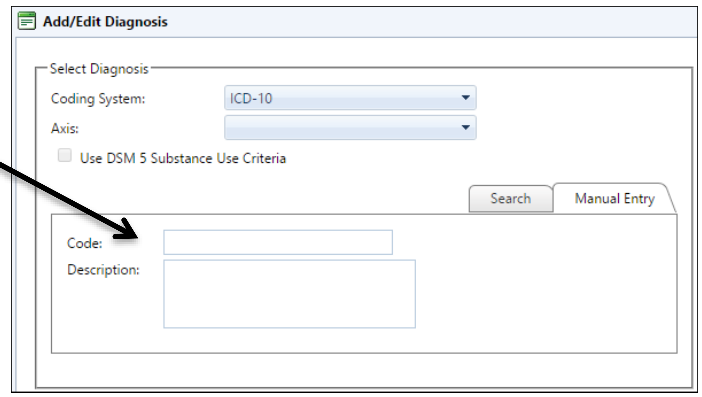
Click on the diagnosis code you were searching for and click OK. Your selected diagnosis will be added to the Add/Edit Diagnosis Code form, then click OK to add the diagnosis to the client diagnosis list.

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.

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