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

Session 1

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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       0    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
```

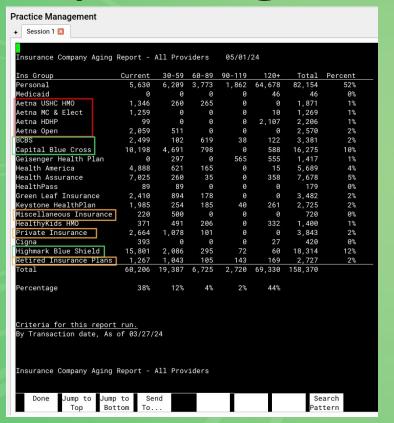| Done | Jump to Top | Jump to Bottom | Send To... | | | | Search Pattern |

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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Reporting on Insurances


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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

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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
        Top      Bottom   To...                           Pattern
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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?

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Reporting on Insurances

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  Previous  Next                  View   Edit            Change
    Quit     Record  Record                Config  Config          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.


    X    1) INSURANCE Group Name
         2) INSURANCE Name
         3) INSURANCE Short Name
         4) INSURANCE Copay Amount
         5) INSURANCE HCFA Batch
         6) INSURANCE Payor ID Number
         7) INSURANCE Special Information File (IBar/I_ File)
         8) INSURANCE Medicaid Plan
         9) INSURANCE Ted -S offset
        10)
        11)
        12)
        13)
        14)
        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

	Insurance Group Name	Insurance Name	Short Name	Insurance Copay	HCFA Batch	Payor ID Number	IBar/I_ File	Medicaid Plan?	Insurance	Notes
1										
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	ecsother	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	ecsother	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 0W20 (Box 31374)	UHC 0W20 (Box 31374)	$15.00	ecsother	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	ecsother	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	06111	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	

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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

Practice Management

Session 1

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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
```

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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.

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Reporting on Procedures

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

Reporting on Procedures

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.

     1)  PROCTABLE Procedure Group
     2)  PROCTABLE Name
     3)  PROCEDURE CPT Code Sched A
     4)  PROCEDURE Price Sched A
     5)  PROCTABLE Accounting Type
     6)  PROCTABLE TOS
X    7)  PROCTABLE Units
     8)  PROCEDURE CPT Code Sched B
     9)  PROCEDURE Price Sched B
    10)  PROCEDURE CPT Code Sched C
    11)  PROCEDURE Price Sched C
    12)  PROCEDURE CPT Code Sched D
    13)  PROCEDURE Price Sched D
    14)  PROCTABLE Procedure Ted -S offset
    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)

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Reporting on Procedures

Reporting on Procedures

	Procedure Group	Procedure Name	Procedure Code Set A	Procedure Price Set A	Procedure Code Self Pay	Procedure Price Self Pay Pricing	Procedure Code Medicaid	Procedure Price Medicaid Pricing	Procedure Type of Service	Procedure
46	Office Visits, New Patients	New Pt OV Expanded Focused	99203	$120.00	99203	$115.00	99203	$120.00	Medical Care	9
47	Office Visits, New Patients	New Pt OV Detailed H&E	99204	$140.00	99204	$135.00	99204	$140.00	Medical Care	10
48	Office Visits, New Patients	New Pt OV 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 OV Minimal	99201-25	$0.00	99201-25	$0.00	99201-25	$100.00	Medical Care	433
52	Office Visits, New Patients	Mod NP OV Straightforward Complex	99202-25	$0.00	99202-25	$0.00	99202-25	$100.00	Medical Care	434
53	Office Visits, New Patients	Mod NP OV 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 OV 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	OV After Hours Differential	99050	$20.00	99050	$15.00	99050	$18.00	Medical Care	12
68	Differentials	OV Saturday Differential	99050	$30.00	99050	$25.00	99050	$30.00	Medical Care	13
69	Differentials	OV Night(10pm-8am)Differential	99052	$30.00	99052	$25.00	99052	$30.00	Medical Care	14
70	Differentials	OV Sunday/Holiday Diff	99054	$30.00	99054	$25.00	99054	$30.00	Medical Care	15
71	Differentials	OV Out of the Office	99056	$50.00	99056	$45.00	99056	$50.00	Medical Care	16
72	Differentials	~Edication 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	OV 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	OV Prolonged Service	W9354	$100.00	99354	$95.00	99354	$100.00	Medical Care	304
78	Differentials	Smoking and Tobaco Counseling, 3-10min	99406	$0.00	99406	$0.00	99406	$0.00	Medical Care	473
79	Differentials	Smoking and Tobaco 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 Pedi	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

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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.

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Reporting on Payments

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

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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
 8) Providers                  23) Call Statuses
 9) Referring Providers        24) Tickler Types
10) Relationships              25) Billed Messages
11) Payment Types              26) Imm Manufacturers
12) Account Flags              27) Imm Sites
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


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Practice Management

Session 1

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	No
30) Ins Adj	Adjustment	Yes	No	Yes
31) Ins Pmt	Insurance	Yes	No	Yes

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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:
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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

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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.

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What Questions Do You Have?

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