



# **Table Maintenance - Business Office**

## Table Maintenance - Business Office

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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 **Table Maintenance - Business Office** for release Version 22.01. A brief summary of each enhancement is given referencing its particular location if applicable. As new branches of Version 22.01 are made available, the original enhancements will be moved to the Previous Work Requests section. The enhancements related to the most current branch available will be listed under the main What's New section.

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

### ***Charge Summary Code Table - Report Option -- FA-13392***

DESCRIPTION: A new Charge Summary Codes Master Table Report is now available to help identify all the records in the Charge Summary Code table. The report generates in a CSV format, and it is available both from the Report Dashboard and via a new **Report** option on the Charge Summary Codes list screen.

DOCUMENTATION: See [Charge Summary Codes](#) 

### ***Image Titles Table - Report Option -- FA-13393***

DESCRIPTION: A new Image Titles Master Table Report is now available to help identify all the records in the Image Titles table. The report generates in a CSV format, and it is available both from the Report Dashboard and via a new **Report** option on the Image Titles list screen.

DOCUMENTATION: See [Titles](#) 

***Insurance Companies Table - Mass Change Option -- FA-10211***

DESCRIPTION: The Mass Change option in the Insurance Companies table will now allow all fields on all pages to be selected.

DOCUMENTATION: See [Insurance Companies](#) 

***Insurance Companies Table - New Field -- FA-14714***

DESCRIPTION: A new field has been added to Page 9 of the Insurance Companies table called ActCoverageTypeCode. This field was necessary to comply with federal regulations.

DOCUMENTATION: See [Insurance Companies, Page 9](#) 

***Insurance Companies Table - Report Option -- FA-13390***

DESCRIPTION: A new Insurance Company Master Table Report is now available to help identify all the records in the Insurance Companies table. The report generates in a CSV format, and it is available both from the Report Dashboard and via a new **Report** option on the Insurance Companies table list screen.

DOCUMENTATION: See [Insurance Companies](#) 

***RVU Table -- FA-14192***

DESCRIPTION: A new table labeled RVU Table has been added to the Business Office Tables list. This table allows facilities to view the RVU values from CMS by calendar year, to validate the values are correct when pulling to reports. These values are used in various reports, including the Revenue Detail Report and the Physician Stats Report.

DOCUMENTATION: See [RVU Table](#) 

## Chapter 2 Overview

Table Maintenance enables the facility to control the information system. The facility may customize their information system by performing maintenance in the tables.

Selecting and maintaining options within these tables helps manage the facility in the most effective and efficient manner.

To access Table Maintenance, select **Tables** from the Application Drawer.

Select **Web Client > Tables > Business Office**

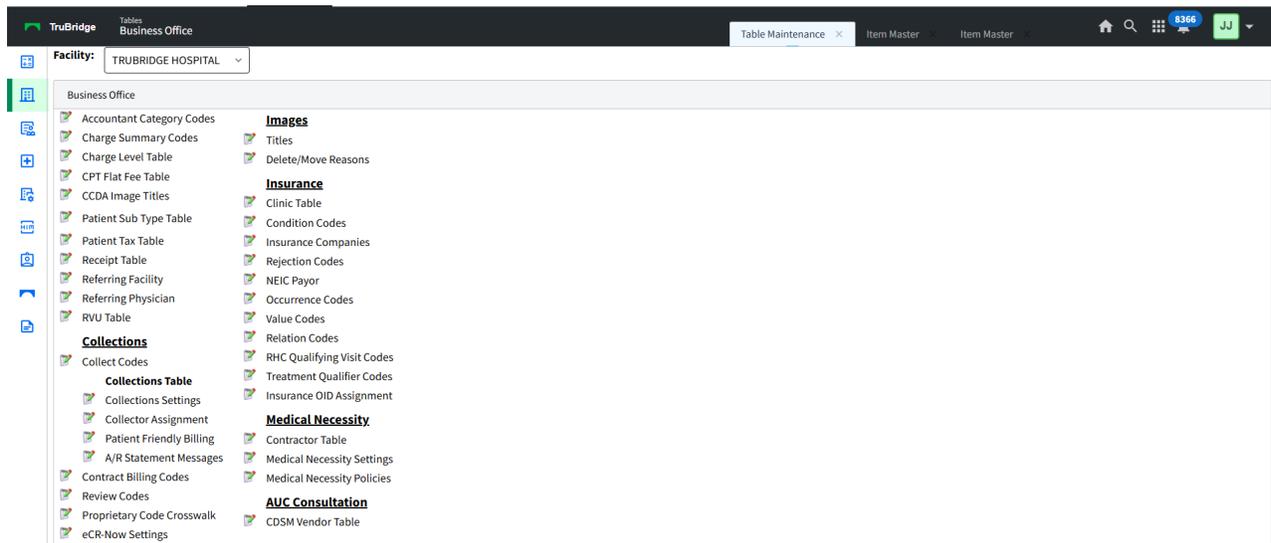


Table Maintenance - Business Office

The Table Maintenance settings are important tools used for specific applications within TruBridge EHR. Incorrect field settings may produce undesirable results. TruBridge strongly recommends checking with the TruBridge contact at the facility or calling TruBridge Support before making any table changes if the purpose of the field is not clear.

**NOTE:** Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY or YYMMDD to be used on all date fields in the Business Office tables. Where four-digit dates display, a date format of MMDD, DDMM or MMDD, respectively, will be used. Whichever date format is selected will be reflected in all date fields and column displays throughout the tables. TruBridge Support should be contacted in order for the date format to be changed.

**NOTE:** Facilities outside of the United States may utilize a different address format within select Business Office Tables. The address may display the Province and Postal Code instead of the State and Zip Code when the Country Code field is set to another country code other than "US". TruBridge Support should be contacted for the foreign address fields to display.

## Chapter 3 Business Office

### 3.1 Accountant Category Codes

The Accountants Category Report allows customization of the Accountants Report. Categories may be set up, and any financial class may be assigned to the categories.

On the report 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** > **Tables** > **Business Office** > **Accountant Category Codes**

The screenshot shows a web application interface for managing Accountant Category Codes. At the top, there are navigation icons for back, home, and refresh, along with buttons for 'New', 'Edit', and 'Refresh'. Below this, the facility name 'Facility 1 : EVIDENT COMMUNITY HOSPITAL' is displayed. A search bar is present, followed by a dropdown menu currently set to 'Accountants Category Codes'. Below the search bar is a table with two columns: 'Accountant Category...' and 'Description'. The table contains one entry with the code 'B' and the description 'Blue Cross'.

Accountant Category...	Description
B	Blue Cross

Accountants Category Codes List

Select **New** to enter a new Accountants Category Code, or select an existing code from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Accountant Category Codes** > Select a Code

Facility 1 : EVIDENT COMMUNITY HOSPITAL

Accountant Category Code: B

Description: Blue Cross

**Accountants Category Code 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.

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option will display the table settings in Adobe.
- **Delete:** This option will delete the table settings.
- **Save:** This option saves the changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Accountants Category Code list.

Select **Back Arrow** to return to the previous screen.

## 3.2 Charge Summary Codes

The Charge Summary Code table is used to store information about different categories of chargeable items. A Summary Code is a two-character code used to represent these groups of chargeable items. For example, there are several thousand unique chargeable items within a given department, such as Pharmacy. These items must be summarized into one or two categories for printing on an insurance form. The Summary Codes used to represent Pharmacy items are 45 for IV Therapy and 78 for Pharmaceuticals. All items that should be grouped together on insurance forms should use the appropriate Summary Charge Code. The typical range of Summary Charge Codes that are used on the system are listed below along with a description of the fields relevant to the insurance billing process.

Typical Ranges for Summary Charge Codes:

00-25	Room Charges
45, 78	Pharmacy
79	Pharmacy Injection
55-60	Lab
71-76	X-Ray
84	Respiratory Therapy
85	Physical Therapy
W*	Bad Debt Adjustments

Select **Web Client** > **Tables** > **Business Office** > **Charge Summary Codes**

Charge Code	Name
**	Non-Covered
*C	GUEST COTS (NON-COVERED)
*M	GUEST MEALS (NON-COVERED)
*P	PHONE CHARGE (NON-COVERED)
*T	TV RENTAL (NON-COVERED)
01	ROOM CHG-PVT-MEDICAL/SURGICAL
02	ROOM CHG-S/PVT-MEDICAL/SURG

Charge Summary Codes List

Select **New** to enter a new Charge Summary Code or select an existing code from the list and select **Edit**.

The Report option enables information from the Charge Summary Code table to be exported into a CSV format. After selecting **Report**, the Report Writer Parameters screen will appear, allowing filters to be applied as needed. Once all are set, select **Run Report** to generate the file.

**NOTE:** This report is also available within the Report Dashboard and it titled "Charge Summary Codes Master Table Report".

Select Web Client > Tables > Business Office > Charge Summary Codes > Select Code > Page 1

Facility 1: TruBridge Community Hospital

Charge Code: 36

Page 1 Page 2

Description: EMERG 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?

UB Revenue Code: 450

Current DRG RCC: 1.26924 as of 10/01/2014

Previous DRG RCC: as of

Summarize O/P Ins? N  M  X  B  C  W  S

Include in DRG Rep: Y  M  X  B  C

Print Qty on UB? Y

Adjustment Charge:

Subject to NY Surcharge:

Insurance Claims: M  X  B/C  Com

Place of Service:

Type of Service:

Executive Information Column:

Non\_Billable F/C:

Medicare Prov#:

Medicaid Prov#:

B/C Prov#:

Misc Use:

Other Revenue Codes

F/C	Rcode	F/C	Rcode	F/C	Rcode
<input type="checkbox"/>					
<input type="checkbox"/>					

Need HCPC Codes: N  Rev Center:

Associated Physician Charge

Normal Phy#:

Normal Phy Charge:

UB Revenue Code: 981

Therapy Value Code:

DOS on LTC Stmt:

## Charge Summary Codes Maintenance , Page 1

- **Description:** Enter the description for the Summary Charge Code, up to 30 characters in length. This description will pull to the UB04 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 override 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 override 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 selected, 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 selected. Adjustment Summary Codes should have this field left blank.
- **UB04 Revenue Code:** Enter the Revenue Code (up to four-digits) that should pull to the UB04 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**, 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 UB04 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 UB04 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?:** Select this field 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 Stmt:** If this field is selected, the from and thru dates should pull to the statement. If this field is not selected, the total charges for the Summary Code should print on the statement, but the from and thru dates should not.
- **Subject to NY Surcharge:** If **Y** is entered, 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. The system 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. Wild-carding 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 codes loaded on the DRG Grouper screen to pull to the UB with a quantity of one, when the Combine O/R E/R field from Insurance Companies Table, Page 2 is answered **Y**. Enter an **N** to allow the CPT codes from the Item Master to pull to the UB. Enter an **S** to allow the HCPC codes loaded on the DRG Grouper screen to pull to the UB, with the true quantity from the account detail, when the Combine O/R E/R field from the Insurance Companies Table, Page 2 is answered **Y**. Rev Center will allow any Summary Code to be assigned a specific Revenue Center.

Select **Web Client > Tables > Business Office > Charge Summary Codes > Select Code > Page 2**

Facility 1 : TruBridge Community Hospital

Charge Code: 36

Page 1 Page 2

Ins Code	Pat Type (1-5 or 'A')	Place Service	Type Service
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Charge Summary Codes Maintenance , 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 override 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 an **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.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.

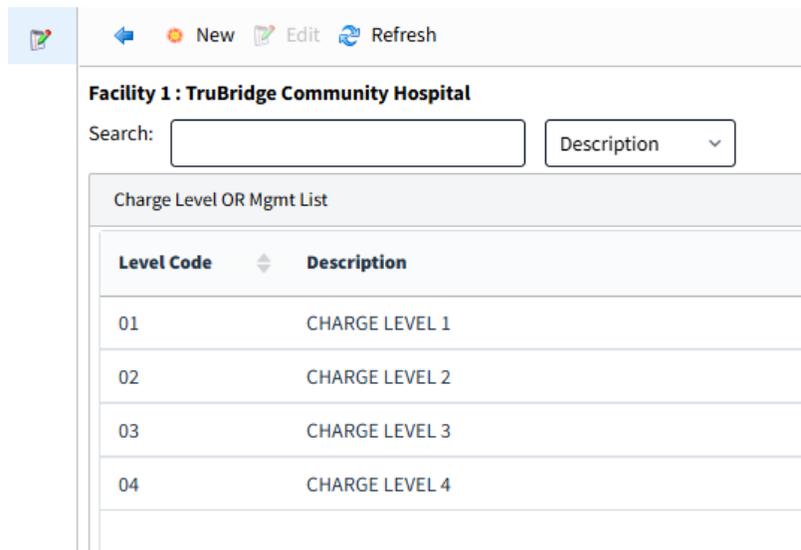
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Charge Summary Code list.

Select **Back Arrow** to return to the previous screen.

### 3.3 Charge Level Table

The Charge Level Table is 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 > Tables > Business Office > Charge Level Table**



Facility 1 : TruBridge Community Hospital

Search:  Description

Charge Level OR Mgmt List

Level Code	Description
01	CHARGE LEVEL 1
02	CHARGE LEVEL 2
03	CHARGE LEVEL 3
04	CHARGE LEVEL 4

Charge Level Code List

Select **New** to enter a new Charge Level Code, or select an existing code from the list and select **Edit**

Select **Web Client > Tables > Business Office > Charge Level Table > Select Charge Level**

Facility 1 : TruBridge Community Hospital

Charge Level Maintenance

Level Code:

Description:

Item Number	Time Interval	Dollar Amount
<input type="text" value="270011"/>	<input type="text" value="30"/>	<input type="text" value="1000.00"/>
<input type="text" value="270012"/>	<input type="text" value="15"/>	<input type="text" value="500.00"/>
<input type="text" value="270013"/>	<input type="text" value="1"/>	<input type="text" value="20.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>

Charge Level Code Maintenance

- **Level Code:** Enter a two-digit code representing a particular Level of Care in the OR.
- **Description:** Description of the Level of Care.
- **Item Number Time Interval Dollar Amount:** Enter the Item Number from the Item Master. Enter the amount of time associated with the Level of Care and the dollar amount that will be charged.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.

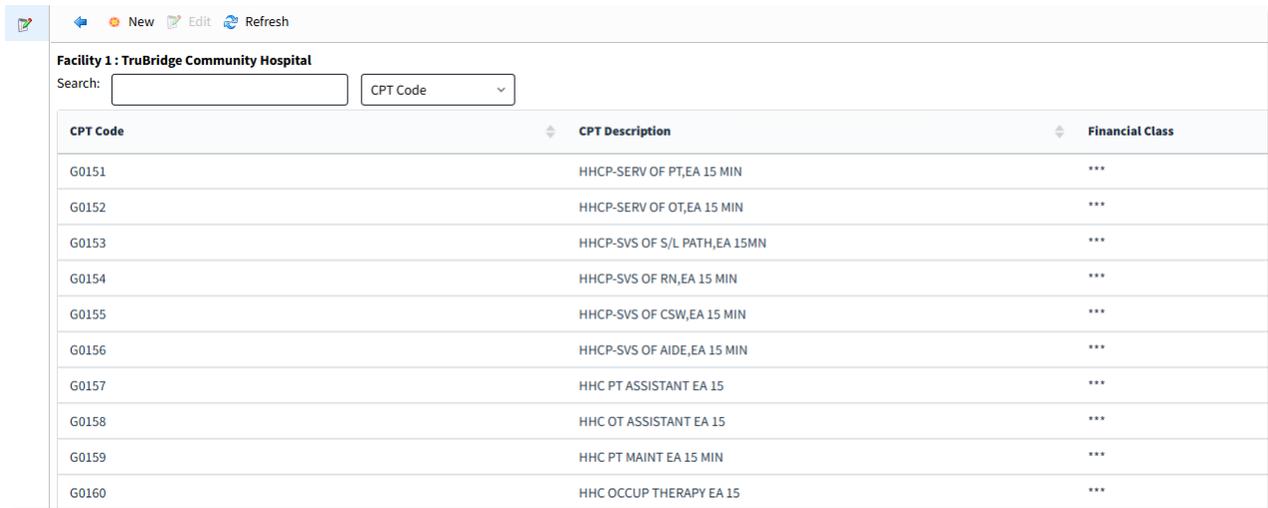
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Charge Level list.

Select **Back Arrow** to return to the previous screen.

### 3.4 CPT Flat Fee Table

The CPT Flat Fee 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 > Tables > Business Office > CPT Flat Fee Table**

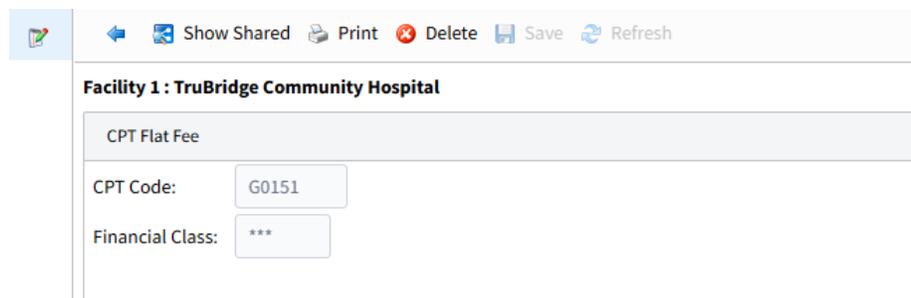


CPT Code	CPT Description	Financial Class
G0151	HHCP-SERV OF PT,EA 15 MIN	***
G0152	HHCP-SERV OF OT,EA 15 MIN	***
G0153	HHCP-SVS OF S/L PATH,EA 15MN	***
G0154	HHCP-SVS OF RN,EA 15 MIN	***
G0155	HHCP-SVS OF CSW,EA 15 MIN	***
G0156	HHCP-SVS OF AIDE,EA 15 MIN	***
G0157	HHC PT ASSISTANT EA 15	***
G0158	HHC OT ASSISTANT EA 15	***
G0159	HHC PT MAINT EA 15 MIN	***
G0160	HHC OCCUP THERAPY EA 15	***

**CPT Flat Fee List**

Select **New** to create a new entry, or select an existing entry from the list and select **Edit**

Select **Web Client > Tables > Business Office > CPT Flat Fee Table > Select CPT Code**



Facility 1 : TruBridge Community Hospital

CPT Flat Fee

CPT Code:

Financial Class:

**CPT Flat Fee Maintenance**

- **CPT Code:** Enter the CPT Code that should charge a flat fee.
- **Financial Class:** Enter the Financial Classes that should charge a flat fee for this CPT Code. Wild-carding may be used.

**NOTE:** If a Financial Class is later added to the Insurance Company Table that follows the wild-card format used here, the new Financial Class must manually be added to this table.

The following options are available on the action bar:

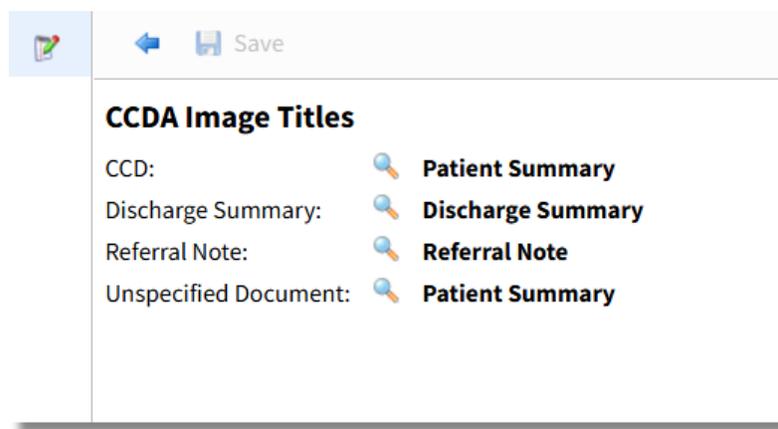
- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the CPT Flat Fee list.

Select **Back Arrow** to return to the previous screen.

### 3.5 CCDA Image Titles

The CCDA Image Titles table is used to associate image titles to the following documents: CCD, Discharge Summary, Referral Note and Unspecified Document.

Select **Web Client > Tables > Business Office > CCDA Image Titles**



CCDA Image Titles

Select the magnifying glass next to each document to link it to the appropriate Image Title.

The following options are available on the action bar:

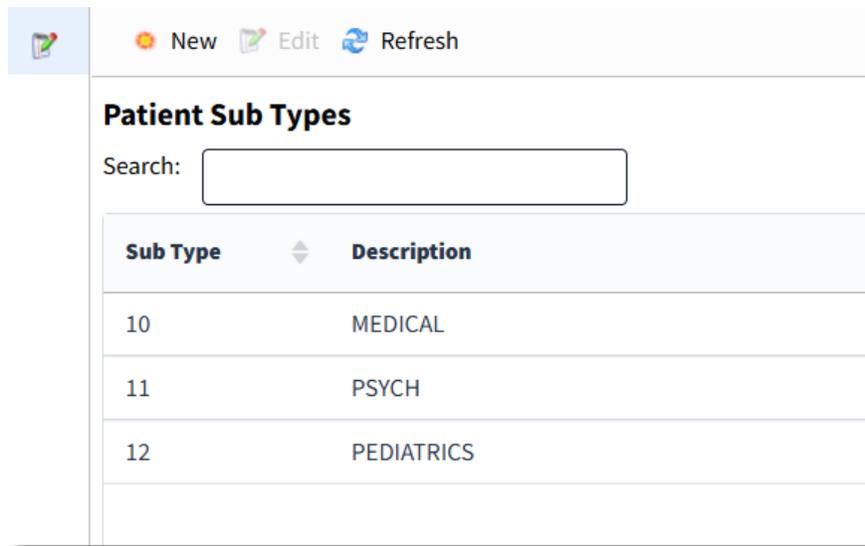
- **Save:** This option saves changes made to the table settings

Select **Back Arrow** to return to the previous screen.

### 3.6 Patient Sub Type Table

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.

Select **Web Client > Tables > Business Office > Patient Sub Type Table**



Sub Type	Description
10	MEDICAL
11	PSYCH
12	PEDIATRICS

Patient Sub Type List

Select **New** to enter a new Patient Sub Type or select an existing code from the list and select **Edit**.

Select Web Client > Tables > Business Office > Patient Sub Type Table > Select a Code

**Patient Sub Type Code Edit**

Code: 10

Description: MEDICAL

Short Description: MEDICA

Company #:

Revenue GL: 30104012

Price Rate:

Prompt for NDC?:

Departments: 058

**Patient Sub Type Code Edit**

- **Sub-Type:** Enter the two-digit numeric code that will be used for the particular Sub Type. When creating Sub Types, it should be set up 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 GL:** Enter a five or eight-digit General Ledger Number. TruBridge EHR will automatically append the issuing department as the last three digits to any five-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 three-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's Stay Type to determine price and revenue General Ledger Number. A "999" in the first blank will include all departments for this Sub Type.

The following options are available on the action bar:

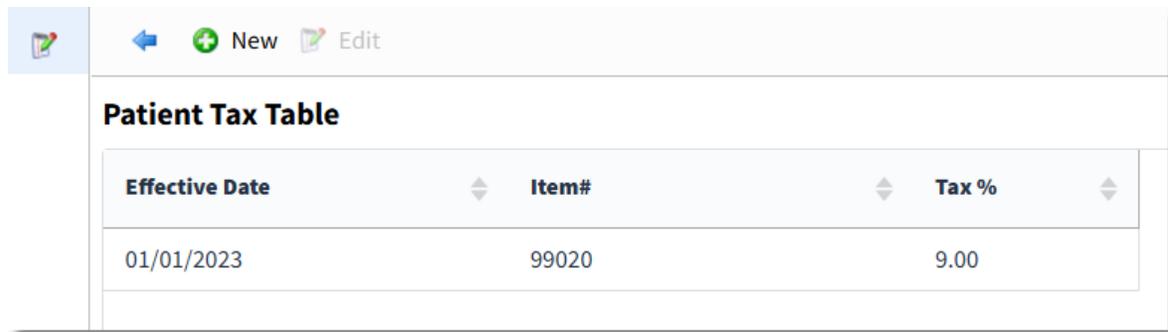
- **Show Shared:** When the option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** Allows changes to show immediately in the Patient Sub Type list.

Select the **Back Arrow** to return to the previous screen.

### 3.7 Patient Tax Table

The Patient Tax Table will be used to designate item numbers and percentages used for charging tax on taxable items.

Select **Web Client > Tables > Business Office > Patient Tax Table**

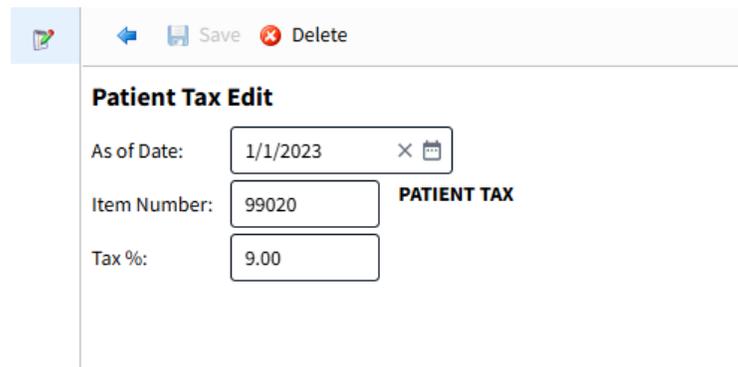


Effective Date	Item#	Tax %
01/01/2023	99020	9.00

Patient Tax Table

Select **New** to enter a new item and percentage or select an existing code from the list and select **Edit**.

Select **Web Client > Tables > Business Office > Patient Tax Table > Select Item**



**Patient Tax Edit**

As of Date: 1/1/2023

Item Number: 99020 **PATIENT TAX**

Tax %: 9.00

Patient Tax Edit

Below is an explanation of each field:

- **As of Date:** Select the As of Date the tax may start being applied.
- **Item Number:** Enter the Item Number to be used for applying the patient tax to accounts.
- **Tax %:** Enter the tax percentage to apply to patients. A negative percentage may be populated if needed. Values 0.01-99.9 may be entered.

**NOTE:** *If a negative percentage is entered, when the taxable item is charged to the patient, the item number loaded in the Item Number field will post as a credit.*

The following options are available on the action bar:

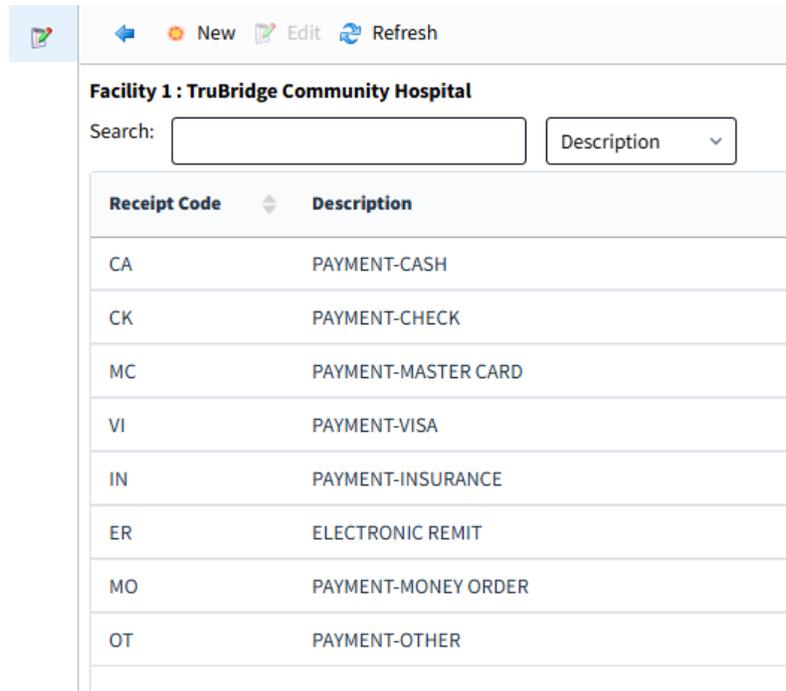
- **Save:** This option saves changes made to the table settings.
- **Delete:** This option deletes the table settings.

Select **Back Arrow** to return to the previous screen.

### 3.8 Receipt Table

When receipts are entered into the system, a Receipt Type Code is required, indicating the method of payment.

Select **Web Client > Tables > Business Office > Receipt Table**



Facility 1 : TruBridge Community Hospital

Search:  Description

Receipt Code	Description
CA	PAYMENT-CASH
CK	PAYMENT-CHECK
MC	PAYMENT-MASTER CARD
VI	PAYMENT-VISA
IN	PAYMENT-INSURANCE
ER	ELECTRONIC REMIT
MO	PAYMENT-MONEY ORDER
OT	PAYMENT-OTHER

Receipts List

Select **New** to enter a new Receipt Code, or select an existing code from the list and select **Edit**

Select Web Client > Tables > Business Office > Receipt Table > Select a code

The screenshot shows a web application interface for 'Facility 1 : TruBridge Community Hospital'. The main heading is 'Receipt Table'. Below this, there are several input fields and checkboxes:

- Receipt Code: CK
- Description: PAYMENT-CHECK
- Taxable:
- Inactive:
- Pat Pmt:
- Advance Cycle Code:
- Point of Sale Code:
- Prompt for Check#:
- Insurance Receipt Cd:
- Private Pay:

Receipt Code Maintenance

- **Receipt Code:** Enter a two-character alpha and/or numeric code. 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.
- **Taxable:** Check this box if the form of payment is taxable. Leave the box blank if the form of payment is not taxable.
- **Inactive:** Checking this box will prevent this Receipt Code from showing as a lookup option or from being entered in TruBridge EHR. This Receipt Code may be activated at anytime by unchecking this box.
- **Pat Pmt:** Check this box for Receipt Codes that are considered patient payments, i.e. cash, check, etc. These receipts will pull to the "Payments to One MR#" report. The box should remain unchecked for any insurance related Receipt Codes.
- **Advance Cycle Code:** Checking this box will allow the system to change an account to the next Cycle Code run depending on how the Collections Table is set.
- **Point of Sale Code:** This field is used in conjunction with Online Bill Pay. Please contact a TruBridge Support Representative for more information.
- **Prompt for Check #:** Check this box for Receipt Code **CK** for the system to prompt for the check number when entering patient payments through Batch Receipt Entry.

- **Insurance Receipt Cd:** Checking this box will allow the Insurance Receipt Entry screen to display once the receipt is selected from the Review Work Area/Post and Print screen. Leaving this field unchecked will allow the A/R Receipt Entry screen to display once the receipt is selected from the Review Work Area/Post and Print screen.
- **Private Pay:** Check this box for Receipt Codes that are considered private pay payments, i.e. cash, check, etc. These receipts will be used with the Financial Management application.

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Receipt Code list.

Select **Back Arrow** to return to the previous screen.

### 3.9 Referring Facility

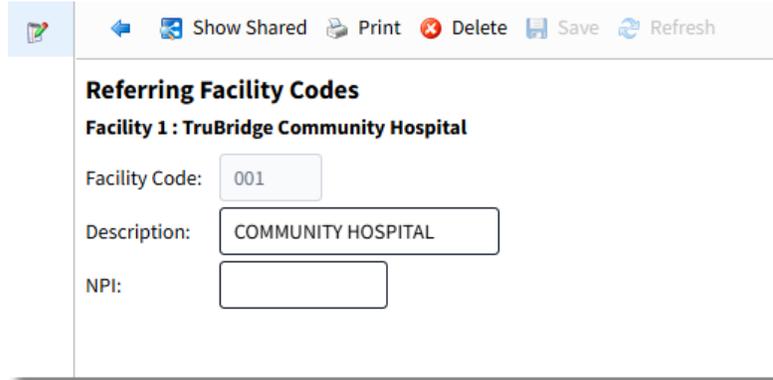
Select **Web Client > Tables > Business Office > Referring Facility**

Referring Facility Code	Description
001	COMMUNITY HOSPITAL
CNH	COMMUNITY NURSING HOME

Referring Facilities List

Select **New** to enter a new Referring Facility Code, or select an existing code from the list and select **Edit**

Select **Web Client** > **Tables** > **Business Office** > **Referring Facility** > **Select a Facility**



Referring Facility Maintenance

- **Facility Code:** Enter a three-character alpha and/or numeric code.
- **Description:** Enter a specific facility name. This name will display when using the lookup option on Referring Facility Code field of the Referring Data screen in Patient Functions.
- **NPI:** Enter the facility's National Provider Identifier.

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Referring Facility list.

Select **Back Arrow** to return to the previous screen.

### 3.10 Referring Physician

Select **Web Client** > **Tables** > **Business Office** > **Referring Physicians**

Referring Physicia...	Name
FCC	JOHNSON CONRAD
001	JOHNSON DOUG
100	JONES TIMOTHY
800	KATHERINE WILLIAMS
90	Kayla Humphrey
RCJ	Richard C Jackson Jr
522	WATSON JASON

Referring Physicians List

Select **New** to enter a new Referring Physician, or select an existing entry from the list and select **Edit**.

Select Web Client > Tables > Business Office > Referring Physicians > Select a Referring Physician



 Show Shared
  Print
  Save
  Refresh

### Referring Physician Information

**Facility 1 : TruBridge Community Hospital**

Physician Code:

Physician Name:

Phone:

Address:

Address:

City:

State:

Zip:

Healthcare Service Location:

Direct Address:

Thrive Provider:

Patient Event Notification Preference:

Inactive Date:

Ins Code	Summ Code	State	Field Code	Provider	NPI	Type	NPI Type
X**			F			1D	

#### Referring Physician Maintenance

- **Physician Code:** Enter a three-character code to represent the Referring Physician.
- **Physician Name:** Enter the Referring Physician's name using up to 22 characters. Use the last name, first name and middle initial with no punctuation.
- **Phone:** Enter the 12-digit phone number for the Referring Physician.
- **Address 1 & 2:** Enter the address for the Referring Physician; this may be up to 40 characters.
- **City:** Enter the city; this may be up to 24 characters.
- **State:** Enter the state; this may be up to two characters.
- **Zip:** Enter the zip code; this may be up to nine characters.

**NOTE:** Referring Physician phone number and address information pulls to the Referral/Transition of Care widget. This widget can be accessed through the Discharge Summary/Instruction Flowchart, or through an Electronic Form via an Application control.

- **Healthcare Service Location:** Enter the National Healthcare Safety Network (NHSN) Location Code for this physician. This code will be used for Healthcare Survey, Antimicrobial and Cancer Registry reporting. The NHSN Location Codes displayed in the look-up are maintained by TruBridge.
- **Direct Address:** Enter the Referring Physician's direct address. This will be used to send the Patient Summary electronically.
- **TruBridge Provider:** Enter the corresponding physician number to link the Referring Physician number to. Select the magnifying glass to display a listing of the physician numbers.
- **Patient Event Notification Preference:** Select the physician's preference for receiving patient event notifications for when the patient is admitted or discharged from the facility. Options for this field are **Send Admit/Discharge**, **Send Admit**, **Send Discharge**, **Do Not Send**.

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 UB04's. This table has specific codes the system recognizes that will determine where the Provider Numbers pull on 1500's and UB04'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 UB04.
- **Summ Code (Summary Code):** The two-character Summary Charge Code should be entered in this column. The system 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 UB04.
- **Field Code:** Enter the one-digit code that corresponds to a particular locator on the 1500 or the UB04 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 UB04 in the locator designated by the Field Code.
- **NPI:** Enter the physician's National Provider Identifier.
- **Type:** Enter the four-digit Physician Type that will pull to the electronic ANSI file for UB04's and 1500's.
- **NPI Type:** Enter the qualifier that will pull to locator 78 and/or 79 on the UB04.

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.

- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Referring Physician list.

Select **Back Arrow** to return to the previous screen.

### 3.11 RVU Table

The RVU Table is a view only table updated quarterly from CMS. This table allows facilities to view the RVU values from CMS by calendar year, to validate the values are correct when pulling to reports. These values are used in various reports, including the Revenue Detail Report and the Physician Stats Report.

Select **Web Client > Tables > Business Office > RVU Table**

Release Date	HCPC	Modifier	Work RVU	Malpractice RVU	Facility Practice Exp RVU	Non Facility Practice Exp R...
04/01/2025	0001F		0.00	0.00	0.00	0.00
04/01/2025	0005F		0.00	0.00	0.00	0.00
04/01/2025	0012F		0.00	0.00	0.00	0.00
04/01/2025	0014F		0.00	0.00	0.00	0.00
04/01/2025	0015F		0.00	0.00	0.00	0.00

**RVU Table**

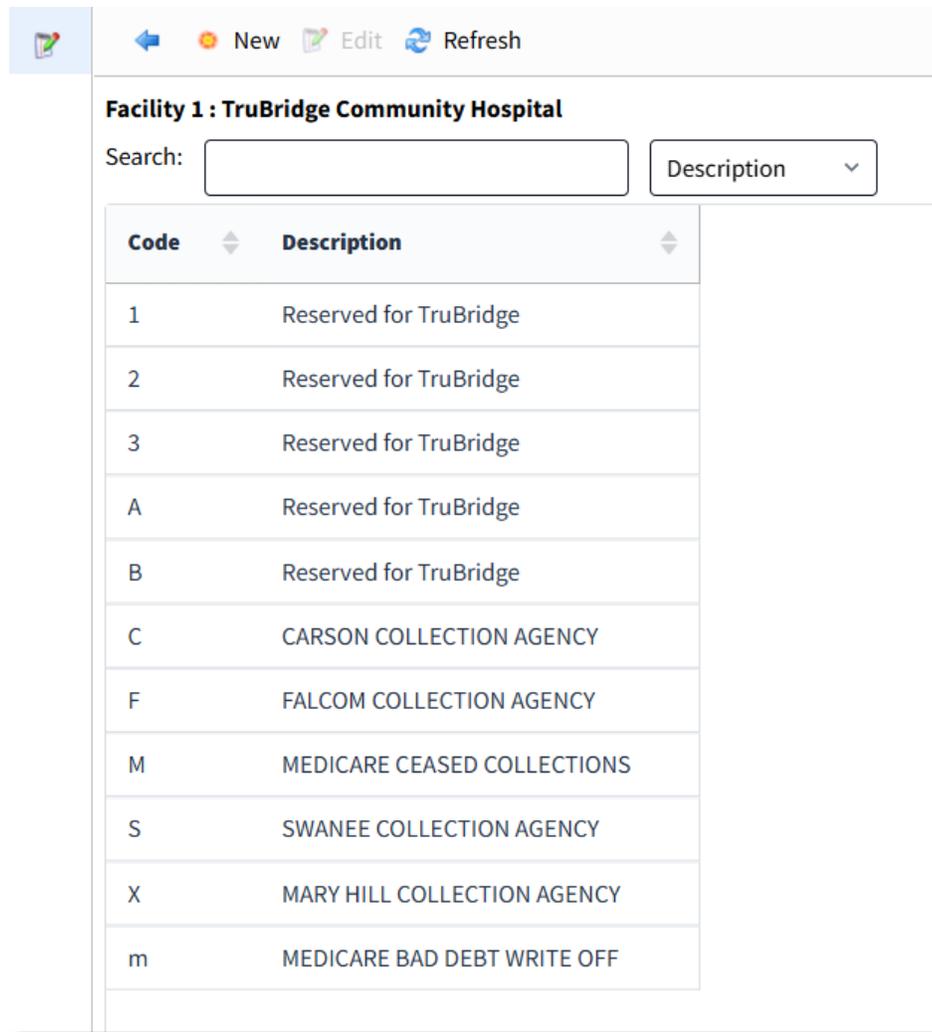
This table may be searched by HCPC and/or Release Date. The HCPC may be wildcarded if needed. The listing will default to sorting by descending date to display the most recent values at the top, with the secondary sort being by HCPC/modifier.

## Chapter 4 Collections

### 4.1 Collect Codes

The Collect Codes table is an informational table listing all of the Collection Agencies used by the facility.

Select **Web Client** > **Tables** > **Business Office** > **Collect Codes**



Facility 1 : TruBridge Community Hospital

Search:  Description ▾

Code	Description
1	Reserved for TruBridge
2	Reserved for TruBridge
3	Reserved for TruBridge
A	Reserved for TruBridge
B	Reserved for TruBridge
C	CARSON COLLECTION AGENCY
F	FALCOM COLLECTION AGENCY
M	MEDICARE CEASED COLLECTIONS
S	SWANEE COLLECTION AGENCY
X	MARY HILL COLLECTION AGENCY
m	MEDICARE BAD DEBT WRITE OFF

Collect Code List

Select **New** to enter a new Collect Code, or select an existing code from the list and select **Edit**.

Select Web Client > Tables > Business Office > Collect Codes > Select A Code

**Collect Code Table**

**Facility 1 : TruBridge Community Hospital**

Collect Code:

Description:

Address:

City:

State:

Zip Code:

Phone:

Primary Contact:

Email Address:

**Collect Code Maintenance**

- **Code:** Enter a one-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 nine-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.

---

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Collect Code list.

Select **Back Arrow** to return to the previous screen.

## 4.2 Collections Tables

### Collections Settings

The following fields pertain to the Collections process for statements.

Select **Web Client > Tables > Business Office > Collections Settings**

Show Shared
 Print
 Save
 Refresh

**Facility 1 : TruBridge Community Hospital**

A/R Collection Table

The First Collect Code an Account Should Receive: <input type="text" value="1"/>	Replace future review date: <input checked="" type="checkbox"/>
Reset collect code if minimum payment received: <input checked="" type="checkbox"/>	Auto-update finish date if zero balance: <input checked="" type="checkbox"/>
Minimum amount to update tickler: <input type="text" value="5.00"/>	Auto-assign accounts to collector: <input checked="" type="checkbox"/>
Private pay first time stmt: <input checked="" type="checkbox"/> Days: <input type="text" value="15"/>	Age term patients: <input checked="" type="checkbox"/>
Cycle missed term patient: <input checked="" type="checkbox"/> Days: <input type="text" value="5"/>	Last Cycle Run: <input type="text" value="1"/>
Cycle stme no O/S insurance: <input checked="" type="checkbox"/> Days: <input type="text" value="15"/>	Change cycle after ins pays: <input type="text" value="1"/>
Tickler Retention Days: <input type="text" value="45"/>	Remove collect code from terms patients: <input checked="" type="checkbox"/>
Reset Letter Cd? <input checked="" type="checkbox"/>	Use patient friendly billing statements: <input checked="" type="checkbox"/>
	Print insurance policy number: <input type="checkbox"/>
	LT - Print pending ins for prev months: <input checked="" type="checkbox"/>
	LT - Print if activity when \$0/credit bal: <input checked="" type="checkbox"/>
	Medicare Collect Code: <input type="text" value="m"/>

Minimum Payment Table

Account High Balance	D / P	Minimum
<input type="text" value="25.00"/>	<input type="text" value="P"/>	<input type="text" value="100.00"/>
<input type="text" value="100"/>	<input type="text" value="D"/>	<input type="text" value="50.00"/>
<input type="text" value="500.00"/>	<input type="text" value="P"/>	<input type="text" value="35.00"/>
<input type="text" value="750"/>	<input type="text" value="P"/>	<input type="text" value="30.00"/>
<input type="text" value="1000.00"/>	<input type="text" value="P"/>	<input type="text" value="25.00"/>
<input type="text" value="9999999.99"/>	<input type="text" value="P"/>	<input type="text" value="20.00"/>

A/R Collections Settings 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. Select 2 or 3 to advance this process.
- **Reset collect code if minimum payment received:** When selected, and the account has a Collect Code of 1-3, when a minimum payment is received, the system will reset the account to the Collect Code that is entered in the field above it. Collect Codes A and B do not automatically reset. When this field is not selected, Collect Codes will not reset.

If this field is selected, the Min. Payment Table must be set up.

- **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.
- The next three questions establish the parameters that should be met in order to have the system automatically update the Tickler File.
  - **Private Pay First Time Stmt:** If this field is selected, 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 selected, accounts that have payment terms set up 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 selected, 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. The system 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.
- **Reset Letter Cd:** If this field is selected, and the account has a Collect Code of A or B, when a minimum payment is received, the system will reset the account to the Collect Code that is entered in the first field. If this field is left blank, Collect Codes will not reset.
- **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.
- **Replace Future Review Date?:** If selected, the system will overwrite 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?:** If selected, the system will put a Finish Date on the account when a receipt is posted making the account a zero balance and after the Daily Receipts list has been run for the posting date.

- **Auto Assign Accounts To Collector?:** If selected, the system will allow accounts to be automatically assigned to the collectors according to the setup of the Collector Assignments table.
- **Age Term Patients:** When selected, 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, the Collect Code will stop aging but will not be reset.
- **Last Cycle Run:** This is an informational field only. The system will automatically update this field with the last cycle run during cycle statements.
- **Change Cycle After Ins Pays?:** When set to **Y**, the system will automatically advance the Cycle Code on a patient account after insurance has paid (Receipt Type of **IN**) . The system 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**, the system will add one cycle to the existing Cycle Code.

**NOTE:** *The system 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 selected, the system 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 selected, 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?:** If selected, the insurance policy number will print on the First Time Statements. If this is not selected, the policy number will not print on the statements.
- **LT - Print Pending Ins for Prev Months?:** If selected, 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 selected, long term statements will print if there is activity in that given time period regardless of the account balance. If not selected, if there is a zero balance or a credit balance a statement should not generate.

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.

- **Refresh:** This option allows changes to show immediately in the Collections Settings table.

Select **Back Arrow** to return to the previous screen.

### Collector Assignment

The Collector Assignment table is used to assign Collectors to accounts in the Collections Tickler.

Select **Web Client > Tables > Business Office > Collector Assignment**

Collector ID-Code	ALPHA	Minimum Balance	High Balance
JPJ	A-N	0.00	0.00
SDW	M-Z	0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00

Collector Assignment Table

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

**NOTE:** When **A** for Alpha is selected, the "Patient/Guarantor" field will need to be filled out to designate using the patient (**P**) or guarantor (**G**) of the account as the basis for assigning accounts.

- **By Balance?:** When this field is blank, the system assigns accounts to collectors based solely on the option listed in the previous field. If this field is selected, the system 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 the By Balance field was checked, the accounts would be assigned to collectors listed in the table below according to Financial Class, then minimum and maximum balances.
- **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 **JPJ** will be working all accounts where the patient's last name begins with A and continues through N. Enter **JPJ** in the first section and **A-N** in the second section. This allows the accounts that need to be worked to be divided among collectors.

The following options are available on the action bar:

- **Show Shared:** When this option is selected, if the site is sharing tables, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Collector Assignment table.

Select **Back Arrow** to return to the previous screen.

## Patient Friendly Billing

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

Select **Web Client > Tables > Business Office > Patient Friendly Billing Table**

Facility 1 : EVIDENT COMMUNITY HOSPITAL

Patient Friendly Billing

Web Address:

Print on preprinted forms:

Print hospital name on statements:  (Yes, (N)o, (L)ogo

File name for company logo:

Number of days to add to statment date for due date:

Accept credit cards:

- Mastercard
- Visa
- American Express
- Discover

Show contractual separate from receipt information:

Show service code description:

Print return payment detail:

First Time Message:

Dear <GUARANTOR>:

Thank you for using Evident Community Hospital. We have billed your insurance provider and will contact you for your responsibility, if any, after we have processed the payment from the insurance carrier. Please let us know if we can assist you further. For questions, call our Business Office at 251-639-8100.

Evident Community Hospital  
Business Office

**Patient Friendly Billing Table**

- **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 set to **Yes**, the facility name and address will print from the Physician 999999 or ADMIN table. If this field is set to **No**, nothing will print in the return address box at the top or the bottom of the statement. If this field is set to **Logo**, 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 TruBridge Support for assistance.

- **Number of days to add to statement date for due date:** On the cycle statement there is a Due Date field. The system 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 not selected, 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:** Select **Edit Message** to access the text box and add a message that will be printed on the First Time statement. This message may have 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. Cycles 5 and 6 should be run through the normal statement process. To print Patient Friendly Billing Statements, a Multi-tray printer may be used or a Lexmark T632 printer or better may be used. Please contact a TruBridge Client Executive regarding this application.*

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Patient Friendly Billing table.

Select **Back Arrow** to return to the previous screen.

## A/R Statement Messages

The A/R Statement Message table is used to customized the message that prints on statements.

Select **Web Client > Tables > Business Office > A/R Stmt Messages**

The screenshot shows a web application interface for configuring A/R Statement Messages. At the top, there are navigation icons and buttons for 'Show Shared', 'Print', 'Save', and 'Refresh'. Below this, the facility name is 'Facility 1 : TruBridge Community Hospital'. The interface is divided into two main sections: 'Accounts With Insurance' and 'Outstanding Insurance Patient Portion Zero'. The 'Outstanding Insurance Patient Portion Zero' section contains a text area with the message: 'As indicated below, we are anticipating payment from your insurance company to cover all of your charges.' Below this is a checkbox labeled 'Delinquent Line?'. The 'Outstanding Insurance Patient Portion Greater Than Zero' section contains a text area with the message: 'As indicated below, we are anticipating payment from your insurance company to partially cover your charges. PLEASE REMIT BALANCE DUE FROM PATIENT.' Below this is another checkbox labeled 'Delinquent Line?'. The interface is clean and professional, with a light blue and white color scheme.

**A/R Statement Messages Table**

Select the message to be changed. If the “Delinquent Message,” option is selected, 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 the system. 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."

No Outstanding Insurance Statement Messages:

- **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.

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:** This message will appear on the First Time Statement.

---

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

- **Guarantor Statements:** This message will appear on the Guarantor Statement.
- **Memo:** This memo will print on First Time Statements, Cycle Statements and Patient Friendly Statements-Cycle Statements only.

The following options are available on the action bar:

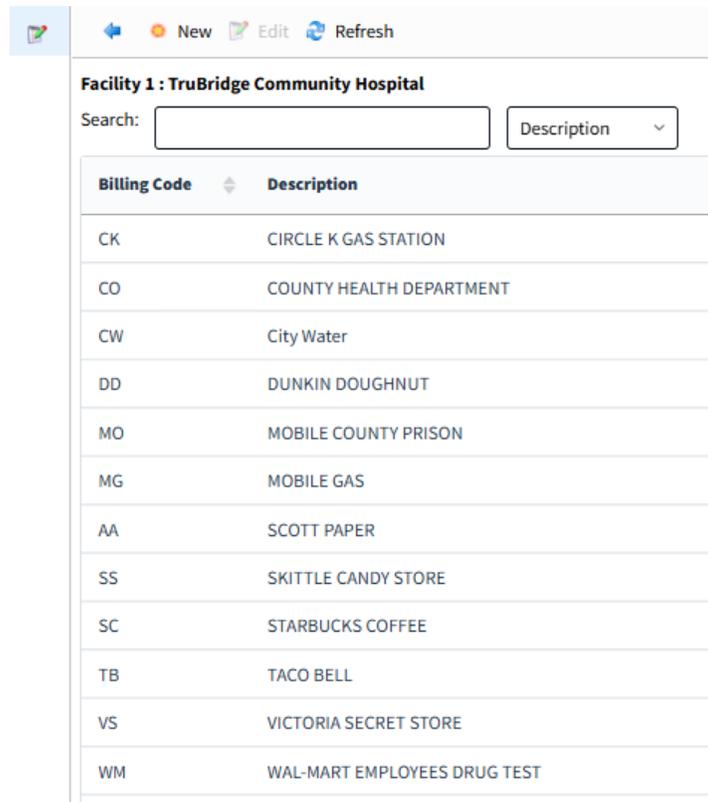
- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the A/R Statement Message table.

Select **Back Arrow** to return to the previous screen.

### 4.3 Contract Billing Codes

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

Select **Web Client > Tables > Business Office > Contract Billing**



Facility 1 : TruBridge Community Hospital

Search:  Description

Billing Code	Description
CK	CIRCLE K GAS STATION
CO	COUNTY HEALTH DEPARTMENT
CW	City Water
DD	DUNKIN DOUGHNUT
MO	MOBILE COUNTY PRISON
MG	MOBILE GAS
AA	SCOTT PAPER
SS	SKITTLE CANDY STORE
SC	STARBUCKS COFFEE
TB	TACO BELL
VS	VICTORIA SECRET STORE
WM	WAL-MART EMPLOYEES DRUG TEST

**Contract Billing Codes List**

Select **New** to enter a new Contract Billing Code or select an existing code from the list and select **Edit**.

Select Web Client > Tables > Business Office > Contract Billing > Select Contract Billing Code

**Contract Billing Code**

Facility 1 : TruBridge Community Hospital

Code: CO

Description: COUNTY HEALTH DEPARTMENT

Percent Discount: 0.00

Base Contract Code:

Master Account: M00001

Discount Item: 99010

Last Update: 06/30/2018

Transfer Only Summary Codes:

Code	Name

Contract Billing Code

- **Code:** Enter a two-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 the system, 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. Specific Summary Codes may be set up to transfer from the patient account to the master account. 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, the system 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.
- **Transfer Only Summary Codes:** When a Summary Code is added to this list, only charges linked to that Summary Code will be transferred from the patient account to the master account. All other charges will be billed to the patient or the patient's insurance.

Contract Codes with Transfer Only Summary Code may be set up by selecting **Transfer Codes Edit** on the action bar. This is discussed in the following section.

Contract Codes for discounts on individual items may be set up by selecting **Item Discounts** from the action bar on the Contract Code screen. The system will then advance to the Contract Billing Item Discounts screen, which is discussed in the following section.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Contract Billing Code list.

Select **Back Arrow** to return to the previous screen.

## Transfer Codes Edit

Select **Transfer Codes Edit** from the Contract Billing Code maintenance screen to set up specific summary codes to transfer from the patient's account to the Contract Code's master account.

The Transfer Only Summary Codes Maintenance screen will then display.

Select **Web Client > Tables > Business Office > Contract Billing > Select Contract Billing Code > Transfer Codes Edit**

The screenshot displays the 'Transfer Only Summary Codes Maintenance' interface. At the top, there are action buttons: 'Add', 'Remove', and 'Just Like'. Below this, the title 'Transfer Only Summary Codes Maintenance' is shown, followed by 'Selected Contract Billing Code:'. The main area is divided into two columns: 'Summary Code Search' and 'Summary Codes Selected'. The 'Summary Code Search' column contains a search bar with '132' results, radio buttons for 'Description' (selected) and 'Code', and a list of summary codes. The 'Summary Codes Selected' column is currently empty, displaying 'EMPTY LIST' and '0 selected' at the bottom right.

Summary Code Search	Summary Codes Selected
IR	
NC *NON-CHARGEABLE INVENTORY	
KK 0	
94 90505 PROF FEES-E/R	
AD ADMINISTRATIVE ADJUSTMENTS	
04 ALL INCL R&B/ANC	
09 ALL INCL R&B/ANCIL	
AM AMBULANCE	
33 AMBULATORY SURGICAL CARE	
83 ANESTHESIA	
89 AUDIOLOGY	

Transfer Only Summary Codes Maintenance

A search option is available to search for summary codes either by Description or Code.

Once the desired summary code has been located, double-click or select it from the Summary Code Search column and then select **Add** on the action bar. This will move the summary code to the Summary Codes Selected column and automatically save the summary code.

If needing to remove a Transfer Only Summary Code, double-click or select the summary code from the Summary Codes Selected column and select **Remove** on the action bar.

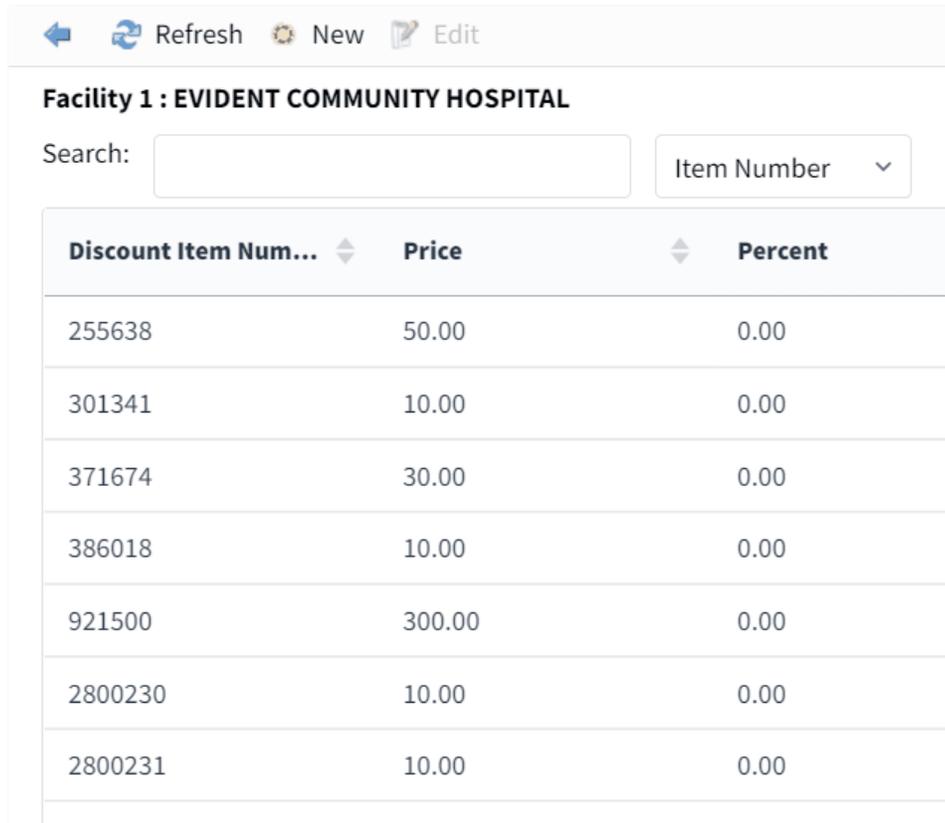
To copy the Transfer Only Summary Code(s) from another contract code, select **Just Like** on the action bar and then choose the contract code to copy from.

### Item Discounts

Select **Item Discounts** from the Contract Billing Code maintenance screen to designate a discount percentage or contract price for specific items.

The amounts set up here will override the percent discount listed on the Contract Billing Code maintenance screen.

Select **Web Client > Tables > Business Office > Contract Billing > Item Discounts**



Facility 1 : EVIDENT COMMUNITY HOSPITAL

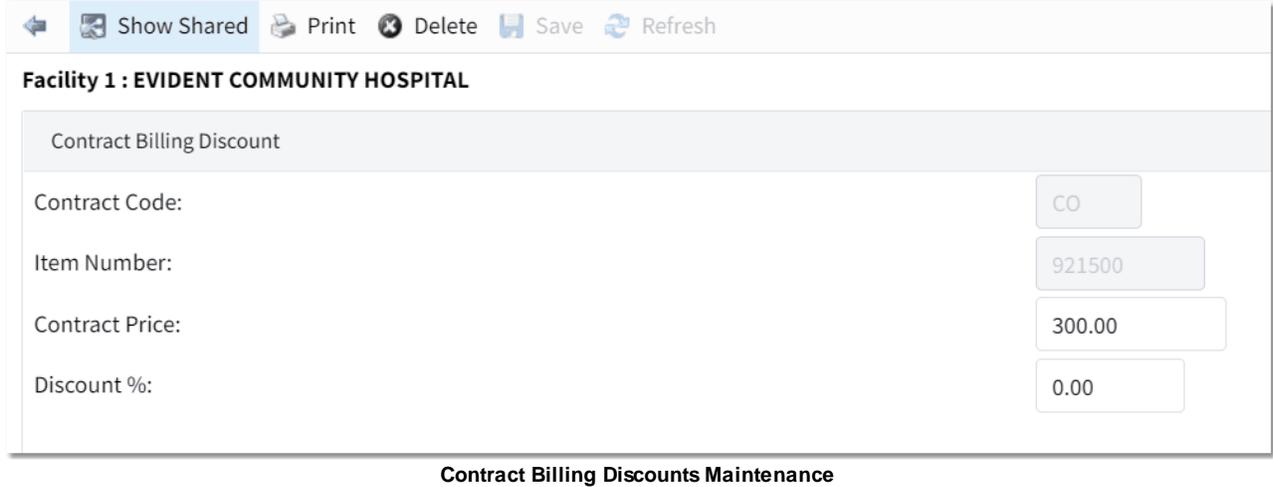
Search:  Item Number

Discount Item Num...	Price	Percent
255638	50.00	0.00
301341	10.00	0.00
371674	30.00	0.00
386018	10.00	0.00
921500	300.00	0.00
2800230	10.00	0.00
2800231	10.00	0.00

Contract Billing Discounts List

Select **New** to enter a new discount item or select an existing discount item from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Contract Billing** > **Item Discounts** > **Select an Item**



Facility 1 : EVIDENT COMMUNITY HOSPITAL

Contract Billing Discount

Contract Code:	CO
Item Number:	921500
Contract Price:	300.00
Discount %:	0.00

Contract Billing Discounts Maintenance

- **Contact Code:** This field displays the contract code that will receive the item discount.
- **Item Number:** 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.

The following options are available on the action bar:

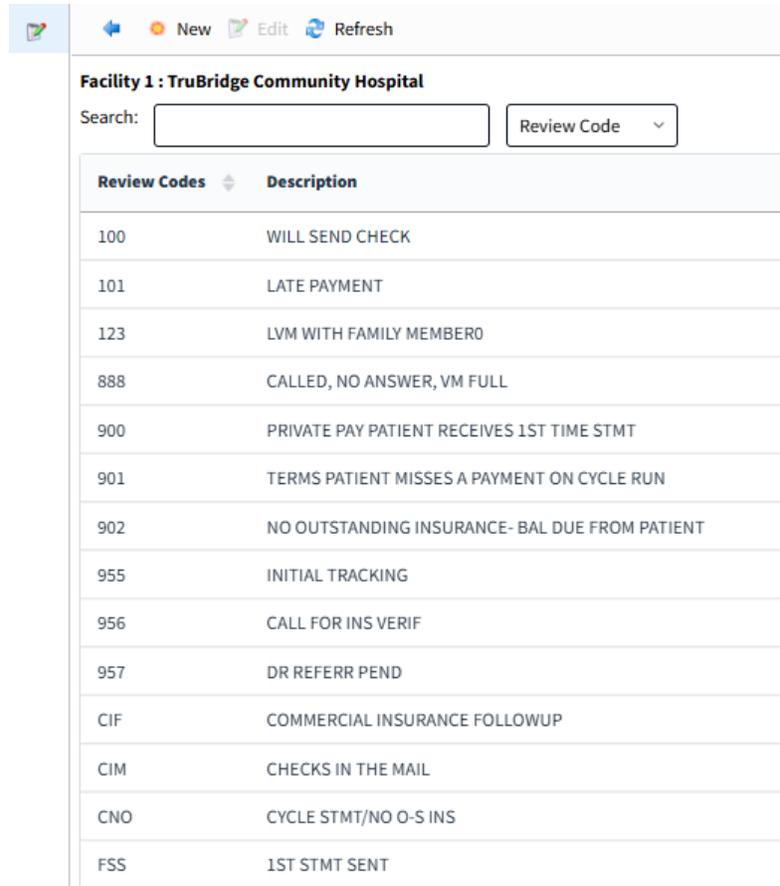
- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** Displays the table settings in Adobe
- **Delete:**Deletes the table settings
- **Save:** Saves changes made to the table settings
- **Refresh:** Allows changes to show immediately in the Contract Billing Discounts list.

Select **Back Arrow** to return to the previous screen.

## 4.4 Review Codes

The Review Codes table allows Review Codes to be set up for the Collections Tickler and Insurance Tickler Systems. When the system places an account into the Tickler File, a Reason Code and description may be entered on the Tickler Account Maintenance screen. These codes are also used in the Quick Entry lookup option in Note Entry/Changes. Numbers from 001-899 are facility-defined.

Select **Web Client > Tables > Business Office > Review Codes**



Review Codes	Description
100	WILL SEND CHECK
101	LATE PAYMENT
123	LVM WITH FAMILY MEMBERO
888	CALLED, NO ANSWER, VM FULL
900	PRIVATE PAY PATIENT RECEIVES 1ST TIME STMT
901	TERMS PATIENT MISSES A PAYMENT ON CYCLE RUN
902	NO OUTSTANDING INSURANCE- BAL DUE FROM PATIENT
955	INITIAL TRACKING
956	CALL FOR INS VERIF
957	DR REFERR PEND
CIF	COMMERCIAL INSURANCE FOLLOWUP
CIM	CHECKS IN THE MAIL
CNO	CYCLE STMT/NO O-S INS
FSS	1ST STMT SENT

**Collection Review Codes List**

Select **New** to enter a new Review Code or select an existing code from the list and select **Edit**.

Select **Web Client > Tables > Business Office > Review Codes > Select a Code**

**Collection Review Codes Maintenance**

- **Code:** Enter the three-character alpha/numeric code that will be used when entering Review Codes into the Tickler File.
- **Description:** Enter the description of the Review Code that will display in the Tickler Account Maintenance screen.

**NOTE:** *TruBridge reserves the use of all codes beginning with 9. The following TruBridge 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

**NOTE:** *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.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected, the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Collection Review Codes list.

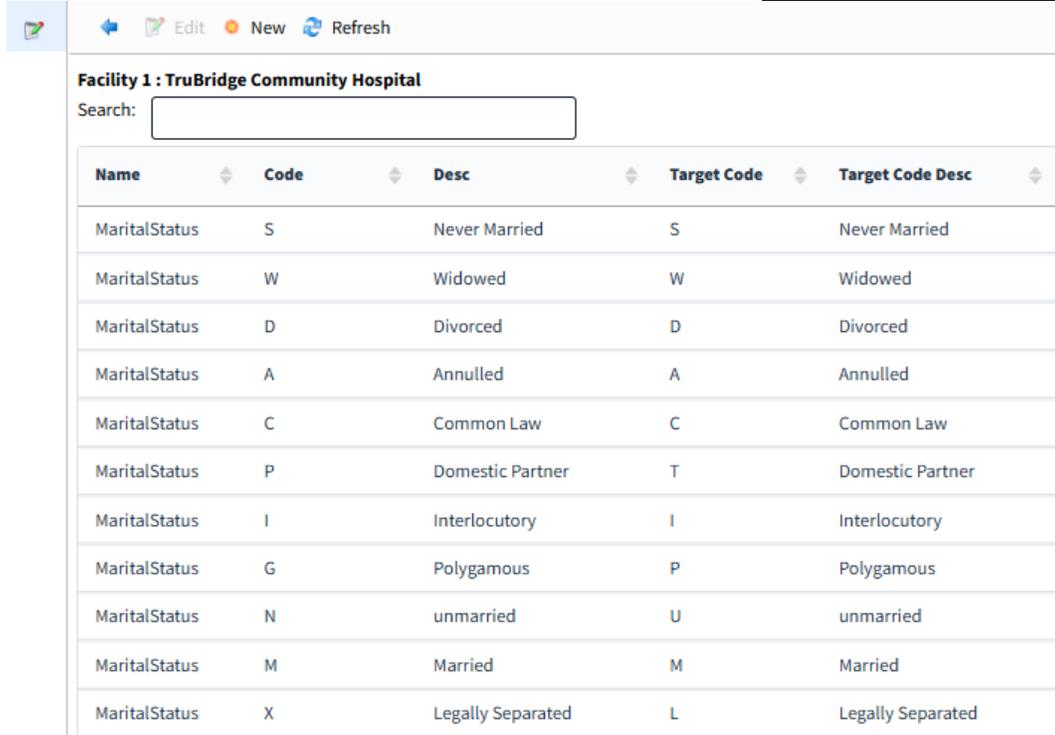
Select **Back Arrow** to return to the previous screen.

## 4.5 Proprietary Code Crosswalk

The Proprietary Code Crosswalk Table is used to link previously used Marital Status Codes to the correct standard use codes that pull to all CCDA documents. There are 12 Target Codes to be used.

**NOTE:** If this table is not updated and mapped to the correct code and description, the Marital Status lookup will display duplicated codes.

Select **Web Client > Tables > Table Maintenance > Business Office > Proprietary Code Crosswalk**



Facility 1 : TruBridge Community Hospital

Search:

Name	Code	Desc	Target Code	Target Code Desc
MaritalStatus	S	Never Married	S	Never Married
MaritalStatus	W	Widowed	W	Widowed
MaritalStatus	D	Divorced	D	Divorced
MaritalStatus	A	Annulled	A	Annulled
MaritalStatus	C	Common Law	C	Common Law
MaritalStatus	P	Domestic Partner	T	Domestic Partner
MaritalStatus	I	Interlocutory	I	Interlocutory
MaritalStatus	G	Polygamous	P	Polygamous
MaritalStatus	N	unmarried	U	unmarried
MaritalStatus	M	Married	M	Married
MaritalStatus	X	Legally Separated	L	Legally Separated

Proprietary Code Crosswalk

Select **New** to enter a new Proprietary Code or select an existing code from the list and select **Edit**.

Select **Web Client > Tables > Table Maintenance > Business Office > Proprietary Code Crosswalk > Edit**

The screenshot shows a web form titled "Code Maintenance" for "Facility 1 : TruBridge Community Hospital". The form contains the following fields:

- Name:** A dropdown menu with "MaritalStatus" selected.
- Code:** A text input field containing "M".
- Code Description:** A text input field containing "Married".
- Target Code:** A text input field containing "M".
- Target Code Description:** A text input field containing "Married".

At the top of the form, there are navigation icons: a back arrow, a "Save and Update" button, and a "Delete" button.

Proprietary Code Crosswalk

- **Name:** This field will default to MaritalStatus.
- **Code:** The Marital Status Code that will be used to define the Marital Status of the patient. This code will display in the Marital Status lookup on the profile and visit.
- **Code Description:** The description that will display next to the Marital Status Code in the Marital Status lookup. Once a Target Code is selected, this field will auto-populate the associated description.

**NOTE:** If a description is manually populated in this field, it will be overwritten once a Target Code is selected.

- **Target Code:** Select the lookup to display a list of hard-coded Target Codes. Select the appropriate Target Code to be associated with the Marital Status Code. The codes are as follows:
  - **A** - Annulled
  - **C** - Common Law
  - **D** - Divorced
  - **T** - Domestic Partner
  - **I** - Interlocutory
  - **L** - Legally Separated
  - **M** - Married
  - **S** - Never Married
  - **P** - Polygamous
  - **W** - Widowed
  - **U** - Unmarried
- **Target Code Description:** The description of the Target Code that was selected will display in this field.

Select the **Back Arrow** to return to the previous screen.

## 4.6 eCR-Now Settings

The eCR-Now Settings table provides the ability to configure the eCR functionality for reporting conditions to the CDC via eCR Now integration.

Select **Web Client > Tables > Table Maintenance > Business Office > eCR-Now Settings**

The screenshot shows the 'eCR-Now Configuration' form for 'Facility 2: EVIDENT COMMUNITY HOSPITAL'. The form includes the following fields and values:

- Customer Tenant ID: 12106
- eCR-Now Client ID: 149
- Organization Name: EVIDENT COMMUNITY HOSPITAL
- Organization OID: 1234567893
- Direct Sender Username: eight@cpsi-test.hdirect.net
- Direct Sender Password: [Masked]
- Direct Recipient Address: ecr-interop-noroute-test@direct.test.aimsp
- Encounter Start Time Threshold: 3 hour
- Encounter Stop Time Threshold: 30 hour
- Off-Hour Processing: Disable
- Off-Hour Processing: From 19:00, To 7:00

eCR-Now Settings

- **Customer Tenant ID:** Display Only
- **eCR-Now Client:** Display Only
- **Organization Name:** Display Only
- **Organization OID:** Enter the facility OID.
- **Direct Sender Username:** Enter the username to be used by the facility.
- **Direct Sender Password:** Enter the password to be used by the facility.
- **Direct Recipient Address:** Enter the recipient address.
- **Encounter Start Time Threshold:** Select the number of hours from the drop-down.
- **Encounter Stop Time Threshold:** Select the number of hours from the drop-down.
- **Off-Hour Processing:** Select **Enable** or **Disable** from the drop-down. This field will default to Disable.
- **Off-Hour Processing (Times):** Enter a **From** and **To** time is utilizing off-hour processing. The From field will default to 19:00 and the To field will default to 7:00.

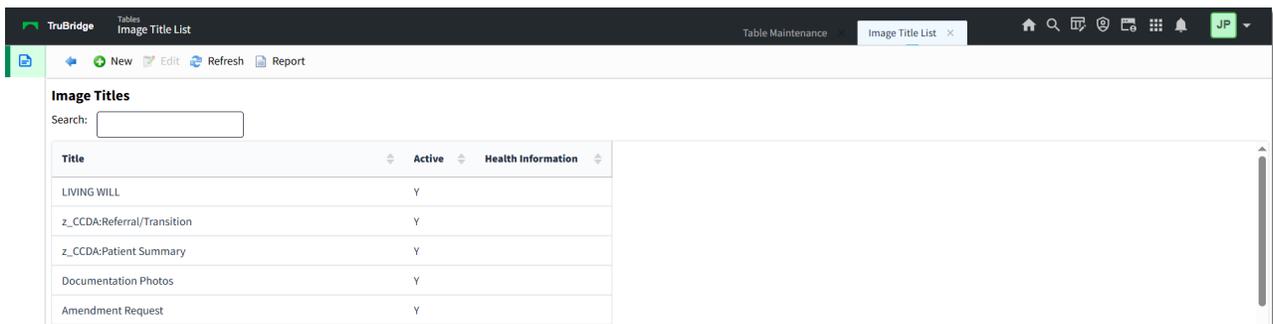
Select the **Back Arrow** to return to the previous screen.

## Chapter 5 Images

### 5.1 Titles

Image Titles for each type of document that will be scanned, or uploaded, to a patient's account will need to be created. To view a listing of current Image Titles, select **Titles** from the Business Office tab in Table Maintenance.

Select **Web Client > Tables > Business Office > Titles**



Title	Active	Health Information
LIVING WILL	Y	
z_CCDA:Referral/Transition	Y	
z_CCDA:Patient Summary	Y	
Documentation Photos	Y	
Amendment Request	Y	

Image Titles

Select **New** to enter a new Image Title, or select an existing title from the list and select **Edit**.

The Report option enables information from the Image Titles table to be exported into a CSV format. After selecting **Report**, the Report Writer Parameters screen will appear, allowing filters to be applied as needed. Once all are set, select **Run Report** to generate the file.

**NOTE:** This report is also available within the Report Dashboard and it titled "Image Titles Master Table Report".

Select Web Client > Tables > Business Office > Titles > New

**Image Title Edit**

Title:

Phase Permitted:

Department Permitted:

Physician Link Ids:

ChartLink Physicians:

Currently Used:

Copy Forward:

Image Deletion Allowed:

Enter Document Date:

Flag Images On-File:

Alternate Title Prompt:

Health Information:

Allow E-sign:

ChartLink Tab:

ChartLink Icon:

EMR Document Code:

PhysDoc Title:

Clinical History:  MR  Documentation  Lab  Rad  Nursing  Cardio  EKG  PT  Dietary  Images  Other

Scheduling:

Advanced Directive:

**Page Properties**

Resolution: 100

Color Depth: Black and White

Document Size: 8.5 x 11 letter

Narrative Tab:

Enable Automatic Document Reader:

Image Title Edit

- **Title:** Enter a 30-character description. 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.
- **Department Permitted:** If additional departments, that do not share the above-entered Phase ID, should have access to the image, enter those departments in the spaces provided in “Depts Permitted”. Up to 20 departments may be entered. If “Phase Permitted” is blank, the system 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 under the selected title.

To determine a department’s Phase ID, review Departmental Security Settings within Special Functions. From the System Menu screen, select **Special Functions**. Access **System Management**. Select **System Security** and then **Department Security**. When a department number is entered, the Departmental Phase ID will display. Some departments do not require a “Phase ID” for daily operations.

- **Physician Link IDs:** Selecting this option allows access to scanned images via Medical Practice Access.

- **ChartLink Physicians:** This option allows up to 20 physicians to be entered. Enter the physician number to allow that provider access to that specific Image Title when using the ChartLink Virtual Chart feature to scan images directly into ChartLink. Enter an "\*" in the first field to allow all physicians.

*NOTE: ChartLink is no longer in use.*

- **Currently Used?:** For active Image Titles, this field should be selected. For Image Titles that have been discontinued, misspelled or changed, leave this field blank so that no further images may be scanned for this title.
- **Copy Forward:** If this field is selected and a patient who has been seen at the facility before is registered, then this Image Title, along with the scan from the original account, will copy to the new registration. If this option is blank, no scans from the original account will copy forward to the new registration.
- **Image Deletion Allowed:** Select this field to allow the stored image to be deleted. If blank, the stored image may not be deleted.
- **Enter Document Date:** If this field is selected, during the scanning process the system 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.
- **Flag Images On-File:** If this field 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".
- **Alternate Title Prompt:** If this field is selected, during the scanning process the system 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.
- **Health Information:** If this field is selected, the image title will be identified in Electronic Management as a clinically relevant document for the visit.
- **Allow E-Sign:** Select this option to allow a scanned image to be E-Signed.
- **Chartlink Tab:** This determines which of the 16 Disciplines in Reports and Attachments the scanned Image Title will display.
- **Chartlink Icon:** This allows an icon to display on the Whiteboard in ChartLink to notify the physician of a new scanned image.

*NOTE: ChartLink is no longer in use.*

- **EMR Document Code:** Enter the code from the EMR Document Code Table within the Medical Record Control Table.
- **PhysDoc Title:** Select the Physician Documentation Title associated with this Image Title. Image Titles should be set up for all Physician Documentation Titles. This will allow the images that are scanned under these titles to be viewable by the Physician in the Physician Documentation Application.

*NOTE: PhysDoc is no longer in use.*

- **Clinical History:** This allows the scanned image to pull to Clinical History. Selecting a filter will determine which filter the image will display within Clinical History. If more than one filter is selected, the image will only display once within Clinical History, but will display with each filter as it is selected within Clinical History. If the image is set to copy forward, it will only display one time within Clinical History. Deleted images will not display within Clinical History.
- **Scheduling:** When selected, this image title will be available in the drop-down menu when adding images to an appointment within the Scheduling application.
- **Advanced Directive:** Select this field for any image title that is used for Advance Directives. When selected, any image scanned using this title will be available from the paperclip icon next to the Advance Directive field in the ID Panel of the patient's chart.

### Page Properties

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:** Select the default Dots per Inch for this Image Title from the drop-down list.
- **Color Depth:** Select the default scanning color for this Image Title. Black and White, Grey Scale and Color are the available options.
- **Document Size:** Select the default size for this Image Title from the drop-down list. The size may be set to Letter, Legal, Index Card or Business Card parameters.
- **Narrative Tab:** Select the chart tab within TruBridge Provider EHR that the scanned image will populate. This is only used for clinic patients.
- **Enable Automatic Document Feeder:** Select this field if the scanner used has an automatic document feeder attached.

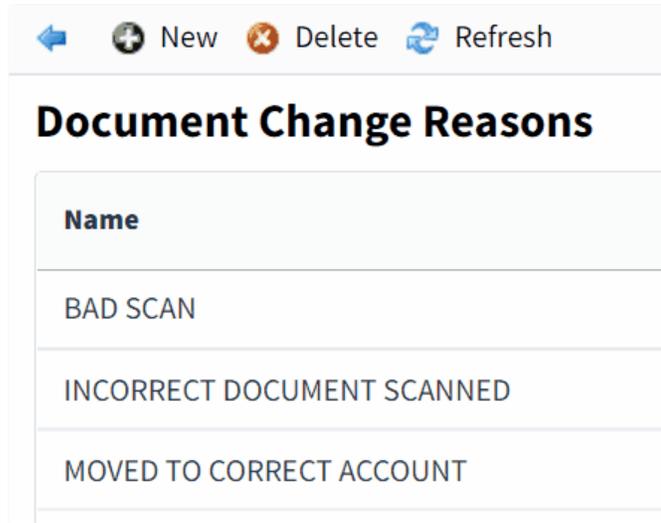
Select **Save** from the action bar once all information has been entered.

Select **Back Arrow** to return to the previous screen.

## 5.2 Delete/Move Reasons

In addition to Image Titles, Delete and Move Reasons will also need to be set up prior to using Electronic File Management. These reasons will provide an explanation for files being deleted or moved from a patient's account. To view a listing of existing Delete and Move Reasons, select **Delete/Move Reasons** from the Business Office tab in Table Maintenance.

Select **Web Client > Tables > Business Office > Delete/Move Reasons**



Name
BAD SCAN
INCORRECT DOCUMENT SCANNED
MOVED TO CORRECT ACCOUNT

Document Change Reasons

To create a new Delete or Move Reason, select **New** from the action bar.

Select **Web Client > Tables > Business Office > Delete/Move Reasons > New**



Name:

Document Change Reason Edit

This will allow the name field to be accessed and the name of a new Reason to be entered. After the name is entered select **Save** on the action bar.

To make changes to an existing Reason, double-click it from the Document Change Reasons screen to return to the Document Change Reason Edit screen.

---

To delete a Reason, highlight the Reason and then select **Delete**. This will not delete the Reason from an account. It only deletes the Reason from the table.

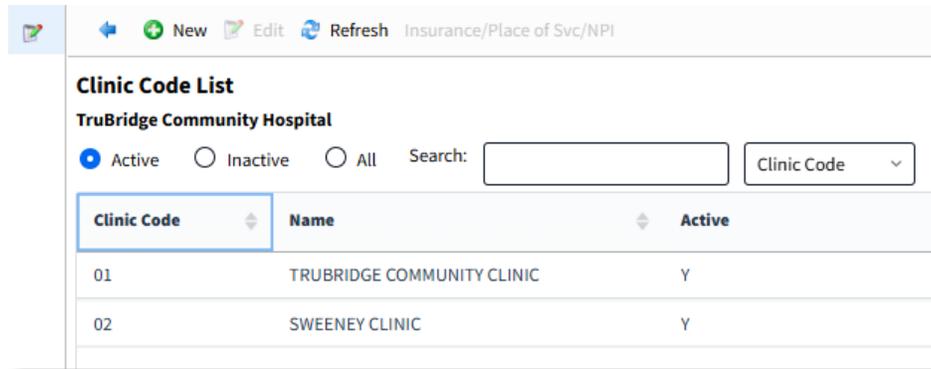
Select **Back Arrow** to return to the previous screen.

## Chapter 6 Insurance

### 6.1 Clinic Table

The Clinic Table will allow a clinic's address to appear on the UB04 and the 1500.

Select **Web Client > Tables > Business Office > Clinic Table**



**Clinic Code List**  
TruBridge Community Hospital

Active  Inactive  All Search:  Clinic Code

Clinic Code	Name	Active
01	TRUBRIDGE COMMUNITY CLINIC	Y
02	SWEENEY CLINIC	Y

Clinic Table

Select **New** to enter a new Clinic Code, or select an existing code from the list and select **Edit**.

Select Web Client > Tables > Business Office > Clinic Table > Select Clinic Code

Insurance/Place of Service/NPI List

### Clinic Code Table

Facility 1 : TruBridge Community Hospital

Clinic code:

Inactive:

Name:

Address:

City:

State:

Zip:

UB Locator 2 Desc:

NPI:

Provider Number:

Taxonomy Number:

Phone Number:

Office Contact Information

First Name:

Middle Name:

Last Name:

Full Name:

Phone:

HIE with Query and Response:  Yes  No

Date Initiated for Query and Response:

Pull Address to locator 1 on UB:

Pull Address to locator 32 on 1500:

Pull Address to locator 33 on 1500:

Pull Address as Service Location in UB electronic file:

Pull Address as Service Location in 1500 electronic file:

Pull Provider Number to locator 32b on 1500:

Pull Address to locator 2 on UB:

Pull NPI to Locator 32a on 1500:

Direct Address:

#### Clinic Table Maintenance

- **Clinic Code:** Enter a two-digit alpha or numeric code for a clinic.
- **Inactive:** If selected, the Clinic Code will be considered inactive and will not display in the Clinic Code lookups.
- **Name:** Enter the clinic name.
- **Address:** Enter the mailing address for the clinic in these fields.

- **City, State and Zip:** Enter the City, State and Zip code for the clinic.
- **UB Locator 2 Desc:** Information entered will pull to line 4 of locator 2 on the UB04.
- **NPI:** Enter the National Provider Identifier for the clinic.
- **Provider Number:** Enter the Provider Number for the clinic.
- **Taxonomy Number:** Enter the Taxonomy Code for the clinic.
- **Phone Number:** Enter the clinic's phone number.
- **Pull Address to Locator 1 on UB?:** Select this field if the clinic address should print in locator 1 on the UB04.
- **Pull Address to Locator 32 on the 1500?:** Select this field if the clinic address should print in locator 32 on the 1500.
- **Pull Address to Locator 33 on the 1500?:** Select this field if the clinic address should print in locator 33 on the 1500.
- **Pull Address as Service Location in UB electronic file?:** Select this field if the Service Location address should pull to the UB04 electronic file if it is different from the billing facility. If not selected, the address from the billing facility will pull.
- **Pull Address as Service Location in 1500 electronic file?:** Select this field if the Service Location address should pull to the 1500 electronic file. If not selected, the address from the billing facility will pull.
- **Pull Provider Number to locator 32b on the 1500?:** Select this field to have the provider number pull to locator 32b on the 1500.
- **Pull Address to locator 2 on the UB?:** Select this field to have the clinic address pull to locator 2 on the UB04.
- **Pull NPI to Locator 32a on the 1500?:** Select this field to have the NPI pull to locator 32a on the 1500.
- **Direct Address:** Enter the direct email address used for Portal access. This may be up to 256 characters long.

**NOTE:** *The Direct Address pulls from the Physician 999999 table unless the user is logged into a department that has a Clinic Code loaded on page 5 of the Department Table, then the system will look to the Clinic Table for the Direct Address.*

- **Office Contact Information:** Information added here will display on the CCDA.

The **Insurance/Place of Service/NPI List** option within the Clinic 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 Policy Information on the patient's account, the system will look to this table instead of the Charge Summary Code table.

Select **Web Client** > **Tables** > **Business Office** > **Clinic Table** > **Select Clinic Code** > **Insurance/Place of Service/NPI List**

Insurance Code	Patient Type	Place of Service	NPI
BP	2	22	85632102

Insurance/ Place Of Service/ NPI List

A list of existing entries will display in this screen. Select **New** to create a new entry, or select an existing entry from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Clinic Table** > **Select Clinic Code** > **Insurance/Place of Service/NPI List** > **New**

Facility 1 : TruBridge Community Hospital

Insurance:

Patient Type:

Place of Service:

NPI:

Insurance/ Place Of Service/ NPI List

- **Insurance:** 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. Leave this field blank to 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.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Clinic Code list.

Select **Back Arrow** to return to the previous screen.

## 6.2 Condition Codes

The Condition Codes Table contains codes identifying conditions related to an insurance bill that may affect processing.

Select **Web Client > Tables > Business Office > Condition Codes**

Condition Code	Description
01	MILITARY SERVICE RELATED
02	EMPLOYMENT RELATED
03	COVERED BY INS NOT REFLECTED
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

**Insurance Condition Codes List**

Select **New** to enter a new Condition Code, or select an existing code from the list and select **Edit**.

Select **Web Client > Tables > Business Office > Condition Codes > Select a Code**



The screenshot shows a web application interface for maintaining insurance condition codes. At the top, there is an action bar with icons for 'Show Shared', 'Print', 'Delete', 'Save', and 'Refresh'. Below this, the facility name 'Facility 1 : TruBridge Community Hospital' is displayed. The main section is titled 'Condition Code Table' and contains two input fields: 'Condition Code:' with the value '02' and 'Description:' with the value 'EMPLOYMENT RELATED'.

Insurance Condition Codes Maintenance

- **Condition Code:** Enter the two-digit insurance Condition Code.
- **Description:** Enter a description of the code.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Condition Codes list.

Select **Back Arrow** to return to the previous screen.

## 6.3 Insurance Companies

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 the system to store specific information relating to the different insurance companies.

Select **Web Client > Tables > Business Office > Insurance Companies**

Code	Name
B	BCBS OF ALA - I/P
B1	OUT/STATE B/C-I/P F
B2	NATIONAL BLUE CROSS-I/P F
B3	FEDERAL BLUE CROSS-I/P F
B4	COMPANION B/C-I/P G
BB	BLUE CROSS BLUE SHIELD OP

Insurance Company List

Select **New** to enter a new code, or select an existing code from the list and select **Edit**.

### Mass Change

The Mass Change option allows information to be updated for selected financial classes. After selecting **Mass Change**, double-click the desired financial classes to move them to the Assigned column--these are the financial classes that will be updated. Once all selections have been made, select **Continue** to proceed.

**NOTE:** A minimum of three financial classes must be selected before being able to continue.

Select **Web Client > Tables > Business Office > Insurance Companies > Mass Change**

Search	Assigned
B BCBS OF ALA - I/P	B BCBS OF ALA - I/P
B1 OUT/STATE B/C-I/P F	B2 NATIONAL BLUE CROSS-I/P F
B2 NATIONAL BLUE CROSS-I/P F	B3 FEDERAL BLUE CROSS-I/P F
B3 FEDERAL BLUE CROSS-I/P F	BB1 OUT/STATE B/C-O/P F
B4 COMPANION B/C-I/P G	BB3 FEDERAL BLUE CROSS-O/P F
BB BLUE CROSS BLUE SHIELD OP	BBR BLUE CROSS-RECURRING
BB1 OUT/STATE B/C-O/P F	BC1 OUT/STATE B/C - CLINIC
BB2 NATIONAL BLUE CROSS-O/P F	BC3 FEDERAL BLUE CROSS - CLINIC

Insurance Company List - Mass Change

The fields and pages of the Insurance Companies table will then appear. Update the necessary fields on each page--these changes will be applied to all previously selected financial classes.

**NOTE:** The only field that cannot be mass changed is the Name field on Page 1.

Once all information has been input, select **Update** to copy the information to the selected financial classes.

Select **Web Client > Tables > Business Office > Insurance Companies > Mass Change > Select Financial Classes > Continue**

The screenshot shows the 'Insurance Company List' interface in a web browser. The title bar includes 'TruBridge Tables Insurance Company List', 'Table Maintenance', and 'Insurance Company List'. Below the title bar, there are 'Update' and 'Cancel' buttons. The main content area is titled 'Insurance Company Information' and 'Facility 1: TRUBRIDGE COMMUNITY HOSPITAL'. Underneath, it says 'Mass Change' and has a series of tabs: 'Page 1', 'Page 2', 'Page 3', 'Page 4', 'Page 5', 'Page 6', 'Page 7', 'Page 8', 'Page 9', 'Policy Information', and 'Detail Benefits'. The 'Page 1' tab is active. The form fields are organized into two columns. The left column includes: 'Name:' (text input), 'Foreign Address:' (checkbox), 'Address 1:' (text input with '6600 WALL ST'), 'Address 2:' (text input), 'City:' (text input with 'MOBILE'), 'State:' (text input with 'AL'), 'Zip:' (text input with '36695'), and 'Ins Provider Phone:' (text input). The right column includes: 'P.S.R.O. Code:' (text input), 'Ask Reimburse Amount:' (checkbox), 'Reject After #Days:' (text input), 'Submitter ID#:' (text input), 'Auto Gen I/P's:' (checkbox), 'Auto Gen O/P's:' (checkbox), 'Primary Cov Rate:' (text input), 'Secondary Cov Rate:' (text input), and 'Lag Days:' (text input).

Insurance Company Information - Mass Change

## Report

The Report option enables information from the Insurance Companies table to be exported into a CSV format. After selecting **Report**, the Report Writer Parameters screen will appear, allowing filters to be applied as needed. Once all are set, select **Run Report** to generate the file.

**NOTE:** This report is also available within the Report Dashboard and is titled "Insurance Company Master Table Report".

## Insurance Companies, Page 1

Select **Web Client > Tables > Business Office > Insurance Companies > Select a Code**

**Insurance Company Information**  
 Facility 1: TruBridge Community Hospital  
 Insurance Company Number:

Print Intermediary: **Unassigned**  
 Electronic Intermediary: **BUAL50 - B/C OF ALABAMA**

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7 | Page 8 | Page 9 | Policy Information | Detail Benefits

Name:

Foreign Address:

Address 1:

Address 2:

City:

State:

Zip:

Ins Provider Phone:

Ins Phone 1:

Ins Phone 2:

Ins Website:

Form Code:

Journal Insurance:

Provider Number:

Ask DRG Number:

Current Per Diem Rate:  As Of:

Prior Per Diem Rate:

Proc Code Type Used:  (4=CPT4, 9=ICD9, 0=ICD10)

Bill Phy Chg Separately:  Ins Code:

Require Approval:

P.S.R.O. Code:

Ask Reimburse Amount:

Reject After #Days:

Submitter ID#:

Auto Gen I/P's:

Auto Gen O/P's:

Primary Cov Rate:

Secondary Cov Rate:

Lag Days:

Multiple 1500's:

M/R Complete:

Contractual %:

Contractual GL#:

Other AR GL#:

UB Type of Bill:

Summarize O/P Ins:  By Item#:

Auto Write-Off:

Transmit Claim:  Group:

Detail Charges:

Insurance Companies, Page 1

- **Insurance Company Number:** Load the three-character code in this field.
- **Name:** The name of the Financial Class associated with the three-character code should be loaded in this field. This pulls to locator 50 on the UB.
- **Address 1/Address 2/City/State/Zip:** The address of the insurance company should be loaded in these fields.
- **Ins Prov Phone:** The insurance provider's phone number may be loaded in this field. This phone number will pull to the Policy Information Screen.
- **Ins Phone 1:** An additional phone number for the insurance provider may be loaded in this field.
- **Ins Website:** The insurance provider's web address may be loaded in this field. The web address may include alpha and numeric characters and will accommodate special characters.

- **Form Code: Form Code:** The Form Code is a one-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:** If journals are kept for this Financial Class, this field should be selected. If no journal information is required for this Financial Class, this field should be left blank.
- **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. This pulls to locator 57 on the UB.
- **Ask DRG Number:** This field should be addressed in the traditional Business Office Tables. Please refer to the [Business Office Table](#) User Guide for options on setting this field in the traditional table.
- **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, the system 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, the system 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, the system 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:** If this Financial Class should print 1500's for the physician charges, this field should be answered **Y**, and the Financial Class code of the physician component should be entered. A **Y** will flag claims that have physician components when they are manually generated. The autogen program will set up a physician claim with the physician Financial Class code when necessary if this field is answered **Y**. Financial Classes that should not have physician components separated on a 1500, should answer this field **N**. If a **P** is entered, Autogen or CCBCP will only break out a Physician claim when the UB financial class is Primary. If an **S** is entered, Autogen or CCBCP will only break out a Physician claim when the UB financial class is Secondary.

- **Require Approval:** If selected, the claim will begin at the Unapproved status and a date must be entered in the Received field in the Policy Information screen. If left blank, the system automatically puts a date in this field and the claim will begin at the Approved status. Typically, all Inpatient Financial Classes will have this field selected and Outpatient Financial Classes will have this field left blank.
- **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.
- **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:** Selecting this field will allow inpatient claims to be auto-generated. TruBridge recommends selecting this field.
- **Auto Gen O/P's:** Selecting this field allows outpatient claims to be auto-generated. TruBridge recommends selecting this field.
- **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 the system waits before auto-generating insurance.
- **Multiple 1500's:** If selected, then the system will set up separate physician claims for different physicians' charges during the auto-gen process. If not selected, the system will set up one 1500 claim for all physician component charges.
- **M/R Complete:** If selected, a Finish Date must be loaded in the Grouper screen before a claim will be generated 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, the system 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. For more information refer to Insurance Adjustments to AR report under the Print Reports section in the [Insurance User Guide](#).

- **Contractual GL#:** The General Ledger number set up to track contractual adjustments for this Financial Class. When a claim is receipted, the system 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 five-digit or eight-digit General Ledger number. If a five-digit number is entered, the system will use the three-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. For more information refer to Insurance Adjustments to AR report under the Print Reports section in the [Insurance User Guide](#).
- **UB Type of Bill:** This field is used for Financial Classes that have a non-routine bill type. The system 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, the system 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 is selected, the system will summarize by Summary Charge Code. If the second field is answered **Y** the system 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 contractals.
- **Transmit Claim: Option:** Enter a **Y** for all Financial Classes that will be billed electronically.
- **Detail Charges:** Select this field for Inpatient claims that should be itemized rather than summarized. If an itemized claim should pull as a summarized claim, leave blank. This will affect the way charges display on both the Detail Charges screen and the claim. Typically this field should be selected for Outpatient Financial Classes and left blank for Inpatient Financial Classes.

## Insurance Companies, Page 2

Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > Page 2

**Insurance Company Information**  
 Facility 1 : TruBridg Community Hospital  
 Insurance Company Number:  Print Intermediary: **Unassigned**  
Electronic Intermediary: **BUAL50 - B/C OF ALABAMA**

Page 1 **Page 2** Page 3 Page 4 Page 5 Page 6 Page 7 Page 8 Page 9 Policy Information Detail Benefits

Provider Name:   
 Address 1:   
 Address 2:   
 City:   
 State:   
 Zip:   
 UB Locator#2 Description:   
 Phy Name of 1500-33:   
 Lab Multi-Channel#:   
 Combine Bill OR/ER:   
 Net Reimbursements:   
 DRG Grouper Version:   
 Phy Chgs on UB:   
 Minn Medicaid SNF Claim:   
 P - Pharmacy  
 R - Room  
 Source of Payment Code (EB):   
 SOP Typology:   
 Collector ID:   
 Use Diag Pointers:   
 CT State Tax Exempt:   
 Det Desc on UB:   
 3-Digit Rev Code:

DRG Cost Per Stay	
Amount	Date
<input type="text" value="0.00"/>	<input type="text"/>

**UB Provider/ID Numbers**

BCBS Prov#:   
 Fedtax#:   
 Medicare#:   
 Medicaid#:   
 Signature:   
 All Payor:   
 Disc Rate:  as of   
 Prior Disc Rate:   
 Bank Plan:

**Ins Summ Codes UB**

<input type="text"/>				
<input type="text"/>				

### Insurance Companies, 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.
- **Phy Name on 1500-33:** If selected, the name of the physician associated with this charge will pull to the 1500 in locator 33.
- **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**.

- **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.
- **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 Support if this field should be utilized.
- **Phy Chgs on UB:** If answered **Y**, the system 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:** Select 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 three-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:** Selecting this field will pull the Item Description loaded in the Item Master for detailed items to the UB. If left blank, the description loaded in the Summary Code table will pull for all detailed and summarized items to the UB.
- **3-Digit Revenue Code:** If answered **Y** a three-digit Revenue Code will pull to the UB instead of a four-digit code.
- **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# fields 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:** This is a State-specific field.
- **Disc Rate: As Of: Prior Disc Rate:** These are state-specific fields.
- **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.
- **Ins Summ Codes UB:** Forces physician charges with Summary Charge Codes entered here to pull to the UB instead of a 1500.



- **Reference 141:** If selected, then a bill type of 141 will be assigned to the claim if Revenue Codes 300-319 are the only Revenue Codes on the claim. If left blank, the system 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.
- **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 answered with **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.
- **Health Plan:** For the state of California, this field should contain the Health Plan type that corresponds to the selected coverage (HMO, PPO, POS, EPO, etc.). This information will pull to California Billing Letters.
- **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. This is typically set to 30.
- **Auto Update Finish Date:** If selected, 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 left blank, the Review Date will be changed to the day after the Paid Date, and no Finish Date will be loaded automatically.
- **Print UB Address to 1500:** If selected, 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.
- **Billing Edits:** Load any Billing Edit Numbers that should not print for this insurance company.

## Insurance Companies, Page 4

Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > Page 4

Save Show Shared Print Delete Refresh Separate Claims Room Type Coverage

**Insurance Company Information**

Facility 1: TruBridge Community Hospital

Insurance Company Number:

Print Intermediary: **Unassigned**

Electronic Intermediary: **BUAL50 - B/C OF ALABAMA**

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Policy Information Detail Benefits

<p>Payer ID: <input type="text" value="00562"/></p> <p>Medicare Questionnaire: <input type="text" value="v"/></p> <p>Phy Signature 1500..31: <input type="checkbox"/></p> <p>Pull DRG to Locator 71: <input type="text"/></p> <p>Abstracting Payer ID: <input type="text"/></p> <p>State Cost/Charge Ratio: <input type="text" value="0.0000"/></p> <p>State CCR as of Date: <input type="text"/></p> <p>Prior State CCR: <input type="text" value="0.0000"/></p> <p>Max chg lines on claim: <input type="text" value="450"/></p> <p>APC Reimburse: <input type="checkbox"/> Verify: <input type="checkbox"/></p> <p>Non-Covered Sum-CD: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HCFA-1500 8 Digit Dates: <input type="checkbox"/></p> <p>Precertification Phone#: <input type="text" value="0"/></p> <p>Skilled Nursing Prospective Payment System: <input type="checkbox"/> Summary Code: <input type="text"/></p> <p>Flag Multiple Primaries: <input checked="" type="checkbox"/></p> <p>Suppress Covered Days: <input type="text"/></p> <p>Verification Acct#: <input type="text"/></p> <p>Code: <input type="text" value="0"/></p>	<p>Calc DRG via LTCH table: <input type="checkbox"/></p> <p>Autocompute DRG: <input type="checkbox"/></p> <p>EOB (837) Indicator: <input checked="" type="checkbox"/></p> <p>ERA Group: <input type="text"/></p> <p>Retail Pharmacy Due from Third Party: <input type="text" value="00000000"/></p> <p>Third Party Write-Off: <input type="text" value="00000000"/></p> <p>Auto Gen Ready-to-Bill: <input type="text" value="Y"/></p> <p>APC M/R Verify Require: <input type="text" value="Y"/> <input type="text" value="N"/></p> <p>APC Group: <input type="text"/></p> <p>Ask for Rejection Code: <input checked="" type="checkbox"/></p> <p>Critical Access Hospital: <input type="text" value="N"/> Elec: <input type="checkbox"/></p> <p>HH Service Dates: <input type="checkbox"/></p> <p>Print Ins Addr Loc 38: <input type="checkbox"/></p> <p>Print Ins Addr Loc 80: <input type="checkbox"/></p> <p>UB Chgs to 1500: <input type="text" value="N"/></p>
--	--

Automated Sec Billing: 
Print: 
EB: 
Auto-update Prior Pay:

### Insurance Companies, 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 Classes 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 selected, 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, the system 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:** Select this option, if this Financial Class will reimburse based on the Ambulatory Payment Classification groups.
- **Verify?:** If this field selected, 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:** If selected, then dates will print in MMDDYYYY formats on the 1500.
- **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: Summary Code:** This field should be selected for all insurance companies which reimburse based on the RUG-III category. Once the field is selected, 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 selected. The RUGS code will pull to a line associated with the Summary Charge Code entered in the second part of this field. Please contact TruBridge Support for additional setup requirements for RUGS billing.
- **Flag Multiple Primaries:** If selected, a warning will display when the insurance screen is exited and there are multiple claims set as primary. If left blank, the warning will not display.

- **Suppress Covered Days:** When answered **Y**, the system 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. For further information, contact a TruBridge Client Executive.
- **Automated Sec Billing: Print: EB:** When Automated Secondary Billing is selected, the system will automate the billing of secondary insurance claims when the primary claim has paid. If the Print Form field is selected, the form will print. If Elec Bill is selected 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 selected, when using Automated Secondary Billing, the Prior Payment field on the Detail Benefits screen will be automatically populated. If left blank, the Prior Payment field will not be populated.
- **Calc DRG via LTCH Table Y/N:** If selected, the Financial Class will calculate reimbursements based on the LTCH DRG tables. If left blank, the system will read from the DRG table.
- **Autocompute DRG:** This field works with Auto-Compute found in LTCH Reports. Selecting this field will allow all accounts with this Financial Class to auto compute the DRG when running the Auto-Compute.
- **EOB (837) Indicator:** Select this field if a payer EOB is requested.
- **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:** 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. If set to **Y**, the autogen program will automatically set the insurance claims for this Financial Class to Ready to Bill.

**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 the 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, 'Include Autogen in Autoclose' is set to **Y**.

All TruBridge facilities have the option to autogen to Ready to Bill during the Autoclose Days/Months application but **ONLY** EBS facilities have the option to Autogen to Billed.

- **APC M/R Verify Require:** If this field is set to **Y**, MR verification 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 will be required. An **A** will allow APC claims to move from Unchecked to RTB without a MR verification manually or by the “APC Claims to Ready-To-Bill” Report.
- **Ask For Rejection Code:** If selected, during the receipting process, after entering a payment type of **R**, the cursor will move over to the right and prompt for a Rejection Code. This code may be set up in the Rejection Codes table. 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, 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:** Select this field 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 blank. 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 selected, 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 blank, 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.

**Insurance Companies, Page 5**

Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > Page 5

Save Show Shared Print Delete Refresh Separate Claims Room Type Coverage

Print Intermediary: **Unassigned**  
 Electronic Intermediary: **BUAL50 - B/C OF ALABAMA**

**Insurance Company Information**

**Facility 1 : TruBridge Community Hospital**

Insurance Company Number:

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**Outlier Calculation Factors**

Current Federal Rates			Prior Federal Rates		
	Amount	Date		Amount	Date
Cost Outlier Threshold:	<input type="text" value="0.000000"/>	<input type="text"/>	Cost Outlier Threshold:	<input type="text" value="0.000000"/>	<input type="text"/>
Federal Capital Rate:	<input type="text" value="0.000000"/>	<input type="text"/>	Federal Capital Rate:	<input type="text" value="0.000000"/>	<input type="text"/>
Marginal Cost Factor:	<input type="text" value="0.000000"/>	<input type="text"/>	Marginal Cost Factor:	<input type="text" value="0.000000"/>	<input type="text"/>
National Labor Related %:	<input type="text" value="0.000000"/>	<input type="text"/>	National Labor Related %:	<input type="text" value="0.000000"/>	<input type="text"/>
National NonLabor Related %:	<input type="text" value="0.000000"/>	<input type="text"/>	National NonLabor Related %:	<input type="text" value="0.000000"/>	<input type="text"/>

Current Regional Rates			Prior Regional Rates		
	Amount	Date		Amount	Date
Geographic Adjustment Factor:	<input type="text" value="0.000000"/>	<input type="text"/>	Geographic Adjustment Factor:	<input type="text" value="0.000000"/>	<input type="text"/>
Regional Wage Index:	<input type="text" value="0.000000"/>	<input type="text"/>	Regional Wage Index:	<input type="text" value="0.000000"/>	<input type="text"/>
Cost of Living Adjustment:	<input type="text" value="1.000000"/>	<input type="text"/>	Cost of Living Adjustment:	<input type="text" value="1.000000"/>	<input type="text"/>
Large Urban Adjustment:	<input type="text" value="1.000000"/>	<input type="text"/>	Large Urban Adjustment:	<input type="text" value="1.000000"/>	<input type="text"/>

Current Individual Rates			Prior Individual Rates		
	Amount	Date		Amount	Date
Oper. Cost to Chg. Ratio:	<input type="text" value="0.000000"/>	<input type="text"/>	Oper. Cost to Chg. Ratio:	<input type="text" value="0.000000"/>	<input type="text"/>
Cap. Cost to Chg. Ratio:	<input type="text" value="0.000000"/>	<input type="text"/>	Cap. Cost to Chg. Ratio:	<input type="text" value="0.000000"/>	<input type="text"/>
New Tech Add On:	<input type="text" value="0.000000"/>	<input type="text"/>	New Tech Add On:	<input type="text" value="0.000000"/>	<input type="text"/>
DisPro. Share Oper. Rate:	<input type="text" value="1.000000"/>	<input type="text"/>	DisPro. Share Oper. Rate:	<input type="text" value="1.000000"/>	<input type="text"/>
DisPro. Share Cap. Rate:	<input type="text" value="1.000000"/>	<input type="text"/>	DisPro. Share Cap. Rate:	<input type="text" value="1.000000"/>	<input type="text"/>
Ind. Med. Ed. Oper. Rate:	<input type="text" value="0.000000"/>	<input type="text"/>	Ind. Med. Ed. Oper. Rate:	<input type="text" value="0.000000"/>	<input type="text"/>
Ind. Med. Ed. Cap. Rate:	<input type="text" value="0.000000"/>	<input type="text"/>	Ind. Med. Ed. Cap. Rate:	<input type="text" value="0.000000"/>	<input type="text"/>

**Insurance Companies, Page 5**

- Outlier Calculation Factors:** These rates are used to calculate the Outlier Amount on the DRG Cost Outlier Report (path: 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 Companies, Page 6**Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > **Page 6**

**Insurance Company Information**  
 Facility 1: TruBridg Community Hospital  
 Insurance Company Number: BB

Print Intermediary: Unassigned  
 Electronic Intermediary: BUAL50 - B/C OF ALABAMA

Page 1 Page 2 Page 3 Page 4 Page 5 **Page 6** Page 7 Page 8 Page 9 Policy Information Detail Benefits

Semi-Priv Rate: 0.00 Date:   
 Future Rate: 0.00 Date:   
 Prior Rate: 0.00  
 LA Mandated Service Charge: 0.00 Per:   
 D - Day  
 V - Visit  
 Inpatient Rehab PPS?:  CMG Summary Code:   
 Contract Management Code: WD  
 Auto Crossover:  Form Code:   
 Keep EOB Information:   
 Use ERA Reject Codes:

Break out rev cntr:   
 Contractual Method: N  
 Report Group Code:   
 SOP (ANSI): BL  
 Send Qual/ID:    
 EB Misc 1:   
 EB Misc 2:   
 NPI Only?:   
 Coverage Form Code:

**Combine Summary Codes**  
 Base Code:   
 Combined Codes:

**Misc**  
 Locator 7B:   
 Full Days: 999  
 Co Days: 0 Co Rate: 0.00  
 Life Days: 0 Life Rate: 0.00

**New York Medicaid**  
 Locator Code:   
 Clinic Specialty:   
 Category of Service:   
 3M All Payor Code:

**Misc**  
 KidMed:   
 Revenue Reclassification Code: 10  
 LA Amb Surg:   
 LTAC:   
 EB DRCT-TX:   
 Calc HH Cert Same as Medicare?:   
 Accountants Category: B

**Insurance Tickler**  

Coll ID	Low Balance	High Balance
DKP	0.00	999999.00
<input type="text"/>	0.00	0.00

 By Expected Pay or AR Bal: E  
 Tickler Retention Days: 0

Insurance Companies, Page 6

- **Semi-Priv Rate: Date: Prior Rate: Fut Rate: Fut Date:** When this field is utilized, the system 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 Srv 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 selected, the system will multiply the dollar amount loaded by the number of patient days stay. If **V** is selected, the system 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 selected, the system will require the two-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 the system will default the patient to the plan loaded.
- **Auto Crossover: Form Code:** This field is designed for those states that must submit forms for Medicaid claims that are crossing over from Medicare. Select this field for all Medicaid Financial Classes that have crossover forms. Enter the Form Code for the crossover form that should print.
- **Keep EOB information:** If selected, the Explanation of Benefits information contained in an electronic remittance advice will be retained in the system and can be printed from the Receipt Information screen within a claim.
- **Use ERA Reject codes:** If selected 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. 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 three-character integer and a two-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 Financial Class. 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 the system should look at Expected Pay for Low and High Balance and an **A** if the system 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, the system retains the claim in the Tickler for 31 days past the Finish Date.)

- **Break out rev cntr.:** For those insurance companies that reimburse based on CPT, this field will need to be selected. If a Revenue Center has been specified in the Grouper screen, then the system 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 Diem, Percent Discount, or Managed Care Plan. If left 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 two-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 left 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 left 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 will need to be loaded into the corresponding Insurance Company Table on this field.
- **KidMed:** Select this field if this Financial Class is for children's Medicaid.
- **Revenue Reclassification Code:** Enter the two-digit Category Code set up in the Revenue Reclassification table. This will be used in conjunction with the Revenue Reclassification Report. See the Revenue Reclassification section in the [Table Maintenance - Accounting User Guide](#) for more information about Category Codes. See the Revenue Reclassification documentation under the Report Dashboard section of the [General Ledger User Guide](#) for information on using this functionality.

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- **LA Amb Surg:** Enter the two-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 Financial Class 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.
  - **Accountants Category:** This field will accept a valid two-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. See the [Table Maintenance - Accounting User Guide](#) for information on creating Accountants Category Codes. See the [AR Reports User Guide](#) for more information on running the Accountants Category Report.

**Insurance Companies, Page 7**Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > **Page 7**

**Insurance Company Information**  
**Facility 1 : TruBridge Community Hospital**  
 Insurance Company Number:  Print Intermediary: **Unassigned**  
 Electronic Intermediary: **BUAL50 - B/C OF ALABAMA**

Page 1 Page 2 Page 3 Page 4 Page 5 Page 6 **Page 7** Page 8 Page 9 Policy Information Detail Benefits

Long-Term Acute Care Rates

Display in Lookup for Stay Type:  1  2  3  4  5

Active?:

Inactive Date:

Send in CHS SSI File?:

Use HIPAA Patient Relationship Codes?

As of Date:

Clinic Code:

Hospital Address 2 to UB?:

Finish Tickler when Rejected?:

Conv Factor for Phar Charges?:

Physician Reim %:

3 Decimal Places for Room Rates?:

Medicare Adv:  Ins:

ASC Summary Code:

Linked F/C Code:

POA:

IP Deductible

Current Amount:

Date:

Prior Amount:

PHP Per Diem

Current Amount:

Date:

Prior Amount:

Additional Combine Summary Codes

Base Code:

Combined Codes:

Base Code:

Combined Codes:

**Insurance Companies, Page 7**

- **Display in Lookup for Stay Type:** Selecting the field next to a Stay Type will allow the Financial Class to appear in the lookup during registration for the designated Stay Type. Leaving this field blank 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 selected, no warning will be displayed. If left blank, the warning will be displayed.
- **Active? (Y/N) Inactive Date:** If selected the financial class will appear in the registration lookup. If left blank, 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.
- **Send in CHS SSI File?:** This field is for TruBridge use.
- **Use HIPAA Patient Relationship Codes? As of Date:** If selected, the new Relationship Codes will be entered and the electronic billing file will not be converted. If left blank, 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?:** Selecting this field will allow the second address line for the facility to print to locator 1 on the UB. If left blank, the second address line will not print to the UB.
- **Finish Tickler when Rejected?:** If answered **Y**, a Finish Date will be added to the rejected claim. If the field is set to **N**, the system 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 left blank, the system 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?:** If selected, the system 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 Class not paid on a Fee Schedule, load the percentage payment for this Financial Class. For more information on the Physician Reimbursement Analysis Report, see the Receipts section of the [AR Reports User Guide](#).
- **3 Decimal Places for Room Rates?:** If selected, room rates will pull three digits past the decimal place to locator 44 on the UB.
- **Medicare Adv Ins:** If selected, a second claim will be created for the insurance listed in the second part of this field thru Autogen, Autobill and Create Claims by Charge Period. If the original claim is manually genned, the system will prompt, "Notice-Medicare Advantage Claim," and the Medicare Advantage claim will need to be added. This field only needs to be filled out for the original Financial Class. If left blank, 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): If selected, 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 Grouper screen, that Diagnosis Code should pull to locator 72 with a Y in the shaded area. If left blank, the POA will not pull.

- **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.
- **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. 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 Companies, Page 8

Select **Web Client > Tables > Business Office > Insurance Companies > Select a Code > Page 8**

**Insurance Company Information**  
 Facility 1 : TruBridg Community Hospital  
 Insurance Company Number:

Print Intermediary: Unassigned  
 Electronic Intermediary: BUAL50 - B/C OF ALABAMA

Page 1 Page 2 Page 3 Page 4 Page 5 Page 6 Page 7 **Page 8** Page 9 Policy Information Detail Benefits

Medicare Questionnaire Maintenance

Part I	Part II	Part III	Part IV	Part V	Part VI
1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/> 12. <input type="text"/>	1. <input type="text"/> 12. <input type="text"/>	1. <input type="text"/> 1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>	2. <input type="text"/>	2. <input type="text"/> 13. <input type="text"/>	2. <input type="text"/> 13. <input type="text"/>	2. <input type="text"/> 2. <input type="text"/>
3. <input type="text"/>	3. <input type="text"/>	3. <input type="text"/>	3. <input type="text"/> 14. <input type="text"/>	3. <input type="text"/> 14. <input type="text"/>	3. <input type="text"/> 3. <input type="text"/>
4. <input type="text"/>	4. <input type="text"/>		4. <input type="text"/> 15. <input type="text"/>	4. <input type="text"/> 15. <input type="text"/>	4. <input type="text"/> 4. <input type="text"/>
5. <input type="text"/>	5. <input type="text"/>		5. <input type="text"/> 16. <input type="text"/>	5. <input type="text"/> 16. <input type="text"/>	5. <input type="text"/> 5. <input type="text"/>
6. <input type="text"/>	6. <input type="text"/>		6. <input type="text"/> 17. <input type="text"/>	6. <input type="text"/> 17. <input type="text"/>	6. <input type="text"/> 6. <input type="text"/>
7. <input type="text"/>	7. <input type="text"/>		7. <input type="text"/> 18. <input type="text"/>	7. <input type="text"/> 18. <input type="text"/>	7. <input type="text"/> 7. <input type="text"/>
8. <input type="text"/>	8. <input type="text"/>		8. <input type="text"/> 19. <input type="text"/>	8. <input type="text"/> 19. <input type="text"/>	8. <input type="text"/> 8. <input type="text"/>
9. <input type="text"/>	9. <input type="text"/>		9. <input type="text"/> 20. <input type="text"/>	9. <input type="text"/>	9. <input type="text"/> 9. <input type="text"/>
10. <input type="text"/>	10. <input type="text"/>		10. <input type="text"/> 21. <input type="text"/>	10. <input type="text"/>	10. <input type="text"/> 10. <input type="text"/>
11. <input type="text"/>			11. <input type="text"/>	11. <input type="text"/>	11. <input type="text"/>
12. <input type="text"/>					12. <input type="text"/>

Insurance Companies, 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 Companies, Page 9

Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > Page 9

The screenshot shows the 'Insurance Company Information' page for Facility 1: TRUBRIDGE COMMUNITY HOSPITAL. The page is on Page 9 of a multi-page form. The form includes sections for Bundle Procedures, 270/271, CLIA, Gen 50 Summ Codes, Medical Necessity, and Waste Modifier. The 'Bundle to Procedure' checkbox is selected. The 'Current Code' and 'Current Price' fields are both set to 0.00. The 'Print Intermediary' is 'Unassigned' and the 'Electronic Intermediary' is 'BUALSO - B/C OF ALABAMA'.

Insurance Companies, Page 9

- **Bundle to Procedure:** Selecting this field will combine charges based on the following fields.
- **List Procedures:** Enter one of the following 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.
  - **7:** This option is used to bundle procedures for RHC Billing. For more information on how the procedures will bundle, please refer to RHC Billing Procedures for Preventative Health Services in the [Insurance User Guide](#).
  - **8:** The last line on the claim will pull the CPT Code that begins with T (Tcodes, for example T1015), with a quantity of 1 and a charge amount of 0.00.
- **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. The system 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.
- **Modifier:** Enter the modifier to be used with RHC Billing. This will work in conjunction with the List Procedures Code 7.
- **Print 271 requested service type only?:** If selected, 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):** Select 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 five 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 selected 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 not selected, the modifiers will not pull whether the ABN is signed or not.
- **Waste Modifier:** If an item is charged that has the Capture Waste field answered **Y** or **P** in the Pharmacy Information section of the Item Master, then the system will prompt the user to enter Medication Waste information (Amount Administered, Amount Wasted, and Units). When the claim is generated, the charge will be broken into two lines.

The first line will pull the quantity administered and the charge amount for the administered portion. The second line will pull the quantity wasted, the charge amount for the wasted portion, and the modifier that is listed in the Waste Modifier field (JW).

If the amount wasted is less than one, then the first line will pull the quantity administered along with a modifier of JZ. The JZ modifier is hard-coded to pull for charges with waste amounts less than one. For more information, please see the Waste Capture for Pharmacy Charges section in the Insurance User Guide.

- **Pull Lab Test Code:** Some payors may require a 'test code' to pull to the claim for lab charges. Select this option to pull the word LAB followed by the Item Number (this will be the Test Code) to locator 43 on the UB and locator 24A on the 1500. The Item Number will not pull any leading zeros; for example, if the item number is 04823147, then 4823147 will pull as the item number. The Lab Test Code will only pull for Place of Service 22 or 23. The Place of Service is setup on Page 2 of

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the Charge Summary Code table. TruBridge Support will need to be contacted prior to using this option so that maintenance may be performed on the software to ensure the Lab Test Codes pull for the appropriate CPT Codes; contact TruBridge Support for more information.

- **ActCoverageTypeCode:** Enter the code indicating the type of insurance policy or program that pays for the cost of benefits provided to covered parties.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Insurance Companies list.

Select **Back Arrow** to return to the previous screen.

## Insurance Companies, Policy Information

Select Web Client > Tables > Business Office > Insurance Companies > Select a Code > Policy Information

The screenshot displays the 'Insurance Company Information' screen for Facility 1: TruBridge Community Hospital. The insurance company number is 'BB'. The screen is divided into several sections: Insurance Company, Policy Information, Contract Management, and Subscriber. Each section contains various fields with dropdown menus or text boxes, and each field has a small box next to it containing a letter (N, R, or Y) to indicate cursor placement requirements. The 'Policy Information' section is currently selected in the navigation bar.

Insurance Company	Policy Information	Contract Management	
Name: <input type="text" value="N"/>	Contract #: <input type="text" value="R"/>	Network: <input type="text" value="Y"/>	
Address-1: <input type="text" value="N"/>	Primary: <input type="text" value="R"/>	Plan: <input type="text" value="Y"/>	
Address-2: <input type="text" value="N"/>	Group Name: <input type="text" value="Y"/>	Miscellaneous	
City/State/Zip: <input type="text" value="N"/>	Group #: <input type="text" value="R"/>	Misc #3: <input type="text" value="N"/>	
Phone: <input type="text" value="Y"/>	Relation: <input type="text" value="R"/>	GBHC: <input type="text" value="N"/>	
Contact: <input type="text" value="Y"/>	Sex: <input type="text" value="R"/>	Medigap #: <input type="text" value="N"/>	
Subscriber		Clinic Cd: <input type="text" value="Y"/>	
Name: <input type="text" value="Y"/>	Birth: <input type="text" value="R"/>	Payer ID: <input type="text" value="N"/>	
Address-1: <input type="text" value="Y"/>	Claim Approval		
Address-2: <input type="text" value="Y"/>	Sent/Received: <input type="text" value="Y"/>	EOB Indicator: <input type="text" value="N"/>	
City/State/Zip: <input type="text" value="Y"/>	Precert#/Type: <input type="text" value="Y"/>	EID: <input type="text" value="N"/>	
Employer: <input type="text" value="Y"/>	Phone: <input type="text" value="Y"/>	ESC: <input type="text" value="R"/>	
Address: <input type="text" value="Y"/>		Release of Info: <input type="text" value="N"/>	
		Direct Pay: <input type="text" value="N"/>	
		Ben. Desc: <input type="text" value="Y"/>	

Insurance Companies, Policy Information

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.

The Mass Change option on the Insurance Companies screen may be used to copy these settings to multiple financial classes at one time.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.

- **Refresh:** This option allows changes to show immediately in the Insurance Companies list.

Select **Back Arrow** to return to the previous screen.

### Insurance Companies, Detail Benefits

Select **Web Client > Tables > Business Office > Insurance Companies > Select a Code > Detail Benefits**

**Insurance Company Information**  
 Facility 1 : TruBridge Community Hospital  
 Insurance Company Number:   
 Print Intermediary: **Unassigned**  
 Electronic Intermediary: **BUAL50 - B/C OF ALABAMA**

Page 1 Page 2 Page 3 Page 4 Page 5 Page 6 Page 7 Page 8 Page 9 Policy Information **Detail Benefits**

Full Days:	<input type="text" value="Y"/>	Covered Room Rate:	<input type="text" value="Y"/>
CO Days:	<input type="text" value="Y"/>	Prior Payment:	<input type="text" value="Y"/>
Life Days:	<input type="text" value="Y"/>	Prior Payment Code:	<input type="text" value="Y"/>
Blood Deduct:	<input type="text" value="Y"/>	Special Program ID:	<input type="text" value="Y"/>
Part-A Deduct:	<input type="text" value="Y"/>	EPSDT Referral Given:	<input type="text" value="Y"/>
CO-Pay Rate:	<input type="text" value="Y"/>	EPSDT CCC:	<input type="text" value="Y"/>
CO-Pay Limit:	<input type="text" value="Y"/>	PSRO Approval From:	<input type="text" value="Y"/>
Semi-Pvt Rate:	<input type="text" value="Y"/>	PSRO Approval To:	<input type="text" value="Y"/>
Per Diem Rate:	<input type="text" value="Y"/>	Misc #4:	<input type="text" value="Y"/>
Life Days Used:	<input type="text" value="Y"/>	Misc #5:	<input type="text"/>
Covered Days:	<input type="text" value="Y"/>	Misc #6:	<input type="text" value="Y"/>
Non-Cov Days:	<input type="text" value="Y"/>	LTCH Coverage End:	<input type="text" value="Y"/>
Co Days Used:	<input type="text" value="Y"/>	Delay Reason:	<input type="text" value="Y"/>
Effective Date:	<input type="text" value="Y"/>		
Coverage %:	<input type="text" value="Y"/>		
Date Care Ended:	<input type="text" value="Y"/>		

Insurance Companies, Detail Benefits

This table gives the ability to specify where the cursor will stop in the Policy Information, Detail Benefits 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.

The Mass Change option on the Insurance Companies screen may be used to copy these settings to multiple Financial Classes at one time.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.

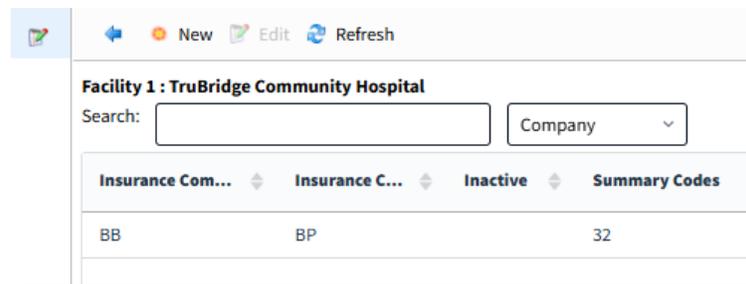
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Insurance Companies list.

Select **Back Arrow** to return to the previous screen.

### ***Insurance Companies, Separate Claims***

The Separate Claims 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 > Tables > Business Office > Insurance Companies > Select a Code > Separate Claims**



Insurance Com...	Insurance C...	Inactive	Summary Codes
BB	BP		32

**Insurance Companies, Separate Claims List**

Select **New** to create a new entry or select an existing entry from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Insurance Companies** > **Select a Code** > **Separate Claims** > **Select an Entry**

**Facility 1 : TruBridge Community Hospital**

Separate Claim Breakout

Insurance Company: BB -->

Insurance Code: BP

Summary Codes:

32										

Disable This Entry:

Insurance Companies, Separate Claims Maintenance

- **Insurance Company:** This option displays the selected insurance company.
- **Insurance Code:** Enter a new Insurance Code.
- **Summary Code:** Enter the Summary Code that should pull to a separate claim.
- **Disable the Entry:** This option allows a current entry to be disabled if it should not be deleted.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Separate Claims list.

Select **Back Arrow** to return to the previous screen.

### ***Insurance Companies, Room Type Coverage***

The Room Type Coverage table will allow for a specific rate to be loaded by Room Type. Currently, the system 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 Rooms 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 > Tables > Business Office > Insurance Companies > Select a Code > Room Type Coverage**

Room Type	Description	Current Rate	Date	Prior Rate	Future Rate	Date
S	Semi Pri	639.00	01/03/2023	615.00		

**Insurance Companies, Room Type Coverage List**

Select **New** to create a new entry or select an existing entry from the list and select **Edit**.

Select **Web Client > Tables > Business Office > Insurance Companies > Select a Code > Room Type Coverage > Select an Entry**

The screenshot shows a web application interface for maintaining insurance coverage rates. At the top, there are navigation icons and buttons for 'Show Shared', 'Print', 'Delete', 'Save', and 'Refresh'. The main title is 'Facility 1 : TruBridge Community Hospital'. Below this, there is a 'Room Type' section with an input field containing 'S' and a 'Find' button. The 'Insurance Company' is set to 'BB'. The 'Description' field contains 'Semi Pri'. The 'Coverage Rates' section is divided into three columns: 'Current', 'Future', and 'Prior'. Each column has 'Rate' and 'Date' input fields. The 'Current' rate is 639.00 with a date of 01/03/2023. The 'Prior' rate is 615.00. The 'Future' fields are empty.

**Insurance Companies, Room Type Coverage Maintenance**

- **Room Type: Description:** A one-character code should be entered in this field. Use the Find option to select a Room Type from the Room Type table. Once the code is entered, the information stored in the system 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:** Enter the price that should be charged at a Future Date.
- **Future Date:** Enter the 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**, the system will allow a Private Room Rate to pull as covered.

The following options are available on the action bar:

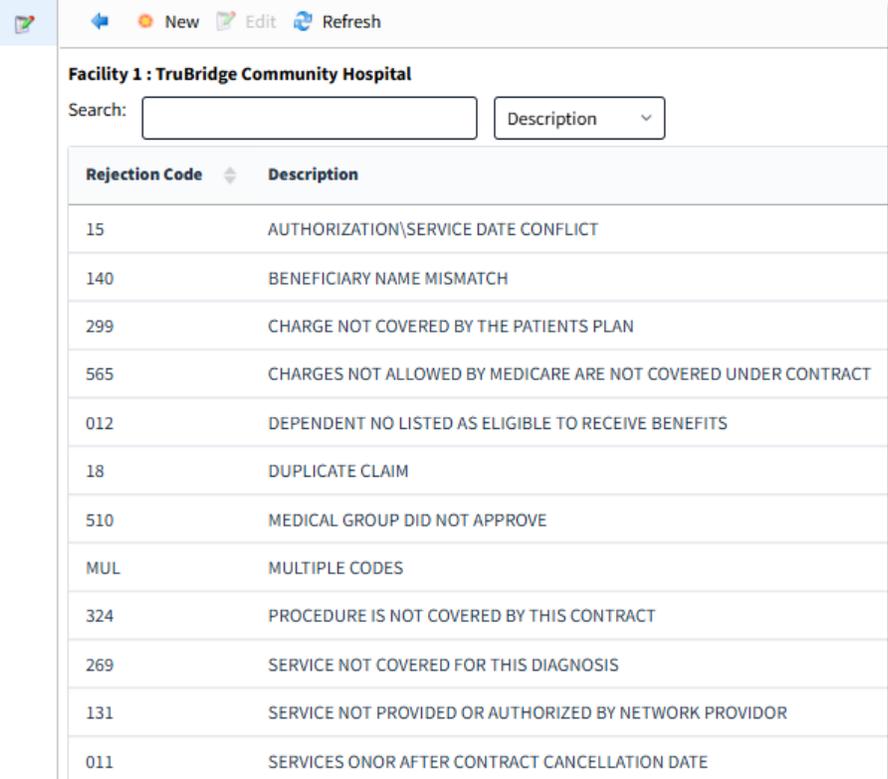
- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Room Type Coverage list.

Select **Back Arrow** to return to the previous screen.

## 6.4 Rejection Codes

This is a facility-defined table used to code the reason an insurance claim was rejected.

Select **Web Client > Tables > Business Office > Rejection Codes**



Facility 1 : TruBridge Community Hospital

Search:  Description

Rejection Code	Description
15	AUTHORIZATION\SERVICE DATE CONFLICT
140	BENEFICIARY NAME MISMATCH
299	CHARGE NOT COVERED BY THE PATIENTS PLAN
565	CHARGES NOT ALLOWED BY MEDICARE ARE NOT COVERED UNDER CONTRACT
012	DEPENDENT NO LISTED AS ELIGIBLE TO RECEIVE BENEFITS
18	DUPLICATE CLAIM
510	MEDICAL GROUP DID NOT APPROVE
MUL	MULTIPLE CODES
324	PROCEDURE IS NOT COVERED BY THIS CONTRACT
269	SERVICE NOT COVERED FOR THIS DIAGNOSIS
131	SERVICE NOT PROVIDED OR AUTHORIZED BY NETWORK PROVIDOR
011	SERVICES ONOR AFTER CONTRACT CANCELLATION DATE

**Rejection Codes List**

Select **New** to enter a new Rejection Code or select an existing code from the list and select **Edit**.

Select **Web Client > Tables > Business Office > Rejection Codes > Select a Code**

The screenshot shows a web application interface for 'Facility 1 : TruBridge Community Hospital'. At the top, there is an action bar with icons for 'Show Shared', 'Print', 'Delete', 'Save', and 'Refresh'. Below this is a section titled 'Insurance Reject Codes'. The form contains the following fields:

- Rejection Code:** A text input field containing '011'.
- Description:** A text input field containing 'SERVICES ON OR AFTER CONTRACT CANCELLATION DATE'.
- Insurance Codes:** A row of eight input fields, the first containing '\*\*\*'.
- Secondary Description:** A text input field.
- Secondary Insurance Codes:** A row of eight input fields.

Rejection Codes Maintenance

- **Rejection 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 available for this field.

The following options are available on the action bar:

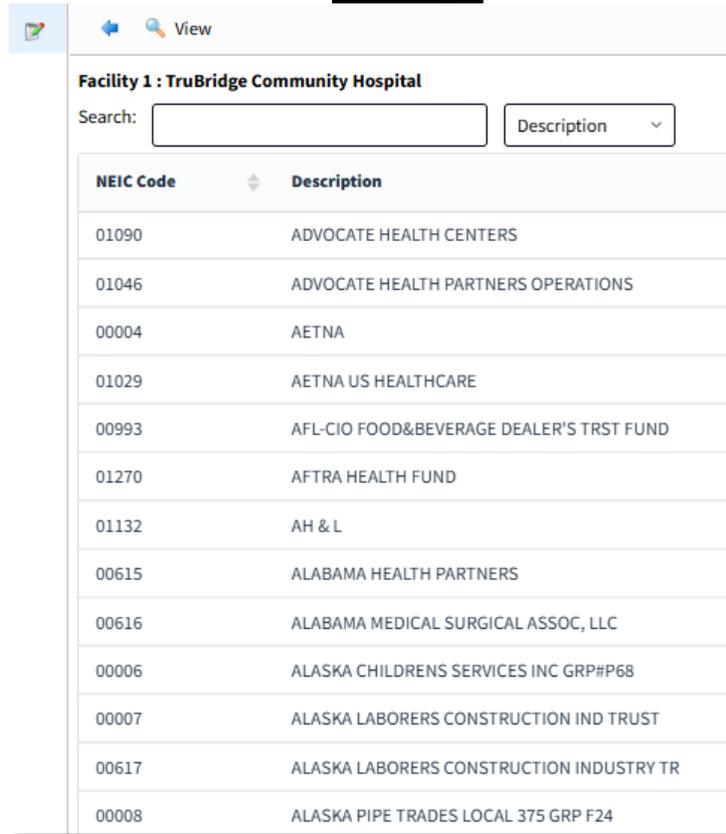
- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Rejection Codes list.

Select **Back Arrow** to return to the previous screen.

## 6.5 NEIC Payor

This table is updated and maintained by TruBridge, however, it can be viewed by facilities using electronic billing.

Select **Web Client > Tables > Business Office > NEIC Payor**



Facility 1 : TruBridge Community Hospital

Search:  Description

NEIC Code	Description
01090	ADVOCATE HEALTH CENTERS
01046	ADVOCATE HEALTH PARTNERS OPERATIONS
00004	AETNA
01029	AETNA US HEALTHCARE
00993	AFL-CIO FOOD&BEVERAGE DEALER'S TRST FUND
01270	AFTRA HEALTH FUND
01132	AH & L
00615	ALABAMA HEALTH PARTNERS
00616	ALABAMA MEDICAL SURGICAL ASSOC, LLC
00006	ALASKA CHILDRENS SERVICES INC GRP#P68
00007	ALASKA LABORERS CONSTRUCTION IND TRUST
00617	ALASKA LABORERS CONSTRUCTION INDUSTRY TR
00008	ALASKA PIPE TRADES LOCAL 375 GRP F24

**NEIC Payor List**

Select an existing NEIC Payor Code, then select **View**.

Select Web Client > Tables > Business Office > NEIC Payor > Select Payor

Facility 1 : TruBridge Community Hospital	
NEIC Payor	
NEIC Code:	00003
Description:	ADVANCED DATA SOLUTIONS INC
I/P Financial Class:	
O/P Financial Class:	
Envoy NEIC ID:	58202
NEIC ID Qualifier:	B
Par-Payor:	
Institutional Form:	
Professional Form:	
Additional Form Codes/IDs	

NEIC Payor Code Display

- **NEIC Code:** TruBridge Support will assign a code using up to six alpha and/or numeric characters.
- **Description:** This is a brief description of the NEIC Payor.
- **I/P Financial Class:** This is 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:** This is 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 ID:** This field contains the Envoy NEIC number.

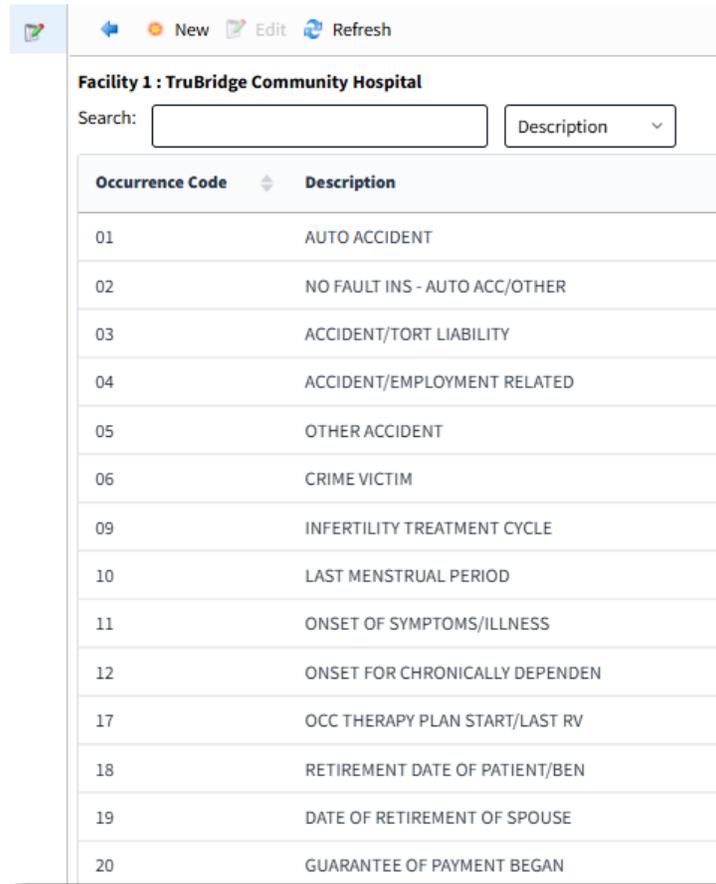
**NOTE:** For more information on additional fields and table usage please contact a TruBridge Support Representative.

Select **Back Arrow** to return to the previous screen.

## 6.6 Occurrence Codes

This table contains codes defining specific events related to the insurance billing period.

Select **Web Client > Tables > Business Office > Occurrence Codes**



Facility 1 : TruBridge Community Hospital

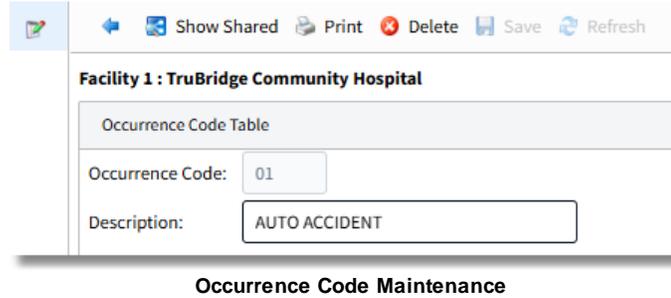
Search:  Description

Occurrence Code	Description
01	AUTO ACCIDENT
02	NO FAULT INS - AUTO ACC/OTHER
03	ACCIDENT/TORT LIABILITY
04	ACCIDENT/EMPLOYMENT RELATED
05	OTHER ACCIDENT
06	CRIME VICTIM
09	INFERTILITY TREATMENT CYCLE
10	LAST MENSTRUAL PERIOD
11	ONSET OF SYMPTOMS/ILLNESS
12	ONSET FOR CHRONICALLY DEPENDEN
17	OCC THERAPY PLAN START/LAST RV
18	RETIREMENT DATE OF PATIENT/BEN
19	DATE OF RETIREMENT OF SPOUSE
20	GUARANTEE OF PAYMENT BEGAN

**Occurrence Codes List**

Select **New** to enter a new Occurrence Code or select an existing code from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Occurrence Codes** > Select a Code



The screenshot shows a web application interface for 'Occurrence Code Maintenance' at 'Facility 1 : TruBridge Community Hospital'. At the top, there is an action bar with icons for 'Show Shared', 'Print', 'Delete', 'Save', and 'Refresh'. Below this, the form has a header 'Occurrence Code Table'. There are two input fields: 'Occurrence Code:' with the value '01' and 'Description:' with the value 'AUTO ACCIDENT'.

- **Occurrence Code:** Enter the two-digit Occurrence Code.
- **Description:** Enter the description of the Occurrence Code, up to 30 characters in length.

The following options are available on the action bar:

- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Occurrence Code list.

Select **Back Arrow** to return to the previous screen.

## 6.7 Value Codes

This table contains codes identifying data of a monetary nature that are necessary for the processing of an insurance claim.

Select **Web Client > Tables > Business Office > Value Codes**



Facility 1 : TruBridge Community Hospital

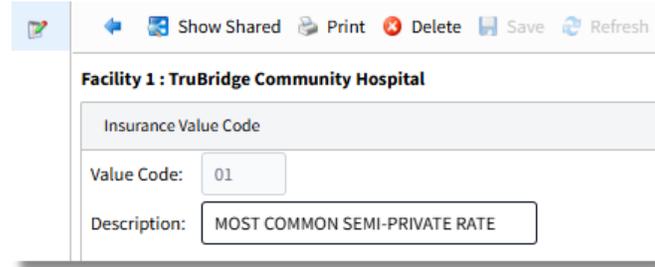
Search:  Code

Value Codes	Description
01	MOST COMMON SEMI-PRIVATE RATE
02	NO SEMI-PRIVATE ROOMS
05	PHY COMPONENT ON UB92 & 1500
06	MCARE BLOOD DEDUCTIBLE
08	MCARE LIFE TIME RESERVE AMT
09	MCARE CO-INS AMT - 1ST YEAR
10	LIFETIME RESERVE AMT-2ND YEAR
11	CO-INS AMT IN 2ND YEAR
30	PRE-ADMISSION TESTING
31	PATIENT LIABILITY AMOUNT
37	PINTS OF BLOOD FURNISHED
38	BLOOD DEDUCTIBLE PINTS

**Value Codes List**

Select **New** to enter a new Value Code or select an existing code from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Value Codes** > Select a code



Facility 1 : TruBridge Community Hospital

Insurance Value Code

Value Code: 01

Description: MOST COMMON SEMI-PRIVATE RATE

**Value Codes Maintenance**

- **Value Code:** Enter a two-digit Value Code.
- **Description:** Enter the description of the Value Code, up to 30 characters in length.

The following options are available on the action bar:

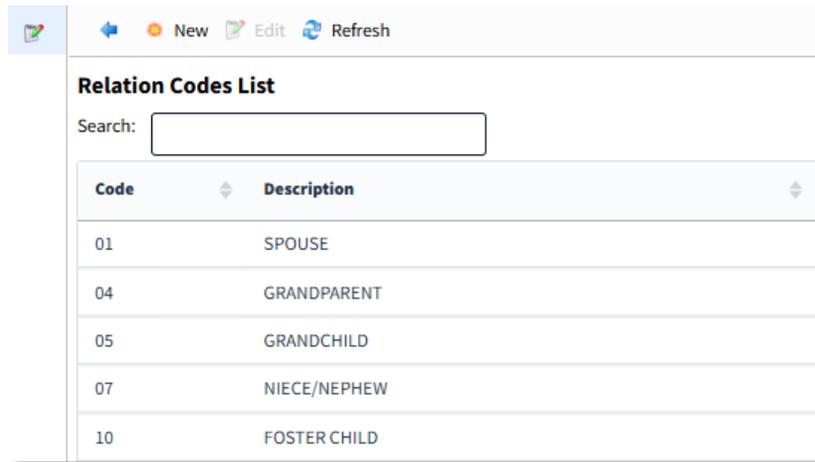
- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Value Code list.

Select **Back Arrow** to return to the previous screen.

## 6.8 Relation Codes

This table contains the Relation Codes used to define the patient's relationship to the subscriber on the Policy Information screen. This code is then used for billing.

Select **Web Client** > **Tables** > **Business Office** > **Relation Codes**

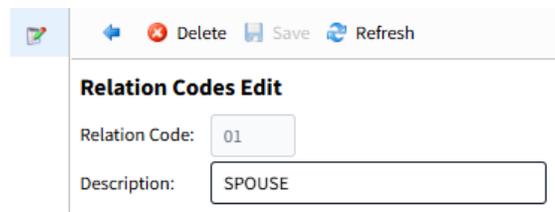


Code	Description
01	SPOUSE
04	GRANDPARENT
05	GRANDCHILD
07	NIECE/NEPHEW
10	FOSTER CHILD

Relation Code List

Select **New** to enter a new Relation Code or select an existing code from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Relation Codes** > **Select a code**



Relation Code:	01
Description:	SPOUSE

Relation Codes Maintenance

- **Relation Code:** Enter a two-digit Relation Code.
- **Description:** Enter the description of the Relation Code, up to 30 characters in length.

The following options are available on the action bar:

- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Relation Code list.

Select the **Back Arrow** to return to the previous screen.

## 6.9 RHC Qualifying Visit Codes

This table contains Qualifying Visit Codes that will be used for RHC Billing. This table will be maintained by each facility.

Select **Web Client > Tables > Business Office > RHC Qualifying Visit Codes**

The screenshot shows a web application interface for managing RHC Qualifying Visit Codes. At the top, there are navigation icons and buttons for 'New', 'Edit', and 'Refresh'. Below this, the title 'RHC Qualifying Visit Codes' is displayed, followed by the facility name 'Facility 1 : TruBridge Community Hospital'. A search bar is present with a 'Search:' label and a 'CPT Code' dropdown menu. The main content is a table with three columns: 'CPT', 'Description', and 'Type'. The table contains 13 rows of data, each representing a different visit code.

CPT	Description	Type
90791	PSYCH DIAGNOSTIC EVALUATION	Mental Health Services
90792	PSYCH DIAG EVAL W/MED SRVCS	Mental Health Services
90832	PSYTX W PT 30 MINUTES	Mental Health Services
90834	PSYTX W PT 45 MINUTES	Mental Health Services
90837	PSYTX W PT 60 MINUTES	Mental Health Services
90839	PSYTX CRISIS INITIAL 60 MIN	Mental Health Services
90845	PSYCHOANALYSIS	Mental Health Services
92002	INTRM OPH EXAM NEW PATIENT	Medical Services
92004	COMPRE OPH EXAM NEW PT 1/>	Medical Services
92012	INTRM OPH EXAM EST PATIENT	Medical Services
92014	COMPRE OPH EXAM EST PT 1/>	Medical Services

**RHC Qualifying Visit Codes List**

Select **New** to enter a new RHC Qualifying Visit Code or select an existing code from the list and select **Edit**.

Select Web Client > Tables > Business Office > RHC Qualifying Visit Codes > Select a Code



**RHC Qualifying Visit Code Edit**  
Facility 1 : TruBridge Community Hospital

CPT: 90791

Description: PSYCH DIAGNOSTIC EVALUATION

Type: Mental Health Services

Effective Date: 4/1/2016

Expiration Date: 1/1/2099

RHC Qualifying Visit Code Maintenance

- **CPT:** Enter a qualifying visit CPT Code. Select the magnifying glass to lookup a code from the CPT Code Table.
- **Description:** The description of the CPT Code will automatically populate from the CPT Code Table
- **Type:** Select the type of qualifying visit the CPT Code is for from the drop-down. The options are: Medical Services, Preventative Health Services and Mental Health Services.
- **Effective Date:** Enter the Effective Date for the CPT to be considered for a qualifying visit.
- **Expiration Date:** Enter the Expiration Date for the CPT to no longer be considered for a qualifying visit.

The following options are available on the action bar:

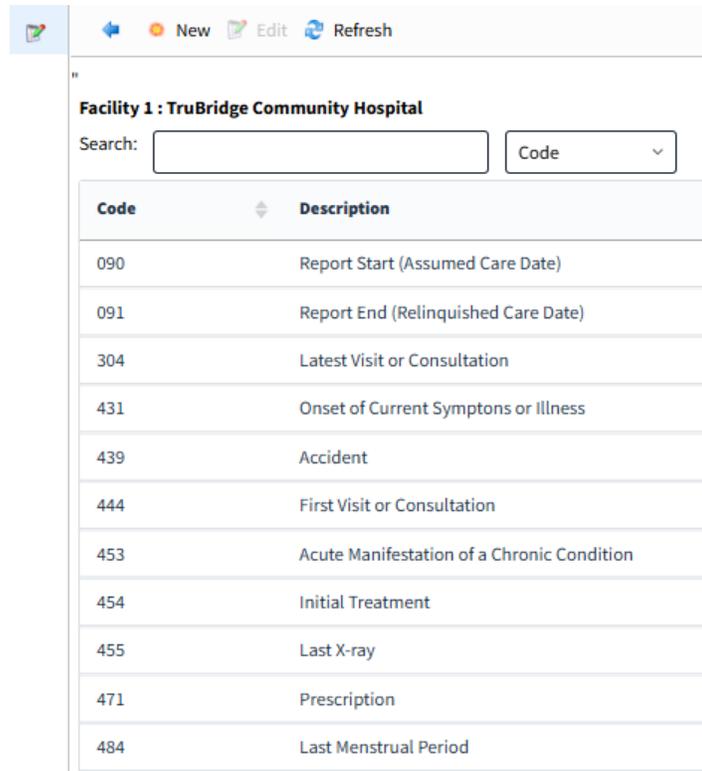
- **Save:** This option saves changes made to the table settings.
- **Delete:** This option deletes the table settings.

Select **Back Arrow** to return to the previous screen.

## 6.10 Treatment Qualifier Codes

The Treatment Qualifier Codes table is used to create a listing of Treatment Qualifier Codes that will pull to the look up on the Stay tab in the Registration and ADT screen. These codes will also pull to 1500-0212 form.

Select **Web Client** > **Tables** > **Business Office** > **Treatment Qualifier Codes**



Facility 1 : TruBridge Community Hospital

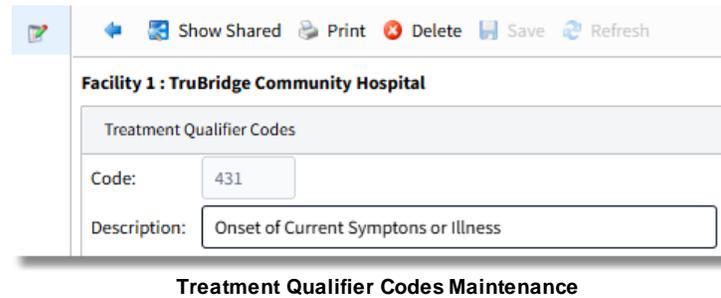
Search:  Code

Code	Description
090	Report Start (Assumed Care Date)
091	Report End (Relinquished Care Date)
304	Latest Visit or Consultation
431	Onset of Current Symptoms or Illness
439	Accident
444	First Visit or Consultation
453	Acute Manifestation of a Chronic Condition
454	Initial Treatment
455	Last X-ray
471	Prescription
484	Last Menstrual Period

**Treatment Qualifier Codes List**

Select **New** to enter a new Treatment Qualifier Code or select an existing code from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Treatment Qualifier Codes** > Select a code



Facility 1 : TruBridge Community Hospital

Treatment Qualifier Codes

Code: 431

Description: Onset of Current Symptoms or Illness

Treatment Qualifier Codes Maintenance

- **Code:** Enter a three-digit Treatment Qualifier Code. The following Treatment Qualifier Codes will be preloaded:
  - **090 Report Start (Assumed Care Date)**
  - **091 Report End (Relinquished Care Date)**
  - **304 Latest Visit or Consultation**
  - **431 Onset of Current Symptoms or Illness**
  - **439 Accident**
  - **444 First Visit or Consultation**
  - **453 Acute Manifestation of a Chronic Condition**
  - **454 Initial Treatment**
  - **455 Last X-ray**
  - **471 Prescription**
  - **484 Last Menstrual Period**
- **Description:** Enter the description of the Treatment Qualifier Code, up to 50 characters in length.

The following options are available on the action bar:

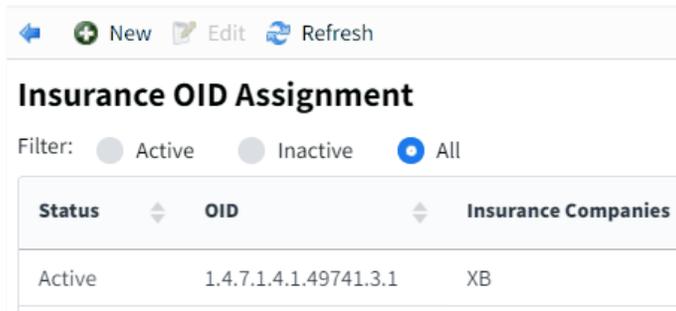
- **Show Shared:** If the site is sharing tables, when this option is selected the fields that are shared between facilities will be highlighted in yellow.
- **Print:** This option displays the table settings in Adobe.
- **Delete:** This option deletes the table settings.
- **Save:** This option saves changes made to the table settings.
- **Refresh:** This option allows changes to show immediately in the Treatment Qualifier Codes list.

Select **Back Arrow** to return to the previous screen.

## 6.11 Insurance OID Assignment

The Insurance OID Assignment table is used to associate a Clinical Data Repository's (CDR) Object Identifiers (OIDs) to specific Insurance Companies. This association enables data submission via a Health Information Exchange (HIE). Additional set up is required, please contact TruBridge Support for more information.

Select **Web Client** > **Tables** > **Business Office** > **Insurance OID Assignment**

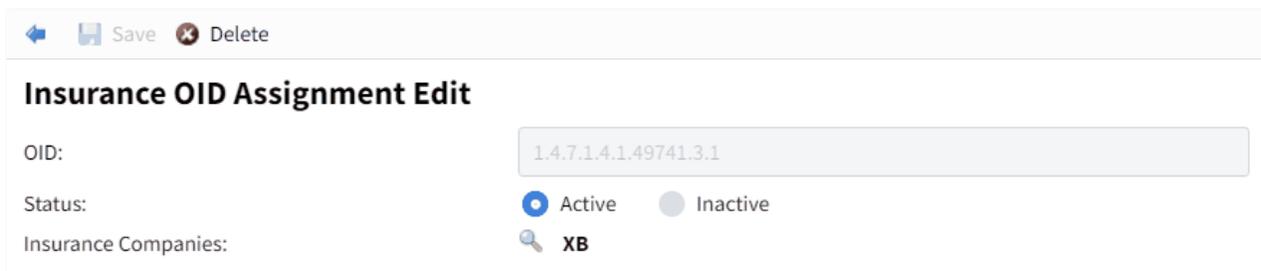


Status	OID	Insurance Companies
Active	1.4.7.1.4.1.49741.3.1	XB

Insurance OID Assignment

Select **New** to assign an insurance company to an OID or select an existing assignment from the list and select **Edit**.

Select **Web Client** > **Tables** > **Business Office** > **Insurance OID Assignment** > **New**



Insurance OID Assignment Edit

- **OID (Object Identifier):** Enter the OID. This field will allow up to 100 characters.
- **Status:** If the OID assignment is currently being used, select Active. If it is not being used, select Inactive.
- **Insurance Companies:** Select the magnifying glass to add or edit the insurance companies associated with the OID. Use the search feature to display the desired insurance companies. Double-click the insurance company from the Search list to add it to the Assigned list. Multiple companies may be selected at once by selecting the first company then holding down the "Ctrl" button on the keyboard and selecting the additional companies, once all companies have been highlighted select **Update**. The **Clear All Selected** option will un-highlight the selected companies

from the Search list. The **Remove** option may be used to remove companies from the Assigned list.

Select **Web Client > Tables > Business Office > Insurance OID Assignment > New > Magnifying Glass**

Insurance Company Selection	
<b>Search</b>	<b>Assigned</b>
Search: XB	XB MEDICAID-O/P
XB MEDICAID-O/P	
XB1 ILLINOIS MEDICAID	
XBR MEDICAID-RECURRING D	

Insurance Company Selection

Once all companies have been added to the Assigned list, select the **Back Arrow**. The Insurance OID Assignment Edit screen will now display all selected insurance companies.

The following options are available on the action bar:

- **Save:** This option saves changes made to the table settings.
- **Delete:** This option deletes the table settings.

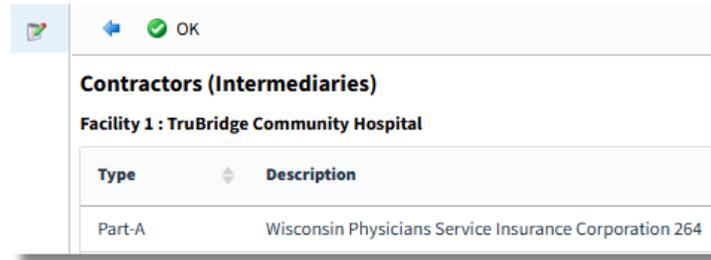
Select **Back Arrow** to return to the previous screen.

## Chapter 7 Medical Necessity

### 7.1 Contractor Table

Select Contractor Table to access the lists of Contractors for Part-A and Part-B.

Select **Web Client > Tables > Business Office > Contractor**

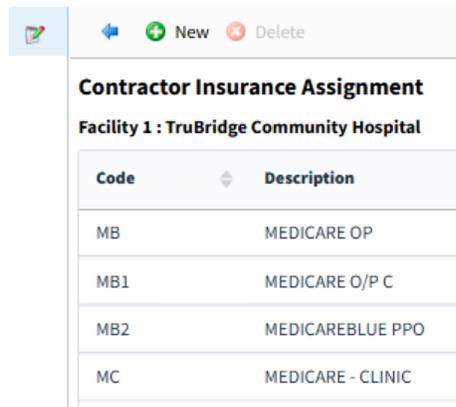


Type	Description
Part-A	Wisconsin Physicians Service Insurance Corporation 264

Contractors

Select the Contractor to display.

Select **Web Client > Tables > Business Office. > Contractor > Select a Contractor**



Code	Description
MB	MEDICARE OP
MB1	MEDICARE O/P C
MB2	MEDICAREBLUE PPO
MC	MEDICARE - CLINIC

Contractor Insurance Assignment

To add an additional insurance, select **New** to access the Insurance Company table from which to select.

## 7.2 Medical Necessity Settings

This screen contains the Processing Rules and the Update Database option.

Select **Web Client > Tables > Business Office. > Medical Necessity Settings**

**Medical Necessity Control Table**

**Facility 1 : TruBridge Community Hospital**

Processing Rules

Ignore Medical Necessity for Contract Accounts:

Grouper Screen Check:

Update Grouper:

Prompt if Supported:

Prompt for Diagnosis on All Outpatients:

ABN Notification:

Update CPSI Database

Select Coverage Type:  Part A  Part B

Location of Imported Data

Policies:

CPTs:

Diagnoses:

LCD Import Status:

Medical Necessity Control Table

### Processing Rules

- **Ignore Medical Necessity for Contract Accounts:** This controls whether the system 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, the system will not scrutinize the account regardless of the Financial Class of the patient. If unselected, the system 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 the system 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 the system 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 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 unselected, the system 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, 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, the system 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, the system 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, the system 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. The system 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 unselected, the system will prompt for a diagnosis only on those patients that meet criteria defined in the MN table.
- **ABN Notification:** If an Advanced Beneficiary Notice (ABN) was printed, signed using the Medical Necessity application, the prompt "Did Patient agree to sign the ABN?" was answered **Yes** and this field "ABN Notification" is selected, then the flag "ABN On File" will display on the Claims by Patient screen.

## Update TruBridge Database

This section will be utilized if the facility is updating from a third party vendor. 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. This screen will be automatically updated if TruBridge is maintaining the Database for the facility.

- **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.
- **Location of Imported Data:** Select the source from which to download the Policies, CPTs and Diagnoses by using the magnifying lookup icon.

## 7.3 Medical Necessity Policies

Select **Web Client > Tables > Business Office. > Medical Necessity Policies**

Medical Necessity Coverage Determinations

Medical Necessity Policies is a display to show what or why the Procedure is covered or not.

- The screen radio buttons default to **Local Coverage Determination(LCD)** type and **Procedure Code**. The Procedure Code magnifying glass allows for a look up of items by either description or CPT Code.
- Select the **NCD** radio button to display the **National Coverage Determinations**.
- If **All Codes** is selected, the display will list all the policies, active and retired.

Select Web Client > Tables > Business Office > Medical Necessity Policies > LCD and All Codes

**Medical Necessity Coverage Determinations**

Facility 1 : TruBridge Community Hospital

Type:  LCD  NCD

ICD-9:  ICD-10:   All Codes  Procedure Code:

Policy	Code set	Status	Effective	Coverage
28366	ICD-9	Active	06/01/2015	Part A Stereotactic Body Radiation Therapy
28457	ICD-9	Active	05/01/2015	Part A Posterior Tibial Nerve Stimulation PTNS
28544	ICD-9	Retired	03/01/2013	Part A Computerized Tomography (CAT Scans)
28555	ICD-9	Active	02/01/2015	Part A Botulinum Toxin Type A & Type B
28563	ICD-9	Active	04/15/2015	Part A Cardiovascular Stress Testing
28565	ICD-9	Active	08/01/2015	Part A Transthoracic Echocardiography (TTE)
28572	ICD-9	Active	01/01/2015	Part A Wound Care
28574	ICD-9	Active	03/01/2015	Part A Transesophageal Echocardiography (Including Intraoperative TEE)

Medical Necessity Coverage Determinations for All Codes, LCD

- Double-click on the desired policy and TruBridge EHR will launch to the CMS website. The LCD information and the code list will display.

Select **Web Client > Tables > Business Office > Medical Necessity Policies > NCD and All Codes**

**Medical Necessity Coverage Determinations**  
**Facility 1 : TruBridge Community Hospital**  
 Type:  LCD  NCD  
 ICD-9:  ICD-10:   All Codes  Procedure Code:

Policy	Code Set	Status	Effective	Description
100.1	ICD-9, ICD-10			Bariatric Surgery Treatment for Morbid Obesity
110.10	ICD-9, ICD-10			Intravenous Iron Therapy
110.18	ICD-10			Aprepitant Chemotherapy-Induced Emesis
110.21	ICD-9, ICD-10			ESAs in Cancer Related Neoplastic Conditions
110.23	ICD-10			Stem Cell Transplantation
110.231	ICD-10			Stem Cell Transplantation
110.4	ICD-9, ICD-10			Extracorporeal Photopheresis
150.13	ICD-9, ICD-10			PILD For Lumbar Spinal Stenosis (LSS)
150.3	ICD-9, ICD-10			Bone Mass Measurement

**NCD and All Codes**

- Select the policy and then select **View LCD Documentation** or double-click the desired policy and TruBridge EHR will launch the display of the NCD Policy.

Select Web Client > Tables > Business Office > Medical Necessity Policies > NCD and All Codes > Select NCD Policy

cw5report8279620451655783250.pdf 1 / 4 110%

**NCD for Medicine: Bariatric Surgery Treatment for Morbid Obesity(100.1)**

Codes from CPSI Code Listing that Supports Medical Necessity  
Choose a corresponding code from the corresponding group that the CPT code resides in when selecting a code that supports Medical Necessity.

**CPT/HCPC's - Description / Frequency**

43644 - LAP GASTRIC BYPASS/ROUX-EN-Y / NOFREQ  
43645 - LAP GASTR BYPASS INCL SMALL I / NOFREQ  
43770 - LAP PLACE GASTR ADJ DEVICE / NOFREQ  
43845 - GASTROPLASTY DUODENAL SWITCH / NOFREQ  
43846 - GASTRIC BYPASS FOR OBESITY / NOFREQ  
43847 - GASTRIC BYPASS INCL SMALL I / NOFREQ

**Resolution Code 1 : ICD-10 Codes Covered by Medicare**

E1100 - Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NK)  
E1101 - Type 2 diabetes mellitus with hyperosmolarity with coma  
E1121 - Type 2 diabetes mellitus with diabetic nephropathy  
E1122 - Type 2 diabetes mellitus with diabetic chronic kidney disease  
E1129 - Type 2 diabetes mellitus with other diabetic kidney complication  
E11311 - Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema  
E11319 - Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema  
E113211 - Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right e  
E113212 - Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye  
E113213 - Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilater  
E113291 - Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, righ  
E113292 - Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left  
E113293 - Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bila  
E113311 - Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, rig  
E113312 - Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, lef  
E113313 - Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bil

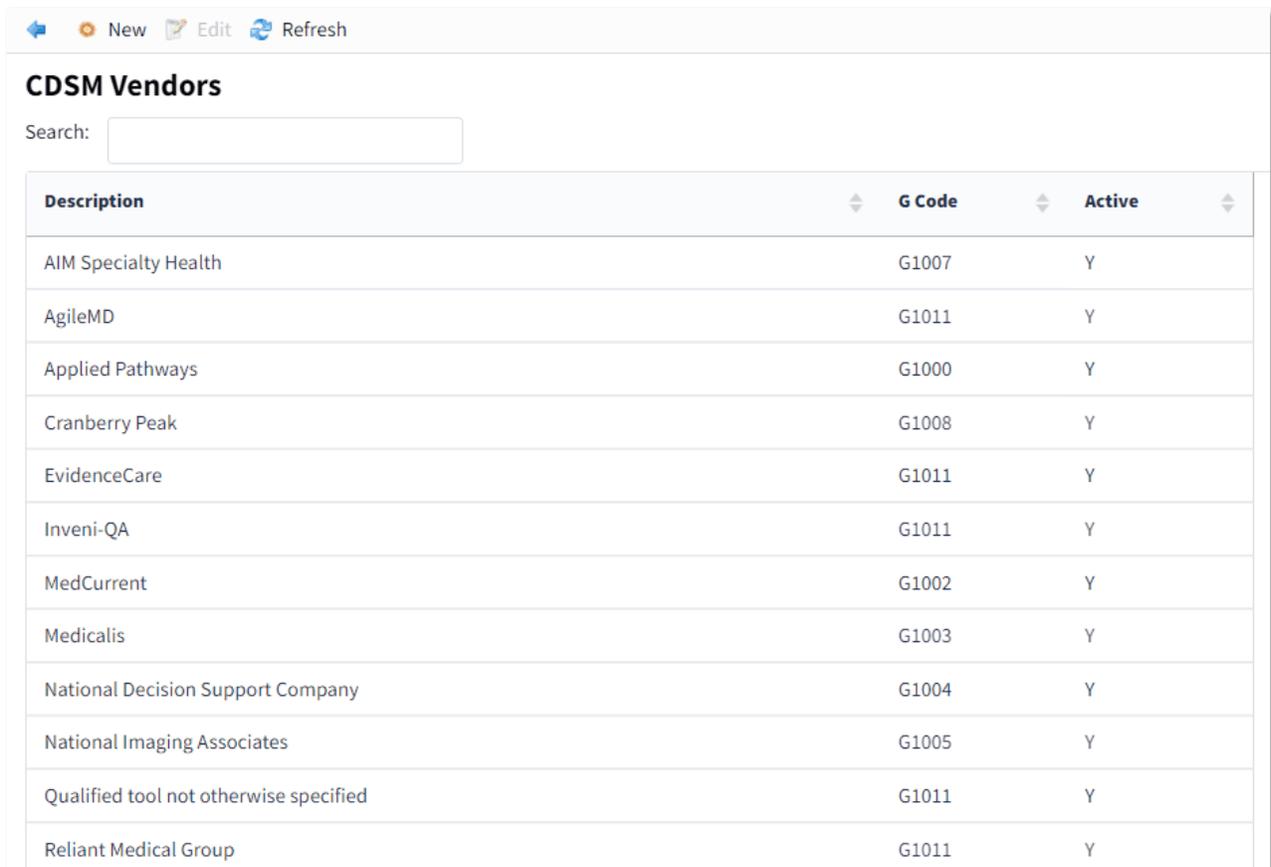
NCD Policy Display

## Chapter 8 AUC Consultation

### 8.1 CDSM Vendor Table

The CDSM Vendor Table displays the list of Clinical Decision Support Mechanism (CDSM) vendors to be available for an Appropriate Use Criteria (AUC) Consultation.

Select **Web Client > Web Client > Tables > Business Office > CDSM Vendor Table**



Description	G Code	Active
AIM Specialty Health	G1007	Y
AgileMD	G1011	Y
Applied Pathways	G1000	Y
Cranberry Peak	G1008	Y
EvidenceCare	G1011	Y
Inveni-QA	G1011	Y
MedCurrent	G1002	Y
Medicalis	G1003	Y
National Decision Support Company	G1004	Y
National Imaging Associates	G1005	Y
Qualified tool not otherwise specified	G1011	Y
Reliant Medical Group	G1011	Y

**CDSM Vendor Table**

A smart search is available to quickly find a specific vendor from the list. The following columns are displayed:

- **Description:** This column displays the name of the CDSM Vendor.
- **G Code:** This column displays the vendor's associated G Code.
- **Active:** This column displays **Y** or **N**. Denotes the CDSM Vendor Active status. This will determine if the vendor will display in the drop-down list of vendors to select during manual AUC entry.

The following options are found in the Action Bar:

- **Back Arrow:** This option returns the user to the Business Office screen.
- **New:** This option allows the user to create a new CDSM Vendor record.
- **Edit:** This option allows the user to make edits to an existing CDSM Vendor record.
- **Refresh:** This option reloads the screen to display current settings.

### ***CDSM Vendor Edit***

Select **Web Client > Tables > Business Office > CDSM Vendor Table > Edit**



CDSM Vendor

The following fields are available:

- **G code:** This field displays the vendor's associated G code. This field has a five character limit.
- **Description:** This field displays the name of the CDSM Vendor. This field has a 60 character limit.
- **Inactive:** This field defaults as unselected (active). When selected, the vendor is indicated as inactive.

The following options are found in the Action Bar:

- **Back Arrow:** This option returns the user to the CDSM Vendor Table.
- **Save:** This option saves any changes made to the vendor record.
- **Delete:** This option removes the vendor from the CDSM Vendor Table. However, if there is an existing AUC Consultation record for the vendor in the database, deletion of the CDSM Vendor will not be allowed.
- **Site Specific Data:** This option launches the CDSM Site Implementation screen for CDSM Site integration.

**NOTE:** The CDSM Site Implementation screen is currently being used only for MedCurrent.

Select **Web Client** > **Tables** > **Business Office** > **CDSM Vendor Table** > **Edit** > **Site Specific Data**

← Save Delete

### CDSM Site Implementation

Service URL:

API key:

Radiology Exam History:

CDSM Site Implementation

- **Service URL:** The internet address to be used for CDSM Site integration. This has a 100 character limit.
- **API key:** The unique identifier provided by the CDSM vendor used to connect with the Service URL. This has a 36 character limit.
- **Radiology Exam History:** The options for this field are 3 Months, 6 Months or 12 Months. This determines the historical time frame for TruBridge EHR to look back for previous radiology exams to display in MedCurrent's CDSM, OrderWise™, under Imaging Order History.

The following options are found in the Action Bar:

- **Back Arrow:** This option returns the user to the CDSM Vendor screen.
- **Save:** This option saves any changes made to the vendor's site implementation data.
- **Delete:** This option removes the vendor's site implementation data from the CDSM Vendor record.