TruBridge®

Business Office Tables User Guide

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TruBridge
54 St. Emanuel Street
Mobile, AL 36602
T(877) 424-1777
trubridge.com

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Chapter 1 Introduction

1.1 Attestation Disclaimer

Promoting Interoperability Program attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. TruBridge's Promoting Interoperability Program certified products, recommended processes and supporting documentation are based on TruBridge’s interpretation of the Promoting Interoperability Program regulations, technical specifications and vendor specifications provided by CMS, ONC and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client’s attestation, TruBridge bears no responsibility for attestation information submitted by the client.

1.2 What's New

This section introduces the new features and improvements for the **Business Office Tables** for release Version 22.04. A brief summary of each enhancement is given referencing its particular location if applicable.

Each enhancement includes the Work Request (WR) Number and the description. If further information is needed, please contact **TruBridge Support**.

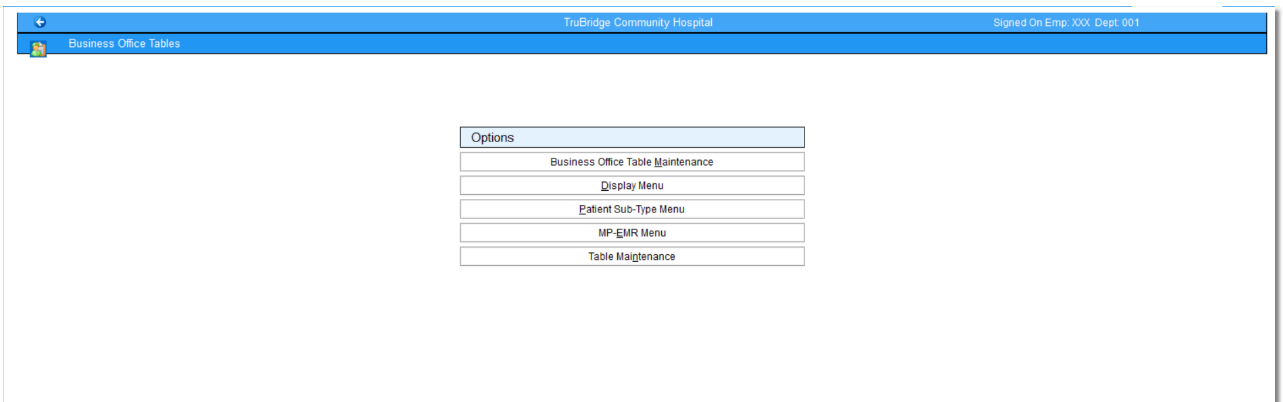
NOTE: *Version 22.04 does not include any new enhancements.*

Chapter 2 Overview

The Business Office Tables enable the facility to control the information system. The facility may customize their information system by performing maintenance to the Business Office Tables. Selecting and maintaining options within these tables helps manage the facility in the most effective and efficient manner.

To access the Business Office Tables from the Hospital Base Menu, select the **Master Selection** option, then select **Business Office Tables**. When the Business Office Tables are selected, there are three options available.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables**

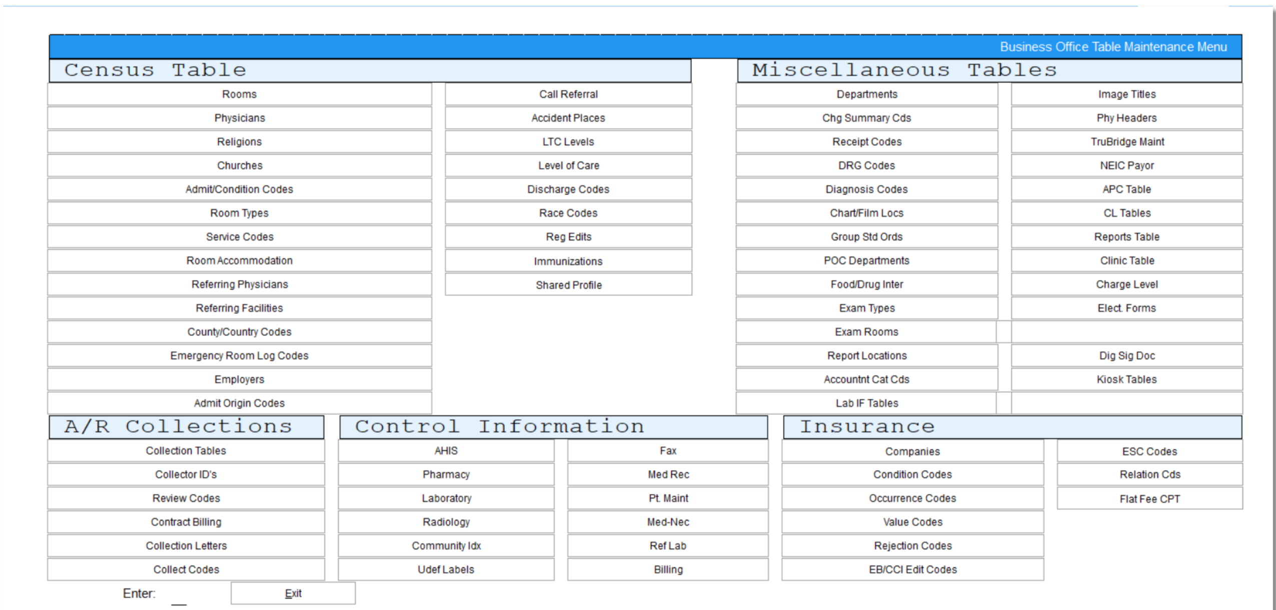


Business Office Tables

- **Business Office Table Maintenance:** This will allow maintenance to be performed on the Business Office Tables if the user has the appropriate security.
- **Display Menu:** This option is for screen displays of the Business Office Tables. Although the tables may be viewed through this option, no maintenance should be performed through this option.
- **Patient Sub Type System:** The Patient Sub Type System is intended for use if a facility has more than five revenue accounts on their General Ledger per item. A facility may have up to 99 Sub Types. To begin using Patient Sub Types, additional set up is required.

The Business Office Table settings are important tools used for specific applications within TruBridge EHR. Incorrect field settings may produce undesirable results. Evident strongly recommends checking with the Evident contact at the facility or calling an Evident Financial Software Support Representative before making any table changes if the purpose of the field is not clear. Please refer to the above figure for a listing of the Business Office Tables within TruBridge EHR.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance**



Business Office Table Maintenance Menu

NOTE: *Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY or YYMMDD to be used throughout Business Office Tables. An Evident Representative will need to be contacted in order for the date format to be changed.*

Chapter 3 Census Tables

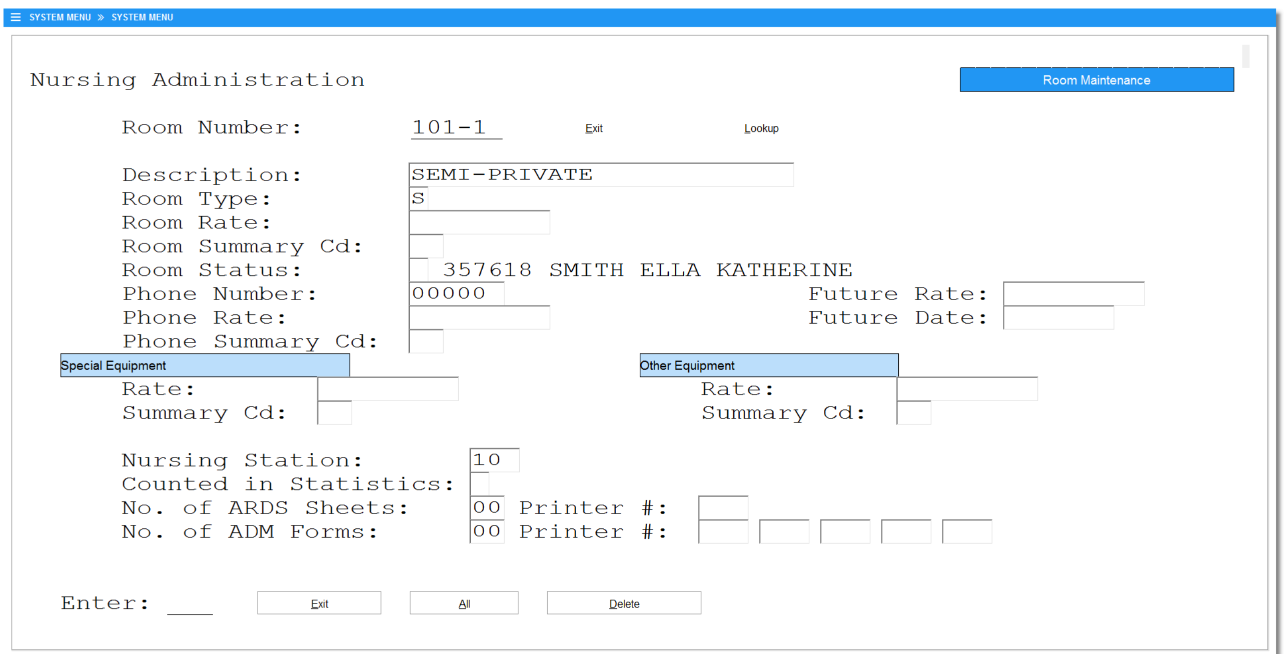
3.1 Overview

There are a number of tables that affect patient registration and census functions. This chapter describes the tables and fields contained within each table.

3.2 Room Table

When additions or changes are made to the Room Table, the Regenerate Room File (Single User), in Special Functions, may need to be run.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Rooms**



Room Maintenance

- **Room Number:** Enter a code using up to five alpha and/or numeric characters. The room numbers may include dashes.
- **Description:** Enter a brief description of room type using up to 25 characters.
- **Room Type:** Enter the one-character room type that is displayed when using the lookup when registering a patient (**P**-Private, **S**-Semi-Private, **I**-ICU, **N**-Nursery). Room Types are set up through **Room Types** in the Business Office Tables Maintenance Menu.

- **Room Rate:** Enter the room rate to be charged on the Final Census. No Index Regen is necessary when changes are made to this field.
- **Room Summary Code:** Enter the Summary Charge Code that represents the associated UB Revenue Code.
- **Room Status:** If the room is occupied, the patient's name and account number will display here or indicate "EMPTY" if unoccupied. Any character in this field will make the room unavailable for admitting. An **X** will exclude this room from Administrative Statistics.
- **Phone Number:** Enter up to five digits for the room extension.
- **Phone Rate:** Enter the daily charge for phone use that will appear on the Final Census if applicable.
- **Phone Summary Code:** Enter the Summary Charge Code that represents the associated UB Revenue Code.
- **Future Rate/Date:** Enter the future rate for this room and the date the rate increase should become effective.
- **Rate:** Enter any additional daily charge for special equipment that will appear on the Final Census if applicable.
- **Summary Code:** Enter the Summary Charge Code that represents the associated UB Revenue Code.
- **Rate:** Enter any additional daily charge for any other Equipment that will appear on the Final Census if applicable.
- **Summary Code:** Enter the Summary Charge Code that represents the associated UB Revenue Code.
- **Nursing Station:** Enter the department of the Nursing Station assigned to this room. Final Census prints in order of Nursing Station. This is the only field that cannot be manipulated while the room is occupied.
- **Counted In Statistics:** A **Y** will include this room in Administrative Statistics Report. An **N** will exclude this room from the report in Executive Information. A **C** will allow any patients transferred from this room to a room counted in statistics to be included in the Administrative Statistics Report. Example: If an observation patient is admitted to a holding room (a non statistic room) and later moved to an inpatient room (one marked to count in statistics), this account will be included in census statistics.
- **No. of ARDS Sheets/Printer #:** Enter the number of ARDS Label Sheets to print automatically when a patient is admitted to this room. Enter the desired ARDS laser printer number where the labels should print.

***NOTE**: If a number of sheets is entered and no printer number, those sheets will print to the default label printer loaded in the Device Control Table for that terminal number. This feature only works with TruBridge EHR's generic label print program. If the facility needs this to work for a custom program, it will need to be written into the custom program.*

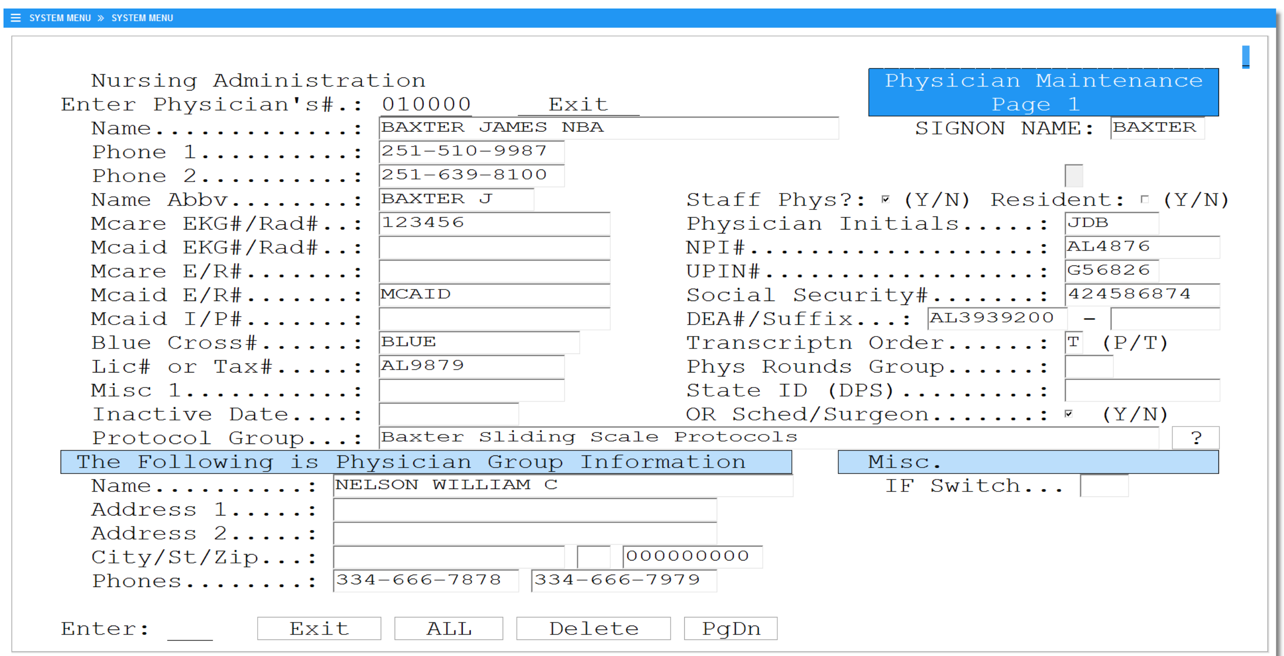
- **No. of ADM Forms/Printer #:** Enter the number of Admission Forms to print automatically when a patient is admitted to this room. Enter the desired printer number where the forms should print.

3.3 Physician Table

The Physicians Table stores information about individual physicians working in the hospital.

Physician Table, Page 1

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Physicians**



Physician Maintenance, Page 1

- **Enter Physician's #:** Enter a 6-digit numeric code to represent the physician. If the first four digits of the physician number are the same for multiple physicians, this can indicate they are in a group if AHIS page 7, field 14 is set to **Y**es. When using physician groups, and setting up a new physician in the Physician Table, if the first four digits entered are the same as another physician's, the Physician Group Information in fields 41 - 45 will pull from the last physician's table in that group.

The Physician's Table **999999** is used primarily for facility-specific billing information.

The Physician's Table **ADMIN** may be used to print a different address for statements and collection letters only. If the Physician's Table ADMIN is set up, the address from fields 41-44 will pull to the statement forms and collection letters. Otherwise, TruBridge EHR will default back to the address loaded in the Physician's Table **999999**. All other applications that pull the facility address will continue to use the Physician's Table **999999**.

The Physician's Table **LTADMN** may be used to print a different address for long-term statements only. If the Physician's Table **LTADMN**, page 1, Physician Group Information, has an address loaded, it will pull to the Long-Term statement forms. Otherwise, TruBridge EHR will default back to the address loaded in the Physician's Table ADMIN, if loaded, or 999999.

The Physician's table also has the ability to print addresses for statements and collection letters based on the stay type and sub type of the patient. If an address is loaded for the following, it will over ride the ADMIN or 999999 table.

- **1STAY**: Used if the account is a stay type 1
- **2STAY**: Used if the account is a stay type 2
- **3STAY**: Used if the account is a stay type 3
- **4STAY**: Used if the account is a stay type 4
- **5STAY**: Used if the account is a stay type 5

If using sub types, then **101SUB - 199SUB** or **201SUB - 299SUB** may be used. The first character denotes the stay type and the second and third denote the subtype. For example, 110SUB would be if the account is a stay type 1 with a sub type of 10.

- **Name:** The first field in the Physician Maintenance stores the physician's name. The last name should be entered, followed by the first name and middle initial. Do not use any punctuation.

- **Phone 1:** The Phone number of the physician should be entered in this field.

- **Phone 2:** Any additional Phone numbers of the physician may be entered here.

- **Name Abbreviation:** The abbreviation of the physician's name should be entered in this field. This will display when using the lookup option in Patient Registration.

- **Mcare EKG#/RAD#:** The physician's Medicare EKG or Radiology number should be entered in this field.

- **Mcaid EKG#/RAD#:** The physician's Medicaid EKG or Radiology number should be entered in this field.

- **Mcare E/R#:** The physician's Medicare Emergency Room number may be entered in this field.

- **Mcaid E/R#:** The Medicaid Emergency Room number may be entered for the physician.

- **Mcaid I/P#:** The physician's Medicaid Inpatient number may be entered in this field.

- **Blue Cross#:** The Blue Cross physician number should be entered in this field.

***NOTE**: The above six provider number fields may be left blank if the provider numbers are the same as the provider numbers used for the facility. If the numbers are different for specific physicians, they should be loaded on the individual physician's maintenance screen.*

- **Lic# or Tax#:** The physician's License or Tax Identification number should be loaded in this field.

- **Misc 1:** Records any miscellaneous information about this physician.

- **Inactive Date:** A date in this field makes the physician inactive and excludes the physician from any lookup windows. The date is for reference to show when the physician became inactive.

- **Protocol Group:** Defines the physician specific protocol group (sliding scales) for the Diabetic Record in the Point of Care Module. To add a protocol group, select **? > Protocol Group > Select**.

- **Signon Name:** Enter the physician name/number that will be used for the physician to signon the MP-EMR software. This field is only needed if the physician needs to sign in differently than with the physician number.

- **Staff Physician?: Resident:** If this is a Staff Physician, this field should be selected. The switch will determine how the physician number is listed on screen displays. When Resident is selected, the Type field on the DRG Grouper screen, page 2 will be populated with an **R** when the physician is manually entered.

- **Physician Initials:** Records the Physician's Initials for use in the POC Ancillary order verification. This also pulls to Medical Records transcribed documents.

- **NPI #:** The physician's National Provider Identifier Number should be entered in this field. This field will be automatically updated when adding a new physician through Registration and entering the NPI number..

- **UPIN #:** The physician's UPIN number should be entered in this field. This field may be automatically updated when adding a new physician through Registration and entering the UPIN number.

- **Social Security #:** This field stores the physician's Social Security Number.

- **DEA #:** The physician's Drug Enforcement Agency number should be entered in this field.

- **Transcription Order:** This field determines the order of selections in the Medical Record Transcription system. If answered **T**, TruBridge EHR will display the Transcription Document Types (e.g., History & Physical, Discharge Summary, etc.) first for selection and then the Patient Selection. If answered **P**, TruBridge EHR will display the selections in the opposite order. This switch overrides the Transcription Order switch in the Medical Records Control Information Table for the selected physician.

- **Phys Rounds Group:** Enter a 3-digit code that will group physicians together. This will be used when running the Physicians Round Sheet.

- **State ID (DPS):** Enter the Department of Safety ID number for the physician if the facility's pharmacy is required to submit a copy of each O/P Rx for class II controlled substances.

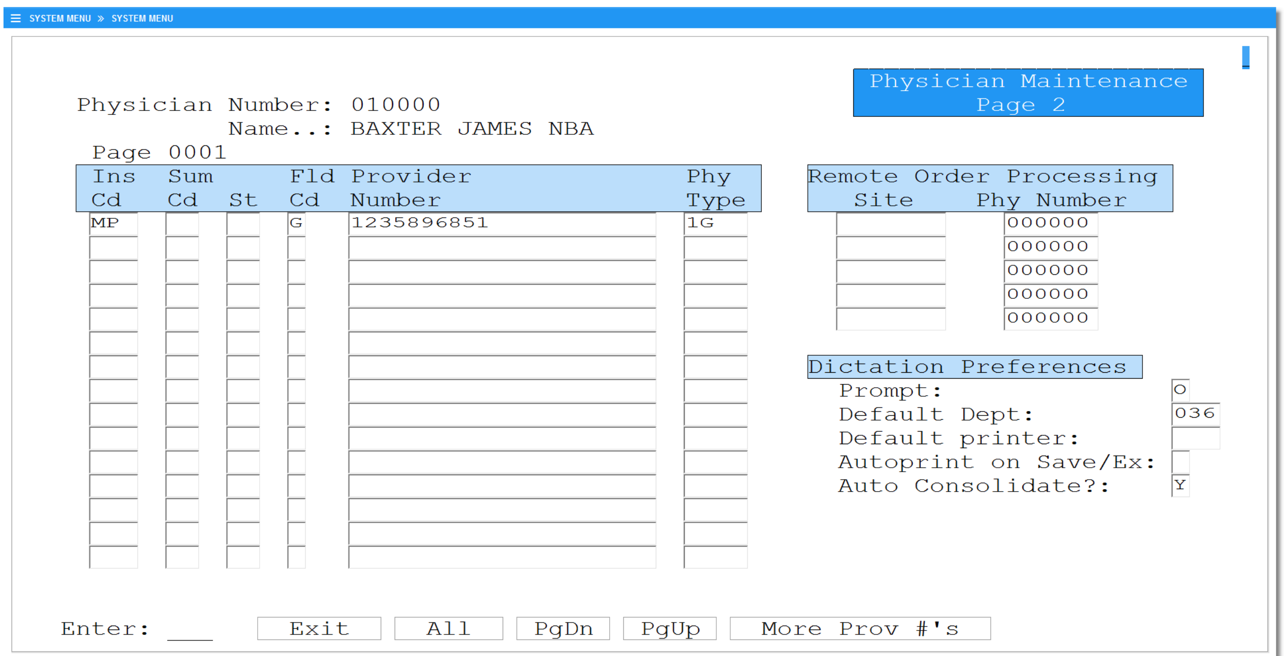
- **OR Sched/Surgeon:** If answered **Y**, the OR Scheduler will be activated. This will also allow cases to pull to the Medical Records Operative Procedures report. This field defaults to **N.**

- **Physician Group Information:** Enter the Physician's Address Information in these fields. If this table is Physician Table 999999, it should contain the facility's address information to pull to Locator 32 on the 1500 form, Locator 1 on the UB, generic statements and generic receipts.

- **Phones:** Enter the physician's Phone number and/or fax number in these fields.

Physician Table, Page 2

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Physicians** > **Page 2**



Physician Maintenance, Page 2

This page allows for the set up of Insurance Codes, Summary Codes and Provider Numbers to manipulate certain fields on the 1500s and UBs. This table has specific codes TruBridge EHR recognizes, and these codes will determine where the physician numbers pull on 1500s and UBs.

- **Ins Code:** The Financial Class code for the particular Insurance Company to be affected should be entered into this column.

- **Summ Code:** The 2-character Summary Charge Code should be entered in this column. TruBridge EHR will look at the Financial Class code then the Summary Code to determine the lines of detail for the claims that should be affected.

- **St:** Enter the 2-character state code for the claims that the change needs to effect.

- **Fld Code:** The Field Code is a 1-digit code that corresponds to a particular field on the 1500 or the UB form in which the physician number will be printed.

  - **1500 Field Codes:**
    - **1 -** Pulls the number loaded in column 5 - Provider Number to locator 17a on the 1500. If the claim is a North Carolina or Kentucky Medicaid claim, the physician table for the referring physician will override anything loaded on this page. When TruBridge EHR is searching for a code, the following hierarchy will be followed:
      1. Referring Physician table - Field Code 1
      2. Charging Physician table - Field Code 1
      3. Billing Physician table - Page 4, Billing Physician
      4. Attending Physician table - Field Code 1
      5. Attending Physician table - Page 1, UPIN#

    - **3 -** Pulls the number loaded in column 5 to the shaded portion of locator 24J on the 1500. When TruBridge EHR is searching for a code to pull to the shaded portion of locator 24J for all states <u>except</u> KY and NM, the following hierarchy will be followed:
      1. Charging Physician table - Field Code 3
      2. Charging Physician table - Page 1, Lic# or Tax# (Commercial) Mcare EKG#/Rad# - Blue Cross# fields Provider # (All other Financial Classes)
      3. Stay Info Physician table - Field Code 3
      4. Stay Info Physician table - Page 1, Lic# or Tax# (Commercial) Provider # (All other Financial Classes)

    - For states of KY and NM, the following hierarchy will be followed:
      1. Charging Physician table - Field Code T
      2. Charging Physician table - Field Code 3
      3. Charging Physician table - Page 1,Lic# or Tax# (Commercial) Provider # (All other Financial Classes)
      4. Stay Info Physician table - Field Code T
      5. Stay Info Physician table - Field Code 3
      6. Stay Info Physician table - Page 1, Lic# or Tax# (Commercial) Provider # (All other Financial Classes)

    - **4 -** Pulls the number loaded in column 5 to the unshaded portion of locator 24J on the 1500. When TruBridge EHR is searching for a code to pull to the unshaded portion of locator 24J, the following hierarchy will be followed:
      1. Charging Physician table - Field Code 4
      2. Charging Physician table - Page 1, NPI
      3. Stay Info Physician table - Field Code 4
      4. Stay Info Physician table - Page 1, NPI
      5. Physician 999999 table - Page 1, NPI

    - **5 -** Pulls the number loaded in column 5 to locator 33b on the 1500.

- **6 -** Pulls the number loaded in column 5 to locator 33b on the 1500, if nothing is loaded for Field Code 5. When TruBridge EHR is searching for a taxonomy code to pull to locator 33b on the 1500, the following hierarchy will be followed:
    1. Charging Physician table - Field Code 5
    2. Charging Physician table - Field Code 6
    3. Attending Physician table - Field Code 5
    4. Attending Physician table - Field Code 6
    5. Physician 999999 table - Field Code 5
    6. Physician 999999 table - Field Code 6
    7. Insurance Company table - Page 1 Provider Number

- **N -** Pulls the number loaded in column 5 to locator 17b and 24J on the 1500. When TruBridge EHR is searching for a code to pull to locator 24J, the following hierarchy will be followed:
    1. Charging Physician table - Field Code 4
    2. Charging Physician table - Field Code N
    3. Charging Physician table - Page 1, NPI
    4. Stay Info Physician table - Field Code 4
    5. Stay Info Physician table - Field Code N
    6. Stay Info Physician table - Page 1, NPI
    7. Physician 999999 table - Page 1, NPI

- **T -** Pulls the number loaded in column 5 to the locator 24J if state code loaded in physician table page 1 is "KY" or "NM".
- **n -** Pulls the number loaded in column 5 to locator 33a on the 1500. When TruBridge EHR is searching for a code to pull to locator 33a, the following hierarchy will be followed:
    1. Charging Physician table - Field Code n
    2. Attending Physician table - Field Code n
    3. Physician 999999 table - Field Code N
    4. Physician 999999 table - Page 1, NPI

- **E -** Pulls the number loaded in column 5 to locator 25 on the 1500.

- **UB Field Codes:**
    - **1 -** Pulls the number loaded in column 5 to locator 79 on the UB if state code loaded in physician table page 1 is "KY".
    - **T -** If the claim is Kentucky Medicaid, the number loaded in column 5 will pull to locator 81a, if attending physician, or 81b, if operating physician.
    - **N -** Pulls the number loaded in column 5 to locator 78 and/or 79.
    - **U -** Pulls the number loaded in column 5 to locator 76 QUAL on the UB. If the claim is an Iowa Medicaid claim, the number loaded in column 5 will pull to locator 79 on the UB. When TruBridge EHR is searching for a code to pull to locator 78 and 79, the following hierarchy will be followed:

        Locator 78:
        1. Referring Physician table - NPI
        2. Referring Physician table - Provider Number
        3. Physician table - Field Code N (NPI)
           If there is not a Field Code N loaded, ZZ will pull to the box in front of the NPI field.
        4. Physician table - Field Code U (QUAL)
        5. Physician table - Page 1, NPI

6. Physician table - Page 1, Lic# or Tax# (QUAL)
7. Physician table - Page 1, UPIN (QUAL)
8. Blank field if Insurance Company table - Page 6, NPI Only is selected.

Locator 79:
1. Physician table - Field Code N (NPI)
   If there is not a Field Code N loaded, ZZ will pull to the box in front of the NPI field.
2. Physician table - Field Code U (QUAL)
3. Physician table - Page 1, NPI
4. Physician table - Page 1, Lic# or Tax# (QUAL)
5. Physician table - Page 1, UPIN (QUAL)
6. Blank field if Insurance Company table - Page 6, NPI Only is selected.

- **Provider Number:** This column stores a number, up to 15 digits long, that will print on the 1500 or the UB in the field designated by the fourth column.

- **Phy Type:** Enter the 4-character Physician Type that will pull to the electronic ANSI file for UB's and 1500's.

NOTE: *To set up more Provider Numbers, choose option* ***"M"ore Prov #'s*** *at the bottom of the screen and another page will appear to provide more space to load these numbers.*

- **Remote Order Processing:** These fields serve as a Physician number cross-reference table for the Multi-facility Clinical Networking Interface.

- **Prompt:** Defines the default prompt for the way in which this physician wants to select orders for dictation via the TruBridge EHR Voice Recognition application. The options are: **O** - Order Number, **R** - Room Index, **N** - Name Index or **A** - Account Number.

- **Default Dept:** Defines the default department for this physician's dictation via the TruBridge EHR Voice Recognition application. This department number will precede the order number.

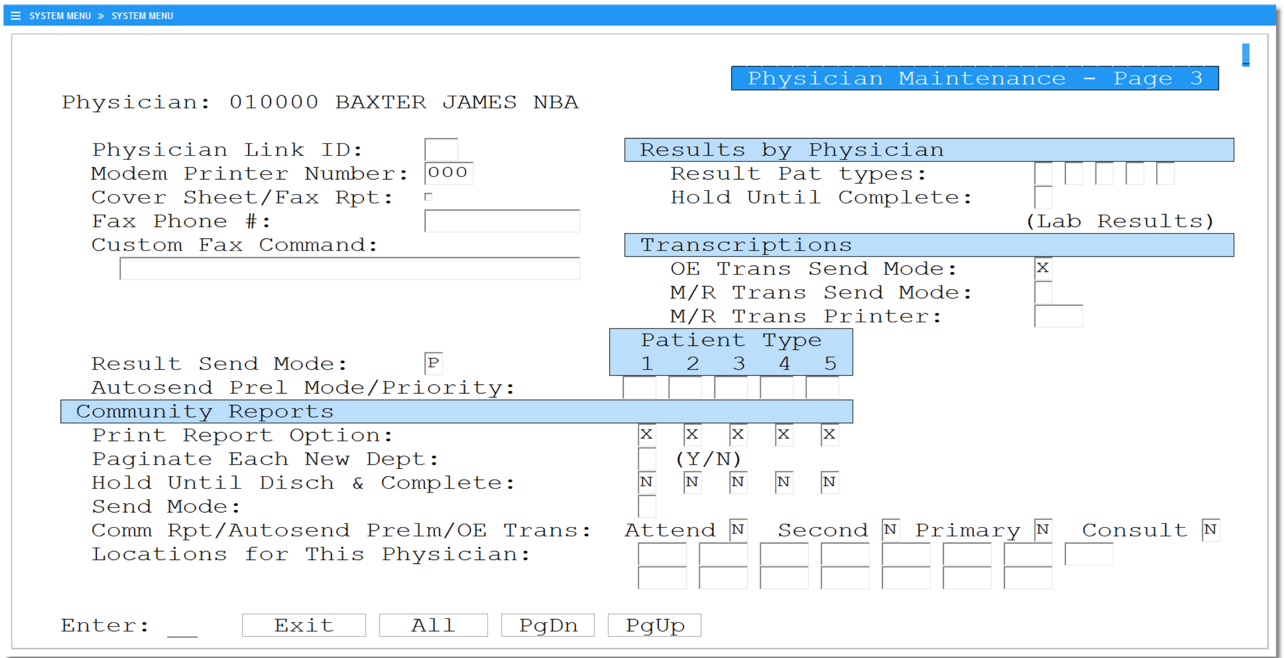
- **Default Printer:** Designates the printer to which dictated reports will print for this physician.

- **Autoprint on Save/Exit:** If answered **Y**, the completed report will automatically print to the above Default Printer.

- **Auto Consolidate?:** If set to **Y,** a single order will be dictated. When the dictation is saved, TruBridge EHR will look for all other orders for that patient in that department with the same ID Switch 1. If the complete time is within three minutes, the transcription will be applied to all the orders.

Physician Table, Page 3

Select **Web Client** > **System Menu** > **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Physicians** > **Page 3**



Physician Maintenance, Page 3

- **Physician Link ID:** Enter the 2-digit Physician Link ID in this field. This field is required when the Result Send Mode is **L**.
- **Modem Printer Number:** Enter the 3-digit Modem Number that will receive Clinical Results in this field if the Result Send Mode is **M**.
- **Cover Sheet/Fax Rpt? :** If this field is set to **Y**, the physician will receive a cover sheet with each fax transmission.
- **Fax Phone #:** The physician fax number should be loaded in this field. Enter the number without spaces or dashes, and only enter the Area Code if long distance. The TruBridge EHR Fax application must be installed prior to entering data in this field. This field may be automatically updated when adding a new physician through Registration and entering the Fax Phone number.
- **Custom Fax Command:** This is a 30-digit field that can accommodate any special fax number needed. It may include the 1 for long distance, area code, extension, etc. When there is no entry in the Fax Phone # field, TruBridge EHR will dial the number found in this custom command field.
- **Result Send Mode:** This field controls how results and/or order transcriptions are sent to the physician. The options are: **F**-Fax, **L**-Physician Link, **M**-Modem Printer or **P**-Print to designated printer.

- **Autosend Prel Mode/Priority:** When an order is resulted and completed, TruBridge EHR will refer to this field to determine if and how (mode) the physician receives the preliminary report. Each of the 2-digit fields responds to each of the five patient types. The first character of each field determines the mode by which preliminary reports are sent. The options are: **L**-Physician Link, **M**- Modem Printer, **P**-Lab Printer and **F**-Fax. The second character determines the priority and may be: **S**-Stat Orders only or **A**-All orders.

- **Print Report Option:** The entry in each of the five spaces determines the type of report produced for the corresponding patient type at runtime. The options are: **S**-Single account cumulative vertical, **M**-Multi-account cumulative vertical, **V**-Single account cumulative by Sub-Department, **C**-Multi-account cumulative by Sub-Department, @ - Lab Results by Physician with Pending, **N**-Non-cumulative vertical, **R**-Lab Results by Physician, **X**-Do not send a report and **blank** defaults to option **S** - Single account cumulative vertical.

- **Paginate Each New Dept:** This field determines if laboratory sub-departments will print on separate pages for report options N, C, V, S and M.

- **Hold Until Disch & Complete:** If an **N** is entered, the patient report will be sent when resulted. If a **D** is entered, hold report until patient is discharged and all results have been completed, cancelled, or discharged. If a **C** is entered, hold patient report until all results have been completed, cancelled or discharged. With option C, the patient does not have to be discharged.

- **Send Mode:** This field determines how the Physician will receive Community Reports. Enter an **F** if the reports are to be sent by fax or an **M** if they are to be sent by Modem.

- **Comm Rpt/Autosend Prelm/OE Trans:** Admit Second Family Consult: Indicates when this physician will receive the Community Report and any preliminary reports when auto sent. The default values for this field are: Admitting **Y,** Secondary **Y**, Family **N** and Consult **N**.

- **Locations for This Physician:** This field directs reports to a location rather than to the physician.

- **Result Pat types:** This field has five one-character fields, one for each patient type. Facilities that use report option @ - Results by Physician with Pending will use this field to designate the patient types to print laboratory reports for physicians that have pending test results. If using the Print Report Option field, do not use this field.

- **Hold Until Complete (Lab Results):** This field provides the physician the option to suppress the printing of patient reports until all orders are complete. If using the Send Mode field, do not use this field.

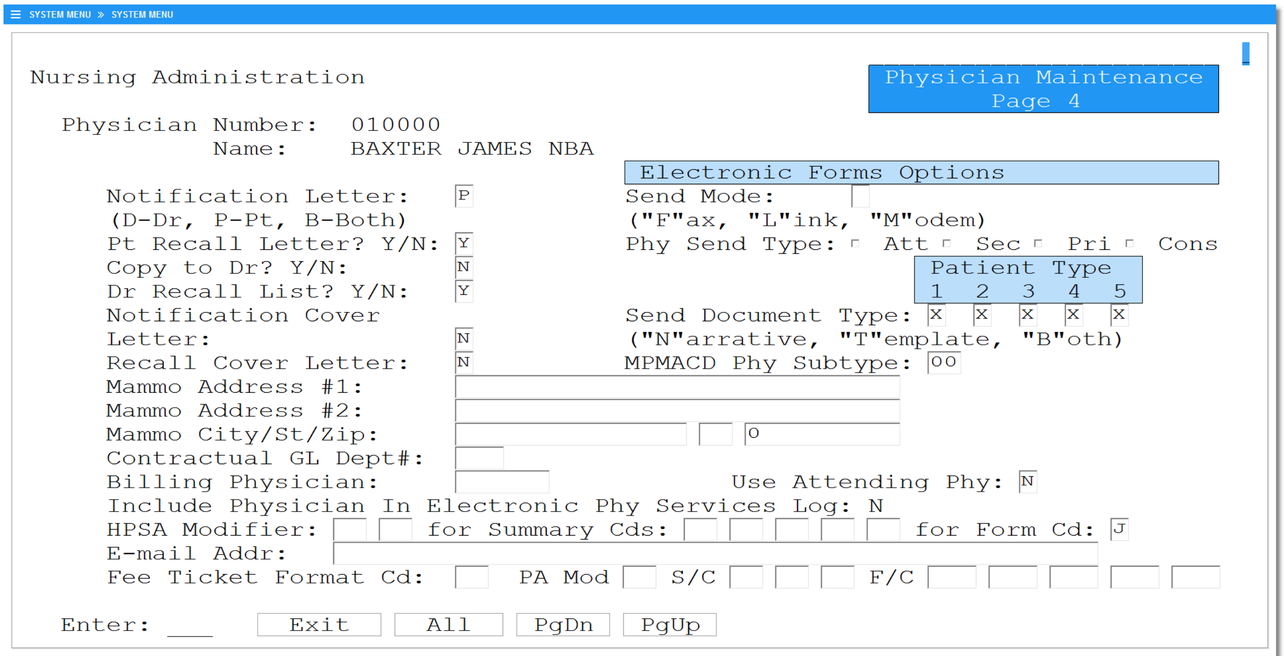
- **OE Trans. Send Mode:** The Order Entry transcriptions will be distributed to the physician via options in this field. The options are: **F**-Fax, **L**-Physician Link, **M**-Modem, **P**-Print, and **X**-Don't Send.

- **M/R Trans. Send Mode:** The Medical Records transcriptions will be distributed to the physician via options in this field. The options are: **F**-Fax, **L**-Physician Link, **M**-Modem, **P**-Print, and **X**-Don't Send.

- **M/R Trans Printer:** If M/R Trans Send Mode is set to **P**, enter the line printer number to which Medical Records Transcription documents should be printed.

Physician Table, Page 4

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Physicians** > **Page 4**



Physician Maintenance, Page 4

- **Notification Letter:** Designates if this physician will receive Mammogram notification letters for referred patients. The physician must be the ordering (referring) physician. If a **D** is entered, only this physician will receive a letter notifying the patient of their mammogram results. If **P** is loaded, only the patient will receive a letter regarding the results. If this field is left **blank,** TruBridge EHR will default to **P**. If **B** is entered, both the patient and the physician will receive a mammogram notification letter.

- **Pt Recall Letter?:** If answered **Y**, the physician's patients will receive a recall letter when it is time to return for the next mammogram.

- **Copy To Dr?:** If answered **Y**, the physician will receive a copy of the patients' recall letters.

- **Dr Recall List?:** Determines if the physician will need to receive a printed list of all referred patients that are scheduled for recall the following month.

- **Notification Cover Letter:** If set to **Y**, TruBridge EHR will use the default notification cover letter. If set to **N**, the cover letter that is set up for the corresponding ordering physician's Physician Number will be used.

- **Recall Cover Letter:** If set to **Y**, TruBridge EHR will use the default recall cover letter. If set to **N**, the cover letter that is set up for the corresponding ordering physician's Physician Number will be used.

- **Mammo Address:** This address will be used anytime mammogram letters are printed. If left blank, the address will pull from the 999999 Physician Table.

- **Contractual GL Dept#:** If a 5-digit General Ledger number is loaded in the contractual GL# field on page 1 of the Insurance Company Table, when receipting for that Insurance, TruBridge EHR will use the three digits loaded in this field as the last three digits of the General Ledger number. To determine the appropriate physician, TruBridge EHR will look to the detail charges screen of the patient's account for a charging physician, and if blank, will then look to the attending physician loaded in the stay information screen for the Insurance Claim.

- **Billing Physician:** If an alternate physician number is loaded in this field, the alternate physician's UPIN number will pull to locator 76 of the UB04 instead of this table's physician (when loaded as the Admitting Physician).

- **Use Attending Physician:** Setting this field to **N** allows the billing physician's information to pull to the 1500 form. If set to **Y,** the attending physician pulls from the Attending field in the Stay tab on the Registration and ADT screen.

- **Include Physician In Electronic Phy Services Log:** If set to **Y**, the **Services Log By Dictating Physician** for this physician will be generated through cron and placed in a file on the hospitals NT server to be accessed by the physician's billing service. If set to **N**, the billing physician's information will only print on the Physician's Services Log.

- **HPSA Modifier: for Summary Cds: for Form Cd:** This field contains three parts. The first part allows up to two valid modifiers to pull automatically to a Medicare physician claim with the subsequent Charge Summary Code loaded. The second part is the summary codes that the modifiers need to pull. This field works in conjunction with the Medicare Part B Health Professional Shortage Area Program. The third part allows a **J** to be entered to pull modifiers to a 1500 or a **U** to pull the modifiers to a UB (if using Method II billing for Critical Access.)

- **E-Mail Addr**: Enter the physician's e-mail address. At the present, this is an informational field only.

- **Fee Ticket Format Cd:** This field will be setup by TruBridge TPEHR - Financial to load the appropriate code for the default fee ticket program.

- **PA Mod, S/C, F/C:** This field contains three parts. The first part allows a valid modifier for a pro fee charge to pull automatically to the claim. The second part allows up to three Summary Codes to be entered. If this field is left blank, TruBridge EHR will look at all Summary Codes. The third part allows up to five Financial Class codes to be entered. Wildcarding is allowed in this field.

NOTE: *The modifier will pull to the Detail Charges screen for the listed Summary Code. If there are modifiers pulling from the Item Master, the modifiers listed above will pull to the Additional Modifiers screen.*

- **Send Mode:** Enter **F**-by fax, **M**-by modem, or **L**-by link to designate modes for sending Locked Electronic Forms. E-Mail is presently not being used.

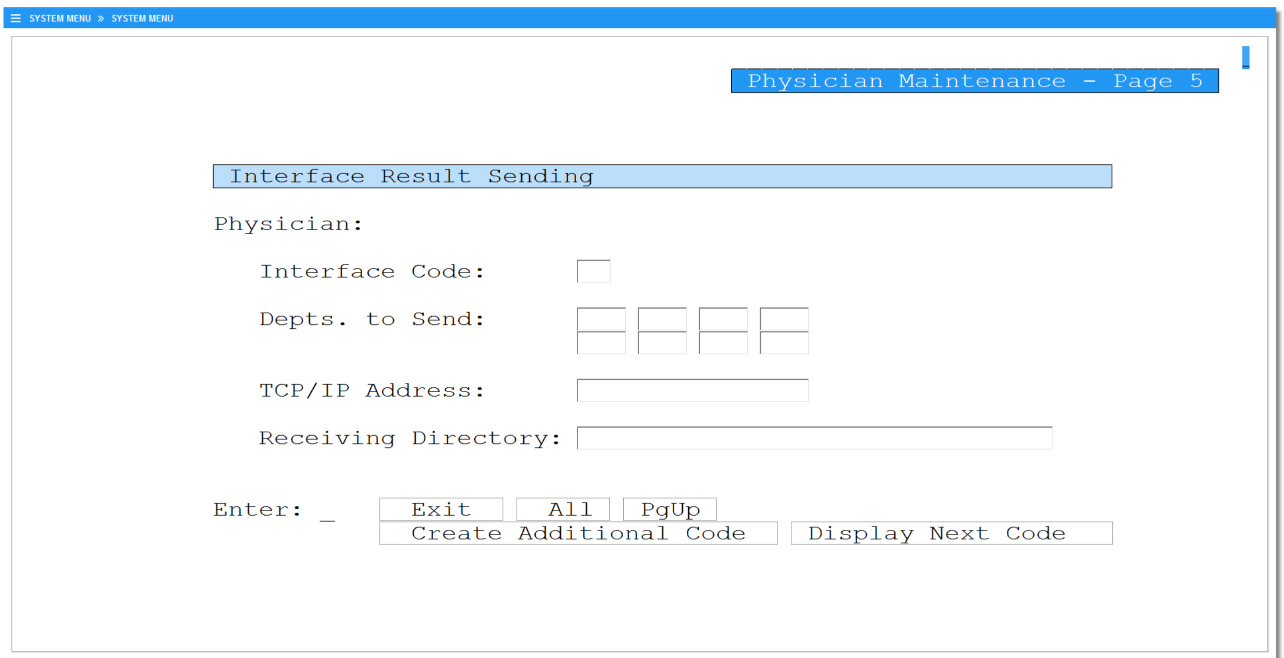
- **Phy Send Type:** The Electronic form will be sent via the send mode defined in the previous field, based on whether the particular physician is entered at registration as an attending, secondary or primary physician; or entered as a consulting physician via Clinical Information. Select **Attending**,**Secondary**, **Primary** or **Consulting Physician**. Any or all of these may be selected for this physician.

- **Send Document Type:** Enter **N**-Narrative (ACD forms), **T**-Template (Clinical forms), **B**-Both or **X**-will suppress the document to be sent to this physician for the selected Patient Type

- **MPMACD Phy Subtype:** The Sub Type associated with the physician may be loaded in this field. This works in conjunction with the Super Bill.

Physician Table, Page 5

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Physicians** > **Page 5**



Physician Maintenance, Page 5

- **Interface Code:** Used for transmitting preliminary laboratory reports to Non-TruBridge physician practice systems.

- **Depts. To Send:** This field should contain all facility departments that are sending results via the interface defined in Receiving Directory.

- **TCP/IP Address:** The TCP/IP Address of the interface PC should be entered in this field.

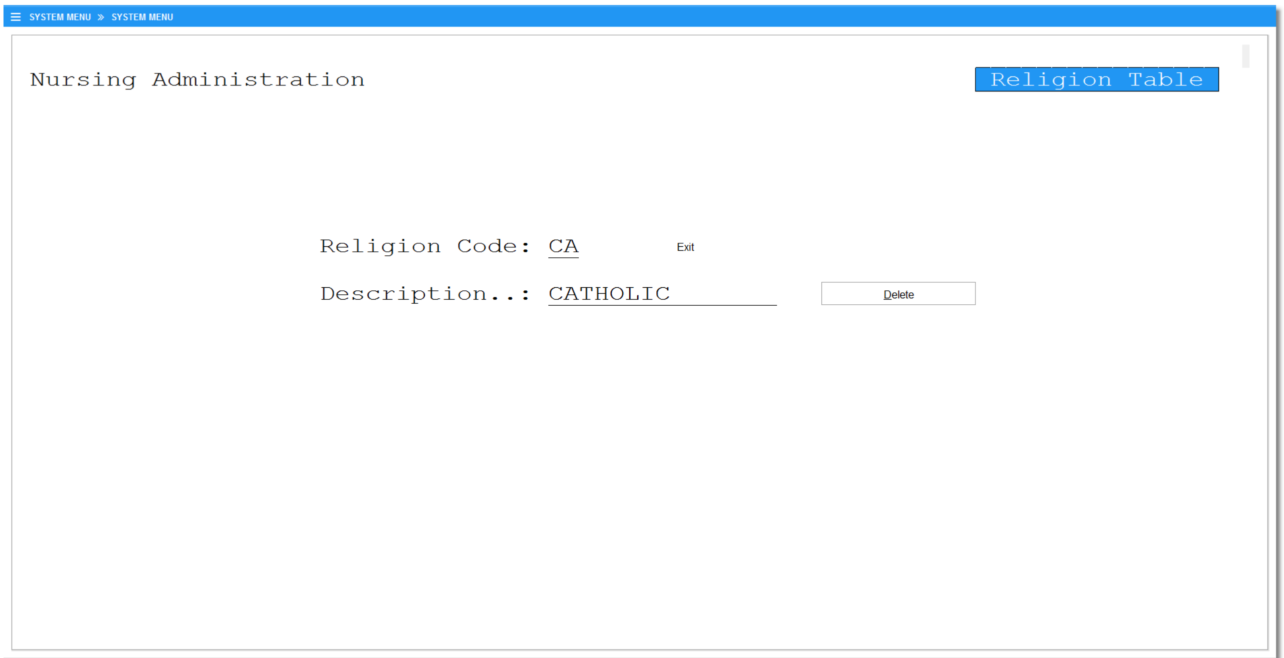
- **Receiving Directory:** The TruBridge EHR directory that the data should be sent via the interface.

- **Create Additional Code:** Please contact the TruBridge Interface Department.

- **Display Next Code:** Please contact the TruBridge Interface Department.

3.4 Religion Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Religions**



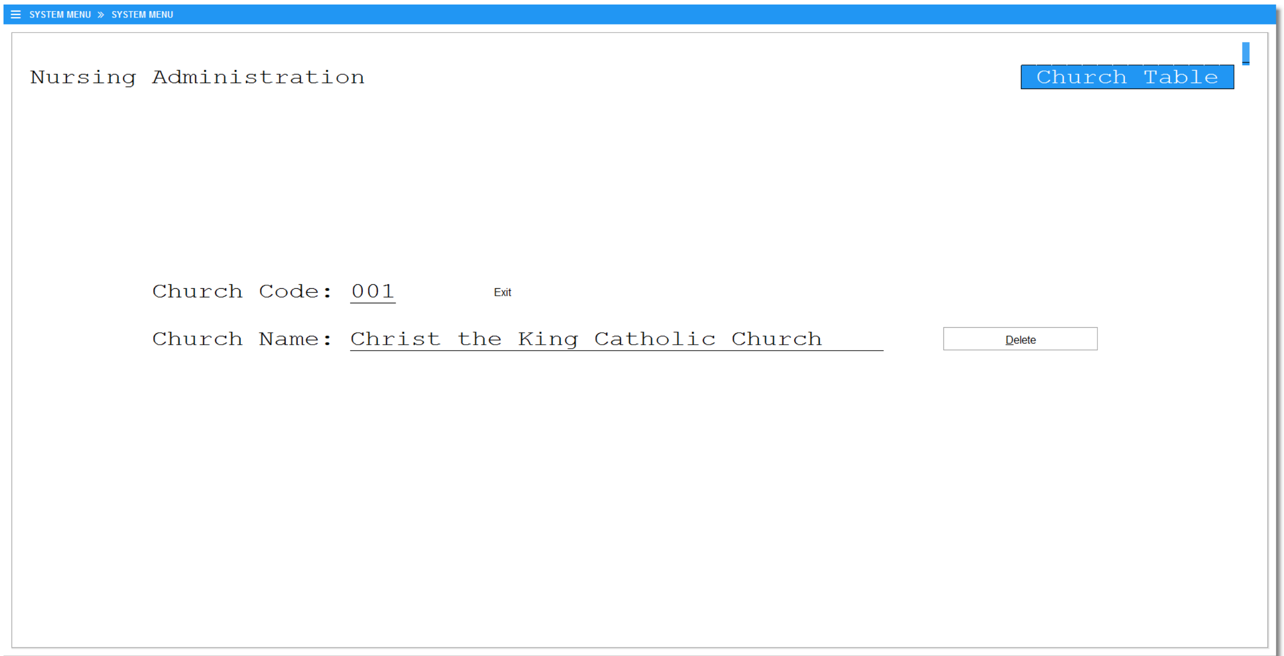
Religion Table

- **Religion Code:** Enter a 2-character alpha and/or numeric code.

- **Description:** Enter a description using up to fifteen characters. This description will display when using lookup option in the Religion field on the Patient tab in the Registration and ADT screen. Entering **DEL** on this line will delete the code.

3.5 Church Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Churches**

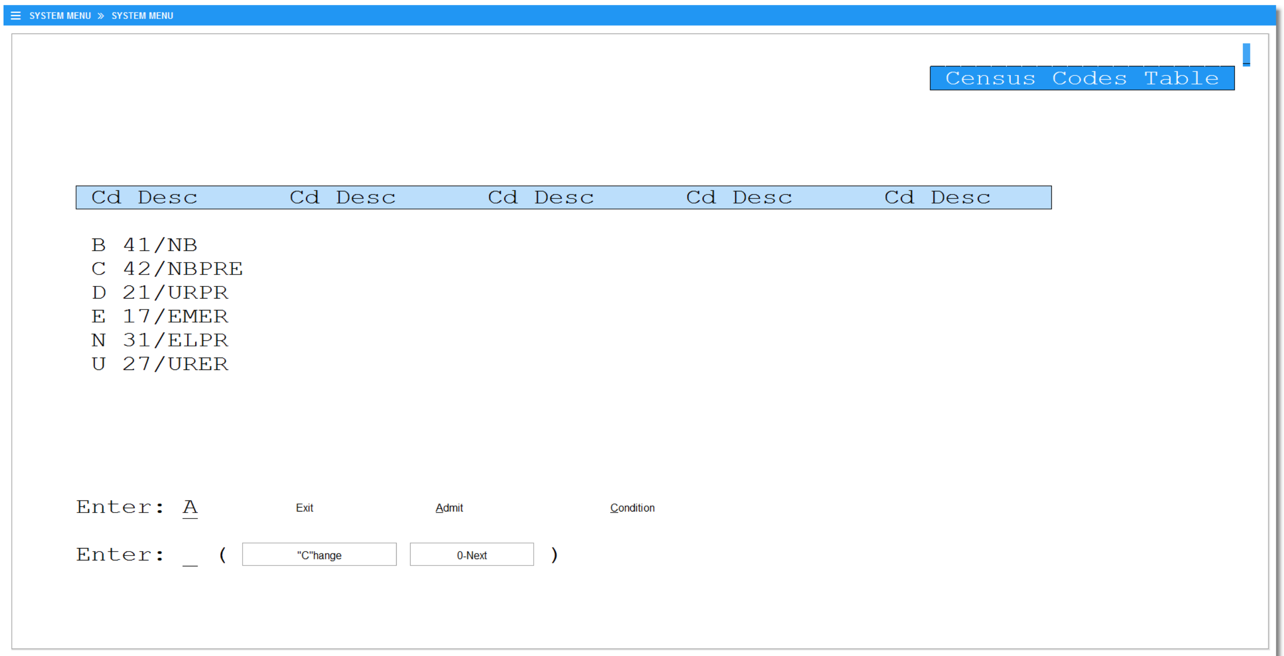


Church Table

- **Church Code:** Enter a 3-character alpha and/or numeric code.
- **Church Name:** Enter a specific Church Name using up to 35 characters. This description will display when using lookup option in the Church field on the Patient tab in the Registration and ADT screen. Entering **DEL** on this line will delete the code.

3.6 Admit/Condition Codes Tables

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Admit/Condition Codes**



Census Codes Table

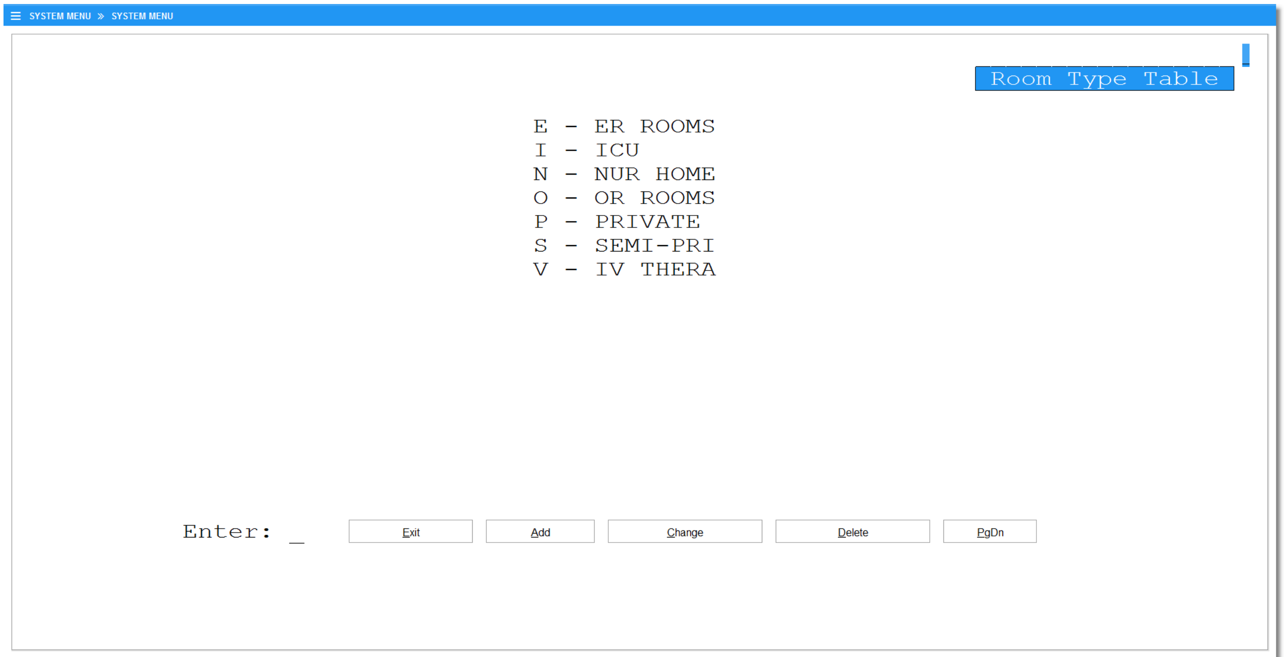
The Admit and Condition codes may be updated by choosing **A** or **C**, respectively. After selecting the appropriate code, it may be changed by selecting **C**. When selecting **0**, the next column may be chosen.

Each code consists of a single character, and a description may be entered using up to eight characters. This table will allow a total of 50 codes to be entered.

A code that is no longer used or is invalid may be deleted by entering **DEL** in the description field.

3.7 Room Type Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Room Types**



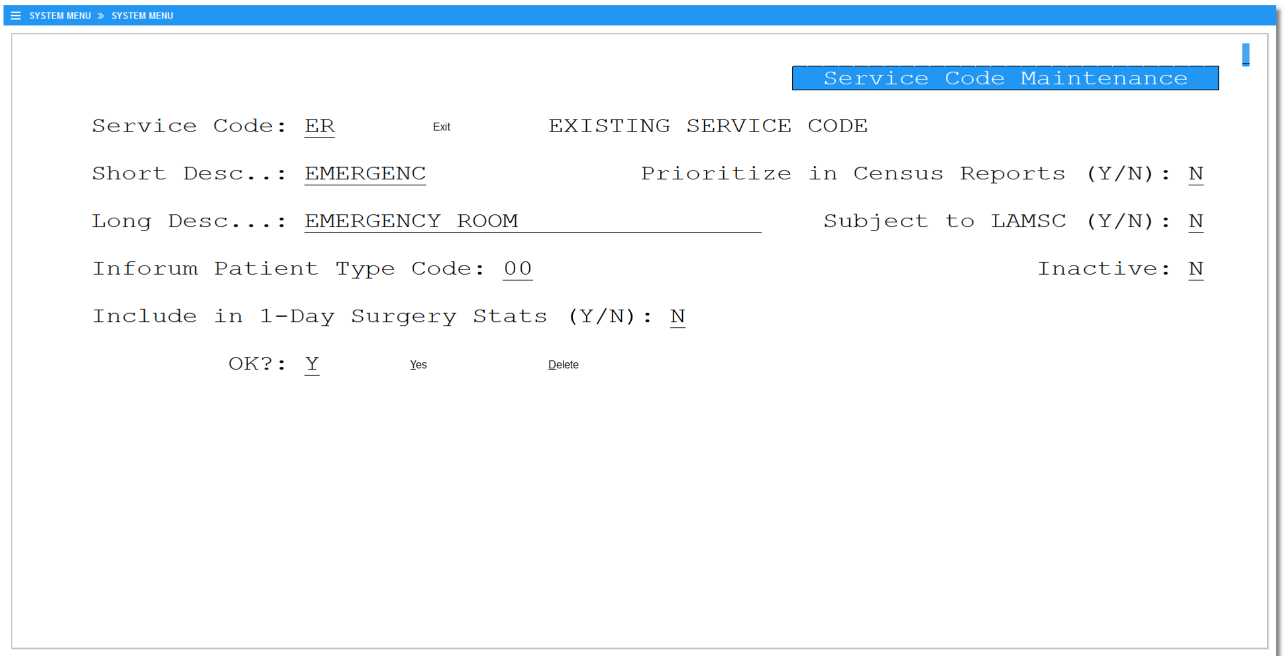
Room Type Table

This table defines a one-digit code that is used in maintenance of the Room Table and Accommodation Code Table. Enter **A** to add a room type code to the table. The description may be up to eight characters. As each code is added, a list will display at the top of the screen. These codes will pull to various Census reports.

To change the description of a code, choose **C**hange, and enter the correct description. To delete an existing code, enter **D**elete, and enter the code to delete.

3.8 Service Code Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Service Codes**



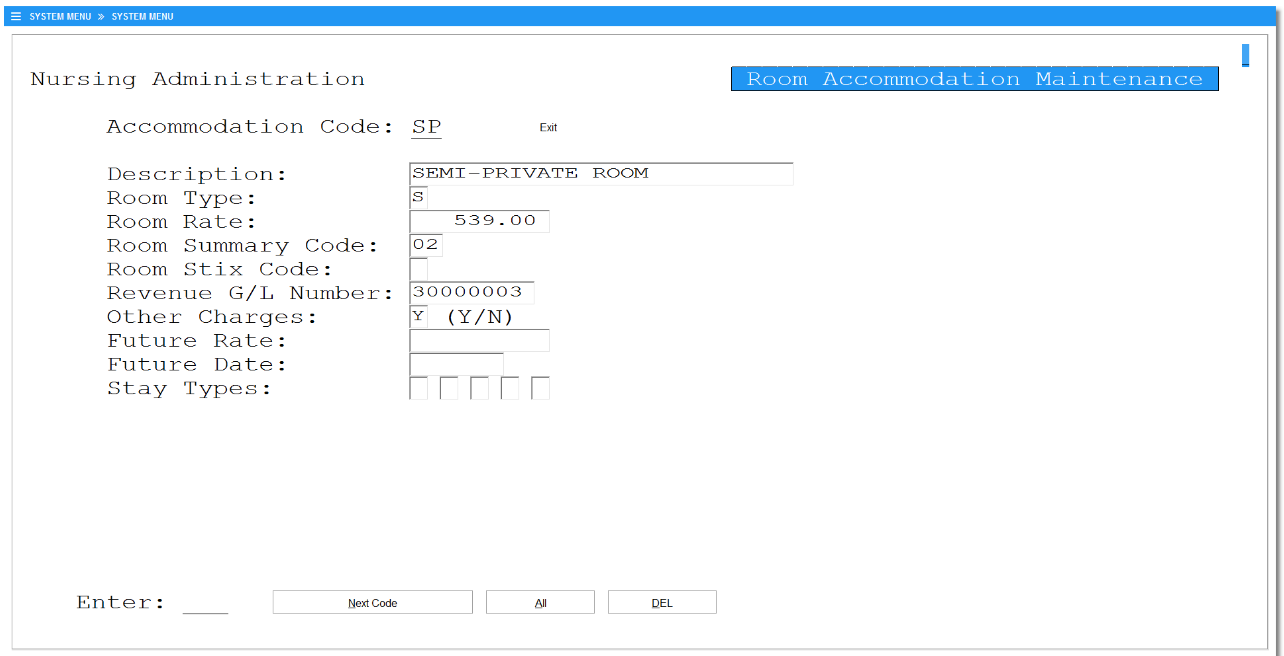
Service Code Maintenance

- **Service Code:** Enter a one or 2-character alpha or numeric code.
- **Short Desc:** Enter a description using up to eight characters. This description will display when using lookup option in the Service Code field on the Patient tab in the Registration and ADT screen.
- **Long Desc:** Enter a description using up to 30 characters.
- **Inforum Patient Type Code:** This field is used with the Quorum Inforum Interface and should be used with the Patient Type codes.
- **Include in 1-Day Surgery Stats (Y/N):** When **Y** is entered, and this service code appears on an account, the account will be included in 1-day surgery statistics in Executive Information.
- **Prioritize in Census Reports Y/N:** Select **Y** to include this Service Code in the totals section of the Pre and Final Census reports. These reports print a maximum of 20 Service Codes. Prioritized codes pull first, and the remaining codes pull in alphabetical order.
- **Subject to LAMSC Y/N:** This field is for the state of Louisiana. It should be answered with a **Y** if the service code is subject to the Louisiana Mandated Service Charge.

- **Inactive:** If a **Y** is entered in this field, the Service Code will not display in the Service Code lookup window on the Patient tab in the Registration and ADT screen. This field will default to **N** if left blank.

3.9 Room Accommodation Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Room Accommodation**



Room Accommodation Maintenance

- **Accommodation Code:** Enter a 2-character alpha and/or numeric code.

- **Description:** Enter a Description using up to 25 characters that will display when using the Registration and ADT lookup option in the Admit Code field in the ADT screen.

- **Room Type:** Enter a one-character code that indicates the type of room (e.g., S-Semi-Private, I-ICU). Room Types are set up by selecting **Room Types** in the Business Office Tables.

- **Room Rate:** Enter the charge for this Accommodation Code. This amount will override the rate loaded in the Room Table and charge the patient's account when the Final Census is run as an update.

- **Room Summary Code:** Enter the TruBridge EHR Summary Charge code that represents a group of chargeable items associated with a UB Revenue Code.

- **Room Stix Code:** This field is no longer used.

- **Revenue G/L Number:** Enter the General Ledger account number that will receive this revenue. If this field is left blank, the General Ledger number loaded in the Summary Code Table for this accommodation code will be used. If the Summary Code table does not have a General Ledger number loaded, the summary code loaded in the Room Table will be used to pull the correct General Ledger number.

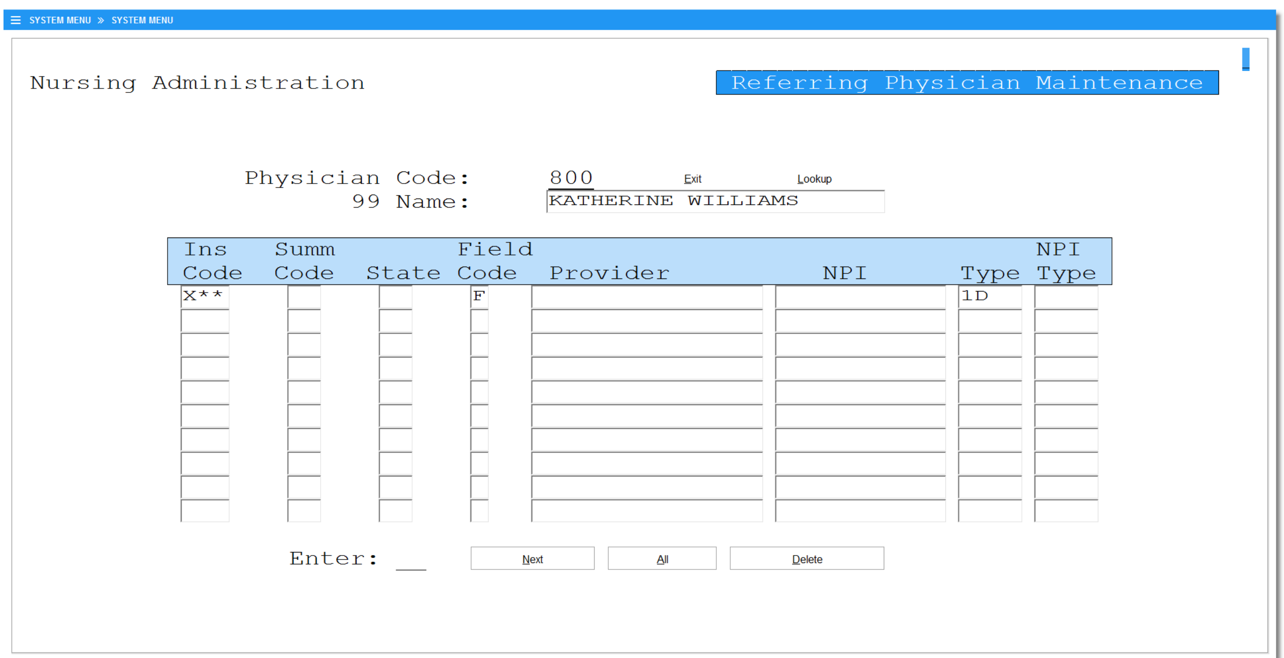
- **Other Charges Y/N:** Entering **Y** in this field will include any other charges set in the Room Table (i.e., phone, special equipment). The charges will post to the patient’s account when the Final Census is run as an update. **N** will exclude these charges on the Final Census.

- **Future Rate/Date:** Enter the future rate for this room and the date the rate increase should become effective.

- **Stay Types:** Enter the Stay Types that will use this Accommodation Code. If this field is left blank, any Stay Type will be able to use this Accommodation Code.

3.10 Referring Physician Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Referring Physicians**



Referring Physician Maintenance

- **Physician Code:** Enter a 3-character code to represent the Referring Physician.

- **Name:** Enter the Referring Physician's name using up to 22 characters. Use the last name, first name and middle initial using no punctuation.

The lower section of the Referring Physician table allows for the set up of Insurance Codes, Summary Codes and Provider Numbers to manipulate the printing of 1500's and UB's. This table has specific codes TruBridge EHR recognizes that will determine where the Provider Numbers pull on 1500's and UB's.

- **Ins Code (Insurance Code):** The Financial Class Code for the particular insurance company that requires the number loaded in the Provider Number column to pull to the 1500 or UB.
- **Summ Code (Summary Code):** The 2-character Summary Charge Code should be entered in this column. TruBridge EHR will look at the Financial Class Code then the Summary Code to determine the lines of detail for the claims that should be affected.
- **State (Subscriber State):** Enter the two-character state code for the claims that require the number loaded in the Provider Number column to pull to the 1500 or UB.
- **Field Code:** Enter the one-digit code that corresponds to a particular locator on the 1500 or the UB form to which the Provider Number will be printed. This will vary by state.
- **Provider:** Enter the number that will print on the 1500 or the UB in the locator designated by the field code.
- **NPI:** Enter the physician's National Provider Identifier.
- **Type:** Enter the 4-digit Physician Type that will pull to the electronic ANSI file for UB’s and 1500’s.
- **NPI Type:** Enter the qualifier that will pull to locator 78 and/or 79 on the UB.

3.11 Referring Facilities Table

Enter topic text here.Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Referring Facilities**

Referring Facilities Maintenance

- **Facility Code:** Enter a 3-character alpha and/or numeric code.
- **Name:** Enter a specific facility name using up to 35 characters. This name will display when using the lookup option on Referring Facility Code field of the Referring Data screen in Patient Functions.

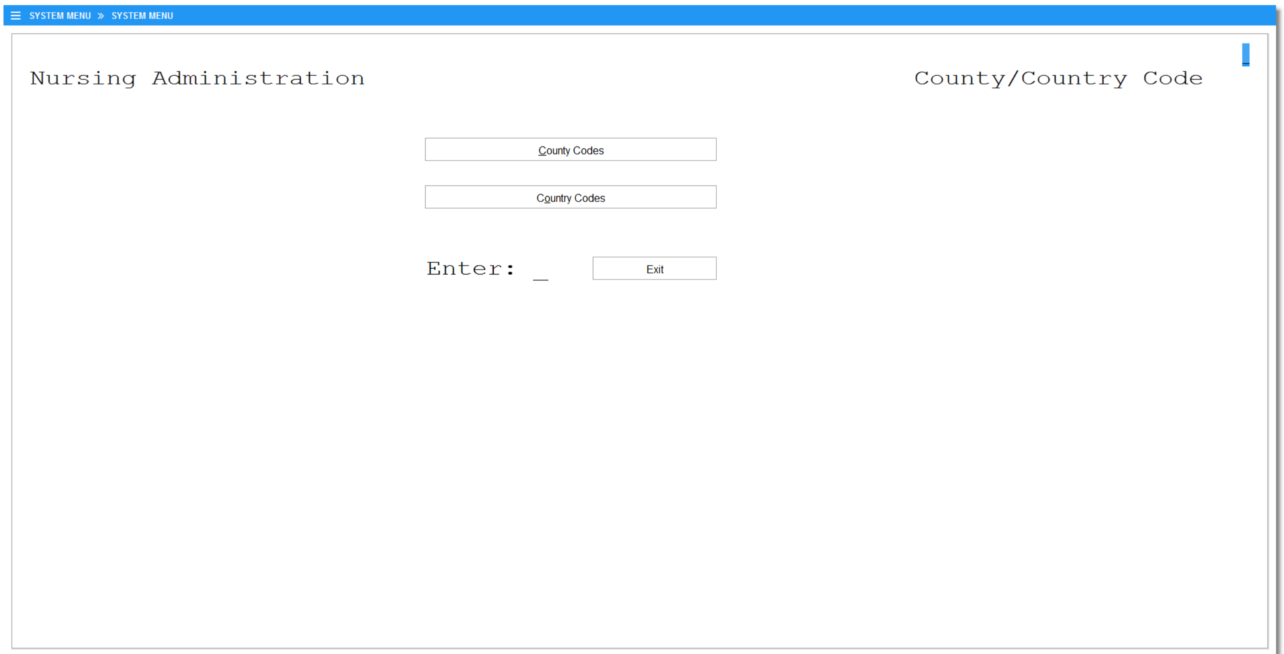
Select **Edit** to change an existing name.

Select **Delete** to remove this code from the table.

3.12 County/Country Codes Table

The City/County/Country Codes Table enables the facility to add their City/County and Country codes.

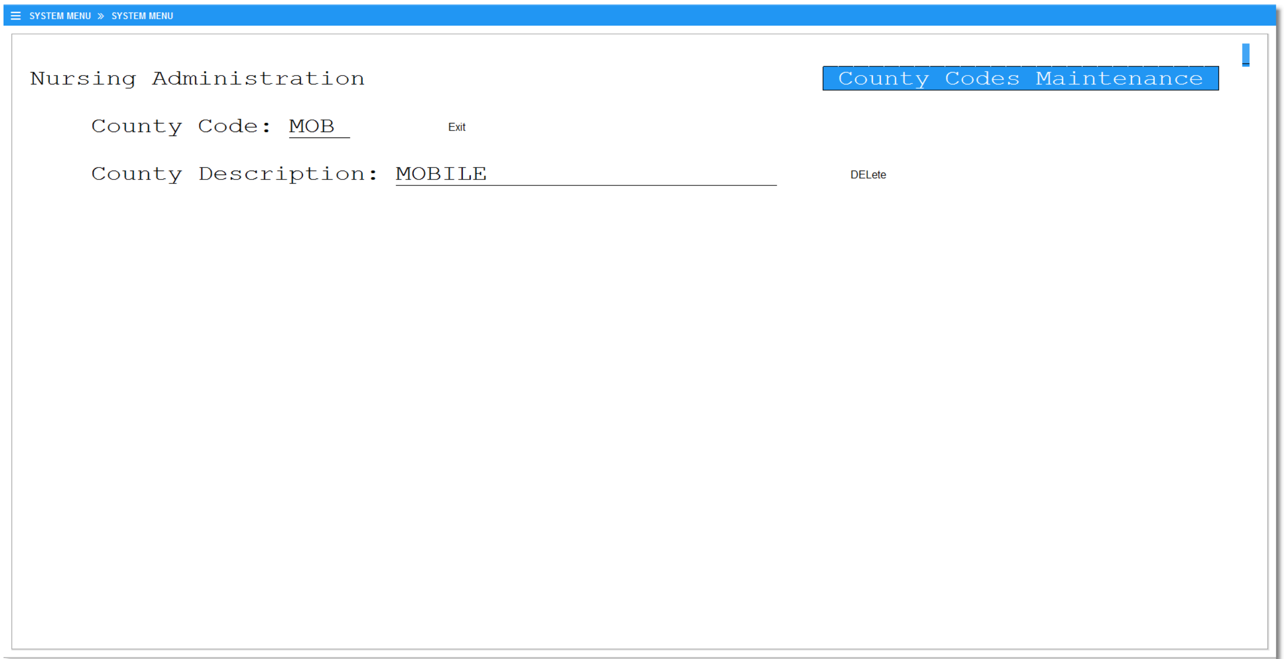
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **<u>County/Country Codes</u>**



County/Country Code

County Codes Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **County/Country Codes** > **County Codes**



County Codes Maintenance

- **Code:** Enter a 3-character alpha and/or numeric code.
- **Description:** Enter a specific city or county name using up to 35 characters. This name will display when using lookup option in the County field on the Patient tab in the Registration and ADT screen. Entering **DEL** or selecting **"DEL"ete** on this line will delete the code.

Country Codes Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **County/Country Codes** > **Country Codes**

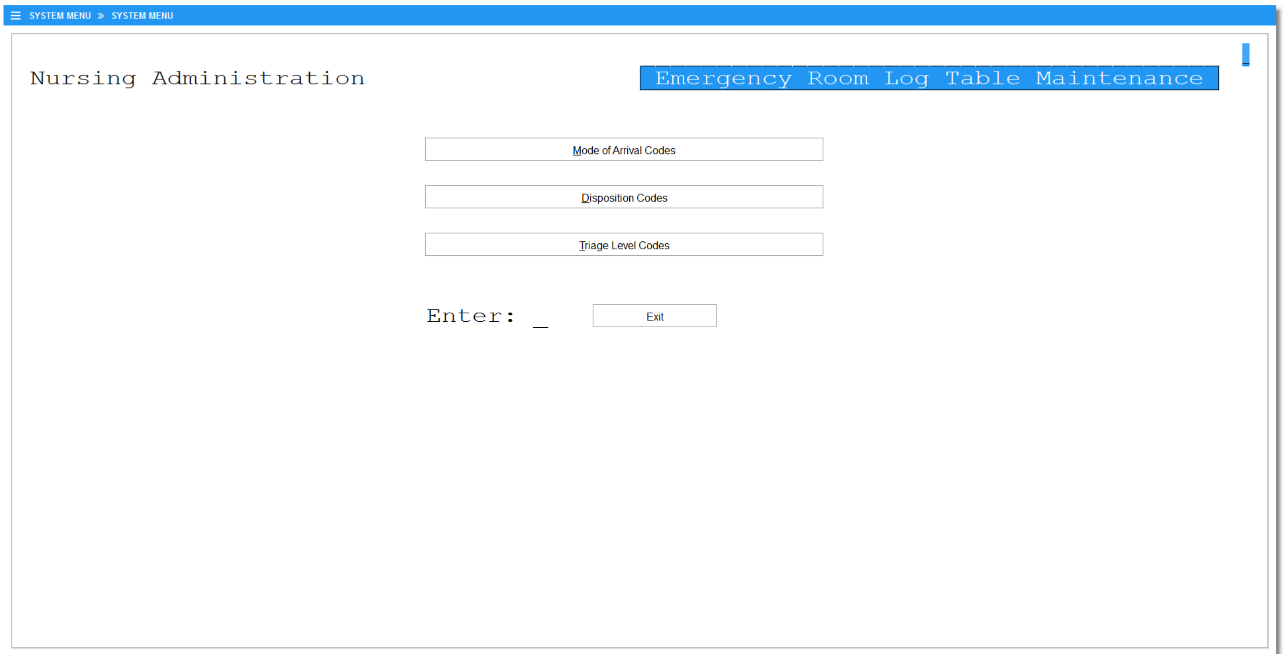
Country Code Maintenance

- **Code:** Enter a 2-character alpha and/or numeric code.
- **Description:** Enter a specific country name using up to 35 digits. This name will display when using lookup option in the Country field on the Patient tab in the Registration and ADT screen. Entering **DEL** on this line or selecting **"DEL"ete** will delete the code.

3.13 Emergency Room Log Table

The Emergency Room Log Table enables the facility to track the patient's Mode of Arrival, Dispositions and Triage Levels when registered through the emergency room.

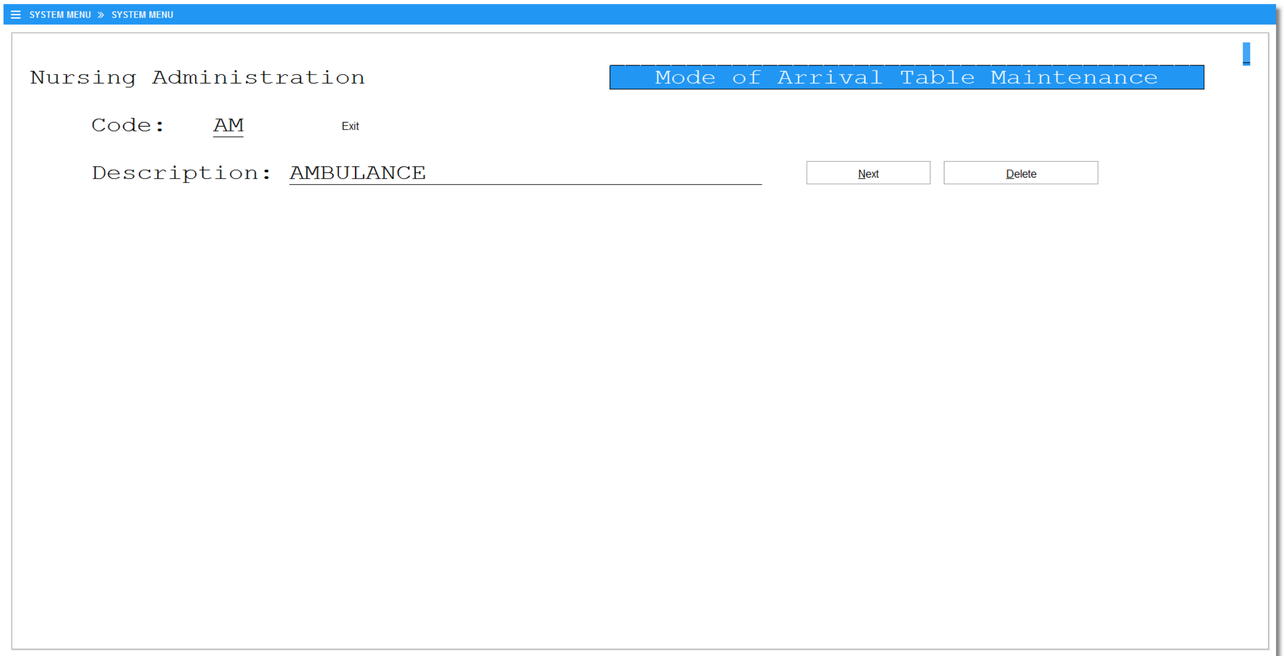
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Emergency Room Log Codes**



Emergency Room Log Table Maintenance

Mode of Arrival Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Emergency Room Log Codes** > **<u>Mode of Arrival Codes</u>**

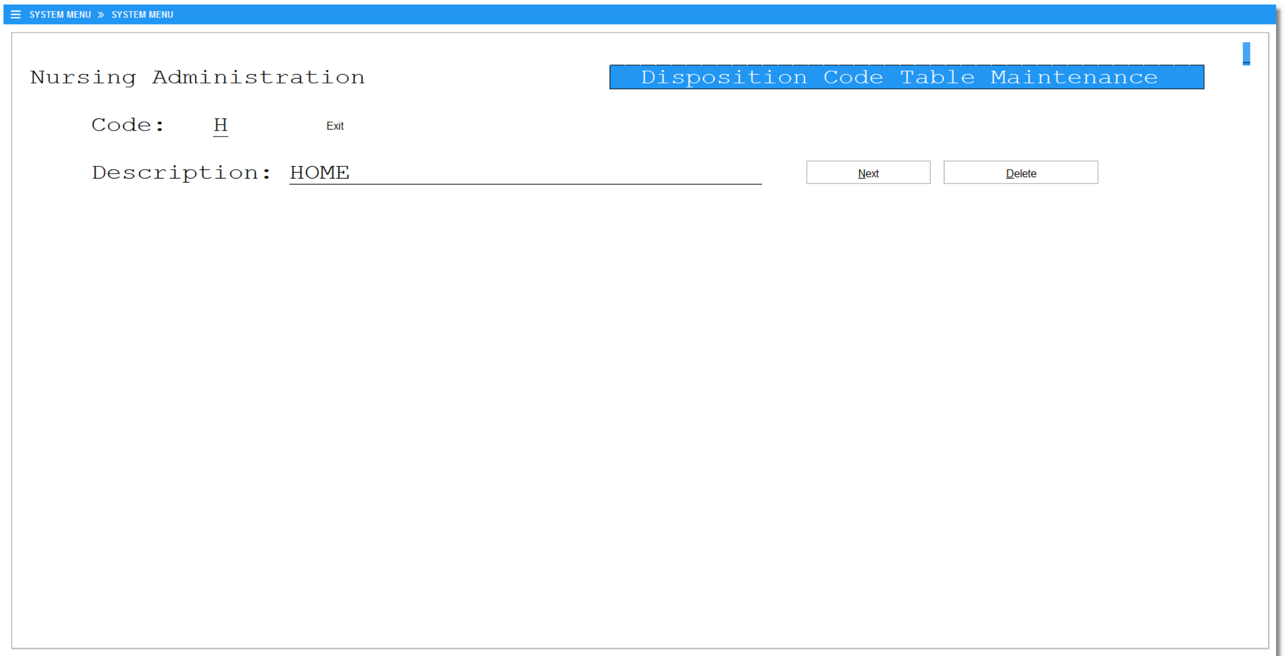


Mode of Arrival Table Maintenance

- **Code:** Enter a 2-character alpha and/or numeric code.
- **Description:** Enter the specific Mode of Arrival using up to 30 characters. This name will display when using the ER Log from the Registration and ADT screen in the Mode of Arrival field. Selecting **Delete** will delete the code.

Disposition Codes Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Emergency Room Log Codes** > **<u>Disposition Codes</u>**

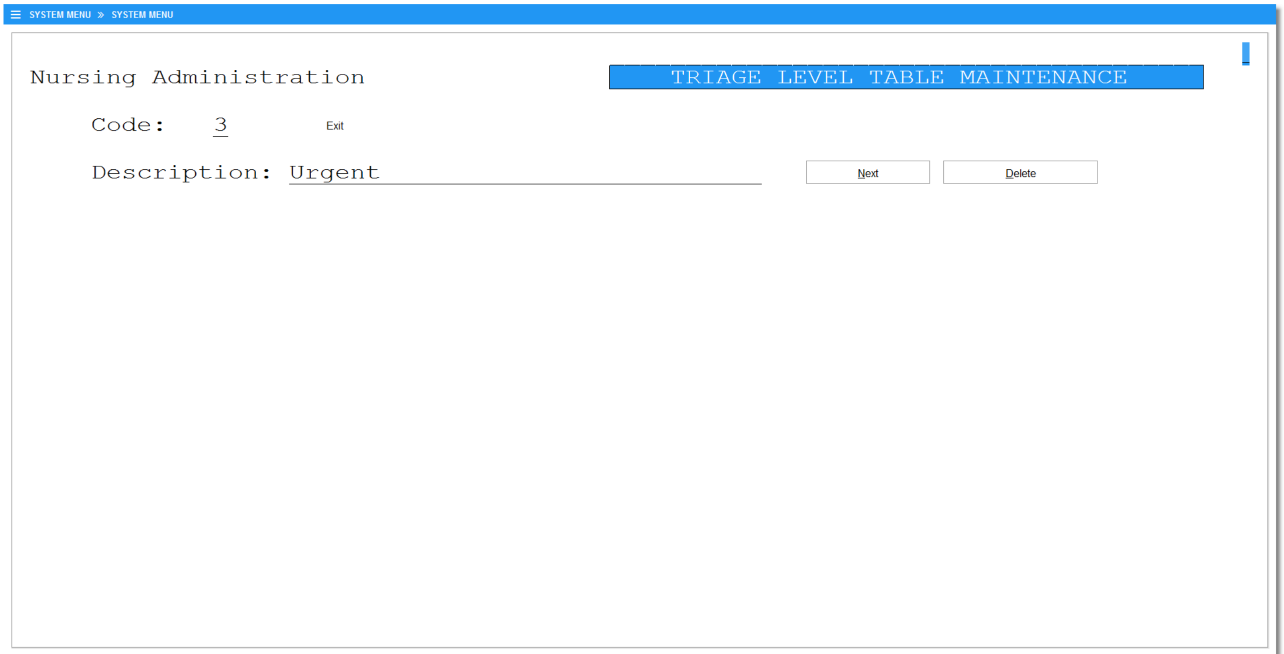


Disposition Code Table Maintenance

- **Code:** Enter a one-character alpha or numeric code.
- **Description:** Enter the specific Disposition Code using up to 30 characters. This name will display when using lookup option in the Disposition field on the ER Log. Selecting **Delete** will delete the code.

Triage Level Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Emergency Room Log Codes** > **Triage Level Codes**



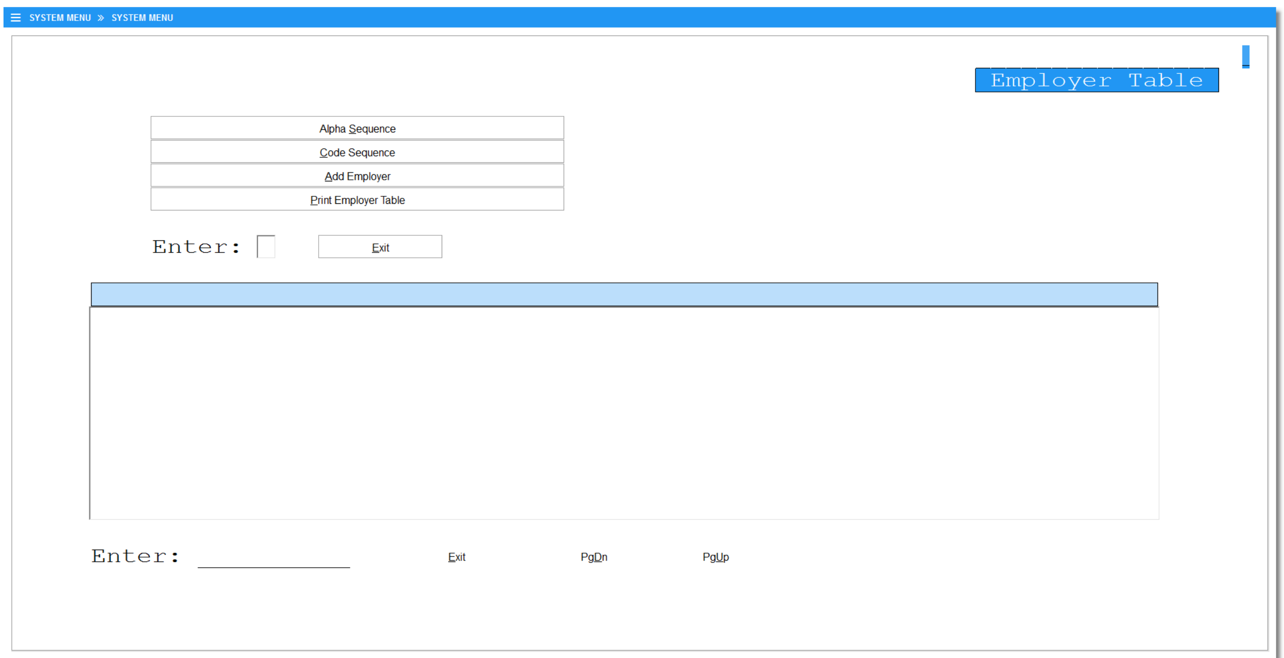
Triage Level Table Maintenance

- **Code:** Enter a one-character alpha or numeric code.
- **Description:** Enter a specific Triage Level using up to 30 characters. This name will display when using lookup option in the Triage Level field in the ER Log. Selecting **Delete** will delete the code.

3.14 Employer Table

The Employer Table enables the facility to search for employers by alpha or code sequence. Employers may be added, deleted and printed from this table.

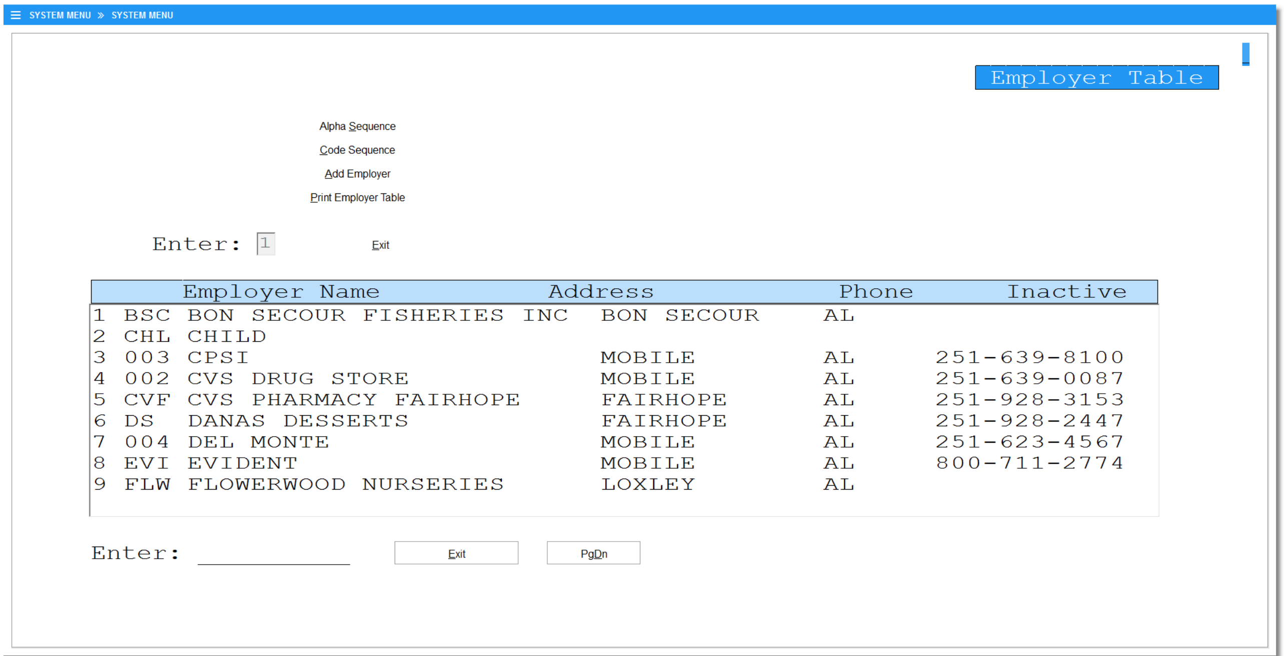
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Employers**



Employer Table

Alpha Sequence Lookup Option

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Employers** > **Alpha Sequence**

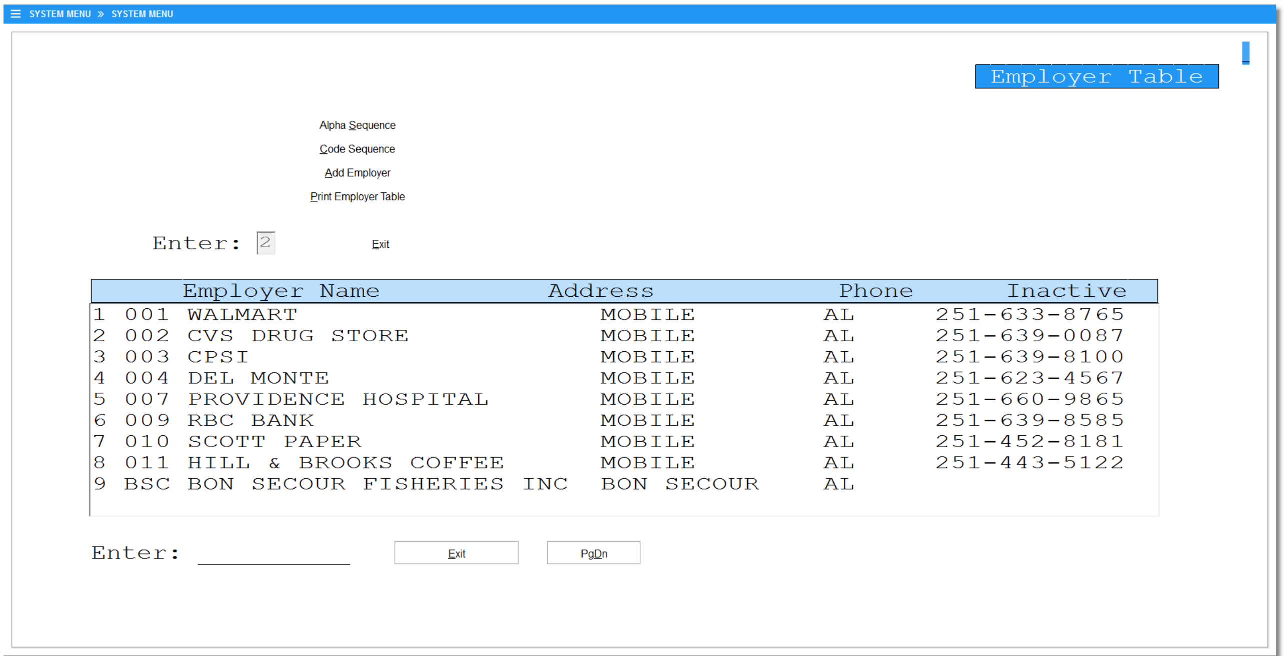


Employer Table, Alpha Sequence

Selecting the Alpha Sequence option will display the employers in alphabetical order by name as opposed to the employer code. An employer may be selected and maintenance performed, including deleting or changing the address, name or phone number.

Code Sequence Lookup Option

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Employers** > **Code Sequence**

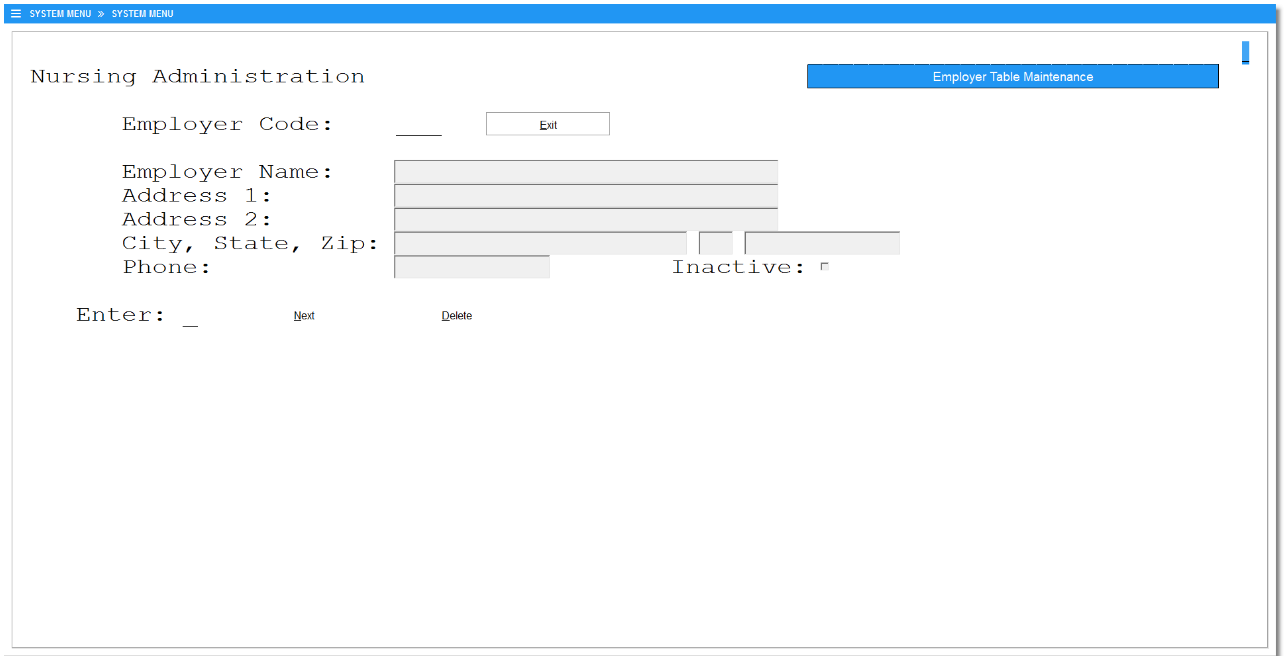


Employer Table, Code Sequence

Selecting the Code Sequence will display the employers in numerical/alphabetical order by code. An employer may then be selected and maintenance performed, including deleting or changing the address, name or phone number.

Add Employer/Employer Table Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Employers** > **Add Employer**



Employer Table Maintenance

- **Employer Code:** Enter a 3-character alpha and/or numeric code.
- **Employer Name:** Enter the employer's name.
- **Address 1:** Enter the employer's street address or Post Office Box number.
- **Address 2:** Enter the employer's other address if applicable.
- **City/St/Zip:** Enter the City, State and the Zip Code in which the employer is located.
- **Phone:** Enter the employer's area code and phone number. Do not separate numbers with any punctuation marks.
- **Inactive:** Selecting **Inactive** will disallow this Employer code to show in a lookup option or be entered in TruBridge EHR. This location may be activated at anytime by deselecting the Inactive field.

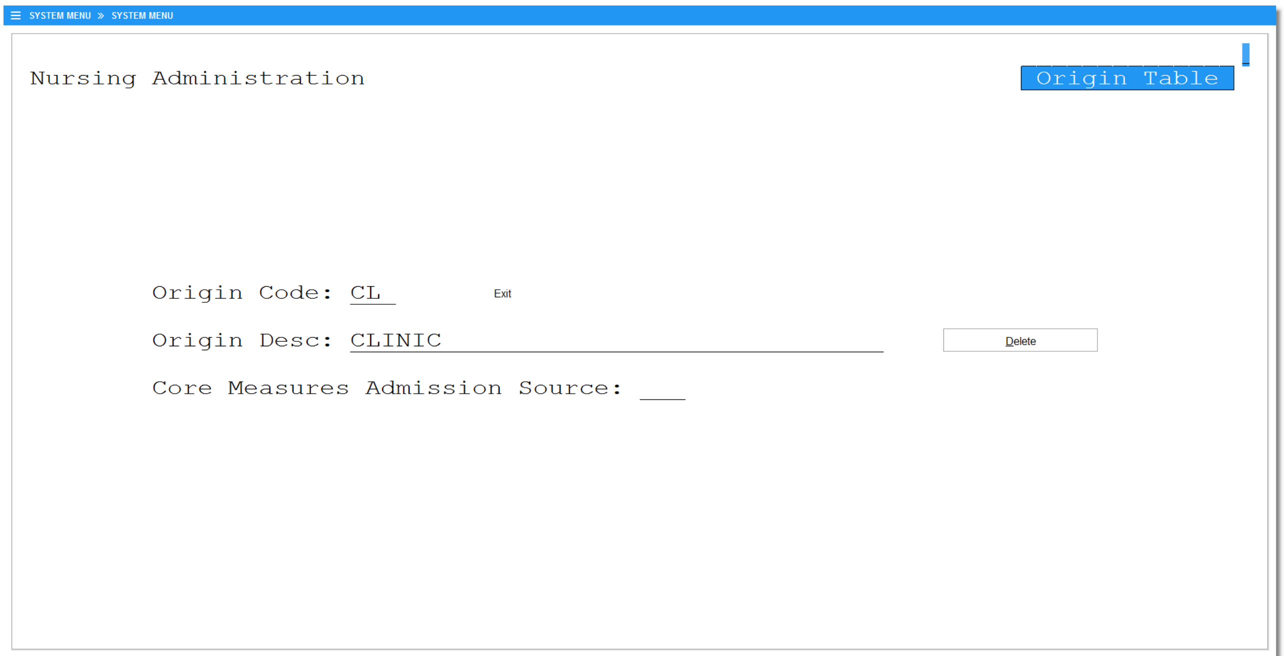
Entering **D** on this line or selecting **"D"elete** will delete the code.

Print Employer Table

Selecting this option allows the employers to be printed either alphabetically or numerically.

3.15 Admit Origin Codes Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Admit Origin Codes**



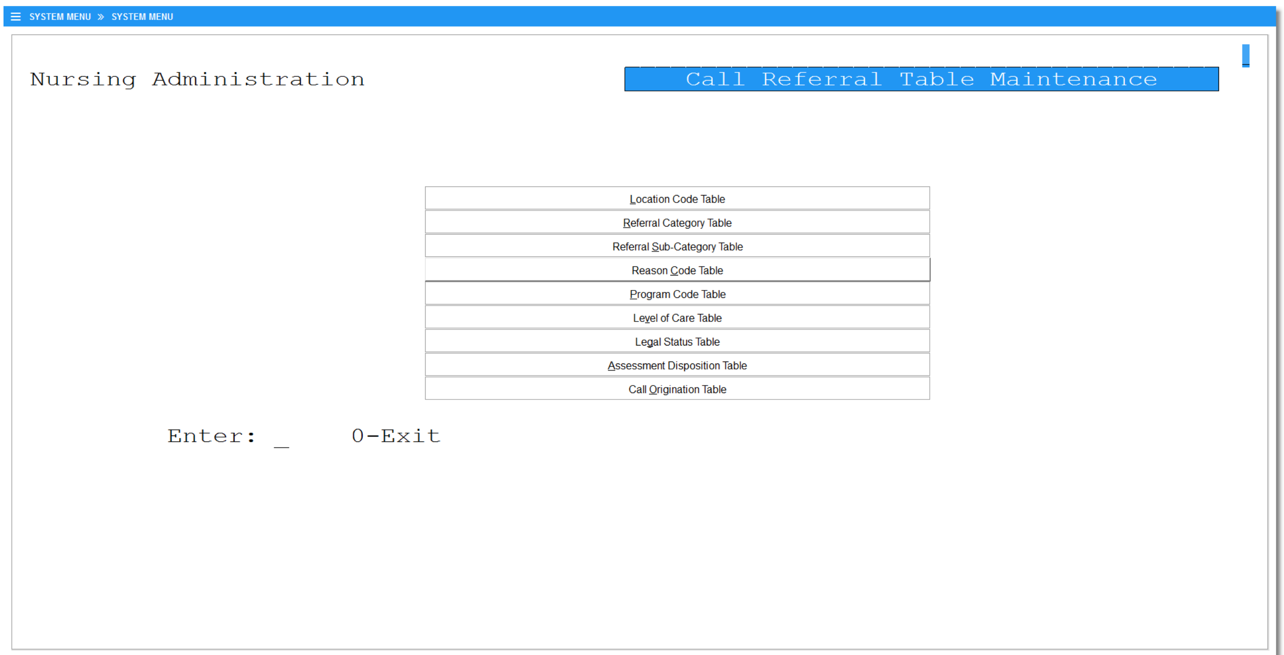
Origin Table

- **Origin Code:** Enter a 2-character alpha and/or numeric code.
- **Origin Description:** Enter a specific Origin Description up to 20 characters in length. This description will display when using lookup option in the Origin field on the Stay tab in the Registration and ADT screen. Selecting **Delete** will delete the code.
- **Core Measures System Discharge Status:** Enter the code that is used to convert the Admit Origin Code information into the Core Measures System.

3.16 Call Referral Table

This table should be set up prior to utilizing the Call Referral System, which is accessed through **Call Referral Registration** on the Web Client > System Menu > Hospital Base Menu.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Call Referral**



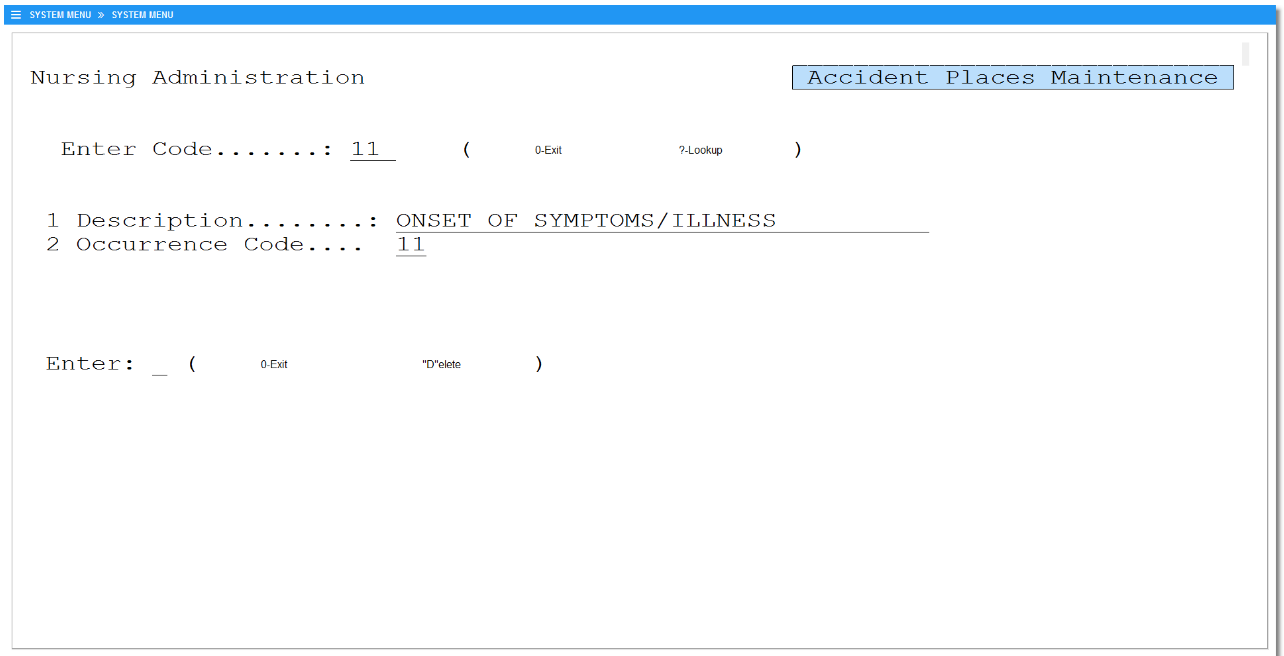
Call Referral Table Maintenance

The Call Referral tables each contain Code and Description fields. The Codes may be alpha and/or numeric and range from one to four characters. The Description field for each option is up to 25 characters in length, with the exception of the Assessment Disposition Table which is 20 characters in length.

Enter the codes and descriptions in each of the nine tables above.

3.17 Accident Places Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **<u>Accident Places</u>**



Accident Places Maintenance

- **Accident Code:** Enter up to a 3-character alpha and/or numeric code.
- **Accident Description:** Enter a specific Accident Description up to 35 characters in length. This description will display when using lookup option in the Place field on the Stay tab in the Registration and ADT screen.
- **Occurrence Code:** Enter a specific Occurrence Code that will be linked together with this Accident Code. The code must be a valid code, listed in the Occurrence Code table.

3.18 LTC Levels

This table is used to accommodate Long Term Care Advanced Billing.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **LTC Levels**

LTC Level of Care

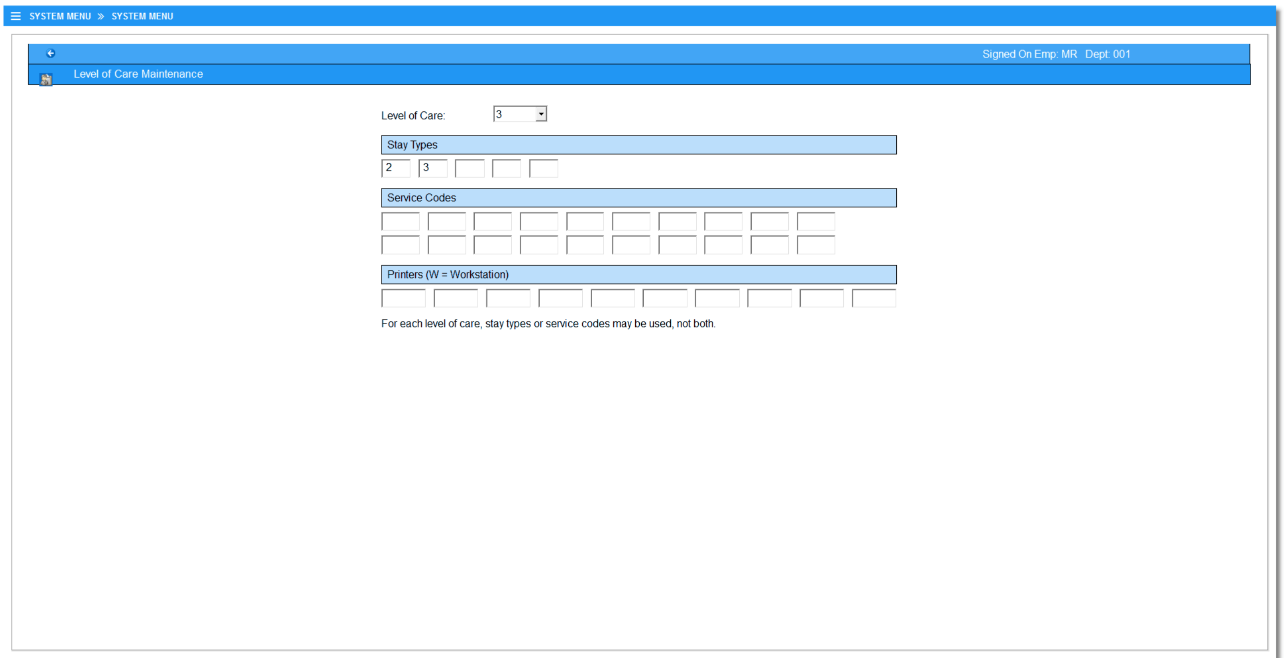
Enter the desired LTC Level of Care code, which can be up to four digits in length.

- **Description:** This field contains the name of the code.
- **Current Amount:** This field contains the current charge amount for the particular level of care.
- **As of Date:** This field contains the begin date for the Current Amount.
- **Prior Amount:** This field contains the prior charge amount for the particular level of care.

3.19 Level of Care Table

This table is used to accommodate Critical Access.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **<u>Level of Care</u>**



Level of Care Maintenance

Select the desired LTC Level of Care code.

- **Stay Type:** Enter the Stay Types for this level of care.

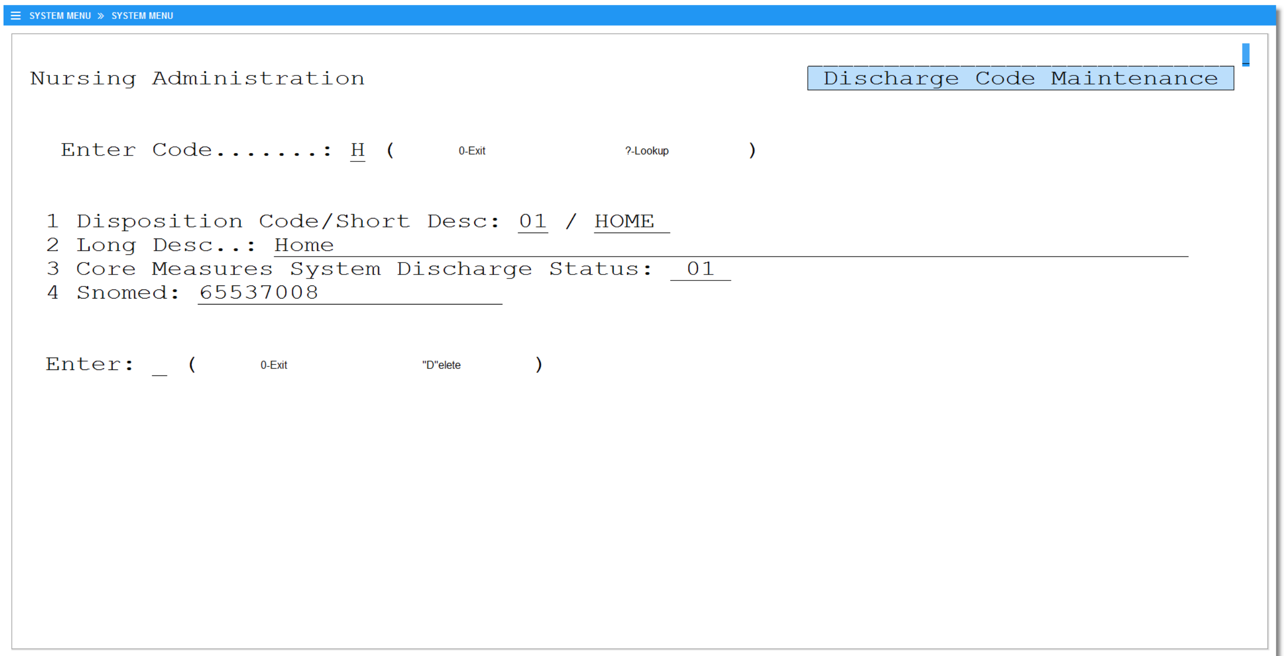
- **Service Code:** Enter the service codes for this level of care.

NOTE: *Either Stay Types or Service Codes will be entered to define the selected Level of Care. The table will not accept both.*

- **Printers:** Enter the printer numbers for the printers that will receive a Level of Care Notification.

3.20 Discharge Code Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Discharge Codes**



Discharge Code Maintenance

- **Enter Code:** Enter the one-character Discharge Code that will be chosen during Registration.
- **Disposition Code/Short Desc:** Enter the 2-character disposition code that needs to pull for billing and a 5-character short description of the Discharge Code.
- **Long Description:** Enter the full description of the discharge code. This may be up to 60 characters long and will display when using the lookup option.
- **Core Measures System Discharge Status:** Enter the code that is used to convert the Discharge Code information into the Core Measures System.
- **Snomed**: Enter the SNOMED code associated with the discharge disposition code. This may be up to 20 characters long.

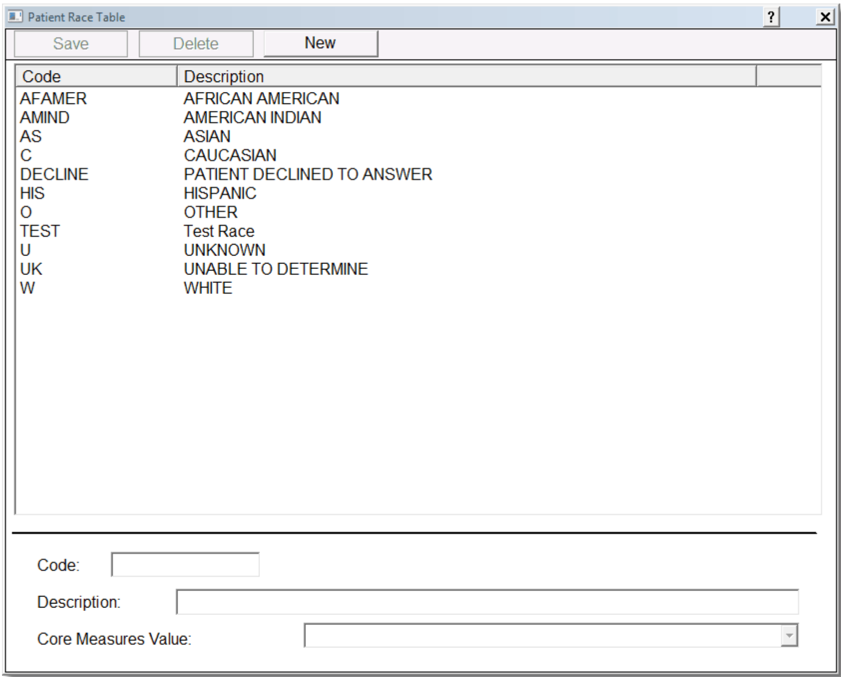
The following settings will be pre-loaded in the Snomed field:

Discharge Disposition Code	Snomed
01	65537008
02	306699001
05	306699001
06	10161009
07	445060000
20	371828006
40	371828006
41	371828006
42	371828006
43	306699001
50	428361000124107
51	428371000124100
61	306701001
62	433591000124103
63	306699001
65	306699001
66	306701001

A code that is no longer used or is invalid may be deleted by typing **D** at the bottom of the screen.

3.21 Race Codes Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Race Codes**



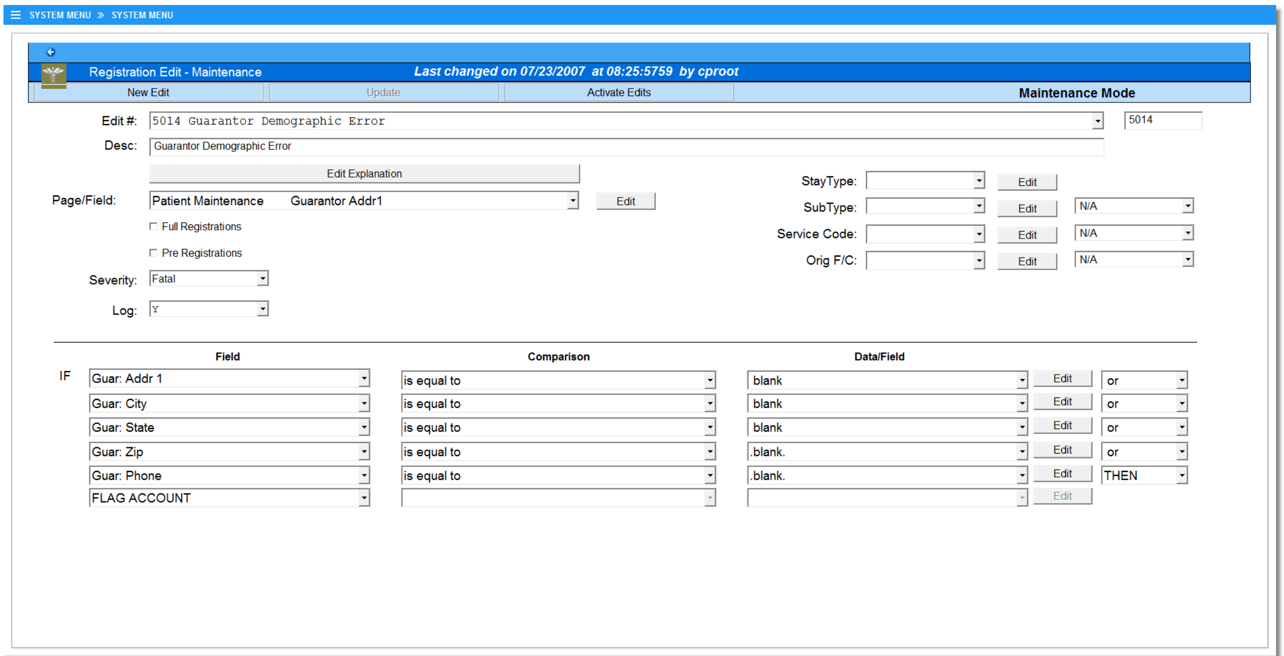
Patient Race Table

Select a Race Code to display the code and description in the fields at the bottom of the screen. The description may be changed.

- **Save:** Select **Save** to update any changes made to a description. The description may be up to 30 characters.
- **Delete:** Select **Delete** to remove any unwanted Race Codes.
- **New:** Select **New** to enter a Race Code up to seven alpha and/or numeric characters. After entering a new code, select **Save** before exiting.

3.22 Reg Edits

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Reg Edits**



Census Edit - Maintenance

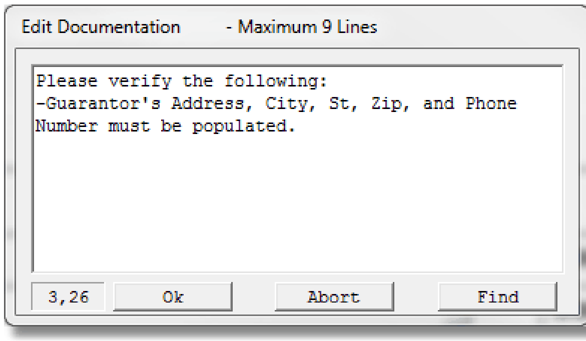
The user must have security in order to make changes to edits or to add new edits.

- **New Edit:** Select **New Edit** to begin creating an edit that does not currently exist. After selecting this option the next available edit number will be displayed in the Edit # field. The cursor will move to the Desc field in order for the description of the new edit to be entered.
- **Update:** Select **Update** after creating a new edit or making changes to an existing edit.
- **Activate Edits:** This option allows access to the Census Edit Control Table. This allows Full and Pre Registration edits to be activated for all edits. The Pre Registration edits would apply to pre-admit accounts. The edits will not appear unless one or both of these are activated. Selecting **Ignore Fatal Edits?** will allow edits that are marked as Fatal on the Census Edit Maintenance screen to be bypassed when Registration is exited. De-selecting this option will require Registration to correct the edits that are marked as Fatal. Select **Update** to activate any changes to the control table.
- **Edit #:** This field will display the next available edit number after New Edit is selected. Select the drop-down menu menu at the end of the field to display an existing Edit . Select the desired edit to populate the table. At this point any necessary changes may be made to the selected edit. Select **Update** after any maintenance is done in order to retain the changes.

The field to the right of the Edit # field will display the number assigned to the edit.

- **Desc:** This field will display the description of an existing edit or a description may be entered for a newly created edit.

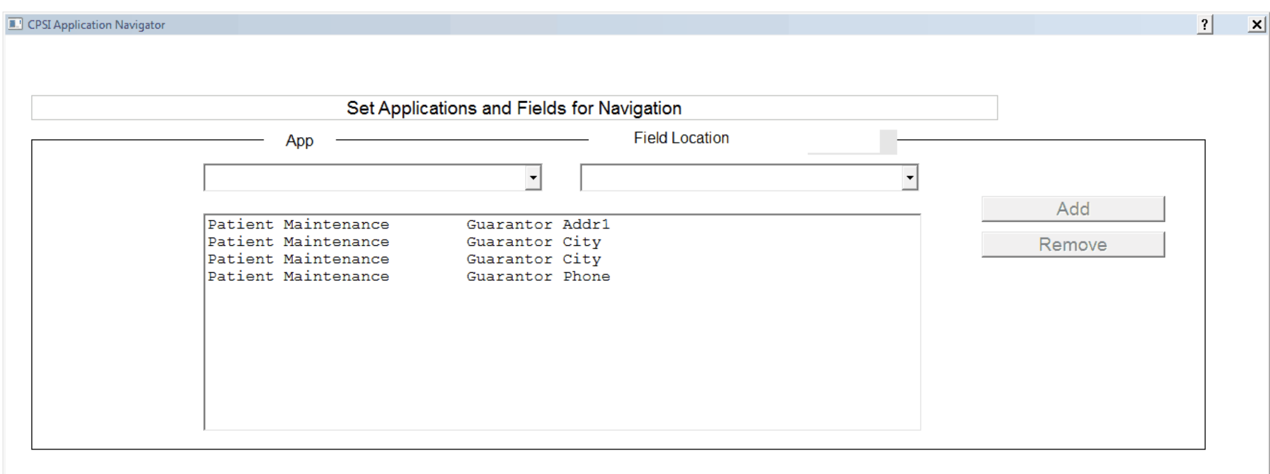
- **Edit Explanation:** Accessing this field will display a note pad.



Edit Documentation

The information displayed will describe the edit in detail. This explanation should be as detailed as possible to make sure the user working the edit understands what is needed to correct the edit.

- **Page/Field:** This option is used to select the fields a user will need to review to correct an edit. This is strictly a navigational tool. Select the drop-down menu menu to view all the fields in the Registration and ADT screen associated with the edit. If multiple fields are selected for a single edit, the user would stop on each field listed here to verify and/or correct the necessary information. If this is a new edit, select **Edit** to add the necessary fields. The following screen will display:



TruBridge EHR Application Navigator

Select the appropriate application and field location from the drop-down menu provided.

- **Add** will retain the information.
- **Remove** will delete a selected application and field location.
- **Exit** will return to Census Edit Maintenance.

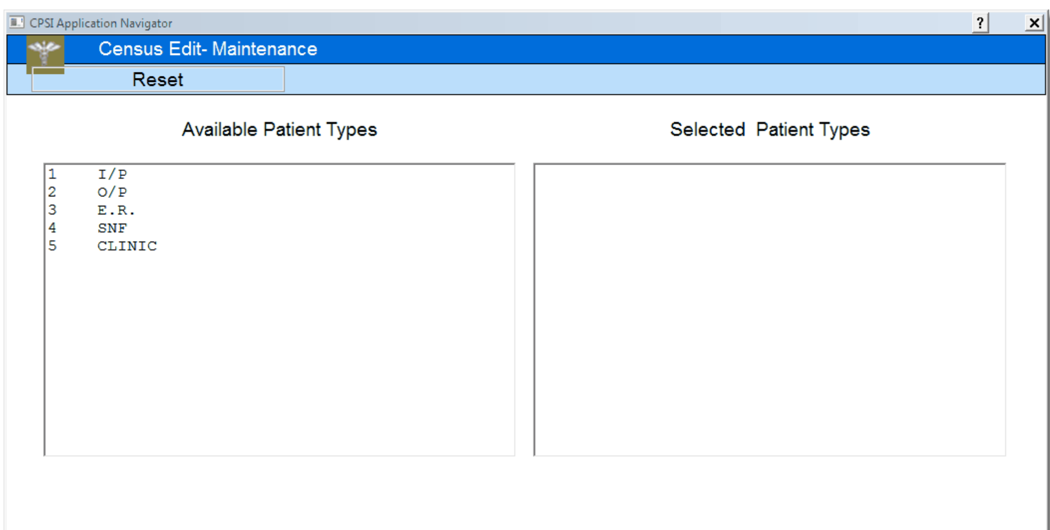
- **Full Registrations:** Select this option if the edit will apply to full registration.

- **Pre Registrations:** Select this option if the edit will apply to pre-registrations.

- **Severity:** The following selections are available for this option:
  - **Fatal**: Select **Fatal** to indicate this edit must be corrected in order for registration to be considered correct. Marking an edit as fatal will prevent the registrar from exiting the Edit screen without correcting the edit if **Ignore Fatal Edits?** in **Activate Edits** is blank. It will act as a flag for registration and will not prevent the user from exiting the edit if this field is selected.
  - **Off**: Select **Off** to flag the edit as inactive. This option will be used in place of deleting the edit. The Full Registration and Pre Registration fields listed above should also be de-selected.
  - **Warning**: Select **Warning** to flag the edit with a warning indicating this edit will need to be researched, but it may not be necessary to change any of the information entered.

- **Log:** Selecting **Y** will allow this edit to display on the Census Edit Report. Selecting **N** will suppress this edit from the Census Edit Report.

- **Stay Type:** To add Stay Types to a new or existing Edit select **Edit** to the right of the drop-down menu arrow. The following screen will display:



Census Edit - Maintenance

To associate a Stay Type with an edit, select the desired Stay Type from Available Patient Types. The selected Stay Type will move to Selected Patient Types. Select **Reset** to have all the Selected Patient Types return to Available Patient Types. To complete, select **Exit** to continue the set up of the edit.

- **Sub Type:** To add a Sub Type to a new or existing edit select **Edit** to the right of the drop-down menu. There is an additional option to the right of Edit for Sub Type. Select one of the following when using Sub Type options. The options available here are:
  - **N/A:** The Sub Type option will default to **N/A**. This will indicate the option will not be used for this edit.
  - **Exclude:** Selecting **Exclude** will allow the Sub Types selected to be excluded for the edit.
  - **Include:** Selecting **Include** will allow the Sub Types selected to be included for the edit.

- **Service Code:** To add a Service Code to a new or existing edit select **Edit** to the right of the drop-down menu. Select Service Codes to be associated with the edit from this option. The same procedures as Sub Type will apply to this field. Define whether TruBridge EHR should Exclude, Include, or not be used at this time.

- **Orig F/C:** To add a Financial Class to a new or existing edit select **Edit** to the right of the drop-down menu. Select Org F/C to be associated with the edit. Define whether TruBridge EHR should Exclude, Include, or not be used at this time.

***NOTE:** If the Stay Type, Sub Type, Service Code or Org F/C are blank, the edit will apply to all.*

This section defines the criteria TruBridge EHR will use to determine if an edit should appear.

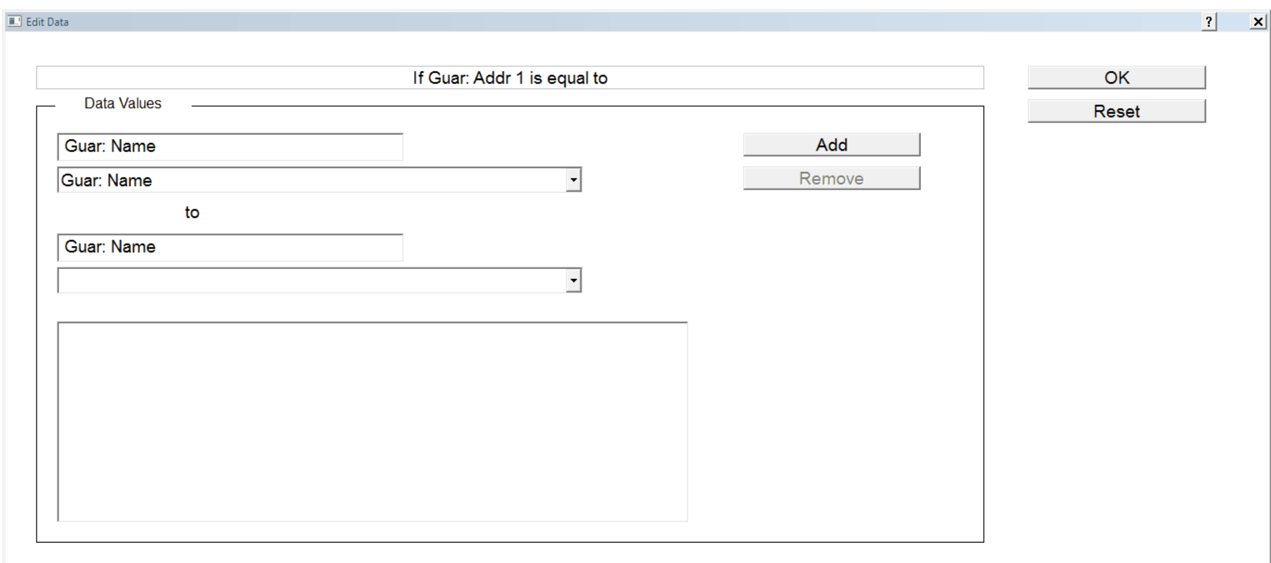
- **Field:** Select the first field that TruBridge EHR will consider in creating the edit.

- **Comparison:** Enter the conditions under which TruBridge EHR will display the edit.

- **Data/Field:** The delimiters TruBridge EHR will use to determine when the edit is applicable will display.

- **Edit:** Enter delimiters TruBridge EHR will use to determine when the edit is applicable. A different Edit screen will appear depending on the Comparison selected. Below is a list of Comparisons and the associated Edit screens:

If Comparison is **is equal to** or **is not equal to** the following screen will display:

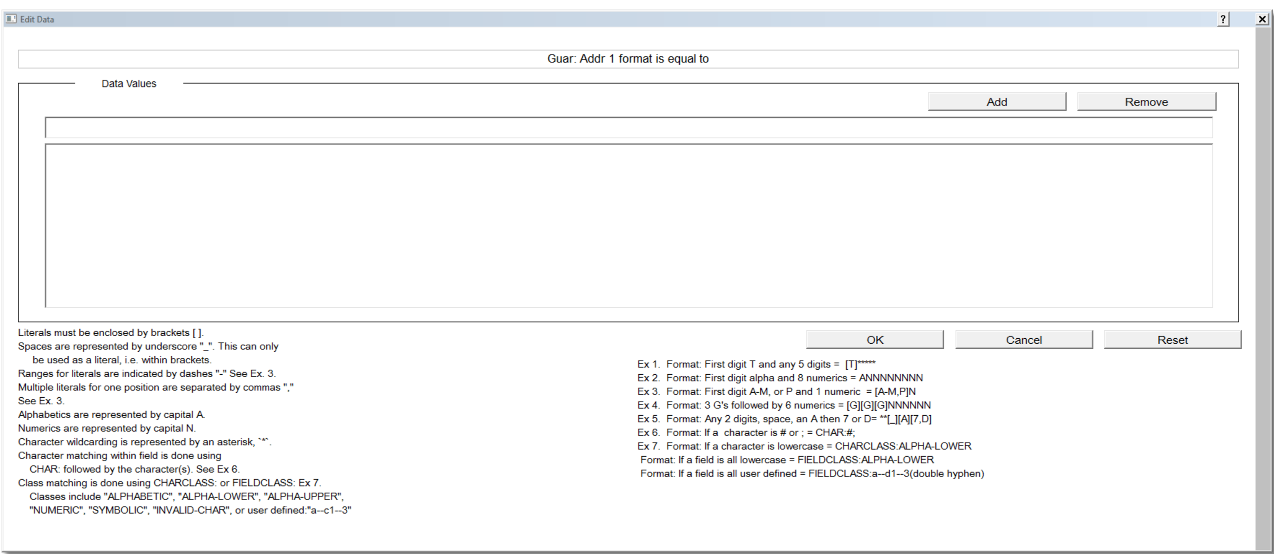


Edit Data

If Comparison is **is greater than**, **is greater than or equal to**, **is less than** or **is less than or equal to** the following screen will display:

Edit Data

Comparison is **format is equal to** or **format is not equal to** the following screen will display:



Edit Data

The following options are common to each of the Edit screens:

- **OK:** Select **OK** after entering the Data Value.
- **Cancel:** Select **Cancel** if no change is required and to exit this screen.
- **Reset:** Select **Reset** to replace the newly entered info with the original information.

The last drop-down menu arrow to the right of the Edit option will provide connectors. Select a connector and continue to describe and/or define the functionality of the edit.

- Use lower case connectors **and** or **or** to join two related comparisons.
- Use upper case connectors **AND** or **OR** to join two unrelated comparisons or to separate what qualifies the account for a potential error from what fields TruBridge EHR should verify are correct.
- **THEN** is used to state what must occur. Normally the edit should end with "THEN FLAG ACCOUNT."

After the edit is complete, select **Update** to save the information entered or changed before exiting the Census Edit Maintenance screen.

3.23 Immunizations Table

Please contact a TruBridge Point of Care Representative for more information regarding this table.

3.24 Shared Profile

The Shared Profile table is maintained by TruBridge. Please contact a TruBridge Financial Software Support Representative for more information.

Chapter 4 A/R Collection Tables

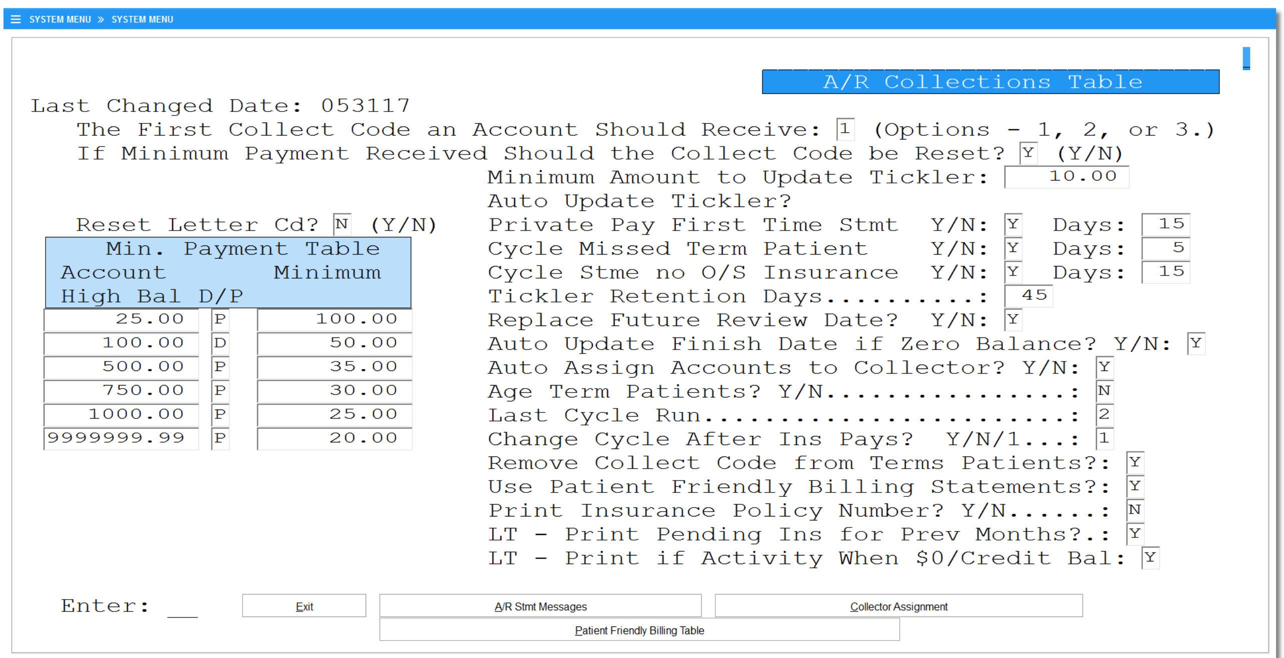
4.1 Overview

There are many table settings that impact the Collections and Statement process. The following chapter discusses this in detail.

4.2 Collections Tables

This table relates to statements and the Insurance Tickler.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Tables**


SYSTEM MENU » SYSTEM MENU

A/R Collections Table

Last Changed Date: 053117
The First Collect Code an Account Should Receive: 1 (Options - 1, 2, or 3.)
If Minimum Payment Received Should the Collect Code be Reset? Y (Y/N)
Minimum Amount to Update Tickler: 10.00
Auto Update Tickler?
Reset Letter Cd? N (Y/N)
Private Pay First Time Stmt Y/N: Y Days: 15
Cycle Missed Term Patient Y/N: Y Days: 5
Cycle Stme no O/S Insurance Y/N: Y Days: 15
Tickler Retention Days..........: 45
Replace Future Review Date? Y/N: Y
Auto Update Finish Date if Zero Balance? Y/N: Y
Auto Assign Accounts to Collector? Y/N: Y
Age Term Patients? Y/N................: N
Last Cycle Run.........................: 2
Change Cycle After Ins Pays? Y/N/1...: 1
Remove Collect Code from Terms Patients?: Y
Use Patient Friendly Billing Statements?: Y
Print Insurance Policy Number? Y/N......: N
LT - Print Pending Ins for Prev Months?.: Y
LT - Print if Activity When $0/Credit Bal: Y

Min. Payment Table

Account High Bal	D/P	Minimum
25.00	P	100.00
100.00	D	50.00
500.00	P	35.00
750.00	P	30.00
1000.00	P	25.00
9999999.99	P	20.00

Enter: __ Exit | A/R Stmt Messages | Collector Assignment | Patient Friendly Billing Table

A/R Collections Table

***NOTE:** The TruBridge daily password is required to change any field within this table.*

- **The First Collect Code an Account Should Receive (Options 1, 2, or 3):** A code of **1** represents the normal aging process for accounts. Enter **2** or **3** to advance this process.
- **If Minimum Payment Received Should the Collect Code Be Reset? (Y/N):** When set to **Y**, and the account has a Collect Code of 1-3, when a minimum payment is received, TruBridge EHR will reset the account to the Collect Code that is entered in the first field. Collect Codes A and B do not automatically reset. When set to **N**, Collect Codes will not reset.

If this is set to **Y**, the Min. Payment Table must be set up.

- **Reset Letter Cd: (Y/N):** When set to **Y,** and the account has a Collect Code of A or B, when a minimum payment is received, TruBridge EHR will reset the account to the Collect Code that is entered in the first field. When set to **N**, Collect Codes will not reset.

If this is set to **Y**, the Min. Payment Table must be set up.

- **Min. Payment Table:** The Minimum Payment Table is used to set up minimum payments based on dollar amounts (**D**) and/or a percentage (**P**) of the account balance. Enter a pre-determined amount in the Account High Bal column to show the range of balances that need to receive a certain minimum payment. Enter a **D** or **P** in the D/P column, depending on if the amount listed in the Minimum column will represent a dollar amount or a percentage. Enter a dollar amount or percentage rate in the Minimum column.

- **Minimum Amount To Update Tickler:** To answer this appropriately, a minimum account balance should be determined as a basis for collection efforts. If $10.00 is entered, accounts with balances equal to or greater than $10.00 would automatically fall into the Tickler File when other parameters are met.

- **Auto Update Tickler?:** This field is a 3-part question that requires establishing the parameters that should be met in order to have TruBridge EHR automatically update the Tickler File.
  - **Private Pay First Time Stmt:** If this field is answered **Y**, and the Fin Class field on Guarantor/Ins tab in the Registration and ADT screen is blank or has a **P**, the account will automatically fall into the Tickler File when it meets the criteria for a First Time Statement to be printed.
  - **Cycle Missed Term Patient:** If this field is answered **Y**, accounts that have payment terms set up on them via Patient Terms on the Patient Functions screen will automatically fall into the Tickler File when Cycle Statements are printed if no payment has been made within the last 28 day billing cycle.
  - **Cycle Stmt No O/S Insurance:** If this field is answered **Y**, accounts that have no outstanding insurance claims with expected pay amounts greater than zero will automatically fall into the Tickler File when Cycle Statements are printed.
  - **Days:** The **Days** portion of each of the above prompts represent the number of days past the statement date to be used as a Review Date. If any of the above prompts are left blank, the Review Date will default to the day after the statement date. To change the days back to **0**, enter **-1** in this field.

- **Tickler Retention Days:** To answer this appropriately, it will need to be determined how many days to keep accounts in the Tickler System once they have been completed. TruBridge EHR will automatically run a purge once a month to remove any accounts from the Tickler File that have met or exceeded the designated number of days past the finish date.

- **Replace Future Review Date? Y/N:** If answered **Y**, TruBridge EHR will over-write the accounts current Review Date if the account is already in the Tickler File, and it is automatically updated in the Tickler once again. This can happen if a future Review Date is entered on an account, and the account matches the criteria to fall into the Tickler File once again.

- **Auto Update Finish Date If Zero Balance? Y/N:** If answered **Y**, TruBridge EHR will put a Finish Date on the account when a receipt is posted making the account a zero balance, after the Daily Receipts list has been run for the posting date.

- **Auto Assign Accounts To Collector? Y/N:** If answered **Y**, TruBridge EHR will allow accounts to be automatically assigned to the collectors according to the setup of option **C** - Collector Assignments.

- **Age Term Patients:** When set to **Y**, if the patient is set up on terms and does not meet the minimum payment, the Collect Code on their account will age. The next month, if the patient meets the minimum payment, then the Collect Code will stop aging but will not be reset.

- **Last Cycle Run:** This is an Informational field only. TruBridge EHR will automatically enter the last cycle run during cycle statements.

- **Change Cycle After Ins Pays? Y/N/1:** When set to **Y**, TruBridge EHR will automatically advance the cycle code on a patient account after insurance has paid (Receipt Type of **IN**) . TruBridge EHR will read the number loaded in field 11 and adds two cycles. This becomes the new cycle code for the patient's account. For example, if the last cycle run was 1, then cycle 3 will be assigned to the account when the insurance receipt is posted. This allows the collection process to move along in a timely manner after all outstanding insurance on the patient account have been moved to the paid/rejected status. If this field is set to **1**, TruBridge EHR will add one cycle to the existing cycle code.

NOTE: *TruBridge EHR will only change the cycle if the account has an existing cycle code. The First Time Statement run must still be completed to assign the original cycle code.*

- **Remove Collect Code from Terms Patients:** When set to **Y**, TruBridge EHR will prompt to remove the Collect Cd from the Guarantor/Ins tab in the Registration and ADT Screen, when setting up a patient on Terms. This allows the Collect Code to be removed at the time a patient is set up on payment terms instead of manually removing the code after Terms are initiated.

- **Use Patient Friendly Billing Statements:** If answered **Y**, the Patient Friendly Billing Option may be used for First Time Statements and Cycles 1 - 4 Statements. The Patient Friendly Billing Table will need to be completed.

- **Print Insurance Policy Number? Y/N:** If this is answered **Y**, the insurance policy number will print on the First Time Statements. If this is answered **N,** the policy number will not print on the statements.

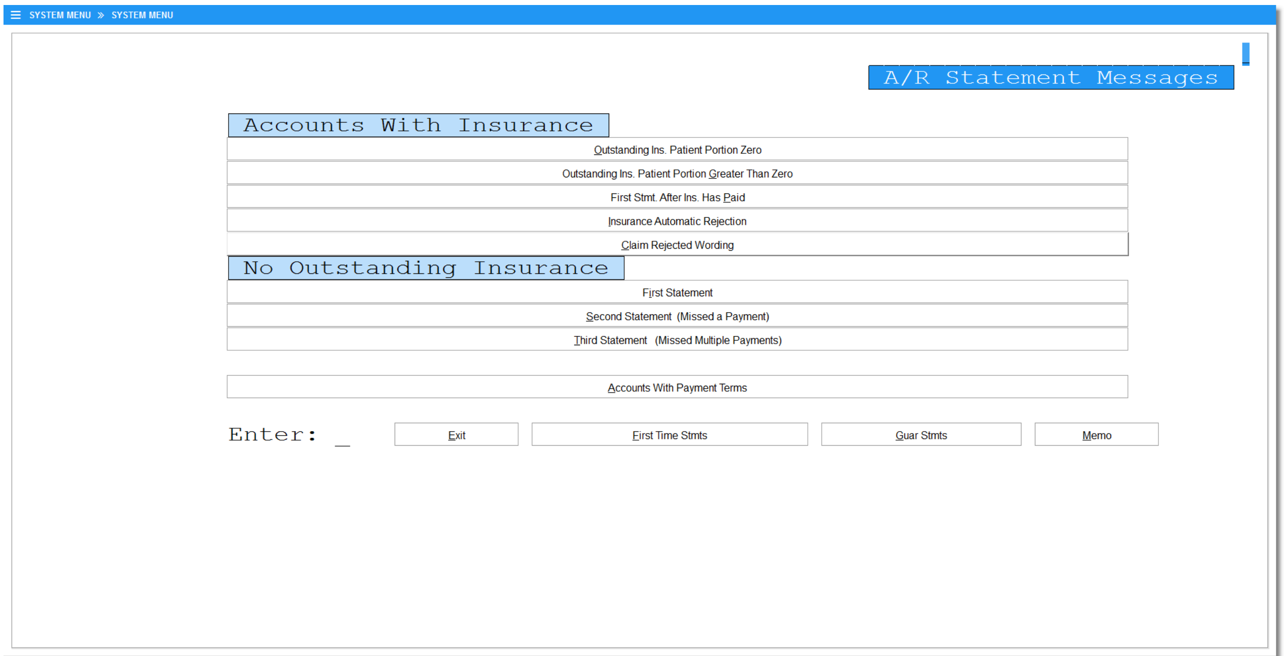
- **LT - Print Pending Ins for Prev Months?:** When set to **Y**, pending insurance for previous months will pull to the Long Term Statements. This field will default to No.

- **LT - Print if Activity When $0/Credit Bal:** If set to **Y**, long term statements will print if there is activity in that given time period regardless of the account balance. If set to **N**, if there is a zero balance or a credit balance a statement should not generate.

Statement Messages

From the bottom of the A/R Collections Table, select **X** for the A/R Statement Messages Table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Tables** > **A/R Stmt Messages**



A/R Statement Messages

Select the message to be changed. Each message allows up to four lines with 41 characters on each line. After selecting a message to view, TruBridge EHR will display the option to change the message. The prompt will read “Do You Want To Change The Message Y/N?.” If **Y** is selected, the Daily Password will need to be obtained to enable the change to the message. Also, there is an option given whether or not a delinquent message should print on the statement. If **Y** is answered to “Delinquent Message,” the word “Delinquent” will print several times above the top line of the message.

- **Outstanding Ins. Patient Portion Zero:** This message will pull for accounts with outstanding insurance, and the expected pay from the patient is zero at this time. An example of an appropriate message is, “As indicated above, we are anticipating payment from your insurance company to cover all of your charges.”

- **Outstanding Ins. Patient Portion Greater Than Zero:** This message will pull for accounts with outstanding insurance, and there is a patient portion due at this time. A typical message would be, “As indicated above, we are anticipating payment from your insurance company to partially cover your charges. Please remit balance due from patient.”

- **First Stmt. After Ins. Has Paid:** This message will pull for accounts whose insurance has paid in full, and the remaining amount is the patient's portion. For example, "Your insurance has paid its portion. Please remit balance due at this time."

- **Insurance Automatic Rejection:** This message will pull for accounts whose insurance has been automatically rejected by TruBridge EHR. It is important that this message is different from the Claim Rejected Wording. The patient needs to understand that the insurance company never sent a remittance with a rejection on it; instead they just never responded. An example of an appropriate message may be: "We have not heard from your insurance. Please contact them at this time as the balance is now your responsibility."

- **Claim Rejected Wording:** This message will be sent when the insurance company has responded with a rejection for the account. There are exactly 17 spaces to enter a short message that will appear in the claim status box on data mailers, adjacent to the respective insurance claim that has been rejected by an **R** pay code entered on receipt. An example of a message that may be on this statement would be: "Claim Rejected."

- **First Statement:** This is the first cycle statement for Private Pay accounts to be sent to the patient. Typically, there is not a message on this statement.

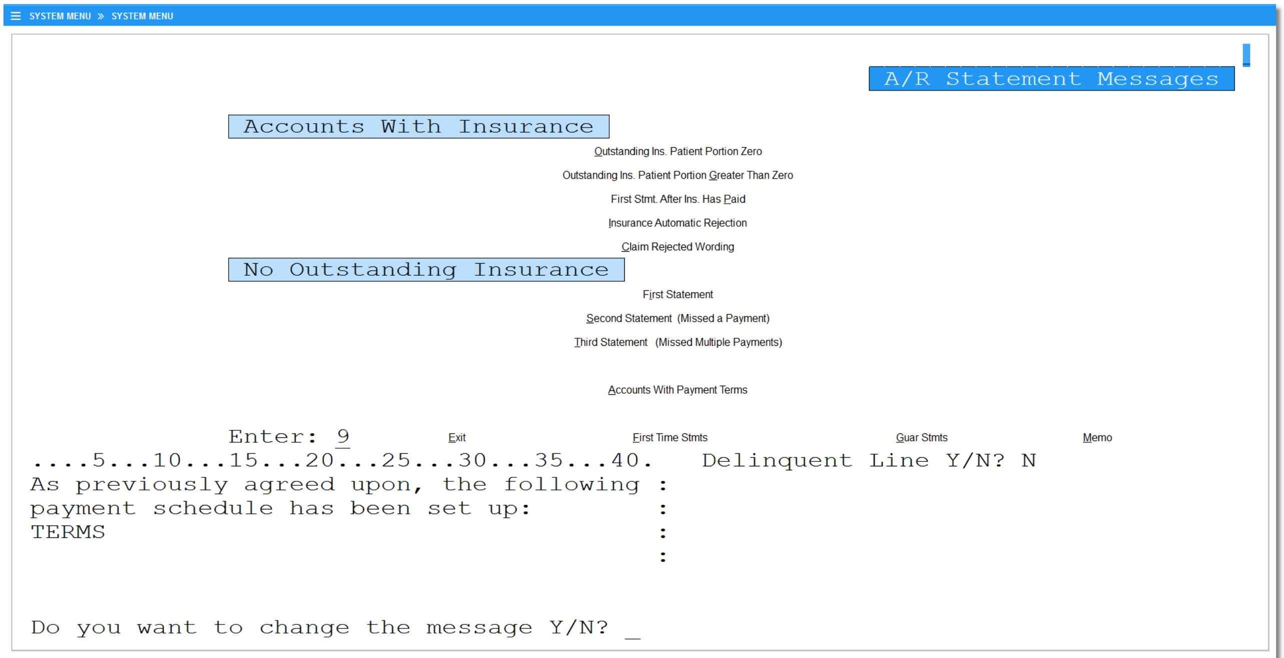
- **Second Statement (Missed a Payment):** This message will pull when the second statement is printed and there has been no payment. An example of the message would be: "Your account is past due. Please remit payment promptly!"

- **Third Statement (Missed Multiple Payments):** When the third statement is printed, and no payment has been made, this is the message the patient will receive. An example of this message is, "Your account is seriously delinquent. Remit balance due or contact our business office."

NOTE: *If a facility chooses to start the first collect code at a 2 or 3, the first statement message that will appear on the data mailer will be Second Statement (Missed a Payment) or Third Statement (Missed Multiple Payments). Therefore, consideration needs to be taken when setting up statement messages.*

- **Accounts With Payment Terms:** Any accounts that have been set up on Payment Terms will receive this message on their statement. A message may be entered on any of the three lines, but one line must have the word TERMS in the first position. It will print the message "MINIMUM PAYMENT = $ XXX.XX", as shown in the following example.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Tables** > **A/R Statement Messages** > **Accounts with Payment Terms**



A/R Statement Messages, Accounts With Payment Terms

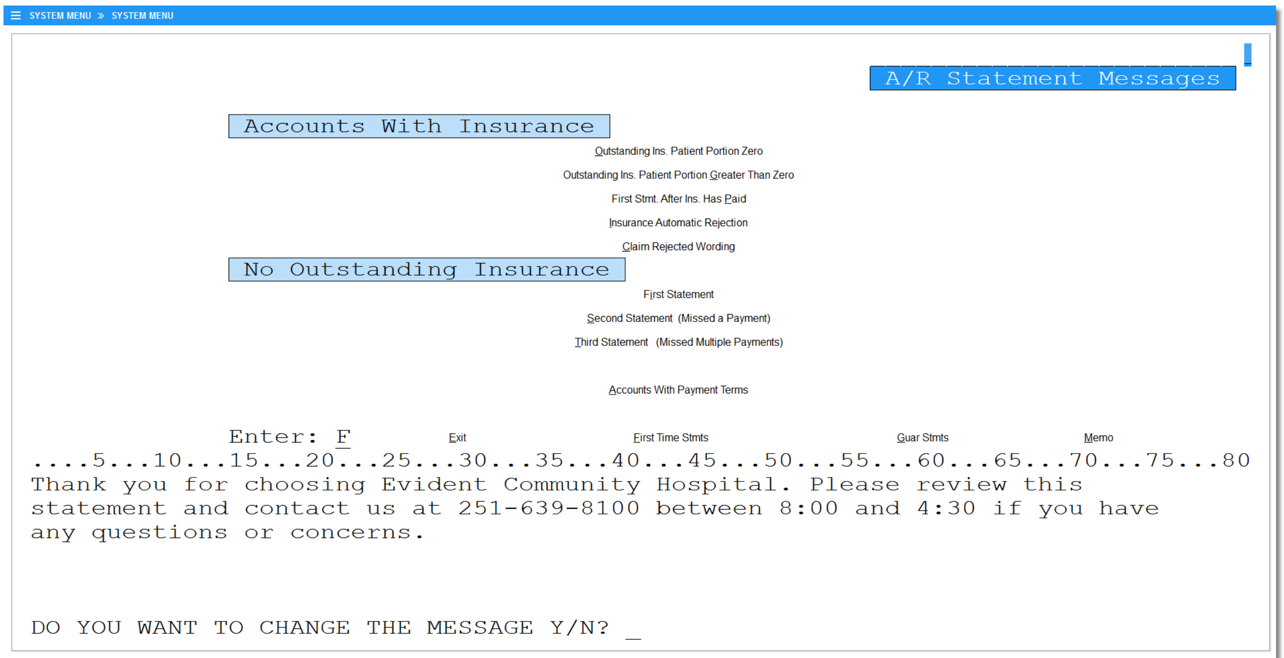
This will print on the bill as:

"As agreed upon by you in the previous meeting, the payment schedule you set up:
* MINIMUM PAYMENT = $ XXX.XX *

NOTE: *The "$ XXX.XX" above will pull the patient's actual terms payment amount that is entered in Patient Functions, Payment Terms, Payment Amount.*

- **First Time Stmts:** There is also the option to create First Time Statement messages through option **F** at the bottom of the screen. This will allow the entry of up to four lines with 80 spaces per line of text that will appear on the First Time Statement.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Tables** > **A/R Statement Messages** > **First Time Stmts**



A/R Statement Messages, "F"st Time Stmts

The First Time Statement message may be changed at anytime as long as it is done before the File Build is completed.

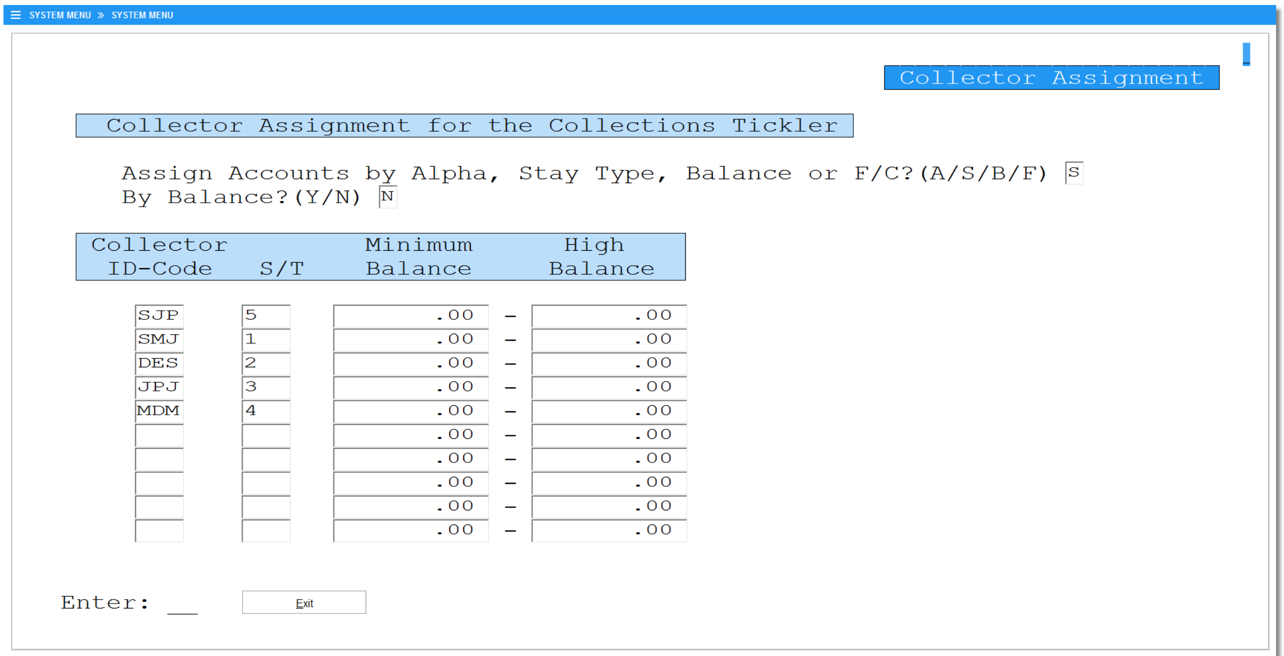
- **Guarantor Statements:** There is also the option to create a Guarantor Statement message through **G** at the bottom of the screen. This will allow the entry of up to four lines with 40 spaces per line of text that will appear on the Guarantor Statement.

- **Memo:** This option allows a message of up to 70 characters. This memo will print on First Time Statements, Cycle Statements and Patient Friendly Statements-Cycle Statements only.

Collector Assignment

From the bottom of the A/R Collections Table, select **C** for the Collector Assignment Table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Tables** > **Collector Assignment**



Collector Assignment

- **Assign Accounts by Alpha, Stay Type, Balance or F/C? (A/S/B/F):** If Auto Assign Account to Collector is answered **Y** in the Collections Table, TruBridge EHR can automatically assign accounts to collectors by four different methods. Valid answers are **A** for Alpha, **S** for Stay Type, **B** for Balance or **F** for Financial Class.

  When **A** for alpha is selected, TruBridge EHR will move the cursor to the next field "Patient/Guarantor" to designate using the patient or guarantor of the account as the basis for assigning accounts.

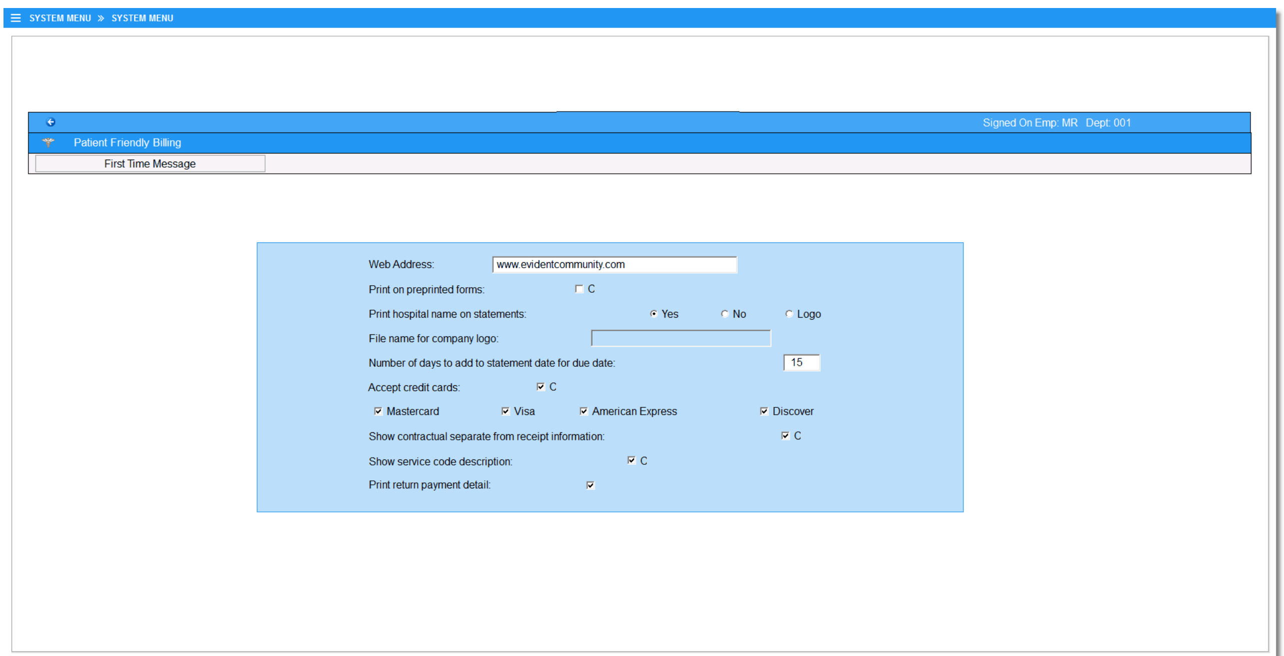
- **By Balance? (Y/N):** When answered **N**, TruBridge EHR assigns accounts to collectors based solely on the option listed in the previous field. If set to **Y**, TruBridge EHR will assign accounts to the collectors listed in the next fields first by the sort method listed above, then by minimum and maximum balances. For instance, if the table was set up to assign accounts by Financial Class, and By Balance was set to **Y**, the accounts would be assigned to collectors listed in fields A - J according to Financial Class, then minimum and maximum balances.

- **A - J - Collector Assignment:** This will designate the criteria of the assignment for each account. The first section of the field corresponds to the collector ID to whom the accounts will be assigned. The second section of the field is used to define the specific criteria according to the option listed in field 1. For example, the collector with the ID **LWL** will be working all accounts where the patient's last name begins with A and continues through M. Enter **LWL** in the first section, and **AM** in the second section. TruBridge EHR will add the hyphen. This allows the accounts that need to be worked to be divided among collectors.

Patient Friendly Billing Table

This table will need to be completed when using Patient Friendly Billing.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Tables** > **Patient Friendly Billing Table**



Patient Friendly Billing

- **Web Address:** Enter the web address of the facility. If this field is populated, "or visit (web address)" will print after the phone number on the First Time and cycle statements. If this field is left blank, only the phone number will print.

- **Print on printed forms:** If this field is selected, the statement should only print information. Select this box if pre-printed forms are being used. If this field is left blank, the statement information and the form will print.

- **Print hospital name on statement: Yes/No/Logo:** If this field is selected **Yes**, the facility name and address will print from the Physician 999999 or ADMIN table. If selected **No**, nothing will print in the return address box at the top or the bottom of the statement. If the **Logo** box is selected, the logo provided by the facility in the file located on the server will print on the statement.

- **File Name for company logo:** If using a company logo, enter the file name to locate the directory where the logo resides. Please contact a TruBridge Financial Software Support Representative for assistance.

- **Number of days to add to statement date for due date:** On the cycle statement there is a Due Date field. TruBridge EHR will take the number loaded in this field and add it to the statement date to calculate the due date. If this field is blank, the statement date will be the due date.

- **Accept Credit Cards:** If this field is selected, the type of credit cards accepted will need to be selected. The selected credit card box(es) will then print on the statement. If left blank, credit card option(s) will not print on the statement.

- **Show contractual separate from receipt information:** If this field is selected, the contractual amounts entered for all insurances during receipting will combine and print on a separate line on the statement under Insurance Contractual Adjustments and the actual payment amounts should print under Amount Paid by Insurance. If answered **N** the contractual adjustment and payment amount will combine on the Paid by Insurance line on the statement.

- **Show service code description:** If this field is selected, the service code description will print below the date column on the statement.

- **Print return payment detail:** If this field is selected, the return stub on the cycle statement will print "Amount Enclosed" and "Check Number" under the "Due Date" and "Patient's Name".

- **First Time Message:** This box is located in the top, left hand corner of the screen. When this option is selected, an edit box will display. A letter to be printed on the First Time statement may be entered having a maximum of 20 lines with a maximum character length of 107. <Guarantor> is the mnemonic for this field.

NOTE: *Patient Friendly Billing is for cycles 1-4 only. To print Patient Friendly Billing Statements, a Lexmark T632 printer or better must be used.*

4.3 A/R Collector ID Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collector ID's**

A/R Collector ID's

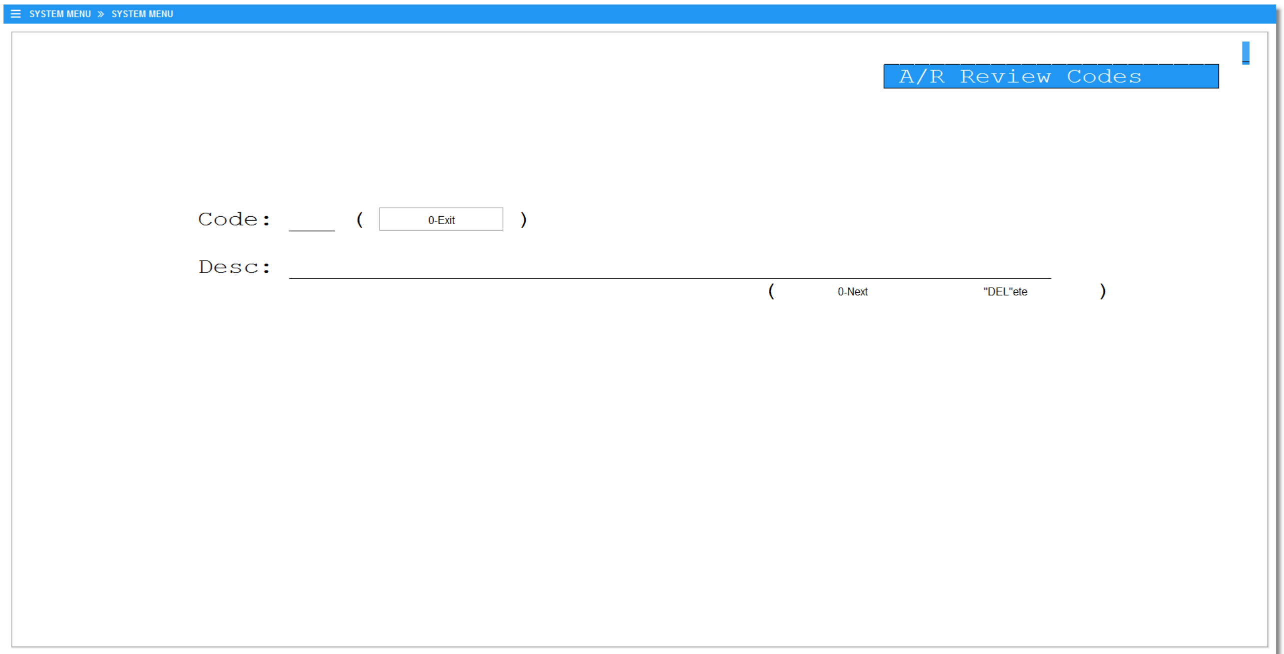
In order to set up the A/R Collector ID Table, facility-defined codes need to be established.

The collector code may be up to three characters, and the collector name may be up to 22 characters. An example of such codes would be to use the Collector's three initials as the code, and define them with the Collector's full name.

If a code was entered in error, or one is no longer valid, enter **DEL** in the name field to remove it from the Collector ID Table.

4.4 A/R Collection Review Codes Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Review Codes**



A/R Collection Codes

The A/R Collection Review Codes Table is set up with 3-character alpha/numeric codes. When TruBridge EHR places an account into the Tickler File, a Reason Code and description will be entered on the Tickler Account Maintenance screen. These codes are also used in the Quick Entry lookup option in Note Entry/Changes. Numbers up to 899 are facility-defined.

TruBridge reserves the use of all codes beginning with nine. The following TruBridge EHR codes and their descriptions will need to be keyed prior to using the Collection Tickler:

- 900 - Private Pay Patient Receives First Time Statement
- 901 - Terms Patient Misses A Payment On Cycle Run
- 902 - No Outstanding Ins W/ Expected Pay On Cycle Run

To remove a code from the A/R Collection Codes Table, enter **DEL** in the description field.

The Insurance Tickler's review codes are also set up in the A/R Collection Review Codes Table. The following codes pertain to the Insurance Tickler and are reserved TruBridge codes that will need to be set up prior to using the Insurance Tickler System: **I90**-Claim Billed, **I91**-Claim E/B, **I92**-Claim Paid In Full, **I93**-Claim Partial Payment, **I94**-Claim Rejected, **I95**-Claim Payment Other.

Please refer to the Collections User Guide for additional information regarding the Collection Tickler and the Insurance User Guide for the Insurance Tickler System.

4.5 Contract Billing Table

Once codes are determined for the Contract Billing companies, they need to be set up in the Contract Billing Code Maintenance screen.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Contract Billing**

Contract Billing Code Maintenance

- **Code:** Enter a 2-digit Contract Billing Code for the company that qualifies for the Contract Billing service. This code will be entered in the **Contract Cd** field on the Guarantor/Ins tab in the Registration and ADT screen.

- **Description:** Enter a description of the company that qualifies for Contract Billing.

There are three billing options for each Contract Code. A percentage discount may be set up on all items in TruBridge EHR, or a discount may be set up on individual items. This may be based on a dollar amount or a percentage of the normal item price. The table may also be set up for billing companies without a discount.

- **Percentage Discount:** If the company will receive a percentage discount on all items, enter the discount percent. For example, if a company has a 20% discount on all items, enter 20 in this field.

- **Base Contract Code:** If there are several companies that have the same item discounts, set up one base Contract Code and enter the code in this field for all other Contract Codes. By doing this, TruBridge EHR will use the item discounts setup in the Base Contract Code. This prevents having to set up the same discount items on multiple companies.

- **Master Account:** Enter the master account number that was created in Registration and ADT for this Contract Code.

- **Discount Item:** If this Contract Code has a discount, enter the discount item number that was set up in the Item Master. When the discount is taken it will affect the General Ledger number associated with this item.

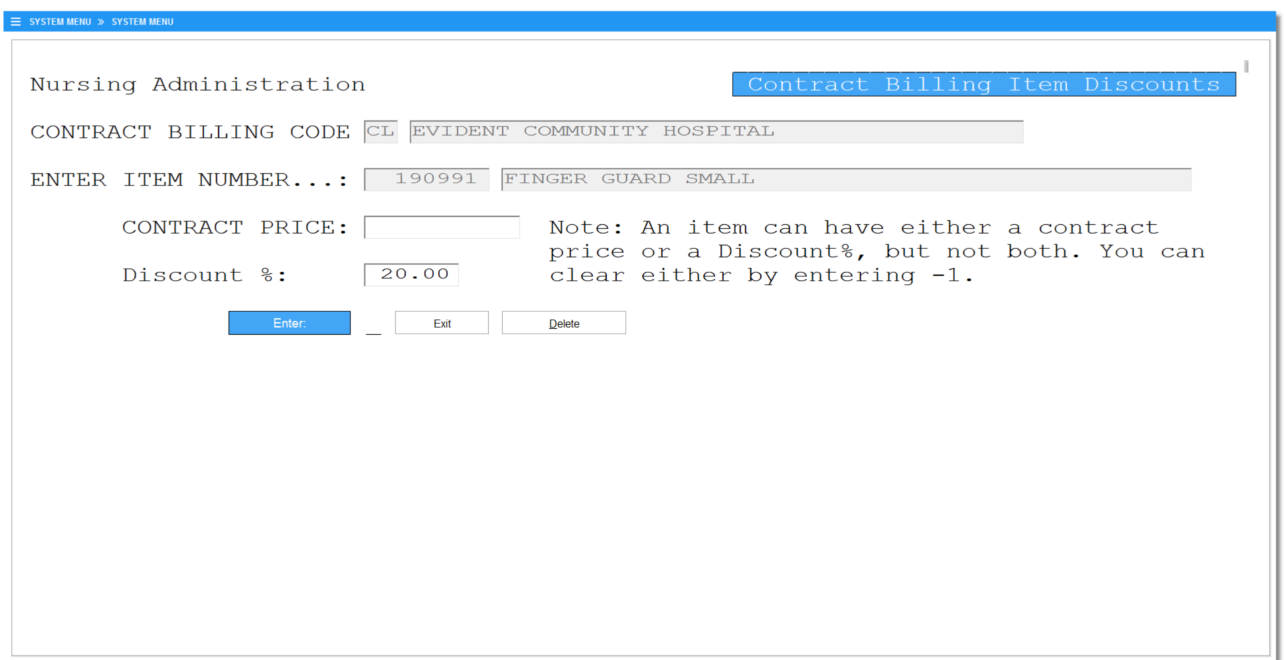
- **Last Update:** This is the last date the contract billing company had charges transferred to the Master Account. This field will be updated automatically when the Contract Billing Report is run as an update.

Contract Codes for discounts on individual items may be set up by entering **I** at the bottom of the Contract Code screen. TruBridge EHR will then advance to the Contract Billing Item Discounts screen, which is discussed below.

Item Discounts

For items designated here, this screen will override any percentage amounts set up on the previous page.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Contract Billing** > **Item Discounts**



Contract Billing Item Discounts

Enter a valid Item Master number that is to be discounted. The description will pull from the Item Master.

- **Contract Price:** If the contract price is a flat dollar amount, enter the amount to be charged.

- **Discount %:** If the contract price is a percentage of the normal item charge, enter the percentage amount.

To set up discounts for more items, enter a zero at the bottom of the screen, and the cursor will go back to the Enter Item Number field. If an item was set up in error, enter **D** at the bottom of the screen to delete the item discount. When all items are set up, enter a zero in the item number field to exit.

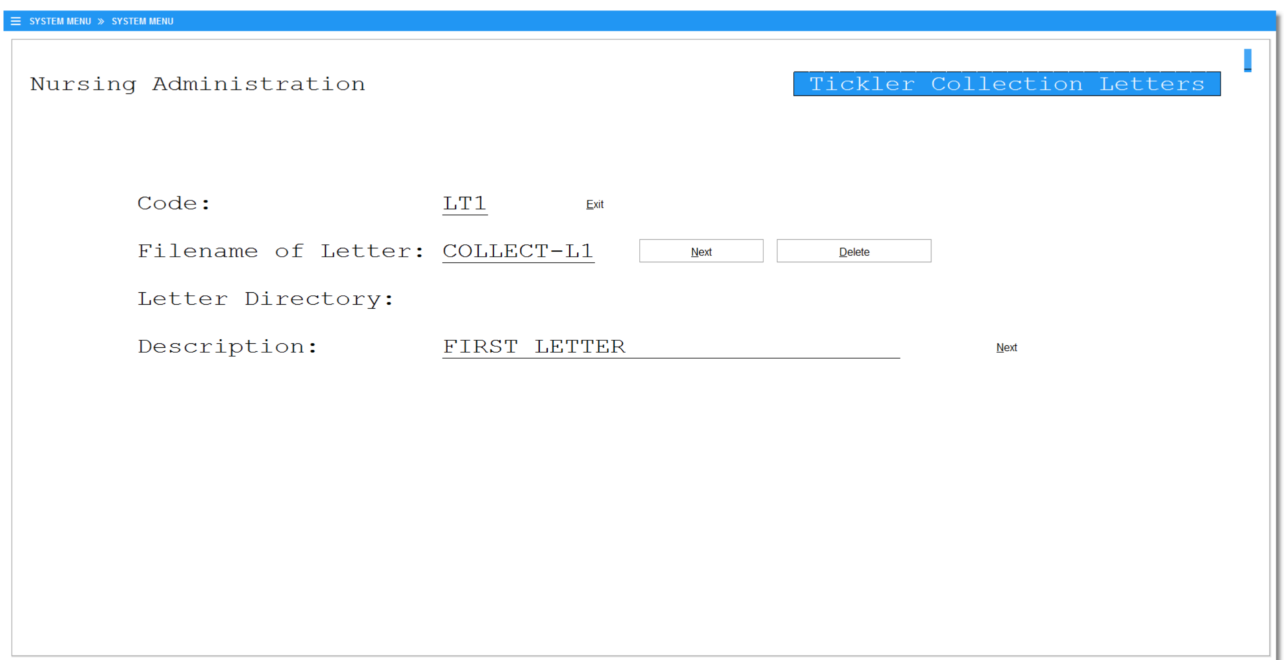
4.6 Collection Letters Table

There are two pre-requisites before Tickler Collection Letters may be printed for selected accounts:

- The Collection Letter forms have to be created in the word processing library /usr/wplib.

- A facility-defined Collection Letter Code has to be designated in the Tickler Collection Letters Table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collection Letters**



Tickler Collection Letters

- **Code:** Enter a 3-character, facility-defined code.

- **Filename of Letter:** Enter the filename of the desired letter that was created in the word processing library /usr/wplib.

- **Letter Directory:** TruBridge EHR will display the name of the directory in which the letter may be found.

- **Description:** Enter a brief description of the selected letter. The description entered may be up to 30 characters in length. To remove a code from the Tickler Collection Letters Table, enter **DEL** in the Filename field.

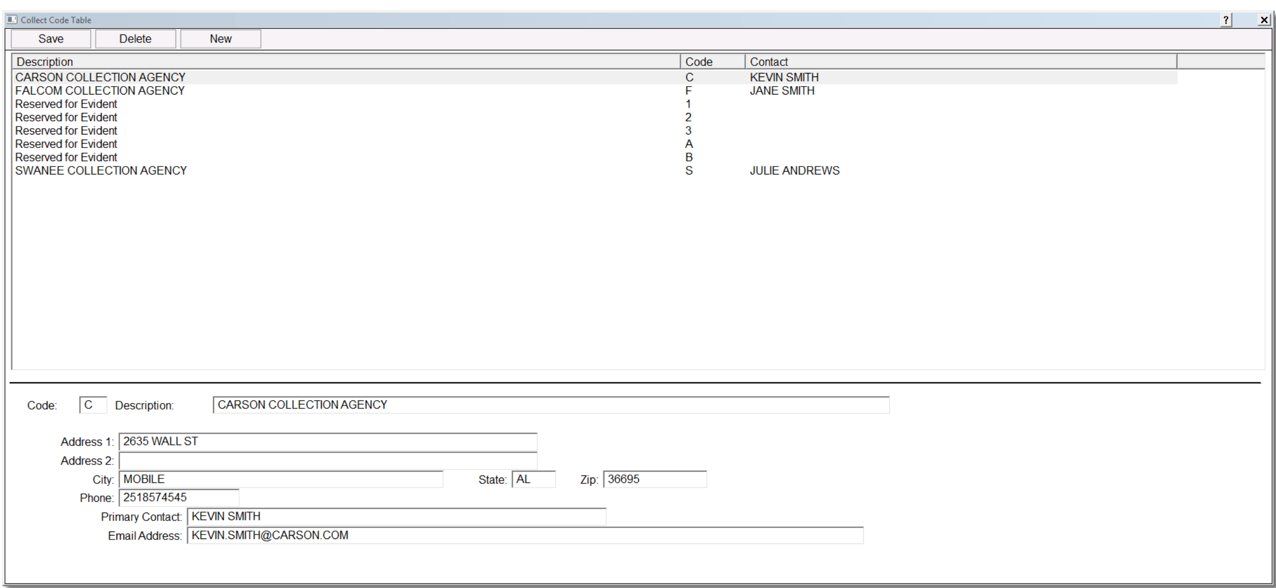
NOTE: *Consult the TruBridge Word Processing User Guide for creating documents using TruBridge Word Processing and printer commands.*

When entering the form letter code for the Collections Tickler, existing letters may be used or new letters may be created. All letters must be in the word processing library /usr/wplib.

NOTE: *Facilities with more than one company sharing the same server must set up collection letters in separate libraries. The documents will need to be set up in /usr/wplib02 for company 02, /usr/wplib03 for company 03 and so forth. This will allow facilities to have separate letters with different information for each of their companies.*

4.7 Collect Codes Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Collect Codes**



Collect Code Table

The Collect Code table is an informational table listing all Collection Agencies used by the hospital.

- **Code:** Enter a 1-digit code for the Collection Agency.

- **Description:** Enter the name of the Collection Agency.
- **Address1:** Enter the street address of the Collection Agency.
- **Address2:** Enter the suite number for the Collection Agency if applicable.
- **City:** Enter the city of the Collection Agency.
- **State:** Enter the state of the Collection Agency.
- **Zip:** Enter the five or 9-digit zip code.
- **Phone:** Enter the phone number including area code of the Collection Agency. Do not enter dashes.
- **Primary Contact:** Enter the name of who should be contacted at this Collection Agency.
- **Email Address:** Enter the email address.

Chapter 5 Control Information Tables

5.1 Overview

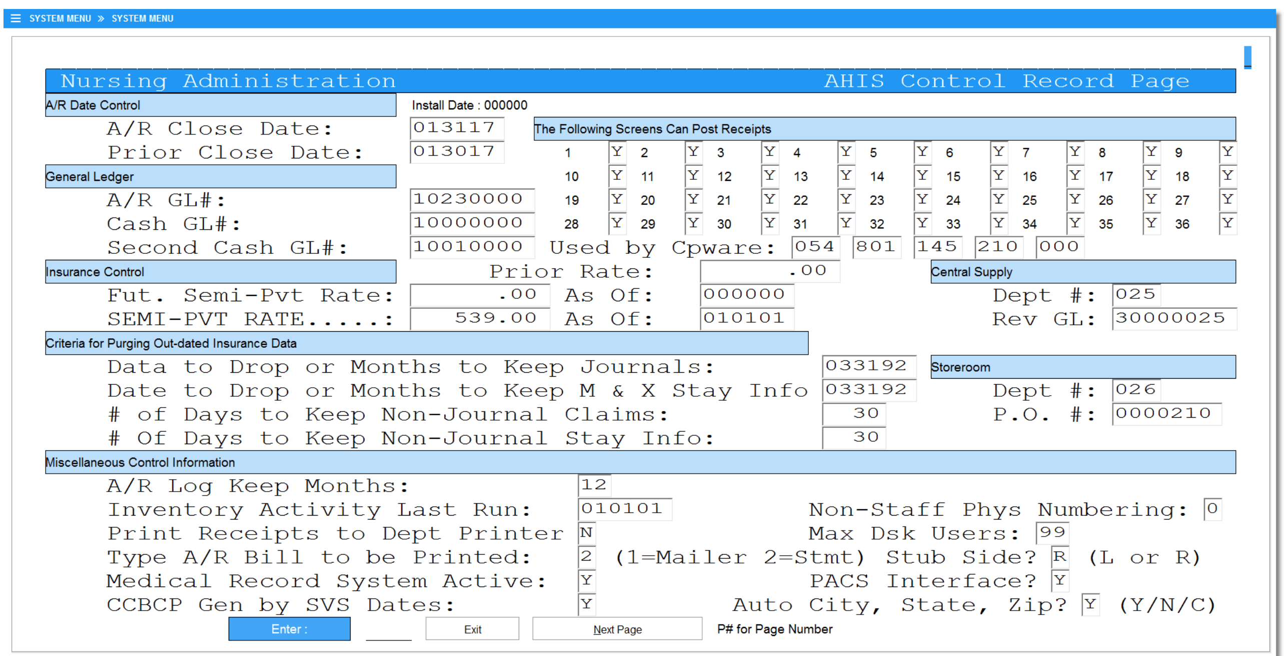
There are several tables that control the way TruBridge EHR works. They impact several aspects of the facility information flow. The following chapter discusses this in detail.

5.2 AHIS Control Table

AHIS is an important table that enables the facility to control the information system. The facility may customize their system by performing maintenance within this table. Maintaining AHIS helps manage the facility in the most effective manner.

AHIS, Page 1

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 1**



AHIS Control Record, Page 1

- **A/R Close Date:** This field indicates the A/R date that is currently open. This field should never manually be changed.
- **Prior Close Date:** This field indicates the A/R date that was last closed. The date in this field may be manipulated in the process of reopening a closed day.

- **A/R GL#:** Enter the General Ledger A/R control account number for the A/R sub-ledger in this field. This number is the General Ledger account that will receive the net of the A/R sub-ledger at month end close.

- **Cash GL#:** Enter the General Ledger operating cash account number in this field. This is the account that is debited for the total amount of receipts at month end close.

- **Second Cash GL#: Used By CPware:** Enter a second General Ledger cash account number in the first portion of this field when receipts should affect an account other than the operating cash account number. The second portion of this field holds up to five cpware numbers that may post receipts to the second cash account.

- **Fut. Semi-Pvt Rate: As Of:** Enter the facility's future semi-private room rate. This allows for upcoming room rate changes to be put in place in advance. Enter the date the new semi private rate will go into effect in the As Of field.

- **Prior Rate:** This is the semi-private room rate used to determine the calculation of non-covered room charges for patients with a service date prior to the As Of date of the current Semi-Pvt Rate.

- **Semi-Pvt Rate: As Of:** This field is the current semi-private room rate and the date this rate took effect. The difference between a private room rate and the amount in this field will pull as non-covered on a UB for private room charges with a service date since this As Of date.

- **Date To Drop Or Months To Keep Journals:** Enter a date to purge or the number of months to keep journal insurance claims. The TruBridge recommended setting is 24 months.

- **Date To Drop Or Months To Keep M & X Stay Info:** Enter a date to purge or the number of months to keep Medicare and Medicaid claim stay information. The TruBridge recommended setting is 24 months.

- **# Of Days To Keep Non-Journal Claims:** Enter the number of days to keep non-journal claim detail. The TruBridge recommended setting is 180 days.

- **# Of Days To Keep Non-Journal Stay Info:** Enter the number of days to keep non-journal stay information. The TruBridge recommended setting is 180 days.

NOTE: *The Insurance Purge is an automatic weekly function. The purge program reads these fields to determine when the journal, M & X stay information detail, non-journal claims and non-journal stay information is purged. The months or days entered in the above fields are calculated from the date the claims are paid or rejected. The purge program will only purge claims that have been receipted as **F**ull or **R**ejected during receipt entry.*

- **A/R Log Keep Months: Date Last Changed:** Enter the number of months to keep A/R Audit Information. The default for this field will be one month. This field will be referenced when TruBridge EHR automatically runs a purge weekly or when run manually through Special Functions. The TruBridge daily password is required to change this field. The last date a change was made will automatically be displayed in this field.

- **Inventory Activity Last Run:** This field will automatically display the last date the Materials Management Activity Report was printed. This field may be changed at any time and is updated only when AHIS page 5, Inv. Activity Report Update Files is set to **Y**.

- **Print Receipts To Dept Printer:** Entering **Y** allows the printing of receipts to an assigned printer. This should always be set to **Y**.

- **Type A/R Bill To Be Printed: (1=Mailer 2=Stmt) Stub Side? (L or R):** The first field should be set to **1** (Data Mailer) if a facility is printing their own statements to an Oki-Data printer, then determine whether the stub is on the left or right side of the mailer to answer the second prompt. If a facility is utilizing guarantor statements, the first field should be set to **G**. For facilities that outsource their statements through TruBridge, this field should always be set to **2** and **R** for patient statements or **G** and **R** for guarantor statements.

NOTE: *Option 1 or 2 will work for facilities that utilize Patient Friendly Statements.*

- **Medical Record System Active:** This field should be set to **Y** to allow access into transcription documents. When this field is set to **N**, access to documents is unauthorized regardless of the department table settings.

- **CCBCP Gen By Svs Dates:** If answered **Y**, Create Claims by Charge Period will generate claims based on Service Date. If answered **N**, claims will generate based on AR Date. The default will be Service Date or **Y**. When accessing this field, TruBridge EHR will prompt for a password. Please contact a TruBridge Financial Support Representative.

- **The Following Screens Can Post Receipts:** This field is no longer used.

- **Dept #:** This field designates the primary issuing department.

- **Rev GL:** Enter the Revenue General Ledger number used for the Purchasing Department. This is for informational purposes only.

- **Dept #:** This field designates the secondary issuing department.

- **PO#:** Enter the beginning number to be used for automatic numbering of Purchase Orders. When multiple departments use the inventory system, this field is used by Materials Management, and other departments use the P.O. numbers loaded in the department table.

- **Non-Staff Phys Numbering:** Load the first digit that Non-Staff Physician numbers should begin. If this field is left blank, TruBridge EHR will continue to assign new numbers with a **9** when created through patient registration.

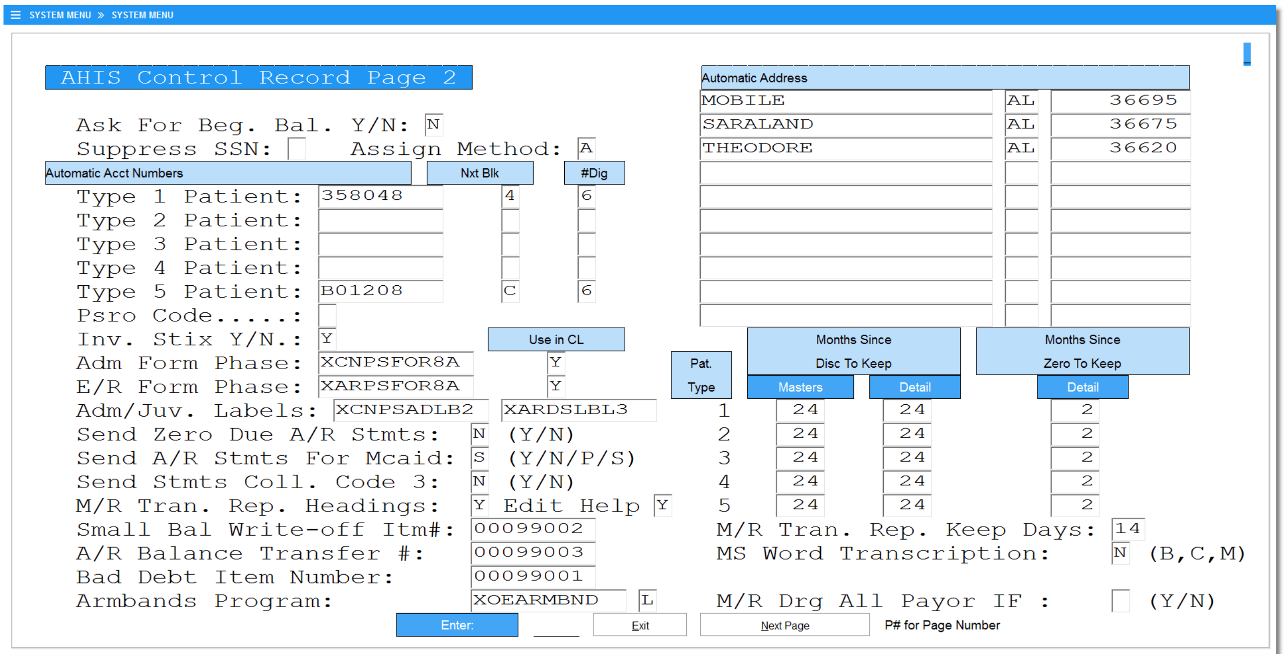
- **Max Dsk Users:** Enter the number of maximum disk users. This field determines the number of users that are allowed to run high disk usage reports.

- **PACS Interface?:** If the facility is using a PACS interface, this field should be answered **Y**.

- **Auto City, State, Zip: (Y/N/C):** If answered **N**, the top 10 City, State and Zip Code lookup found in AHIS may be utilized. If answered **Y**, after entering address line 1 & 2 in registration, the cursor will go to the Zip field. When the zip code is entered, the city and state fields will automatically be populated. If answered **C** the 3-digit county code will automatically pull in addition to the city and state fields.This information is provided by the US Postal Service and is update with each release.

AHIS, Page 2

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 2**



AHIS Control Record, Page 2

- **Ask for Beg Bal Y/N:** This field is no longer used.

- **Suppress SSN:** Selecting **Y** will suppress the social security number from printing on generic face sheets and labels.

- **Assign Method:**
  - **A:** If this field is set to Auto, when creating a new visit, the default for the Manually Assign Visit Number field will be **No**. TruBridge EHR will automatically assign a visit number.
  - **M**: If this field is set to Manual, when creating a new visit, the default for the Manually Assign Visit Number field will be **Yes**. This will allow a visit number to be manually entered.

- **Automatic Acct Numbers:** These fields control the sequence of numbers used when auto-assigning account numbers during registration. Each Patient Type may be assigned a different numbering scheme. TruBridge recommends entering the beginning account number under the Type 1 Patient field only, leaving the other patient type fields blank. These fields are updated each time a number is used in patient registration.

- **Next Block:** Enter the beginning number or alpha character to be used when the first block of numbers is used. For example, 399999 will roll over to 400000 when **4** is entered in this field. A99999 will roll over to B00000 when **B** is used.

- **# Dig:** Enter the number of digits required for the automatic account number. Leaving this blank will default to a 6-digit account number.

- **Automatic Address:** These fields allow an area's most common ten cities to be entered. The city, state and zip code will pull to address fields throughout Registration and ADT when the automatic address is used.

- **PSRO Code:** If the facility has only one PSRO (Peer State Review Organization) code, it should be entered in this field. If the code changes for each Financial Class, it must be loaded in the Insurance Company Table and will override the code loaded in this field.

- **Inv. Stix Y/N:** This field should be set to **Y** to be prompted for an issuing department when entering charges via Charge Entry. This will automatically update the item statistics. When set to **N**, item statistics are not updated.

- **Adm Form Phase Use in CL:** Enter the generic or custom program name of the admission form in this field. If "Use in CL" is answered **Y**, custom admission forms may be viewed via Chartlink.

- **E/R Form Phase Use in CL:** Enter the generic or custom program name of the outpatient form in this field. If "Use in CL" is answered **Y**, custom outpatient forms may be viewed via Chartlink.

- **Adm/Juv Labels:** Enter the generic or custom program name of the wristband/label program for use with the Automated Registration Document System. A program for juvenile postscript wristband labels or a program for labels without wristband may be loaded in the second space provided.

- **Send Zero Due A/R Stmts Y/N:** TruBridge EHR will generate a statement for all accounts with a patient portion of zero when this field is set to **Y** if there has been activity on the account during the previous month. An **N** will prevent a statement from printing.

- **Send A/R Stmts for Mcaid Y/N/P/S:** TruBridge EHR will generate a statement based on the following settings:
  - **Y -** All Medicaid patients will receive a statement when statement criteria are met.
  - **N -** Medicaid patients will never receive a First Time or Cycle Statement if Medicaid is the primary payer. When the First Time Statements are printed, and a patient's Medicaid Claim is paid in full or rejected, the following message will be on the Account Detail: "Cycle/No Stmt MM/DD/YY." This indicates the Cycle number, the date of the File Build and that the patient did not receive a statement.
- **P -** When a Medicaid claim is paid in full or rejected, a First Time Statement will not generate, and a Cycle/No Stmt message will generate once all claims are paid or rejected. If there is an account balance greater than the statement minimum, a cycle statement will print. The normal aging process will begin at this time.
- **S -** Medicaid patients will never receive a First Time or Cycle Statement regardless if Medicaid is the primary or secondary payor.

NOTE: *Selection **N** are applicable on <u>primary</u> Medicaid claims only.*

- **Send Stmts Coll Code 3:** A Cycle statement and Collection Letter 1 will be generated when this field is set to **Y**. When **N** is entered, TruBridge EHR will generate only Collection Letter 1 for those patients with a Collect Code 3.

- **M/R Tran. Rep. Headings: Edit Help:** The first portion of this field controls whether or not headers print on the second and following pages of transcription documents. An **N** will print the facility header on the first page only. When the "Edit Help" field is set to **N**, the transcription document is immediately accessed when selecting options 2 - 7 in Medical Records. If **Y** is entered, TruBridge EHR will display a prompt to edit the document with **Help** when initially accessed.

- **Small Bal Write-Off Itm#:** The administrative charge item number for small balance write-off should be entered in this field. A charge item number is required in this field for the Accounts Management application.

- **A/R Balance Transfer#:** The administrative charge item number for balance transfer should be entered in this field. A charge item number is required in this field for the Accounts Management application.

- **Bad Debt Item Number:** The administrative charge item number for bad debt write-off should be entered in this field. A charge item number is required in this field for the Accounts Management application.

- **Armbands Program:** Enter the generic or custom program name of the armband in this field.

- **Months Since Disc to Keep Masters/Detail:** These switches control when the A/R detail is purged for each patient type after printing the A/R Print and Delete report. The numbers loaded here determine the number of months TruBridge EHR will retain the account master (Patient Maintenance) and account detail (charges, receipts, notes) after the patient has been discharged. TruBridge recommends setting both fields to 27 months for all patient types.

- **Months Since Zero to Keep Detail:** This field determines the number of months TruBridge EHR will retain the account detail (charges, receipts, notes) once the account has reached a zero balance. This information will not purge until both arguments (Months Since Discharge To Keep Detail AND Months Since Zero To Keep Detail) have been met. TruBridge recommends setting this field to two months for all patient types.

- **M/RTrans. Rep. Keep Days:** This field controls the number of days a transcription document remains in the /usr/mr directory. When a document is created, TruBridge EHR assigns the file the current system date. The purge program looks at the number in this field and the date of the file to determine when the document will purge. The TruBridge recommended setting is 14 days. If a document requires electronic signature, it will not move to clinical history until all signatures are obtained.

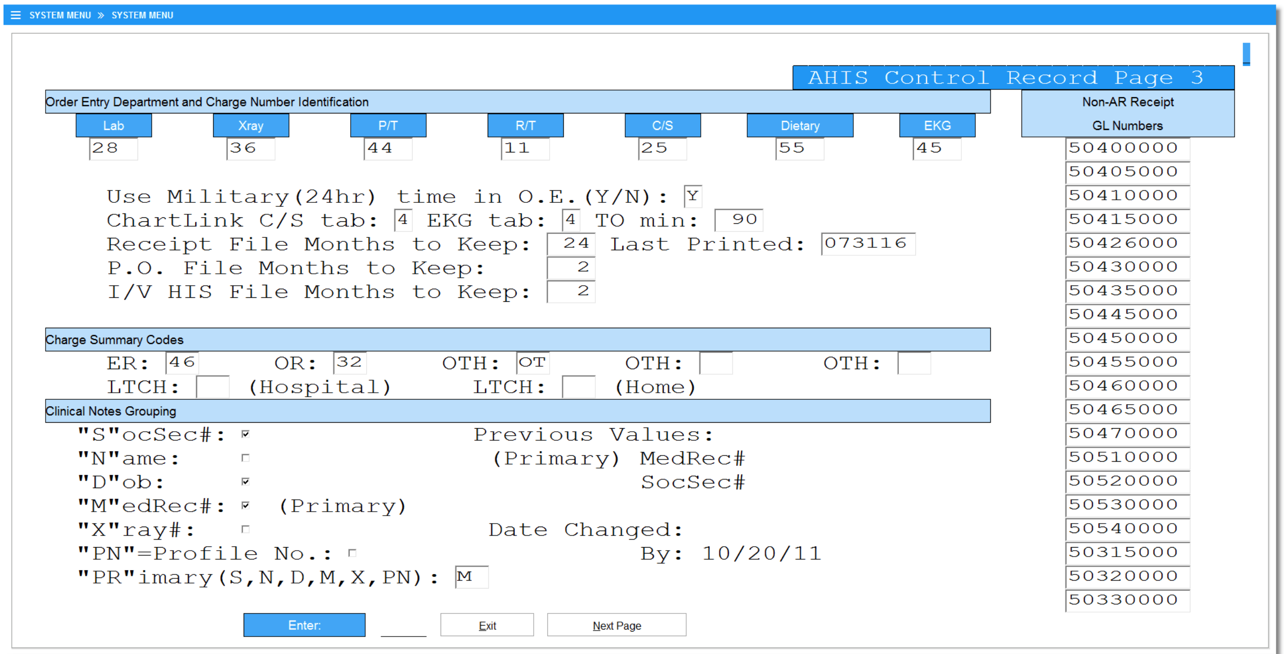
- **MS Word Transcription B/C/M:** This field is no longer used.

- **Maintain Online A/R Hist: FLHIS:** This switch should always be set to **Y**. This controls whether or not a history account is created during the A/R Print and Delete. Once this record is set up, it may be displayed in the Master Patient Index.

- **M/R DRG All Payor IF: Y/N:** This field determines whether or not the M/R DRG Payor Interface is used.

AHIS, Page 3

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 3**



AHIS Control Record, Page 3

- **Order Entry Department and Charge Number Identification:** Lab: Xray: P/T: R/T: C/S: Dietary: EKG:

The above fields define the Order Entry departments that will display on the Order Entry screen.

NOTE: *An Order Entry Prefix that is associated with a Clinic Order Entry department may not be entered in the AHIS Order Entry prefix table.*

- **Non-AR Receipt GL Numbers:** Enter up to 20 valid General Ledger numbers to display on the Non-AR Receipt Entry screen.

- **Use Military (24hr) Time in O.E. (Y/N):** Enter **Y** to use military time for Order Entry Departments. Enter **N** to use standard time.

- **Chartlink C/S tab: EKG tab: TO min:** Enter one of the following options to indicate which tab columns Central Supply and EKG orders and results will appear under: 1 - Lab, 2 - Rad, 3 - Dietary, 4 - Cardio, 5 - Rehab. In the To min field, enter the number minutes of inactivity before ChartLink will auto sign off.

- **Receipt File Months to Keep: Last Printed:** This field controls the number of months that detail remains in the receipt file. The purge program is an automatic CRON job that executes monthly. TruBridge recommends 24 months. The Last Printed field is updated each time the

Monthly Receipts print program is executed and updated. The purge program reads the Last Printed and Months to Keep fields to determine what information should purge.

- **P.O. File Months to Keep:** Enter the number of months TruBridge EHR should retain purchase order detail. The TruBridge recommended setting is 12 months. The P.O. file purge will compare the last received date in the purchase order file with the number in this field and purge all outdated information. The remaining detail will display in the Department Master.

- **I/V HIS File Months to Keep:** Enter the number of months TruBridge EHR should retain requisition detail. The TruBridge recommended setting is six months. Once detail is purged, Materials Management Reports will no longer print information prior to the purged date.

- **E.R. Charge Summary Code:** This field is no longer used.

- **O.R. Charge Summary Code:** This field is no longer used.

- **Other Surg. Summary Code:** This field is no longer used.

- **Other Surg. Summary Code:** This field is no longer used.

- **Other Surg. Summary Code:** This field is no longer used.

- **LTCH Summary Code:** Enter the Summary charge code for LTC.

- **Clinical Notes Grouping:** Clinical Notes may be indexed by the Patient Profile Number or up to three different criteria, with one of the three designated as the primary index. Clinical Notes Grouping determines the criteria by which Clinical Notes will index.

Indexing choices available are **"S"**ocialSec#; **"N"**ame; **"D"**ob; **"M"**edRec#; **"X"**ray# and "**PN**"=Profile No.

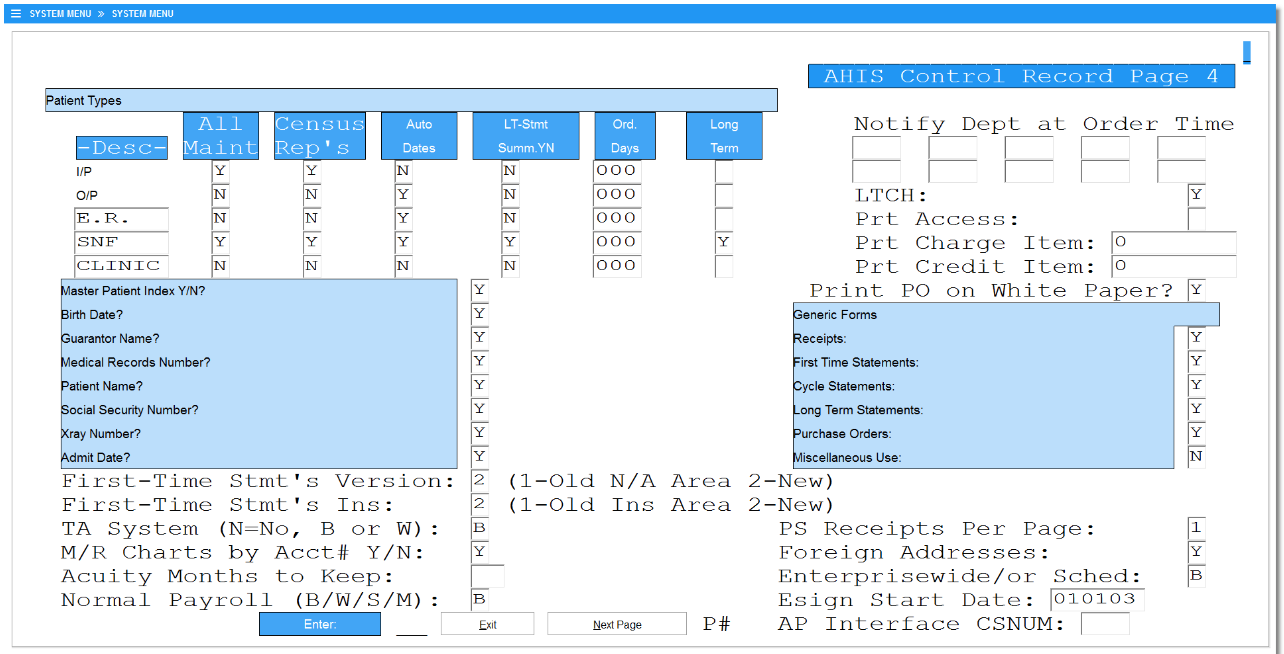
NOTE: *When Profile Number is selected as the Clinical Notes Grouping, it is automatically considered primary and other options are not available.*

The Clinical Notes search criteria will show the primary and secondary search criteria as well as the previous values, date changed and the initials of who changed the clinical notes indexing.

TruBridge EHR will use this criteria for determining what notes to display on the Clinical Notes review screens. TruBridge EHR will default to indexing by Social Security Number. It is important to change this field so that TruBridge EHR indexes Clinical Notes in the manner best suited to the facility. TruBridge recommends that Profile Number is selected or three indexes are selected for best results.

AHIS, Page 4

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 4**



AHIS Control Record, Page 4

Patient Types

- **Description:** A 6-digit description of the patient types may be entered.
- **All Maintenance:** Fields in Patient Maintenance are controlled in the Patient Maintenance table (Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint.) This field is no longer used.
- **Census Reports:** Enter **N** to exclude particular patient types from the census reports. **Y** in this field will list these types when census reports are printed.
- **Auto Dates:** Automatic dates are controlled in the Patient Maintenance table (Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint.) This field is no longer used.
- **Long Term Statement Summary:** Determines which Stay Types should receive long-term statements. **Y** will print summarized. **N** will print detailed.
- **Order Days:** Determines the number of days TruBridge EHR should retain orders for each Stay Type.
- **Long Term:** Determines which Stay Types should be considered long term patients. These settings affect various insurance programs.

- **Master Patient Index:** Enter **Y** to include all patient accounts in the Master Patient Index search option. Enter **N** if the MPI application has not been purchased. Enter **Y** in each of the fields listed to include them in the search "Via Other Indexes." If set to **N**, the search options are not available and the files will not update along with the MPI Reorganization when the automatic CRON program is run.

- **First Time Stmt's Version (1-Old N/A Area 2-New):** This switch should always be set to 2.

- **First Time Stmt's Ins (1-Old Ins Area 2-New):** This switch should always be set to 2.

- **TA System (N=No, B or W):** This field interacts with Employee Sign-on and should be set to **W** for Weekly payroll and **B** for Biweekly payroll. **N** should be entered when the Payroll module is not used.

- **M/R Charts by Acct # Y/N:** This field allows charts to be tracked by patient account number rather than medical record number when using the Chart Location programs when marked **Y**.

- **Acuity Months to Keep:** This field determines the number of months that acuity statistics should be retained.

- **Normal Payroll (B/W/S/M):** Enter the code for the type of payroll being used in this field (**B**-Biweekly, **W**-Weekly, **S**-Semi Monthly, **M**-Monthly). This is required for the Chart Deficiency programs to interface with the Employee Master file and the Electronic Mail System.

- **Notify Dept at Order Time:** Enter up to 10 Departments to be notified when specific items are ordered and resulted.

- **LTCH:** If answered **Y**, the LTCH DRG Table will be utilized when calculating DRG reimbursements.

- **PRT Access:** Answering **Y** to this field gives access to the Patient Responsibility Table on the Patient Functions Screen.

- **PRT Charge Item:** Enter the Administrative Item Number that will be used for posting charges for the advance billing of LTC Levels of Care. The charge will be applied using this item at the end of the month and then reversed on the first day of the next month using the Item Number in PRT Credit Item field.

- **PRT Credit Item:** This Administrative Item Number will be used to reverse the LTC charges that were posted to the Item Number in the PRT Charge Item field.

- **Print PO on White Paper?:** Enter **Y** when printing purchase orders on white paper and **N** when generic forms are used.

- **Generic Forms:** Each of the forms listed in these fields should be set to **Y** when using TruBridge generic forms. When using custom forms for any of these programs, set the appropriate fields to **N**.

- **PS Receipts per Page:** This field applies to laser printed receipts. If answered **1**, the same receipt will print on two different pages. If answered **2**, the same receipt will print twice on one page. The Printer type in the Device Control Table must be equal to **P** for the laser receipt to print.

- **Foreign Addresses Y/N:** This field allows a foreign address to be entered during registration. Typing **FA** in the State field of the guarantor's address in Patient Registration and ADT will overwrite the field with additional lines. Once **FA** is entered, the original address field will not return.

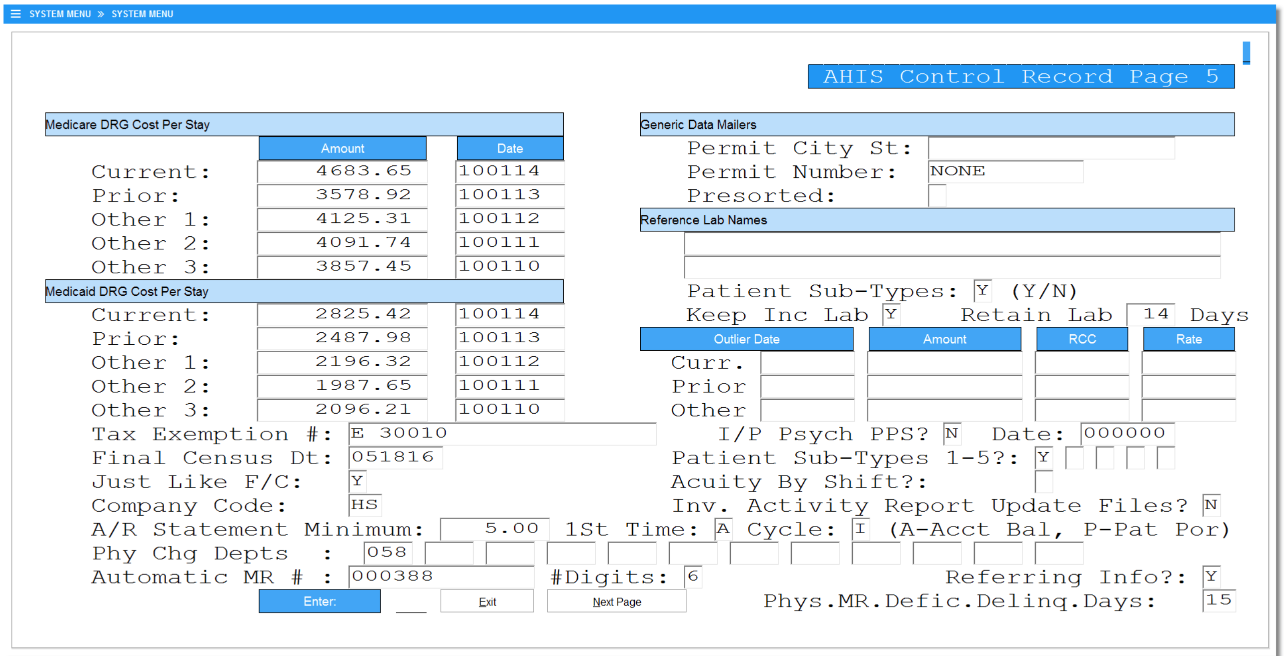
- **EnterpriseWide/OR Sched:** This field will be set to **E** if only the Enterprise Wide Scheduling application is utilized. Enter **B** if both Enterprise Wide Scheduling and OR Scheduling will be utilized.

- **Esign Start Date:** Enter the date that Order Entry Electronic Signature was turned on. This will give the ability to view unsigned transcription documents prior to this date.

- **AP Interface CSNUM:** Enter the CS number that AP entries should affect for a custom interface.

AHIS, Page 5

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 5**



AHIS Control Record, Page 5

- **Medicare DRG Cost Per Stay:** Enter the most current Medicare Blended Rate in the first field with the "as of" date to the right. All known Prior Blended Rates should be entered in the other fields along with the effective dates. These fields are read when computing expected reimbursements in the Medical Records Grouper screen. TruBridge EHR reads the Fin Class field on the Guarantor/Ins tab in the Registration and ADT screen to determine whether Medicare or Medicaid Blended Rates should be used.

- **Medicaid DRG Cost Per Stay:** Enter the most current Medicaid Blended Rate in the first field with the "as of" date to the right. All known Prior Blended Rates should be entered in the other fields along with the effective dates. These fields are read when computing expected reimbursements in the Medical Records Grouper screen. TruBridge EHR reads the Fin Class field on the Guarantor/Ins tab in the Registration and ADT screen to determine whether Medicare or Medicaid Blended Rates should be used.

- **Tax Exemption #:** Enter the facility tax exemption number if applicable. This number will print on all purchase orders.

- **Final Census Date:** This field displays the date the last Final Census was printed. This field is updated by TruBridge EHR after the update of the Final Census report.

- **Just-Like F/C:** When this field is answered **Y**, the Financial Class Code on on the Guarantor/Ins tab in the Registration and ADT screen is copied over to the new account when using “Just-Like” Registration. When answered **N**, the Financial Class field will be blank on the new account. In both cases, insurance previously set up on the Guarantor/Ins page will copy over when using “Just-Like” Registration.

- **Company Code:** The facility’s two-character company code should be entered in this field. This code is used to interface with the Embosser Card program. This code is assigned by TruBridge prior to installation.

- **A/R Statement Minimum: 1ST TIME: A CYCLE: P (A-Acct Bal, P-Pat Por):** Enter the minimum balance an account should have for a statement to generate. In the second portion of this field, a code should be entered to determine if a statement should generate for the **A**ccount balance or the **P**atient Portion due for both First Time and Cycle Statements. TruBridge recommends First Times be set to **A** and Cycle Statements to **P** or **I**. An **I** in the Cycle field will suppress a cycle statement from being sent to patients until all claims have been paid or rejected even if the expect pay equals zero.

- **Phy Chg Depts:** This field is no longer utilized.

- **Automatic MR#: #Digits:** The number in this field will be the first number assigned when using automatic medical record numbers during patient registration. This field is updated each time a number is assigned. The #Digits field should be the number of digits in the medical record number. Enter numbers one through nine for the length or an **A** for 10 digits or a **B** for 11 digits.

- **Permit City St:** If a U.S. Postage Bulk Rate mail permit has been obtained, enter the City and State in this field.

- **Permit Number:** Enter a valid permit number in this field. If bulk mailing is not used, enter the word **NONE**.

- **Presorted:** Enter **Y** if the word "Presorted" should print on the mailer above the permit number.

- **Reference Lab Names:** These fields designate facility-defined laboratory sub-department categories for cumulative reports.

- **Patient Sub Types Y/N:** This field allows the Patient Sub Type System to be turned on and off. Entering **Y** will require a Sub Type to be entered during patient registration. Each Patient Type may be turned on or off according to the settings in AHIS page 5, Patient Sub Types 1-5.

- **Keep Incomplete Lab:** This field should be set to **Y** for facilities using Order Entry.

- **Retain Lab: Days:** This field will increase retention for the designated number of days for active lab orders prior to purging or moving to Clinical History.

- **Medicare Outlier Information:** Enter the current Outlier Date, Amount, Ratio Cost to Charges and Rate. If known, enter prior and other information as well.

- **I/P Psych PPS?: Date:** If a **Y** is entered in this field, TruBridge EHR will look at the principal diagnosis entered on the Medical Records Grouper screen of the patient's account. If the diagnosis is psychiatric and is included in the Psychiatric Adjustment Table field 10, the Psychiatric PPS reimbursement methodology will be used. If the diagnosis is not in the Psychiatric Adjustment Table field 10, the standard method currently in place for reimbursement will be used. Enter the facility's fiscal year begin date in the date field.

- **Patient Sub Types 1-5?:** Enter a **Y** in spaces 1 through 5 to require a Sub Type for those patient types (first space indicates type 1, etc.) **N** will allow the Sub Type field to be skipped during registration for those type patients.

- **Acuity by Shift:** Enter **Y** to update acuity by shift or **N** to update every 24 hours.

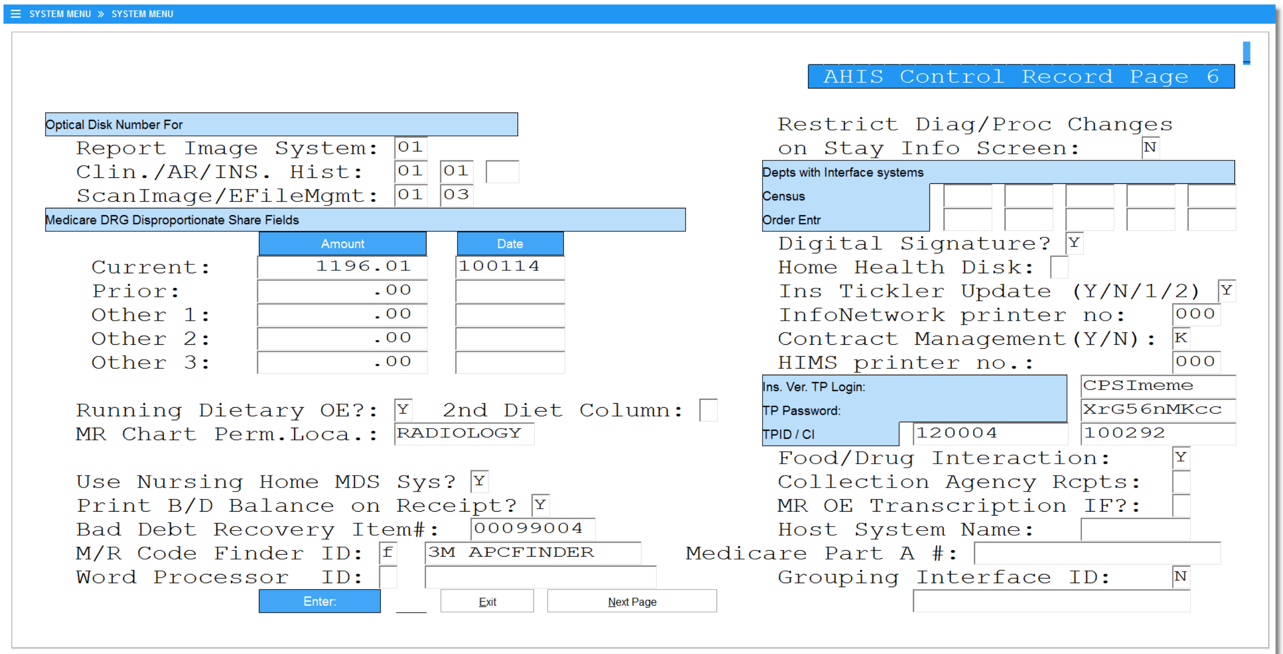
- **Inv. Activity Report Update Files?:** When set to **Y**, the Materials Management Activity Report will update each item's average cost and prior average cost for all items that appear on the report each time it is printed. This switch should be set to **N** unless changed by a TruBridge Software Representative.

- **Referring Info:** This switch controls the Referring Physician and Referring Facilities options. If a **Y** is entered, an option to choose **4** - Referring Data on the Patient Functions screen is displayed. This will also turn on option **H** - Referring Reports on the Print Report menu, and options **J** - Referring Physicians and **K** - Referring Facilities will display on the Business Office Table menu. When answered **N**, these options are not available.

- **Phys. MR. Defic. Delinq. Days:** Enter the number of days before an action should be considered delinquent on a Medical Records chart within the Chart Tracking system. The delinquency reports age according to the discharge date.

AHIS, Page 6

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 6**



AHIS Control Record, Page 6

- **Report Image System:** This field indicates where spooled reports are stored when ADR is used.

- **Clinical/AR/Ins History:** This field indicates where Clinical, A/R and Insurance History files are stored when the purge parameters are met and information is purged.

- **Scanned Images/EFileMgmt:** This field indicates where Scanned Images and Electronic File Management images are stored on the ADR drive.

***NOTE:** The valid entries for these fields are 01 through 07. These fields will be set by a TruBridge Representative and cannot be changed. These are informational fields only and cannot be changed from this table. Changes are made by TruBridge from the Technical Control Record.*

- **Medicare DRG Disproportionate Share:** If a facility qualifies for Disproportionate Share, the dollar amount and "as of" date should be entered in the CURRENT field. Enter the previous dollar amount and "as of" date, if known, in the PRIOR field and other amounts in the remaining OTHER fields. These fields will affect the Medicare DRG Reimbursement calculation.

- **Running Dietary OE? Y/N:** This field designates that dietary order entry is being utilized when set to **Y**.

- **MR Chart Perm Location:** Enter the location where Medical Records charts are normally stored. This will usually be **MAIN FILE** for general filing areas.

- **Use Nursing Home MDS SYS?:** Entering a **Y** in this field will turn on the RAI Application. To purchase RAI, contact a TruBridge Account Manager.

- **Print B/D Balance on Receipt?** If answered **Y**, the Bad Debt Balance will print on a receipt.

- **Bad Debt Recovery Item#:** The administrative charge item number used for Bad Debt Recovery should be entered in this field.

- **M/R Code Finder ID:** Enter the Code Finder ID used to interface with the Medical Records Coding System. Contact a TruBridge Financial Interface Representative for assistance with this field.

- **Word Processor ID:** Enter the Word Processing ID used to interface with the Medical Records Transcription System. For available options, enter **?**.

- **Restrict Diag/Proc Changes on Stay Info screen? Y/N:** Entering a **Y** in this field will restrict changes to diagnosis and procedure codes on the Insurance Stay Information screen. Changes must then be made in Medical Records only. An **N** will allow changes.

- **Depts with Interface Systems:** Enter the departments that are using bi-directional interfaces for Census and Order Entry.

- **Digital Signature:** This field controls access to the Digital Signature capture feature. Please call a TruBridge Account Manager for more information about this purchased application.

- **Home Health Disk:** Designates either the disk or the directory that contains the Home Health work files.

- **Insurance Tickler Update (Y/N/1/2):** Enter **Y** to turn on the Tickler system and to update when claims are billed and paid. A **1** updates the Tickler only when claims are Billed, and **2** updates only when claims are Paid. Entering **N** turns off the Tickler system.

- **Info Network Printer No:** This field is used to interface with the Baptist Health Information Network. Enter the printer number to be used in this field.

- **Contract Management (Y/N):** Entering a **Y** in this field will turn on the Contract Management Application. To purchase Contract Management, contact a TruBridge Account Manager.

- **HIMS Printer No:** This is a customized field that will allow interfacing with ER coding systems. Enter the printer number to be used in this field.

- **Ins. Ver. Username: Password:** This field is used in conjunction with the purchased interface to the **Passport** insurance verification system.

- **Food/Drug Interaction:** Enter **Y** to allow Food/Drug Interaction to print on dietary sheets when using the Pharmacy application.

- **Collection Agency Receipts:** This is a customized field that will allow receipt information to be downloaded via diskette when choosing Web Client > System Menu > Hospital Base Menu > Master Selection > Receipts > Collection Agency Reports.

- **MR OE Transcription IF:** This field indicates that orders are being downloaded to a transcription interface when set to **Y**.

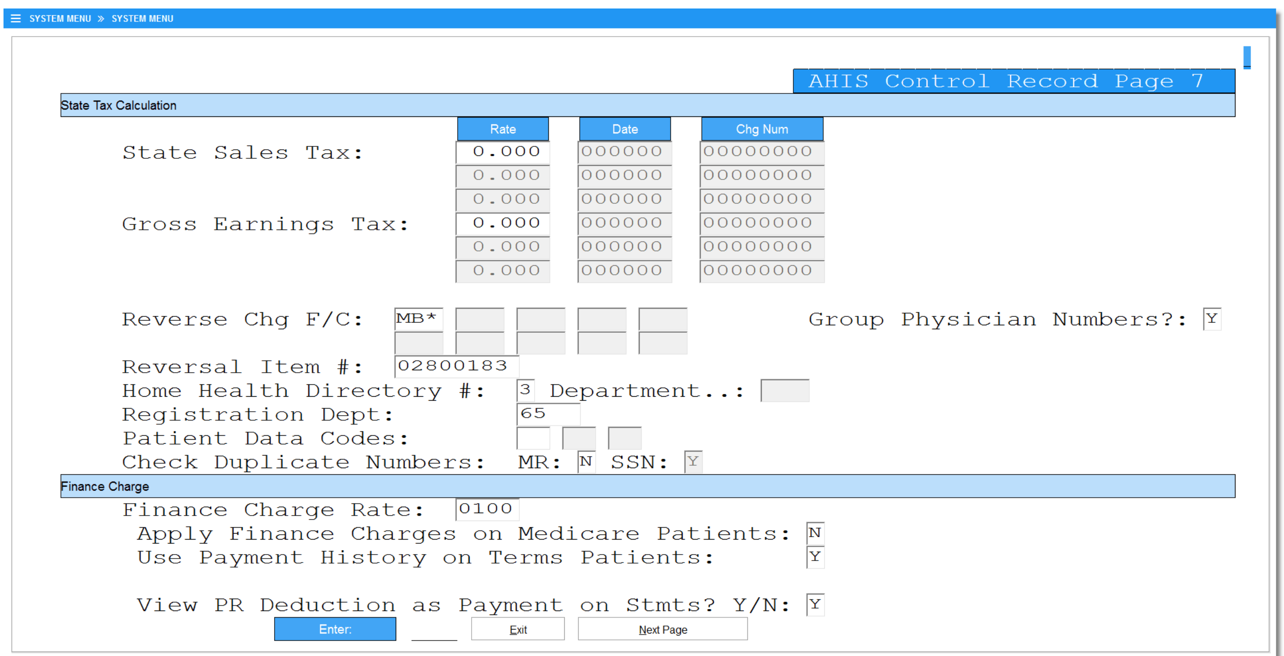
- **Host System Name:** This field is used to accommodate an ancillary interface between networked sites.

- **Medicare Part A #:** This field is utilized with 3M Coding interface. Contact a TruBridge Financial Interface Representative for assistance with this field.

- **Grouping Interface ID:** Enter the Grouping Interface to be utilized. Contact a TruBridge Financial Interface Representative for assistance with this field.

AHIS, Page 7

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 7**



AHIS Control Record, Page 7

- **State Sales Tax:** This field is no longer used.

- **Gross Earnings Tax:** This field is no longer used.

- **Reverse Chg F/C:** This field is used when an Order Entry charge is sent to a Reference Lab based on the setting in the Item Master > Order Entry Information > page 2 > Use Reversal Item. If the Financial Class for the account is entered in this field, the charge will automatically reverse.

- **Reversal Item #:** Enter the charge item number that should be used when reversing an Order Entry charge that was sent to a Reference Lab.

- **Home Health Directory: Department:** Enter the directory to be used to interface with the Home Health System. In the second part of this field, enter the department number for all items that should be downloaded to a laptop PC for Home Health Point of Care. This will only pull over items with this department listed as an issuing department in the Item Master.

- **Registration Dept:** Enter the department number in this field that should go directly into the Registration Menu screen when this department's login is used.

- **Patient Data Codes:** Enter the patient data codes to allow custom screens to appear when registration is complete.

- **Check Duplicate Numbers: MR: SSN:** These fields control whether or not TruBridge EHR will check a new Medical Record Number or Social Security Number entered in registration against past profiles and accounts. This warning does not appear when a duplicate number is found and the date of birth on the duplicate account is the same as the account being registered.

***NOTE**: If the Patient Name, Date of Birth, and Guarantor fields are the same on two profiles, a duplicate Medical Record Number may be entered into the duplicate profile even if this field is marked to Y.*

- **Finance Charge Rate:** Enter the percentage amount to be used when calculating finance charges on patient accounts. For example, a 2% monthly finance charge should be entered as 0200. This is calculated only when the finance charge program is used when printing cycle statements.

- **Apply Finance Charges on Medicare Patients:** If marked **N**,accounts with Medicare as the Financial Class will not receive finance charges. If answered **Y**, Medicare accounts will receive finance charges along with any other accounts that meet the criteria.

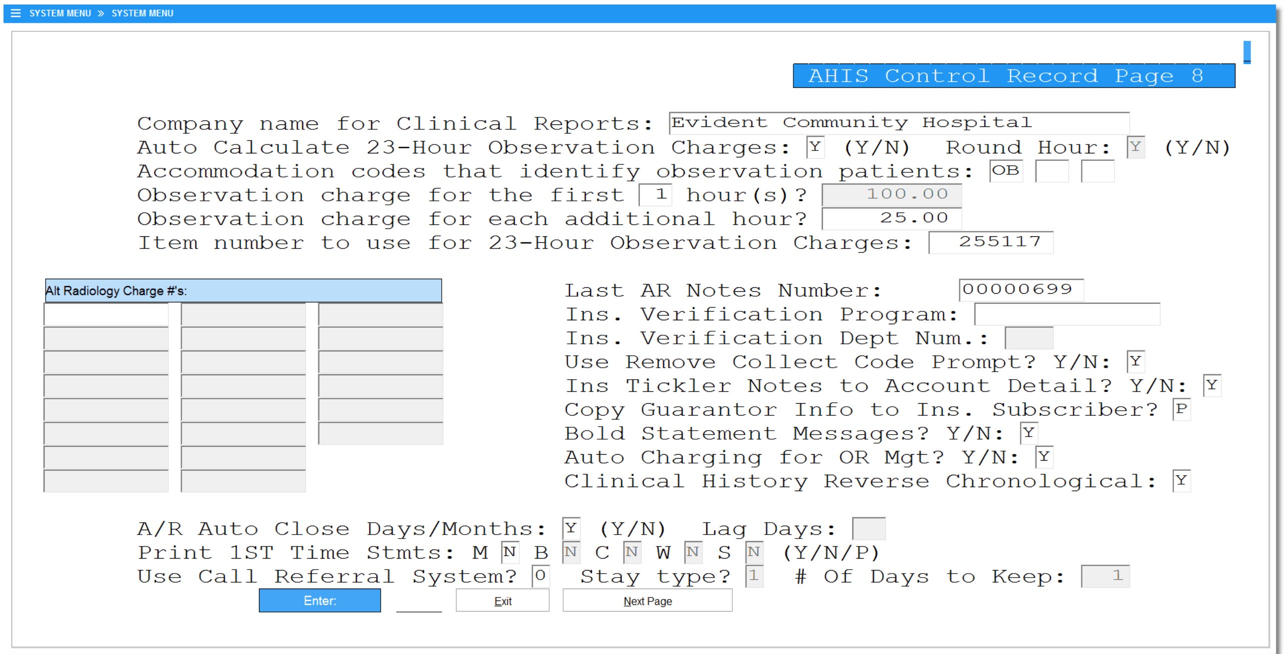
- **Use Payment History on Terms Patients:** If answered **N**, a terms patient will receive finance charges regardless of payment history. TruBridge EHR will look for a date in the **Patient Terms** option of the Patient Functions screen and then apply a finance charge to all terms patients with a discharge date greater than 60 days. If **Y,** TruBridge EHR will use the normal criteria to determine if a finance charge should be assessed.

- **View PR Deduction as Payment on Stmts? Y/N:** This controls if a payroll deduction will be applied as a charge or a payment to an employee's account. When this field is marked **Y**, and the employee account is set up on terms, payroll deductions will appear as a payment as long as the deduction is for the terms amount. If this field is set to **N** or left blank, the account will be affected with a negative charge amount to reduce the balance.

- **Group Physician Numbers?:** If set to **Y**, all physicians starting with the same first four digits will have the same group information loaded in the Physicians table. If set to **N,** the address information will remain separate for each physician.

AHIS, Page 8

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 8**



AHIS Control Record, Page 8

- **Company Name for Clinical Reports:** The facility name entered in this field will appear on all printed reports from POC, QI and on the Pharmacy MAR's. If left blank, each report will pull the facility name from the current location.

- **Auto Calculate 23-Hour Observation Charge: Round Hour:** Enter **Y** for TruBridge EHR to automatically calculate observation charges. At the Round Hour prompt, select **Y** to round the observation time to the nearest hour or **N** to default to the next hour.

- **Accommodation codes that identify observation patients:** Enter up to three accommodation codes that represent observation patients. TruBridge EHR will calculate observation charges for patients admitted with one of these accommodation codes.

- **Observation charge for the first hour(s)?:** In the first portion of this field, enter the number of hours for which the initial observation charge is applicable. In the second portion, enter the rate for this block of hours.

- **Observation charge for each additional hour?:** Enter the charge for each additional hour above the number of hours listed in the previous field.

- **Item Number to use for 23-Hour Observation charges:** Enter the Item Number that should be used to post the observation charges to the patient's account detail. This item should contain the appropriate Summary Charge Code (so the correct Revenue Code will pull to the UB) and the General Ledger number. The quantity of the charge will reflect the number of hours the patient was under observation.

- **Alternate Radiology Charge Numbers:** Controls the item numbers displayed on the Radiology 14 Most Common screen for the Alternate Radiology Order Entry application.

- **A/R Auto Close Days/Months: Lag Days:** The first portion of this fields directs TruBridge EHR as to how the Closing days and month will be run. The second portion of this field represents the number of days to subtract from the current date to compute the day to be closed. The computed date must equal the A/R Close Date found on page 1, field 1 of AHIS for the day to be closed automatically. Shown below are multiple combinations that may be entered in these fields.

A/R Auto Close Days/Months:	**Lag Days:**	**The process TruBridge EHR will use:**
Set to **Y**	A number of Lag Days entered	Cron will run and close the day based on the number of lag days entered. Reports will be spooled and the AR Control table will be automatically updated. The Charges and the Daily Deposit closed thru dates will need to be updated in order for the day to be closed. This will not close the day if there are unposted charges/receipts.
Set to **Y**	Blank without Cron setup	The A/R Auto Close Days/Months application in the Business Office Functions may be utilized.
Set to **Y**	Blank with Cron setup	The Charges and the Daily Deposit closed thru dates will need to be updated by the facility in order for the day to be closed. Once both the charges and receipts are closed, the A/R Day will be closed by cron. Reports will be spooled and the AR Control table will be automatically updated.
Set to **N**	A number of Lag Days entered	Cron will run and close the days no matter if there are unposted charges/receipts. Reports will be automatically spooled. A Control sheet will have to be done manually.
Set to **N**	Blank	Closing of the days/months will be done manually by running each report.

NOTE: *Lag Days are full days. Example, AHIS is set to 2 lag days. The current date is 2/05/09, cron is going to close 2/02/09.*

- **Print 1st Time Stmts: M B C W S (Y/N/P):** This field is used to suppress First Time Statements for the Financial Class specified. When a Financial Class is marked **Y**, then a First Time Statement will print and a Cycle code will be assigned. Whether the account balance or patient portion prints on the Cycle Statement is determined by settings in AHIS, page five. If marked **N**, a First Time Statement will not print, a Cycle code will be assigned and the Cycle Statement will print the account balance. If marked **P**, a First Time Statement will not print, a Cycle code will be assigned, and the Cycle Statement will print the patient portion.

- **Use Call Referral System: Stay Type? # of Days to Keep:** This field allows the Call Referral System to be utilized for the Stay Type specified. The information will remain in TruBridge EHR for the number of days indicated.

- **Clinical Notes lost & found:** This field contains Clinical Notes pointers for the Ancillary departments as a part of a lost and found file for patient's clinical notes.

- **Last AR Notes Number:** This field is reserved for TruBridge use.

- **Ins. Verification Program: Ins Verification Dept. Num.:** This field is used in conjunction with the purchased interface to the "WebMD" insurance verification system.

- **Use Remove Collect Code Prompt? Y/N:** If **Y** is entered when adding a new financial class to an account the following prompt will appear: "Remove Collect Code? Y/N". To prevent this prompt from being displayed enter **N** in this field.

- **Insurance Tickler Notes to Acct Detail? Y/N:** Entering a Y will allow any notes entered on a claim through the Tickler File Maintenance screen to be included on the Patient Account Detail. Entering an N will keep the notes in the Notes area of the Tickler system.

- **Copy Guarantor Info to Ins Subscriber?:** If **Y** is entered, TruBridge EHR will pull the guarantor information to the subscriber fields for all financial classes with the exception of Medicare and Medicaid. Enter **N** to have TruBridge EHR pull no information to the subscriber fields for all financial classes with the exception of Medicare and Medicaid. Enter **P** to have the patient's demographic information pull to the subscriber fields for all financial classes. Medicare and Medicaid will pull the patient information to the subscriber fields for all options listed.

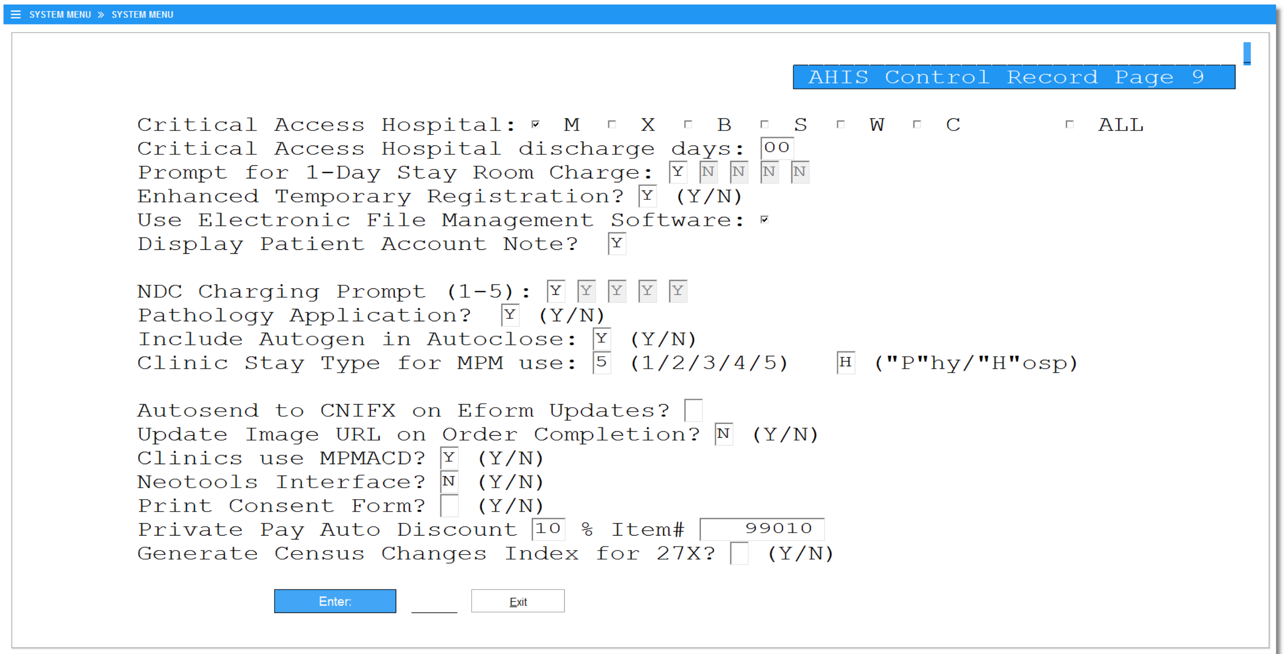
- **Bold Statement Messages? Y/N:** This switch will print all statement messages loaded in the Collections Table in boldface font if set to **Y**.

- **Auto Charging for OR Mgt? Y/N:** Enter **Y** in this field to access auto charging for procedures performed during surgery. Entering **N** will prevent this option from being used.

- **Clinical History Reverse Chronological:** When accessing Clinical History, will list visits from most recent to earliest visit if answered **Y.**

AHIS, Page 9

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 9**


SYSTEM MENU » SYSTEM MENU

AHIS Control Record Page 9

Critical Access Hospital: M X B S W C ALL
Critical Access Hospital discharge days: 00
Prompt for 1-Day Stay Room Charge: Y N N N N
Enhanced Temporary Registration? Y (Y/N)
Use Electronic File Management Software:
Display Patient Account Note? Y

NDC Charging Prompt (1-5): Y Y Y Y Y
Pathology Application? Y (Y/N)
Include Autogen in Autoclose: Y (Y/N)
Clinic Stay Type for MPM use: 5 (1/2/3/4/5) H ("P"hy/"H"osp)

Autosend to CNIFX on Eform Updates?
Update Image URL on Order Completion? N (Y/N)
Clinics use MPMACD? Y (Y/N)
Neotools Interface? N (Y/N)
Print Consent Form? (Y/N)
Private Pay Auto Discount 10 % Item# 99010
Generate Census Changes Index for 27X? (Y/N)

Enter: Exit

AHIS Control Record, Page 9

- **Critical Access Hospital: M X B S W C ALL:** To identify a financial class as Critical Access for a facility, select the box to the left of the appropriate Financial Class. If every Financial Class will be treated as Critical Access, select **All**.

- **Critical Access Hospital Discharge Days:** Enter the number of closed days past the discharge date of an account before the new accounts will be created.

- **Prompt for 1-Day Stay Room Charge:** Enter **Y** or **N** for each Stay Type. **Y** should be entered with the Stay Type could receive a 1-day stay room charge. When the patient is discharged of the same day as the admit date, a prompt will appear to post the charge to the account detail.

- **Enhanced Temporary Registration? Y/N:** Enter **Y** to turn on enhanced graphical maps for temporary registration. Enhanced Registration maps must be turned on to access this field.

- **Autosend to CNIFX on Eform Updates:** This field is reserved for TruBridge Interface use.

- **Update Image URL on Order Completion?:** This field is reserved for TruBridge Interface use.

- **Use Electronic File Management Software:** Contact a TruBridge Financial Support Representative to turn on this purchased application to be used with the Electronic Medical Record. Contact a TruBridge Account Manager for more information on this application.

- **Display Patient Account Note:** When **Y** is entered, and there is a just-like message on the account, the first 76 characters will appear in a pop-up box when entering the Patient Functions menu on that account.

- **NDC Charging Prompt (1-5):** Entering **Y** for each Stay Type that require NDCs will cause a prompt to enter the NDC to appear during Patient Charge Entry, Order Entry and MedVerify. The item will need to be set up in the Item Master Pharmacy screen to require the NDC.

- **Pathology Application:** Please contact a TruBridge Account Manager for more information on this application.

- **Include Autogen in Autoclose:** When this is set to **Y**, "Autogen" and "APC Claims to Ready to Bill" will run automatically when the **Charges Closed thru** date meets the lag days criteria set in the Insurance Company table. This will move the appropriate claims to the Ready to Bill or Billed status depending on how the Insurance Company table is set on page 4 field 27 and whether or not the facility has purchased Electronic Billing Outsourcing. APC claims will also move to the Billed status if claims have a verified date.

- **Clinic Stay Type for MPM use:** In the first field, load the Clinic Stay Type. This Stay Type will determine the registration screen selection when **Create Visit** is selected. There are two options for the second field: Enter **H**osp if the clinics and hospital share the same AR and company. Enter **P**hy if the clinics are utilizing the MPM software.

- **Neotools Interface?:** Entering **Y** will allow TruBridge EHR to read the Neotools Interface tables.

- **Print Consent Form?:** Used in conjunction with Custom Type Facesheet programs.

- **Private Pay Auto Discount % Item#:** In the first field, enter the percentage for the discount charge that will be applied to patient accounts. In the second field, enter in the Item Number that will be used to apply discounts.

- **Generate Census Changes Index for 27X?:** This field must be set to a “Y” in order for 270/271 claim eligibility responses to be sent for Private Pay Accounts. This field is Reserved for TruBridge Use.

5.3 Pharmacy

Please refer to the Pharmacy Set Up User Guide.

5.4 Laboratory

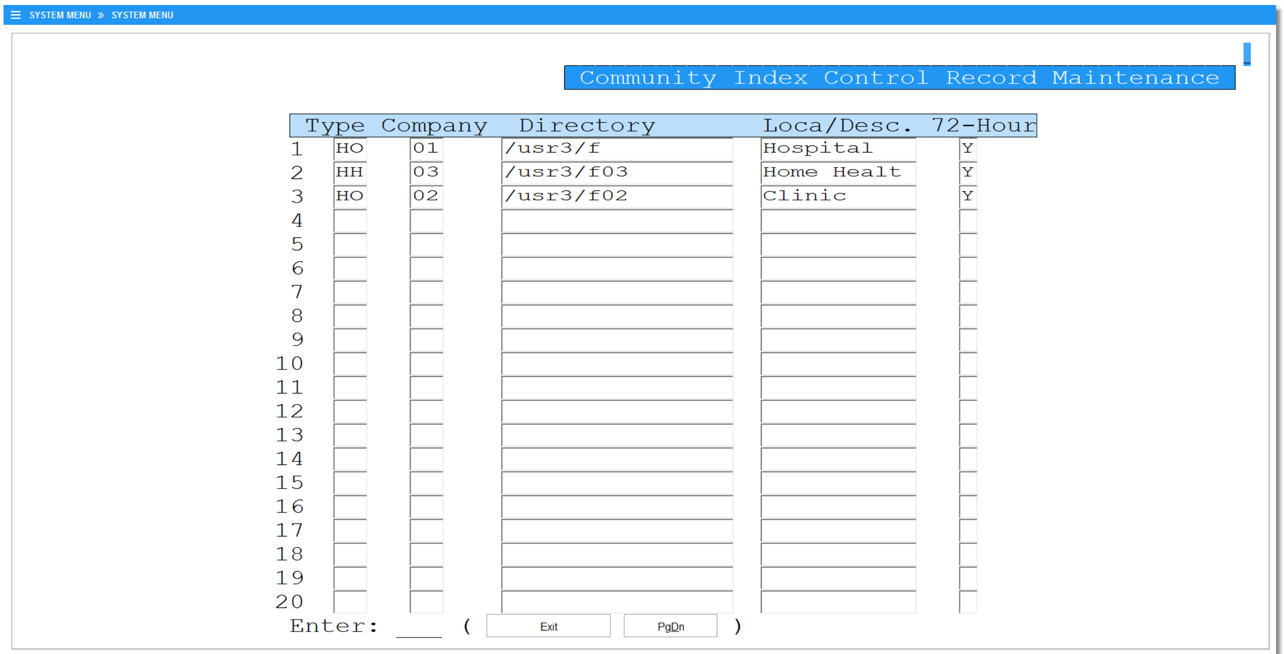
Please refer to the Ancillary Reference User Guide.

5.5 Radiology

Please refer to the Ancillary Reference User Guide.

5.6 Community Index Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Community Idx**


SYSTEM MENU » SYSTEM MENU

Community Index Control Record Maintenance

	Type	Company	Directory	Loca/Desc.	72-Hour
1	HO	01	/usr3/f	Hospital	Y
2	HH	03	/usr3/f03	Home Healt	Y
3	HO	02	/usr3/f02	Clinic	Y
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Enter: (Exit PgDn)

Community Index Control Record Maintenance

Prior to setting up the following, please contact a TruBridge Software Support Representative to determine the correct entries.

- **Type:** Enter a 2-digit type that represents the facility to pull to the Community Index. The four types that may be entered include: **HO**-Hospital, **HH**-Home Health, **PY**-Physician Office and **OC**-Other Contributions.
- **Company:** Indicates the company record corresponding to the facility.
- **Directory:** Indicates the directory of the facility in TruBridge EHR.
- **Loca/Desc:** This field is a facility-defined description of the location, up to ten characters in length.
- **72-Hour:** If answered **Y,** this facility will pull to the 72 Hour Readmissions Report.

5.7 Udef Labels

Custom labels, cards, and/or forms may be created for individual ancillary departments for the following programs:

- Specimen Collection Labels
- Receiving Department Requisitions
- Lab Labels from Incoming Orders
- Lab Labels from orders placed from within the department
- Radiology Jacket Labels
- Lab Labels from Non-Lab department orders
- Dietary Labels

The contents of the forms are defined in the Business Office table, Udef Labels. The form is constructed by defining the field names and field content using mnemonics that will capture system demographic information. Forms may also include free text information.

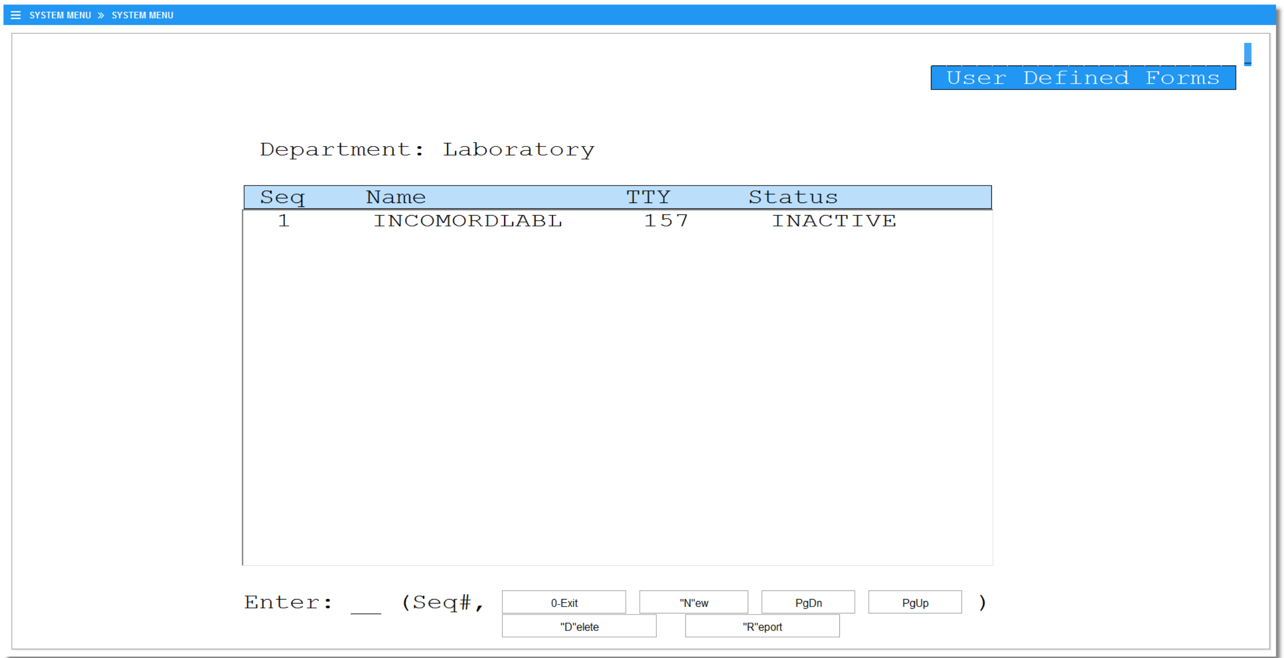
Custom forms may print in standard or landscape orientation and will print to the printer defined in the Laboratory Control Table, the Radiology Control Table when appropriate, to the printer defined for the item, the printer entered upon printer prompt where applicable.

Field names may be customized with:

- specific font
- number of characters per inch
- bold print
- italics print
- regular print (default).

Accessing Custom Form Tables

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Udef Labels**



User Defined Forms

The User Defined Forms screen will be displayed. This screen includes existing forms (labels and requisitions), the TTY number (of the terminal that generates the form) and the status (active or inactive) of each. Active forms are currently in use. Inactive forms are under construction or are not being used at the current time. The following options may be selected:

- The sequence number to the left of the existing form
- **0-Exit:** To return to the previous menu
- **N-New:** To create a new form
- **PgDn:** To advance to the next page of existing forms
- **PgUp:** To return to the previous page of existing forms
- **D-Delete:** To delete an existing form
- **R-Report:** To view or print custom label setup

Creating a New Form

NOTE: *When creating a custom form, the user must be logged into the specific ancillary department for which the form will be utilized.*

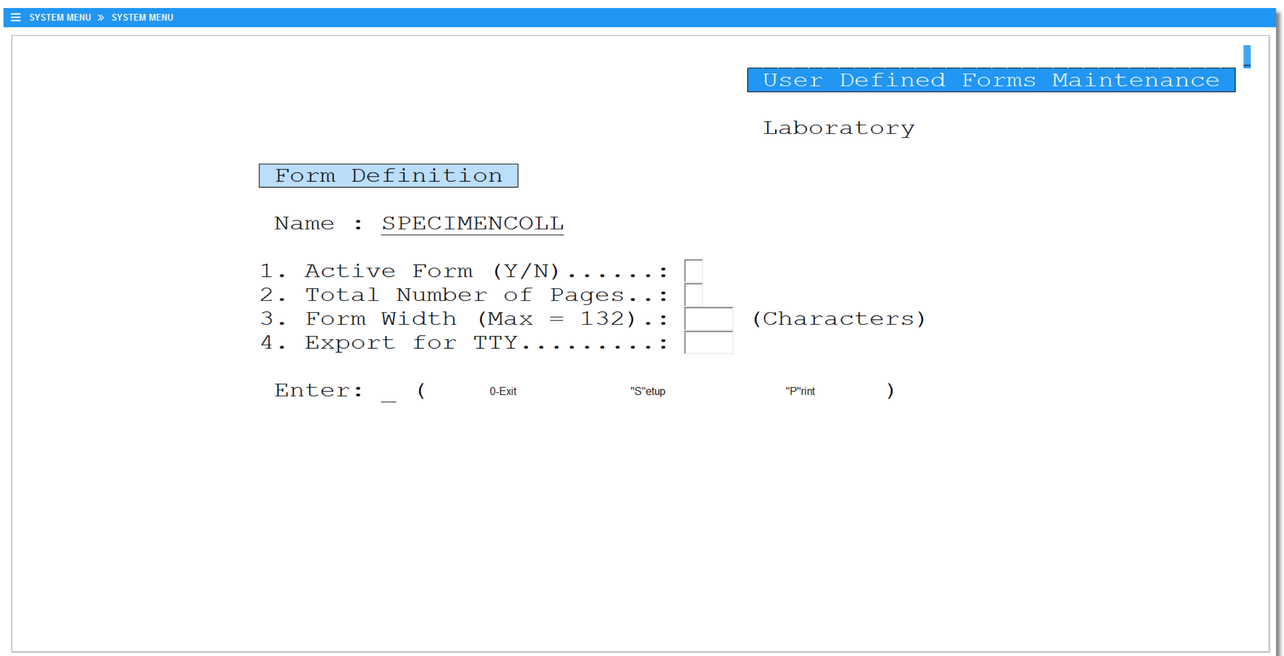
- From the User Defined Forms screen, select **N-New** and press **Enter.**

- The User Defined forms Setup menu will be displayed. Select the appropriate type of form.

Defining the Basic Format of the Form

Once the appropriate application has been selected, the User Defined Forms Maintenance table will be displayed. The basic format of the form is defined in this table. The name displayed is a result of the application selected.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Udef Labels** > **New** > **Select Label**



User Defined Forms Maintenance

1. **Active Form (Y/N):**

   - Default: N
   - Options: Y (yes) or N (no)
   - Usage: Controls whether the form is currently in use. If there are 2 forms defined for the same tty in which one is active and the other inactive, in order to activate the inactive form, the prompt “Selecting “Y” will OVERWRITE the Existing ACTIVE Form. ARE YOU SURE (Y/N)?” will be displayed. If answered Y (yes), TruBridge EHR will copy the format over the active form and that form will no longer exist. The existing active form may be saved by changing the tty number to a bogus number. Contact Information Services for an available bogus tty number.
     - Y: Currently in use.
     - N: Under construction or not in use.

2. **Total Number of Pages:**

   - Default: 1
   - Options: 1-9
   - Usage: Defines the total number of pages defined for the form. Each label or card is considered one page. For example, in radiology if a flash card, a request card and an ER card is needed, the total number of pages in this form would be three.

3. **Form Width (Max = 132):**

   - Default: 80
   - Options: 01-132
   - Usage: Defines the width of the form. The average page of paper accommodates 80 characters at 12PI. The page will accommodate 132 characters at 16PI. A standard lab label will accommodate 44 characters at 12PI.

4. **Export for TTY#:**

   - Default: Blank
   - Options: The TTY number of the terminal that will generate the form.
   - Usage: Defines the terminal that will generate the form. Exports entered in Order Entry Information will override custom-defined forms.

The following options may be selected:

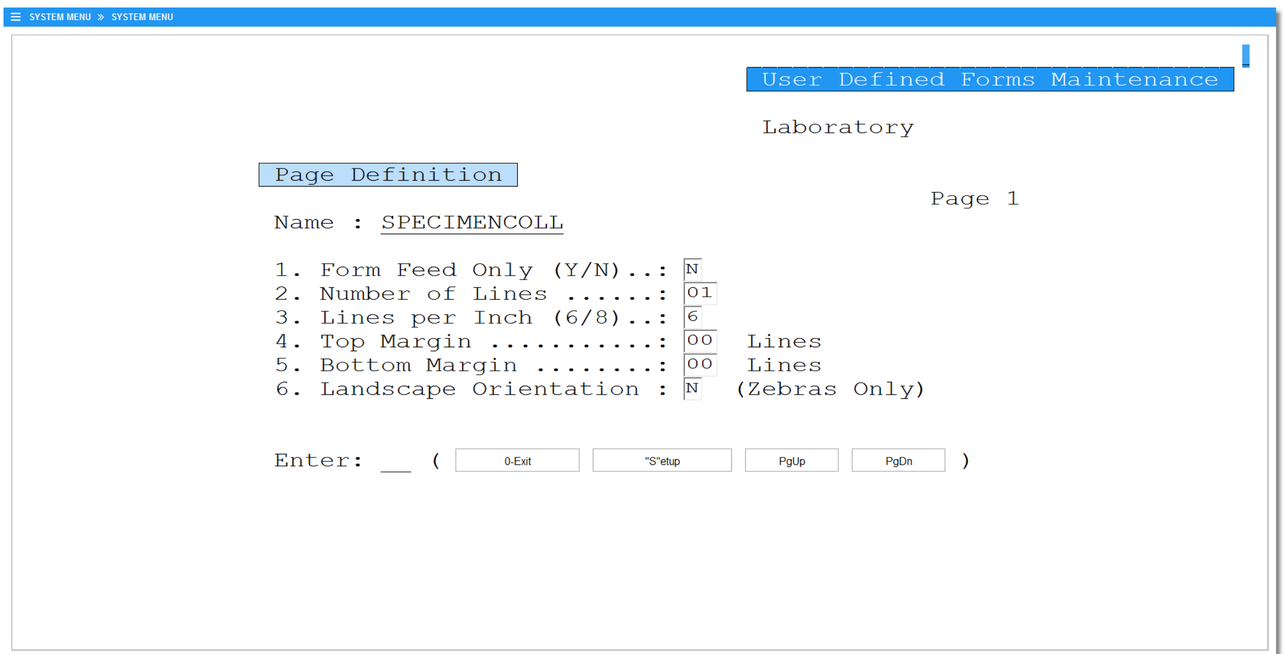
- **Seq#** Accesses the selected sequence number.

- **0-Exit** Returns to the previous menu.
- **Setup** Advances to the Page Definition screen where the format of each page of the form is defined.
- **Print** Allows the form to be printed/previewed.

Defining the Basic Format of Each Page

Once the basic format of the form has been defined, select **S-Setup** to define the basic format of each page of the form. The Page Definition screen for the first page will be displayed.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Udef Labels** > **New** > **1** > **"S"etup**



Page Definition

1. Form Feed Only:

- Default: N
- Options: Y (yes) or N (no)
- Usage: Allows a blank page (or label) to feed between each page. This could also be used to skip a page (or label) between each patient. This would be considered one page.

2. Number of Lines:

- Default: 01

- Options: 01-99
- Usage: Defines the number of lines the form will contain.

3. **Lines per Inch (6/8):**

- Default: 6
- Options: 6 or 8
- Usage: Defines the number of lines that will appear per inch.

4. **Top Margin**

- Default: 00
- Options: 01-98
- Usage: Defines the top margin. TruBridge EHR will insert a 3-character margin for the top, bottom and sides of the page even when the top margin is set to zero when printing to a post-script printer.

5. **Bottom Margin:**

- Default: 00
- Options: 01-98
- Usage: Defines the bottom margin. TruBridge EHR will insert a 3-character margin for the top, bottom and sides of the page even when the top margin is set to zero when printing to a post-script printer.

6. **Landscape Orientation:**

- Default: N
- Options: Y (yes) or N (no)
- Usage: Allows the form to be printed in Landscape Orientation (rotates the text 90 degrees). This option is only available for Zebra printers.

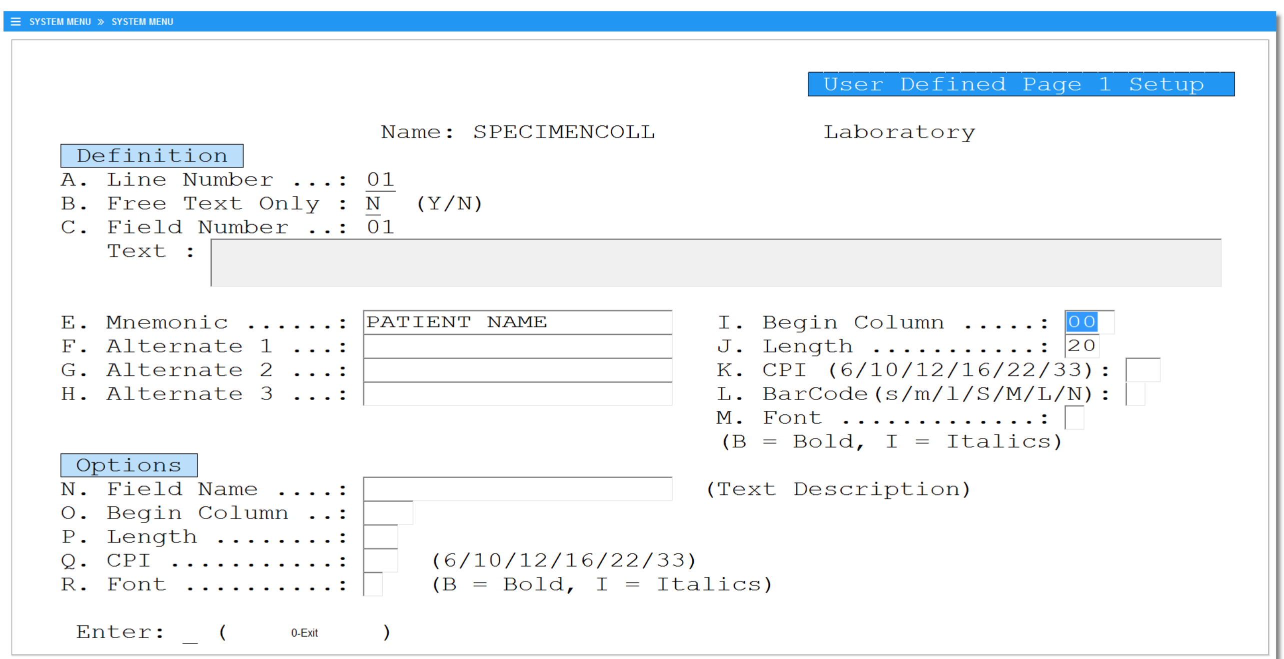
The following options may be selected:

- **Seq#** Accesses the selected sequence number.
- **0-Exit** Returns to the previous menu.
- **Setup** Advances to User Defined Page 1 Setup where each field of each line of the form is defined.
- **PgDn** Advances to the following page of the form as defined in the form definition table.
- **PgUp** Returns to the previous page of the form as defined in the form definition table.

Defining Each Field of Each Line of the Form

Once the basic format of each page has been defined, select **S-Setup** to define each field of each line. The contents of each line are constructed by defining field names and field contents using mnemonics for system demographics. Each line may have up to 30 fields. TruBridge EHR will automatically skip a space between fields and/or field names. Each field is defined in a separate table like the one below. For example, the screen below defines field 1 of the first line, on page one. It indicates that the patient name should print in the first field on line one, page one.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Udef Labels** > **New** > **1** > **"S"etup** > **"S"etup - Press enter**


SYSTEM MENU » SYSTEM MENU

User Defined Page 1 Setup

Name: SPECIMENCOLL Laboratory

Definition
A. Line Number ...: 01
B. Free Text Only : N (Y/N)
C. Field Number ..: 01
Text :

E. Mnemonic ......: PATIENT NAME
F. Alternate 1 ...:
G. Alternate 2 ...:
H. Alternate 3 ...:

I. Begin Column ......: 00
J. Length ....: 20
K. CPI (6/10/12/16/22/33):
L. BarCode(s/m/l/S/M/L/N):
M. Font ....:
(B = Bold, I = Italics)

Options
N. Field Name ....: (Text Description)
O. Begin Column ..:
P. Length ....:
Q. CPI ....: (6/10/12/16/22/33)
R. Font ....: (B = Bold, I = Italics)

Enter: _ (0-Exit)

0
User Defined Page 1 Setup

Definitions

A. Line Number: The line currently being created**.**

B. Free Text Only (Y/N): Defines whether the information on this line is free-text only. When set to Y (yes), allows access to the Text field to enter free text information.

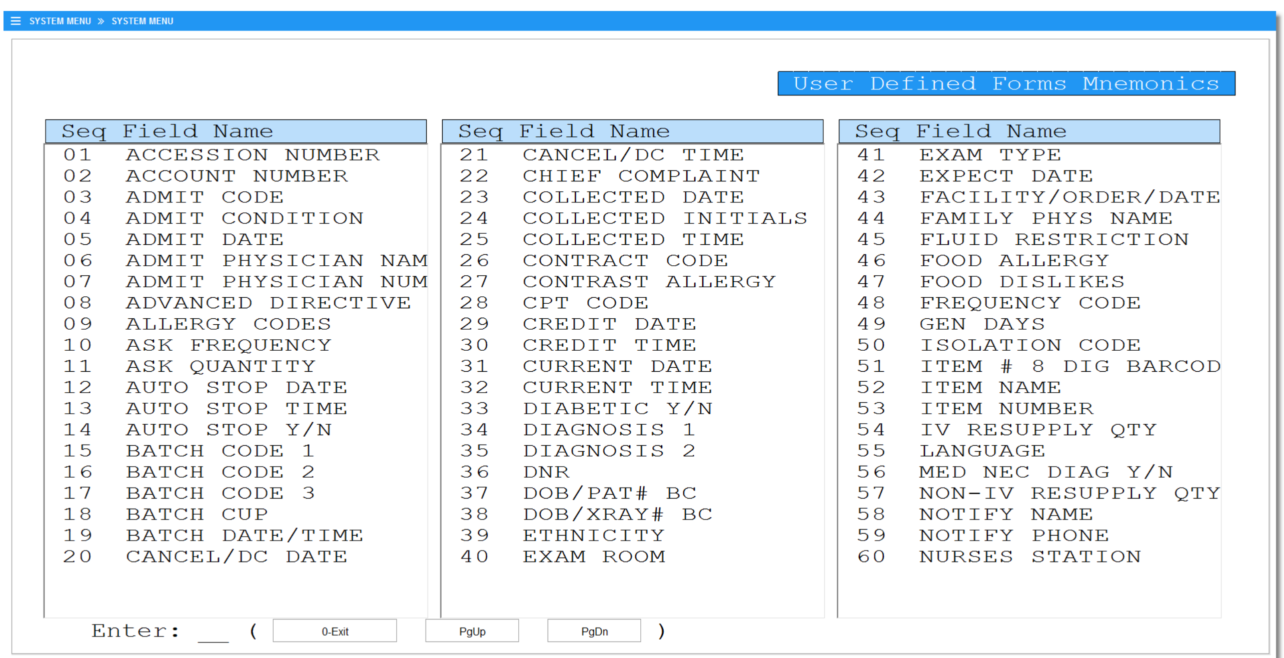
C. Field Number: The field number currently being defined. Depending on the characters per inch selected, as many as 30 fields per line may be entered. Each field may be a defined number of characters. Text greater than the field will be truncated.

D. Text: Defines the free-text information. (TruBridge EHR will not indicate when the end of the line has been reached. This will need to be checked by manually viewing or printing the form.)

E. Mnemonic: The mnemonic that corresponds to the patient information to be included on this line may be selected from a list by entering a question mark (?) or entered exactly. When selected, TruBridge EHR will display the maximum numbers of characters for that field. This may be adjusted manually if necessary. When working across one line, one field at a time, TruBridge EHR will calculate where the next column may begin. The space needed for the entered information will also be displayed

NOTE: *If Accession number is used as part of the user defined form, this information will update the ImageLink (PACS) work list.*

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Maintenance** > **Udef Labels** > **New** > **Select Label** > **"S"etup** > **"S"etup** > **E-Mnemonic** > **?**


SYSTEM MENU » SYSTEM MENU

User Defined Forms Mnemonics

Seq	Field Name	Seq	Field Name	Seq	Field Name
01	ACCESSION NUMBER	21	CANCEL/DC TIME	41	EXAM TYPE
02	ACCOUNT NUMBER	22	CHIEF COMPLAINT	42	EXPECT DATE
03	ADMIT CODE	23	COLLECTED DATE	43	FACILITY/ORDER/DATE
04	ADMIT CONDITION	24	COLLECTED INITIALS	44	FAMILY PHYS NAME
05	ADMIT DATE	25	COLLECTED TIME	45	FLUID RESTRICTION
06	ADMIT PHYSICIAN NAM	26	CONTRACT CODE	46	FOOD ALLERGY
07	ADMIT PHYSICIAN NUM	27	CONTRAST ALLERGY	47	FOOD DISLIKES
08	ADVANCED DIRECTIVE	28	CPT CODE	48	FREQUENCY CODE
09	ALLERGY CODES	29	CREDIT DATE	49	GEN DAYS
10	ASK FREQUENCY	30	CREDIT TIME	50	ISOLATION CODE
11	ASK QUANTITY	31	CURRENT DATE	51	ITEM # 8 DIG BARCOD
12	AUTO STOP DATE	32	CURRENT TIME	52	ITEM NAME
13	AUTO STOP TIME	33	DIABETIC Y/N	53	ITEM NUMBER
14	AUTO STOP Y/N	34	DIAGNOSIS 1	54	IV RESUPPLY QTY
15	BATCH CODE 1	35	DIAGNOSIS 2	55	LANGUAGE
16	BATCH CODE 2	36	DNR	56	MED NEC DIAG Y/N
17	BATCH CODE 3	37	DOB/PAT# BC	57	NON-IV RESUPPLY QTY
18	BATCH CUP	38	DOB/XRAY# BC	58	NOTIFY NAME
19	BATCH DATE/TIME	39	ETHNICITY	59	NOTIFY PHONE
20	CANCEL/DC DATE	40	EXAM ROOM	60	NURSES STATION

Enter: __ (0-Exit PgUp PgDn)

User Defined Forms Mnemonics

F. Alternate 1: The first choice of alternate information to be included when the requested patient information as indicated by the mnemonic is not available.

G. Alternate 2: The second choice or alternate information to be included when the requested patient information as indicated by the mnemonic is not available.

H. Alternate 3: The third choice or alternate information to be included when the requested patient information as indicated by the mnemonic is not available.

I. Begin Column: Defines where each new field begins.

J. Length: The length of this particular field. TruBridge EHR calculates the minimum amount of space required for each mnemonic. This field may be greater than or less than the suggested number. If the field is smaller than the suggested number, information will be truncated.

K. CPI (10/12/16): Defines the size of print.

L. Bar Code (Y/N): Defines whether a bar code will print. This will always start in position 1 on the line.

M. Font: (B–Bold, I–Italics) Defines whether the text is to be printed in bold or italics. The default is regular font.

Options

N. Field Name (Text Descriptions): This field is used to add a description to the mnemonic selected. For example, if the mnemonic for patient name is selected, the description "Patient Name:" could also be included with the patient's name. TruBridge EHR will automatically calculate the necessary space needed and apply the description before the mnemonic.

O. Begin Column: Defines the column where the above description will begin printing.

P. Length: Defines the length of the text description.

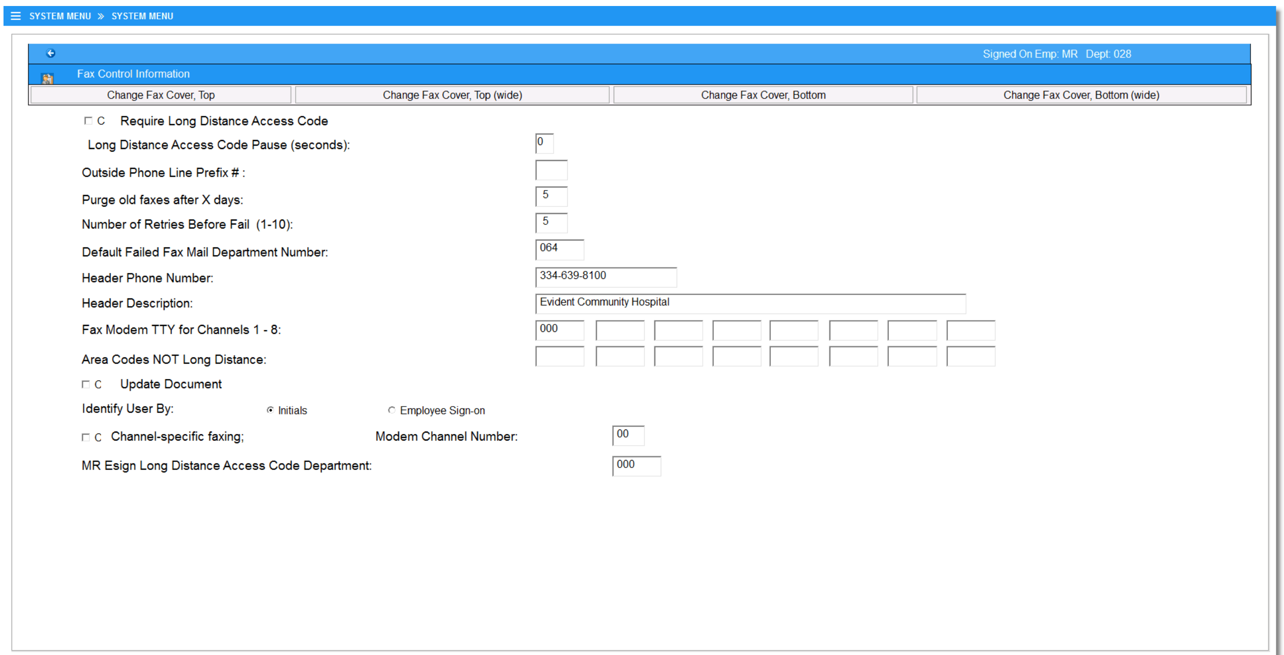
Q. CPI (10/12/16): Defines the size of font of the text description.

R. Font (B – Bold, I – Italics): Defines whether the text description will print in bold or italics.

5.8 Fax Control Table

TruBridge offers the ability to fax documents from within TruBridge EHR. This option may be used to send information included in Reports, Transcription and Word Processing documents.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Fax**



Fax control information

- **Require Long Distance Access Code?:** If the facility phone system requires an access code to dial long distance numbers, set to **Y**.
- **Long Distance Access Code Pause (seconds):** Enter the number of seconds TruBridge EHR should wait after dialing the phone number to dial the Long Distance access code.
- **Outside Phone Line Prefix #:** If a number is required to dial out of the facility, enter here (i.e., 9 or 8).
- **Purge Old Faxes After X Days:** Enter the number of days after which TruBridge EHR should purge old faxes.
- **Number Of Retries Before Fail (1-10):** Enter the number of times TruBridge EHR will attempt to send the fax before it is considered failed.
- **Default Failed Fax Mail Department Number:** Enter the department number of the terminal that receives mail being notified of all failed faxes by "NOTICE" flashing at the bottom of the screen.

- **Header Phone Number:** Enter the area code and telephone number that will print at the top of the fax being sent.

- **Header Description:** Enter the information that will print at the top of the fax being sent such as a facility name and/or address.

- **Fax Modem TTY for Channels 1-8:** Enter the tty# that is assigned to the modem used for faxing.

- **Area Code NOT Long Distance:** Enter up to eight local area codes.

- **Update Document:** If answered **Y**, the Fax Status Report will be updated with the person who sent the fax. This will be determined by the way in which the Identify User By field is answered.

- **Identify User By:** This field allows TruBridge EHR to determine who sent the fax. If answered **S** for Sign on, then TruBridge EHR will prompt at fax time for the employee number and password if not already signed on. If answered **I**, then TruBridge EHR will prompt for the initials to be entered.

- **Channel Specific Faxing:** This switch defaults to **N**. This field was created for hospitals with multiple companies, each having an individual fax modem. If this field is set to **Y**, TruBridge EHR will look at the Company Specific field to determine which modem channel to use for faxing information.

- **Modem Channel Number:** If the Channel Specific Faxing field is set to **Y**, then the designated modem channel must be keyed in this field. The Modem Channel determines which modem is to be used for faxing information.

- **MR Esign Long Distance Access Code Deptartment:** When Medical Records ESign documents are signed, TruBridge EHR will use the long distance access code from department security for the department loaded in this field.

Facsimile Cover Sheet

- **Change Fax Cover, Top:** TruBridge EHR requires a document called "TOP" to be set-up. This option allows facilites to edit and change what prints on the top of their cover sheet in an 80 column format. This format will print using a larger print of six characters per inch.

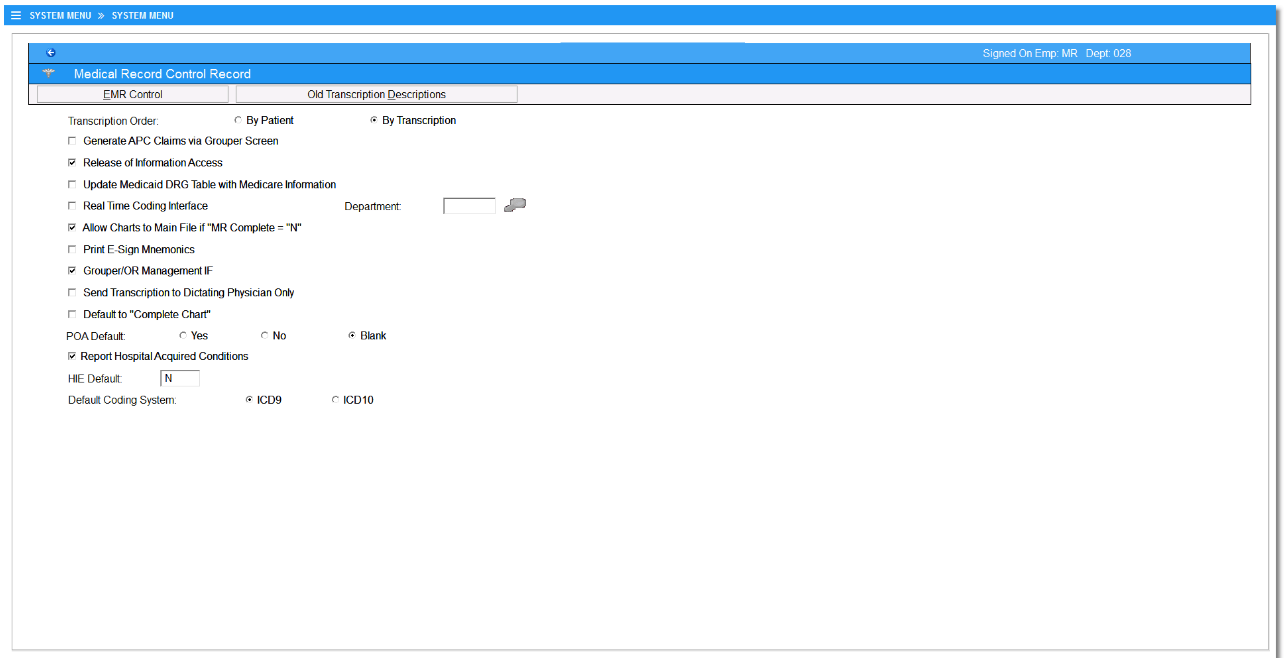
- **Change Fax Cover, Top (Wide):** The document "TOP" can be viewed and edited in a wide, 132 column format allowing a smaller print of 10 characters per inch.

- **Change Fax Cover, Bottom:** On each faxed document, TruBridge EHR allows a message to be entered that will print on the cover sheet. After the message prints, facilites may then have a standard message, such as a disclaimer, print on the bottom of the cover sheet. This option is where facilities may edit and change the "BOTTOM" document in an 80 column format. This format will print using a larger print of six characters per inch.

- **Change Fax Cover, Bottom (Wide):** The document "BOTTOM" may be viewed and edited in a wide, 132 column format. This format will print using a smaller print of 10 characters per inch.

5.9 Medical Records Control Table

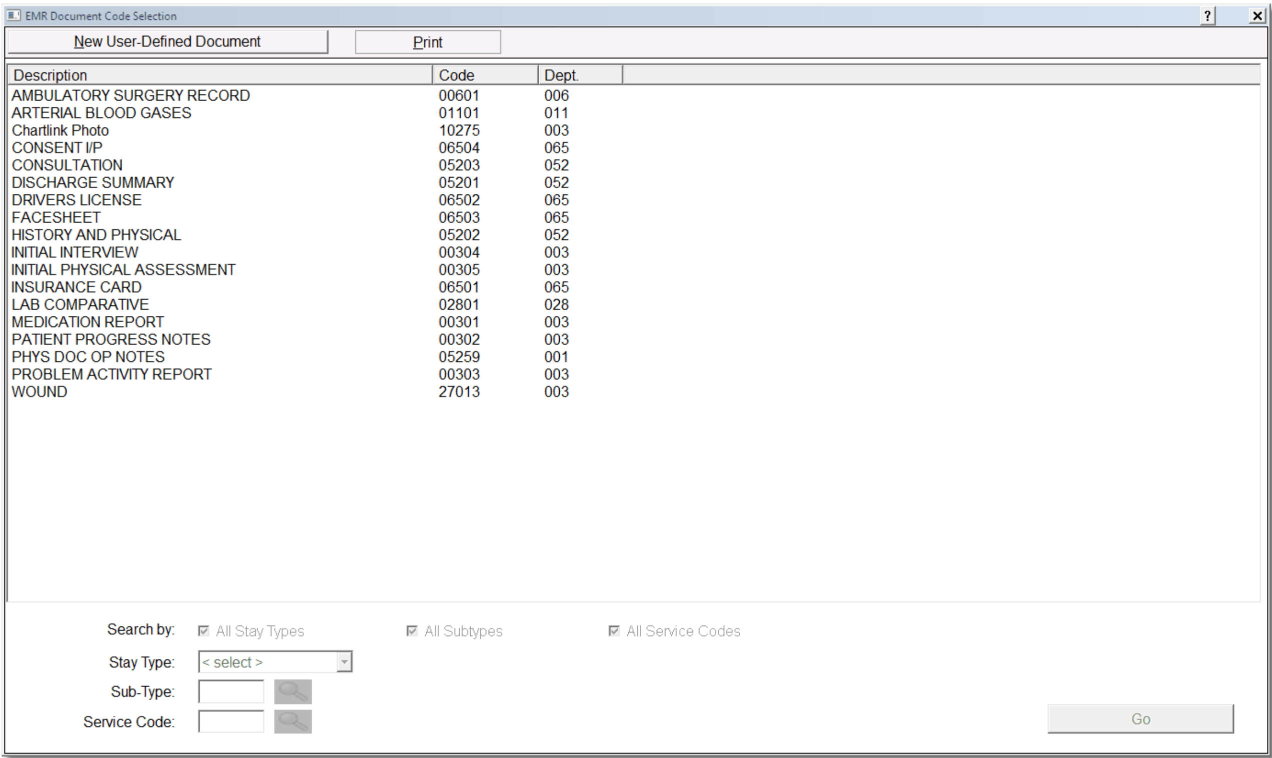
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med Rec**



Medical Records Control Record

- **EMR Control:** The EMR Document Code table is designed to create a unique code for every document that may reside in a patient's electronic chart. The initial phase will allow an electronic record to be gathered in a single area for printing.

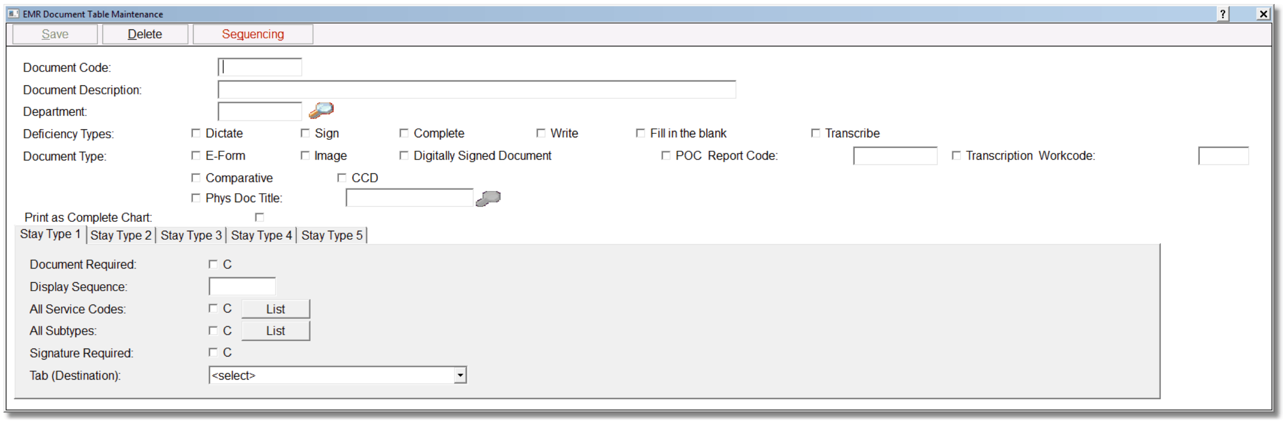
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med Rec** > **EMR Control** > **EMR Document Code Table**



EMR Document Code Selection

Once **EMR Documents** is selected, the Document Code Selection will display, listing all documents that are set up. Select the document to edit, or select **New User-Defined Document** to add a new document to the listing. Once this is selected, the following screen will display. Document codes may be printed in Document code order by selecting **Print** in the above screen.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med Rec** > **EMR Control** > **EMR Document Code Table** > **New User-Defined Document**



EMR Document Table Maintenance

- **Document Code:** Enter a 5-digit code for this document. This will also serve as the barcode number used to scan documents on an account.

- **Document Description:** Enter the description used for this document.

- **Department:** Enter the Department number or select the magnifying glass for a lookup option. This is the department from which this document originated.

- **Deficiency Types:** Reserved for future use.

- **Document Types:** Select the type that corresponds with this document. This is used for TruBridge EHR to locate where the document is stored.
  - **E-Form**: Select this option if the document is an E-form.
  - **Image**: Select this option if the document is an Image.
  - **Digitally Signed Document**: Select this option if the document is a Digitally Signed Document.
  - **POC Report Code**: If this option is selected, enter the code that will correspond with this document. This will be found in the Point of Care control Maintenance table.
  - **Transcription Workcode**: If this option is selected, enter the Category code that is loaded in the corresponding Physician Headers table.
  - **Comparative**: Select this option if the document is a Cumulative. This field will look to the Department option above and will pull Cumulative reports associated with that department.
  - **Phys Doc Title**: If this option is selected, enter the Physician Documentation Title that corresponds with this document code.

- **Print as Complete Chart:** Selecting this option will pre-select this Document Code to be included when choosing to print the complete Electronic Medical Record chart.

NOTE: *Stay Type tabs are reserved for future use.*

- **Old Transcription Descriptions:** The descriptions of transcription documents may be loaded in these fields to pull to a patient's Medical Records screen in "Old" transcription as the titles for documents 5-11.

- **Transcription Order (By Patient/By Transcription):** This field determines the order of selections when using the mass entry feature of Transcription. If **By Transcription** is selected, TruBridge EHR will prompt for the Transcription Document Types (e.g., History & Physical, Discharge Summary, etc.) first for selection, and then the Patient Selection from the current patient index. If **By Patient** is selected, TruBridge EHR will display the selections in the opposite order.

- **Generate APC Claims via Grouper Screen:** If this field is selected and a claim meets the regular criteria for auto-generation, an APC claim will generate once the Finish Date is entered into the Grouper Screen. The cursor will then automatically access the Insurance Modifier Maintenance Screen to review the CPT codes and Modifiers.

- **Release Of Information Access:** Selecting this field gives access to the Release Of Information Application.

- **Update Medicaid DRG Table with Medicare Info:** If selected the Medicaid section of the DRG Table should be updated with the Medicare information when the DRG update is transmitted electronically. This field will default to **N** if not selected.

- **Real Time Coding Interface: Dept:** Select this option if Real Time Coding Interface is used. Also, enter the 3-digit department number using the interface.

- **Allow Charts to Main File if "MR Complete = "N":** Select this option if Charts are not allowed to go to Main File if the Grouper Screen has not been completed.

- **Print E-Sign Mnemonics:** Select this option to have mnemonics print on E-sign documents when there is no information pulling to the document.

- **Grouper/OR Management IF:** Select this option to utilize the auto charging for OR Management options.

- **Send Transcription to Dictating Physician Only:** If this option is selected and the transcription header is setup for Dictating Physician (Master Selection > Business Office Tables > Business Office Table Maintenance > Phy Headers, field 6) then only the dictating physician will pull to the Medical Record Transcription Document Options screen. If this field is left blank all of the physicians on the account will pull to this screen.

- **Default to "Complete Chart":** Selecting this option will pre-select the Include box for Electronic Record documents to print. These documents are not associated with a document code. The documents will be labeled (*****). This applies to all documents that exist prior to the EMR Document table setup.

- **POA Default:** Select **Yes**, **No** or **Blank,** depending on how the @ADM field on the DRG Grouper screen should default when coding accounts. Field 10 in the Diagnosis Code table overrides this default setting.

- **Report Hospital Acquired Conditions:** Select this option to flag Hospital Acquired Conditions on the Medical Record DRG coding screen.

- **HIE Default:** This field will allow a default setting for the HIE Shared Data field on the Census Stay tab in the Registration and ADT screens. Valid codes are **Y**, **N** or **E**. If this field is answered with **N**, the information will not be shared and therefore not transmitted to a RHIO. If this field is answered **Y**, the information from this account will be shared and transmitted to a RHIO. This field may also be answered **E** which indicates no response or unknown. The information in this case will only be shared in the case of an emergency.

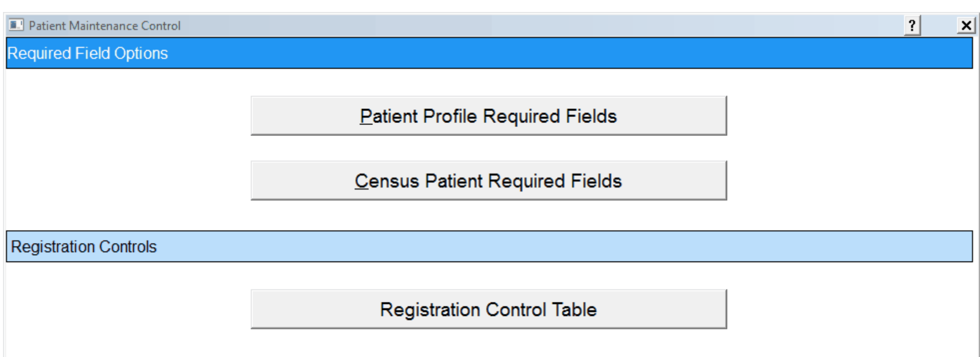
- **Default Coding System**: TruBridge EHR will use this setting to differentiate functionality between ICD9 and ICD10 coding. This field defaults to ICD9. Please contact a TruBridge Financial Support Representative before making changes.

5.10 Patient Maintenance Control Table

The Patient Maintenance table gives the ability to control which fields are accessed during the registration process. This may be done for the Person Profile screens and the Registration and ADT screens.

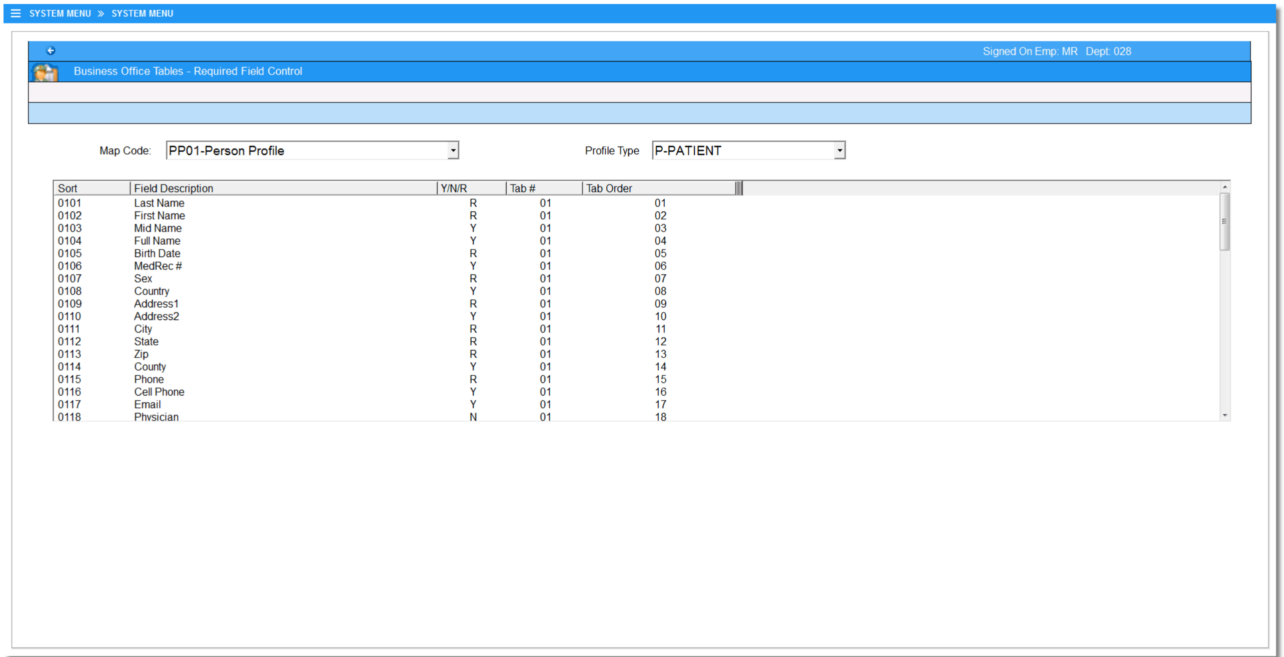
The acceptable settings are **Y**, **N** and **R**. A **Y** will stop the cursor on the field in the Person Profile screen or the Registration and ADT screen; however, the field may be skipped without entering information. An **N** will make the field inaccessible. An **R** (Required) will require the information to be entered. If there is a required field for the Person Profile screen, when initially setting up the profile or when creating a visit on an existing profile, that information must be filled out before exiting this screen. The required field will highlight in red indicating this information must be entered. If there is a required field in the Registration and ADT screen, the cursor will stop on the field and cannot be bypassed without entering information.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint**



Patient Required Fields

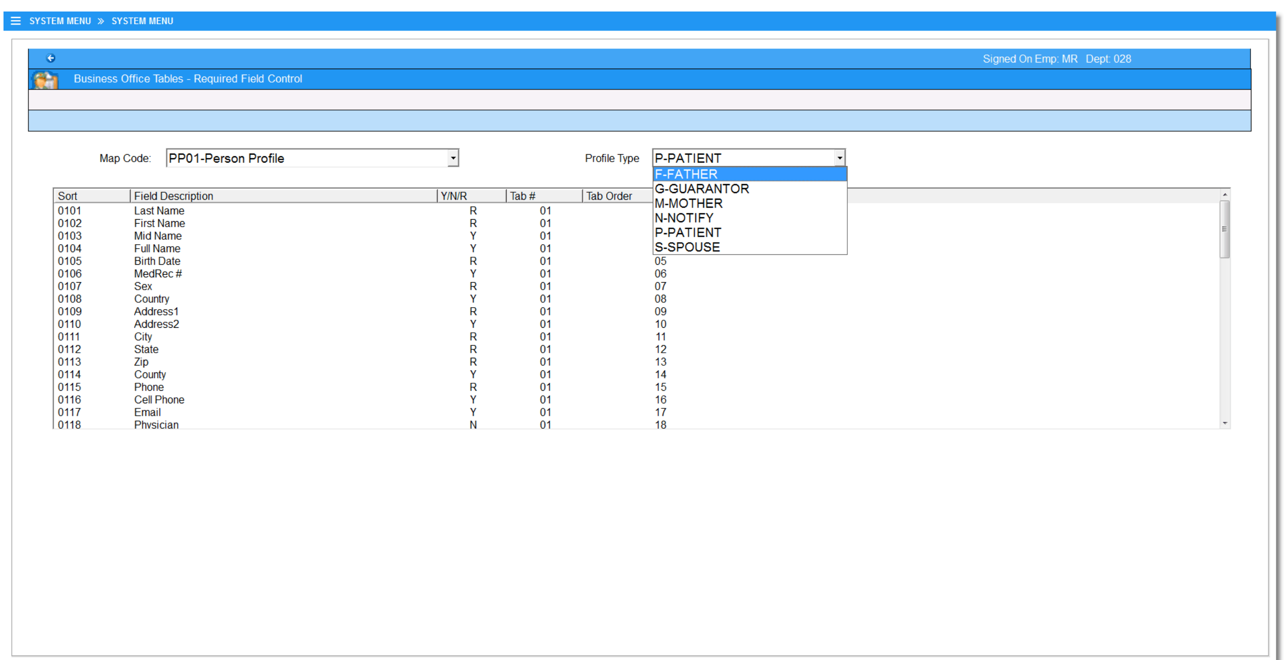
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **<u>Patient Profile Required Fields</u>**



Business Office Tables - Required Field Control

Select the desired Profile Type from the drop-down box.

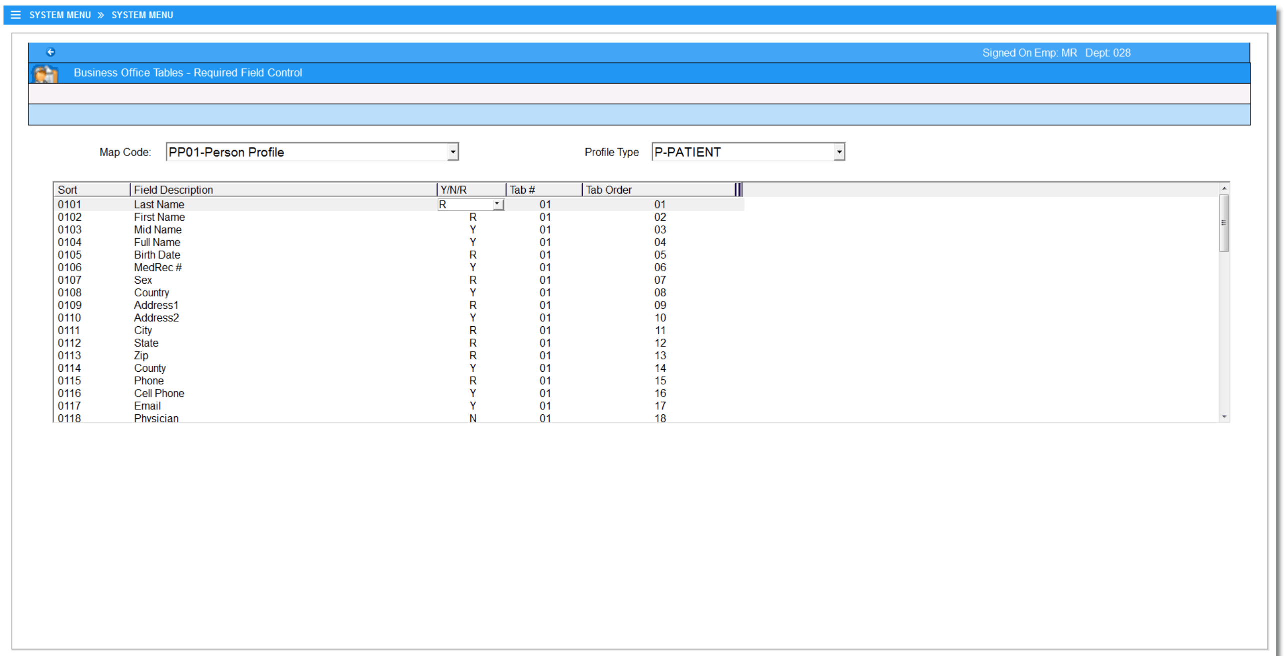
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Patient Profile Required Fields** > **<u>Profile Type</u>**



Business Office Tables - Required Field Control

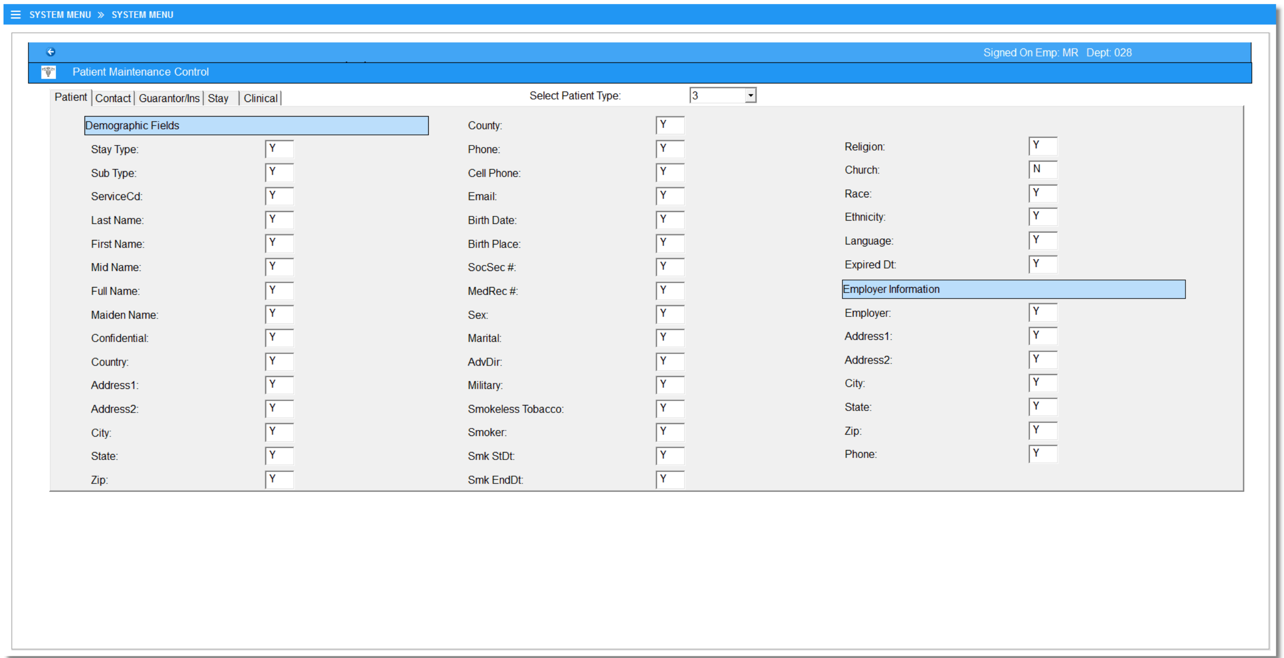
Once the desired Profile Type has been selected, highlight the desired field to mark as Y, N or R. Select the drop-down box to select **Y**, **N** or **R**.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Patient Profile Required Fields** > **Profile Type** > **Select desired field**



Business Office Tables - Required Field Control

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Census Patient Required Fields**



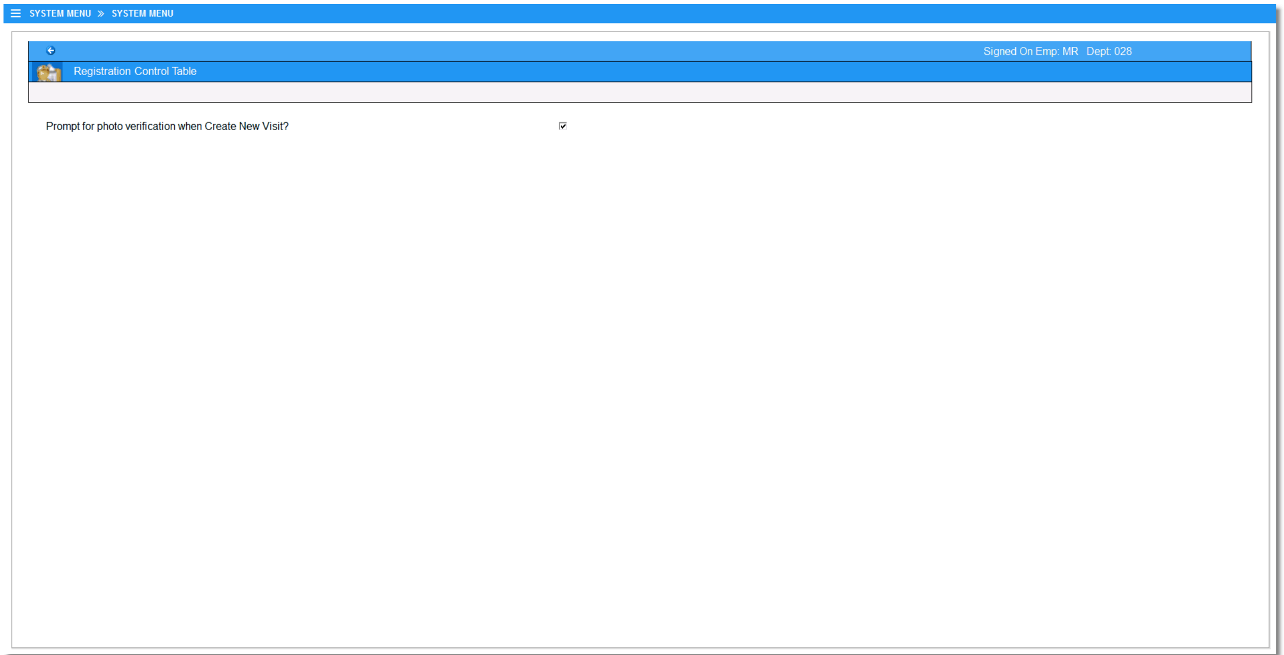
Patient Maintenance Control

Select a Stay Type from the drop-down box to display or perform maintenance. At the top of the table, select the tab that needs maintenance.

Registration Control Table

Registration Controls gives the facility the ability to turn on Photo Verification to be utilized at registration. Selecting the field "Prompt for photo verification when Create New Visit" will cause a previously scanned Chartlink Photo to display when registering a patient by selecting **Create New Visit** or **Create Temp Visit** from the Person Profile or by selecting **Temporary Registration** from the Web Client > System Menu > Hospital Base Menu"

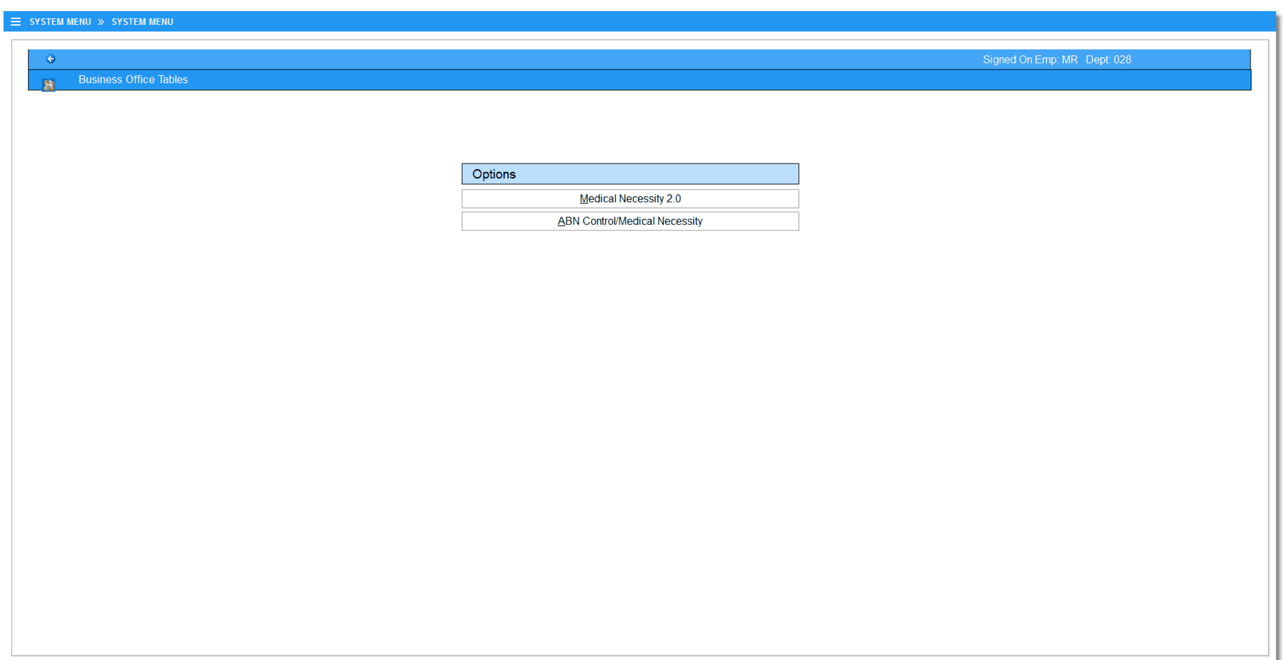
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Registration Control Table**



Registration Control Table

5.11 Medical Necessity Control Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec**



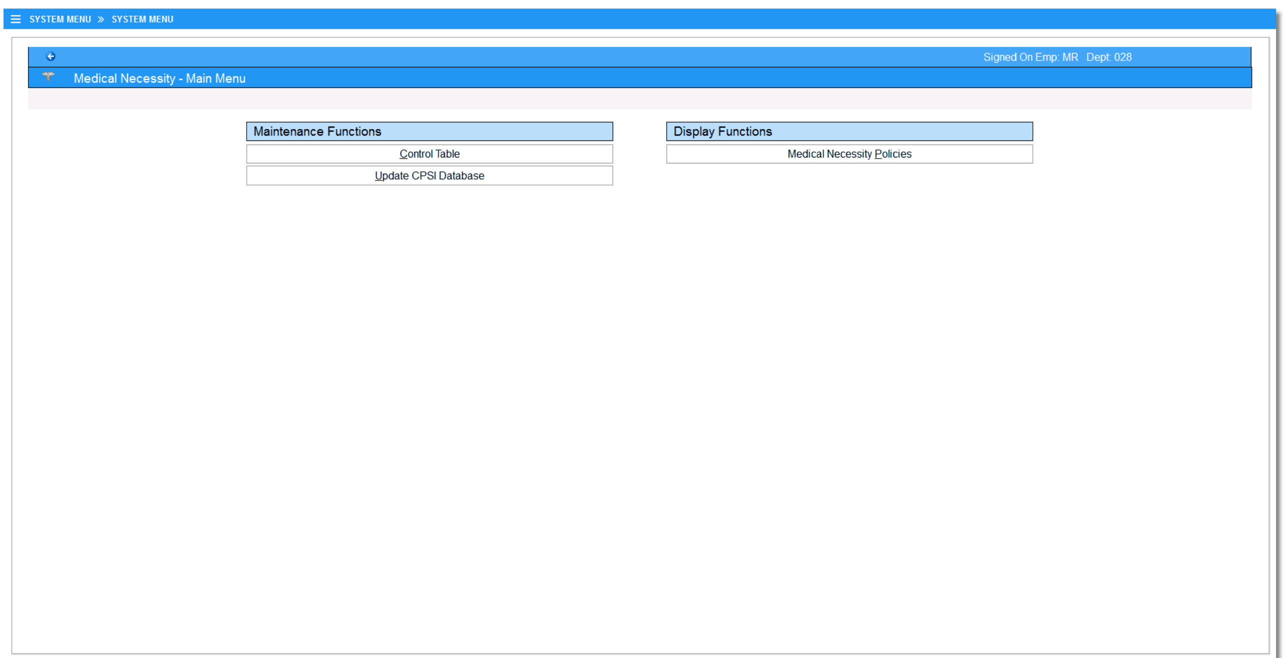
Business Office Tables

Medical Necessity 2.0

The Medical Necessity Main Menu will allow the Control table, Update TruBridge Database and Medical Necessity Policies to be accessed. This option is used for sites that set the Medical Necessity tables to pull from the TruBridge EHR Medical Necessity Tables, import them from a third party vendor or outsource the maintenance of their Medical Necessity tables to TruBridge EHR. This option will also allow manual changes to be made to procedures and frequencies for individual existing policies.

Sites that are utilizing Version 15 of Clientware or sites that are manually maintaining the Medical Necessity tables for their facility should use the ABN Control/Medical Necessity option instead of Medical Necessity 2.0.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0**



Medical Necessity - Main Menu

The user may choose **Control Table** or **Update TruBridge Database** under Maintenance Functions or **Medical Necessity Policies** under Display Functions.

Four tabs may be defined in the Control table:

- **Coverage Rules**
- **ABN Print Settings**
- **Processing Rules**

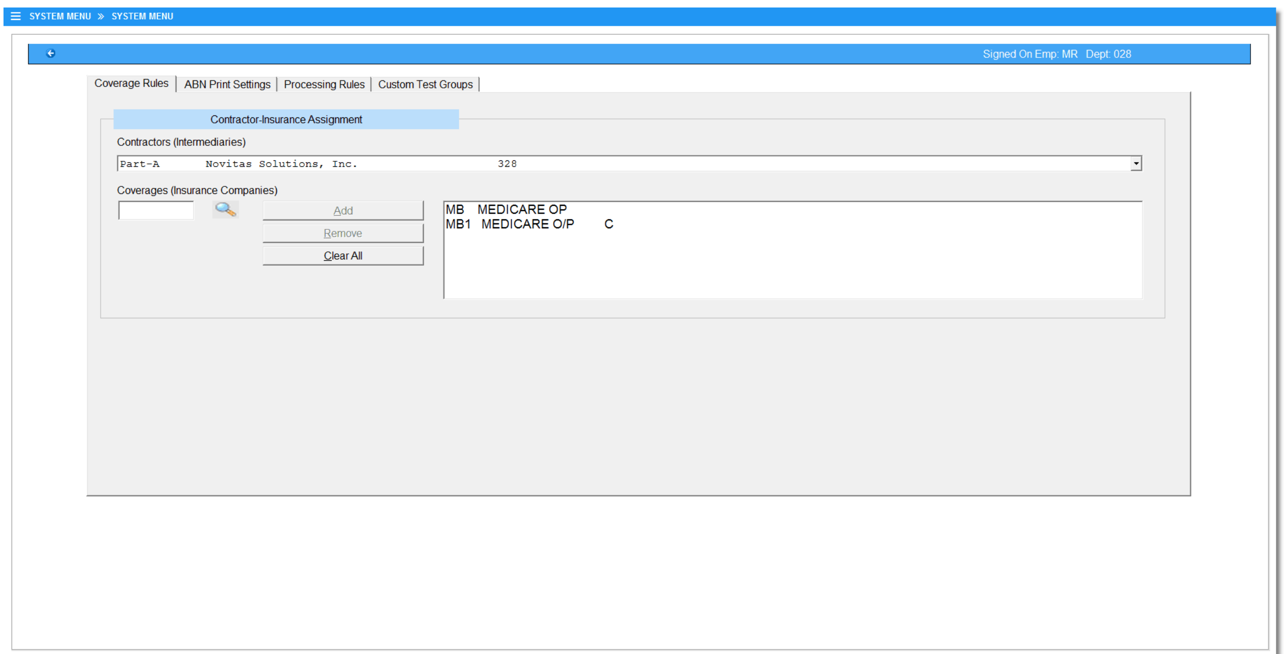
- **Custom Test Groups**

Control Table

Coverage Rules

Coverage Rules will allow financial classes to be attached to Contractors, Part A or Part B. These will be the financial classes that will prompt for Medical Necessity.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Control Table**



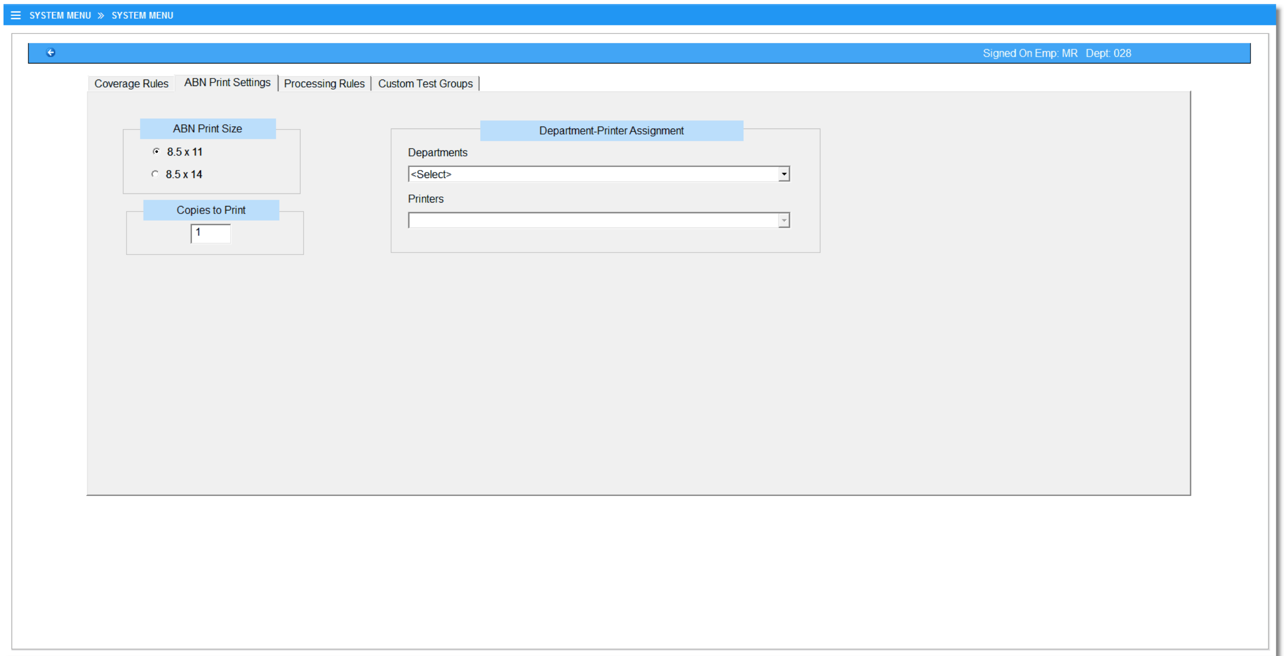
Coverage Rules

Select a Contractor by using the drop-down arrow. Once the desired Contractor is selected, the financial classes may be assigned to that Contractor. Select a financial class by entering the financial class code, select **Add** to display it on the list or select the magnifying glass for a look-up option.

To delete a financial class from the list, highlight the desired financial class and select **Remove**. Selecting **Clear All** will remove all financial classes from the list.

ABN Print Settings

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Control Table** > **ABN Print Settings**



ABN Print Settings

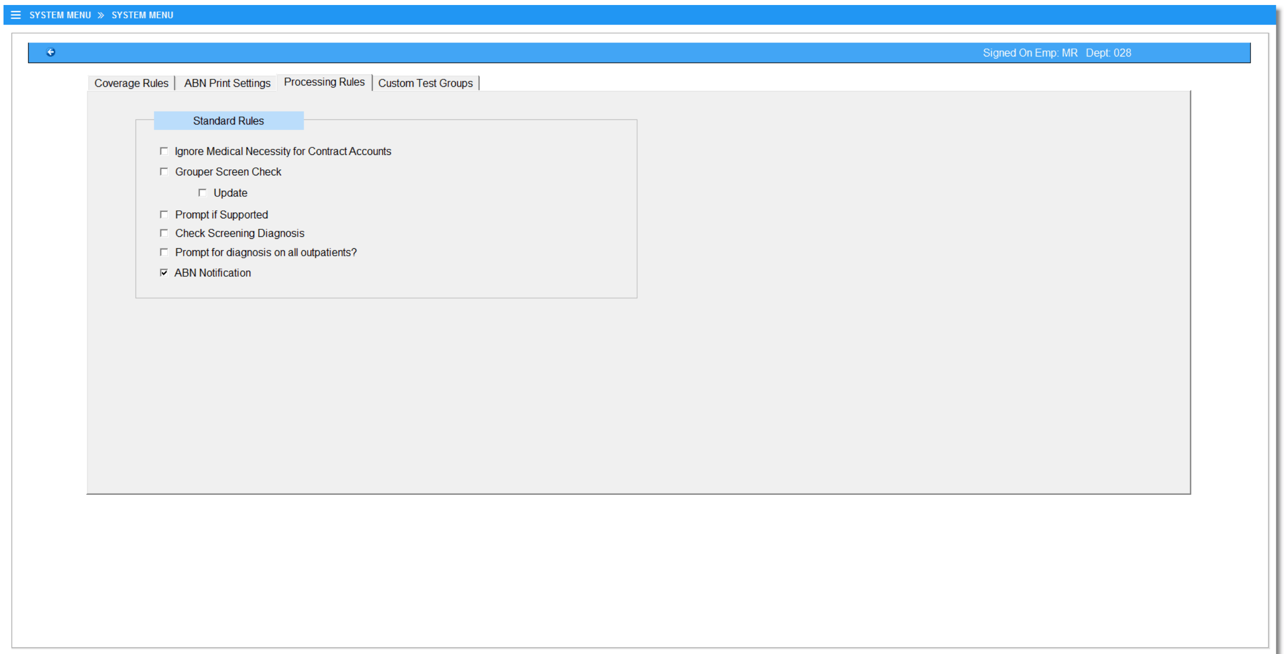
The ABN Print Settings will determine the print size and number of copies to be printed. By using the drop-down arrow, this option will allow the selection of the Departments and Printers to which the Advanced Beneficiary Notice will print.

This tab is used to designate:

- **ABN Print Size**: 8.5 X 11 or 8.5 X 14
- **Copies to Print**: Determines the number of copies of the ABN to print for each Department
- **Departments**: The Departments drop down is used to choose each department that will be using Medical Necessity. Select the desired department from the drop down.
- **Printers**: The Printers drop down is used to designate whether TruBridge EHR will prompt for a printer when printing an ABN or to which printer the ABN will print. The user may choose a network printer or workstation printer. Selecting **None** will deactivate Medical Necessity for the selected department.

Processing Rules

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Control Table** > **Processing Rules**



Processing Rules

- **Ignore Medical Necessity for Contract Accounts:** This controls whether TruBridge EHR prompts for diagnoses if the patient has a Contract Code entered in the **Contract Cd** field in patient registration. Contract codes in patient maintenance cause the bill to be sent to the contractor instead of the patient's insurance. If selected, TruBridge EHR will not scrutinize the account regardless of the Financial Class of the patient. If this is de-selected, TruBridge EHR will ignore the contract code and prompt for a diagnosis if the patient's Financial Class is defined in the Coverage Rules tab.

NOTE*: The following three check boxes are related to the Diagnosis Related Group (DRG) Grouper Screen in Medical Records*.

- **Grouper Screen Check:** Allows TruBridge EHR to check the DRG grouper screen for existing diagnoses when orders are placed from a designated department and the patient's primary or secondary insurance requires an ABN for non-covered tests/procedures. This feature is pertinent if the site uses recurring account numbers for specific diagnoses or if the patient has an existing account number. The diagnoses from the Grouper screen will be displayed and additional diagnoses may be entered.

NOTE*: The diagnosis codes checked by TruBridge EHR include: the admitting diagnosis, the principal diagnosis, the secondary diagnosis codes and the three diagnosis codes listed in the* ***Reason for Visit*** *field.*

- **Update:** If this option is selected, the DRG Grouper screen will be updated with diagnoses used with Medical Necessity.This is advantageous when Medical Records is not coding for Medical Necessity. If this option is not selected, TruBridge EHR will not update the DRG Grouper screen with diagnoses codes entered with Medical Necessity. Diagnoses will be displayed in Medical Records for the patient's account when Grouper & Maintenance is selected.

NOTE*: The DRG Grouper screen may be updated from Medical Necessity via Medical Records, Web Client > System Menu > Hospital Base Menu and Census.*

- **Prompt If Supported:** Selecting this option controls the prompt for diagnoses if existing diagnoses in the DRG Grouper support payment for the CPT codes of the items ordered. If payment is not supported, TruBridge EHR will prompt for diagnosis and existing diagnoses will be displayed.

Possible combinations of answers for the **Grouper Screen Check** and **Prompt if Supported** fields are:

- If both fields are selected, TruBridge EHR will prompt for diagnosis if Medical Necessity criteria are met. Diagnoses that are found on the DRG grouper screen will be displayed.

- If **Grouper Screen Check** is selected, and **Prompt if Supported** is unchecked, when orders meet Medical Necessity criteria, TruBridge EHR will check the DRG grouper screen for existing diagnoses. If payment for the orders is supported by the existing diagnoses, the user will not be prompted to input a diagnosis. If payment is not supported, the user will be prompted for diagnosis and existing diagnoses will be displayed as well.

- **Check Screening Diagnosis:** This field is no longer used.

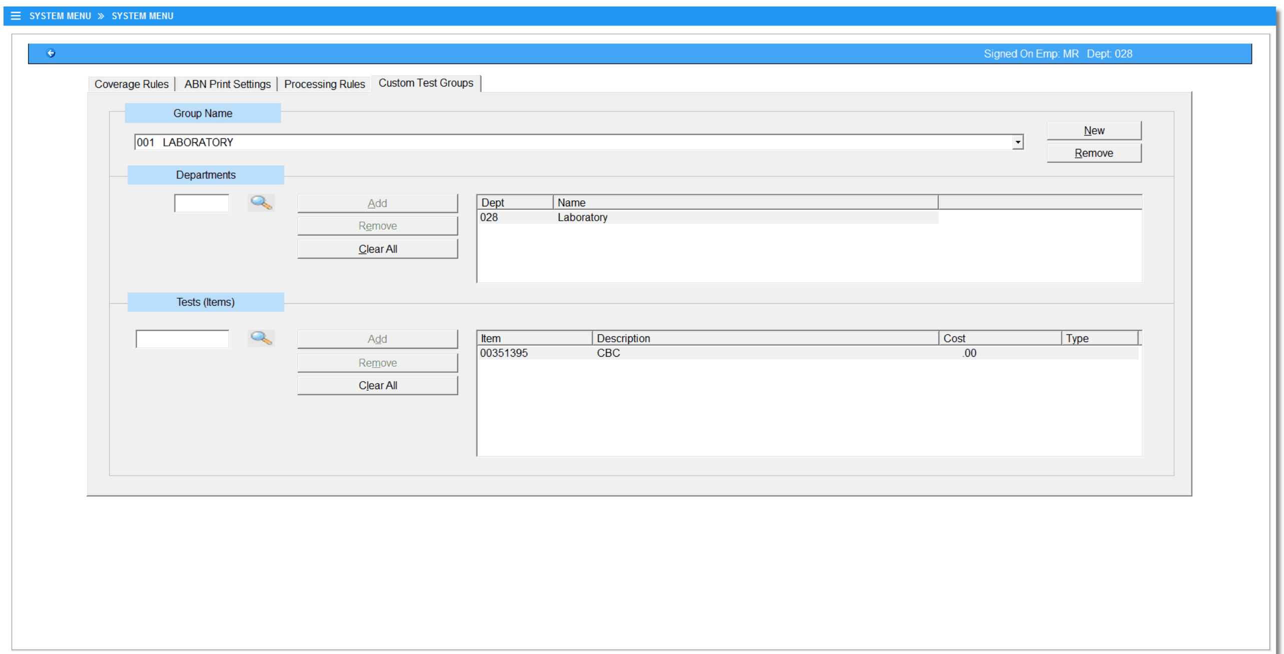
- **Prompt for diagnosis on all outpatients?:** Selecting this option provides a mechanism to record diagnosis entries each time an order is verified on an account with an Outpatient Financial Class. TruBridge EHR will prompt for a diagnosis entry but will only prompt for ABN's on those classes appearing in the Coverage Rules tab. Diagnosis entries for outpatients that do not meet medical necessity criteria will be stored under option MN from the Patient Functions Screen. Entry will state **O/P - Medical Necessity Not Checked**. If this field is unchecked, TruBridge EHR will prompt for a diagnosis only on those patients that meet criteria defined in the MN table.

- **ABN Notification:** If this field is selected and **ABN Signed and Reason** on the Stay tab in registration is set to **Y,** TruBridge EHR will display **ABN on File** on the Claims by Patient screen in Insurance.

Custom Test Groups

This tab provides the ability to enter group standing orders, allowing all orders within each group to be checked for Medical Necessity. It enables the user to check an entire group of ordered items for Medical Necessity instead of on an individual basis.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Control Table** > **Custom Test Groups**



Custom Test Groups

- **Group Name:** This option allows the selection of a previously named group of tests, or select **New** to set up a new group. Type the desired name of the group and select **OK**. To delete a group from the listing, highlight the group and select **Remove**. This will also delete the departments and tests within that group.

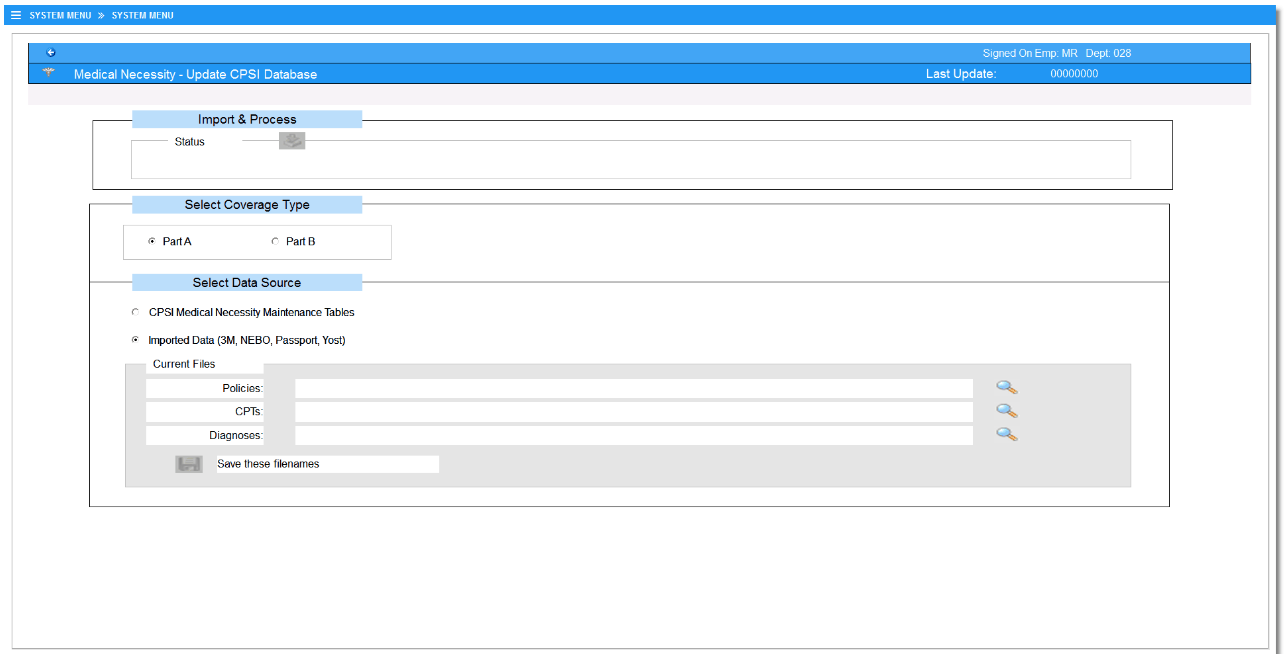
- **Departments:** Select this option to choose the department for which the group of tests will be defined. If the department number is known it may be entered and Add may be selected. Select the magnifying glass for a look-up option. If the look-up is used, an alphabetic search is available to choose and accept the department.

- **Tests (Items):** Select this option to enter the desired group of tests for the chosen department that should be checked for Medical Necessity. Enter the item number and select **Add**, or select the **magnifying glass** for a look-up option. To delete a test from the list, highlight the test and select **Remove**. Selecting **Clear All** will delete all tests from the list.

Update TruBridge Database

This option will be utilized if the facility is updating from a third party vendor or maintains its own Medical Necessity tables.This area determines the set of rules that will be used with the Medical Necessity program. This may be set for both Part A and Part B. Part A and Part B will need to be determined before importing the current files. The date of the last update will be displayed on the top portion of the screen.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Update TruBridge Database**



Medical Necessity - Update TruBridge Database

- **Import and Process:** Allows the Medical Necessity database to be updated once a data source has been chosen.

- **Select Coverage Type:** Select the coverage (Part A or Part B) and select the appropriate data source for that coverage. This allows the data source to be defined differently for each type of coverage if needed.

- **Select Data Source:** Select the data source from which the Medical Necessity files will be downloaded.

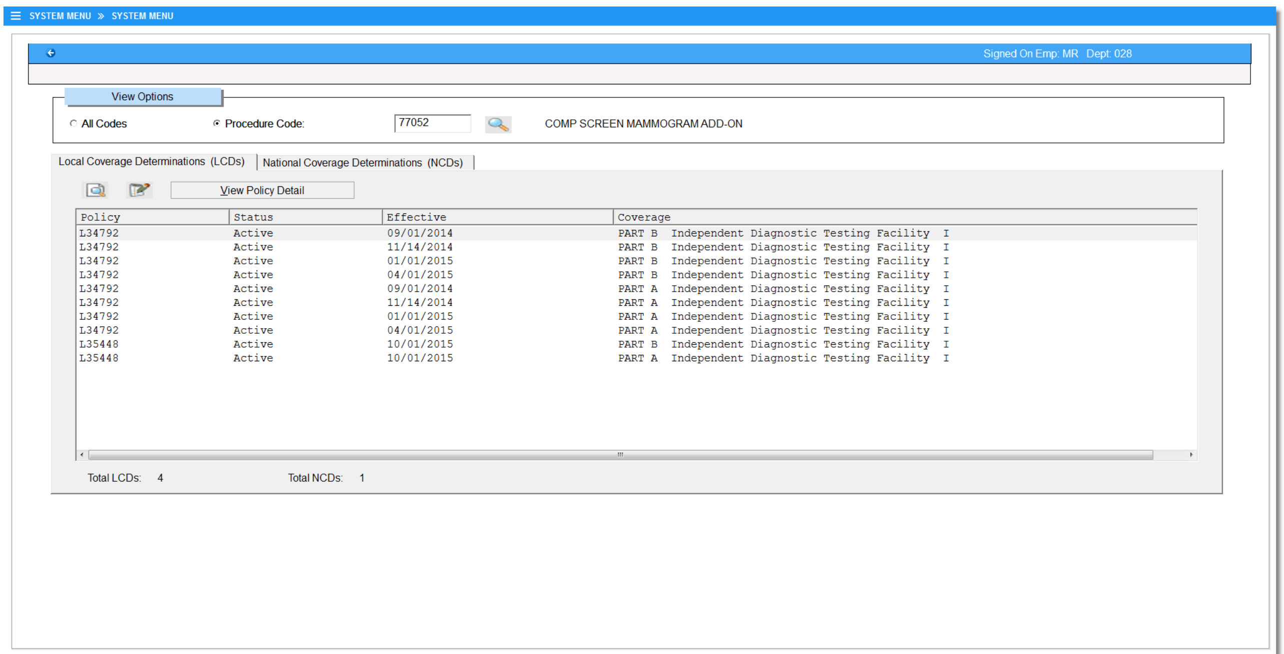
- **TruBridge Medical Necessity Maintenance Tables:** When this import option is selected, the database will update from the TruBridge Medical Necessity files.

- **Imported Data (3M, NEBO, Passport, Yost):** When this import option is selected, the database will update from the **Policies**, **CPT's** and **Diagnosis** files that are listed under the **Current Files** area. Current Files is the location of the files to be updated to the TruBridge Database. The **magnifying glass** icons may be used to browse for the desired files. Once these files are defined, select **Save these filenames** to save the files to the appropriate field.

This screen will be automatically updated if TruBridge is maintaining the Database for the facility.

Medical Necessity Policies

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Medical Necessity Policies**



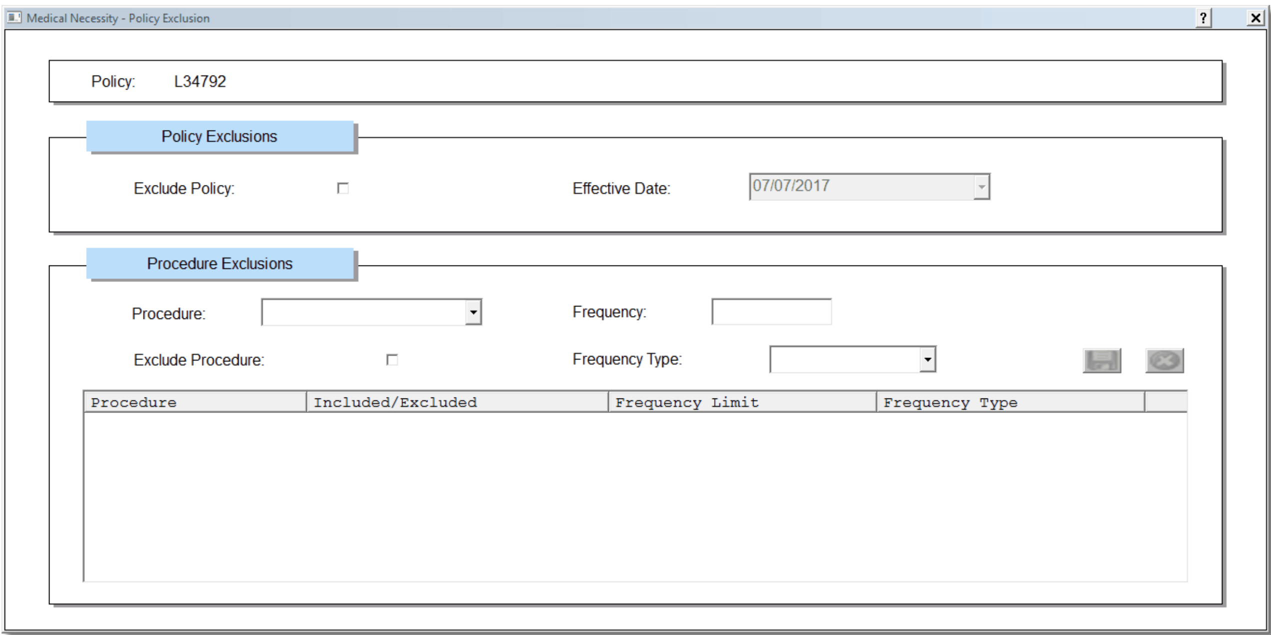
Medical Necessity Policies

Medical Necessity Policies is a display to show what or why the Procedure is covered or not. If **All Codes** is selected, the display will list all the policies. Selecting **Procedure Code** will allow a CPT code be entered, or a look-up option is available to search for the code.

Select the desired tab, either Local Coverage Determinations or National Coverage Determinations. Highlight the desired policy, and select **View Policy Detail** to show all that is covered or non-covered with that policy.

Policy Exclusions

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Medical Necessity 2.0** > **Medical Necessity Policies** > **Select Policy** > **Select Policy Settings**



Policy Exclusion

Selecting  **Policy Settings** brings up the Policy Exclusions screen. This screen allows manual changes to be made to individual policies. Local Coverage Determination Policies may be excluded from the Medical Necessity editing process, individual procedures may be excluded from selected policies and frequency limits may be associated with particular procedures. The selected policy number is displayed at the top of the screen. Security Switch 113 is required to access the Policy Exclusions screen.

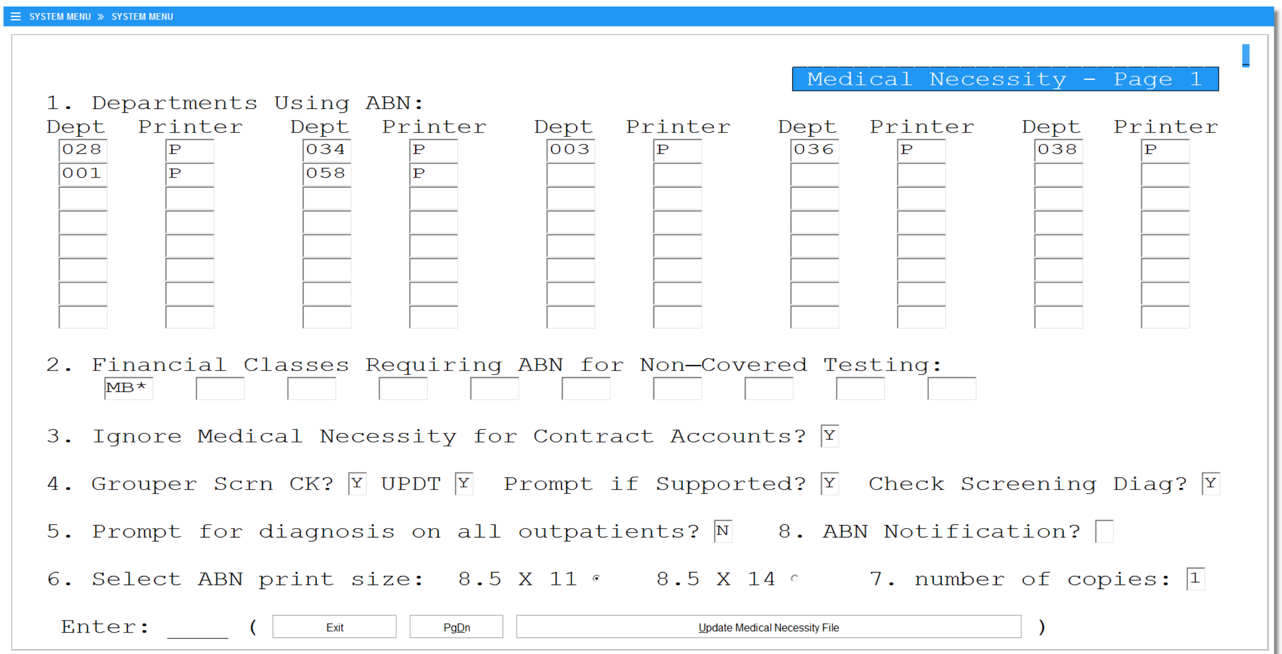
- **Exclude Policy:** Will exclude this policy from being included in Medical Necessity checks.
- **Effective Date:** Date the policy effectively became excluded.
- **Procedure:** Select the procedure code to be excluded or included.
- **Exclude Procedure:** Select this field to exclude the procedure code.
- **Frequency:** Enter the numeric Frequency Limit for the selected procedure code. This field will accept one or two digits.
- **Frequency Type:** Select the appropriate Frequency Type for the numeric value in the Frequency field. The options are **Month**, **Day**, and **Year**.

Select the **Save** icon to save all changes.

ABN Control/Medical Necessity

This option is only used with Version 15 of Clientware or for sites that are manually maintaining the Medical Necessity tables for their facility. This option allows individual policies to be manually added or deleted while also allowing maintenance to be performed on those policies. Notify the site contact or Compliance Officer to make changes or additions to this table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **ABN Control/Medical Necessity**



Medical Necessity, Page 1

- **Departments Using ABN:** Enter the 3-digit department number, up to 40 departments may be assigned. For each department, enter the printer number for the Advance Beneficiary Notice to print.

These fields are primarily used for an automated function to print an Advanced Beneficiary Notice for those sites utilizing Order Entry. The Medical Necessity Lookup provides an item lookup to aid in reviewing all ordered tests. All departments for which the item lookup window will be necessary should be loaded. To insure proper functioning of the item lookup window, both Order Entry and Non-Order Entry facilities should load these departments in descending order in regards to the number of procedures each department contains. The first department entered should contain the greatest number of items that are subject to medical necessity testing while the last department entered should have the least number of items subject to medical necessity testing. If department numbers are not entered in these fields, the item lookup will not be functional. When any department listed enters orders, TruBridge EHR will review the order and patient to determine if Medical Necessity documentation is necessary. If there is any question that payment may be denied, the option to print a site specific Advance Beneficiary Notice will be offered.

NOTE*: The department is the one placing the order not the department to which the order is sent*.

- Order Entry sites will have a coinciding printer number loaded for each department designating where an automated Advanced Beneficiary Notice will print. Entering an **S** as a printer number designates a workstation printer. A **P** in the printer fields will cause a printer prompt to appear, allowing for the use of any TruBridge printer. Although these fields are not used for Non-Order Entry sites, these fields cannot be left blank, and a printer number must be loaded.

- **Financial Classes Requiring ABN for Non-Covered Testing:** Defines financial classes (insurance codes) requiring an ABN to be printed for non-covered testing if orders are placed from a department listed in field1. Enter all appropriate financial class codes. Wildcarding may be used. Patients without a financial class will be scrutinized for CPT codes that require a supporting diagnosis.

- **Ignore Medical Necessity for Contract Accounts?:** Enter a **Y** or **N** to control whether TruBridge EHR prompts for diagnoses if the patient has a contract code. If a **Y** is entered, TruBridge EHR will not scrutinize the account regardless of the financial class of the patient. If an **N** is entered, TruBridge EHR will ignore the contract code and prompt for a diagnosis if the patient’s financial class is defined in the Financial Classes Requiring ABN for Non-Covered Testing field.

- **Grouper Scrn CK?:** This field determines if TruBridge EHR will check the DRG Grouper screen for existing diagnoses when orders are placed from a designated department and the patient’s financial class requires an ABN for non-covered tests and/or procedures.

- **Updt:** This field determines if the DRG Grouper screen will be updated with diagnoses used with Medical Necessity.

- **Prompt If Supported:** This controls the prompt for diagnoses if existing diagnoses in the DRG Grouper support payment for the CPT codes of the items ordered. If payment is not supported, TruBridge EHR will prompt for diagnosis, and existing diagnoses will be displayed.

- **Check Screening Diag?:** This provides the ability to check for screening diagnosis regardless of the CPT code of the test(s) ordered.

- If a **Y** is selected, TruBridge EHR will prompt for a diagnosis of all CPT codes ordered for departments listed in field 1 of the table.

- TruBridge EHR will prompt for an ABN printout in the following conditions:

  1. The CPT code requires a supporting diagnosis, and the diagnoses do not support payment. If the ICD-9 code is listed elsewhere in the Medical Necessity tables as a supporting diagnosis, the reason for printing an ABN will be “Not Covered for Diagnosis”.

  2. The ICD-9 code entered begins with the letter V and is not found as a supporting diagnosis in the Medical Necessity table. The reason for printing an ABN will be “Screening Diagnosis”.

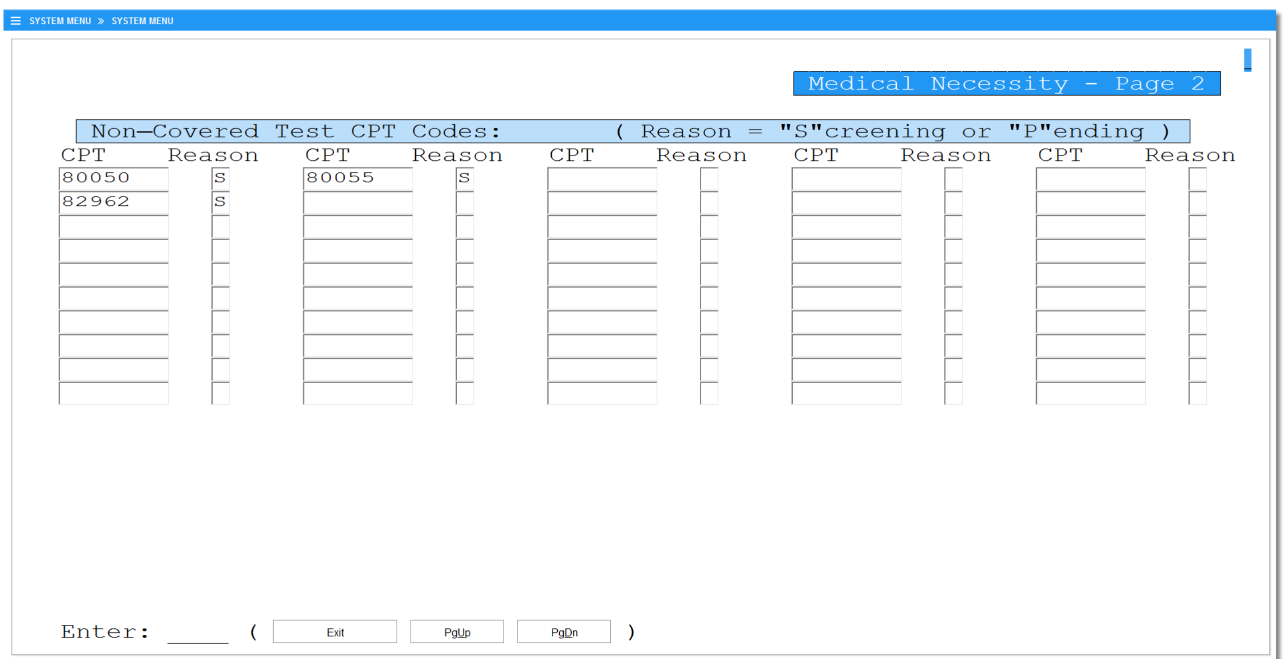
- If an **N** is selected, TruBridge EHR will not prompt for a diagnosis for all CPT codes using the above criteria. The “Screening Diagnosis” reason will not be used for printing an ABN.

- **Prompt for diagnosis on all outpatients?:** This field provides a mechanism to record diagnosis entries each time an order is verified on an account with an Outpatient Financial Class. TruBridge EHR will prompt for a diagnosis entry but will only prompt for ABN’s on those classes appearing in the Financial Classes Requiring ABN for Non-Covered Testing field.

- **Select ABN Print Size: 8.5 X 11 8.5 X 14:** This field allows either standard or legal size to be set as the default.

- **Number of Copies:** This field allows a default number of copies to print when the ABN is printed.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Page 2**

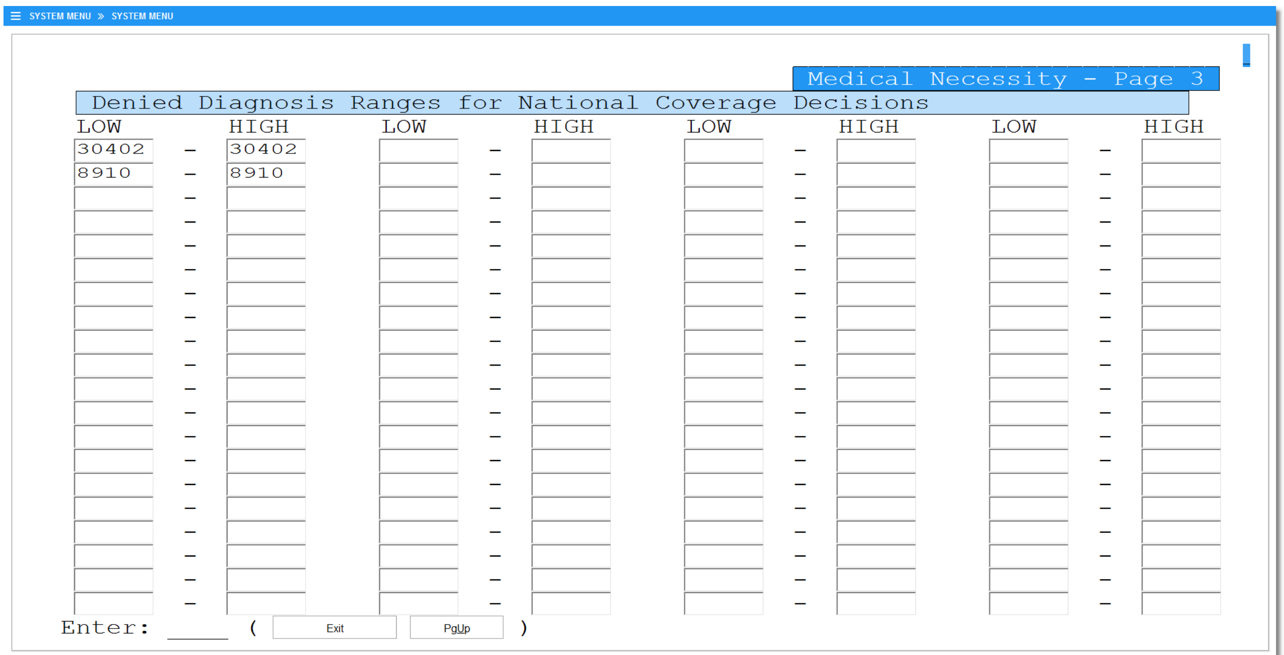


Medical Necessity, Page 2

- **Non-Covered Test CPT Codes:** Any CPT codes that are not covered under any circumstances should be loaded in these fields. The reason code should be entered as **P** for CPT codes pending FDA approval or **S** for CPT codes designated as screening tests. TruBridge EHR will allow up to 50 CPT codes to be entered in this section.

Reason codes are used to differentiate the non-covered reason. The reason code should be entered as **P** for CPT codes pending FDA approval (investigational) or **S** for CPT codes designated as screening tests. TruBridge EHR will allow up to 50 CPT codes to be entered in this section

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Page 3**

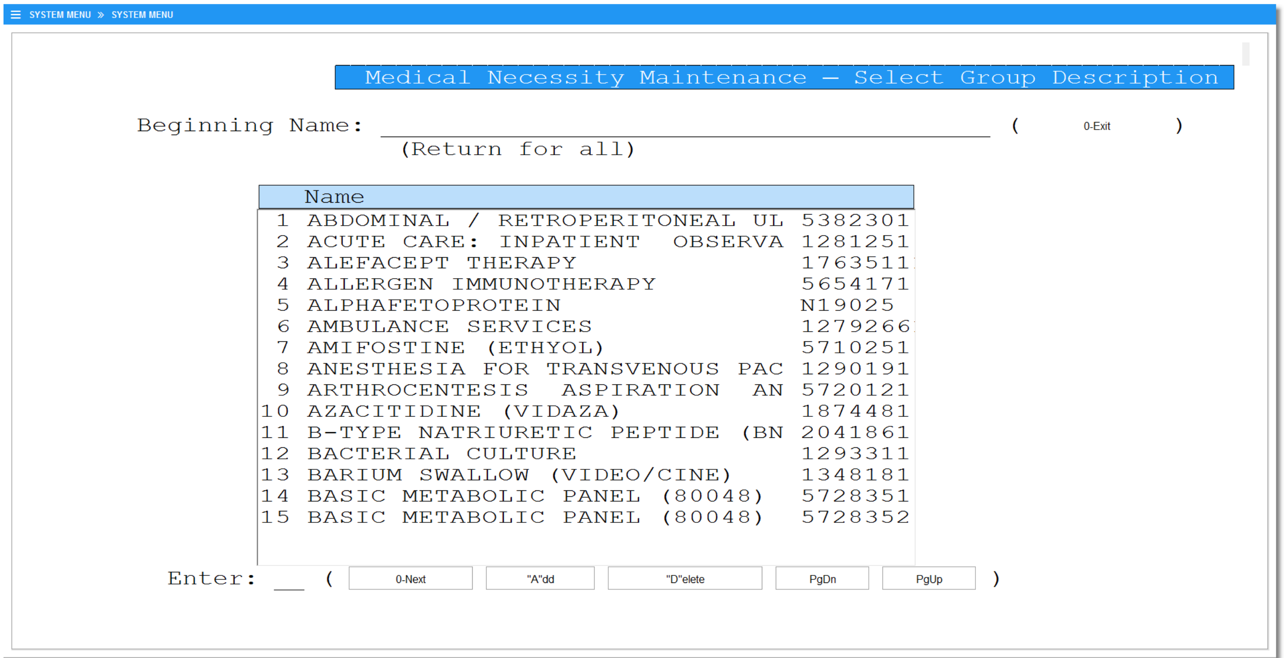


Medical Necessity, Page 3

- **Denied Diagnosis Ranges for National Coverage Decisions:** Enter the CPT/HCPCS codes or ranges of codes that are going to be denied. This page includes ICD-9-CM codes that are never covered on a National Coverage Determination (NCD) diagnostic laboratory test according to the Centers for Medicare and Medicaid Services (CMS). If a code from this section is given as the reason for the test, the test may be billed to the Medicare beneficiary by the lab without billing Medicare first because the service is not covered by statute, in most instances because it is performed for screening purposes and is not within an exception.

At the bottom of the first page of the control table, **U**pdate Medical Necessity File, allows the entry and maintenance of all CPT codes and Diagnosis codes provided in the local medical review policies. Since these policies define medical necessity by grouping CPT and Diagnosis codes under a particular group type, the Medical Necessity Table is designed to accommodate the entry of information by groups.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **ABN Control/Medical Necessity** > **<u>Update Medical Necessity File</u>**



Medical Necessity Maintenance - Select Group Description

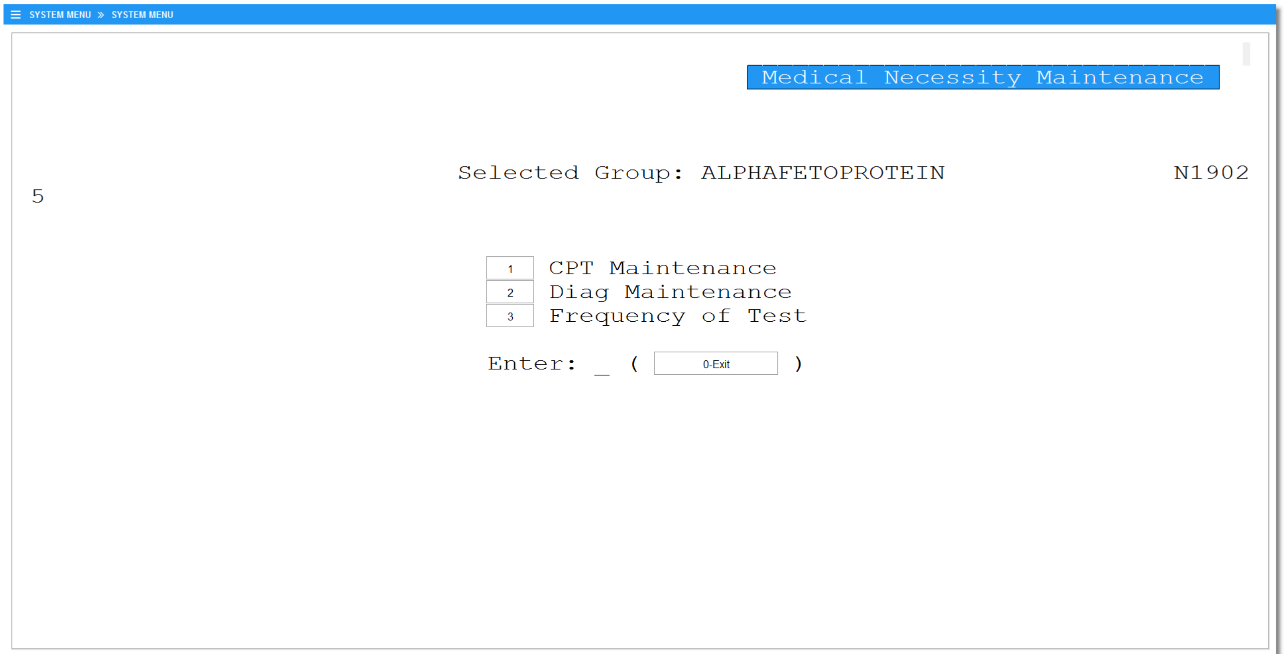
A starting group description may be entered or Return may be pressed to start at the beginning of the table. TruBridge EHR will then display all the group descriptions entered for the facility. At this time, **A** Add a new group, **D** Delete an existing group or the selection of a sequence number representing a desired existing group of tests may be entered.

If **A** Add a new group is selected, TruBridge EHR will prompt for a group name. Once the name is entered, TruBridge EHR will prompt, **Ok?**. If answered **Y**, the new group maintenance screen appears. Then, CPT codes and diagnoses for the new group will need to be entered. If answered **N**, TruBridge EHR will redisplay the group listing, allowing for another selection.

If **D** Delete an existing group is selected, TruBridge EHR will prompt for the sequence number of the group to be deleted. Once the sequence number is entered, TruBridge EHR will prompt, **Ok?**. If answered **Y**, the selected group will be deleted. If answered **N**, the group will not be deleted and TruBridge EHR will redisplay the group listing, allowing for another selection.

The selection of a sequence number for an existing group causes the group maintenance screen to appear. CPT codes or diagnosis codes for that group may be viewed or maintained by choosing one of the following options.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **ABN Control/Medical Necessity** > **Update Medical Necessity File** > **Select Group From List**



Medical Necessity Maintenance

Typically, groups of similar or related CPT codes are supported by the same list of diagnosis codes. The groups of tests are identified by a free-text description. Maintenance options are:

- **CPT Maintenance:** This allows all the CPT codes that are contained in the Local Medical Review Policy to be keyed.
- **Diag Maintenance:** This allows the ICD-9 Diagnosis Codes that support payment for the CPT codes listed in option 1 to be keyed in, either individually or by a selected range.
- **Frequency of Test:** This allows a frequency limit to be defined for the CPT code(s) in the group. When an order is entered for an item with a CPT code found in the Medical Necessity table, TruBridge EHR will include checking the frequency interval.

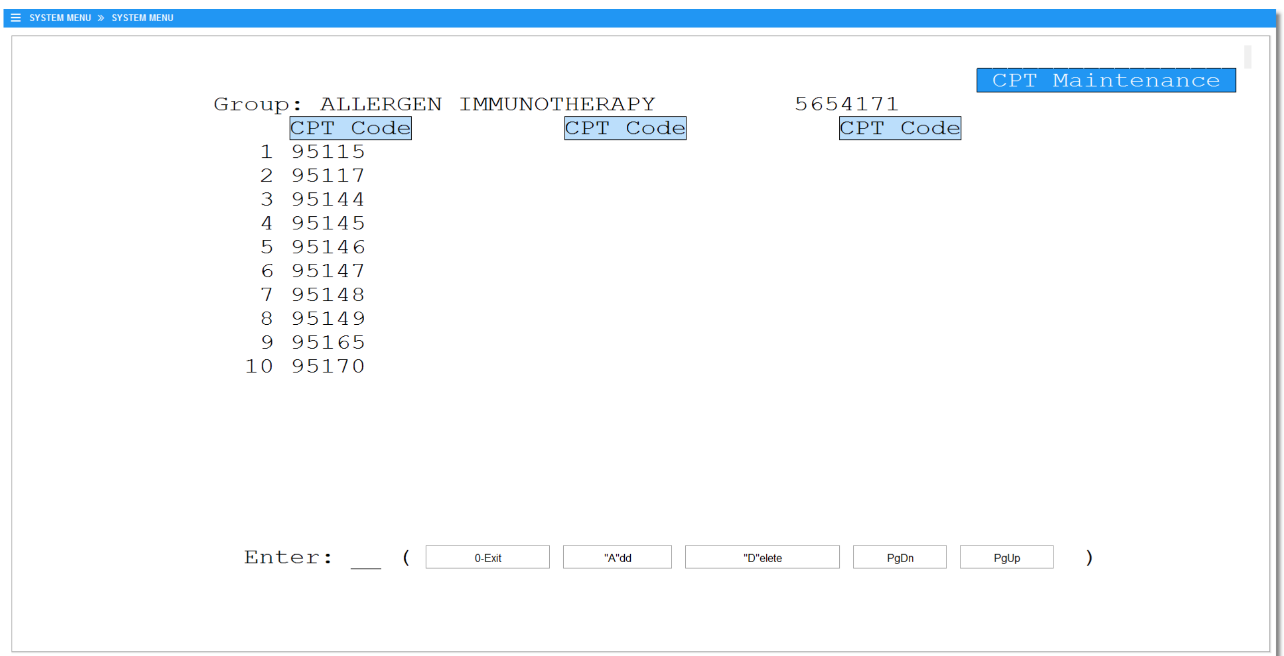
CPT Maintenance

A listing of all CPT codes will appear for the selected group. These CPT codes may or may not be medically necessary, depending on existing table entries in Diagnosis Maintenance. If a CPT code is not listed in any of the groups' table entries, it will always be medically necessary.

There are several available functions in this screen: **A**dd a CPT code to the table, **D**elete a CPT code from the table or **0** to exit the screen. Please note that the **PgUp**/**PgDn** keys are also functional to display all CPT codes entered.

NOTE*: TruBridge EHR will scrutinize Medical Necessity by checking the first five characters of the CPT code in the Item Master of an ordered test against the Medical Necessity Table entries and primary and secondary insurance codes to determine if Medical Necessity documentation is necessary*.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **ABN Control/Medical Necessity** > **Update Medical Necessity File** > **CPT Maintenance**

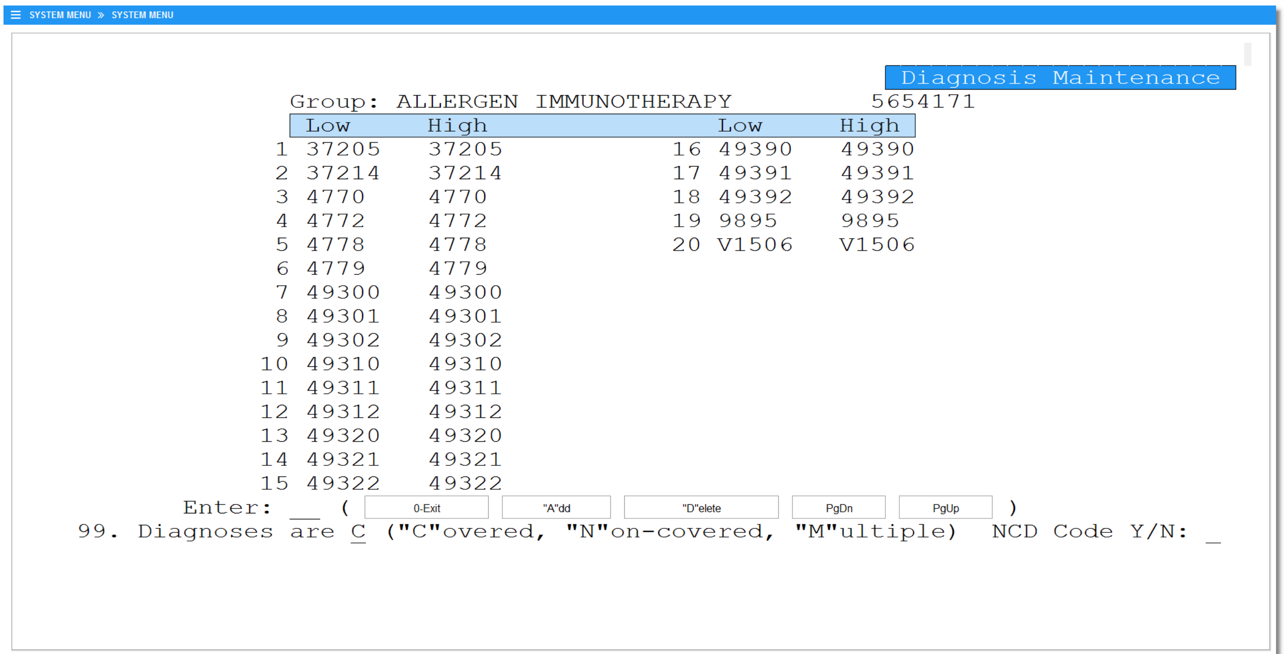


CPT Maintenance

Diagnosis Maintenance

This listing displays Diagnosis code ranges for which the entered CPT codes are acceptable. Several options are available: **A**dd a Diagnosis range, **D**elete a Diagnosis range or **0** to Exit the screen. The **PgUp**/**PgDn** keys can also be used in order to see all ranges entered.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **ABN Control/Medical Necessity** > **Update Medical Necessity File** > **Diag Maintenanc**



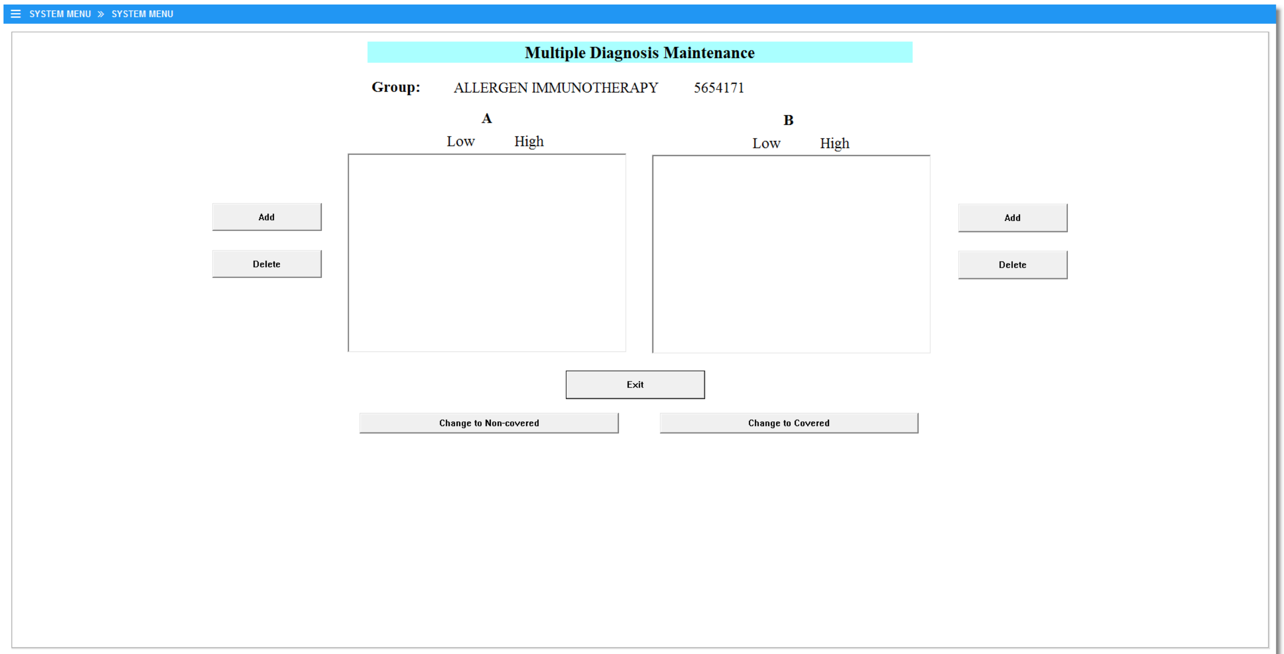
Diagnosis Maintenance

- **Diagnoses are (“C”overed, “N”on-covered, "M"ultiple):** If the field is set to **C**, the Diagnosis ranges listed are covered for the specific test. If the field is set to **N**, the Diagnosis ranges listed are not covered for the specific test. Set the field to **M** to enter any combinations of covered or non covered diagnosis codes.

- **NCD Code Y/N:** Select **Y** for TruBridge EHR to check the NCD Denied Table to determine if this is a denied diagnosis. **Y** indicates that this is an NCD policy. Select **N** if this diagnosis should not be checked against the NCD Denied Table. **N** indicates that this is an LCD policy.

If field 99 is set to **M**ultiple, once the NCD Code prompt is answered, the Multiple Diagnosis Maintenance Table will display.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Update Medical Necessity File** > **Diag Maintenance** > **99** > **Multiple Diagnosis Maintenance**



Multiple Diagnosis Maintenance

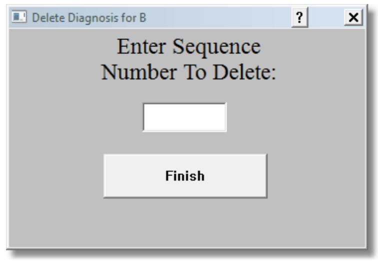
Diagnosis for A:

Select **Add** to enter a Diagnosis Low or Diagnosis High range.

Select **Finish** to complete the entry.

Select **Delete** to remove a Diagnosis Range from this group.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Update Medical Necessity File** > **sequence #** > **Diag Maintenance** > **99** > **Multiple Diagnosis Maintenance** > **Delete**



Delete Dialogue

Enter the sequence number of the diagnosis range to delete from this group, and select **Finish** to remove.

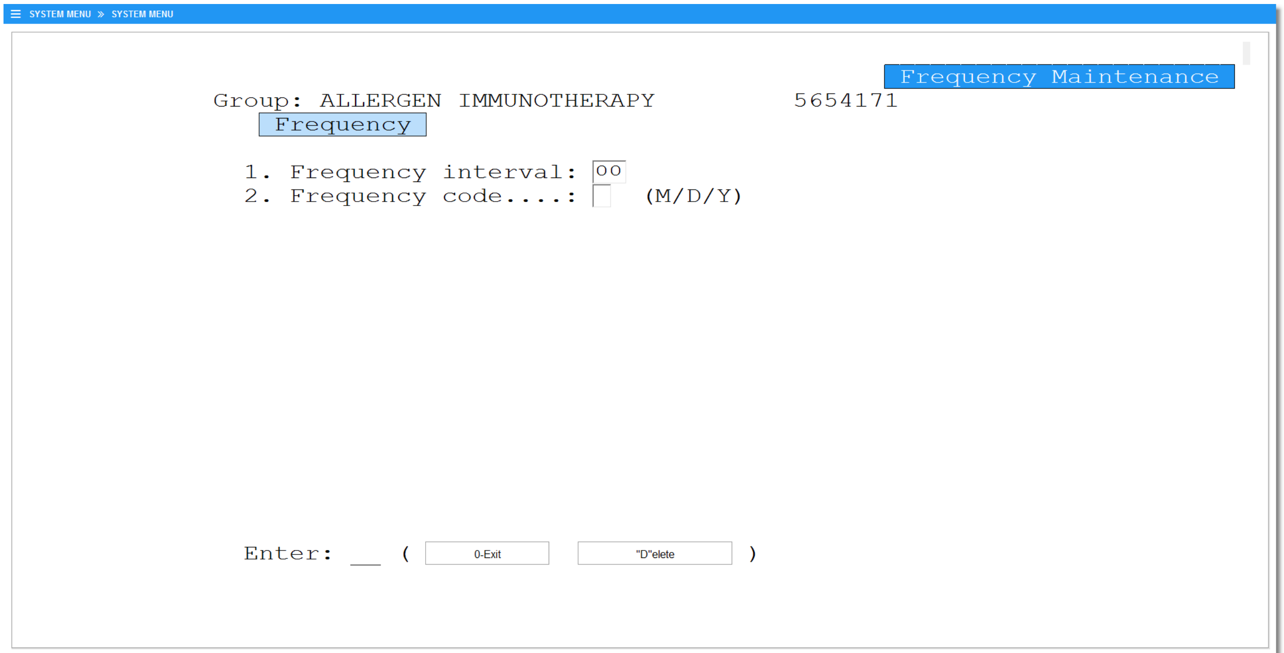
NOTE: Add *and* ***Delete*** *work the exact same for Diagnosis entered through B.*

Selecting the **Change to Non-covered** or **Change to Covered**, will automatically change all entered diagnosis to the selected option and return to the Diagnosis Maintenance screen.

Select **Exit** to return to the Medical Necessity maintenance screen.

Frequency of Test

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Med-Nec** > **Update Medical Necessity File** > **Frequency of Test**



Frequency of Test

This screen allows a frequency limit to be defined for the CPT(s) in the group. When an order is entered for an item with a CPT code found in the Medical Necessity Table, TruBridge EHR will include checking the frequency interval. If there is a supporting diagnosis code in the table for the CPT code, TruBridge EHR will calculate the earliest date that would support payment.

The ABN prompt will display: “Medicare is likely to deny payment if their records reflect they have been billed for this test within the last XXXXX.” A standard ABN or a frequency ABN will print with the reason as “Testing frequency exceeds the interval approved by Medicare.”

TruBridge EHR will display the frequency limit after a supporting diagnosis has been entered, and that the test will be denied if billed more frequently than the interval loaded in this field. Examples for tests with limited frequency are HgbA1C and Mammograms.

5.12 Ref Lab Table

Please contact a TruBridge Interface representative for more information regarding this table.

5.13 Billing Table

Please contact a TruBridge Business Services representative for more information regarding this table.

Chapter 6 Insurance Tables

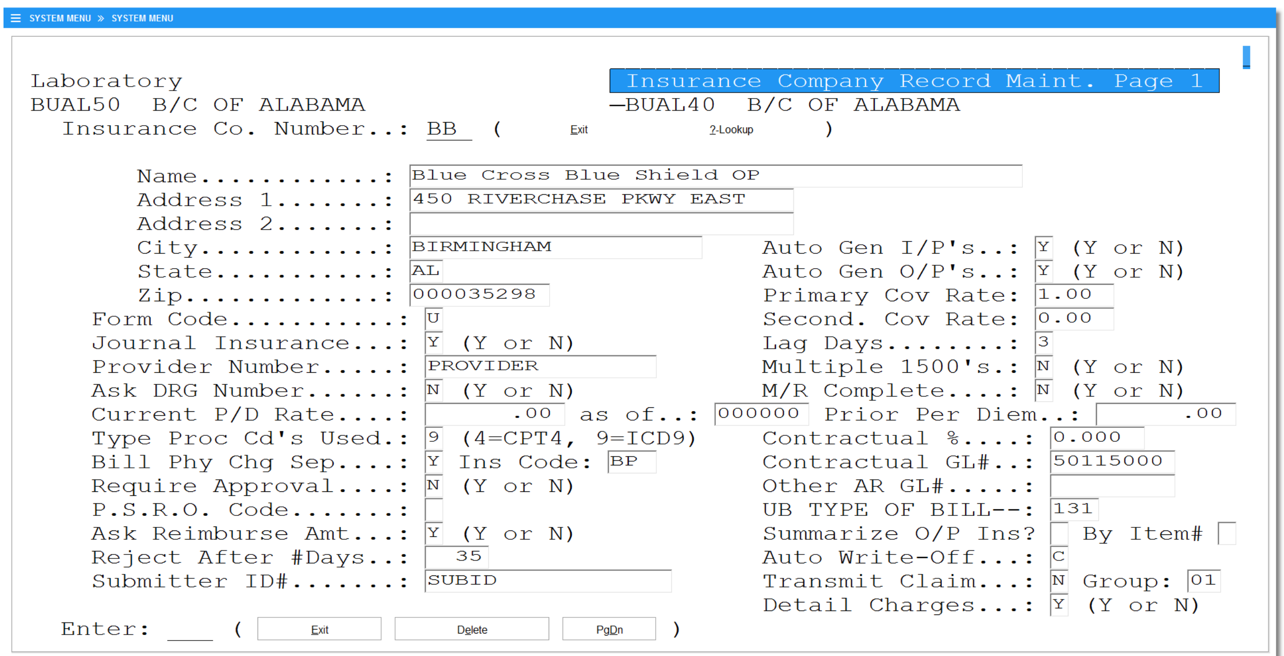
6.1 Overview

The Insurance Company Table contains fields that directly affect insurance claim generation and printing. A table is set up for each Financial Class Code used in TruBridge EHR to store specific information relating to the different insurance companies.

6.2 Insurance Company Table

Insurance Company Table, Page 1

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 1**



Insurance Company Record Maint., Page 1

- **Insurance Company Number:** Load the 3-character code in this field.

- **Name:** The name of the Financial Class associated with the three-character code should be loaded in this field.

- **Address:** The address of the insurance company should be loaded in these fields. These fields may also accommodate a foreign address by typing **FA** in the State field. This will open lines for the foreign address to be entered, which will pull to the Policy Information, Insurance Tickler, Registration Lookup, Insurance Labels and the UB and 1500. **UNFA** entered in the Insurance

Company Table page 1, Address 1 field or the Policy Information screen Address 1 field , will turn off the foreign address option.

- **Form Code: Form Code:** The Form Code is a 1-character field that uses a specific code to pull the type of printed form for this Financial Class. This field should be answered with one of the following codes:

  A Ambulance 1491
  E Colorado state form
  J 1500
  U UB
  X State specific forms

- **Journal Insurance:** Enter a **Y** if you want a journal kept for this particular insurance. An **N** will not retain journal information for this Financial Class.

- **Provider Number:** Enter the facility's Provider Number. If there is a number in this field then it over-rides the number that is set up in the Physician 999999 table.

- **Ask DRG Number:** This field affects the receipting of insurance claims. If this Financial Class does not require a DRG to be entered and stored in journals, it should be answered **N**. Answering **Y** will allow a DRG to be entered at the time the claim is receipted, and the information will be stored in the Insurance Journal for this Financial Class code. If this field is set to **P,** the DRG prompt will only appear if the claim is set as primary; secondary claims will not be prompted to enter the DRG.

- **Current P/D Rate: As Of Prior Per Diem:** Utilized for insurance logs and Insurance Adjustments to AR report calculations.This field is loaded for the Financial Class codes that use a per diem rate. The Insurance Adjustments to AR report, as seen in Printed Reports, uses the current per diem rate to calculate a contractual amount. If this field has an amount loaded, and no contractual % is loaded, TruBridge EHR will multiply the rate loaded in this field times the length of stay. This calculation will give the reimbursement amount to be used in calculating the contractual adjustment when the Insurance Adjustments to AR program is run. If a DRG has been calculated for a particular claim, TruBridge EHR will use the DRG instead of the current per diem rate in calculating the contractual adjustment. If the current per diem rate is used for a Financial Class, this will be reflected in insurance journals as the reimbursement amount. The per diem rate, multiplied by the length of stay, will be the reimbursement amount that is printed on the journal. If this field is blank, TruBridge EHR will calculate a reimbursement based off the rate computed on the DRG Grouper screen.

- **Type Proc Cd’s Used:** Enter a **4** in order to pull the CPT4 codes to the claim, and enter a **9** to pull the ICD9 codes to the claim. The code will pull from the Grouper screen to locator 74 on the UB.

- **Bill Phy Chg Sep: Ins Code:** Indicates whether to bill Physician Charges separately. If answered **Y**, then the Insurance Company Code should be entered to indicate the 1500 F/C that the Physician Charges should pull to. A warning will appear while manually generating Inpatient claims and an Outpatient 1500 claim will be created during the autogen process. If answered **N** the Physician Charges will pull to the UB.

- **Require Approval:** If answered **Y** then the claim will begin at the Unapproved status, and a date must be entered in the Received field in the Policy Information screen. If answered **N** then TruBridge EHR automatically puts a date in this field and the claim will begin at the Approved status. Typically, all Inpatient Financial Classes are answered **Y** and Outpatient Financial Classes are answered **N**.

- **P.S.R.O. Code:** Enter a one-character that should pull as a condition code, preceded by a **C** to the UB.

- **Ask Reimburse Amt:** This field is no longer used.

- **Reject After #Days:** Indicates the number of days after being billed that this insurance company's claims should "auto-reject" if unpaid. The claim will be "auto-rejected" when cycle statements are printed. Once the claim is auto-rejected, a statement will print during that same statement run for any account that does not have an insurance with an expect pay amount greater than zero. Medicare and Medicaid Financial Classes should leave this field blank. A **-1** may be entered to remove a number from this field.

- **Submitter ID#:** This field is used to enter the identification number that is assigned by some intermediaries for electronic billing.

- **Auto Gen I/P's:** This field will allow inpatient claims to be auto-generated. Recommend setting to **Y**.

- **Auto Gen O/P's:** This field allows outpatient claims to be auto-generated. Recommend setting to **Y**.

- **Primary Cov Rate:** The percentage of charges that the primary claims in this insurance should be billed. Typically set to 100%.

- **Second Cov Rate:** The percentage of charges that were not billed to the primary claims. This is typically set to 0%, and all charges will pull as non covered on the secondary claim.

- **Lag Days:** The number of closed days after patient's discharge that TruBridge EHR waits before auto-generating insurance.

- **Multiple 1500's:** If answered **Y** then TruBridge EHR will set up separate physician claims for different physicians' charges during the auto-gen process.

- **M/R Complete:** If answered **Y**, then a Finish Date must be loaded in the Grouper screen before a claim will be set up by the auto-generation program and the Create Claims by Charge Period program.

- **Contractual %:** The Contractual Percentage Rate is used for the Financial Classes that use the Insurance Adjustments to AR report. On the Insurance Adjustments to AR report, TruBridge EHR will multiply the percentage by the expected pay to obtain the reimbursement amount. The percentage that is loaded is the amount the hospital expects to collect. See the Print Reports section of the Insurance User Guide for more information on the Insurance Adjustments to AR Report.

- **Contractual GL#:** The General Ledger number set up to track contractual adjustments for this Financial Class. When a claim is receipted, TruBridge EHR will look to this field for that Financial Class to determine the contractual adjustment General Ledger number to use as the off-setting General Ledger entry. This field is also used for the Insurance Adjustments to AR report. The General Ledger number loaded in this field will be debited for the amount of the contractual adjustment. This field will accept a 5-digit or 8-digit General Ledger number. If a 5-digit number is entered, TruBridge EHR will use the 3-digit number loaded in the Physician Table page 4, Contractual GL Dept # field, as the last three digits of the General Ledger number.

- **Other AR GL#:** The Accounts Receivable General Ledger number that should be credited when running the Insurance Adjustments to AR report. If no number is loaded, then the report will create the entry using the AR General Ledger number loaded on AHIS, page 1. See the Print Reports section of the Insurance User Guide for more information on the Insurance Adjustments to AR Report.

- **UB Type of Bill:** This field is used for Financial Classes that have a non-routine bill type. TruBridge EHR will compute bill types for 111 - 114; 131 -132 and 831. Other bill types needed should be loaded into this field. If the first digit is entered in this field, TruBridge EHR will calculate the other two digits. This pulls to locator 4 on the UB.

- **Summarize O/P Ins?: By Item#:** This field allows the Outpatient claims for this Financial Class to be summarized. Usually this is answered in the Summary Code table. This field will override the Summary Code table for this Financial Class. If the first field set to **Y**, TruBridge EHR will summarize by Summary Charge Code. If the second field is answered **Y** TruBridge EHR will summarize by item number. Loading a **D** will cause the Lab charges to be summarized by Date for Revenue Codes 300-319.

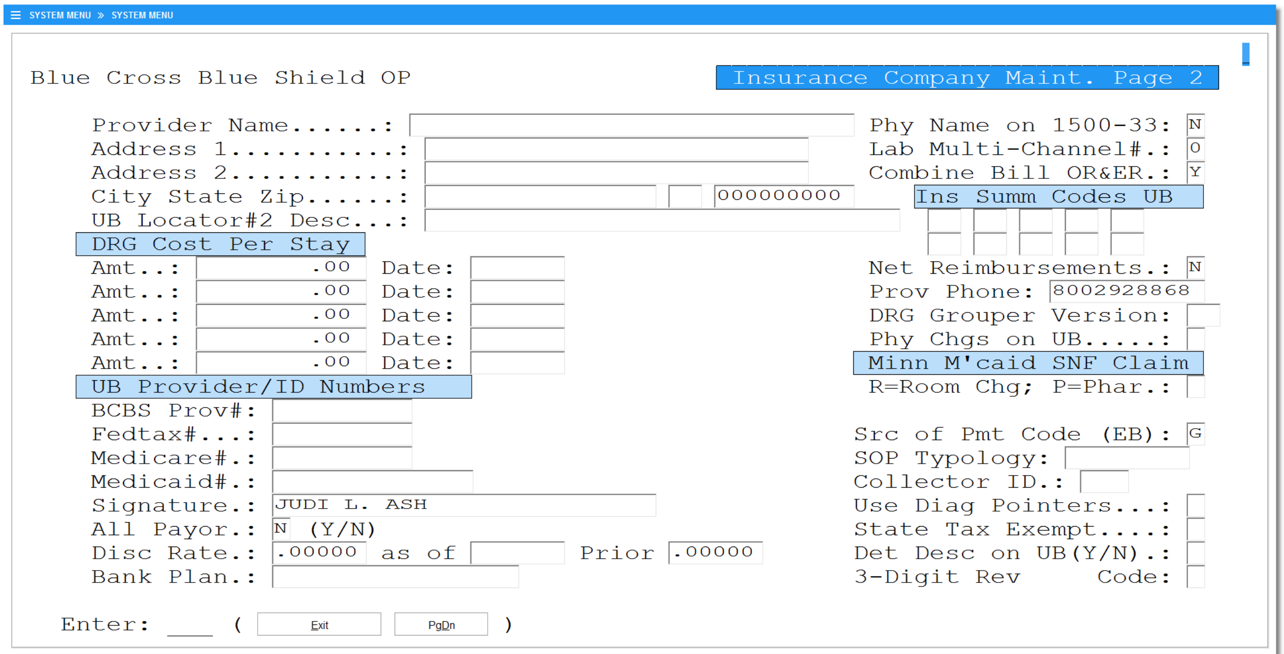
- **Auto Write-Off:** Enter **A**, **C**, or **N**. An **A** will prompt for the Approved amount and compute a Contractual during Insurance Receipt Entry. A **C** will prompt for a Contractual and compute an Approved amount. An **N** should be entered for all Financial Classes that will not have contractuals.

- **Transmit Claim: Option:** Enter a **Y** for all Financial Classes that will be billed electronically.

- **Detail Charges:** Answer **Y** for Inpatient claims that should be itemized rather than summarized. If an itemized claim should pull as a summarized claim, enter an **N**. This will affect the way charges display on both the Detail Charges screen and the claim. Typically this field should be set to **Y** for Outpatient Financial Classes and **N** for Inpatient Financial Classes. This field should not be blank.

Insurance Company Table, Page 2

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 2**



Insurance Company Record Maint., Page 2

- **Provider Name and Address:** The Provider name and address may be loaded for specific Financial Classes, if this information should differ from the name and address loaded in the Physician Table 999999. The data from these fields will override that of the Physician 999999 table and pull to locator 2 on the UB and locator 33 on the 1500.

- **UB Locator#2 Desc:** Information that is loaded in this field will pull to the UB in locator 2.

- **DRG Cost Per Stay:** The Blended Rate used to compute the DRG may be loaded if it is different than the rate loaded in the facility's Medicare Blended Rate in AHIS.

- **BCBS Prov#:** The Blue Cross provider number may be loaded in this field for this Financial Class code. This will override the Blue Cross provider numbers loaded in the Physicians Tables.

- **Fedtax#:** The Federal Tax number may be loaded in this field if it is different than the tax numbers loaded in the Physicians Tables. This will pull to locator 25 on the 1500 and locator 5 on the UB.

- **Medicare#:** The Medicare provider number may be loaded in this field for Financial Class codes that are different than the Medicare provider number in the Physicians Tables.

- **Medicaid#:** The Medicaid provider number may be loaded in this field for Financial Class codes that are different than the Medicaid provider numbers loaded in the Physicians tables.

NOTE: The BCBS Prov#, Medicare# and Medicaid# f*ields will override the Provider Number field on page 1 of the Insurance Company table.*

- **Signature:** The signature of the person working the claims for this Financial Class Code may be loaded and will print on the UB and 1500.
- **All Payor:** State-specific field.
- **Disc Rate:** State-specific field.
- **Bank Plan:** This field is used by electronic billing for specific states to load the payer identification. This identifier designates the organization from which the provider might expect payment.
- **Phy Name on 1500-33:** The name of the physician associated with this charge will pull to the 1500 in locator 33 if answered **Y**.
- **Lab Multi-Channel#:** Enter the minimum number of lab tests that should exist before bundling them as a multi-channel item. An eligible item is determined by the entry of a number in the item master, option **A** - Order Entry Information, field 28 “Lab Multi-Channel#.”
- **Combine Bill OR&ER:** This field may be answered **Y** or **N**. Answering **Y** will combine charges for the Summary Codes loaded in the Summary Code table that have Need HCPC Codes set to **Y**.
- **Ins Summ Codes UB:** Forces physician charges with Summary Charge Codes entered here to pull to the UB instead of a 1500.
- **Net Reimbursements:** If answered **Y**, and multiple payments are made to a single insurance claim, then the receipt information displayed on the Insurance Claim Status screen and the Insurance Journals will show the net reimbursement. If answered **N**, only the amount of the last payment.
- **Prov Phone:** The provider phone number may be loaded in this field.
- **DRG Grouper Version:** This field should be left blank for all Financial Classes that are calculating DRG's on the current version. If a Financial Class uses an older version to calculate DRG's, this version should be loaded. Contact TruBridge if this field should be utilized.
- **Phy Chgs on UB:** If answered **Y**, TruBridge EHR will pull the Physician charges to the UB as well as to the 1500 if the Bill Physician Charges Separately field on page 1 is also answered **Y**.

***NOTE**: If both Phy Chgs on UB and Bill Phy Chg Sep (page 1) are answered **Y** and Critical Acc Hosp (page 4) is answered either **Y** or **N**, TruBridge EHR will pull charges to the UB and the 1500 and add value code 05 to the Coding Screen on the UB.*

- **Minn M’caid SNF Claim:** Enter an **R** or **P** for state-specific form.
- **Src of Pmt Code (EB):** This field is used by electronic billing to load the code indicating the source of payment associated with this payer.

- **SOP Typology:** This field is used by Abstracting and is state specific.

- **Collector ID:** Enter the 3-digit Collector ID code. Any insurance claims with this Financial Class that drop into the Insurance Tickler will be assigned to this Collector ID.

- **Use Diag Pointers:** Enter a **Y** in this field to have 1 pull to locator 24E on the 1500. Enter an **N** to have locator 24E pull blank. Enter a **1** to have all the diagnosis codes pull. For example, if there are four diagnosis codes on the account then 1,2,3,4 will pull.

NOTE: *If diagnosis pointers are loaded using the DIA option in the Insurance Claim Status screen then they will pull to locator 24E regardless of how this field is set.*

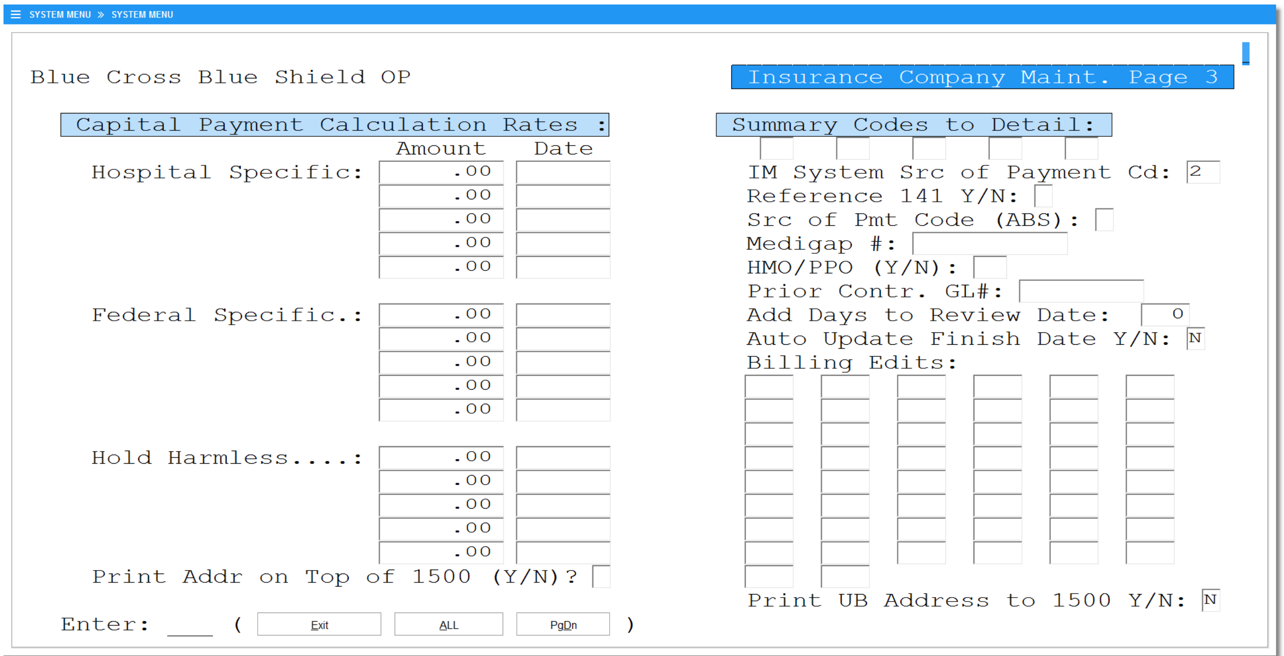
- **State Tax Exempt:** This field is used by the state of Minnesota to indicate if this Financial Class is exempt from the state tax on cash collected from AR accounts. This information pulls to the Minnesota Receipts List. If answered **Y**, the Financial Class is exempt, and if the Secondary payment is looking to the Primary Financial Class, it would also be exempt. If answered **N**, this Financial Class is not exempt. If answered **P**, this Financial Class is only exempt for the Secondary payment if the Primary Financial Class has this field marked to **Y**. In all other cases, answering **P** would mean not exempt. If answered **S**, the Financial Class is exempt and if the Secondary payment is looking to the Primary Financial Class, it would not be exempt. If this field is blank, the payment will not be exempt for this Financial Class.

- **Det Desc on UB:** Answering this field **Y** will pull the item description loaded in the Item Master for detailed items to the UB. An **N,** or blank, will pull the description loaded in the Summary Code table for all detailed and summarized items to the UB.

- **3-Digit Revenue Code:** If answered **Y** a 3-digit Revenue Code will pull to the UB instead of a 4-digit code.

Insurance Company Table, Page 3

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 3**



Insurance Company Record Maint., Page 3

- **Capital Payment Calculation Rates:** Load the facility's Hospital Specific, Federal Specific, and Hold Harmless rates, along with their effective dates.

- **Summary Codes to Detail:** Load up to five Summary Codes for this insurance company that should detail instead of summarize. This is only necessary if the Summary Code table is set to summarize, and for this insurance company certain Summary Codes be detailed.

- **IM System Src of Payment CD:** Load the source of payment code for the Indicator Measurement system (IMS/Core Measures).

- **Reference 141:** If set to Y then a type of bill 141 will be assigned to the claim if Revenue Codes 300-319 are the only Revenue Codes on the claim. If this field is set to **N**, TruBridge EHR will default to the regular bill type.

- **Src of Pmt Code (ABS):** This field is used for abstracting to load the code indicating the source of payment with this payer. These codes differ per state. If the facility is using Contract Management, enter a **H** here.

- **Medigap#:** For specific states, if Medicare is primary and the secondary is a Blue Cross or Commercial claim, the word "MEDIGAP" followed by the contract number of the secondary claim will print in locator 9a. The Medigap# of the secondary claim followed by the Insurance company name will print in locator 9d.

- **HMO/PPO:** If marked **Y**, this Financial Class will list separately as HMO/PPO in the Revenue by Financial Class report, Monthly Receipts List, and the Daily Receipts List.

- **Prior Contr. GL#:** If the contractual General Ledger number changes with a new year, the previous number may be loaded for use with electronic remittances in case a remittance is received from the previous year.

- **Add Days to Review Date:** Load the number of days to be added to the Billed Date to create the Review Date in the Insurance Tickler. Typically set to 30.

- **Auto Update Finish Date:** If set to **Y**, once a claim has been paid, a Finish Date will automatically be placed in the Insurance Tickler account at the time the Daily Receipts List is run. If **N**, the Review Date will be changed to the day after the Paid Date, and no Finish Date will be loaded automatically.

- **Billing Edits:** Load any billing edit numbers that should not print for this insurance company.

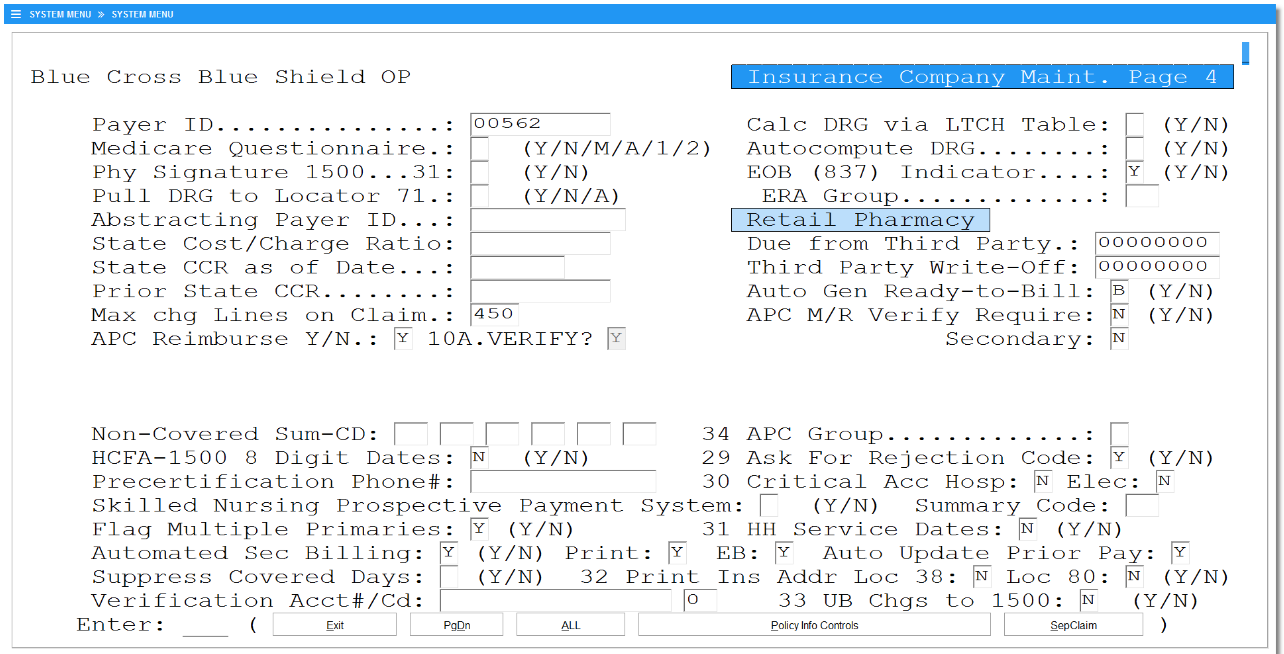
- **Print Addr on Top of 1500 (Y or N)?:** This field may be answered **Y** or **N**. If answered **Y**, the address of the insurance company will print at the top of the 1500 form. Default for this field is **N**. If answered **N** the address will not print and there will be no other option.

- **Justify Addr (CTR/RHS/LFT)?:** If field 14 is answered **Y** then field 15 will also need to be answered. “CTR” will center the insurance company’s address on top of the 1500 form, “RHS” will right justify the address, and “LFT” will left justify the address.

- **Print UB Address to 1500 Y/N:** If answered **Y,** the UB insurance address will copy from the UB claim to the 1500 physician claim. This option works with Auto generating claims and Creating Claims by Charge Period.

Insurance Company Table, Page 4

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 4**



Insurance Company Record Maint., Page 4

- **Payer ID:** Payer ID codes are for all financial classes who send claims electronically and have a payer ID. Contact a TruBridge Support Representative for assistance with this field.

- **Medicare Questionnaire:** This field determines if the Medicare Questionnaire will appear during the registration process. The following options are available:
  - **Y**: The cursor will go directly to the Medicare Questionnaire after completing the Guarantor/Ins tab in the Registration and ADT screen, if this financial class is primary.
  - **N**: The Medicare Questionnaire will not display during the registration process.
  - **M**: The Medicare Questionnaire will appear after the Fin. Class field on the Guarantor/Ins tab in the Registration and ADT screen is completed, if this financial class is primary.
  - **A**: The Medicare Questionnaire will appear either after the admit date is entered on the Stay tab or Admit is completed in the ADT Functions, if this financial class is primary.
  - **1**: The cursor will go directly to the Medicare Questionnaire after completing the Guarantor/Ins tab in the Registration and ADT screen, if this financial class is primary, secondary or tertiary.
  - **2**: The Medicare Questionnaire will appear either after the admit date is entered on the Stay tab or Admit is completed in the ADT Functions, if this financial class is primary, secondary or tertiary.

- **Phy Signature 1500…31:** If answered **Y**, the charging physician name listed in the Detail Charges screen will pull to locator 31. If the Insurance Company Table is set to pull UB charges to the 1500 and there is no charging physician, then the Admitting Physician name will pull.

- **Pull DRG to Locator 71:** If answered **Y**, the computed on the Grouper screen will pull to Locator 71 of the UB. If answered **A**, the DRG on Grouper screen, followed by the APR, will pull to locator 71 of the UB.

- **Abstracting Payer ID:** This field is used to load the abstracting payer identification for specific states.

- **State Cost/Charge Ratio:** For Georgia Medicaid, load the cost to charge ratio that is to be used in the DRG calculation.

- **State CCR as of Date:** Enter the effective date of the cost to charge ratio.

- **Prior State CCR:** Enter the previous cost to charge ratio. (To calculate the DRG, TruBridge EHR will take the total charges and subtract physician charges, the amount of room charges over semi-private rate, and the items with an "*" as the first character in the Summary Charge Code. This amount will be multiplied by the State Cost to Charge Ratio, plus the Hold Harmless amount to achieve the DRG Reimbursement amount.)

- **Max chg Lines on Claim:** Determines the total number of detail lines that may print on a claim linking each page via "page 1 of 2, page 2 of 2." When numbers greater than 25 but less than 450 are loaded and detail charge lines fall within this range, a single claim will generate.

- **APC Reimburse Y/N:** If this Financial Class will reimburse based on the Ambulatory Payment Classification groups then set to **Y**.

- **Verify?:** If this field is answered **Y,** claims will be verified through 3M APC Grouper Plus.

- **Non-Covered Sum-Cd:** These Summary Charge Codes will pull to the non-covered portion of a claim.

- **HCFA-1500 8 Digit Dates:** Prints dates in MMDDYYYY formats.

- **Precertification Phone#:** A Precertification phone number may be loaded to automatically pull to the Policy Information screen of a claim generated for this Financial Class.

- **Skilled Nursing Prospective Payment System:** This field should be answered **Y** for all insurance companies which reimburse based on the RUG-III category. Once the switch is set to **Y**, the RUGS Summary Code should be loaded in the second portion of the field. For sites using the MDS application, when an MDS code is locked for Skilled Nursing Facility patients and a claim is generated using Create Claims By Charge Period, then the related RUGS code will pull to the Detail Charges if this field is answered **Y**. The RUGS code will pull to a line associated with the Summary Charge Code entered in the second part of this field. Please contact a TruBridge Support Representative for additional setup requirements for RUGS billing.

- **Flag Multiple Primaries:** If this field is answered **Y**, a warning will display when the insurance screen is exited, and there are multiple claims set as primary. If answered **N**, the warning will not display.

- **Automated Sec Billing: (Y/N) Print: (Y/N) EB: (Y/N): Auto Update Prior Pay:** When the first option is answered **Y**, TruBridge EHR will automate the billing of secondary insurance claims when the primary claim has paid. If the print form field is set to **Y** the form will print. If Elec Bill is set to **Y** the secondary claim will be electronically billed. The Detail Charges screen prompt **Elect Bill** will be displayed based on the logic of this field.

- **Auto Update Prior Pay:** If this field is marked **Y**, when using Automated Secondary Billing, the Prior Payment field on the Detail Benefits screen will be automatically populated. If this is set to **N**, the Prior Payment field will not be populated.

- **Suppress Covered Days:** When answered **Y**, TruBridge EHR will suppress the printing of Covered Days in locator 7 of the UB.

- **Verification Acct#/Cd:** This field is used in conjunction with the purchased interface to the “Passport” insurance verification system.

- **Calc DRG via LTCH Table Y/N:** If this field is answered with a **Y**, the financial class will calculate reimbursements based on the LTCH DRG tables. If this field is set to **N**, TruBridge EHR will read from the DRG table.

- **Autocompute DRG:** This field works with Auto-Compute found in LTCH Reports. Setting this field to **Y** will allow all accounts with this financial class to auto compute the DRG when running the Auto-Compute.

- **ERA Group:** This field is used to help the RAP14 remittance program process claims crossed over from other Intermediaries. This field is maintained by TruBridge personnel.

- **Retail Pharmacy:** The Coverage and Write-Off General Ledger numbers for Retail Pharmacy should be entered in these fields. This works in conjunction with the Pharmacy on-line adjudication and aids in reporting revenue, patient charging, write-offs, etc.

- **AutoGen Ready-to-Bill Y/N:** If this field is set to **N**, the autogen program will automatically set the insurance claims for this Financial Class to the Unchecked status instead of Ready to Bill. This is the recommended setting for Financial Classes that reimburse based on APC groups.

NOTE: *If a TruBridge facility has purchased EBS, the Autoclose process may also be set up to autogen insurance claims to "Billed" status. If ICT page 4, field 27 "Autogen to Ready to Bill" is set to* ***B*** *(Billed), this will autogen claims from Approved status directly to Billed if the electronic switch in the Insurance Company Table is also set to* ***Y.*** *Medicare APC claims that autogen to Unchecked and need APC Verification before moving forward follow a different process. For these claims, ICT page 4, field 27 "Autogen to Ready to Bill" must be set to* ***B*** *and field 28 "APC M/R Verify Require" is set to* ***Y*** *. The APC claim will continue to generate to the "Unchecked" status allowing Medical Records to review the procedure codes and mark the claim as verified. Once the claim is verified, the claim will generate from Unchecked to Billed during the Autoclose process if AHIS, page 9, field 10 is set to* ***Y.***

All TruBridge facilities have the option to autogen to Ready to Bill during the Autoclose Days/Months application but ***ONLY*** *EBOS facilities have the option to Autogen to Billed.*

- **APC M/R Verify Require:** If this field is set to **Y**, MR vertification is required before the claim will move from unchecked to RTB by the “APC Claims to Ready-To-Bill” report. If an **N** is entered APC claims will not move from unchecked to RTB by the “APC Claims to Ready-To-Bill” report. Claims will need to be manually set to RTB, in addition, no MR verification is required. An **A** will allow APC claims to move from unchecked to RTB without a MR vertification manually or by the “APC Claims to Ready-To-Bill” report.

- **Ask For Rejection Code:** If this field is set to **Y** during the receipting process, after entering a payment type of **R**, the cursor will move over to the right and prompt for a reject code. This code may be set up in the Business Office Tables. The codes may be changed in either the Insurance Receipt Entry or Insurance Receipt Totals screens prior to posting. The code and associated description will pull to the patient’s Account Detail screen.

- **Critical Acc Hosp:** If set to **Y,** the claim will use Method I Critical Access billing and a bill type of 851 will pull to the UB. If this switch is set to **N,** then the system will pull the bill type loaded on page 1 of the Insurance Company Table. If a **2** is entered, the facility will be using Method II Critical Access billing (facility fee and profee are both billed on the UB). If a **P** is entered, then Method II billing will apply; however, if the financial class is secondary, then the secondary claim will pull just like the primary claim, even if Bill Phy Charges Separately is set to **Y** on the secondary financial class. When billing Method II and items are setup with a facility fee and a profee, then the Physician Revenue Code should be loaded in the Summary Charge Code table. This will be the Revenue Code associated with profee portion of the charge.

- **Elec**: When the **Elec** switch is selected, the system will pull a line item to the UB with a revenue code of 510, and a **1** in the units field, and 0.00 dollar amount. When the **Elec** switch is not selected, this line item does not print on the UB. This feature is used with both Method I and Method II Critical Access billing.

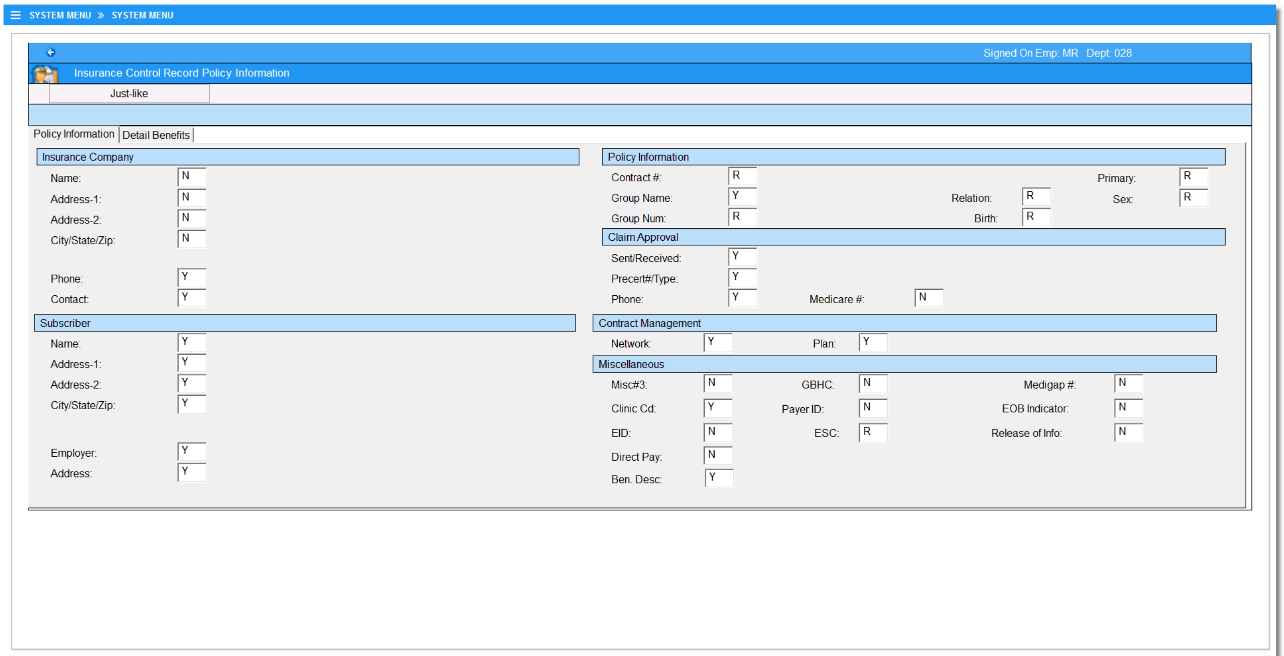
- **HH Service Dates:** Set to **Y** for any additional financial classes other than Medicare that need to have the service dates print on the UB locator 45. This field will default to **N**. This will only work for financial classes that have charges detailed line by line. For any Summary Charge Code that summarizes on the UB, no service date will print.

- **Print Ins Addr Loc 38 Loc 80:** When these switches are set to **Y**, the insurance company’s name and address will pull from fields 1-6 of the Insurance Company Table to locator 38 and/or locator 80 on the UB. When these switches are set to **N,** the guarantor address will pull to these locators.

- **UB Chgs to 1500:** Set to **Y** to pull UB charges to a 1500. Set it to **B** to have the charges pull to the UB and the 1500.

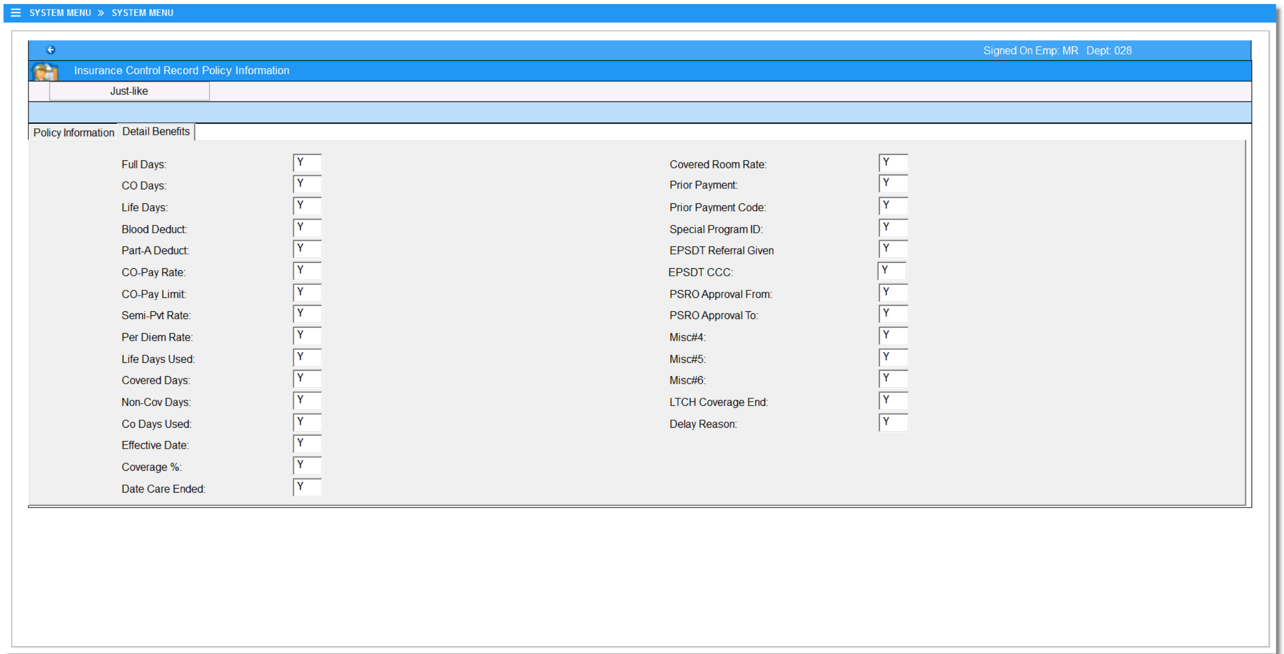
Policy Information Controls

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Companies > Page 4 > Policy Info Controls**



Insurance Control Record Policy Information

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 4** > **Policy Info Controls** > **Detail Benefits**

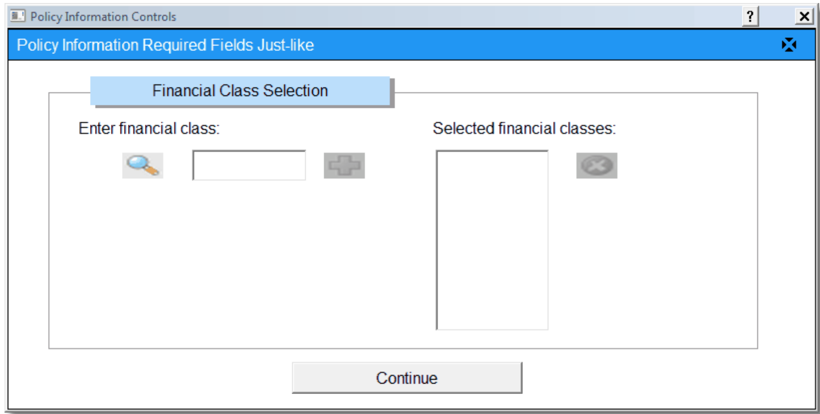


Insurance Control Record Policy Information, Detail Benefits

This table gives the ability to specify where the cursor will stop in the Policy Information Screen during Registration. This may be set for each financial class. After selecting the page number, enter an **R** to require information to be entered in a field, a **Y** for the cursor to stop on the field but not require information or an **N** if the cursor should skip the field. After selecting the desired tab, enter an **R** to require information to be entered in a field. A **Y** will stop the cursor on the field but not require information. An **N** will bypass the field.

Select **Just-like** at the top of the screen to copy the current set up to other financial class tables.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Tables Maintenance** > **Companies** > **Policy Info Controls** > **Just-like**



Policy Information Controls

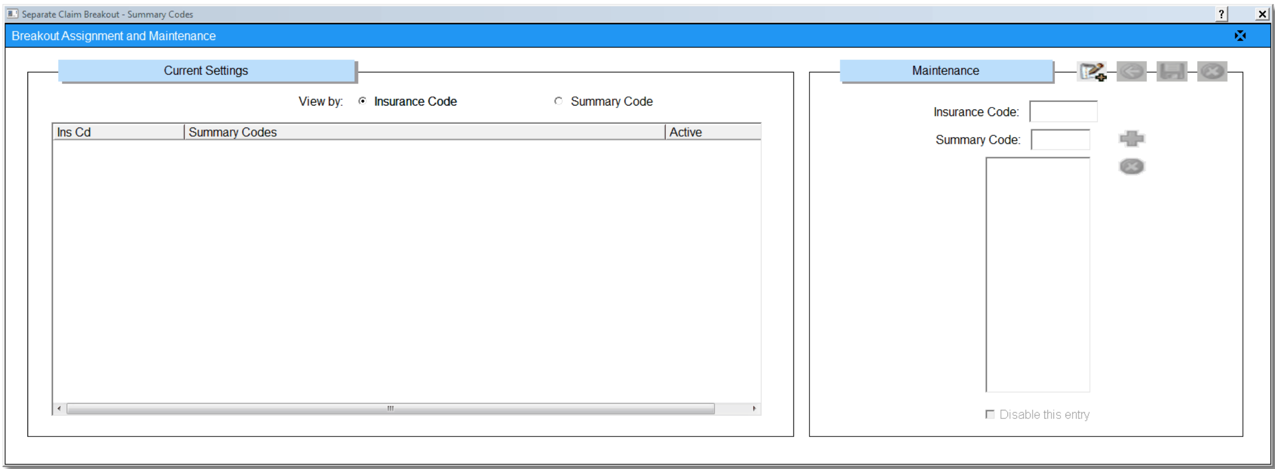
Enter the desired financial class code to copy the Policy Information fields. There is a lookup provided. Wildcarding may also be used in this field. After entering the desired financial class, select the  **Add** option to move this financial class to the Selected financial classes box. Enter up to 10 financial class codes or use the Ctrl key and highlight up to 200 financial classes. To remove a financial class from the Selected financial classes box, highlight the desired financial class and select the  **Delete** option. Once all financial class codes have been entered, select **Continue**.

NOTE: *The Just-like option may be used for the Policy Information tab and the Detail Benefits tab.*

Separate Claim

This table allows for multiple Summary Codes to pull to a separate designated insurance claim. The summary codes will pull to a separate claim during the autogen process. This will not work if a claim is manually generated.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Tables Maintenance** > **Companies** > **Page 4** > **Separate Claim**



Insurance Control Record Separate Claim

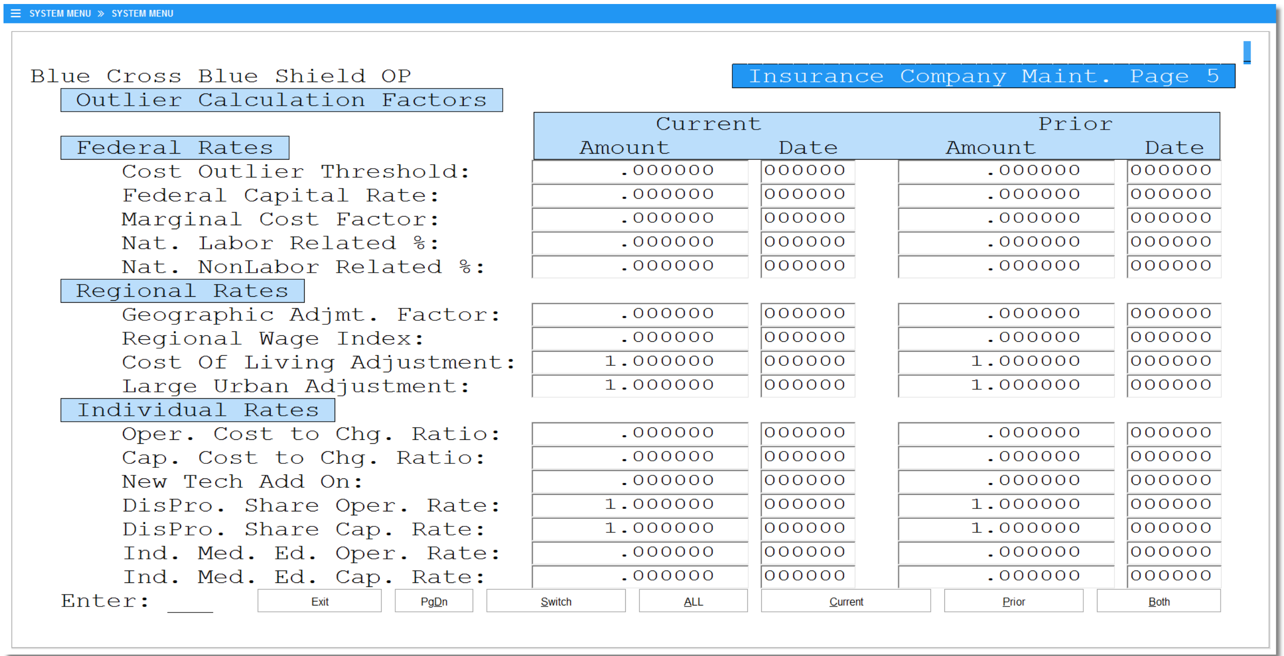
Under Maintenance, select the **Add** option to enter a new Insurance Code. Once the insurance code is entered, tab to the Summary Code field. Once a valid summary code is entered, select the **Add** option next to the Summary Code field to add it to the box below. Select the **Save** option once all the summary codes have been added for the particular financial class. The information that was entered will now display under Current Settings. To delete one of the lines in Current Settings, select the line and it will then display the information under Maintenance.

Select the **Delete** option to remove it. There is also the ability to disable a line in Current Settings if the line should not be deleted. Once a line is selected, it will display on the Maintenance side.

Select Disable this entry at the bottom of the screen and then select the **Save** option. The line will now show N in the active column.

Insurance Company Table, Page 5

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 5**

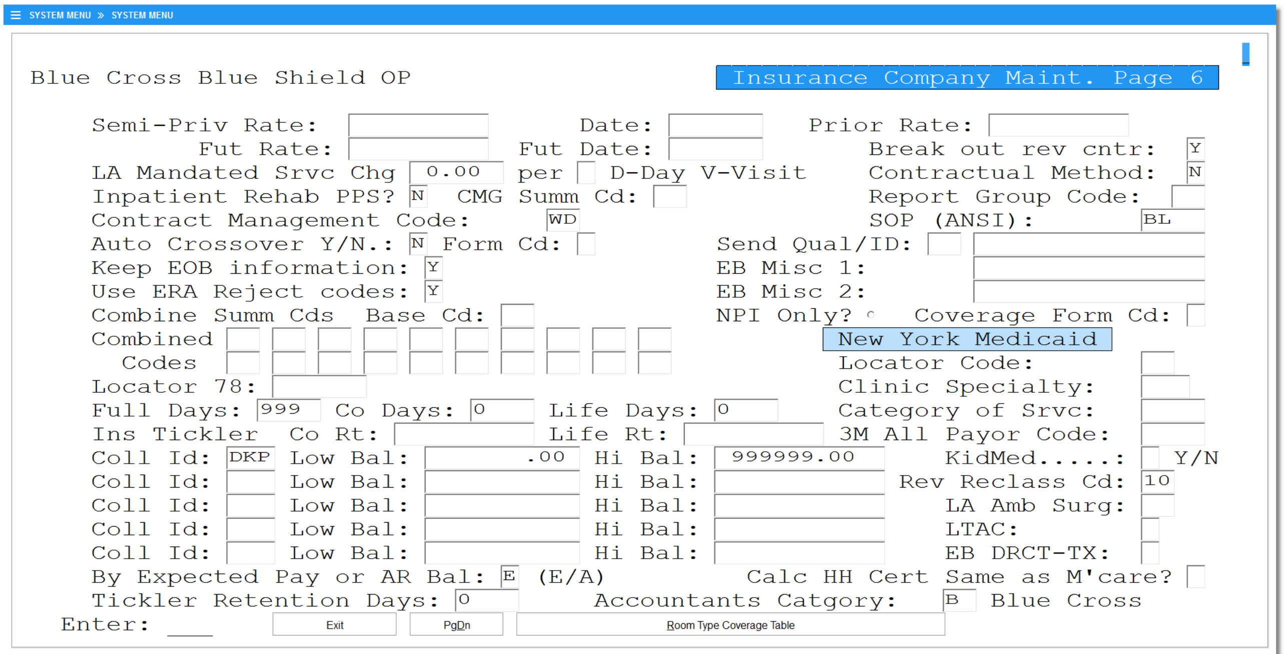


Insurance Company Maint., Page 5

- **Outlier Calculation Factors:** These rates are used to calculate the Outlier Amount on the D.R.G Cost Outlier Report (path: Web Client > System Menu > Hospital Base Menu > Print Reports > Medical Records (pg 1) > DRG Cost Outliers). The Federal and Regional Rates can be found in the Federal Register. Hospital Specific Rates can be obtained from the Medicare intermediary or from the Hospital's cost report.

Insurance Company Table, Page 6

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 6**



Insurance Company Record Maint., Page 6

- **Semi-Priv Rate: Date: Prior Rate: Fut Rate: Fut Date:** When this field is utilized, TruBridge EHR will use this information to determine room coverage amount per financial class. This field overrides the Semi-PVT Rate in AHIS, page 1.

- **LA Mandated Srvc Chg: per D-Day V-Visit:** The information entered in this field will comply with the State of Louisiana requirements for facilities to charge a mandated service charge. The dollar amount for the charge is entered in the first section of the field. If **D** is entered, TruBridge EHR will multiply the dollar amount loaded by the number of patient days stay. If **V** is entered TruBridge EHR will check the service codes on the claim, then check the Service Code table to see if the LAMSC switch is set to **Y** and then charge per visit.

- **Inpatient Rehab PPS? CMG Summ Cd:** If this field is answered **Y**, TruBridge EHR will require the 2-character alpha/numeric code to be entered. This information will pull to the UB. The Summary Code will pull with the CMG Code, from the Grouper screen, as the description, and the amount will be $0.00.

- **Contract Management Plan Code:** If a plan code is loaded in this field, when a patient is registered using this financial class TruBridge EHR will default the patient to the plan loaded.

- **Auto Crossover Y/N: Form Code:** This field is designed for those states that must submit forms for Medicaid claims that are crossing over from Medicare. Answer this field **Y** for all Medicaid Financial Classes that have crossover forms. Enter the Form Code for the crossover form that should print.

- **Keep EOB information:** I If this field is set to **Y**, the Explanation of Benefits information contained in an electronic remittance advice will be retained in TruBridge EHR and can be printed from the Receipt Information screen within a claim.

- **Use ERA Reject codes:** If this field is set to **Y** and rejection codes are loaded in the Rejection Codes Table, then when a remit is downloaded, the rejection description will pull to the Account Detail.

- **Combine Summ Cds:** In the Base Code part of this field, enter the Summary Charge Code that the other codes listed in which the following lines will combine. On the subsequent lines, enter the Summary Charge Codes that should combine into the Base Code. The Base Code must be entered in the Combined Codes field, in addition to any other codes that should combine. If the Base Code is blank, and Summary Codes are entered in the Combine Codes fields, the lines of detail on the UB would combine into the first code found in the table.

- **Locator 78:** If the state code in the Insurance Company Table is **NM**, then the information loaded in this field will pull to locator 73 on the UB. This will give the ability to pull a Workman's Compensation Ratio for the state of New Mexico. It will accept a 3-character integer and a 2-character decimal number (up to 999.99).

- **Full Days: Co Days: Life Days:** The numbers entered in these fields will automatically pull to primary Inpatient claims when generated. They will pull to fields 1-3 of the claim's Detail Benefits. These fields may be manually over-keyed.

- **Insurance Tickler:** This field affects the distribution of claims in the Insurance Tickler to Collectors by account balance for this Insurance Company. Load the Collector ID, Low Balance, and High Balance. If the account balance does not fall between any of the Low and High Balances loaded, then it will not be assigned. This field will override the Collector ID loaded in the Insurance Company table page 2. Enter an **E** if TruBridge EHR should look at Expected Pay for low and High balance and an **A** if TruBridge EHR should look at AR balance for low and high balance.

- **Tickler Retention Days:** The number of days past the finish date that the claim will remain in the tickler before being automatically purged. The default for this field is 31 days; (i.e., if the field is left blank or 0, TruBridge EHR retains the claim in the tickler for 31 days past the finish date.)

- **Accountants Category:** This field will accept a valid 2-digit code that is set up in the Accountants Category Codes table. It is used in conjunction with the Accountants Category Report in the AR Reports Menu. For more information on the Accountants Category Report, see the Aging section of the AR Print Reports User Guide.

- **Break out rev cntr.:** For those insurance companies that reimburse based on CPT, this field will need to be set to a **Y**. If a Revenue Center has been specified in the Grouper screen, then TruBridge EHR will pull the HCPC from the Grouper to the Detail Charges screen along with the dollar amount associated with that Summary Code. If there are two HCPCs, then the dollar amount will pull to the first HCPC and a quantity of 1 with no charges to the second HCPC. If an item is charged that has a CPT code loaded in the Item Master, this will pull to a separate charge line.

- **Contractual Method:** This field is used in the calculation for the Insurance Adjustments to A/R report. The options for this field are Per **D**iem, **P**ercent Discount, or **M**anaged Care Plan. If the field is blank or set to **N**, the DRG method for expected pay will be used. The default for this field is **N**.

- **Report Group Code:** This field is associated with a report required by the State of New York monthly. The information loaded here will designate what line of the report a particular FC will pull to.

- **SOP (ANSI):** This field is a 2-digit source of pay for ANSI files used in electronic billing.

- **Send Qual/ID:** This field is an electronic sender id for ANSI files.

- **EB Misc 1:** This field is used for the ANSI 837 Electronic Transaction Sets.

- **EB Misc 2:** This field is used for the ANSI 837 Electronic Transaction Sets.

- **NPI Only?:** This field is used for the 1500 and UB forms. If this field is blank, the legacy numbers and NPI will continue to pull to the **1500 form**. Selecting this field will stop the legacy numbers from pulling and will only pull the NPI number to locators 17a, detail lines 1-6 for 24j (shaded portion), 32b and 33b. If this field is blank, both the legacy and NPI will continue to pull to the **UB form**. Selecting this field will stop the legacy numbers from pulling and will only pull the NPI number to the second and third boxes on the first line for locator 57 (All three fields) 76, 77, 78 and 79.

- **Coverage Form Code:** Enter a form code of **J** (1500), **U** (UB) or **X** (state specific) to link this financial class to the Coverages screen.

- **New York Medicaid:** These fields are used in conjunction with the New York Medicaid Form A for Home Health.

- **3M All Payor Code:** Every payor code loaded into the 3M PC Grouper Software will need to be loaded into the corresponding Insurance Company Table on this field.

- **KidMed:** Enter **Y** or **N** if this financial class is for children's Medicaid.

- **OSHPD code:** The code entered in this field is for California abstracting.

- **LA Amb Surg:** Enter the 2-digit code that will apply to facilities with a state code of LA that bill X** claims with a bill type of 131. The summary code entered will represent the Ambulatory Surgery summary code or Revenue code 490. If this field is populated, all ambulatory services will roll into revenue code 490 pulling a quantity of 1 to the claim.

- **LTAC:** This will allow interrupted stays from the LTCH log to pull secondary claims when Medicare is primary. If this field is set to **Y**, the claim will generate any interruption in stay to the Detail Charges screen like it does for the Medicare primary claims.This will also allow revenue code 180 and the occurrence span code to pull to the UB.

- **EB DRCT-TX:** This field will allow EBOS to do multiple file builds without the need for more exclusion fields when set to **Y**.

- **Calc HH Cert Same as M'care? Y/N:** If answered **Y**, the FC code will emulate Medicare's Certification period policy of: Cert period is 60 days with begin date of Re-Certifications being the same date as the previous Certification's ending date.

Room Type Coverage Table

This table will allow for a specific rate to be loaded for room type. Currently TruBridge EHR will pull the semi-private room rate loaded in AHIS to the UB, as the covered amount, unless one of the following has occurred:

1. The Pvt Neces field on the Stay Tab in Registration and ADT Screen has been selected **Y** prior to the Census running and charging the private room rate.

2. A specific financial class has been set up with a different semi-private room rate.

3. The room type is an **I** (ICU) or **C** (CCU) in the room table.

This table will alleviate the coding of room types with an **I** or **C** for higher than normal semi-private room rates.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 6** > **Room Type Coverage Table**

Room Type Coverage Rate Maintenance

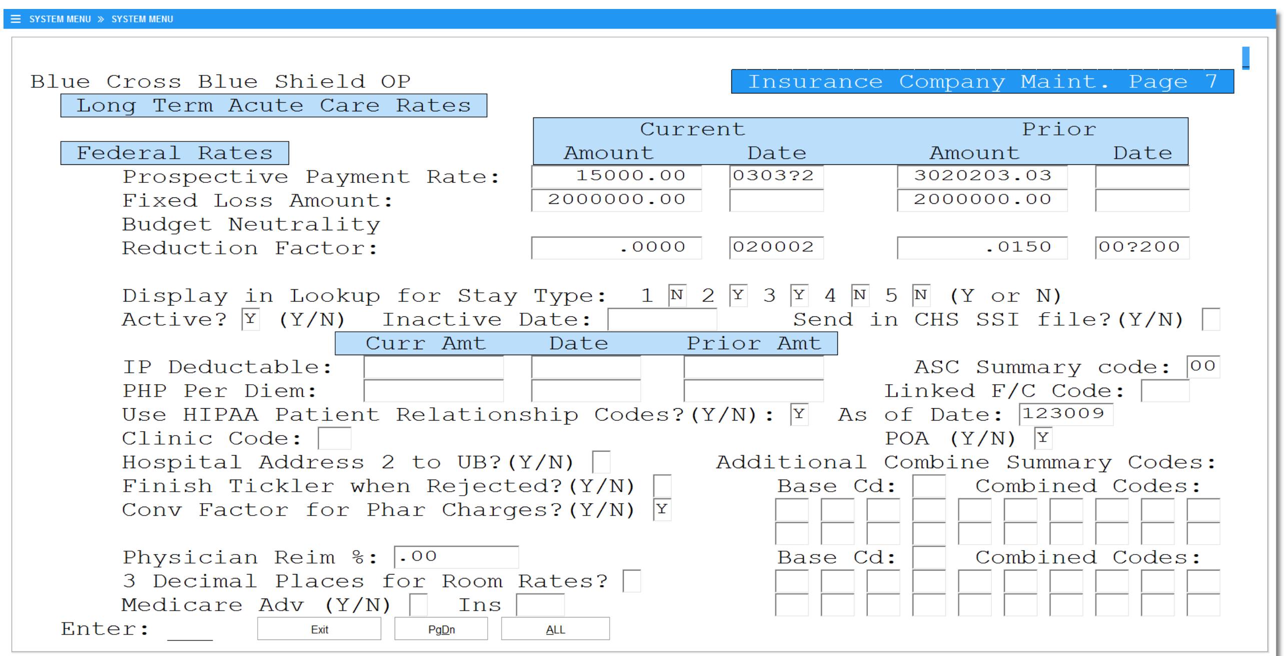
- **Code:** A 1-character code should be entered in this field. Once the code is entered, the information stored in TruBridge EHR for the specific Room Type will appear.

- **Current:** Price currently charged to the patient's account for this room type.
- **Date:** Date the Current Price became effective.
- **Prior:** Once a Future price is moved into the Current field, the existing price is moved into the Prior field.
- **Future:** Price that should be charged at a future date.
- **Future Date:** Date the Future Price should become effective and be moved into the Current Price field.

NOTE: *This table will not affect the current use of the Pvt Neces field in the Stay tab on the Registration/ADT screen. If this field has been checked* ***Y****, TruBridge EHR will allow a Private room rate to pull as covered.*

Insurance Company Table, Page 7

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 7**



Insurance Company Record Maint., Page 7

- **Prospective Payment Rate:** This field is no longer used.
- **Fixed Loss Amount:** This field is no longer used.
- **Budget Neutrality Reduction Factor:** This field is no longer used.

- **Display in Lookup for Stay Type:** Entering a **Y** or leaving the field blank next to a Stay Type will allow the financial class to appear in the lookup during registration for the designated Stay Type. Entering an **N** in the field next to a Stay Type will keep the financial class from appearing in the lookup during registration. This field will also control the warning "Financial Class and Stay Type do not match" or "Do you wish to continue? (Y/N)". If **Y** is entered, no warning will be displayed. If **N** is entered for the designated Stay Type, the warning will be displayed. If left blank, the warning will be displayed.

- **Active? (Y/N) Inactive Date:** If answered **Y** the financial class will appear in the registration lookup. If answered **N** the financial class will be considered inactive and will not display in the lookup in registration. The date the financial class became inactive may be entered.

- **IP Deduct Curr Amt Date Prior Amt:** Medical APC rules require a patient's portion of a bill never exceed the inpatient Medicare Deductible and the amount is subject to change annually. Enter the Medicare inpatient deductible in this field. The date the current amount became effective will be entered in the Date field. The prior amount will be retained due to the fact an account may be billed after the data has changed.

- **PHP Per Diem Curr Amt Date Prior Amt:** The per diem amount for partial hospitalization reimbursement should not exceed a specified amount and the amount is subject to change annually. Enter the partial hospitalization reimbursement amount in this field. The date the current amount became effective will be entered in the Date field. The prior amount will be retained due to the fact an account may be billed after the data has changed.

- **Use HIPAA Patient Relationship Codes? (Y/N) As of Date:** If answered **Y**, the new relationship codes will be entered and the electronic billing file will not be converted. If the field is set to **N**, the old relationship codes will be entered, and the electronic billing file will be converted. An As of Date should also be entered. This field is for hospitals using the electronic billing file format, ANSI 837.

- **Clinic Code:** Enter the Clinic Code associated with the financial class in order to have a clinic's address print on the UB.

- **Hospital Address 2 to UB? (Y/N):** Entering **Y** in this field will allow the second address line for the facility to print to locator 1 on the UB. If **N** is entered the second address line will not print to the UB.

- **Finish Tickler when Rejected? (Y/N):** If answered **Y**, a finish Date will be added to the rejected claim. If the field is set to **N**, TruBridge EHR will not pull a finish date in the Insurance Tickler and will allow facilities to review the claim to determine if the rejection is valid or if the claim needs to be rebilled. If this field is blank, TruBridge EHR will look to the Auto Update Finish Date field on page 3 of the Insurance Company table and will add the Finish Date based on what is entered in this field.

- **Conv Factor for Phar Charges? (Y/N):** If answered **Y,** TruBridge EHR will use the APC conversion factor set in Item Master, page 1. This will allow facilities to enter pharmacy units and bill the correct number for CPT codes.

- **Physician Reim %:** This field is used in conjunction with the Physician Reimbursement Analysis Report. For financial classes not paid on a Fee Schedule, load the percentage payment for this Financial Class.

- **Additional Combine Summary Codes: Base Cd: Combined Codes:** This field will give the ability to roll additional summary codes into another summary code for billing purposes. This field works like the field on page six and if the same code is set up, TruBridge EHR will flag the user to prevent duplicate codes from being set up to combine.

- **3 Decimal Places for Room Rates?:** When set to **Y** this will cause room rates to pull three digits past the decimal place to locator 44 on the UB.

- **Medicare Adv Ins:** When this field is set to **Y**, a second claim will be created for the Insurance listed in the second part of this field thru Autogen, Autobill or Create Claims by Charge Period. If the original claim is manually genned, TruBridge EHR will prompt, "Notice-Medicare Advantage Claim," and the Medicare Advantage claim will need to be added. This field only needs to filled out for the original financial class. When this field is set to **N** a second claim will not be created.

NOTE: *The created claim will pull the same information as the original claim with a Condition Code of 04 in addition to any other codes from the original claim. In Policy Information, the following fields will be set to **Y**: Exclude from Net Calc., Reports and Other Coverages.*

NOTE: *For the Ins code listed above, the Insurance Company table will need to be completed with the following table set up: Reject After # Days, UB Type Bill, Transmit Claim.*

- **ASC Summary code (Ambulatory Surgical Center):** This field is for Outpatient Medicaid of Idaho. Load the Summary Code associated with Revenue Code 490 to pull to claims with all ASC charges.

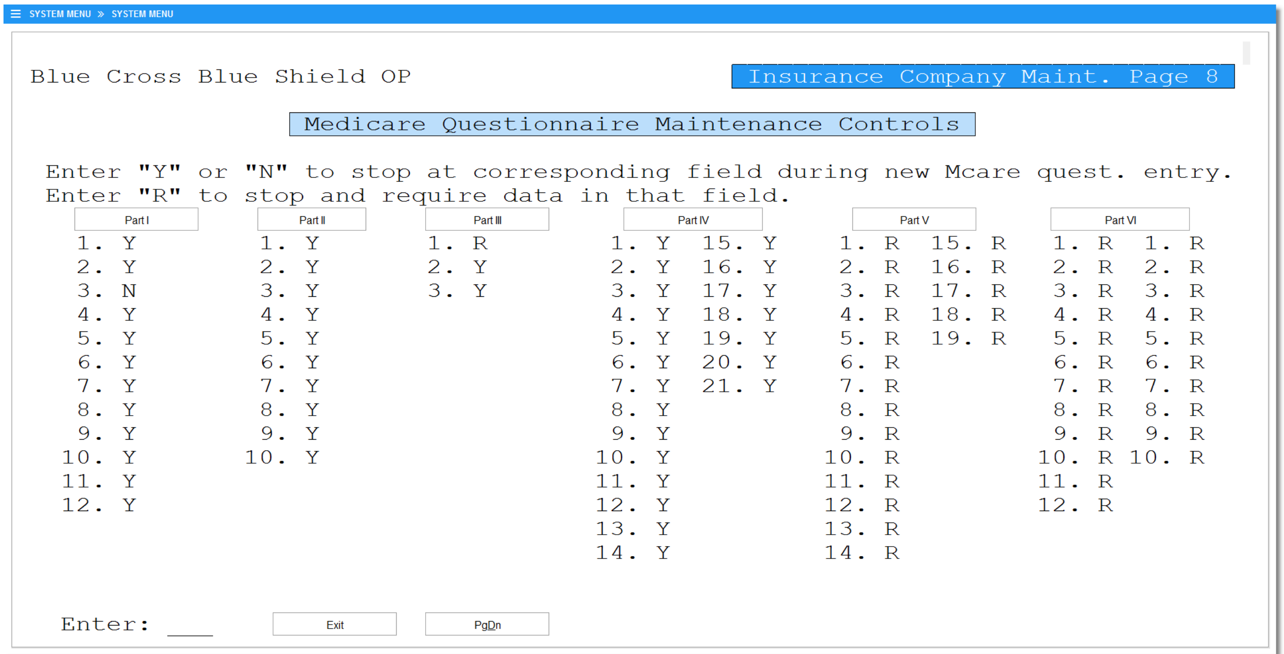
- **Linked F/C Code:**This field will give the ability to link two financial classes together for the purpose of copying policy information from one claim to another. This should be used for financial classes beginning with a **C** and any other financial classes that would not normally copy over information.

- **POA (Present on Admission):** When this field is set to **Y** or is left blank, the POA will pull to locator 66 on a UB with a Y in the shaded area. Also if there is an external injury diagnosis code loaded in the Medical Records Grouper screen, that diagnosis code should pull to locator 72 with a Y in the shaded area. When set to **N**, the POA will not pull.

- **Additional Combine Summary Codes: Base Cd: Combined Codes:** In the Base Code part of this field, enter the Summary Charge Code in which the other codes listed in the following lines will combine. On the subsequent lines, enter the Summary Charge Codes that should combine into the Base Code. The Base Code must be entered in the Combined Codes field, in addition to any other codes that should combine. If the Base Code is blank, and Summary Codes are entered in the Combine Codes fields, the lines of detail on the UB would combine into the first code found in the table.

Insurance Company Table, Page 8

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 8**



SYSTEM MENU » SYSTEM MENU

Blue Cross Blue Shield OP

Insurance Company Maint. Page 8

Medicare Questionnaire Maintenance Controls

Enter "Y" or "N" to stop at corresponding field during new Mcare quest. entry.
Enter "R" to stop and require data in that field.

Part I	Part II	Part III	Part IV		Part V		Part VI	
1. Y	1. Y	1. R	1. Y	15. Y	1. R	15. R	1. R	1. R
2. Y	2. Y	2. Y	2. Y	16. Y	2. R	16. R	2. R	2. R
3. N	3. Y	3. Y	3. Y	17. Y	3. R	17. R	3. R	3. R
4. Y	4. Y		4. Y	18. Y	4. R	18. R	4. R	4. R
5. Y	5. Y		5. Y	19. Y	5. R	19. R	5. R	5. R
6. Y	6. Y		6. Y	20. Y	6. R		6. R	6. R
7. Y	7. Y		7. Y	21. Y	7. R		7. R	7. R
8. Y	8. Y		8. Y		8. R		8. R	8. R
9. Y	9. Y		9. Y		9. R		9. R	9. R
10. Y	10. Y		10. Y		10. R		10. R	10. R
11. Y			11. Y		11. R		11. R	
12. Y			12. Y		12. R		12. R	
			13. Y		13. R			
			14. Y		14. R			

Enter: ____ Exit PgDn

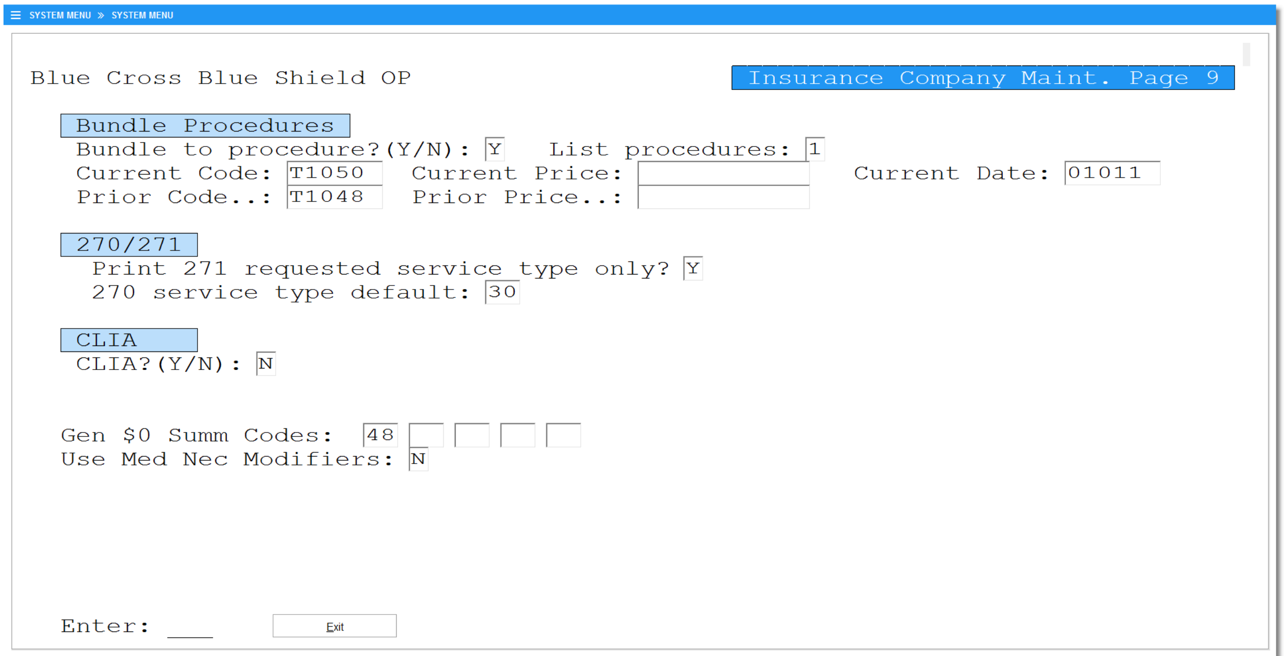
Insurance Company Record Maint., Page 8

This table gives the ability to specify where the cursor will stop in the Medicare Questionnaire during Registration. This may be set for each financial class.

After selecting the page number, enter an **R** to require information to be entered in a field, a **Y** for the cursor to stop on the field but not require information or an **N** if the cursor should skip the field.

Insurance Company Table, Page 9

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Companies** > **Page 9**



Insurance Company Maint., Page 9

- **Bundle to Procedure: Y** will combine charges based on the following fields.

- **List Procedures:** Enter in a 1, 2, 3, 4 or 5 to determine how the UB and 1500 will display.
  - **1:** The first line on the claim will pull the Current/Prior code, based on the date of service, with a quantity of 1 and a total of all charges.
  - **2:** The first line on the claim will pull the Current/Prior code, based on the date of service, with a quantity of all charge units and a total of all charges.
  - **3:** The first line on the claim will pull the Current/Prior code, based on the date of service, with a quantity of 1 and a total of all charges. The following lines will list each charge with quantity of charge units and a charge amount of 0.00.
  - **4:** The first line on the claim will pull the Current/Prior code, based on the date of service, with a quantity of 1 and a charge amount of 0.00. The following lines will list each charge with the quantity of charge units and charge amount.
  - **5:** The first line on the claim will pull the Current/Prior code, based on the date of service, with a quantity of 1 and the Current/Prior Price from the field listed below.
  - **6:** The current dollar amount will pull to the claim,regardless of the amount charged, with each charged item listed below, with a zero dollar amount.

- **Current Code:** Enter in the procedure code.

- **Current Price:** Enter in the current price of the procedure code. This price works in conjunction with option 5 in the List Procedures field.

- **Current Date:** Enter the effective date for the Current Code and Current Price. TruBridge EHR looks to the Date of Service to pull the Current Code/Price or the Prior Code/Price.

- **Prior Code:** Enter in the prior procedure code.

- **Prior Price:** Enter the prior price for the prior procedure code.

- **Print 271 requested service type only?:** If the field is set to **Y**, the eligibility report will only display benefit information found in the response that matches the service type code used in the submission. This field is used by TruBridge Electronic Billing Services.

- **270 service type default:** This field is used by TruBridge.

- **CLIA? (Clinical Laboratory Improvement Amendment):** Enter a **Y** in this field to have the CLIA number pull to locator 23 on the 1500. The CLIA number is loaded on page 5 of Order Entry Information in the Item Master.

- **Gen $0 Summ Codes:** Enter up to 5 Summary Codes. Any item associated with one of these summary codes will pull to the insurance claim even if it has zero charges associated with it.

- **Use Med Nec Modifiers:** If set to **Y**, and a patient did not sign an ABN, and a procedure is not medically necessary, it will pull a GZ modifier. If a procedure is not medically necessary, but an ABN has been signed, then a modifier of GA will pull. If GA Modifier is present, then it will pull an occurrence code of 32 with the date the ABN was signed to the Coding Screen. If set to **N**, the modifiers will not pull if the ABN is signed or not.

6.3 Condition Codes Table

The Condition Codes Table contains codes identifying conditions related to an insurance bill that may affect processing.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Condition Codes**

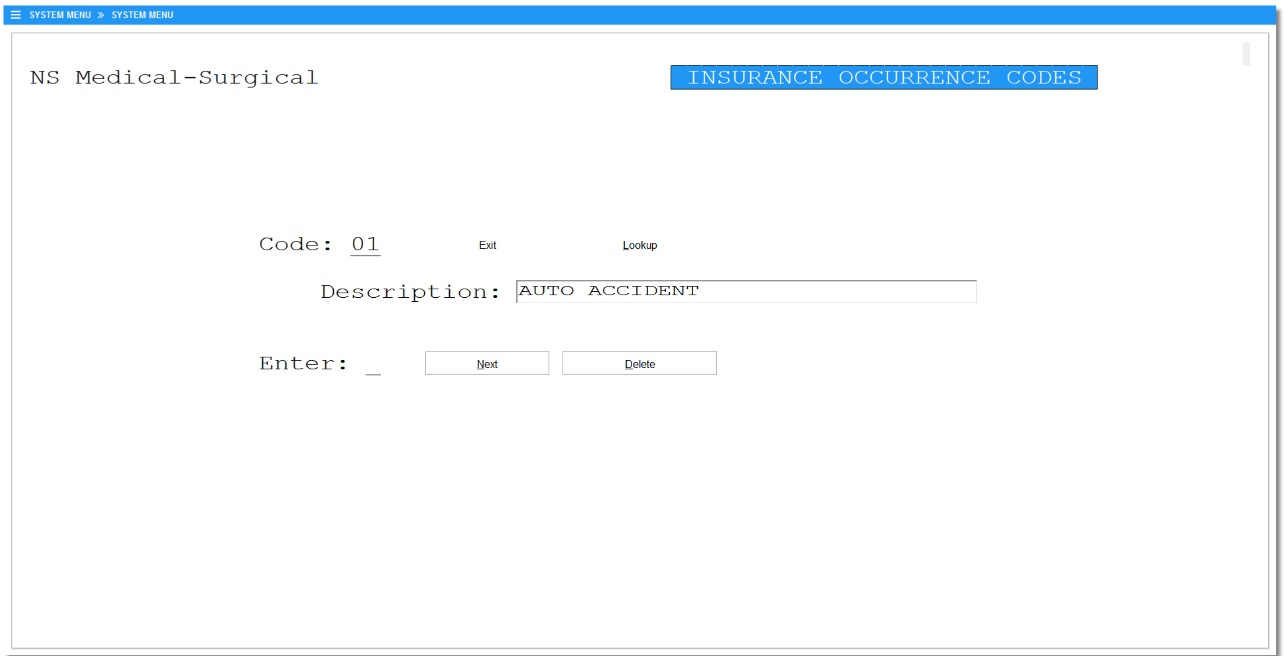
Insurance Condition Codes

- **Code:** Enter the 2-digit insurance Condition Code.
- **Description:** Enter a description of the code, up to 30 characters in length.

6.4 Occurence Codes Table

This table contains codes defining specific events related to the insurance billing period.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Occurrence Codes**



Insurance Occurrence Codes

- **Code:** Enter the 2-digit Occurrence Code.
- **Description:** Enter the description of the Occurrence Code, up to 30 characters in length.

NOTE: *In regards to Workman's Compensation 1500 claims, occurrence code 04, will pull the following information to locator 10a, 10b and 10c on the 1500, regardless of the description loaded in the Accident Places table.*

Locator 10a:"Employment? Current or Previous" = ***Yes***
Locator 10b: "Auto Accident? State" = ***No***
Locator 10c: "Other Accident?" = ***No***

6.5 Value Codes Table

This table contains codes identifying data of a monetary nature that are necessary for the processing of an insurance claim.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Value Codes**

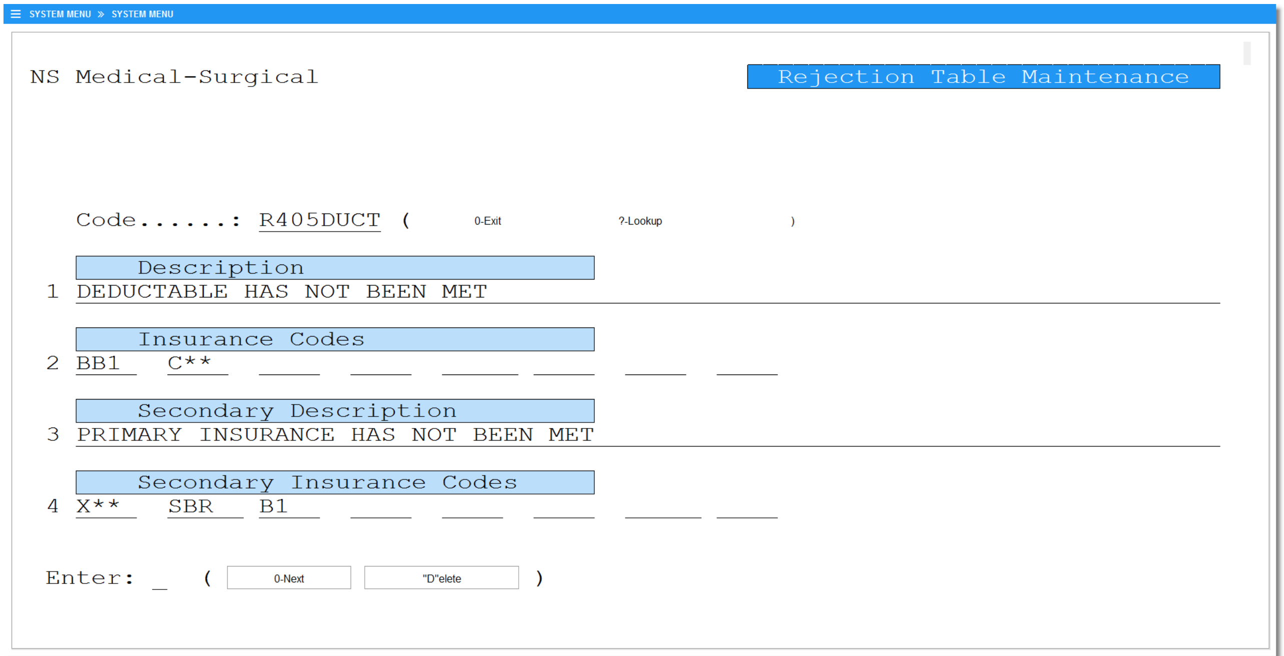
Insurance Value Codes

- **Code:** Enter a 2-digit Value Code.
- **Description:** Enter the description of the Value Code, up to 30 characters in length.

6.6 Rejection Codes Table

This is a facility-defined table used to code the reason an insurance claim was rejected.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Rejection Codes**



Rejection Table Maintenance

- **Code:** The code to be keyed at time of receipt entry. This code may be up to eight characters in length and may contain both alpha and numeric characters. TruBridge recommends assigning this code to be the same as the actual insurance rejection code found on the remittances.

- **Description:** This field contains the primary description for this code. The description may be up to 75 characters in length and will pull to the Patient Account Detail.

- **Insurance Codes:** Up to eight insurance codes may be assigned to each description. Wild-carding is available for this field.

- **Secondary Description:** This field is used when two different insurance intermediaries use the same rejection code for different rejection reasons.

- **Secondary Insurance Codes:** This financial classes loaded in this field will pull the Secondary Description to the Patient Account Detail. Wild-carding is also available to this field.

6.7 EB/CCI Edit Codes Table

This table is used in conjunction with the Insurance Edit reports to allow them to print by responsible department. The same option is available for the 1500 edits.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **EB/CCI Edit Codes Table** > **UB Edit Code Maint**

EB Edit Code Maintenance

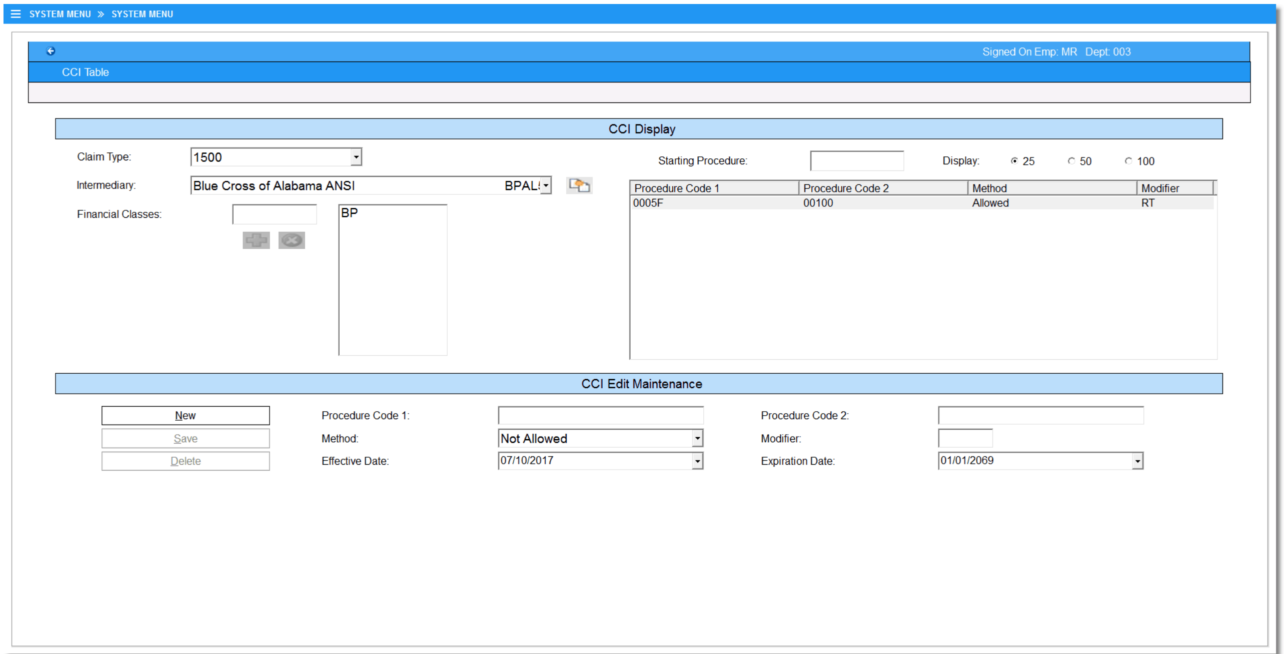
- **Code:** The 3-digit code of the insurance edit number as defined by TruBridge.

- **Description:** This field contains the description for this edit code. The description may be up to 50 characters in length and will pull to the Insurance Edit reports (Web Client > System Menu > Hospital Base Menu > Print Reports > Insurance > UB Edit List) and (Web Client > System Menu > Hospital Base Menu > Print Reports > Insurance > 1500 Edit List).

- **Dept Flag:** Enter the flag character for the responsible department: **I**nsurance, **M**edical Records, or **R**egistration.

The CCI Edit Code Maintenance will allow modifers to be automatically added to a claim for CCI CPT codes charged on the same date of service when autogenned. A single modifier may be added for each procedure pair, and the pair must be set as "Allowed" as shown below. Once the claim is autogenned, the modifier will show next to the CPT code on the claim which is Procedure Code 2 listed in this table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **EB/CCI Edit Codes Table** > **<u>CCI Edit Code Maint</u>**



CCI Edit Code Maintenance

- **Claim Type:** Select UB or 1500. This option identifies which claim the CCI edit Maintenance will display.
- **Intermediary:** Select the Intermediary for this edit.
- **Financial Classes:** Enter the type of Insurance code that will apply to the CCI edit Maintenance. Wild carding is allowed. Selecting will add this insurance code to the display. Selecting the Insurance code then will take this code out of the display.
- **Starting Procedure:** Enter the procedure that will be listed in the display first.
- **Display:** This will show 25, 50 or 100 procedure pairs in the box.
- **Procedure Code 1:** Enter the CPT code that will be used for this pair of procedures.
- **Method:** Selecting **Allowed** will allow the procedure pair to be billed if the Modifier is attached. Selecting **Not Allowed** will not allow the procedure pair to be billed even if the Modifier is attached. **Not Applicable** will be used if this edit criteria has an expiration date.
- **Effective Date:** This is the starting date this pair of Procedures and Modifiers will pull to the claim.

- **Procedure Code 2:** Enter the CPT code that will be used for this pair of procedures. The Modifier loaded will use this code to pull to the claim.

- **Modifier:** Enter the Modifier that will pull with Procedure Code 2 on the claim.

- **Expiration Date:** This is the ending date that this pair of Procedures and Modifiers will pull to the claim.

6.8 ESC Codes

This table contains the Employment Status Codes.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **ESC Codes**

Insurance ESC Codes

- **Code:** Enter the 1-character alpha/numeric Employment Status Code.

- **Description:** Enter the description of the Employment Status Code, up to 30 characters in length.

6.9 Relation Cds

This table contains the Relation Codes.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Relation Cds**

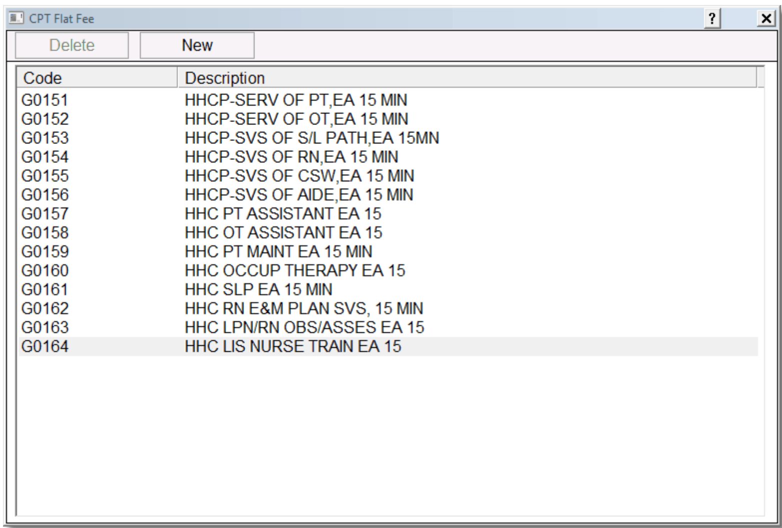
Insurance Relation Codes

- **Code:** Enter the 2-character alpha/numeric Relation Code.
- **Description:** Enter the description of the Relation Code, up to 30 characters in length.

6.10 Flat Fee CPT

This table contains CPT codes that should charge a flat fee instead of multiplying the price by the quantity in patient charging. The codes in this table are designated to pull a flat fee by Financial Class. In patient charging, the flat fee amount pulls from the price fields on page 3 of the Item Master.

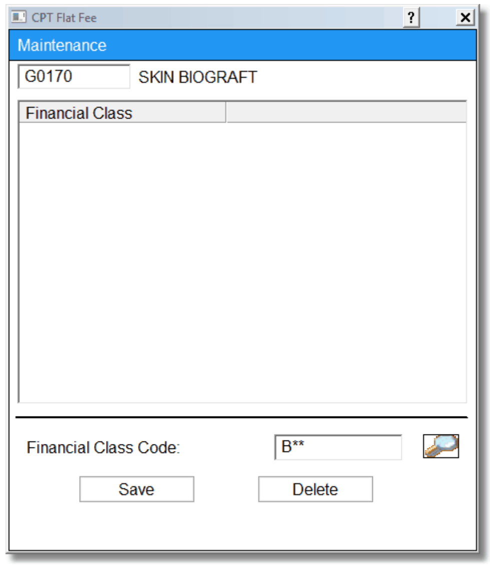
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **<u>Flat Fee CPT</u>**



CPT Flat Fee

The CPT Flat Fee table will display all CPT codes currently entered in the table. A code could be deleted from the table by selecting **Delete**. Double-click on a code to view all Financial Classes for which the CPT will charge a flat fee. Select **New** to add a new CPT code to the table.

Select Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Flat Fee CPT** > **New**



CPT Flat Fee

Enter the CPT code that should charge a flat fee. In the Financial Class Code field, enter the Financial Classes that should charge a flat fee for this CPT code. Wildcarding may be used. Select Save to save all changes.

NOTE*: If a Financial Class is later added to the Insurance Company Table that follows the wildcard format used here, the new Financial Class must manually be added to this table.*

Chapter 7 Miscellaneous Tables

7.1 Overview

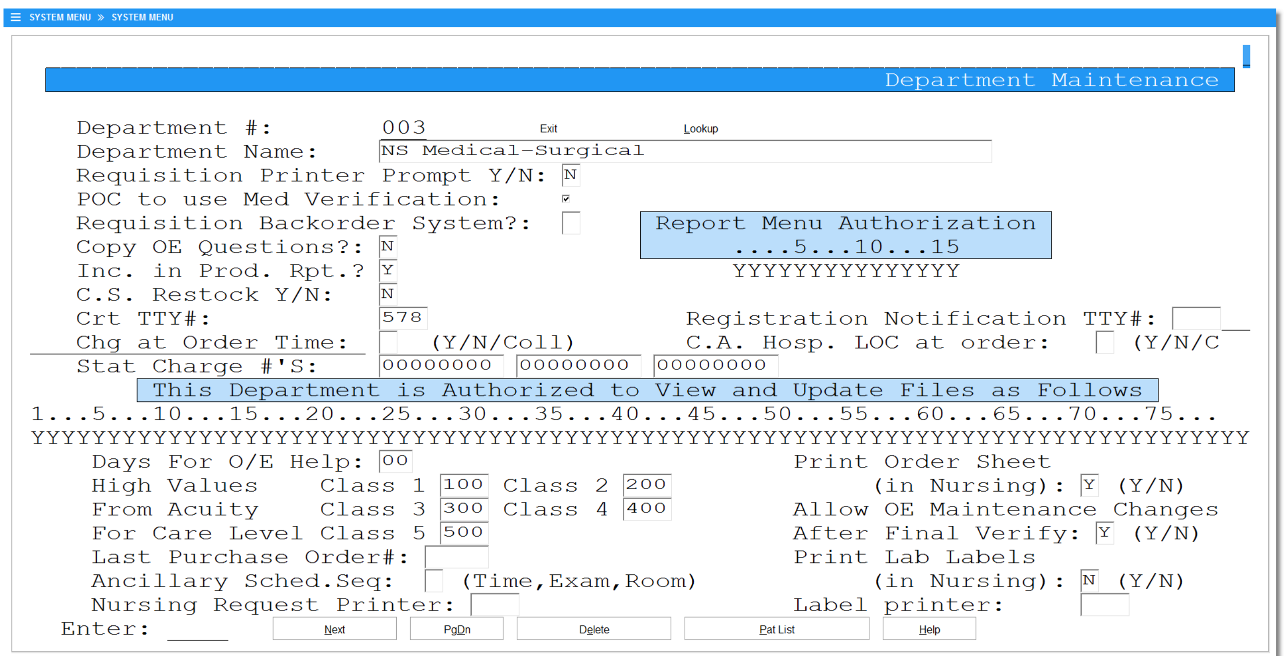
There are several tables that affect the way TruBridge EHR works. These tables will need to be set up and maintained to ensure TruBridge EHR is working most effectively. The following chapter details these tables.

7.2 Department Table

The Department Table contains fields that affect different parts of TruBridge EHR. A table is set up for each department in the facility to store specific information relating to the different departments.

Department Table, Page 1

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments**



Department Maintenance

- **Department #**: Load the 3-digit code in this field.
- **Department Name:** Enter the Department Name, up to 30 characters in length. This name displays on various screens and pulls to any reports that pull the department number.
- **Requisition Printer Prompt:** If **Y** is entered, there will be a printer number prompt when **P** is selected to print Incoming Orders.

- **POC to use Med Verification:** Answering **Y** will give access to Med Verification via Pharmacy category in POC.
- **Requisition Backorder System?:** Allows a Department to not be included when the Backorder System is activated in the requisition control record.
- **Copy OE Questions?:** When answered **Y**, Order Entry questions will copy forward when multiple orders are placed on a patient and the same question is used in the previous order.
- **Inc. in Prod. Rpt.?:** If **Y** is entered, this will add this department to the Productivity Report in Executive Information. If **N** is entered, the department will not be on the report.
- **C.S. Restock Y/N:** When the C/S Restocking Report (Web Client > System Menu > Hospital Base Menu > Inventory (pg 1) > C/S Restocking Rpt) is run, the information will generate for all departments with this field answered **Y**.
- **CRT TTY#:** This field regulates which terminal receives electronic mail. This includes Employee and Department mail, Transfer/Discharge notices, Failed Fax notices and New Employee or Terminated Employee Notification mail. For ancillary departments, this includes orders sent from other departments. For nursing, this designates the terminal for incoming reports from laboratory.
- **Chg at Order Time:** An entry is necessary only for clinical ancillary departments. Individual items may be set for a different charge point (Chg at Order, Item Order entry information) and will override the setting placed here. A **Y** in this field will produce a charge at order time regardless if a nursing or ancillary department places the order. An **N** in this field will produce a charge when the order is completed. A **C** will issue a charge when either a nursing or ancillary department enters collection information in field 10 of the order.
- **Stat Charge #'s:** Item(s) entered in these lines will automatically be charged to the patient's account when an order is made with STAT status. "STAT" items with no charge amount may be created and placed here if the goal is to gather STAT statistics without charging the patient.
- **Registration Notification TTY#:** The TTY listed in this field will receive notification when a patient is registed if selected from the Miscellaneous tab in the Registration and ADT screen. The message "INC-PAT" will flash at the bottom of this terminal's screen.
- **C.A. Hosp. LOC at order: (Y/N/C):** This field will determine at what time an order will have a level of care assigned to the charge. If the field is blank then it will default to the "Charge at Order" field and assign the level of care at the same time that the order charges.
- **System Security Display:** The 75 positions in this field regulate the department's access to various system functions. The description of these functions may be displayed by keying in **HELP** at the command line. The maintenance for these switches is performed in Special Functions.
- **Days for O/E Help:** Order Entry Instructions has a **notification** function that prompts to select **HELP** when placing an order. The **HELP** selection displays information and/or instructions for the selected item. This field regulates the number of days the prompt will display for this department after a change or addition has been made. The default for this field is 07.

- **High Values From Acuity For Care level:** This field is a function of the TruBridge Acuity Application. Acuity Class levels rank each patient according to the level of required nursing care. To complete this field, the highest numeric value for the class level is entered into each class level field.

- **Last Purchase Order#:** When creating POs, if a separate automatic numbering scheme is needed by department, the last Purchase Order number can be loaded in this field. This field will override AHIS page 1, field L for those departments with a number loaded.

- **Ancillary Sched.Seq.:** Enter **T**-Time, **E**-Exam, or **R**-Room to determine the sort for the Radiology exam schedule.

- **Nursing Request Printer:** This field determines where order verification sheets print for nursing departments. If this field is blank, the sheets will print to the terminal's workstation printer.

- **Print Order Sheet (in Nursing):** When set to **Y**, this Nursing Station will be able to print order sheets in place of order verification sheets. The order sheet will allow all orders that are verified together to print on one piece of paper, with information consistent with the order verification slips.

- **Allow OE Maintenance Changes After Final Verify:** This field defaults to **Y** if left blank, allowing changes to the Order Entry Maintenance Screen after the final verification of an order.

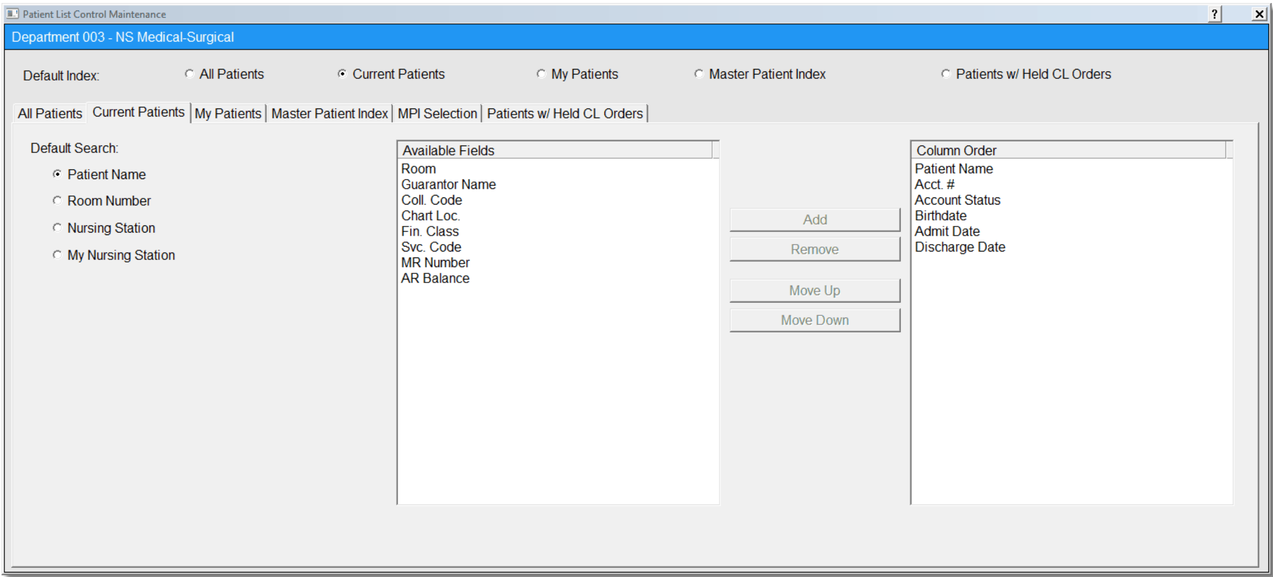
- **Print Lab Labels (in Nursing):** If **Y** is entered, Lab Labels will print in Nursing.

- **Label Printer:** If the previous field is answered with a **Y**, enter printer number to print labels.

Patient List

The Patient List, located at the bottom of the Department Maintenance screen, page 1, will allow each Department to set default Patient Lookup options. The default options will be set to either **All Patients**, **Current Patients**, **My Patients, MPI** or **Patients w/ Held Clinical Orders** from the Patient List on the Web Client > System Menu > Hospital Base Menu screen. Settings also include the columns and the order in which they are displayed.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments** > **Pat List**



Patient List Control Maintenance

- **Default Index:** Select **All Patients**, **Current Patients**, **My Patients, MPI** or **Patients w/ Held Clinical Orders.** This will set the default for the Department Patient List Lookup.

Select the desired tab. Then select the Default Search. The Available Fields column displays the headings that are available in the Patient List lookup. The Column Order will list the fields that will appear for this selected tab in the Patient List lookup for this department.

- **Add:** This option will add a highlighted field from the Available Fields column to the Column Order display.

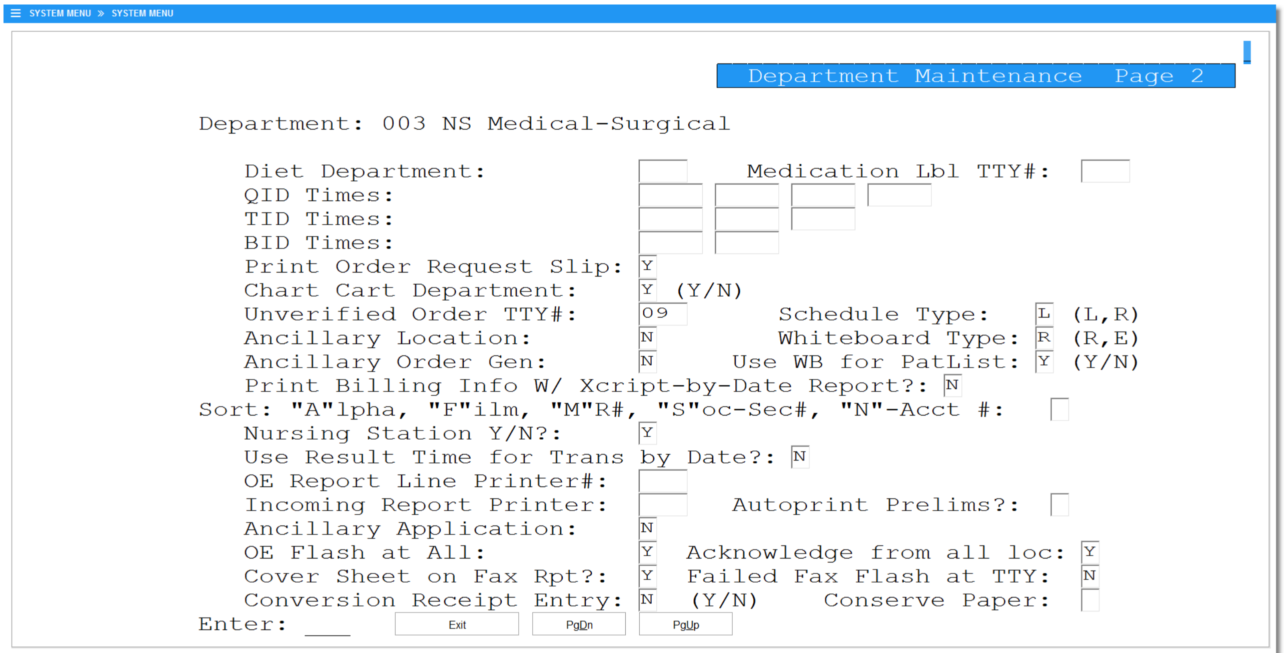
- **Remove:** This option will remove a highlighted field from the Column Order.

- **Move Up/Move Down:** These options are used to place the fields in the order in which they need to appear in the Patient List. Highlight the field, and select **Move Up** or **Move Down** to place the field in the desired sequence order.

NOTE: *If employee sign on is utilized, the patient list may be set up for an individual employee via Column Maintenance from the Patient List for that employee. If employee sign on is utilized, but the individual employee column Maintenance is not set up, the Patient List columns will default to the Department table set up.*

Department Table, Page 2

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments** > **Page 2**



Department Maintenance, Page 2

- **Diet Department:** Allows a facility to direct diet orders to two different Dietary departments. The department number of the second Dietary department is entered in this field for each nursing department sending orders to it. If the field is left blank, dietary orders will go to the Dietary department listed in AHIS, page 3, field 6.

- **Medication Table TTY#**: Designates the zebra printer to be used for pharmacy labels.

- **QID, TID, and BID Times:** Controls default schedule time for ancillary items with frequencies.

- **Print Order Request Slip:** If answered **N**, will disable the request print out for ancillary or nursing departments that do not want to receive request forms when orders are placed. If answered **Y**, will allow order requests to print.

- **Chart Cart Department:** Enter a **Y** for Point of Care departments.

- **Unverified Order TTY#:** Used in the POC application to regulate which terminal receives an electronic MEDS notice when medication orders are placed by Pharmacy. Orders placed by Pharmacy are unverified until nursing staff verifies in TruBridge EHR that the order is correct. Also used to regulate which terminal receives an electronic MEDORD notice when non-licensed staff enter medical orders. Orders placed by non-licensed staff remain unverified until a licensed nurse verifies them.

- **Ancillary Location:** Used to identify this department as a patient location for Community Report distribution. “Location” is field E on an ancillary Patient Functions screen.

- **Ancillary Order Gen:** Items setup as multiple orders can be automatically generated each day for Ancillary departments that utilize this option. When these items are ordered, they must have a frequency entered in field 5 of order entry maintenance. Each day when orders are generated, TruBridge EHR will generate orders for departments that have a **Y**es in this field.

- **Print Billing Info W/Xcript-by-Date Report?:** Departments that produce transcriptions have the ability to print a copy for the physician who provides a related service that is billed separately (radiology, cardiology or pathology service). If answered **Y**, the Transcription by date report will print patient billing information (Physician Services Log) with each transcription. If answered **N**, only a copy of the transcription will print. In the sort field, select one of the listed options to sort the Transcription by Date report.

- **Nursing Station Y/N?:** Used to designate if this nursing department needs to be listed as a nursing station for the **S**end option, “Another Nursing Station”. Departments with a **Y** in this field will display.

- **Use Result Time for Trans by Date?:** Used by radiology departments to build a file for the Transcription by Date report. This allows radiology to prevent duplicate reports from printing based on either result or completion times. If answered **Y**, TruBridge EHR will use the result time (transcription time) to pull transcriptions to the Transcription by Date Report. If answered **N**, TruBridge EHR will use the complete time (radiology completes from schedule) to pull transcriptions.

- **OE Report Line Printer#:** If laboratory cumulative reports are to print at this nursing station, enter the 3-digit line printer number in this field. Leave this field blank for reports to print in laboratory at the printer designated in field 14, page 3 of the Laboratory Control Table.

- **Incoming Report Printer:** Controls what type of printer preliminary reports are printed to at a given nursing department. For the “Autoprint Prelims?” prompt, entering a **Y** causes reports to automatically print to the line printer defined in the first line of this field. An **N** will suppress the auto-print option.

- **Ancillary Application:** Designates if this department is running a purchased Clinical Ancillary application. Access to this field requires a password; please contact the TruBridge Clinical Ancillary Department.

- **OE Flash at All:** If answered **Y**, all terminals in the department will display the appropriate Incoming “ORDER” or “REPORT” flash. If answered **N**, only the “mail” terminal will display the flash.

- **Cover Sheet on Fax Report?:** If answered **Y**, then a fax cover sheet is generated with each out-going fax from this department.

- **Conversion Receipt Entry:** If answered **Y** Insurance Conversion Receipt Entry will be accessible in receipting. If answered **N** this option will not be displayed.

- **Conserve Paper:** If answered **Y** all lab results for a particular patient will print on the same sheet. If answered **N** each lab result will print to a separate sheet.

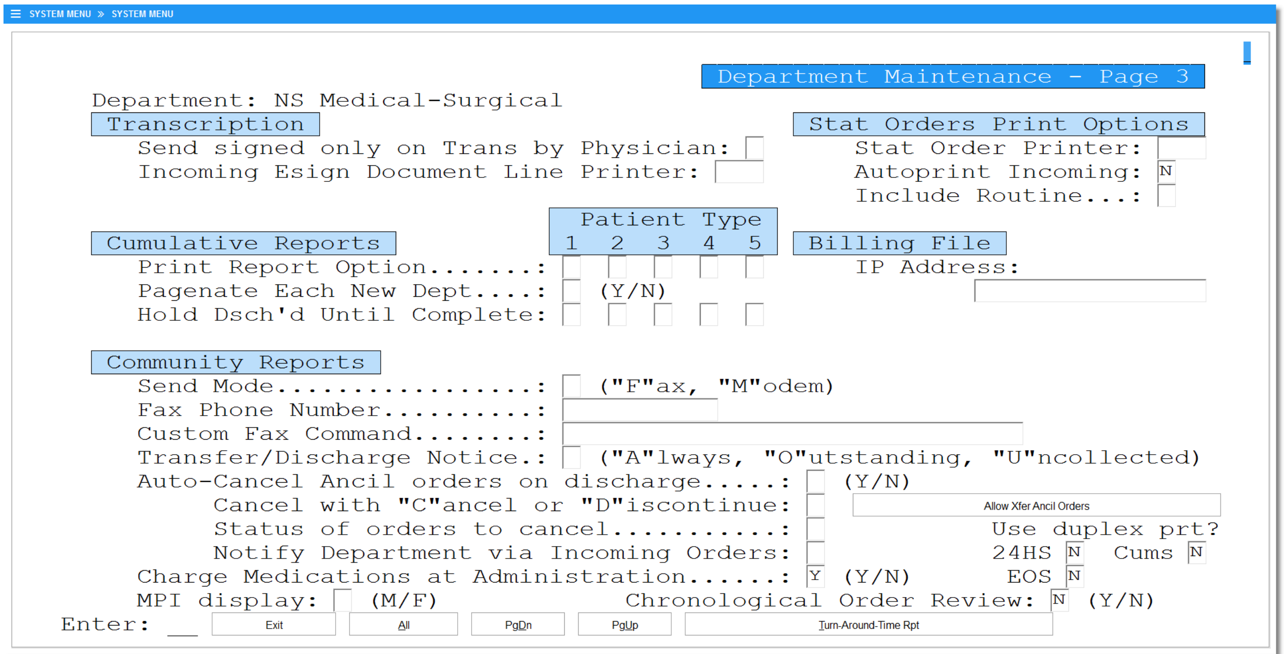
- **Schedule Type: (L,R):** Enter **L** for Laboratory. This option will display schedule with Turn Around Times. Enter **R** for Respiratory only. This option displays the schedule, allowing a department to schedule and assign treatments. This field defaults to **L**.

- **Whiteboard Type: (R,E):** The choices for the Whiteboard are **R** for Inpatients and **E** for Outpatients.

- **Use WB for PatList**: Select **Y** to use the Whiteboard via the Patient List option on the Web Client > System Menu > Hospital Base Menu. Select **N** to continue use of the Patient List.

Department Table, Page 3

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments** > **Page 3**


SYSTEM MENU » SYSTEM MENU
Department Maintenance - Page 3
Department: NS Medical-Surgical
Transcription
Send signed only on Trans by Physician:
Incoming Esign Document Line Printer:
Stat Orders Print Options
Stat Order Printer:
Autoprint Incoming: N
Include Routine...:
Patient Type
1 2 3 4 5
Cumulative Reports
Print Report Option.......:
Pagenate Each New Dept....: (Y/N)
Hold Dsch'd Until Complete:
Billing File
IP Address:
Community Reports
Send Mode.................: ("F"ax, "M"odem)
Fax Phone Number..........:
Custom Fax Command........:
Transfer/Discharge Notice.: ("A"lways, "O"utstanding, "U"ncollected)
Auto-Cancel Ancil orders on discharge.....: (Y/N)
Cancel with "C"ancel or "D"iscontinue:
Allow Xfer Ancil Orders
Status of orders to cancel...........:
Notify Department via Incoming Orders:
Use duplex prt?
24HS N Cums N
Charge Medications at Administration......: Y (Y/N)
EOS N
MPI display: (M/F)
Chronological Order Review: N (Y/N)
Enter:
Exit All PgDn PgUp Turn-Around-Time Rpt

Department Maintenance, Page 3

- **Send Signed only on Trans by Physician?:** If this field is set to **Y**, only signed transcriptions will appear on the Transcription by Physician report for that department. If this field is set to **N**, all transcriptions will appear on the Transcription by Physician report.

- **Incoming Esign Document Line Printer:** Enter the line printer number to print incoming Esign Documents.

- **Print Report Option:** This field controls which cumulative report is printed at runtime of Community Report Distribution. There is a single character field for each of the five patient types. Options for each field are: **S**-Single account cumulative vertical (which is the default), **M**-Multi-account cumulative vertical, **V**-Single account cumulative by Sub-Department, **C**-Multi-account cumulative by Sub-Department, **@**-Lab Results by Physician with Pending, **N**-Non-cumulative vertical, **R**-Lab Results by Physician, or **X**-Do NOT send a report.

- **Paginate Each New Dept:** If entered **Y**, each sub-department on the Laboratory Cumulative report will print on separate pages for the following report options: **S**-Single account, **M**-Multi-account, and **N**-Non-cumulative vertical.

- **Hold Disch'd Until Complete:** Controls whether cumulative reports will be held for discharged patients until all orders are complete. An entry is available for each of the five patient types. If answered **Y**, then no reports will be sent to this location for that patient type until the patient has been discharged AND all orders have been completed. This option should not be used if **N**-Non-cumulative vertical is designated in field 7.

- **Send Mode: ("F"ax, "M"odem):** Enter **F** or "M" to designate how Community Reports are to be sent.

- **Fax phone Number:** The Dept fax number should be loaded in this field. Enter the number without spaces or dashes. Only enter the area code if long distance.

- **Custom Fax Command:** This is a 30-character field that may accommodate any special fax number needed. It may include the 1 for long distance, area code, extension, etc. When there is no entry in the Hold Disch'd Until Complete field, TruBridge EHR will dial the number found in this custom command field.

- **Transfer/Discharge Notice:** When Inpatients are transferred or discharged from a nursing station, a "NOTICE" flash may be sent to any valid department. The message is sent to the tty# loaded in field 6 – CRT TTY#. Enter an **A** – Always to always notify this department regardless if there are any existing orders. Enter an **O** – Outstanding to notify this department only if there are outstanding orders. Enter a **U** – Uncollected to notify this department only if the order does not have collection information entered in field 10 of Order Entry Maintenance.

- **Auto-Cancel Ancil Orders on Discharge:** Allows Ancillary departments (defined in AHIS) to designate whether orders will automatically be canceled at the time the patient is discharged.

- **Charge Medications at Administration:** Allows individual nursing departments the ability to charge Pharmacy medications at the time of administration. A separate switch located on each item must also be set to **Y**es. Utilizing this feature, medications are no longer charged via Pharmacy. Medications are charged once End-of-Shift procedures are performed via the nursing department.

- **MPI display:** This field determines whether MR Number or film number is shown on the MPI display. The default for this field is **M** for MR Number.

- **Chronological Order Review**
  - Default: Y (yes)
  - Options: Y (yes) or N (no)
  - Usage: Designates whether orders in order review will display in chronological order or reverse chronological order.
    - Y (yes): Orders will display in chronological order in order review.
    - N (no): Orders will display in reverse chronological order in order review.

- **Stat Order Printer:** Allows the designation of a 3-digit line printer or workstation printer to which to auto-print STAT orders. This field may also be left blank.

- **Autoprint Incoming:** Designates whether all, STAT, or no orders will autoprint through incoming orders. The options are **A**-All, **S**-STAT orders or **N**-None.

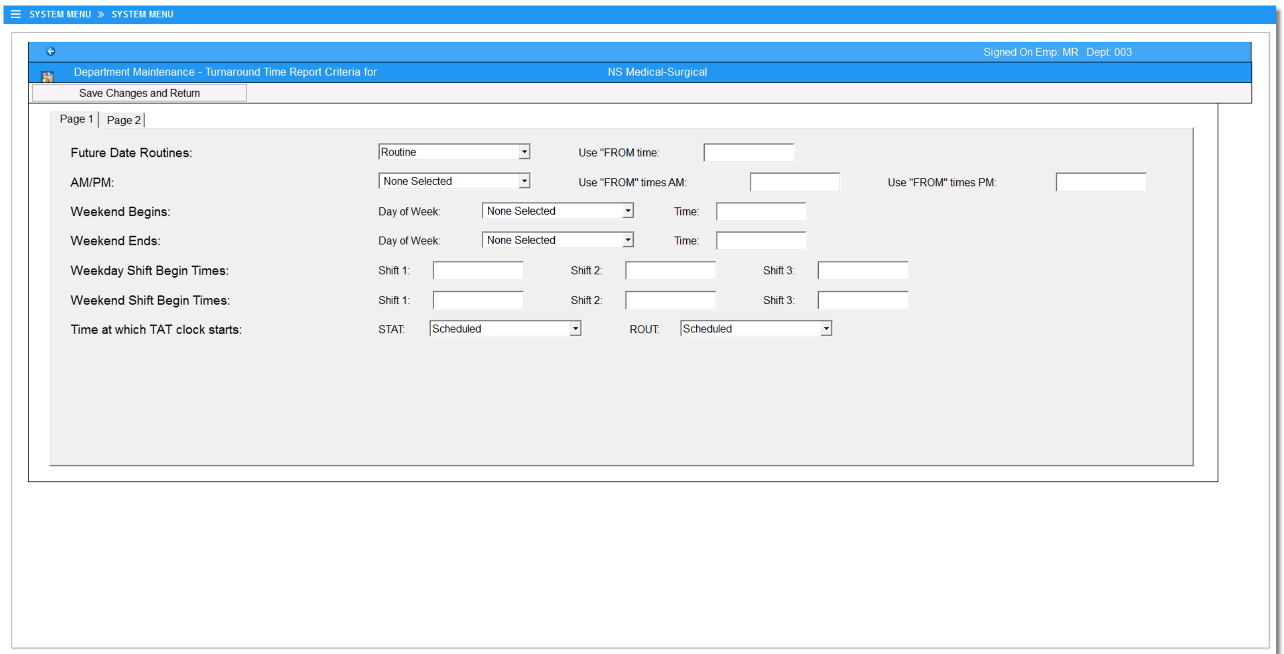
- **Include Routine:** Designates whether routine orders with the same schedule time will print when STAT orders are printed.

- **IP Address:** This field enables the file generated from running the Physicians Service Log Report to be sent to a specific IP Address. If the field is left blank, the file will be sent to the NTServer.

- **Use duplex prt? 24HS Cums EOS:** Setting these fields to **Y** will allow the department to duplex print reports from Point of Care. The options are 24 Hour Reports, Cumulative Reports, and End of Shift Reports.

Turn-Around-Time Report

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments** > **Page 3** > **Turn-Around-Time Rpt**



Department Maintenance, Turnaround Time Report Criteria for Administration

- **Future-Date Routines: "T"imed or "R"outine: Use FROM time:** When an order is scheduled with a future date and no "time" and no AM/PM, it is considered a "Future Date Routine". Specify in the first field if the TAT report should consider these to be **Timed** or **Routine**. Specify the time to use when calculating the TAT for such orders, (i.e.: From what time does the department consider the order scheduled).

- **AM/PM: "Timed" or "R"outine: Use FROM times AM: PM:** Orders that are scheduled with a date, no time, and scheduled for the AM or PM, specify whether to consider(for the TAT report) such orders as **Timed** or **Routine**. Specify what times to use for both AM and PM when calculating the TAT for such orders, (i.e.: From what time does the department consider the order scheduled).

- **Weekend Begins: Day of Week: Time: (1=SUN…7=SAT):** It can be specified which days of the week are considered weekend and weekday with entries in fields 3 and 4. Enter is this field which day of the week and what time of the day the Weekend begins. Example: If the weekend begins at 2300 on Friday, enter the day of the week as: 6, time 2300.

- **Weekend Ends: Day of Week: Time: (1=SUN…7=SAT):** This field is used in conjunction with field 3 to define weekend from weekday. It can be specified in this field which day of the week and what time of day the weekend ends. Example: If the weekend ends at 0700 on Monday, enter the day of the week as: 2, time 0700.

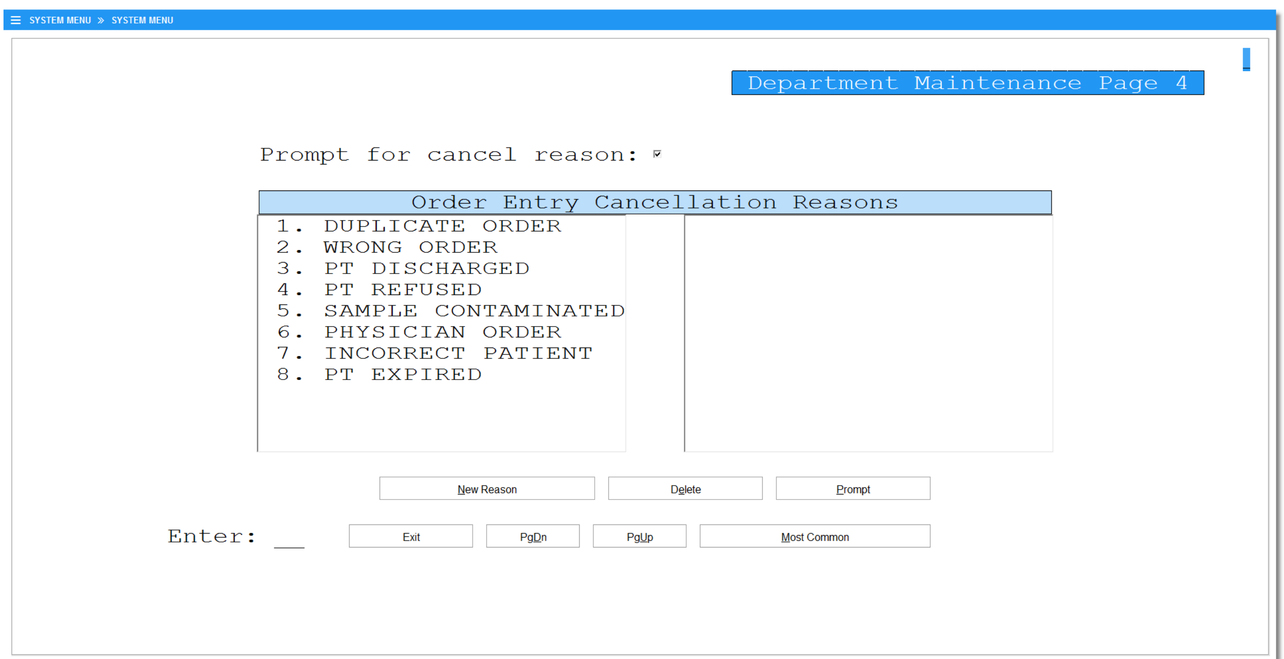
- **Weekday Shift Begin Times: 1: 2: 3:** In this field, specify 3 different shifts for the weekday. Enter the beginning time of each shift in the appropriate fields.

- **Weekend Shift Begin Times: 1: 2: 3:** In this field, specify 3 different shifts for the weekend. Enter the beginning time of each shift on the appropriate fields. No entry can be made unless fields 3 and 4 are completed.

- **Time at which TAT clock starts:** The available options for both STAT and ROUT are: **Collected**, **Ordered**, **Received** and **Scheduled**. Select the appropriate response from the drop-down box.

Department Table, Page 4

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments** > **Page 4**

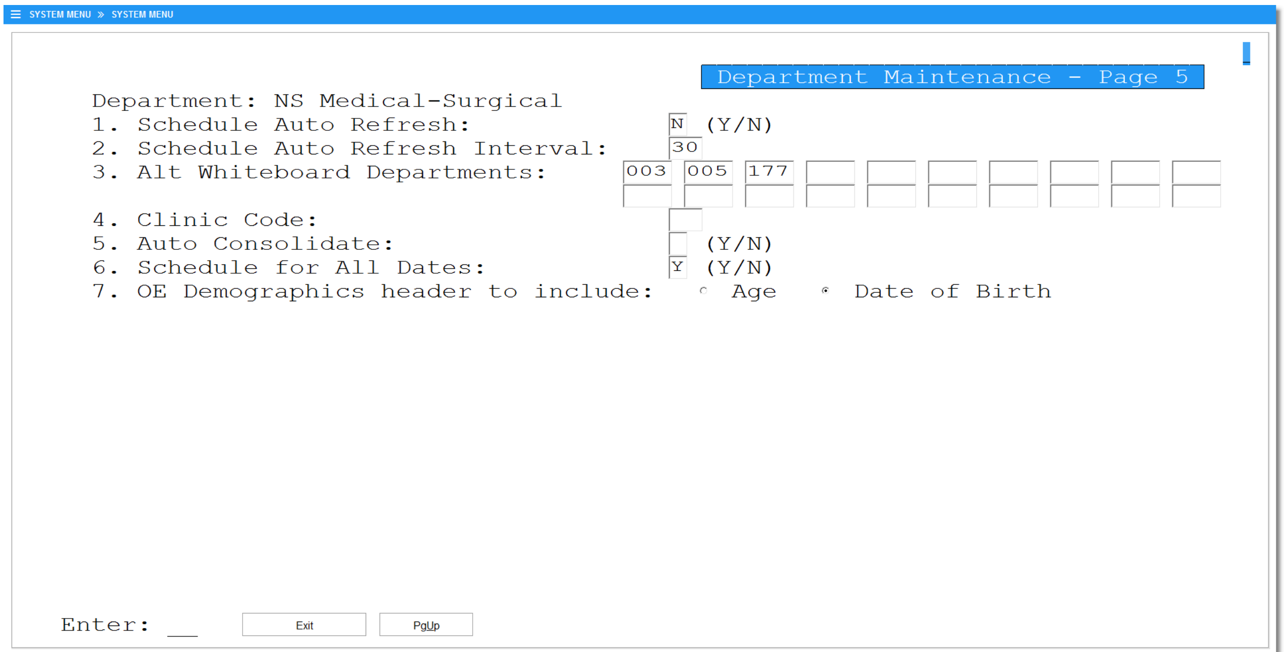


Department Maintenance, Page 4

A total of up to 20 order cancellation reasons can be defined for each department. Select one of the following options: **N**-New Reason: to define a new cancellation reason (up to 20 characters); **D**-Delete: to delete an existing cancellation reason; and **P**-Prompt to prompt for a reason at order cancellation. Refer to the Clinical Order Entry User Guide for more information.

Department Table, Page 5

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Departments** > **<u>Page 5</u>**



Department Maintenance, Page 5

- **Schedule Auto Refresh:** If the facility would like the Whiteboard to automatically update, this field needs to be set to **Y.** This works in conjunction with the next field.

- **Schedule Auto Refresh Interval:** If using Auto Refresh, TruBridge EHR with Auto Refresh the Whiteboard according to the number of minutes loaded in this field. This may be up to 99 minutes.

- **Alt Whiteboard Departments:** Enter the departments the Whiteboard census should display all patients within or associated with.

- **Clinic Code:** This 2-digit code is set up in the Clinic Code table. A code entered here will pull the place of service associated with this clinic code to the 1500 billing form when charging from this department. This will override the place of service code in the Summary Code table.

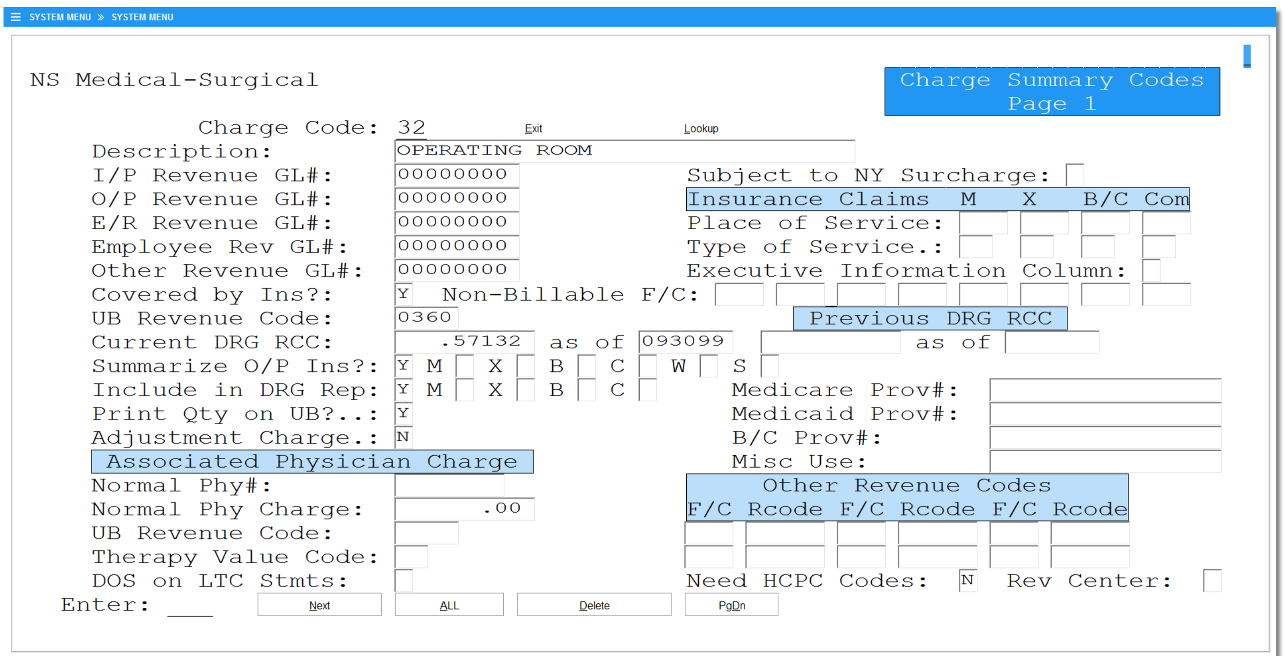
- **Auto Consolidate:** This field is used for ancillary transcription. If this field is set to **Y** any orders that have been charged within 3 minutes of each other will automatically combine together when selected via the Transcribed Orders option from the patient functions screen or Transcribe Orders via the Medical Records application. If this field is set to **N** orders will have to be combined manually by selecting the orders that are to be consolidated individually.

- **Schedule for All Dates:** Enter **Y** to default the Filter Date field in Department Procedure Schedule to All Dates. Enter **N** to default it to Through Today.

- **OE Demographics header to include**:
  - Default: Date of Birth
  - Options: Age or Date of Birth
  - Usage: Controls what the user wants to appear on the Patient Function Screen demographics with regards to patient's age or date of birth.

7.3 Summary Charge Code Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **<u>Chg Summary Cds</u>**


SYSTEM MENU » SYSTEM MENU
NS Medical-Surgical
Charge Summary Codes
Page 1
Charge Code: 32 Exit Lookup
Description: OPERATING ROOM
I/P Revenue GL#: 00000000
O/P Revenue GL#: 00000000
E/R Revenue GL#: 00000000
Employee Rev GL#: 00000000
Other Revenue GL#: 00000000
Covered by Ins?: Y Non-Billable F/C:
UB Revenue Code: 0360
Current DRG RCC: .57132 as of 093099
Summarize O/P Ins?: Y M X B C W S
Include in DRG Rep: Y M X B C
Print Qty on UB?..: Y
Adjustment Charge.: N
Associated Physician Charge
Normal Phy#:
Normal Phy Charge: .00
UB Revenue Code:
Therapy Value Code:
DOS on LTC Stmts:
Subject to NY Surcharge:
Insurance Claims M X B/C Com
Place of Service:
Type of Service.:
Executive Information Column:
Previous DRG RCC
as of
Medicare Prov#:
Medicaid Prov#:
B/C Prov#:
Misc Use:
Other Revenue Codes
F/C Rcode F/C Rcode F/C Rcode
Need HCPC Codes: N Rev Center:
Enter: Next ALL Delete PgDn

Charge Summary Codes, Page 1

- **Description:** Enter the description for the Summary Charge Code, up to 30 characters in length. This description will pull to the UB form when the charges are summarized.

- **I/P Revenue GL#:** A valid Revenue General Ledger number can be entered in this field if necessary. It will override the General Ledger number loaded in the Item Master for Stay Type 1 patients. If this is a Room Summary Charge code, load the General Ledger number for this Stay Type.

- **O/P Revenue GL#:** This field will override the General Ledger number loaded in the Item Master for Stay Type 2 patients. If this is a Room Summary Charge code, load the General Ledger number for this Stay Type, if applicable.

- **E/R Revenue GL#:** This field will over-ride the General Ledger number loaded in the Item Master for Stay Type 3 patients. If this is a Room Summary Charge code, load the General Ledger number for this Stay Type, if applicable.

- **Employee Rev GL#:** This field will over-ride the General Ledger number loaded in the Item Master for Stay Type 4 patients. If this is a Room Summary Charge code, load the General Ledger number for this Stay Type, if applicable.

- **Other Revenue GL#:** This field will override the General Ledger number loaded in the Item Master for Stay Type 5 patients. If this is a Room Summary Charge code, load the General Ledger number for this Stay Type, if applicable.

- **Covered by Ins?:** This field is used for the Create Claims by Charge Period program. When the program generates a claim and this field is left blank or answered **Y**, the items associated with the specific Summary Charge Code will print on the insurance form. All Summary Codes except adjustment codes should have this field answered **Y**. Adjustment Summary Codes should be answered **N**.

- **UB Revenue Code:** Enter the Revenue Code (up to four digits) that should pull to the UB form for the charge items associated with this Summary Code.

- **Current DRG RCC:** Enter the ratio of cost to charges for this Summary Charge Code. This field will be utilized on the DRG Profit & Loss Report in the column “R.C.C.”

- **Summarize O/P Ins?:** This field will allow the items within this Summary Code for Outpatient Financial Classes to be summarized, detailed, or summarized by date. To summarize an Outpatient’s charges for specific Summary Codes, a **Y** should be placed after the corresponding letter of the Financial Class. To have the items print in detail, enter an **N**. If it is necessary to have the items summarize by date, enter a **D** after the letter corresponding to the specific Financial Class. To have all Financial Classes react the same, enter the **Y**, **N** or **D** in the first position of the field.

- **Include in DRG Rep:** If answered **Y**, then the revenue from this Summary Code will be included in DRG Reports.

- **Print Qty on UB:** Answer **Y** to allow the quantity charged to print on the UB form. An **N** will prevent the quantity from printing. Answer **1** to pull a 1 for the service units for that charge line on the UB regardless of how many units were actually charged. The number of service units actually charged will still pull to the detail charges screen.

- **Adjustment Charge?:** Enter a **Y** for those Summary Codes that represent adjustment items.

- **Normal Phy#:** This Physician number will pull for the physician component if this Summary Charge Code is entered as the item number during Charge Entry. This field is typically left blank.

- **Normal Phy Charge:** This amount will pull for the physician component if this Summary Charge Code is entered as the item number during Charge Entry. This field is typically left blank.

- **UB Revenue Code:** If the Revenue Code for physician components is different than the facility Revenue Code, it may be loaded in this field.

- **Therapy Value Code:** If a specific Therapy Value Code needs to print on the UB for Medicare Outpatient interim claims, it may be loaded in this field.

- **DOS on LTC Stmts:** If this field is blank or answered **Y** the from and thru dates should pull to the statement. If this field is answered **N** the total charges for the summary code should print on the statement, but the from and thru dates should not. The default for this field should be blank or **Y**.

- **Subject to NY Surcharge:** If **Y** is selected, the Summary Code will be subject to NY Surcharge.

- **Place of Service:** The Place of Service listed for the Financial Class category (such as M) will pull to Locator 24B of the 1500 form. Page 2 of the Summary Code table allows the Place of Service to be designated for specific Financial Classes (such as MBA).

- **Type of Service:** The Type of Service listed for the Financial Class category will pull to Locator 24C of the 1500 form. Page 2 of the Summary Code table allows the Type of Service to be designated for specific Financial Classes.

- **Executive Information Column:** Enter the column that Revenue Statistics related to items associated with this Summary Code should pull to in the Executive Information application. TruBridge EHR uses the following cross-reference for column assignments:

COLUMN	NUMBER
ROOM	1
PHARMACY	2
LAB	3
X-RAY	4
RESPIRATORY	5
PHYSICAL THERAPY	6
OTHER	7
ADJUSTMENTS	9

- **Non-Billable F/C**: This field allows eight spaces for entering non-billable financial classes. Wildcarding may be used. For any financial class entered in this field, the summary code will not pull to the Insurance Detail Charges screen. This applies to claims that are manually generated, auto generated or billed through Claims Created by Charge Period.

- **Provider Numbers:** For states **NH** and **VT**, these provider numbers will pull to Locator 33 of the 1500 claim for Medicare, Medicaid and Blue Cross.

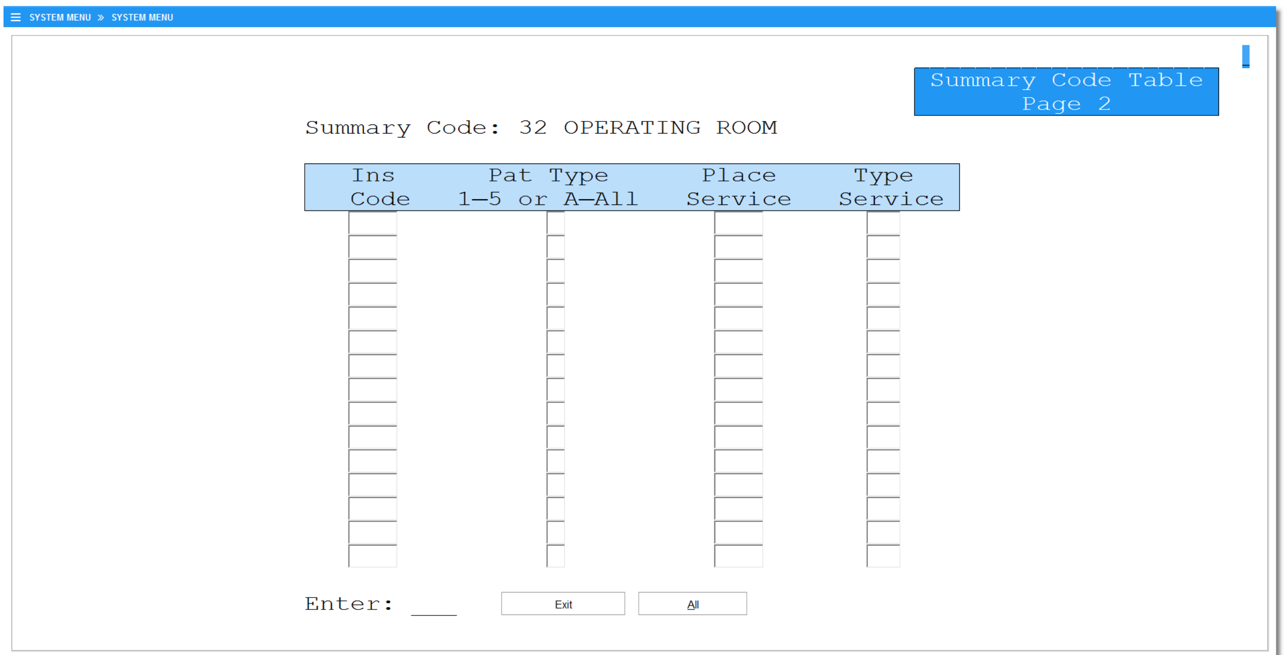
- **Misc Use:** This field is used for state-specific miscellaneous uses.

- **Other Revenue Codes:** This field will allow up to six different Revenue Codes to be designated for specific Financial Class codes. Wild-carding is accepted. If entered, this will override the UB Revenue Code field for the specified Financial Class code.

- **Need HCPC Codes: Rev Center:** Enter a **Y** to allow the HCPC's loaded on the DRG Grouper screen to pull to the UB when the Combine O/R E/R field from the Insurance Company table page 2, field 26 is answered **Y**. If an **N** is entered the HCPC from Grouper screen will not pull to the UB, but the CPT code, if loaded, from an item will pull. Enter an **S** to allow charge items without CPT code(s) loaded to pull to a separate line of detail on the UB and not combine with any other summary code. “Rev Center” will allow any summary code to be assigned a revenue center.

Summary Charge Code Table, Page 2

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Chg Summary Cds** > **Page 2**



Summary Code Table, Page 2

The second page of the Summary Charge Code table allows for Place Of Service and Type of Service codes to be identified for different Financial Classes and Stay Types, instead of just the general category. These fields will over-ride the information loaded on page 1, fields 21-22.

- **Ins Code:** The specific Financial Class code should be loaded in this field. Wild-carding may be used by entering asterisks (“**”). For example, “MP*” will indicate all Financial Class codes that begin with MP.

- **Pat Type:** The table will allow a Stay Type to be entered that will only pull the information to the 1500 for the specific Stay Type. Entering **A** will pull the information for all Stay Types.

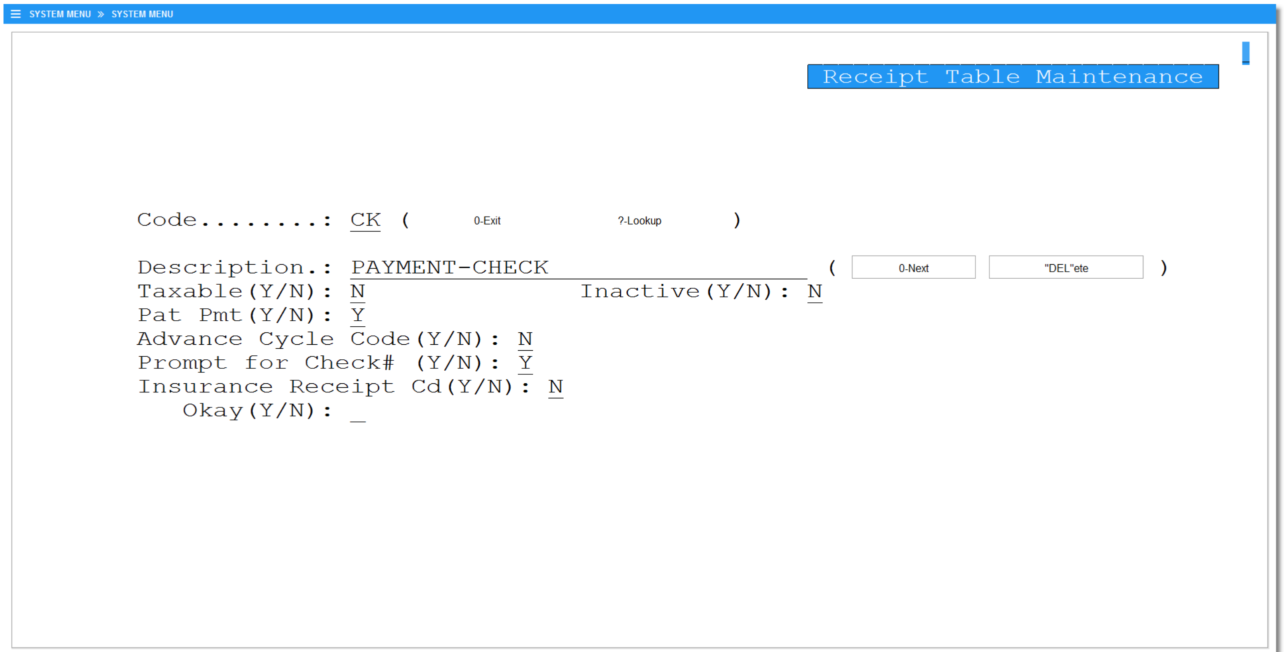
- **Place of Service:** Enter the Place of Service code that should pull to the 1500.

- **Type of Service:** Enter the Type of Service code that should pull to the 1500.

7.4 Receipt Codes Table

When receipts are entered into TruBridge EHR, a Receipt Type code is required, indicating the method of payment.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Receipt Codes**



Receipt Table Maintenance

- **Code:** Enter a 2-character alpha and/or numeric code. A lookup window is available by selecting the question mark (?).

Examples of Receipts Codes are: **CA**-Cash, **CK**-Check, **IN**-Insurance, **MC**-Master Card, **MO**-Money Order, and **VI**-Visa.

- **Description:** Enter a brief description of the Receipt Code using up to 30 characters. Enter **0** and press Return to continue to the next Receipt code. Enter **0** and press Return again to exit. **DEL** may be entered to delete the account.

- **Taxable (Y/N):** Enter **Y** if the form of payment is taxable, **N** if the form of payment is not taxable.

- **Pat Pmt (Y/N):** Enter **Y** for receipt types that are considered patient payments, i.e. cash, check, etc. These receipts will pull to the "Payments to One MR#" report. A **Y** should not be loaded for any insurance related receipt codes.

- **Advance Cycle Code (Y/N):** Setting this field to **Y** will allow TruBridge EHR to change an account to the next cycle code run depending on how the Collections Table is set.

- **Prompt for Check # (Y/N):** Enter **Y** for receipt type of **CK** to prompt for the check number when entering patient payments through Batch Receipt Entry.

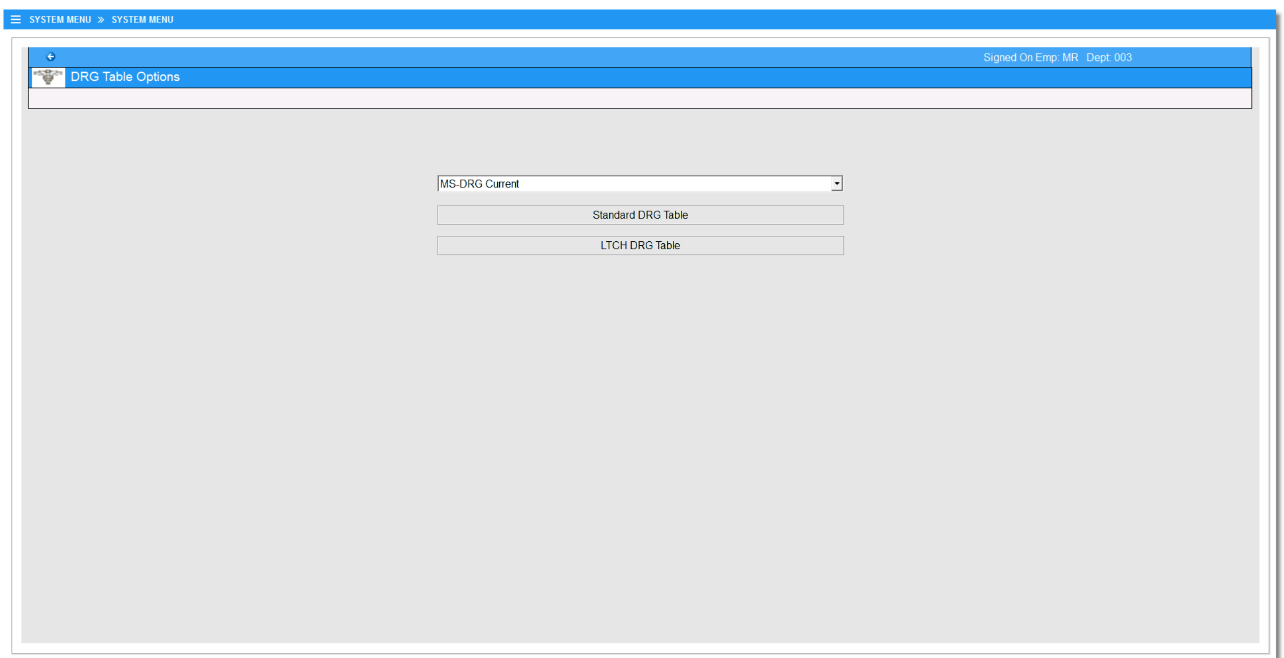
- **Insurance Receipt Cd (Y/N):** Setting this field to **Y** will allow the Insurance Receipt Entry screen to display once the receipt is selected from the Review Work Area/Post and Print screen. Setting this field to **N** will allow the A/R Receipt Entry screen to display once the receipt is selected from the Review Work Area/Post and Print screen.

- **Inactivate (Y/N):** Entering **Y** will disallow this Receipt code to show in a lookup option or be entered in TruBridge EHR. This Receipt code may be activated at anytime by entering **N** this field.

7.5 DRG Codes Table

The DRG Table has two options, the Standard DRG Table and the LTCH DRG Table.

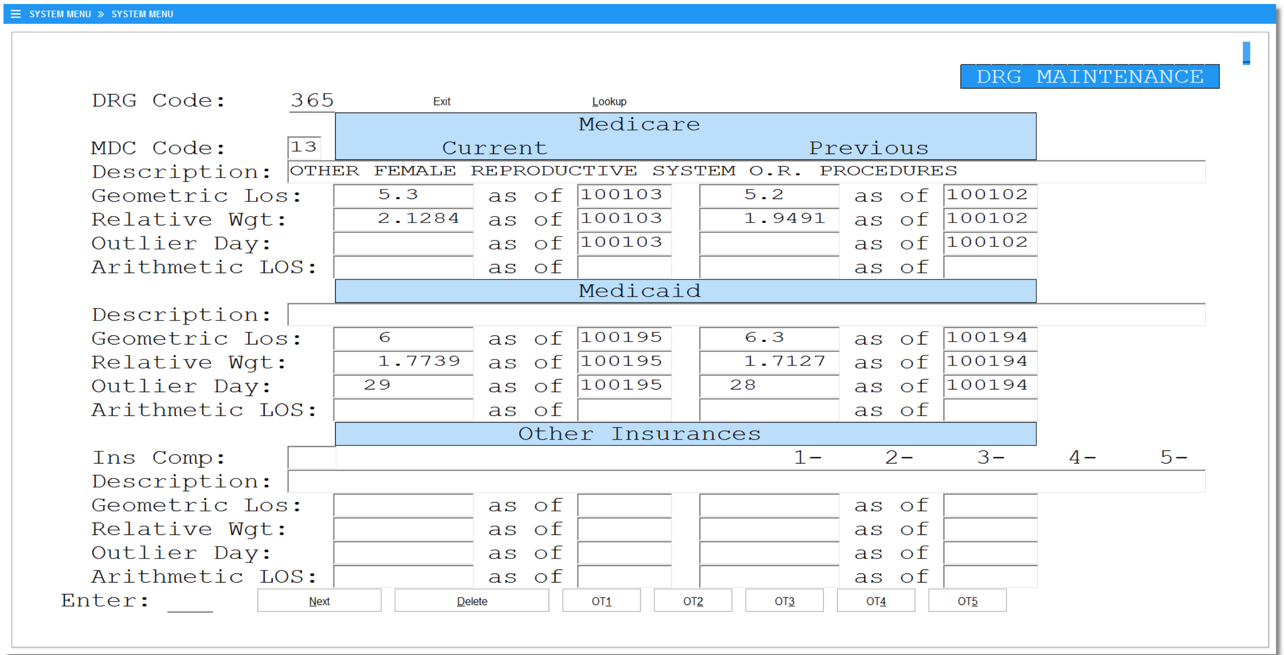
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **DRG Codes**



DRG Table Options

When the DRG is calculated TruBridge EHR typically uses the Standard DRG Table. In order to use the LTCH DRG Table for DRG Reimbursements, facilities must have AHIS, page 4, field 11 set to **Y**. The fields are the same in both tables. The only difference will be the figures entered into the fields.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Standard DRG Table**



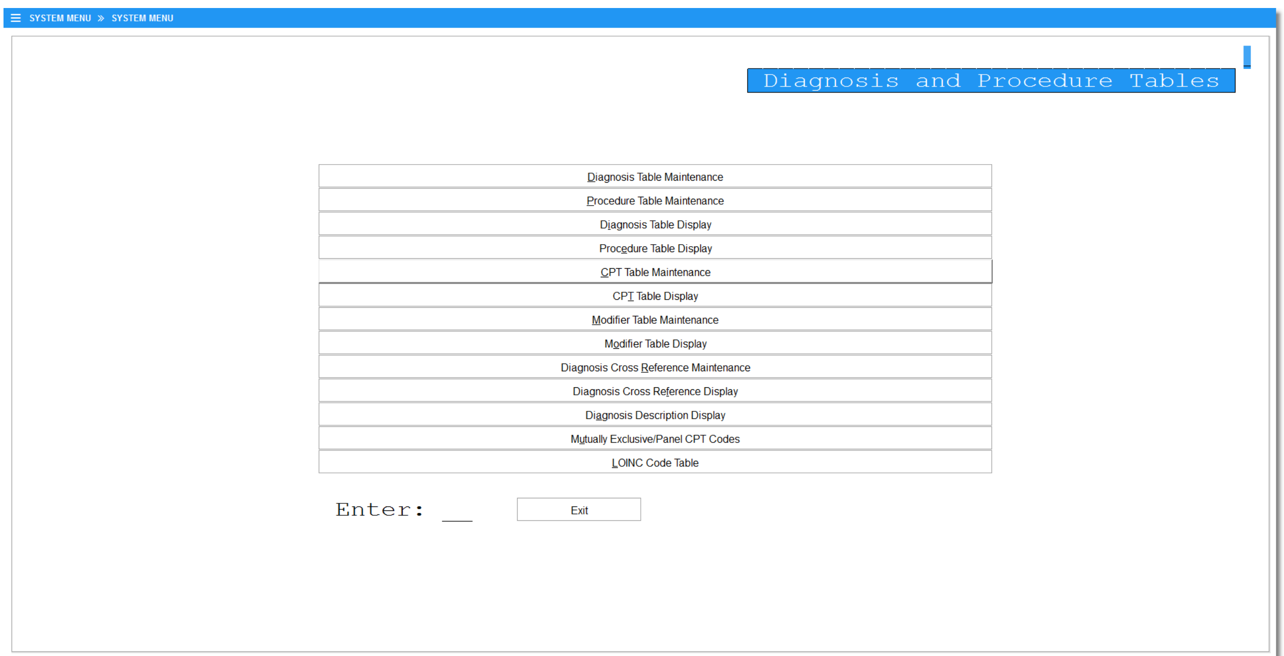
DRG Maintenance

- **DRG Code:** The 3-digit Diagnosis Related Group code pulls to this field.
- **MDC Code:** The Major Diagnostic Category code for this DRG is loaded in this field.
- **Description:** The DRG description may contain up to 60 characters. TruBridge EHR will allow a separate description for Medicare, Medicaid and other Insurances.
- **Medicare and Medicaid:** These fields contain the Geometric Length of Stay, Relative Weight, and Outlier Day for Medicare and Medicaid, respectively, that are used in the DRG Reimbursement calculation. The current and previous dates and the values associated with them affect the DRG Reimbursement calculation. For example, using the above table, if a patient is admitted 09/30/07 and discharged 09/30/07 prior values are used in the calculation. If a patient is admitted 09/30/07 and discharged 10/01/07 current values are used in the calculation.
- **Other Insurances:** The Geometric Length of Stay, Relative Weight, and Outlier Day can be loaded for up to five Insurance Company Codes other than Medicare or Medicaid. By selecting **OT1** through **OT5** at the bottom of the screen, fields 10-13 may then be filled out for each Insurance Company Code.

7.6 Diagnosis Codes Table

The Diagnosis and Procedure Tables are utilized by Financial and Clinical Software Support. All valid International Classification of Disease-9th Revision (ICD-9) Diagnosis and Procedure codes, Current Procedural Terminology (CPT) and Modifier codes are maintained in this table. In addition, there is a Diagnosis cross-reference table utilized in the Medical Necessity application. There is also a table to define Mutually Exclusive/Panel CPT codes. Access to these tables requires security to the Business Office Tables. Notify the facilitycontact or Medical Records manager to change or add entries. Contact TruBridge Financial Software Support for questions about the Diagnosis, Procedure, CPT and Modifier tables. Contact TruBridge Clinical Ancillary Support for questions about the Diagnosis Cross Reference and Mutually Exclusive/Panel CPT codes.

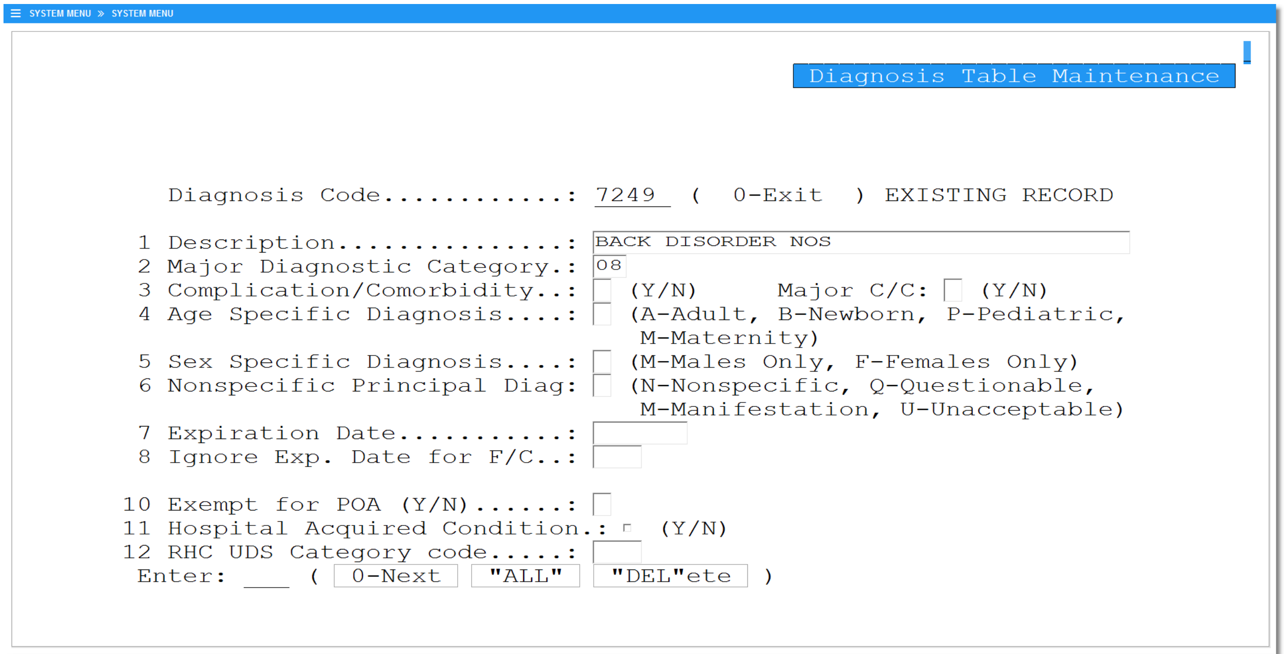
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes**



Diagnosis and Procedure Tables

Diagnosis Table Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Diagnosis Table Maintenance**



```
SYSTEM MENU » SYSTEM MENU

                                        Diagnosis Table Maintenance

    Diagnosis Code............: 7249   (  0-Exit   ) EXISTING RECORD

  1 Description...............: BACK DISORDER NOS
  2 Major Diagnostic Category.: 08
  3 Complication/Comorbidity..:    (Y/N)     Major C/C:    (Y/N)
  4 Age Specific Diagnosis....:    (A-Adult, B-Newborn, P-Pediatric,
                                    M-Maternity)
  5 Sex Specific Diagnosis....:    (M-Males Only, F-Females Only)
  6 Nonspecific Principal Diag:    (N-Nonspecific, Q-Questionable,
                                    M-Manifestation, U-Unacceptable)
  7 Expiration Date...........:
  8 Ignore Exp. Date for F/C..:

 10 Exempt for POA (Y/N)......:
 11 Hospital Acquired Condition.:    (Y/N)
 12 RHC UDS Category code.....:
  Enter: ___  (  0-Next   "ALL"   "DEL"ete  )
```

Diagnosis Table Maintenance

- **Description:** The description of the Diagnosis will be loaded in this field, up to 35 characters in length.

- **Major Diagnostic Category:** This field contains the Major Diagnostic Category for this Diagnosis.

- **Complication/Comorbidity:** Enter a **Y** if there is a complicating or comorbidic condition associated with this Diagnosis. If so, then an asterisk (*) will pull to the left of the Diagnosis when the option to calculate the DRG is selected.

- **Age Specific Diagnosis:** If this Diagnosis has an age specification, then it should be entered in this field. This character will pull in the first space of the MCE (Medicare Code Edit) field in the DRG Grouper screen when the Diagnosis is entered. A warning will pull if the patient does not meet that age specification. For instance, if a **B** - Newborn is loaded and this Diagnosis is entered in the DRG Grouper screen for an adult patient then the warning “THIS DIAG IS FOR AGES <1” will appear.

- **Sex Specific Diagnosis:** If this Diagnosis has a sex specification, then it should be entered in this field. This character will pull in the second space of the MCE (Medicare Code Edit) field in the DRG Grouper screen when the Diagnosis is entered. A warning will pull if the patient does not meet that specification. For instance, if a **F** - Females is loaded and this Diagnosis is entered for a male patient, then the warning “THIS DIAG IS JUST FOR FEMALES” will appear.

- **Nonspecific Principal Diag:** If this Diagnosis has a Nonspecific Principal Diagnosis qualification, then it should be entered in this field. This character will pull to the third space of the MCE (Medicare Code Edit) field in the DRG Grouper screen when this Diagnosis is entered as the Principal Diagnosis. A warning of “Nonspecific Principal Diagnosis” will also pull at the bottom of the screen.

- **Expiration Date:** Enter the date that this Diagnosis code is no longer valid. If the code is entered into the DRG Grouper screen for a patient with an Admit Date after this Expiration Date, the message “INACTIVE CODE” will display in the Description field and another code must be entered.

- **Ignore Exp Date for F/C:** This field was designed for financial classes that continue to use expired diagnosis codes. Enter the financial class to over-ride the expiration date. This field may be wild-carded.

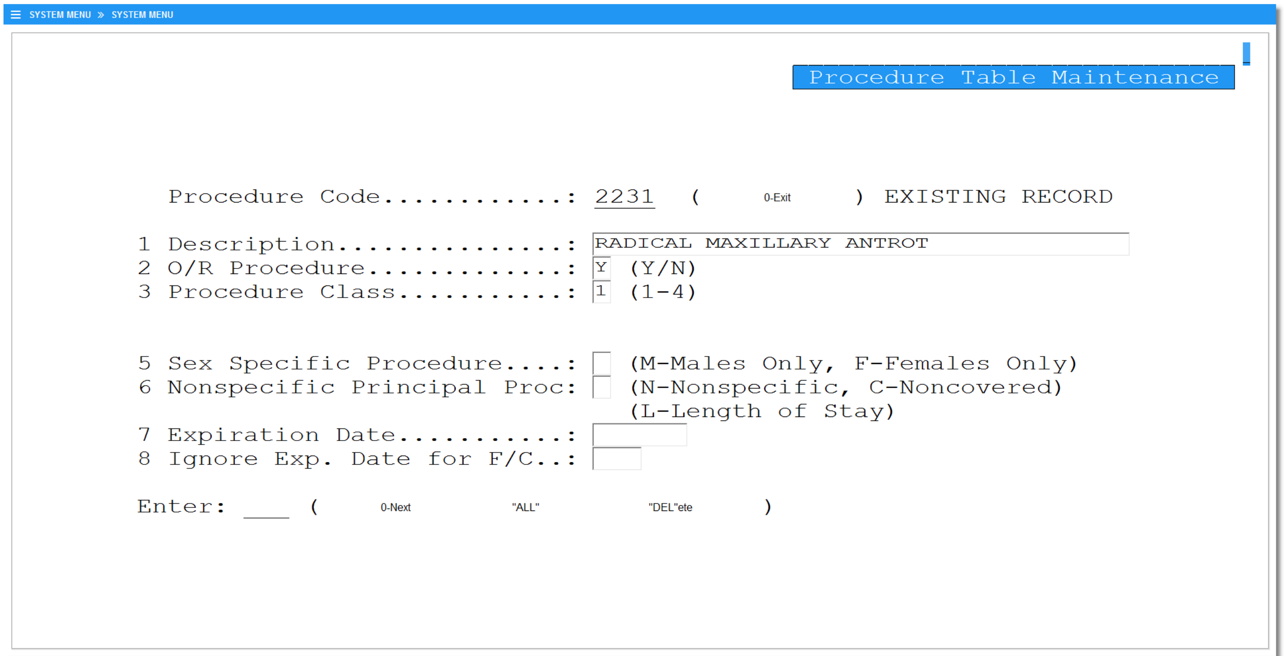
- **Exempt for POA:** Answering this field **Y** will populate an **E** in the @ADM field on the DRG Grouper screen after entering in the diagnosis and leave the POA locator on the UB blank. Answering this **N** will populate a **Y** in the @ADM field on the DRG Grouper screen after entering in the diagnosis. This field defaults to **Y**.

- **Hospital Acquired Condition:** This field is for diagnoses that were not present on admission and were acquired while in the hospital. If answered **Y,** this diagnosis will be considered a hospital acquired condition and will flag in the DRG Grouper screen.

- **RHC UDS Category Code:** This field is used by MPEMR - Financial to load the RHC-UDS (Rural Health Clinic - Uniform Data System) category code that applies to this diagnosis for reporting purposes.

Procedure Table Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Procedure Table Maintenance**



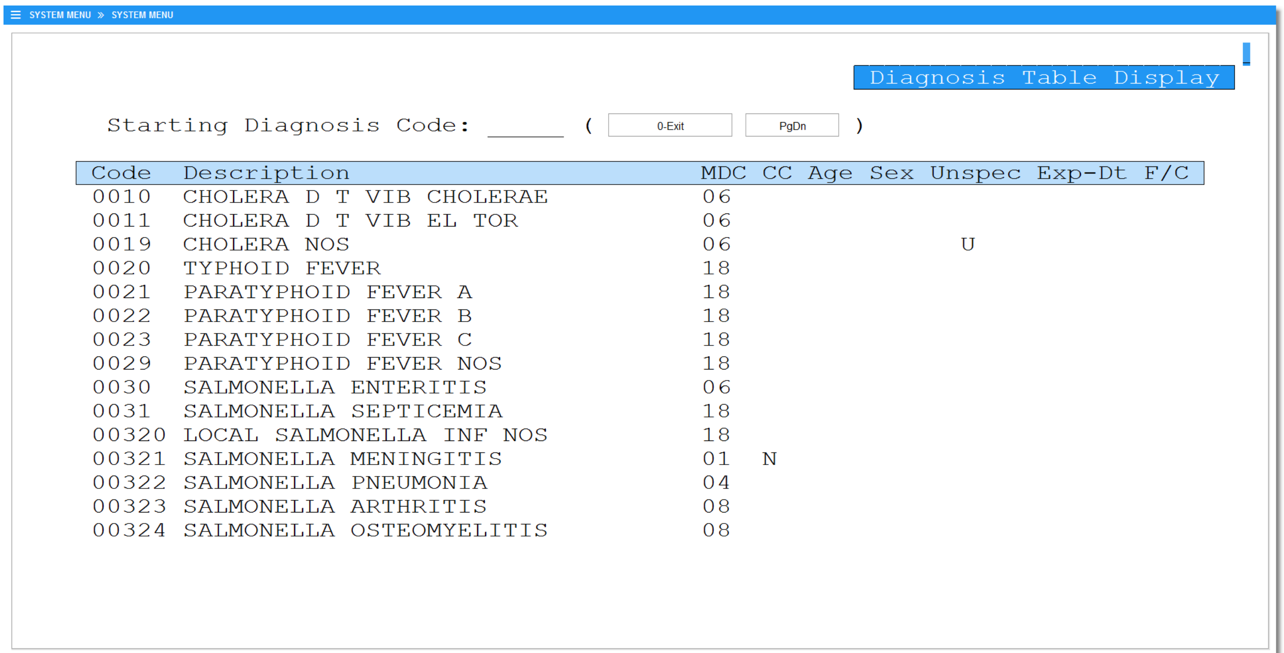
Procedure Table Maintenance

- **Description:** Enter the Description of the Procedure Code, up to 35 characters in length.
- **O/R Procedure:** Enter a **Y** to indicate that this is an Operating Room procedure. This will allow this Procedure Code to pull to the Operative Procedures report.
- **Procedure Class:** This field is not used at this time.
- **Sex Specific Procedure:** If a Procedure has a sex specification, then it should be entered in this field. This character will pull to the MCE (Medicare Code Edit) field in the DRG Grouper screen if the patient does not meet this specification.
- **Nonspecific Principal Proc:** If this Procedure has a Nonspecific Principal Procedure qualification, then it should be entered in this field. This character will pull to the MCE field in the DRG Grouper screen when this Procedure is entered.
- **Expiration Date:** Enter the date that this Procedure code is no longer valid. If the code is entered into the DRG Grouper screen for a patient with an Admit Date after this Expiration Date, the message “INACTIVE CODE” will display in the Description field and another code must be entered.
- **Ignore Exp Date for F/C:** This field was designed for financial classes that continue to use expired procedure codes. Enter the financial class to over-ride the expiration date. This field may be wild-carded.

Diagnosis Table Display

The Diagnosis Table Display lists all diagnoses in the Diagnosis Table by code. The display will also indicate the Major Diagnostic Category (MDC), whether this diagnosis is marked as a Complication/Comorbidity (CC), the Age or Sex specification, the Nonspecific Principal Diagnosis qualification, the Expiration Date if applicable, and the Financial Class set to ignore the expiration date.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Diagnosis Table Display**


SYSTEM MENU » SYSTEM MENU

Diagnosis Table Display

Starting Diagnosis Code: ______ (0-Exit PgDn)

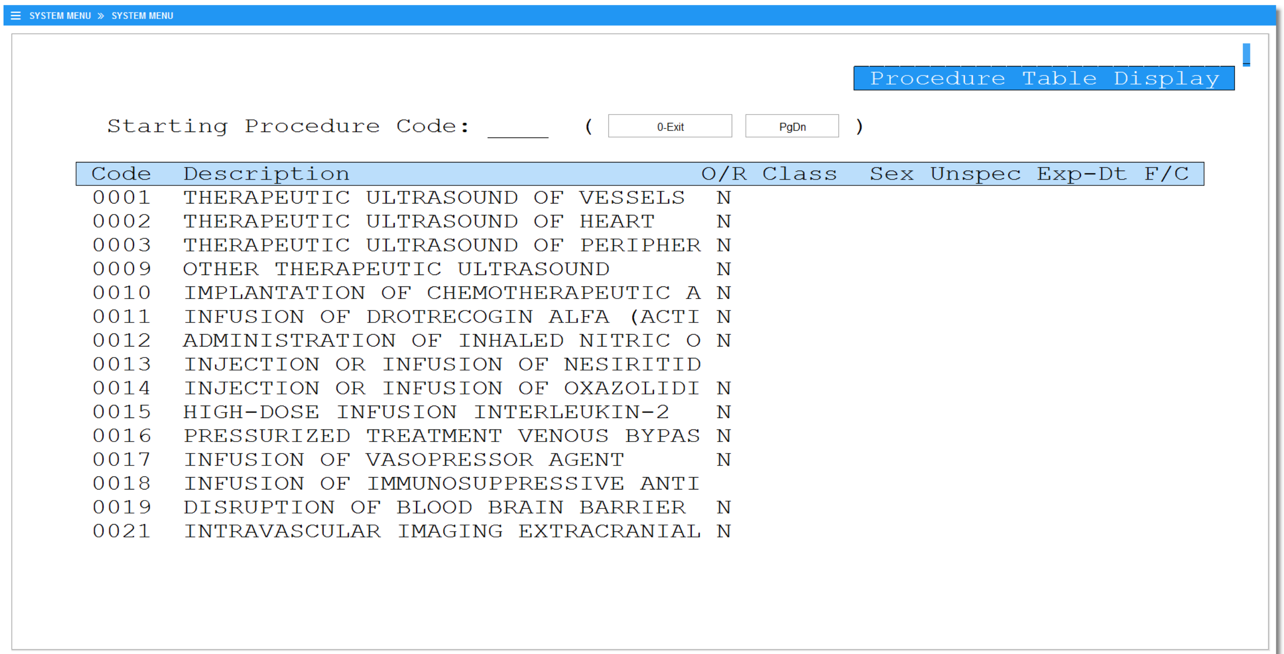
Code	Description	MDC	CC	Age	Sex	Unspec	Exp-Dt	F/C
0010	CHOLERA D T VIB CHOLERAE	06						
0011	CHOLERA D T VIB EL TOR	06						
0019	CHOLERA NOS	06				U		
0020	TYPHOID FEVER	18						
0021	PARATYPHOID FEVER A	18						
0022	PARATYPHOID FEVER B	18						
0023	PARATYPHOID FEVER C	18						
0029	PARATYPHOID FEVER NOS	18						
0030	SALMONELLA ENTERITIS	06						
0031	SALMONELLA SEPTICEMIA	18						
00320	LOCAL SALMONELLA INF NOS	18						
00321	SALMONELLA MENINGITIS	01	N					
00322	SALMONELLA PNEUMONIA	04						
00323	SALMONELLA ARTHRITIS	08						
00324	SALMONELLA OSTEOMYELITIS	08						

Diagnosis Table Display

Procedure Table Display

The Procedure Table Display lists all procedures in the Procedures Table. The display will also indicate whether this is an O/R Procedure, the Procedure Class, the Sex specification, the Nonspecific Principal Procedure qualification, the Expiration Date if applicable, and the Financial Class set to ignore the expiration date.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Procedure Table Display**


SYSTEM MENU » SYSTEM MENU

Procedure Table Display

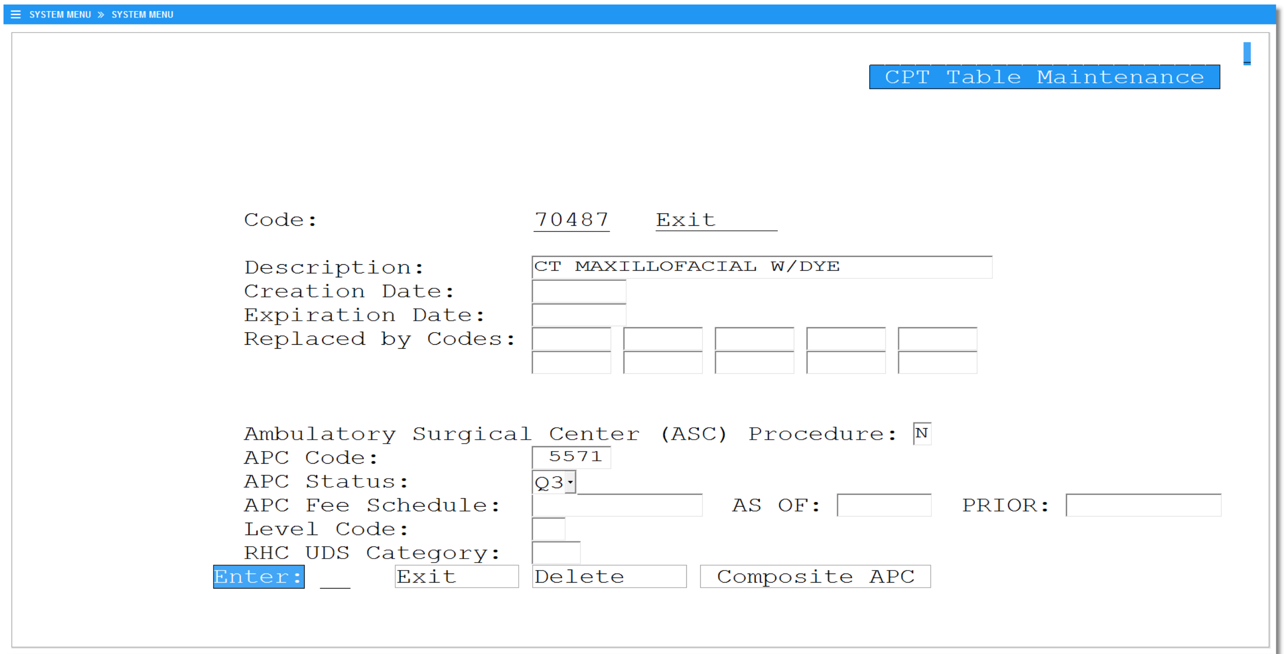
Starting Procedure Code: _____ (0-Exit PgDn)

Code	Description	O/R	Class	Sex	Unspec	Exp-Dt	F/C
0001	THERAPEUTIC ULTRASOUND OF VESSELS	N					
0002	THERAPEUTIC ULTRASOUND OF HEART	N					
0003	THERAPEUTIC ULTRASOUND OF PERIPHER	N					
0009	OTHER THERAPEUTIC ULTRASOUND	N					
0010	IMPLANTATION OF CHEMOTHERAPEUTIC A	N					
0011	INFUSION OF DROTRECOGIN ALFA (ACTI	N					
0012	ADMINISTRATION OF INHALED NITRIC O	N					
0013	INJECTION OR INFUSION OF NESIRITID						
0014	INJECTION OR INFUSION OF OXAZOLIDI	N					
0015	HIGH-DOSE INFUSION INTERLEUKIN-2	N					
0016	PRESSURIZED TREATMENT VENOUS BYPAS	N					
0017	INFUSION OF VASOPRESSOR AGENT	N					
0018	INFUSION OF IMMUNOSUPPRESSIVE ANTI						
0019	DISRUPTION OF BLOOD BRAIN BARRIER	N					
0021	INTRAVASCULAR IMAGING EXTRACRANIAL	N					

Procedure Table Display

CPT Table Maintenance

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **CPT Table Maintenance**



CPT Table Maintenance

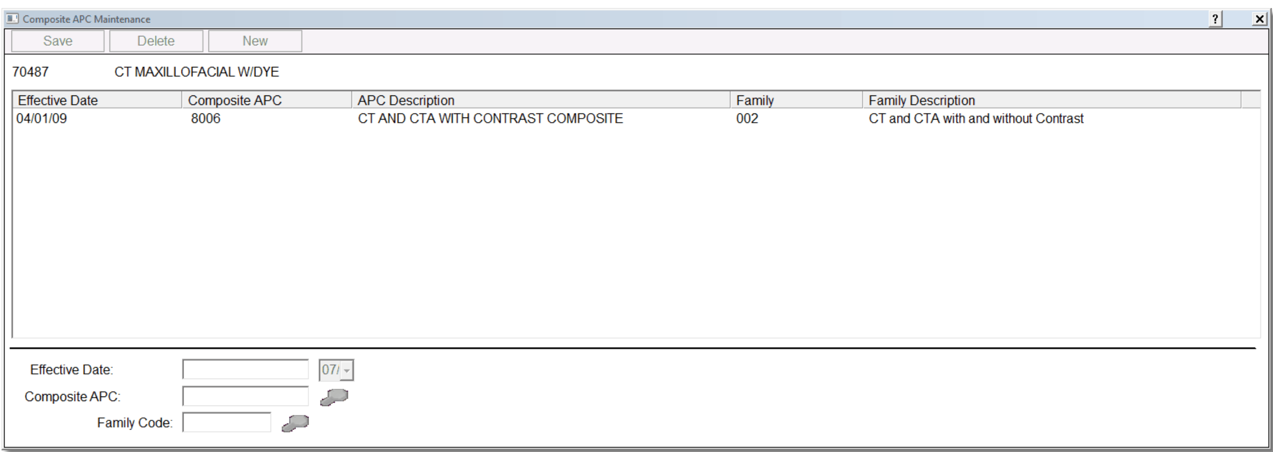
- **Description:** Enter the CPT Description, up to 30 characters in length.
- **Creation Date:** A creation date should be entered for CPT codes that will be valid in the future. Enter the date the code becomes effective.
- **Expiration Date:** Enter the date that this CPT code is no longer valid. If an expired code is entered in the DRG Grouper screen, the warning “Inactive Code” will be displayed.
- **Replaced By Codes:** CPT codes that will be used to replace an outdated code should be entered into this field. Up to ten codes may be entered. When an expired CPT code is entered, TruBridge EHR will display all replacement CPT codes at the bottom of the screen.
- **Ambulatory Surgical Center (ASC) Procedure:** When this field is set to **Y** and the other criteria for Bill Type 831 is met, then Bill Type 831 will pull. This switch will be read when a claim is generated and the “Need HCPC” switch in the Summary Charge Code Table is set to **Y**.
- **APC Code:** For those CPT’s that have an associated APC, the code will be entered in this field.
- **APC Status:** The APC Status Indicator code will pull to this field. If there is not an APC associated with a particular CPT Code, then this code will indicate the reason (e.g., Lab charge, Inpatient surgical procedure, etc). Status Indicators A, B, C, E and N will not have an associated APC Code. The code may be two characters long.

- **APC Fee Schedule: As of: Prior:** If the APC Status is an **A**, the reimbursement amount may be loaded in the APC Fee Schedule. When the claim is generated the amount loaded will pull as the Estimated Reimbursement to the APC Detail Screen. If the field is left blank the amount of the charge will pull. The Fee Schedule figures will also pull to the APC Cross Checking Report, the APC Insurance Receipts Report, and Insurance Ad Hoc Reporting.

- **Level Code:** Enter the 2-character alpha or numeric code that represents the OR/ Charge Level Code.

- **RHC UDS Category:** This field is used by MPEMR - Financial to load the RHC-UDS (Rural Health Clinic - Uniform Data System) category code that applies to this procedure for reporting purposes.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **CPT Table Maintenance** > **enter CPT code** > **Composite APC**



Composite APC Maintenance

- **Effective Date:** The date the CPT code became effective for the Composite APC.

- **Composite APC:** A Composite APC is comprised of specific CPT codes that are listed in the Federal Register.

- **APC Description:** The Description of the Composite APC code as found in the Federal Register

- **Family:** Family codes are comprised of one or more Composite APC codes. These are established by CMS.

- **Family Description:** The Description of the Family code.

The rules for Composite APC's and Family Tables apply when more than one CPT code within the same Composite APC or same Family are performed on the same date of service.

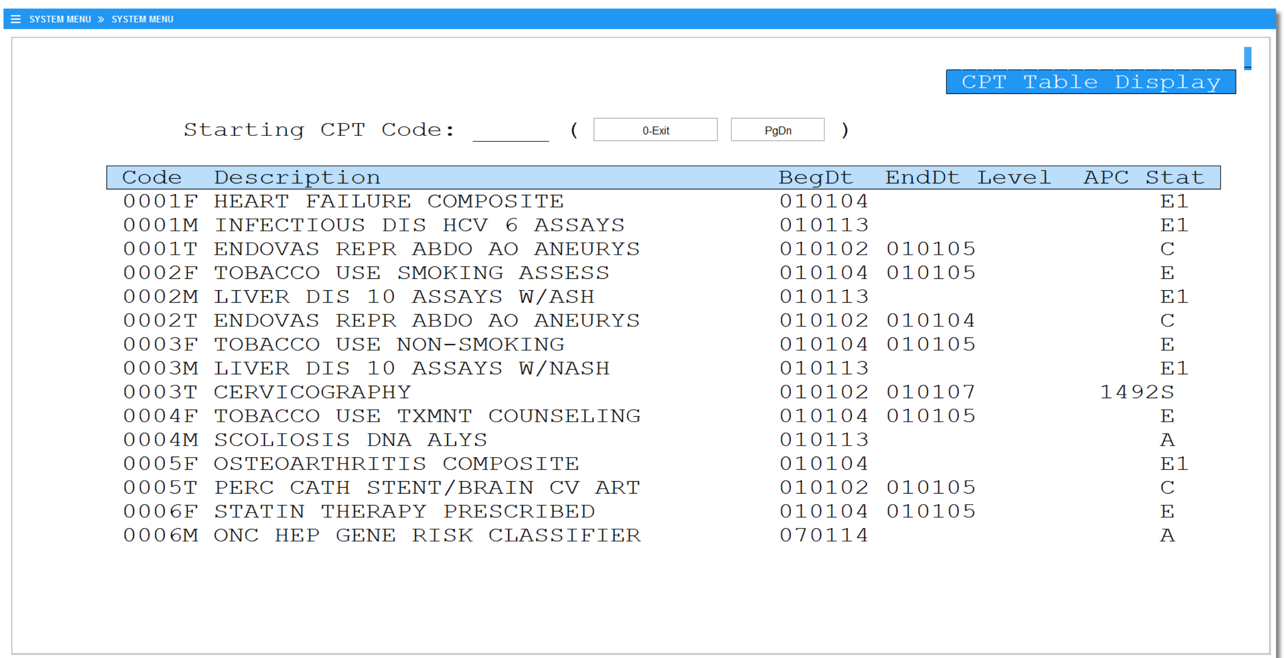
For this example see screen prints above. CPT 70487 has an individual APC of 283. It also belongs to Composite APC 8006 within Family 2 (CT and CTA with and without Contrast). If this is the only CPT performed on that date of service, APC 283 is used. If another CPT belonging to the same Composite APC or Family is performed on the same date of service, then Composite APC 8006 is used.

NOTE: *This table will be updated and maintained by TruBridge.*

CPT Table Display

The CPT Table Display lists all CPT codes in the CPT Table. The display will also reflect the Creation and Expiration dates in the Beg-Date and End-Date columns as well as the APC Status code.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **CPT Table Display**


SYSTEM MENU » SYSTEM MENU

CPT Table Display

Starting CPT Code: ______ (0-Exit PgDn)

Code	Description	BegDt	EndDt	Level	APC	Stat
0001F	HEART FAILURE COMPOSITE	010104				E1
0001M	INFECTIOUS DIS HCV 6 ASSAYS	010113				E1
0001T	ENDOVAS REPR ABDO AO ANEURYS	010102	010105			C
0002F	TOBACCO USE SMOKING ASSESS	010104	010105			E
0002M	LIVER DIS 10 ASSAYS W/ASH	010113				E1
0002T	ENDOVAS REPR ABDO AO ANEURYS	010102	010104			C
0003F	TOBACCO USE NON-SMOKING	010104	010105			E
0003M	LIVER DIS 10 ASSAYS W/NASH	010113				E1
0003T	CERVICOGRAPHY	010102	010107		1492	S
0004F	TOBACCO USE TXMNT COUNSELING	010104	010105			E
0004M	SCOLIOSIS DNA ALYS	010113				A
0005F	OSTEOARTHRITIS COMPOSITE	010104				E1
0005T	PERC CATH STENT/BRAIN CV ART	010102	010105			C
0006F	STATIN THERAPY PRESCRIBED	010104	010105			E
0006M	ONC HEP GENE RISK CLASSIFIER	070114				A

CPT Table Display

Modifier Table Maintenance

A 2-digit modifier may be created by entering the code and then the description, up to 30 characters in length. The modifiers can then be entered in the DRG Grouper screen, the Detail Charges screen, or the Item Master.

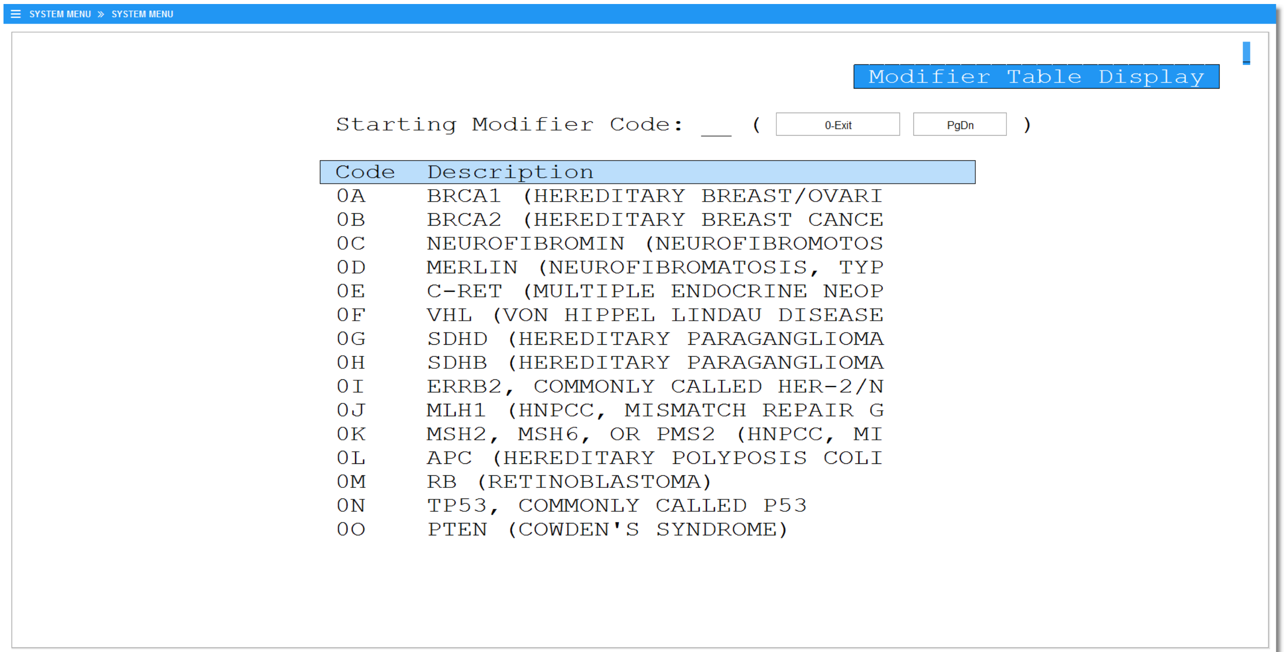
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Modifier Table Maintenance**

Modifier Table Maintenance

Modifier Table Display

This display lists all modifiers in the Modifier Table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Modifier Table Display**

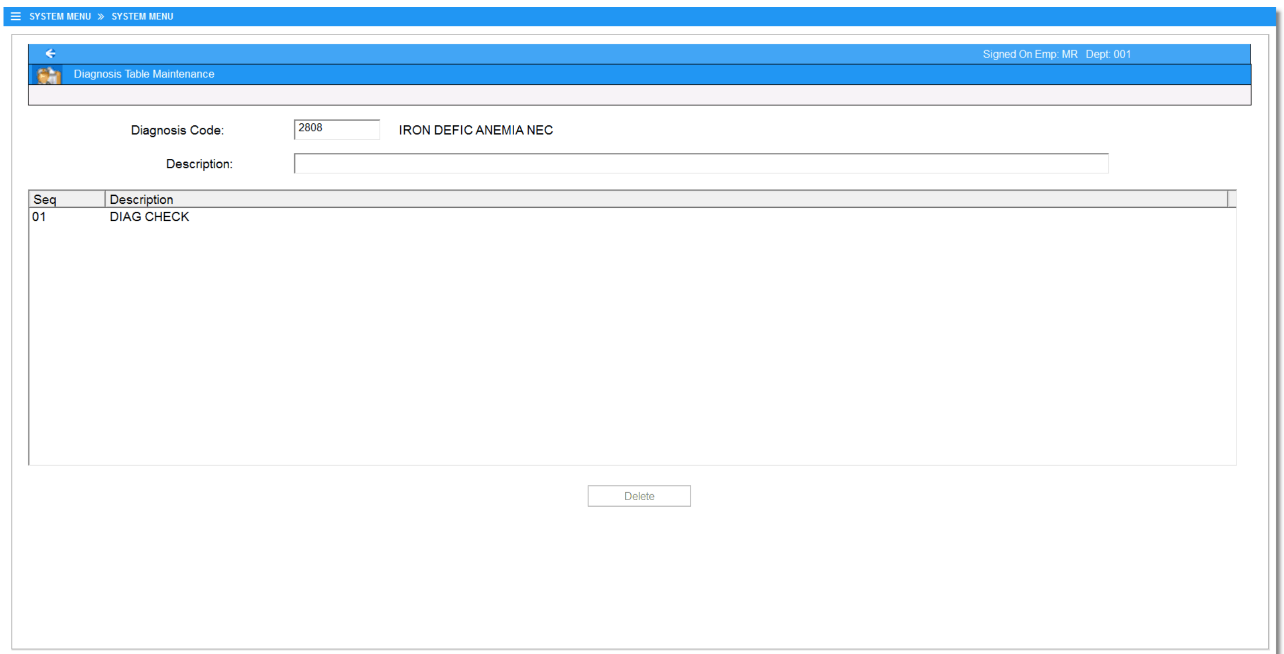


Modifier Table Display

Diagnosis Cross Reference Maintenance

The Diagnosis Cross Reference Maintenance table allows multiple descriptive pointers to be created for an ICD-9 code. This is necessary with the Medical Necessity Application, as the actual code description may not be familiar to the person placing the order. There is also the ability to view existing descriptions for a specific diagnosis code. For example, if “IDA” is submitted as a diagnosis, the person placing the order many not know that IDA is an abbreviation for Iron Deficiency Anemia. IDA and any other pertinent descriptions for this ICD-9 coded can be defined in the Cross Reference table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Diagnosis Cross Reference Maintenance**



Diagnosis Table Maintenance

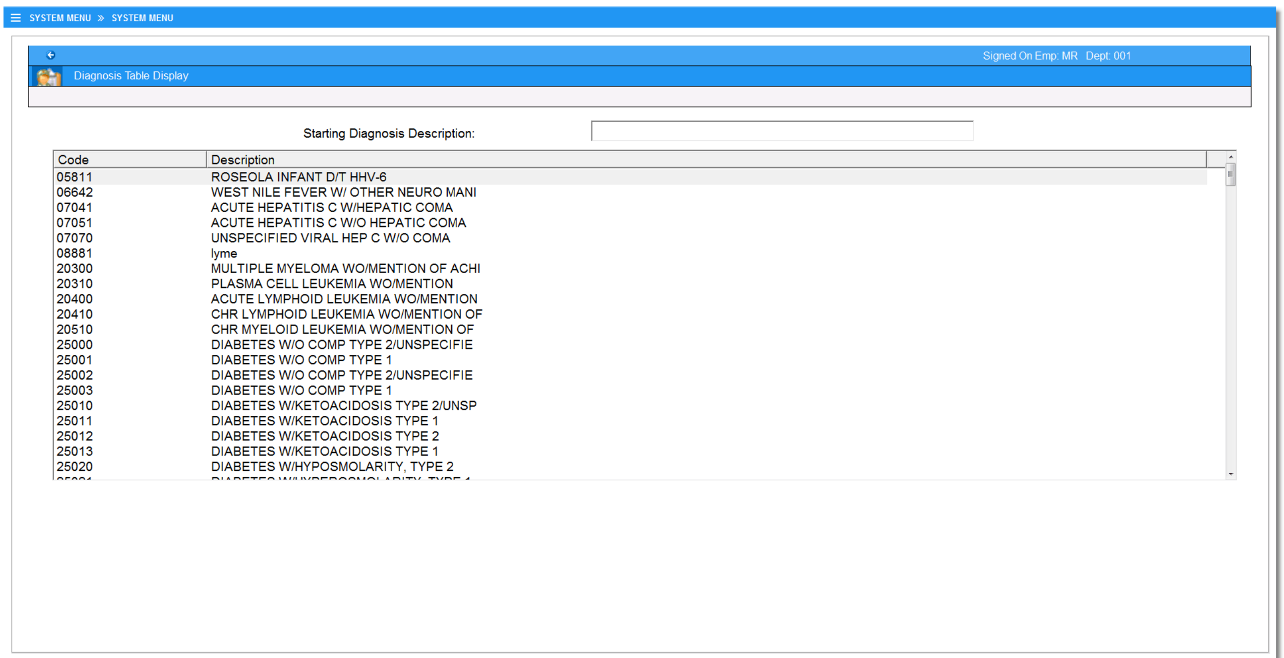
- **Diagnosis Code:** Enter a diagnosis code. If user-defined descriptions exist, a box displays listing each in alphabetic order. This will help prevent the same or similar descriptions from being entered multiple times. The actual diagnosis code description is displayed first in a highlighted area of the box. To add a new description, select **N**. The lookup box is removed and the cursor moves to the description field.

- **Description:** Enter a description of up to 35 characters. Review before zeroing off of the screen.

Diagnosis Cross Reference Display

This display lists all diagnoses entered into the Diagnosis Cross Reference Maintenance by description.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Diagnosis Cross Reference Display**

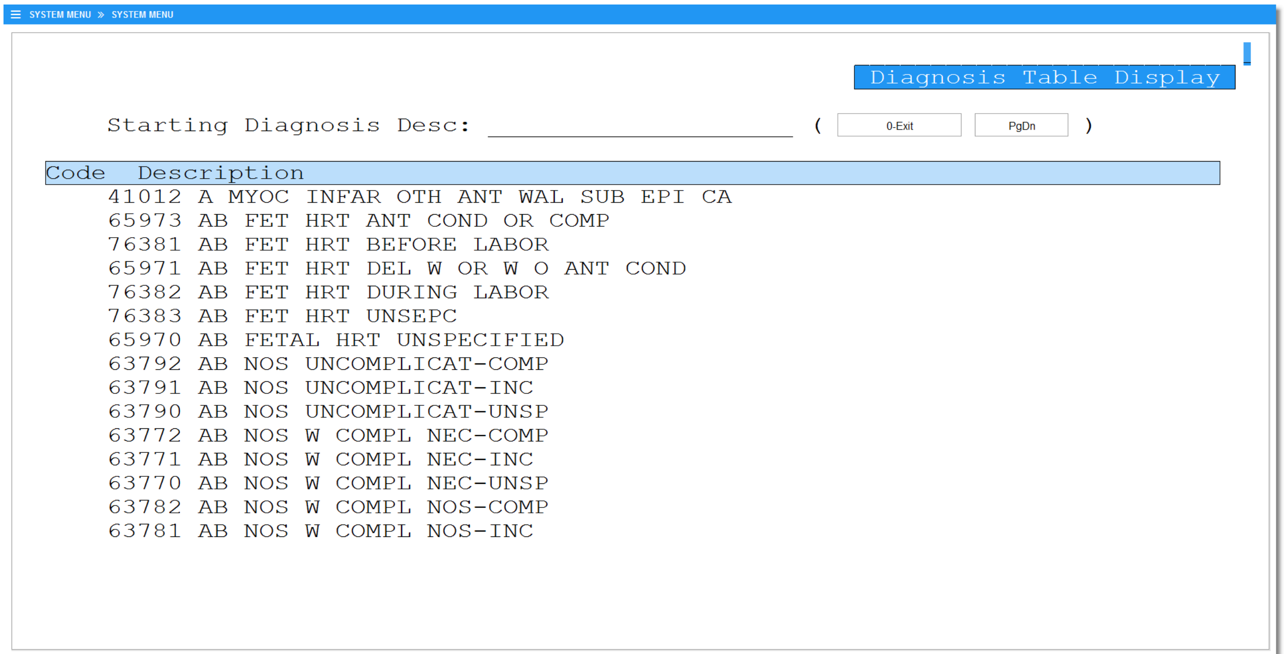


Diagnosis Table Display

Diagnosis Description Display

This display lists all diagnoses in the Diagnosis Table by description.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Diagnosis Description Display**



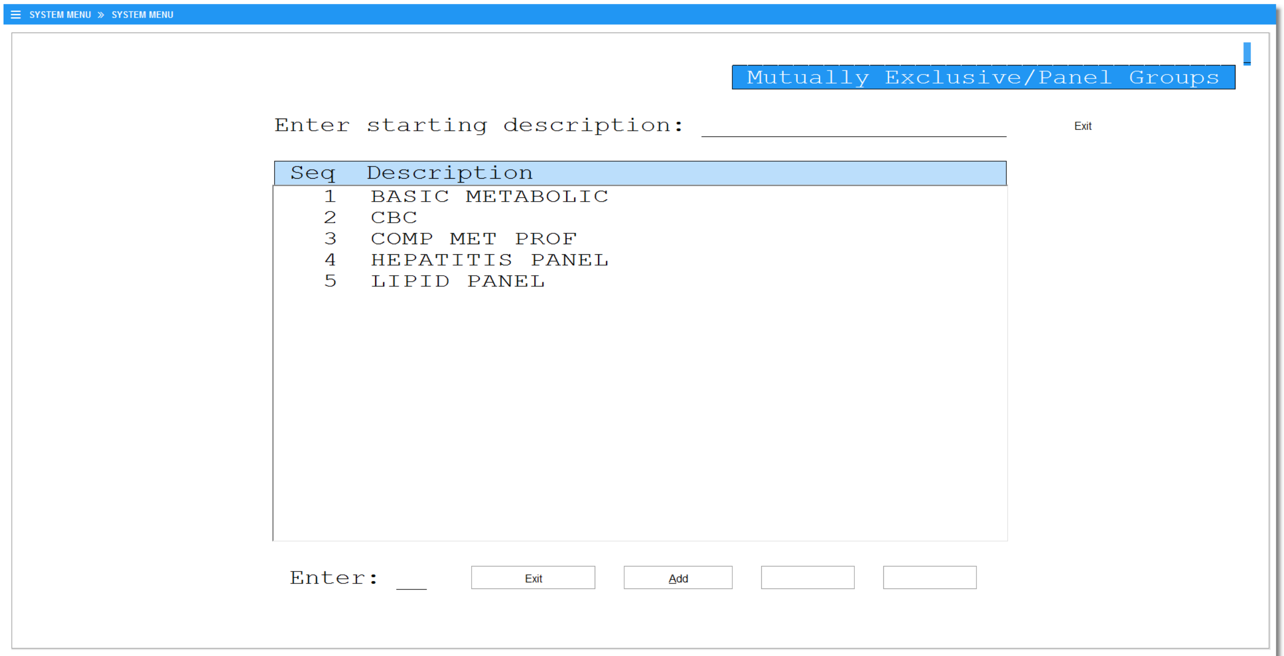
Diagnosis Table Display

Mutually Exclusive/Panel CPT Codes

The Mutually Exclusive/Panel CPT Codes table is available to establish criteria for the Compliance Billing Report that is available for Clinical Ancillary applications. When the Compliance Billing Report is generated, TruBridge EHR will find all patients with a Medicare financial class (M*) and look for duplicate CPT codes, panel and component CPT codes, and mutually exclusive CPT codes. Conflicts are detected based on charge times of less than 24 hours.

Upon entering this screen, TruBridge EHR will prompt for a starting description of a Panel or Group of tests. To view or change an existing entry, enter part of the Panel (Group) name or press Return. To add a panel select **A**dd and enter a Panel or Group description of up to 39 characters.

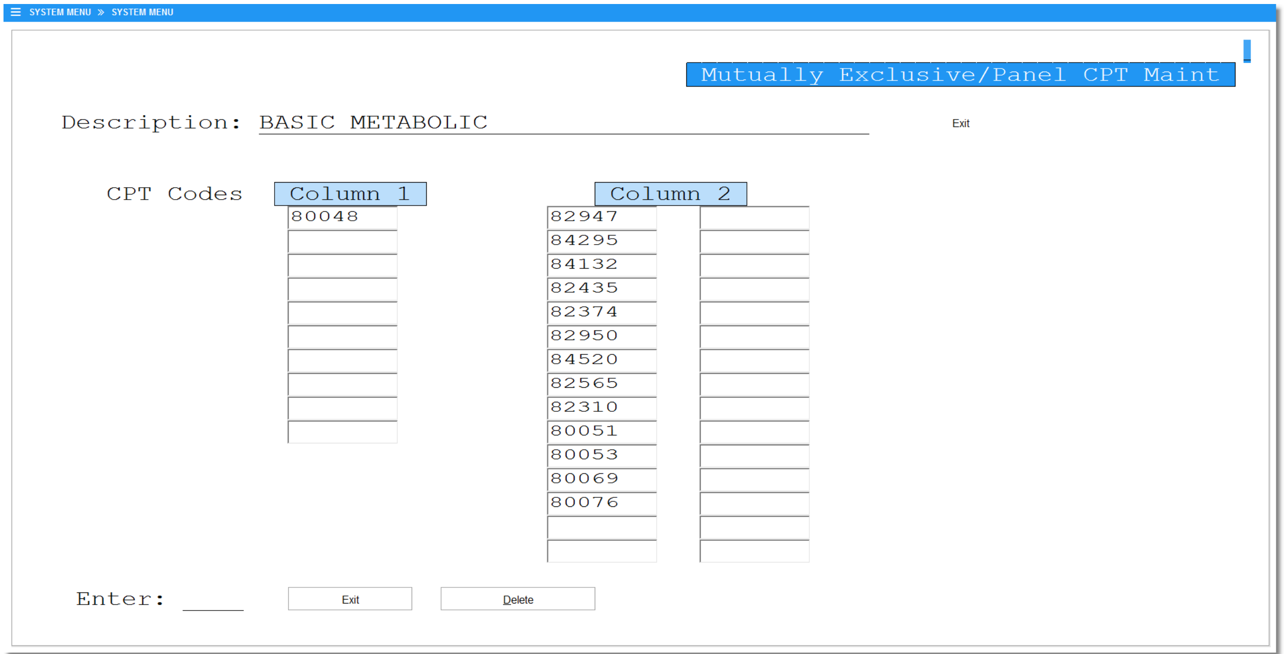
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Mutually Exclusive/Panel CPT Codes**



Mutually Exclusive/Panel Groups

After selecting the appropriate panel description, the following screen is accessed:

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Diagnosis Codes** > **Mutually Exclusive/Panel CPT Codes** > **Add**



Mutually Exclusive/Panel CPT Maint

The CPT code of the panel is entered in column 1 and the CPT codes of the component tests are entered in column 2. Mutually exclusive tests are defined by putting all the conflicting CPT codes in column 2. Only valid CPT codes, as found in the default CPT code table, are allowed.

Examples of Mutually Exclusive combinations include:

1. Comprehensive Metabolic Panel with its own CPT code in column 1 and individual tests in column 2.

2. CBC with manual differential, CBC with auto differential, CBC, WBC/H & H CPT codes in column 1. Individual CPT codes in column 2.

3. Bone Imaging, whole body CPT code in column 1and mutually exclusive CPT codes for bone imaging in column 2.

After entering all pertinent CPT codes, enter **0** (zero) to exit or **D** to delete a group entry.

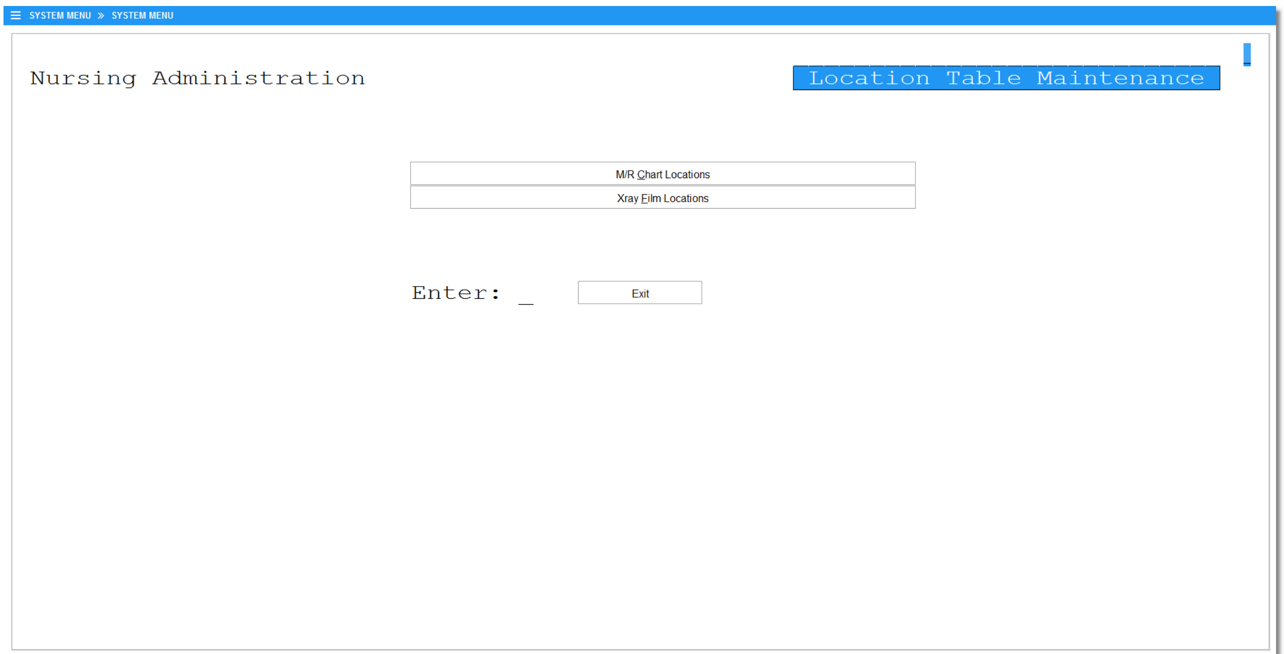
LOINC Code Table

Please refer to the Ancillary Reference User Guide.

7.7 Chart/Film Locations Table

The Chart/Film Locations Table contains the user-defined locations of Medical Record Charts and X-ray Film. Each of the options shown below may be selected and locations entered.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Chart/Film Locs**



Location Table Maintenance

In the example below, Option **1**-M/R Chart Locations was selected. In this table, three-character codes correspond to location descriptions, which are used in the Chart Tracking module in Medical Records.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Chart/Film Locs** > **M/R Chart Locations**

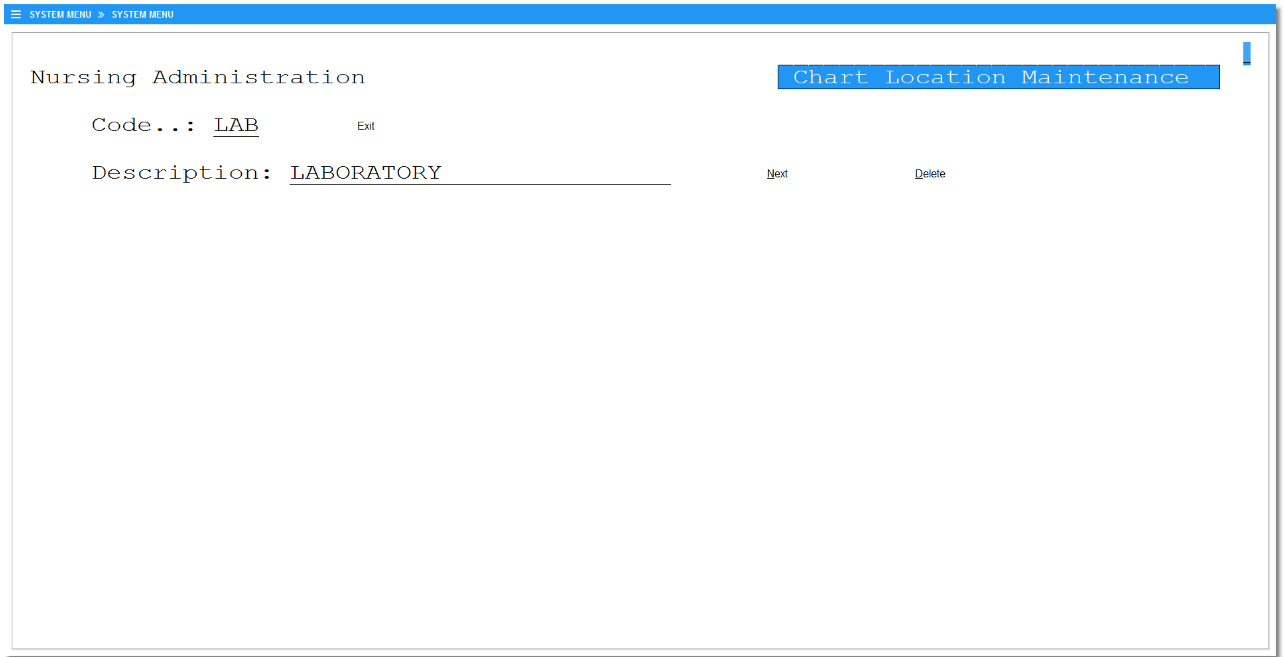


Chart Location Maintenance - M/R Chart Locations

Selecting **Inactivate** will disallow this Chart Location to show in a lookup option or be entered in TruBridge EHR. This location may be activated at anytime by de-selecting the Inactive field.

In the following example, Option **2**-Xray Film Locations is selected. This table will allow the user to display and/or add Xray Film locations, which are used by Radiology to sign out Xray films.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Chart/Film Locs** > **Xray Film Locations**

Chart Location Maintenance - Xray Film Locations

After selecting Xray Film Locations, the previously defined locations will display. TruBridge EHR will display a blank line if no previous locations have been defined. The following guidelines should be used when entering Xray Film Locations:

- The first line must match the entry made in field **MR Chart Perm. Location** on page 6 of AHIS. This defines the permanent location for patient files. Example: MAIN-FILE.
- Up to 20 different locations may be defined, each location description may not exceed 10 characters. It is recommended that locations be entered in alphabetic order to facilitate sign out.
- Once locations have been entered, do not press **0 (zero)** to exit out of the description fields. This will place that character in the field. Press **Enter** until the cursor returns to the Location Maintenance screen.
- To remove an entry type # on the first character space of the entry.
- Select **Exit** from the Location Table Maintenance screen to return to the Business Office Tables.

7.8 Group Std Ords

Please refer to the Ancillary Reference User Guide.

7.9 POC Departments

Please refer to the POC Set Up User Guide.

7.10 Food/Drug Inter

Please refer to the Pharmacy Set Up User Guide.

7.11 Exam Types

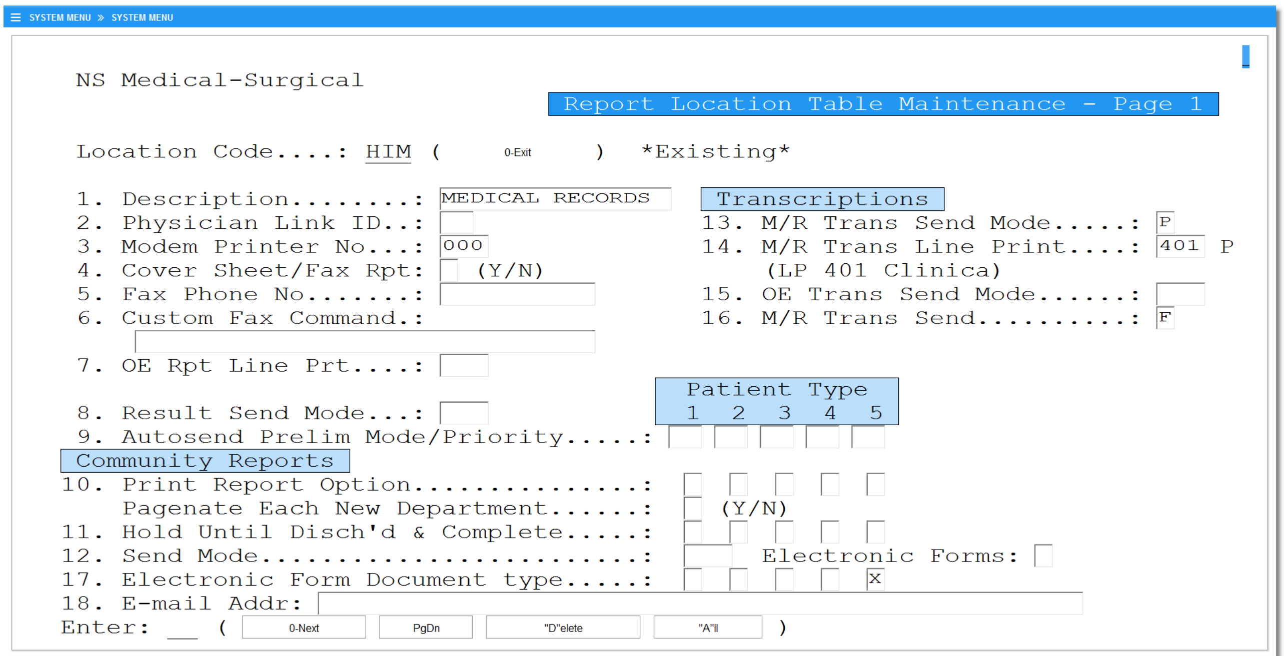
Please refer to the Ancillary Reference User Guide.

7.12 Exam Rooms

Please refer to the Ancillary Reference User Guide.

7.13 Report Locations Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Report Locations**



SYSTEM MENU » SYSTEM MENU

NS Medical-Surgical

Report Location Table Maintenance - Page 1

Location Code....: HIM (0-Exit) *Existing*

1. Description........: MEDICAL RECORDS
2. Physician Link ID..:
3. Modem Printer No....: 000
4. Cover Sheet/Fax Rpt: (Y/N)
5. Fax Phone No.......:
6. Custom Fax Command.:
7. OE Rpt Line Prt.....:
8. Result Send Mode...:
9. Autosend Prelim Mode/Priority.....:

Transcriptions

13. M/R Trans Send Mode.....: P
14. M/R Trans Line Print.....: 401 P
(LP 401 Clinica)
15. OE Trans Send Mode......:
16. M/R Trans Send..........: F

Patient Type
1 2 3 4 5

Community Reports

10. Print Report Option...............:
Pagenate Each New Department......: (Y/N)
11. Hold Until Disch'd & Complete.....:
12. Send Mode.........................: Electronic Forms:
17. Electronic Form Document type.....: X
18. E-mail Addr:

Enter: (0-Next PgDn "D"elete "A"ll)

Report Location Table Maintenance, Page 1

- **Description:** Enter a specific Department Location Description up to 13 characters in length.
- **Physician Link ID:** Enter the 2-character Physician Link ID in this field. Required when the Result Send Mode is **L**.
- **Modem Printer No:** Enter the Modem Printer number.
- **Cover Sheet/Fax Rpt Y/N:** Enter a **Y**es or **N**o, depending on whether a cover sheet is desired.
- **Fax Phone No:** Enter the Fax Phone Number for this Report Location.
- **Custom Fax Command:** This is a 30-character field that can accommodate any special fax number needed. It may include the 1 for long distance, area code, extension, etc. When there is no entry in field 4, TruBridge EHR will dial the number found in this custom command field.
- **OE Rpt Line Prt:** Enter the Line printer number for Order Entry Reports.
- **Result Send Mode:** This field controls how results and/or transcriptions are sent to the Location. The options are: **F**-Fax, **L**-Physician Link, **M**-Modem Printer, or **P**-Print to designated printer.

- **Autosend Prelim Mode/Priority:** When an order is resulted and completed, TruBridge EHR will refer to this field to determine if and how (mode) the Location receives the Preliminary report. Each of the two-character fields responds to each of the five patient types. The first character of each field determines the mode by which preliminary reports are sent. The options are: **L**-Physicians Link, **M**-Modem Printer, **P**-Lab Printer, and **F**-Fax. The second character determines the priority and may be: **S**-Stat Orders only or **A**-All orders.

- **Print Report Option:** The entry in each of the five fields determines the type of report produced for the corresponding patient type at runtime. The options are: **S**-Single account cumulative vertical, **M**-Multi-account cumulative vertical, **V**-Single account cumulative by Sub-Department, **C**-Multi-account cumulative by Sub-Department, @-Lab Results by Physician with Pending, **N**-Non-cumulative vertical, **R**-Lab Results by Physician, **X**-Do not send a report, and blank defaults to option **S** - Single account cumulative.

- **Paginate each new department:** Determines if laboratory sub-departments will print on separate pages for report options **N**, **C**, **V**, **S**, and **M**.

- **Hold Until Disch'd & Complete:** If a **Y** is entered in any of the five fields, then no Community reports will be sent to the location for that Patient Type until the patient has been discharged and all orders have been completed, canceled or discontinued.

- **Send Mode:** Enter **F**, by fax, or **M**, by modem, to designate how Community Reports are to be sent.

- **Electronic Form Document Type:** Enter **N** - Narrative (ACD forms), **T**-Template (Clinical forms) or **B**-Both.

- **E-mail Addr:** Enter the e-mail address of the recipient. This is an informational field only.

- **M/R Trans Send Mode:** Select one of the options in the highlighted box to indicate mode for sending transcription documents to this location. **F**ax will utilize the number loaded in field 5-Fax Phone No., **L**ink will send through the Physician Link, **M**odem will send to the number loaded in field 3-Modem Printer No., **P**rint will send to the line printer loaded in the M/R Trans Line Print field, or **X**-Don't Send.

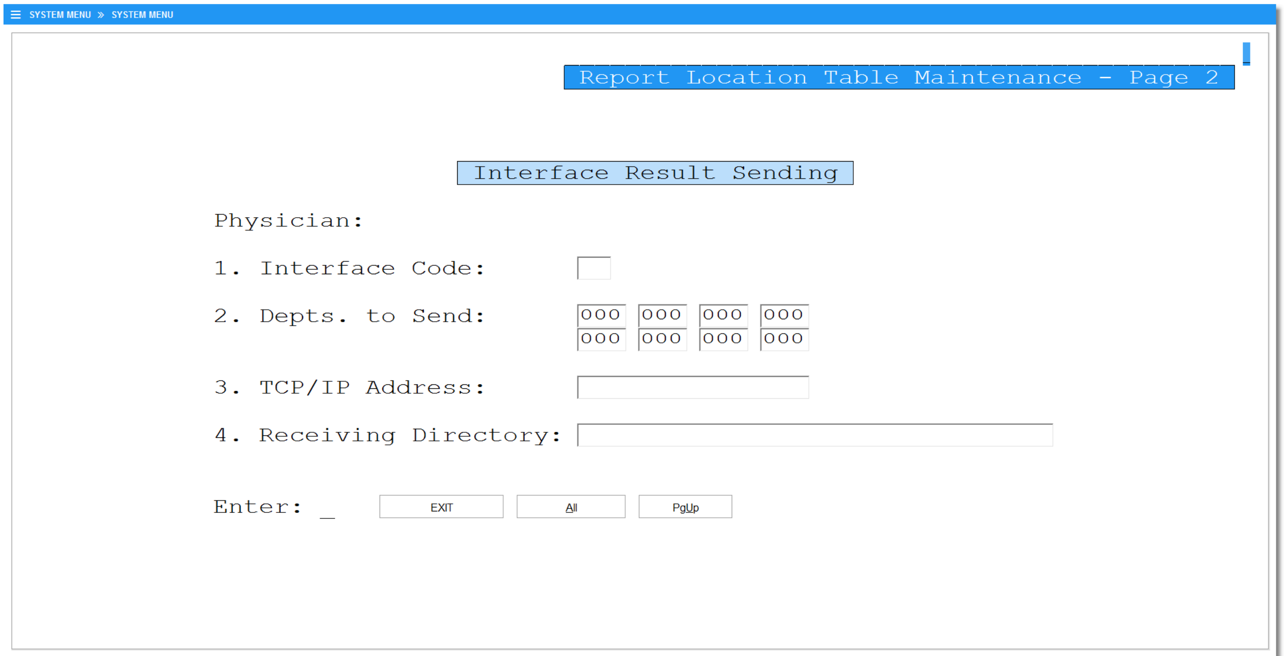
- **M/R Trans Line Print:** Select a line printer for Medical Record Transcription Documents to print to for this Department.

- **OE Trans Send Mode:** The Order Entry department distributes transcriptions to the Locations via options in this field.

- **MR Trans Send:** The Medical Records Department distributes transcriptions to the locations via options in this field. Enter a **P** to send when transcribed, **F** when signed, or **B** for both.

Report Locations Table, Page 2

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Report Locations** > **Page 2**



Report Location Table Maintenance, Page 2

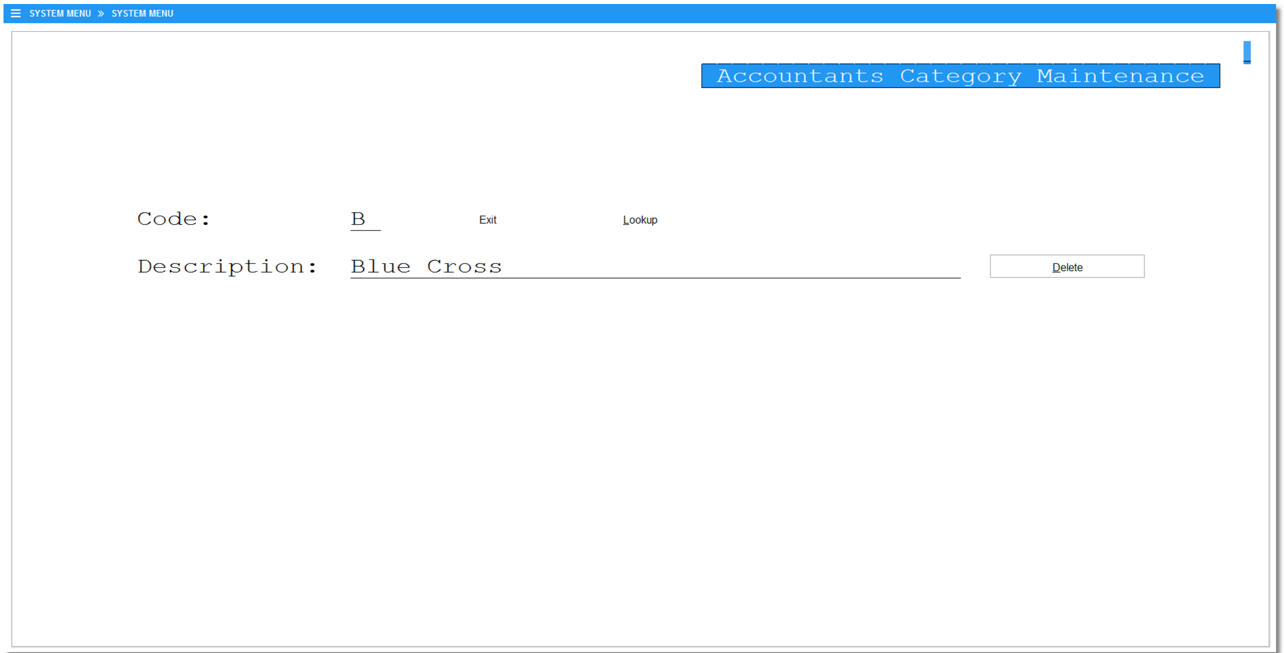
- **Interface Code:** Used for transmitting preliminary laboratory reports to Non-TruBridge physician practice systems.
- **Depts. To Send:** This field should contain all hospital departments that are sending results via the interface defined in field 14.
- **TCP/IP Address:** The TCP/IP Address of the interface PC should be entered in this field.
- **Receiving Directory:** The TruBridge directory that the data should be sent to via the interface.

7.14 Accountants Category Codes Table

The Accountants Category Report allows customization of the Accountants Report. Categories may be set up and any financial class can be assigned to the categories.

On the report there are hard coded categories of “Total Only”, “Credits”, “Commercial Inpatient”, “Commercial Outpatient”, and “Private Pay”. To create additional categories, a code needs to be set up in this Business Office Table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Accountnt CatCds**



Accountants Category Maintenance

- **Code:** Enter a 2-digit code for the desired category.
- **Description:** Enter the description for the 2-digit code. The description may be up to 40 characters in length and will pull to the site-customized Accountants Category Report.

7.15 Lab IF Tables

Please contact a TruBridge Interface representative for more information regarding these tables.

7.16 Image Titles Table

The Image Titles Table is utilized with the CPScan module. A Document Title for each type of document that will be scanned should be set up. If using the Electronic File Management application, Delete/Move Reasons will also need to be set up.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Image Titles**

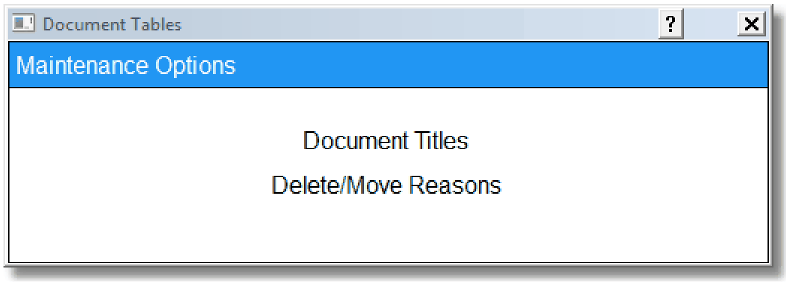


Image Tittle Maintenance Options

NOTE: *If not using the Electronic File Management application, the user will be taken directly to Image Title Maintenance after selecting Image Titles from Business Office Table Maintenance.*

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Image Titles** > **Document Titles**

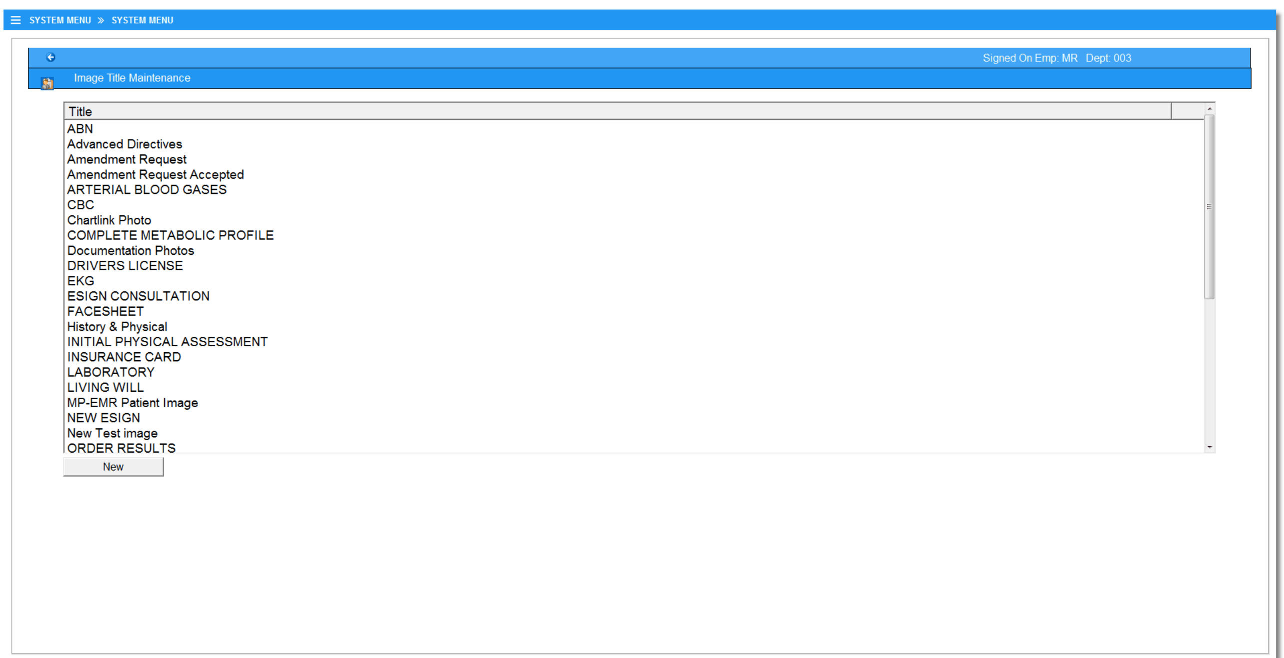


Image Title Maintenance

Select the Image Title to be edited, or select **New** to create a new Image Title.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Image Titles** >**Document Titles** > **New**

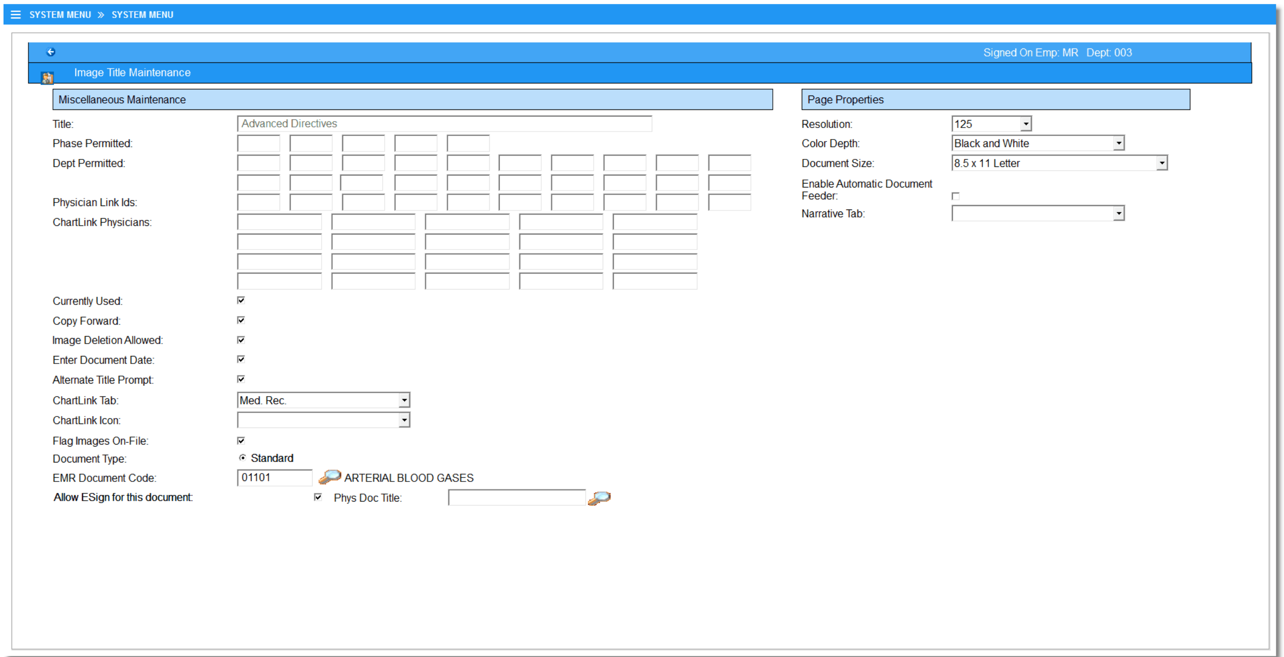


Image Title Maintenance

- **Title:** Enter a title for the image, up to 30 characters in length. Once this description has been entered, any changes to the title will not be allowed. In other words, any documents scanned under an original title will remain under that title.

- **Phase Permitted:** Enter the Department Phase ID that should have access to the image. If "Phase Permitted" is blank, TruBridge EHR will use the department settings to determine image-viewing capabilities. If both "Phase Permitted" and "Depts Permitted" are blank, any facility employee will have access to the scanned images.

- **Depts Permitted:** Enter up to ten departments that should have access to the image. If a Phase ID is entered these departments will be in addition to the department that shares the entered Phase ID.

NOTE*: To determine a department's Phase Id, review Departmental Security settings within Special Functions. Some departments do not require a "Phase ID" for daily operations.*

- **Physician Link IDs:** Enter the Physician Link ID if using this application.

- **Chartlink Physicians:** Enter the physician number of the for Chartlink that have access to this scanned image.

- **Currently Used?:** For those titles that have been discontinued, misspelled or changed, leave this field blank or **N** so that no further images may be scanned for unused titles.

- **Copy Forward:** If answered **Y**, this image will copy into a new account registered from an existing account.

- **Image Deletion Allowed:** Answering **Y** to this field will allow images on patient accounts to be deleted. The TruBridge daily password is required to delete an image from a patient account.

- **Enter Document Date:** This field is used with Electronic File Management and the CPscan applications. If this option is selected during the scanning process, TruBridge EHR will prompt for a document date. The default will be the current date. The date entered will display next to the Image Title on the patient's account.

- **Alternate Title Prompt:** This field is used with Electronic File Maintenance. If this option is selected during the scanning process TruBridge EHR will prompt for an alternate title. The alternate title will display on the patient's account with an "*" to denote it is not the original title of the image.

- **ChartLink Tab:** Determines which of the 16 ChartLink Tabs the scanned Image Title will display.

- **ChartLink Icon:** Allows an icon to display on the Whiteboard in ChartLink to notify the physician of a new scanned image.

- **Flag Images On-File:** This field is used with Electronic File Maintenance. If this is selected for an Image Title and the title is associated with a patient's account, the account will be flagged with "Scanned Images On-File".

- **Document Type Standard:** This option will only be used in conjunction with CPScan. Selecting **Standard** for an Image Title means that document will be scanned into TruBridge EHR.

- **EMR Document Code:** Enter the code that corresponds to this image title. The magnifying glass provides a lookup option and connects to a table that allows a new document code to be entered.

***NOTE**: The EMR Document Code field is not required in order for an image to be printed in the Electronic Medical Record; however, once a code is set up in the EMR Document Code table, it should be loaded here.*

- **Allow ESign for this document:** This field is used with Electronic Signature for Images. When this field is selected, this Image Title may be electronically signed.

- **Phys Doc Title:** Select the Physician Documentation Title associated with this Image Title.

For consistent use of space for scanned images, and to better manage the disk space used, page properties will allow optimal default settings to be established for each image title. These settings may be changed during the scanning process if necessary.

- **Resolution:** Enter the dpi (dot per inch) for the resolution. There is a drop-down menu to choose selection.

- **Color Depth:** Enter the color style desired. There is a drop-down menu to choose selection. TruBridge recommends using “Grey Scale.”

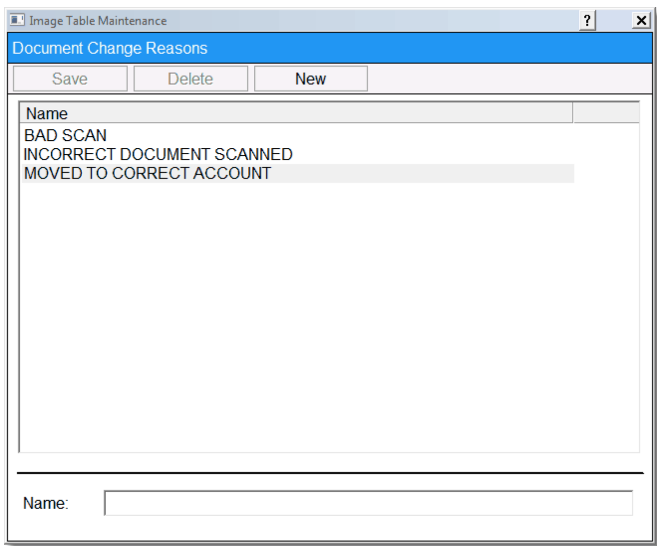
- **Document Size:** Enter the default Document size for this image. There is a drop-down menu to choose selection.

- **Enable automatic Document Feeder:** Select this field to enable automatic document feeder.

- **Narrative Tab:** The selection in this field will link the image to the appropriate documentation.

In addition to document titles, reason codes will need to be set up to use the Electronic File Management application. Reason codes will provide an explanation for files being deleted or moved. To enter a reason code, access the Delete/Move Reasons section of the Image Titles table. Select **New** to access to the name field and enter the name of the new reason code. Select **Save** to retain the reason code.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Tables Maintenance** > **Image Titles** > **Delete/Move Reasons**



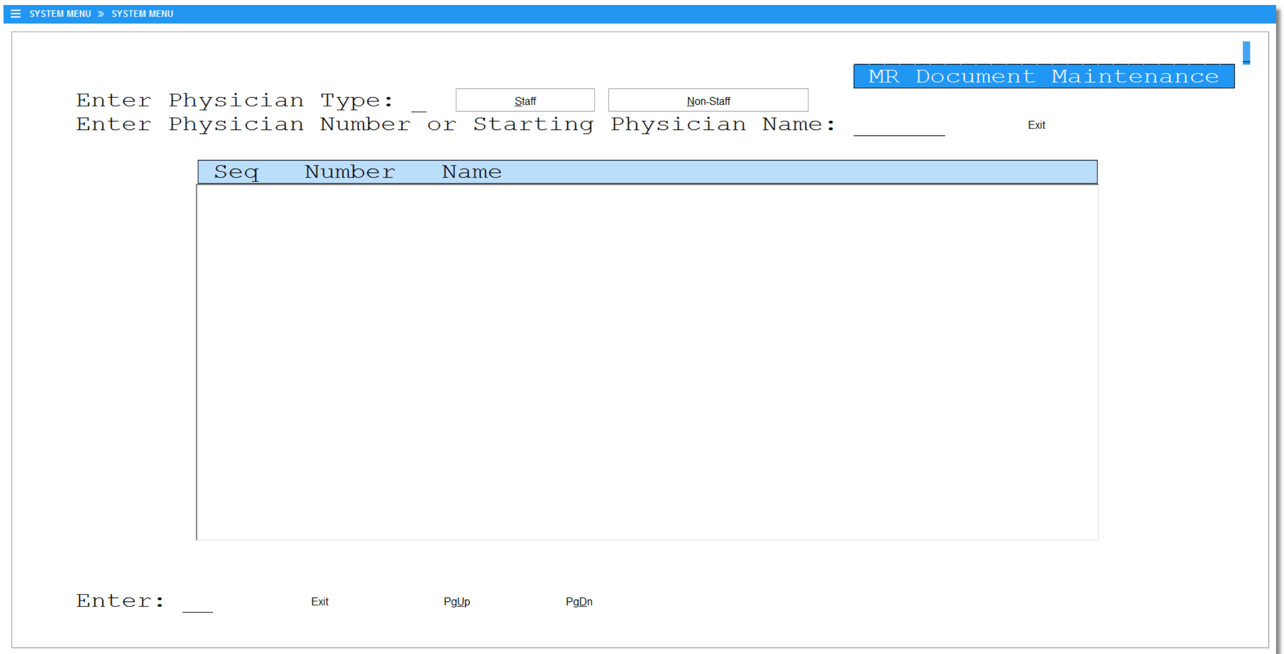
Document Change Reasons

To delete a reason code, highlight the reason code, then select **Delete**. This will not delete the reason from an account. It only deletes the code from the table.

7.17 Physician Headers Table

The Physician Header table is where the document formats (e.g., History & Physical, Discharge Summary, etc.) can be set up for transcription. Physician-specific transcription bodies and headers may be set up for both **S** Staff and **N** Non-Staff physicians. Please reference the Medical Records User Guide for additional information about the Transcription module.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Phy Headers**



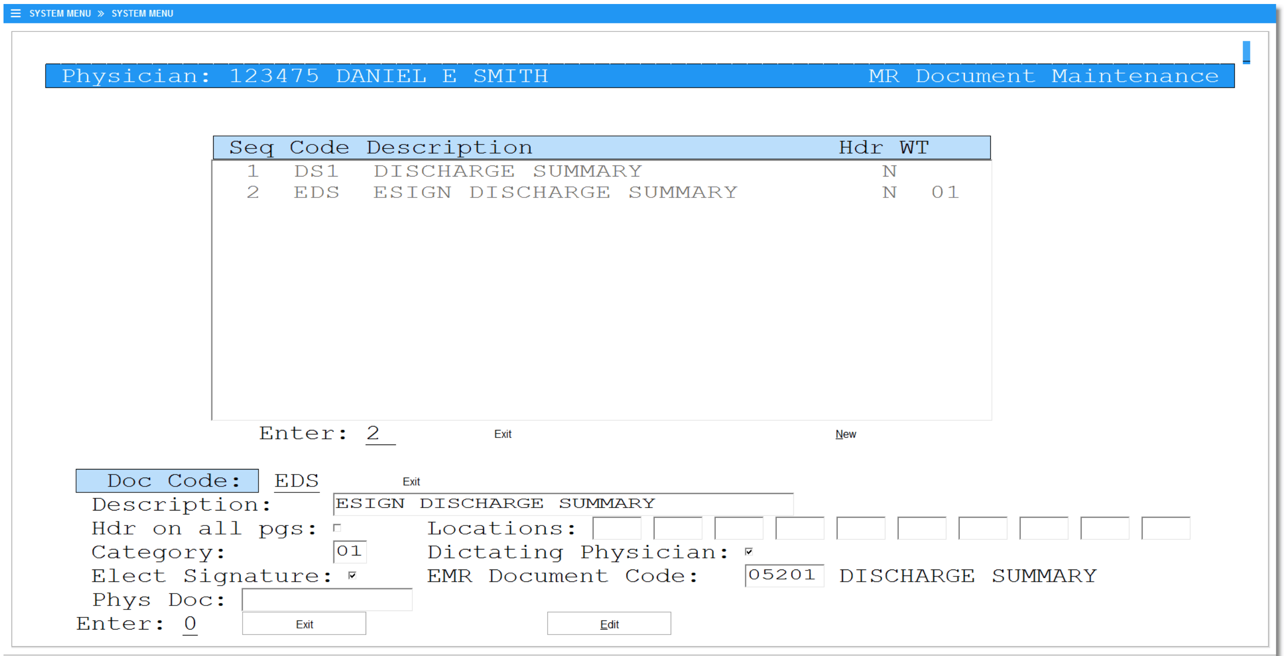
MR Document Maintenance

Once the Physician Type is chosen, it will be necessary to enter the Physician Name or Number to access the correct transcription set.

NOTE: *Transcription document formats that will be used by most physicians may be setup for use on a "global" basis by accessing the Hospital number (Physician number 999999) and setting up the appropriate document formats.*

To setup physician-specific transcription document formats choose the appropriate physician. Existing documents will be displayed. TruBridge EHR gives the option to enter N for creating a new document format or enter a sequence number to edit an existing format.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Phy Headers** > **Physician Number**



MR Document Maintenance

- **Doc Code:** This code is a user-defined code and can be used as a quick indexing feature. For example, HP1 could be the first History and Physical for this physician.
- **Description:** Enter the name of the document, up to 30 characters in length. This will be used in various screen listings.
- **Hdr on all pages:** This applies only to sites using TruBridge Word Processing. A **Y** will allow this physician's header to print on every page, and an **N** will only allow the header to print on the first page. Controlling the pages the header information prints on in MSWord is accomplished by the commands **File-Page setup-Different First Page**.
- **Category:** This is a required free form field for all MR transcription headers. This category code should be entered in the Transcription Workcode field in the EMR Document Table when assigning document codes to physician headers for MR transcription.
- **Elect Signature:** Set this field to **Y** if this physician will electronically sign this transcribed document.
- **Locations:** Enter up to ten locations to which the document will be sent automatically. Enter codes set up in the Report Locations Table.
- **Dictating Physician:** Enter a **Y** if the dictating physician should always get a copy of the document.

- **EMR Document Code:** Enter the code that corresponds to this physician header. The magnifying glass provides a lookup option and connects to a table that allows the user to enter a new document code.

***NOTE**: The EMR Document Code field is not required in order for a* physician header *to be printed in the Electronic Medical Record; however, once a code is set up in the EMR Document Code table, it should be loaded here.*

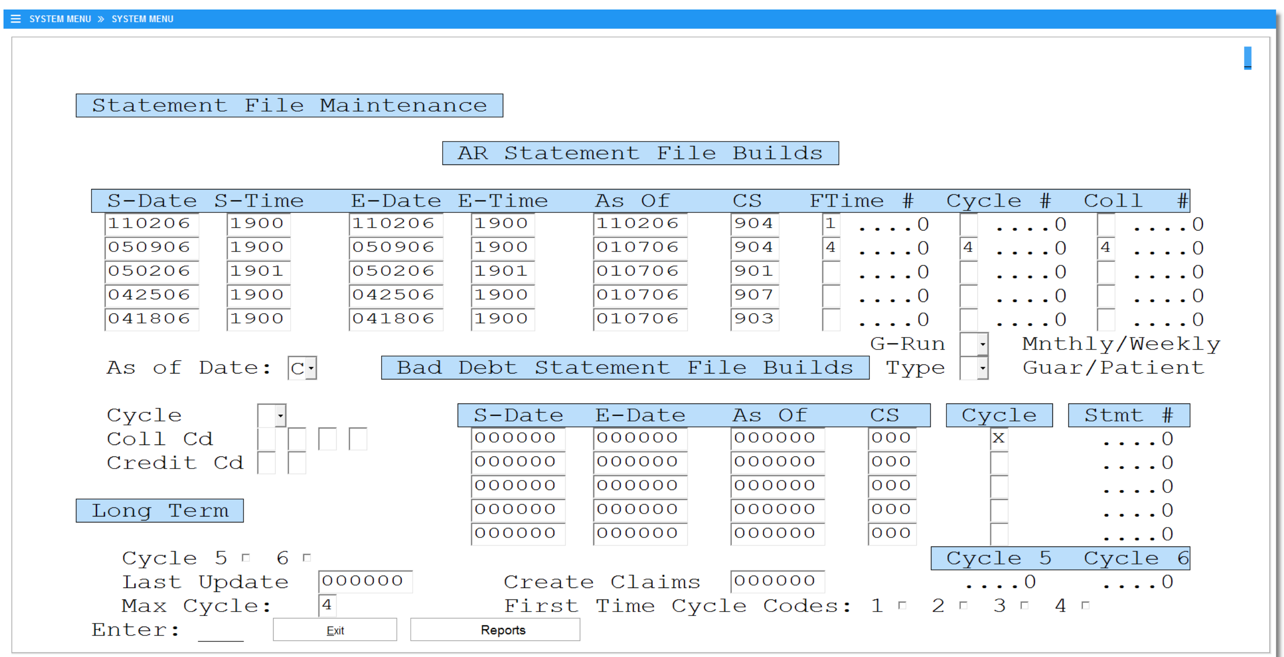
- **Phys Doc:** Enter the Physician Documentation Title associated with this Physician Header.

Once the above prompts have been answered, the document may be **E**dited using MSWord or TruBridge Word Processing.

7.18 TruBridge Maint

This table is maintained by TruBridge only; however, it may be viewed by facilities outsourcing with TruBridge.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **TruBridge Maint**



TruBridge Maintenance

AR Outsourcing File Builds

- **AR Outsource File builds:** These first five fields represent the last five times TruBridge ran statements, with line 1 containing the most recent information. Each individual line represents a weekly statement run.
  - **S-Date:** The date TruBridge started the weekly AR file build.
  - **S-Time:** The time TruBridge started the weekly AR file build.
  - **E-Date:** The date the AR file build ended.
  - **E-Time:** The time the AR file build ended.
  - **As of:** The date used by TruBridge to build the file.
  - **CS:** The terminal number used by TruBridge to build the AR file build. This number is always greater than 900.
  - **FTime #:** The cycle number for which First Time statements were run, and the number of First Times that printed that week. The following codes may also be entered:

Code	**Reason:**
X	TruBridge does not print.
S	TruBridge spools the First Times with the current week's cycle.
F	TruBridge spools the First Times with the next week's cycle.

  - **Cycle #:** Pulls the cycle number for which data mailers were run, along with the number of First Times that printed that week. An **X** may also be entered, which means TruBridge does not print.
  - **Coll #:** Pulls the cycle number for which Collection Letters were run, along with the number of Collection Letters that printed that week. An **X** may also be entered, which means TruBridge does not print.

- **As of Date:** The current day or the last closed day may be entered in this field. Entering an **A** in this field will pull the last AR closed day from the Prior Close Date field on page 1 of AHIS. Entering a **C** will pull the current day to this field. This field is for AR and Bad Debt file builds.

- **G-Run:** Entering an **M** in this field states TruBridge will be running Monthly statements. Entering a **W** in this field states TruBridge will be running Weekly statements.

- **Type:** Entering a **G** in this field states that TruBridge will be printing Guarantor statements based on accounts associated with the Guarantor's Profile Number. Entering a **P** in this field states that TruBridge will be printing Patient statements based on the Patient's Profile Number.

Bad Debt Outsource File Builds

- **Cycle:** Enter the cycle number for which bad debt statements should be run. An **A** indicates all cycles. An **X** may also be entered, which means TruBridge does not print.

- **Coll Cd:** TruBridge will print statements for this Collect Code. If this field is left blank, then statements will print for all codes.

- **Credit Cd:** TruBridge will print statements for accounts with these Credit Codes. If left blank, then statements will print for all codes.

- **Bad Debt Outsource File Builds:** These fields represent the last four times Bad Debt statements were printed, with line 14 being the most recent. Each line represents a weekly cycle run.
  - **S-Date:** The date TruBridge started the weekly Bad Debt file build.
  - **E-Date:** The date the Bad Debt file build ended.
  - **As of:** The date used by TruBridge to build the file.
  - **CS:** The terminal number used by TruBridge to build the Bad Debt file build. This number is always greater than 900.
  - **Cycle:** The cycle number for which Data Mailers were run is entered along with the number of statements that printed that week. An **X** may also be entered, which means TruBridge does not print.
  - **Stmt #:** The number of Bad Debt statements that were printed for each weekly cycle is entered in this field.

Long Term

- **Cycle 5: 6:** If **Y** is entered in either one of these fields, TruBridge will be running long-term and/or recurring statements, respectively.

- **Last Update:** This is the last time that Cycle 5 or 6 statements were printed.

- **Create Claims: Cycle 5: Cycle 6:** After Create Claims By Charge Period is run on site, this field is populated with the last day of the month for which Create Claims By Charge Period was run. TruBridge will print cycle 5 or 6 statements when the following conditions are met:
  - The last day of the previous month's AR is closed.
  - The last update is equal to the previous month's date.
  - Create Claims By Charge Period equals the last day of the previous month.

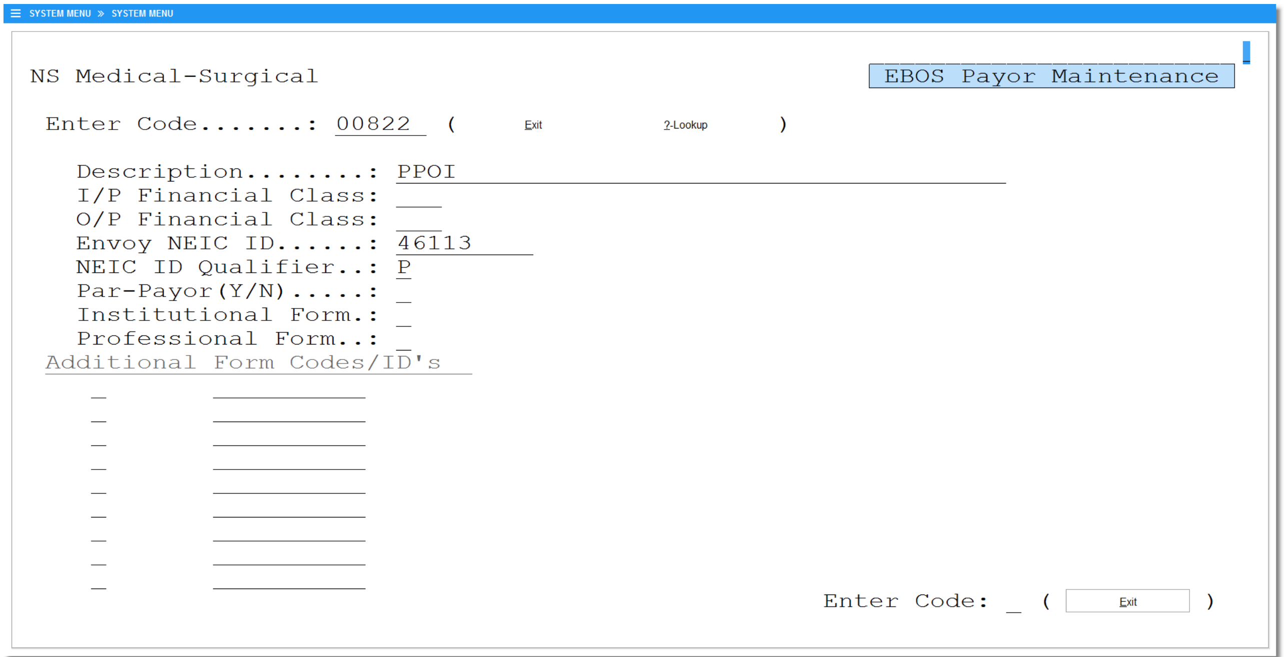
- **Max Cycle:** This field will allow a facility that uses Statement Outsourcing to determine if they would like to shorten their statement period. The following are the available choices:
  4: Allows four cycle statements to run consisting of a 28-day billing cycle.
  3: Allows three cycle statements to run, then starts back over at Cycle 1 again shortening the billing cycle to 21 days, ex 1, 2, 3, 1, 2.
  2: Allows two cycle statements to run shortening the billing cycle to 14 days, ex1, 2, 1, 2.
  1: Cycle 1 statements will run every week producing a seven day billing cycle.

- **First Time Cycle Codes:** This field is used by Outsourcing. This is to get First Times to drop on a certain cycle code <u>only</u>.

7.19 NEIC Payer Table

This table is updated and maintained by TruBridge, however it may be viewed by facilities using electronic billing. For more information on additional fields and table usage please contact a TruBridge Business Services representative.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **NEIC Payor**



EBOS Payor Maintenance

- **Enter Code:** A TruBridge representative will enter a code using up to six alpha and/or numeric characters. There is a lookup window for a current listing of the codes.

- **Description:** This is a brief description of the NEIC payor, using up to 40 characters.

- **I/P Financial Class:** Enter the Inpatient Commercial Financial Class code if it begins with anything other than C. This code is used to associate a Commercial Payor to a TruBridge Financial Class. It can start with any character except for M, B, X, W, or S. This can be looked up in the Guarantor/Ins tab from Registration and ADT by selecting the **Add** button to add a new insurance and then entering the plus sign (**+**). This will bring up a lookup by the Financial Class code with the corresponding NEIC number.

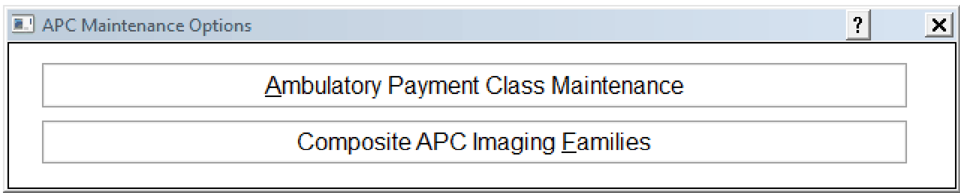
- **O/P Financial Class:** Enter the Outpatient Commercial Financial Class code if it begins with anything other than C. This code is used to associate a Commercial Payor to a TruBridge Financial Class. It can start with any character except for M, B, X, W, or S. This can be looked up in in the Guarantor/Ins tab from Registration and ADT by selecting the **Add** button to add a new insurance and then entering the plus sign (**+**). This will bring up a lookup by the Financial Class code with the corresponding NEIC number.

- **Envoy NEIC Number:** This field contains the Envoy NEIC number.

- **Form code:** The two available options for this field are **B** or **P**. If **B** is selected, a UB and a 1500 will be sent. If **P** is selected, only a 1500 will be sent. This field should be completed during set-up of the new code. Once a code has been entered, it cannot be changed.

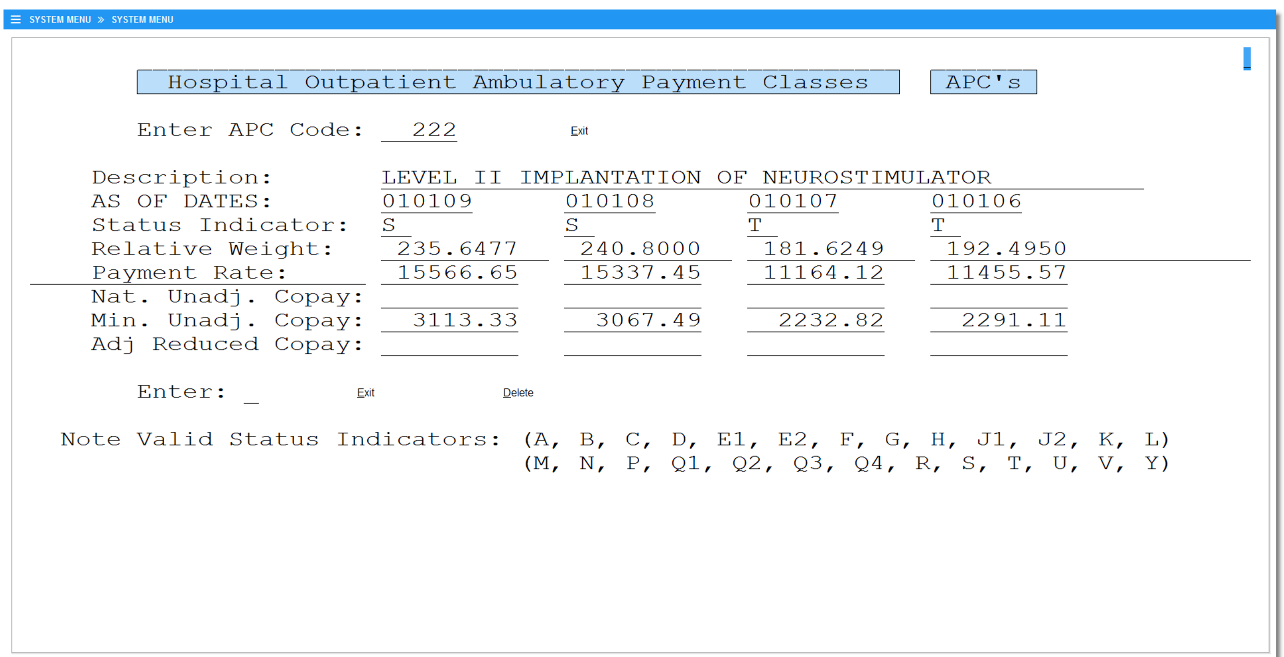
7.20 APC Table

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **APC Table**



APC Maintenance Options

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **APC Table** > **Ambulatory Payment Class Maintenance**



Hospital Outpatient Ambulatory Payment Classes APC's

- **Enter APC Code:** Enter the desired APC code, which can be up to four digits in length.
- **Description:** Enter the name of the Ambulatory Payment Classification group.
- **As Of Dates:** Enter the effective date of the corresponding Status Indicator.

- **Status Indicator:** The Status Indicator provides information on the type of service represented by the APC and indicates how or if the selected APC will be reimbursed. This field can be up to two characters long. Below are the possible indicators:

A	Fee Schedule	**F**	Acquisition of Corneal Tissue
C	Inpatient Procedure	**G**	Current Drug/Biological Pass-Through
E	Non-Covered Items	**H**	Device Pass-Through
N	Incidental Procedures	**J**	New Drug/Biological Pass-Through
P	Partial Hospitalization	**L**	Influenza/Pneumonia Vaccines
S	Significant PX - No Discounting	**B**	Not Recognized by OPPS
T	Significant PX - Discounting	**K**	Paid Under OPPS Separate APC Pay
V	Clinic or Emergency Room Visit	**Y**	Non Implantable not paid under OPPS
X	Ancillary Service		

NOTE: *If an account has multiple APC codes with a Status Indicator of* ***T****, the highest reimbursement is paid at 100%. For each additional* ***T*** *APC after that, the Payment Rate and Co-Pay rate are reduced by 50%.*

- **Relative Weight:** This field contains the relative weight for the selected APC. This figure is used to compute the unadjusted payment rate.

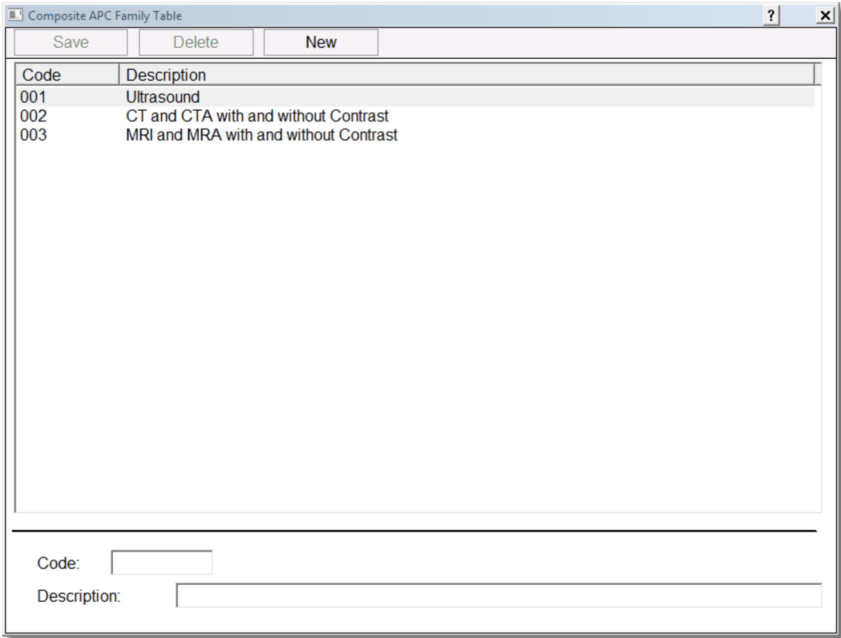
- **Payment Rate:** This field contains the unadjusted payment rate for the selected APC. This is the total payment amount including copays, deductible, and payment from the insurance that can be received for the selected APC code.

- **Nat. Unadj. Copay:** This field contains the national unadjusted coinsurance rate for the selected APC. The Copay can never exceed the I/P Deductible, which is currently $776.00 but changes yearly.

- **Min. Unadj. Copay:** This field contains the minimum unadjusted coinsurance amount for the selected APC. This represents 20-25 percent of the APC payment amount in field 4.

- **Adj Reduced Copay:** Enter the facility-discounted coinsurance amount for the selected APC. Coinsurances may be discounted by individual facilities on a yearly basis by APC group.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **APC Table** > **Composite APC Imaging Families**



Composite APC Family Table

- **Code:** The Composite APC Family Code.
- **Description:** The Description of the Composite APC Family code.

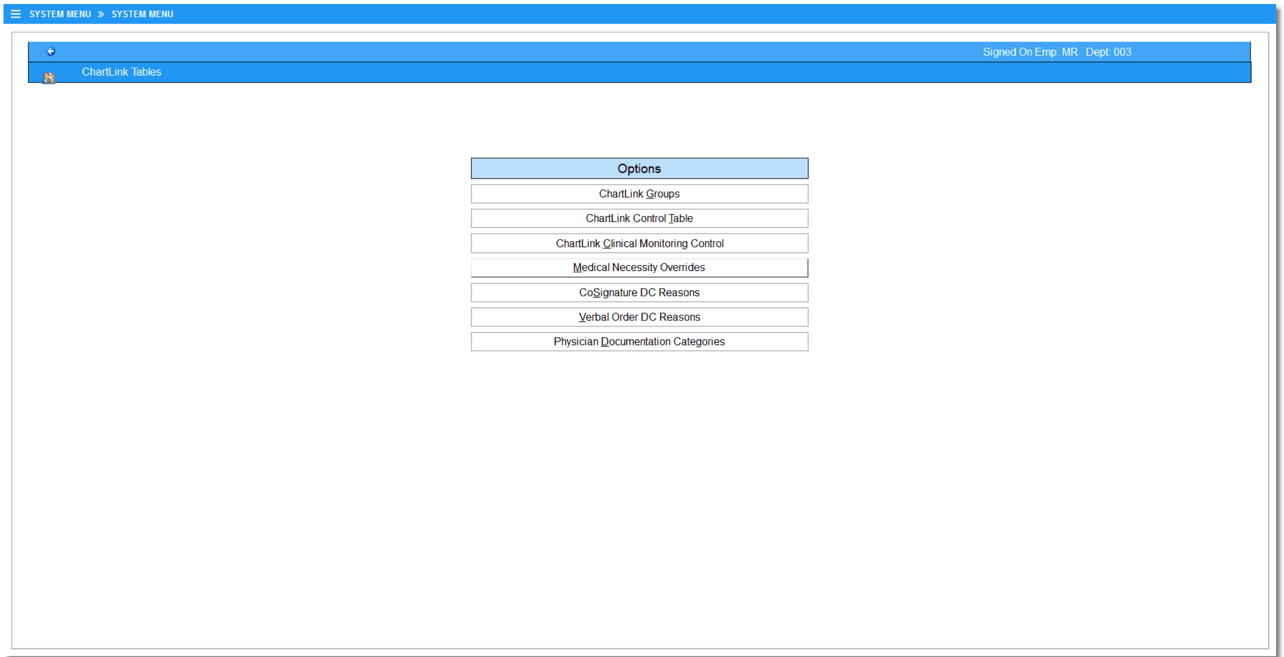
NOTE: *This table will be updated and maintained by TruBridge.*

7.21 CL Tables

1. From the Web Client > System Menu > Hospital Base Menu, select **Master Selection**.
2. From the Master Selection Screen, select **Business Office Tables**.
3. From the Business Office Tables screen, select **Business Office Table Maintenance**.
4. From the Business Office Table Maintenance Menu, select **CL Tables**.

5. Enter the **Daily password** at the bottom of the screen and select **Enter**

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Business Office Tables** > **Business Office Table Maintenance** > **CL Tables** > **Enter Daily Password**



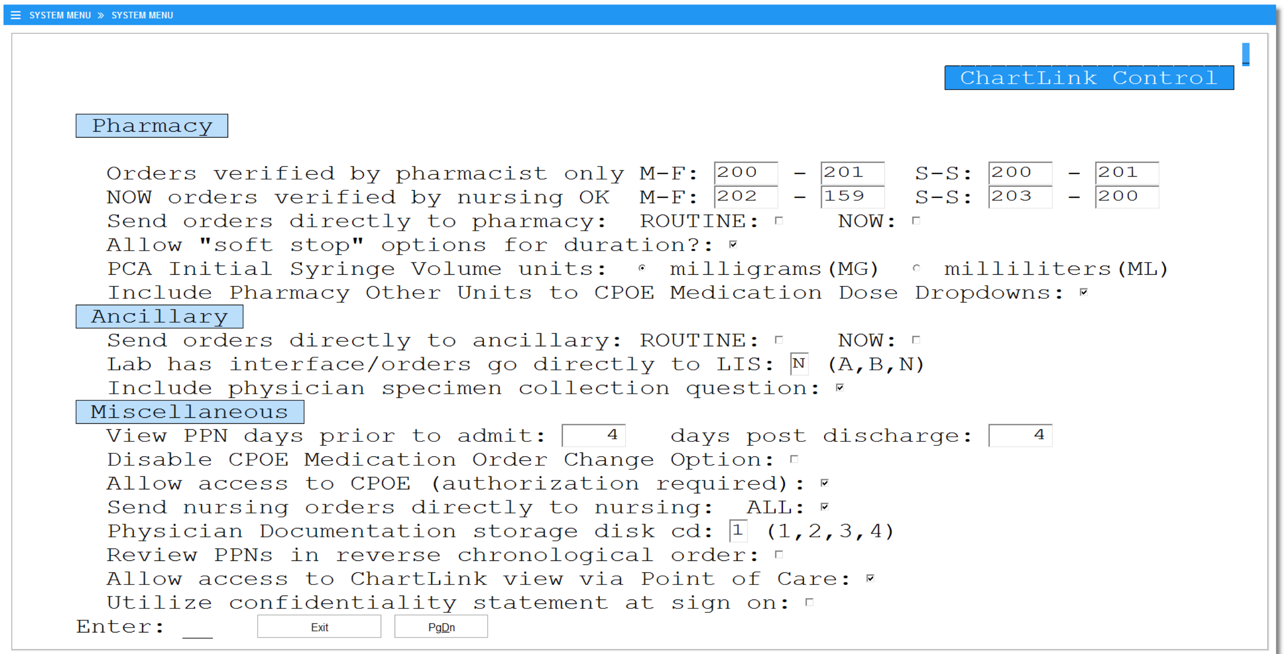
ChartLink Tables

6. Select **ChartLink Control Table**.

ChartLink Control page 1

***NOTE**: The ChartLink Control Table is utilized by several applications.*

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Business Office Tables** > **Business Office Table Maintenance** > **CL Tables** > **Enter Daily Password** > **Chartlink Control Table**



Chartlink Control

Orders verified by pharmacist only: These are the hours that the pharmacy is considered open at the facility. The hours may be set to the hours pharmacy is open or to send all of the orders to nursing 24/7, the pharmacy may be set to closed.

- For the purpose of the nightly/weekly backup, TruBridge EHR will ignore any gap in time if it is 30 minutes or less and will function as though the time gap does not exist at all. This will apply when the first time is less than the second time and does not span across a day. (This will only apply when the time in the first field is less than the time in the second field and does not span across a day.)

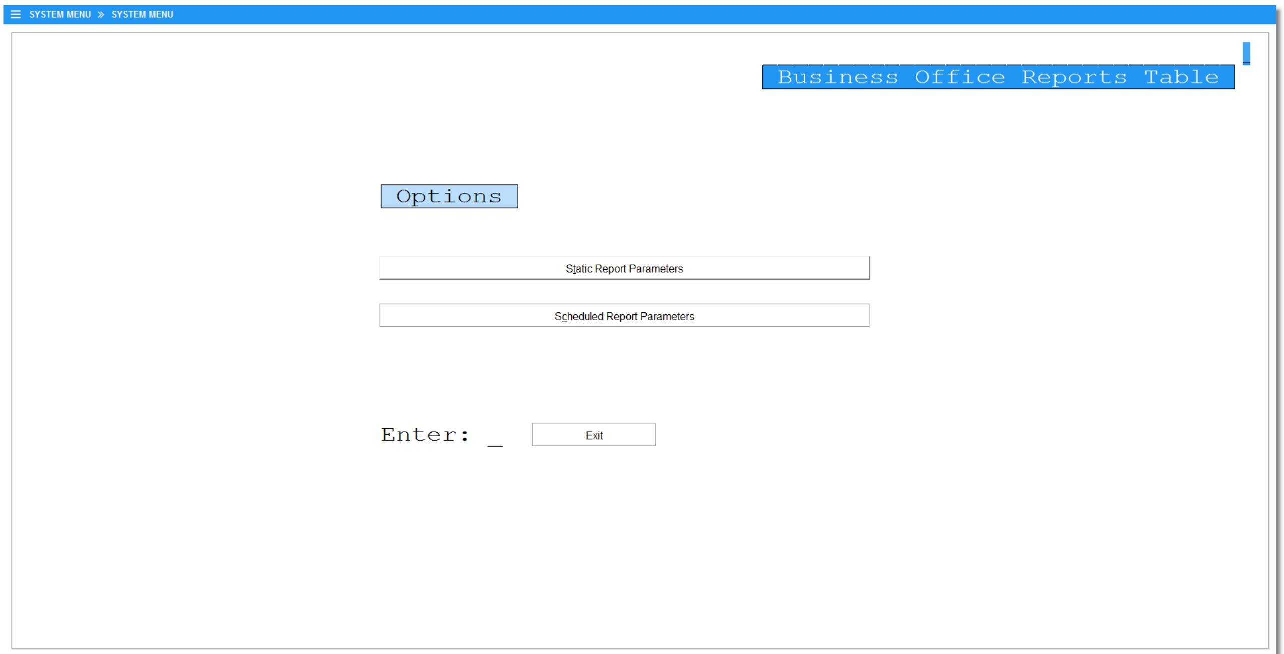
NOW orders verified by nursing OK: These are the hours that nursing will be verifying STAT orders. Some facilities may have nursing verifying stat orders 24 hours a day, in which case this would be set for a 24 hour window.

Send orders directly to pharmacy: Routine Now : This field sets the rule for the times entered in the above fields. If either box is checked, the orders will go to pharmacy during the hours set on the first line. If both fields are left unchecked, both NOW (STAT) and ROUTINE orders will always go to the nursing verification queue first.

7.22 Reports Table

The Reports Table is used to break insurance reports by alpha according to specifications and to schedule certain reports.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Reports Table**

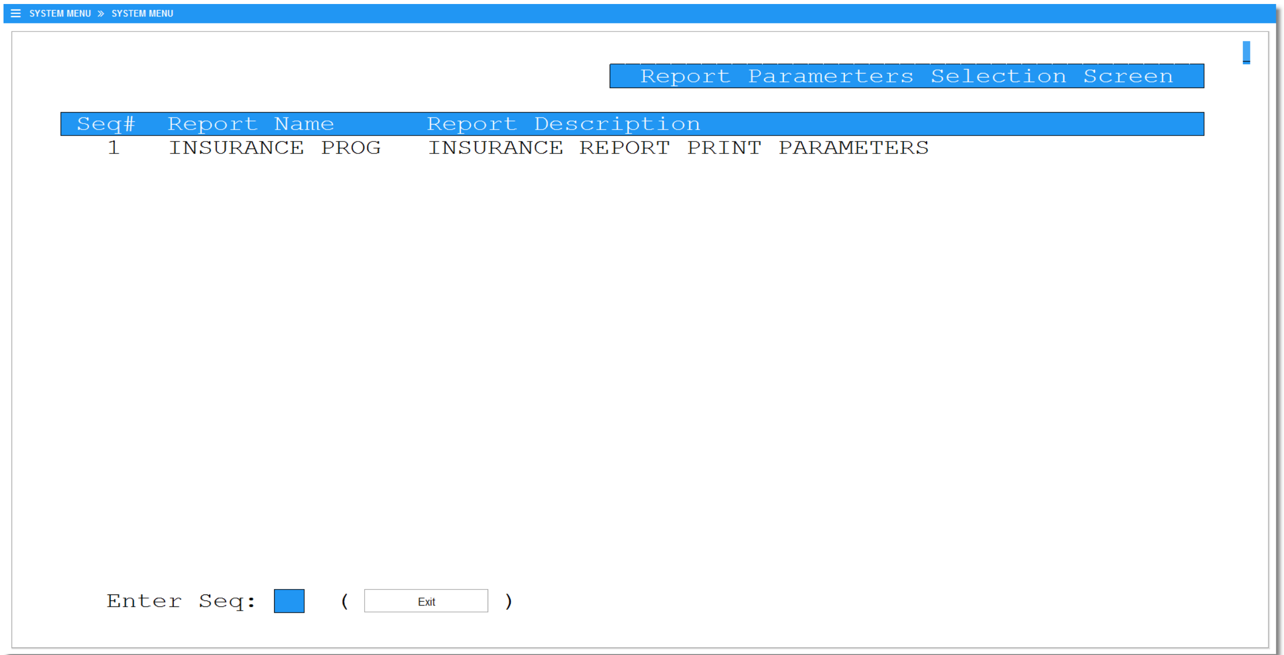


Business Office Reports Table

- **Option 1 - Static Report Parameters:** This option will display “Insurance Prog”, which refers to the following reports:

Unapproved Claims	1500 Edit List
Approved Claims	Billed but Unpaid Claims (by Ins)
Claims with Missing Info (by Ins)	Insurance Billing Time Analysis
UB Edit List	Unbilled Insurance Report

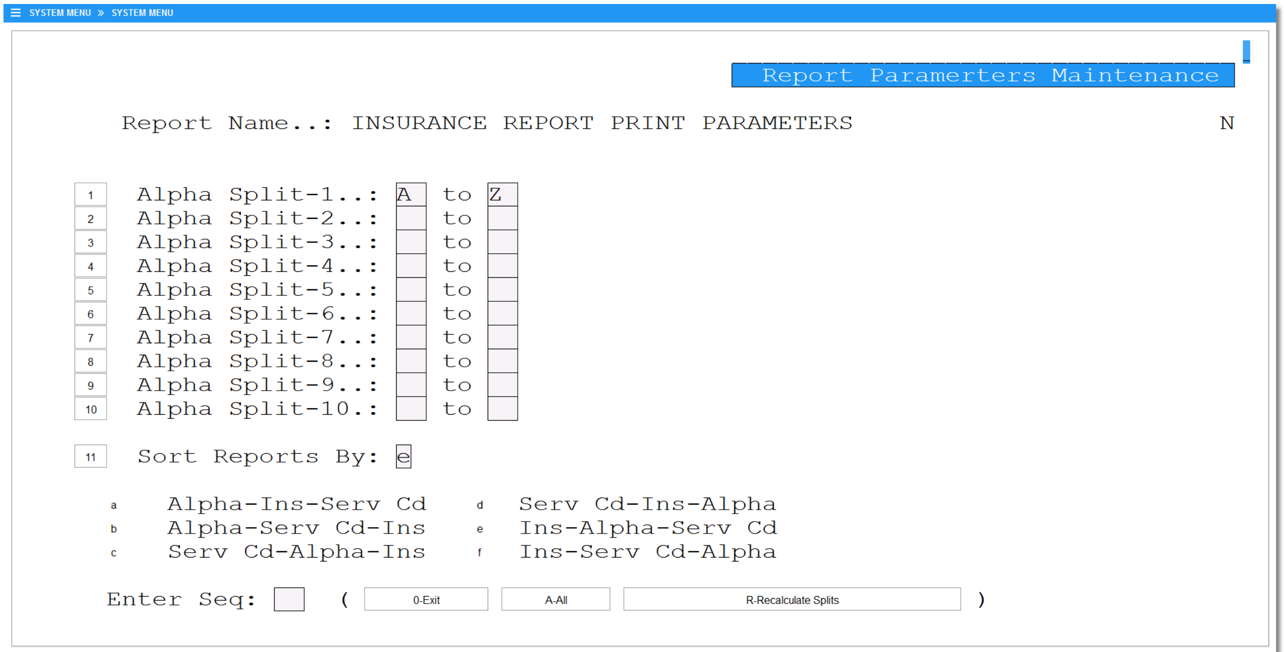
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Reports Table** > **Static Report Parameters**



Report Parameters Selection Screen

Once Insurance Report Print Parameters is selected, the following screen will display.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Reports Table** > **Static Report Parameters** > **<u>Insurance Report Print Parameters</u>**



Report Parameters Maintenance

This table allows Alpha splits to be set up for insurance reports.

- **Alpha Split 1 - A to Z:** These fields control the alpha split for the report. Enter the beginning letter to the ending letter the report should split by first in the first field. The second field will contain the beginning and ending letter for the next sort and so on.

- **Sort Reports by:** The options for this field are

a	Alpha-Insurance-Service Code
b	Alpha-Service Code-Insurance
c	Service Code-Alpha-Insurance
d	Service Code-Insurance-Alpha
e	Insurance-Alpha-Service Code
f	Insurance-Service Code-Alpha

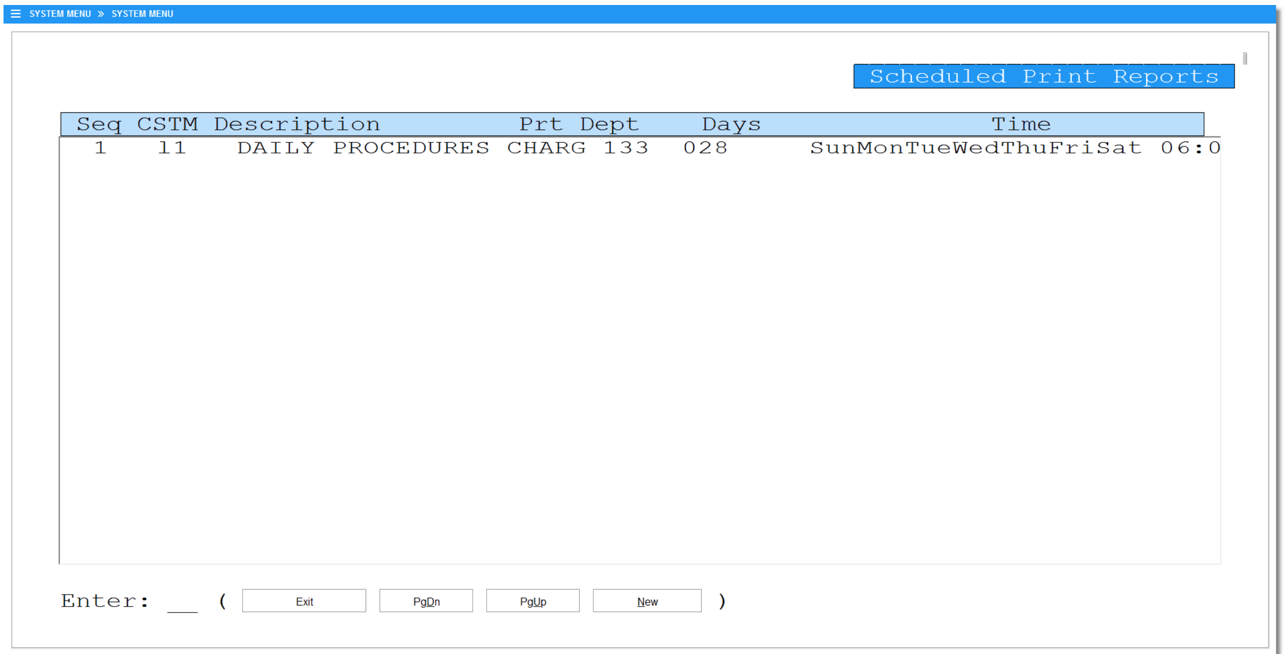
This would be the secondary sort after the Alpha Split.

A - All: This option will put the cursor at the beginning of the screen allowing each field to be accessed by keying **Tab** as changes to the information are made.

R - Recalculate Splits: This option will apply the selected parameters to the reports.

- **Option 2 - Scheduled Report Parameters:** This option will display reports that have been scheduled and selected to meet the parameters set up in this table. Selecting **N**ew will display a list of all scheduled reports that do not meet the parameters set in this table that may be selected.

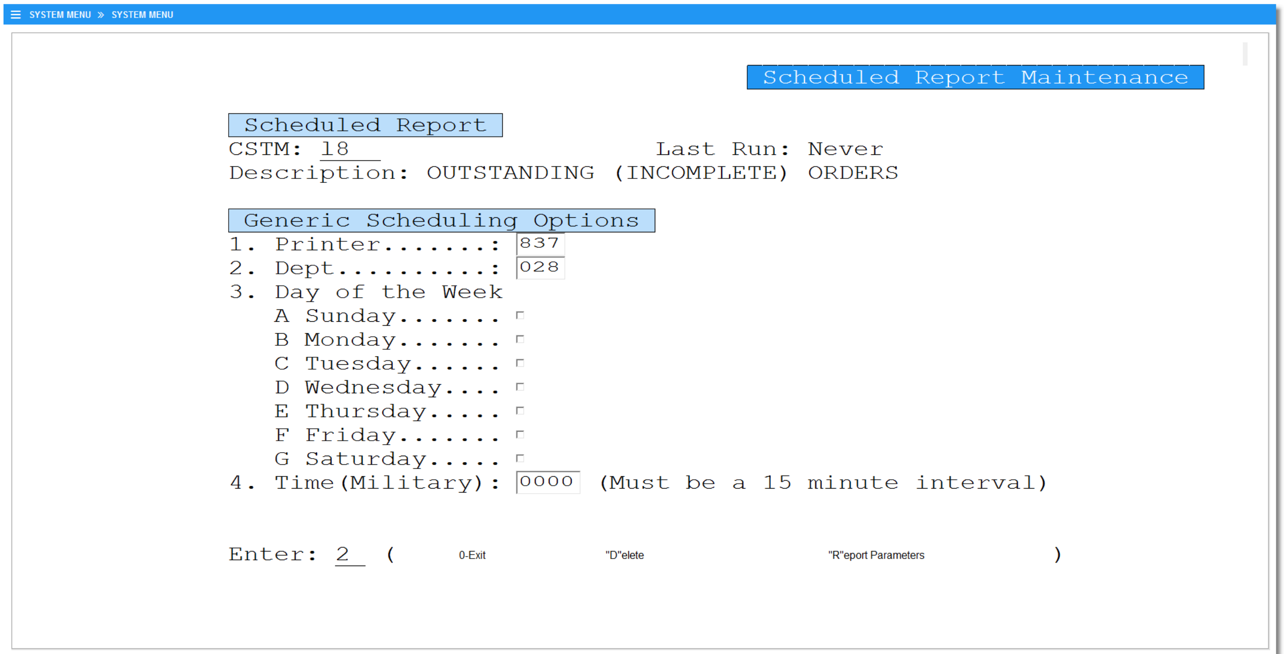
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Reports Table** > **Scheduled Report Parameters**



Scheduled Print Reports

Once the reports in this option are selected, the following screen will display:

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Reports Table** > **Scheduled Report Parameters** > **New**



Scheduled Report Maintenance

The CSTM, Last Run and Description will pull to the screen automatically. This is information about the scheduled selected report.

- **Printer:** Enter the number of the printer to which the report will print.
- **Dept:** Enter the department of the printer to which the report will print.
- **Day of the Week:** Select the day of the week the report will print.
- **Time (Military):** Enter the time the report will print. Time format is Military.
- **Reports Parameters:** Depending on the report selected a screen with parameter options specific to the selected report will display.

7.23 Clinic Table

The Clinic Table will allow a clinic’s address to appear on the UB and the 1500.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Clinic Table**

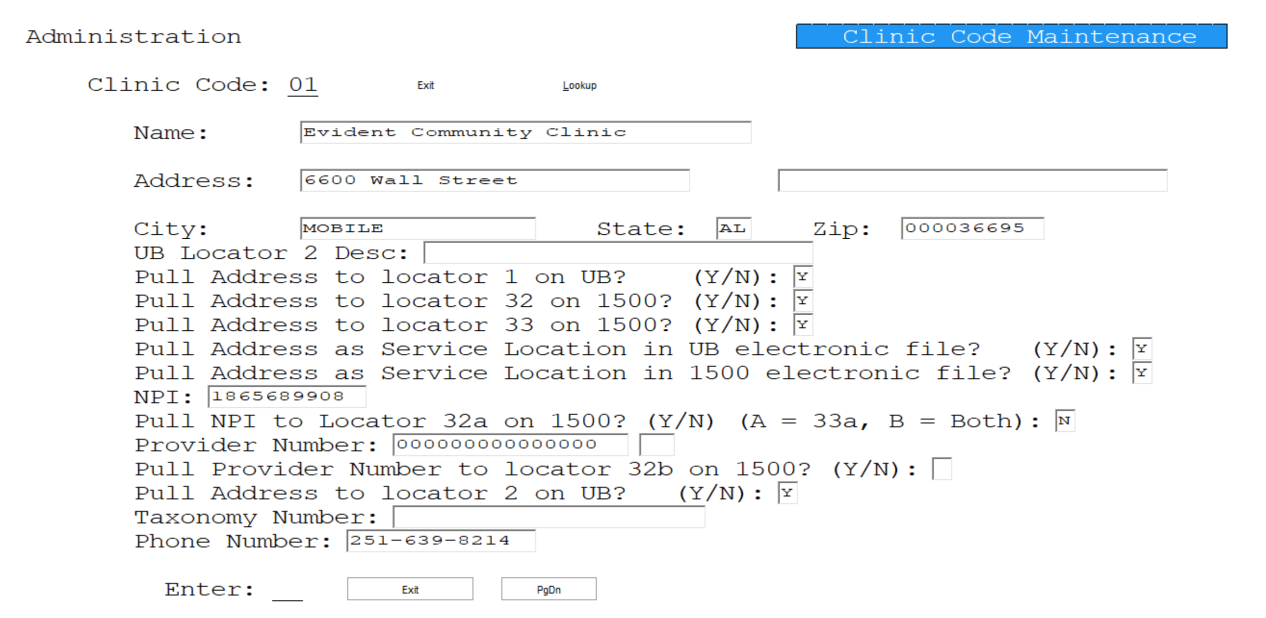


Figure 6.50 Clinic Code Maintenance

- **Clinic Code:** Enter 2-digit alpha or numeric code for a clinic.
- **Name:** Enter the clinic Name.
- **Address:** Enter the mailing Address for the clinic.
- **City, State and Zip:** Enter the City, State and Zip code for the clinic.
- **UB Locator 2 Desc:** Information entered here will pull to line 4 of locator 2 on the UB.
- **Pull Address to Locator 1 on UB? (Y/N):** Enter **Y** if the clinic address should print in locator 1 on the UB.
- **Pull Address to Locator 32 on the 1500? (Y/N):** Enter **Y** if the clinic address should print in locator 32 on the 1500.
- **Pull Address to Locator 33 on the 1500? (Y/N):** Enter **Y** if the clinic address should print in locator 33 on the 1500.

- **Pull Address as Service Location in UB electronic file? (Y/N):** If **Y** is entered the Service Location address will pull to the UB electronic file if it is different from the billing facility. If **N**, the address from the billing facility will pull.

- **Pull Address as Service Location in 1500 electronic file? (Y/N):** If **Y** is entered the Service Location address will pull to the 1500 electronic file. If **N** is entered the address from the billing facility will pull.

- **NPI:** Enter the National Provider Identifier for the clinic.

- **Pull NPI to Locator 32a on the 1500? (Y/N):** Enter **Y** to have the NPI pull to locator 32a on the 1500.

- **Provider Number:** Enter the Provider Number for the clinic.

- **Pull Provider Number to locator 32b on the 1500? Y/N:** Enter **Y** to have the provider number pull to locator 32b on the 1500.

- **Pull Address to locator 2 on the UB? (Y/N):** Enter **Y** to have the clinic address pull to locator 2 on the UB.

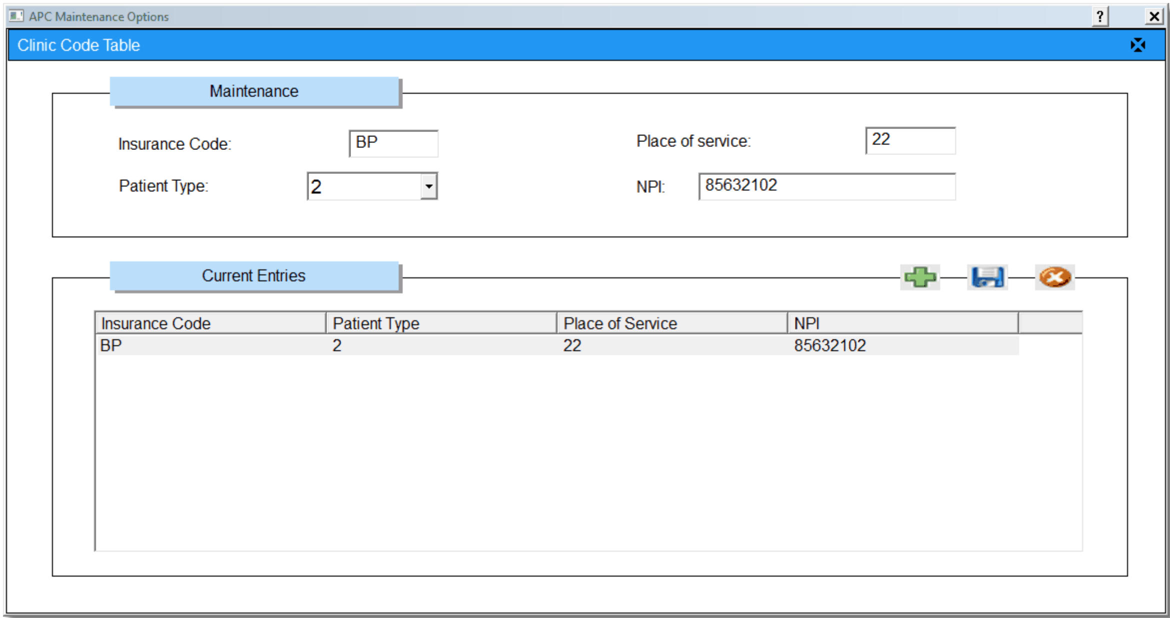
- **Taxonomy Number:** Enter the Taxonomy Code for the clinic.

- **Phone Number:** Enter the clinic's Phone Number.

Exit: Selecting **Exit** will return the cursor to the Clinic Code for the next code to be selected.

PgDn: Selecting **PgDn** will access page 2 of the Clinic Code Table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Clinic Table** > **PgDn**



Clinic Code Table, Page 2

The second page of the Clinic Code Table allows the Place of Service and NPI to be identified for different Financial Classes and Stay Types. If a Clinic Code is loaded in the Policy Information on the patient's account, TruBridge EHR will look to this table instead of the Summary Code Table.

- **Insurance Code:** The specific Financial Class code should be loaded in this field. Wild-carding may be used by entering asterisks *****. For example, **MP*** will indicate all Financial Class codes that begin with MP.

- **Patient Type:** This will allow a Stay Type to be selected that will only pull the information to the 1500 for the specific Stay Type. Selecting **ALL** will pull the information for all Stay Types.

- **Place of service:** Enter the Place of service code that should pull to the 1500.

- **NPI:** Enter the NPI that should pull to the 1500.

NOTE: *The NPI field is used by Rural Health Clinics.*

Select the  to add a new entry.

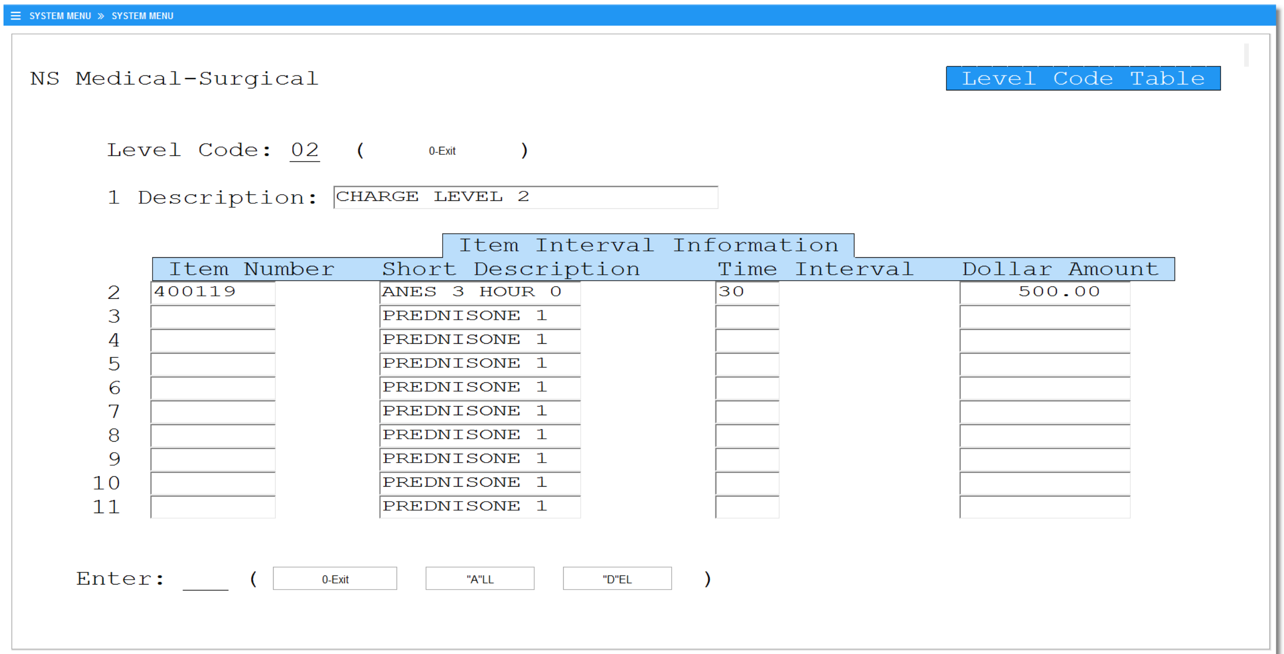
Select the  to save the information.

If a line needs to be deleted, highlight the line and select  .

7.24 Charge Level Table

The Level Code Table was designed to set up items, length of time and charge amounts for a particular level of care in the OR. The levels will be associated with CPT codes by entering them in the CPT Code Table. When the items entered on this table are charged to an account the dollar amount entered in the table will be charged to the account in place of the amount loaded in the Item Master.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Charge Level**



Level Code Table

- **Level Code:** Enter a 2-digit code representing a particular level of care in the OR.
- **Description:** Description of the level of care.
- **Item Number Short Description Time Interval Dollar Amount:** Enter the Item number from the Item master. The short description for the item will be displayed. Enter the amount of time associated with the level of care and the dollar amount that will be charged.

0-Exit: Entering **0** will return the cursor to the Clinic Code for the next code to be selected.

A-All: This option will put the cursor at the beginning of the screen allowing each field to be accessed by keying **Tab** as changes to the information are made.

D-Delete: Entering **D** will delete the code from the table.

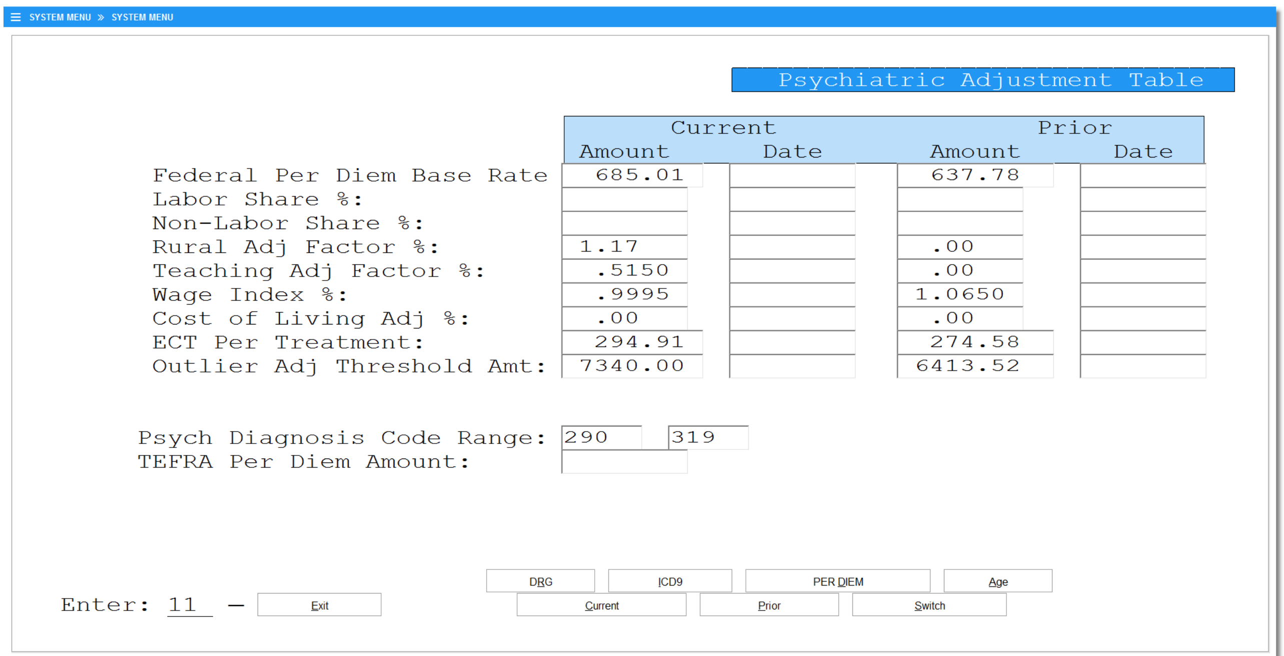
7.25 Electronic Forms

Please refer to the Electronic Forms User Guide.

7.26 Psychiatric Adjustment Table

The Psychiatric Adjustment Table contains reimbursement information for Psychiatric facilities. The data loaded in this table can be found in the Federal Register. This table displays the current and prior amounts and dates the amounts became effective.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Psych. Adj**



Psychiatric Adjustment Table

The Federal Per Diem Base Rate, Labor Share %, Non-Labor Share %, ECT Per Treatment, Outlier Adj. Threshold Amt. as well as the DRG Adj., ICD-9 Adj., Per Diem Adj. and the Age Adj. will be the same for every facility. The facility will need to manipulate the tables as this information is updated or changed by Medicare. The Rural Adj. Factor, Teaching Adj. Factor %, Wage Index % and the Cost of Living Adj. % will be site-specific and may or may not be applicable. The Cost of Living Adj. % only applies to facilities in Hawaii and Alaska and can be found in the Final Rule of the Federal Register.

- **Psych Diagnosis Code Range:** If the primary diagnosis code for a patient account is within the range of diagnosis codes entered in this field the psych reimbursement method will be used.

- **TEFRA Per Diem Amount:** For Inpatient Psychiatric Facilities, Medicare is allowing for a three year transition period in which the payment will be a percentage of the old TEFRA reimbursement method and a percentage of the new PPS reimbursement method. If a facility qualifies for this type of reimbursement, the fiscal year begin date should be loaded in AHIS, page 5 field 34 and the TEFRA per diem amount should be loaded in this field.

The following options are available at the bottom of each table.

C-Current: Selecting **C** will allow the current information for the table to be manipulated.

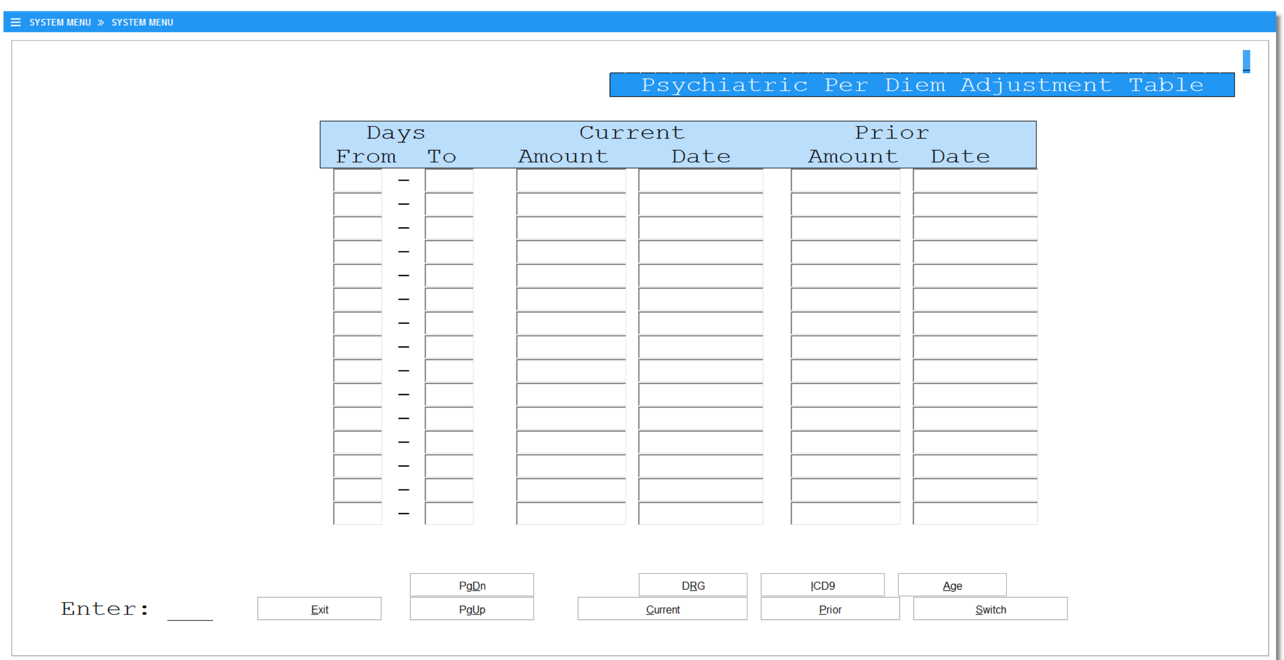
P-Prior: Selecting **P** will allow the prior information for the table to be manipulated.

S-Switch: Selecting **S** will move the current information into the prior columns. TruBridge EHR will prompt for the TruBridge daily password to be entered before the information will be moved.

Psychiatric Per Diem Adjustment Table

The Per Diem Adjustment Table provides the daily adjustment amounts to be used for the individual days of a patient’s stay.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Psych. Adj** > **R-Per Diem**

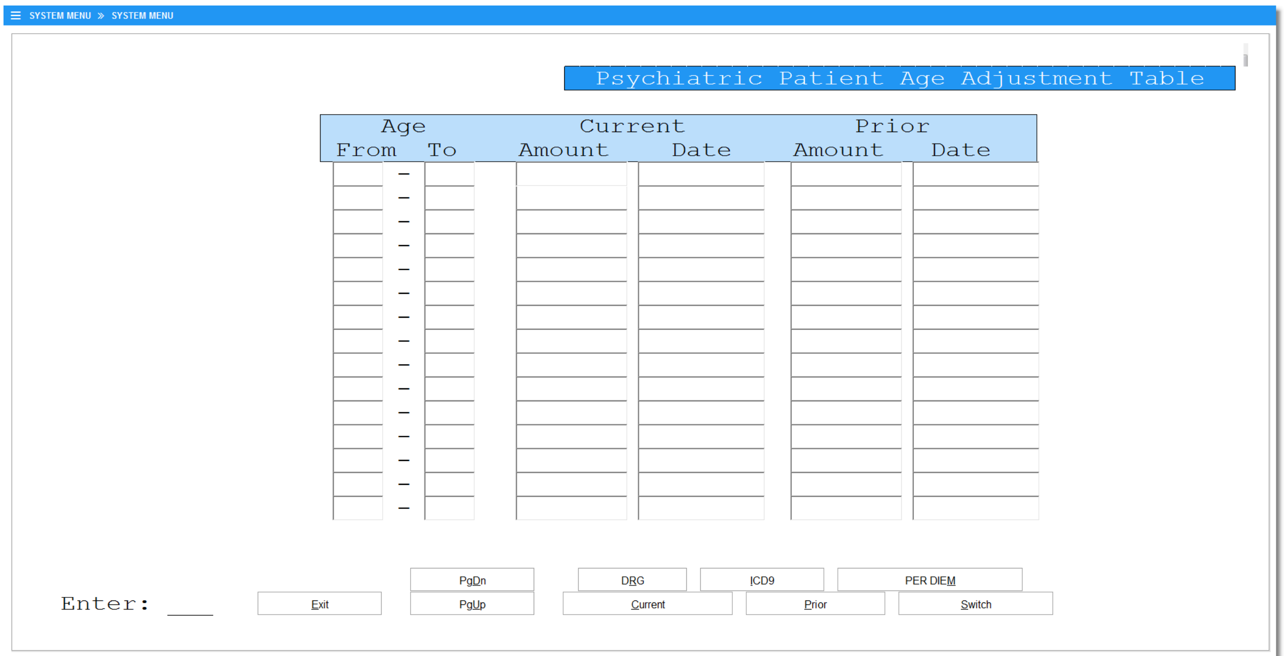


Psychiatric Per Diem Adjustment Table

Psychiatric Age Adjustment Table

The Age Adjustment Table provides the adjustment amounts to be used in the calculation based on the age of the patient.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Psych. Adj** > **A-Age**

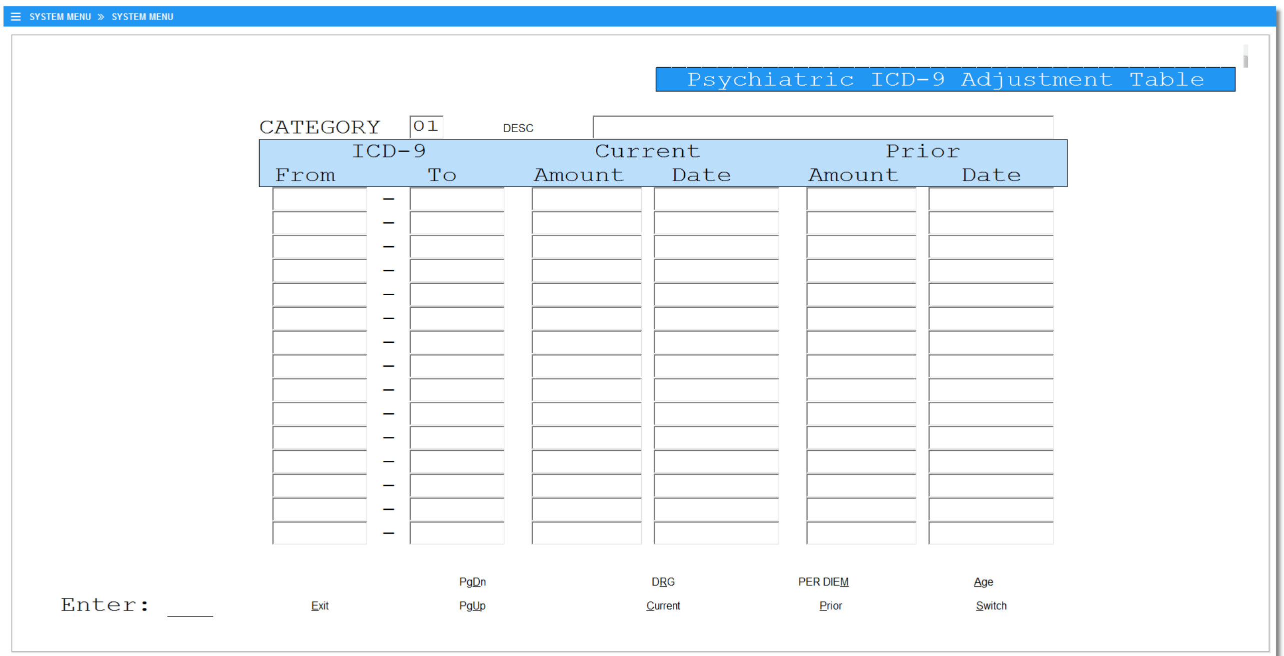


Psychiatric Age Adjustment Table

Psychiatric ICD-9 Adjustment Table

The ICD-9 Adjustment amounts only apply to secondary diagnoses. TruBridge EHR utilizes the ICD-9 Adjustment Table to get the appropriate adjustment amounts for each secondary diagnosis loaded on the patient account. These adjustment amounts are multiplied together when used in the Psych PPS calculation.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Psych. Adj** > **I-ICD9**

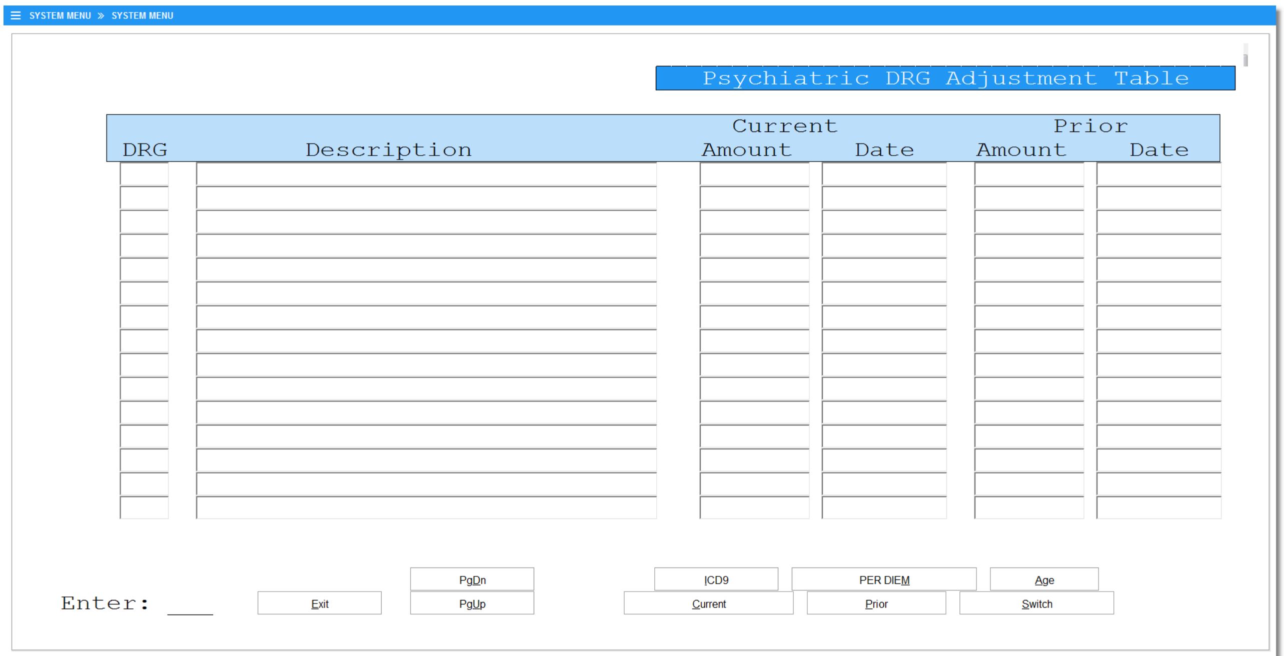


Psychiatric ICD-9 Adjustment Table

Psychiatric DRG Adjustment Table

The DRG adjustment amounts only apply when a DRG found in the table is the calculated DRG on the patient's account in the Medical Record Grouper screen. An account does not have to have one of the DRG's loaded in this table for the Psych PPS calculation to apply.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Psych. Adj** > **D-DRG**

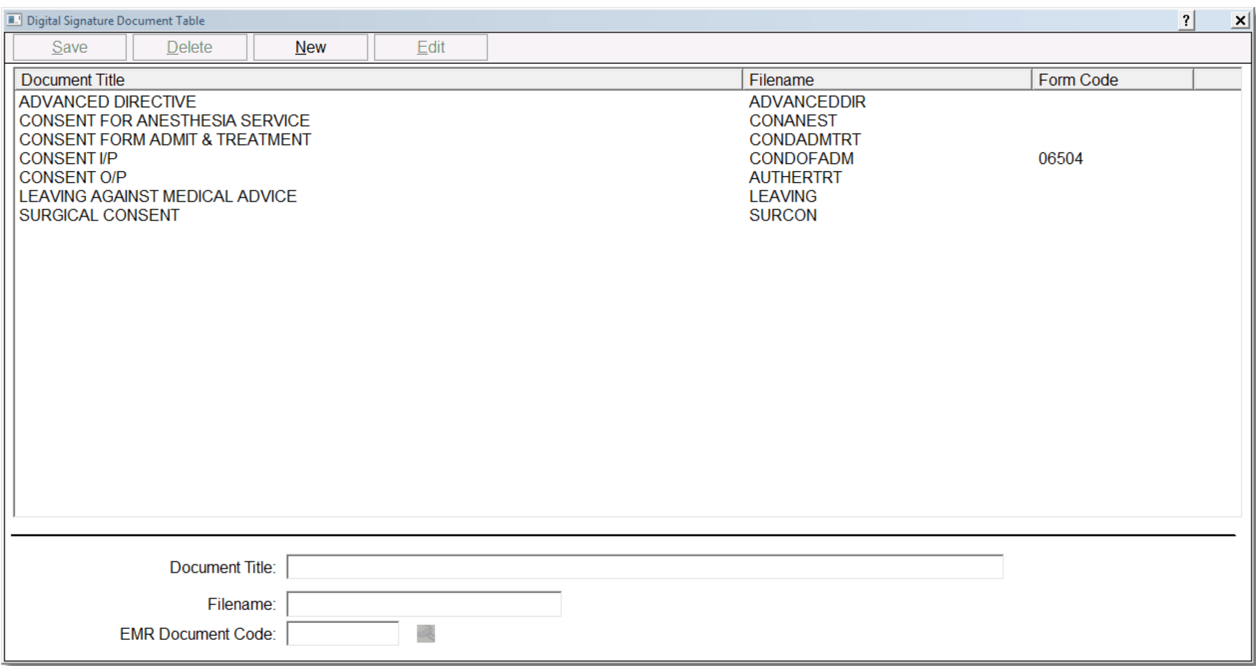


Psychiatric DRG Adjustment Table

7.27 Digital Signature Document Table

The Digital Signature Documents Table is used to create and maintain documents that can be used in conjunction with the Digital Signature Capture feature.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Dig Sig Doc**



Digital Signature Document Table

Selecting the digital signature document will access the individual document, or **NEW** can be selected to create a new document.

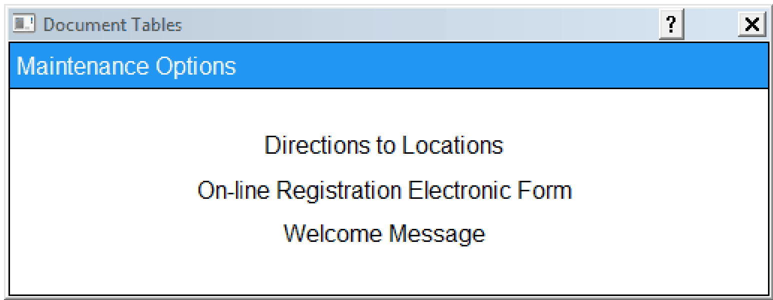
- **Document Title:** The description/title of the document, which will display in the index.
- **File Name:** The name of the file that is stored in /usr/sig.
- **EMR Document Code:** Enter the code that corresponds to this digital signature document. The magnifying glass provides a lookup option and connects to a table that allows the user to enter a new document code.

NOTE*: The EMR Document Code field is not required in order for an* digital signature document *to be printed in the Electronic Medical Record; however, once a code is set up in the EMR Document Code table, it should be loaded here.*

Select **Delete** to delete the document, or **Edit** to edit the Word document.

7.28 Kiosk Tables

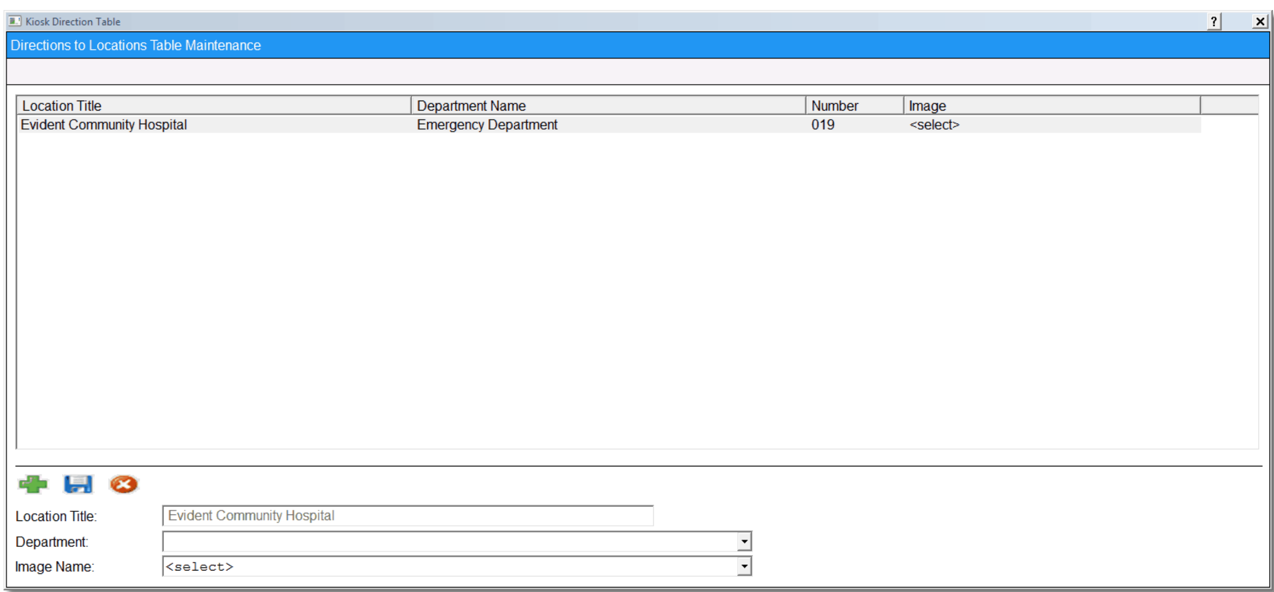
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Kiosk Tables**



Document Tables

- **Directions to locations:** This will allow the set up and storage of the facility locations so directions may be printed when using the Kiosk function.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Kiosk Tables** > **Directions to Locations**



Directions to Locations Table Maintenance

- **Location Title:** Enter the name of the location for which directions should be viewed or printed.
- **Department:** Using the drop-down menu, select the department from which the location resides.
- **Image Name:** Using the drop-down menu, select the Image from which the file name resides.

Once all of the location information has been entered correctly, the location may be added to the top portion of the Location Title screen by selecting the button with the mouse. Select the option to save the information entered. Select the option to delete the information.

- **On-line Registration Electronic Form:** Reserved for future use.
- **Welcome Message:** This will allow a message to be entered in note pad. This will appear once the Kiosk is accessed by a patient.

Chapter 8 Patient Sub Types

8.1 Overview

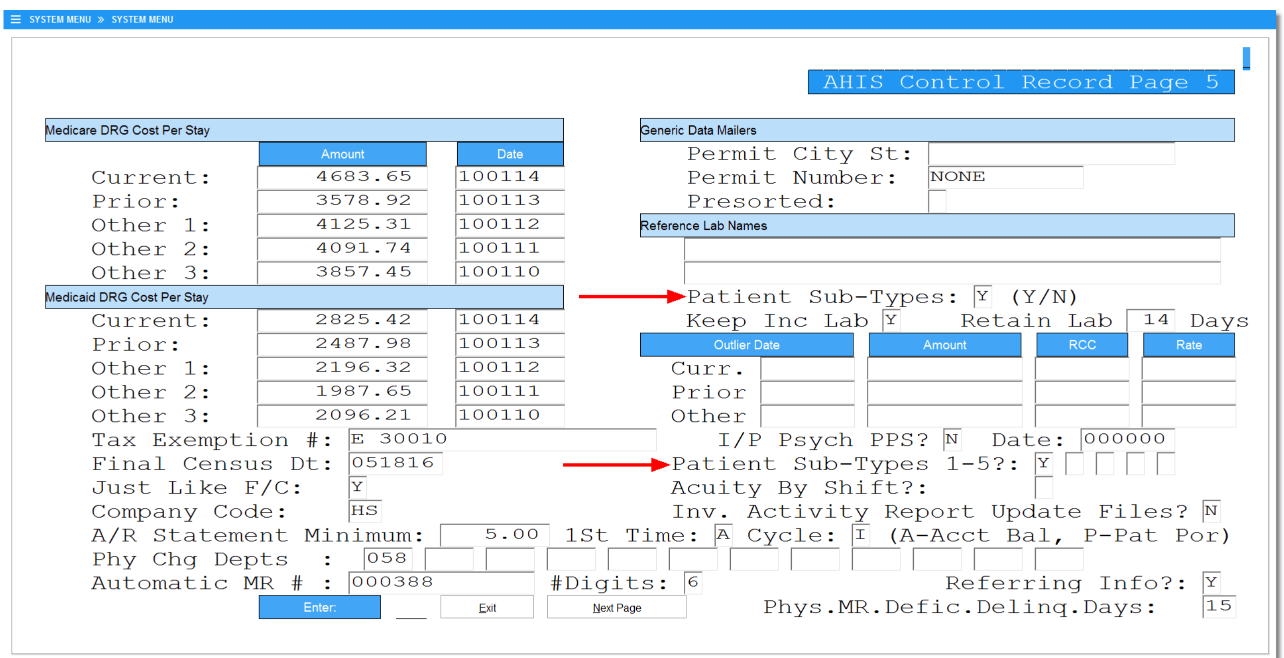
The Patient Sub Type system provides facilities the ability to further breakout Stay Types when a facility has more than five revenue accounts on their General Ledger per item. Sub Types may be used for more than one patient type. However, only one set of General Ledger accounts can be expensed for any one Sub Type.

8.2 Setup

Before utilizing Sub Types, the Sub Type System must be turned on and Sub Types must be set up.

AHIS, Page 5

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **AHIS** > **Page 5**



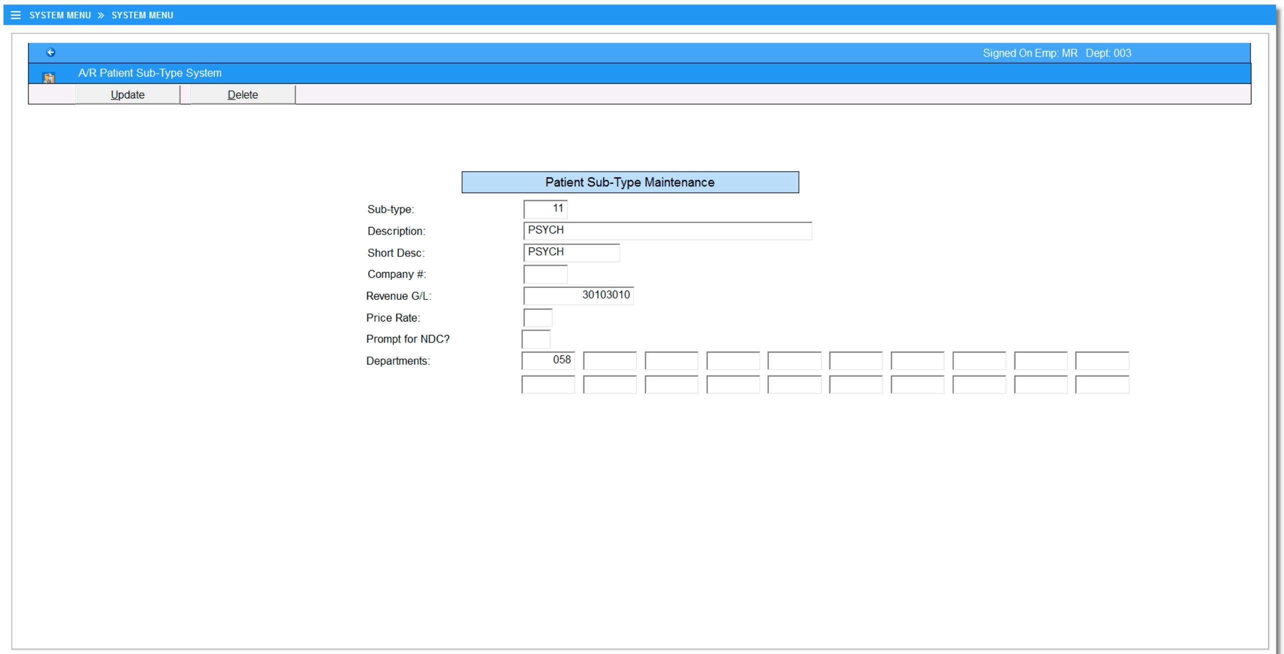
AHIS Control Record, Page 5

- **Patient Sub Types:** Entering a **Y** will require a Sub Type to be entered during Patient Registration. **Patient Sub-Types 1-5?** field determines which Stay Types require Sub Type information.

- **Patient Sub Types 1-5:** Enter a **Y** in spaces 1 through 5 to require a Sub Type for those patient types (first space indicates type 1, etc.). An **N** will allow the Sub Type field to be skipped during registration for those type patients. TruBridge EHR will not display the **N** but rather cause the field to appear blank.

Sub Type System

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Patient Sub-Type Menu** > **Maintenance**



A/R Patient Sub-Type Maintenance

- **Sub-Type:** Enter the 2-digit numeric code that will be used for the particular Sub Type. When creating Sub Types, a Sub Type should be setup for the existing Stay Type. For example, if Stay Type 2 is going to have Sub Types, a Sub Type should also be setup for Stay Type 2 (Outpatient).

- **Description:** Enter the description for the Sub Type.

- **Short Desc:** Enter a short description for this Sub Type. This description will appear on the screen and in the lookup window in Patient Maintenance when the Sub Type is entered.

- **Company#:** Enter the company number of the General Ledger number that will be credited for the revenue. This is normally “1”.

- **Revenue G/L:** Enter a five or 8-digit General Ledger number. TruBridge EHR will automatically append the issuing department as the last three digits to any 5-digit number when the charge is entered. This number may be left blank and TruBridge EHR will read from the item master to obtain the General Ledger number.

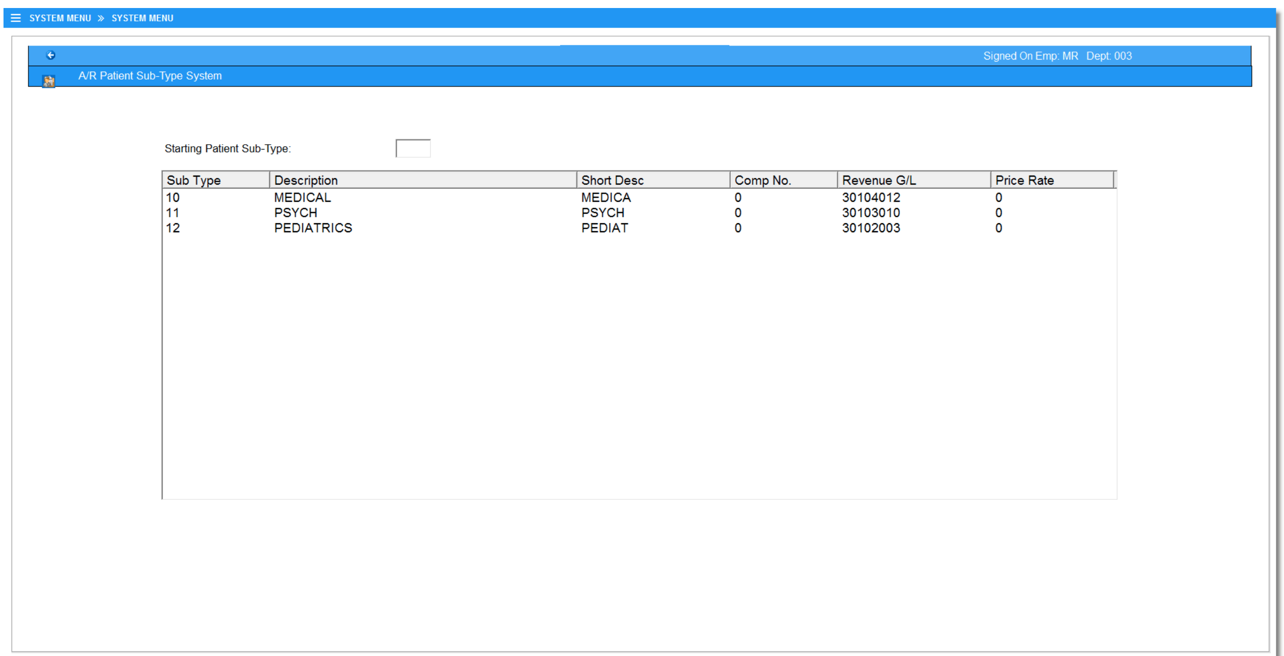
- **Price Rate:** Enter the Stay Type (1-5) whose price this Sub Type should receive for any items dispersed for any of the departments listed below.

- **Prompt for NDC?:** Set this field to **Y** if this Sub Type needs the NDC number entered during Charge Entry, Point of Care charging or Order Entry.

- **Departments:** Enter the 3-digit department number of any department that should use the price and revenue General Ledger number from above. If a department is not listed and an item is charged from that department, then the patient's Sub Type will be ignored and TruBridge EHR will use the patient type to determine price and revenue General Ledger number. A "999" in the first blank will include all departments for this Sub Type.

To view a list of existing Sub Types, from Patient Sub Type System, select **Display**.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Patient Sub-Type Menu** > **Display**

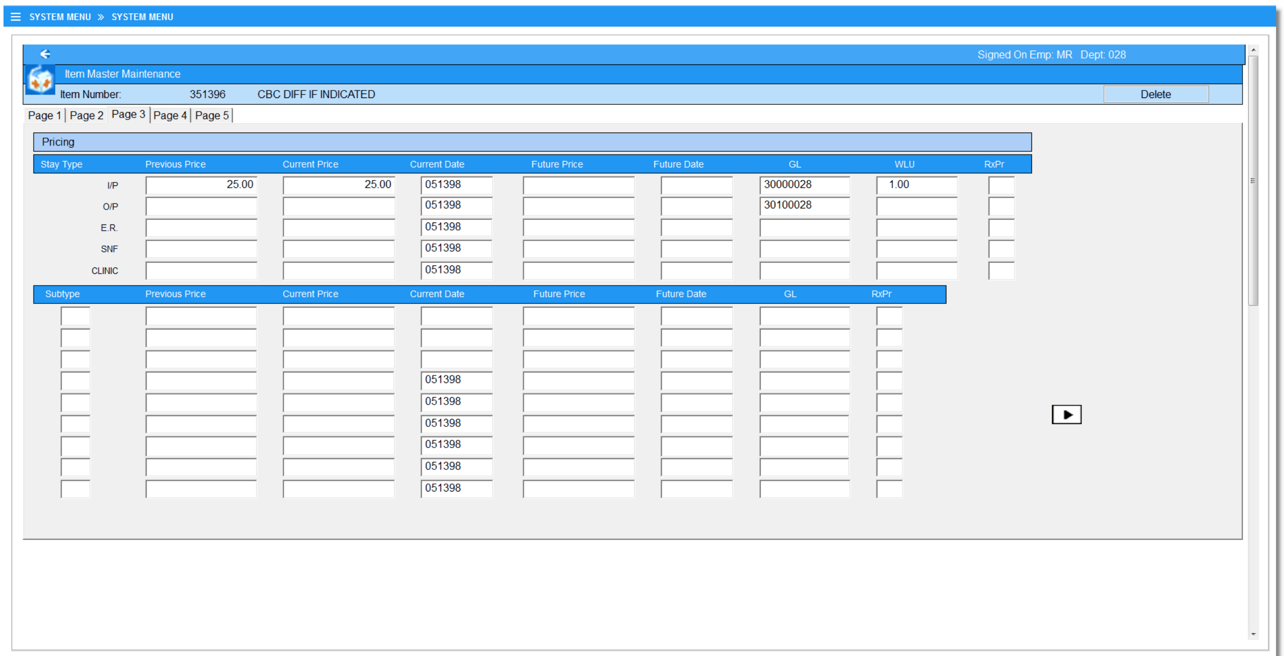


A/R Patient Sub-Type System

Item Master

Each item may be assigned up to 20 Sub Types, with a separate price and General Ledger number loaded. If these fields are blank, TruBridge EHR will refer to the Sub Type table to determine the price and General Ledger number that should be used.

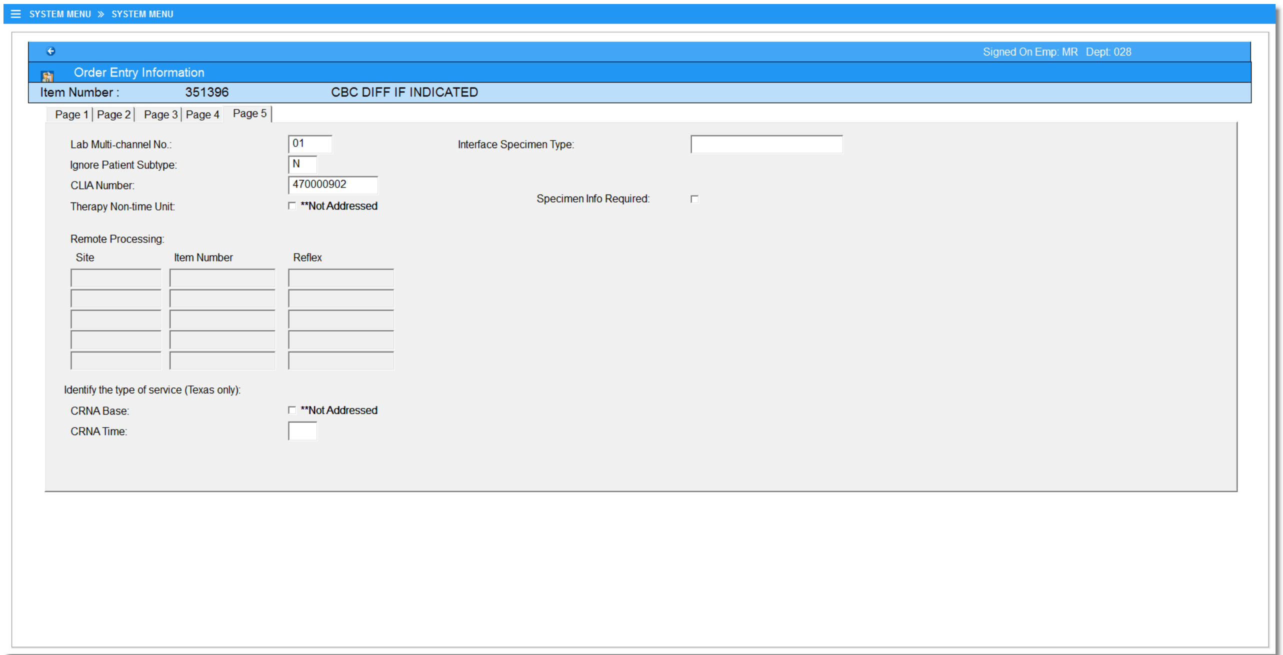
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Charge Tables and Inventory** > **Item Number** > **Item Master** > **Page 3**



Item Master Maintenance, Page 3

A specific item may be setup to ignore the patient Sub Type. To setup an item to ignore patient SubTtypes, select Order Entry Information on the Item Functions screen. If the Ignore Patient Sub Type field is set to **Y**, TruBridge EHR will ignore the revenue General Ledger number and the price rate that is loaded in the Sub Type table.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Charge Tables and Inventory** > **Item Number** > **Order Entry Information** > **Page 5**



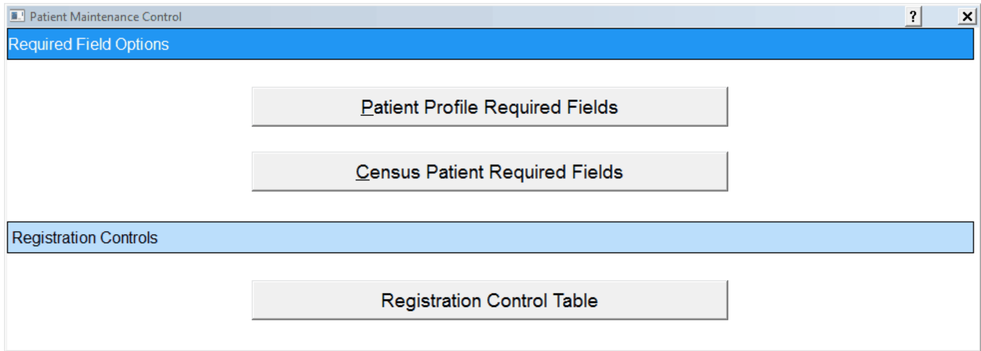
Order Entry Information, Page 5

Patient Maintenance Control Record

The Patient Maintenance table gives the ability to control which fields are accessed during the registration process. This may be done for the Person Profile screens and the Registration and ADT screens.

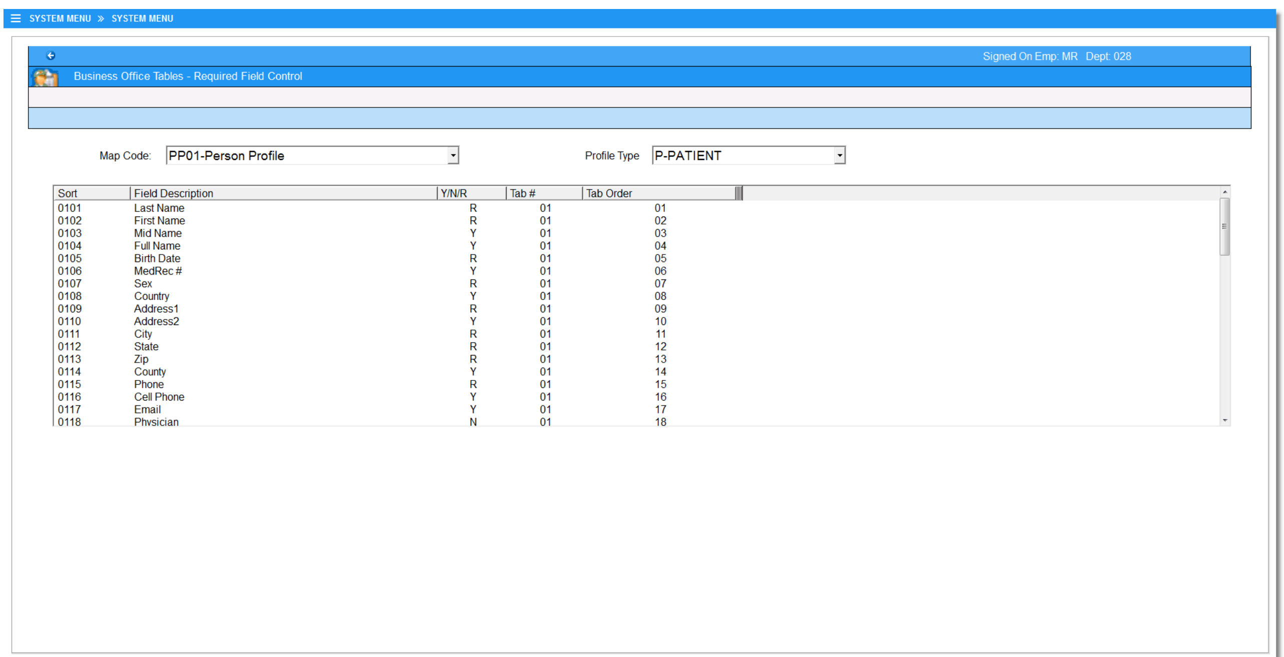
The acceptable settings are **Y**, **N** and **R**. A **Y** will stop the cursor on the field in the Person Profile screen or the Registration and ADT screen; however, the field may be skipped without entering information. An **N** will bypass fields. An **R** (Required) will require the information to be entered. If there is a required field for the Person Profile screen, that information must be filled out before exiting this screen. The required field will highlight in red indicating this information must be entered. If there is a required field in the Registration and ADT screen, the cursor will stop on the field and cannot be bypassed without entering information.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint**



Patient Required Fields

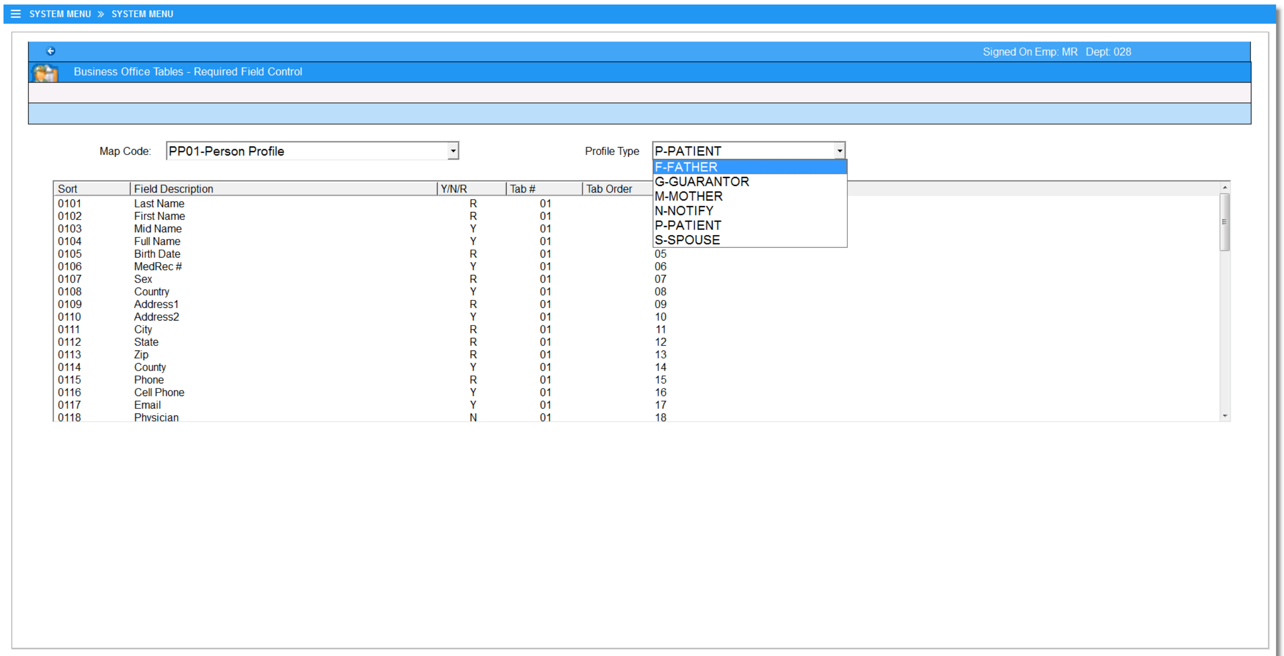
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Patient Profile Required Fields**



Business Office Tables - Required Field Control

Select the desired Profile Type from the drop-down box.

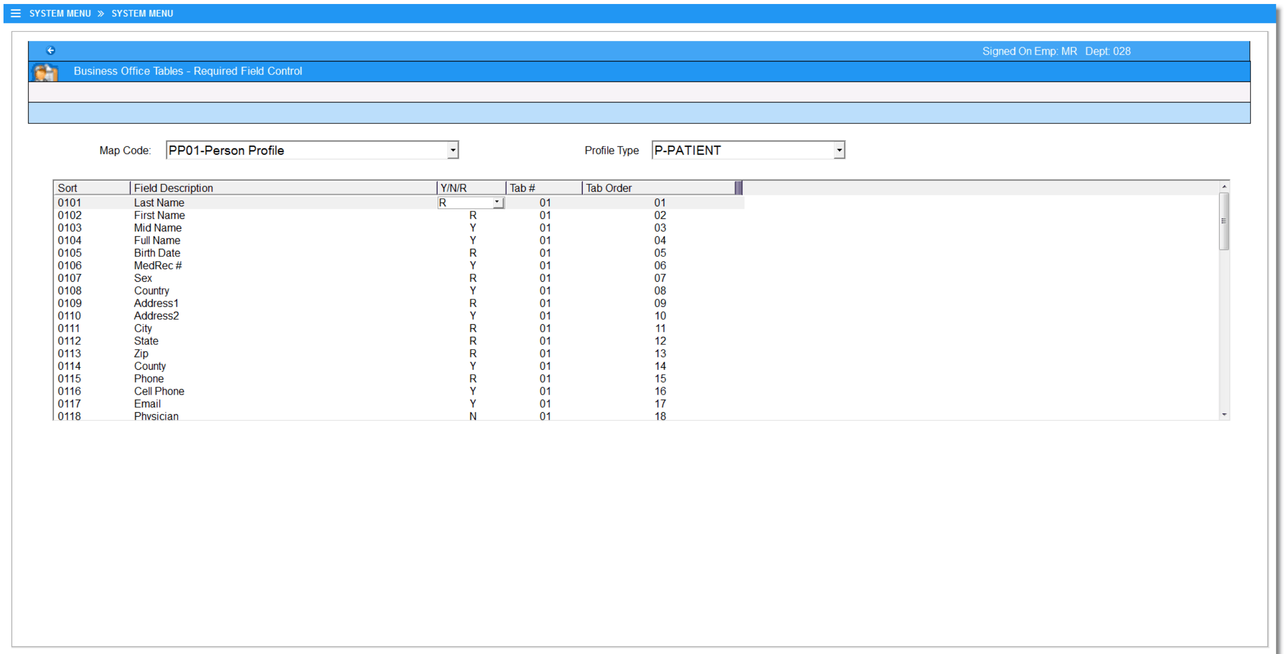
Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Patient Profile Required Fields** > **Profile Type**



Business Office Tables - Required Field Control

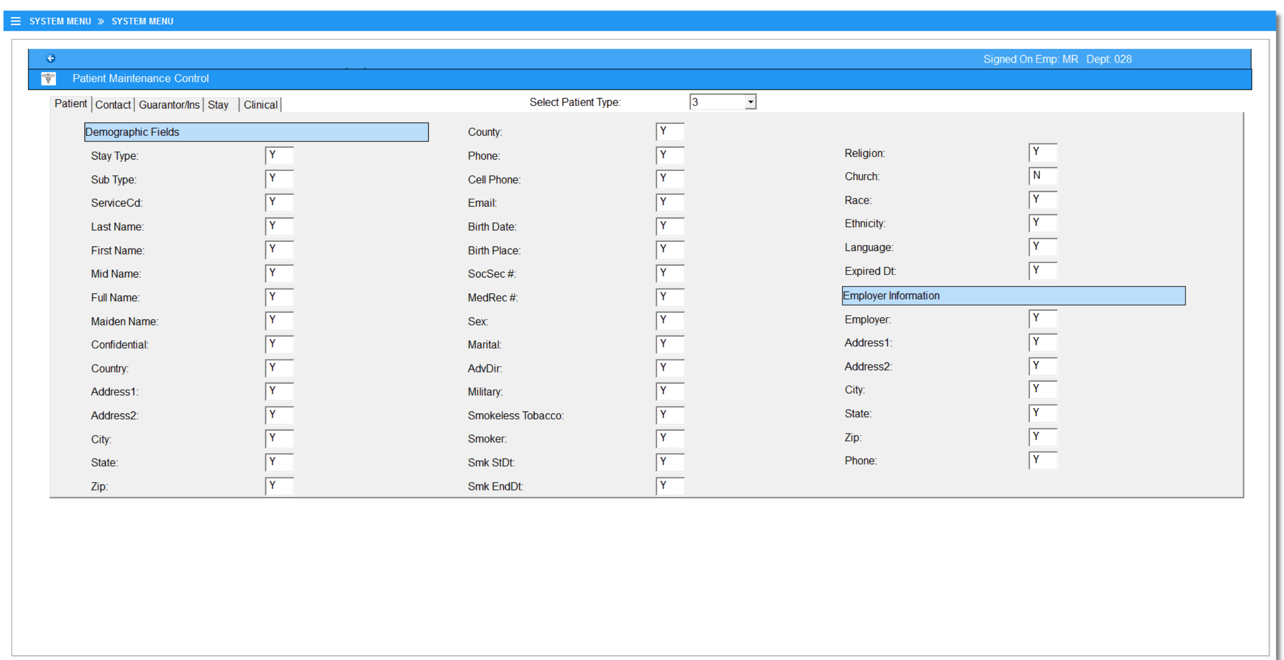
Once the desired Profile Type has been selected, highlight the desired field to mark as Y, N or R. Select the drop-down box to select **Y**, **N** or **R**.

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **Patient Profile Required Fields** > **Profile Type** > **<u>Select desired field</u>**



Business Office Tables - Required Field Control

Select **Web Client** > **System Menu** > **Hospital Base Menu** > **Master Selection** > **Business Office Tables** > **Business Office Table Maintenance** > **Pt. Maint** > **<u>Census Patient Required Fields</u>**



Patient Maintenance Control

Select a Stay Type from the drop-down box to display or perform maintenance. At the top of the table, select the tab that needs maintenance.

8.3 Implementing the Sub Type System

To begin utilizing the Sub Type System, the steps below must be followed:

1. Enter and post all charges for the day prior to utilizing Sub Types. Close days must be current before turning Sub Types on.

2. Enter a Sub Type in the Sub Type field prior to charge entry for all patients with the newly setup Stay Types/Sub Types.

3. Begin charging on each patient. The charge entry system will now read the patient's account to obtain the Sub Type revenue number to use for General Ledger purposes.

Chapter 9 Printed Reports

9.1 Overview

There are several reports that show information that is entered into the Business Office Tables. The following section discusses these reports and explains how to run them.

9.2 Departments

The Departments Table report lists all of the facility's department numbers and names. This may be printed at any time.

How to Print

Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

1. Select **Tables**.

2. Select **Departments**.

3. Select a print option.

Description and Usage

This selection prints a listing of each Department Name and Number that is entered in the Department Table within the Business Office Tables. It may be printed at any time as a reference.

Departments

```
RUN DATE: 09/28/12                              Evident Community Hospital                    PAGE      1
    TIME: 06:43                            DEPARTMENT TABLES AS OF 09/28/06                   TBDEPT

-------------DEPARTMENT-------------
NUMBER NAME-------------------------
001      NURSING ADMINISTRATION
002      NURSING STATION 2
003      NURSING CORONARY CARE UNIT
004      NURSING SERVICE-NURSERY
005      HOSPICE
006      LABOR & DELIVERY ROOM
007      OPERATING ROOM
008      LONG TERM CARE
009      ANESTHESIA
010      NURSERY
011      RECOVERY ROOM
012      CRITICAL CARE UNIT
013      PHYSICIAN ASSISTANTS
014      PEDICATRIC UNIT - 2ND FLOOR
015      EMERGENCY ROOM
016      MED SURGE - 3RD FLOOR
017      BLOOD BANK
018      NEURO-SURGERY
019      AMBULANCE SERVICES
020      HOUSEKEEPING
```

Listed below is an explanation of each column.

- **Department Number:** Pulls from the Department table.
- **Department Name:** Pulls from the first field in the Department table.

9.3 Patient Rooms

The Patients Rooms report gives a listing of all the rooms in the facility and detailed information about each room from the Room Table.

How to Print

Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

1. Select **Tables**.
2. Select **Patient Rooms**.
3. Select a print option.

Description and Usage

This selection prints a patient room listing, including detail from the Room Table – Room Number, Description, Type, Rate, Summary Codes, Status, Phone Number, Rate, Summary Code, Special Equipment Rate, Special Equipment Summary Code, Other Rate, Other Summary Code and Nursing Station. It may be printed at any time as a reference.

Patient Rooms

```
RUN DATE: 08/29/12                         Evident Community Hospital                                              PAGE    1
    TIME: 08:06                          ROOM STATUS REPORT AS OF 08/29/06                                         HSTBROOM

ROOM-------------------------------------------------------------  PHONE----------------  SPECIAL EQUIPMENT  OTHER------------  NURSING
NUMBER DESCRIPTION                 TYPE  ---RATE--  SUMM STATUS    NUMBER  ---RATE-- SUMM ---RATE-- SUMMARY  ---RATE-- SUMMARY  STATION
100-A  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
100-B  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
101-A  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
101-B  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
102-A  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
102-B  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
103-A  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
103-B  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
104-A  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
104-B  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
105-A  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
105-B  SEMI-PRIVATE ROOM            S     $275.00   02             00000        $.00            $.00              $.00              01
```

Listed below is an explanation of each column.

- **Room Number:** Pulls from the Room Table.
- **Room Description:** Pulls from the first field of the Room Table.
- **Room Type:** Pulls from the second field of the Room Table, (e.g., S- Semi-Private, P-Private, I-ICU, N-Nursery).
- **Room Rate:** Pulls from the Room Table. This is the amount that is charged to the Final Census.
- **Room Summ (Room Summary Code):** Pulls from the Summary Code field in the Room Table.
- **Room Status:** Pulls from the Status field on the Room Table.
- **Phone Number:** Pulls from the Phone Number field in the Room Table.
- **Phone Rate:** Pulls from the Room Table.
- **Phone Summ (Phone Summary Code):** Pulls from the Phone Summary Code from the Room Table.
- **Special Equipment Rate:** The rate associated with any special equipment pulls from the Room Table.
- **Special Equipment Summary:**The Summary Code associated with any special equipment pulls from the Room Table.
- **Other Equipment Rate:** If there are any additional daily charges loaded in the Room Table, they will pull to this column.
- **Other Equipment Summary:** The Summary Code associated with the other charges will pull from the Room Table.
- **Nursing Station:** The Nursing Station that the room is assigned to will pull from the Room Table.

9.4 Insurance Companies

The Insurance Companies Report lists all of the facility's Insurance Company Codes, Names, Addresses and Form IDs.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Insurance Companies**.

4. Select a print option.

   System prompts, "Print by Insurance Code:" or "Print by Insurance Name:" OK?

5. Answer **Y**es to sort by Insurance Company Code or **N**o to sort by Insurance Company name.

Description and Usage

This selection prints a listing of the Insurance Company Codes set up, alphabetically by code. Also included is the Insurance Company Name, Address and Form IDs. This report may be printed as many times as necessary as a reference.

Insurance Companies

```
RUN DATE: 09/14/12                    Evident Community Hospital                                   PAGE   1
    TIME: 12:43                       INSURANCE COMPANY TABLE AS OF 09/14/06                        HSTBINS

CODE NAME-------------------------------- ADDRESS1---------------- ADDRESS2---------------- CITY---------- ST ZIPCODE FORM CD

 ABQ STATE FARM INSURANCE                 5500 WALL STREET                                  MOBILE         AL 36695      U
 ABW ABSTRACTING TABLE                    541 MAIN STREET                                   AUSTIN         TX 01233-2112
 AH1 BLUEGRASS FAMILY HEALTH                                                                               KY 00000      J
 ANB A N BEVERLY INSURANCE                123 AMERICA DRIVE        456 UNITED STATES ROAD   CITY           AL 55866-9874 U
 AP  AETNA PHYSICIAN                                                                                          00000      J
 B   BLUE CROSS  - INPATIENT              P O BOX 687              SUITE 6012               BIRMINGHAM     NY 12354      U
 B1  BLUE CROSS                           BC ADDRES LINE 1                                  MOBILE         LA 36608      U
 B1R NORTH OTTAWA                                                                                             00000      U
 B2  BLUE CROSS - OUT OF STATE            BLUE CROSS ADDRESS                                                  00000      U
 B3  BLUE CROSS SWING BED                                                                                  NH 00000      U
 B4  BLUE CROSS-PSYCH                     POST OFFICE BOX 33                                ROANAKE        VA 24000      U
 B4R BLUE CROSS RECURRING   PPO           PO BOX 166               CLAIMS DEPT              DETROIT        MI 48231- 166 U
 BA  BLUE CROSS                           123 PINE ST_             2 MAIN STREET            MOBILE         AR 36607      J
 BA3 BLUE CROSS 363                                                                                           00000      U
 BAR BLUE CROSS RECURRING                                                                                     00000      U
 BB  BLUE CROSS OF ALABAMA-O/P            BLUE CROSS UB ADDRESS                             LOUISVILLE     ME 40223      U
```

Listed below is an explanation of each column.

- **Code (Insurance Company Code):** Pulls from the Insurance Company Table.
- **Name (Insurance Company Name):** Pulls from the Insurance Company Table, Name field on page 1.
- **Address1:** Pulls from the Insurance Company Table, Address1 field on page 1.
- **Address2:** Pulls from the Insurance Company Table, Address2 field on page 1.
- **City:** Pulls from the Insurance Company Table, City field page 1.
- **ST (State):** Pulls from the Insurance Company Table, State field page 1.
- **Zipcode:** Pulls from the Insurance Company Table, Zip Code field on page 1.
- **Form Cd:** Pulls from the Insurance Company Table, Form Code field on page 1.

9.5 Physician (No.Seq.)

The Physicians (Number Seq.) Report is a listing of Physician information from the Physician Table. It is used as a reference and may be printed at any time.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Physicians (Number Seq)**.

4. Select a print option.

   System prompts, “Enter Code Here:"

   1 Physician's List
   2 Group or Office Info
   3 Both

   System Prompts, “Do You Want to Print the ID Number? (Y/N):" If answered **Y,** the ID numbers (e.g., UPIN#, Lic or Tax#, etc) will print.

   System prompts,

   S Staff Physicians
   N Non Staff Physicians
   R Residents
   I Inactive
   A All

TruBridge EHR will read the Physician’s Table to determine if a physician is a staff, non-staff, resident or inactive Physician.

Description and Usage

This selection prints a Physician list which includes the following information from the Physician Table - Physician Number, Name, UPIN#, EKG/RAD#, MCAID EKG/RAD#, MCARE E/R#, MCAID E/R#, MCAID I/P#, Blue Cross#, LIC or TAX, Misc#. Printing by Group of Office Info prints the Physician’s number, name, address and phone number. This report is used as a reference and may be printed at any time.

Physicians (Number Seq.) - Physician's List

```
RUN DATE= 06/09/12          Evident Community Hospital STAFF       PAGE =   1
    TIME= 15:54             PHYSICIAN'S LIST                         HSTBDOC

NUMBER NAME                             PHONE 1      PHONE 2 NAME-ABV.       NPI#
UPIN#  MCARE EKG/RAD#  MCAID EKG/RAD#  MCARE E/R#      MCAID E/R#       MCAID I/P#      BLUE CROSS#   LIC OR TAX#  MISC.#       DEA #

000001 JAMES AUTRY  MD                 251-639-8100 251-639-8100 1234567890  CME4196SME
C12458 field5test      field6           FLD 7           FLD8             FLD 9           BLUE CROSS    FIELD11      FLD 12       DEANUMBER

000002 KYLE ANDREWS MD                 555-555-5555              ANDREWS K
333333 FDL5            FDL6             FLD7EKGMCARE    FLD8E/RMCAID     FLD9IPMCAID     BLUE CROSS    123123       111111111111 DEA7777

000003 PATRICK BARNES  MD              444-444-4444              BARNES P
G12345 MCARE5          MCAID6           MCARE7          MCAID8           MCAID9          FLD10BCNO     LIC NUM      MISC         AE1245021

000004 DR JEREMY ABBEV                                           JEREMY ABV
UPIN                                                                                     BLUECROSS     LIC/TAX      MISC1

000005 PHYSICIAN NUMBER 5              251-639-8100
123456                                                                                   123456        MBA12345

000006 KACEY BRADLEY                                             BRADLEY
```

Listed below is an explanation of each column.

- **Number:** The Physician number.
- **Name (Physician Name):** Pulls from the Physician Table page 1, Name field.
- **Phone 1:** Pulls Physician's phone number loaded in the Physician Table page 1, Phone 1 field.
- **Phone 2:** Pulls Physician's second phone number loaded in the Physician Table page 1, Phone 2 field.
- **Name-Abv. (Name/Abbreviation):** The Physician's abbreviated name pulls from the Physician Table page 1, Name Abv. field.
- **NPI#:** Pulls the physicians NPI number from the Physician table, page 1.
- **UPIN# (UPIN Number):** Pulls from the Physician Table page 1, UPIN number field.
- **MCare EKG/RAD# (Medicare EKG/Radiology Number):** Pulls the number that is assigned by Medicare to the physician from the Physicians Table page 1, MCare EKG/RAD# field.
- **MCaid EKG/RAD# (Medicaid EKG/Radiology Number):** Pulls the number that is assigned by Medicaid to the physician from the Physicians Table page1, MCaid EKG/RAD# field.
- **MCare E/R# (Medicare Emergency Room Number):** Pulls the number that is assigned by Medicare for E/R physicians from the Physicians Table page 1,MCare E/R# field.
- **MCaid E/R# (Medicaid Emergency Room Number):** Pulls the number that is assigned by Medicaid for E/R physicians from the Physicians Table page 1, MCaid E/R# field.
- **MCaid I/P# (Medicaid Inpatient Number):** Pulls the number that is assigned by Medicaid for I/P physicians from the Physicians Table page 1, MCaid I/P# field.

- **Blue Cross#:** Pulls the number assigned by Blue Cross Blue Shield to the physicians from the Physician Table page 1, Blue Cross# field.

- **Lic Or Tax# (License or Tax Number):** The Physician's License or Tax number pulls from the Physician Table page 1, Lic Or Tax# field.

- **Misc.# (Miscellaneous Number):** Pulls from the Physician Table page 1, Misc.# field.

- **DEA#:** Pulls the physycian's DEA number from page 1 of the Physician table.

Physicians (Number Seq.) - Group or Office Info

```
RUN DATE= 06/09/12         CPSI Community Health System           PAGE =   1
    TIME= 15:58            GROUP OR OFFICE INFORMATION            H5TBDOC

NUMBER NAME                              PHONE 1      PHONE 2

000001 JAMES AUTRY, MD              251-639-8100 251-639-8100
       ADD 1 FIELD
       ADD 2 FIELD
       AUBURN          AL 000036252

000002 KYLE ANDREWS MD              555-555-5555
       31 CHADWICK COURT
       ADDRESS 2
       MOBILE          AL 000036606

000003 PATRICK BARNES, MD           444-444-4444
       21 WYSTERIA LANE
       SUITE 105
       DAPHNE          AL 000036432
```

Listed below is an explanation of each column.

- **Number:** The Physician number.

- **Name:** The Physician Group Name and Address pulls from the Physician Table page 1.

- **Phone 1:** The first Physician's Group phone number loaded in the Physician Table page 1.

- **Phone 2:** The second Physician's Group phone number loaded in the Physician Table page 1.

9.6 Physicians (Name Seq.)

This selection prints a Physician list alphabetically by the abbreviated physician's name.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Physicians (Name Seq).**

4. Select a print option.

   System prompts, "Enter Your Choice:

   S Staff Physicians
   N Non Staff Physicians
   R Residents
   I Inactive
   A All

After a response is entered, TruBridge EHR will display "Now Printing Physician Alpha Listing."

Description and Usage

This selection prints a physician listing, with certain information from the Physician Table. This report prints alphabetically and may be printed any time as a reference.

Physicians (Name Seq.)

RUN DATE 07/12/12 — Evident Community Hospital — STAFF
PAGE 1
RUN TIME 10:37 — PHYSICIAN ALPHA LISTING
H5TBPHYP

PHYNUM	ABBREV....	DEA NBR	PHY NAME..................	ADDRESS................	CITY........	ST	ZIP	PHONE.......
000025	APPLEGATE J	254652	APPLEGATE JUDY MD	6600 WALL STREET	MOBILE	AL	36695	334-476-1200
000230	ALLEN G	458710	ALLEN GREG MD	5052 IVY CREST RD	MOBILE	AL	34459	334-476-7501
000300	BORIS P	858688	BORIS PHILLIP MD	5558 RIVERVIEW LN	FAIRHOPE	AK	36695	334-476-9845
001110	COPELAND J	000256	COPELAND J MD	2525 AIRPORT BLV	MOBILE	AL	36695	334-479-5200
002920	DAVIS A	788888	DAVIS ADAMS MD	359 PINEVIEW	MOBILE	AL	36608	334-476.8000
004200	DONAHUE E	744447	DONAHUE ELAINE MD	354 HILLCREST CIR	MOBILE	AL	36608	334-342-5578
000002	EDWARD S	452323	EDWARD SAN MD	4568 MOBILE LN	MOBILE	AL	36988	334-344-8988
000024	EVANS J	200000	EVANS JONATHAN MD	2500 UNIVERSITY DR	MOBILE	AL	36695	334-568-0000
111233	EVANS J	455458	EVANS JACK MD	3500 GOVERNMENT BLV	MOBILE	AL	36689	334-476-2200
112200	HODGE J	898898	HODGE JAMES D MD	6900 WALL ST	MOBILE	AL	36695	334-666-6797
071270	HOLT T	898750	HOLT TAYLOR C MD	408 FORREST ST	SARALAND	AL	36588	334-456-7810
321123	JACKSON K	S14560	JACKSON KEITH J MD	155 RICHMOND DR.	MOBILE	AL	65423	334-987-6541
458855	MASTIN P	254652	MASTIN PATRICIA MD	6600 WALL STREET	MOBILE	AL	36695	334-342-2959

Listed below is an explanation of each column.

- **Number:** The Physician number.
- **Abbrev. Name (Physician Abbreviated Name):** Pulls from the Physician Table page 1.
- **DEA Number (Drug Enforcement Agency Number):** Pulls from the Physician Table page 1.
- **Phy Name (Physician's Group Name):** Pulls from the Physician Table page 1.
- **Address (Physician's Address):** Pulls from the Physician Table page 1.
- **Phone (Physician's Phone Number):** Pulls from the Physician Table page 1.

9.7 Religions

The Religion Table report gives a listing of the religions that have been entered into the Religion Table.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Religions**.

4. Select a print option.

Description and Usage

The Religion Table Report list all the Religion Descriptions and Codes loaded in the Religion Table in the Business Office Tables. It may be printed at any time as a reference.

Religions

```
RUN DATE: 07/28/12                         Evident Community Hospital                                  PAGE    1
    TIME: 01:30                            RELIGION CODE TABLE AS OF 07/28/06                       H5TBREL

CODE DESCRIPTION----
  01   BAPTIST
  02   CATHOLIC
  03   CHURCH OF CHRIST
  04   EPISCOPAL
  05   JEWISH
  06   JEHOVAH WITNESS
  07   LATTER DAY SNTS
  08   LUTHERAN
  09   METHODIST
  10   NON-DENOMINATNL
  11   OTHER
  12   PENTECOST
  13   PRESBYTERIAN
  14   PROTESTANT
  15   UNITIED METHODI
```

Listed below is an explanation of each column.

- **Code:** The Religion Code will pull from the Religion Table.

- **Description:** The Religion Description pulls from the Religions Table in the Business Office Table.

9.8 Churches

The Churches Table report is a listing of the churches in the Churches Table in the Business Office Table and their codes.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Churches**.

4. Select a print option.

Description and Usage

This selection prints a Churches Table list that gives each church and its code that is entered in the Churches Table. It may be printed at any time as a reference.

Churches

```
RUN DATE: 08/22/12                          Evident Community Hospital                     PAGE    1
    TIME: 13:53                             CHURCH CODE TABLE AS OF 08/22/06                 H5TBCH

CODE DESCRIPTION------------------------
001  CORPUS CHRISTI CATHOLIC CHURCH
002  SAINT JOSEPH'S JESUIT - SHC
003  SPRINGHILL BAPTIST
004  OLD SPANISH FORT METHODIST
005  CHRIST UNITED METHODIST
006  SAINT DOMINICKS
007  DAUPHIN WAY BAPTIST CHURCH OF MOBILE
008  FIRST ALABAMA BAPTIST
009  FIRST PRESBYTERIAN CHURCH
```

Listed below is an explanation of each column.

- **Code:** The Church Code will pull from the Churches Table.

- **Description:** The Church Description will pull from the Churches Table.

9.9 Census Codes

This selection prints a listing of Census Codes. It may be printed at any time and used as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Census Codes**.

4. Select a print option.

   System prompts, “Print Active Codes Only? (Y/N):"

5. If **Y** is entered the report will only include service codes that have the inactive switch in the Service Code Table set to **N**. If **N** is entered, the report will include all service codes loaded in the Service Code Table.

Description and Usage

This selection prints a listing of the Census Codes from the Census Codes Table in the Business Office Table. It includes Admission, Discharge, Condition Service and Room Type Codes.

<u>Census Codes</u>

```
07/28/12                                            Evident Community Hospital
 TIME = 03:08                                        CENSUS CODES TABLE                          HSTBDATB

ADMISSION   DISCHARGE   CONDITION   SERVICE                ROOM TYPE
CODES------ CODES-----  CODES-----  CODES----- PRIORITIZE  CODES-----
B-41/NB     H-01/HOME   G-GOOD      M-MEDICAL       Y      I-ICU
C-42/NBPRE  X-02/HOSP   F-FAIR      S-SURGICAL      Y      N-NURSERY
D-21/UR PR  N-03/SNF    P-POOR      N-NEWBORN       Y      P-PRIVATE
E-17/EMER   I-04/NUR H  C-CRITICAL  A-ACUTE                S-SEMI PVT
N-31/EL PR  O-05/OTHER  E-EXPIRED   B-OBSERV
U-27/UR ER  A-06/HH     U-UNKNOWN   C-PEDS          Y
            L-07/AMA                D-OB/SU
            E-20/EXP                E-ER            Y
                                    F-XRAY          Y
                                    G-CHEMO         Y
                                    H-ONCOLOGY      Y
                                    I-ICU           Y
                                    L-LAB
                                    N-NURSERY       Y
                                    O-OP SURG       Y
                                    P-PEDIATRI      Y
                                    S-SWINGBED
                                    Y-THERAPY
                                    Z-INJECTS       Y
```

Listed below is an explanation of each column.

- **Admission Codes:** The Admission Codes and Descriptions will pull from Admit/ Discharge/Condition Codes Table in the Business Office Tables.
- **Discharge Codes:** The Discharge Codes and Descriptions will pull from the Admit/ Discharge/Condition Codes Table.
- **Condition Codes:** The Condition Codes and Descriptions pull from the Admit/Discharge/ Condition Codes Table.
- **Service Codes:** The Service Codes and Descriptions pull from the Admit/Discharge/ Condition Codes Table and the Service Codes Table.
- **Prioritize:** This pulls from the Service Code Table. If the Service Code is to be prioritized in Census reports a “Y” will pull.
- **Room Type Codes:** This pulls from the Room Types Table in the Business Office Tables.

9.10 Charges Code

The Charge Codes Table report is a listing of all Summary Codes with their corresponding UB Revenue codes.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Charge Codes**.

4. Select a print option.

Description and Usage

This selection prints a listing of all of the Summary Codes and the UB Revenue Codes associated with them. This is used as a reference and may be printed at any time.

Charge Codes

```
RUN DATE: 12/06/12                   Evident Community Hospital                          PAGE    2
    TIME: 09:44                      CHARGE TABLE AS OF 12/06/06                           H5TBCHG

CPSI UB82-CODE
CODE HOSP   PHY DESCRIPTION-------------------  INPAT-#  OUTPAT#  OTHER-1  OTHER-2  OTHER-3  DRG RCC
  52   302      LAB/IMMUNOLOGY                                                                .00000
  54   306      LAB/BACT-MICRO                                                                .00000
  55   300      LABORATORY                                                                    .00000
  56   301      LAB/CHEMSTRY                                                                  .00000
  57   305      LAB/HEMOTOLOGY                                                                .00000
  58   307      LAB/UROLOGY                                                                   .00000
  59   309      LAB/OTHER                                                                     .00000
  60   310      PATHOLOGY LAB                                                                 .00000
  61   391      BLOOD ADMINISTRATION                                                          .00000
  65   370      ANESTHESIA                                                                    .00000
  66   482      STRESS TEST                                                                   .00000
  67   440      MAMMOGRAPHY SCREENING                                                         .00000
  68   610      CARDIOLOGY                                                                    .00000
  6A   380      BLOOD                                                                         .00000
  6B   391      BLOOD/ADMIN                                                                   .00000
  6D   381      BLOOD/PKD RED                                                                 .00000
  6H   385      BLOOD/LEUCOCYTES                                                              .00000
  6I   390      BLOOD/STOR-PROC                                                               .00000
  6L   403      SCRN MAMMOGRAPHY                                                              .00000
  70   401      MAMOGRAPHY DIAGNOSTIC                                                         .00000
```

Listed below is an explanation of each column.

- **TruBridge Code:** The Summary Code.
- **UB Hosp Code:** The UB Revenue Code pulls from the Summary Code Table page 1.
- **Description:** Pulls from the Summary Code Table page 1.
- **Inpat # (Inpatient Number):** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Outpat# (Outpatient Number):** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Other-1:** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Other-2:** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Other 3:** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **DRG RCC (DRG Ratio Cost to Charge):** If there is a DRG RCC loaded in the Summary Code Table page 1 it will pull to this report.

9.11 DRG Codes

The DRG Codes Table report lists all of the Diagnoses, Procedures, DRGs, CPTs and Modifiers. It may be printed at anytime as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **DRG Codes**.

4. Select a print option.

   System prompts,

   Diagnosis Table
   Procedure Table
   DRG Grouper Tables
   DRG'S
   CPT Tables
   Modifier Tables

5. Select choice.

6. Select **Print**.

Description and Usage

This selection prints a listing of all Diagnoses, Procedures, DRGs, CPTs and Modifiers loaded in TruBridge EHR. It is used as a reference and may be printed at anytime.

Diagnosis Table

RUN DATE: 06/08/12 — Evident Community Hospital — PAGE 1
TIME: 07:51 — DIAGNOSIS TABLE — H5DRTABP
MDC = 08

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
00323	SALMONELLA ARTHRITIS	00324	SALMONELLA OSTEOMYELITIS	01500	TB OF VERTEBRA-UNSPEC
01501	TB OF VERTEBRA-NO EXAM	01502	TB OF VERTEBRA-EXAM UNKN	01503	TB OF VERTEBRA-MICRO DX
01504	TB OF VERTEBRA-CULT DX	01505	TB OF VERTEBRA-HISTO DX	01506	TB OF VERTEBRA-OTH TEST
01510	TB OF HIP-UNSPEC	01511	TB OF HIP-NO EXAM	01512	TB OF HIP-EXAM UNKN
01513	TB OF HIP-MICRO DX	01514	TB OF HIP-CULT DX	01515	TB OF HIP-HISTO DX
01516	TB OF HIP-OTH TEST	01520	TB OF KNEE-UNSPEC	01521	TB OF KNEE-NO EXAM
01522	TB OF KNEE-EXAM UNKN	01523	TB OF KNEE-MICRO DX	01524	TB OF KNEE-CULT DX
01525	TB OF KNEE-HISTO DX	01526	TB OF KNEE-OTH TEST	01550	TB OF LIMB BONES-UNSPEC
01551	TB LIMB BONES-NO EXAM	01552	TB LIMB BONES-EXAM UNKN	01553	TB LIMB BONES-MICRO DX
01554	TB LIMB BONES-CULT DX	01555	TB LIMB BONES-HISTO DX	01556	TB LIMB BONES-OTH TEST
01570	TB OF BONE NEC-UNSPEC	01571	TB OF BONE NEC-NO EXAM	01572	TB OF BONE NEC-EXAM UNKN
01573	TB OF BONE NEC-MICRO DX	01574	TB OF BONE NEC-CULT DX	01575	TB OF BONE NEC-HISTO DX
01576	TB OF BONE NEC-OTH TEST	01580	TB OF JOINT NEC-UNSPEC	01581	TB OF JOINT NEC-NO EXAM
01582	TB JOINT NEC-EXAM UNKN	01583	TB OF JOINT NEC-MICRO DX	01584	TB OF JOINT NEC-CULT DX
01585	TB OF JOINT NEC-HISTO DX	01586	TB OF JOINT NEC-OTH TEST	01590	TB BONE/JOINT NOS-UNSPEC
01591	TB BONE/JT NOS-NO EXAM	01592	TB BONE/JT NOS-EXAM UNKN	01593	TB BONE/JT NOS-MICRO DX
01594	TB BONE/JT NOS-CULT DX	01595	TB BONE/JT NOS-HISTO DX	01596	TB BONE/JT NOS-OTH TEST
03682	MENINGOCOCC ARTHROPATHY	04081	TROPICAL PYOMYOSITIS	05671	ARTHRITIS DUE TO RUBELLA
09161	SYPHILITIC PERIOSTITIS	0955	SYPHILIS OF BONE	0956	SYPHILIS OF MUSCLE
0957	SYPHILIS OF TENDON/BURSA	09850	GONOCOCCAL ARTHRITIS	09851	GONOCOCCAL SYNOVITIS
09852	GONOCOCCAL BURSITIS	09853	GONOCOCCAL SPONDYLITIS	09859	GC INFECT JOINT NEC

Listed below is an explanation of each column.

- **Code:** The Diagnosis Code pulls from the Diagnosis Table.
- **Description:** The Diagnosis Description pulls from the Diagnosis Table.

Procedure Table

RUN DATE: 00/12/12 TIME: 13:46 Evident Community Hospital PROCEDURE TABLE PAGE 2 H5DRTABP

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
067	THYROGLOSS DUCT EXCISION	0681	TOTAL PARATHYROIDECTOMY	0689	OTHER PARATHYROIDECTOMY
0691	THYROID ISTHMUS DIVISION	0692	THYROID VESSEL LIGATION	0693	THYROID SUTURE
0694	THYROID REIMPLANTATION	0695	PARATHYROID REIMPLANT	0698	OTHER THYROID OPERATIONS
0699	OTHER PARATHYROID OPS	0700	ADRENAL EXPLORATION NOS	0701	UNILAT ADRENAL EXPLORAT
0702	BILAT ADRENAL EXPLORAT	0711	ADRENAL NEEDLE BIOPSY	0712	OPEN BX ADRENAL GLAND
0713	TRANSFRONT PITUITARY BX	0714	TRANSPHEN PITUITARY BX	0715	PITUITARY BIOPSY NOS
0716	THYMUS BIOPSY	0717	PINEAL BIOPSY	0719	ENDOCRINE DX PROC NEC
0721	ADRENAL LESION EXCISION	0722	UNILATERAL ADRENALECTOMY	0729	PART ADRENALECTOMY NEC
073	BILATERAL ADRENALECTOMY	0741	ADRENAL INCISION	0742	ADRENAL NERVE DIVISION
0743	ADRENAL VESSEL LIGATION	0744	ADRENAL REPAIR	0745	ADRENAL REIMPLANTATION
0749	ADRENAL OPERATION NEC	0751	PINEAL FIELD EXPLORATION	0752	PINEAL GLAND INCISION
0753	PARTIAL PINEALECTOMY	0754	TOTAL PINEALECTOMY	0759	PINEAL OPERATION NEC
0761	EXC PITUIT LES-TRANSFRON	0762	EXC PITUIT LES-TRANSPHEN	0763	PART EXCIS PITUITARY NOS
0764	TOT EXC PITUIT-TRANSFRON	0765	TOT EXC PITUIT-TRANSPHEN	0768	TOTAL EXC PITUITARY NEC
0769	TOTAL EXC PITUITARY NOS	0771	PITUITARY FOSSA EXPLORAT	0772	PITUITARY GLAND INCISION
0779	PITUITARY OPERATION NEC	0780	THYMECTOMY NOS	0781	PART EXCISION OF THYMUS
0782	TOTAL EXCISION OF THYMUS	0791	THYMUS FIELD EXPLORATION	0792	INCISION OF THYMUS
0793	REPAIR OF THYMUS	0794	THYMUS TRANSPLANTATION	0799	THYMUS OPERATION NEC
0801	INCISION OF LID MARGIN	0802	BLEPHARORRHAPHY SEVERING	0809	OTHER EYELID INCISION
0811	EYELID BIOPSY	0819	EYELID DX PROCEDURE NEC	0820	REMOVE EYELID LESION NOS
0821	CHALAZION EXCISION	0822	EXCISE MINOR LES LID NEC	0823	EXC MAJ LES LID PRT-THIC
0824	EXC MAJ LES LID FUL-THIC	0825	DESTRUCTION LID LESION	0831	PTOSIS REP-FRONT MUS SUT
0832	PTOSIS REP-FRON MUS SLNG	0833	PTOSIS REP-LEVAT MUS ADV	0834	PTOSIS REP-LEVAT MUS NEC
0835	PTOS REP-TARSAL TECHNIQ	0836	BLEPHAROPTOS REPAIR NEC	0837	REDUC OVERCORRECT PTOSIS
0838	CORRECT LID RETRACTION	0841	THERMOCAUT/ENTROPION REP	0842	SUTURE ENTROPION REPAIR

Listed below is an explanation of each column.

- **Code:** The Procedure Code pulls from the Procedure Table.
- **Description:** The Procedure Description pulls from the Procedure Table.

DRG Grouper Table

RUN DATE: 06/08/12 Evident Community Hospital PAGE 1
TIME: 07:52 DRG GROUPER TABLE H5DRTABP

C-SEQ-VALUE	C-SEQ-VALUE	C-SEQ-VALUE	C-SEQ-VALUE	C-SEQ-VALUE	C-SEQ-VALUE	C-SEQ-VALUE	C-SEQ-VALUE
D 002 3102	D 002 80000	D 002 80001	D 002 80002	D 002 80003	D 002 80004	D 002 80005	D 002 80006
D 002 80009	D 002 80010	D 002 80011	D 002 80012	D 002 80013	D 002 80014	D 002 80015	D 002 80016
D 002 80019	D 002 80020	D 002 80021	D 002 80022	D 002 80023	D 002 80024	D 002 80025	D 002 80026
D 002 80029	D 002 80030	D 002 80031	D 002 80032	D 002 80033	D 002 80034	D 002 80035	D 002 80036
D 002 80039	D 002 80040	D 002 80041	D 002 80042	D 002 80043	D 002 80044	D 002 80045	D 002 80046
D 002 80049	D 002 80050	D 002 80051	D 002 80052	D 002 80053	D 002 80054	D 002 80055	D 002 80056
D 002 80059	D 002 80060	D 002 80061	D 002 80062	D 002 80063	D 002 80064	D 002 80065	D 002 80066
D 002 80069	D 002 80070	D 002 80071	D 002 80072	D 002 80073	D 002 80074	D 002 80075	D 002 80076
D 002 80079	D 002 80080	D 002 80081	D 002 80082	D 002 80083	D 002 80084	D 002 80085	D 002 80086
D 002 80089	D 002 80090	D 002 80091	D 002 80092	D 002 80093	D 002 80094	D 002 80095	D 002 80096
D 002 80099	D 002 80100	D 002 80101	D 002 80102	D 002 80103	D 002 80104	D 002 80105	D 002 80106
D 002 80109	D 002 80110	D 002 80111	D 002 80112	D 002 80113	D 002 80114	D 002 80115	D 002 80116
D 002 80119	D 002 80120	D 002 80121	D 002 80122	D 002 80123	D 002 80124	D 002 80125	D 002 80126
D 002 80129	D 002 80130	D 002 80131	D 002 80132	D 002 80133	D 002 80134	D 002 80135	D 002 80136
D 002 80139	D 002 80140	D 002 80141	D 002 80142	D 002 80143	D 002 80144	D 002 80145	D 002 80146
D 002 80149	D 002 80150	D 002 80151	D 002 80152	D 002 80153	D 002 80154	D 002 80155	D 002 80156
D 002 80159	D 002 80160	D 002 80161	D 002 80162	D 002 80163	D 002 80164	D 002 80165	D 002 80166
D 002 80169	D 002 80170	D 002 80171	D 002 80172	D 002 80173	D 002 80174	D 002 80175	D 002 80176
D 002 80179	D 002 80180	D 002 80181	D 002 80182	D 002 80183	D 002 80184	D 002 80185	D 002 80186
D 002 80189	D 002 80190	D 002 80191	D 002 80192	D 002 80193	D 002 80194	D 002 80195	D 002 80196
D 002 80199	D 002 80300	D 002 80301	D 002 80302	D 002 80303	D 002 80304	D 002 80305	D 002 80306
D 002 80309	D 002 80310	D 002 80311	D 002 80312	D 002 80313	D 002 80314	D 002 80315	D 002 80316
D 002 80319	D 002 80320	D 002 80321	D 002 80322	D 002 80323	D 002 80324	D 002 80325	D 002 80326
D 002 80329	D 002 80330	D 002 80331	D 002 80332	D 002 80333	D 002 80334	D 002 80335	D 002 80336

Listed below is an explanation of each column.

- **C:** Indicates, **D:** Diagnosis Code, **P:** Procedure Code, or **X:** Operating Room Procedure.
- **SEQ (Sequence):** Pulls the DRG to which this Diagnosis or Procedure code may be assigned.
- **Value:** The Diagnosis or Procedure code.

DRG’s

Run Date: 08/25/12
TIME: 14:17

Evident Community Hospital
DRG TABLE CURRENT AS OF 08/10/06
MEDICARE

Page 1
H5DRTABP

DRG	DESCRIPTION	REL WT	GLOS	OUTLIER DAY	DRG REIM	DAY OUTLIER	CHARGE THRESHLD	TRANSFER PER DIEM	COST THRESHLD
001	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	3.0907	7.2		9,773.07	814.42	19546.14	1357.37	19546.14
002	CRANIOTOMY FOR TRAUMA AGE >17	3.0511	7.9		9,647.85	732.75	19295.70	1221.25	19295.70
003	CRANIOTOMY AGE 0-17	1.9484	12.7		6,161.02	291.07	12322.04	485.12	12322.04
004	SPINAL PROCEDURES	2.3858	5.5		7,544.11	822.99	15088.22	1371.66	15088.22
005	EXTRACRANIAL VASCULAR PROCEDURES	1.5041	2.9		4,756.10	984.02	9512.20	1640.03	9512.20
006	CARPAL TUNNEL RELEASE	.7582	2.2		2,397.50	653.86	4795.00	1089.77	4795.00
007	PERIPH & CRANIAL NERVE	2.4717	7.3		7,815.74	642.39	15631.48	1070.65	15631.48
008	PERIPH & CRANIAL NERVE	1.2142	2.2		3,839.41	1047.11	7678.82	1745.19	7678.82
009	SPINAL DISORDERS & INJURIES	1.2646	5.1		3,998.78	470.45	7997.56	784.07	7997.56
010	NERVOUS SYSTEM NEOPLASMS W CC	1.2184	5.3		3,852.69	436.15	7705.38	726.92	7705.38
011	NERVOUS SYSTEM NEOPLASMS W/O CC	.7879	3.2		2,491.41	467.14	4982.82	778.57	4982.82
012	DEGENERATIVE NERVOUS SYSTEM DISORDERS	.9370	5.0		2,962.88	355.55	5925.76	592.58	5925.76
013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	.7832	4.7		2,476.55	316.16	4953.10	526.93	4953.10
014	SPECIFIC CEREBROVASCULAR DISORDERS	1.1955	4.9		3,780.28	462.89	7560.56	771.49	7560.56
015	TRANSIENT ISCHEMIC ATTACK	.7241	3.2		2,289.67	429.31	4579.34	715.52	4579.34
016	NONSPECIFIC CEREBROVASCULAR DISORDERS	1.0452	4.6		3,305.02	431.09	6610.04	718.48	6610.04
017	NONSPECIFIC CEREBROVASCULAR DISORDERS	.6161	2.8		1,948.16	417.46	3896.32	695.77	3896.32
018	CRANIAL & PERIPHERAL NERVE DISORDERS	.9399	4.5		2,972.05	396.27	5944.10	660.46	5944.10
019	CRANIAL & PERIPHERAL NERVE DISORDERS	.6293	3.2		1,989.90	373.11	3979.80	621.84	3979.80
020	NERVOUS SYSTEM INFECTION EXCEPT VIRAL	2.5786	8.0		8,153.77	611.53	16307.54	1019.22	16307.54
021	VIRAL MENINGITIS	1.4866	5.4		4,700.76	522.31	9401.52	870.51	9401.52
022	HYPERTENSIVE ENCEPHALOPATHY	.8594	3.7		2,717.50	440.68	5435.00	734.46	5435.00
023	NONTRAUMATIC STUPOR & COMA	.7777	3.3		2,459.16	447.12	4918.32	745.20	4918.32
024	SEIZURE & HEADACHE AGE >17 W CC	.9578	3.9		3,028.65	465.95	6057.30	776.58	6057.30

Listed below if an explanation of each column.

- **DRG:** The DRG code from the DRG CodesTable.
- **Description:** The DRG Description pulls from the DRG Codes Table.
- **Rel WT (Relative Weight):** Pulls from the DRG Codes Table.
- **GLOS (Geometric Length of Stay):** Pulls from the DRG Codes Table.
- **Outlier Day:** Pulls from the DRG Codes Table.
- **DRG Reim:** This is the DRG Reimbursement computed by TruBridge EHR.
- **Day Outlier:** Equals the Transfer Per Diem rate multiplied by .6.
- **Charge Threshold:** This figure reflects the Cost Threshold divided by the RCC loaded in AHIS page 5.
- **Transfer Per Diem:** The Transfer Per Diem rate equals the DRG Reimbursement divided by the Geometric Length of Stay.
- **Cost Threshold:** Pulls the Amount from AHIS page 5, or multiplies the DRG Reimbursement times 2, whichever of these two figures is larger.

CPT Table

RUN DATE: 07/12/12 Evident Community Hospital PAGE 1
TIME: 09:10 CPT TABLE H5DRTABP
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CODE	DESCRIPTION	CREATION	EXPIRATION	SI	APC	FEE SCHEDULE	AS OF	PRIOR
0001F	HEART FAILURE COMPOSITE	01/01/04		M				
0001T	ENDOVAS REPR ABDO AO ANEURYS	01/01/02		C				
0002F	TOBACCO USE SMOKING ASSESS	01/01/04		E				
0002T	ENDOVAS REPR ABDO AO ANEURYS	01/01/02	01/01/04	C				
0003F	TOBACCO USE NON-SMOKING	01/01/04	01/01/05	E				
0003T	CERVICOGRAPHY	01/01/02	01/01/07	S	1492			
0004F	TOBACCO USE TXMNT COUNSELING	01/01/04		E				
0005F	OSTEOARTHRITIS COMPOSITE	01/01/04		M				
0005T	PERC CATH STENT/BRAIN CV ART	01/01/02		C				
0006F	STATIN THERAPY PRESCRIBED	01/01/04		E				
0006T	PERC CATH STENT/BRAIN CV ART	01/01/02		C				
0007F	BETA-BLOCKER THX PRESCRIBED	01/01/04		E				
0007T	PERC CATH STENT/BRAIN CV ART	01/01/02	01/01/05	C				
0008F	ACE INHIBITOR THX PRESCRIBED	01/01/04	01/01/05	E				
0008T	UPPER GI ENDOSCOPY W/SUTURE	01/01/02		T	422			
0009F	ASSESS ANGINAL SYMPTOM/LEVEL	01/01/04		E				
0009T	ENDOMETRIAL CRYOABLATION	01/01/02	01/01/07	T	1557			
00100	ANESTH, SALIVARY GLAND	01/01/07		N				
00102	ANESTH, REPAIR OF CLEFT LIP	01/01/01		N				
00103	ANESTH, BLEPHAROPLASTY	01/01/07		N				
00104	ANESTH, ELECTROSHOCK	01/01/02		N				
0010F	ASSESS ANGINAL SYMPTOM/LEVEL	01/01/04		E				
0010T	TB TEST, GAMMA INTERFERON	01/01/02		A				

Listed below is an explanation of each column.

- **Code:** The CPT code pulls from the CPT Table.
- **Description:** The CPT Description pulls from the CPT Table.
- **Creation:** The Date the CPT was created pulls from the CPT Table.
- **Expiration:** The date the CPT code will expire pulls from the CPT Table.
- **APC:** The APC Status Indicator pulls from the CPT Table.
- **Fee Schedule:** If the APC status is an “A” the reimbursement amount will be loaded in the CPT Table and will pull to this report under the Fee Schedule column.
- **As Of:** This is the date the fee schedule for the APC went into effect and will pull from the CPT Table.
- **Prior:** This fee schedule will pull from the CPT Table. It is the fee schedule prior to the current fee schedule for the APC.

Modifier Table

RUN DATE: 06/08/12　　Evident Community Hospital　　PAGE 1
TIME: 15:14　　MODIFIER TABLE　　H5DRTABP

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
22	UNUSUAL PROCEDURAL SERVICES	23	UNUSUAL ANESTHESIA	24	UNREL EVAL & MNGT BY SAME PHY
25	SIGNIF SEP ID EVAL & MNGT SAME	26	PROFESSIONAL COMPONENT	27	MULT OP HOS E/M ENC SAME DAY
32	MANDATED SERVICES	47	ANESTHESIA BY SURGEON	50	BILATERAL PROCEDURE
51	MULTIPLE PROCEDURES	52	REDUCED SERVICES	53	DISCONTINUED PROCEDURE
54	SURGICAL CARE ONLY	55	POSTOPERATIVE MANAGEMENT ONLY	56	PREOPERATIVE MANAGEMENT ONLY
57	DECISION FOR SURGURY	58	STAGED OR RELATED PROC OR SERV	59	DISTINCT PROCEDURAL SERVICE
62	TWO SURGEONS	66	SURGICAL TEAM	74	TEST THIS
76	REPEAT PROCEDURE BY SAME PHY	77	REPEAT PROC BY ANOTHER PHY	78	RETURN TO OP RM FOR REL PROC
79	UNREL PROC OR SERV BY SAME PHY	80	ASSISTANT SURGEON	81	MINIMUM ASSISTANT SURGEON
82	ASST SURG (RES SURG NOT AVAIL)	90	REFERENCE (OUTSIDE) LABORATORY	99	MULTIPLE MODIFIERS
AA	ANESTHESIA PERF BY ANESGST	AB	ANESGST DIR OF OWN EES, <=4	AC	ANESGST DIR OF OTHER EES,<=4
AD	MD SUPERVISION, >4 ANES PROC	AE	RESIDENT DIR, <=2 ANES PROC	AF	ANES COMPLCTD BY HYPOTHERMIA
AG	ANES, EMER SURG, LIFETHREAT	AH	CLINICAL PSYCHOLOGIST	AJ	CLINICAL SOCIAL WORKER
AK	NURSE PRACT, RURAL, TEAM	AL	NURSE PRACT, NONRURAL, TEAM	AM	PHYSICIAN, TEAM MEMBER SVC
AN	PA NOT ASST-AT-SURG, NONTEAM	AP	NO DTMN OF REFRACTIVE STATE	AS	PA ASST-AT-SURG, NONTEAM
AT	ACUTE TREATMENT (WITH A2000)	AU	PA NOT ASST-AT-SURG, TEAM	AV	NURSE PRACT, RURAL, NONTEAM
AW	CLIN NURSE SPCST, NONTEAM	AY	CLIN NURSE SPCST, TEAM	BP	BENE ELECTD TO PURCHASE ITEM
BR	BENE ELECTED TO RENT ITEM	BU	BENE UNDECIDED ON PURCH/RENT	CC	PROCEDURE CODE CHANGE
DD	POWDERED ENTERAL FORMULAE	E1	UPPER LEFT EYELID	E2	LOWER LEFT EYELID
E3	UPPER RIGHT EYELID	E4	LOWER RIGHT EYELID	EJ	SUBSEQUENT CLAIM (EPO ONLY)
EM	EMER RESERVE SUPPLY (ESRD)	EP	MEDICAID EPSDT PROGRAM SVC	ET	EMERGENCY TREATMENT
F1	LEFT HAND, SECOND DIGIT	F2	LEFT HAND, THIRD DIGIT	F3	LEFT HAND, FOURTH DIGIT
F4	LEFT HAND, FIFTH DIGIT	F5	RIGHT HAND, THUMB	F6	RIGHT HAND, SECOND DIGIT
F7	RIGHT HAND, THIRD DIGIT	F8	RIGHT HAND, FOURTH DIGIT	F9	RIGHT HAND, FIFTH DIGIT

Listed below is an explanation of each column.

- **Code:** The Modifier code pulls from the Modifier Table.
- **Description:** The Modifier Description pulls from the Modifier Table.

9.12 Misc.Label Printing

The Misc Label Printing report gives the ability to print mulitple sized labels with information manually keyed in at any time.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Misc Label Printing**.

4. Select a print option.

   System prompts,

   LABELS 3 ½ X 7/16
   LABELS 3 ½ X 15/16
   LABELS 4 X 1 15/16
   LABELS 1 23/32 X 1
   LABELS 1 11/16 X 1 3/16 (Okidata only)
   STANDARD PHARMACY LABEL

5. After selecting the label size, information to print on the label may be entered.

6. Select **Print**.

TruBridge EHR then prompts, “How Many?”

7. Enter the number of labels to print.

The following options located at the top of the screen are available:

- **Load Predefined**: select this option to load a predefined label.
- **Save Predefined**: select this option to save a predefined label.
- **Delete Predefined**: select this option to delete a predefined label.

Description and Usage

This Misc Labels Printing report gives an option to print different sizes in labels – 3 ½ X 7/16, 3 ½ X 15/16, 4 X 1 15/16, 1 23/32 X 1, 1 11/16 x 3/16, Standard Pharmacy Label or the Predefined Labels. This option may be used at any time.

9.13 Allergy Table

The Allergy Table report is a listing of the Allergy Codes, Descriptions and Checking Code numbers. A current copy may be printed at any time as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Allergy Table**.
4. Select a print option.

Description and Usage

The Allergy Table Report prints a listing of all the Allergies loaded in the Allergy Code Table and their Codes, Descriptions and Checking Codes. This may only be printed if the facility has the TruBridge Pharmacy application.

<u>Allergy Table</u>

Run Date: 09/14/12 Evident Community Hospital Page 1
Time: 16:47 Allergy Table as of 09/14/[illegible] TBMMALGP

Code	Description	Checking Code	Type	Code Description
ACCUP	Accupril	7700768	A	QUINAPRIL
ADALA	Nifed	7700376	A	NIFEDIPINE
ADVIL	Advil	7700189	A	IBUPROFEN
AFRIN	Afrin	00085-0756-04	N	Afrin spray 0.05% {0.05%, Spray, 3 ML, Squeez Btl}
ALBUT	Albuterol	7700422	A	ALBUTEROL
ALG-D	Allegra-d	00088-1090-47	N	Allegra-d 12 hour tab er 60mg-120mg {60MG-120MG, T
ALLEG	Allegra	7701447	A	FEXOFENADINE
ALLOP	Allopurinol	7700032	A	ALLOPURINOL
ALPR	Alprazolam	7700427	A	ALPRAZOLAM
ALPRA	Alprazolam	7700427	A	ALPRAZOLAM
ALSEL	Alka'seltzer	16500-0480-20	N	**INVALID NDC**
ALTAC	Altace	54868-3846-00	N	Altace capsule 10mg {10MG, Capsule, 30 EA, Bottle}
ALUPE	Alupent	54569-2742-00	N	Alupent syr 10mg/5ml {10MG/5ML, Syrup, 120 ML
AMAN	Amantadine	7700323	A	AMANTADINE
AMBIE	Ambien	7700805	A	ZOLPIDEM
AMIN	Aminophenol	7701638	A	AMINOPHENOL
AMINO	Gentamicin sulfate	58441-1125-06	N	Gentamicin sulfate:40MG/1ML, Solution, 20 ML, Vial
AMIO	Amiodarone	54569-1765-00	N	Cordarone tab 200mg {200MG, Tablet, 100 EA}
AMIT	Amitriptyline	7700207	A	AMITRIPTYLINE
AMITR	Amitriptyline	7700207	A	AMITRIPTYLINE
AMO	Amoxapine	7700287	A	AMOXAPINE
AMOX	Amoxicillin	7700090	A	AMOXICILLIN

Listed below is an explanation of each column.

- **Code:** The Allergy Code pulls from the Allergy Table.
- **Description:** The Allergy Description pulls from the Allergy Table.
- **Checking Code:** The Allergy Check Code pulls from the Allergy Table.
- **Type:** The Allergen type pulls from the Allergy Table.
- **Code Description:** The Allergen Code description pulls from the Allergy Table.

9.14 A/R Patient Subtypes

The A/R Patient Sub Types report will show a listing of all the Sub Types that have been created on TruBridge EHR. A current copy may be printed at any time as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **A/R Patient Sub Types**.

4. Select a print option.

   System prompts, “Printing A/R Patient Sub Types OK To Start?”

5. If **Y** is entered TruBridge EHR will print the report.

Description and Usage

This selection prints a listing of all of the Sub Types that are loaded in the Business Office Tables. A facility may have up to 99 Sub Types. It may be printed as a reference at any time.

A/R Patient Sub Types

RUN DATE: 06/12/12 Evident Community Hospital PAGE 1
TIME: 11:12 A/R PATIENT Sub Types HSTBSTYPE

SUB TYPE	LONG DESCRIPTION..................	CO #	REVENUE GL NBR	PRICE RATE	DEPARTMENTS.......................
01	SWINGBED	1	310015	2	001 002 003 004
02	PSYC ADULT	1	350004	0	001
03	PSYC ADOLESCENT	1	350000	0	001 002
04	PSYC CHILD	1	350001	1	001
05	ADOLESCENT CD	1	350002	0	001

Listed below is an explanation of each column.

- **Sub Type:** The Patient Sub Type Code.
- **Long Description:** Pulls from the A/R Patient Sub Type Maintenance.
- **CO # (Company Number):** Pulls from the A/R Patient Sub Type Maintenance.
- **Revenue GL Nbr:** Pulls the Revenue General Ledger Number from the A/R Patient Sub Type Maintenance.
- **Price Rate:** Pulls from the A/R Patient Sub Type Maintenance.
- **Departments:** Pulls from the A/R Patient Sub Type Maintenance.

9.15 Room Accommodations Codes

The Room Accommodation Codes report is a listing of all the Accommodation Codes that the facility has setup in the Room Accommodations Table in the Business Office Tables. The Accommodation Codes are used to override room rates loaded in the Rooms Table in the Business Office Tables. This report may be printed at any time as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Room Accommodation Codes**.
4. Select a print option.

Description and Usage

This report lists all Room Accommodation Codes that have been set up, including detailed information about the codes.

Room Accommodation Codes

```
RUN DATE: 11/28/12         Evident Community Hospital        PAGE   1
    TIME: 12:14            ROOM ACCOMMODATION CODES            HSTBACCD

                              ROOM    ROOM   SUMM REV.
CODE DESCRIPTION              TYPE    RATE   CODE G/L#     STIX
 OB  OBSERVATION ROOM          S        .00   02  30200003
 PT  PRIVATE ROOM              P     483.85   01  30100003
 SP  SEMI-PRIVATE ROOM         S     398.90   02  30100003
```

Listed below is an explanation of each column.

- **Code (Room Accommodation Code):** A 2-digit facility-defined code that pulls from the Room Accommodations Table.
- **Description:** Pulls from the Room Accommodations Table.
- **Room Type:** Pulls from the Room Accommodations Table.
- **Room Rate:** Pulls from the Room Accommodations Table.
- **Summ Code (Summary Code):** Pulls from the Room Accommodations Table.
- **Rev G/L# (Revenue General Ledger Number):** Pulls from the Room Accommodations Table.
- **Stix (Room Stix Code):** Pulls from the Room Accommodations Table.

9.16 Receipt Codes

This Receipt Codes report lists all of the Receipt Codes and Descriptions that are entered in the Receipt Codes Table.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Receipt Codes**.

4. Select a print option.

Description and Usage

This selection prints the information found in the Receipt Codes Table. It may be printed at any time as a reference.

Receipt Codes

```
RUN DATE: 06/08/12                              Evident Community Hospital            PAGE    1
    TIME: 15:31                                  RECEIPT CODE TABLE                     XTBRC

CODE    DESCRIPTION..................            CODE    DESCRIPTION..................

CA      CASH
CK      CHECK
ER      ELECTRONIC REMITTANCE
IN      INSURANCE
MC      MASTER CARD
MO      MONEY ORDER
OT      OTHER
VI      VISA
```

Listed below is an explanation of each column

- **Code:** The Receipt Code pulls from the Receipt Codes Table in the Business Office Tables.

- **Description:** The Description pulls from field 1 of the Receipt Codes Table.

9.17 Tickler Codes

This is a listing of the 3-character alpha and/or numeric Collector ID codes, the Insurance and Collection Tickler Review codes and the Collection Tickler Letter codes.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Tickler Codes**.

4. Select a print option.

Description and Usage

This selection prints a listing of the Collector ID Codes and Names, the Insurance and Collection Tickler Review Codes, and any Collection Tickler Letter codes setup. A current copy may be printed at any time as a reference.

<u>Tickler Codes (Collector ID)</u>

```
 RUN DATE: 05/18/12                Evident Community Hospital        PAGE    1
    TIME: 16:06                    A/R COLLECTOR-ID TABLE              H5TBARTIC

CODE NAME
 ALF ALLIE L FRANKLIN
 CL1 COLLECTOR ID 1
 CL2 COLLECTOR ID 2
 CL3 COLLECTOR ID 3
 DCW DEANNA WOLKEN
 EGJ EVELYN JOHNSON
 JCF JENNIFER FINLEY
 JWS JOHN W SMITH
 KJP KARIN J PRESLEY
 LAM LESLIE MAHONEY
 SKP SANDY PARKER
```

Tickler Codes (Collection Codes)

```
RUN DATE: 05/18/12                 Evident Community Hospital        PAGE    2
    TIME: 16:06                    A/R COLLECTION CODES                H5TBARTIC

CODE DESCRIPTION
 002 CALLED-PT WILL BRING IN MIN. PYMT W/IN 5 BUS. DAYS
 900 PRIVATE PAY PATIENT RECEIVES FIRST TIME STATEMENT
 901 TERMS PATIENT MISSES A PAYMENT ON CYCLE RUN
 902 NO OUTSTANDING INS W/ EXPEXCTED PAY ON CYCLE RUN
 I90 CLAIM BILLED
 I91 CLAIM E/B
 I92 CLAIM PAID IN FULL
 I93 CLAIM PARTIAL PAYMENT
 I94 CLAIM REJECTED
 I95 CLAIM PAYMENT OTHER
 I96 HORIZON
 LVM LEFT VOICE MAIL
```

Tickler Codes (Collection Letter Codes)

```
RUN DATE: 05/18/12                 Evident Community Hospital        PAGE    3
    TIME: 16:06                    A/R COLLECTION LETTER CODES         H5TBARTIC

CODE   FILENAME    DESCRIPTION
 001   COLLECT-L1  COLLECTION LETTER 1
 002   COLLECT-L2  COLLECTION LETTER 2
 003   COLLECT-L3  COLLECTION LETTER 3
 004   COLLECT-L4  COLLECTION LETTER 4
 ANB   COLLECT-L8  COLLECTION LETTER ANB
 NOC   NO-CONTACT  LETTER FOR INABILITY TO CONTAC
```

Listed below is an explanation of each column.

- **Code:** This is the 3-character alpha and/or numeric code that pulls from Collector ID's in the Business Office Tables.
- **Name:** The full name of the collector.
- **Code:** This is the three-character alpha and/or numeric code that pulls from Review Codes in the Business Office Tables.
- **Description:** The description of the Review Code.
- **Code:** This is the three-character alpha and/or numeric code that pulls from Collection Letters in the Business Office Tables.
- **Filename:** The document name assigned when setting up the letter in Word Processing.
- **Description:** The description of the letter set up.

9.18 Report Locations

The Report Locations report is a listing of all the Report Locations that have been setup in the Business Office Tables. It gives the code and description of the location.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Report Locations**.
4. Select a print option.

Description and Usage

This report is used as a reference and may be printed at any time. It prints a listing of all the Report Codes and Descriptions that have been set up.

Report Locations

```
RUN DATE: 08/03/12                  Evident Community Hospital        PAGE    1
    TIME: 13:49                      REPORT LOCATION TABLE              H5TBRLOCA

CODE LOCATION
 DL  DR LOWERY
 DS  DR SMITH
 ER  EMERGENCY ROOM
 HH  HOME HEALTH
 KC  MADISON CLINIC
 LA  LAB
 MS  MED SURGE
 NS  2ND FLOOR NS
 OB  OB CLINIC
 TH  TAYLOR CLINIC
 TX  EASTERN SHORE CLINIC
```

Listed below is an explanation of each column.

- **Code:** The 2-character alpha and/or numeric code representing the Report Location.
- **Description:** The Description pulls from the Report Locations Table page 1.

9.19 Insurance UB04 Codes

The Insurance UB Codes report gives a list of the Condition, Occurrence and Value codes and descriptions. The codes can be printed together or on separate reports. This report may be printed as a reference at any time.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Insurance UB Codes**.

4. Select a print option.

System prompts,

0-STOP
1-CONDITION
2-OCCURRENCE
3-VALUE
A-ALL OF THE ABOVE

After a response is entered, the report begins printing. When complete, the cursor will return to the Web Client > System Menu > Hospital Base Menu.

Description and Usage

This selection prints a list of all of the UB Insurance codes including: Condition, Occurrence and Value codes. This report may be printed at any time as a reference.

Insurance UB Codes

```
RUN DATE: 08/03/12          Evident Community Hospital            PAGE    1
    TIME: 15:00             INSURANCE CONDITION CODES               TBINSCDS

CODE DESCRIPTION

 02   EMPLOYMENT RELATED
 04   HMO ENROLLEE
 05   LIEN HAS BEEN FILED
 06   ESRD 1ST YR OF ENTITLEMENT
 07   TREATMENT NON-TERMINAL HOSPICE
 08   NO INFO CONCERNING OTHER COVER
 09   PATIENT & SPOUSE NOT EMPLOYED
 10   PATIENT/SPOUSE EMP - NO EGHP
 11   DISABLED BENEFICIARY - NO LGHP
 17   PATIENT 100 YRS OLD OR OVER
 18   MAIDEN NAME RETAINED
 19   CHILD RETAINS MOTHER'S NAME
 20   BENEFICIARY REQUESTED BILLING
 21   BILLING FOR DENIAL NOTICE
 22   PATIENT ON MULTIPLE DRUG REGIM
 23   HOME CAREGIVER AVAILABLE
```

Listed below is an explanation of each column.

- **Code:** The Condition, Occurrence, and/or Value code from Options X, Y, or Z in the Business Office Tables.
- **Description:** The description of the code.

9.20 Contract Billing Codes / Prices

The Contract Billing Codes Prices report gives a listing of all the Contract Billing Codes and their respective prices that are loaded in Contract Billing in the Business Office Tables. This report may be printed at any time as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Contract Billing Codes/Prices Report**.

4. Select a print option.

System prompts,

"Enter Contract Billing Code (Return for All)"
"Print Itemized Price List (Y/N)"
"Sort Prices by "I"tem Number or "D"escription:"
"Everything Ok? (Y/N)"

After a response is entered, the cursor will return to the Web Client > System Menu > Hospital Base Menu.

Description and Usage

This selection prints a listing of all the Contract Codes that have been setup. It lists the Code, Contract Description, the Discount Percentage, the Item Number and Description and the Price. It may be printed at any time as a reference.

<u>Contract Billing Codes/Prices</u>


```
RUN DATE: 09/21/12                              Evident Community Hospital                             PAGE    1
    TIME: 14:50                                 CONTRACT BILLING CODES/PRICES                            TBCBILLP

CODE  DESCRIPTION                      % DISC     ITEM# DESCRIPTION                                    PRICE % DISC
 GL   GREENWAY LANDSCAPING             ______

                                                 741258 EYE EXAM                                 __________ _30.00
                                                5140101 AUDIO SCREENING                          __________ _45.00

 GS   GULF SHORES TIRE COMPANY        _12.00 NO ITEM SPECIFIC PRICES

 HG   HORNBAUM'S GROCERY               ______

                                                2314560 DRUG SCREENING                           __________ _10.00

 PP   PHILLIPS PETROLEUM              _25.00 NO ITEM SPECIFIC PRICES

 WP   WEST POINT INDUSTRY              ______

                                                 417130 APC STRESS TEST                          __________ _15.00
```

Listed below is an explanation of each column.

- **Code:** The Contract Code pulls from the Contract Billing Code Table..
- **Description:** The Contract Code Description pulls from the Contract Billing Code Table1.
- **% Disc (Percent Discount):** Loaded in the Contract Billing Code Table.
- **Item# (Item Number):** Pulls from the “I”tem Discounts section of the Contract Billing Code Table.
- **Description:** The Description of the discounted item.
- **Price % Discount:** The Contract Price or the Percentage Discount for the discounted items.

9.21 City / County Codes

The City/County Codes report gives a listing of all the City and County codes that are loaded in the City/County Code Table in the Business Office Tables. It may be printed at any time as a reference.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **City/County Codes Report**.
4. Select a print option.

Description and Usage

This report prints a listing of all of the City and Counties that are set up in the City/County Codes Table.

City/County Codes

```
RUN DATE: 08/14/12                Evident Community Hospital                        PAGE   1
    TIME: 10:47                   CITY/COUNTY CODE TABLE AS OF   08/14/00             TBCOUNTYP

CODE DESCRIPTION--------------
001  MOBILE COUNTY
002  JEFFERSON COUNTY
003  MONTGOMERY
004  SHELBY
005  JACKSON
006  CLAY
007  ORANGE
008  MACON
009  OKALOOSA
010  SANTA ROSA
011  LINCOLN
012  BAY MINETTE
013  JASPER COUNTY
014  BUTLER
015  DADE
016  GREENE
017  MADISON
018  MORGAN
019  MUSCOGEE
```

Listed below is an explanation of each column.

- **Code:** The City or County Code pulls from the County Table.
- **Description:** The Description from the County Code Table.

9.22 Standing Orders Table

Group Standing Orders are utilized by Nursing and Clinical Ancillary departments to provide a quick and easy mechanism for ordering tests or procedures that are routinely placed together. The Standing Orders Table prints a listing of all the standing orders that are loaded in the Business Office Tables.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Standing Orders Table**.

4. Select a print option.

   System prompts, “All Departments?:"

5. If answered **N**, enter either a **P** - Pharmacy or **A** - Ancillary.

Description and Usage

This report prints a listing of the Group Standing Orders, listing the Group Description, the Department, the Order, Frequency and Special Instructions and the Description. It may be printed at any time as a reference.

<u>Standing Orders Table</u>

```
RUN DATE: 12/07/12                               Evident Community Hospital                                   PAGE     3
    TIME: 16:03                                  STANDING ORDER TABLE                                          TBSTDP

DESCRIPTION/
DEPARTMENT              ORDER                                     FREQ/SPEC INSTR     DESCRIPTION
----------------------------------------------------------------------------------------------------------------------
C-SECTION POST-OP ORDER
Pharmacy               ACETAMINOPHEN W/CODEINE (TYLENOL#3):30MG  NON-STD TIMES  Q3PR
Pharmacy               SIMETHICONE(MYLICON)TAB:80MG              NON-STD TIMES  8PRN
Pharmacy               IBUPROFEN(MOTRIN)TAB:600MG                STANDARD TIMES PRN

C-SECTION, FIRST DAY PO
DIETARY                DIET ORDER                                                         CLEAR LIQUID DIET
ON___________________

CHEST PAIN ADMIT:  DR B
Lab                    CARDIAC INJURY PANEL                      >5 HRS FROM NOW
Lab                    CARDIAC INJURY PANEL                      48 HRS FROM NOW
Lab                     CHEM PROFILE - TESTING 10/20/00          1 DAYS FROM NOW AT 2000
Radiology              => X-RAY ORDER <=                                                  CHEST XRAY
R/C                    EKG-ECG                                   STAT
R/C                    EKG-ECG                                   1 DAYS FROM NOW AT 0700
R/C                    EKG-ECG                                   2 DAYS FROM NOW AT 0700
DIETARY                DIET ORDER                                                         LOW SODIUM LIQUID DIET
```

Listed below is an explanation of each column.

- **Description/Department:** The Group Description pulls at the beginning of each section and the Department Description for each order pulls to this column from the Business Office Tables, option **M**.
- **Order:** The Item Description of the Order pulls from the Group Standing Orders Table.
- **Freq/Spec Instr (Frequency/Special Instructions):** Pulls from the Group Standing Orders Table.
- **Description:** Pulls from the Standing Orders Table.

9.23 Fax Send Options

The Fax Send Options report gives a listing of all the Fax options for Physicians.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Fax Send Options**.
4. Select a print option.

Description and Usage

This report gives a listing of the Fax options set up in the individual Physicians' Tables. It may be printed at any time as a reference.

Fax Send Options

```
RUN DATE: 08/28/12        Evident Community Hospital                PAGE    1
    TIME: 13:36           FAX Send Options for Physi  (Ctrl)          TBFAXPRT

000106  WALKER JOHN MD
        Result Pat Types:              1  2  3
        Hold Until Complete?           Y
        Result Send Mode:              F
        FAX Phone #:                   3346398565
        Custom FAX Command:
        Physician Link ID:             05
        Modem Printer Number:          004
        Cover Sheet/Fax Report?        Y
        Print Report Option:                    N  N
        Pagenate Each New Dept?        Y
        Autosend Prelim Mode/Priority: FA FA FA
        Hold Disch'd Until complete?   Y  Y  Y  N  N
        Rpt/Autosnd(Admt/Sec/Fam/Cons)             N
        Locations For This Doc:        01 02 03 04 05 06
        M/R Transcription Send Mode:   F
        Notification Letter:
        Pt Recall Letter:              Y
        Copy To Dr?                    Y
        Dr Recall List:                N
```

Listed below is an explanation of each column.

- **Result Pat Types (Result Patient Types):** Pulls from the Physician Table page 3.
- **Hold Until Complete?:** Pulls from the Physician Table page 3.
- **Result Send Mode:** Pulls from the Physician Table page 3.
- **Fax Phone # (Fax Phone Number):** Pulls from the Physician Table page 3.
- **Custom Fax Command:** Pulls from the Physician Table page 3.
- **Physician Link ID:** Pulls from the Physician Table, page 3.
- **Modem Printer Number:** Pulls from the Physician Table, page 3.
- **Cover Sheet/Fax Report?:** Pulls from the Physician Table page 3.
- **Print Report Option:** Pulls from the Physician Table page 3.
- **Paginate Each New Dept?:** Pulls from the Physician Table page 3.
- **Autosend Prelim Mode/Priority:** Pulls from the Physician Table page 3.
- **Hold Disch'd Until Complete:** The Hold Discharged Until Complete pulls from the Physician Table page 3.
- **Rpt/Autosnd Admt/Sec/Fam/Cons (Report Autosend to Physician Type Admitting/Secondary/Family/ Consulting):** Pulls from the Physician Table page 3.
- **Locations For This Doc:** Pulls for the Physician Table page 3.
- **M/R Transcription Send Mode:** Pulls from the Physician Table page 3.
- **Notification Letter:** Pulls from the Physician Table page 4.
- **PT Recall Letter (Patient Recall Letter):** Pulls from the Physicians Table page 4.
- **Copy To Dr?:** Pulls from the Physician Table page 4.
- **Dr Recall List:** Pulls from the Physician Table page 4.

9.24 Medical Necessity Table

This report prints a listing of the group information that is set up in the Medical Necessity Table in the Business Office Tables.

Medical Necessity 2.0

This option is used for sites that set the Medical Necessity tables to pull from the TruBridge Medical Necessity Tables, import them from a third party vendor or outsource the maintenance of their Medical Necessity tables to TruBridge.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Medical Necessity Table**.
4. Select a print option.
5. Select **Medical Necessity 2.0**.

System prompts, "Policy Options."

6. Select the desired Policy Type.

Depending on the Policy Type selected, fill in one of the following two options:

LCD Code: enter a specific LCD Code or leave blank for all.

NCD Code: enter a specific NCD Code or leave blank for all.

If printing by LCD Code, system prompts, "LCD Options."

System prompts, "Coverage Type."

7. Select the desired Coverage Type.

System prompts, "Active Policies Only"

8. Select this option to only include active LCD policies.

System prompts, "Latest Version Only."

9. Select this option to only include the latest version of the LCD policies. If this option is not selected, enter the As of Effective Date to view the version of the policy as of a specific date.
10. Select **Print**.

Description and Usage

The Medical Necessity 2.0 Table report prints a listing of all of the CPT/HCPC codes and their supporting and non-supporting diagnoses codes by each group description. It may be printed at anytime as a reference.

Medical Necessity 2.0 Table (LCD Code)

```
RUN DATE: 04/10/13              Evident Community Hospital                      PAGE 744
    TIME: 07:44         MEDICAL NECESSITY 2.0 POLICIES AS OF 04/10/13           XTBMNLCDPR

LCD for Destruction by neurolytic agent(L29130) - 02/02/2009 Active

Group 1 - CPT/HCPCs
--------------------------------------------------
64632 - N BLOCK INJ COMMON DIGIT
64640 - INJECTION TREATMENT OF NERVE

Group 1 - Supporting ICD-9
--------------------------------------------------
355.6 - PLANTAR NERVE LESION

Non-Supporting ICD-9
--------------------------------------------------
355.5 - TARSAL TUNNEL SYNDROME
728.71 - PLANTAR FIBROMATOSIS
```

Listed below is an explanation of each column.

- **CPT/HCPCs:** Displays all the CPT/HCPC codes setup for each particular Medical Necessity Group.
- **Supporting ICD-9**: Displays all the supporting ICD-9 codes setup for each particular Medical Necessity Group.
- **Non-Supporting ICD-9**: Displays all the non-supporting ICD-9 codes setup for each policy.

Medical Necessity 2.0 Table (NCD Code)

```
RUN DATE: 04/10/13                                                                    PAGE  91
   TIME: 08:31                  Evident Community Hospital                         XTBMNLCDPR
                        MEDICAL NECESSITY 2.0 POLICIES AS OF 04/10/13

NCD for Medicine: Tumor Antigen by Immunoassay CA 153CA 2729(190.29)

CPT
--------------------------------------------------
86300 - IMMUNOASSAY TUMOR CA 15-3

Resolution Code 1: ICD-9 Codes Covered by Medicare
--------------------------------------------------
1740-1749 - See Diagnosis Table Display for Description
1750-1759 - See Diagnosis Table Display for Description
1982 - SECONDARY MALIG NEO SKIN
19881 - SECOND MALIG NEO BREAST
3383 - NEOPLASM RELATED PAIN ACUTE CHRON
79589 - OTHER ABNORMAL TUMOR MARKERS
V103 - HX OF BREAST MALIGNANCY

Resolution Code 2: IDC-9 Codes Denied by Medicare
--------------------------------------------------
7980-7989 - See Diagnosis Table Display for Description
V1585 - PER HIST CONT-EXP POT HAZ BDY FLUID
V161 - FM HX-TRACH BRONCHOG MAL
V162 - FAM HX-INTRATHORACIC MAL
V1640 - FAM HIST OF MALIG NEOPLASM GENITAL
```

Listed below is an explanation of each column.

- **CPT:** Displays all the CPT codes setup for each policy.
- **Resolution Code 1: ICD-9 Codes Covered by Medicare**: Displays all the supporting ICD-9 codes setup for each policy.
- **Resolution Code 2: ICD-9 Codes Denied by Medicare**: Displays all the non-supporting ICD-9 codes setup for each policy.

ABN/Medical Necessity

This option is used for facilities that are manually maintaining the Medical Necessity tables.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Medical Necessity Table**.

4. Select Print Option.

5. Select **ABN/Medical Necessity**

After selecting ABN/Medical Necessity, TruBridge EHR will begin printing.

Description and Usage

The ABN/Medical Necessity Table report prints a listing of all of the CPT codes and the Diagnoses that they are supported by under each group description. It may be printed at anytime as a reference.

ABN/Medical Necessity Table

RUN DATE: 12/06/12
TIME: 09:59

Evident Community Hospital
MEDICAL NECESSITY TABLES AS OF 12/08/06

PAGE 3
TBABN

AUTOMATED HEMOGRAMS AND COMPLETE BLOOD C

CPT CODE	DESCRIPTION
85021	AUTOMATED HEMOGRAM
85023	AUTOMATED HEMOGRAM
85024	AUTOMATED HEMOGRAM
85025	AUTOMATED HEMOGRAM
85031	MANUAL HEMOGRAM, CBC

LOW DIAGNOSIS	DESCRIPTION	HIGH DIAGNOSIS	DESCRIPTION
0010	CHOLERA D/T VIB CHOLERAE	0019	CHOLERA NOS
0020	TYPHOID FEVER	0029	PARATYPHOID FEVER NOS
0030	SALMONELLA ENTERITIS	0030	
0031	SALMONELLA SEPTICEMIA	0031	
00320	LOCAL SALMONELLA INF NOS	0039	SALMONELLA INFECTION NOS
0040	SHIGELLA DYSENTERIAE	0049	SHIGELLOSIS NOS
0050	STAPH FOOD POISONING	0054	FOOD POIS: V. PARAHAEM
00581	FOOD POISONING DT VIBRIO VULNIFICUS	0059	FOOD POISONING NOS
0060	AC AMEBIASIS W/O ABSCESS	0069	AMEBIASIS NOS
0070	BALANTIDIASIS	0079	PROTOZOAL INTEST DIS NOS
00800	INTEST INFECT DUE TO UNSPEC E COLI	0083	PROTEUS ENTERITIS
00841	STAPHYLOCOCC ENTERITIS	0085	BACTERIAL ENTERITIS NOS
00861	ENTERITIS DUE TO ROTAVIRUS	0088	VIRAL ENTERITIS NOS
0090	INFECTIOUS ENTERITIS NOS	0093	DIARRHEA OF INFECT ORIG
01000	PRIM TB COMPLEX-UNSPEC	01006	PRIM TB COMPLEX-OTH TEST
01010	PRIM TB PLEURISY-UNSPEC	01016	PRIM TB PLEURIS-OTH TEST
01080	PRIM PROG TB NEC-UNSPEC	01086	PRIM PRG TB NEC-OTH TEST
01090	PRIMARY TB NOS-UNSPEC	01096	PRIMARY TB NOS-OTH TEST
01100	TB LUNG INFILTR-UNSPEC	01106	TB LUNG INFILTR-OTH TEST
01110	TB LUNG NODULAR-UNSPEC	01116	TB LUNG NODULAR-OTH TEST
01120	TB LUNG W CAVITY-UNSPEC	01126	TB LUNG W CAVIT-OTH TEST
01130	TB OF BRONCHUS-UNSPEC	01136	TB OF BRONCHUS-OTH TEST
01140	TB LUNG FIBROSIS-UNSPEC	01146	TB LUNG FIBROS-OTH TEST
01150	TB BRONCHIECTASIS-UNSPEC	01156	TB BRONCHIECT-OTH TEST
01160	TB PNEUMONIA-UNSPEC	01166	TB PNEUMONIA-OTH TEST
01170	TB PNEUMOTHORAX-UNSPEC	01176	TB PNEUMOTHORAX-OTH TEST
01180	PULMONARY TB NEC-UNSPEC	01186	PULMON TB NEC-OTH TEST
01190	PULMONARY TB NOS-UNSPEC	01196	PULMON TB NOS-OTH TEST
01200	TB PLEURISY-UNSPEC	01206	TB PLEURISY-OTH TEST
01210	TB THORACIC NODES-UNSPEC	01216	TB THORAX NODE-OTH TEST
01220	ISOL TRACHEAL TB-UNSPEC	01226	ISOLAT TRACH TB-OTH TEST

Listed below is an explanation of each column.

- **CPT:** All the CPT codes setup for each particular Medical Necessity Group.
- **Description:** The Description of the CPT Code will pull to the right of the listed CPT from the CPT Code Table.
- **Low Diagnosis:** Pulls from the Diagnosis Maintenance on the Medical Necessity Group setup.

- **Description:** The Low Diagnosis Description pulls to the right of the Low Diagnosis.
- **High Diagnosis:** Pulls from the Diagnosis Maintenance on the Medical Necessity Group setup.
- **Description:** The High Diagnosis Description pulls to the right of the Diagnosis.

9.25 Diagnosis Description Reference

The Diagnosis Description Reference Table report lists information from the Medical Necessity Table in the Business Office Tables.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **Diagnosis Description Xref**.
4. Select a print option.

System prompts,

0 - Quit
1 - User Defined Diags Only
2 - All Diags

System prompts, “Enter Choice:"

After a response is entered, TruBridge EHR will begin printing.

Description and Usage

The Diagnosis Description Reference report prints a listing of the Diagnoses and their Descriptions that are loaded in the Medical Necessity Table. This report may be printed at any time as a reference.

Diagnosis Description Reference

```
RUN DATE: 06/12/12                                         Evident Community Hospital
PAGE  16
    TIME: 10:03
XTBICDXP
Code                 Description
-------------------------------------------------------------
20692                APPLY BONE FIXATION DEVICE
29125                APPLY FOREARM SPLINT
29126                APPLY FOREARM SPLINT
29085                APPLY HAND/WRIST CAST
29105                APPLY LONG ARM SPLINT
29358                APPLY LONG LEG CAST BRACE
64550                APPLY NEUROSTIMULATOR
29445                APPLY RIGID LEG CAST
29405                APPLY SHORT LEG CAST
29425                APPLY SHORT LEG CAST
29435                APPLY SHORT LEG CAST
22851                APPLY SPINE PROSTH DEVICE
20660                APPLY,REMOVE FIXATION DEVICE
Q2003                APROTININ 10,000 KIU
97113                AQUATIC THERAPY/EXERCISES
L8612                AQUEOUS SHUNT PROSTHESIS
L3090                ARCH SUPP ATT TO SHOE LONG/M
L3080                ARCH SUPP ATT TO SHOE METATA
L3070                ARCH SUPRT ATT TO SHO LONGIT
K0019                ARM PAD EACH
L3965                ARM SUPP ATT TO WC RANCHO TY
24305                ARM TENDON LENGTHENING
K0106                ARM TROUGH EACH
C1006                ARRAY POST CHAMB IOL
A4755                ARTERIAL AND VENOUS TUBING
75900                ARTERIAL CATHETER EXCHANGE
A4750                ARTERIAL OR VENOUS TUBING
35691                ARTERIAL TRANSPOSITION
35693                ARTERIAL TRANSPOSITION
35694                ARTERIAL TRANSPOSITION
35695                ARTERIAL TRANSPOSITION
35501                ARTERY BYPASS GRAFT
75774                ARTERY X-RAY, EACH VESSEL
```

Listed below is an explanation of each column.

- **Code:** The Diagnosis Code pulls from the Diagnosis Code Table.
- **Description:** The Description of the Diagnosis Code.

9.26 APC Table

The APC Table gives information about each APC entered in the APC Table in the Business Office Tables.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **APC Table**.
4. Select a print option.

   System prompts, “Print All APC’S? (Y/N):"

5. Enter **Y** to print for all APC’s. Enter **N** and TruBridge EHR will prompt, “Print APC’s with a Modification Date Of:” Enter the desired date.

Description and Usage

The APC Table report gives a listing of all the APC Codes, Descriptions, Status Indicators, Relative Weight, Payment Rate, National Unadjusted Copay and the Minimum Adjusted Copay. This report may be printed at any time as a reference.

APC Table

RUN DATE: 08/14/12 Evident Community Hospital PAGE 1
TIME: 15:56 APC TABLE TBAPCLST

APC	DESCRIPTION	STATUS	REL-WEIGHT	PMT-RATE	NAT.-COPAY	MIN.-COPAY
1	PHOTOCHEMOTHERAPY	S	0.47	22.79	8.49	4.56
2	FINE NEEDLE BIOPSY/ASPIRATION	T	0.62	30.06	17.66	6.01
3	BONE MARROW BIOPSY/ASPIRATION	T	0.98	47.52	27.99	9.50
4	LEVEL I NEEDLE BIOPSY/ASPIRATION EXC BONE MARROW	T	1.84	89.22	32.57	17.84
5	LEV 11 NEEDLE BIOPSY/ASPIRATION EXC BONE MARROW	T	5.41	262.32	119.75	52.46
6	LEVEL I INCISION & DRAINAGE	T	2.00	96.97	33.95	19.39
7	LEVEL II INCISION & DRAINAGE	T	3.68	178.43	72.03	35.69
8	LEVEL III INCISION & DRAINAGE	T	6.15	298.20	113.67	59.64
9	NAIL PROCEDURES	T	0.74	35.88	9.63	7.18
10	LEVEL I DESTRUCTION OF LESION	T	0.55	26.67	9.86	5.33
11	LEVEL II DESCTRUCTION OF LESION	T	2.72	131.88	50.01	26.38
12	LEVEL I DEBRIDEMENT & DESTRUCTION	T	0.53	25.70	9.18	5.14
13	LEVEL II DEBRIDEMENT & DESTRUCTION	T	0.91	44.12	17.66	8.82
14	LEVEL III DEBRIDEMENT AND DESTRUCTION	T	1.50	72.73	24.55	14.55
15	LEVEL IV DEBRIDEMENT & DESTRUCTION	T	1.77	85.82	31.20	17.16
16	LEVEL V DEBRIDEMENT AND DESTRUCTION	T	3.53	171.16	74.67	34.23
17	LEVEL VI DEBRIDEMENT & DESTRUCTION	T	12.45	603.66	289.16	120.73
18	BIOPSY SKIN SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE	T	0.94	45.58	17.66	9.12
19	LEVEL I EXCISION/BIOPSY	T	4.00	193.95	78.91	38.79
20	LEVEL II EXCISION/BIOPSY	T	6.51	315.65	130.53	63.13
21	LEVEL III EXCISION/BIOPSY	T	10.49	508.63	236.51	101.73
22	LEVEL IV EXCISION/BIOPSY	T	12.49	605.60	292.94	121.12
23	EXPLORATION PENETRATING WOUND	T	1.98	96.00	40.37	19.20
24	LEVEL 1 SKIN REPAIR	T	2.43	117.82	44.50	23.56
25	LEVEL II SKIN REPAIR	T	3.74	181.34	70.66	36.27
26	LEVEL III SKIN REPAIR	T	12.11	587.18	277.92	117.44
27	LEVEL IV SKIN REPAIR	T	15.80	766.10	383.10	153.22
29	INCISION/EXCISION BREAST	T	12.85	623.06	303.50	124.61
30	BREAST RECONSTRUCTION/MASTECTOMY	T	20.19	978.95	523.95	195.79
31	HYPERBARIC OXYGEN	S	3.00	145.46	140.85	29.09
32	PLACEMENT TRANSVENOUS CATHETERS/ARTERIAL CUTDOWN	T	5.40	261.83	119.52	52.37
33	PARTIAL HOSPITALIZATION	P	4.17	202.19	48.17	40.44
40	ARTHROCENTESIS & LIGAMENT/TENDON INJECTION	T	2.11	102.31	40.60	20.46
41	ARTHROSCOPY	T	24.57	1191.33	592.08	238.27
42	ARTHROSCOPICALLY-AIDED PROCEDURES	T	29.22	1416.79	804.74	283.36
43	CLOSED TREATMENT FRACTURE FINGER/TOE/TRUNK	T	1.64	79.52	25.46	15.90
44	CLOSED TREATMENT FRACTURE/DISLOCATION EXCEPT FINGE	T	2.17	105.22	38.08	21.04
45	BONE/JOINT MANIPULATION UNDER ANESTHESIA	T	11.02	534.33	277.12	106.87
46	OPEN/PERCUTANEOUS TREATMENT FRACTURE OR DISLOCATIO	T	22.29	1080.78	535.76	216.16
47	ARTHROPLASTY WITHOUT PROSTHESIS	T	22.09	1071.08	537.03	214.22
48	ARTHROPLASTY WITH PROSTHESIS	T	29.06	1409.03	725.94	281.81

Listed below is an explanation of each column.

- **APC:** The APC Code pulls from the APC Table.
- **Description:** The APC Description pulls from the APC Table.
- **Status:** The Status Indicator pulls from the APC Table.
- **Rel-Weight (Relative Weight):** Pulls from the APC Table.
- **Pmt-Rate (Payment Weight):** Pulls from the APC Table.
- **Nat.-Copay (National Unadjusted Copay Rate):** Pulls from the APC Table.
- **Min.-Copay (Minimum Unadjusted Copay Rate):** Pulls from the APC Table.

9.27 Dictating Physicians Initials

The Dictating Physicians Initials Report is utilized by Clinical Ancillary departments to provide a lookup of Physicians Initials and whether or not the Physician is a Clinical E-Sign Physician. It also can be used to identify Duplicate Physician Initials.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Dictating Physicians Initials**.

4. Select a print option.

   System prompts, “Print “A”ll or “D”uplicates Only? (A/D)?:"

5. Enter **A** to print all the physician’s initials. Enter **D** to print duplicate initials only.

Description and Usage

The Dictating Physicians Initials report gives a listing of Physicians Initials, Physicians Name, Physician Number and whether or not the Physician is an E-Sign Physician (based on the Physicians Security Table, fld 2). This report may be printed for all Physicians listed in the Physicians Table or for those Physicians with duplicate initials.

Dictating Physicians Initials

RUN DATE: 9/14/12 Evident Community Hospital PAGE 1
TIME: 18:29 DICTATING PHYSICIANS INITIALS OEPHYINIT

PHYS INITIALS	PHYS NAME	PHYS NUMBER	USING OE ESIGN	USING MR ESIGN
	JAMES AUTRY, MD	000001	N	Y
	PATRICK BARNES, MD	000003	Y	Y
	DR JEREMY ABBREVIATION	000004		Y
	DR. DEMENTO	000187		
	MITRA SUDHEER	000200		L
	GEORGIANA	000225		
	WHITE NELSON P H	000300		L
	THAMMASI P	000400		L
	GLEASON JIMMIE	000500		L
	BO R DIDLEY	000777		Y
	GREGORY	000799		N
	WHITE KELLY	000800		
	BURGESON FRANK	001100		
	Mary Evangeline Greer	001124	Y	Y
	WALLACE BRETT	001400		L
	DR. JOHN HARRIS TEST CONVERSIO	001562		
	OEHLERT JIM	002000		L
	HULL SHANNON	002100		L
	NORMAN BENJAMIN ZEUSS	002200		
	BJJW PHY	003203		
	ALLARD ROBERT	004621		
	DR DAVID BANNER	007777	Y	Y
	ENTWISTLE JOHN A	007900	N	Y
	QUANSTROM RON	009100		L

Listed below is an explanation of each column.

- **Physicians Initials:** Pulls from the Physicians Table.
- **Phys Name (Physician Name):** Pulls from the Physician Table.
- **Phys Number (Physician Number):** Pulls the assigned Physician number.
- **Phys Using Esign (Physician Using E-sign):** Pulls from the Physicians Security Table.

9.28 Future Room Updates

The Future Room Updated Report is utilized to update the Room Rate. It also serves as a lookup for Future Room Rates for each room.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Future Room Update Report**.

4. Select a print option.

Description and Usage

The Future Room Updated report gives a listing of Rooms with their Current and Future Room Rates. It also gives the date the Future Rate will take effect. When this report is run, any room in the Room Table with a Future Date equal to the current date will have the Current Rate replaced with the Future Rate. The Future Rate and Future Date fields will then be blanked out until information is manually loaded there. This report can be setup to run automatically each night during the backup process.

<u>Future Room Updated</u>

RUN DATE: 02/06/12 Evident Community Hospital PAGE 8
TIME: 14:11 UPDATED FUTURE ROOM RATE REPORT AS OF 02/06/07 HSTBFUTROOM

CURRENT ROOM INFO							FUTURE ROOM INFO		NURSING
NUMBER	DESCRIPTION	--TYPE	---SUMM	--STATUS	---RATE---	--DATE--	--FUTRATE--	--FUTDATE--	STATION
100	PRIVATE ROOM	P	01		$500.00	01/06/02	$550.00	03/01/03	001
101-A	SEMI-PRIVATE ROOM	S	02		$500.00	01/06/02	$350.00	03/01/03	001
101-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
102-A	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
102-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
103	PRIVATE ROOM	P	01		$500.00	01/06/02	$550.00	03/01/03	001
104-A	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
104-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
105-A	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
105-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
106-A	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
106-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
107-A	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
107-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	001
108	PRIVATE ROOM	P	01		$500.00	01/06/02	$550.00	03/01/03	001
109	PRIVATE ROOM	P	01		$500.00	01/06/02	$550.00	03/01/03	001
110-A	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	002
110-B	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	002
110-C	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	002
111	SEMI-PRIVATE ROOM	S	02		$320.00	01/06/02	$350.00	03/01/03	002

Listed below is an explanation of each column.

- **Number:** The room number that is setup in the Room Table.
- **Description (Room Description):** Pulls from the Room Table.
- **Type (Type of Room:** Pulls from the Room Table.
- **Summ (Summary Code):** Pulls from the Room Table.
- **Rate (Room Rate:** Pulls from the Room Table.
- **Date:** The date the report was run.
- **Futrate (Future Rate):** Pulls from the Room Table.
- **Futdate (Future Date):** Pulls from the Room Table.
- **Nursing Station:** Pulls from the Room Table.

9.29 O/E Prefix Table

The Order Entry Prefix Table provides a listing of the information in the Order Entry Prefix Table.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **O/E Prefix Table**.

4. Select a print option.

Description and Usage

The Order Entry Prefix Table report provides a listing of the information entered in the Order Entry Prefix Table. This report can be used to ensure the information entered is correct and to aid in maintaining updates that will need to be made.

OE Prefix Table

```
RUN DATE: 05/11/12                      Evident Community Hospital                       PAGE  1
    TIME: 14:48                         O/E PREFIX TABLE                                TBOEPREFIX

PREFIX  DEPT# DEPT. DESCRIPTION                TYPE RESULTS  WORKSHEETS CLHIS-TYPE
  02      20   RESPIRATORY DEPT                  R   2/resp      3/work      RS
           14 MOST COMMON: 20012345  2012346  2012347  2005187 20200001  2007103  2005259
           14 MOST COMMON: 20000007  2005431  2009039  2006024  2008069  2012348

  06      59   OCCUPATIONAL THERAPY              P     phyt      2/work      OT
           14 MOST COMMON:  5999999   691037   691003   691002   691004   691005   691006
           14 MOST COMMON:   691035   691036   691039   691001  5990052  6090401   691038

  11      11   EKG                               E     ekg1      2/ekgw     EK
           14 MOST COMMON:  5080008  5080205  1100001  1100002

  22      22   Cardiopulmonary                   R     ekg2      2/resw     RT
           14 MOST COMMON:  2270228  2275401  2270002  2274100  2273003  2274111  2274068
           14 MOST COMMON:  2270095  2271006  2270129

  36      36   MRI                               R      mris     3/mris     MR
            14 MOST COMMON:  5080008  50802055  223001  5399999  5499999  5299998  5199999

  39      98   CARDIAC REHAB                     P      card      2/card     D3
           14 MOST COMMON:    39801    39802    39803    39804    39805    39806    39807
           14 MOST COMMON:    39808    39809    39810    39811    39812    39813    39814

  42      42   LABORATORY                        L     lab1   2/labw         LA
           14 MOST COMMON:  4245834  4245524  4244660  4249282  4130018  4245317  4245718
           14 MOST COMMON:  4241002  4241105  4244003  4246335  4246293  4245100  4299998
```

Listed below is an explanation of each column.

- **Prefix:** Pulls from the Order Entry Prefix Table in Special Functions.
- **Dept # (Department Number):** Pulls from the Order Entry Prefix Table.
- **Dept Description (Department Description):** Pulls from the Order Entry Prefix Table.
- **Type:** Pulls from the Order Entry Prefix Table.
- **Results:** Pulls from the Order Entry Prefix Table.
- **Worksheets:** Pulls from the Order Entry Prefix Table.
- **Clhis-Type (Clinical History Type):** Pulls from the Order Entry Prefix Table.
- **14 Most Common:** Pulls from the Order Entry Prefix Table.

9.30 Accommodation Table Update

The Accommodation Table Update report will make changes in room rates through the Accommodation Code table.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Accommodation Code Update**.

4. Select a print option.

Description and Usage

The Accommodation Table Update report will move the future rate loaded in the Accommodation Table to the current rate in the table when the future date is met. This allows room rate increases to be predetermined and go into effect with out having to key a new rate for each accommodation code the day the rate will increase.

Accommodation Table Update

RUN DATE: 05/11/06 Evident Community Hospital PAGE 1
TIME: 51:13 UPDATED ACCOMMODATION RATE REPORT AS OF 05/11/06 TBCURPRICE

ACCOMODATION INFO						FUTURE ACCOMODATION INFO	
CODE	DESCRIPTION	TYPE	SUMM	RATE	DATE	FUTRATE	FUTDATE
OB	OBSERVATION ROOM	O	22	00000.00	05/11/06	00100.00	06/01/07
SP	SEMI PRIVATE ROOM	S	01	00650.00	05/11/06	00675.00	06/01/07
PR	PRIVATE ROOM	P	01	00800.00	05/11/06	00900.00	06/01/07
IC	ICU ROOM	I	02	01200.00	05/11/06	01250.00	06/01/07
RC	RECOVERY ROOM	R	25	00950.00	05/11/06	01050.00	06/01/07

Listed below is an explanation of each column.

- **Code:** Pulls from the Accommodation Code Table.
- **Description:** Pulls from the Accommodation Code Table.
- **Type:** Pulls from the Accommodation Table.
- **Summ (Summary Code):** Pulls from the Accommodation Table.
- **Rate:** Pulls from the Accommodation Table.
- **Date:** The date the current rate went into effect.
- **Futrate (Future Rate):** Pulls from the Accommodation Table.
- **Futdate (Future Date):** Pulls from the Accommodation Table.

9.31 ICD-9-CM Diag/Proc Table

The ICD-9-CM Diag/Proc Table provides a listing of the information in the ICD-9-CM Diagnosis and Procedure Tables.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.
2. Select **Tables**.
3. Select **ICD-9-CM Diag/Proc Table.**
4. Select a print option.

   System prompts,

   Diagnosis Codes Only
   Procedure Codes Only
   Both

   System prompts,"Please Select:"

5. Select **D** print Diagnosis Codes only. Select **P** to print Procedure Codes only. Select **B** to print both Diagnosis and Procedure Codes.

   System prompts, “Do You Wish to Double Space?:"

6. Select **Y** to double space. Select **N** for single space.

   System prompts, “Please Enter Diagnosis Code Range."

7. Enter a range of Diagnosis or Procedure codes or select **A** to print all codes in table.

After a response is entered, TruBridge EHR will begin printing.

Description and Usage

The ICD-9-CM Diag/Proc Table report is a listing of Diagnosis, Procedures and their Descriptions. The report will pull information from the diagnosis and/or procedure table based on how the prompts are answered. This report may be printed at any time as a reference.

ICD-9-CM Diag/Proc Table

```
RUN DATE: 07/06/12                Evident Community Hospital                                        PAGE    1
    TIME: 13:04                  ICD9 DIAGNOSIS/PROCEDURE TABLE  AS OF 07/06/07                        HSICDNUMPRT
---------------------------------------------------------------------------------------------------------------

CODE-----DESCRIPTION------------------------MDC--CC--AGE--SEX--UNSPEC---EXP-DT------HH-DIAG--POA

0010     CHOLERA D/T VIB CHOLERAE            06
0011     CHOLERA D/T VIB EL TOR              06
0019     CHOLERA NOS                         06          P    F    U
0020     TYPHOID FEVER                       18
0021     PARATYPHOID FEVER A                 18
0022     PARATYPHOID FEVER B                 18
0023     PARATYPHOID FEVER C                 18   N
0029     PARATYPHOID FEVER NOS               18
0030     SALMONELLA ENTERITIS                06
0031     SALMONELLA SEPTICEMIA               18
00320    LOCAL SALMONELLA INF NOS            18                  N
00321    SALMONELLA MENINGITIS               01   N
00322    SALMONELLA PNEUMONIA                04
00323    SALMONELLA ARTHRITIS                08
00324    SALMONELLA OSTEOMYELITIS            08
00329    LOCAL SALMONELLA INF NEC            18
0038     SALMONELLA INFECTION NEC            18
0039     SALMONELLA INFECTION NOS            18
```

Listed below is an explanation of each column.

- **Code:** Pulls from the Diagnosis Table.
- **Description:** Pulls from the Diagnosis Table.
- **MDC:** Pulls from the Diagnosis Table.
- **CC:** Pulls from the Diagnosis Table.
- **Age:** Pulls from the Diagnosis Table.
- **Sex:** Pulls from the Diagnosis Table.
- **Unspec:** Pulls from the Diagnosis Table.
- **Exp-Dt:** Pulls the expired date from the Diagnosis Table.
- **HH Diag:** Pulls from the Diagnosis Table.
- **POA:** If Exempt for POA is selected in the Diagnosis table a **Y** will pull to this column. If not selected or **N** will pull as blank to this column.

ICD-9-CM Diag/Proc Table

```
RUN DATE: 07/06/12                 Evident Community Hospital                                  PAGE    1
    TIME: 13:52              ICD9 DIAGNOSIS/PROCEDURE TABLE  AS OF 07/06/07                     HSICDNUMPRT
-------------------------------------------------------------------------------------------------------------

CODE-----DESCRIPTION--------------------------OR-PROC--PROC-CLASS---SEX---UNSPEC---EXP-DT
                                                                                   00/00/0
0001     THERAPEUTIC ULTRASOUND OF VESSELS O    N                                  00/00/0
0002     THERAPEUTIC ULTRASOUND OF HEART        N                                  00/00/0
0003     THERAPEUTIC ULTRASOUND OF PERIPHERA    N                                  00/00/0
0009     OTHER THERAPEUTIC ULTRASOUND           N                                  00/00/0
0010     IMPLANTATION OF CHEMOTHERAPEUTIC AG    N                                  00/00/0
0011     INFUSION OF DROTRECOGIN ALFA (ACTIV    N                                  00/00/0
0012     ADMINISTRATION OF INHALED NITRIC OX    N                                  00/00/0
0013     INJECTION OR INFUSION OF NESIRITIDE                                       00/00/0
0014     INJECTION OR INFUSION OF OXAZOLIDIN    N                                  00/00/0
0015     HIGH-DOSE INFUSION INTERLEUKIN-2       N                                  00/00/0
0016     PRESSURIZED TREATMENT VENOUS BYPASS    N                                  00/00/0
0017     INFUSION OF VASOPRESSOR AGENT          N                                  00/00/0
0018     INFUSION OF IMMUNOSUPPRESSIVE ANTIB    N                                  00/00/0
```

Listed below is an explanation of each column.

- **Code:** Pulls from the Procedure Table.
- **Description:** Pulls from the Procedure Table.
- **OR-Procedure:** Pulls from the Procedure Table.
- **Proc Class:** Pulls from the Procedure Table.
- **Sex:** Pulls from the Procedure Table.
- **Unspec:** Pulls from the Procedure Table.
- **Exp - Dt:** Pulls the expired date from the Procedure Table.

9.32 Employers

The Employers Table report gives a listing of the employers that have been entered into the Employers Table. It may be printed as a reference at any time.

How to Print

1. Select **Print Reports** from the Web Client > System Menu > Hospital Base Menu or the Master Selection Screen.

2. Select **Tables**.

3. Select **Employers**.

4. Select a print option.

System prompts, "Alpha or Numeric Sequence (A/N) ?"

5. Enter **A** to print employers in alphabetical order. Enter **N** to print employers in numerical order.

Description and Usage

The Employers Table report provides a listing of each employer and certain employer information entered in the Employers Table in the Business Office Tables.

Employers Table

```
RUN DATE: 12/02/12                              Evident Community Hospital                                          PAGE 1
TIME: 17:16                                          EMPLOYER TABLE                                                 MCEMPPR

   EMPLOYER NAME            ADDRESS                    ADDRESS                    CITY        STATE ZIP          PHONE
-----------------------------------------------------------------------------------------------------------------------------
  001 A1 WATER COMPANY         21 LOTT RD                                         MOBILE         AL 37972        251-345-6416
  002 A & S CONST              PO BOX 3873                                        MOBILE         AL 37901        251-385-1781
  003 A 1 PIPES                1801 SMITH AVE                                     MOBILE         AL 37901        251-544-3270
  004 A ASSCTS                 355 CISQO AVE                                      MOBILE         AL 37972        251-385-5555
  005 A-1 BUSINESS SYSTEMS     37 HALLOVEN AVE                                    MOBILE         AL 37931        251-874-2228
  006 AAA MOTOR CLUB           340 S HAMPTON ST                                   MOBILE         AL 37901        251-622-4991
  007 AAMCO TRANSMISSIONS      378 TURNER CLAIR BL                                MOBILE         AL 37901        251-429-1414
  008 ABDOS OUTLET             7700 MISTLE ST                                     MOBILE         AL 37965        251-622-8944
  009 ABRACADIST LUMBER        27 TURNER STREET                                   MOBILE         AL 37976        251-462-0262
  010 ACCESS SERVICES INC      340 DUTCH VALLEY CT                                MOBILE         AL 37961        251-366-1154
```

Listed below is an explanation of each column.

- **Employer:** The 3-character alpha and/or numeric code pulls from the Employers Table.
- **Name:** Employer Name pulls from the Employers Table.
- **Address:** Employer street address or Post Office Box number pulls from the Address 1 field in the Employers Table.
- **Address:** Employer other address pulls from the Address 2 field in the Employers Table.
- **City:** Employer city pulls from the Employers Table.
- **State:** Employer state pulls from the Employers Table.
- **Zip:** Employer zip code pulls from the Employers Table.
- **Phone:** Employer phone number pulls from the Employers Table.