



System Preferences: Billing

Last Modified on 10/12/2022 11:03 am EDT

Version 20.17

Path: Admin tab > Global Preferences button > Billing tab



User Permission: The System Preferences window is only available to users with permission:AA_SystemAdmin_mi.

About

The Billing tab of the System Preferences window contains sub-tabs to further categorize System Preferences: Administration, Statements, and Superbill.

Administration Tab

System Preferences: Affects all users on the network.

Basic Colors & Font Schedule Special Clinic Info **Billing** Maintenance Security Portal Exit

Administration Non-Direct Care Statements Superbill

Immunization administration - automatic coding rule:

90460/1, pairwise antigens 90460/1, total doses
 90460/1, total antigens 9047x, force non-counseled
 90460/1, pairwise doses None (withhold)

Create vaccines/administration codes in pairs (do not increment units)
 Show provider Taxonomy Code on CMS 1500 print image
 Process patient credits by provider, rather than across the practice

Auto-posting mode:

Disabled
 Charges only
 Charges - calc patient responsibility
 Charges - apply payments
 Charges - calc copay only
 Charges - apply copay only

Auto-assign supervising provider:

Never (choose manually every time)
 Daily reset, then same for rest of day
 Most recent prior claim from any day

Payment auto-approval rules:

Auto-correct patient responsibility on policy
 Complete match, all amounts agree and balance
 MATCH and auto-approve non-payment for 50 charge
 Discard previously paid and duplicates
 Exclude CC on File from Patient Action list
 Credit back to patient up to \$ 50.00
 Balance due from patient up to \$ 150.00
 Writeoff patient balance up to \$.00
 Min balance for immediate statement 50.00

- **Immunization administration - automatic coding rule:** Sets the default administration rule for all Insurance Payers. As a reminder, you can update each individual Insurance Payer if that payer requires a different coding rule to be applied to claims. Your options for this administration rule are:
 - **90460/1, Pairwise antigens:** Each vaccine billed will have its own set of administration codes, 90460 and 90461 (when applicable), as appropriate per the number of antigens in said vaccine.
 - **90460/1, Total antigens:** 90460 and 90461 (when applicable) will each appear once on the claim with the total number of antigens per unit for the total of the vaccines on the claim.
 - **90460/1, Pairwise doses:** Each vaccine billed will have its own set of administration codes, 90460 and 90461 (when applicable), as appropriate per the doses in said vaccine.
 - **90460/1, Total Doses:** 90460 and 90461 (when applicable) will each appear once on the claim with the total number of doses per unit for the total of the vaccines on the claim.
 - **9047x, Force non-counseled:** The non-counseled immunization administration codes will be applied.
 - **None (withhold):** Immunization administration codes will not be added to claims with vaccines.
- **Show provider Taxonomy Code on CMS 1500 print image:** If this box IS checked, then the Taxonomy number will print on box 31 of the HCFA. If this box IS NOT checked, then the Taxonomy number will NOT print on box 31 of the HCFA.
- **Process patient credits by provider, rather than across the practice** This will allocate credits by Provider rather than





across all Practice charges.

- **Auto-posting mode:** By default, **Charges only** is selected.
 - **Disabled:** Auto-Post will not be an available option.
 - **Charges Only:** Only charges will be posted upon using **Auto-Post**.
 - **Charges + calc patient responsibility:** Charges will be posted and the patient responsibility amount will populate in the **Patient Responsibility** field of the claim.
 - **Charges + apply payments:** Charges will be posted. Also, credits will be applied to Patient Responsibility in the **Payments** window.
 - **Charges + calc copay only:** Charges will be posted. Also, the copay amount will populate in the **Patient Responsibility** field of the claim.
 - **Charges + apply copay only:** Charges will be posted. Also, credits will be applied to copay amounts in the **Payments** window.
- **Auto-assign supervising provider:** By default, **Never** (choose manually every time) will be selected. The practice administrator may change this to one of the following options (if applicable):
 - **Daily reset: then same for rest of day**
 - **Most recent prior claim from any day**
- **Payment auto-approval rules:** Determines how Adjudications are handled after they are processed into the OP software. Review setup and make any necessary changes when and if they are applicable.
 - **Auto-correct patient responsibility on policy:** When checked, the Patient Responsibility in the insurance record will be updated to reflect the claim adjudications.
 - **Complete match, all amounts agree and balance** When checked, all Adjudications with a **Match** status will be checked as approved.
 - **Match and auto-approve non-payment for \$0 charge** When checked, all Adjudications that come into OP for transactions with a \$0 charge will be approved with a **Matched** status.
 - **Discard Previously paid and duplicates** When checked, previously paid and duplicate Adjudication lines will be marked with the Discard status and checked as approved.
 - **Credit back to patient up to amount** When checked, Adjudication lines that result in a patient credit up to the determined amount will be checked as approved.
 - **Balance due from patient up to amount** When checked, Adjudication lines with a patient responsibility up to the determined amount will be checked as approved.
 - **Writeoff patient balance up to amount** When checked, Adjudication lines with a patient responsibility for copay, coinsurance, and deductible up to the determined amount will be written off and checked as approved.
 - **Min balance for immediate statement** When checked, Adjudications with a patient responsibility up to the determined amount will create a statement in the Statement Queue.

Statements Tab

System Preferences: Affects all users on the network.

Basic Colors & Font Schedule Special Clinic Info. **Billing** Maintenance Security **Exit**

Administration **Statements** Superbill

Patient aging reference date:
 Service date
 Patient responsibility

Account / Claim options:
 Include accounts on hold?
 Exclude uncollectable claims?
 Exclude older than:
 Exclude if all sent >= times

Dunning messages:
 <= 30 Days

 > 30 Days

 > 60 Days

 > 90 Days

Number of guarantor's last name groups:
 One Three
 Two Four

Group One: A to Z

Balances to include:
 Insurance and patient balance
 Patient responsibility only

Patient options:
 Insurance Carrier: All
 Minimum family balance:
 Days since last printed:
 Exclude Specific Payer(s):





- **Patient aging reference date:** The date used to determine patient responsibility aging is that for which the patient became responsible for the balance.
- **Account/Claim Options:**
 - **Include Accounts on hold** When selected, patients with 'Hold (don't send)' selected for their Statement Method will not be included in the generation of statement files.
 - **Exclude uncollectable claims:** When selected, patients with claims in an uncollectable category will not receive statements for those claims.
 - **Exclude older than:** The setting made here (in days) produces a date in the Batch Billing Statement window, where it is disabled if the value set is 0 and is enabled for edit when a value higher than zero is selected. **The recommended setting is 365.** If a number less than 365 is entered, a warning is displayed.
 - **Exclude if all sent >= __ times** Statements that have been sent at least the specified number of times will not be included in the statement file.
- **Dunning Messages:** These may be added to apply a message to each aging bucket of patient statements. If a message is entered on an individual statement or in the Batch Billing Statements window at the time of statement batching, this message is overridden.
- **Number of guarantor's last name groups:** This dictates how many statement groups will be created.
 - If two, three, or four are selected, then you must select how the alphabetic guarantor groups are alphabetically split. Selection of the specific group is done when batching statements.
- **Balances to include:**
 - **Insurance and patient balance** Statement batches will include both open insurance balances and patient balances.
 - **Patient responsibility only.** Statement batches will include only patient balances.
- **Patient Options:**
 - **Insurance Carrier:** This selection determines which payers' patients will be included in statement batching. If statements should be batched for all patients regardless of their insurance, the ALL checkbox must be selected. If statements are only to be batched for specific payers, the payer name should be entered in the field. This field is dynamic to the text entered and allows for the selection of multiple payers. To remove a selected payer, click the respective **X**.

Patient options:

Insurance Carrier: All (CIG) CIGNA × cign

Minimum family balance:

Days since last printed:

(APWU) CIGNA HEALTHCARE
(CIG) CIGNA
(CIG2) CIGNA PPO
(SAM) SAMBA HEALTH / CIGNA

- **Minimum Family balance:** This is the minimum family balance due in order for a statement to be included in a statement batch.
- **Days since last printed:** This determines which families will receive a statement. For example, if you do not want to send a statement to a family who has gotten one in the past 30 days, enter 30.
- **Exclude Specific Payer(s):** This field gives the option to exclude specific payers from statement batching. This field is dynamic to the text entered and allows for the selection of multiple payers. To remove a selected payer, click the respective **X**.

Patient options:

Insurance Carrier: All

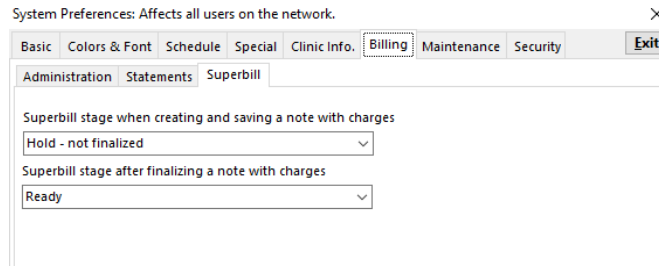
Minimum family balance: 20

Days since last printed:

Exclude Specific Payer(s): (AET) AETNA
(AET) AETNA
aet

Superbill Tab





- Superbill stage when creating and saving a note with charges: The default Superbill Stage that is triggered when superbill charges are created or a note with charges is saved.
- Superbill stage after finalizing a note with charges: The Superbill Stage that is triggered when a note with charges is finalized.

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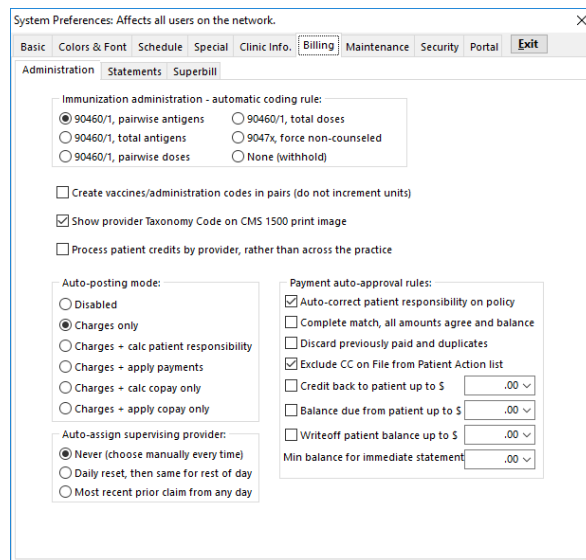
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 - **90460/1, Pairwise antigens:** Each vaccine billed will have its own set of administration codes, 90460 and 90461 (when applicable), as appropriate per the number of antigens in said vaccine.
 - **90460/1, Total antigens:** 90460 and 90461 (when applicable) will each appear once on the claim with the total number of units as appropriate for the total of the vaccines on the claim.
 - **90460/1, Pairwise doses:** Each vaccine billed will have its own set of administration codes, 90460 and 90461 (when applicable), as appropriate per the doses in said vaccine.





- **90460/1, Total Doses:** 90460 and 90461 (when applicable) will each appear once on the claim with the total number of units as appropriate for the total of the vaccines on the claim.
- **9047x, Force non-counseled:** The non-counseled immunization administration codes will be applied.
- **None (withhold):** Immunization administration codes will not be added to claims with vaccines.
- **Show provider Taxonomy Code on CMS 1500 print image:** If this box IS checked, then the Taxonomy number will print on box 31 of the HCFA. If this box IS NOT checked, then the Taxonomy number will NOT print on box 31 of the HCFA.
- **Process patient credits by provider, rather than across the practice** This will allocate credits by provider rather than across all practice charges.
- **Auto-posting mode:** By default, **Charges only** is selected.
 - **Disabled:** Auto-Post will not be an available option.
 - **Charges Only:** Only charges will be posted upon using **Auto-Post**.
 - **Charges + calc patient responsibility.** Charges will be posted and the patient responsibility amount will populate in the **Patient Responsibility** field of the claim.
 - **Charges + apply payments:** Charges will be posted. Also, credits will be applied to Patient Responsibility in the **Payments** window.
 - **Charges + calc copay only.** Charges will be posted. Also, the copay amount will populate in the **Patient Responsibility** field of the claim.
 - **Charges + apply copay only.** Charges will be posted. Also, credits will be applied to copay amounts in the **Payments** window.
- **Auto-assign supervising provider:** By default, **Never** (choose manually every time) will be selected. The practice administrator may change this to one of the following options (if applicable):
 - **Daily reset: then same for rest of day**
 - **Most recent prior claim from any day**
- **Payment auto-approval rules:** Determines how Adjudications are handled after they are processed into the OP software. Review setup and make any necessary changes when and if they are applicable.
 - **Auto-correct patient responsibility on policy.** When checked, the Patient Responsibility in the insurance record will be updated to reflect the claim adjudications.
 - **Complete match, all amounts agree and balance** When checked, all Adjudications with a **Match** status will be checked as approved.
 - **Discard Previously paid and duplicates** When checked, previously paid and duplicate Adjudication lines will be marked with the Discard status and checked as approved.
 - **Exclude CC on File from Patient Action List** Selected by default; when checked, the options to use a patient's credit card on file (+ CC) are not displayed to users.
 - **Credit back to patient up to amount** When checked, Adjudication lines that result in a patient credit up to the determined amount will be checked as approved.
 - **Balance due from patient up to amount** When checked, Adjudication lines with a patient responsibility up to the determined amount will be checked as approved.
 - **Writeoff patient balance up to amount** When checked, Adjudication lines with a patient responsibility for copay, coinsurance, and deductible up to the determined amount will be written off and checked as approved.
 - **Min balance for immediate statement** When checked, Adjudications with a patient responsibility up to the determined amount will create a statement in the Statement Queue.

Statements Tab





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Basic Colors & Font Schedule Special Clinic Info. **Billing** Maintenance Security Exit

Administration Statements Superbill

Patient aging reference date:
 Service date
 Patient responsibility

Account / Claim options:
 Include accounts on hold?
 Exclude uncollectable claims?
 Exclude older than:
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Dunning messages:
 <= 30 Days

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 >60 Days

 >90 Days

Number of guarantor's last name groups:
 One Three
 Two Four
 Group One: A to Z

Balances to include:
 Insurance and patient balance
 Patient responsibility only

Patient options:
 Insurance Carrier: All
 Minimum family balance:
 Days since last printed:
 Exclude Specific Payer(s):

- **Patient aging reference date:** The date used to determine patient responsibility aging is that for which the patient became responsible for the balance.
- **Account/Claim Options:**
 - **Include Accounts on hold** When selected, patients with 'Hold (don't send)' selected for their Statement Method will be included in the generation of statement files.
 - **Exclude uncollectable claims:** When selected, patients with claims in an uncollectable category will not receive statements for those claims.
 - **Exclude older than:** The setting made here (in days) produces a date in the Batch Billing Statement window, where it is disabled if the value set is 0 and is enabled for edit when a value higher than zero is selected. **The recommended setting is 365.** If a number less than 365 is entered, a warning is displayed.
 - **Exclude if all sent >=_ times** Statements that have been sent at least the specified number of times will not be included in the statement file.
- **Dunning Messages:** These may be added to apply a message to each aging bucket of patient statements. If a message is entered on an individual statement or in the Batch Billing Statements window at the time of statement batching, this message is overridden.
- **Number of guarantor's last name groups:** This dictates how many statement groups will be created.
 - If two, three, or four are selected, then you must select how the alphabetic guarantor groups are alphabetically split. Selection of the specific group is done when batching statements.
- **Balances to include:**
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Patient options:
 Insurance Carrier: All (CIG) CIGNA × cign
 Minimum family balance:
 Days since last printed:
 (APWU) CIGNA HEALTHCARE
 (CIG) CIGNA
 (CIG2) CIGNA PPO
 (SAM) SAMBA HEALTH / CIGNA

- **Minimum Family balance:** This is the minimum family balance due in order for a statement to be included in a statement batch.
- **Days since last printed:** This determines which families will receive a statement. For example, if you do not want to





send a statement to a family who has gotten one in the past 30 days, enter 30.

- **Exclude Specific Payer(s):** This field gives the option to exclude specific payers from statement batching. This field is dynamic to the text entered and allows for the selection of multiple payers. To remove a selected payer, click the respective **X**.

The screenshot shows a dialog box titled "Patient options:". It contains several fields: "Insurance Carrier: All" with a checked checkbox, "Minimum family balance:" with a value of "20" and a dropdown arrow, "Days since last printed:" with a list of payers including "(AET) AETNA" and "AET", and "Exclude Specific Payer(s):" with the text "aet" entered. A red box highlights the "Exclude Specific Payer(s)" field and its associated list.

Superbill Tab

The screenshot shows the "System Preferences" dialog box, titled "System Preferences: Affects all users on the network." The "Billing" tab is selected, and the "Superbill" sub-tab is active. The "Superbill" sub-tab contains two dropdown menus: "Superbill stage when creating and saving a note with charges" set to "Hold - not finalized" and "Superbill stage after finalizing a note with charges" set to "Ready".

- Superbill stage when creating and saving a note with charges: The default Superbill Stage that is triggered when superbill charges are created or a note with charges is saved.
- Superbill stage after finalizing a note with charges: The Superbill Stage that is triggered when a note with charges is finalized.

