Patient Check-Out

PCC

Pediatric EHR Solutions

© 2014, PCC

1-800-722-7708

support@pcc.com

1. Introduction: The Patient Checkout Process

Partner's **checkout** program, also called "**chuck**," can post charges and check out a patient in seconds. At the end of a patient visit, a medical office must record and bill the services performed by the provider. While this happens, the office may collect and record a payment, schedule a return visit, and sometimes collect other information from the patient or family. In **checkout**, you can quickly perform all of these tasks while giving care and attention to the customer.

Your Experience May Differ: The **checkout** program is very customizable. Your practice can rearrange the order of the screens and customize the procedures and diagnoses that appear for different visit reasons. Your office's configuration will be different from the examples shown below.

2. Quickstart: Post Charges and Check Out a Patient

This section will walk you through a basic checkout procedure.

Step 1: Run Post Charges (checkout)

You can run the **checkout** program from your Partner windows.
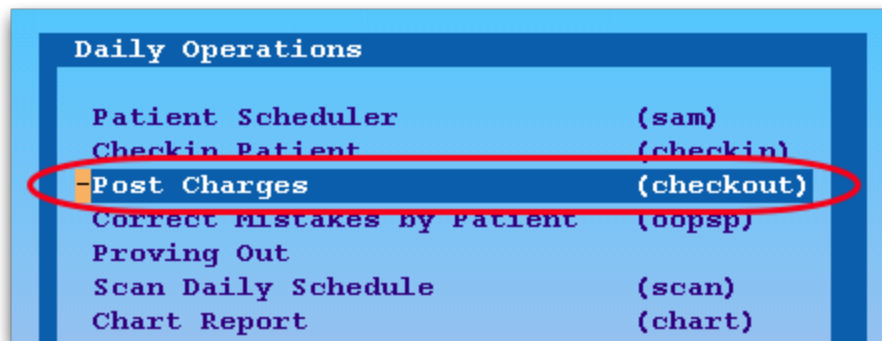
You can also type **checkout** or **chuck** at a command prompt.

Step 2: Select an Appointment, Press F1

Just as the **checkin** program provides a list of today's appointments, the **checkout** program displays a list of patients waiting to be checked out:
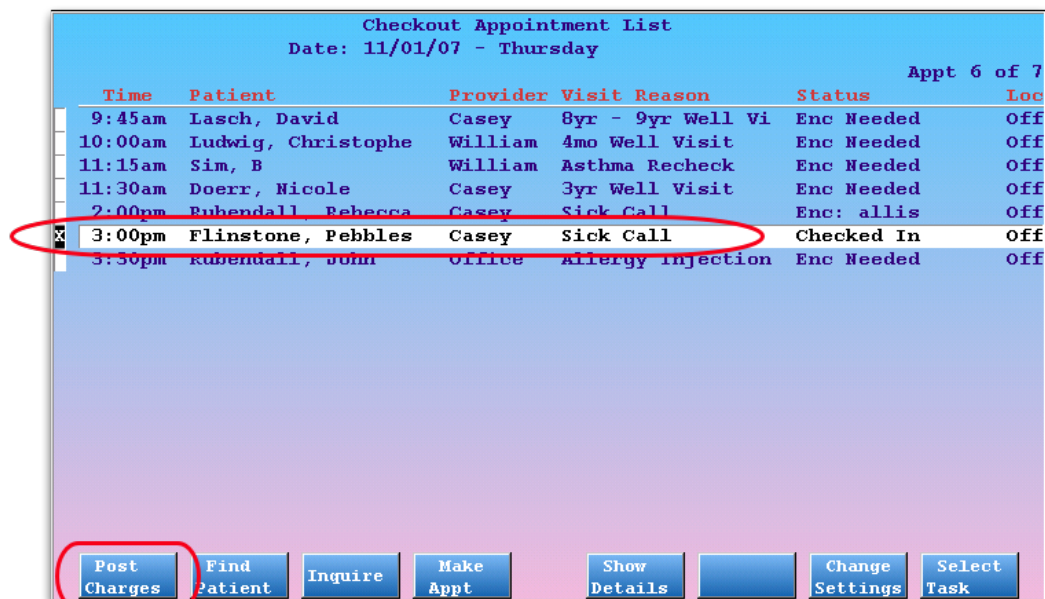
Use the arrow keys to select a patient and then press [**F1** -- *Post Charges*]. To learn more about the patient selection screen in Partner, read *Appointment Lists*.

Can't Find the Patient? If a clinician created a new appointment in PCC EHR, it may have missed your usual **checkin** procedure. Press **F8** to switch over to **checkin** to see any appointments that were not checked in. If no visit is available, you can press [**F2** -- *Find Patient*] to post charges for any patient on your system.

Step 3: Review Insurance Notes and Copay, Other Messages

As soon as you select or find a patient, **checkout** will tell you the patient's insurance information, expected copay, and any copay note your practice added for the family:

```
   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *

   I am obligated to inform you that Pebbles is covered
   by BCBS $20 Empire, which requires
   a $  20.00    co-payment at the time of service.


   - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -


   The Flinstones sneak out without paying their
   copay!

   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *

Press <ENTER> to continue: ▎
```
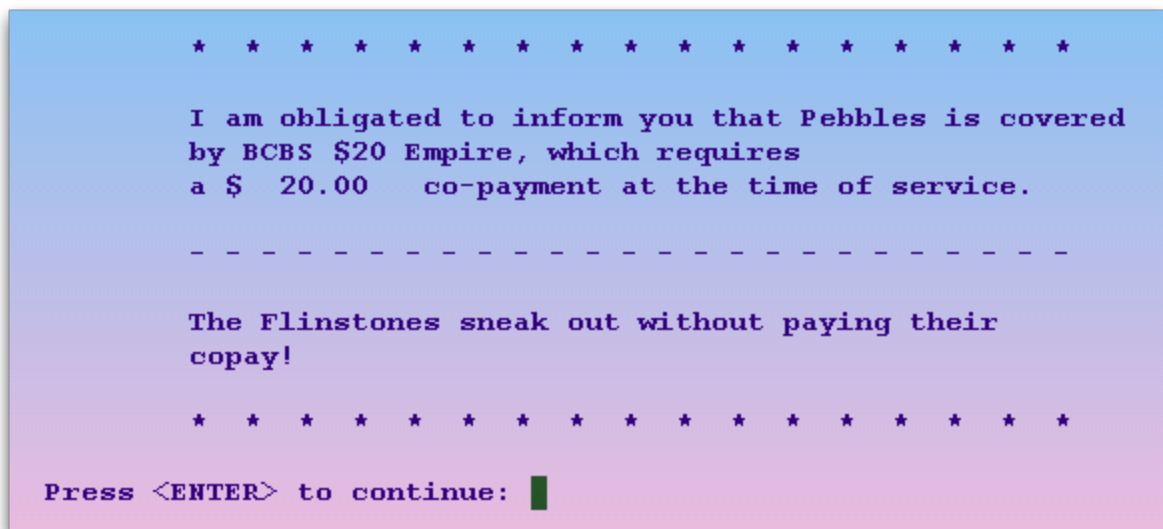
Press **Enter** to continue.

If your practice uses an EHR, and a clinician did not select a billing code for a diagnosis description, you may be prompted to choose the billing code before proceeding.

```
                Checkout - Billing Diagnosis Mapping

    PATIENT: Daniel Gray
  VISIT DATE: 11/14/13
VISIT REASON: Sick Call

There are charted diagnoses that require a billing diagnosis to be assigned.


Charted Diagnosis                    Billing Diagnosis
Closed multiple fractures of both upper  █

 ┌──────┐ ┌────┐ ┌────┐ ┌────┐    ┌────┐ ┌────┐ ┌────┐ ┌────┐
 │ Next │ │    │ │    │ │    │    │    │ │    │ │    │ │    │
 │ Step │ │    │ │    │ │    │    │    │ │    │ │    │ │    │
 └──────┘ └────┘ └────┘ └────┘    └────┘ └────┘ └────┘ └────┘
```

Step 4: Check Demographic Information

Next, review and update patient and family information on the Demographics screen.

```
Pat PCC (#2974)          Checkout - Demographics           Step 1 of 4
First Name: Pebbles                             Born: Dec  2, 2001
 Last Name: Flinstone                            Age: 5 yrs, 10 mos
 Physician:                                      Sex: Female
    Status: Medicaid, Needs Extra Time

       SSN: 888-88-8888          Alt Name: Rubble
    School: Bedrock Elementary    Chart #: 09533

Patient Lives with Wilma Flinstone (#1510)
Status:
  Addr: 1862 Milky Way                 Home Phone: 802-987-6578
  Addr:                                Work Phone: 802-784-8287
  City: Winooski                       Cell Phone: 802-878-9892
  State VT        Zip Code: 05404       Emg Phone:

Bills Sent to Fred Flinstone (#149)
Status: Budget
  Addr: 479 Granite Avenue             Home Phone: 800-722-1370
  Addr:                                Work Phone: 800-722-1082
  City: Bedrock                        Cell Phone: 800-722-1082
  State: VT        Zip Code: 05056      Emg Phone: 802-722-1082

 ┌──────┐ ┌────────┐ ┌────────┐ ┌────────┐    ┌──────┐ ┌─────────┐ ┌─────────┐
 │ Next │ │  Edit  │ │  Edit  │ │Reassign│    │ Make │ │ Reprint │ │ Billing │
 │ Step │ │Patient │ │Account │ │Account │    │ Appt │ │Enc Form │ │FKey Set │
 └──────┘ └────────┘ └────────┘ └────────┘    └──────┘ └─────────┘ └─────────┘
```

Press [**F1** -- *Next Step*] or **Page Down** to continue.

Step 5: Check Insurance Information

Next, verify and update patient policies on the Policies screen. You should always confirm the patient's primary insurance before posting new charges.

```
                    Checkout - Policies                    Step 2 of 4
                    Pebbles Flinstone

 Copay Insurance Company              Certificate #        Group #
X 20.00 BCBS $20 Empire                55555555503         MOY205
  15.00 Aetna MC $15 Box 1125          44444444405         TAM13
  10.00 (Expired) Cigna PPO $10        33333333302         BRY623


          Press the Right Arrow Key for More Information
BCBS $20 Empire / BCBS Empire / BCBS
   Dept 778983                        Payor ID: SB865
   Harrisburg, PA   17177-8983           Phone:

SUBSCRIBER
    First: Fred                       Birth: 02/12/1976  Start: 04/11/2005
     Last: Flintstone                   Sex: Male            End:
  Address: 479 Granite Avenue          Reln: Child

          Bedrock, VT   05056         Employr:


   [ Next    ] [ Scroll   ] [ Scroll  ] [ Edit    ]  [ Insert  ] [ Move    ] [ Delete  ] [ Expire  ]
   [ Step    ] [ Backward ] [ Forward ] [ Policy  ]  [ Policy  ] [ Policy  ] [ Policy  ] [ Policy  ]
```

Press [**F1** -- *Next Step*] or **Page Down** to continue.

Step 6: Post Procedures and Diagnoses

Next, enter procedures and diagnoses from the visit. The most common procedures and diagnoses for the scheduled visit reason appear for you to select.


```
                    Checkout - Post Charges                Step 3 of 4
      PATIENT: Pebbles Flinstone       PHYSICIAN: Dr. Casey
   VISIT DATE: November  1, 2007         BILLING: Dr. Casey
 VISIT REASON: Sick Call                     POS: Office
    Diagnosis Name          Procedure Name    # Dx Code  CPT Code    Charge
a  Otitis Media Acute          OV Problem Focuse
bx Otitis Media Serous  be    OV Expanded Focus  1  381.04   99213    $  56.00
c  Sinusitis Acute             OV Detailed H&E
d  Tonsillitis                 OV Comprehensive
ex Cough                       Spirometry Simple
f  Viral Syndrome              Spirometry Bronch
g  Bronchitis                  Tympanometry
h  Purulent Nasal Disch  e    Rapid Strep Scree  1  786.2    87880    $  27.00
i  Pharyngitis                 OV Sunday/Holiday
j  URI                         OV Saturday Diffe
k
l
m
n
o
p
                        Discount Total: $    0.00   Capitation Adjust: $   0.00
                                                        This Visit: $  83.00
   [ Next    ] [ Copay _   ] [         ] [ Hospital] [ Claim  ] [        ] [        ] [ Patient  ]
   [ Step    ] [ Discount  ] [         ] [ Details ] [ Info   ] [        ] [        ] [ Schedule ]
```

Press **Tab** or **Enter** to move among the fields. You can use an asterisk (*) to search in any field. Mark each diagnosis with an **X**. Mark each procedure with the letter of the diagnosis to which it should be linked. You can also change the date, provider, location, and visit reason if necessary.

EHR: If your practice uses an EHR, the screen may be filled out for you. Review the entries for accuracy before continuing. Depending on the EHR interface, you may wish to update codes, linking, units, add supply codes, or perform functions on the Claim Info screen.

Perform Other Special Visit Functions. If you need to change the copay, enter a discount, enter hospital dates, or enter special claim information, there are function keys on the Post Charges screen for each of those tasks.

Snap Codes: Your office can setup Snap Codes which automatically enter procedures and diagnoses and select them for you. For more information, read the Snap Codes guide.

Step 7: Press [F1 - *Next Step*]

When you are finished entering diagnoses and procedures, press **F1** or **Page Down** to continue.

Step 8: Post Today's Payment

Enter payment information on the Payments screen. You can apply a payment collected during **checkin** or add new payments.

The Payments screen displays how much is due for today's visit and how much is due from a previous balance. If a payment was collected during **checkin**, you should review and confirm the amount and make sure it is applied correctly.

Press [**F3** -- *New TOS Payment*] to add a new payment and then enter payment type, check number, and amount.

Step 9: Review Visit and Post

If you need to review previous steps in **checkout**, press **Page Up** or **Page Down** to move among the screens of the program.

When you are finished entering and reviewing all visit information, press [**F1** -- *Post and Print*] from the Payments screen to save the new charges and payments to the account.
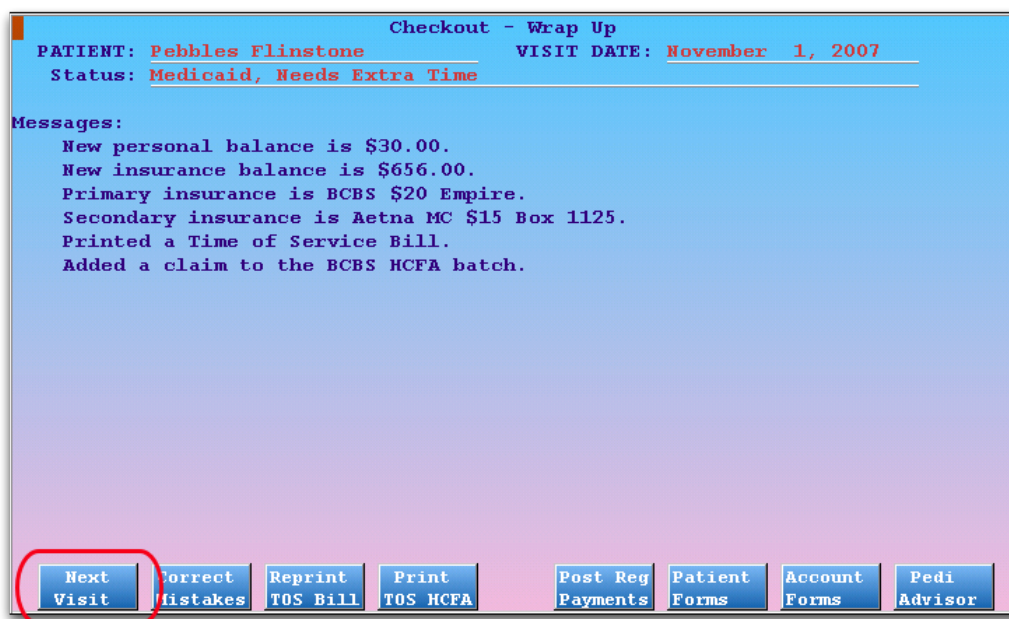
The **checkout** program will warn you if you made any obvious mistakes, such as entering an invalid diagnosis code or forgetting to enter a payment type. **checkout** may also ask you whether or not you wish to print a receipt.

```
Hang on a second while I do some error checking...

No errors detected...


Saving the charges for Pebbles Flinstone

Would you like to print a Time of Service bill? Yes
```
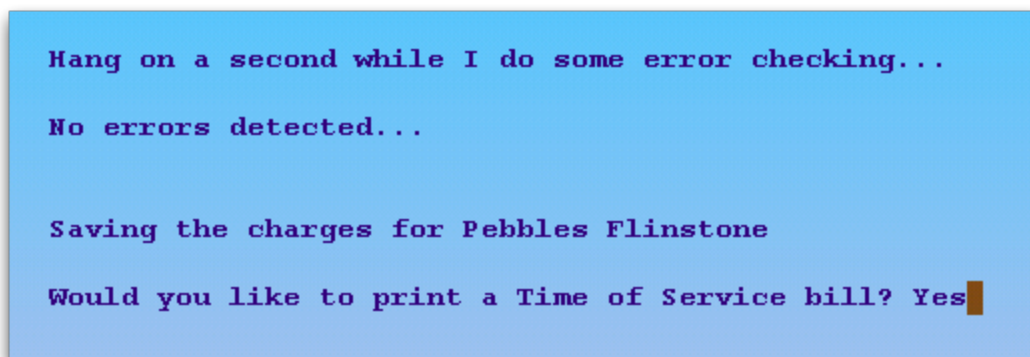
Step 10: Conclude the Visit

After posting the charges, you will see a "Wrap Up" screen describing the visit. The Wrap Up screen allows you to print an extra receipt, correct any mistakes, print patient form letters, or perform other functions:

```
                            Checkout - Wrap Up
   PATIENT: Pebbles Flinstone             VISIT DATE: November  1, 2007
     Status: Medicaid, Needs Extra Time

Messages:
     New personal balance is $30.00.
     New insurance balance is $656.00.
     Primary insurance is BCBS $20 Empire.
     Secondary insurance is Aetna MC $15 Box 1125.
     Printed a Time of Service Bill.
     Added a claim to the BCBS HCFA batch.




     Next     Correct   Reprint   Print          Post Reg  Patient   Account   Pedi
     Visit    Mistakes  TOS Bill  TOS HCFA       Payments  Forms     Forms     Advisor
```

When you are ready to check out another patient, press [**F1** -- *Next Visit*]. Or, press **F12** to quit **check-out**.

Automatically Mark Visit as "Gone"? Partner can automatically change the PCC EHR visit status to "Gone" when you finish checking out a patient. This feature is optional and can be found in the PCC EHR section of the Configuration Editor (**ced**).

3. Checkout Screens Guide

As you check in a patient, you can press **Page Up** or **Page Down** or **F1** to cycle through each screen in **check-out**.

Read the sections below to learn more about each screen in the checkout process.

Patient Selection: The first screen you will see when you run **checkout** is the Appointment List. To learn more about the patient selection screen in Partner, read *Appointment Lists*.

Customizable Order: The order of the four steps in **checkout** can be customized, so you may see the screens differently at your practice. No matter what order the screens are in, you can always press **Page Up** or **Page Down** to cycle through each page.

Quitting checkout: You can press **F12** to quit **checkout** at any time. No charges will be saved or billed. The other way to quit **checkout** is to save and post your charge by pressing [**F1** -- *Post & Print*] from the Payments Screen.

3.1. Appointment Lists in Checkin, Checkout and Nimms

Partner's **checkin**, **checkout**, and **nimms** programs have appointment lists that make selecting a patient fast and easy. Instead of typing in a patient's name, you can pick from a list of patient appointments. When you need to, you can skip the list and enter a name, but the appointment lists save time and reduce mistakes.

3.1.1 Overview

When you run **checkin**, **checkout**, or **nimms**, you see a customizable list of today's patients:

Basic visit information is included on the list, and you can quickly select a patient and press **F1** to continue. Function keys at the bottom of the screen help you find any patient or perform other important tasks.

By default, patients disappear from the Checkin Appointment List after they are checked in and disappear from the Checkout Appointment List (or Nimms list) when checked out. You can customize that behavior.

3.1.2 Reviewing the Appointment List

When you run a program that uses an appointment list, such as **checkin**, Partner finds all the appointments that match certain criteria and creates a custom "Appointment List" for the program you are running.

```
┌──────────────────────┬──────────────────────┬──────────────────────┐
│      Page Up         │        F12           │      Page Down       │
├──────────────────────┴──────────────────────┴──────────────────────┤
│                  Checkin Appointment List                           │
│                  Date: 03/29/05 - Tuesday                           │
│                                                    Appt 1 of 27     │
│     Time    Patient              Provider Visit Reason   Status              Loc│
│ X  8:00am  Luster, Matthew       Crusher  Physical     Enc Word: canto   Off│
│    8:15am  King, Jamilettes      Crusher  Recheck Ear  Enc Word: caper   Off│
│    8:30am  Howell, Joannamari    Crusher  Walk-In      Enc Word: caret   Off│
│    9:00am  Sousa, Brian          Crusher  Recheck Ear  Enc Word: carey   Off│
│    9:00am  Salkins, Joseph       Crusher  Sick Call    Enc Word: cargo   Off│
│    9:30am  Knittle, Johnny       Crusher  Physical     Enc Word: carib   Off│
│   10:15am  Anderson, Henry       Crusher  Sick Call    Enc Word: carla   Off│
│   10:30am  Milo, Mackenzie       Crusher  Physical     Enc Word: carlo   Off│
│   11:15am  Mcosker, Samantha     Crusher  Sick Call    Enc Word: carne   Off│
│   11:45am  Harrigan, John        Crusher  Physical     Enc Word: carob   Off│
│   12:15pm  Blakeman, Anna        Crusher  Sick Call    Enc Word: array   Off│
│    1:15pm  Walsh, Michael        Crusher  Sick Call    Enc Word: carol   Off│
│    1:15pm  Krukonis, Navit       Crusher  Physical     Enc Word: carry   Off│
│    2:15pm  Blakeman, Anna        Crusher  Sick Call    Enc Word: arlen   Off│
│    2:30pm  Williams, Jason       Crusher  Sick Call    Enc Word: carte   Off│
│    2:45pm  Webb, Denise          Crusher  Physical     Enc Word: carve   Off│
│    3:00pm  Friedrich, Leanne     Crusher  Physical     Enc Word: casey   Off│
│    3:00pm  Hamel, Leo            Crusher  Physical     Enc Word: caste   Off│
│    3:15pm  Twombley, Katy        Crusher  Sick Call    Enc Word: catch   Off│
│    3:30pm  Twombley, August      Crusher  Sick Call    Enc Word: cater   Off│
│    3:30pm  Manning, Anthony      Crusher  Physical     Enc Word: cathy   Off│
│    3:45pm  Robinson, Paul        Crusher  Physical     Enc Word: caulk   Off│
│    4:00pm  Kallas, Amelia        Crusher  Physical     Enc Word: cavil   Off│
├─────────┬────────┬─────────┬────────┬─────────┬────────┬─────────┬────────┤
│ Checkin │ Find   │         │ Make   │ Show    │        │ Change  │ Select │
│ Patient │ Patient│ Inquire │ Appt   │ Details │        │ Settings│ Task   │
└─────────┴────────┴─────────┴────────┴─────────┴────────┴─────────┴────────┘
```

The list automatically scrolls to the current time. If it is two o'clock in the afternoon, the list will scroll to show patients who are scheduled for two o'clock.

Use the arrow keys or press **Page Up** and **Page Down** to scroll up and down and view the entire day. Press the right or left arrow key to move through the days. In this way, you can review appointment lists for any date, just as if you were flipping through a paper scheduling book.

Once you have chosen an appointment with which to work, press **F1** to continue working with the patient in the **checkin**, **checkout**, or **nimms** programs.

Created in PCC EHR? If an appointment was created in an EHR and not Partner, you will see "(EHR" appended to the status.

Checkin Appointment List
Date: 10/11/12 – Thursday

Appt 8 of 24

Time	Patient	Provider	Visit Reason	Status	Loc
11:00am	Case, Riley D.	Davidso	Sick Call	Enc: brian	Off
11:10am	Flintstone, Dino	Crusher	Sick Call	Enc: allis (EHR)	Off
11:15am	Hostettler, Amanda	William	Recheck	Enc: herne	
11:15am	Yentsch, Eric	Davidso	Sick Call	Enc: breve	Off
11:15am	Drescher, Reid	Casey	Recheck	Enc: bravo	Off
11:30am	Hamann, Adam	Casey	5yr Well Visit	Enc: boyar	Off
12:00pm	Wagner, Makena	Davidso	Sick Call	Enc: brice	Off
12:15pm	Daniels, Jordan J	Casey	Recheck	Enc: boyle	Off
1:45pm	Spohn, Eryn	William	6yr – 7yr Well Vi	Enc: bosom	Off
2:15pm	Weiss, Jennifer S	Casey	2wk Well Visit	Enc: bract	Off
2:45pm	Firestone, Kelsey	William	Medication Follow	Enc: botch	Off

"EHR" appears with the Status

3.1.3 Can't Find an Appointment?

If you can't find an appointment, you can run the **inquire** program and check the patient's schedule. If you can't find the appointment in **checkout**, you might switch over and review the **checkin** program. By default, appointments do not appear in **checkout** until they are checked in.

If the patient does not have an appointment, you can press F4 to schedule one. The patient will be added to your list, and (optionally) Partner will print an encounter form for the appointment.

If you wish to proceed without an appointment, press [**F2** -- *Find Patient*] to search by name or other criteria. Read *Finding Patients and Accounts* to learn more about finding patients.

3.1.4 Extra Functions and Tools

While you are choosing a patient to work with, you can perform many other useful functions.

[**F3** -- *Inquire*]

> Press **F3** to run **inquire** for the currently selected patient. You can review the patient's visit history, change notes for the visit, and cancel, delete, or mark any appointment as missed.

[**F4** -- *Make Appt*]

> Press **F4** to run **sam** and schedule any patient. You should do this for all "Walk-In" visits so they will have an encounter form and an appointment in your system. If your office does not use **sam**, **F4** can be configured to run **encount**.

[**F5** -- *Show Details*]

> Select an appointment and press **F5** to view the Appointment and Demographic Information screen, which contains full details about the patient and the currently scheduled appointment:

```
                    Detailed Appointment and Demographic Information

APPOINTMENT DETAILS
sam - Forced on 04/20/09 11:17:02 by guest1
04/20/2009 at 11:30am  Kathleen W. Gomez, M.D.
Doctor's Office
Sick Call (15)

NOTES:
 Temp 101, purple spots



CHECKIN DETAILS
Checked in by guest1 on 2009/04/20 at 11:17:20.


PATIENT DETAILS
BamBam Flinstone            PAT STATUS:              LAST PHYS: 11/07/07
   DOB: 02/12/2003          CUST STATUS: Budget      NEXT APPT:
   AGE: 6 yrs, 2 mos         GUAR STATUS: Budget
```

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

[**F7** -- *Change Settings*]

Press **F7** to open the Settings window for the Appointment List. For a complete guide to configuring what appears on your appointment lists, read the Configure Appointment Lists article.

[**F8** -- *Select Task*]

Press **F8** to switch between patient check-in (**checkin**) and check-out (**checkout**). You can view a custom appointment list in both programs.

3.2. Demographics Screen

The Demographics screen in **checkout** contains basic information about the patient. You can press **Enter** or **Tab** to reach a field and make changes. Your changes will be saved when you continue to the next step by pressing **Page Down** or [**F1** -- *Next Step*].


```
Pat PCC (#2974)              Checkout - Demographics              Step 1 of 4
First Name: Pebbles                                  Born: Dec  2, 2001
Last Name: Flinstone                                 Age: 5 yrs, 10 mos
Physician:                                           Sex: Female
   Status: Medicaid, Needs Extra Time

       SSN: 888-88-8888          Alt Name: Rubble
    School: Bedrock Elementary   Chart #: 09533

Patient Lives with Wilma Flinstone (#1510)
Status:
   Addr: 1862 Milky Way                    Home Phone: 802-987-6578
   Addr:                                   Work Phone: 802-784-8287
   City: Winooski                          Cell Phone: 802-878-9892
   State VT        Zip Code: 05404         Emg Phone:

Bills Sent to Fred Flinstone (#149)
Status: Budget
   Addr: 479 Granite Avenue                Home Phone: 800-722-1370
   Addr:                                   Work Phone: 800-722-1082
   City: Bedrock                           Cell Phone: 800-722-1082
   State: VT       Zip Code: 05056         Emg Phone: 802-722-1082
```

Update Basic Demographics

Perform Other Tasks

| Next Step | Edit Patient | Edit Account | Reassign Account | | Make Appt | Reprint Enc Form | Billing FKey Set |

The function keys match those found in the Patient Checkin (**checkin**) program. Use them to perform patient and account tasks. For more information, read *Patient Checkin*.

3.3. Policies Screen

The Policies page in **checkout** contains insurance information for the patient. You can add a new policy before posting charges. For information about insurance policies in Partner, read *Insurance Policies*.

3.4. Eligibility Screen

The Eligibility page, which optionally appears in **checkout** depending on your office's configuration, displays the patient's primary insurance policy and the most recent visit eligibility information.

You can review and edit status and notes about eligibility for the appointment, review the Partner-summarized eligibility report (if available), or send a request for information to the insurance carrier (if participating).

3.4.1 Reading the Eligibility Screen

The eligibility step in **checkout** looks like this:

The top of the screen shows patient and policy information, the middle shows fields for entering status, date, and notes, and the bottom of the screen shows Partner's summary of information sent by the insurance carrier. The date of the most recent eligibility request, along with Active/Inactive status, appears in red.

After reviewing the eligibility information on the screen or using function keys to gather more information, you may update the status, date, or notes and press **F1** or **Page Down** to continue to the next step.

Updating the Information: If a patient's primary policy changes, you can request a new eligibility report by pressing [**F6** - *Request Elig*]. If you would like Partner to *automatically* request a new eligibility report whenever a patient's primary policy changes, ask PCC Support to activate that feature.

3.4.2 Function Keys on the Eligibility Screen

[**F1** -- *Save, Next Step*]

Press **F1** to save your changes. If you are viewing the Patient Eligibility screen in **checkin**, you will continue to the next step in the checkin process.

[**F2** -- *Scroll Backward*], [**F3** -- *Scroll Forward*]

If the eligibility details extend below the screen, press **F2** and **F3** to scroll that portion of the screen.

[**F4** -- *Edit Policies*]

Press **F4** to visit the patient's policy screen, where you may review or edit their insurance policies.

[**F5** -- *Edit Patient*]

Press **F5** to visit the Patient Editor (**notjane**). Press **F7** from **notjane** to edit the account.

[**F6** -- *Request Elig*]

Press **F6** to check eligibility. If the patient's primary insurance allows automatic eligibility requests, Partner will perform the check and update the eligibility information on the screen.

[**F7** -- *See Full Report*]

The screen includes a summary of the carrier's eligibility report. To view the report, press **F7**.

[**F8** -- *Change Status*]

Press **F8** to jump down to the Status field.

3.5. Post Charges Screen Details

After you select an appointment and complete other optional **checkout** steps, you will see the Post Charges screen. On the Post Charges screen, you can edit the appointment's date, provider, place of service, diagnoses, procedures, and the number of units performed. Partner will fill out some or all of that information for you, either from information in the appointment record or from your practice's EHR. Function keys on the Post Charges screen open special screens for adding additional visit information or scheduling a new appointment.

If the appointment was scheduled in Partner, **checkout** will automatically fill out most of the fields. For example, in the above image, Partner knows that Pebbles Flintstone is seeing Dr. Casey on November first for a Sick Call visit in the main office location.

If the patient has no appointment, or if the basic visit information has changed, you must fill out the Physician, Visit Date, Visit Reason, and Place of Service ("POS") fields in order to post a charge. You can use abbreviations or the asterisk (*) to find entries quickly.
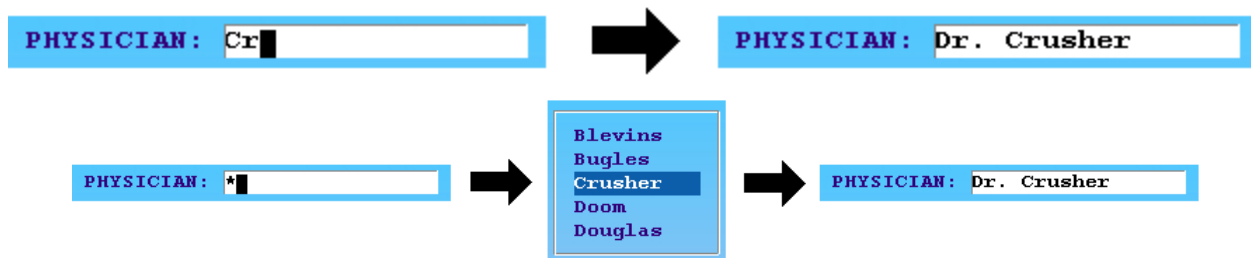
Supervising Physician: You can enter a supervising or "Billing" physician in addition to the primary physician

for a visit. If a visit was scheduled with a nurse or an unaccredited physician, the "Billing" physician could replace or accompany the provider of service on the insurance claim. Contact PCC for assistance configuring these options, which can be set differently for each insurance company.

```
PHYSICIAN: Nurse Hoolihan
  BILLING: Dr. Crusher
```

3.5.1 Find and Enter Diagnoses and Procedures

If the provider performs a diagnosis or procedure that is not visible on the Post Charges screen in **checkout**, you can use abbreviations and asterisks to *search* for the item in any available blank field.
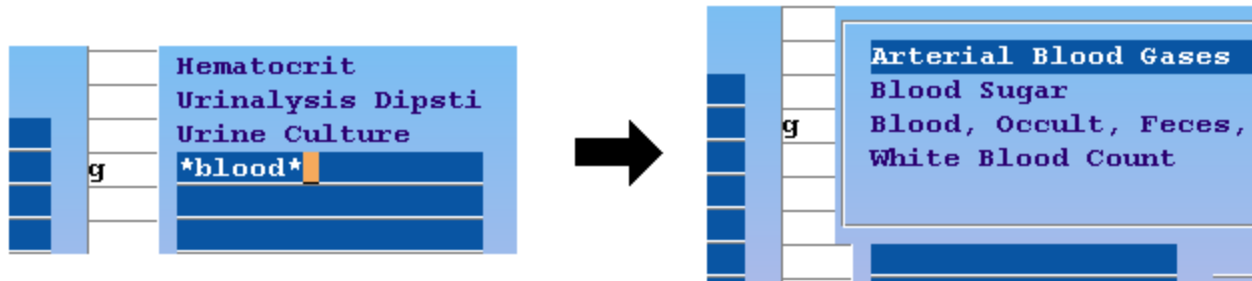
You can also enter diagnoses or procedure codes and Partner will look up the names for you.

Charge Screens, or Diagnoses and Procedures from an EHR: If your practice uses an integrated EHR, you will automatically see all the diagnoses and procedures sent to Partner by the charting software. If you do not use an integrated EHR, your practice can create custom charge screens for each visit type (or provider or office location), and **checkout** will display the most common and useful codes for each appointment. Read the *Custom Charge Screens* section to see examples.

Other Features for Finding and Entering Procedures and Diagnoses

- **Snap Codes:** You can type one of your office's custom Snap Codes to automatically enter a set of procedures and diagnoses and link them. Learn how to setup and use Snap Codes in the Snap Codes guide.

- **Out of Room for Procedures:** If you run out of room while posting procedures, you can press [**F3** - *Additional Procedures*] to toggle to a second list.

- **Out of Room for Reading Long Diagnosis Descriptions:** If you can't read all the text for a long diagnosis description, you can press [**F6** - *Show Dx Names*] to view the Diagnosis column in full-screen mode. From that screen, you can review and edit diagnoses and then press [**F1** - *Save*] to return to the normal view.

- **Change Visit Reason On-the-Fly:** You can enter a new visit reason to switch to a more useful list of diagnoses and procedures. If a physical visit turns into a sick visit, for example, you can change the text in the Visit Reason field and the lists of diagnoses and procedures will change to reflect the new visit.

- **Switch Between ICD-10 and ICD-9:** The **checkout** program will automatically switch to ICD-9 or

ICD-10 diagnosis descriptions based on the date of service. If a visit date is entered incorrectly, you can adjust the date and **checkout** will switch back to the other code set.

- **Compliant Diagnoses Code Checking:** If you enter a diagnoses code that is not HIPAA compliant or is an expired billing code for the date of service, the code will turn red on your screen and you will receive a warning message when posting it. With Partner's diagnosis code validation, your office will not waste time and resources resubmitting claims due to expired diagnosis codes.

- **EMR/EHR Integration:** If your office uses an Electronic Health Record that has been fully integrated with Partner, you will not have to fill out procedures and diagnoses on this screen. The EMR will send the data to the screen, and you can review it for errors and continue to the Payments step.

- **Post a Missed Visit:** You can use **checkout** to post a Missed Appointment procedure with or without a fee. Partner can then automatically mark the appointment as missed in your schedule. For assistance configuring a Missed Appointment procedure, contact PCC Support.

3.5.2 Linking Procedures to Specific Diagnoses

While posting charges, you should specify which diagnoses apply to each procedure. Enter the letter of each diagnoses into the boxes next to the procedures they warranted. For example, the letter "h" is used to indicate why the Urinalysis procedure was performed:

You can link up to four different diagnoses to each procedure. A high-level sick visit, like a 99214, may need two or more diagnoses attached to it:
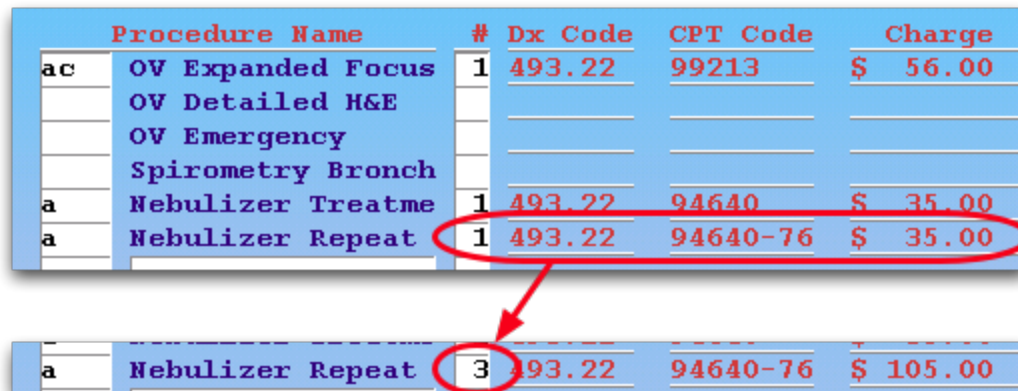

Other Features for Linking Diagnoses and Procedures

- **Snap Codes:** You can type one of your office's custom Snap Codes to automatically enter a set of procedures and diagnoses and link them. Learn how to setup and use Snap Codes in the Snap Codes guide.

- **Skip The Diagnoses:** You can save time while posting by simply marking procedures with the letter next to the diagnoses. In other words, you do not have to manually "X" off each diagnosis, just use the associated letter on a procedure and Partner will know what diagnosis you intend.

- **Fixing Diagnoses After Posting:** Once a *procedure* is posted and saved, it is part of a patient's financial and medical record. Diagnoses are more flexible. You can change which diagnoses appear on a claim and how they link to each procedure from the Visit Status screen in the *Correct Mistakes (oops)* program. After making such changes, you should re-batch the claim.

3.5.3 Setting Multiple Procedure Units

The Units field in **checkout** indicates how many of each procedure will be billed. If you increase the number of units, you will see the corresponding charge for that procedure automatically increase in the Charge column.

In the above example, three "repeat" nebulizer breathing treatments were performed. When the unit number was changed from 1 to 3, the New Charge increased. Both the number of units and the final price will appear on the insurance claim.

Upper Limit: You can post up to 999 units of any procedure, matching the HCFA claim standard of three digits.

3.6. Copay and Discount Screen

After you enter diagnoses and procedures in **checkout**, press [**F2** -- *Copay & Discount*] from the Post Charges screen to open the Copay & Discount screen.

On this screen, you can:

- Enter a new expected copay amount for each procedure or erase the current expected copay. This may be necessary for insurance policies that have unusual copay rules.

- Assign a different Primary Payor to a charge. You can change the responsible party for a procedure to a different insurance policy. Leave the Primary Payor blank in order to charge the patient's guarantor instead of an insurance plan.

- Enter a time-of-service discount for each procedure and change the discount type. Your office may mark down the cost of procedures for Professional Courtesy or other reason. You can enter a discount amount or a percentage.

If you enter a discount on this screen, it will appear on the Payments screen.

When you are finished changing copays or other items on this screen, press [**F1** -- *Save*] to return to the Post Charges screen and finish posting the visit.

Automate The Copay: Many unusual copay rules can be automated. If an insurance plan requires a different copay depending on the OV or physical procedure, Partner can adjust the copay automatically. Contact PCC

Software Support to learn more.

3.7. Checkout Dates & Prices Screen

After you enter diagnoses and procedures on the Post Charges screen during checkout, press [**F4** -- *Dates & Prices*] to change the provider for a specific procedure, enter service dates or hospital admission dates, or to change the price for a specific procedure.

The Dates & Prices screen shows the selected procedures along with fields for a provider initial, service dates, units, and the charge amount. At the bottom, you can enter Admit and Discharge dates for the visit.

- The "Prov" field on the left side of the screen will override the visit's provider for the specific procedure.

- The contents of the Service Dates fields will appear on the insurance claim. Changing the service dates may automatically increase the Units field.

- The hospital Admit and Discharge fields will appear on the insurance claim.

- The New Charge fields will override the default prices for the procedures.

When you are finished changing procedure dates, hospital dates, or other items on this screen, press [**F1** -- *Save*] to return to the Post Charges screen and finish posting the visit.

3.8. Claim Info Screen

Press [**F5** -- *Claim Info*] from the Post Charges screen to open the Claim Information screen.

The fields on this screen contain additional information that may be required for insurance claim submission. If the visit needs a prior authorization number or accident information, for example, it can be entered on this screen.

Your office may choose to enter or update claim information later, after a visit has been posted. All of the fields on this screen are also available on the Visit Status screen in the Correct Mistakes (**oops**) program.

The function keys on this screen jump to specific fields, speeding up data entry. If your office regularly needs to jump to a specific field, you can select that field and press [**F8** -- *Set Jump Point*]. The **checkout** program will remember the field location and jump directly to it on subsequent visits to the Claim Information screen.

3.9. Payments Screen

The fourth and final step of the **checkout** program is the Payments screen. The Payments screen displays the previous personal balance and the new personal charges. You can review any personal payments received before **checkout**, add a new payment, and confirm the New Personal Balance.

3.9.1 Today's Visit and Previous Balance

The top of the screen displays the *personal* amount due for "Today's Visit." If the patient has insurance coverage, this will typically include only the copay. If the patient's guarantor has an outstanding personal charge or credit, it will appear under the "Previous Balance" header.

3.9.2 Today's Payments

The "Apply Today's Payments" section displays all of the visit's personal payments, discounts, and adjustments. If a payment was collected during checkin or a discount was entered on the Copays & Discount screen, it will appear on this list.

If the patient or family has not yet paid, the list will be empty:

Press [**F3** -- *New TOS Payment*] to add a new blank line and enter type, check number, and amount.

Pay Old Balance: Note that you can allocate any amount of your payment to today's visit, to the previous balance, or leave your payment unapplied and unlinked. If you post additional money against an old balance, the new payment will be linked directly to the old charges.

3.9.3 Applying Old Credits to Today's Charges

If the account has a credit, the credit will appear beside the "Previous Personal Balance" label and will appear as a "Credit on Account" payment in the Apply Today's Payments section.

```
                                           Today's
Previous Personal Balance: $    20.00CR     Visit
                                           $    20.00
Apply Today's Payments:
                                           Apply to    Apply to
  Date    Pmt/Adj Type      Check #    Amount    Today Vis  Prev Bal   Unapplied
          Credit on Account          $   20.00  $   20.00 $    0.00 $    0.00

                      Remaining Balance: $    0.00 $    0.00 $    0.00

New Personal Balance: $     0.00
```

When you press [**F1** -- *Post and Print*], Partner will automatically apply the old credit to today's charges, as shown above. A payment received in the past will be *linked* to today's charges.

If you do *not* wish to apply the old credit to today's charges, press the **End** key to erase the "Apply to Today's Visit" field. The full amount of the credit will shift to the "Unapplied" column. You can then enter a new payment by pressing [**F3** -- *New TOS Payment*] or allow the charge to remain unpaid.

Automatically Mark Visit as "Gone"? Partner can automatically change the PCC EHR visit status to "Gone" when you finish checking out a patient. This feature is optional and can be found in the PCC EHR section of the Configuration Editor (**ced**).

Partner Totals Credits and Charges: Although you can leave credit amounts in the unapplied column, Partner will include any credits in its calculation of an account's final personal balance (on reports, for example).

3.10. Wrap-Up Screen

When you press [**F1** -- *Post and Print*] from the Payments screen, **checkout** saves the information you have entered, may print a receipt or ask if you want one printed, and shows you a wrap-up screen. Once you see the Wrap Up screen, the visit has been posted and saved.

```
                              Checkout - Wrap Up
                PATIENT: Pebbles Flinstone        VISIT DATE: November  1, 2007
                  Status: Medicaid, Needs Extra Time

New Account
Status and What   Messages:
Happens Next         New personal balance is $30.00.
                     New insurance balance is $656.00.
                     Primary insurance is BCBS $20 Empire.
                     Secondary insurance is Aetna MC $15 Box 1125.
                     Printed a Time of Service Bill.
                     Added a claim to the BCBS HCFA batch.



      Next     Correct   Reprint    Print         Post Reg  Patient  Account   Pedi
      Visit    Mistakes  TOS Bill  TOS HCFA       Payments  Forms    Forms     Advisor

      Delete or Modify          Print an Extra
      What You Posted              Receipt
```

- 24 -

The wrap-up screen displays several simple-English messages: the new personal and insurance balances, and insurance and claim submission information.

You can perform a number of useful functions on the Wrap-Up screen.

Function Keys from the Wrap-Up Screen

[**F1** -- *Next Patient*]

Press **F1** to return to the appointment list and pick a new patient.

[**F2** -- *Correct Mistakes*]

Press **F2** to run **oops**, the Correct Mistakes program. In **oops** you can delete charges and payments, change the responsible party for charges, change diagnosis information for procedures, and perform many other functions. Read *Correct Mistakes (**oops**)* to learn more.

[**F3** -- *Reprint TOS Bill*]

Press **F3** to generate an additional receipt. Some practices do not print receipts by default, in which case press **F3** to print the first receipt.

Last Chance. The receipt is a formal record of the transaction and the payment. Once the Wrap-Up screen has been cleared, there is no way to regenerate a receipt. You can instead generate an account history for a single day (**tater**), a Collection report, or a personal bill.

[**F4** -- *Print TOS HCFA*]

Press **F4** to print a HCFA form for the charges you just posted. Your practice may generate a HCFA for patients who have an insurance plan with which you do not participate.

[**F5** -- *Post Reg Payments*]

Press **F5** to run **pam**. Read Posting Personal Payments to learn more.

[**F6** -- *Patient Forms*]

Press **F6** to jump to the patient form-letter page.

[**F7** -- *Account Forms*]

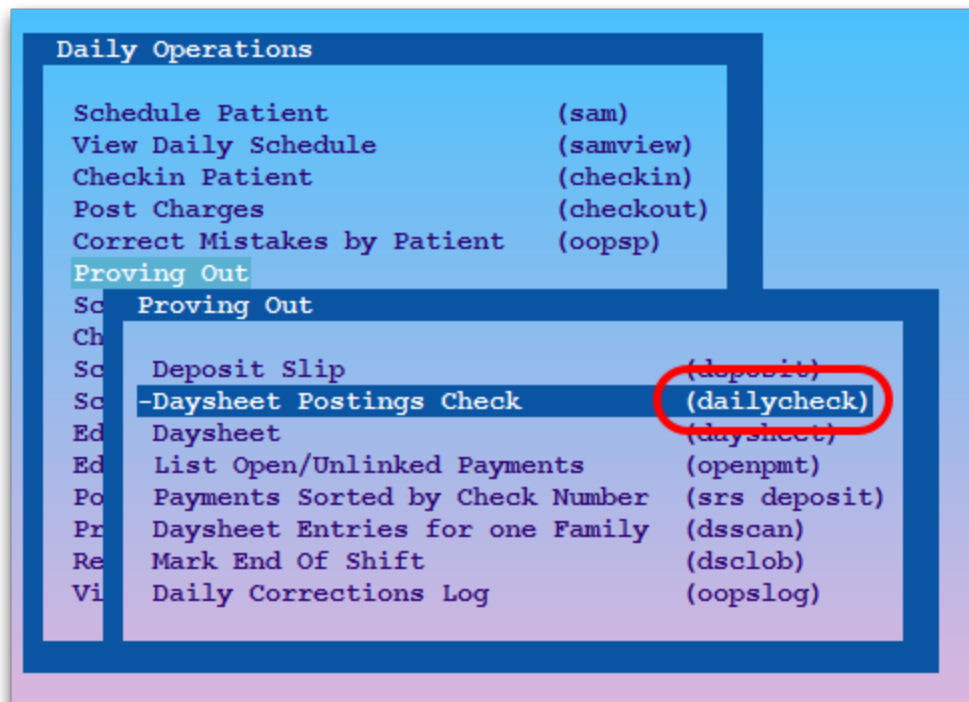Press [**F7**] to jump to the account form-letter page.

[**F8** -- *Pediatric Advisor*]

Press [**F8**] to run the Pediatric Advisor program. Pediatric Advisor is a library of handouts on various medical issues. Your office may not have the Pediatric Advisor program installed.

4. Review Posted Charges: Dailycheck

The Daily Check program (**dailycheck**) lists all the visits posted on a single day or range of days. The report includes every diagnosis, procedure, amount charged and payment posted. Use **dailycheck** to review a day's postings and compare them against the encounter forms. Many office managers run dailycheck every evening or early the following morning.

The **dailycheck** report is located in the Proving Out window within the Daily Operations window of the Partner windows. You can also type **dailycheck** at a command prompt.

DAILY CHECK

Include Charges:
Posted on Jan 23, 2013

Place of Service:
All Places of Service

Provider:
All Servicing Providers

Report Detail:
Brief with All EEF Items

Select "Full" or "Brief" Report →

Display EEF Items from PCC EHR

Sort Report by:
Patient Name

Send Report to:
X Screen
  Printer
  Interactive Screen

Generate Report

You can select which charges to include, select a place of service, limit the report to one clinician, choose a brief or full report, include EEF items from PCC EHR, sort the report by various values, and send the report to the screen, a printer, or an interactive screen.

```
-----------------------------------------------------------------------

 PATIENT: Flintstone, Pebbles (F 10 years)              BORN: 07/26/01

    POS: Office

08/12/11  W  UHC
             WCC 5-11 yrs                 99393          250.00
                 Well Child Care          V20.2
                 BMI-ped >95%             V85.54
08/12/11  W  UHC
             Varivax                      90716          125.00
                 Well Child Care          V20.2
08/12/11  W  UHC
             Immun Admin/Counsel First Ant 90460         100.00
                 Well Child Care          V20.2
08/12/11  W  UHC
             Flumist                      90660           45.00
                 Well Child Care          V20.2

             TOTAL                                       520.00

-----------------------------------------------------------------------
--Less (type q to quit)-- (Byte 1967)
```

The **dailycheck** output displays complete charge posting details. A total for the day (or time range) appears at the bottom of the report. The "Brief" version of the report omits codes and units and condenses linking.

If you use one of the EEF options, you can compare posted charges with items on the electronic encounter form for the same visit.

```
DATE        PRV  PROCEDURE             DIAGNOSIS      INSURANCE       AMOUNT     COPAY

    PATIENT: Troutman, Dara (F 4 yrs, 6 mos)                        BORN: 06/25/08

        POS: Office

01/23/13 W    OV Expanded Focus     Otitis Med     Capital Bl      79.00      15.00
01/23/13 W    Lead Test             Otitis Med     Capital Bl      48.00       0.00

              TOTAL                                                127.00      15.00

    ELECTRONIC ENCOUNTER FORM

            OV Expanded Focus     Otitis Media
            Lead Test
           *Urinalysis with Micr
           *Rapid Strep Screen

    * item added after checkout
```

Posted in checkout

PCC EHR's EEF Record

4.1. Dailycheck By Location

PCC Support can configure **dailycheck** so it runs only for the current user's location. When a biller in your remote office runs the report at the end of the day, the report will run in "By Location" mode.

Contact PCC Support if you wish to set up **dailycheck** by location for some of your users.

5. EHR Charges with No Partner Appointment

If an EHR sends Partner new patient diagnoses and procedures with no associated appointment, the charges will appear at the bottom of the Checkout appointment list.
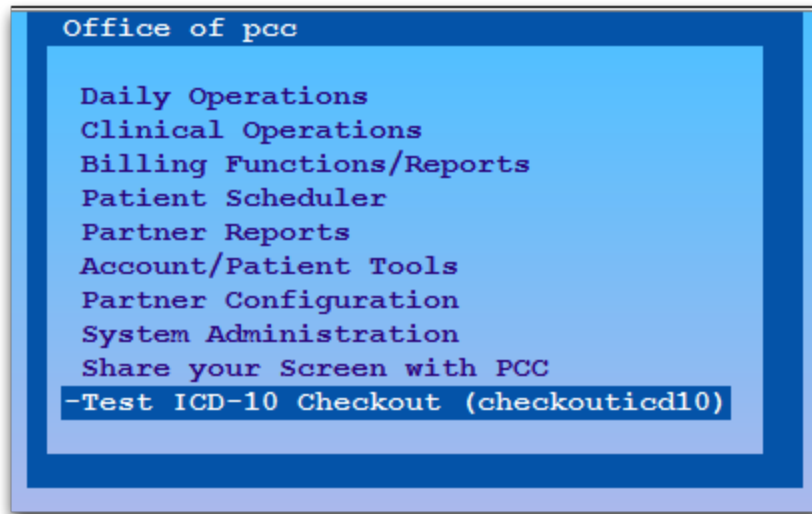

Charges for two patients with no appointment in Partner

You can select these patient charges in **checkout** and post them as you would any appointment.

When Will This Occur? These entries will appear if a provider uses an EHR to chart a visit for a patient who was not scheduled in Partner. They may also appear if you schedule an appointment using your EHR instead of Partner and your EHR can not export appointment information to Partner.

6. Test ICD-10 Checkout

Run the "Test ICD-10" Checkout program (**checkouticd10**) to try posting a visit with ICD-10.

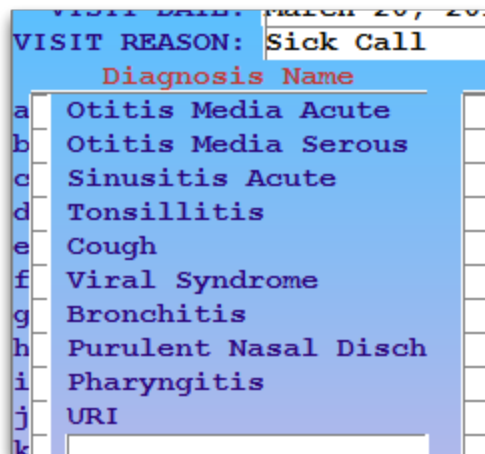After choosing a sample patient, you can enter ICD-10 diagnoses and link procedures.

ICD-10 descriptions and codes will appear as you post.

As you try out ICD-10:

- **Don't Worry, Nothing Will Post:** Anything you do in the Test ICD-10 program is forgotten when you press **F12** or [**F1** - *Exit*]. The visit will not save to the patient's record and no claim will be batched. Also, all screens will behave as if it were *after* the ICD-10 changeover. The real **checkout** program will switch back and forth from ICD-10 to ICD-9 based on the date of service.
- **View Long Descriptions:** As you enter ICD-10 diagnoses, you can press [**F6** - *Show Dx Names*] to view a longer diagnosis field. This will be useful, as many ICD-10 diagnoses have long descriptions.
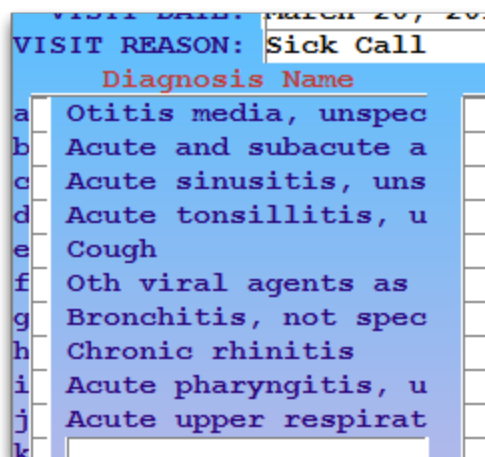
6.1. Charge Screen and SnapCode Configuration

When the new ICD-10 deadline takes place, Partner will automatically switch from displaying ICD-9 charge screens to ICD-10.

If your practice uses an EHR, then your EHR may fill out most of your charge screen; you might not use charge screens or SnapCodes. However, if you enter diagnoses or procedures manually (from a paper encounter form, for example), then you will see the ICD-10 charge screens in **checkout** once billing switches to ICD-10.

You can review and edit both your ICD-9 and ICD-10 configurations using the Table Editor (**ted**) and the Charge Screen Editor (**csedit**).

6.1.1 ICD-10 in the Charge Screen Editor (csedit)

When you run the Charge Screen Editor, you can edit either ICD-10 or ICD-9 codes.

```
                    ICD-10 Charge Screen Editor

    Charge Screen Name        Uses this Encounter Form
    Immunization Update      config/encount/encountform
    Injury                   config/encount/encountform
    Lab                      config/encount/encountform
    Medication Followup      config/encount/encountform
    Newborn                  config/encount/encountform
    Pre-Op Exam              config/encount/encountform
    Recheck                  config/encount/encountform
 X  Sick                     config/encount/encountform
    Weight                   config/encount/encountform
    {Add New Screen - A}
    {Add New Screen - B}
    {Add New Screen - C}
    {Add New Screen - D}
    {Add New Screen - E}




           To select a screen, place an X in front of it.
           Press  F4  to edit the selected screen.

  Save and   Scroll     Scroll     Edit                ICD-9
  Quit       Backward   Forward     Screen              csedit
```

You can toggle between ICD-9 and ICD-10 charge screens by pressing [**F5** - *ICD-9/ICD-10 csedit*] from the main **csedit** screen.
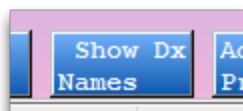
Select a charge screen and press [**F4** - *Edit Screen*] to review it and make changes.

ICD-10 Charge Screen Editor

Screen Name: Sick   Visit Reason: Sick Call
Place of Service: *   Provider: *
Encounter Form: config/encount/encountform

	Diagnosis Name	Procedure Name	ICD-10	CPT
a	Otitis media, unspecifie	OV Problem Focused	H66.90	99212
b	Acute and subacute aller	OV Expanded Focus	H65.119	99213
c	Acute sinusitis, unspeci	OV Detailed H&E	J01.90	99214
d	Acute tonsillitis, unspe	OV Comprehensive	J03.90	99215
e	Cough	Spirometry Simple	R05	94010
f	Oth viral agents as the	Spirometry Broncho Eval	B97.89	94060
g	Bronchitis, not specifie	Tympanometry	J40	92567
h	Chronic rhinitis	Rapid Strep Screen	J31.0	87880
i	Acute pharyngitis, unspe	OV Sunday/Holiday Diff	J02.9	99054
j	Acute upper respiratory	OV Saturday Differential	J06.9	99050
k				
l				
m				
n				

Main Menu	Make PCC Change	Print Sample	Edit Enc Form	Show Matches	Show Dx Names	Add/Edit Procs	Add/Edit Reasons

Press [**F6** - *Show Dx Names*] to work with a wider Diagnosis Name field.

```
                    ICD-10 Charge Screen Editor

      Screen Name: Sick                Visit Reason: Sick Call
   Place of Service: *                     Provider: *
     Encounter Form: config/encount/encountform


        Diagnosis Name                                         ICD-10

   a  Otitis media, unspecified, unspecified ear              H66.90
   b  Acute and subacute allergic otitis media (serous), unsp ear  H65.119
   c  Acute sinusitis, unspecified                            J01.90
   d  Acute tonsillitis, unspecified                          J03.90
   e  Cough                                                   R05
   f  Oth viral agents as the cause of diseases classd elswhr B97.89
   g  Bronchitis, not specified as acute or chronic           J40
   h  Chronic rhinitis                                        J31.0
   i  Acute pharyngitis, unspecified                          J02.9
   j  Acute upper respiratory infection, unspecified          J06.9
   k
   l
   m
   n

   Main      Make PCC    Print      Edit Enc      Show    Show      Add/Edit  Add/Edit
   Menu      Change      Sample     Form          Matches Dx/Procs  Procs     Reasons
```

6.1.2 ICD-10 SnapCodes

The Table Editor (**ted**) contains configuration sections for both ICD-9 and ICD-10 SnapCodes. You can review, edit, and create new SnapCodes for rapid entry of diagnoses and linked procedures.

After making changes (or creating new ICD-10 SnapCodes), you can test them in the **checkouticd10** program.

For more information, read the SnapCodes help article.

7. Customizable Charge Screens

If you use an EHR that integrates with Partner, then you may see the physician's selected diagnoses and procedures on the Post Charges screen in checkout.

Otherwise, your practice can select diagnoses and procedures. You can customize the default lists of diagnoses and procedures to make selecting them easier. Computer screens are too small to display the hundreds of different procedures and diagnoses that you may perform, so **checkout** brings up a list based on the visit reason or similar criteria.

Your practice's custom lists of per-visit diagnoses and procedures are called "charge screens".

7.1. Sample Charge Screens

If a patient is scheduled for a sick visit, Partner can automatically display your practice's custom "Sick" charge screen, which could include Otitis Media and other common sick diagnoses. For a well visit, you may have a Well charge screen that displayed 99393 along with immunization codes.

Here is a sample "Baby Well" charge screen from a PCC practice that incorporates both sick and well visit codes:

This screen displays the v20.2 Well Infant diagnosis code, along with Otitis Media as a sample common diagnosis. For procedures, the 99393 appears along with other handy procedures, such as the immunizations given to babies. The screen also has plenty of blank spaces for less common diagnoses and procedures that occur during a visit.

Many offices design a different Well Child screen for every age physical. That allows them to specify which immunizations appear, for example.

Automatic By Age: Partner can place the correct physical procedure for the child's age on the charge screen automatically. Partner users should not need to hunt for the correct age-specific physical procedure code.

Here is a practice's custom "Asthma Recheck" charge screen:

Custom Length, More Screen Space: The examples above show room for 16 diagnoses and 16 procedures. If you make your Partner window larger, **checkout** can show up to 23 of each. Contact PCC Support to learn more.
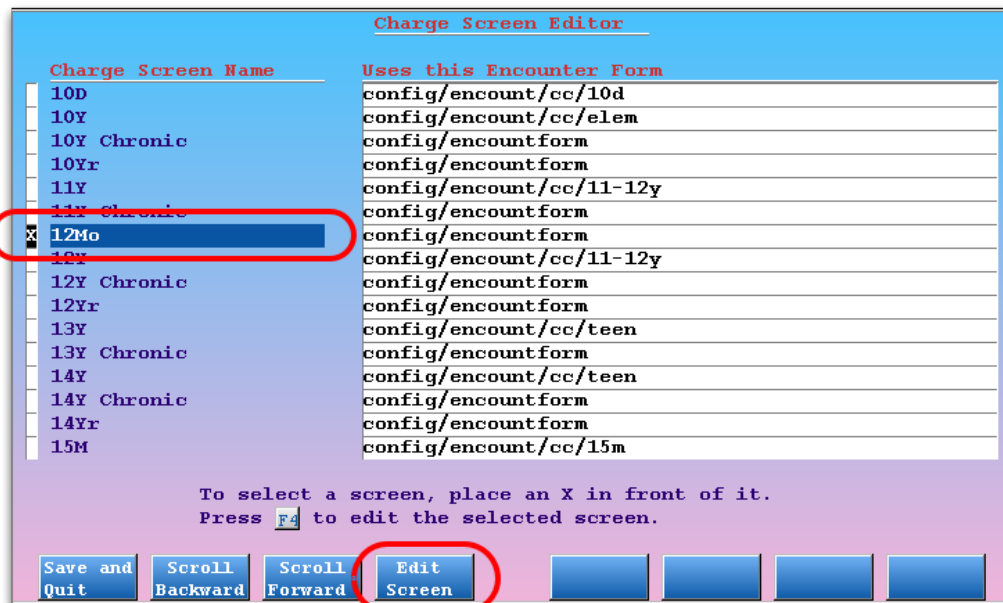
7.2. Edit Charge Screens

Use the Charge Screen Editor (**csedit**) to edit your charge screens or make changes to an existing charge screen.

You can run **csedit** from a command prompt or by selecting the **csedit** option from your Partner Configuration window.

On the main screen, you can select from your existing charge screens and press [**F4** - *Edit Screen*] to make a change.

To learn more about **csedit** and editing charge screens, read the example help article, "Add a SnapCode to a Charge Screen".

ICD-9 and ICD-10: During 2014, Partner will prepare for the ICD-9 to ICD-10 migration by duplicating your existing charge screens and making new ICD-10 versions. When you run the **csedit** program, you will be able to switch between editing the charge screens with ICD-9 codes and ICD-10 codes by pressing [**F5** - *ICD-10 csedit*].