June 14, 2015

DocPro-4-Windows User Guide

Keyboard and Mouse controls

By using the keys on your keyboard you will get your work done about three times faster than with the mouse, and prevent most errors. As as you step through each field of a form with the <Enter> key, the validity of each field will be tested, and you will be notified immediately if an entry is not valid. If you skip fields by using the mouse, then you are more likely to enter errors.

DocPro Keyboard control, unlike most systems, is Context Controlled, so DocPro will usually know what to do if you press a keyboard key. For example, if you are on the Ledger, you can simply press the "C" key to start a Charge, instead of clicking on the "Charge" button.

The Mouse is needed for a few operations. For example. To enter the scheduling system from the Ledger, you must click the Scheduling button at the top right of the screen. Generally you should try pressing the Keyboard key for the first letter of a button, or for the underlined letter on a button. Also, if a button is highlighted, you can simply press the <Enter> key to fire that command. On small pop-up dialog boxes, you can generally press the Right-arrow or Left-arrow keys to move the button highlighting to the next or previous button, and the press <Enter> to fire the highlighted button. However, you could more quickly just press the first letter of a button's name. Occasionally, you may find that pressing keys has no effect, which will happen if the command keys lose focus. Simply click the command with the mouse, and they will begin working.

Special control keys that will help you greatly:
<Enter>: When in a form, pressing <Enter> moves you to the next field in the form. If you are on the last field in a form, pressing <Enter> will take you out of the form and to the control buttons. You can hold the <Enter> key down for repeated operation to quickly step through all the fields in a form. That way, if there is invalid or missing data in a field, you will be notified by a pop-up dialog.

<Up-Arrow> and <Down-Arrow>: These keys act like the <Enter> key for the most part, but the <Up-Arrow>, or course, will go to the previous field. The arrow keys will not leave the form when try to go beyond the bottom or top fields, which makes these keys handy for stepping all the way through a form without exiting that form.

<PgUp> and <PgDN>: These keys will generally cause you to exit a form and return to the form controls at the bottom of the form.

<Escape>: When you enter a field on a form, the program will remember the starting contents. After you have changed the contents, and you can press <Escape> once to restore the original contents. Once you leave the field, it cannot be restored. This is a handy feature when you change a field by accident.

If you press <Escape> two or more times while on a form, the program will generally try to exit that form and put you back on the form control buttons. At that point the program might automatically select Cancel, but if not, you might press "C" to cancel all changes to that form, which will also exit from that form screen.

<Minus key> and <Plus or equal key>: When on a date field, you can press the <Minus key> to go down by one day, or the <Plus key> to go up by a day. You do not need to press <Shift> with the plus key.

Date fields: You will notice that the Day of Week, Month, and Year are displayed to the right of all data fields. When entering a new date, you can leave off the year if it is the current year. For example, you could enter 0215 and press <Enter> and the date for 02-15/2012 would come up if the current year was 2012. This can save time.

Erase vs Insert: When positioning on a field that already contains data, if you start typing, the old data will be erased. However, if you press <Right-Arrow> one or more time, you will enter "Insert Mode" and you can then type within the old data without losing it.

Lookup dialogs boxes: Many fields that contain a Code (instead of free-form text) will have a label button to the right with a triangle that can be clicked for a lookup table. In these Code fields, if you know the Code you want, you can simply type it in with the keys. If you want to see the look-up tables, you can press the <F1> key, which is way at the top-left of your keyboard. However, in some of the simple Code fields, such as "SEX", you must click with the mouse to see the look-up table. First try the <F1> key to learn which code tables are available that way. For the other tables, such as SEX, you will quickly learn the codes that can simply be typed in.

Most forms will have a set up buttons at the bottom, and when you enter the form you will be positioned on the buttons. The, to change the form you will need to press either "E" for Edit, or "M" for Modify, which both mean the same then. You may also press "A" for Add, and "D" for Delete, and various other choices that will change based on the form.

The Ledger

All financial and patient visit activity is recorded in the Ledger.

From the Main Menu, press the "2" key, or click the "Patient Ledger" button, to get to the Ledger Screen.

Position on the desired Patient Account by pressing "F" to find by Name, or "L" to lookup by Account Number.

Once positioned on an account, the program will show only the first date that had not yet been full paid, and all future dates beyond that. If the account has a zero balance, no lines will be shown.

Show Control:

You can press "S" to show a different selection of line items. Then Press "A" to show all items that have not yet been moved to Archives. Press "D" to set the controls to show line items in a given date range. Press "S" again to search and show old line items from the Archives. After archived items are up on the screen they can be printed on statements or insurance forms by using the Walkout feature.

You can bring old Archived line items back to the live area for changes. Generally, we discourage this, and you can usually re-instate charges with a Balance Forward (code 1) charge, or you can refund from Archives by simply setting the SOURCE to Patient-Archive or Insurance-Archive. However, if you want to bring items back, first do a <S>how and then press <S>earch and press <Y>es. The press <U>narchive. These items will be re-archived at the end of the month, as long as there is no balance due or insurance flag set.

Walk-out

Walk-outs provide and easy way to print Receipts and Insurance forms form patients as they are leaving after a treatment. Also, you can do billing on Statement forms and Insurance forms for an individual account, and that can be very helpful when trying to get a bill in a special situation.

To start a Walk-out, press "W". You can then choose to do Receipts, Statements, and Insurance forms. The "S" for Statement, and "I" for Insurance form, will set flags in the line items that bill on a give form. This prevents these same items from billing again when you are doing automatic billing. However, the "R" Receipt, "H" CMS-1500 Override, and "O" Override Statement choices do not effect any flags, and therefore can be used without worrying about how they may effect future billing.

Note that the "F" Format setting on the Walkout screen should be entered when you first get you system so you can setup the format for Receipts and Patient Statements.

Jots (jot down notes)

Press "J" to enter a handy screen for jotting down an unlimited number of notes for a given account. Then simply press "A" to Add a new note, or "E" to Edit existing notes. You can type the notes in free form. Press <PageDown> when done, and them press X to save.

Charges:

To enter a new charge (service), press "C" for charge. The charge form will display at the bottom of the screen, and the date field will be highlighted.

Date: The date will default to the Accounting Date, and may be changed by entering a new date, or by pressing the <Minus-key> and <Plus-key>. When ready, press <Enter> to continue to the Code field.

Code: In the code field you can type in the charge code, or you can press <F1> for a list. If you get the list, then you can either start typing the code and let the program find the matches, or just press the <DownArrow> key to go down to the desired code. Then press <Enter> , and then "K" for Keep. Then press <Enter> to go to the Description field, which will be filled in automatically.

Description: You can change the description if desired. Then press <Enter> to continue to the Units field.

Modifiers: Modifiers are two character codes that are added the 5 character Procedure Code for a charge. Modifier that are always used with a given code should be entered on MM#8-2 with that code. However, modifiers that need to be added to a give charge can be added by clicking on the modifier fields to the right of the Description field. If not needed, leave these fields blank.

Units: Units will normally default to 1, but can be changed as needed. When you have a code that will always have a given number of units other than one, then you can force those units from the code table on MM#8-2.

Amount: May default from the MM#8-2 table, but may also be changed now.

Place of Service: Will usually be "11" for office, but may be changed to any valid code that is defined on MM#8-8.

Diagnostic Pointers: This is a very important and complex field. If you have already entered a set of diagnoses, the program will default to those and set the pointers to identify all diagnoses as pertaining to this visit in the order they are entered. You can change the pointers and you can change the diagnoses as desired. If this is a new patient, then the diagnoses boxes will be empty, and you can press <Enter> and add diagnoses as needed. When done, the program will go back to the pointers and allow you to change as desired. Press <Enter> to continue to the Insurance Plan selection.

If you do not have the diagnoses at the time of visit, you can enter a "0" (zero) in the pointers box, and proceed. Later you can add the diagnoses from MM#2-V. At that point the pointers will default to all the diagnoses in the order of entry. If you need to change the pointers, you can "Edit" all line items that use those diagnoses to set the pointers as desired.

Plans#PRI, SEC: If a patient has one or two active insurance plans, you must point to them here. This field will default to plans that you have set on the patient's MM#1-C screen. Generally Plan#1 will be primary, so you will have a "1" in the PRI box. If there is a secondary, you could also have a "2" in the SEC: box. However, you could have a "2" in PRI and a "1" and SEC, since the plan number does not specify whether a plan is primary, secondary, or simply not used. To prevent a plan from bill, just press the "Space-bar" to blank the PRI or SEC box. Press <Enter> to continue.

Prov#: Will specify the Provider who did this service. Will default to the patient's provider shown on MM#1, but can be changed here. Press <Enter> to continue.
Receipts:

Receipts are used to apply payments from patients and insurance companies (or other third parties) to patient account. As amounts are applied, they are matched up with the charges that are being paid. That

way you can keep track of what was charged and what was paid. Each line can track how much was charged, how much has been paid by insurance, how much by the patient, and how much has been adjusted off. Also, the amount unpaid is also shown for each charge line. Press "R" key to start a payment.

Date: Date of Receipt. Usually enter the date that the payment was received.

Type: Enter "P" for Patient payments, "I" for Insurance Payments, or "O" for Other. Other will be treated like Insurance, but will show differently in various reports.

Source: Specify if payment is in the form of Cash, Check, Credit Card, or Other. If payment was made previously and is now in HOLDING, enter "HO" to specify that this is not really a Receipt, but rather just a procedure to move that previous payment into given line items. In that case, the amount in holding will be reduced and the Account Balance will also be reduced.

Category: The category will normally be defaulted to PP for Patient Payment, and IP for Insurance Payment, but there are other possibilities that can be found by pressing <F1> for a list.

Description: You can enter the check number, or something else such as CO-PAY, to have good documentation on what was done. Note too that the program will add more to the description after amounts are applied to line items to help you track where payments went.

Total Paid: Total amount of this payment.

PostTo ID#: Once you get to this field you have to make a choice of where you are going to apply this payment. This field and the next few fields are complicated and will require some to fully understand, but we will give some examples of what is possible.

The simplest answer here is to just put in the ID# of a line that is being paid by this payment. Then you can proceed to the PostAmount field and enter how much of the total you want to apply to that line, and then answer <Y> to continue. The program will apply that amount, and if there is any more money left to be applied, it will then position back on the PostTo ID# field for you next decision.

Another example would be to put in the letter "O" for over the date range. In that case the program would find the oldest line that still had a "Item-Bal" and stop there. It would set the "PostAmount" field to the remainder of the "Item-Bal", if there was enough left to post to do that. You could then press "Y" to accept that choice and have the program apply that amount, and then, if more was left to post, the program would stop on the next line with an open "Item-Bal". This would go on until the total amount of the payment was used.

As one of the most complicated examples of entry to PostTo ID# we could do the following:
1. Enter "S" for Set range, which will bring us to the "Range-Begin" and "Range-End" fields where we can set to show only line items in a give date range.
2. We will then be brought back to the PostTo field where we could enter "O" and press <Enter>.
3. Now, at the confirm field we could enter "N" to not accept the "PostAmount" and we could set

the "PostAmount". Or, instead of "N", we could enter "W" for Write/off, which would allow us to enter both the "PostAmount" and the "WriteOff" amount fields. Then we could press Y to post.

4. Again, at the confirm field we could enter "S" to skip a line, or we could enter "R" to repeat our settings on the previous line.

5. Also, you can press X at the confirm field, and that will stop the current automatic entry and bring you back to PostTo ID# to start another operation under this same payment.

6. One final possibility would be to post this payment, or part of the payment to the patient's Holding Account. This will not reduce the patient's balance until the Holding is later moved to line items.

During payments, the program will set the Insurance Billing Flags from B's to P's when an item that was Billed now becomes Paid. The program will also allow you to set the secondary flag to "V" for Void when the primary has paid the full amount.

Batch Receipts

Batch Receipt help you with large EOB's that have multiple accounts one payment. In that case you can press "B" for "Batch" and enter details on the total amount in the EOB. You will then enter a Batch Mode. Then you can go to each account and enter the amount for that patient. The Batch Mode will display on the screen how much you have entered of the total. When done, you can go to MM#7-A (Reports-Proofs) and print the Batch Report, which will give you a backup for that EOB.

Write-Offs

Write-Offs reduce the amount you are charging for a service. You may do a write-off to give a discount to a patient, to discharge a bad debt, or because you have a contract with an Insurance Payer that requires you to discount the services. To do a write-off, press "A" for Adjustment, then "2" for Write-off.

Date: Enter the date that you are doing the write-off. Or, you may change the date to your preference.

Reason for Write-off: Select the reason for the write-off from the list. You can add more reasons from MM#8-2.

Description: Enter why you are doing the write-off. Note too that the program will add more to the description after amounts are applied to line items to help you track where the write-offs went.
Total Write-off: Enter total amount of this write-off. This can cover multiple lines at one time.

PostTo ID#: This is similar to the Receipts procedure described above, but is simpler. One additional choice to those described above would to combine the PostTo ID# of "O" for "Over the date range" with the confirm choice of "A" for All. That would cause the program to start at the oldest line item and write-off everything possible until it ran out of money, and it would not stop to confirm things.

Refunds

Refunds are used to give money back to patients and insurance. Also, if you need move payments from one patient account to another, simply do a Refund on the account that has the extra money, and then do a Receipt to the the other account.

Before you can do a refund, you must move all money to be refunded from the line items to Patient and/or Insurance Holding Accounts. To move money from Line Items to Holding, press "A" for Adjustment, then "6" for "Move receipts to Holding". Set the Source to "P" to move money in the "From-Pat" columns, or IP or IS to move money from the "From-Ins" columns. Put in a description as desired. Note that the program will add more to the description to help identify the lines effected. Then enter the ID# of the line to be effected, and then enter the amount to take out of the specified column. Then press Y to start the command. You can cycle through those steps without leaving the command until you have the refund money moved to holding.

To do the refund, press "A" for Adjustment, then "4" for Refund overpayments. Set the Source to PH for Patient refunds, or IH for Insurance refunds. Enter a reason in the description field, the the Amount, and then continue.

Charge Error Correction (reverse charges)

Note that you can make simple changes to a charges with the "E" Edit feature. You can change the Description, Modifiers, Units, Place of Service, Diagnoses, Plans, and flags. Also, if the day has not been closed on an item, you can change the charge date as long as you keep it within the same month.

Before doing a Charge Error correction, you must move all payments from the patient or insurance to holding. Do that with "A" and then "6" as described above. Also you must reverse any Write-offs by doing an "A" and then "5" (Reverse Write-offs), and specifying the line ID.

When ready, you can reverse the bad Charge entry by pressing "A" for Adjustment, then "1" for "Fix charge". Then just step through the form and enter the ID# of the bad Charge.

Receipt Error Correction (reverse receipt)

To reverse a receipt, you must reverse the full amount of a given receipt. First, you must move all amounts from the receipt to be reversed that have been applied to line items to Holding. Then press "A" for Adjustment, then "3" for "Reverse Receipt". Then simply enter a description, and then the ID# of the Receipt line. A Debit transaction will be entered, but then both that transaction and the original Receipt will disappear. To see those hidden items, you can press "S" for Show, then "T" for Type, and then set the Status field to DE. You can then view them, but as soon as you leave the screen they will be set back to hidden.

If it is too much trouble to reverse a receipt, you can give back part of a receipt by doing a Refund. Say you had applied $210 to many lines, but you then realized that you should have applied just $200.

Instead of reversing the full receipt, which would require moving a lot of payments to hold, you could refund just $10. You would then see a payment of $210, and a refund of $10, which would not be perfect, but would save time. In that case you might also make and entry to "J" Jots so you will know what happened later.

PROCEDURE CODE TABLE – MM#8-2

Special Codes Field:
Enter one or more codes separated by commas.
@ZERO – Allow charges of zero.
@UNITS=xx – Plug xx units when enter a charge. Also works with FAST and FAST? Codes.

FAST and FAST? CODES

There are two types of fast codes, which allow you to enter multiple charges for a visit in one step. The newest and easiest to use it the FAST? Method, shown first below:

FAST? Is a new charge code. Simply enter the code FAST? (yes, with the question mark) in the code field, and then enter and two or more charge codes in the Description field. For example: 98941,99214. A box will pop up and show exactly how these two codes will be entered, including amounts and units. If you agree, choose Okay, if not, choose No. Only type S codes are allowed. No setup is required to use the FAST? Code. Just go ahead and try it. Do not use the FASTxxxxxx code described below unless you talk with your dealer first.

FASTxxxxxx: The older, and more complicated fast code can be entered as a single lookup on MM#8-2, and coded as a FAST code, and then linked to two or more other codes. When you put this one code into the code field during a charge entry, all the codes in the Description field will be charged.

For the FASTxxxxxx code, first you will need to go to MM#8-2, Add a code, and name it FASTX, where X is anything you want. The X can actually be up to 6 numbers and characters, but do not leave spaces between any of the characters. Set the Type to "S", the Short Description to FAST, the Long Description to two or more codes separated by a comma, but with no spaces, and set the amount to Zero. Now, from MM#2-C you can enter all the charges in the fast code by just using the code FASTX (in this example). Leave the amount set to 0, and otherwise do the entry as normal. ***Do not change the Description.*** In summary, the settings are:
Code: FASTX, where X is from one to six letters and numbers.
Type: S
Short Description: FAST
Long Description: CODE1,CODE2,CODE3,...
Standard Fee: 0

Example of the FASTxxxxxx code: FASTM1BE, Description: M1,BE. Then when you entered the FASTM1BE as a charge code, it will create two line item charges (M1 and BE). For most users, the FAST? described about is a better choice.

ICD-10's

Effective on 10/1/2015, you must use the new ICD-10 coding system for your diagnosis coding. This replaces the ICD-9 system that has been in use for decades.

All services dated on or after 10/1/2015 must use ICD-10 code, but all services dated before 10/1/2015 must use the old ICD-9 codes, even if billed after 10/1. DocPro will automatically switch to the ICD-10 format on all charges, and will also ensure that charges using ICD-9 codes are put on a separate claim form (or electronic claim image).

You must put ICD-10 codes into your Diagnosis Code Table on MM#8-4. To put an ICD-10 code in that table, simply set the type field to "0" for ICD-10. There is a video at www.sw4hc.com on how to enter ICD-10's.

When entering charges on MM#2 (Ledger), when the diagnosis codes fields are displayed, be sure to select on ICD-10 codes for charges on or after 10/1/2015. This will be very important during the first visit of an existing patient on or after 10/1/2015.

There are two Special Control Codes that you can use for ICD-10 testing. However, if you use these codes, be sure to blank them out when done testing. The first code is @ICD10 which can be put into any insurance plan in the "Form Control Codes" field. This code will cause that plan to start using ICD-10 formatting prior to 10/1/15. That way you can enter a few test cases and do Walkout (HCFA Override) to see how the ICD-10's look.

The other Special Control Code is @XICD10. By putting that code into the "Form Control Codes" field of a plan, that plan will never use ICD-10 codes, even after 10/1/15.

Please watch for Support Emails from Irv Paton on the ICD-10 issues. The emails will also announce new ICD-10 videos on the www.sw4hc.com web site.