

Optimize Billing Configuration in PCC EHR

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Get Paid SME & Consultant

UC
2024

Session Goals

1. Optimize your insurance reporting
2. Optimize your CPT reporting
3. Protect against fraud with accurate payment reporting

Reporting on Insurances

Why update and maintain your insurance tables?

- Improve how you track outstanding accounts
- Be able to review history of how each major insurance reimburses you

Reporting on Insurances

Practice Management

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Insurance Company Aging Report - All Providers 05/01/24

Ins Group	Current	30-59	60-89	90-119	120+	Total	Percent
Personal	5,630	6,209	3,773	1,862	64,678	82,154	52%
Medicaid	0	0	0	0	46	46	0%
Aetna USHC HMO	1,346	260	265	0	0	1,871	1%
Aetna MC & Elect	1,259	0	0	0	10	1,269	1%
Aetna HDHP	99	0	0	0	2,107	2,206	1%
Aetna Open	2,059	511	0	0	0	2,570	2%
BCBS	2,499	102	619	38	122	3,381	2%
Capital Blue Cross	10,198	4,691	798	0	588	16,275	10%
Geisenger Health Plan	0	297	0	565	555	1,417	1%
Health America	4,888	621	165	0	15	5,689	4%
Health Assurance	7,025	260	35	0	358	7,678	5%
HealthPass	89	89	0	0	0	179	0%
Green Leaf Insurance	2,410	894	178	0	0	3,482	2%
Keystone HealthPlan	1,985	254	185	40	261	2,725	2%
Miscellaneous Insurance	220	500	0	0	0	720	0%
HealthyKids HMO	371	491	206	0	332	1,400	1%
Private Insurance	2,664	1,078	101	0	0	3,843	2%
Cigna	393	0	0	0	27	420	0%
Highmark Blue Shield	15,801	2,086	295	72	60	18,314	12%
Retired Insurance Plans	1,267	1,043	105	143	169	2,727	2%
Total	60,206	19,387	6,725	2,720	69,330	158,370	
Percentage	38%	12%	4%	2%	44%		

Criteria for this report run.
By Transaction date, As of 03/27/24

Insurance Company Aging Report - All Providers

Done Jump to Jump to Send Search
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The insurance company aging report is the simplest way to see all of the outstanding balances owed to your business. You will want to consistently review the way you slice this report to maximize “at a glance” information.

- Are all major insurance groups present?
- Should minor insurance groups be consolidated?
- Does “Other/Misc” mean anything to you?

This report is simple to read in the way it groups financial data found on other financial reports.

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Insurance Company Aging Report - All Providers

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- Is having 4 distinct Aetna Groups relevant?
- Can BCBS, Capital Blue Cross and Highmark Blue Shield better be reflected as a single BCBS group?
- Is reporting on retired insurance relevant? What (if any) is the difference between Private and Miscellaneous?

Reporting on Insurances

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Table Editor

q) To quit

- | | |
|-----------------------------|-----------------------|
| 1) Abbreviations | 16) EOBs |
| 2) Immunization and Disease | 17) Insurance Groups |
| 3) Insurance Companies | 18) Procedure Groups |
| 4) Physical Information | 19) Provider Groups |
| 5) ICD-9 Diagnoses | 20) Profile Names |
| 6) Procedures | 21) Lab Tests |
| 7) Reasons for a Visit | 22) Referral Types |
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| 13) Patient Flags | 28) ICD-9 Snap Codes |
| 14) Types of Service | 29) ICD-10 Diagnoses |
| 15) Places of Service | 30) ICD-10 Snap Codes |

Enter number of table to be edited, or quit: 17

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INSURANCE	GROUP NAME	SHORT NAME	ORDER	TOT?
1)	Medicaid	Medicaid	100	Yes
2)	Aetna USHC HMO	Aetna USHC HMO	110	Yes
3)	Aetna MC & Elect	Aetna MC&Elect	120	Yes
4)	Aetna Open	Aetna Open	125	Yes
5)	Aetna HDHP	Aetna HDHP	125	Yes
6)	BCBS	BCBS	130	Yes
7)	Capital Blue Cross	Cap BC	130	Yes
8)	Geisenger Health Plan	Geisenger Health Pl	160	Yes
9)	Health America	Health America	170	Yes
10)	Health Assurance	Health Assurance	180	Yes
11)	HealthPass	HealthPass	190	Yes
12)	Green Leaf Insurance	Green Leaf	200	Yes
13)	Keystone HealthPlan	Keystone HealthPlan	250	Yes
14)	Miscellaneous Insurance	Miscellaneous Insur	260	Yes
15)	Private Insurance	Private Insurance	290	Yes
16)	HealthyKids HMO	HealthyKids HMO	290	Yes
17)	Cigna	Cigna	310	Yes
18)	Highmark Blue Shield	Blue Shield	320	Yes
19)	Retired Insurance Plans	Old Insurance	999	No

There are no more entries.

A)dd, C)lone, P)rint, J)ump, D)elete, or Q)uit

Enter the number to change, or a command:

Reporting on Insurances

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INSURANCE PLAN INFORMATION Entry 240 of 351

Insurance Group: Medicaid
Insurance Plan Name: Medicaid
Short Name: Medicaid
Address: 100 Medicaid Street Phone: 802-888-8888
City: Burlington Ins Type: C1
State: VT Zip: 05401 Filing ID: MC
Allowable Sched: None Subs Filing ID: CI
HCFA Batch: ecscaid
Eligibility ID: PACAID
Payor ID: PACAID
Aux Payor ID:
Special Information File: config/IC/IC_caid

Is this a Medicaid plan?	Yes	Default copayment:	\$ 0.00
Is this a capitated plan?	No	Accept assignment?	Yes
Expect copays for visits to the Doctor's office?	No		
Expect copays for visits to ER and hospital?	No		
Expect one copayment for each procedure?	No		

Save And Quit Previous Record Next Record View Config Edit Config Change Notes

There are multiple important fields in an individual insurance plan for many styles of reporting, these include:

- Insurance Group
- Insurance Plan Name
- Allowable (contracted fee) Schedule
- HCFA Batch (how claims leave the system)
- Payor ID (Insurance routing ID)
- Special Information File (rules configuration)
- Medicaid plan status
- Default copayment

Reporting on Insurances

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Report Generation - Step 2

Select information that should appear in the body of the report.

<input checked="" type="checkbox"/>	1) INSURANCE Group Name
<input type="checkbox"/>	2) INSURANCE Name
<input type="checkbox"/>	3) INSURANCE Short Name
<input type="checkbox"/>	4) INSURANCE Copay Amount
<input type="checkbox"/>	5) INSURANCE HCFA Batch
<input type="checkbox"/>	6) INSURANCE Payor ID Number
<input type="checkbox"/>	7) INSURANCE Special Information File (IBar/I_File)
<input type="checkbox"/>	8) INSURANCE Medicaid Plan
<input type="checkbox"/>	9) INSURANCE Ted -S offset
<input type="checkbox"/>	10)
<input type="checkbox"/>	11)
<input type="checkbox"/>	12)
<input type="checkbox"/>	13)
<input type="checkbox"/>	14)
<input type="checkbox"/>	15)

PCC can help you build a simple report to bring these major fields out to a spreadsheet to better maintain accuracy:

- Group Name (for reporting purposes)
- Name (for searching and updating)
- Short Name (for accuracy)
- Copay amount (to compare to plan name)
- HCFA Batch (to confirm transmission of electronic claims)
- Payor ID (insurance routing ID)
- Special Information File (rules configuration)
- Medicaid plan ("Yes" if Medicaid "No" if Private)
- Ted -S offset (to help PCC locate incorrectly named plans)

Reporting on Insurances

1	Insurance Group Name	Insurance Name	Short Name	Insurance Copay	HCFA Batch	Payor ID Number	I/Bar/L File	Medicaid Plan?	Insurance	Notes
2	United Health	UHC 0W00 (Box 31394)	UHC 0W00 (Box 31394)	\$0.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1816	
3	United Health	UHC 0W0 (Box 30555)	UHC 0W0 (Box 30555)	\$0.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1734	
4	United Health	UHC 0W0 (Box 30967)	UHC 0W0 (Box 30967)	\$0.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1721	
5	United Health	UHC 0W0 (Box 5280)	UHC 0W0 (Box 5280)	\$0.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1737	
6	United Health	UHC 0W0 (BOX 740800)	UHC 0W0 (BOX 740800)	\$0.00	ecsuhc	87726	config/IC/IC_standard	No	825	UHC plans always use nowellcopay
7	United Health	UHC 0W0 (Box 740809)	UHC 0W0 (Box 740809)	\$0.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1735	
8	United Health	UHC 0W0 (PO BOX 5290)	UHC 0W0 (PO BOX 5290)	\$0.00	ecsuhc	87726	config/IC/IC_standard	No	1776	UHC plans always use nowellcopay
9	United Health	UHC 0W10 (Box 30555)	UHC 0W10 (Box 30555)	\$10.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	750	
10	United Health	UHC 0W10 (Box 31374)	UHC 0W10 (Box 31374)	\$10.00	ecsuhc	37602	config/IC/IC_nowellcopay	No	1468	All UHC should route through UHC specific gateway
11	United Health	UHC 0W10 (Box 31375)	UHC 0W10 (Box 31375)	\$10.00	ecsuhc	81400	config/IC/IC_nowellcopay	No	1443	All UHC should route through UHC specific gateway
12	United Health	UHC 0W10 (Box 31394)	UHC 0W10 (Box 31394)	\$10.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1818	
13	United Health	UHC 0W10 (Box 740800)	UHC 0W10 (Box 740800)	\$10.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1043	
14	United Health	UHC 0W10 (Box 981502)	UHC 0W10 (Box 981502)	\$10.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1248	
15	United Health	UHC 0W15 (Box 30555)	UHC 0W15 (Box 30555)	\$15.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	751	
16	United Health	UHC 0W15 (Box 31374)	UHC 0W20 (Box 31374)	\$15.00	ecsuhc	37602	config/IC/IC_nowellcopay	No	1489	
17	United Health	UHC 0W15 (Box 31394)	UHC 0W15 (Box 31394)	\$15.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1822	
18	United Health	UHC 0W15 (Box 5280)	UHC 0W15 (Box 5280)	\$15.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1675	
19	United Health	UHC 0W15 (Box 740800)	UHC 0W15 (Box 740800)	\$15.00	ecsuhc	87726	config/IC/IC_nowellcopay	Yes	752	UHC not a Medicaid plan
20	United Health	UHC 0W20 (Box 30551)	UHC 0W20 (Box 30551)	\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1320	
21	United Health	UHC 0W20 (Box 30555)	UHC 0W20 (Box 30555)	\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1002	
22	United Health	UHC 0W20 (Box 30557)	UHC 0W20 (Box 30557)	\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1005	
23	United Health	UHC 0W20 (Box 30884)	UHC 0W20 (Box 30884)	\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1314	
24	United Health			\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	754	Contact PCC to research insurance table entry 754
25	United Health	UHC 0W20 (Box 31394)	UHC 0W20 (Box 31394)	\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1750	
26	United Health	UHC 0W20 (Box 740800)	UHC 0W20 (Box 740800)	\$20.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	755	
27	United Health	UHC 0W20 (Box 981502)	UHC 0W20 (Box 981502)	\$0.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1213	Incorrect Copay
28	United Health	UHC 0W25 (Box 30555)	UHC 0W25 (Box 30555)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	756	
29	United Health	UHC 0W25 (Box 30557)	UHC 0W25 (Box 30557)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1334	
30	United Health	UHC 0W25 (Box 30884)	UHC 0W25 (Box 30884)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1440	
31	United Health	UHC 0W25 (Box 30967)	UHC 0W25 (Box 30967)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1127	
32	United Health	UHC 0W25 (Box 31374)	UHC 0W25 (Box 31374)	\$25.00	ecsuhc	37602	config/IC/IC_nowellcopay	No	1495	All UHC should route through UHC specific gateway
33	United Health	UHC 0W25 (Box 31386)	UHC 0W25 (Box 31386)	\$25.00	ecsuhc	86111	config/IC/IC_nowellcopay	No	1746	Ins ID 06111 has been sunset, update to current ID
34	United Health	UHC 0W25 (Box 31394)	UHC 0W25 (Box 31394)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1809	
35	United Health	UHC 0W25 (Box 740800)	UHC 0W25 (Box 740800)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	757	
36	United Health	UHC 0W25 (Box 740802)	UHC 0W25 (Box 740802)	\$25.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1404	
37	United Health	UHC 0W25 (BOX 740809)	UHC 0W25 (BOX 740809)	\$25.00	ecsuhc	87726	config/IC/IC_standard	No	1820	UHC plans always use nowellcopay
38	United Health	UHC 0W30 (Box 30551)	UHC 0W30 (Box 30551)	\$30.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1492	
39	United Health	UHC 0W30 (Box 30555)	UHC 0W30 (Box 30555)	\$30.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1057	
40	United Health	UHC 0W30 (Box 30557)	UHC 0W30 (Box 30557)	\$30.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1173	
41	United Health	UHC 0W30 (Box 30884)	UHC 0W30 (Box 30884)	\$30.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1520	
42	United Health	UHC 0W30 (Box 30967)	UHC 0W30 (Box 30967)	\$30.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	1594	
43	United Health	UHC 0W30 (Box 30975)	UHC 0W30 (Box 30975)	\$30.00	ecsuhc	87726	config/IC/IC_nowellcopay	No	758	

Reporting on Insurances

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Allowables Editor - Schedule Assignment
Schedule Name: BCBS PPC,PP0,PPS 99 FEE

```
BCBS of Alabama PPO $0
BCBS of Alabama PPO $30
BCBS of Alabama PPO $40
BCBS of Arkansas PPO $0
BCBS of Arkansas PPO $35
BCBS of California Empire PPO $25
BCBS of California PPO $0
BCBS of California PPO $20
BCBS of California PPO $25
BCBS of California PPO $30
BCBS of California Tandem PPO $15
BCBS of California Trinet PPO $0
BCBS of California Trinet PPO $25
BCBS of California Trinet PPO $30
~BCBS of FL $60 (PO Box 1798)
BCBS of FL PPO $0 Preferred Provider Option Medical
BCBS of FL PPO $20 Blue Choice
BCBS of FL PPO $30Preferred Provider Option Medical
BCBS of FL PPO Network Blue $0
BCBS of FL PPO Network Blue $20
BCBS of FL PPO Network Blue $40
BCBS of FL PPO Network Blue $50
BCBS of HealthNow New York PPO $30
```

Go Back Assign

Beyond fixing standard issues you will also want to review whether you have fee schedules loaded into PCC and to which insurances they apply. You want to also know how your “fake” insurances such as “Self Pay” and “Newborn” route claims or adjust down charges.

Reporting on Insurances

Keeping your insurance tables updated and organized will ultimately lead to more accurate reporting on many aspects of your practice, such as:

- Copay Collection Ratios
- Claim and Billing Error Reports
- Insurance Aging Reports
- Insurance Accounts Receivable Details
- Setting Prices
- Payor Mix Analysis
- Contract Fee Discrepancies
- Revenue per visit by Payor

Reporting on Procedures

As with insurances, procedures are a key component to the health of your business. Maintaining an up to date procedure list helps you to properly report on income, reduce denials, and charge appropriately for services rendered regardless of circumstance.

Reporting on Procedures

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INSURANCE COMPANY REIMBURSEMENT REPORT: Summary Report

From: 01/01/23 To: 12/31/23 Generated On: 5/6/2024

Procedure	# Chgs	Tot Charged
Same	3950	\$ 0.00
99213 OV Expanded Focus	3613	\$196638.00
90471 1 Immuniz Admin W/O MD Counseling	1428	\$ 14300.00
90472 2+ Immuniz Admin W/O MD Counseling	1081	\$ 10810.00
99214 OV Detailed H&E	760	\$ 64428.00
99392 Well Child 1-4 yrs	502	\$ 44264.00
90658 Influenza Vac 36m + older	476	\$ 7140.00
99211 OV Minimal	430	\$ 8600.00
99391 Well Child Under 1 yr	428	\$ 35930.00
87880 Rapid Strep Screen	417	\$ 11259.00
90700 DTaP	356	\$ 16020.00
90713 IPV	355	\$ 17750.00
90669 Pneumo-7	345	\$ 31050.00
94010 Spirometry Simple	340	\$ 23800.00
94375 Respiratory Flow Volume Loop	339	\$ 9492.00
99393 Well Child 5-11 yrs	320	\$ 29080.00
90657 Influenza Vac 6-35 months	225	\$ 3375.00
X Forms	190	\$ 950.00
99214 Medication Follow Up	176	\$ 14736.00
90748 HepB/Hib	174	\$ 13920.00
99394 Well Child 12-17 yrs	170	\$ 16395.00
90707 MMR Vaccine	161	\$ 12880.00
99213-25 +OV Expanded	144	\$ 7840.00
94016 Peak Flow review/interpretation	143	\$ 3575.00
99050 OV Saturday Differential	118	\$ 2124.00
81002 Urinalysis w/out Microscopy	117	\$ 1170.00
99054 OV Sunday/Holiday Diff	114	\$ 2622.00
94640 Nebulizer Treatment	103	\$ 3605.00
A7003 Neb Admin Set	100	\$ 800.00
J7699 Levalbuterol HCl 0.63mg/3ml	98	\$ 0.00
99212 OV Problem Focused	95	\$ 3690.00

Done Jump to Jump to Send Search
Top Bottom To... Pattern

Procedures and their frequency are the key reporting metric used to help you understand the financial health of your business.

For example, the "Insurance Company Reimbursement Report: Summary Report" shows you the most used procedures for a calendar year.

Reporting on Procedures

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Select Procedures to Include.

GROUP - Office Visits (29)

- 99215-25 +OV Comprehensive
- 99214-25 +OV Detailed
- 99213-25 +OV Expanded
- 99212-25 +OV Problem Focused
- 99215 ADD Yearly Evaluation
- 99213 Camp Exam
- 99213 Daycare Exam
- 99213 Driver's Exam
- 99214 Medication Follow Up
- 99058 OV Acc Emer
- 99215 OV Comprehensive
- 99215-95 OV Comprehensive Realtime A/V
- 99214 OV Detailed H&E
- 99214-95 OV Detailed H&E Realtime A/V
- 99213 OV Expanded Focus
- 99213-95 OV Expanded Focus Realtime A/V
- 99350 OV Home Comprehensive
- 99349 OV Home Detailed
- 99348 OV Home Expanded Focus
- 99058 OV Med Emer(BC/BS)
- 99211 OV Minimal
- 99211-95 OV Minimal Min Realtime A/V
- 99212 OV Problem Focused
- 99212-95 OV Problem Focused Realtime A/V
- 99213 School Exam
- 99213 Sports Exam
- 99213 Work Exam
- 99213 ~Medication Follow Up

Process Select Select All Select None List By Group List By Pattern View Selected

Properly grouping procedures aids your office with running financial reports and allows for specific selection of types of visits. These types may include categories such as sick, well, consults, telephone E/M, vaccinations, etc.

Reporting on Procedures

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Table Editor

q) To quit

- | | |
|-----------------------------|-----------------------|
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| 15) Places of Service | 30) ICD-10 Snap Codes |

Enter number of table to be edited, or quit: 18

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PROCEDURE GROUP NAME	SHORT NAME	ORDER	TOT?
1) Unclassified	Unclassified	0	Yes
2) Office Visits	OV	10	Yes
3) Office Visits, New Patients	OV, New	20	Yes
4) Counseling Visits	Counseling	30	Yes
5) Counseling Visits, New Patients	Counseling, New	40	Yes
6) Differentials	Differentials	50	Yes
7) Well Child Care	WCC	60	Yes
8) Well Child Care, New Patients	WCC, New	70	Yes
9) Preventive Counseling, Individuals	Prev Couns, Ind.	80	Yes
10) Preventive Counseling, Groups	Prev Couns, Grp.	90	Yes
11) Medical Tests	Medical Tests	100	Yes
12) Medical Procedures	Medical Procs	110	Yes
13) Supplies	Supplies	120	Yes
14) Injections	Injections	130	Yes
15) Immunizations	Immunizations	140	Yes
16) Laboratory Procedures	Lab Procs	150	Yes
17) Surgical Procedures	Surgical Procs	160	Yes
18) Hospital Admissions	Hosp Admits	170	Yes
19) E/M - Hospital Care	E/M - Hosp	180	Yes
20) Hospital Discharges	Hosp Discharges	190	Yes
21) Hospital Care	Hosp Care	200	Yes
22) E/M - Newborn Care	E/M - Newborn	210	Yes
23) Newborn Care	Newborn Care	220	Yes
24) Office Consultations	Office Consult	230	Yes
25) Initial Hospital Consultations	Init Hosp Consult	240	Yes
26) Follow-up Hospital Consultations	Subs Hosp Consult	250	Yes
27) Confirmatory Consultations	Conf Consult	260	Yes
28) Emergency Room Care	ER Care	270	Yes
29) E/M Miscellaneous Procedures	E/M Misc	280	Yes
30) Miscellaneous Procedures	Misc	290	Yes
31) Other Fees	Fees	300	Yes

There are 3 more entries.

A)dd, C)lone, P)rint, J)ump, D)elete, F)orward, or Q)uit

Enter the number to change, or a command:

Reporting on Procedures

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PROCEDURE TABLE Entry 338 of 582

Proc Name: 0V Expanded Focus
Acct Type: Revenue
Proc Group: Office Visits
TOS: Pediatric Care
Units: 1

NDC:
Dose Amount:
Dose Units:

CPT Code	Price	CPT Code	Price
Sch A: 99213	\$ 100.00	Sch N: 99213	\$ 100.00
Sch B: 99213	\$ 95.00	Sch O: 99213	\$ 100.00
Sch C: 99213	\$ 100.00	Sch P: 99213	\$ 100.00
Sch D: 99213	\$ 100.00	Sch Q: 99213	\$ 100.00
Sch E: 99213	\$ 100.00	Sch R: 99213	\$ 100.00
Sch F: 99213	\$ 100.00	Sch S: 99213	\$ 100.00
Sch G: 99213	\$ 100.00	Sch T: 99213	\$ 100.00
Sch H: 99213	\$ 100.00	Sch U: 99213	\$ 100.00
Sch I: 99213	\$ 100.00	Sch V: 99213	\$ 100.00
Sch J: 99213	\$ 100.00	Sch W: 99213	\$ 100.00
Sch K: 99213	\$ 100.00	Sch X: 99213	\$ 100.00
Sch L: 99213	\$ 100.00	Sch Y: 99213	\$ 100.00
Sch M: 99213	\$ 100.00	Sch Z: 99213	\$ 100.00

Save And Quit Previous Record Next Record Duplicat Codes Duplicat Prices

Procedure entry fields include prices and codes along with configuration options for claims. These options control reporting on charges and payments after adjudication.

For example:

- Procedure Group
- Accounting type (revenue or service fee)
- Injection details
- Type of Service (clinical service type)
- Codes and modifiers
- Price schedules

Reporting on Procedures

Practice Management

+ Session 1

Report Generation - Step 2

Select information that should appear in the body of the report.

<input type="checkbox"/>	1) PROCTABLE Procedure Group
<input type="checkbox"/>	2) PROCTABLE Name
<input type="checkbox"/>	3) PROCEDURE CPT Code Sched A
<input type="checkbox"/>	4) PROCEDURE Price Sched A
<input type="checkbox"/>	5) PROCTABLE Accounting Type
<input type="checkbox"/>	6) PROCTABLE TOS
<input checked="" type="checkbox"/>	7) PROCTABLE Units
<input type="checkbox"/>	8) PROCEDURE CPT Code Sched B
<input type="checkbox"/>	9) PROCEDURE Price Sched B
<input type="checkbox"/>	10) PROCEDURE CPT Code Sched C
<input type="checkbox"/>	11) PROCEDURE Price Sched C
<input type="checkbox"/>	12) PROCEDURE CPT Code Sched D
<input type="checkbox"/>	13) PROCEDURE Price Sched D
<input type="checkbox"/>	14) PROCTABLE Procedure Ted -S offset
<input type="checkbox"/>	15)

PCC can help you build a simple report to export these major fields to a spreadsheet to better maintain accuracy:

- Group Name (for reporting purposes)
- Name (for searching and updating)
- CPT Code (for billing)
- CPT Price (for reimbursement)
- TOS (for additional claim information)
- Units (for multi-unit CPTs)
- Alternate CPT/Price (Medicaid, self pay, etc.)
- Accounting Type (revenue vs receipts)
- Ted -S offset (to help locate incorrectly named procedures)

Reporting on Procedures

Practice Management

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DAY SHEET LISTING (daysheet):

Posting Dates: 04/03/24 to 04/07/24

Items

User	Transaction		Patient Name	Prv	-----Revenue-----			-----Receipts-----			
	Date	Account Name			Non-Svc	Services	Adjust	Cash	Check	Credit Cards	NSF/ Refunds
pcc	04/03/24	Flintstone, Fred	Flintstone, Pebbl	CAS			69.00		215.00		
pcc	04/03/24	Flintstone, Fred		CAS					215.00-		
pcc	04/03/24	Flintstone, Fred		CAS			69.00-				
pcc	04/03/24	Flintstone, Fred	Flintstone, Pebbl	CAS			84.00		215.00		
pcc	04/03/24	Flintstone, Fred		NON							215.00-
pcc	04/03/24	Flintstone, Fred		CAS					215.00-		
pcc	04/03/24	Flintstone, Fred		NON					215.00		
pcc	04/03/24	Flintstone, Fred		CAS			84.00-				
pcc	04/03/24	Flintstone, Fred	Flintstone, Pebbl	CAS				15.00			
pcc	04/03/24	Flintstone, Fred		NON				100.00			
pcc	04/03/24	Flintstone, Fred		NON							68.56-
pcc	03/30/22	Flintstone, Fred		CAS							
pcc	03/30/22	Flintstone, Fred		CAS							
pcc	03/30/22	Flintstone, Fred		CAS					68.56-		
pcc	03/30/22	Flintstone, Fred		NON					68.56		
pcc	03/30/22	Flintstone, Fred		CAS			6.44-				
pcc	04/03/24	Flintstone, Fred		NON							20.00-
pcc	04/26/22	Flintstone, Fred		CAS					20.00-		
pcc	04/26/22	Flintstone, Fred		NON					20.00		
pcc	04/03/24	Flintstone, Fred		NON	25.00						
pcc	04/03/24	Flintstone, Fred		NON					100.00-		
pcc	04/03/24	Flintstone, Fred	Flintstone, Dino	NON					80.00		
pcc	04/03/24	Flintstone, Fred	Flintstone, Dino	CAS					20.00		
pcc	04/03/24	Flintstone, Fred		NON							55.00-
pcc	04/03/24	Flintstone, Fred		NON					55.00-		
pcc	04/03/24	Flintstone, Fred		NON					55.00		

Reporting on Procedures

1	Procedure Group	Procedure Name	Procedure Code Set A	Procedure Price Self Pay	Procedure Code A Self Pay	Procedure Price Pay Pricing	Procedure Code Medicaid	Procedure Price Medicaid Pricing	Procedure Type of Service	Procedure
46	Office Visits, New Patients	New Pt QV Expanded Focused	99203	\$120.00	99203	\$115.00	99203	\$120.00	Medical Care	9
47	Office Visits, New Patients	New Pt QV Detailed H&E	99204	\$140.00	99204	\$135.00	99204	\$140.00	Medical Care	10
48	Office Visits, New Patients	New Pt QV Highly Comprehensive	99205	\$160.00	99205	\$155.00	99205	\$160.00	Medical Care	11
49	Office Visits, New Patients	New Pt Home Visit-Expanded Focu	99342	\$100.00	99342	\$95.00	99342	\$100.00	Medical Care	219
50	Office Visits, New Patients	New Pt Home Visit-Detailed	99343	\$120.00	99343	\$115.00	99343	\$120.00	Medical Care	220
51	Office Visits, New Patients	Mod NP QV Minimal	99201-25	\$0.00	99201-25	\$0.00	99201-25	\$100.00	Medical Care	433
52	Office Visits, New Patients	Mod NP QV Straightforward Complex	99202-25	\$0.00	99202-25	\$0.00	99202-25	\$100.00	Medical Care	434
53	Office Visits, New Patients	Mod NP QV Low Complex	99203-25	\$0.00	99203-25	\$0.00	99203-25	\$100.00	Medical Care	435
54	Office Visits, New Patients	Mod NP OB Mod Complex	99204-25	\$0.00	99204-25	\$0.00	99204-25	\$100.00	Medical Care	436
55	Office Visits, New Patients	Mod NP QV High Complex	99205-25	\$0.00	99205-25	\$0.00	99205-25	\$100.00	Medical Care	437
56	Counseling Visits	~Renatal Counseling	99078	\$0.00		\$0.00		\$100.00	Medical Care	163
57	Counseling Visits	Mod PE under 1 yr	99391-25	\$0.00	99391-25	\$0.00	99391-25-EP	\$100.00	Medical Care	464
58	Counseling Visits	PE 1-4 yr Mod 25	99392-25	\$0.00	99392-25	\$0.00	99392-25-EP	\$100.00	Medical Care	465
59	Counseling Visits	Mod PE 5-11 yrs	99393-25	\$0.00	99393-25	\$0.00	99393-25	\$100.00	Medical Care	466
60	Counseling Visits	Mod PE 12-17 yrs	99394-25	\$0.00	99394-25	\$0.00	99394-25	\$100.00	Medical Care	467
61	Counseling Visits	Mod PE 18-39 yrs	99395-25	\$0.00	99395-25	\$0.00	99395-25	\$100.00	Medical Care	468
62	Counseling Visits, New Patients	Mod NP PE under 1yrs	99381-25	\$0.00	99381-25	\$0.00	99381-25	\$100.00	Medical Care	459
63	Counseling Visits, New Patients	Mod NP PE 1-4 yrs	99382-25	\$0.00	99382-25	\$0.00	99382-25	\$100.00	Medical Care	460
64	Counseling Visits, New Patients	Mod NP PE 5-11 yrs	99383-25	\$0.00	99383-25	\$0.00	99383-25	\$100.00	Medical Care	461
65	Counseling Visits, New Patients	Mod NP PE 12-17 yrs	99384-25	\$0.00	99384-25	\$0.00	99384-25	\$100.00	Medical Care	462
66	Counseling Visits, New Patients	Mod NP PE 18-39 yrs	99385-25	\$0.00	99385-25	\$0.00	99385-25	\$100.00	Medical Care	463
67	Differentials	QV After Hours Differential	99050	\$20.00	99050	\$15.00	99050	\$18.00	Medical Care	12
68	Differentials	QV Saturday Differential	99050	\$30.00	99050	\$25.00	99050	\$30.00	Medical Care	13
69	Differentials	QV Night(10pm-8am)Differential	99052	\$30.00	99052	\$25.00	99052	\$30.00	Medical Care	14
70	Differentials	QV Sunday/Holiday Diff	99054	\$30.00	99054	\$25.00	99054	\$30.00	Medical Care	15
71	Differentials	QV Out of the Office	99056	\$50.00	99056	\$45.00	99056	\$50.00	Medical Care	16
72	Differentials	~Education Followup	99214	\$0.00	99214	\$0.00	99214	\$0.00	Medical Care	191
73	Differentials	~ADD Yearly Evaluation	99214	\$0.00	99214	\$0.00	99214	\$0.00	Pediatric Care	223
74	Differentials	~ADD Inital Evaluation	99215	\$0.00	99215	\$0.00	99215	\$0.00	Medical Care	224
75	Differentials	QV Emergency	99058	\$100.00	99058	\$95.00	99058	\$100.00	Medical Care	235
76	Differentials	~V Acc Emer F/Up(BC/BS)	W9008	\$0.00	W9008	\$0.00	W9008	\$0.00	Medical Care	260
77	Differentials	QV Prolonged Service	99354	\$100.00	99354	\$95.00	99354	\$100.00	Medical Care	304
78	Differentials	Smoking and Tobacco Counseling, 3-10min	99406	\$0.00	99406	\$0.00	99406	\$0.00	Medical Care	473
79	Differentials	Smoking and Tobacco Counseling, 10+min	99407	\$0.00	99407	\$0.00	99407	\$0.00	Medical Care	474
80	Well Child Care	Well Child Under 1 yr	99391	\$130.00	99391	\$125.00	99391	\$130.00	Medical Care	18
81	Well Child Care	Well Child 1-4 yrs	99392	\$135.00	99392	\$130.00	99392	\$135.00	Medical Care	19
82	Well Child Care	Well Child 5-11 yrs	99393	\$100.00	99393	\$95.00	99393	\$100.00	Medical Care	20
83	Well Child Care	Well Child 12-17 yrs	99394	\$110.00	99394	\$105.00	99394	\$110.00	Medical Care	21

Reporting on Procedures

Procedure Group	Procedure Name	Procedure Code Set A	Procedure Price Set A	Procedure Type	Procedure Type of Service	Procedure Units	Procedure Code Medicaid	Procedure Price Medicaid	Procedure
Injections	Pneumo-23 Vaccine valent	90732	\$90.00	Revenue	Medical Care	1	90732	\$85.00	93
Injections	Synagis Injection, 100mg	90378	\$100.00	Revenue	Medical Care	1	90378	\$95.00	297
Injections	Synagis	J3490	\$100.00	Revenue	Medical Care	1	J3490	\$95.00	310
Injections	Antibiotic Injection	J0290	\$20.00	Revenue	Medical Care	1	J0290	\$15.00	311
Injections	Synagis Injection, 50mg	90378	\$100.00	Revenue	Medical Care	1	90378	\$95.00	324
Injections	Venipuncture, <3yrs, physician	36406	\$0.00	Revenue	Medical Care	1	36406	\$0.00	380
Injections	Venipuncture, 3+yrs, physician	36410	\$0.00	Revenue	Medical Care	1	36410	\$0.00	381
Injections	Capillary Blood Specimen (finger/heel/ear stick)	36416	\$0.00	Revenue	Diagnostic Laboratory	1	36416	\$0.00	382
Injections	Lipid Panel	80061	\$0.00	Revenue	Medical Care	1	80061	\$0.00	388
Injections	Urinalysis, automated, w/ microscopy	81001	\$0.00	Revenue	Medical Care	1	81001	\$0.00	389
Injections	Urinalysis, automated, w/o microscopy	81003	\$0.00	Revenue	Medical Care	1	81003	\$0.00	390
Injections	Lipoprotein, direct measurement, HDL	83718	\$0.00	Revenue	Medical Care	1	83718	\$0.00	391
Injections	PKU Blood Screen	84030	\$0.00	Revenue	Diagnostic Laboratory	1	84030	\$0.00	392
Injections	Triglycerides	84478	\$0.00	Revenue	Medical Care	1	84478	\$0.00	393
Injections	Hematocrit	85014	\$20.00	Revenue	Diagnostic Laboratory	1	85014	\$20.00	394
Injections	Monospot	86308-QW	\$0.00	Revenue	Medical Care	1	86308-QW	\$0.00	489
Injections	Rapid Flu	87804-QW	\$0.00	Revenue	Diagnostic Laboratory	1	87804-QW	\$0.00	490
Injections	Rapid Flu Addl Procedure	87804-QW-59	\$0.00	Revenue	Diagnostic Laboratory	1	87804-QW-59	\$0.00	491
Immunizations	Immuniz Admin W/Counsel	90460	\$30.00	Revenue	Medical Care	1	90460	\$25.00	363
Immunizations	Immuniz Admin W/Counsel x4 Antigen	90461	\$20.00	Revenue	Medical Care	1	90461	\$15.00	364
Immunizations	DTaP	90700	\$50.00	Revenue	Medical Care	1	90700	\$45.00	78
Immunizations	DT Ped	90702	\$30.00	Revenue	Medical Care	1	90702	\$25.00	79
Immunizations	MMR Vaccine	90707	\$80.00	Revenue	Medical Care	1	90707	\$75.00	80
Immunizations	~OPV	90712	\$0.00	Revenue	Medical Care	1	90712	\$0.00	81
Immunizations	IPV	90713	\$50.00	Revenue	Medical Care	1	90713	\$45.00	82
Immunizations	Varicella Vaccine	90716	\$110.00	Revenue	Medical Care	1	90716	\$105.00	83
Immunizations	Td Adult	90718	\$30.00	Revenue	Medical Care	1	90718	\$25.00	84
Immunizations	DTaP/Hib Vaccine	90721	\$90.00	Revenue	Medical Care	1	90721	\$85.00	85
Immunizations	~Influenza Vaccine	90724	\$0.00	Revenue	Medical Care	1	90724	\$0.00	86
Immunizations	Influenza Vac 36m + older	90658	\$20.00	Revenue	Medical Care	1	90658	\$15.00	87
Immunizations	Influenza Vac 6-35 months	90657	\$20.00	Revenue	Medical Care	1	90657	\$15.00	88
Immunizations	HepB/Hib	90748	\$80.00	Revenue	Medical Care	1	90748	\$75.00	89
Immunizations	Hep B 0-10 Years	90744	\$50.00	Revenue	Medical Care	1	90744	\$45.00	90
Immunizations	~Ep B 11-19 Years	90745	\$0.00	Revenue	Medical Care	1	90745	\$0.00	91
Immunizations	Hep B 20+ years	90746	\$80.00	Revenue	Medical Care	1	90746	\$75.00	92
Immunizations	Meningococcal Polysaccharide Vaccine	90733	\$100.00	Revenue	Medical Care	1	90733	\$95.00	94
Immunizations	Hib Vaccine	90645	\$50.00	Revenue	Medical Care	1	90645	\$45.00	95

Reporting on Procedures

Keeping your procedure tables updated and organized will ultimately lead to more accurate reporting on many aspects of your practice, such as

- Accounts Receivable Details
- Revenue
- Provider Performance
- Coding
- Setting Prices
- Configuration of Discounts
- Balancing your Accounts
- Year over Year Performance

Reporting on Payments

Another important report category is payment and adjustment data. Having a meaningful breakdown of payment and adjustment types will help you track what is happening within your business.

Reporting on Payments

Practice Management

+ Session 1

Payment Class: Insurance Payment

Type Name	Personal Pmt	Personal Ins Pmt	Personal Adj	Personal Ins Adj	Amount Collected (all pmts + all adjs)
Auto Ins. Payment	\$0.00	\$86.87	\$0.00	\$0.00	\$86.87
Cap Pmt Aetna USHC HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cap Pmt BCBS POS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cap Pmt Geisinger	\$0.00	\$14.13	\$0.00	\$0.00	\$14.13
Cap Pmt Health America	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cap Pmt HealthGuard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cap Pmt Health One	\$0.00	\$1.00	\$0.00	\$0.00	\$1.00
Cap Pmt Keystone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collection Payment	\$0.00	\$334.09	\$0.00	\$0.00	\$334.09
Ded Not Met-Ins Pmt	\$0.00	\$867.45	\$0.00	\$0.00	\$867.45
Ins Pmt	\$0.00	\$345,949.51	\$0.00	\$0.00	\$345,949.51
Insurance Interest Check	\$0.00	\$6.74	\$0.00	\$0.00	\$6.74
Insurance Overpayment	\$0.00	\$1,790.10	\$0.00	\$0.00	\$1,790.10
Integral-Non Billable-Ins Pmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Missing Inquiry Denial-Ins Pt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Covered Service-Ins Pmt	\$0.00	\$845.90	\$0.00	\$0.00	\$845.90
Patient Not Covered-Ins Pmt	\$0.00	\$685.90	\$0.00	\$0.00	\$685.90
Rejected-Non-billable-Ins Pmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subscriber CoInsur-Ins Pmt	\$0.00	\$17.60	\$0.00	\$0.00	\$17.60
	\$0.00	\$350,599.29	\$0.00	\$0.00	\$350,599.29

Payment Class: Adjustment

Type Name	Personal Pmt	Personal Ins Pmt	Personal Adj	Personal Ins Adj	Amount Collected (all pmts + all adjs)
Adjustment	\$0.00	\$0.00	\$69.85	\$460.00	\$529.85
Bad Debt	\$0.00	\$0.00	\$1,067.62	\$0.00	\$1,067.62
Cap Adjustment	\$0.00	\$0.00	\$0.00	\$39,213.74	\$39,213.74
Ins Adj	\$0.00	\$0.00	\$0.00	\$143,963.25	\$143,963.25
TOS Discount	\$0.00	\$0.00	\$30.00	\$0.00	\$30.00
	\$0.00	\$0.00	\$1,167.47	\$183,636.99	\$184,804.46

Done Jump to Jump to Send Search
Top Bottom To... Pattern

PCC payment reports can break down classes (Cash, Check, Credit) and types of payments. While classes are universal, an office has full control over the types of payments and adjustments for a practice. This usually includes:

- Adjustments
- Credits
- Interest
- Incentives
- Collections
- Courtesy Write-offs

Reporting on Payments

Practice Management

+ Session 1

Table Editor

q) To quit

- | | |
|-----------------------------|-----------------------|
| 1) Abbreviations | 16) EOBs |
| 2) Immunization and Disease | 17) Insurance Groups |
| 3) Insurance Companies | 18) Procedure Groups |
| 4) Physical Information | 19) Provider Groups |
| 5) ICD-9 Diagnoses | 20) Profile Names |
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| 8) Providers | 23) Call Statuses |
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| 13) Patient Flags | 28) ICD-9 Snap Codes |
| 14) Types of Service | 29) ICD-10 Diagnoses |
| 15) Places of Service | 30) ICD-10 Snap Codes |

Enter number of table to be edited, or quit: 11

Practice Management

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PAYMENT NAME	TYPE	PMT?	CHG?	INS?
1) Adjustment	Adjustment	Yes	No	No
2) Adjustment-old computer	Adjustment	Yes	No	No
3) Auto Ins. Payment	Insurance	Yes	No	Yes
4) Bad Debt	Adjustment	Yes	No	No
5) BadDebt/Collection	Adjustment	Yes	No	No
6) Bankruptcy	Adjustment	Yes	No	No
7) Bonus Pmt AetnaUSh	Insurance	Yes	No	Yes
8) Bonus Pmt Geisinger HMO	Insurance	Yes	No	Yes
9) Bonus Pmt Keystone	Insurance	Yes	No	Yes
10) Bonus Pmt Healthamerica	Insurance	Yes	No	Yes
11) Cap Adjustment	Adjustment	Yes	Yes	No
12) Cap Pmt Aetna USHC HMO	Insurance	Yes	No	Yes
13) Cap Pmt BCBS HMC	Insurance	Yes	No	Yes
14) Cap Pmt BCBS POS	Insurance	Yes	No	Yes
15) Cap Pmt CPPO	Insurance	Yes	No	Yes
16) Cap Pmt CPPO Optimum Choice	Insurance	Yes	No	Yes
17) Cap Pmt Fam Care Net	Insurance	Yes	No	Yes
18) Cap Pmt Geisinger	Insurance	Yes	No	Yes
19) Cap Pmt Health America	Insurance	Yes	No	Yes
20) Cap Pmt Health Assurance	Insurance	Yes	No	Yes
21) Cap Pmt Health One	Insurance	Yes	No	Yes
22) Cap Pmt HealthGuard	Insurance	Yes	No	Yes
23) Cap Pmt Keystone	Insurance	Yes	No	Yes
24) Cash Payment	Cash	Yes	No	No
25) Collection Payment	Insurance	Yes	No	Yes
26) Credit Balance	Check	Yes	No	No
27) Ded Not Met-Ins Pmt	Insurance	Yes	No	Yes
28) Discover Card Payment	Credit Card	Yes	Yes	No
29) Employee Discount	Adjustment	Yes	Yes	Yes
30) Ins Adj	Adjustment	Yes	No	Yes
31) Ins Pmt	Insurance	Yes	No	Yes

There are 21 more entries.

A)dd, C)lone, P)rint, J)ump, F)orward, or Q)uit

Enter the number to change, or a command: █

Reporting on Payments

Using specific payment types is a great way to track your money monthly and minimize the opportunity for fraud. Some examples that all offices might want are these:

- Bad Debt Adjustment
- Sent to Collections Adjustment
- Provider Courtesy Adjustment
- Credit Returned to Patient Adjustment
- Employee Discount Adjustment
- Insurance Interest Payment
- Insurance Incentive Payment
- Insurance Overpayment
- Capitation Payment
- Collection Agency Payment

Session Takeaways

1. Maintaining accurate configurations can have a meaningful impact on your efficiency and your bottom line.
2. Reporting is only as good as the slices you create. Make your criteria and output meaningful.
3. Understand when information is “too much” or “not enough.” There is no “out of the box” setup that will be as informative as what you create.

What Questions Do You Have?