NextGen: PM Contract Library

User Manual

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NextGen PM Contract Library

Common Uses for Contracts

- Streamline payment entry by defaulting the payer's allowed, payment and adjustment amounts.
- Automatically adjust charges during charge posting so that A/R reflects expected reimbursement.
- Track expected vs. actual reimbursement with the Contractual Analysis Report.
- Define requirements for specific CPT4 codes. For example: authorization required, referring provider required, co-pay amount, diagnosis code required, modifier required, etc.

Note: The information entered within a contract applies only when the contracted payer is the primary insurance on the encounter.

File Maintenance

File Maintenance>Libraries>Contract

General Tab

🗑 Contract Library Maintenance -	
General <u>F</u> ee Schedule <u>Modifier Reimbursement</u> Multiple <u>Procedure Discounting</u>	
Contract Name Effective Date Expiration Date	
Contract Defaults Co-Payment on Office Enc.'s Authorization Required Fee For Service \$ of Allowed Amount for Participants Create Zero Dollar Claim Co-Pay to all Line Items Referring Physician Required Enable Build Level Edits Enable Drug Allowed Amount Multiply Fee Schedule Co-Pay by Quantity Multiply Fee Schedule Co-Pay by Quantity Contract Subgroup 1 Contract Subgroup 2 Produce Claim for documentation Multiply Tee Schedule Co-Pay by Quantity Contract Subgroup 2 Produce Claim for documentation 	Jote
Automatic Adjustments Automatically adjust charges Adjustable Allowed Amount If Rendering Not Entered Assume Participating	
The Allowed Amount does not apply when the Adjustable Allowed Amount option is checked.	

- Contract Name
 - Enter a name for the contract.
- Effective/Expiration Dates
 - The dates entered are used in determining whether or not to apply the contracts rules to a particular date of service for the patient. The contracts Fee Schedule

tab also has effective and expiration dates specified for each CPT4 code. Those dates must fall within the effective/expiration dates defined here.

- Co-Payment on Office Enc's (Encounters)
 - Displays the following prompt to users when the Co-Payment field is left blank on the Insurance Maintenance Window: "*The copay field is a required entry for this contract. Are you sure you want to leave this screen?* Yes/No."
- Default Co-Pay Amount
 - Defaults the amount indicated into the Co-Pay Amount field on the Insurance Maintenance window. This can be used if <u>all</u> patients that have an insurance associated to this contract have the same co-pay amount.
 - Note: This feature only works if the "enable practice payer specific information" option in Practice Preferences is <u>not</u> selected.
- Deductible in Effect
 - Displays the following prompt to users when the Deductible field is left blank on the Insurance Maintenance Window: "The deductible field is a required entry for this contract. Are you sure you want to leave this screen? Yes/No."
- Referring Physician Required
 - Displays the following contract edit alert to users on the Charge Posting window for any CPOT4 code entered: "*Referring Physician is required for this procedure*."
- Enable Build Level Edits
 - Generates a claim edit failure on the Claim Production Status Report during the billing process and stops a claim from being created if an encounter is missing any of the criteria defined within the contract.
- Enable Drug Allowed Amounts
 - Enables allowed amounts for each CPT4 code to be entered with three decimal places on the contract's Fee Schedule tab. (\$0.000)
- Contract Subgroup 1 and 2
 - A contract can be linked to one or two Contract Subgroupings which are defined in File Maintenance/Master Lists and used to associate providers and contracts together. Providers linked to the same subgroup(s) in the Providers table can easily be assigned or unassigned as participating providers for the contract.
- Authorization Required
 - Displays the following contract edit alert to users on the Charge Posting window for any CPT4 code entered: "*Authorization is required for this procedure*."
- Prorate Insurance Balance
 - Charge balances on an encounter will be prorated in the Balance Control window between the primary and secondary insurances (or between the primary insurance and the patient if no secondary insurance exits). The prorated amount is based on the fee for service percentage defined in the contract's fee schedule.
 - Note: the "prorate insurance balance" option must also be selected for the Payer on the Practice tab>Libraries sub-tab.
- Create Zero Dollar Claim
 - Enables \$0.00 charges to be included and billed on insurance claim forms. Unless this option is selected, the application does not normally include \$0.00 charges on claims.
- Apply Co-Pay to All Line Items
 - Enables multiple charges on a single encounter to have a co-pay applied if the Co-Pay Amount or Co-Pay % has been defined for each CPT4 code in the contract's fee schedule. Unless this option is selected, the application applies a



co-payment only to the first charge entered on an encounter, regardless of the CPT4 code entered.

- Co-Pay Origin
 - Determines if the Co-Pay% indicated in the contract's fee schedule should be based on the *Allowed Amount* or the *Reimbursed Amount* defined for each CPT4 code.
 - Note: The "Co-Pay percent calc" option within the Payers table in File Maintenance must also be selected.
- Multiply Fee Schedule Co-Pay by Quantity
 - The co-pay amount indicated for a CPT4 code on the Fee Schedule tab of the contract will be multiplied by the quantity entered during charge posting.
- Fee for Service
 - Defaults "FFS" into the Type field for each CPT4 code added to the contract's fee schedule.
- % of Allowed Amount for Participants/Non-Participants
 - The percentage defined here will be multiplied by the price from the SIM Library for any CPT4 code not defined in the contract's fee schedule. The multiplied value will default onto the Payment Entry window as the expected payment amount.
- Fully Capitated/Produce Claim for Documentation
 - Charges for CPT4 codes not defined in the contract's fee schedule will be adjusted to a balance of \$0.00 on the Payment Entry window. The adjustment amount is equal to the price from the SIM Library. The adjustment code used is the Default Adjustment code from the Payers table.
 - Also defaults "Capitated" into the Type field for each CPT4 code added to the contract's fee schedule.
- Automatically Adjust Charges
 - Charges will be adjusted at the time of entry on the Charge Posting window. The adjustment amount is calculated as the difference between the price from the SIM Library and the allowed amount from the contract's fee schedule. [Charge Allowed = Adjustment]
- Adjustable Allowed Amount
 - Charges will be adjusted at the time of entry on the Charge Posting window. The adjustment amount is calculated as the difference between the price from the SIM Library and the reimbursed amount from the contract's fee schedule plus the patient's co-pay amount. [Charge (Reimbursed + Co-Pay) = Adjustment]
- Default Auto-Adj Transaction
 - Required entry if the "Automatically Adjust Charges" option is selected. Enter the third party adjustment Transaction Code to be used when charges are adjusted at the time of entry on the Charge Posting window.
- Allow Positive Adjustments
 - Charges will be adjusted at the time of entry on the Charge Posting window. If the price from the SIM Library is less than the allowed amount from the contract's fee schedule, a positive adjustment will be added to bring the balance of the charge up to the allowed amount.
- If rendering Not Entered Assume Participating
 - If the Rendering field is left blank on the Encounter Maintenance window (and therefore is also left blank on the Charge Posting window) the system will



assume that the "no rendering" is a participating provider and the adjustment amount will be calculated accordingly.

Fee Schedule Tab

	Contract Library	Mainten	ance -															
1	General Fee Schedu	Modif	ier Reimbursement	Multiple	Procedure Dis	counting												
	CPT4 Desc	CPT4	?														C Manu	
		D	ate Range	Туре	Multiple Proc	Base CPT4	Non-Facility/	% of	Allowed	Pa	articipating	Non	Participating	Auth	Refer	Co	Pay	
		Effectiv	/e Expiration	1	Discounting	Code	r aciiity	Cing		%	Heimbursed	%	Heimbursed	neq	neq	%	Amount	- I
							Non-Facility Eacility									_		
							Non-Facility									_		
							Facility											
		L					Non-Facility									_		
							Facility											
		Requi	red Diagnoses			E	lequired Modifie	ers										
		Cod	e	Description			Code											
	1																	
																ſ	Next	
																L		

- CPT4
 - Enter the CPT4 code to be added to the fee schedule.
- Effective Date
 - Enter the date the allowed amount takes effect for the CPT4 code. The default is from the Effective Date defined on the contract's General Tab and can be overridden.
- Expiration Date
 - Enter the date the allowed amount ends being in effect for the CPT4 code. The default is the Expiration Date defined on the contract's General Tab and can be overridden.
- Type
 - Enter the FFS (Fee for Service) for the CPT4 code. The default is FFS or Capitated depending on which option was selected on the contract's General tab.
 - Note: If Capitated is selected, the CPT4 will be adjusted during Payment Entry. The adjustment amount is equal to the Reimbursed amount defined for the CPT4 in the contract. The adjustment code used is the Default Adjustment code form the Payer's table.
- Multiple Proc Discounting

 \circ

- Select the appropriate option for the CPT4 code.
 - <u>No</u>: The allowed amount for the CPT4 will not be reduced.
 - <u>Multiple Surg</u>: The allowed amount for the CPT4 code will be reduced based on the order/sequence of the charge on the encounter. The allowed amount is reduced to the percentage defined on the Multiple Procedure Discounting tab.
 - <u>Endoscopy</u>: The allowed amount for the CPT4 code will be reduced. The allowed amount is reduced to the difference between the allowed defined for the CPT4 and the allowed defined for the "Base CPT4 Code."
- Base CPT4 Code

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• Select the "Base Code" for the endoscopy CPT4 Code.

- Note: This field is required if "Endoscopy" was selected in the "Multiple Proc Discounting" field.
- Non-Facility/Facility
 - Allows for difference in allowed and reimbursed amounts depending on where a service is performed. (E.G. Office=Non-Facility and Inpatient Hospital = Facility)
- % of Chg
 - Select this column (green check) if the allowed amount for the CPT4 code is to be a percentage of the charge amount from the SIM Library.
 - Note: when this column is selected, the Allowed field becomes a % amount, not a \$ amount and the Participating/Non-Participating Reimbursed fields become unavailable.
- Non-Facility Allowed
 - Enter the non-facility allowed amount for the CPT4 code. An adjustment will be made to the charge if the non-facility price from the SIM Library and the non-facility allowed amount from the contract's fee schedule are not the same.
 - Note: The charge will be adjusted at the time of entry on the Charge Posting window if the "Automatically Adjust Charges" option is selected on the contract's General tab. Otherwise, the charge will be adjusted during Payment Entry.
- Participating %
 - Enter the percentage of the allowed amount that is expected as reimbursement for a participating provider. The Participating Reimbursed amount will be calculated form the percentage entered.
- Participating Reimbursed
 - Enter the reimbursement amount that is expected for a participating provider. The Participating % will be calculated from the amount entered.
- Non-Participating %:
 - Enter the percentage of the allowed amount that is expected as reimbursement for a non-participating provider. The Non-Participating Reimbursed amount will default to \$0.00 as an entry is not required in both fields.
- Non-Participating Reimbursed
 - Enter the reimbursement amount that is expected for a non-participating provider. The Non-Participating % will default to \$0.00 as an entry is not required in both fields.
- Auth Req
 - Select this option if an authorization is required for the CPT4 code. The following contract edit alert will display to users on the Charge Posting window:
 "Authorization is required for this procedure."
 - Note: This will override the "Authorization Required" option setting on the General tab.
- Refer Req
 - Select this option if a referring physician is required for the CPT4 code. The following contract edit alert will display to users on the Charge Posting window: *"Referring Physician is required for this procedure."*
 - Note: this will override the "Referring Physician Required" option setting on the General tab.
- Co-Pay √
 - Select this option if a co-payment should be applied to the CPT4 code. The co-pay applied will be the amount defined in the Default Co-Pay Amount field on the contract's General tab. If no co-pay amount is defined on the contract's General tab, the co-pay



applied will be the amount entered in the Co-Pay Amount field on the patient's Insurance Maintenance window.

- Co-Pay %
 - If the co-payment to be applied to the CPT4 code should be calculated as a percentage of the allowed amount defined in the contract's fee schedule, enter the percentage here.
 - Note: This percentage co-payment will override <u>both</u> the "default Co-Pay Amount" defined on the contract's General tab and the Co-Pay Amount defined on the patient's Insurance Maintenance window.
- Co-Pay Amount
 - If the co-payment to be applied to the CPT4 code should be a specific dollar amount, enter the amount here.
 - Note: This co-payment amount will override <u>both</u> the "default Co-Pay Amount" defined on the contract's General tab and the Co-Pay Amount defined on the patient's Insurance Maintenance window.
- Required Diagnoses
 - If the payer requires that a specific diagnosis code be associated to this CPT4 code, add the ICD9(s) here. The following contract edit alert displays to users on the Charge Posting window if a required ICD9 code is not entered.
 - "Warning: The contract requires the primary diagnosis code to be one of the following diagnosis code(s): code1, code2, code3, etc."
- Required Modifiers
 - If the payer requires that a specific modifier be associated to this CPT4 code, add the modifier(s) here. The following contract edit alert displays to users on the Charge Posting window if a required modifier is not entered: "Warning: according to the contract the following modifier code(s) are required for this procedure: code1, code2, code3, etc."

Modifier Reimbursement Tab

This tab can be used if the payer reduces the allowed amount defined for CPT4 codes on the Fee Schedule tab to a certain percentage when a specific modifier or modifier combination is used on the charge.

Contract Library Maintenance -										
General <u>F</u> ee Schedule Modifier Reimbursement Multiple Procedure Discounting										
Modifier Field Search										
💼 🖋 Modifier	Percentage of Allowed									
	Modifier Reimbursement Modifier(s) Percentage of Allowed OK Cancel									



- Modifier(s)
 - Enter a specific modifier or modifier combination.
- Percentage of Allowed
 - Enter the percentage the allowed amount should be reduced to when the specified modifier or modifier combination is used on a charge.
 - Example: Modifier 80 (Assistant Surgeon) will reduce the allowed amount to 50%.

😬 Modifier R	eimbursement 🛛 🔀
Modifier(s) 80	Percentage of Allowed
	OK Cancel

Multiple Procedure Discounting Tab

This tab can be used if the payer reduces the allowed amount defined for CPT4 codes on the Fee Schedule tab to a certain percentage when those codes are setup as a "Multiple Surg." The allowed amount is reduced based on the charge order/sequence on the encounter.

🗑 Contract Library Ma	aintenance -	
<u>G</u> eneral <u>F</u> ee Schedule	Modifier Reimbursement Multiple Procedure Discounting	
Procedure Order		
E Sequence	Percentage of Allowed	
	Multiple Procedure Discoun Sequence Percentage of Allowed Image: OK OK	

- Sequence
 - Defaults a number as follows and cannot be changed:
 - First entry = 1Second entry = 2Etc.
- Percentage of Allowed
 - Enter the percentage the allowed amount should be reduced to when the charge falls into the defined order/sequence on the encounter. Example:

First charge:	The allowed amount will remain at 100%
Second charge:	The allowed amount will be reduced to 75%
Third charge:	The allowed amount will be reduced to 50%



Contr	act Library Ma	intenance -		
<u>G</u> eneral	<u>F</u> ee Schedule	Modifier Reimbursement	Multiple Procedure Discounting	
Pr	ocedure Order			
	Sequence		Percentage of Allowed	
		100.00%		
2	2	75.00%		~
3	3 or more	50.00%		
				-
				V

Link to Contract to Payer(s) and Providers

The contract is attached to the appropriate payer(s) on the Practice tab>Libraries sub-tab and the rendering providers that participate with the payer's contract are selected.

🐞 Modify Payer Information - Medica	are	
Payer <u>D</u> efaults - 1 D <u>e</u> faults - 2 <u>S</u> ystem	Practice Alt Payer External Co-Pays Order Module	🛞
Claim Edit Library	Statement Library	
Medicare Claim Edits	When Primary	
Type of Service Library		
· · · · · · · · · · · · · · · · · · ·	When Secondary	
Place of Service Library		
×	When Tertiary	
Claim Print Library		
Medicare Claim Print		
	Prorate insurance balance The formula of the second seco	
	I ransfer non-participating charges to patient Default new participating charges to patient	
Managed Care Contract	Eligibility Profile Library	
Medicare		
Participating Providers	Claim Status Profile Libraru	
Smith MD (Peds), John:Watson MD (FP), Steve	Value Clorely	
Abbott MD (IM), Matthew	Modifiers Library	
🗹 Adams MD (Peds), Benjamin	▼ Includes Electry	
Anderson MD (FP), Barry		
 Baker DU (FP), Michael Banke (NP) Lisa 		
Broadway MD (Peds), Thomas		
Goodby MD (FP), James		
🔽 Jordan MD (IM), John		
Martin PA (Peds), Michael	UB <u>I</u> ransactions Libraries	
	Hide	
₩ho\When	OK Cancel	

- Managed Care Contract
 - Select the contract for the payer.
- Participating Providers
 - Select the rendering providers that participate with the payer's contract. Providers that are not selected are considered non-participating providers.

Modify Payer Information - Me	dicare	•	
Payer Defaults - 1 Defaults - 2 System	n Pra	Alt Payer External Co-Pays Order Module	
Claim Edit Library		Statement Library	
Medicare Claim Edits	*	When Primary	
Type of Service Library		×	
	~	When Secondary	
Place of Service Library		×	
	v	When Tertiary	
Claim Print Library		×	
1 Medicare Llaim Print	× /		
Medicare Llaim Print	- × (Prorate insurance balance	
Medicare Llaim Print		Prorate insurance balance Transfer non-participating charges to patient	
Medicare Llaim Print		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no	
Medicare Liaim Print		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Biglibility Profile Library	
Medicare Liaim Print Managed Care Contract Medicare		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Biglibility Profile Library	
Medicare Liaim Print Managed Care Contract Medicare Participating Providers		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Bigiolity Profile Library Claim Status Profile Library	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Bigiolity Fronie Library Claim Status Profile Library	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster Abbott MD (IM), Matthew		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Bigiolity Fronie Library Claim Status Profile Library Modifiers Library	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster Ø Abbott MD (IM), Matthew Ø Adams MD (Peds), Benjamin Ø Adams MD (Peds), Benjamin		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Biglionity Frontile Library Claim Status Profile Library Modifiers Library	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster Ø Abbott MD (IM), Matthew Ø Adams MD (Peds), Benjamin Ø Anderson MD (FP), Barry Ø Baker DD (FP), Barry		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Digitally Fronte Library Claim Status Profile Library Modifiers Library *	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster ✓ Abbott MD (IM), Matthew ✓ Adams MD (Peds), Benjamin ✓ Anderson MD (FP), Barry ✓ Barker DD (FP), Michael ✓ Barks (NP), Lisa		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Englobility Fronte Library Claim Status Profile Library Modifiers Library *	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster ✓ Abbott MD (IM), Matthew ✓ Adams MD (Peds), Benjamin ✓ Anderson MD (FP), Barry ✓ Barks (NP), Lisa ✓ Broadway MD (Peds), Thomas		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Englobility Profile Library Claim Status Profile Library Modifiers Library *	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster ✓ Abbott MD (IM), Matthew ✓ Adams MD (Peds), Benjamin ✓ Anderson MD (FP), Barry Ø Baker DD (FP), Michael Ø Banks (NP), Lisa Ø Broadway MD (Peds), Thomas Ø Goodby MD (FP), James		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Englobility Profile Library Claim Status Profile Library Modifiers Library *	
Medicare Liam Print Managed Care Contract Medicare Participating Providers Smith MD (Peds), John;Watson MD (FP), Ster ✓ Abbott MD (IM), Matthew ✓ Adams MD (Peds), Benjamin ✓ Anderson MD (FP), Barry Ø Baker DD (FP), Michael Ø Banks (NP), Lisa Ø Broadway MD (Peds), Thomas Ø Goodby MD (FP), James Ø Jordan MD (IM), John		Prorate insurance balance Transfer non-participating charges to patient Default non-participating provider's accept assignment to no Engibility Profile Library Claim Status Profile Library Modifiers Library	

The following fields display only if a Managed Care Contract has been selected for the payer.

- Prorate Insurance Balance
 - Select this check-box if charge balances on an encounter are to be prorated in the Balance Control window between primary and secondary insurances (or between the primary insurance and the patient if no secondary insurance exists). The prorated amount is based on the fee for service percentage defined in the contract's fee schedule.
 - Note: The "Prorate insurance balance" option must also be selected on the Contract>General tab and on the Payer>Practice tab>Libraries sub-tab.
- Default Non-Participating Provider's Accept Assignment to No
 - Select this check-box to set the "Assignment of Benefits" to No for the encounter when a non-participating provider is selected as rendering. Assignment of Benefits is found on the Chart>Encounters tab>Insurance sub-tab>Verification section.

Contract Exceptions

Contract Exceptions allow differences from the standard contract for allowed amounts, reimbursed amounts, etc. to be defined. The differences can be based on any of the following:

Provider Provider/Location Provider/Location/Payer

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Example Dr. Jones Dr. Jones at Westminster Office

- Create a Contract Exception
 - Right-click on the contract and select Contract Exceptions from the menu.

🗑 Co	ontracts List		
Contr Medi	acts List Search icare		
E	d BCBS	Contracts	
	Cigna		
	Medicale	New	
		Open	
		Hide	
		Print	
		Copy	
		Practice Access	
		Contract Exceptions	
		Contract Global Update	

• The Contract Exception Maintenance window displays.

Contract: Me Contract: Me Contract Ex Use as Base Filter Criteria Type the firs	tt Excepti dicare cception Nar Contract t t number(s) of	on Mainte ne the CPT4 iten	enar	want to	Mide Exc	eption	CPT YT 4s	4 Items : Only			For F Partio % or can t	Participa cpating the dol be used	ating & Ci lar ar d, bu	Non - popy fields, nount t not both.
CPT4	Date F	Range	Auth	Refer	Non-Facility/ Allowed Participating				g Non-Participating			Refer Beg	(Co-Pay
	Effective	Expiration	110q	Tioq	Non-Facility Facility Non-Facility		76	Heimbursed	76	Heimbursea	Incq	Ticq	76	Amount
										Next		ОК		Cancel

- Contract Exception Name
 - Enter a name for the exception being defined.
- Type the First Number(s) of the CPT4 Item you want to Locate
 - Enter the first few digits of the CPT4(s) that you need to have exception parameters defined.
- o CPT4 / Effective / Expiration / Auth Req / Refer Req
 - These parameters default from the original contract setup and cannot be modified.
- Non-Facility / Facility



- Define the following exception parameters for each CPT4 code as needed:
 - Allowed
 - Participating % and Reimbursed
 - Non-Participating % and Reimbursed
 - Authorization Required
 - Referring Provider Required
 - Co-Pay % and Amount
- Example: Medicare Contract Exception for Mid-Level Providers

Contract: Medicare Contract Exception Name													
edicare Mid	Level Fee Sc	hedule											
Medicare Mid-Level ree Schedule Use as Base Contract Filter Criteria Type the first number(s) of the CPT4 item you want to loc					eption 📃] Include Past	CPT	4 Items			For P Partic % or can b	Particip opating the dol be use	ating 3 & Ci Ilar ar d, bu	, Non - opay fields, mount t not both.
					Exception CF	PT4s	Only						
CPT4	Date F	Range	Auth Refer	Non-Facility/	Allowed	Pa	articipating	Non	-Participating	Auth	Refer	(Co-Pay
	Effective	Expiration	Req Req	Facility		%	Reimbursed	%	Reimbursed	Req	Req	%	Amount
	01.101.10000	10/01/0000		Non-Eacilitu	00.00	on	C4.00	70	04.00				
99201	01/01/2006	12/31/2033		ritorri dointy	00.00	00	64.00	70	64.00				
99201	0170172006	12/31/2033		Facility	80.00	80	64.00	70	64.00				
99201 99202	01/01/2006	12/31/2099		Facility Non-Facility	80.00	80 80	64.00 68.00	70 70 70	64.00 64.00 59.50				
99201 99202	01/01/2006	12/31/2099		Facility Non-Facility Facility	80.00 80.00 85.00 85.00	80 80 80 80	64.00 68.00 68.00	70 70 70 70	64.00 64.00 59.50 59.50				
99201 99202 99203	01/01/2006	12/31/2099 12/31/2099		Facility Non-Facility Facility Non-Facility	80.00 80.00 85.00 85.00 90.00	80 80 80 80	64.00 68.00 68.00 72.00	70 70 70 70 70	64.00 64.00 59.50 59.50 63.00				
99201 99202 99203	01/01/2006	12/31/2099 12/31/2099		Facility Non-Facility Facility Non-Facility Facility	80.00 80.00 85.00 85.00 90.00 90.00	80 80 80 80 80 80	64.00 68.00 68.00 72.00 72.00	70 70 70 70 70 70	64.00 64.00 59.50 59.50 63.00 63.00				
99201 99202 99203 99204	01/01/2006 01/01/2006 01/01/2006 01/01/2006	12/31/2099 12/31/2099 12/31/2099		Facility Non-Facility Facility Non-Facility Facility Non-Facility	80.00 80.00 85.00 85.00 90.00 90.00 95.00	80 80 80 80 80 80 80	64.00 64.00 68.00 68.00 72.00 72.00 76.00	70 70 70 70 70 70 70	64.00 64.00 59.50 59.50 63.00 63.00 66.50				
99201 99202 99203 99204	01/01/2006 01/01/2006 01/01/2006 01/01/2006	12/31/2099 12/31/2099 12/31/2099		Facility Non-Facility Facility Non-Facility Facility Non-Facility Facility	80.00 85.00 85.00 90.00 90.00 95.00 95.00	80 80 80 80 80 80 80 80	64.00 64.00 68.00 72.00 72.00 76.00 76.00	70 70 70 70 70 70 70 70 70	64.00 64.00 59.50 59.50 63.00 63.00 66.50 66.50				

Link to Contract Exception to Provider(s)

Once a Contract Exceptions has been created, it is linked to the appropriate rendering providers in the Providers table > Practice tab > Group Information section. In the below example, the Mid-Level Contract Exception is being linked to Lisa Banks, NP at all locations for Medicare.

a Modify Provide	r Information - Banks (NP), Lisa			
Demograp System	No <u>t</u> es Elig/Re <u>f</u> Crede <u>n</u> tial Pro	vider TPractice Categories	E <u>x</u> ternal <u>E</u> HR <u>Ch</u> art Trac	Order <u>M</u> od
Rendering provi	Addify Provider Practice Pa	ver		
DEA Number	Payer Name Medicare	Name/Organization	Suspended Eff Dt	8
Zone 1	Provider Number 84111111	Street		Ŭ
Service Location	Effective Date Expiration Date 01/01/2012 12/31/2099	City	State Zip	
Group Information Payer Name	Group Name NEXTGEN Medical Group	Country County	CLIA Number	-
<default> Cigna Healthcare Medicare</default>	SIM Exception	Contract Exception Medicare Mid-Level Fee Schedule	e - Mec 👽 🖻 CPT 4 Provider Nbrs	
	Taxonomy Code	-		~
	Claim Value 1 Claim Value 2	Submitter Group	 ✓ Disable Supervisor Billing ✓ Bill SSN with SY secondary rel 	RTA Enabled
8	₩ho\When		OK	Cancel



Contract Global Update

The Contract Global Update is a utility that can be used to update the Non-Facility / Facility allowed amounts and reimbursement amounts within an existing contract. The utility uses the RVU Library and GPCI Codes Library (optional) in the calculation of the new allowed/reimbursement amounts.

The utility can be access by right-clicking on the contract and selecting Contract Global Update from the menu.

- Access Contract Global Update
 - Right-click on the contract and select Contract Global Update from the menu.



• The Contract Global Update window displays.

🗑 Contract Global Update - Medicare	X
Filter Criteria CPT4 Thru CPT4 Effective Date 199201 199215 12/01/2011	
Calculate Using RVU * GPCI RVU Library GPCI Library 2012 RVU (Transitio • 2012 GPCI • Carrier / Locality 12502/99 Rest of Pt •	Other Values Item Values Item Values Item Values Type: Item Values Item Values Item Values Auth Required
RVU GPCI (Work RVU ★ GPCI Work ↓ (Non-Facility RVu ★ GPCI PE ↓	Co-Pay C % C %
(Malpractice RVL KGPCI PLI) Conversion Factor: 25.0000 Anesthesia Conversion Factor:	Expire Old, and create new row in Contract Update The Existing Row in the Contract Effective Date Expiration Date 01/01/2012 Im 12/31/2099 Im
Set the New Allowed Amount to 100% of the Calcul Set the New Participating Reimbursement Amount to Determine the New Non-Participating Allowed Amount to	lated Payment (Adjusted RVU * Conversion Factor).
Set the New Non-Participating Reimbursement Amount to	80 % of the determined Non-Participating Allowed Amount.



- Filter Criteria
 - o CPT4
 - Starting CPT4 code in the contract to be updated with new fees.
 - o Thru CPT4
 - Ending CPT4 code in the contract to be updated with new fees.
 - Effective Date
 - Enter an Effective Date for the selected CPT4 codes.
 - Note: Only CPT4 codes in effect on the date specified will be updated.
- Calculate Using RVU*GPCI
 - RVU Library
 - Select the RVU Library to be used in the fee update calculate.
 - o GPCI Library
 - Select the GPCI Library to be used in the fee update calculation, if applicable.
 - Carrier/Locality
 - Select the Carrier/Locality from the GPCI Library to be used in the fee update calculation, if applicable.
 - RVU/GPCI Calculation
 - Create the fee update calculation to be used.
 - o Conversion Factor
 - The conversion factor entered here will be multiplied by the total from the calculation defined above.
 - Anesthesia Conversion Factor
 - The anesthesia conversion factor entered here, if applicable, will be multiplied by the total from the calculation defined above.
 - Set the New Allowed Amount to (n) 5 of the Calculated Payment
 - The percentage entered here will be multiplied by the total form the calculation defined above. This will become the *new allowed amount* in the contract for the selected CPT4 codes.
 - Set the New Participating Reimbursement to (n) % of the New Allowed Amount
 - The percentage entered here will be multiple by the new allowed amount. This will become the expected reimbursement amount in the contract for participating providers for the selected CPT4 codes.
 - Determine the New Non-Participating Allowed Amount to (n) % of the New Allowed Amount
 - The percentage entered here will be multiple by the new allowed amount. This will become the allowed amount for non-participating providers for the selected CPT4 codes.
 - Set the New Non-Participating Reimbursement Amount to (n) % of the Determined Non-Participating Allowed Amounts
 - The percentage entered here will be multiple by the non-participating allowed amount. This will become the expected reimbursement amount in the contract for non-participating providers for the selected CPT4 codes.
- Other Values
 - Keep Existing Values for Old Fee Schedule
 - Select this check-box to retain the current settings on the Fee Schedule tab in the contract for the selected CPT4 codes. The settings include:
 - Auth Req
- Authorization Required Referring Provider Required
- Refer Req Referring Provider
- 1

Co-Pay Indicator



- Co-Pay %
- Co-Pay Percentage
- Co-Pay Amount Co-Pay Dollar Amount
- Do not select this check-box if it desired to change the current setting on the Fee Schedule tab in the contract for the selected codes. The settings that can be changed include:
 - Type
 - Select FFS (Fee for Service) or Capitated.
 - Auth Required
 - Select this check-box to activate Auth Req for the selected codes.
 - Referral Required
 - Select this check-box to activate Refer Req for the selected codes.
 - CoPay
 - Select this check-box to activate the Co-Pay Indicator ($\sqrt{}$) for the selected codes.

%: If the co-pay for the selected codes should be a percentage of the allowed amount, enter the percentage here.

\$: If the co-pay for the selected codes should be a specific dollar amount, enter the amount here.

- Update the Non Facility
 - Select this option to update the Non-Facility fee row in the contract for the selected codes.
- Update the Facility
 - Select this option to update the Facility fee row in the contract for the codes selected.
- Expire Old, and Create New Row in Contract
 - Select this option to expire the existing fee row and create a new fee row for the selected codes.
- Update the Existing Row in the Contract
 - Select this option to update the existing fee row for the selected codes.
- Effective Date
 - Enter the Effective Date for the fee row.
- Expiration Date
 - Enter the Expiration Date for the fee row.

Contract Functionality in EPM

The examples on the following pages are intended to illustrate some of the options available in the setup of a Contract and how those options work from an end user's perspective in EPM.

Example 1: Non-Participating Provider Alert

 Lisa Banks, NP is not selected as a participating provider for the Medicare contract in the Payers table > Practice tab > Libraries sub-tab.

- An appointment is created for a Medicare patient with Lisa Banks, NP.
- A contract edits alert displays on the Add Appointment window.
- Note: The contract edit alert also displays when selecting Medicare as the primary insurance on the encounter during check-in and when posting charges.

Add Appointment	
Date Time Last First 07/11/2012 I 9:20 A V	Patient
Event/Event Chain Duration Middle Birth Date Age Sex	Hist
Address Address Bradkvay Do (20 min) FLEX SIG Room (East) (30 min) Service Location County County	Recall/Waitlist UDF
Medicare, Detais Alerts Contract Edits:	Ins/Diag
Contract Edits: Proce Son-Participating Provider The rendering physician is not a participating provider of this contract.	Task/Prov
User Defin	Note
Type of In Confirmation Notes: Authorization Needed? Banks (NPL) Lisa Referring Physician	Marketing
Encounter Number Date	
Case Description Date	
OK C	ancel

Example 2: Deductible in Effect Prompt

- The Deductible in Effect option is selected in the Medicare contract > General tab.
- Medicare insurance is entered for a patient and the Deductible field is left blank (\$0.00) on the Insurance Maintenance window.
- A contract prompt displays when user clicks OK to save the insurance information.

Patient Chart - Medicare, Maureen	😚 Insurance Maintenance - Medicare, Maureen M	
Medicare, Maureen M (5.7)	Insured Medicare, Maureen M Insurance Type Medicare Part B NEIC Number: Payer:Medicare Francial Class:Medicare Claim Type:Medicare Part B Timured SSN 29373973 Manaed Care Park/Medicare Claim Type:Medicare Part B Timured SSN 29373973 Manaed Care Park/Medicare Claim Type:Medicare Part B Timured SSN 29373973 Manaed Care Park/Medicare Claim Type:Medicare Part B Timured SSN 29373973 Manaed Care Park/Medicare Claim Type:Medicare Part B Timured SSN 29373973 Manaed Care Park 293747 Manaed Care Park 293	Ġ
Name Medicare, Maureen M (5.7) Address 197 Medicare St Aurora, CO 80040 S Number 20347:3079 Birth de 20347:3078 Birth de 20347 Birth de 20347:3078 Birth de 20347 Birth de 20347	Detail Detail - 2 /ps Cards Begeft Indo Authorizations Befertals Elg/Relenal If webpic Egental Plan Namber HIC/Policy Nize Chill S tor SSN If webpic If webpic If webpic Plan Namber 2299733794 If webpic If webpic If webpic If webpic Plan Namber 2299733794 If webpic If webpic If webpic If webpic 2299733794 If webpic If webpic If webpic If webpic 2299733794 If webpic If webpic If webpic If webpic 2299733794 If webpic If webpic If webpic If webpic 2299733794 If webpic If webpic If webpic If webpic Reland Address Note If webpic If webpic If webpic Reland Address Practice Level Co Payment If webpic If webpic Description If webpic If webpic If webpic If webpic Country If webpic If webpic If webpic If webpic Country If webpic If webpic If webpic If webpic Country If webpic If webpic If webpic If webpic Country If w	٢
Demographics Relationship/Contact/Guar		



Example 3: Referring Physician Required Alert

- The Ref Req option is selected in the Cigna contract > Fee Schedule tab for CPT4 code 99241 (Office Consult).
- An encounter is created with Cigna as primary insurance.
- The Referring provider field was left blank on the Encounter Maintenance window.
- A contract edits alert displays on the Charge Posting window for 99241.
- Note: The contract edit alert will not display if a referring provider is entered on the encounter prior to posting charges.

😽 Charge Po	osting - Cigna Contract, Carla									
6 💆 🛅	💩 🖏 🕼 🏡 📾 🚫 🗟 🗹 🥔	9 👔	1 🖬 🛸 🖛 🔶	A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A	57)					
Patient: Encounter:	Cigna Contract, Catla 930 07/01/2012 Unbilled	Process Dt:	07/01/2012				Crea Moo Proc	ated: lified: :ess Date: 7/1/2	1012	1 of 1
Svc Dates:	07/01/2012 🔲 07/01/2012 🕅	Diag: 🕕	250.01 💽 DM, Uncomp	icated, Type I		Place Svc:	Office			~
Svc Item:	99241 • Office Consultation, Prob Foc •	0				Narr/Dunn:				
CPT4:	99241	0				Notes/Batc		4		
Quantity:	1	0				Status:	Unbilled			
Unit/Override:	150.00 150.00	Rendering:	Abbott MD (IM), Matthew		× 4	Location:	Southside Medical I	Dinic		~
Extended:	150.00	Uther Prov:				BilTo:	Cigna Healthcare (v	with Contract)/Cig	na Contract, Carla	~
Next	Open V Summarize Taxes	Sav	e Next Enc Cancel	Delete Clear				Promote	emote	
Date 07/01/2012	Svc Item S 99241 Office consultation, prob foc U	Charge 150.00	Rx Tax Pa 0	yment Adjustmen	t Ins1 R	Ins 2 R	Ins 3 R	Pat Amt	Line Item Balance	150.00
		Edits	lerts	Contra	ct Edits: Cigna		×			
		Sefer	4 Code: 99241 rring Physician is requi	red for this procedu	ire.					
	Totals	0.00	0.00	0.00	00 0.00	0.00	0.00	0.00	0.00	

Example 4: Authorization Required Alert

- The Auth Req option is selected in the Cigna contract > Fee Schedule tab for CPT4 code 72142 (MRI Cervical Spine).
- A valid authorization is not entered for Cigna prior to the encounter being created.
- An encounter is created with Cigna as primary insurance.
- A contract edits alert displays on the Charge Posting window for 72142.
- Note: The contract edit alert will not display if a valid authorization is entered prior to posting charges.



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Patient: Encounter:	Cigna Contract, Carla	Process Dt	07/01/2012			Creat Modi Proce	ted: fied: ess Date: 7/1/2012	1 of 1
Svc Dates:	07/01/2012	Diag: 🌒	724.1 Pain In Thoracic Spine	•	Place Svc:	Office		~
Svc Item:	72142 • MRI, Cervical Spine, W/ Conti •	0		•	Narr/Dunn:			
CPT4:	72142	0			Notes/Batc			
Quantity:	1	0			Status:	Unbilled		
Unit/Override:	950.00 950.00	Rendering:	Abbott MD (IM), Matthew	✓ ₫	Location:	Southside Medical C	linic	~
Extended:	950.00	Uther Prov::			Bill To:	Cigna Healthcare (wi	ith Contract)/Cigna Contract, Carla	~
		Herening:		• • • •				
Next	Open Summarize Taxes	Sa	ve Next Enc Cancel Delet	e Ciear			Promote	
Date								
5 4.0	Svc Item S	Charge	Rx Tax Payment	Adjustment Ins 1 R	Ins 2 R	Ins 3 R	Pat Amt Line Item Balar	ce
07/01/2012	Svc Item S 72142 MRI, cervical spine, w/ contrast U	Charge 950.00	Rx Tax Payment	Adjustment Ins 1 R	Ins 2 R	ins 3 R	Pat Amt Line Item Balar	ce 950.00
07/01/2012	Svoltem S 72142 MRI, cervical spine, w/ contrast U	Charge 950.00 Edits	Rx Tax Payment 0	Adjustment Ins 1 R	Ins 2 R	ins 3 R	Pat Amt Line Item Balar	ce 550.00
07/01/2012	Svoltem S 72142 MRI, cervical spine, w/ contrast U	Charge S50.00 Edits	Rx Tax Payment	Adjustment Ins 1 R	Ins 2 R	Ins 3 R	Pat Amt Line Item Balar	ce 950.00
07/01/2012	Svoltem S 72142 MRI, cervical spine, w/ contract U	Charge S50.00 Edits Con	Rx Tax Payment 0 0 Verts 0 tract Edits: Cigna	Adjustment Ins I R	Ins 2 R	Ins 3 R	Pat Amt Line Item Balar	ce 950.00
07/01/2012	Svo Item S 72142 MRI, cervical spine, w/ contract U	Charge 950.00 Edits Con Solution	Rx Tax Payment 0 0 Payment Image: Colspan="2">Colspan="2">Colspan="2" Image: Colspan="2">Colspan="2" Image: Colspan="2" Image: Colspan="2"	Adjustment Ins 1 I R Contract Edits: Cigna	Ins 2 R	Ins 3 R	Pat Amt Line Item Balar	ce 950.00
07/01/2012	Svottem S 72142 MRI, cervical spine, w/ contract U	Charge 550.00 Edits Con GCP Aut	Rx Tax Payment 0 VIETTS tract Edits: Cigna T4 Code: 72142 horization is required for this pro	Adustment Ins 1 R Contract Edits: Cigna	Ins 2 R	Ins 3 R	Pat Ant Line Item Balar	ce 950.00
07/01/2012	Svo Item S 72142 MRI, cervical spine, w/ contract U	Charge S50.00 Edits Con & CP Aut	Rx Tax Payment 0 VICTS tract Edits: Cigna T4 Code: 72142 horization is required for this pro	Adustment Ins 1 R Contract Edits Cigna	Ins 2 R	Ins 3 R	Pat Ant Line Item Balar	ce 950.00
07/01/2012	Svo Item S 72142 MRI, cervical spine, w/ contract U	Charge S50.00 Edits Con S CP Aut	Rx Tax Payment 0 Verts tract Edits: Cigna T4 Code: 72142 horization is required for this pro	Adustment Ins 1 R Contract Edits: Cigna	Ins 2 R	Ine 3 R	Pat Amt Line Item Balar	ce

Example 5: Prorate Insurance Balance (80% / 20%)

- The Prorate Insurance Balance option is selected in the Medicare contract > General tab.
- The Prorate Insurance Balance option is selected in the Medicare payer > Practice tab > Libraries sub-tab.
- The contract's allowed amounts are defined as follows:

99203 = \$95.00 with 80% expected reimbursement 81002 = \$20.00 with 80% expected reimbursement

- An encounter is created with Medicare as primary and AARP as secondary.
- 20% of Medicare's allowed amounts are prorated to Ins2 on the Charge Posting window.
- Note: If there is no secondary insurance on the encounter, 20% of allowed amounts are prorated to Pat Amt.

🔹 Charge P	osting - Medicare, Maureen											
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Patient: Encounter: Svc Dates: Svc Item:	Medicare. Maureen	Process Dt: Diag: 0	07/01/2012 250.01 • DM	M, Uncomplicated, T	ype I		 Place Svc: Narr/Dunn: 	Office	Crea Mod Proc	ited: Admin, ified: Admin, ess Date: 7/1,	NextGen 07/11/2012 1:20 P NextGen 07/11/2012 1:20 P /2012	2 of 2
CPT4: Quantity: Unit/Override: Extended:	1 35.00 35.00	© [Rendering: [Other Prov:: Referring:	Abbott MD (IM), N	Matthew			Notes/Batc. Status: Location:	Unbilled Southside	• Medical (Clinic	2	×
New	Open V Summarize Taxes	Sav	/e Next Enc	Cancel Delet	te Clear	Constraint of the				Promote	Demote	
Date 07/01/2012 07/01/2012	Svoltem S 199203 Office/outpatient visit, new, det. U 181002 Urinalysis, non-automated, w/oU	Charge 110.00 35.00	Rx Tax	Payment 0	Adjustment	Ins 1 R 91.00 ✓ 31.00 ✓	Ins 2 F 19.00 4.00	Ins	R	Pat Amt	Line Item Balance	110.00 35.00



Example 6: Create Zero Dollar Claim

- The Create Zero Dollar Claim option is selected in the Medicare contract > General tab.
- An encounter is created with Medicare as primary insurance.
- A 99024 (Post Op Followup) charge is entered for \$0.00.
- The charge is flagged to be released (R) and sent on a claim for to Ins1 (Medicare).

🗢 Charge R	Posting - Medicare, Maureen								
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Patient: Encounter:	Medicare, Maureen	Process Dt: 07/01/20	112 🕅					Created: Admin, NextGen 07/11/2012 1:30 P Modified: Admin, NextGen 07/11/2012 1:30 P Process Date: 7/1/2012	1 of 1
Svc Dates:	07/01/2012 🕅 07/01/2012 🥅	Diag: 1 474.02	Tonsillitis And Adenoidits, Chro	nic	•	Place Svc:	Office		*
Svc Item:	99024 🔹 Postop Followup Visit 🔹	0			•	Narr/Dunn:			
CPT4:	99024	6			•	Notes/Batc			
Quantity:	1	0			•	Status:	Unbilled		
Unit/Override:	0.00	Rendering: Abbott M	D (IM), Matthew		< A	Location:	Southside Med	lical Clinic	~
Extended:	0.00	Other Prov:			•				
		Referring:		(• \$				
New	Open Summarize Taxes	Save Ne	xt Enc) Cancel Delete	Clear				Promote Demote	
Date 07/01/2012	Svc Item S 99024 Postop followup visit U	Charge 0.00	Tax Payment Ad	ustment Ins 1)	Ins 2 R	Ins 3	R Pat Amt Line Item Balanc	e 0.00
				1	•				

Example 7: Apply Co-Pay to All Line Items (90% / 10%)

- The Apply Co-Pay to All Line Items option is selected in the Cigna contract > General tab.
- The contract's allowed amounts are defined as follows:

99203 = \$100.00 with 10% co-pay 81002 = \$25.00 with 10% co-pay 82962 = \$25.00 with 10% co-pay

- An encounter is created with Cigna as primary insurance.
- The 10% of Cigna's allowed amount is automatically moved to the patient (Pat Amt) as the co-pay for each charge on the Charge Posting window.

🗢 Charge P	osting - Cigna Contract, Carla	j												
۵ 🖉 🖬	🥹 👽 🕼 🔩 📾 🚫 🗟 🗹	1	9 🎼		\$ 14 4 4	🔹 R 🕺)							
Patient: Encounter:	Cigna Contract, Carla 930 07/01/2012 Unbilled	•	🖋 🚡 Process Dt	07/01/2012							Crea Moo Proo	ated: Admin, lified: Admin, cess Date: 7/1.	NextGen 07/11/2012 1:55 P NextGen 07/11/2012 1:55 P /2012	3 of 3
Svc Dates:	07/01/2012 07/01/2012		Diag: 🕕	250.01	DM, Uncomplicated,	Type I			Place Svc:	Office				~
Svc Item:	82962 Glucose Blood Test	-	0					-	Narr/Dunn:					
CPT4:	82962		0						Notes/Batc.	·		1		
Quantity:	1		0						Status:	Unbilled				
Unit/Override:	35.00 35.00		Rendering:	Abbott MD (II	M), Matthew		×	1	Location:	Southsid	le Medical I	Clinic		×.
Extended:	35.00		Other Prov::					-						
			Referring:					1						
New	Open 🛛 🗹 Summarize Taxes			ave Next Er	Cancel De	lete Clear						Promote	Demote	
								_						
Date	Svc Item	S	Charge	Bx Ta	ax Payment	Adjustment	Ins 1 R		Ins 2 F	Ins	3 R	Pat Amt	Line Item Bala	nce
07/01/2012	81002 Uripalwis pop-automated w/o		35.00		0		32.50					2.50		35.00
07/01/2012	82962 Glucose blood test	U	35.00		0		32.50 🗸					2.50		35.00
												-		



Example 8: Automatically Adjust Charges = Turned Off

- The Automatically Adjust Charges option is not selected in the Cigna contract > General tab.
- The SIM Library price for a 99203 is \$110.00.
- The contract's allowed amount for 99203 is \$100.00.
- An encounter is created with Cigna as primary insurance.
- A 99203 charge is entered on the encounter in the Charge Posting window.
- The encounter is billed.

🔷 Charge P	osting - Cigna Contract, Carla				
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Patient: Encounter:	Cigna Contract, Carla	ss Dt 07/01/2012		Created: Admin, NextGen 07/11/2012 2:11 P 1 c Modified: Admin, NextGen 07/11/2012 2:11 P Process Date: 7/1/2012	of 1
Svc Dates:	07/01/2012 💼 07/01/2012 💼	Image:	Place Sv	Svc: Office 🗸	1
Svc Item:	99203 Office/outpatient Visit, New, D	0	💽 Narr/Dur	Dunn:	1
CPT4:	99203	0	Notes/B	/Batc	1
Quantity:	1	0	 Status: 	Unbilled	ĩ
Unit/Override:	110.00	dering: Abbott MD (IM), Matthew	🕑 🖋 Location	on: Southside Medical Clinic 🔍	1
Extended:	110.00	r Prov:			
		rring:	• 1		
New	Open 🗹 Summarize Taxes	Save Next Enc Cancel Delete Clear		Promote	
Date	Svc Item S	rge Rx Tax Payment Adjustment	Ins1 R Ins2	R Ins 3 R Pat Amt Line Item Balance	
0770172012	99203 Uffice/outpatient visit, new, det U		110.00		0.00

- The contract's allowed amount of \$100.00 defaults into the Payment Entry window.
- The contract's reimbursed amount of \$90.00 defaults into the Payment Entry window.

[Allowed X 90% = Payment]

[\$100.00 X 90% = \$90.00]

• The contract's adjusted amount of \$10.00 defaults into the Payment Entry window.

[Charge – Allowed = Adjustment] [\$11

[\$110.00 - \$100.00 = \$10.00]

S Payment Entry	
	Control Group: 0001 07/11/2012 Cigna 😪
Source/Acot: Encounter Cigna Contract, Carla Patient/MRN: Cigna Contract, Carla 553 Enc/Clm #: 930 07/01/2012 Billed Southaide Medical Cl Resub #: Use Account Credit Payer: Cigna Healthcare (with Contract//Cigna Cont Clm Reasons: Image: Cligna Healthcare (with Contract//Cigna Cont Clm Reasons: Image: Cligna Healthcare (with Contract//Cigna Cont Clm Reasons: Image: Cligna Healthcare (with Contract//Cigna Cont Image: Cligna Healthcare (with Contract/Cigna Cont Imag	Created: 1 of 1 Modified:
Next Open Save Cancel Delete Clear Date SIM Description CPT4 Rendering Qtv/Charge Allowed % Commercial Payment Commercial Adjustment Balance 7/1/2012 99203 Office/outpatient visit, new, 99203 Abbott MD 110.00 90 90.00 10.00 10.00	Status Ln Item Rans Deduct Ins 1 Ins 2 Ins 3 Settled moved to self 110.00 0.00 0.00



Example 9: Automatically Adjust Charges = Turned On

- The Automatically Adjust Charges option is selected in the Cigna Contract > General tab.
- The SIM Library price for a 99203 is \$110.00.
- The contract's allowed amount for 99203 is \$100.00.
- An encounter is created with Cigna as primary insurance.
- A 99203 charge is entered on the encounter in the Charge Posting window.
- A contract edits alert displays on the Charge Posting window for the 99203 indicating a \$10.00 adjustment has been created.

A Character Device Contract Code				
Charge Posting - Cigna Contract, Carla				
Patient: Cigna Contract, Carla			Created	1 of 1
Encounter: 930 07/01/2012 Unbilled	Process Dt: 07/01/2012		Modified: Process Date: 7/1/2012	
Svc Dates: 07/01/2012 🕅 07/01/2012 🥅	Diag: 0 250.01 💽 DM, Uncomplicated, Type I	Place Svc	Office	~
Svc Item: 99203 - Office/outpatient Visit, New, D -	0	🕞 Narr/Dunn	r. [
CPT4: 99203	6	Notes/Bat		
Quantity: 1	0	Status:	Unbilled	
Unit/Override: 110.00 110.00	Rendering: Abbott MD (IM), Matthew	Cocation:	Southside Medical Clinic	~
Extended 110.00	Liber Prov.	Bill or	Figna Healthcare (with Contract)/Figna Contract, Farla	~
	P.C.i.			
	Referring:			
Next Open V Summarize Taxes	Referring: Save Next Enc Cancel Delete Clear		Promote Demote	
Next Open V Summarize Taxes Date Svo Item S	Referring: Save Next Enc Cancel Delete Clear Charge Rx Tax Payment Adjustment Ins 1 If	Ins 2	Promote Demote RI Ins 3 I RI Pat Amt II Line Item Ba	lance
Next Open Y Summarize Taxes Date Svoltem S1 07/01/2012 93003 Office/outpatient writ, new, det. U	Save NextEnc Cancel Delete Desc Charge Rx Tax Payment Adjustment Ins 1 F Edits Edits<	Ins 2	Promote Demote Promote Demote R Ins 3 R PatAnt Line Item Ba	lance 110.00
Next Open Y Summarize Taxes Date Svc Item S :: 07/01/2012 93203 Office/coupsilent' visit, new, det. U	Save NextEnc Cancel Delete Gas Charge Rx Tax Payment Adjustment Ins 1 If Edits Contract Edits: Cigna Contract Edits: Cigna Contract Edits: Cigna Contract Edits: Cigna	Ins 2	Promote Demote Line Item Ba	lance 110.00
Next Open Y Summarize Taxes Date Svc Item S1 07/01/2012 99203 Office/coulpatent with new, det. U	Reterring: Save Next Enc Cencel Delete Cencel Cencel <td>Ins 2</td> <td>Promote Demote Promote Demote R Ins 3 R Pat Amt Line Item Ba</td> <td>lance 110.00</td>	Ins 2	Promote Demote Promote Demote R Ins 3 R Pat Amt Line Item Ba	lance 110.00
Next Open Y Summarize Taxes Date Svc Item S 07/01/2012 \$9203 Office/outpatient visit, new, det. U	Referring: Save Next Enc Cancel Delete Dear Charge Rx Tax Payment Adjustment Ins 1 F Edits Contract Edits: Cigna Contract Edits: Cigna	Ins 2	Promote Demote Promote Demote R Ins 3 R Pat Amt Line Item Ba	lance 110.00
Next Open Y Summaize Taxes Date Svc Item S 07/01/2012 99203 Office/outpatient visit. new, det. U	Referring:	Ins2	Promote Demote Promote Demote R Ins 3 R Pat Amt Line Item Ba	lance 110.00
Next Open Summarize Taxes Date Svoltem S 07/01/2012 93203 Difice/outpatient visit, new, det. U	Referring Save Next Enc Cancel Delete Clear Charge Rx Tax Payment Adjustment Ins 1 If Edits Contract Edits: Cigna Contract Edits: Cigna © CPT4 Code: 99203 A-\$10.00 automatic adjustment has been created for this charge.	Ins 2	Promote Demote Promote Demote R Ins 3 RI Pat Amt Line Item Ba	lance 110.00
Next Open Summarize Taxes Date Svoltem S 07/01/2012 93003 Office/outpatient writ, new, det. U	Retering: Save Next Enc Cancel Delete Gesr Charge Bit Tax Payment Adjustment Ins 1 F Edits Contract Edits: Cigna % CPT4 Code: 99203 A-\$10.00 automatic adjustment has been created for this charge;	Ins 2	Promote Demote R Ins 3 R Pat Ant Line Item Ba	lance 110.00
Next Open ✓ Summarize Taxes Date Svoltem S1 07/01/2012 33203 Office/outpakent with new, det. U	Retering: Save NextEnc Cancel Delete Gear Charge Bx Tax Payment Adjustment Ins 1 ft Edits Contract Edits: Cigna Socrate Contract Edits: Cigna Contract Edits: Organ A-\$10.00 automatic adjustment has been created for this charge.	Ins 2	Promote Demote Promote Demote R Ins 3 R Pat Ant Line Item Ba	lance 110.00

[Charge - Allowed = Adjustment] [\$110.00 - \$100.00 = \$10.00]

- The contract's allowed amount of \$100.00 defaults into the Payment Entry window.
- The contract's reimbursed amount of \$90.00 defaults into the Payment Entry window.

[Allowed X 90% = Payment]

[\$100.00 X 90% = \$90.00]

• The contract's adjustment amount of \$10.00 does not default into the Payment Entry window because it occurred at het time of Charge Posting.

Payment Entry			
الله 🗹 🗟 🖧 🖧 🕸 🔮 🔟 🍕	i¢ ♦ ⇒ ⇒i 🐔 🗐	Control Group: 0001 07/11/2012 Cigna	4
Source/Acct: Encounter Cigna Contract, Carla Patient/MRN: Cigna Contract, Carla 563		Created 1 of Modified:	f1
Enc/Um #: 330 01//01/2012 Billed Southade Medical Cl ♥ Payer: Cigna Healthcare (with Contract)/Cigna Con ♥ Tracking: 0 Date: 07/11/2012 @ Pay Amt: 300.00 Adj Amt: 0 Next 0pen	resub #: Use Account Liedit Clin Reasons: Vise Encounter Credit Acct Credit: Transaction Notes: Pay Code: Vise Encounter Credit Save Cancel	Recalc Xter Cree COB	
Date SIM Description CPT4 7/1/2012 93203 Office/outpatient visit, new 93203	Rendering Dty/Charge Allowed % Commercial Payment Commercial Adjus Abbott MD_ 110.00 100.00 90 90.00	stment Balance Status Ln Item Rsns Deduct Ins 1 Ins 2 Ins 3 10.00 Settled moved to self 100.00 0.00 0.00	F



Example 10: Adjustable Allowed Amount

- The Automatically Adjust Charges and Adjustable Allowed Amount options are selected in the Aetna contract > General tab.
- The Sim Library price for a 99203 is \$80.00.
- The contract's reimbursed amount of 99203 is \$55.00.
- An encounter is created with Aetna as primary insurance for a patient with a co-pay of \$15.00.
- A 99203 charge is entered on the encounter in the Charge Posting window.
- The contract edits alert displays on the Charge Posting window for the 99203 indicating a \$10.00 adjustment has been created.

[Charge – (Reimbursed + Co-Pay) = Adjustment] [\$80.00 – (\$55.00 + \$15.00) = \$10.00]

👋 Charge	Posting - User Group, Patient			_ 🗆 🗙
🍯 😴 🛱	🥹 🤀 🐁 🏔 🐼 🖉 🌽 👙 🛗 😫 🕪 🔶 射 🗐			
Patient: Encounter:	User Group, Patient 🗾 🖋 🛅 142 08/23/2005 History 🖵 Process 📝 🗾	Create Modifie Proces	d: Siegle, Ray 11/23/2005 2: ad: Siegle, Ray 11/23/2005 2: s Date: 11/23/2005	56 P 1 of 1 56 P
Sive Diates:	08/29/2005 🧾 to 08/29/2005 🧾 Diag: 🕕 373.13 🔄 Abscess, eyelid	Place Svc:	Office	7
Svc Item:	99203 🔽 Office/outpatient visit, new, dł 🚽 🛛 🖉	Narrative:		
CPT4:	99203	Notes:		
Quantity:	1 0 1	Status:	Unbilled	
Unit/Override:	80.00 80.00 Rendering: Welby MD, Marcus	Location:	Westminster Office	~
Extended:	80.00			
New	<u>D</u> pen <u>Save</u> <u>D</u> ancel <u>D</u> elete <u>C</u> jear	<u> </u>	romote De <u>m</u> ote	
Date	Svoltem S Charge Payment Adjustment Ins 1 f	R Ins 2	R Ins3 R F	Pat Amt Line Item 🔺 15.00 70.00

- An encounter is created with Aetna as primary insurance for another patient with a copay of \$10.00.
- A 99203 charge is entered on the encounter in the Charge Posting window.
- A contract edits alert displays on the Charge Posting window for the 99203 indicating a \$15.00 adjustment has been created.

[Charge – (Reimbursed + Co-Pay) = Adjustment]	[\$80.00 - (\$55.00 + \$10.00) = \$15.00]
-----------------------------------------------	-------------------------------------------

👋 Charge	Posting - User Group, Patient	
🍯 😴 🛱) 🥹 🦚 🗞 🙈 🐼 🌶 🗹 🥔 🥮 🕋 字 🌬 🔺 🐴	
Patient: Encounter:	User Group, Patient	Created: Siegle, Ray 11/23/2005 3:07 P 1 of 1 Modified: Siegle, Ray 11/23/2005 3:07 P Process Date: 11/23/2005
Svc Dates:	08/29/2005 🔢 to 08/29/2005 📃 Diag: 🕕 373.13 🔽 Abscess, eyelid	Place Svc: Office
Svc Item:	99203 🕤 Office/outpatient visit, new, di 🚽 🛛 🕑 🔽	Narrative:
CPT4:	99203	Notes:
Quantity:	1 0 1	Status: Unbilled
Unit/Override:	80.00 80.00 Rendering: Welby MD, Marcus	Location: Westminster Office
Extended:	80.00	
New	<u>D</u> pen <u>Save</u> <u>Cancel</u> <u>D</u> elete <u>Cl</u> ear	<u>Eromote</u> De <u>m</u> ote
Date	Svoltem S Charge Payment Adjustment	Ins 1 R Ins 2 R Ins 3 R Pat Amt Line Item A



Example 11: Allow Positive Adjustments

- The Automatically Adjust Charges and Allow Positive Adjustments options are selected in the Cigna contract > General tab.
- SIM Library prices are defined as follows:

99203 = \$110.00 81002 = \$35.00

• Contract allowed amounts are defined as follows:

99203 = \$100.00 81002 = \$40.00 Note: The allowed amount is greater than the charge amount

- An encounter is created with Cigna as primary insurance.
- Both the 99203 and 81002 charges are entered on the encounter in the Charge Posting window.
- A contract edits alerts display on the Charge Posting window indicating a \$-10.00 adjustment (negative) has been created for the 99203 and a \$5.00 adjustment (positive) has been created for the 81002.

🗢 Charge P	osting - Cigna Contract, Carla					
e 🖉 🛅	😻 👿 🗟 🙆 🔩 🦛 🎯	🛛 🍅)		
Patient: Encounter:	Cigna Contract, Carla 930 07/01/2012 Unbilled	🖋 🐮 Process Dt:	07/01/2012			Created: Admin, NextGen 07/11/2012 2:57 P 2 of 2 Modified: Admin, NextGen 07/11/2012 2:57 P Process Date: 7/1/2012
Svc Dates:	07/01/2012 🔳 07/01/2012 🔳	Diag: 🕕	250.01 DM, Uncomplicated, Type I		Place Svc:	Office
Svc Item:	81002 Urinalysis, Non-automated, W.	0	724.1 Pain In Thoracic Spine		Narr/Dunn:	
CPT4:	81002	0			Notes/Batc.	
Quantity:	1	0			Status:	Unbilled
Unit/Override:	35.00 35.00	Rendering:	Abbott MD (IM), Matthew	<u> </u>	Location:	Southside Medical Clinic
Extended:	35.00	Other Prov::		•		
		Referring:		• \$		
New	Open 🗹 Summarize Taxes	Sa	ve Next Enc Cancel Delete Clear			Promote
Date	Svc Item S	Charge	Rx Tax Payment Adjustment	Ins 1 B	Ins 2 R	Ins 3 R Pat Amt Line Item Balance
07/01/2012	99203 Office/outpatient visit, new, det U 81002 Urinalusis pop-automated w/o	110.00	0 -10.00	40.00		40.00
-						

Example 12: Contract Exception for Mid-Level Providers

- The Automatically Adjust Charges options is selected in the Medicare contract > General tab.
- The SIM Library price for a 99203 is \$110.00.
- The Medicare contract's allowed amount for 99203 is \$95.00.
- The Medicare contract exceptions allowed amount for 99203 is \$90.00 for Mid-Level Providers.
- AN encounter is created with Lisa Banks, NP as rendering and Medicare as primary insurance.
- A 99203 charge is entered on the encounter in the Charge Posting window.
- A contract edits alert displays on the Charge Posting window for 99203 indicating a \$20.00 adjustment has been created.

[Charge – Allowed = Adjustment]

[\$1100.00 - \$90.00 = \$20.00]



😽 Charge F	Posting									
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Patient: Encounter: Svc Dates: Svc Item: CPT4: Quantity: Unit/Override: Extended:	Medicare, Maureen y 929 07/01/2012 Unbilled 07/01/2012 07/01/2012 07/01/2012 99203 Office/outpatient Visit, New, D y 99203 1 110.00 110.00	Process Dt: 077 Diag: 0 250 6 9 Rendering: Ba Other Prov: 9	/01/2012 m 0.01 v DM, Uncomplicated v v v anks (NP), Lisa	, Type I	* * * *	Place Svc: Narr/Dunn: Notes/Batc Status: Location: Bill To:	Crea Modi Proc Office Unbilled Southside Medical C Medicare/Medicare,	ted: ffied: ess Date: 7/11/2 /// // // // // // // // /	2012	1 of 1
Next	Open V Summarize Taxes	Referring: Save	Next Enc Cancel	elete Clear	• 4		includio includio.	Promote De	mote	
Date 07/01/2012	Svc Item S 99203 Office/outpatient visit, new, det U	Charge Rx 110.00	Tax Payment	Adjustment	Ins 1 R	Ins 2 R	Ins 3 R	Pat Amt	Line Item Balance	110.00
		Edits Contra Contra Contra Contra Contra Contra Contra Contra Contra	CECITS CONTRACTOR OF CONTRACTO	Contract Ed	dits: Medicare					
	Totals:	0.00	0.00 0	.00 0.00	0.00	0.00	0.00	0.00	0.00	

Example 13: Allowed Amounts Reduced based on Modifiers and Multiple Procedures

This example illustrates how the allowed amounts for surgical procedures can be reduced based on modifiers entered on the charges and the charge order/sequence when multiple procedures are performed.

• SIM Library prices are defined as follows:

SIM/CPT4 Code	<u>Price</u>
35371	\$1600
35456	\$800
37207	\$900
37208	\$400

• The Medicare contract > Fee Schedule tab is setup for each of the above CPT4 codes as follows:

CPT4	Code
35371	

Multiple Proc Discounting Multiple Surg (Yes) <u>Allowed</u> \$800

1	Contra	ct Library	Maintenanc	e - Medic	are											
	<u>G</u> eneral	<u>F</u> ee Schedu	e <u>Modifier Re</u>	eimbursement	Multiple	Procedure Dis	counting									
	35371		CPT4													
	,	Des 🔼	35371	Throm	boendarterec	tomy, common	femoral			_	_					
	15822	Ble	Date R	ange	Туре	Multiple Proc	Base CPT4	Non-Facility/	' % of 🌈	Allowed	P	articipating	Nor	-Participating	uth	Refer
	35371	Thr	Effective	Expiration		Discounting	Code	Facility	Chg		%	Reimbursed	%	Reimbursed	eq	Req
	35456	Tra	01/01/2003	12/31/2099	FFS 🗸	Multiple S 🚽		Non-Facility		800.00	80	640.00	65	0.00		
	36415	Col					r	Facility		800.00	80	640.00	65	0.00		
	37207	Tra			-	•		Non-Facility								





• The Medicare contract > Modifier Reimbursement Tab is setup as follows:

Modifier 59 (Distinct Procedure/Service) and/or Modifier 80 (Assist Surgeon) are defined to reduce the Allowed Amount to \$25% of the amount defined in the contract's Fee Schedule tab.

<u>Modifier</u>	% of Allowed
5980	25%
80	25%

1	Contr	act Li	ibrary Maintena	nce - Medicare	
	<u>G</u> eneral	<u> </u>	Schedule Modifier	Reimbursement Multiple Procedure Discounting	
		Modifier	Field Search		
	T	A	Modifier	Percentage of Allowed	1
			5980 80	25.00% 25.00%	8
			00	LUIDIN	



• The Medicare contract > Multiple Procedure Discounting tab is setup as follows:

Multiple Procedure Discounting is defined to not reduce the Allowed Amount on the first procedure (100%) but reduce the allowed amounts on the second, third, etc. procedures (50%).

<u>Sequence</u> 1 2 or more	<u>% of Allowed</u> 100% \$50%	
😴 Contract Library Maintenan	te - Medicare	
<u>G</u> eneral <u>F</u> ee Schedule <u>M</u> odifier R	eimbursement Multiple Procedure Disco	sunting
Procedure Order	Percentage of	Allowed
2 or more 50.0	1%	

- Charge Posting and Contract Auto-Adjustments
 - Based on the above setup in the Medicare contract's Fee Schedule tab, Modifier Reimbursement tab, and Multiple Procedure Discounting tab, the Charge Posting screen below shows the allowed amount that was calculated for each charge and the resulting adjustment amount.

S Charge Posting - Contract Medicare, Carl												
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Patient: Encounter:	Patient: Contract Medicare, Carl											
Svc Dates:	: Dates: 10/10/2011 🔳 10/10/2011 🔳 Diag: 🌒 401.9 💽 Hypertension, Essential NOS								Inpatient H	lospital		
Svc Item:	35371 Thromboendarterectomy, Corr -	0	•				•	Narr/Dunn:				
CPT4:	35371 80	6	0					Notes/Batc				
Quantity:	1	•						Status:	Unbilled			
Unit/Override:	1,600.00 1,600.00	Rendering:	Abbott MD (IM), Matthew IM					Location: Willow Grove Hospital Inpatie			atient	
Extended:	1,600.00											
New	Open	Sa	ve Next Er	ic Cancel D	elete Clear					Promote De	mote	
Date	Svoltem S	Charge	Payment	Adjustment	Ins 1 R	Ins 2	B In	s3 R	Pat Amt	11		
10/10/2011	35371 Thromboendarterectomy, com U	1,600.00		-1,400.00	200.00 📝							
► 10/10/2011	35456 Transluminal angioplasty, open U	800.00		-750.00	50.00							
10/10/2011	37207 Transcatheter stent placement U	900.00		-843.75	100.00							
F 10/10/2011	57200 manscatrieter steht placement, 0	800.00		-700.00	100.00					11		

Calculation of Allowed Amount

[Final Calculated Allowed = Contract Allowed – Contract Modifier Reduction – Contract Multiple Procedure Reduction]

Calculation of Adjustment Amount

[Adjustment Amount = Charge – Final Calculated Allowed]

	Charge	Postir	ıg	Contract Library Calculated Allowed Amounts						
CPT4	Mod	Qty	Charge	Contract Allowed	Modifier Reduces Allowed to 25%	odifier educes owed to 25% Multiple Procedure Discounting?		Qty.	Final Calculated Allowed	Adjustment
35371	80	1	\$1600	\$800	\$200	Yes 100%	\$200	1	\$200	-\$1400
35456	5980	1	\$800	\$400	\$100	Yes 50%	\$50	1	\$ 50	-\$750
37207	5980	1	\$ 900	\$450	\$112.50	Yes 50%	\$56.25	1	\$56.25	-\$843.75
37208	80	2	\$800	\$200	\$50	No 100%	\$50	2	\$100	-\$700

Reports

Reports > Accounts Receivable

Contractual Analysis Report

- Explanation of Columns
 - Cont Allwd Amount
 - Allowed amount defined in the contract for the CPT4 code.
 - Act Allwd Amt
 - Actual allowed amount from payer (EOB) entered during payment entry.
 - Diff Allwd Amt
 - Difference between the allowed amount defined in the contract for the CPT4 code and the actual allowed amount entered during payment entry.

If \$0.00: Contract allowed amount and payer allowed amount are the same.

If > 0.00 or < 0.00: There is a discrepancy between contract and payer allowed amounts.

- Cont Pay Amt
 - Payment amount defined in the EPM contract for the CPT4 code.
- o Act TP Pay Amt
 - Actual payment amount from payer (EOB) entered during payment entry.
- o Diff Pay Amt
 - Difference between the payment amount defined in the contract for the CPT4 code and the actual payment amount entered during payment entry.

If \$0.00: Contract reimbursed amount and payer reimbursed amount are the same.

If > 0.00 or < 0.00: There is a discrepancy between contract and payer reimbursed amounts.



- Cont Adj Amt
 - Adjust amount defined in the EPM contract for the CPT4 code.
- Act Adj Amt
 - Actual adjustment amount from payer (EOB) entered during payment entry.
- Diff Adj Amt
 - Difference between the adjustment amount defined in the EPM contract for the CPT4 code and the actual adjustment amount entered during payment entry.

If \$0.00: Contract adjustment amount and payer adjustment amount are the same.

If > 0.00 or < 0.00: There is a discrepancy between contract and payer adjustment amounts.

Contractual Analysis Report for Medicare Contract

Sorted by Rendering Provider

5ª Contr	actual Analysis									_ _ ×
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				Medicare	- Contractua	Analysis				
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	↔ <u>Name</u>	♦ <u>CPT4</u>	Cont Alwd Amt	Act Alwd Amt	♦ <u>Diff Alwd Amt</u>				♦ Cont Adj Amt	⇔ <u>Act Adj</u> /
Medicare	Part B									
Kiley, Jai	mes									
72	Medicare, Albert S	81002	\$30.00	\$17.00	-\$13.00	\$24.00	-\$17.00	\$7.00	-\$5.00	-\$1
72	Medicare, Albert S	99201	\$50.00	\$50.00	\$0.00	\$40.00	-\$50.00	-\$10.00	\$10.00	-\$11
101	Medicare, Eunice R	85610	\$10.00	\$10.00	\$0.00	\$8.00	-\$10.00	-\$2.00	\$5.00	-\$!
101	Medicare, Eunice R	99204	\$80.00	\$80.00	\$0.00	\$64.00	-\$80.00	-\$16.00	\$10.00	-\$1
Totals fo	r Kiley, James (4)		\$170.00	\$157.00	-\$13.00	\$136.00	-\$157.00	-\$21.00	\$20.00	-\$33
Welby M	D, Marcus									
48	Medicare, Eunice R	81002	\$30.00	\$24.00	-\$6.00	\$24.00	-\$24.00	\$0.00	-\$5.00	\$1
48	Medicare, Eunice R	99204	\$80.00	\$89.00	\$9.00	\$64.00	-\$89.00	-\$25.00	\$10.00	\$1
71	Medicare, Eunice R	81000	\$26.00	\$0.00	-\$26.00	\$20.80	\$0.00	-\$3.20	\$0.00	-\$:
Totals fo	r Welby MD, Marcus	(3)	\$136.00	\$113.00	-\$23.00	\$108.80	-\$113.00	-\$28.20	\$5.00	-\$2
Totals for	Medicare Part B (7)		\$306.00	\$270.00	-\$36.00	\$244.80	-\$270.00	-\$49.20	\$25.00	-\$35
TOTALS (7)		\$306.00	\$270.00	-\$36.00	\$244.80	-\$270.00	-\$49.20	\$25.00	-\$35



Sorted by Service Location

- Contr	actual Analysis									_ 🗆 X
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Medicare I	Part B	_								
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72	Medicare, Albert S	81002	\$30.00	\$17.00	-\$13.00	\$24.00	-\$17.00	\$7.00	-\$5.00	-\$1
72	Medicare, Albert S	99201	\$50.00	\$50.00	\$0.00	\$40.00	-\$50.00	-\$10.00	\$10.00	-\$1
Totals fo	r Aurora Office (2)		\$80.00	\$67.00	-\$13.00	\$64.00	-\$67.00	-\$3.00	\$5.00	-\$18
Englewoo	od Office									
101	Medicare, Eunice R	85610	\$10.00	\$10.00	\$0.00	\$8.00	-\$10.00	-\$2.00	\$5.00	-\$!
101	Medicare, Eunice H	99204	\$80.00	\$80.00	\$0.00	\$64.00	-\$80.00	-\$16.00	\$10.00	-\$1
Totals to	r Englewood Uttice (2	.)	2 an'nn	\$ an'nn	\$ U.UU	\$72.00	-\$30.00	-\$18.00	\$15.00	-\$15
Westmin	star Offica									
48 Westmin	Medicare Funice B	81002	\$30.00	\$24.00	-\$6.00	\$24.00	-\$24.00	\$0.00	-\$5.00	¢
48	Medicare, Eunice B	99204	\$80.00	\$89.00	\$9.00	\$64.00	-\$89.00	-\$25.00	\$10.00	\$1
. 71	Medicare Eunice B	81000	\$26.00	\$0.00	-\$26.00	\$20.80	\$0.00	-\$3.20	\$0.00	
Totals fo	r Westminster Office !	(3)	\$136.00	\$113.00	-\$23.00	\$108.80	-\$113.00	-\$28.20	\$5.00	-\$2
		,		•	•	•	•	•	•	
Totals for	Medicare Part B (7)		\$306.00	\$270.00	-\$36.00	\$244.80	-\$270.00	-\$49.20	\$25.00	-\$35
TOTALS (7)		\$306.00	\$270.00	.\$36.00	\$244.80	-\$270.00	-\$49.20	\$25.00	.\$35
TUTALU	1		÷300.00	\$210.00	-\$30.00	\$244.00	-#Z10.00	* # *J.20	₽ 2.3.00	-400

Sorted by CPT4 Code

Contractual Analysis								_ [×		
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Medicare Part B 81000											
71 Medicare, Eunice R	\$26.00	\$0.00	-\$26.00	\$20.80	\$0.00	-\$3.20	\$0.00	-\$2.00			
Totals for 81000 (1)	\$26.00	\$0.00	-\$26.00	\$20.80	\$0.00	-\$3.20	\$0.00	-\$2.00			
01003											
48 Medicare Eunice B	\$30.00	\$24.00	-\$6.00	\$24.00	-\$24.00	\$0.00	-\$5.00	\$0.00			
72 Medicare, Albert S	\$30.00	\$17.00	-\$13.00	\$24.00	-\$17.00	\$7.00	-\$5.00	-\$8.00			
Totals for 81002 (2)	\$60.00	\$41.00	-\$19.00	\$48.00	-\$41.00	\$7.00	-\$10.00	-\$8.00			
85610											
101 Medicare, Eunice R	\$10.00	\$10.00	\$0.00	\$8.00	-\$10.00	-\$2.00	\$5.00	-\$5.00			
Totals for 85610 (1)	\$10.00	\$10.00	\$0.00	\$8.00	-\$10.00	-\$2.00	\$5.00	-\$5.00	-		
00004											
99201 72 Medicare Albert S	¢50.00	¢50.00	¢0.00	¢40.00	.450.00	.¢10.00	¢10.00	.¢10.00			
Totals for 99201 (1)	\$50.00	\$50.00	00.02	\$40.00	-\$50.00	-\$10.00	\$10.00	-\$10.00	-		
	•	•	•	•	•	•	•	•			
99204											
48 Medicare, Eunice R	\$80.00	\$89.00	\$9.00	\$64.00	-\$89.00	-\$25.00	\$10.00	\$0.00			
101 Medicare, Eunice R	\$80.00	\$80.00	\$0.00	\$64.00	-\$80.00	-\$16.00	\$10.00	-\$10.00	_		
Totals for 99204 (2)	\$160.00	\$169.00	\$9.00	\$128.00	-\$169.00	-\$41.00	\$20.00	-\$10.00			
Totals for Medicare Part B (7)	\$306.00	\$270.00	-\$36.00	\$244.80	-\$270.00	-\$49.20	\$25.00	-\$35.00	-		
TOTALS (7)	\$306.00	\$270.00	-\$36.00	\$244.80	-\$270.00	-\$49.20	\$25.00	-\$35.00	-		

