Billing Implementation

Provided By The Lifestyle Medicine Group

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Version 1.1 Update 3/26/2015

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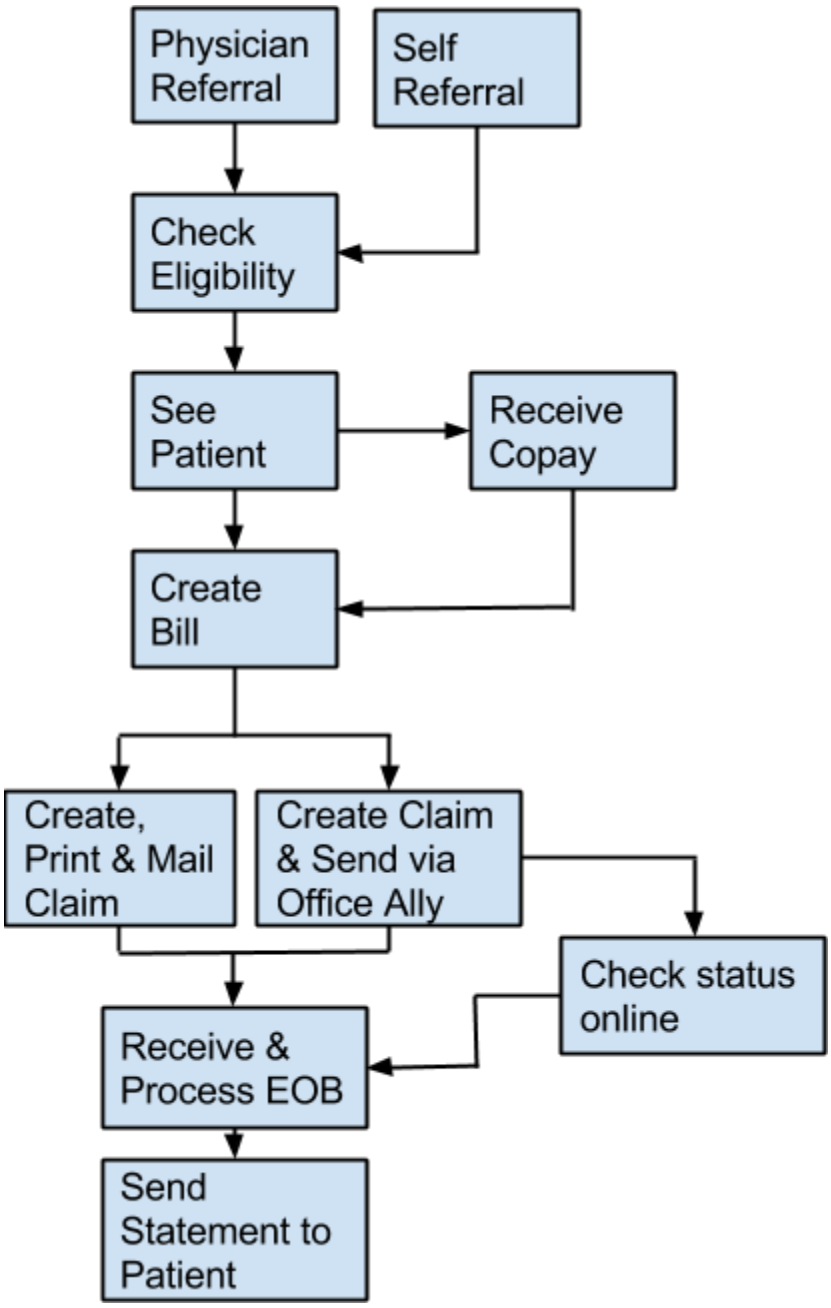
Introduction

The MNT Assistant is a tool to help you bill patients and insurance companies. It will help you create a CMS 1500 form that can be printed out and mailed or sent electronically through Office Ally. This guide will show you how to implement claims and billing into your practice.

Billing Workflow



Physician or Self Referral

Often health plans require a referral from a physician or primary care provider to accept a claim from a non-physician provider. Even if the health plan does not require a referral, having one will allow you to confirm a diagnosis and to establish a relationship with their provider. If a patient comes to you as a self-referral and they do not have a primary care provider, this is your opportunity to help them establish a provider, possibly one whom you have a relationship. Your practice should create a form that can be easily completed and faxed to the provider.

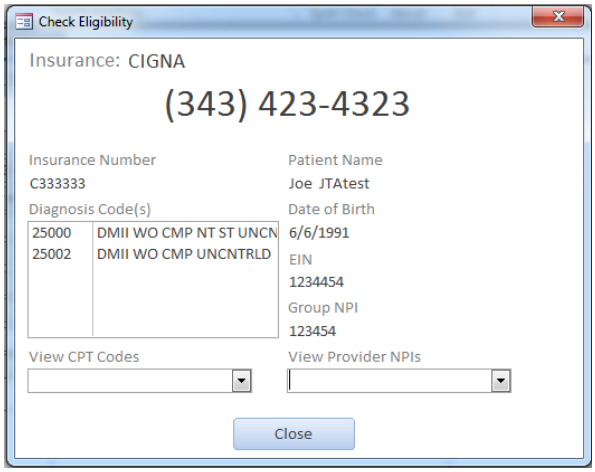
Here is a link to a template you can use to create a simple referral form.
http://lynngobbledesigns.com/mntassistant/FAXReferralFormTemplate.doc

TIP: After you receive the referral, save it to the patient's folder for easy reference later.

TIP: You can use a secure online fax service such as Ringcentral.com to facilitate easier faxing.

Check Eligibility

For every new patient you are going to need to confirm their eligibility. Often this requires you to call the health plan or look the patient up on the health plan portal. In the patient's insurance tab you can click the "Check Eligibility" button and it will display all the information you will need when calling the health plan.



TIP: Be specific with your inquiry. For example, insurance will usually not cover "weight loss" counselling but will pay for Medical Nutrition Therapy or nutrition surveillance for preventive care. You may have to ask the representative to go through the list of covered nutrition and preventive care services to identify your services.

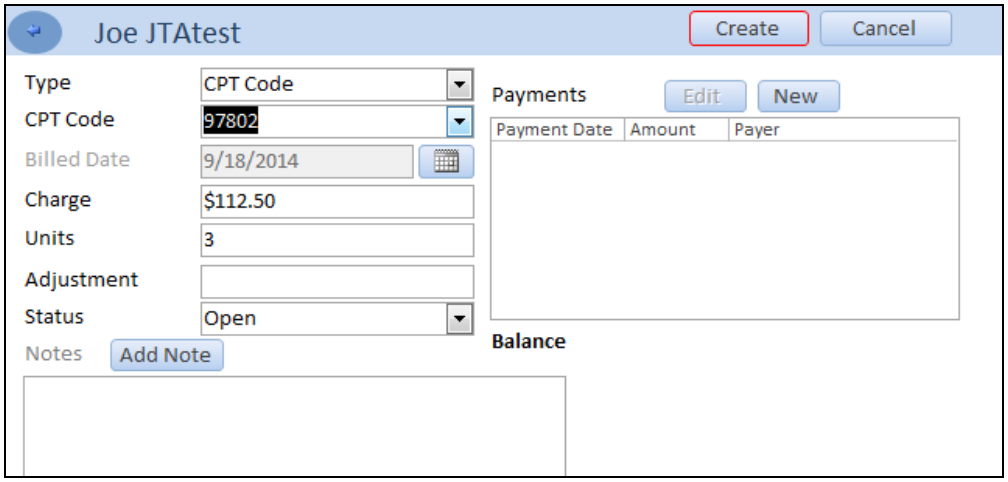
Seeing a Patient

After a patient visit collect any co-pay that may be required. If you have confirmed this to be a preventive care visit, then a copay will not be required. It's good to collect the copay until you

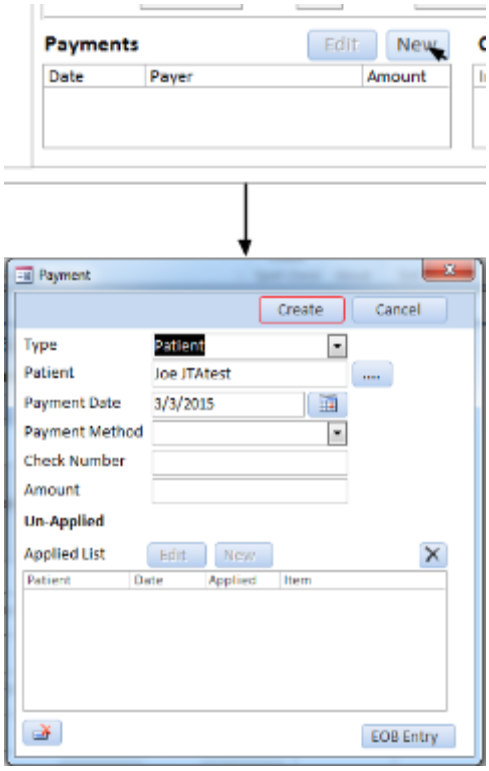
have made this confirmation. It is easier to return the copay than to collect it later. You may also bill the patient after you receive (or you accessed it online) an Explanation of Benefits (EOB).

Create a Bill

Following your patient session create the bill. While in the session window click the “Billing” button and then the “New” button. Select a CPT code from the drop down list and make sure the billed amount is correct. You can adjust the charge and units at this time. Click the “Create” button to save your work.

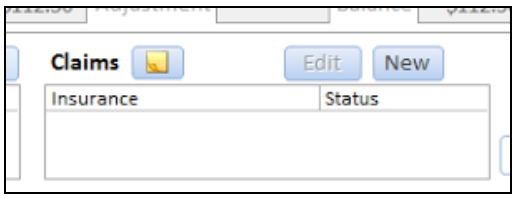


Then click the back arrow until you get back to the session form. When the patient pays a co-pay, add the payment by clicking the “New” in the lower left in the Payments section. Add a patient payment using the pop-up form.



Create a Claim

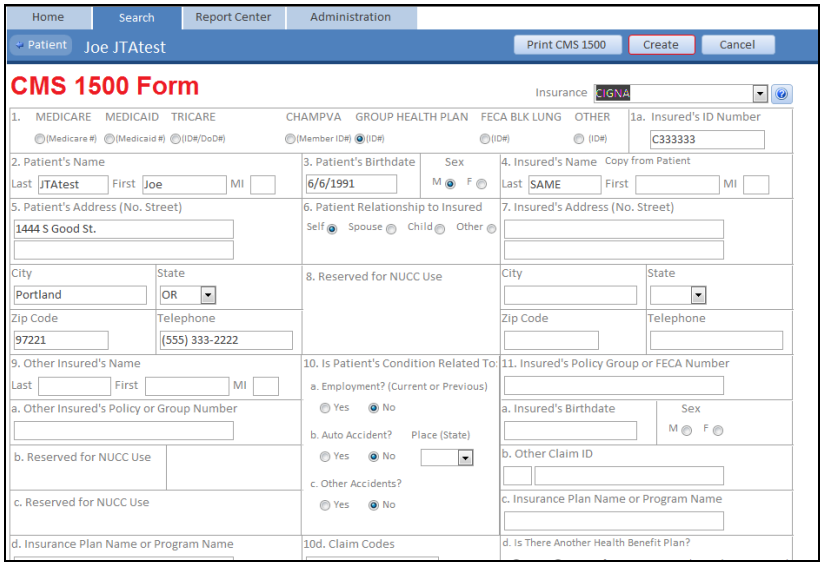
After entering all the required information (the MNT Assistant will confirm this) you may click the “New” button in the lower right of the session window in the “Claim” section to create a claim.



These fields are required to create a claim. If they are not filled in you will be prompted for them.

- Patient information: name, date of birth, address, phone and gender
- Practice information: practice name, EIN or SSN, Group NPI #, address and phone
- Facility information: facility name, address, type
- Health plan information: Insurance name, type of plan and payer ID
- Provider information: provider name and NPI #
- Diagnosis information: ICD9/10 code with or without physician, attached to session
- Session information: Session date and time
- Billing information: CPT code, units and charge

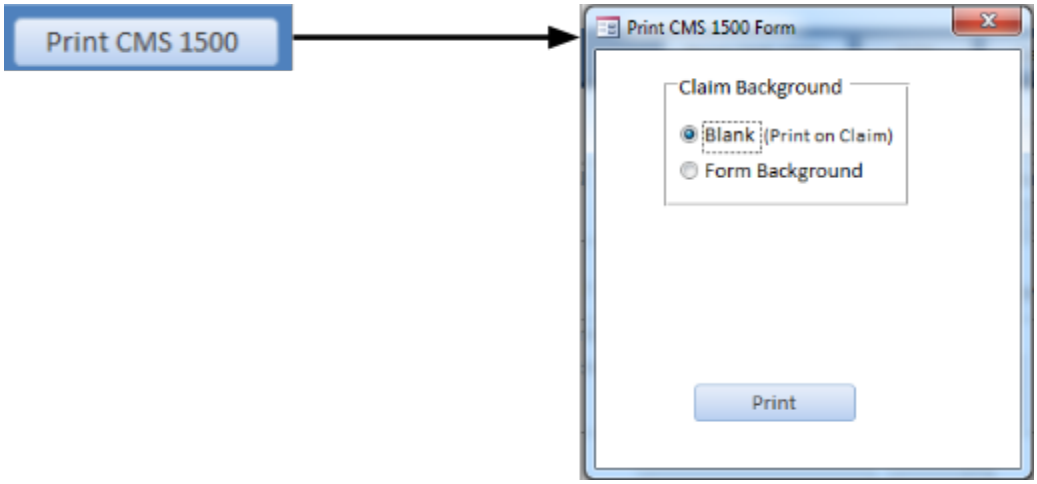
The claim form will pop up and you will be able to edit any field you want before creating it. The most common edits are adding additional diagnosis codes, CPT or PQRS codes.



After you have created the claim you can print it out and mail it or send it electronically through Office Ally.

Mailing Claims

To mail a claim you need to print it on a paper claim form. To order CMS 1500 claim forms go to http://www.justcms1500forms.com/. You can also print the claims on regular paper with the CMS 1500 in the background for you records. Most health plans may only accept claims printed on an official claim form.

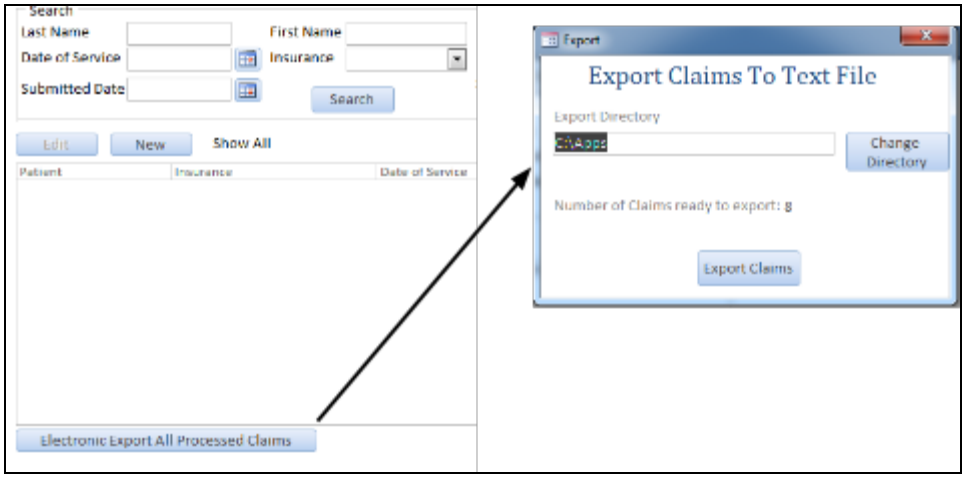


Sending Claims Electronically through Office Ally

If you don't have an Office Ally account you will need to set one up at www.officeally.com. See Office Ally Setup below (page 11).

Create Text File

To send claim(s) to Office Ally click on the “Search” tab -> “Claims” tab then click on the “Export All Claims Electronically” button underneath the list of claims. A form will pop-up with the numbers of claims to send and the location on your computer it will create the text file.



Upload Text File

After you have created the text file, login to Office Ally and click the “Upload Claims” button on the left. Then select the file you just created on your computer and click “Upload”.

Claim Acceptance Notifications

After a few hours you should receive an email from Office Ally telling you if your claims were accepted by Office Ally. After a day or two Office Ally will notify you if the Insurance company initially rejected any claims.

Fixing Rejected Claims

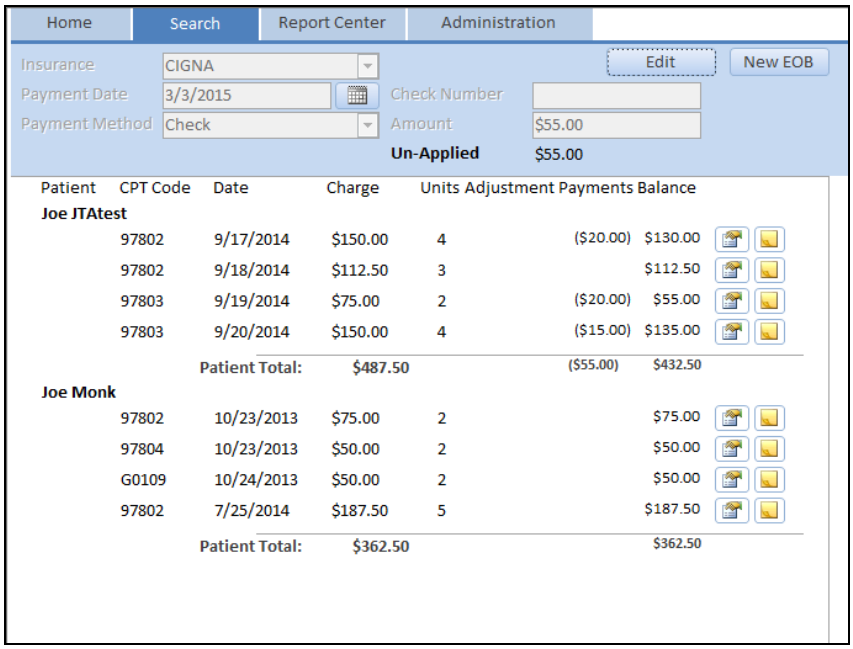
If your claims were rejected you can correct them on Office Ally. To correct a claim click the “Inventory Reporting” button on the left side of the page on Office Ally. Search for your claim by date (the range is limited to 60 days) and last name. Once you find the claim, click the pencil button on the left. This will bring up your claim (see the reason rejected in upper left), edit the claim and click the update button at the bottom of the page.

WARNING: Do not correct the claims on the MNT Assistant and upload the claim again. These will automatically get rejected for duplicate claims.

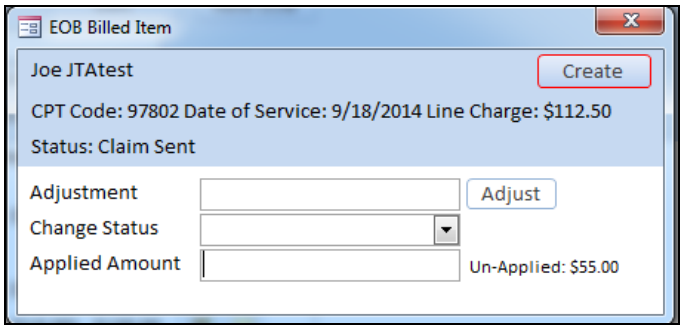
TIP: Search for only rejected claims by selecting the status filter to: Rejected (Correctable).

Recording Payments from the Explanation of Benefits (EOB)

After a few weeks you should receive any EOB in the mail or online. This will tell you what the health plan has paid, what the patient should pay and what amount was adjusted. Enter this information into the MNT Assistant. Under the “Search” > “Payments” tab click the “EOB Entry” button. Fill out the payment information and click “Create”. Then all the patients with this health plan and an outstanding balance will be listed.



Click on the “Hand pointing to sheet” button next to the patient and date of service on the EOB. Enter the payment amount, status and adjustment (clicking the “Adjust” button will auto adjust the remainder after you enter the amount). Then click save.



TIP: You can also enter payments in the patient’s billed items form. Only use this if you have one item in the EOB.

TIP: If the patient does not show up in the patient list, they may have been attached to a different health plan or one with a similar name. You can merge duplicate health plans in the insurance company tab under Administration.

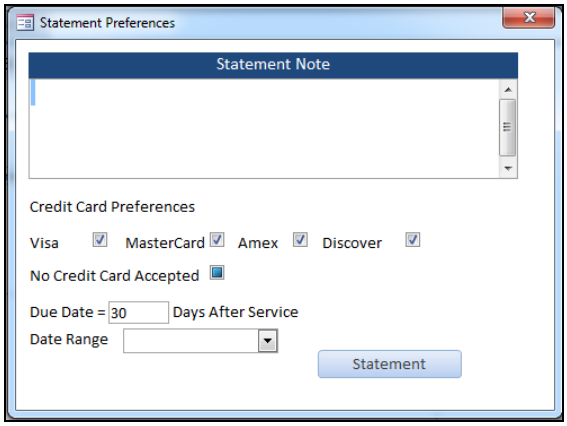
Rejected Claims on EOBs
If your claim was rejected in the EOB then you need to fix it or write it off.

Here are a list of fixes and options after a claim was rejected:

- Resubmit the claim to secondary insurance company (see secondary claim below)
- Change the primary ICD 9/10 code and resubmit
- Make sure you are a network provider with the health plan
- Send a bill to the patient for the amount due (allowed)

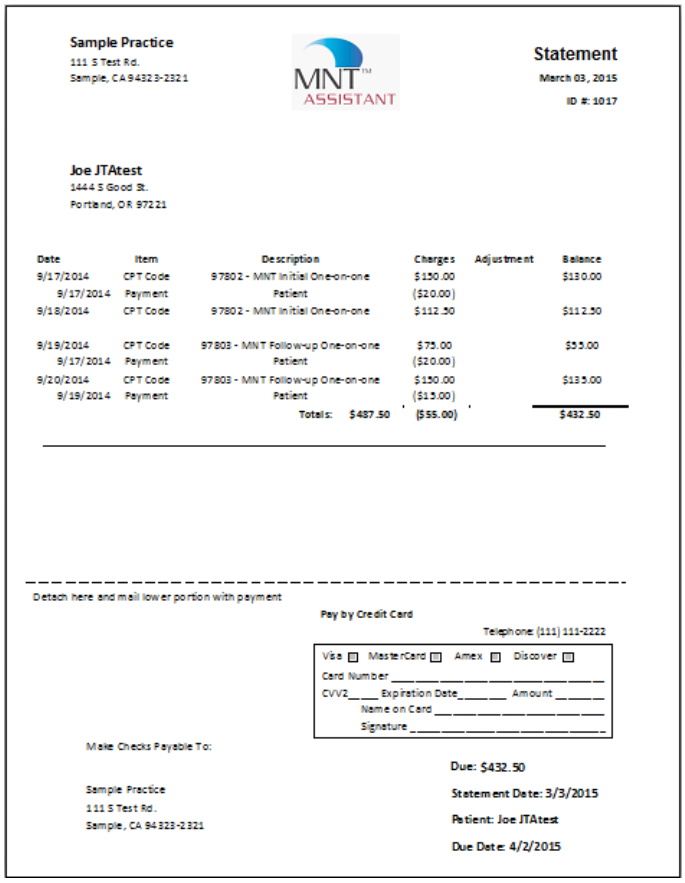
Send Statement to Patient

After you enter the EOB payments you may send statements to patients for any remaining balance due. Open a patient and click “Billing” on the left side bar. Then click the “Statement” button in the upper right.



A pop-up form will appear. Write any custom text you want to add to the statement in the box, then confirm the credit card preferences due date and date range of the statement. You can now print and mail the patient their statement.

TIP: Use double windowed #10 envelopes to mail your statements. Fold the statement so both the return and patient address correctly show-up in the windows.



Sample Practice
111 S Test Rd.
Sample, CA 94323-2321

Statement
March 03, 2015
ID #: 1017

Joe JTAtest
1444 S Good St.
Portland, OR 97221

Date	Item	Description	Charges	Adjustment	Balance
9/17/2014	CPT Code	97802 - MNT Initial One-on-one	$150.00		$130.00
9/17/2014	Payment	Patient	($20.00)		
9/18/2014	CPT Code	97802 - MNT Initial One-on-one	$112.50		$112.50
9/19/2014	CPT Code	97803 - MNT Follow-up One-on-one	$75.00		$55.00
9/17/2014	Payment	Patient	($20.00)		
9/20/2014	CPT Code	97803 - MNT Follow-up One-on-one	$150.00		$135.00
9/19/2014	Payment	Patient	($15.00)		
		Totals: $487.50	($55.00)		$432.50

Detach here and mail lower portion with payment

Pay by Credit Card

Telephone (111) 111-2222

Visa ☐ MasterCard ☐ Amex ☐ Discover ☐
Card Number _____
CVV2____ Expiration Date_____ Amount _____
Name on Card _____
Signature _____

Make Checks Payable To:

Sample Practice
111 S Test Rd.
Sample, CA 94323-2321

Due: $432.50
Statement Date: 3/3/2015
Patient: Joe JTAtest
Due Date: 4/2/2015

TIP: If you also save the statement as a PDF and save it to your patient's folder you will retain a record of what you sent them.

Signing Up for Office Ally

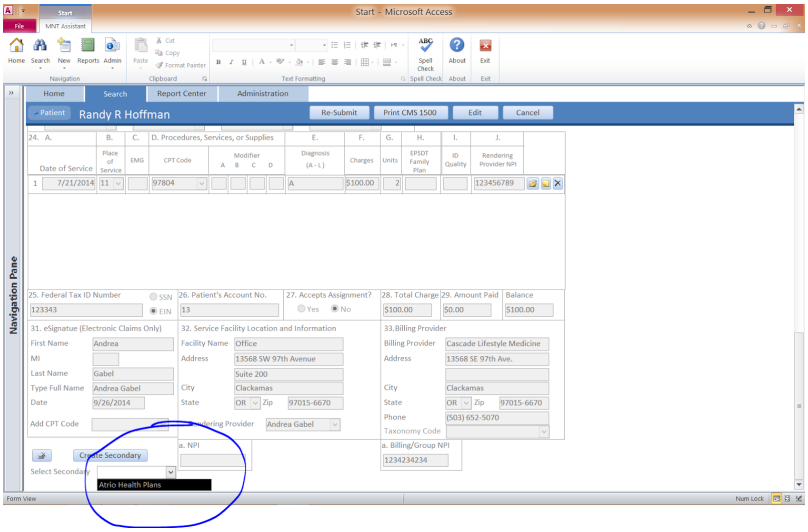
Go to www.officeally.com and click on the "Enroll Now" button on the right side. Fill out the information and under System Information select "We will be using another billing software" then type "MNT Assistant" and select "Office Ally's Online Claim Entry Tool". Office Ally will require some signatures but soon you will be up and running for electronically submitting claims.

TIP: If your claims don't go through properly, call Office Ally (360) 975-7000 and they will help you get the files uploaded correctly.

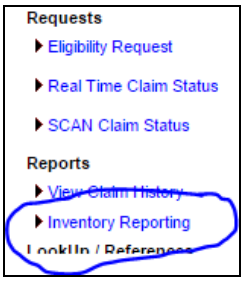
Sending Secondary Claims

To send a secondary claim you will need the EOB from the primary insurance company.

1. In the MNT Assistant open the primary claim, scroll to the bottom, click the "Create Secondary" button, select the secondary insurance company from the drop down and it will create the secondary claim.



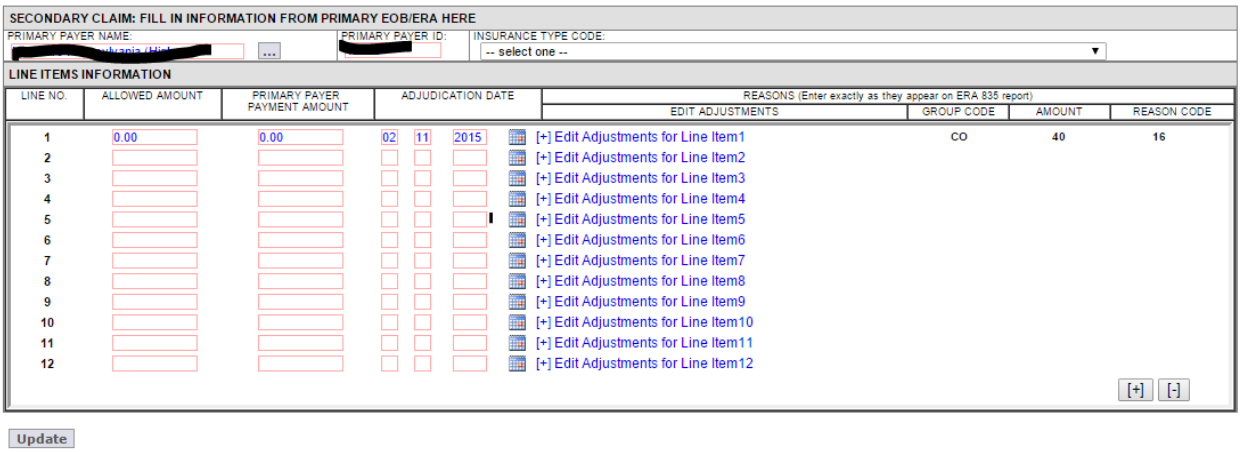
2. Export your claims and upload the file to Office Ally.
3. The next day open the claim in Office Ally via the “Inventory Reporting” button. It should have been rejected.



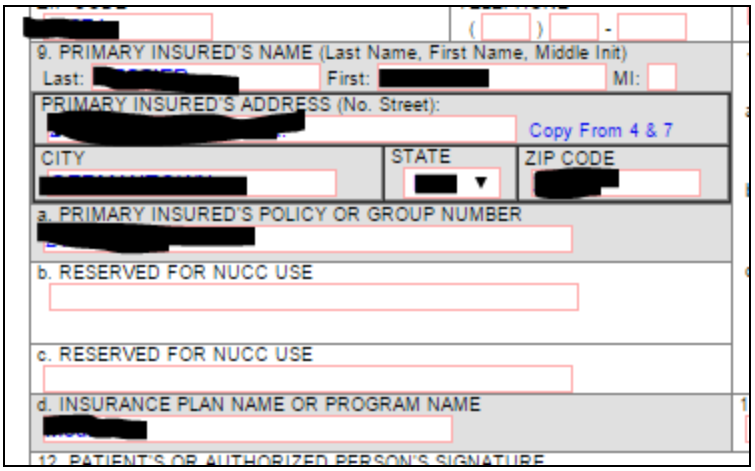
4. Select the secondary claim checkbox.
5. Fill in the required fields and submit.

Required Fields

Primary EOB information at the bottom of the claim.



Primary Insured Information in boxes 9a - d



For more help open Office Ally's secondary claim instructions.
https://www.officeally.com/files/Secondary_Billing_Instructions_20141125.pdf

Generating Aging Reports

If you want to see which patients are outstanding in your practice you can create an aging report. You can choose from 0-30 days, 30 - 90 days and 90+ days old from the date of service. Usually you won't get an EOB from an insurance company for at least 10 days, so the 30-90 day report are your current claims that need to be followed up on but not as critical as the ones in the 90+ day report

TIP: Most health plans won't accept claims after 90 days from the date of service. Medicare allows up to one year.