# Easy Billing – Cheat Sheet

The Easy Billing Regional Training Cheat Sheet is a job aid that will help you locate the basic features and follow the basic processes of the billing workflow. It is a great tool for experienced users that can also be used to coach those who are still new to billing in the Valant EHR.

Successful billing in Valant requires some basic preparation and configuration:

- **Transaction Codes | Procedures** Ensure fees are set and other options configured as required for insurance billing.
- **Persons and Institutions | Practice** Configure Billing Info, Pay-to Address (if different), EDI Billing Contact, and other EDI configuration data if required.
- **Persons and Institutions | Facilities** Configure data related to the facilities at which encounters take place.
- **Persons and Institutions | Providers** Configure each provider in the practice and ensure Tax ID, NPI, and Specialty are correct.
- **Persons and Institutions | Insurance Companies** Configure each payer to whom claims will be submitted. *(If different payers require different practice Billing Info the EHR can be configured with **Variable Billing Provider**.)*
- **Persons and Institutions | Patients** Configure each patient with payer information, copay amount, and subscriber (if required).
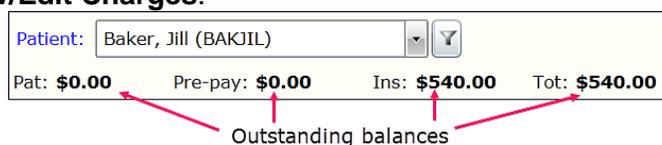
Easy Billing Guide

The Easy Billing guide is an interactive visual roadmap of the billing workflow. From the Main Dashboard, go to **Show Billing Dashboard |Open Easy Billing Guide**. Click on a step to navigate to the location in Valant where that step can be completed.
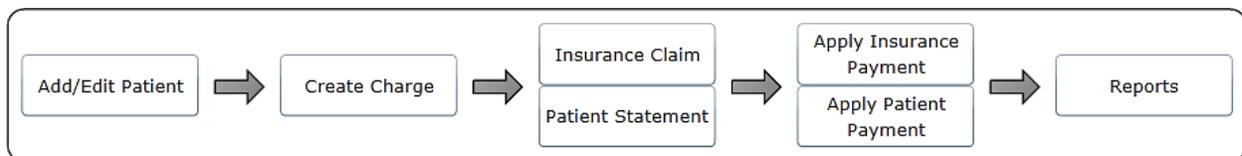
View/Edit Charges

- The View/Edit Charges tool allows users to view all charges that have been created for patients in Valant and make changes to the details of those charges. Go to **Billing | View/Edit Charges**.
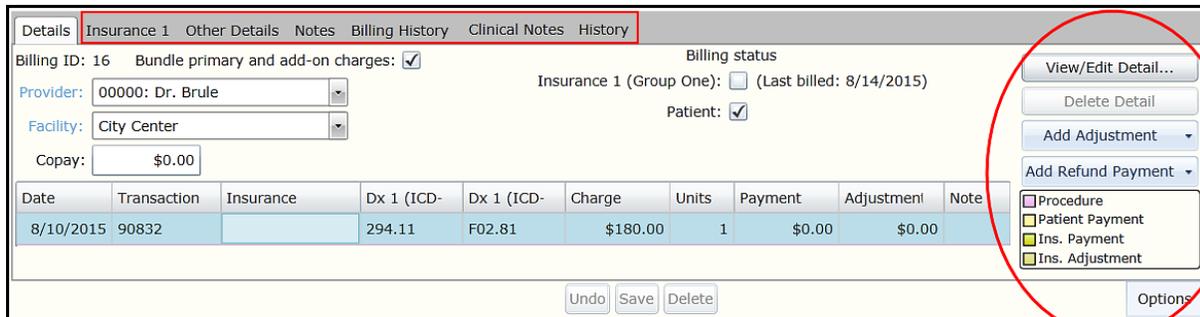
- Use the ledger view to list each action in the history of a charge. Ledger

- When you select a charge, its details will display in the lower part of the screen. Manage that charge using the tabs across the top and tools on the right-hand side.

Setup

Practice Settings

Go to **Persons and Institutions** | **Practice**. Update the following tabs:

- Billing info: Ensure you have entered the same contact information given to insurance companies. For "Practice Type", select the radio button "Non-person" to use the group NPI on claims, or select "Person" to use providers' individual NPIs.
- Pay-to Address: Complete in the event payments should be sent to a different address.
- Statement Messages: Customize messages that appear on statements.
- Statement Preferences: Select the information you would like to include on statements.
- EDI Billing Contact: Contains the necessary information for those using electronic billing. The EDI Access Number field can be left blank unless specifically required by the clearinghouse.

Provider Settings

Go to **Persons and Institutions** | **Providers.** Select the provider you want to modify.

- Provider tab: this information will populate in insurance claims if "Person" was selected as the "Practice Type" in **Persons and Institutions | Practice | Preferences**. SSN or Tax ID is required for billing when using the Provider's individual NPI. The Specialty field determines the taxonomy code that will appear in certain claims. Use the Incident-To Supervisor option if you bill under a supervisor provider. Check the Signature on file box for successful insurance claims submission.

Insurance Company Settings

Go to **Persons and Institutions** | **Insurance Companies.** Click on **New Insurance Company** in the top-right corner of the window to add new companies to the system.

- Insurance tab: Fields highlighted in yellow are required. If your practice bills through a clearinghouse, the EDI Payor ID is also required. Contact your clearinghouse to obtain the ID number.

Patient Settings:

Go to **Persons and Institutions | Patients.** Click **New Patient** in the top-right corner of the window to add new patients to the system.

- Demographics tab: Add First Name, Last Name, and Sex; then click **Save.** At this time, several other fields will become highlighted in yellow. These fields are required in order to create a charge. Check the Auto bill patient check box even for insured patients. If the insurance company will be billed, make sure the Signature on file box is checked. This indicates to the insurance company that your practice can be paid directly. Also check the "Info release authorized" box which indicates the patient signature is on file. Secondary insurance is added by clicking the **Options** button. Click **Save** to apply changes.
- Insurance 1 tab: add the insurance company of the patient. Check the boxes Accept assignment and Auto bill insurance. Use the Subscriber menu if the patient is not the person subscribed with the insurance company (Go to **Persons and Institutions | Guarantors**).

Procedure Code Settings:

Go to **Transaction Codes | Procedures** and select a transaction code – In the image below 99213 has been selected from the list of procedures.

1. **Transaction Code ID:** ID used only in Valant when selecting a transaction for an appointment or charge.
2. **Description:** Explanation of the procedure displayed on claims and statements
3. **** CPT Code** – CPT Code that will be used on insurance claims.
4. **** Fee** – Your fee for the procedure.
5. **** Place of Service** – Generally **11: Office**.
6. **Default Appointment Duration** – Sets default length of appointment on scheduler.
7. **Category** – Applies a default color to appointments using this procedure code.
8. **** Insurance Procedure Checkbox -** Indicates whether or not a procedure is billable to insurance.
9. **Is Add-on Charge Checkbox** – Indicates whether or not a procedure is considered an Add-On Code.
10. **Count as Visit/Count as Encounter Checkboxes** – Indicates whether or not this procedure counts as a patient visit for authorizations and Meaningful Use.
11. **Allow Patient Reminder** - Indicates whether or not an Appointment Reminder will go to the patient when they are scheduled for this procedure.
12. **Use as Next Procedure in Charge or Appointment Creation Checkbox** - Used to indicate that this procedure will be automatically selected when the next appointment is created for this patient, when this is the last recorded appointment for that patient.
13. **Is Laboratory Service Checkbox** - Used to indicate whether or not a procedure is a laboratory service.
14. **Inactive Checkbox** - Used to inactivate a procedure that is no longer being used. This hides it from the visible list.

**Items required for insurance billing

Creating Charges

- From the calendar, right-click the appointment, hover over **Appointment** and click **Record Appointment**.
- Click **Record Appointments** in the calendar to record multiple appointments with a single click.
- You can only record an appointment if three conditions are met:
  - Full demographics are added to the patient info
  - Billing diagnoses are entered from the Patient Chart or Mobile Notes
  - CPT code is entered in the appointment
- After recording the appointment, the charge will be highlighted in yellow in **Billing | View/Edit Charges**, meaning that we now need to bill insurance for this charge.

Bundled?	Prim. ID	Bill ID	Date	Provider ID	Transaction	Charges	Payments	Adjustment	Balance	Statement Note
☑	18	18	6/22/2015	00000	90832	$180.00	$0.00	$0.00	$180.00	

Insurance Claims
Go to **Billing** | **Create Insurance Claims**

- Choose the claims format: paper, third-party clearinghouse (EDI file that needs to be uploaded to the clearinghouse's website), or integrated clearinghouse (automatic EDI file).
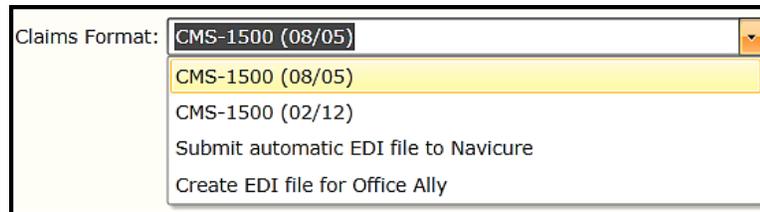
Claims Format: CMS-1500 (08/05)
- CMS-1500 (08/05)
- CMS-1500 (02/12)
- Submit automatic EDI file to Navicure
- Create EDI file for Office Ally

- For paper claims and third party clearinghouse claims, always click on Mark Claims as Printed at the end of the process.

ERAs - Electronic Remittance Advice
Go to **Billing** | **ERA**

- When using a third-party clearinghouse:
  1. Download ERA files from clearinghouse
  2. Click **Upload ERA 835 File**
  3. Browse to the file and click **Open**
- Applying ERAs (same process for both third-party and integrated clearinghouses):
  1. Select the specific ERA to be processed and click on **Next**
  2. Click **Apply Payments**
- A charge in red font means the item could not be matched to a charge in Valant; probably because it was originated outside of Valant. Click on **Exceptions Report** to view the details for these items. If you would like to manually select a charge to apply the item to, click **Action | Match Manually**.
- Click on the **+** button to access details and modify adjustments.
- Remember to **Save Changes**

Manually apply EOB payments
If you receive a paper EOB go to **Billing** | **Apply Insurance Payment.**
1. Select the insurance company
2. Enter the check or reference number
3. Enter the total amount of the EOB even if it includes multiple payments for different patients.
4. Select the "Processed Date".

5. Click on **Begin Posting Payments**
6. Refer to your printed EOB and apply every item by selecting the patient first.
   a. Make sure you apply the correct payment by matching the date and CPT code from the EOB to the charge on the screen.
   b. Enter the amount in the "Apply" column
   c. Enter any write-off amount in the "Con. Adj." (Contractual adjustment) column.
7. After applying all items and making sure the "Unapplied" amount at the top-right corner of the screen is $00.00, click **Save** to record the payments.

Creating **Patient Statements**

- To configure settings go to **Persons and Institutions** | **Practice | Statement Preferences** tab. For a superbill choose to display:
  o Patient name, DOB, Insurance
  o Provider name, NPI, Tax ID
  o Office address
  o DOS, CPT codes, fees
  o Diagnoses
- To create statements go to **Billing** | **Create Patient Statement** or **Print Patient Statements**
  o Use the "Provider Filter" or "Patient Filter" as necessary and select "Statement type", then click **Generate Statements.**
  o Save/print the files.
  o Click **Mark Statement(s) as Printed** for the system to record this patient has been billed for the balances in question and start the aging process.

Applying Patient Payments

1. Go to **Billing** | **Apply Patient Payment**
2. Select the patient, payment date, and payment type.
3. Click **Get Unpaid Transactions**.
4. The total payment amount can be distributed among the existing charges. Click **Apply to Oldest Balances** or select one or more specific charges and enter the amount(s) under the "Apply" column.
5. Click **Save**

If a patient pays for a session on the day of the appointment, the payment can be applied directly from the calendar. Right-click the appointment, then select **Appointment** | **Accept Payment**. Make sure transaction fees and codes are correct before accepting payment as this will record the appointment in Valant.

<p style="text-align:center">Review</p>

Do you remember the color codes when you view a charge?
- **Yellow**: Insurance needs to be billed
- **Grey**: Insurance has been billed.
- **Salmon**: The remaining balance is patient responsibility
- **No color**: The billing workflow is complete

Do you remember what's needed to create/record a charge?
- Patient demographics
- Billing diagnoses
- CPT code

<p style="text-align:center">ERA Posting Tips</p>

- Carefully audit the payment you are about to post!
  - Check to make sure the payment amount and contractual adjustment look correct.
- Access the paper EOB from the payer portal, if possible, before posting the payment.
- Pay close attention to chargebacks. Payers will sometimes send a notification in the ERA file that a chargeback will be processed in a future payment. You don't want to process this until the payment is actually being taken back.
- Consider selecting 'Ignore' for $0.00 payment line items like denied as a duplicate or denied for no coverage when the correct insurance payer has already been billed.
- Confirm Medicare is set to Crossover before posting the payment. You can review this in claim details by looking for the remark code MA18:

		Previous Payments:	$0.00
Remarks			
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.		
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.		
N700	Payment adjusted based on the Electronic Health Records (EHR) Incentive Program.		
N699	Payment adjusted based on the Physician Quality Reporting System (PQRS) Incentive Program.		

OK

1. **Accurate billing begins before you submit a claim**

    a. Consider doing a benefit check and having a signed fee agreement on file for each patient.
    b. Have a copy of the front and back of the insurance card in the patient's chart.
    c. Make sure you Know who processes mental health claims for the payer.

2. **Make sure the patient account is set-up to move through the billing cycle correctly. If insurance is being billed first:**

    a. Use 'Auto bill insurance' and 'Auto bill patient'
    b. Use crossover if billing to Medicare.
    c. Double check that all insurance information is entered correctly on the patients tab.
    d. Enter the EDI Payer ID number for electronical submission.
    e. Enter patient's co-pay to be collected at the time of service.
    f. Once claims are processed, bill patient for their responsibility.

3. **Let Valant help you! Monitor charges through the billing cycle:**

    a. Check for claim rejections in your clearing house
    b. Run the insurance aging report so you can follow-up on outstanding claims either through the payer portals or by calling the insurance company.
    c. Use the patient aging report to contact patients about their balance.
    d. Submit claims and post payments on a regular basis in your account.