



Noble*Direct v11
DME/HME Software



NOBLE*DIRECT

Setup &

Daily Walk-Through



NOBLE*DIRECT

Noble House

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1 Introduction

This Walk-Through Guide is designed to be a brief and simple introduction to the Noble*Direct system, which will get you up and running in a few hours. Also, it will familiarize you with the Noble*Direct system and documentation. This will give you a feel for what the system can do and where to look for further information on how to use the system. All the necessary functions of all the commonly used functions, in a practice's daily operation are covered in this guide. The Noble*Direct system is feature rich and many more features are covered in the User Manual. In addition, the common features are discussed in more detail in the User Manual.

How to Read This Guide

This guide should be read in its entirety, in chronological order. As such, it will go through the logical flow of data processing, in a practice, from start to end of a normal business day for a medical biller. The workflow used in this guide is an example workflow, that is based upon the experience of our customers and years of medical billers' experience. The workflow in this guide is purely for the most expedient educational approach. In your practice, you may adjust your workflow to your processing needs as you like.

How to Use This Guide

Read through this entire guide in chronological order. Functions that are fundamental building blocks of other functions and logical necessary precedents are discussed first. Without this prior knowledge, you may not be able to complete functions described later. E.g. Without items, you cannot bill an item. Refer to the User Manual if necessary or; if you want more detail about a particular task, operation or feature. When you have mastered the written material about a task, do that task and practice using the function while the material is fresh in your mind.

Basic Assumptions

This guide assumes you know how to use Windows, a mouse, basic Windows navigation and basic Windows terms. For example, putting the mouse pointer over an item and right-clicking, will display a menu. Often, this menu will have a delete option. (Figure 2-1; 9-2; & 10-3.) Clicking on the delete option, will delete the item. In the context of the Noble*Direct software, this could be a patient, physician, ICD code, transaction, payment—anything.

The software has menu tabs and buttons. Buttons with a down arrow, “v”, (Figures 1-1; 1-6; 6-2; 6-4; 8-9; 10-2; & 12-2.) will display a dropdown menu. Clicking on one of those choices will open a new, separate window to run that particular program.

It is assumed that you know medical billing terms such as NPI or PECOS. These terms are defined once in this document, the first time they are used.

Note: The word “field” in software refers to a space or region of the computer screen allocated for a specific piece of information. A field may contain information or be empty, blank, waiting to be filled or; left intentionally blank to indicate that that information is not recorded.

Basic Operations

Opening a File View

If an item has a magnifying glass (Figure 1-2; 2-8; 2-10; 3-6; & 8-4) next to it, pressing the magnifying glass will open a window into that particular file. For example, next to the space to enter an ICD code for an individual's procedure, there is a magnifying glass. If you do not know the ICD code, you can press the magnifying glass and be taken to the ICD file and select the correct ICD code from the list. You may scroll through the list or; search the list to find the correct code.

In addition, any item with a magnifying glass next to it, hyperlinks to the file maintenance for the data item and will allow you to add that item "on the fly," to that kind of item list. When you do this, you "teach" the system about your practice. Noble*Direct refers to this as "training your system." For example, if you are entering a new patient and have never dealt with this doctor before, you may add the doctor to the physician file, by clicking on the magnifying glass and adding the new doctor to the physician file.

If you select the wrong date item, simply click on the magnifying glass again and select the correct item. The incorrect item will be overridden.

Standardized Screen Layout

Many of the screens look alike and operate as spreadsheets or; as a window divided into several sub-windows, each sub-window occupied by a separate spreadsheet. Usually, there is a "header" section, with the sub-windows beneath. Each section is titled. In the sections with spreadsheets, otherwise referred to as tables, you will see rows and columns. Each row is a "record" of data.

A good example of this is the patient window. The patient window is the main window and remains in the background, no matter what window opens for accessing another function. The patient window is divided into a header and 3 sub-windows. The header displays the selection criteria for looking into the patient file. A title bar of the logical statement for selection of patient records, is directly above the sub-window listing the patients in a table. Beneath the patient table are two smaller tables occupying one line. The claims table to the left and the transaction table to the right.

As with many windows, at the very bottom of the patient window are tabs for quick summary views into the particular files related to this record. For example, "General Information," "Physician," "Insurance" and "Eligibility." These are limited views of the patients address (General Information); the patient's attending physician's name, address, phone number and NPI; the patient's insurance carrier's name, address and phone number and; a summary listing of the patient's eligibility for claims queried for eligibility. These tabs and their functions are discussed in detail in the User Manual. Clicking on these tabs to view their operation and display will not change the files they display.

A "drill down" sequence can be followed in an intuitive visual path. The patient record selected is highlighted. The selected fields are always highlighted. That patient's claims occupy the claims table. Likewise, the

transactions in the transaction table, correlate to the highlighted claim. (See Figure 1-1 and not the highlighted records—rows—in blue.)

Entry screens, where new records are added, will have a “Close” button in their bottom right corner, with a “Save” button the left of the “Close” button. Figure 1-2.

Selection screens, where data items are being selected to be inserted into another record, e.g. a physician or ICD code to fill in the physician or ICD for a claim; will have a “Close” button in their bottom right corner, with a “Select” button the left of the “Close” button. Figure 1-3. Clicking on the “Select” button, will populate the field in the record you are trying to complete. In the example above, the claim record.

Windows displaying tables of records will have an option to add a new record by pressing the “New” button in the bottom left corner of the window. Also, these programs will allow for editing of records, by use of the “Edit” button in the bottom left corner of the window. Figures 1-3; 2-2; 3-2; 3-7; 8-5; 8-8 & 8-9.

Programs that produce reports that are produced may either be printed or exported, meaning saved to a file. The buttons to “Export” and “Print” are found in the bottom left of the screen. Figures 9-6; 14-; 14-6; 14-7 & 14-8. There are many more examples too numerous to list.

Table Layout & Customization

The software works with the same basic principles as Excel. This applies to expanding or contracting columns, inserting or deleting columns in a display and other features. Note: Deleting a column from display only deletes the column from view and does not delete the data associated with the column.

Expand or Contract a Column

To expand or contract a column, put the mouse pointer between the columns until the mouse pointer morphs into a double-headed arrow. Then, right click, holding the mouse button down, while moving the mouse to the right to expand the field and to the left to contract the field.

Placing the mouse on a field and right clicking will often display a menu of significant functions for that column and some column selection options. Figure 1-4 & 1-5. You may sort the records in the table by the field in this column, in either ascending or descending order. Examples are alphabetizing from A-Z or Z-A and; sorting by amounts paid from smallest to largest or; largest to smallest. You may delete a column from view or; add a column to the view.

Changing the Column Order

All the fields of the record may not be displayed in the window as there may be more fields than can fit. Such tables will have a scroll bar at the bottom, to scroll across the record to additional fields in view. You may reposition the fields and move any field to the left or right. To do this, put the mouse pointer on the column heading. The column heading will become highlighted. Then, right click and while holding the mouse button down, move the mouse right or left, until two arrows appear—one above and one below—the bar separating the

columns. This is the point the column will be moved to. Release the mouse button for the column to be inserted into its new position.

Changing a Column Title

The table columns have headings with the database names. These are abbreviated, mnemonic names for the database file followed by abbreviated, mnemonic names for the fields. For example, "Pat" stands for patient file and "Name" for the name of the patient. The column heading appears as "PatName". (See figure 1-4.) You may change the name of a column to a more conventional, common wording of your choice.

To change the column heading: Put the mouse point on the column heading. Right click. A dropdown menu will appear. Put the mouse pointer on the choice "Column". A sub-menu will appear. Put the mouse pointer on the choice "Change Column Name" and click. A dialog box will open, asking for the "New Name". Enter the new name and click on "OK" button. The column name will change.

For more details see the User Manual.

Adjustments to View Limited to the User Logged In

Any adjustments to the view, will not alter the database. For example, removing the patient's phone number or; restricting the view to patients in a given area code, will not delete neither the patients not viewed, nor the information not viewed.

Customizations only affect the display the user logged in. Other users will not see the default layout—not the altered layout.

Filtering

Tables are a way of referring to database files and the display of database files. This is why the displays listing the records in a file are referred to as tables. While the tables look like spreadsheets and work similarly to Excel spreadsheets, the tables are displaying database records in tabular form and have some database functions.

Databases have the ability to select records based on specific selective or search criteria. This is referred to as a filter. This feature is true of all the tables in Noble House, which are file views—listings of existing records. For example, the patient table is a list of patients and can be filtered so that only certain patients will appear. Or; only those patients with a certain name or phone number.

Filters can be temporary or permanent. If you have a common method of filtering, you can save it and retrieve it when necessary. Filtering can be done in the header, as a function of the table or; filtering can be done in the column heading, as a function of the column. Table header filtering can be saved and retrieved. Column heading filtering cannot be saved. Table filtering is limited to three filters. (See Figure 1-9) Column filtering is unlimited. You may filter as many columns as you like, at once.

For an in-depth discussion of table header filtering with examples and screenshots, see the section below, "Selecting an Existing Patient."

Filtering columns is cumulative with a logical “and.” This means that all filters are applied together. For example, if you search for all “New” patients, whose last name starts with an “A” and is in area code “561;” any patient that displays will meet all three criteria.

By putting the mouse into the column heading box, the picture a small funnel or filter, will appear in the top right corner of the column heading box. By putting the mouse pointer on this icon and clicking a dialog box will open to allow you to enter selection criteria and the appropriate selection logic.

There are several “logical operators” that are used to create the filtering logic. Examples: Begins With, Ends With, Equals, Greater Than, Less Than, etc. See the section below, “Selecting an Existing Patient” for details and screenshots.

Lettering and alphabetization follow standard filing rules. “A” is less than “B.” “Apple” comes before “Apple Sauce” or “Apples.”

To simplify searching and filtering, it is recommended to use capital case only for name fields. This option can be set in the configuration settings. See the User Manual for details.

If the search criteria you require is already displayed, for example, patient name, all you have to do, is start typing the name in the search criteria box and the selection process will begin.

Eliminative column search feature. Put the mouse icon over the column heading. A little filter icon will appear in the top right corner of the column heading. Put the mouse pointer on the filter and click. A window will open with one of each kind of data entry in the column. If there is more than one screen of entries, there will be a scroll bar on the right to scroll down. Clicking on a data entry will choose just that data entry type, eliminating many choices and narrowing your search for the item you are looking for.

Standardized Operations

Auto Search

Many windows that list records, will have in the top left corner, an i.d. field or another field, which is used for indexing the records of the file displayed. This is also where the title or index for this record will appear. For example, the patient's name or the ICD code. Partially typing the field and pausing for several seconds will result in a search of all records based upon the partial contents entered. For example, by entering the beginning of a name, all names that start with those letters will be listed. Or; by typing several numbers, a list of ICD codes that contain that sequence of numbers will be listed.

This search and display process applies to search filters, fields with the magnifying glass and; “ID” or index fields.

See figures 1-2 & 1-3 for examples of search filters in the top left corner, where an auto search will work.

See figure 1-2 & 2-8 for examples of fields with a magnifying glass, where an auto search will work.

See figure 2-3 for an example of ID or index field in the top left corner, where an auto search will work.

Categories

For a variety of purposes, Noble House allows multiple categories for different things. For example, there are several statuses for a patient: New, Active, Deceased, etc. Drop Shipped orders may have a status of billed or shipped. Claims have statuses of billed, submitted, waiting payment, rejected and more. A common application is to categorize comments which simplifies future researches into a patient's claim. Physicians, Warehouses, Insurance Carriers, Items, may all have many different statuses.

You may use the categories that the system comes preloaded with or; you may create new ones as you see fit.

Coding things by category allows for quick search and sorting. For example, seeing all transactions, with a category of "Not Billed," "Not Paid" or "Rejected." Another common example, is categorizing inventory items by "DME," "Diabetic" and "Oxygen."

CRM – Customer Relationship Management

By using categories, especially for patient's comments; coupled with the event tracker and; package tracking features; Noble*House becomes an integrated CRM system that saves you time and money, while increasing productivity as interruptions to workflow operations by reducing recording time for logging interactions with patients and their related events.

See the user manual for a description of the event tracker.

Comments

Almost every type of record can have a comment. Once comments are entered, they cannot be changed or deleted. Errors in comments must be annotated by subsequent comments. This keeps a complete and thorough, immutable history. While it is not mandatory, it is highly recommended that all comments be assigned a category.

Required Fields

If try to save a record and a required field is blank, then, the record will be not added and the empty required field will be surrounded in red. See figures 2-3 & 3-8. In figure 2-3, the "Item ID" is required and missing. The field for "Item ID" has a red border. In figure 3-8, all the required information for an insurance carrier is missing. The empty required fields, all have red borders.

Incorrectly Filled Fields

Fields that are filled in with incorrect information, will also have a red border, if an attempt is made to add the record with that incorrect information. See figure 4-2. The physician's NPI number is invalid and the field has a red border.

Hyperlinking and Interconnectivity

All the modules are linked and connected. You can hyperlink from any one function to any other function that is necessary to complete a transaction. For example, from the main window, you can add a patient then, from within the patient window you can add the necessary components for a transaction: the physician or facility, the item or service, the ICD codes, etc. From within the components, you can add any necessary sub-component. For example, from within adding an item you can create the ICD codes or categories, etc.

This feature is prized by Noble House customers as it allows for an ease of use in operations. When new patients come in, referred by doctors whom you have never dealt with before and, they are using insurance carriers you have never dealt with before; you can add new doctors and insurance carriers on the fly. This feature greatly reduces the complexity in creating the new entities necessary for the transaction, in continuous fashion, so the workflow is not interrupted or disturbed. This greatly reduces the time and effort in the daily billing process.

Noble*Direct

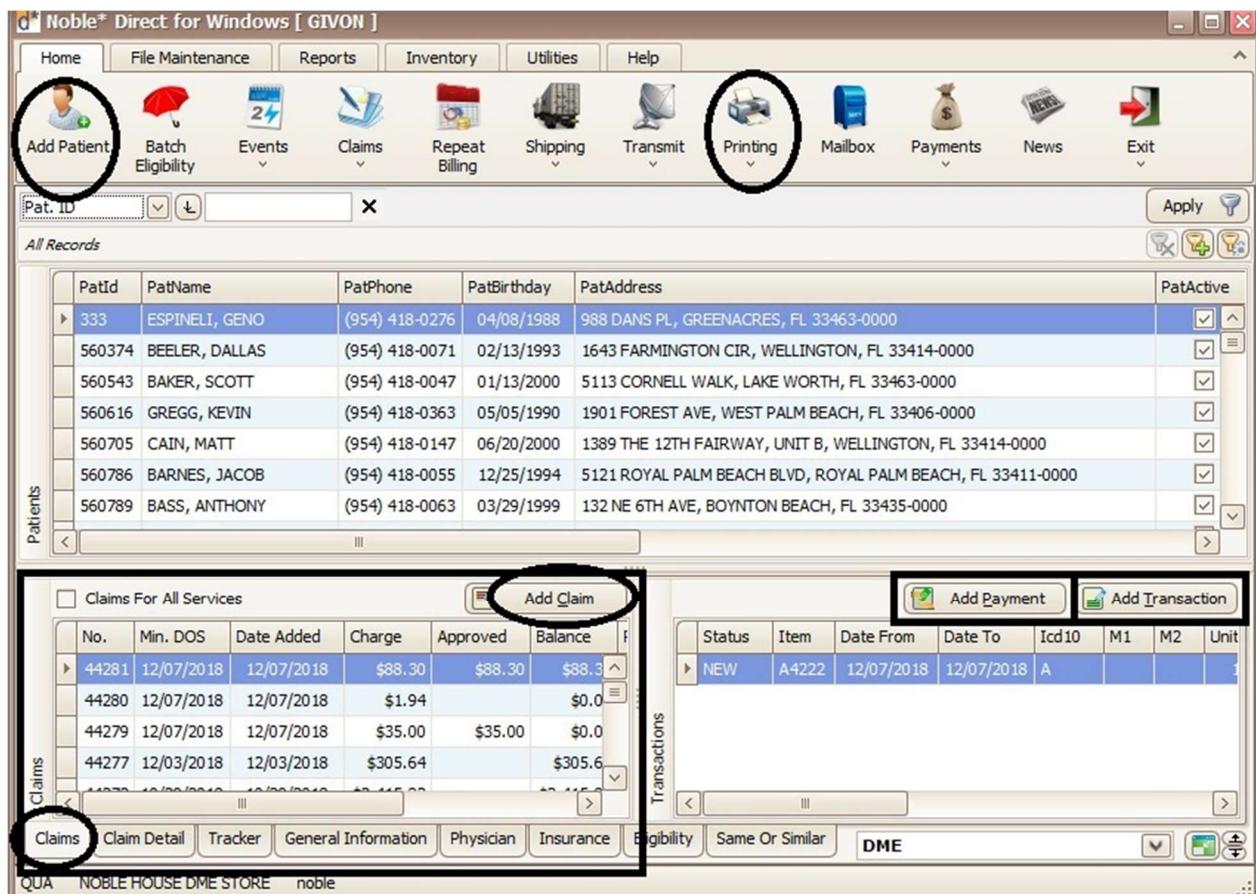


Figure 1-1 Notice the menu tabs for “Shipping” and “Printing” have down arrows. When clicked, a menu tab with a down arrow will display a sub-menu. Notice the “Printing” tab with the down arrow and; it's sub-menu.

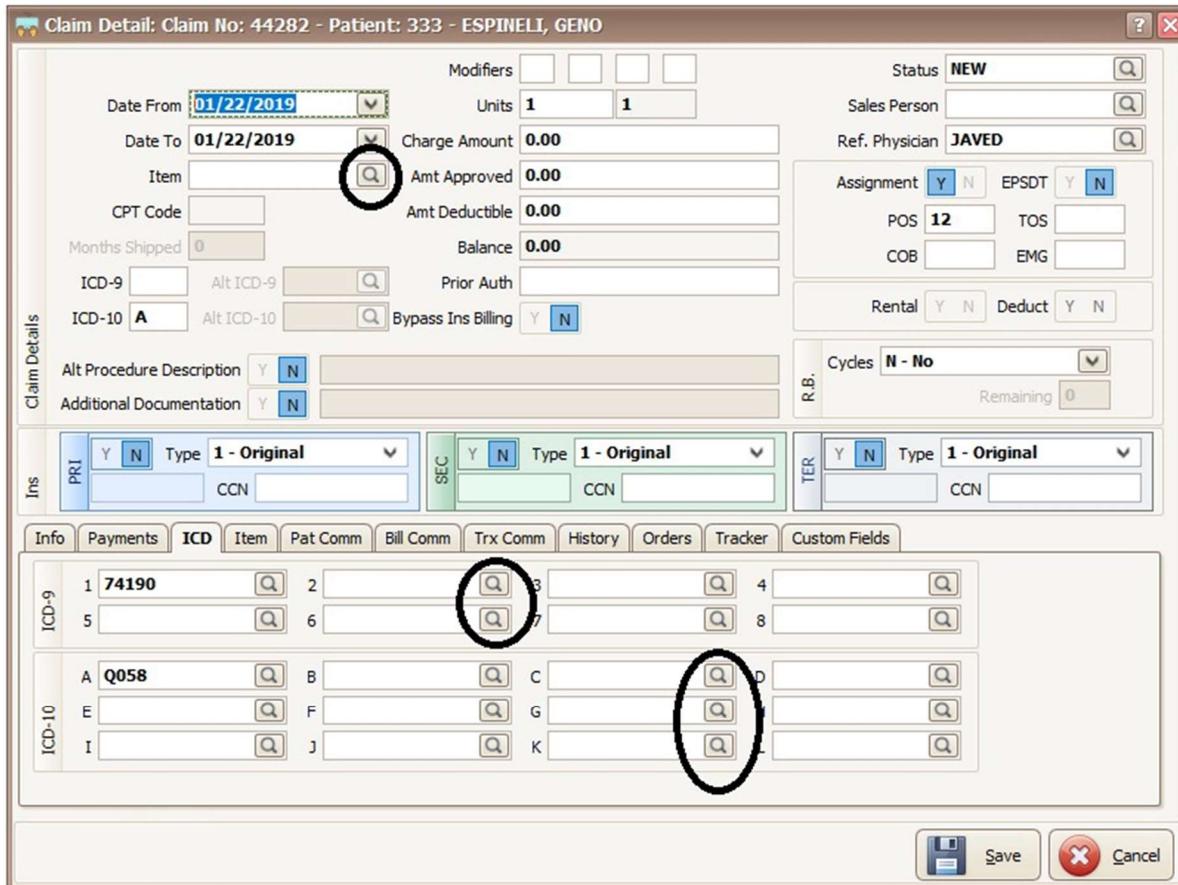


Figure 1-2 The claims window. Notice all the magnifying glasses on the window. Several of the magnifying glasses are circled.

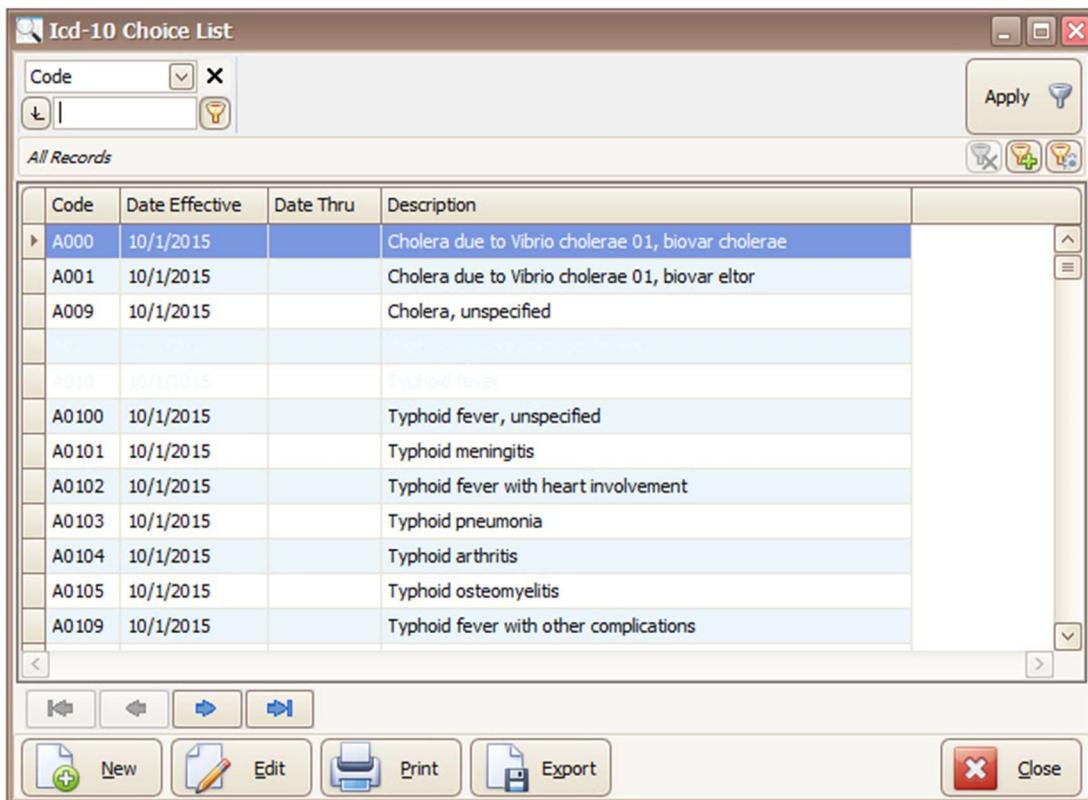


Figure 1-3 A file list that opens when the magnifying glass icon is clicked.

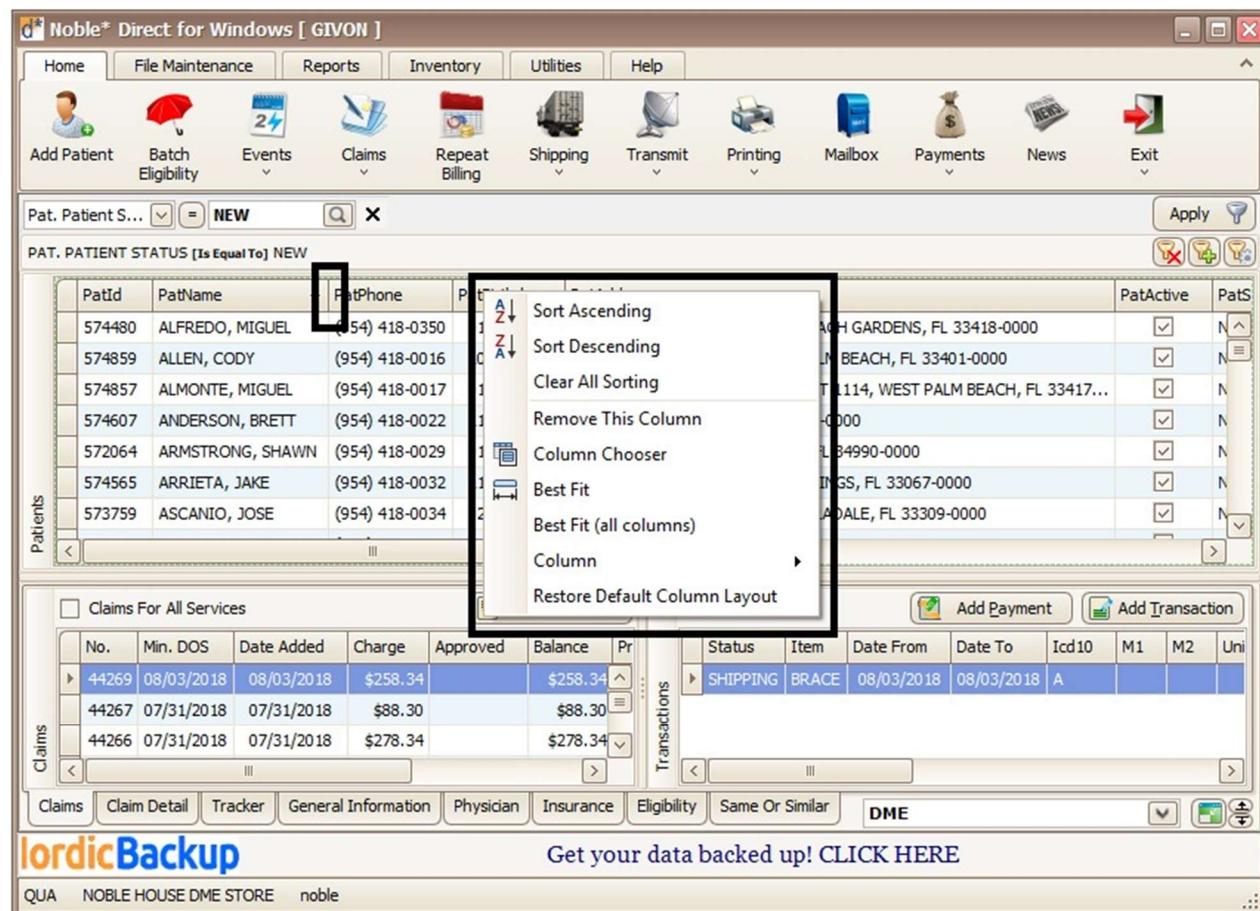


Figure 1-4. Note the menu of column features that appears when the mouse pointer is put on a column heading you right click. Also, note the vertical bar between the column headings that separates columns and column headings.

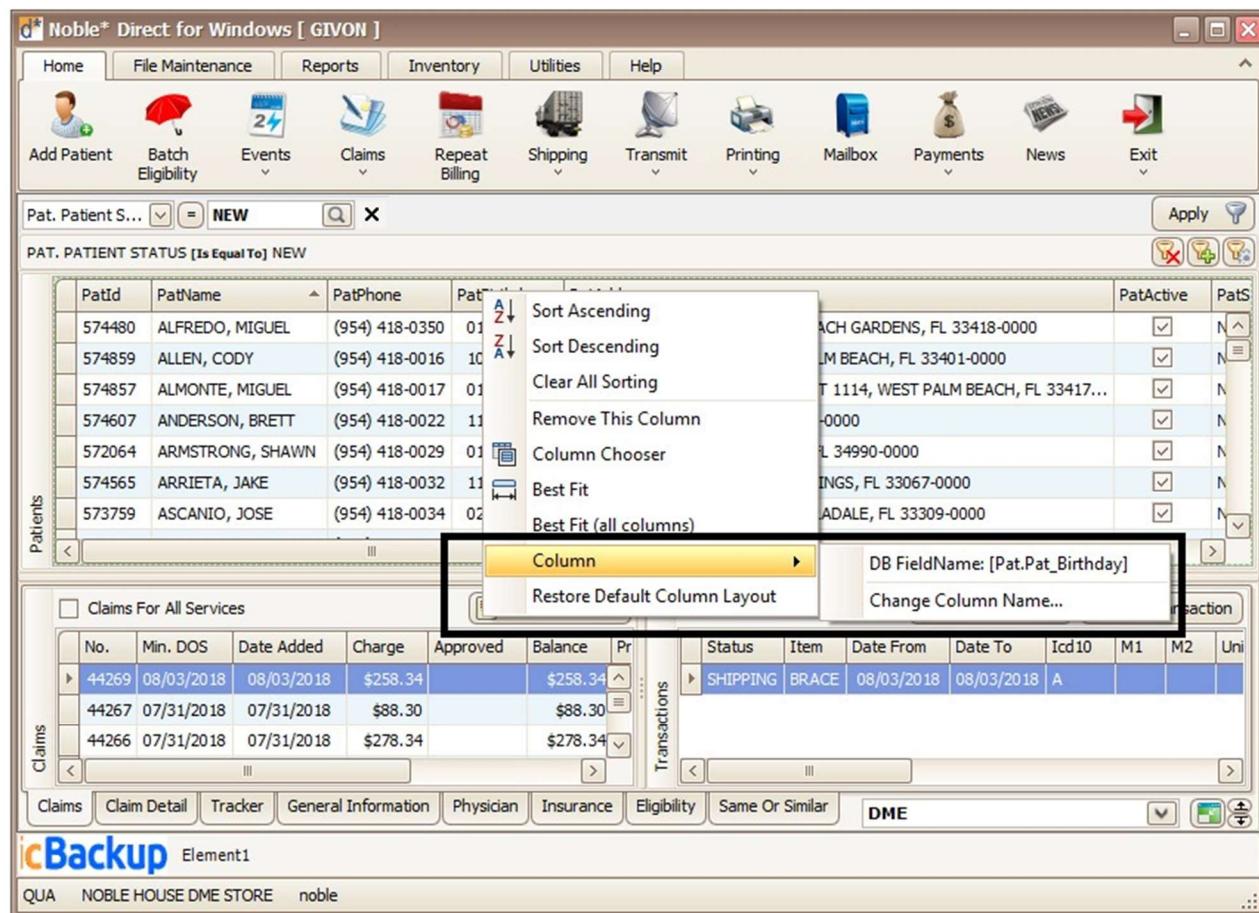


Figure 1-5. By clicking on the “Column” option of the “Column Menu,” a sub-menu appears for choosing to rename the column or; use the database name for the column. Changing the display name for a column has no effect on the database.

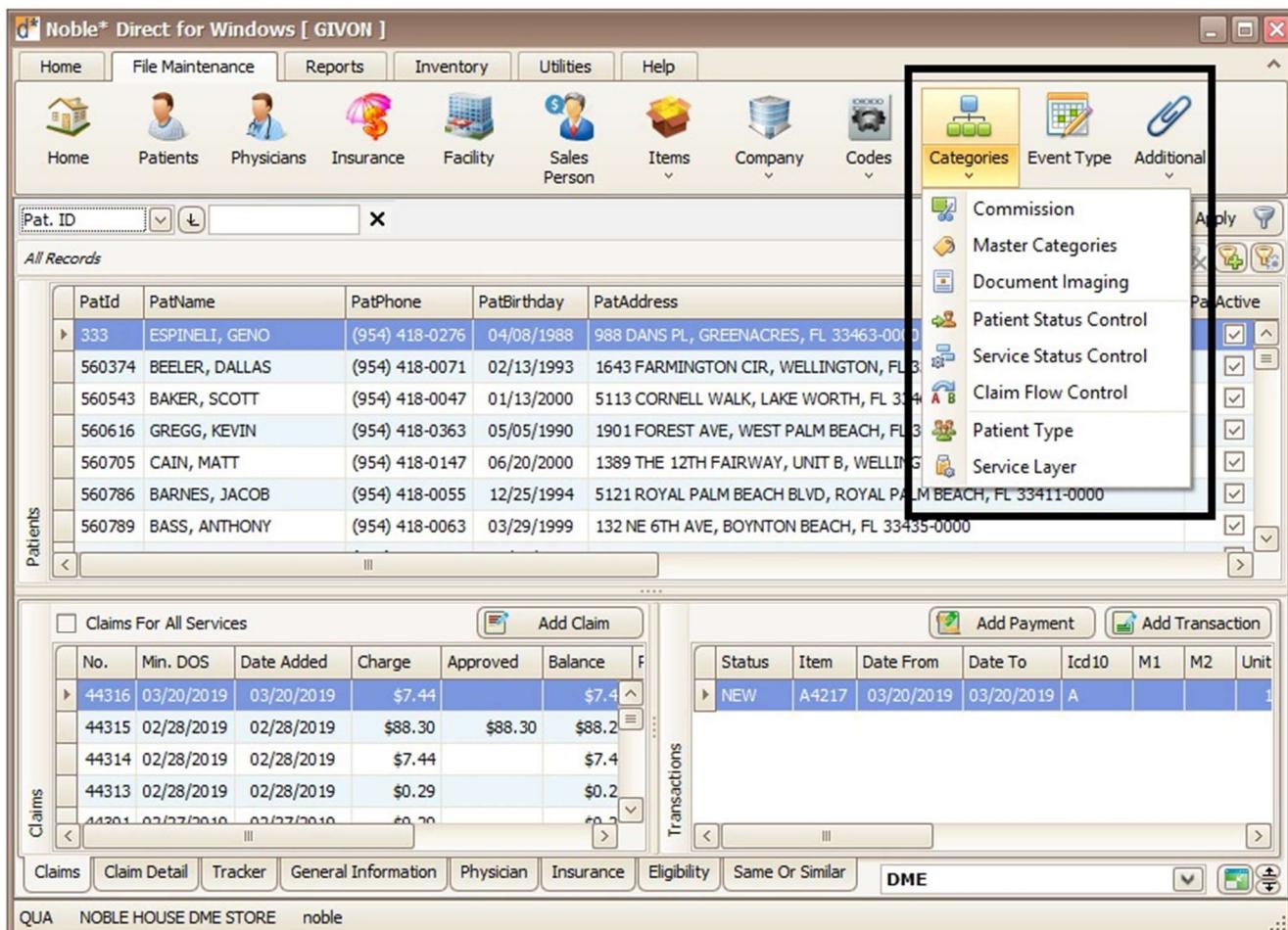


Figure 1-6. Category button from the top Menu Bar with the dropdown menu of choices. Putting the mouse over the “Category” button will display the dropdown menu.

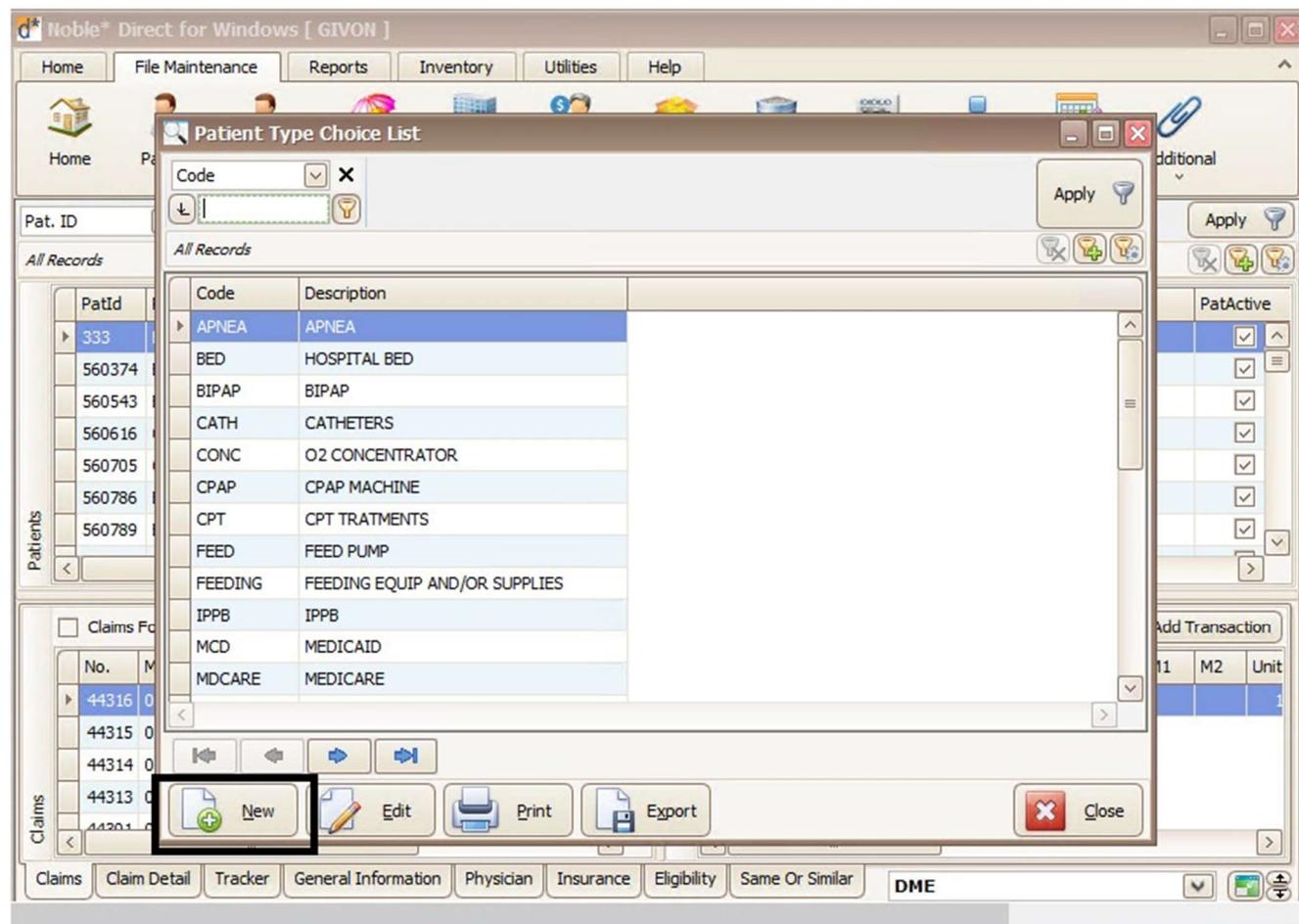


Figure 1-7.The patient category list. Notice the “New” button in the bottom left corner for adding a category.

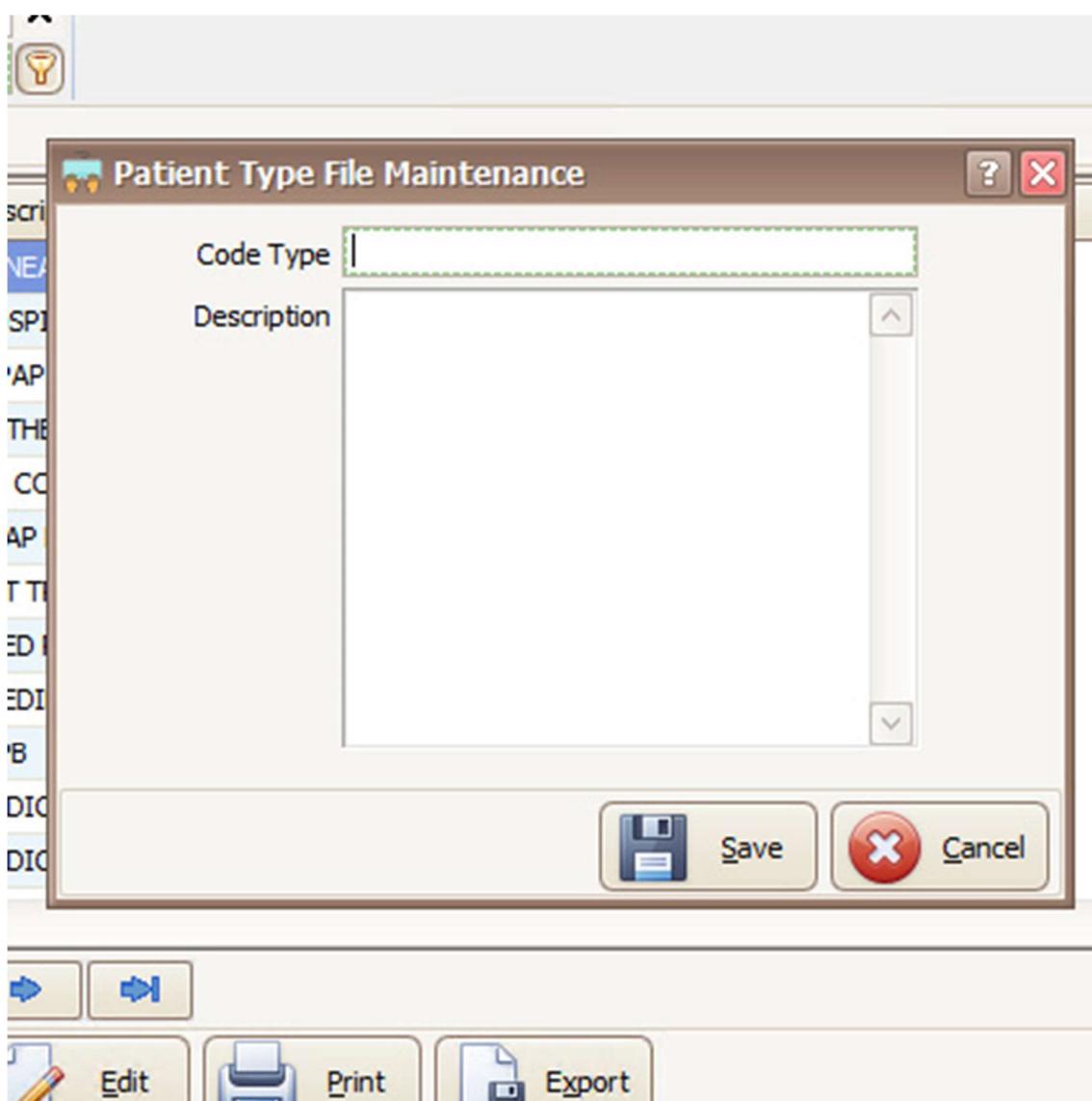


Figure 1-8. A category add screen for patient type.

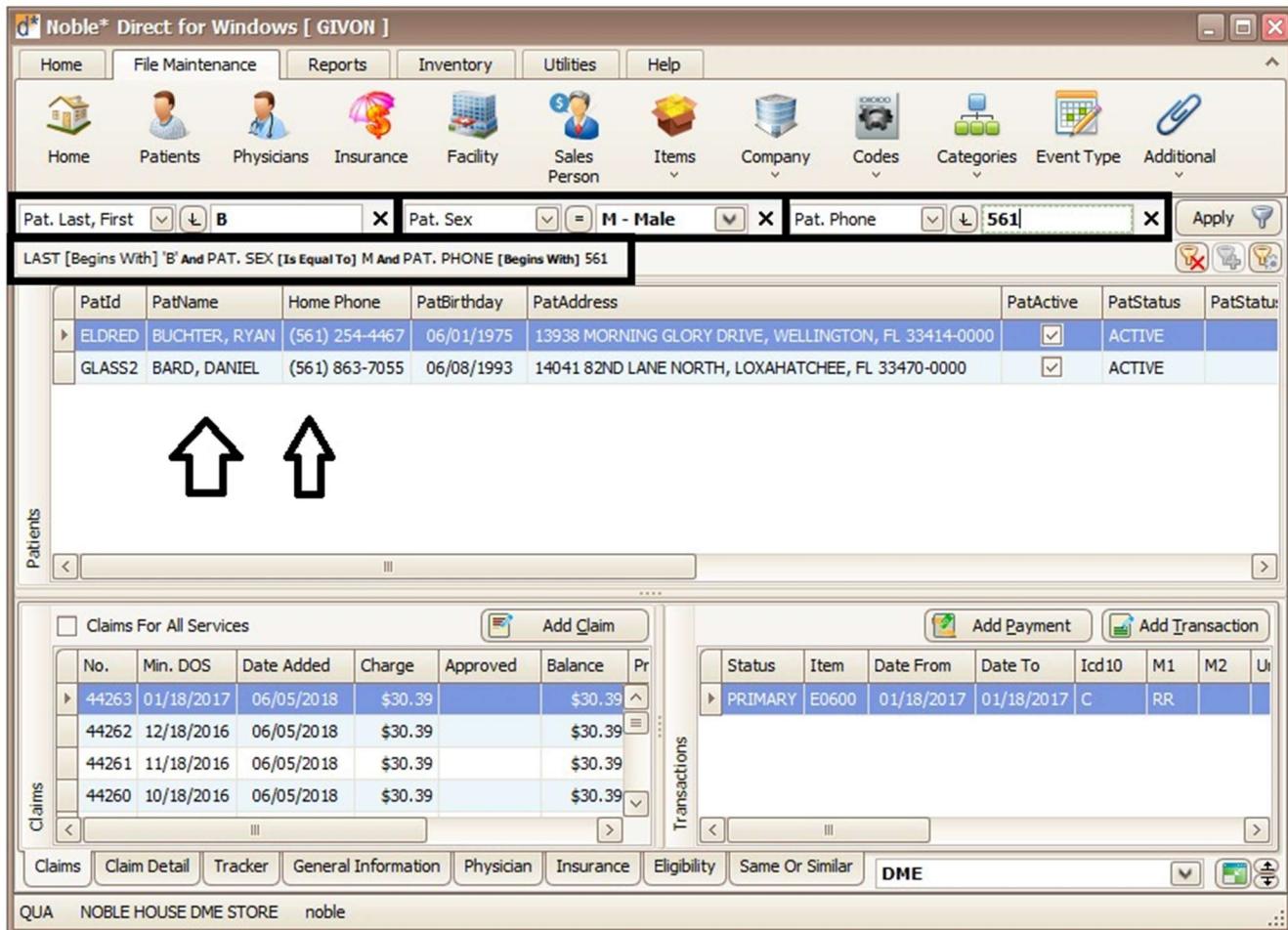


Figure 1-9. An example of three filters. The patient sub-window has a listing of all patients whose “Last Name” starts with the letter “B,” are men and have phone numbers with a 561 area code.

Legal Notice

All information in all screenshots used throughout this guide is totally fictitious. Any relation to any person alive or dead is totally coincidental.

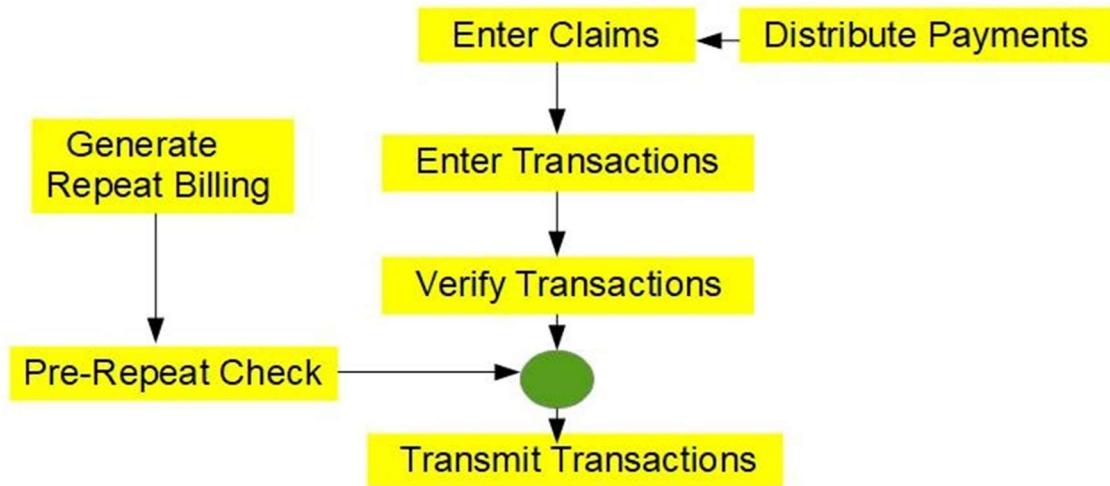
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Daily Workflow

The Daily Workflow in A Practice Involves:

1. Entering Claims
 - a) May require adding a new patient
2. Entering Transactions
 - a) May require adding a new procedure code
 - b) May require adding a new referring physician or facility
 - c) May require generating or creating a Certificate of Medical Necessity
3. Verifying Transactions
4. Generate Repeat Billing
5. Repeat Billing Verification (Report to Check for Repeat Billing)
6. Transmitting Transactions for Payment
7. Distribution of Payments
8. Checking your Mailbox
9. Claims Tracking



Flowchart 1.

As you can see from the above and know from your experience, the bulk of your daily work is entering claims. Noble*Direct is designed with a main window that shows you as well as lets you work with patients, claims and transactions in one view. A touch of menu button gives you access to repeat billing and payment distribution.

2 Setup

In order for Noble*Direct to be operational, it requires the following basic information:

- Details about your practice
- Physicians
- Facilities
- Insurance Carriers
- ICD & CPT/HCPCS codes
- Items & Services
 - Inventory Items
 - Drop Ship Items
 - Recurring Charges (Items Billed Monthly, Quarterly, etc.)
- Physician's Orders / Prescriptions / CMN Documentation

Most of this information is shipped with the system. Some of this information you have to enter yourself.

Your system has been preloaded with information about your practice. Should this information change, you will need to change it. See the User Manual for further details.

In addition, the below profile settings have been set with default options. Speak with your salesperson or technical support representative to ensure your settings are in accordance with your business practices.

- ✓ Change DOS [date of service] to drop ship [date]
- ✓ Force uppercase system wide [so all indexes are in all capital letters]
- ✓ Turn on PECOS [for using PECOS searching]
- ✓ Patient # is set to start from 10000
- ✓ Generate new patient ID [is set to yes]
- ✓ Generate new physician id [is set to yes]
- ✓ Generate new physician id from NPI [is set to yes]
- ✓ NPI is transmitted [is set to false]

There are several different "themes" for the look and feel of the user display. These are changeable in the settings. Speak with your technical support representative or see the User Manual, if you wish to change the

user theme. Be aware, that the more colorful schemes – the heavy and holiday themes – will slow down operation. Theme choices can be set to a particular PC, user, profile, practice or globally to all users.

Be aware that profile settings can be set to a particular PC, user, profile, practice or globally to all users.

Also, if you are drop shipping, confirm that a link has been set up between your drop shipper and yourself through the Noble*House exchange.

In order to enter transactions and bill, you will need items and services. Both items and services are kept in the item file.

Also, you need the referring physician in order to bill. Referring physicians and facilities will have to be added as you use Noble*Direct. Once entered, a physician or facility will always be available for new patients. If information about a physician or facility changes, you will have to change that information.

Noble House can handle cash over-the-counter sales as well as insurance reimbursed sales. For insurance reimbursement, ICD codes are usually required. In addition, insurance carriers may have their own codes. The system comes with preloaded ICD & CPT/HCPCS Medicare codes. The files are updated regularly. If, for some reason, you need to create a special code that is not in the file, you can do so. Doing so once will keep the code on file for future use with any patient who will require it. See the User Manual for further details.

Many Medicare mandated CMN forms are preloaded with the system. These are blank forms that are completed electronically for those patients requiring them. In addition, you may add your own custom template CMN form, should you need it.

3 How to Add Billing Information

Adding a Practice

Every Noble*House user must have at least one practice. You may have more than one practice. You will be assisted in entering the information for and setting up your practice when you are provided with your initial training with Noble*House. The system must have at least one practice in order to work. To add a practice, click on the “File Maintenance” on the top menu bar. Then, put the mouse pointer over the “Company” button on the menu bar. A dropdown menu will appear. Either press F4 or put the mouse pointer on the “Practice” option and click. The “Practice Choice List” will appear.

You many add a new practice by putting the mouse pointer on the “New” button in the lower left corner and clicking. A “Practice File Maintenance” window will open.

The required fields that must be entered are: Practice ID, Name, Address Line 1, City, State, Zip, Phone, and Account Number.

It is recommended that the “Practice ID” should be a short mnemonic name or abbreviation for your practice.

The account number is the account number for your credit card gateway / e-check service.

To edit your practice information, click on the “File Maintenance” on the top menu bar. Then, put the mouse pointer over the “Company” button on the menu bar. A dropdown menu will appear. Either press F4 or put the mouse pointer on the “Practice” option and click. The “Practice Choice List” will appear. Put the mouse pointer on the practice you wish to edit. Either double-click or; put the mouse pointer on the “Edit” button in the lower left corner and click. The “Practice File Maintenance” window will open. Make the necessary changes. Put the mouse pointer on the “Save” button in the lower right corner of the window and click.

See the User Manual for details.

Adding a Provider

Every Noble*House user is and must be; at least one provider. As a practitioner, you are a provider of services. As a supplier of medical supplies, you are a provider of medical supplies. Your provider information must be recorded in order for the Noble*House system to work correctly and for you to reimbursed by insurance carriers, especially Medicaid.

Also, you may (and most probably will) deal with other providers (such as drop shippers, doctors, chiropractors, therapists, etc.). You may be and; have more than one provider. For example, you may have multiple locations or businesses selling medical supplies.

You will be assisted in entering the information for and setting up your “Provider” information, when you are given your initial training with Noble*House. The system must have at least one provider in order to work. To add a provider, click on the “File Maintenance” on the top menu bar. Then, put the mouse pointer over the

“Company” button on the menu bar. A dropdown menu will appear. Put the mouse pointer on the “Provider” option and click. The “Provider File Maintenance” will appear.

The required fields that must be entered are: Provider ID, Name, Address Line 1, City, State, Zip, Phone, and NPI.

It is recommended that the “Provider ID” should be a short mnemonic name or abbreviation for your practice.

Add the taxonomy code in its field, in the bottom right. Not all insurances require this information but, some insurances will not pay without it.

To edit your provider information, click on the “File Maintenance” on the top menu bar. Then, put the mouse pointer over the “Company” button on the menu bar. A dropdown menu will appear. Put the mouse pointer on the “Provider” option and click. The “Provider File Maintenance” will appear. Put the mouse pointer on the provider you wish to edit. Either double-click or; put the mouse pointer on the “Edit” button in the lower left corner and click. The “Provider File Maintenance” window will open. Make the necessary changes. Put the mouse pointer on the “Save” button in the lower right corner of the window and click.

See the User Manual for details.

Adding a New Item

Select the “File Maintenance” tab from the top menu bar. Put the mouse on the “Items” tab. A drop menu will appear with the choices, “Item,” “Item Macro” and “Serial/Lot”. Put the mouse on the choice, “Item” and click. The item list will appear in a separate window. In the bottom left corner, click on the tab “New” and a blank entry screen for a new item, will appear in a separate window.

In the top left corner, is a field for “Item ID”. This is a unique identifier for each and every item in your item file. This identifier may be either numeric, alphabetic or any combination of the two. While the only information needed to create an item is an item ID, it is highly recommended that you add some additional information such as a description and ICD codes. Also, if you plan to bill an item to an insurance company, then, you must link the item to the CPT/HCPCS code by entering the CPT/HCPCS code in the CPT ID field in the item setup. However, if you do not have this information handy, you can create the item and return to it later to add additional information.

Directly below the item ID is the field for item type. There are three types of items: “Non Inventory,” “Inventory” and “Service.” Select one as appropriate.

Below the line for item type is a line for entering “Smallest UOM” or “Smallest Unit of Measure”. This is the first and primary unit of measure for an item, which is used when the quantity billed is not the same the quantity shipped. This relates to drop to ship and repeated billing. The “Smallest UOM” is the smallest quantity that can be shipped, which may be more than required. For example, if you are selling an item which comes in a package, such as a case or carton, but is sold by the piece, then record the quantity of pieces per package. The billing software will charge based upon the quantity per package and as required for by the insurance carrier, will

bill the requisite amount per time period. Ex. One item per day for a month. You can search for and use existing units of measure by clicking on the magnifying glass or; add new units of measure on the fly.

To the right of Unit of Measure is a code to indicate if the item can be dropped shipped. (Creating drop ship items will be discussed in detail below.)

Beneath the Unit of Measure line is a window with several tabs: Item Setup, UOM, NDC/UPS/POS, Inventory, Locations and Vendor. Different combinations of tabs will appear for different item types. Non-Inventory items do not have tabs for Inventory and Location. Service items do not have a Vendor tab.

The "Item Setup" window is divided into several sections. The top left section relates to CPT/HCPCS codes. This is where you can select the codes for the item or service. You may also choose a service type and choose a CPT/HCPCS code for a rental item.

The service type corresponds to the "service layer" in the patient record and the "service" field in the claim and transaction records. Using several "Service" types is a way of dividing the services provided into appropriate groups for billing. For example, DME1, diabetic, braces, shoes, wound care, etc. Most users find one service layer sufficient, which is preloaded or installed upon delivery of Noble House. (See the User Manual for details.)

To the right of the CPT/HCPCS section is "Category" section. Many fields can be categorized and multiple categories can be used together simultaneously. This is useful for reporting, tracking and monitoring as well as correlating items, patients and claims.

Beneath the Category section is "Function" section. For ordinary items that are billed, use the default "G" for "General" option. See the reference manual for other options.

Beneath the category section is a section labeled "R.B." for repeat billing. Putting the mouse on the down arrow next to the field, will display a dropdown menu of choices, such as "Daily," "Weekly," "Monthly," "Quarterly," etc. Pick the appropriate option.

On the right side of the "Item" tab, beneath the CPT/HCPCS section, is a section for UPC. You may enter a bar code here, if you have it.

On the bottom of the "Item" tab, is a section to enter a description.

The "UOM" tab, next to the "Item Setup" tab, allows entering additional Units of Measure. For example, you may sell syringes by the box and case, with so many boxes of syringes to a case. In order to add an additional Unit of Measure, you must first enter one Unit of Measure in the "Smallest Unit of Measure" line directly beneath the "Item Type."

To add an additional Unit of Measure, click on the "UOM" tab. In the UOM window, on the right is a list of buttons. Put the mouse pointer over "Add" and click. A "Set Unit of Measure Equivalence" window will open. You may either enter the "Unit of Measure" code, if you know it. Or, you may search for the Unit of Measure code

¹Durable Medical Equipment

by using the magnifying glass. You may include a bar code if appropriate. A description is not necessary but highly recommended. When done, click “Save”, next to the “Close” button in the bottom right corner of the window.

For the “NDC/UPN/POS,² please see the User Manual.

For the “Inventory” tab, please see the reference manual. This tab deals with serializing items and recording lots or batches of items. This is useful for rentals that must be returned.

The “Locations” tab allows you to record the different locations in which you store the item. This can be by building, room, shelf, rack, or whatever definition you choose. If you do not want to keep track of the exact location of the item in the warehouse you can simply label it “MAIN” or your company abbreviation.

To add a location, put the mouse over the “Locations” tab and click. The “Locations” window will open. In the top right, is a search feature for locations. You must name your locations, if you have not already done so. If you know the name of an existing location, you may type into the location field or; press the magnifying glass next to the location field for a list of existing locations to choose from. Once you have selected a location, you must add a quantity for that location. If you do not currently have stock, you must enter a zero. Fractional inventory is not allowed. Once you have entered both the location and quantity; put the mouse over the “Add” button next to the quantity field. This will add an inventory entry for this item, in this particular location. This entry will appear in the window directly below the “Location” selection fields.

You may edit or delete the location entries by putting the mouse over the buttons to the right of the location table and clicking on the appropriate button.

To add a new location, put the mouse over the magnifying glass next to location and click on the magnifying glass. A “Locations Choice List” will open. In the bottom left, is a “New” button. Put the mouse over the new button and click. A location file maintenance will open. A location ID, location name and warehouse are required. A description is optional but highly recommended. Noble House recommends using descriptive mnemonic names for locations. Ex. FLR 1 – RACK 2 If you have already entered warehouse locations, you may either type in their codes directly or; press the magnifying glass and a “Warehouse Choice List” window will appear.

The warehouse screen is divided into two sections. The top section has the basic information about the warehouse. The bottom section has a window for comments and contacts, which can be accessed by putting the mouse over the respective tab and clicking.

If you need to add a new warehouse, put the mouse over the “New” button, in the bottom left corner of the “Warehouse Choice List” and click on the “New” button. A “Warehouse File Maintenance” window will open. The required fields are: An ID, which can be alphanumeric. Noble House recommends using a mnemonic ID. A branch. By clicking on the magnifying glass next to the branch field, a list of existing branches will appear. Put

²Respectively, National Drug Code, Universal Product Number and Point of Sale.

the mouse over the warehouse you wish to use and click to choose that branch. If you do not have the branch already entered, you may add a new branch by putting the mouse over the “New” button in the bottom right and clicking on it. (See below for how to add a branch.) Enter the address, city, state and zip for the warehouse. The address may be confirmed by clicking on the “Map” button. This will open a window to Google Maps to confirm the address. Beneath the “Map” button is a “USPS” button that will link to the USPS database to confirm the address as well as provide a zip code lookup. By pressing the “Update” button on the bottom left of the USPS window, the zip code will be automatically updated. The last required field is “Phone”.

To add a branch, the following fields are required: ID, name, address, city, state, zip and phone. An email is optional. The entry procedure is the same as for a warehouse. There is “Map” button to confirm or find an address and; there is a “USPS” button to confirm an address as well as look up the zip code, which can be automatically updated from USPS database. An email entry is optional.

In the bottom half of the warehouse window are the “Comments” and “Contacts” tabs. To add a comment, put the mouse over the “Comment” tab and click. To the right of the Comment window is a list of buttons. Put your mouse over the “Add” button and click. The comment window will open. A comment has three fields. Only the comment is required. You can enter a category and the comment itself. The entity will be auto filled with the warehouse when the comment is added. Then, click the “Save” button on the bottom right of the “Comment” window. The comment will be added.

To see the list of categories available, put the mouse over the magnifying glass next to category and click. A category list will appear. If the category you want does not exist, you may add it, by putting the mouse over the “New” button in the bottom left corner and clicking. Enter a category type. Noble House recommends that this is short and mnemonic. Something easy to remember and that intuitively reminds you of what the category stands for. The “type” field will be prefilled with “8 – Warehouse Comments”, since this category is being entered through the warehouse add feature. Entering a description is not mandatory but highly recommended. When your entry is complete, put the mouse over the “Save” button in the bottom left and click. The category will be saved in the category file. Find and highlight the new category that you have created. Then, put the mouse over the “Select” button in the bottom right and click. This will fill the category field in your warehouse comment with the category you just created.

To add “Contacts”, if you already have contacts, click the “Link” button on the left of the “Contacts” window, to display a list of contacts. Put the mouse over the contact you wish to use and click. If you would like to add a contact, click the “Link” button on the left of the “Contacts” window and the Contacts Choice List window will open. Put the mouse over the “New” button in the bottom left and click. A “Contacts File Maintenance” window will open. The required fields are: name, address, city, state, zip and phone. There is a dropdown list for the State codes. There is a “Map” button to verify the address with Google Maps and a USPS button to verify the address with the USPS as well as ascertain the zip code.

The bottom section of the Contact File Maintenance window lists the entities that this person is associated with. Clicking on the “Link” button to the right of the “connection type” table will display a dropdown list of possible

categories such as insurance (carrier), branch, warehouse, physician, vendor, provider, etc. Putting the mouse over any option and clicking, will bring you to a list of that entity. For example, clicking on warehouse, will bring you to a list of warehouses. Putting the mouse pointer over the appropriate warehouse and clicking will associate this contact with this warehouse. When you have completed filling out all the fields. Put the mouse over the “Save” button and click to save this entry.

The “Vendor” tab allows you to assign one or more vendors to an item. When a vendor is assigned to an item, you can record the vendor's number for the item, which is a separate number from your inventory item. When generating purchase orders, the vendor's item will print on the purchase orders so that the vendor knows what item you are referring to. For the Purchase Order feature to work properly, vendors must be added for items that will be purchased for in-house inventory. All vendors used for an item, need to be created and associated with the item. (Talk to your sales representative for confirmation if the purchase order system is included in your package.)

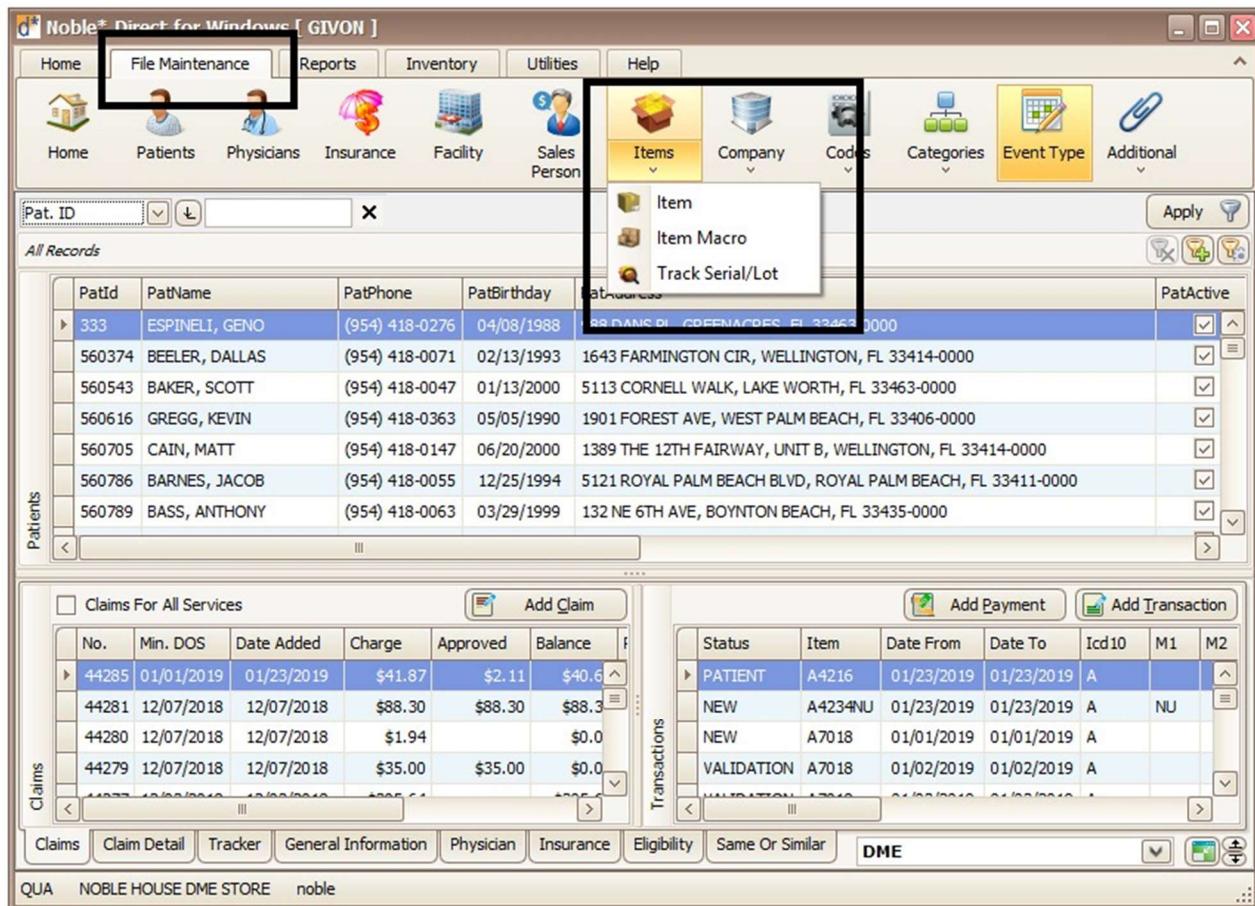


Figure 2-1 The “File Maintenance” tab has been selected and the mouse is hovering over the “Items” tab, so that the Items dropdown menu appears. Putting the mouse over the dropdown “Item” selection opens the “Item Choice List.”

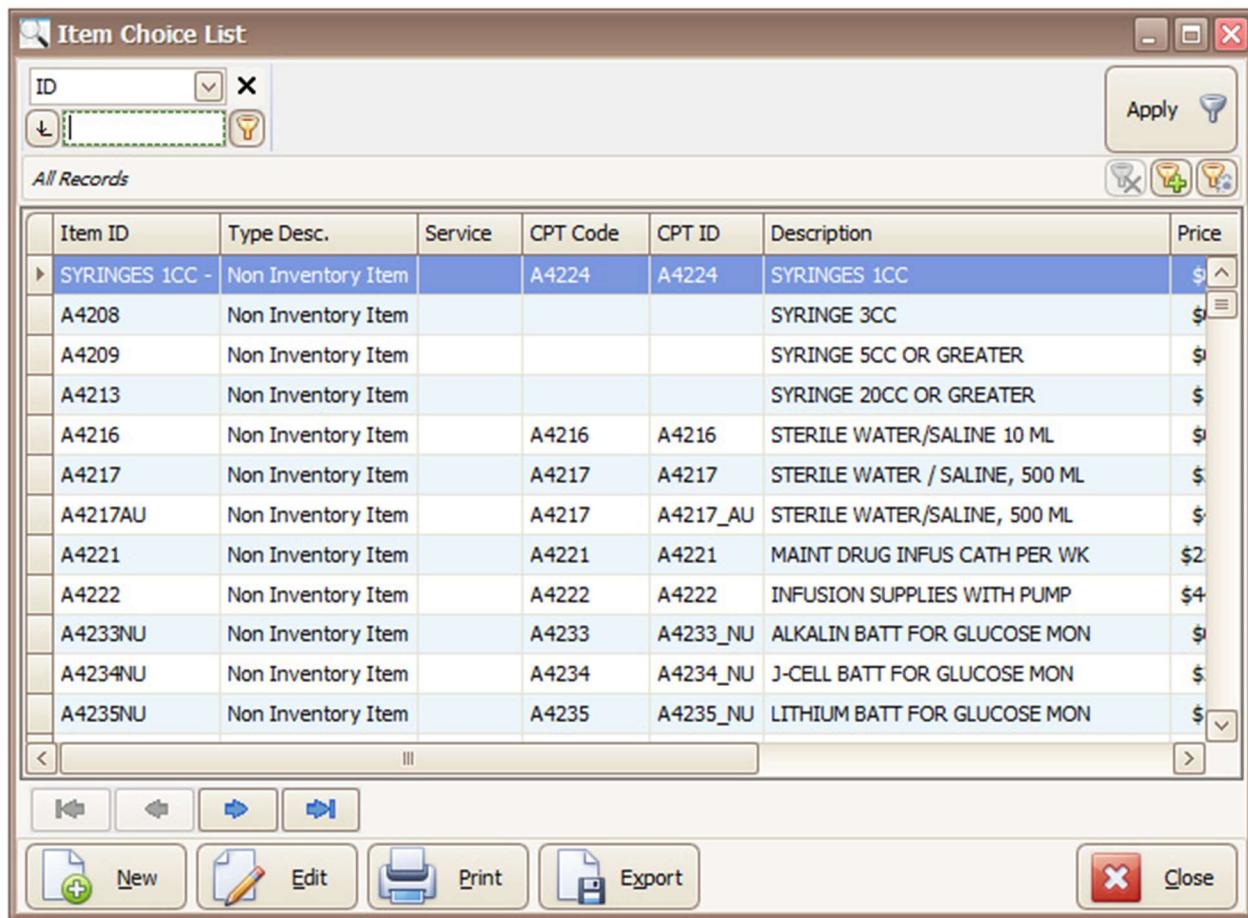


Figure 2-2 Item Choice List with the New button in the bottom left corner.

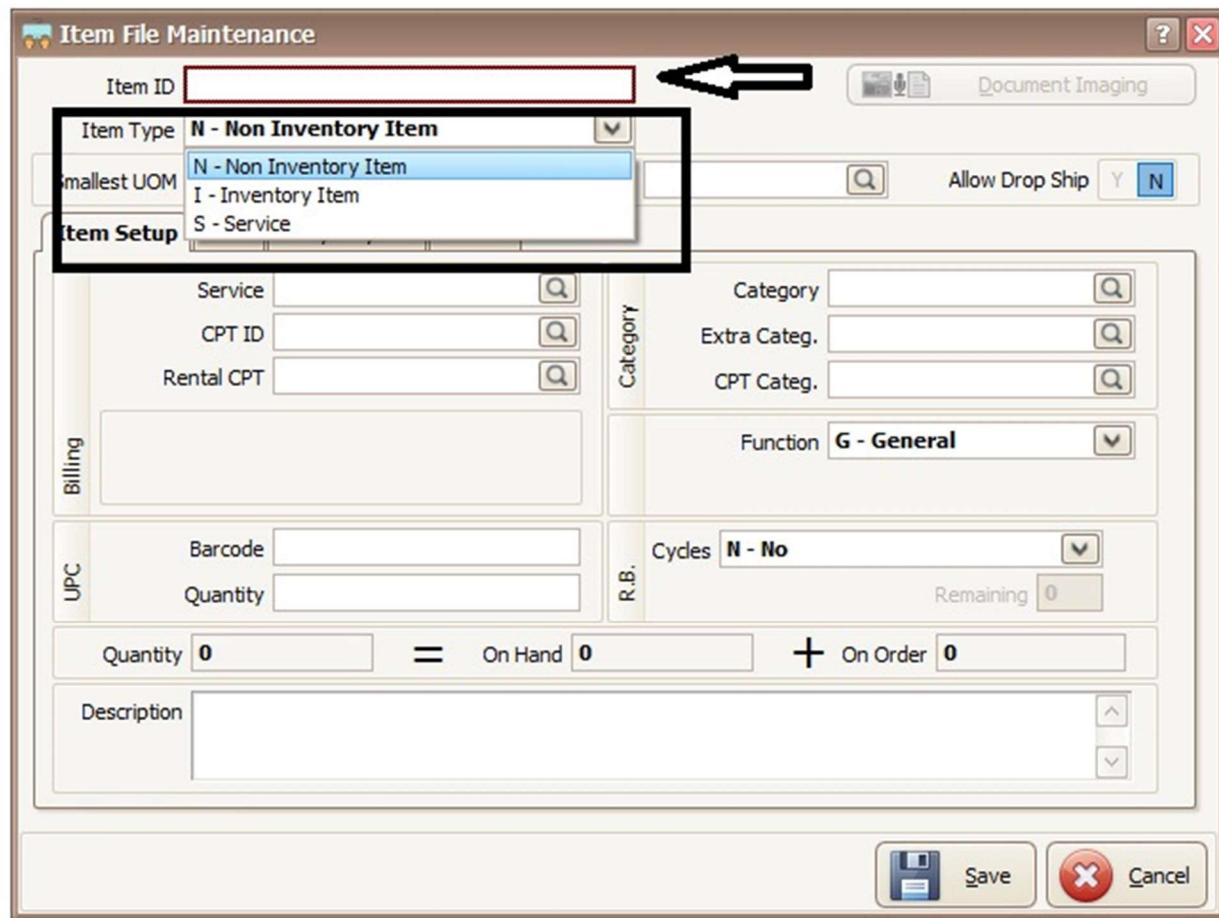


Figure 2-3 Notice that the “Item ID” field is surrounded in red. This is because an attempt was made to save the item without the required “ID” field. Notice the dropdown list of “Item Types”.

Non-Inventory – items. This option will not track inventory

Inventory – for in-house inventory items. This option enables inventory tracking.

Service – for services provided.

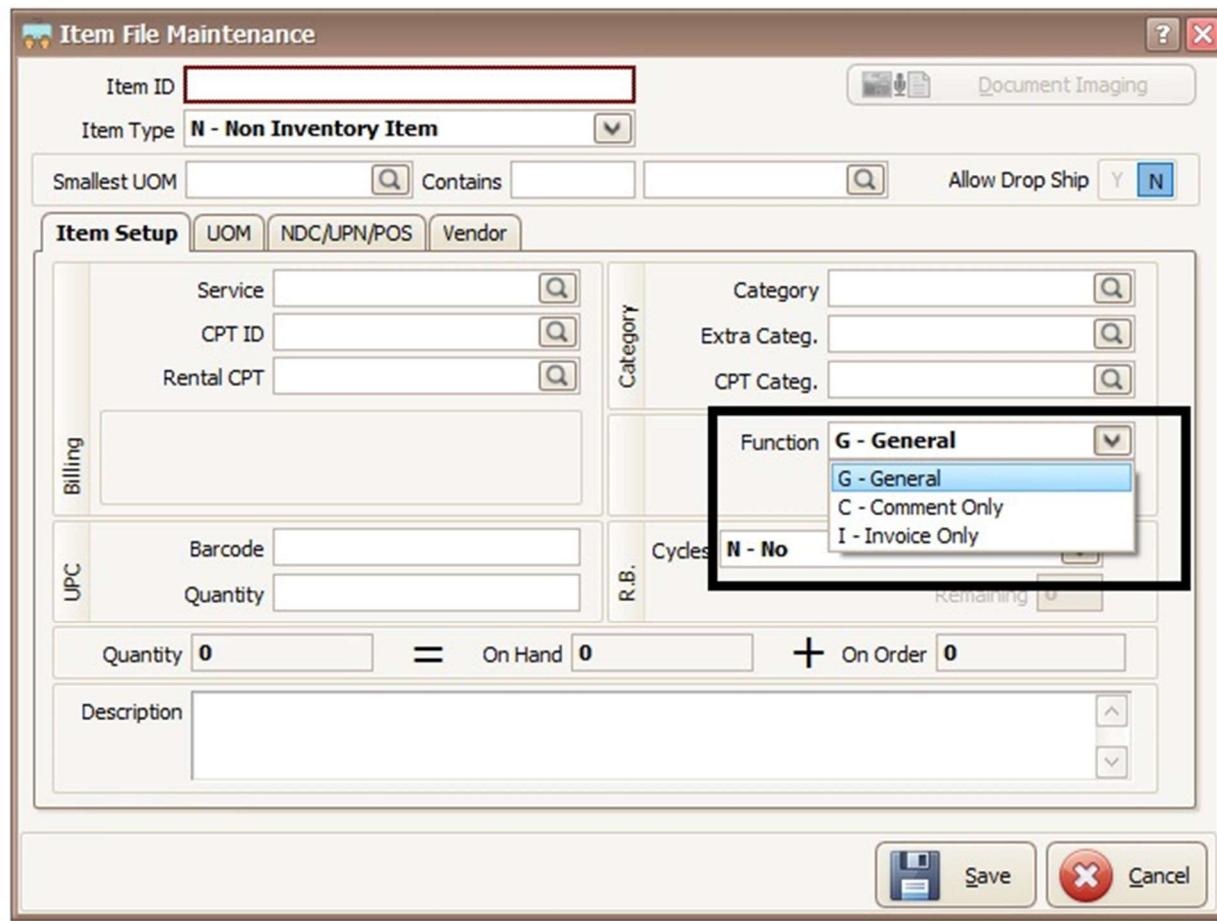


Figure 2-4 Item File Maintenance with dropdown of “Function” choices.

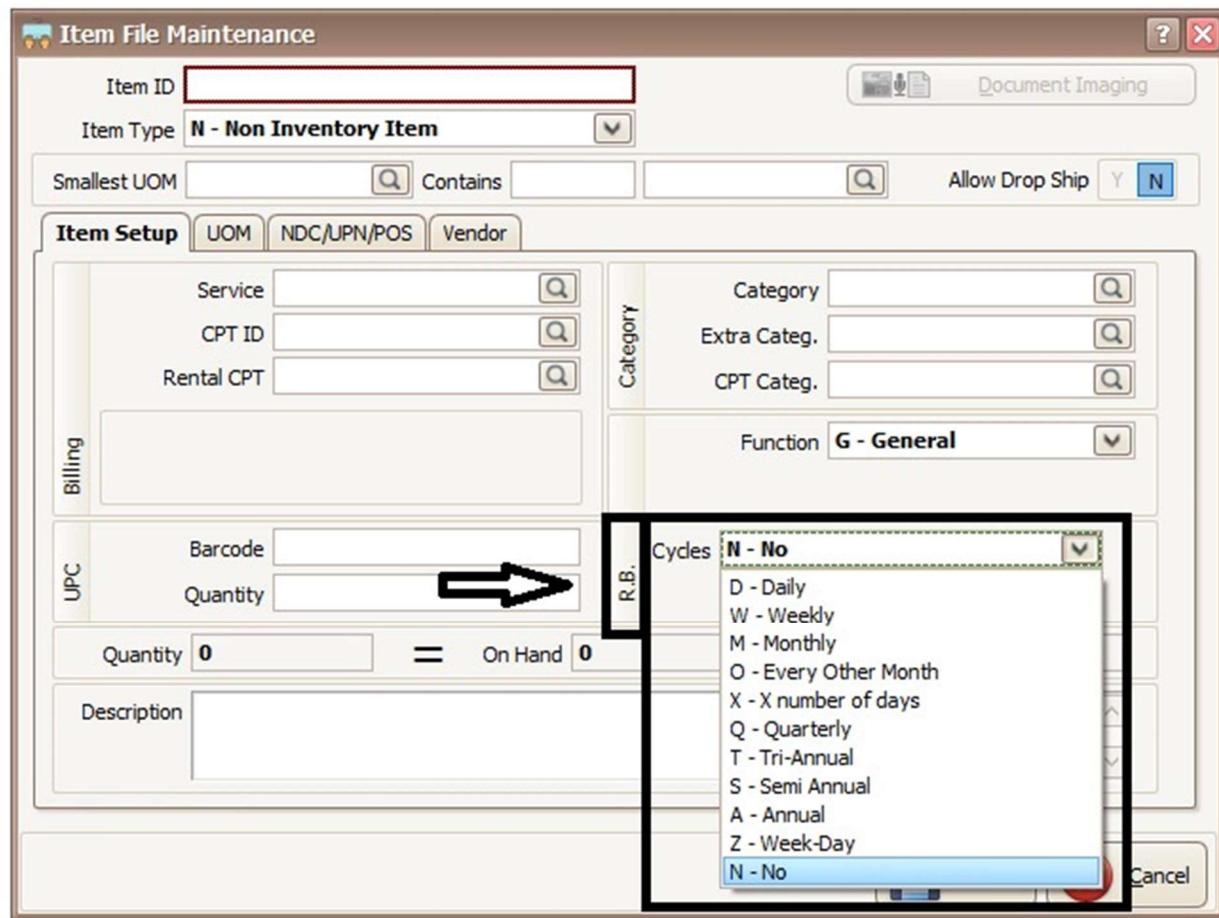


Figure 2-5 Item File Maintenance with the Cycle dropdown menu. Notice the "R.B." label for repeat billing. The dropdown choices of "Cycle" are for how often the item is billed.

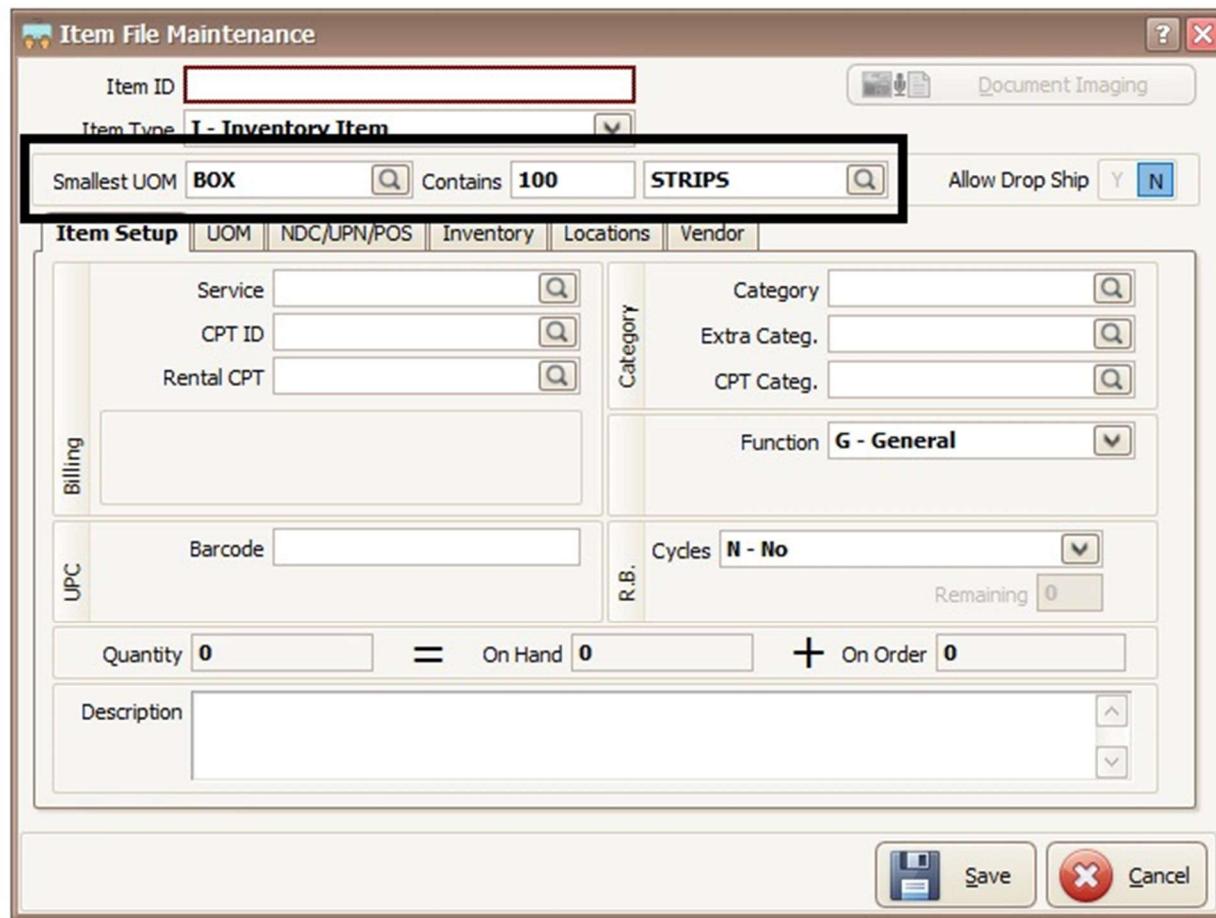


Figure 2-6 An example of “Smallest Unit of Measure.” Units of Measure are preloaded. The unit of measure for the “Smallest UOM” and the unit of measure for the contents may be found in the Category Choice List by putting the mouse over the magnifying glass and clicking. Alternatively, a new unit may be added by clicking on the magnifying glass and then, clicking on the “New” button on the bottom left of the Categories Choice List.

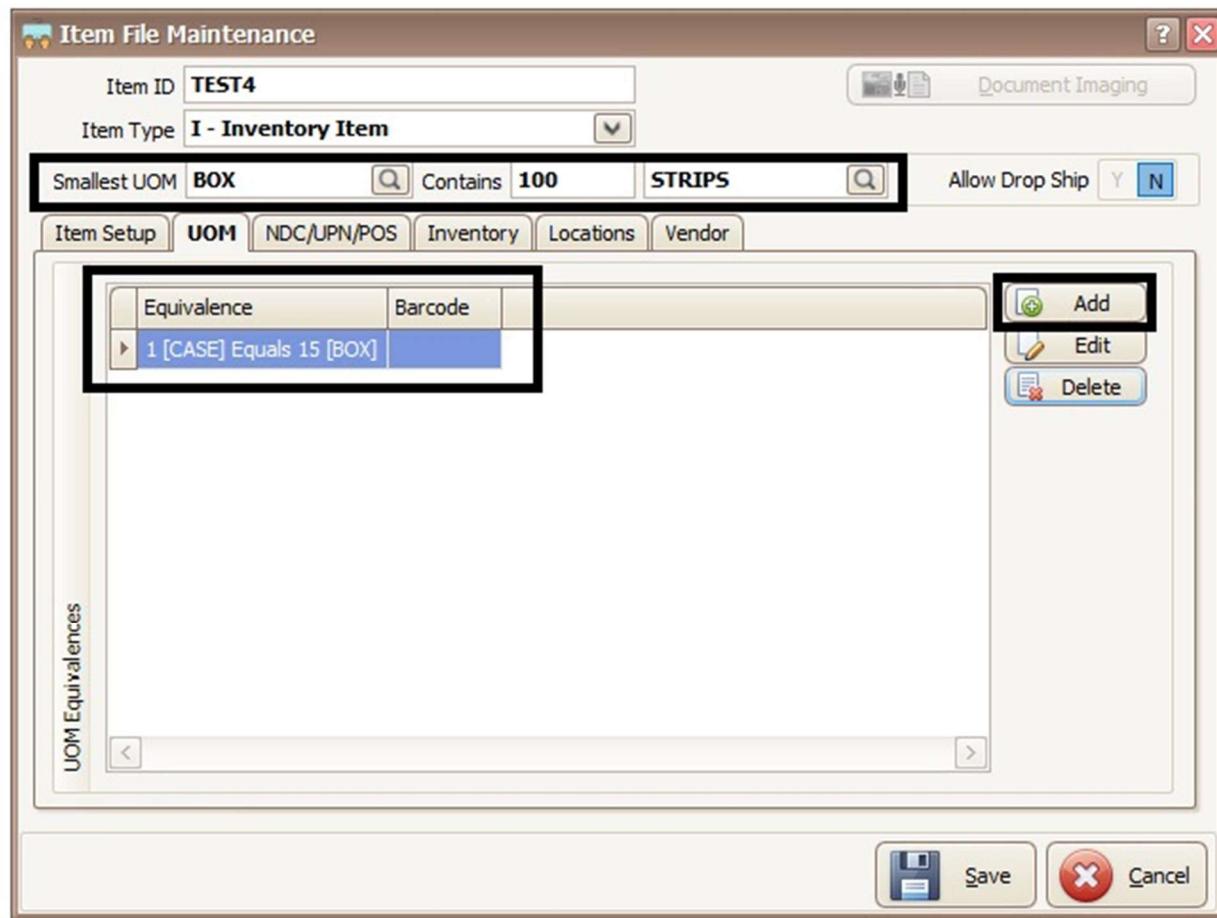


Figure 2-7 An inventory item with a “Smallest Unit of Measure” and an additional unit of measure:

100 Strips / Box

15 Boxes / Case

Notice the “UOM Equivalence Table” that list how the different measures relate.

The “Add” button on the right is for adding more measuring equivalences.

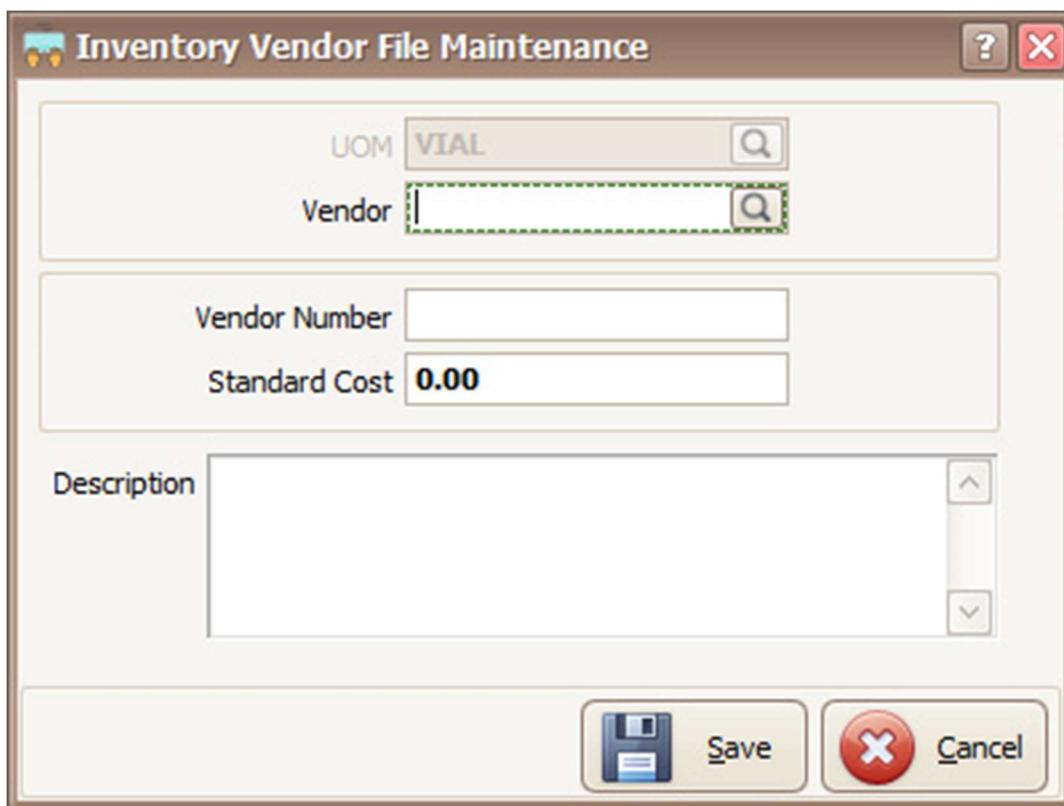


Figure 2-8 Vendor File Maintenance. The Vendor ID is alphanumeric. The second line for “Vendor Number” is for the vendor’s item number.

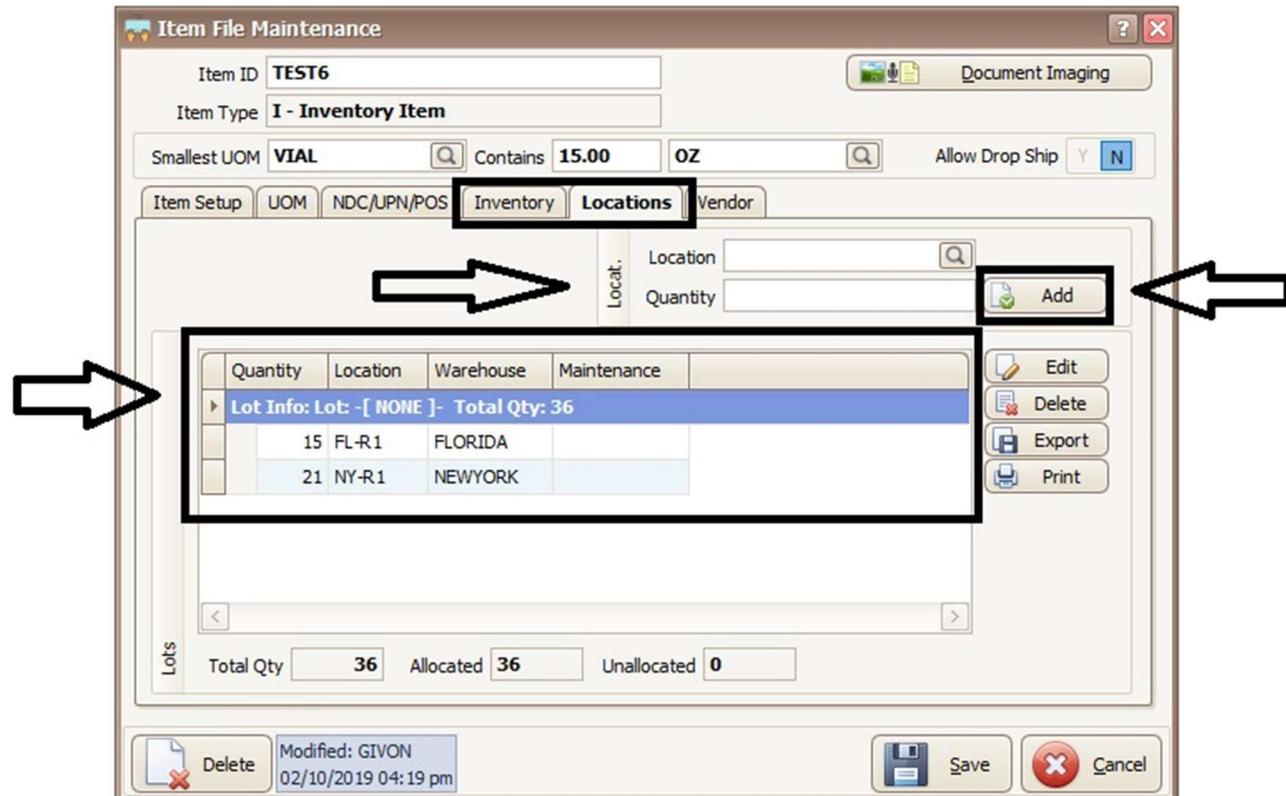


Figure 2-9 The “Inventory” and “Locations” tabs appear only for inventory items. The “Location” entry screen allows adding locations where you store the item by pressing the “Add” button to the right of “Quantity”. In the middle of the screen, the location table will display all the locations where the items are stored and has a header of your total inventory. You may edit a particular location by pressing the edit button on the right of the location table. For example, to adjust inventory on hand.

If you are not tracking inventory, use the location “MAIN.”

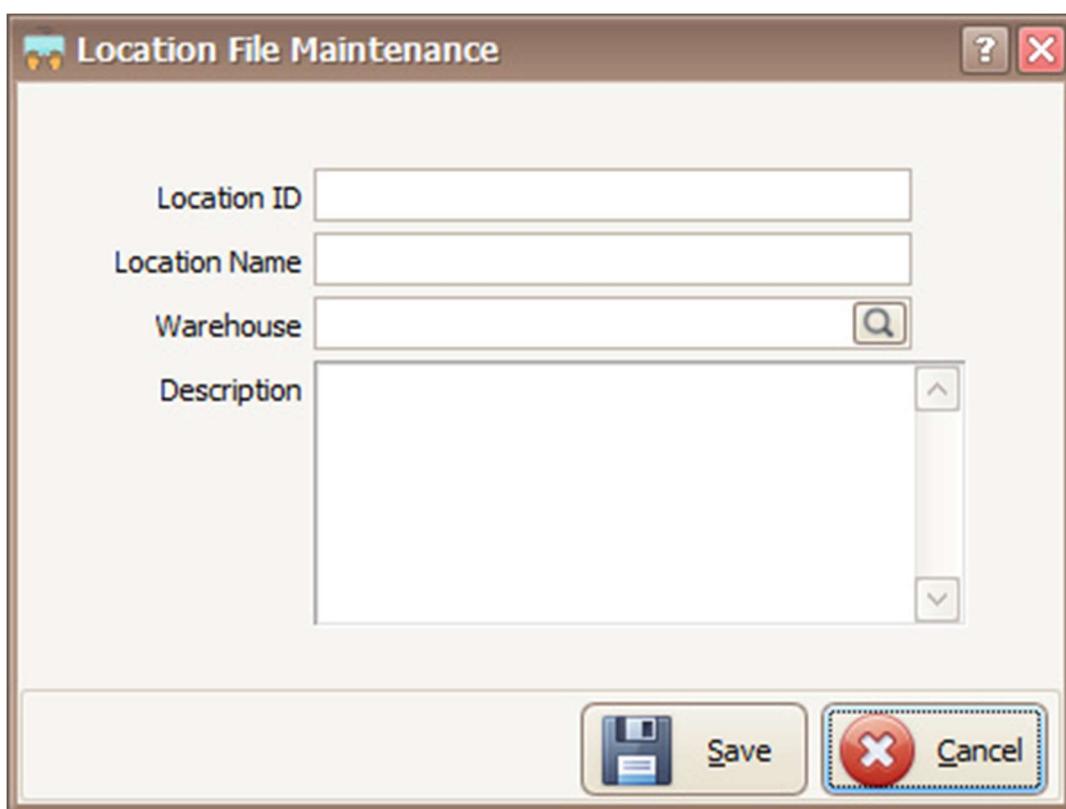


Figure 2-10 Inventory File Location Add.

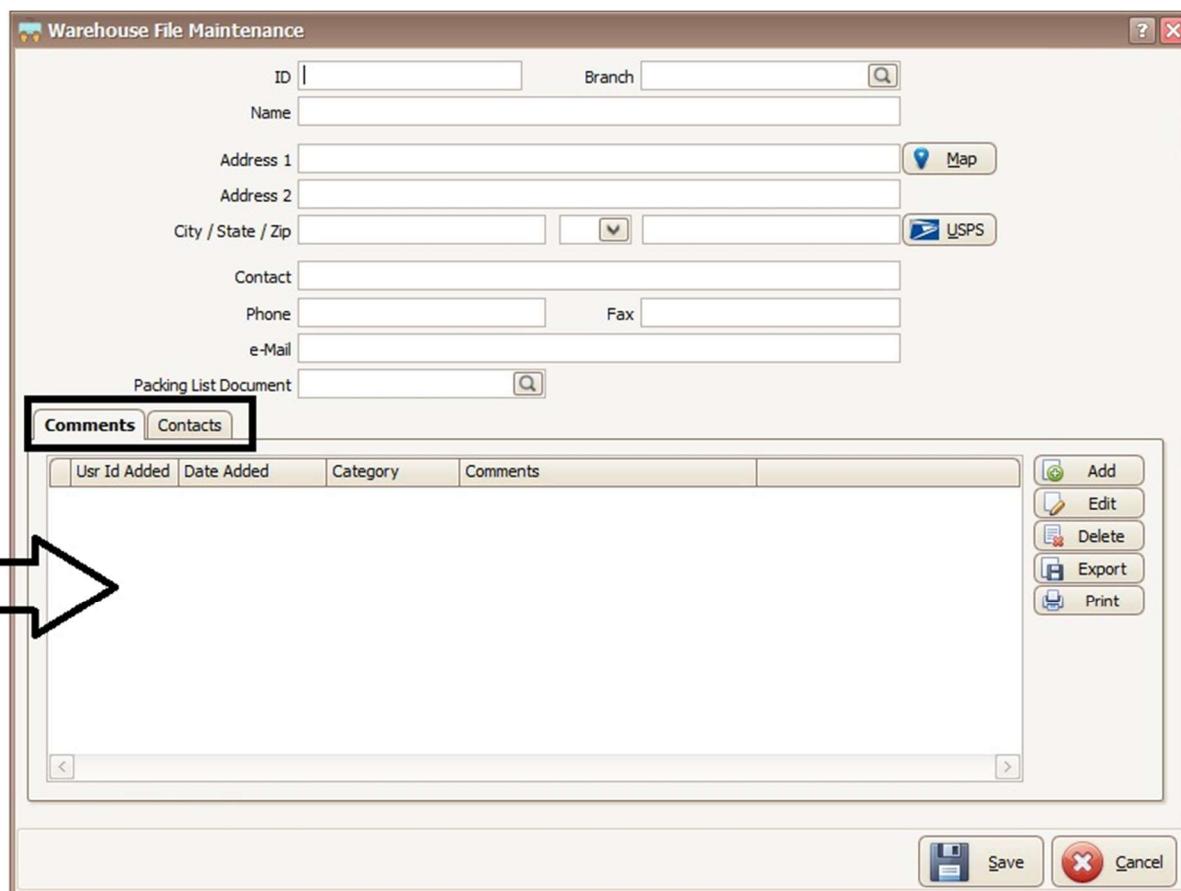


Figure 2-11 Warehouse Add. Note the “Comments” and “Contacts” tabs. The comments or contacts, respectively, will display in the table beneath the tabs.

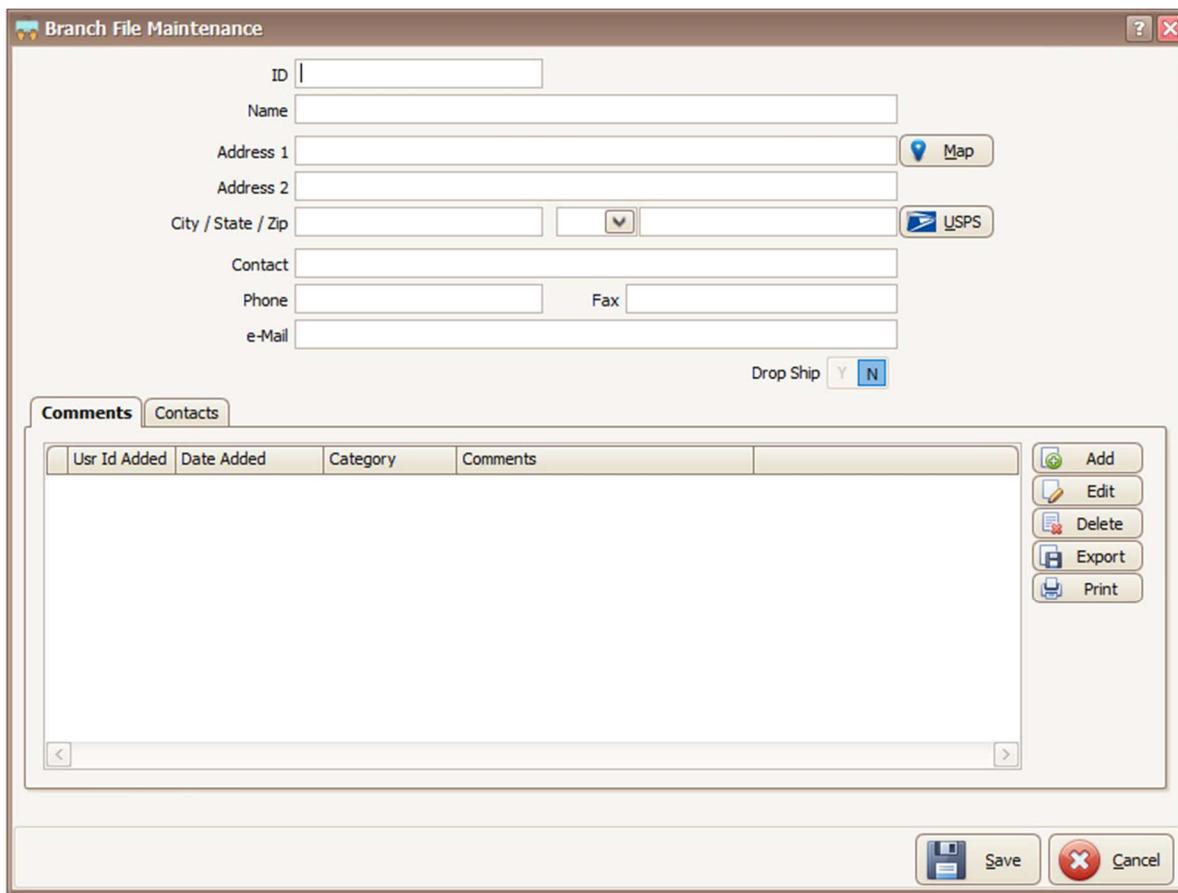


Figure 2-12 Warehouse branch add. Almost identical to the warehouse entry screen. Branches may also have comments and contacts. The information is kept in a separate file and linked to a particular warehouse.

Adding a Drop Ship Item

To create a drop ship item, you start by adding the vendor for the item. Then, you create the item. If you have not yet made the vendor, you can add the vendor from the Item File Maintenance while creating the item. When creating this item, select an inventory type of “N – Non – Inventory Item”. In the top right, line for “Drop Ship”, select “Y”. Then, in the middle of the screen, between the “NDC/UPN/POS” and “Vendor”, you will see two new tabs for “Serialize” and “Drop Ship”.

Put the mouse over the “Drop Ship” tab and click. A “Drop Shipping” table will open up. Put the mouse pointer over the “Add” button on the right and click. The “Drop Ship File Maintenance” window will open. Enter the code for the branch from which the item ship. If you do not know the code, put the mouse pointer over the magnifying glass and click. A “Branch Choice List” will open up. Find the appropriate branch, put the mouse pointer over that branch and click. If the branch does not exist, you can add the branch by putting the mouse over the “New”

button in the bottom left corner of the screen and clicking.

The “Drop Ship File Maintenance” only requires that a branch be entered. Enter the vendor's part number in the field, part number. Then, the vendor's part number will appear on the drop ship request and the vendor which item to ship. In addition, you may record your cost price in the file. A description is not mandatory but highly recommended.

To the right of the “Drop Ship” tab is the “Vendor” tab. Add a vendor for this item by putting the mouse pointer over the “Add” button on the right and clicking. An “Inventory Vendor File Maintenance” window will open. The only required field to enter is the “Vendor”. If you know the vendor's code, enter it. If not, put the mouse point over the magnifying glass to the right of the “Vendor” field and click. A “Vendor Choice List” will open up. Put the mouse pointer over the appropriate vendor and click. Enter the vendor number for the item in the “Vendor Number” field. Enter your cost for the item in the “Standard Cost” field. Enter a description in the box for a description. While description is not mandatory, it is highly recommended.

An item may have more than one vendor and more than one drop ship vendor.

The “Item Setup” tab to the left is the same as a non-inventory item. Make sure to add the appropriate CPT/HCPCS codes for the item. An item may have both a Purchase HCPCS Code and a Rental HCPCS code.

Adding A New Procedure Code

Noble House comes with preloaded ICD-9, ICD-10 and CPT/HCPCS codes³. You should not need to add any codes. The codes are updated regularly by Noble House. Should you need to add a new code, you may do so.

There are multiple paths to be able to add a new procedure code. This can be done directly from the “File Maintenance” menu and the “Codes” button, which will display a dropdown menu of different codes to enter: ICD-9, ICD-10 and CPT/HCPCS codes. Also, the system will direct to the code file maintenance from the patient screen, transaction or other screens with a code field. The redirection is done by putting the mouse over the magnifying glass next to the code field and clicking. When the code list appears, put the mouse over the “New” button in the bottom left corner and click.

From the “File Maintenance” menu, put the mouse pointer over the “Codes” and a dropdown menu will appear. Put the mouse pointer over the “CPT Procedure Codes” option and click. A “Procedure Choice List” window will open. In the bottom left, click on the “New” button. The “CPT Procedure Code File Maintenance” window will open.

For a CPT/HCPCS code the only fields required are an ID and the CPT/HCPCS code. Commonly, both are the same for expediency. However, you may use your own ID for a CPT/HCPCS code as the ID field for the CPT code will not transmit. (So, there will be no confusion with your ID for the CPT Code and the actual CPT Code

³ While ICD-10 codes are the current codes in use, Noble House retains ICD-9 codes for auditing purposes for those customers who have systems that pre-date ICD-10.

used when transmitting a claim.)

If you do not know the code or would like to confirm that you have the right code, you can press the “PDAC⁴” button next to the CPT code field. This will take you to the PDAC web-site. You must enter a HCPCS code in the CPT Code field, before being able to access the PDAC database and must enter at least a partial CPT code.

The PDAC lookup is for informational purposes only and will not auto fill your CPT code record. The PDAC website shows the fee schedule, code history and product classification. You may copy and paste the information from the PDAC database to your CPT code record.

Noble House recommends that you copy the description from the PDAC database to the description for your CPT code record.

If a CMN⁵ is required, you may indicate that, by pressing the down arrow next to the “CMN” field and selecting the appropriate certificate for this procedure.

The next line has four fields for modifiers. Most insurance companies require modifiers in order for proper processing of the claim. These are codes that you may create to indicate such options as left and right. For example, NU, RR, LT, RT & KX. The four most common required modifiers should be entered in these fields. Any modifiers saved in these fields will be automatically inserted into transactions when billing.

Beneath the line of modifiers is the pricing information. You may enter an amount you charge, which may or may not be more than the approved amount. Enter the amount you want to charge in the “Charge Amount Field.” Typically, the “Charge Amount” is set to be 20% higher than the Medicare Fee Schedule. Beneath the charged amount is the approved amount.

Next to the charged amount, are fields to enter for “Units of Measure”. The Unit of Measure is used if the measurement used for billing is different from the measurement used for shipping. Hence, the quantity billed will be different than the quantity shipped. For example, you bill by the bottle but ship by the case and; there are 'x' number of bottles per case.

For example, Wound Care Tape (A4450). This code must be billed by 1 Unit, which equals 18 SQ Inches. However, it must be shipped by rolls. Completing the Unit of Measure in the HCPCS code database and in the Item database will enable Noble*House to calculate the quantity that needs to be shipped, based on the billed quantity.

To enter “Units of Measure,” enter the number of units per measure (number of units in a given measure) then, in the rightmost field, enter the unit of measure.

On the bottom part of the screen, there are two tabs. “Extra Information” and “Insurance State Rate”. The commonly used codes of “Extra Information” are in the bottom right. Select “Y” or “N” for yes or no if; there are span dates to the service, meaning over a period of one month, three months or another time period. Also,

⁴ Medicare contractor's Pricing, Data Analysis & Coding index.

⁵ Certificate of Medical Necessity

select "Y" or "N" if you would like the description of the CPT/HCPCS code to be printed on the HCFA.

For example, if the code is a diabetic item, select "Y" to replace KS with KX. This will affect the diabetic code modifiers in the transactions based on whether or not the patient is insulin dependent or not.

Medicare has different rates, for a given CPT/HCPCS code, for different States. The State Rate feature enables you to use Medicare's approved amount for each State respectively. To activate this feature, point the mouse over the "Insurance State Rate" tab and click. The "Insurance State Rates" window will open. Put the mouse button over the "Add" button to the right of the window. An "Insurance State Rate" window will open. The required fields are the insurance carrier and State. Note: You may not enter the "Procedure" field. This will be auto filled when you have completed the entry and save this new procedure code.

This feature can also be used to set a separate charge amount and approved amount as well as different modifiers for private insurance.

If you do not know the insurance carrier, put the mouse pointer over the magnifying glass and click to have the "Insurance Carrier File" open. Select the appropriate insurance carrier. If the insurance carrier is not listed, you may add the insurance carrier by putting the mouse over the "New" button in the bottom left corner. The "Insurance File Maintenance" will open up. See the next section for details on adding an insurance carrier.

Noble*Direct

- Remote Desktop Connection

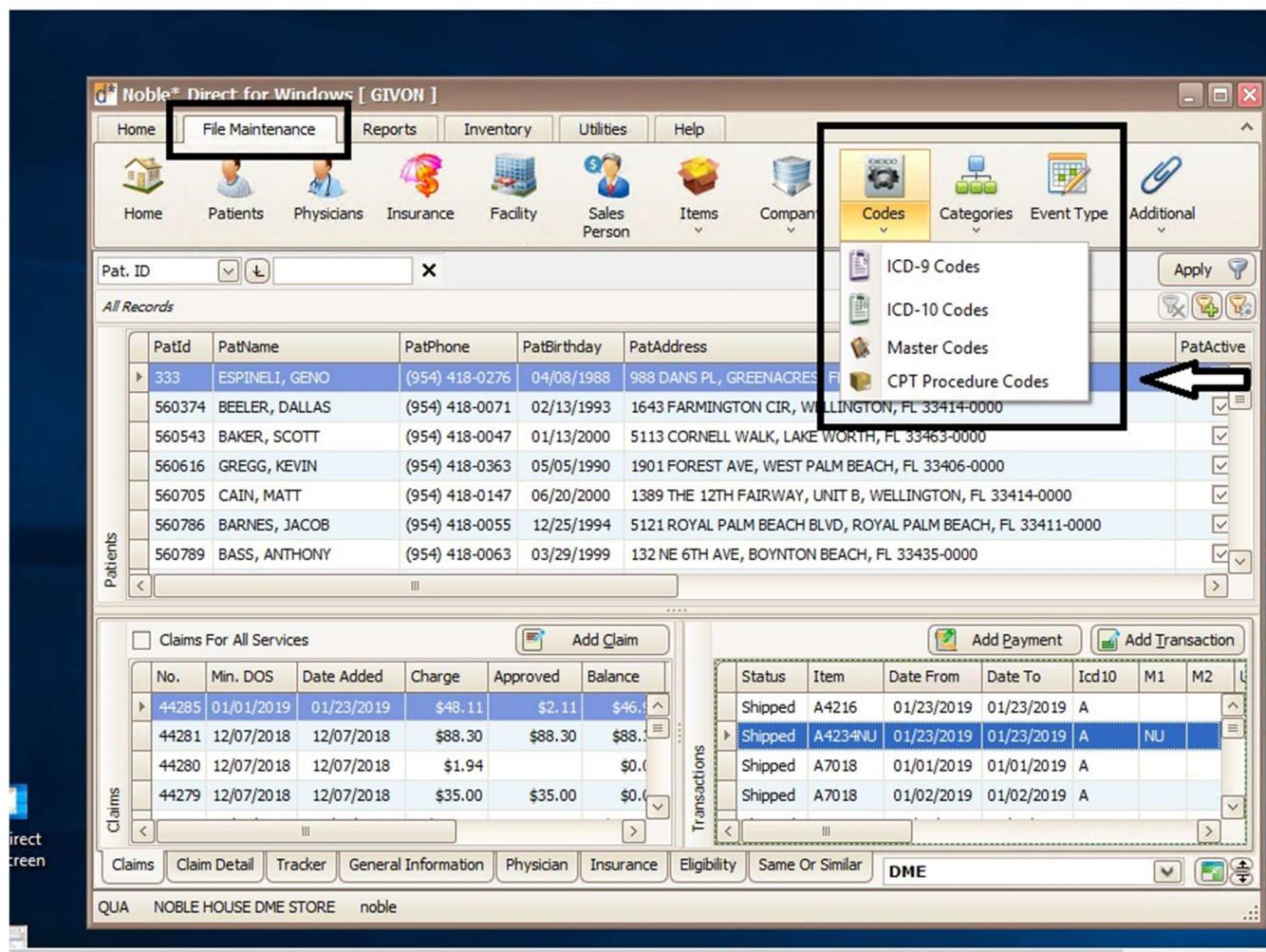


Figure 3-1. The “File Maintenance” tab, with the mouse over the “Codes” button, to display the dropdown menu for accessing the ICD or CPT/HCPCS code files

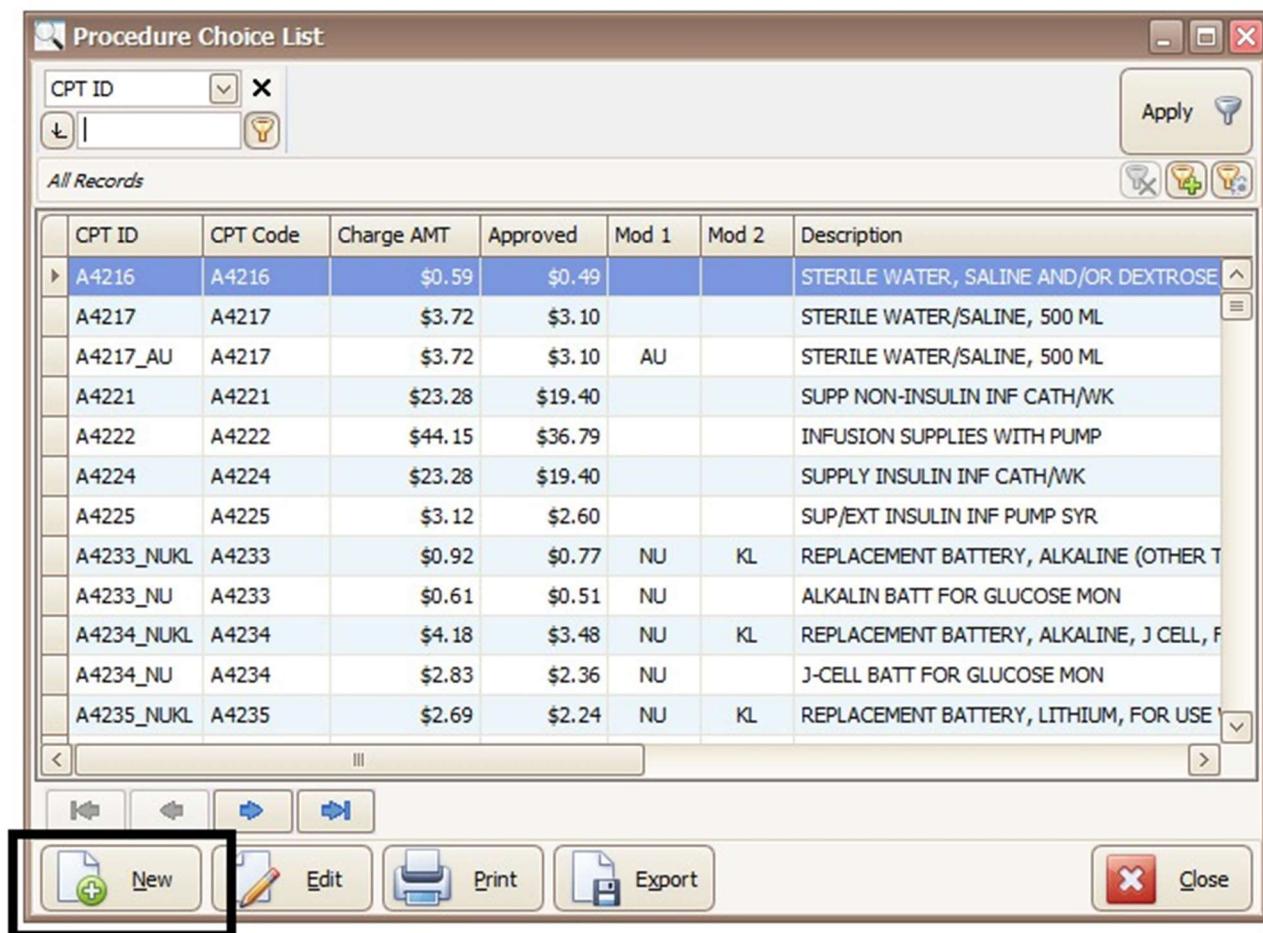


Figure 3-2. The “Procedure Choice List” that opens when the “CPT Procedures Codes” menu is selected.

Notice the “New” button in the bottom left corner for adding new codes.

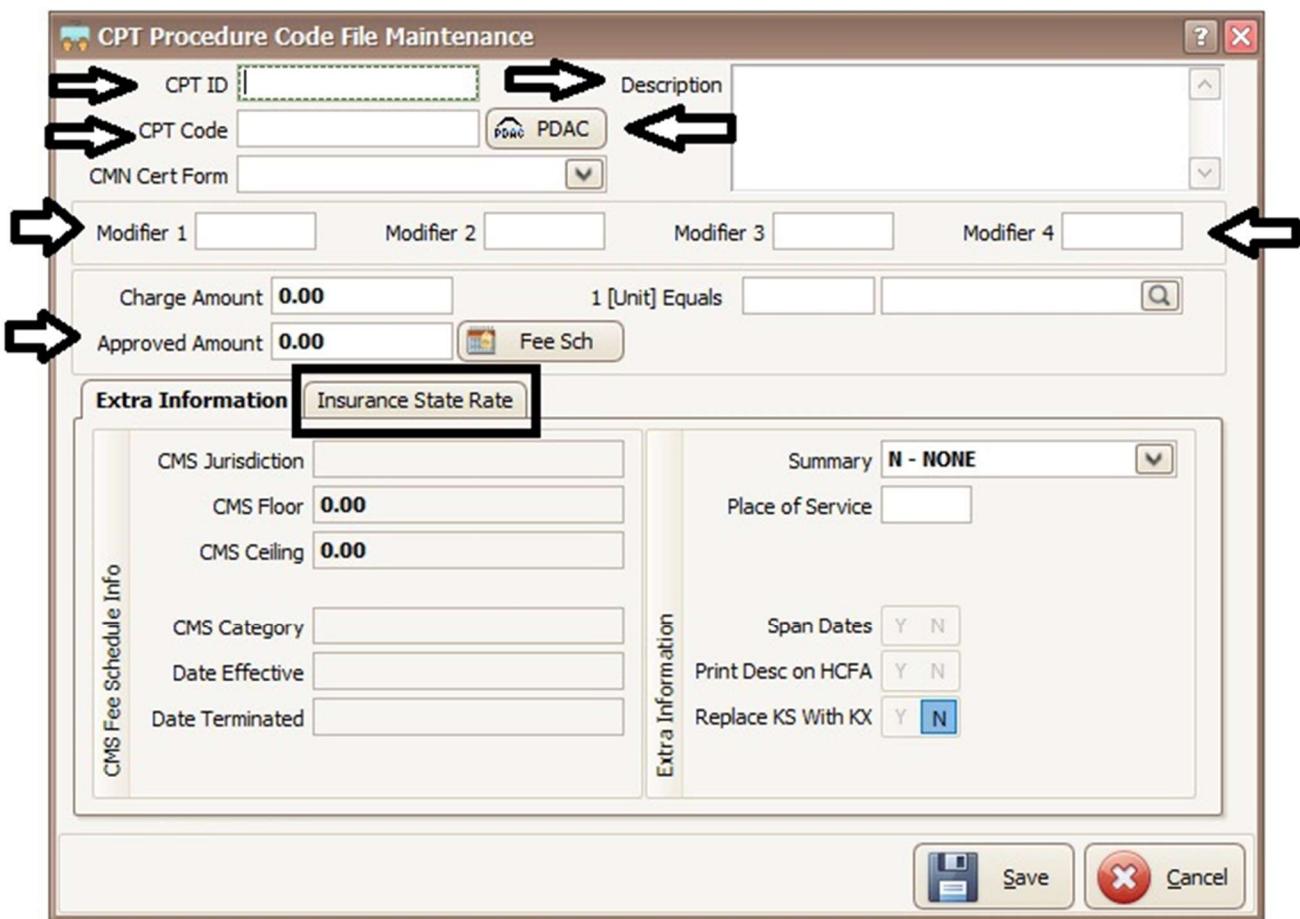


Figure 3-3. The CPT Procedure File Maintenance screen to add a new CPT/HCPCS code. Notice the ID field, the PDAC button to lookup a CPT/HCPCS code in the PDAC database, the modifier fields, the approved amount field and the “Insurance State Rate” tab to enter alternate rates for different States.

Noble® PDAC, Powered by Noridian Healthcare Solutions.

Directions: Please select a search type from the dropdown, then input your data in the fields and click "Search".

HCPCS Details & Fees ▾

Search by HCPCS Information

Code	L30	Keyword	Keyword	
		Search	Clear	
Show	10	<input checked="" type="checkbox"/> entries	Export As CSV Export As PDF Print	
Showing 1 to 10 of 14 entries			Filter Results Previous 1 2 Next	
HCPCS Code	Long Description	Date of Service Valid From	Date of Service Valid To	Previous Date of Service Valid for DMECS
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, UCB TYPE, BERKELEY SHELL, EACH	10/01/1993	Present	
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	10/01/1993	Present	
T3002	FOOT INSERT REMOVABLE MOLDED TO PATIENT	10/01/1993	Present	

Back Print Close

Figure 3-4. The PDAC search screen that opens up when pressing the PDAC button in the CPT Procedure.

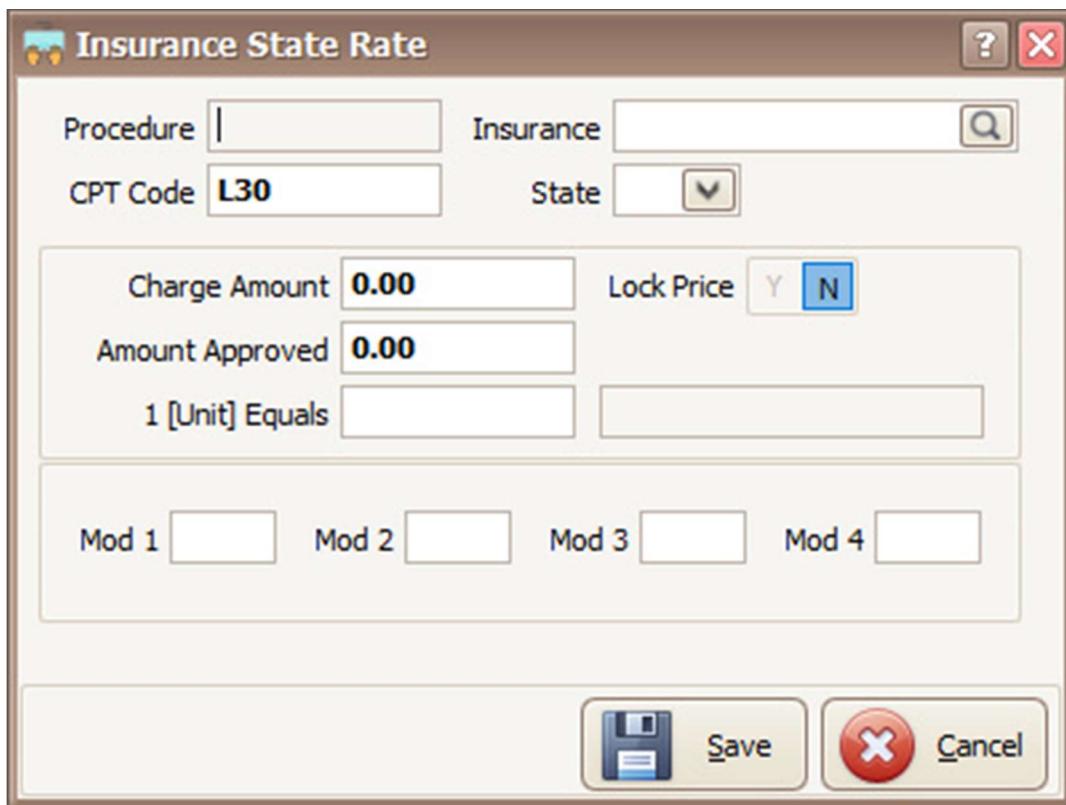


Figure 3-5. To add specific State rates for insurance, put the mouse pointer over the “Insurance State Rate” tab, highlighted above, and then the highlighted “Add” tab, to the right of the State rate table.

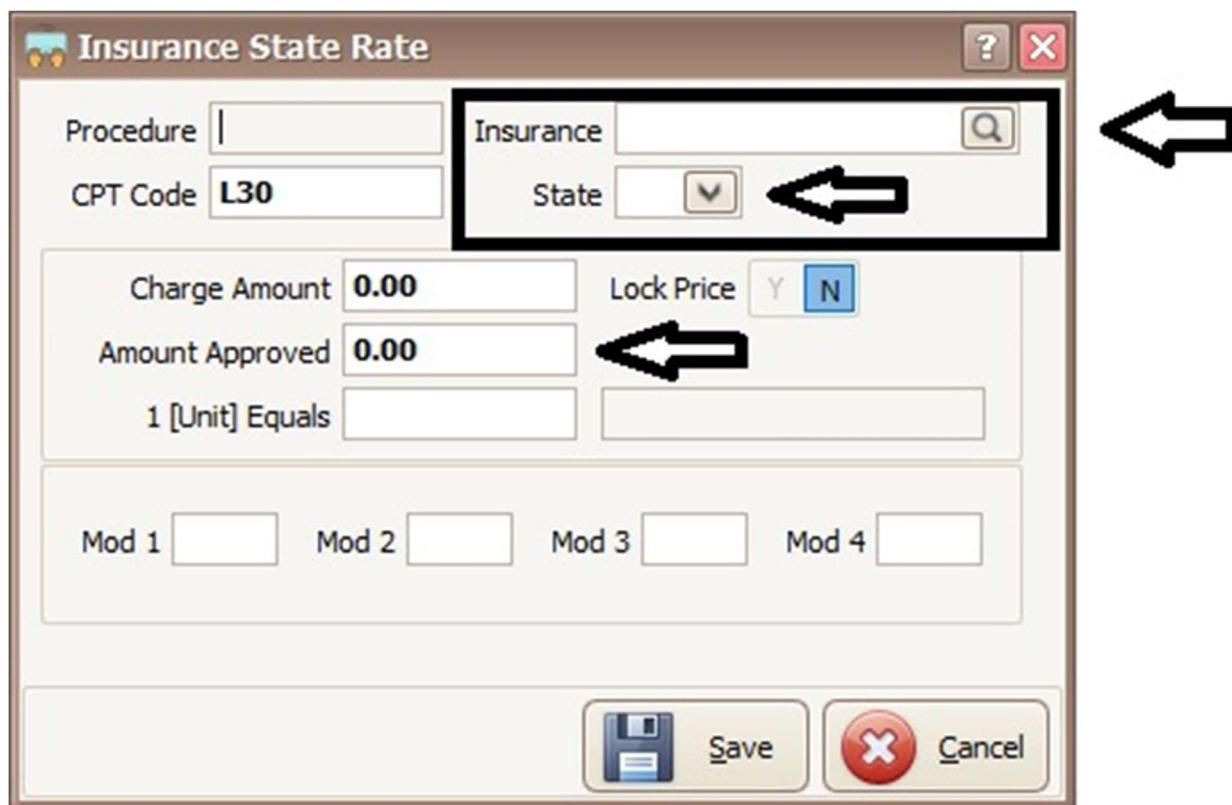


Figure 3-6. Insurance State Rate window for adding a State specific rate for a particular insurance carrier. Notice the magnifying glass to search for existing insurance companies on file. You may also use this feature to add new insurance carriers through the “Insurance File Maintenance” window that will appear when putting the mouse on the magnifying glass and clicking.

Note the State field and the down arrow next to the State field. Putting the mouse over this down arrow and clicking, will display a drop list of state codes to select from. If you choose “XX” for “All States.” the rate will apply to all States for this insurance carrier.

Note the “Amount Approved” field for entering the amount that will be paid, in this particular state, by this insurance carrier.

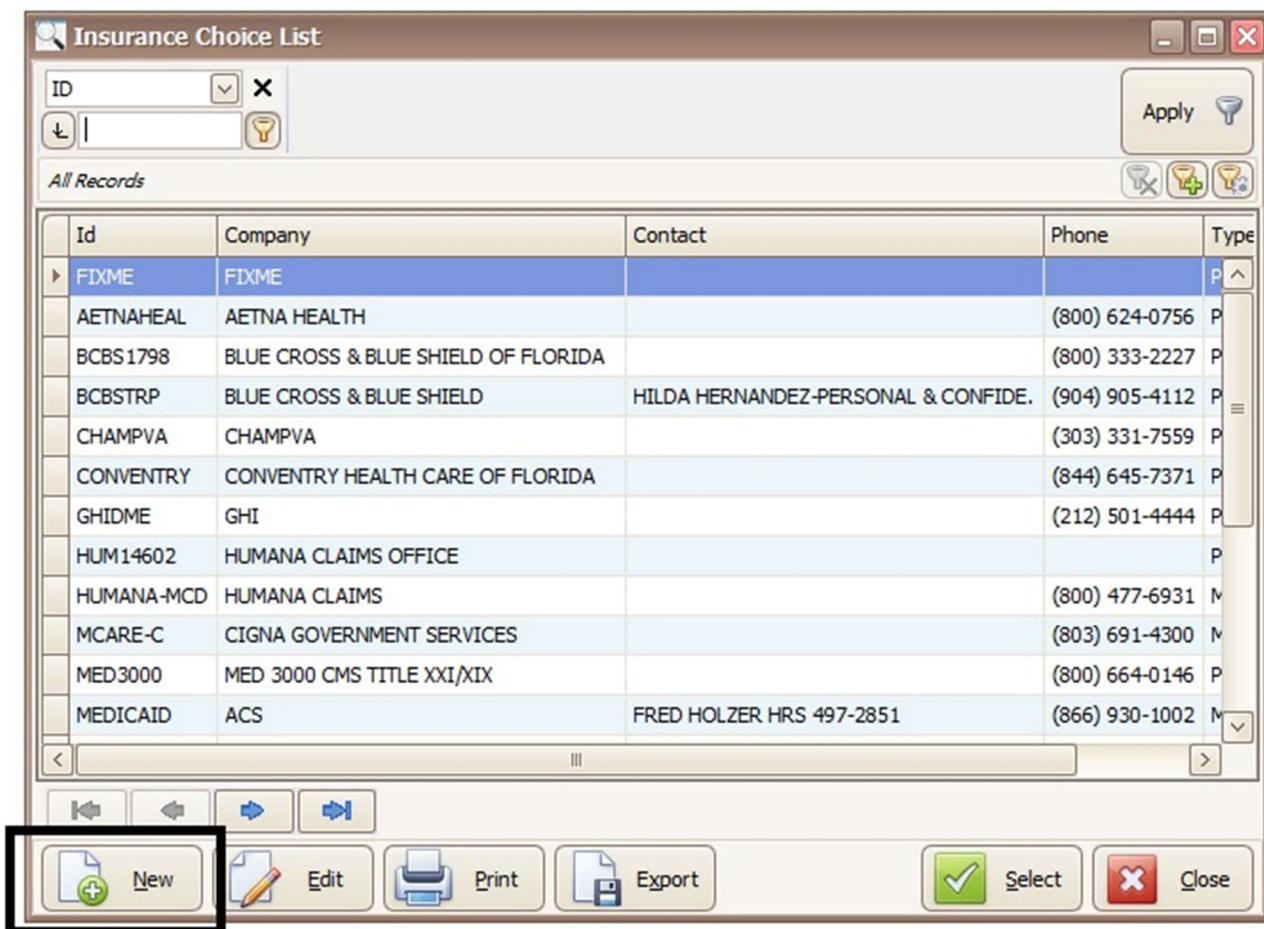


Figure 3-7. Insurance Choice List displays a list of insurance carriers on file. Notice the “New” button, highlighted in the bottom left corner. Putting the mouse over this button and clicking will open the “Insurance File Maintenance” window to add a new insurance carrier.

Adding a New Insurance Carrier

You may access the insurance carrier add function, either by clicking on the “New” button, as described above and shown in Figure 3-7 or; by clicking on the “File” tab on the main screen and then, clicking on the “Insurance” tab.

The required fields for an insurance carrier are an ID, company name, address, city, state, zip and phone number. An Insurance ID can be alphanumeric. Noble House recommends using a mnemonic ID. Enter the company name. Enter the address, city, state and zip for the insurer. The address may be confirmed by clicking on the “Map” button. This will open a window to Google Maps to confirm the address. Beneath the “Map” button is a “USPS” button that will link to the USPS database to confirm the address as well as provide a zip code

lookup. By pressing the “Update” button on the bottom left of the USPS window, the zip code will be automatically updated. The last required field is “Phone”.

The bottom half of the “Insurance File Maintenance” window has three tabs for “Details”, “Comments” and “Contacts”.

In the “Details” tab, you choose if the claims will be sent electronically, printed to a paper claim or, printed on an insurance invoice. The “Pri Xmit” (Primary Transmit) field click on the down arrow and select the appropriate choice. In the Payer ID field enter the insurance electronic Payer Id. Typically, this is on the back of the patient’s insurance card. For the Span Dates field, select a “Y” if the insurance company accepts span dates. If the insurance company accepts span dates but, only will accept them on the ending date, select “Y.” For “Exd Future Dates,” follow the same steps for the Secondary billing type fields.

In the bottom half of the insurance window are the “Comments” and “Contacts” tabs. To add a comment, put the mouse over the “Comment” tab and click. To the right of the Comment window is a list of buttons. Put your mouse over the “Add” button and click. The comment window will open. A comment has three fields. Only the comment is required, however a category for comments is highly recommended⁶. You can enter a category and the comment itself. The entity will be auto filled when the comment is fully processed. Then, click the “Save” button on the bottom right of the “Comment” window. The comment will be added.

To see the list of categories available for comments, put the mouse over the magnifying glass next to the category field and click. A category list will appear. If the category you want does not exist, you may add it, by putting the mouse over the “New” button in the bottom left corner and clicking. Enter a category type. Noble House recommends that this is short and mnemonic. Something easy to remember and that intuitively reminds you of what the category stands for. The “type” field will be prefilled with “3 – Insurance Comments”, because this category is being entered through the insurance add feature. Entering a description is not mandatory but highly recommended. When your entry is complete, put the mouse over the “Save” button in the bottom left and click. The category will be saved in the category file. Then, put the mouse over that category, click to highlight the category and, put the mouse pointer over the “Select” button in the bottom right and click. This will fill the category field in your insurance comment with the category you just created.

To add “Contacts”, if you already have contacts, click the “Link” button on the left of the “Contacts” window, to display a list of contacts. Put the mouse over the contact you wish to use and click. If you would like to add a contact, click the “Link” button on the left of the “Contacts” window and the Contacts Choice List window will open. Put the mouse over the “New” button in the bottom left and click. A “Contacts File Maintenance” window will open. The required fields are: name, address, city, state, zip and phone. There is a dropdown list for the State codes. There is a “Map” button to verify the address with Google Maps and a USPS button to verify the address with the USPS as well as ascertain the zip code.

The bottom section of the Contact File Maintenance window lists the entities that this person is associated with.

⁶See the section on using Noble*House as a CRM

Clicking on the “Link” button to the right of the “connection type” table will display a dropdown list of possible categories such as insurance (carrier), branch, warehouse, physician, vendor, provider, etc. Putting the mouse over any option and clicking, will bring you to a list of that entity. For example, clicking on insurance, will bring you to a list of insurance companies. Putting the mouse pointer over the appropriate warehouse and clicking will associate this contact with this warehouse. When you have completed filling out all the fields, put the mouse over the “Save” button and click to save this entry.

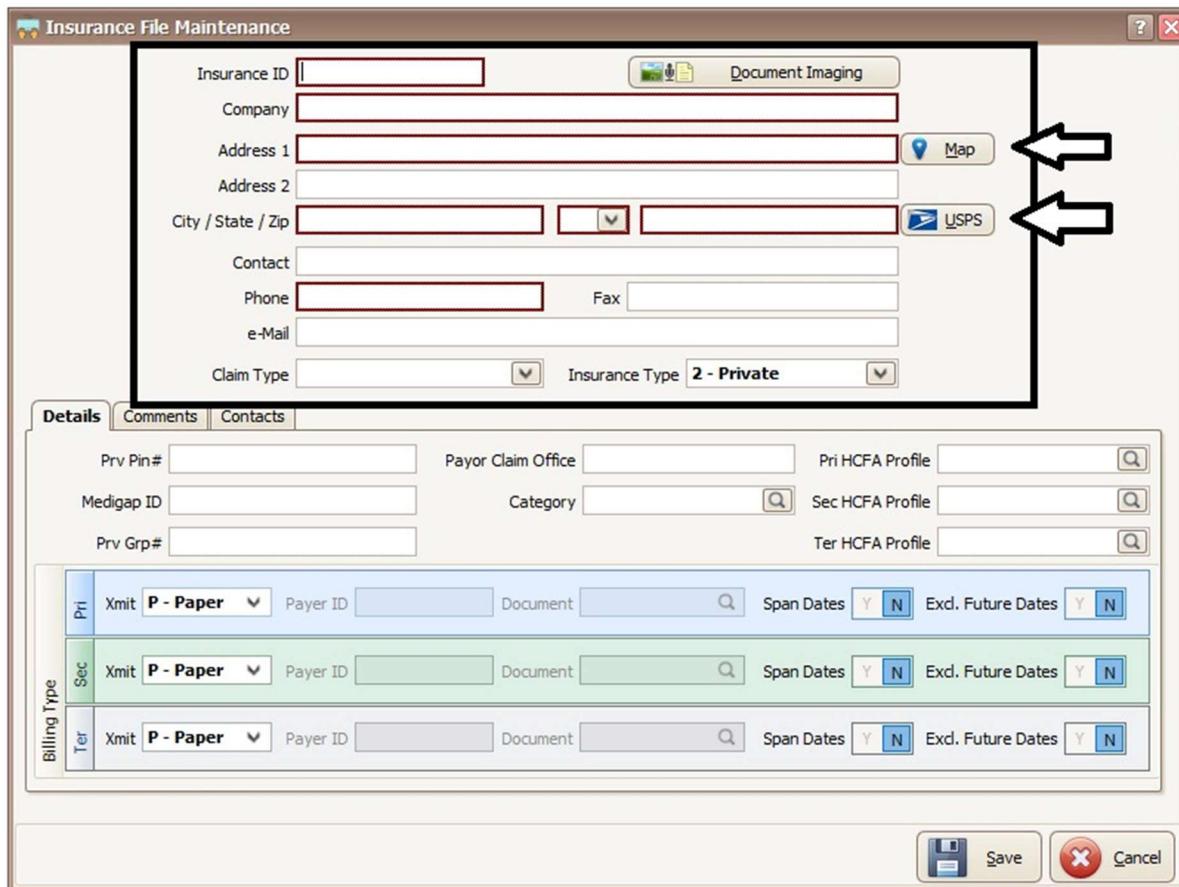


Figure 3-8. The “Insurance File Maintenance” window with all the required fields highlighted in red. Note the Map and USPS buttons for confirming an address. Using the USPS lookup will offer alternate addresses with which to update, if the address you enter is not on file. Note the “Insurance Type” field and the default setting of “Private”.

Note the Insurance Type field.

31.32.58:33403 - Remote Desktop Connection

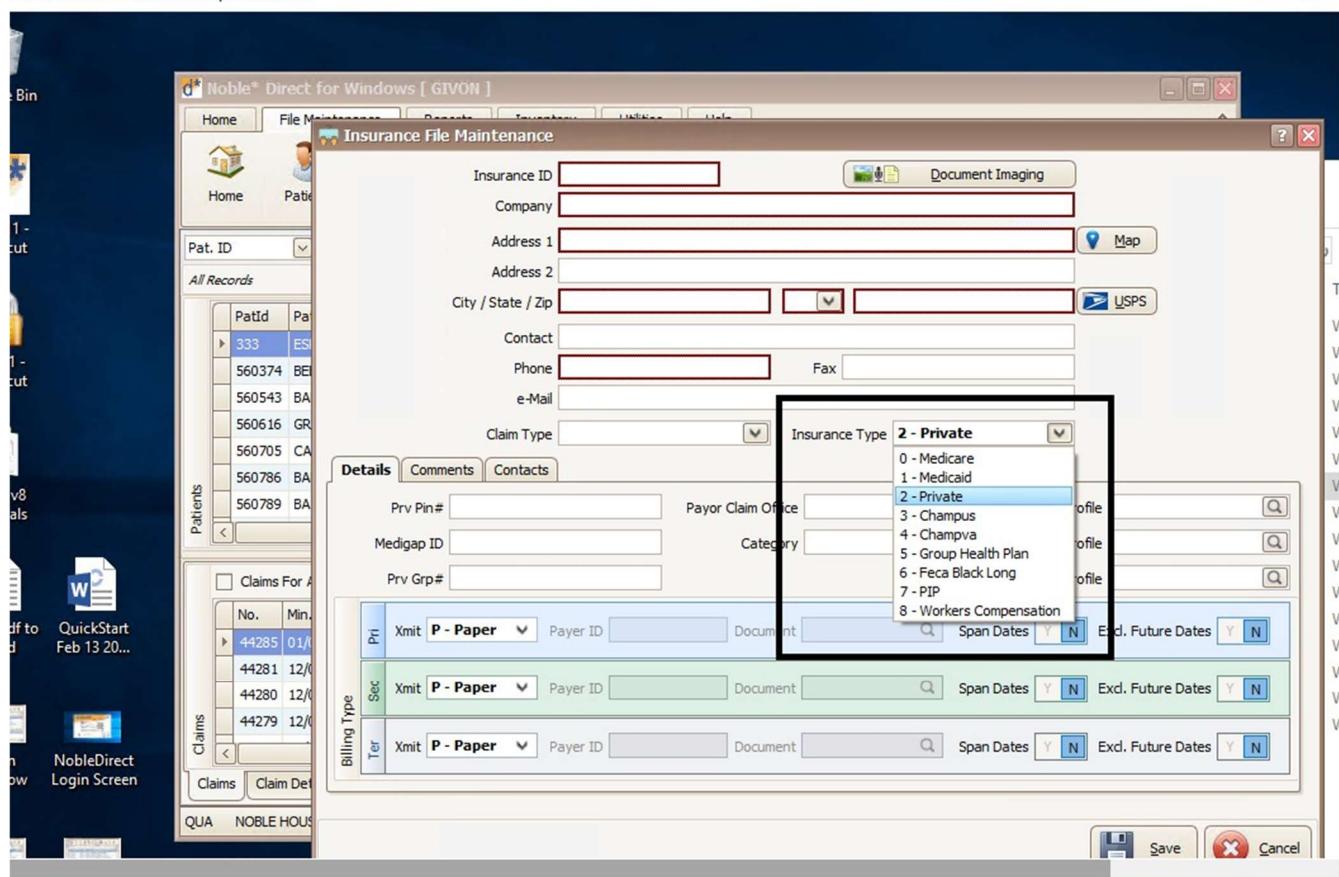


Figure 3-9. The “Insurance Type” dropdown list. Choose the appropriate choice for the insurance carrier.

Adding A New Referring Physician or Facility

From the “File Maintenance” menu, put the mouse pointer over the “Physicians” button and click. The “Physicians Choice List” window will open. Put the mouse pointer over the “New” button in the bottom left of the window. The “Physician File Maintenance” window will open. The required fields are ID, first name, last name, address, city, state, zip, phone and NPI⁷ number.

An ID, which can be alphanumeric. Noble House recommends using a mnemonic ID. Many users use the NPI number or phone number. Using the NPI number as the physician ID can be made an automatic process in the System Settings. Speak to your trainer or see the User Manual for details.

To add a physician, it is mandatory that the doctor have a valid NPI number. Make sure to enter the correct NPI for the physician. If you are unsure of the physician's NPI, you may verify the physician's NPI number by entering the NPI number and putting the mouse pointer over the “NPPES”⁸ button and clicking. Noble House will connect to the NPPES database and check the NPI number you have for this physician and display the physician's name. After verifying the physician information displayed, if this is the correct physician, you may update your physician record with the information in the NPPES by putting your mouse pointer over the “UPDATE” button in the bottom left of the NPPES display window and clicking. This will auto fill the name, address, phone number and other demographic fields.

If you need to alter the demographic information for the physician, enter the physician's first and last name. Enter the address, city, state and zip for the physician. The address may be confirmed by clicking on the “Map” button. This will open a window to Google Maps to confirm the address. Beneath the “Map” button is a “USPS” button that will link to the USPS database to confirm the address as well as provide a zip code lookup. By pressing the “Update” button on the bottom left of the USPS window, the zip code will be automatically updated. Then, enter the phone number in the field labeled “Phone”.

The bottom half of the “Physician File Maintenance” window has three tabs for “Details”, “Comments” and “Contacts”.

You may also verify that the physician is registered in the Medicare PECOS system by entering the NPI number in the NPI field and clicking on the PECOS⁹ button next to the NPI field. It is important that you verify that the doctor is registered in PECOS. Medicare will not pay for claims from doctors who are not registered in PECOS. Should the name on file with PECOS be different from the name you have entered, you may update the physician's record in Noble House, by putting the mouse over the “Update” button in the “Physician PECOS Validation” window and clicking.

⁷National Provider Number

⁸National Plan and Provider Enumeration System

⁹Medicare Provider Enrollment Chain and Ownership System

Only update the physician's information with the information in the PECOS database, if you are sure that the NPI number you are using for this physician is actually the physician's NPI number. Otherwise, you will link the physician to another physician via the other physician's NPI number.

To add a comment, put the mouse over the "Comment" tab and click. To the right of the Comment window is a list of buttons. Put your mouse over the "Add" button and click. The comment window will open. A comment has three fields. Only the comment is required. You can enter a category and the comment itself. The entity will be auto filled when the comment is full processed. Then, click the "Save" button on the bottom right of the "Comment" window. The comment will be added.

To see the list of categories available for comments, put the mouse over the magnifying glass next to the category field and click. A category list will appear. If the category you want does not exist, you may add it, by putting the mouse over the "New" button in the bottom left corner and clicking. Enter a category type. Noble House recommends that this is short and mnemonic. Something easy to remember and that intuitively reminds you of what the category stands for. The "type" field will be prefilled with "5 – Physician Comments", because this category is being entered through the physician add feature. Entering a description is not mandatory but highly recommended. When your entry is complete, put the mouse over the "Save" button in the bottom left and click. The category will be saved in the category file and automatically selected. Then, put the mouse over the "Select" button in the bottom right and click. This will fill the category field in your physician comment with the category you just created.

To add "Contacts", if you already have contacts, click the "Link" button on the left of the "Contacts" window, to display a list of contacts. Put the mouse over the contact you wish to use and click. If you would like to add a contact, click the "Link" button on the left of the "Contacts" window and the Contacts Choice List window will open. Put the mouse over the "New" button in the bottom left and click. A "Contacts File Maintenance" window will open. The required fields are: name, address, city, state, zip and phone. There is a dropdown list for the State codes. There is a "Map" button to verify the address with Google Maps and a USPS button to verify the address with the USPS as well as ascertain the zip code.

The bottom section of the Contact File Maintenance window lists the entities that this person is associated with. Clicking on the "Link" button to the right of the "connection type" table will display a dropdown list of possible categories such as insurance (carrier), branch, warehouse, physician, vendor, provider, etc. Putting the mouse over any option and clicking, will bring you to a list of that entity. For example, clicking on physician, will bring you to a list of physicians. Putting the mouse pointer over the appropriate physician and clicking will associate this contact with this physician. When you have completed filling out all the fields, put the mouse over the "Save" button and click to save this entry.

Adding a Physician Location

Doctors may have more than one office and it may be necessary, prudent or useful for financial analysis to record where—in which office—the service was performed. Noble*House has the capacity to have multiple service locations. To add a location to a physician's record, from the "File Maintenance" menu, put the mouse

pointer over the “Physicians” button and click. The “Physicians Choice List” window will open. Put the mouse pointer over physician record to which you wish to add a location and double-click. The “Physician File Maintenance” window will open. Seven lines down, next to the field for phone number, is the field for “Default Location” Put the mouse pointer on the magnifying glass next to the field “Default Location” and click. The “Physician Location Choice List” will open. Put the mouse pointer on the “New” button in the bottom left of the window and click. A “Physicians Locations File Maintenance” dialog box will open.

The required fields are: A Location Name, Address Line 1, City, State, Zip and phone number.

It is recommended that you use a short mnemonic code to identify the location.

If you have not entered multiple offices, the default location is the doctor's address in the lines directly below physician id. If you have entered multiple offices, you may either leave the default location blank and use the address entered into the physician record as the default location or; you may select one of the locations entered as the default location. To select one of the locations entered as the default location, put the mouse pointer on the magnifying glass next to the field “Default Location” and click. The “Physicians Locations Choice List” will open. Put the mouse pointer on the location you wish to use as the default location and double-click. This will auto fill the physician's record with the location desired. Then, save the physicians record by putting the mouse pointer on the “Save” button in the bottom right corner of the window. This will permanently save this location change.

When creating a physician record for the first time, you may follow the above procedure, starting at, clicking on the magnifying glass to the right of the field for location and then, adding another location for this doctor.

See the User Manual.

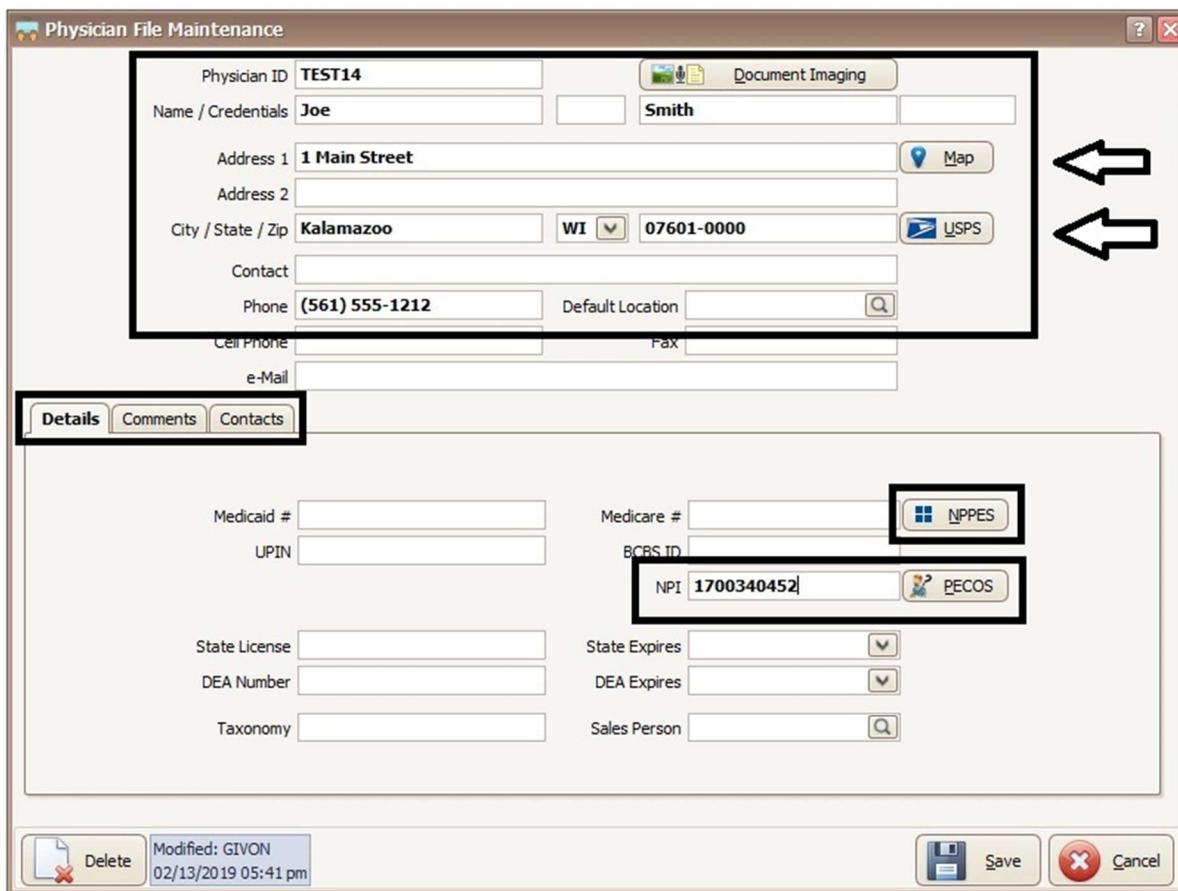


Figure 4-1. Physician File Maintenance. Note the highlighted required fields on top that are filled with sample data. Note the Map and USPS buttons for verifying addresses. The bottom half of the window has several subsections – Details, Comments and Contacts – that can be accessed by putting the mouse pointer over the tabs and clicking. The Details, Comments and Contacts tabs have been highlighted. Also, the field for NPI number has been highlighted and is in the bottom right of the “Detail” window. Notice in the bottom right of the window the “NPPES” button and the “PECOS” button next to the NPI field. The NPPES button can be used for verifying the physicians NPI number, name, address and phone number. The PECOS button can be used to verify the doctor's name and that the doctor is registered in the Medicare PECOS database.

Physician File Maintenance

Physician ID	TEST14	Document Imaging
Name / Credentials	Joe Smith	
Address 1	1 Main Street	Map
Address 2		
City / State / Zip	Kalamazoo	WI 07601-0000
Contact		
Phone	(561) 555-1212	Default Location
Cell Phone		Fax
e-Mail		
Details Comments Contacts		
Medicaid #		Medicare #
UPIN		NPPES
BCBS ID		
NPI 1234567890		PECOS
State License		State Expires
DEA Number		DEA Expires
Taxonomy		Sales Person
Delete	Modified: GIVON 02/13/2019 05:41 pm	Save Cancel

Figure 4-2. The physician File Maintenance with an invalid NPI number. This physician record cannot be saved. Attempting to do so, will result in the NPI field being highlighted in red.

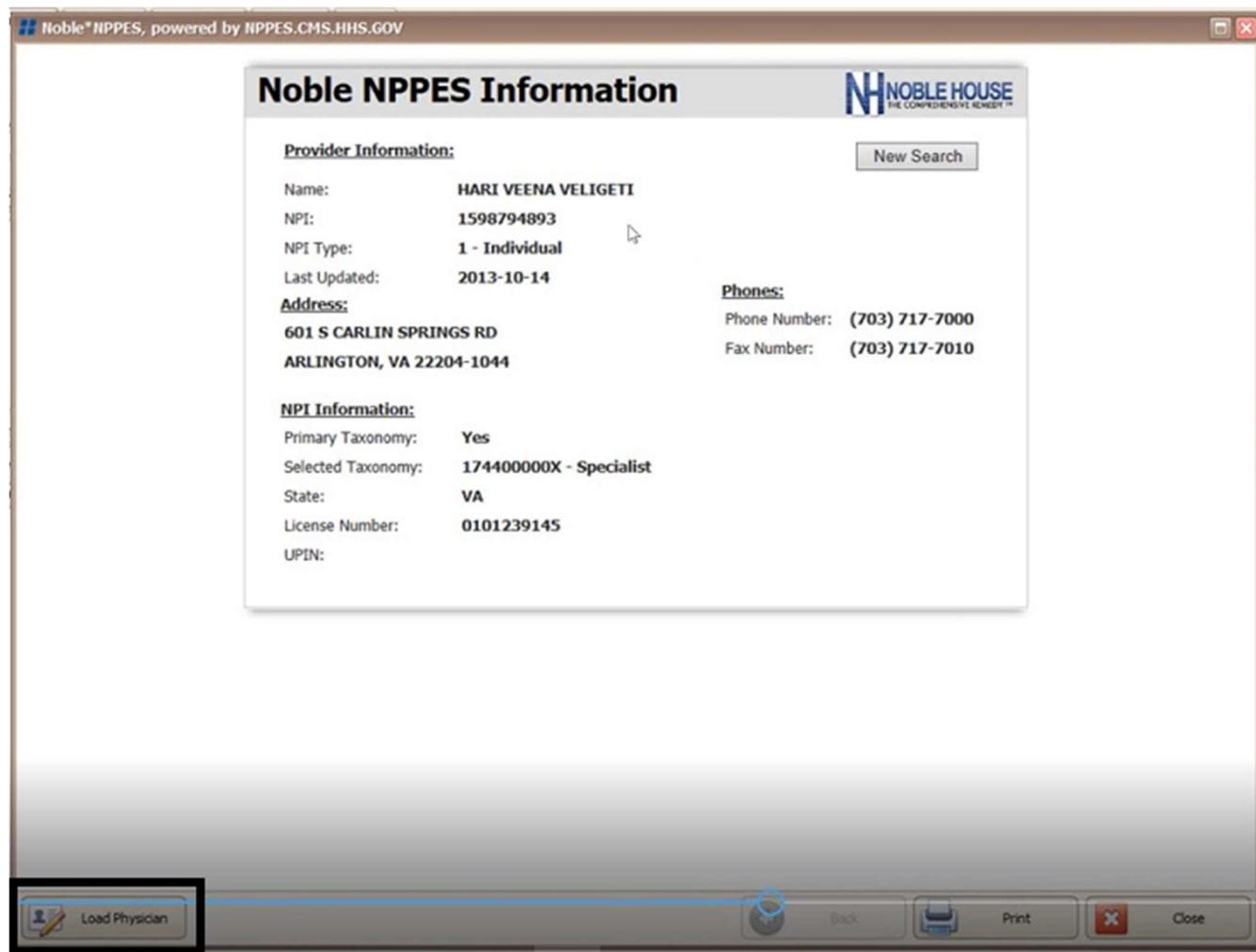


Figure 4-3. A sample doctor lookup with the NPPES database¹⁰. Notice the “Load Physician” button in the bottom left corner.

¹⁰This is the record of a real doctor from the public NPPES database. This doctor's record is used for illustrative purposes and is in no way an endorsement.

4 Operations

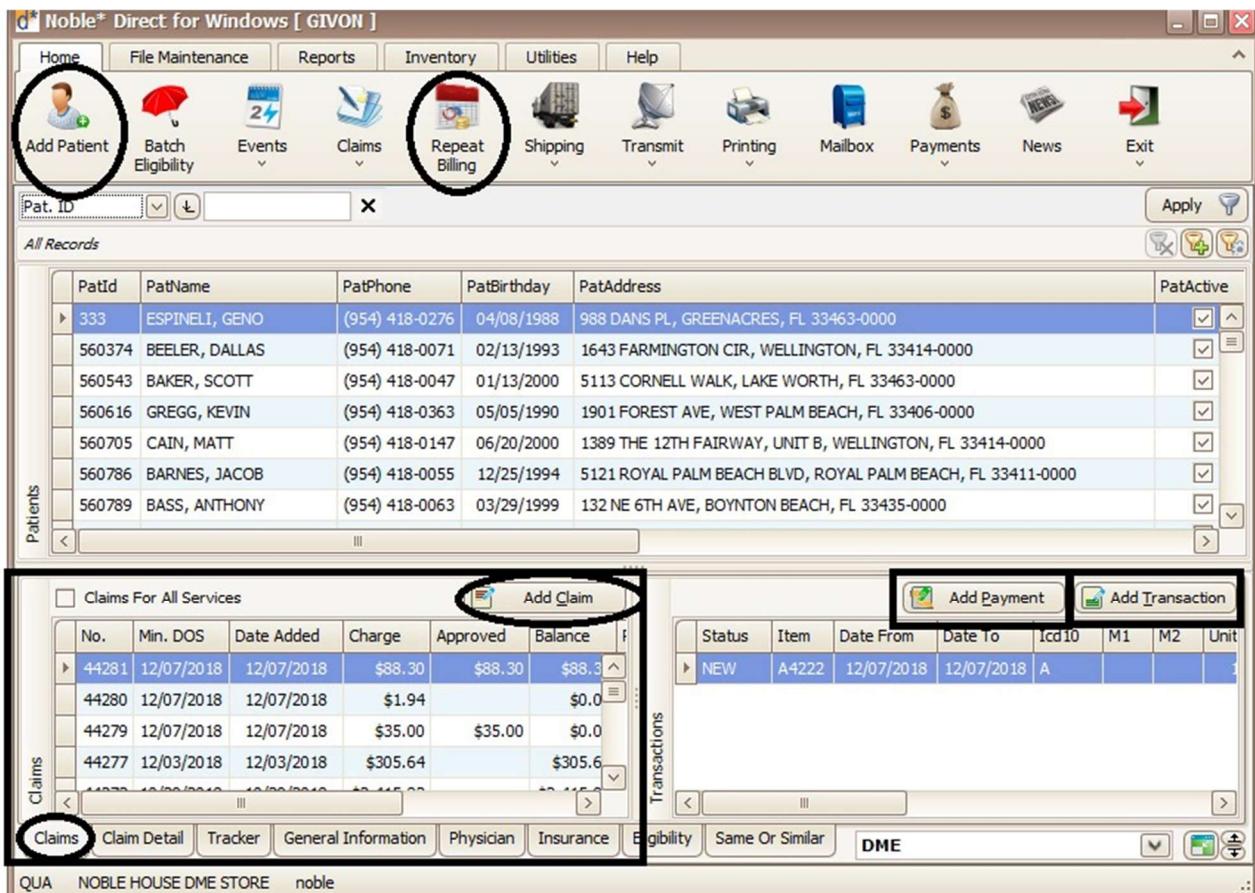


Figure 5-1.

The figure above shows a sample main window that appears when Noble*Direct is started.

The main view in the middle of the screen is a list of patients and the button for adding a patient, is in the top left corner, should you need to add a patient.

In the bottom left corner, is the claims sub-window. You can see a list of claims and add a new claim as well as do other work with claims.

In the bottom right corner, is the transaction sub-window with 2 buttons. The buttons allow you to work with either payments or transactions. The transactions listed in the transaction sub-window correspond to the highlighted transaction in the claims sub-window

On the top, on the menu bar, is a button for repeat billing. (See the Section on Repeat Billing for details.)

5 Entering Claims

Workflow starts with a claim. The first step in creating a claim is to select the patient for whom the claim is being made. If the patient exists, select the existing patient from the list of patients in the patients table of the main screen by putting the icon on the row with the patient and clicking once to highlight and select the patient. If the patient does not already exist, you must add the patient by making a record for the new patient then, select the patient. Once the patient is selected (highlighted), you can add a claim. Any activities taken will be against this patient's records.

Adding A New Patient

Click on the “Add Patient” button on the top menu bar of the “Home” menu tab. The “Patient File Maintenance” window will open. The only fields required to be filled out are the patient ID, the first name, last name, billing provider, address, city, state and zip code, which are entered in the top sub-window with the “Demographics” tab. Patient ID is auto filled by the system but, you can use whatever number or identifier you wish. Many practices prefer to use social security numbers.

Certain fields are prefilled with defaults:

1. Language: E – English.
2. Student: N – No
3. Marital: S – Single
4. Status: New
5. Insulin: N – No
6. Frequency: N – N/A

Most fields are intuitive. For example, phone, email, etc.

Some fields, like State, have a dropdown menu to fill in the entry. The dropdown is activated by putting your mouse pointer over the dropdown arrow and clicking.

Some fields, like the ICD codes, have a magnifying glass next to them, to allow viewing the records in the file for selecting the appropriate information to enter into the field.

Note: There is a field “Hardship on File”. This is a Y/N (yes/no) checkbox. If yes is selected, then invoices will not print for the patient. This field is located in the “demographics” section, the top sub-window of the patient window; the second column of fields from the right margin; beneath the “Marital” field.

To see a sample of the “New Patient” window see figure 7-1 below, in the section, “Adding a New Claim.”

For detailed information about all the fields in the patient record, see the User Manual.

The screenshot shows the 'Patient File Maintenance' window. At the top left, there is a search bar with the number '593796'. To its right are buttons for 'Eligibility', 'CMS Portal', 'Scheduler', and 'D.I.'. On the far right, there are buttons for 'Active' (set to 'Y') and 'N'. Below the search bar, there are sections for 'Demographics' (Address 1, Address 2, City / State / Zip, SSN, DOB, Age, Gender, Height, Weight), 'ICD-10' and 'ICD-9' codes, and 'DME' (Insulin, Times Testing, Frequency). To the right of these are dropdown menus for Language (E - English), Status (NEW), Student (N - No), Marital (S - Single), Hardship (Y - N), and other demographic details like Age, Height, and Weight. Below the ICD sections, there are tabs for 'Insurance' (highlighted), 'Insurance History', 'Patient Comments', 'Billing Comments', 'Eligibility', 'Same or Similar', 'Tracker Events', 'Funds', 'Status History', 'Billing Info', 'Audits', 'Claims', and 'Custom'. The 'Insurance' tab is active, showing fields for Primary (PRI) and Secondary (SEC) insurance carriers. Each carrier has fields for Insurance, Policy, Relationship, Xmit Flag, Group, Effective Date, and Thru Date. The PRI and SEC sections are highlighted with green boxes. At the bottom right are 'Save' and 'Cancel' buttons.

Figure 7-1. A New Patient Record

Note the required fields indicated by the boxes. The indicator arrow points to the patient ID in the top left of the screen. This is patient ID is auto filled with a sequential number assigned by Noble*Direct, which can be replaced by any number or letter combination you choose. For example, a combination of first name and last name, last name, phone number or social security number.

Notice that the sub-windows for the primary and secondary insurance carriers, on the bottom are highlighted. This indicates that these fields cannot be changed. While you can change these fields in the patient "Edit" option; you cannot change them, while selecting a patient for adding a claim. This is done to prevent accidental changes in records.

The screenshot shows the "Patient File Maintenance" window. At the top, there's a toolbar with buttons for Eligibility, CMS Portal, Scheduler, D.I., and Active (set to Y). Below the toolbar, the main area is divided into several sections:

- Demographics:** Contains fields for Name (LUIS), Address (9883 LIBERTY CT), City / State / Zip (BOCA RATON, FL - 33434-0000), SSN, Phone, Cell, Fax, e-Mail, DOB (01/01/1996), Age (23), Gender (F M U), Height, Weight, Language (E - English), Student (N - No), Marital (S - Single), Hardship (Y N), Ethnicity, and Recall.
- ICD-10 / ICD-9:** Shows a grid of ICD codes (e.g., J4520).
- Insurance:** Displays three insurance records (PRI, SEC, TER) with fields for Xmit Flag, Insurance, Policy, Group, Relationship, Effective Date, and Thru Date.
- Buttons at the bottom:** Delete, Save, and Cancel.

Figure 7-2. Sample of a complete patient record. Note the tab labeled “Demographics” to the side of the patient’s information. Clicking on the “Custom” tab will display additional, lessor used options. See the User Manual for details. In addition, should you need custom fields for your patient records, that are not available in Noble House, speak with your sales representative. Those custom fields can be added here.

Selecting an Existing Patient

To locate a specific patient, you may use one of many methods. To the right of the patient’s sub-window, is a scroll bar. You may use the scroll bar to scroll up or down through the patient file to locate the patient. You may sort the patient listing by any of the column headings in either ascending or descending order. Most notably, you sort by patient i.d. number or alphabetically by patient. The direction arrow in the column heading will tell you, if you have sorted in ascending or descending order.

Above the patient sub-window, you see a selection criteria title bar that indicates what kind of view you have of the patient file. If you are seeing all your patients, without exception, the words “All Records”, will appear in the selection criteria title bar. If you have narrowed your view by using some kind of filter, the selection process will

be displayed in this selection criteria title bar as a logical equation in pseudo-math. For example, if you select all patients with a particular zip code, such as 33434, the title bar will read “Pat.Zip-Code [Begins With] 33434”.

(“Pat” is an abbreviation for patient and the database reference name for the patient file.) All you need to do is fill in the search criteria and the filtering will be done. No need to press any other buttons. To return to the full patient file, click on the “X” to the right of the selection criteria field.

[For an in-depth discussion of the database nomenclature of Noble*House, see the User Manual.]

Above the patient selection criteria title bar are the selection criteria fields. There is a field for selection criteria type and a field for the actual selection criteria. For example, you may select Name as your filtering criteria. Then, fill in the blank field with the last name and the patient list will be limited to those individuals with that particular name.

Certain fields such as State, have dropdown options to fill in the selection criteria type. Other fields, such as name, may be typed in, in whole or part. Notice the “Begins With” symbol, a down arrow right before an underscore. This will define the way the selection criteria will be matched. For example, to find all the patients whose last name starts with the letter “E”, select patient name for search criteria type, “Begins With” for search method and enter the letter “E” in the search criteria field.

Possible search methods are:

1. Contains
2. Begins With
3. Ends With
4. Does Not Begin With
5. Does Not End With
6. Does Not Contain
7. Equals
8. Does Not Equal

Note: If you are searching by name and enter a partial name, using the “Contains” method, the search will start from the beginning of the name. For example, if you search for “John Q. Public” with “Q”, the name will not appear in your search. Because, the search is conducted by last name then, first name. As “Public” starts with a “P”, searching for “Q” will not find it. To find a partial or first name, remove any existing search filter; then, make sure one patient record is highlighted; then, press Ctrl-F and enter the search criteria in the search bar that appears. To clear this search filter, click on the red “X” next to the search title bar.

Note: These search methods are standard throughout the Noble*Direct system and apply to other windows listing claims, transactions, inventory items, etc.

Patient Recall Date

In the patient record, in the middle sub-window, in the middle column, is the field “Recall Date”. Use this field to indicate when a patient must return for a follow-up visit.

This field does not appear in the default table set up. You must add the column. The column can only be filtered by a column specific filter. See the User Manual for details.

Noble*Direct

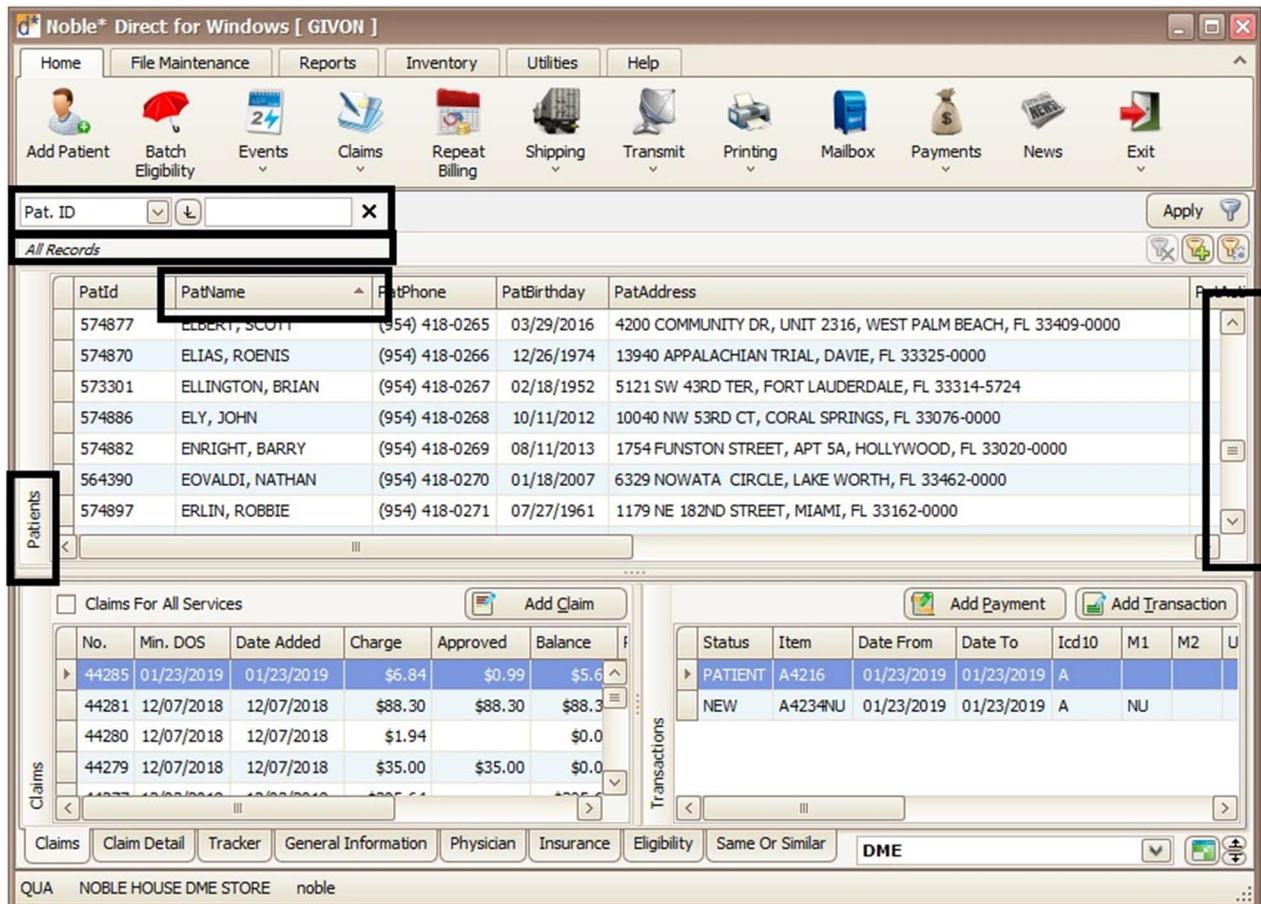


Figure 6-1. Noble*Direct Main Window with a List of Patients

Notice the patient sub-window. The word “Patients” is written vertically, on the bottom left of the patient sub-window.

A scroll bar for the patient sub-window is located on to the right of the Window.

Directly on top of the patient sub-window is a selection search criteria title bar that says “All Records”.

The selection search criteria bar has a field to choose selection type, method of selection and search criteria to match.

The patient name, “PatName”, column is sorted in ascending order, which is indicated by the up arrow, in the column heading.

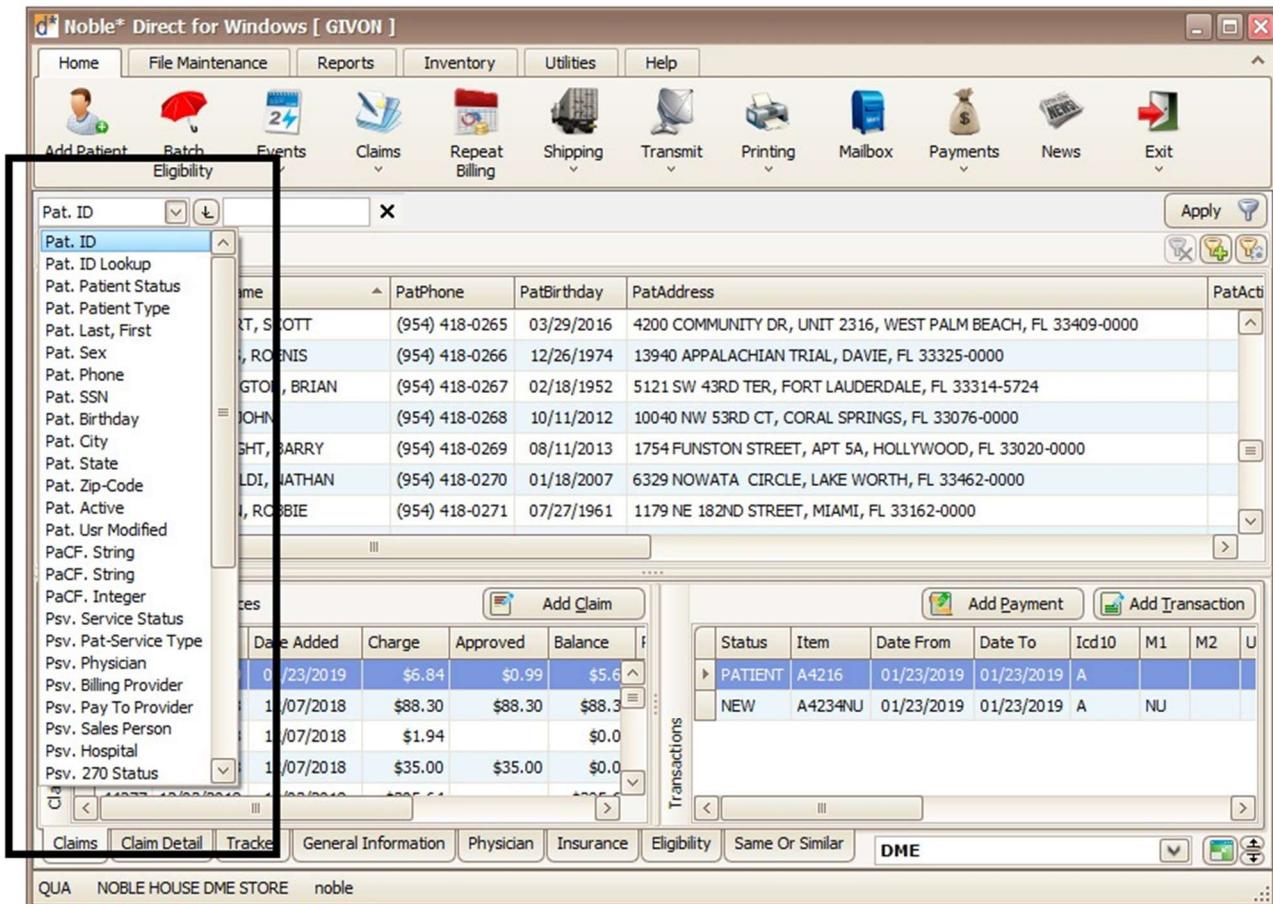


Figure 6-2. Selection Type Criteria Dropdown Menu

There are many fields upon which to search. Patient ID (Pat. ID), patient name (Pat. Last, First), patient social security number (Pat.SSN) and patient telephone number (Pat.Phone) are common search fields.

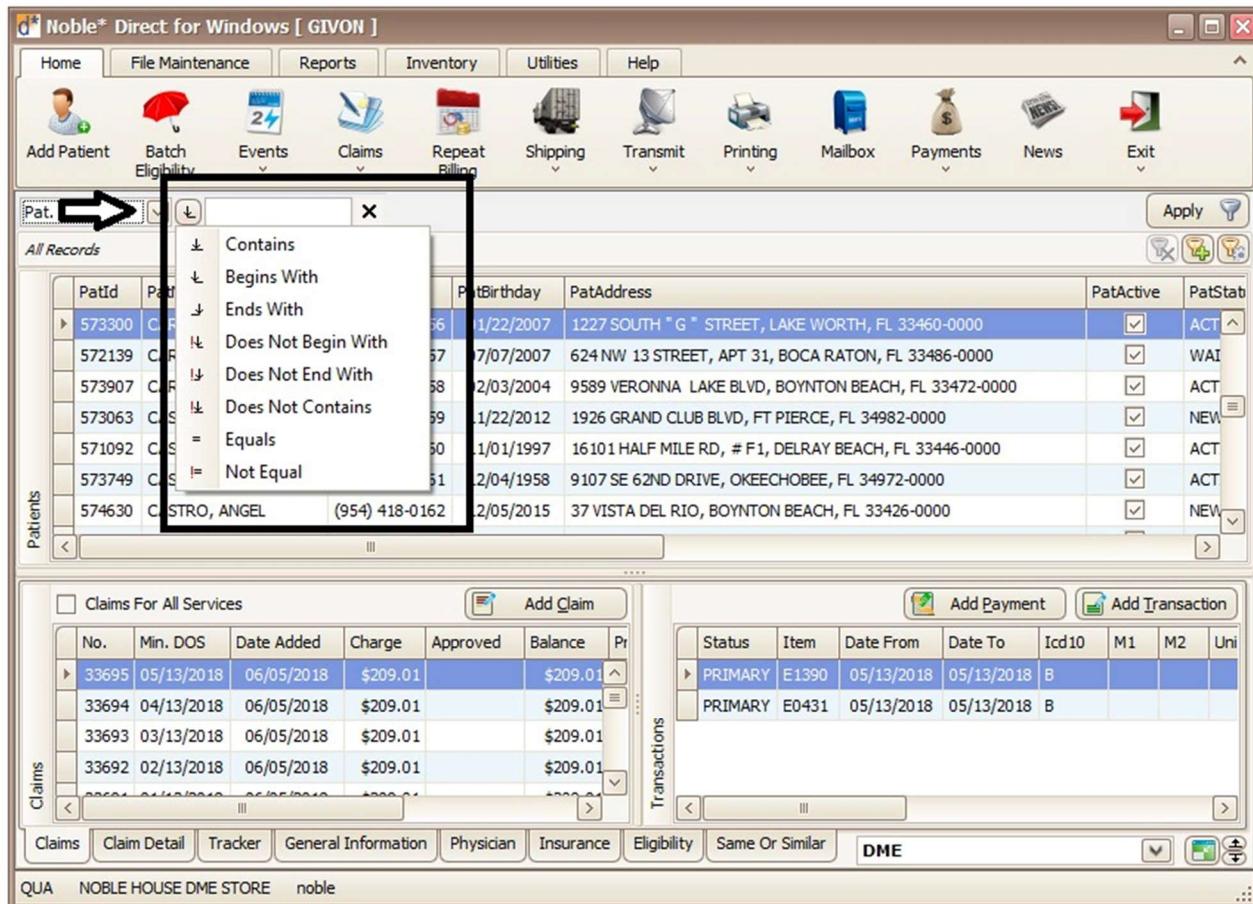


Figure 6-3. Search Methods Dropdown

By pressing the button with down arrow next to an underscore (to which the white arrow indicator arrow is pointing), a dropdown menu of search methods will appear. The methods are described in common English and operate as you would expect by their simple English description.

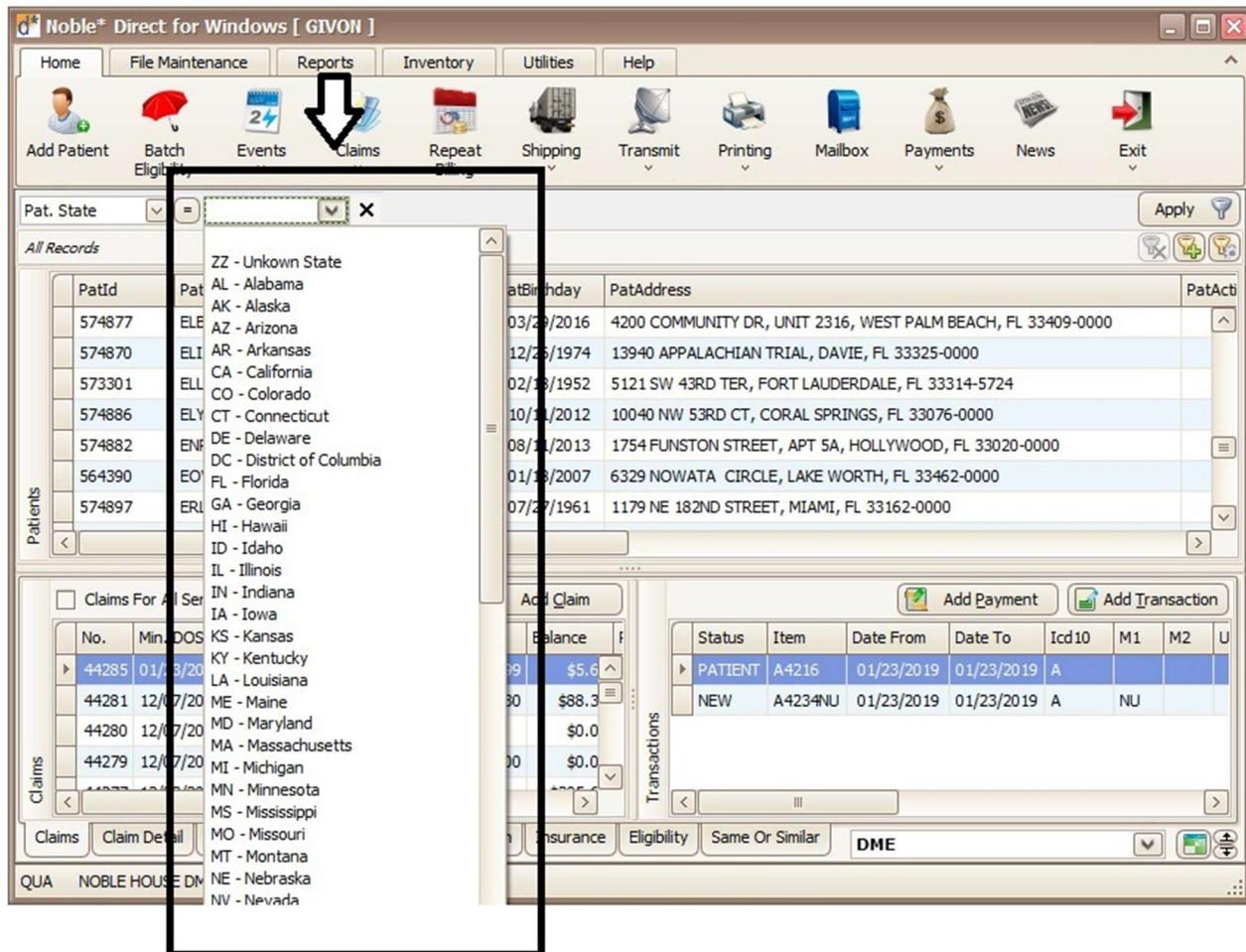


Figure 6-4. Sample Search Criteria Dropdown Selection List

Certain search criteria, such as State, will have preformatted answers. By pressing the down arrow next to the empty search criteria field—pointed to by the indicator arrow, a dropdown list of choices will appear. Put your mouse on the appropriate search criteria and click. The search criteria will be filled.

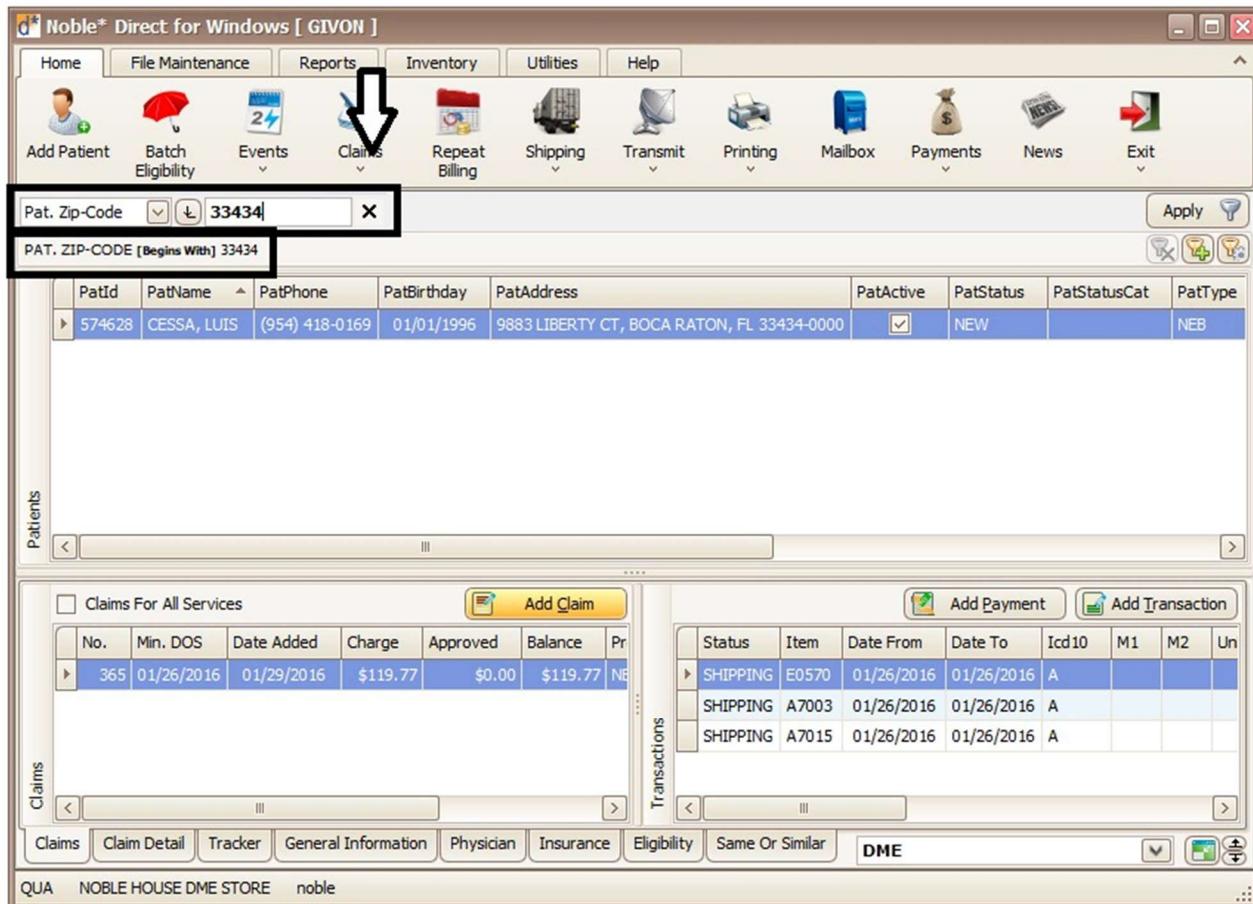


Figure 6-5. Search Sample with Zip Code

In the example above, in the search selection criteria bar, the zip code has been selected as the search criteria type. The zip code “33434” has been entered—typed—not selected from a list of zip codes. Only records from that zip code are listed from the patient file.

The search is described in a search title bar, below the search criteria entry; in pseudo-math-logic language. “Pat.ZIP-CODE [Begins With] 33434”.

Next to the search criteria field, is an “X”. Pressing this “X” will dismiss this search and allow a new search.

6 Entering Transactions

Adding A New Claim

The Claims sub-window is in the bottom left corner of the main window. To add a new claim, press the “Add Claim” button in the top right corner of the Claims window. A new window, the “Claim Header” window, will appear. The required fields to enter a claim are: a patient, the date, an item, a CPT/HCPCS or ICD code and POS (Place of Service). All other fields may be left blank. Some fields will be filled in automatically, depending on your setup. The only required information to create a claim is the Billing Provider. Any information that is already on file in the patient record, will be automatically filled in, in the claim. For example, the information in the patient's file such as the patient's doctor, insurance information or ICD codes from the treatment previously recommended. Once all the necessary information is entered, press the “Save” button in the bottom right.

A blank claim has no corresponding transactions and cannot be billed or otherwise worked with until transactions are added.

Adding a New Transaction to a New Claim

To add a new transaction to a new claim, select the patient and press “Add Claim”. The “Claim Header” window will open. In the middle of the screen is a sub-window for transactions. On the right of this sub-window is a column of buttons. The top most button is “Add”. Press this button and a dropdown menu will appear. Select and click on the option “New thru Extended”. This will open the “Claim Detail” window where claim transactions are created.

The fields required to be completed to add a transaction are:

1. Date
2. Item
3. ICD code
4. POS

There is a “from date” and “to date”. This is the service date. Typically, the from and to dates are the same. Even if a “to date” is not necessary, the system requires it and auto fills both dates with the current date, which indicates the date of service as being on one day. If the date of service spans a period of time, then the “From Date” and “To Date” will be different (with the “from date” preceding the “to date”).

One example of a service over a period of time are diabetic supplies that will be used up over a month or two.

Another example is repeated treatments or treatments that extend over a period of time.

An item number corresponding to an item already entered in inventory is required. If you do not know the item number, you can look it up, by pressing the magnifying glass next to the item number field. Doing so, will open an “Item Choice List”. You can search the inventory by scrolling through it or; entering a partial item number to search for, with any of the search methods available (Control-F or; Begins With, Contains, etc.) If the item is not on file, you can add an item by clicking on the “New” button in the bottom left corner of the “Item Choice List”.

(See below, "Adding a New Item", for instructions on how to add a new item.)

ICD codes must be added. Typically, these will be auto filled from the patient's record. If not in the patient's record, they must be entered. Additional ICD codes, besides the ones already on the patient's record may be added to a transaction.

Associated Diagnosis Code. Noble*House permits the identifying ICD codes with 16 different letters (from A-L). The letters associated with the ICD codes are to the right of the ICD codes in the ICD-10 sub-window on the bottom of the "Claim Detail" window. A patient may have multiple diagnosis codes. The letters of the four primary diagnosis codes may be indicated, in descending order of priority, from highest priority to lowest, from left to right, in the ICD-10 field, in the "Claims Details" sub-window, the top sub-window, of the "Claim Detail" window. See Figure 8-4. Up to four letters associated to ICD codes may be added.

POS, Place of Service, is auto filled based upon your system setup.

There are amounts for charge, approved and deductible. These amounts can be entered when initially entering a transaction. The charge amount will be auto filled from the item record.

Modifiers – may be used for those items requiring them. For example, knee or ankle braces that require a left/right (LT/RT) modifier code, in order to be reimburse by Medicaid. Noble*House permits up to 4 modifiers. The empty fields appear at the top of the "Claim Detail" window, in the middle of the screen.

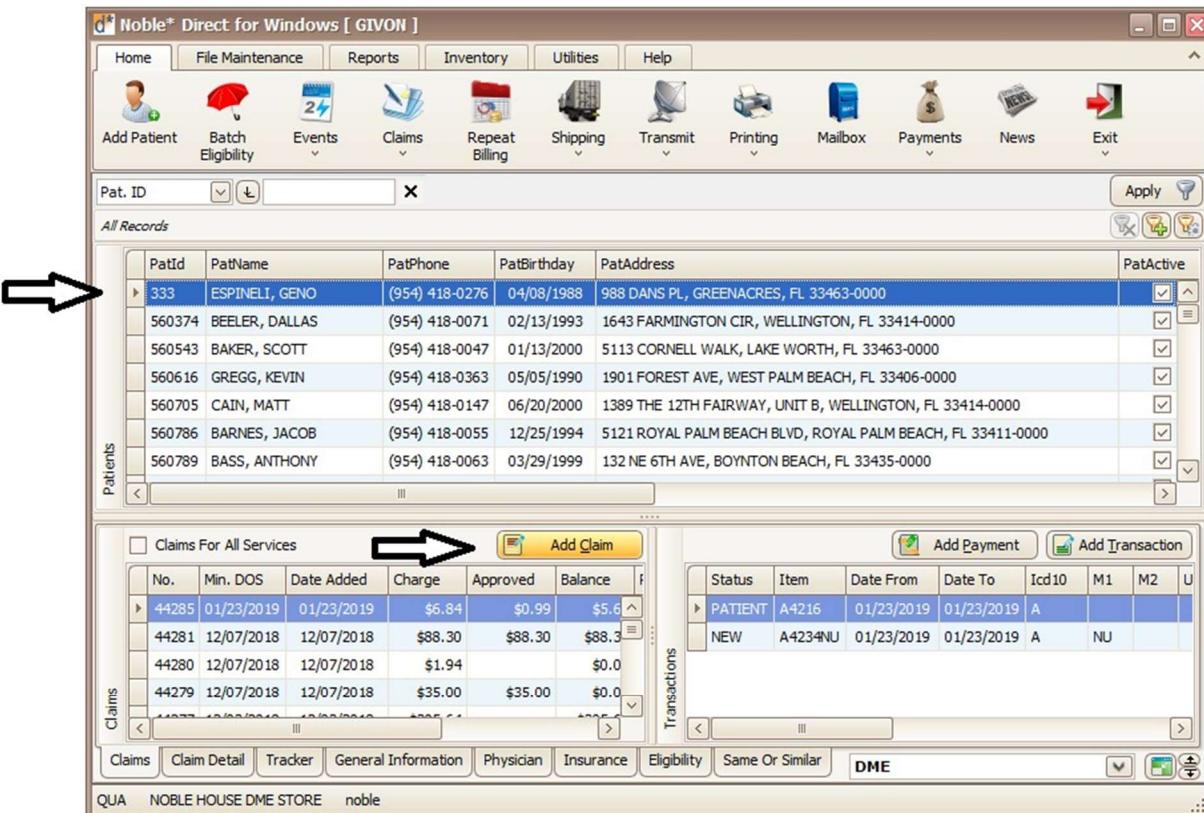


Figure 8-1. Select Patient. When the mouse is on the “Add Claim” Button, the color of the button will change. Then, clicking on the button will add a new claim.

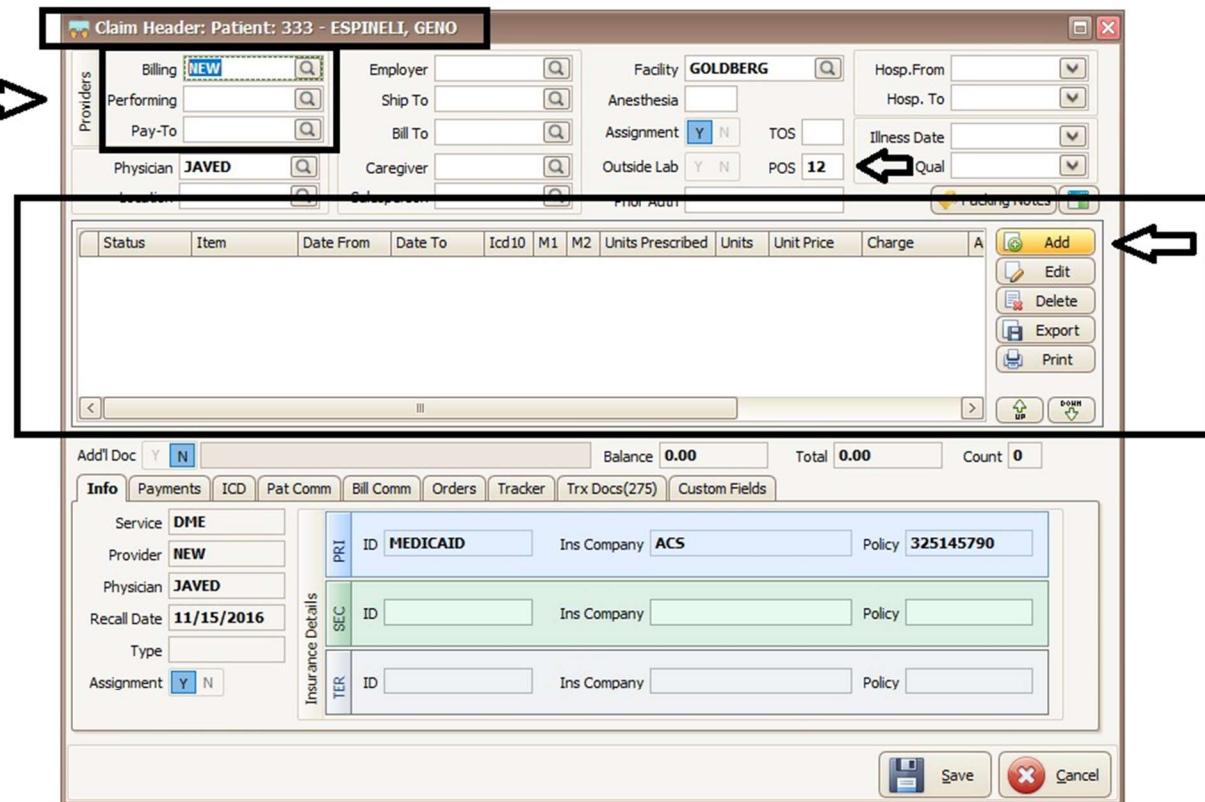


Figure 8-2. Claim Header. Notice Providers on the left side. Place of Service is automatically filled. The transaction detail window is in the middle of the window. The add button is on the right, in the middle of the transaction window. The add button is highlighted when the mouse is on it.

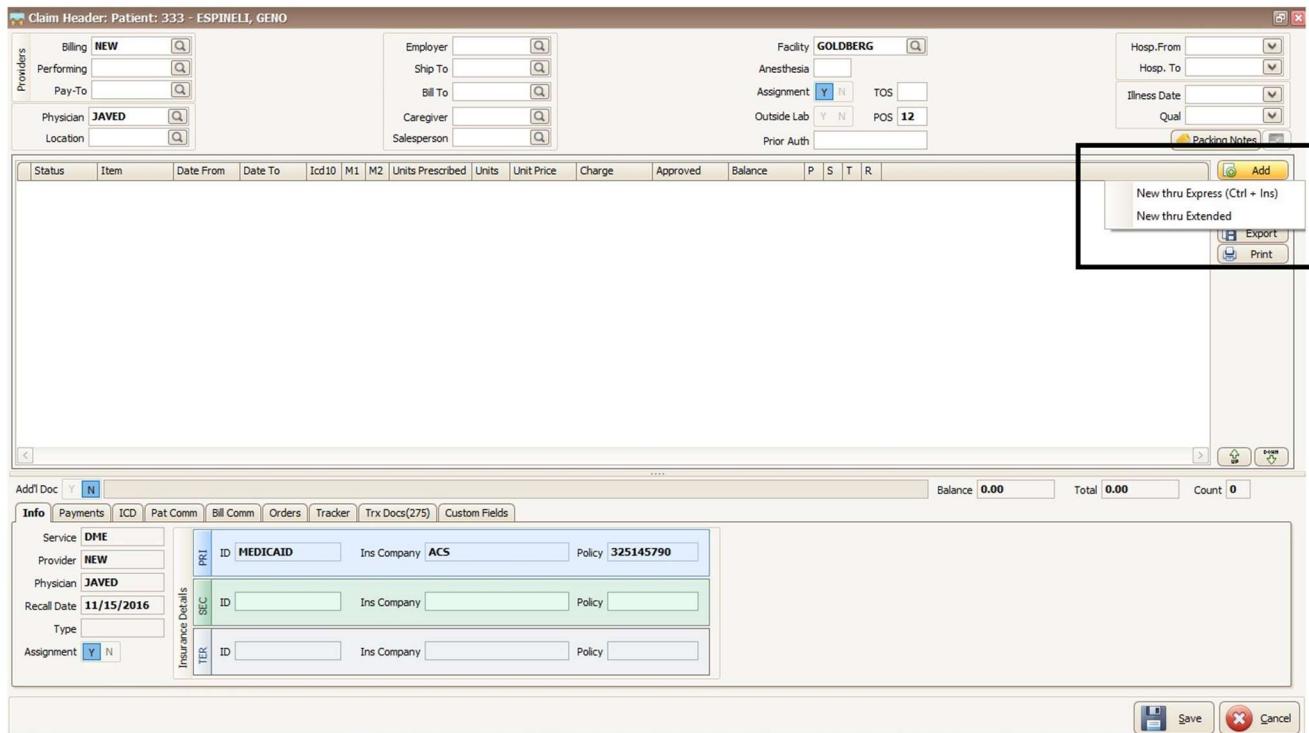


Figure 8-3 When clicking on the “Add” button in the transaction window, a dropdown menu appears. Put the mouse on “New Thru Extended” and double-click to select that option.

The screenshot shows the 'Claim Detail' window for Claim No: 44263 - Patient: ELDRED - BUCHTER, RYAN. The window is divided into several sections:

- Top Left (Claim Details):** Contains fields for Sequence No. (1), Date From (01/18/2017), Date To (01/18/2017), Item (E0600), CPT Code (E0600), and Months Shipped (0). A large black box highlights the Date From, Date To, Item, and CPT Code fields, with three black arrows pointing to them from the left.
- Top Right (Patient Information):** Includes Status (PRIMARY), Sales Person, Ref. Physician (DEVINE), Assignment (Y N), EPSDT (Y N), POS (12), TOS, COB, EMG, Rental (Y N), Deduct (Y N), Cycles (N - No), and Remaining (0).
- Middle Section:** Shows ICD-9 and ICD-10 codes. The ICD-10 code 'C' is selected. Below it, there are tabs for Ins (Primary, Secondary, Tertiary) and a section for Additional Documentation.
- Bottom Section (ICD Tab):** Contains tabs for Info, Payments, ICD (selected), Item, Pat Comm, Bill Comm, Trx Comm, History, Orders, Tracker, and Custom Fields. The ICD tab is active, showing ICD-9 codes 1 through 8 and ICD-10 codes A through L. An indicator arrow points to the magnifying glass icon next to the ICD-10 code 'J811'.
- Bottom Buttons:** Includes Delete (with a red X), Modified: ADM 06/05/2018 04:54 pm, Save (with a blue floppy disk icon), and Cancel (with a red circle and X).

Figure 8-4. Claim Detail. Notice in the top left, the “from date”, “to date”, item and CPT/HCPGS code. Notice the magnifying glass next to the item field. Next to the item and date fields are the amount fields. Amount charged, approved, deductible and balance. In the top right, the physician will be auto filled from the patient file and can be modified if necessary or; entered if there is no attending physician on file. Below the item and date fields are the ICD fields.

On the bottom of the window are many tabs for displaying and entering various kinds of data related to the transaction. The “Claim Detail” window will automatically open to the ICD tab. Notice the auto fill of the ICD codes from the patient file. Multiple ICD codes may be entered. The indicator arrow on the bottom points to the magnifying glass that will display the ICD code file list, should you need to file the code for a particular item, service or procedure.

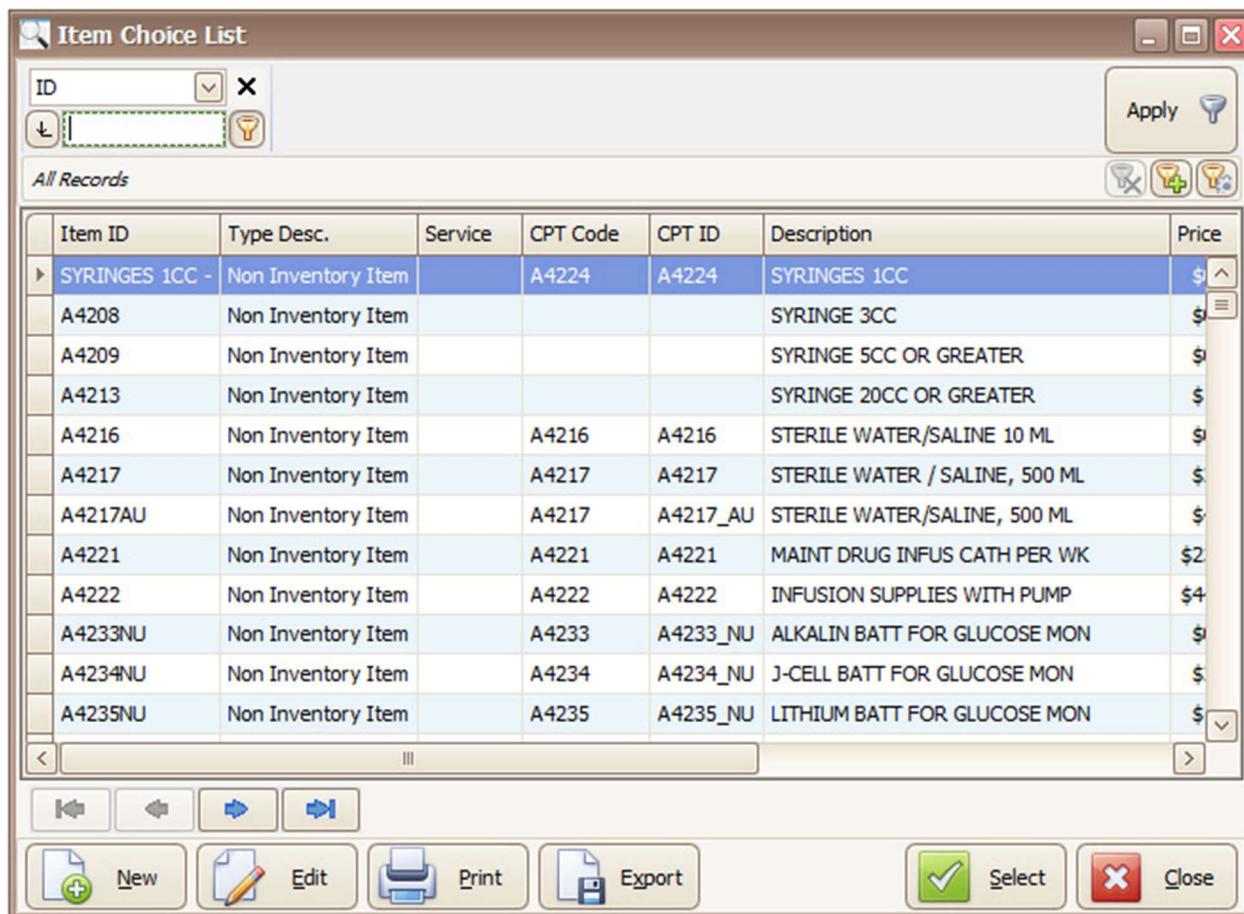


Figure 8-5. When clicking on the magnifying next to the field for an item code, an item list will appear. You may also use the scroll bar on the right side of the window to scroll to the item. In addition, you may use the eliminative search feature. (See the Introduction, the section on “Filtering.”)

Once you have found the item you want, double-click on the item to select it.

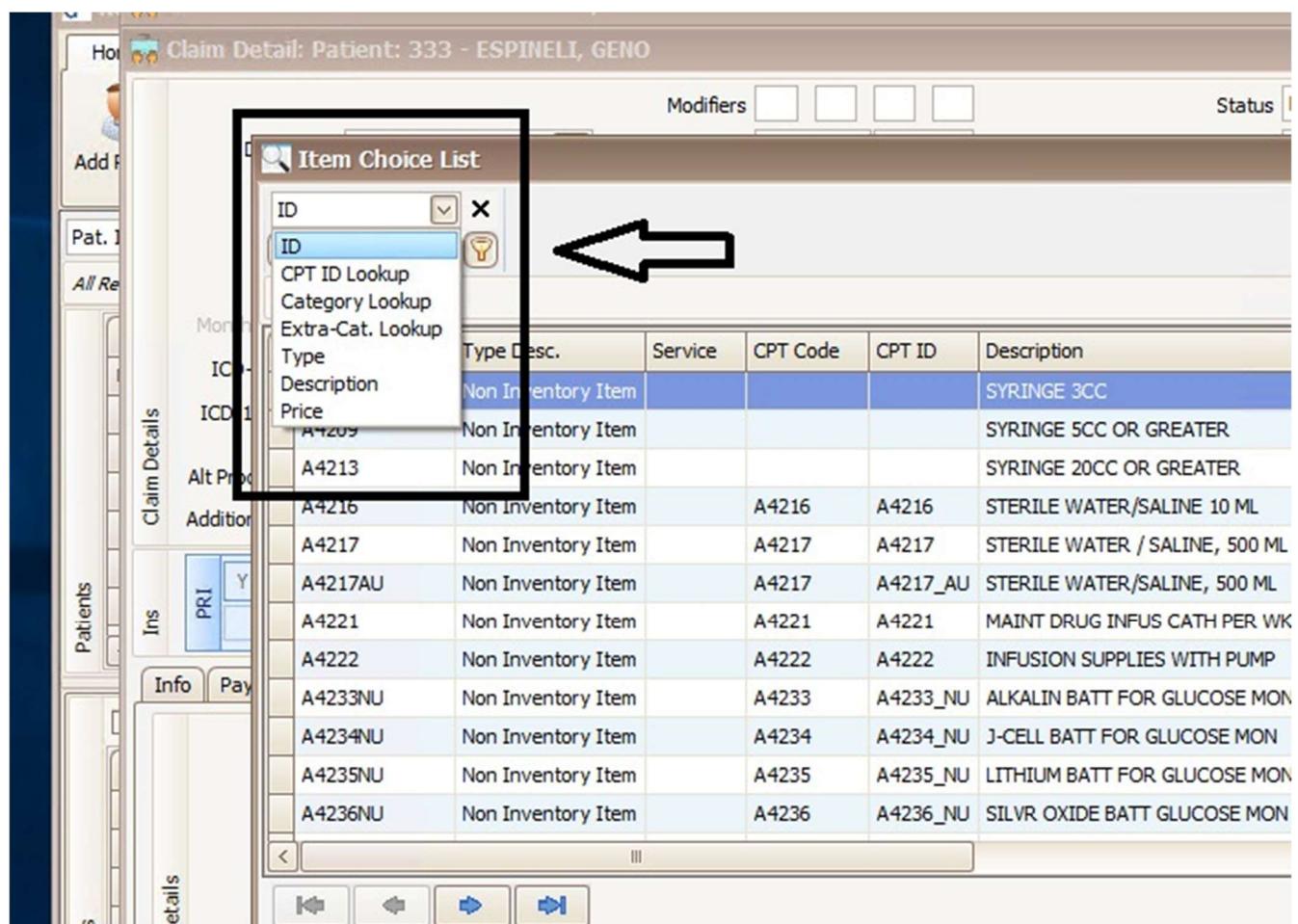


Figure 8-6. Clicking on the down arrow will display a dropdown list of fields, by which, you may search the item file. Double-clicking on the type will select that type for searching.

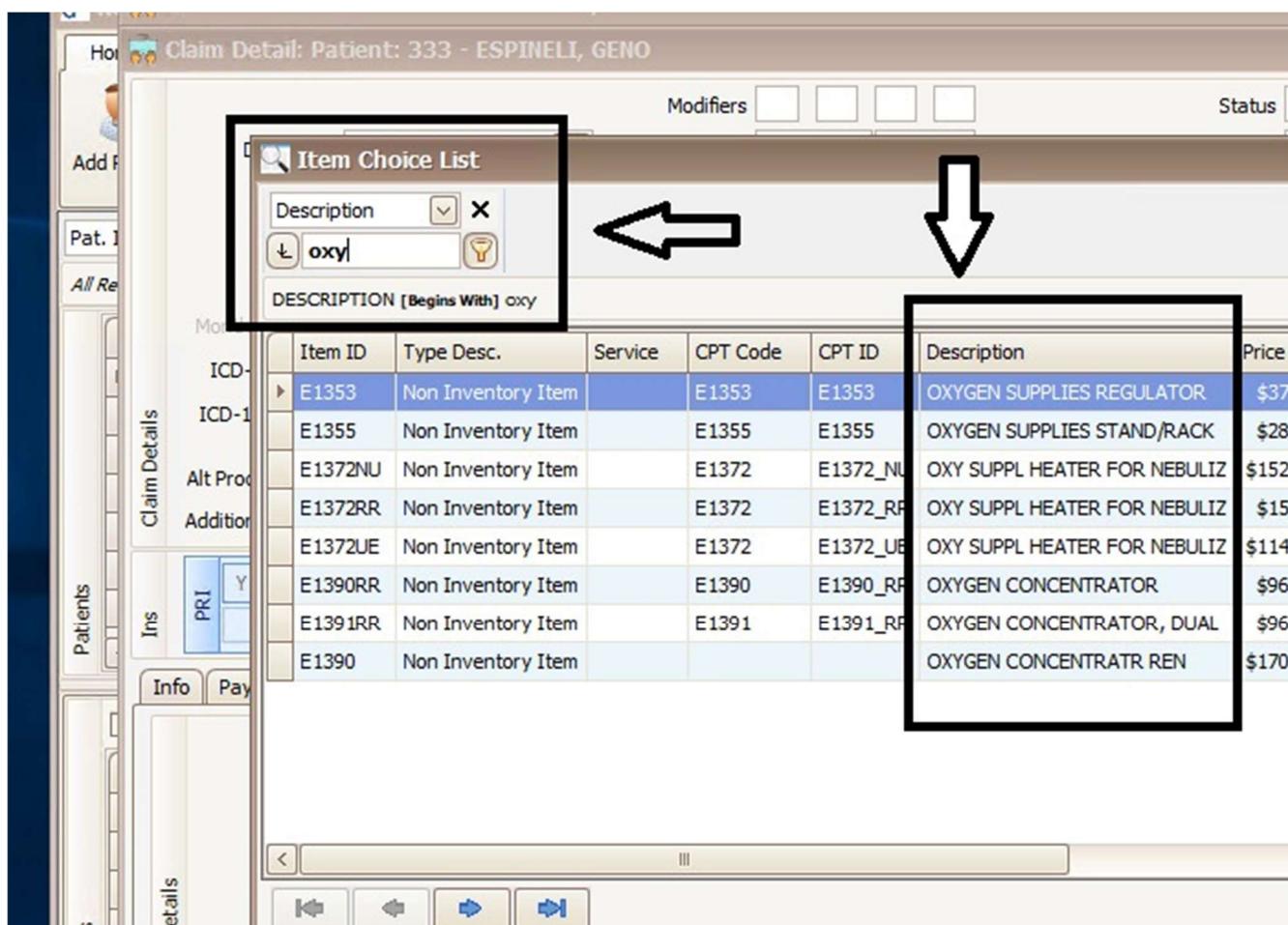


Figure 8-7. An example of searching by description for oxygen. Notice how the description search type has been selected. “oxy” has been entered into the field for what description to search for. The search in pseudo-logic is displayed in the search title bar: “DESCRIPTION [Begins With] oxy”. Notice, in the description column all the items have descriptions that begin with “oxy”. Also, notice that the case does not matter.

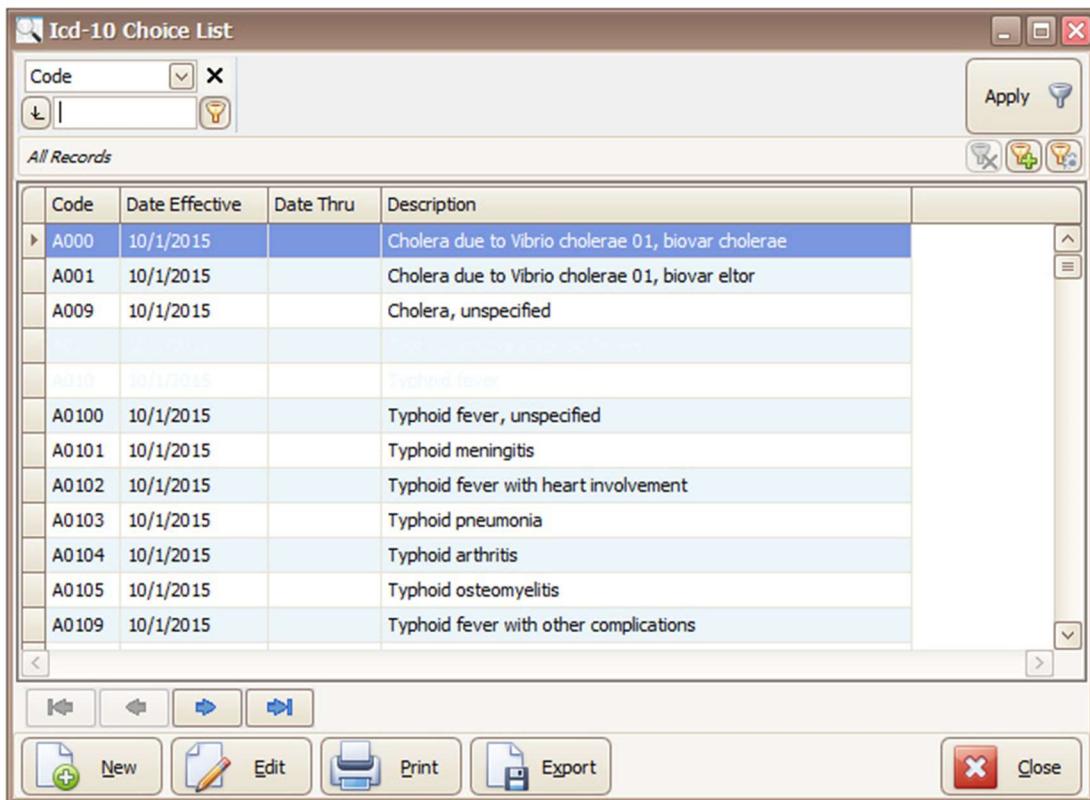


Figure 8-8. When clicking on the magnifying glass next to ICD code, an “ICD Choice List” will appear. This will list all the ICD codes in the ICD file. Put the mouse over the code you want and double-click to select the ICD code you need. Also, you may use the scroll bar on the right of the window to go through the file and find the ICD code you need.

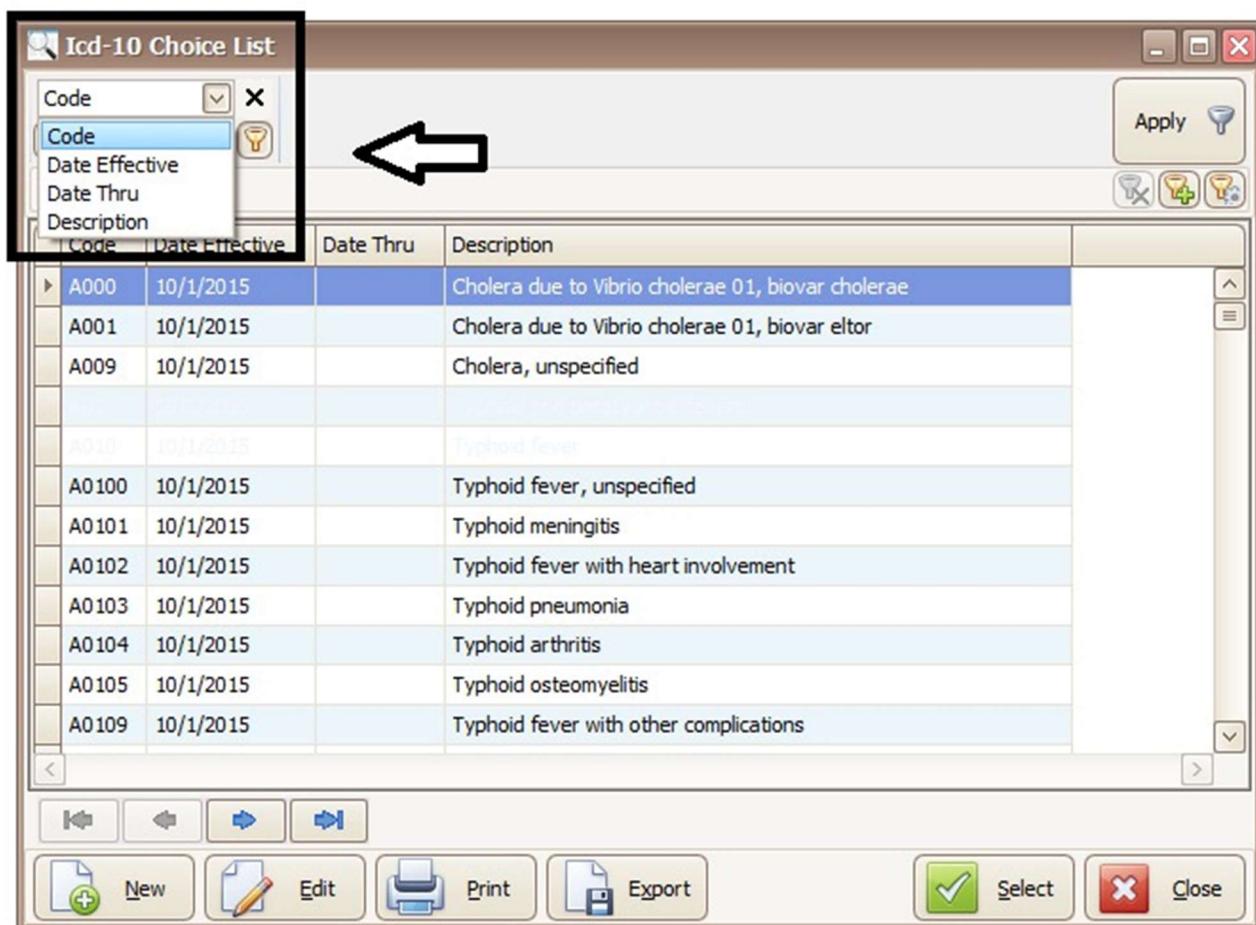


Figure 8-9. By clicking on the down arrow next to the sort field, will display a dropdown list of columns that you may search by. Put the mouse on the appropriate search type and double-click on that search type to select it.

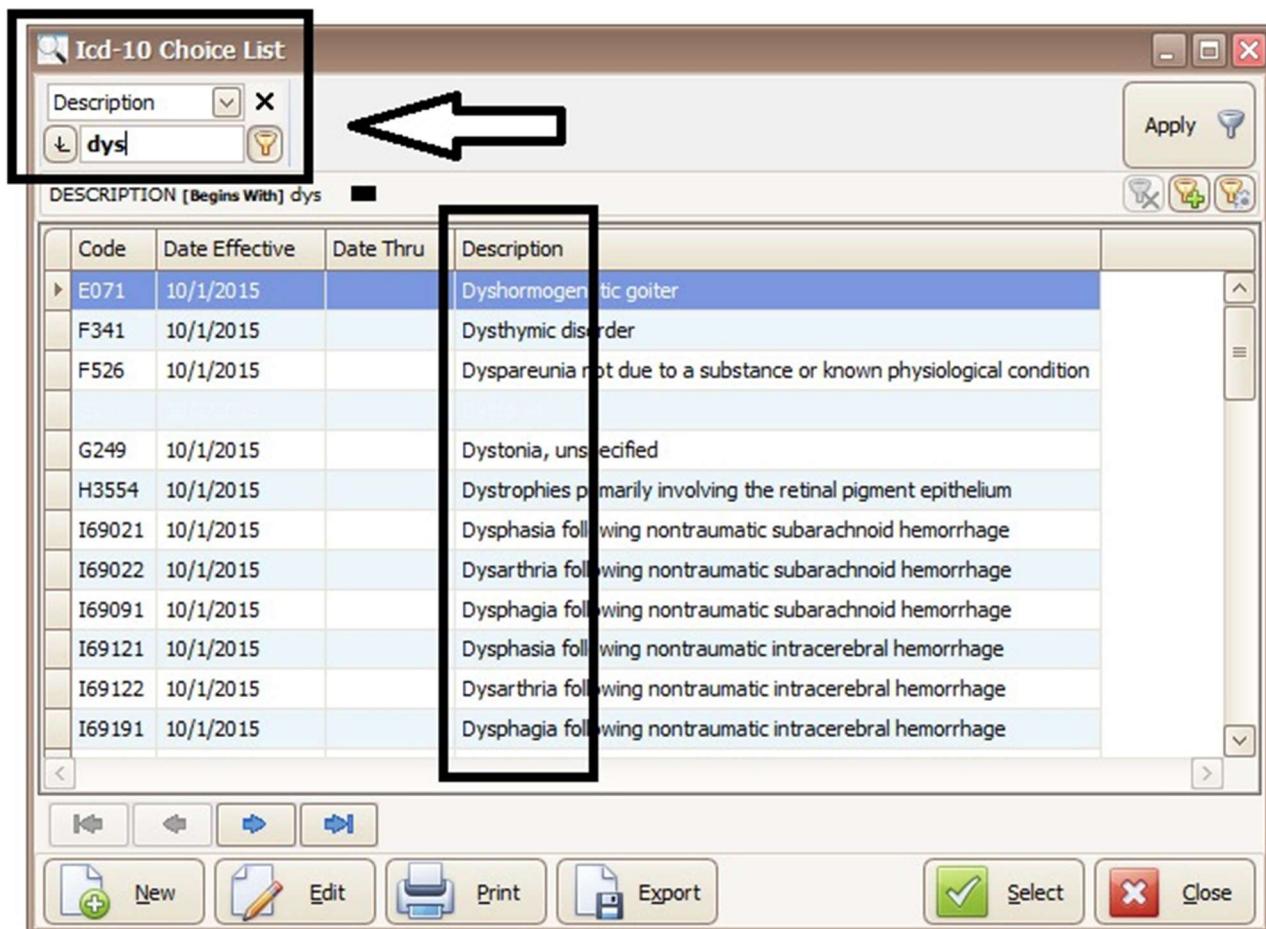


Figure 8-10. An example of an ICD code search. Notice that “description” is selected for search type. “dys” is entered as what to search for, as part of the description. The search is written in pseudo-logic in a search title bar: “DESCRIPTION [Begins With] dys”. All items in the description column start with “dys”. Notice that case does not matter.

Adding a New Transaction to an Existing Claim

To add a new transaction to an existing claim, select the patient and claim. Then, select the appropriate claim, by putting the mouse pointer on the claim and clicking. To search through the patient's claims for a particular claim to add an item to, you may sort the claims by clicking on any of the column headings then, search by scrolling through the listing of claims. For example, you can sort by claim number or the date the claim was added. You can sort in ascending or descending order. The sort order will be indicated by an up or down arrow in the column heading—an up arrow for ascending and down arrow for descending respectively. After you click on the claim you may:

1. Click on the “Add Transaction” button on the top right of the “Transactions” sub-window in the bottom right of the main window.
2. Double-click on the claim, then click the “Add” button to the right of the transaction sub-window. When the sub-menu appears, put the mouse pointer over the menu option, “New thru Extended” and click.

The claim detail window will open. Then, follow the procedures above for adding a new transaction.

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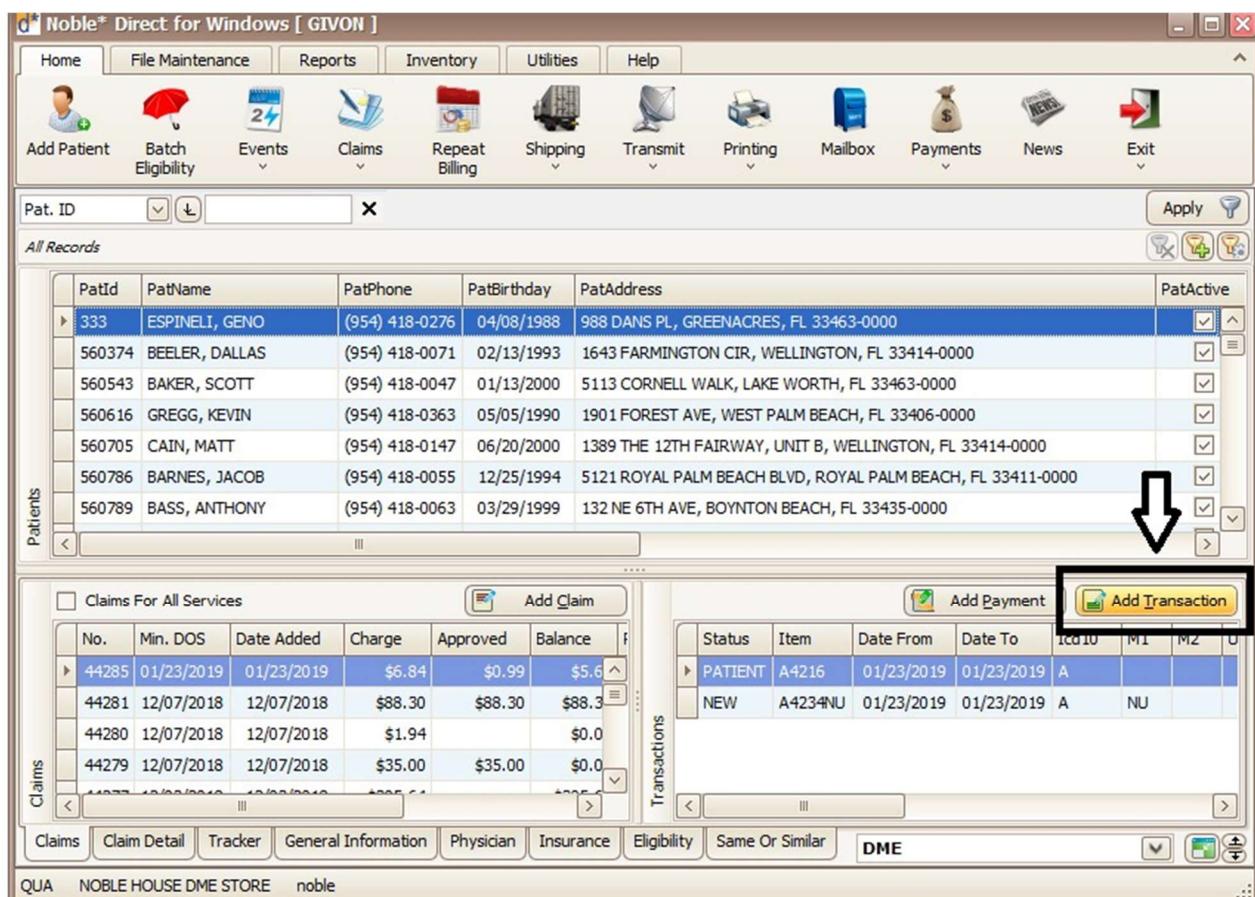


Figure 8-11 Press the “Add Transaction” button on the right of the window, in the middle of the window, to add a transaction to an existing claim.

Drop Shipping Transaction Entry

Single Claim Drop Ship

Once the drop ship item is set up, you are ready to add the drop ship item to a transaction.

In the main window, with the list of patients, claim headers and transaction window, select an existing claim with the drop ship item(s) or; create a claim and then select the claim for the drop ship item(s). Add a transaction for the drop ship item (thereby adding the drop ship item). Put the mouse pointer on the claim header and right click. A menu will open. Put the mouse pointer on “Create Shipping Order” and click. A “Create Shipping Order” window will open. In the bottom left corner, you will see two options, “Express Packing Slip” and “Print Pack Slip.” If the information is correct, click on the “Apply” button in the bottom right corner.

A packing slip will be generated and appear in a print preview screen. Review the packing slip. If all the information is correct, print the packing slip. Noble*House will print the packing slip at the vendor's location. In addition, a “Shipping Order Report” will print for your records. It will appear on the screen and by putting the mouse pointer over the “Print” button in the bottom right corner, you may print a copy. Once you have a printed copy, you can dismiss the print report screen by putting the mouse pointer over the “Close” button and clicking.

Once the packing slip is printed, the status for the transaction will change from “New” to “Shipped” and the patient's information (ship to, item requested, etc.) has gone to the vendor.

When your vendor has shipped the item, the shipping information will appear in the Mailbox. To access the Mailbox, click on the “Home” tab of the main screen. Towards the right, there is a button with a picture of a mailbox. Put the mouse pointer over the mailbox picture and click. The “Mailbox” window will open up.

In the second row of tabs, beginning with “Acknowledgments” on the left, there is a tab “Drop Ship”, which is the third tab from the right. Put the mouse pointer over the “Drop Ship” tab and click. Information from vendors/shippers of drop ship items will appear in this table. This includes tracking numbers and proof of delivery.

To pull new information about drop ship orders put the mouse pointer on the “Drop Ship” button, in the first line of buttons, between the “Audits” and “CMS Portal” buttons. The “Drop Ship” button has a picture of a package being parachuted down.

Proof of delivery is also automatically stored in and; is accessible from, the patient record. The document is archived and can be viewed or printed if necessary.

Batch Drop Ship

For submitting drop ships in batches, see the User Manual.

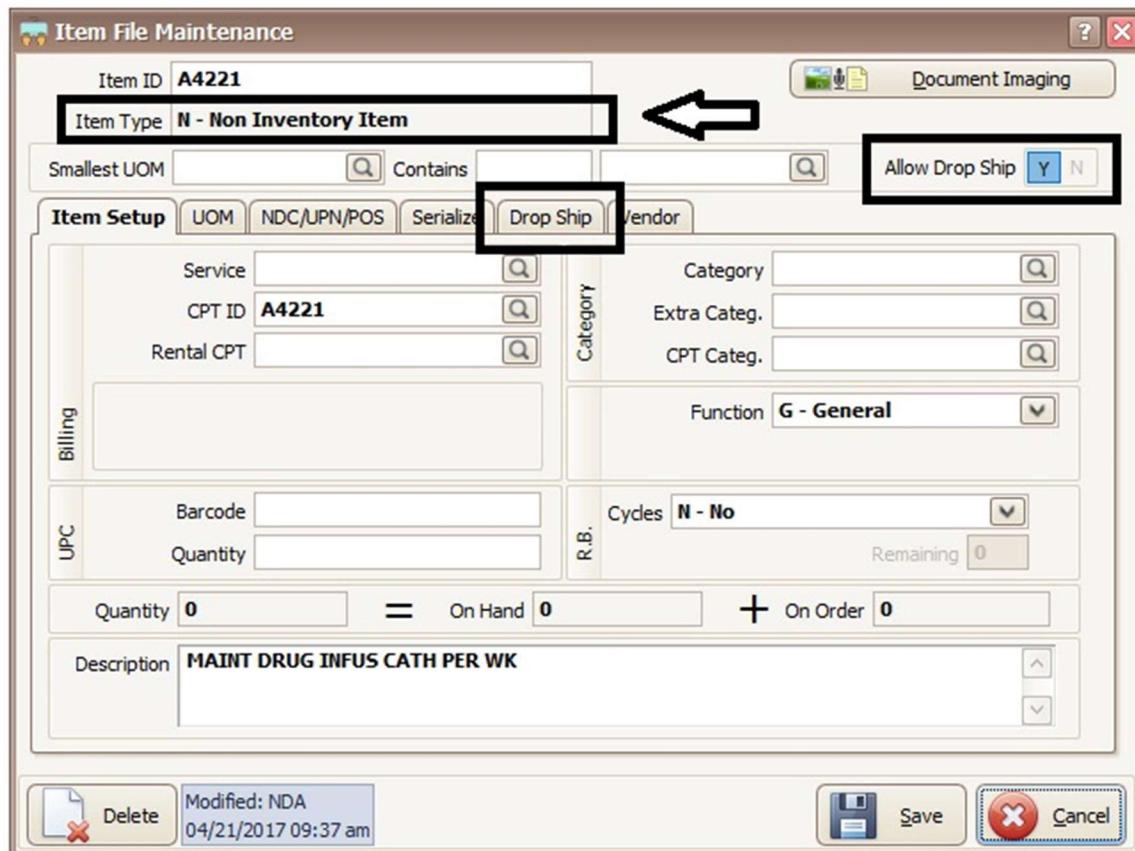


Figure 9-1. A sample drop ship item. Notice that “N – Non Inventory Item” is selected. Also, “Y” is selected for “Allow Drop Ship” on the right top. When this option is selected, the two tabs “Serialized” and “Drop Ship” will appear.

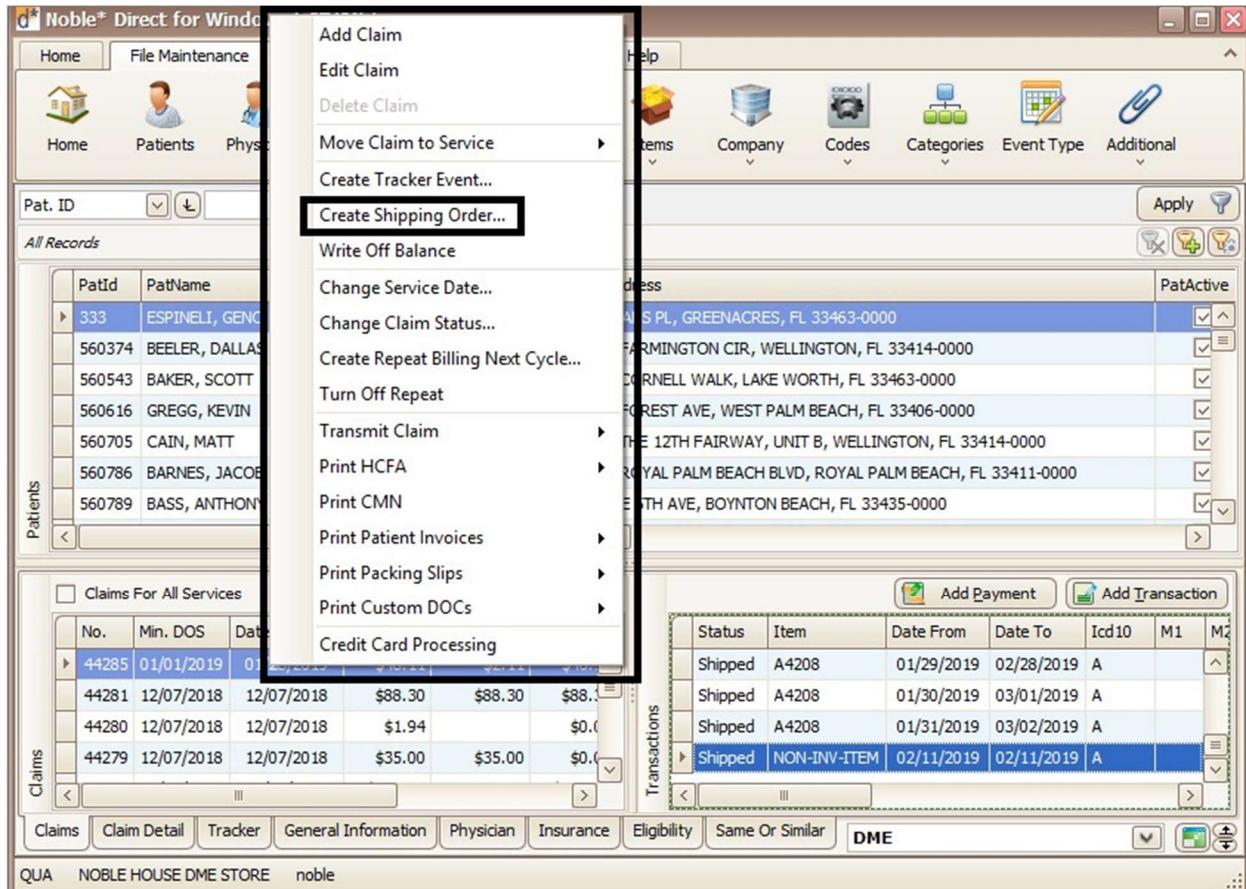


Figure 9-2. To create a shipping order, from the main window, select the appropriate patient and claim. Put the mouse pointer on the claim and right click. A menu will pop up with an option to “Create Shipping Order”. Put the mouse pointer on that option and click to create a shipping order.

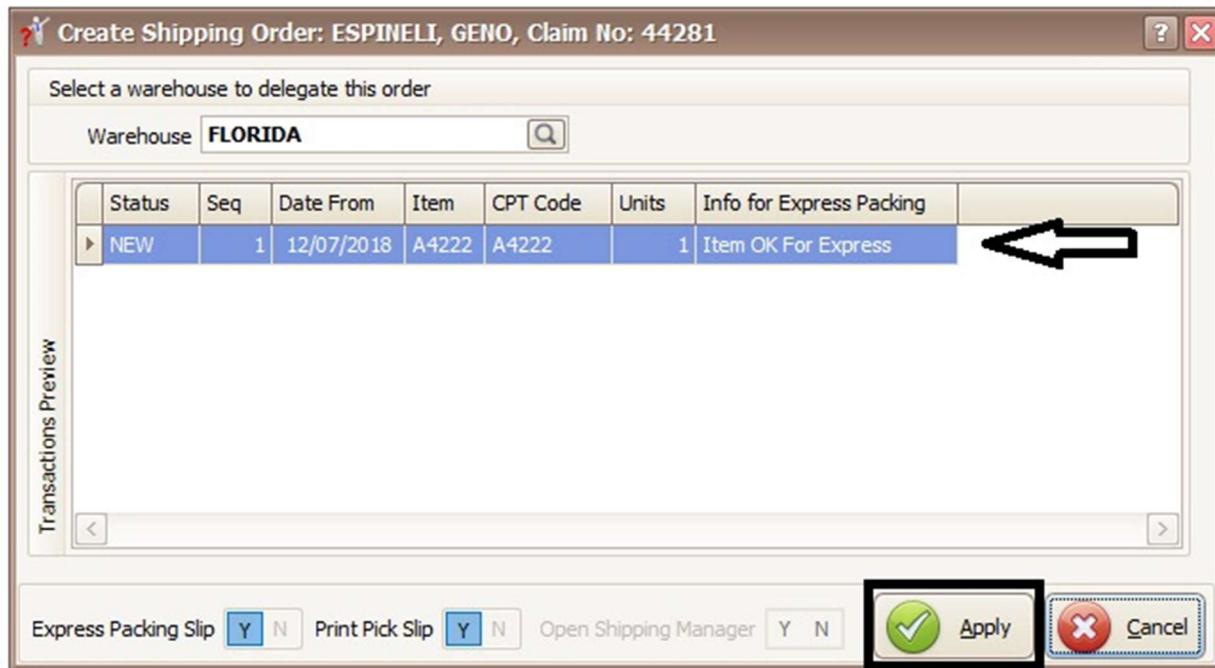


Figure 9-3. To create a shipping order, select the transaction items that can be drop shipped and are being drop shipped now. If "Y" is selected for "Express Packing Slip" then Noble*House will print a packing slip at the vendor's location. Click on the "Apply" button in the bottom right corner.

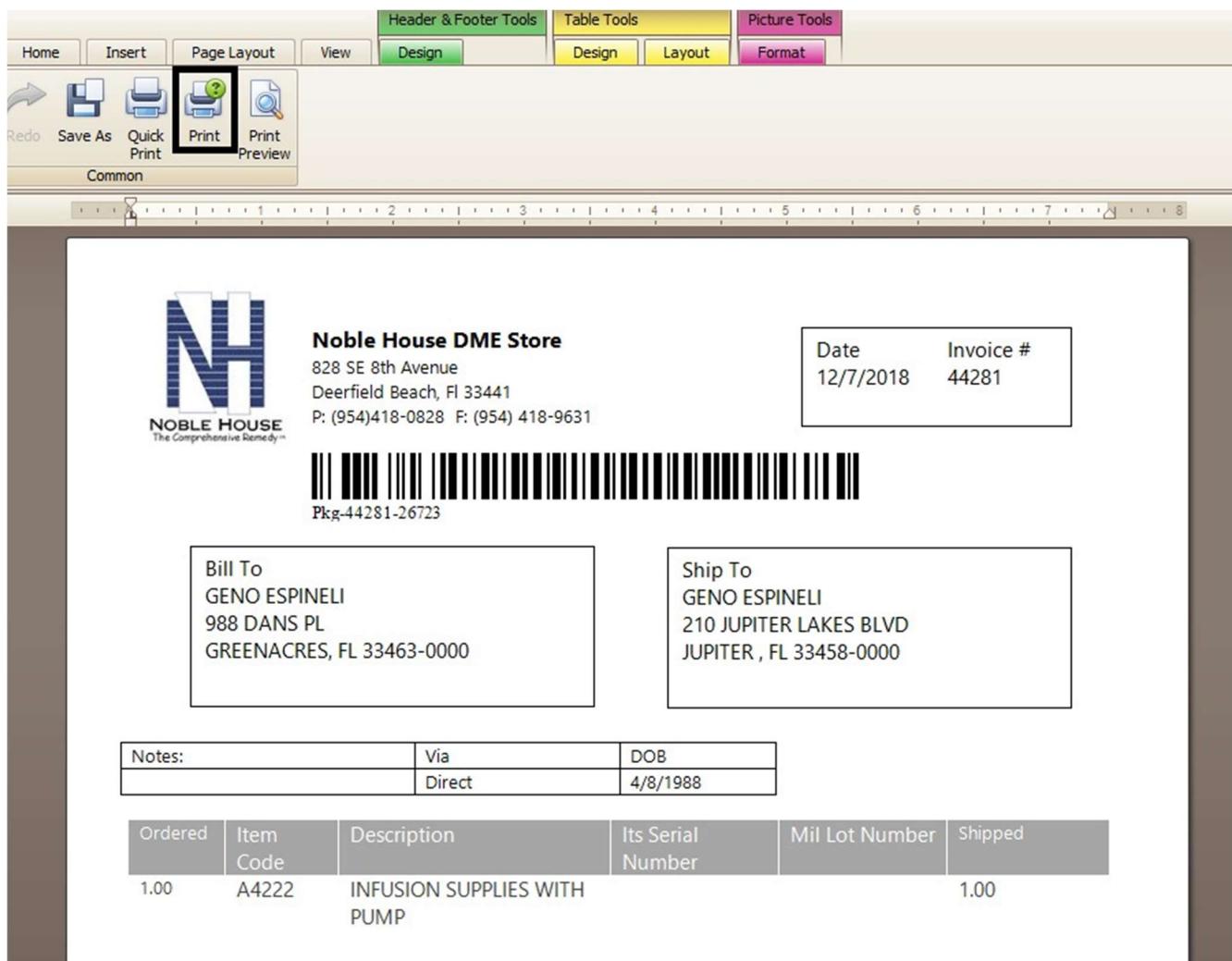


Figure 9-4. Sample print preview of a sample packing slip. Notice the print button on the top left.

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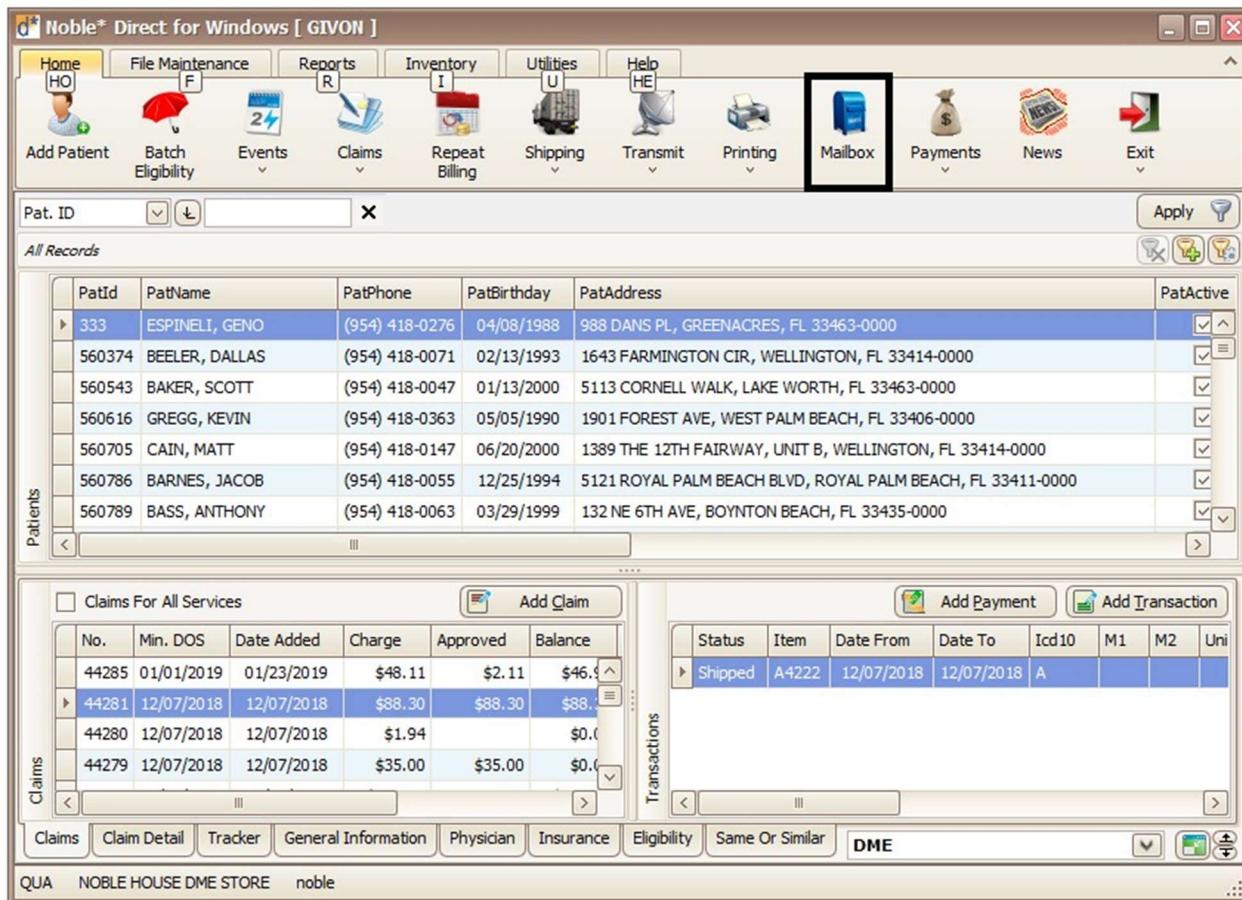


Figure 9-5. Notice the Mailbox button with the picture of a blue mailbox on it.

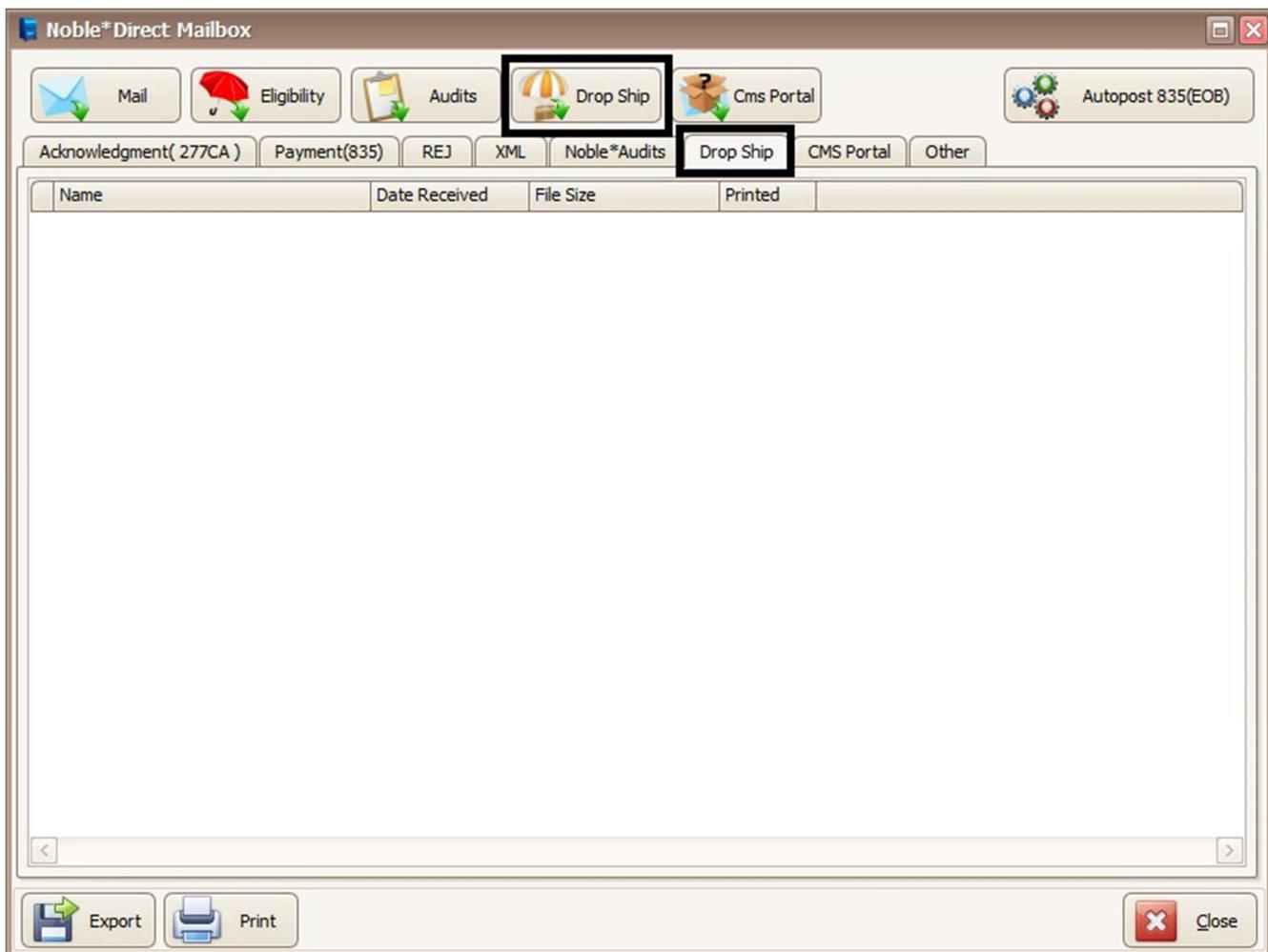


Figure 9-6. The Mailbox. Notice the “Mailbox” tab with the picture of a package being parachuted in. Putting the mouse pointer on this button and clicking will retrieve new drop ship information sent by vendors, including carrier identification and tracking numbers. Clicking on the drop ship tab in the second row, will open a table of the notices from the vendors.

7 Certificates of Medical Necessity (CMN)

Establishing the Requirement of a Certificate of Medical Necessity for a CPT Code

Those CPT codes that require a CMN must have the form number associated with the CPT code. This association comes preloaded with the system.

You can see the association by clicking on the “File Maintenance” tab. Then, put the mouse pointer on the “Codes” button. A dropdown menu will appear. The last choice will be “CPT Procedure Codes.” Put the mouse pointer on the last choice “CPT Procedures” and double-click. The “Procedure Choice List” window will open. Use any of the search methods, described previously in this documentation to select the code for which you wish to see the associated CMN form. Once the code appears in the list, in the table, put the mouse pointer on the code and double-click. The “CPT Procedure Code File Maintenance” window will open.

In the top left corner is the “CPT ID” field. Beneath the “CPT ID” field is the “CPT Code” and; beneath that is field “CPT CMN Cert Form” field where the code number and title for the CMN is displayed.

For CPTs that have an associated CMN, there are no additional steps in the claim entry process to require a CMN. Once the claim is entered, then, you must print the CMN and scan in, the signed CMN.

Printing a Certificate of Medical Necessity

A claim that has been entered with a CPT that requires a CMN, must record the CMN with the claim in order for the claim to be paid. Noble*House will print out the CMN. To print out the CMN, select the patient record; select find the claim; put the mouse pointer on the claim and left click. A popup menu will appear. The fourth option from the bottom will be “Print CMN.” Put the mouse pointer on the “Print CMN” choice and click. A questionnaire for the CMN will open.

Answer all the necessary questions on the questionnaire. Do this by putting the mouse pointer on each answer and clicking. A down arrow will appear and a dropdown list of the possible answers will also appear. Some questions, such as date signed, will be fill-in questions. Be mindful of the question, “Include CMN on Xmit”

When you have answered all the necessary questions, put the mouse pointer on the “Print” button in the bottom center of the window. The CMN form will print to the screen with all the fields completed. Review the form for correctness. If the form is incorrect, click on the red “X” and fill out the form correctly. If you are sure the form is correct, then, you may save, print or email the form.

In addition, you may watermark the form. To watermark the form, when you have the “Preview” screen open, with the CMN, put the mouse pointer on the word “Background” in the top left, in the menu bar and click. The second option from the dropdown menu is “Watermark.” Put the mouse pointer on the menu choice “Watermark,” and click. The “Watermark” window will open up. You may enter a text or picture as you require.

Select the “Text Watermark” tab to enter a text watermark. Enter the text, in the “Text” field. Select the “Picture Watermark” tab to enter a picture watermark. Click on the “Browse” button to load the picture to be used for the watermark. When done entering the text or selecting the picture, put the mouse pointer on the “OK” button and click. The watermark will be saved on the image of the CMN.

Every printing of the CMN form is auto archived in the patients and accessible from the “D.I.” (Document Imaging) button of the patient record window.

Scanning a Certificate of Medical Necessity

To scan in a signed CMN, go to the patient's record by any of the means described previously in this guide. In the top right of the “Patient File Maintenance” window, to the right of the patient's name, are several buttons. One button is “D.I.” which stands for “Document Imaging.” Put the mouse pointer on this button and click. The “Noble*Direct Document Imaging” screen will open. For category, type in “CMN”. Enter a file description. In the bottom left, is button “Scan.” Put the mouse pointer on the “Scan” button and click, to start the scanning process. A “Scanner List” dialog box will open. Choose the correct scanner; put the mouse pointer on the “Select” button and click. The document will scan. The document is now recorded in the patient's file.

Viewing a Scanned Image

To view a previously scanned image, from the “Noble*Direct Document Imaging” window, put the mouse pointer on the name of the image, in the “Document List” table and click. A small version of the image will appear in the “Preview” window on the right of the “Noble*Direct Document Imaging” window. To see a large, readable sized image of the document, put the mouse pointer on the “Inspect” button, underneath the “Preview” window, to the bottom right.

Attaching a Certificate of Medical Necessity to a Claim

Noble*House automatically will attach a CMN to a claim's history, when a claim is processed with the above instructions. If the option to “Include CMN on Xmit” is selected, a copy of the answers to the CMN will be transmitted with the claim. That's all there is to it! Simple and easy!

CPT Procedure Code File Maintenance

CPT ID E0730_NU	Description TENS FOUR LEAD		
CPT Code E0730	<input type="button" value="PDAC"/>		
CMN Cert Form 06.03B - CMS-848 (TENS) Trar	<input type="button" value="▼"/>		
Modifier 1 NU	Modifier 2	Modifier 3	Modifier 4
Charge Amount 86.53	1 [Unit] Equals	<input type="button" value="Q"/>	
Approved Amount 72.11	<input type="button" value="Fee Sch"/>		

Extra Information **Insurance State Rate**

CMS Jurisdiction	Summary N - NONE
CMS Floor 0.00	Place of Service
CMS Ceiling 72.11	Span Dates Y N
CMS Category	Print Desc on HCFA Y N
Date Effective	Replace KS With KX Y N
Date Terminated	

CMS Fee Schedule Info

 Modified: ADM
05/30/2018 03:58 pm

Figure 10-1 CPT code associated with corresponding CMN Cert From

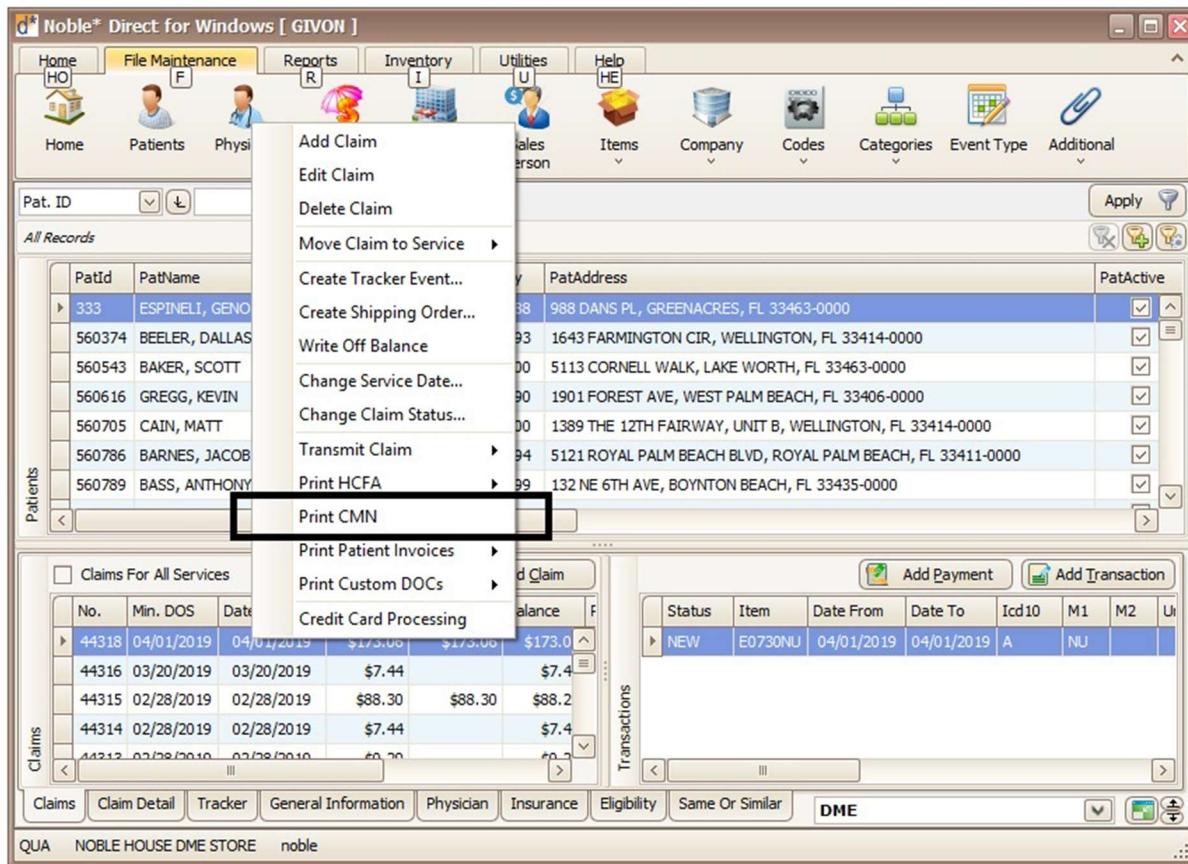


Figure 10-2 Popup menu, from right clicking on a claim. The “Print CMN” is highlighted. For this menu to pop up, the must have a CPT code associated with a CMN. Otherwise, a dialog will appear stating this “The selected claim does not have a CPT code that requires a CMN” and you will not be able to print a CMN.

Print CMN

List of CMNs	
..... 06.03B TENS	

Section A

Replacement Item	Yes
Warranty Reply	
Certification Type	
Certificate On File	
Initial Date	
Revised Date	
Recertification Date	
Include Cmn On Xmit	Yes

Section B

Length Of Need

Section B - Questions

Question 1
Question 2
Question 3
Question 4
Question 5
Question 6

Section D

Date Signed	4/1/2019
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Certification Type
Enter one of the certification types:
1 - Initial certification (default)
2 - Revision
3 - Recertification

Buttons: Print, Save, Close

Figure 10-3 Sample questionnaire for completing a CMN. Be mindful that the question "Include CMN on Xmit" is marked "Yes."

**CERTIFICATE OF MEDICAL NECESSITY
CMS-848 — TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS)**

SECTION A: Certification Type/Date: INITIAL / / REVISED / / RECERTIFICATION / / DME 06.03B

PATIENT NAME, ADDRESS, TELEPHONE and HCIN ESPINELI, GENO 988 DANS PL, GREENACRES, FL 33463-0000	SUPPLIER NAME, ADDRESS, TELEPHONE and NSC or NPI # NOBLE HOUSE DME STORE 828 SE 8TH AVE, DEERFIELD BEACH, FL 33441-0000
(954) 418 - 0276 HCIN 325145790	(954) 418 - 0828 NSC or NPI # 1234567893
PLACE OF SERVICE 12 Supply Item/Service Procedure Code(s) NAME and ADDRESS of FACILITY if applicable (see reverse) GOLDBERG 210 JUPITER LAKES BLVD, JUPITER, FL 33458-0000	PT DOB 04/08/88 Sex M (M/F) Ht. (in) Wt. (lbs) E0730NU / E0730 PHYSICIAN NAME, ADDRESS, TELEPHONE and UPIN or NPI # JAVED, MOHAMMAD 13001 SOUTHERN BLVD, PALMS WEST HOSPITAL, WEST PALM BEACH, FL 33407-0000 (561) 204 - 5111 UPIN or NPI # 1730125170

SECTION B: Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.

EST. LENGTH OF NEED (# OF MONTHS):	1-99 (99=LIFETIME)	DIAGNOSIS CODES: Q058
ANSWERS	ANSWER QUESTIONS 1-6 for purchase of TENS (Check Y for Yes, N for No.)	
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Does the patient have chronic, intractable pain?	
_____ Months	2. How long has the patient had intractable pain? (Enter number of months, 1-99.)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	3. Is the TENS unit being prescribed for any of the following conditions? (Check appropriate number) 1 - Headache 2 - Visceral abdominal pain 3 - Pelvic pain 4 - Temporomandibular joint (TMJ) pain 5 - None of the above	
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Is there documentation in the medical record of multiple medications and/or other therapies that have been tried and failed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Has the patient received a TENS trial of at least 30 days?	
/ /	6. What is the date that you reevaluated the patient at the end of the trial period?	

NAME OF PERSON ANSWERING SECTION B QUESTIONS, IF OTHER THAN PHYSICIAN (Please Print):
NAME: _____ TITLE: _____ EMPLOYER: _____

Figure 10-4 Sample of a completed CMN. The form can be saved to disk or printed to a printer by clicking on the respective icons.

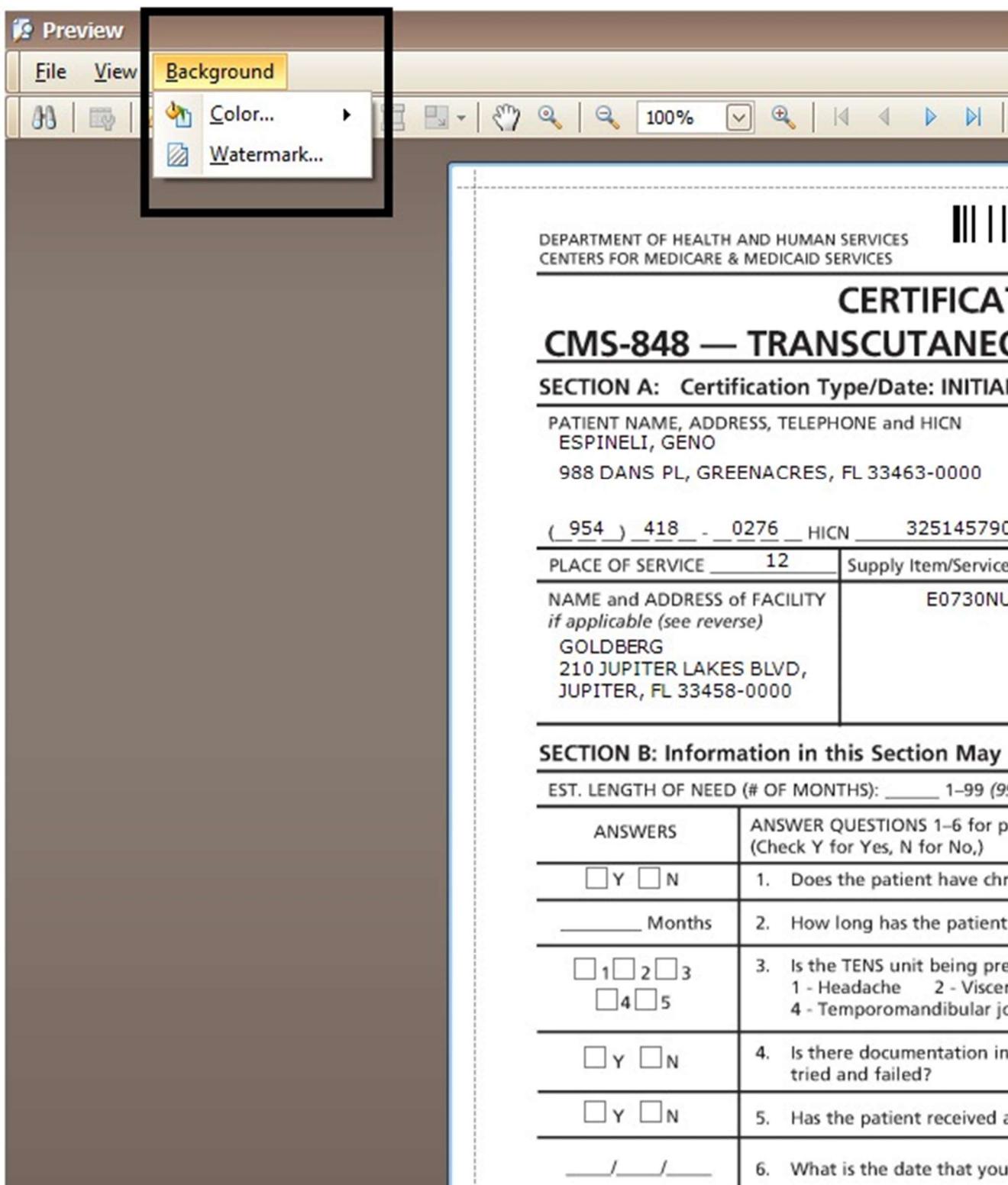


Figure 10-5 A printed CMN with the Watermark menu open.

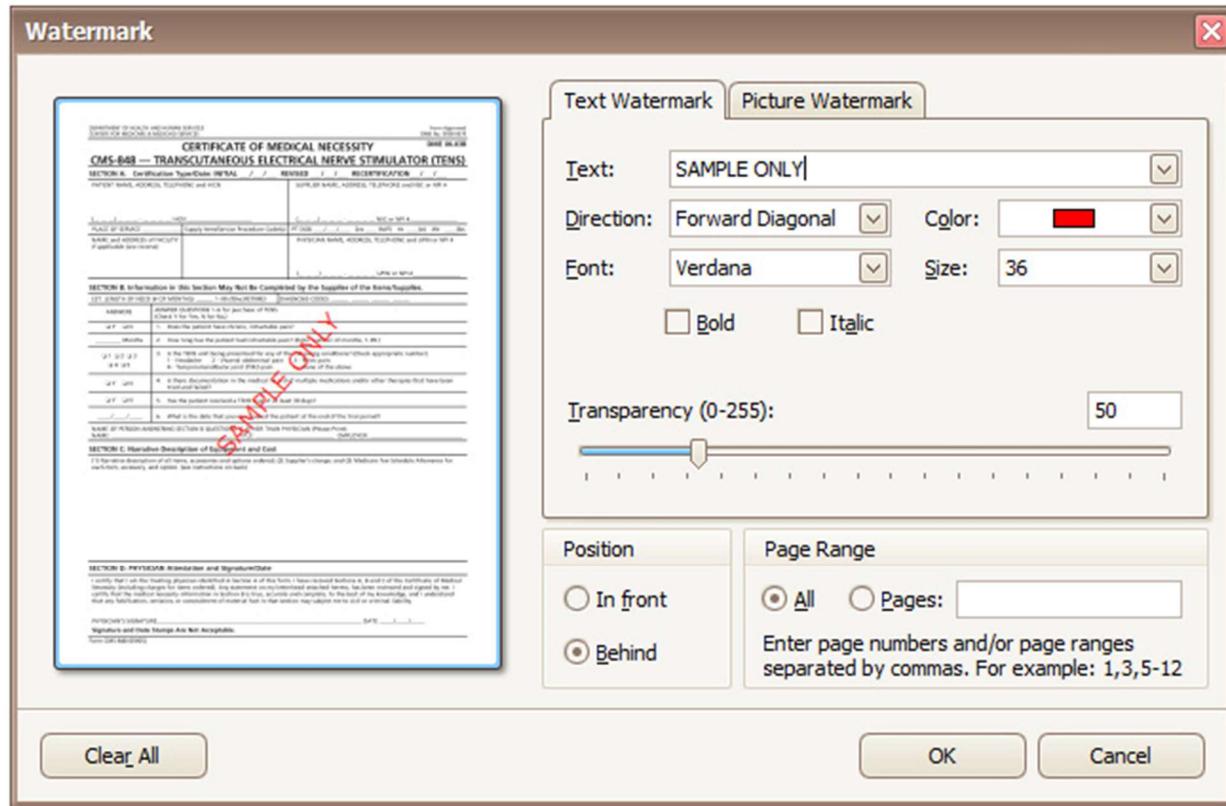


Figure 10-6 The Watermark window. Notice the “Text Watermark” and “Picture Watermark” tabs on the top right. A sample of the CMN with the watermark is displayed on the left. Watermarks may be in the color of your choice.

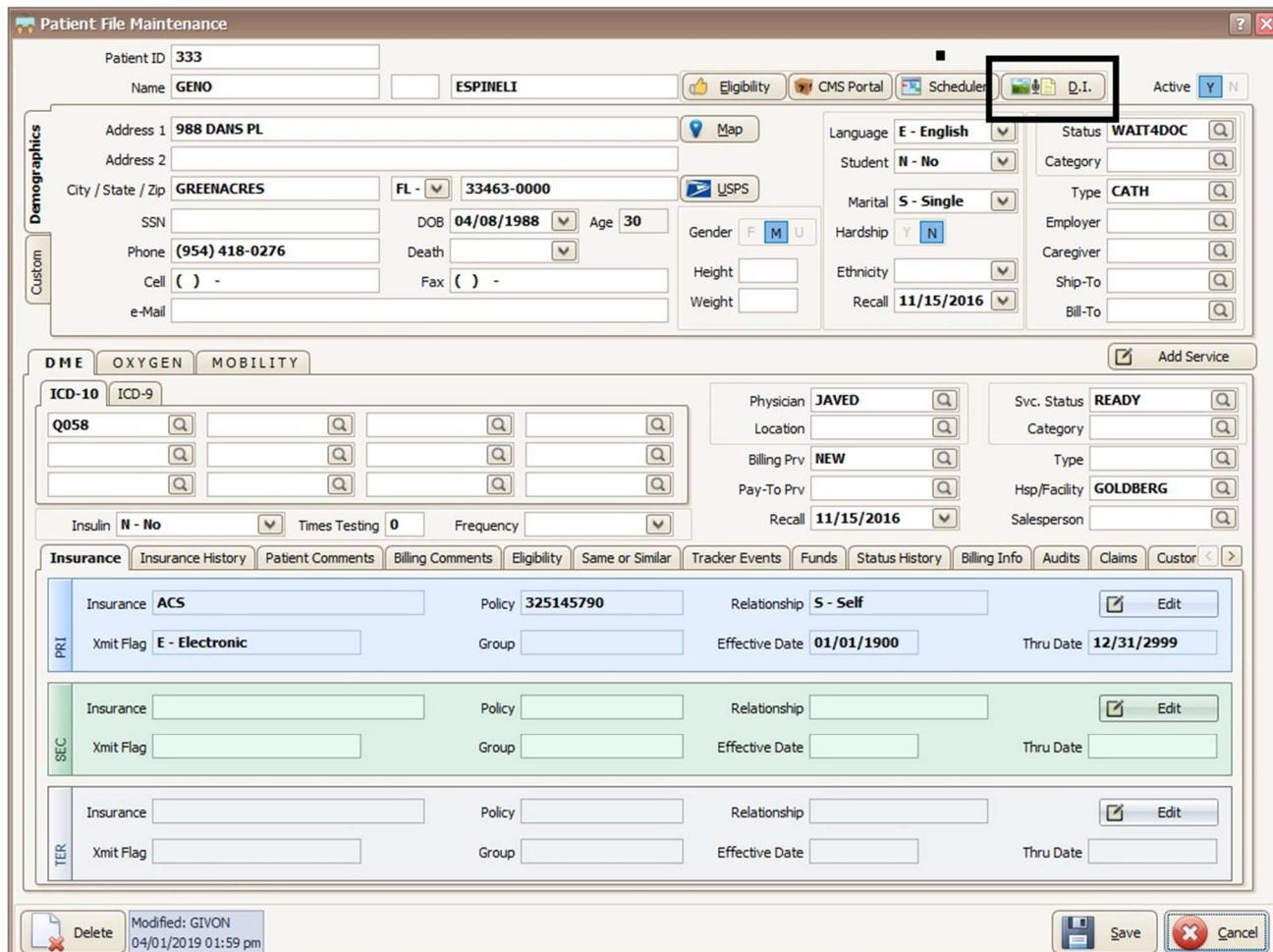


Figure 10-7 The document imaging feature can be accessed by clicking on the “D.I.” button on the “Patient File Maintenance Window.” The “D.I.” or “Document Imaging” button can be found in the same position in all the file maintenance programs that allow document imaging.

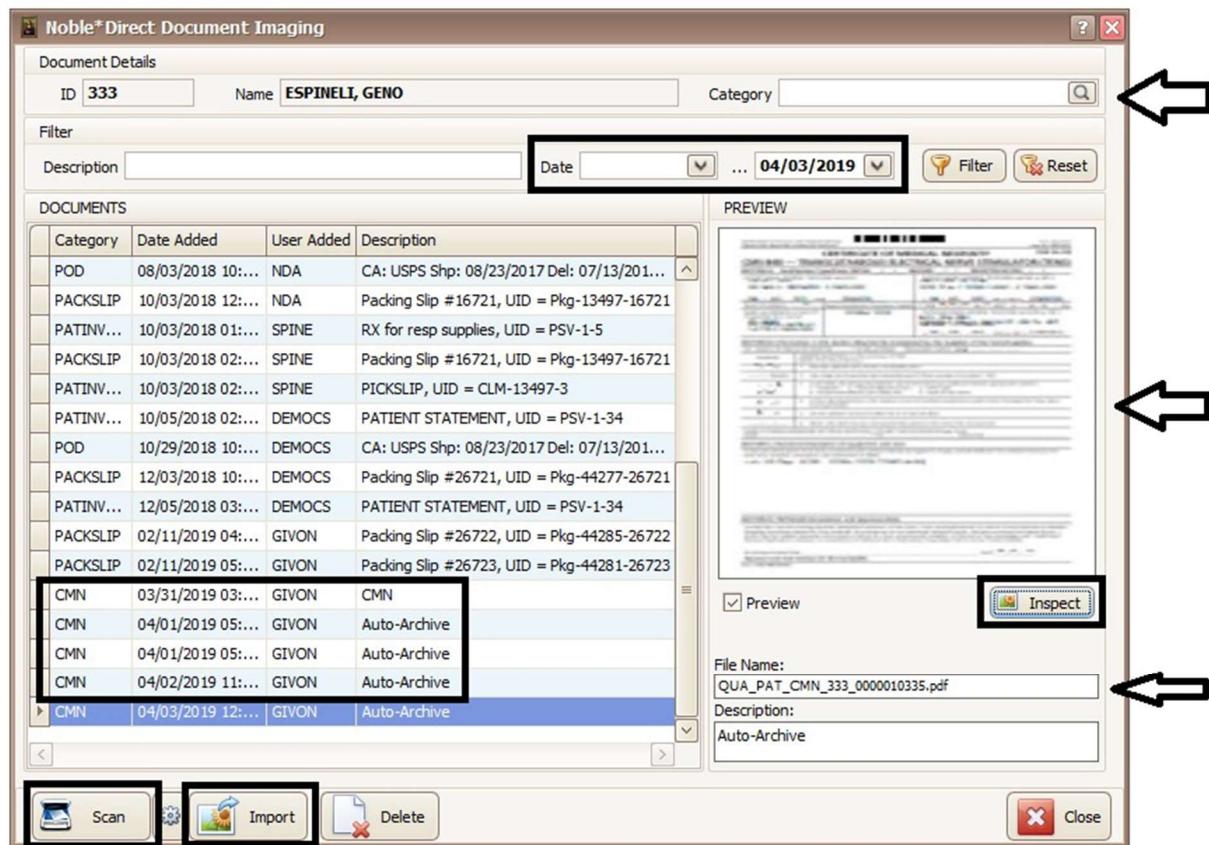


Figure 10-8 The document imaging window. On the first line, one can enter a category for searching the documents. On the second line is a date range for searching the documents. In the middle on the right is a list of all CMNs generated by Noble*Direct as well as all scanned and imported documents associated with this record. All CMNs will have the category “CMN” in the category column of the document list.

To the right of the document list, is a small facsimile of the highlighted document. Beneath this facsimile of the highlighted document is a button “Inspect.” Clicking on this button will open a full-sized window of the document. The file name is auto filled. Beneath the file name is a text for entering a description of the document.

On the bottom left are buttons for “Scan” and “Import.” The “Scan” button is for scanning a document that you want to include the file. The “Import” button is for including a JPG or other image file in the file.

8 Document Imaging

Noble House has a document imaging facility which you were introduced to, above when dealing with CMNs.

This is a scanning process that will correlate scanned documents to the appropriate files. The document imaging feature is available for many different files and accessible from the “File Maintenance” programs for those files. The following files have the document imaging feature available:

- Patient Detail.
- Physician File Maintenance.
- Insurance File Maintenance.
- Hospital / Facility File Maintenance.
- Salesperson File Maintenance.
- Item File Maintenance.
- Practice File Maintenance.
- Provider File Maintenance.
- Vendor File Maintenance.

In all file maintenance programs, the document imaging feature is accessed through the “Document Image” button. For brevity's sake, in the Patient Detail and Practice File Maintenance, the abbreviation “D.I.” is used for the button title.

Documents can be identified by “Category.” Several categories are preloaded and you may add categories as you see fit. (See the User Manual for details.) Scanned documents are auto-archived.

The default directory for scanned images is defined in the settings. You may alter the path as you see fit. See the User Manual for details or; contact your technical support representative for assistance with changing your default directory for storing scanned images.

9 Formatting Forms

Noble*House comes preloaded with many documents and forms. These forms can be customized. Text, logos or other database fields not already included on the forms, can be added. Noble*House has a facility to create and modify forms. This facility is used to create and modify all the forms used by the system, such as the packing slip. The software works on the same basic principles as Word Mail Merge. This is a complete program unto itself and out of the scope of this guide. If you are comfortable using Word and/or Mail Merge, you may make alterations to the forms as you see fit. Otherwise, talk to your salesperson about alterations to the forms.

To access the Word Mail Merge program, click on the “File Maintenance” tab on the main menu bar. All the way to the right, is the “Additional” button. Put the mouse pointer on the “Additional” button and click. A dropdown menu will appear with “Mail Merge Manager” as the first choice. Put the mouse pointer on the “Mail Merge Manager” choice and click. The “Mail Merge Manager Choice List” will open.

You may add a new form by clicking on the “New” button on the bottom left.

To edit an existing form, with the “Mail Merge Manager Choice List” open, highlight the document you wish to alter and double-click. The “Mail Merge Document Maintenance” window will open up. Put the mouse pointer on the “Setup” button and click. The “Noble*Direct Document Manager” will open up.

Similar to Word, the word processing commands and functions are on the top of the window with the document directly below the editing functions. The database fields are in a table to the right of the document.

See the User Manual for details.

10 Verifying Transactions

After having entered transactions for the day, prior to submitting transactions, you can review and verify your transactions entered for the day by running a “Patient Activity Report.” The “Patient Activity Report” will list transactions, based upon a variety of selection criteria. If limiting the transactions viewed to only those transactions entered on a specific day—such as today's date—then, you will see all your transactions entered today. Use the following procedure to produce such a report.

Put the mouse pointer on the “Report” tab on the top of the main window and click. Then, put your mouse pointer on the “Financials” tab and a dropdown menu with two choices will appear: A/R Revenue and Patient Activity. Then, put the mouse pointer on the menu choice “Patient Activity” and click.

In the top four rows, you can choose item, CPT code, insurance (carrier) or sales person for filtering criteria. For details, see the user manual.

Beneath the top four search criteria is a row to form a search criterion based upon any combination of patient fields. For details, see the user manual.

Beneath the search title bar, is a field for date type. Put the mouse pointer on the down arrow next to the field and click. There are two choices to choose from, “Service Date” and “Transmit Date.” Put the mouse pointer on “Service Date” and click.

Beneath the “Date Type” field, on the left flush with the edge of the window, is a button. The button is followed by a “From” and then a “To” date fields. On the left most side of the “From” date, is a button, for common date ranges: Today, Current Month, Current Year, All and Custom. Putting the mouse pointer on the button will display a dropdown menu to choose the appropriate date range. For the purposes of reviewing today's work, put the mouse pointer on the option “Today” and click to select a date range for today's date.

[There are several methods of entering a beginning and/or ending dates, for a custom date range. You may put the mouse pointer on top of any of the numeric parts of a date and click. The number will become highlighted in blue. Then, simply type the number you want to change the date to.

Alternatively, you may put the mouse pointer on the down arrow following the date and click on the down arrow. A calendar will open up. Clicking on the month and year will display the months of the year. Clicking on the year, will display some of the valid years that can be chosen. Put the mouse pointer over the year you need and click. If the year does not appear, click on the right or left arrow at the top of the window. Right to go to future years and left to go to prior years.

Once you have selected a year, you will be returned to a window of the months. Put the mouse pointer over the appropriate month and click. Then, a monthly calendar will display. Put the mouse pointer over the appropriate day and click. Your starting date will be selected.

For the ending date of your date range, put the mouse pointer on the down arrow to the left of the ending date and click. Now, follow the same search and select procedure as for a beginning date; as the date, month and year selections appear.]

To the right of the “Service Date” is a field, “Status.” Make sure this field is empty. If it is not, put the mouse over the magnifying glass and a box with an “X” in it, should appear, next to the magnifying glass. Put the mouse pointer over the “X” and click.

To the right of the “Status” field is a box for “Service”. Putting the mouse pointer on the down arrow, next to the field for “Service” and clicking, will display a dropdown list of services to choose from. There is also an option for “All.” Put the mouse pointer over the desired service and double-click to choose the appropriate service to search for.

To the right of the “Service” field, is a button “Preview.” Put the mouse pointer over this button and click to get a tabular list of all your patients and all your transactions that you have entered for today.

Review the list. Go back and make corrections if necessary.

You may also view the results in a report format, which you may print. To see a report format, put the mouse pointer over the “View Report” button in the bottom right of the screen and click. A report will display.

You may dismiss the report by putting the mouse pointer on the red button with the “X” and clicking or; by doing the same with the close window button in the top right corner of the window. This will return you to the “Patient Activity Report” window. Put the mouse pointer on the “Close” button in the bottom right corner and click. The “Patient Activity Report” window will close.

Eligibility¹¹

For Patients without Transactions

Prior to transmitting claims, you can verify the eligibility of the patients for whom you are transmitting claims for reimbursement and the eligibility of the claim itself. Many users of Noble*House do so, in order not to waste time on entering claims that cannot be paid.

To verify patients' eligibility, from the “Home” tab, put the mouse pointer over the “Patient Eligibility” button and click. An “Eligibility Request” window will open. Follow the directions below to use the “Eligibility Request.

You can choose to review by any filtering criteria you choose. You will see the search select criteria features at the top of the window. If no search criteria are selected, then, all records will be selected. The selection criteria will be displayed in the search title bar. The selection criteria defaults to patient status.

For this procedure, do NOT confuse the search filter and filtering for patient status with the “Status” field beneath

¹¹This is a fee-based option. Speak with your sales person about pricing.

the “Service Date” field.

By assigning a special status code for all new patients or, by creating a special eligibility status, for those new patients who have not yet been verified; you can easily select all unverified patients for a batch eligibility inquiry.

Once you have selected the appropriate status for all unverified patients, remove the check mark, next to the “Status” field. All the “Service Date” fields will grey out and become inaccessible.

By clicking on the “Preview” button on the top right, a list of “New” or “Eligibility” (or whatever status you have designated for this purpose) will auto fill the patient table in the middle of the screen. Then, click on “Run Process” in the bottom right of the screen, to submit the batch eligibility request.

For Patients with Transactions

After having entered transactions for the day, prior to transmitting claims, you can verify with the insurance carrier, the eligibility of patients for whom you will be transmitting claims for reimbursement and the eligibility of the claim itself. (This can also be done for an individual patient, from the “Patient File Maintenance.”) It is highly recommended that you run an eligibility verification before submitting (transmitting) claim transactions, especially regarding Medicare.

Verifying Medicare eligibility will inform you if the patient is insured and has met the most recent deductible balance. Noble House has a feature that will give a warning if the patient has not met their deductible threshold for the year and not transmit the claim. This is prudent. Because, if the patient has a deductible, the reimbursement payment for your submitted claim will be applied to the patient's deductible and you will not receive that portion in your payment from Medicare. Rather, the patient deductible will have to be collected from the patient and you will have to be paid by the patient.

To verify patients' eligibility by batch, go to the “Home” tab, put the mouse pointer over the “Batch Eligibility” button and click. An “Eligibility Request” window will open. Follow the directions below to use the “Eligibility Request.”

You can choose to review by any filtering criteria you choose. You will see the search select criteria features at the top of the window. If no search criteria are selected, then, all records will be selected. The selection criteria will be displayed in the search title bar.

Beneath the search title bar, is a date range of “Service Dates” within which to search. On the left most side of the starting date, is a button, for common date ranges: Today, Current Month, Current Year, All and Custom. Putting the mouse pointer on the button will display a dropdown menu to choose the appropriate date range.

There are several methods of entering a beginning and/or ending dates, for a custom date range. You may put the mouse pointer on top of any of the numeric parts of a date and click. The number will become highlighted in blue. Then, simply type the number you want to change the date to.

Alternatively, you may put the mouse pointer on the down arrow following the date and click on the down arrow. A calendar will open up. Clicking on the month and year will display the months of the year. Clicking on the year,

will display some of the valid years that can be chosen. Put the mouse pointer over the year you need and click. If the year does not appear, click on the right or left arrow at the top of the window. Right to go to future years and left to go to prior years.

Once you have selected a year, you will be returned to a window of the months. Put the mouse pointer over the appropriate month and click. Then, a monthly calendar will display. Put the mouse pointer over the appropriate day and click. Your starting date will be selected.

For the ending date of your date range, put the mouse pointer on the down arrow to the left of the ending date and click. Now, follow the same search and select procedure as for a beginning date; as the date, month and year selections appear.

Directly beneath the “Service Date” is a “Claim Status” field. Commonly, this defaults to “ENTRY”. You can select whatever transaction status you would like to see. To do so, put the mouse pointer over the magnifying glass and click. A “Claim Flow Control Choice List” window will open. Put the mouse over the box, in the column “Code”, that has the status you wish to search for and double-click. The status field will be filled with that status.

To the right of the “To Date” field is a box for “Service”. Putting the mouse pointer on the down arrow, next to the field for “Service” and clicking, will display a dropdown list of services to choose from. There is also an option for “All.” Put the mouse pointer over the desired service and double-click to choose the appropriate service to search for.

Next to the box for service is a box with two checkboxes for the type of insurance, either Medicare or private. Put the mouse pointer on the kind of insurance to verify the insurance coverage of patients who carry that particular type of insurance.

In the row beneath the service date, all the way on the right, is a button “Preview.” Put the mouse over this button and click to get a list of all your patients that meet all your filtering criteria for inquiring about their benefits status. Review the list. If the appropriate patients do not come up, modify your search parameters. If you have selected “Primary”, then the patients will be sorted by insurance carrier and alphabetized under each insurance carrier separately. Once you are satisfied with your search results, put the mouse pointer over the button “Run Process” in the bottom right corner of the “Eligibility Process” window.

After you click on “Run Process,” an “Eligibility Request” warning message will appear, reminding you that you are submitting eligibility requests to “Medicare” or “Private” and ask either to confirm or cancel. Put the mouse pointer on either the “Yes” or “No” button, as appropriate, and click to either continue or stop further processing. If you select yes, a second “Confirmation” window will appear. Put the mouse pointer on either the “Yes” or “No” button, as appropriate, and click to either continue or stop further processing. If you click yes, a “Patient Eligibility Parameters” window will open. Select the codes you wish to check for the kinds of eligibility you wish to test for. You may pick more than one. Then, put the mouse pointer over the “Send” button on the bottom right and click. Your request will be sent for processing and a “Batch Eligibility Error List” will be displayed.

If Medicare was selected, a “Confirmation Window” will appear stating how many patients will be queried for

eligibility. Put the mouse pointer on either the “Yes” or “No” button, as appropriate, and click to either continue or stop further processing. If you click yes, a “Patient Eligibility Parameters” window will open. Select the codes you wish to check for the kinds of eligibility you wish to test for. You may pick more than one. Then, put the mouse pointer over the “Send” button on the bottom right and click. Your request will be processed and a “Batch Eligibility Error List” will be displayed.

To dismiss the report, put the mouse pointer over the “Close” button in the bottom right of the report window and click.

Note: Individual eligibility is a real-time check. However, batch eligibility requests are run in the evening and results will be returned the following business day.

Same and Similar¹² – Verifying Transactions

After having entered transactions for the day, prior to submitting transactions, you can verify the eligibility of patients being submitted for reimbursement with Medicare, in regards to “Same or Similar” service that has been provided within the past 5 years. It is recommended that you verify “Same and Similar” service before submitting (transmitting) claim transactions with Medicare claims.

If a patient has had “Same or Similar” service, Noble House has a feature that allows you to hold the claim. This is prudent. Because, if the patient has had “Same or Similar” service, you will not be reimbursed for your claim. Rather, you will have to be paid by the patient.

The result of a “Same or Similar” inquiry is recorded and archived in the patients record and readily available when adding or reviewing claims.

To verify patients’ “Same or Similar” status, open the patient’s record. On the top right, is button for with the title, “CMS Portal”. Put the mouse pointer over the button and click. A dropdown menu will appear. The first item on the dropdown menu will “Same or Similar”. Put the mouse pointer on the menu option and click.

A “Same or Similar Request” window will open. The patient’s information will be on the top of the window and a list of procedure codes will be beneath the patient’s information. Check mark the codes you wish to submit a claim for. Then, put the mouse over the “Run Process” button in the bottom right of the screen.

When the process is complete, the information provided by Medicare will display in the “Same or Similar” tab of the patient’s record, in the bottom sub-window.

¹²This is a fee-based option. Speak with your sales person about pricing.

Patient File Maintenance

Patient ID: 561253 Name: SEAN BURNETT Eligibility CMS Portal Scheduler D.I. Active Y N

Demographics

Address 1: 5600 NE 7TH AVE Map
Address 2:
City / State / Zip: BOCA RATON FL - 33487-4111 USPS
SSN: DOB: 09/05/1981 Age: 37 Gender: F M U
Phone: (954) 418-0136 Death: Fax: () - Height: Weight:
Cell: () - e-Mail:

Language: E - English Student: N - No Marital: S - Single Hardship: Y N Ethnicity: Recall:

Status: ACTIVE Category: Type: MDCARE Employer: Caregiver: Ship-To: Bill-To:

DME

ICD-10 ICD-9

G8220	Z930	G8250	N319
R8299	Z933	J45909	N390

Insulin: N - No Times Testing: 0 Frequency: Physician: KHRIS Location: Svc. Status: Category: Type: Hsp/Facility: Salesperson:

Insurance Insurance History Patient Comments Billing Comments Eligibility Same or Similar Tracker Events Funds Status History Billing Info Audits Claims Custom >

PRI Insurance: CIGNA GOVERNMENT SERVICES Policy: 123456789A Relationship: S - Self Edit
Xmit Flag: P - Paper Group: Effective Date: 01/01/1900 Thru Date: 12/31/2999

SEC Insurance: CMS-1500 CROSSOVER CLAIMS Policy: 325145470 Relationship: S - Self Edit
Xmit Flag: P - Paper Group: Effective Date: 01/01/1900 Thru Date: 12/31/2999

TER Insurance: Policy: Relationship: Edit
Xmit Flag: Group: Effective Date: Thru Date:

Delete Modified: GIVON 02/25/2019 12:33 pm Save Cancel

Figure 11-1 A patient record. Note the patient "Type," on the right top, is "MDCARE," signifying that this patient is a Medicare patient and the "Same or Similar" verification service is applicable. Also note the highlighted button for "CMS Portal" on the top right and the "Same or Similar" tab in the middle of the menu tabs for the bottom sub-window.

Patient File Maintenance

Patient ID	561253	Name	SEAN	BURNETT	Eligibility	CMS Portal	Scheduler	D.I.	Active <input checked="" type="checkbox"/>																																																																																																																																																																										
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Figure 11-2 Note the “CMS Portal” dropdown menu with an option for “Same or Similar”.

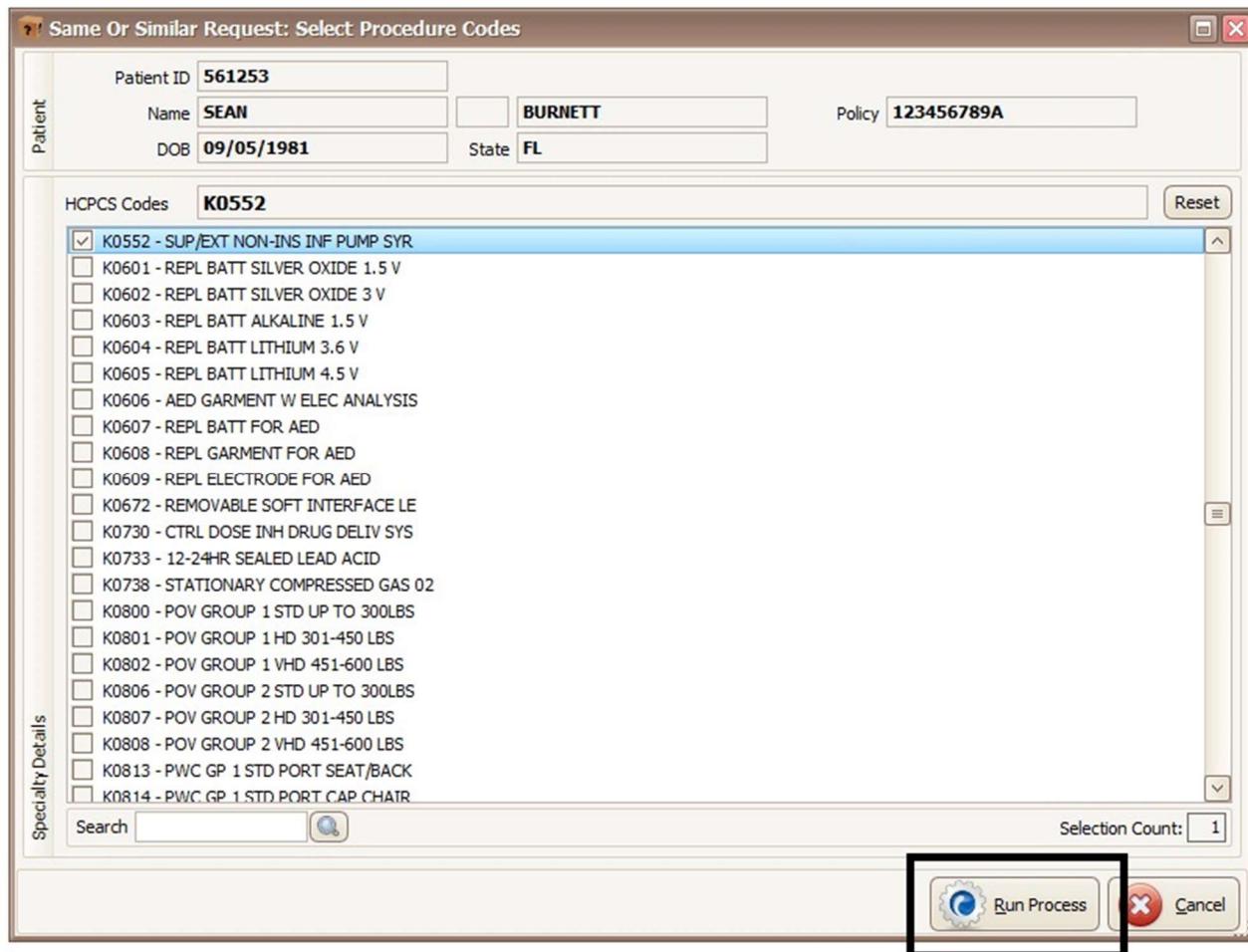


Figure 11-3 The “Same or Similar Request” window, with a list of procedures to check, to verify. When you have selected all the codes necessary, put the mouse pointer on the “Run Process” button on the bottom right, to submit the “Same or Similar” inquiry.

The screenshot shows the 'Patient File Maintenance' window with various tabs and sections. The 'Demographics' tab is visible at the top left. The 'DME' tab is active, showing a grid of 'Same or Similar' inquiries. The 'Same or Similar' tab is highlighted with a black box. The grid has columns: Pat ID, Pat Name, Type Desc., Hpcos, Regions, Serial, Printed, Usr Id Added, and Date Added. The first two rows show 'Printed' checked, while the last row shows it unchecked. A large black arrow points upwards from the bottom of the grid towards the 'Same or Similar' tab.

Pat ID	Pat Name	Type Desc.	Hpcos	Regions	Serial	Printed	Usr Id Added	Date Added
		Claim History	L0112	C	3058	<input checked="" type="checkbox"/>	NDA	10/20/2017 04:19 PM
		Claim History	L0112	C	3058	<input checked="" type="checkbox"/>	NDA	10/20/2017 04:24 PM
		Claim History	K0552	C	135006	<input checked="" type="checkbox"/>	NDA	08/30/2018 03:36 PM
		Claim History	K0552-K0738	C	771265	<input type="checkbox"/>	GIVON	03/20/2019 04:44 PM

Figure 11-4 The patient record, with the “Same or Similar” tab selected in the bottom window. All “Same or Similar” inquiries are listed. Note the column for “Printed” which indicates if the response has been viewed. In the example above, the first two inquiries have been viewed, the last inquiry, at the bottom of the list has not been viewed.

Generate Repeat Billing

Certain products have recurring billing. For example, nutritional products, diabetic products and incontinence products, to name a few. Typically, these products are bought or shipped in quantity but billed by a cycle. For example, diabetic strips will be shipped in boxes of 50 with a prescribed usage of 250/month, every month. The patient needs a steady supply and reorders every month. To set up such a billing process, follow the procedure below.

Repeat Billing for an Individual Patient & Individual Claim

Start by adding a claim and a transaction in the manner described above, in the sections “Adding a New Claim” and “Adding a New Transaction to a New Claim.”

In the “Claims Detail” window, on the right side of the window, in the middle of the window, you will see a box labeled “R.B.” which stands for “Repeat Billing.” There is field labeled “Cycles.” The default is “N – No,” for no repeat billing cycle. To the right of the “cycle” field is a down arrow. Put the mouse pointer on the down arrow and click to see the choices of cycle. Put the mouse pointer over the appropriate choice of cycle and click to select that choice.

In the top of the window, in the center, is a field for “Units.” Make sure to enter the appropriate number of units for an individual billing cycle. Ex. If you are billing for 1 item every day for 2 weeks, then enter 1 and the billing will generate a bill for one for each day, for two weeks.

Save the transaction and claim.

To generate a repeat bill, put the mouse pointer on the claim to generate a repeat bill for and click. A menu will appear. Put the mouse pointer over the option “Create Repeat Billing Next Cycle” and click. The “Process Repeat Billing” window will open. Make sure that the date range in the top right, is valid for generating bills. Ex. If you are billing for a month’s worth of supplies, make sure the date range covers at least 30 days. The day the transaction is created is not a valid billing date for repeating. Ex. A transaction created on and dated January 1, will not generate a bill for January 1 but, the bills will start from January 2.

On the left of the top line of the “Process Repeat Billing” window has a date range of “Service Dates” within which to search. On the left most side of the starting date, is a button, for common date ranges: Today, Current Month, Current Year, All and Custom. Putting the mouse pointer on the button will display a dropdown menu to choose the appropriate date range.

There are several methods of entering a beginning and/or ending dates, for a custom date range. You may put the mouse pointer on top of any of the numeric parts of a date and click. The number will become highlighted in blue. Then, simply type the number you want to change the date to.

Alternatively, you may put the mouse pointer on the down arrow following the date and click on the down arrow. A calendar will open up. Clicking on the month and year will display the months of the year. Clicking on the year, will display some of the valid years that can be chosen. Put the mouse pointer over the year you need and click. If the year does not appear, click on the right or left arrow at the top of the window. Right to go to future years and left to go to prior years.

Once you have selected a year, you will be returned to a window of the months. Put the mouse pointer over the appropriate month and click. Then, a monthly calendar will display. Put the mouse pointer over the appropriate day and click. Your starting date will be selected.

For the ending date of your date range, put the mouse pointer on the down arrow to the left of the ending date and click. Now, follow the same search and select procedure as for a beginning date; as the date, month and year selections appear.

Previewing an Individual Repeat Bill

Once the date range is selected, put the mouse pointer over the “Preview” button and click. A list of sample preview bills will be generated. The status field on the bottom of the window, above the “Run Process” button, must be set appropriately for the bills to become actual bills. Ex. Shipping

After reviewing the list, if you are satisfied with the billing results and wish to bill, put the mouse pointer on the “Run Process” button in the bottom right corner and click. A repeat billing report will print. You may print the report or save the report to your hard drive. The status of the transaction in the claim will be changed and new transactions will be generated.

Batch Repeat Billing

You may generate repeat bills for all your patients at a given time. For example, you may generate repeat bills for every patient with repeat bills at the first or 30th of the month. To do so, first enter claims with transactions, set with repeat billing cycles. Then, while on the “Home” tab, put the mouse pointer over the “Repeat Billing” button in the middle of the menu at the top of the screen. The “Process Repeat Billing” window will open up. This window has selection criteria. You may choose to generate repeat bills for certain CPT/HCPCS codes or; insurance carriers or; patients.

Beneath the search title bar, is a date range of “Service Dates” within which to search. On the left most side of the starting date, is a button, for common date ranges: Today, Current Month, Current Year, All and Custom. Putting the mouse pointer on the button will display a dropdown menu to choose the appropriate date range.

There are several methods of entering a beginning and/or ending dates, for a custom date range. You may put the mouse pointer on top of any of the numeric parts of a date and click. The number will become highlighted in blue. Then, simply type the number you want to change the date to.

Alternatively, you may put the mouse pointer on the down arrow following the date and click on the down arrow. A calendar will open up. Clicking on the month and year will display the months of the year. Clicking on the year, will display some of the valid years that can be chosen. Put the mouse pointer over the year you need and click. If the year does not appear, click on the right or left arrow at the top of the window. Right to go to future years and left to go to prior years.

Once you have selected a year, you will be returned to a window of the months. Put the mouse pointer over the appropriate month and click. Then, a monthly calendar will display. Put the mouse pointer over the appropriate day and click. Your starting date will be selected.

For the ending date of your date range, put the mouse pointer on the down arrow to the left of the ending date and click. Now, follow the same search and select procedure as for a beginning date; as the date, month and year selections appear.

Previewing a Batch of Repeat Bills

On the same line as the service dates is the “Preview” button. Once you are satisfied with your search parameters, put the mouse pointer over the “Preview” button and click. A list valid bills for all patients meeting the search criteria, will be generated. Review the bills.

The status field on the bottom of the window, above the “Run Process” button, must be set appropriately for the bills to become actual bills. Ex. Shipping

After reviewing the list, if you are satisfied with the billing results and wish to bill, put the mouse pointer on the “Run Process” button in the bottom right corner and click. A repeat billing report will print. You may print the report or save the report to your hard drive. The status of the transaction in the claim will be changed and new transactions will be generated.

Claim Detail: Patient: 572527 - ABAD, FERNANDO

Date From 02/20/2019	Modifiers	Units 1 1	Status NEW								
Date To 02/20/2019	Charge Amount 0.00	Amt Approved 0.00	Sales Person								
Item	Prior Auth	Amt Deductible 0.00	Ref. Physician DELFA								
CPT Code	Balance 0.00	Assignment Y N EPSDT Y N	POS 12 TOS								
Months Shipped 0	Prior Auth	COB	EMG								
ICD-9	Alt ICD-9	Rental Y N	Deduct Y N								
ICD-10 A	Alt ICD-10	Bypass Ins Billing Y N									
Alt Procedure Description Y N		R.B. Cycles N - No	Remaining 0								
Additional Documentation Y N											
<table border="1"> <tr> <td>Ins</td> <td>PRI Y N Type 1 - Original</td> <td>SEC Y N Type 1 - Original</td> <td>TER Y N Type 1 - Original</td> </tr> <tr> <td></td> <td>CCN</td> <td>CCN</td> <td>CCN</td> </tr> </table>				Ins	PRI Y N Type 1 - Original	SEC Y N Type 1 - Original	TER Y N Type 1 - Original		CCN	CCN	CCN
Ins	PRI Y N Type 1 - Original	SEC Y N Type 1 - Original	TER Y N Type 1 - Original								
	CCN	CCN	CCN								
<ul style="list-style-type: none"> Info Payments ICD Item Pat Comm Bill Comm Trx Comm History Orders Tracker Custom Fields 											
<table border="1"> <tr> <td>Service</td> <td>Price 0.00</td> </tr> <tr> <td>Description</td> <td></td> </tr> <tr> <td>CPT Code</td> <td>Approved Amount 0.00</td> </tr> <tr> <td>Description</td> <td></td> </tr> </table>				Service	Price 0.00	Description		CPT Code	Approved Amount 0.00	Description	
Service	Price 0.00										
Description											
CPT Code	Approved Amount 0.00										
Description											
<input type="button" value="Save"/> <input type="button" value="Cancel"/>											

Figure 12-1. A claim entry. Notice the “Units” field and “R.B.” or Repeat Billing box. These fields must be filled in appropriately to generate repeat bills.

Claim Detail: Patient: 572527 - ABAD, FERNANDO

Date From 02/20/2019	Modifiers	Status NEW								
Date To 02/20/2019	Units 1	Sales Person								
Item	Charge Amount 0.00	Ref. Physician DELFA								
CPT Code	Amt Approved 0.00	Assignment Y N								
Months Shipped 0	Amt Deductible 0.00	EPSDT Y N								
ICD-9	Balance 0.00	POS 12								
ICD-10 A	Prior Auth	TOS								
Alt ICD-9		COB								
Alt ICD-10		EMG								
Bypass Ins Billing Y N		Rental Y N								
Alt Procedure Description Y N		Deduct Y N								
Additional Documentation Y N										
Ins PR1 Y N Type 1 - Original SEC Y N Type 1 - Original										
CCN										
Info Payments ICD Item Pat Comm Bill Comm Trx Comm History Orders Tracker										
<table border="1"> <tr> <td>Service</td> <td>Price 0.00</td> </tr> <tr> <td>Description</td> <td></td> </tr> <tr> <td>CPT Code</td> <td>Approved Amount 0.00</td> </tr> <tr> <td>Description</td> <td></td> </tr> </table>			Service	Price 0.00	Description		CPT Code	Approved Amount 0.00	Description	
Service	Price 0.00									
Description										
CPT Code	Approved Amount 0.00									
Description										
R.B. Cycles N - No										
TER Custom Field										
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> R.B. Cycles N - No D - Daily W - Weekly M - Monthly O - Every Other Month X - X number of days Q - Quarterly T - Tri-Annual S - Semi Annual A - Annual Z - Week-Day N - No </div>										
Save Cancel										

Figure 12-2. Notice the “Cycles” field. Clicking on the down arrow will display the dropdown menu displayed above. Choose one of the billing cycles that is appropriate for your repeat billing.

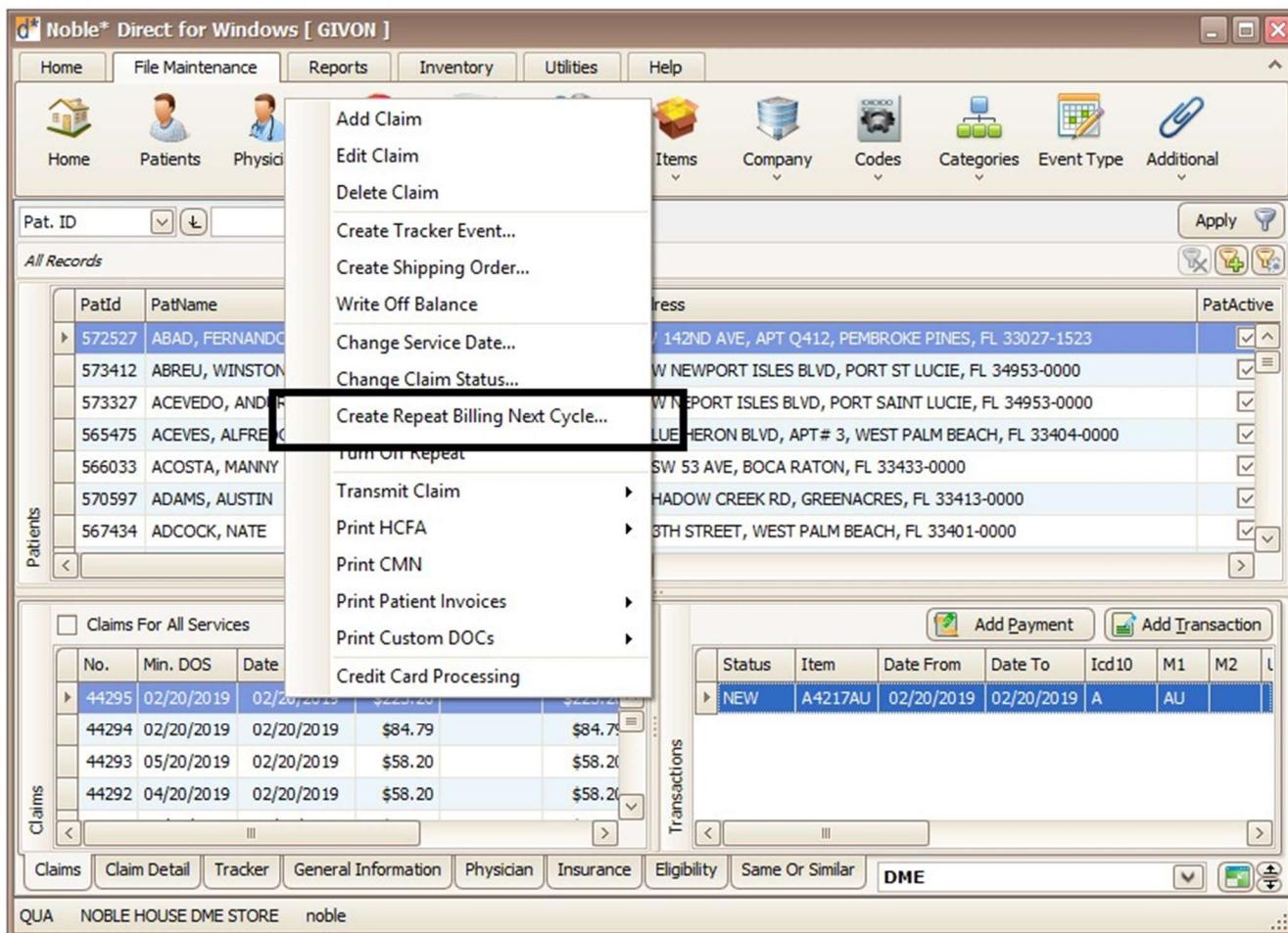


Figure 12-3. By putting the mouse pointer on the desired claim and left clicking, the above menu will be displayed. Use the “Create Repeat Billing Next Cycle” option to generate a repeat bill for the selected claim on an individual patient.

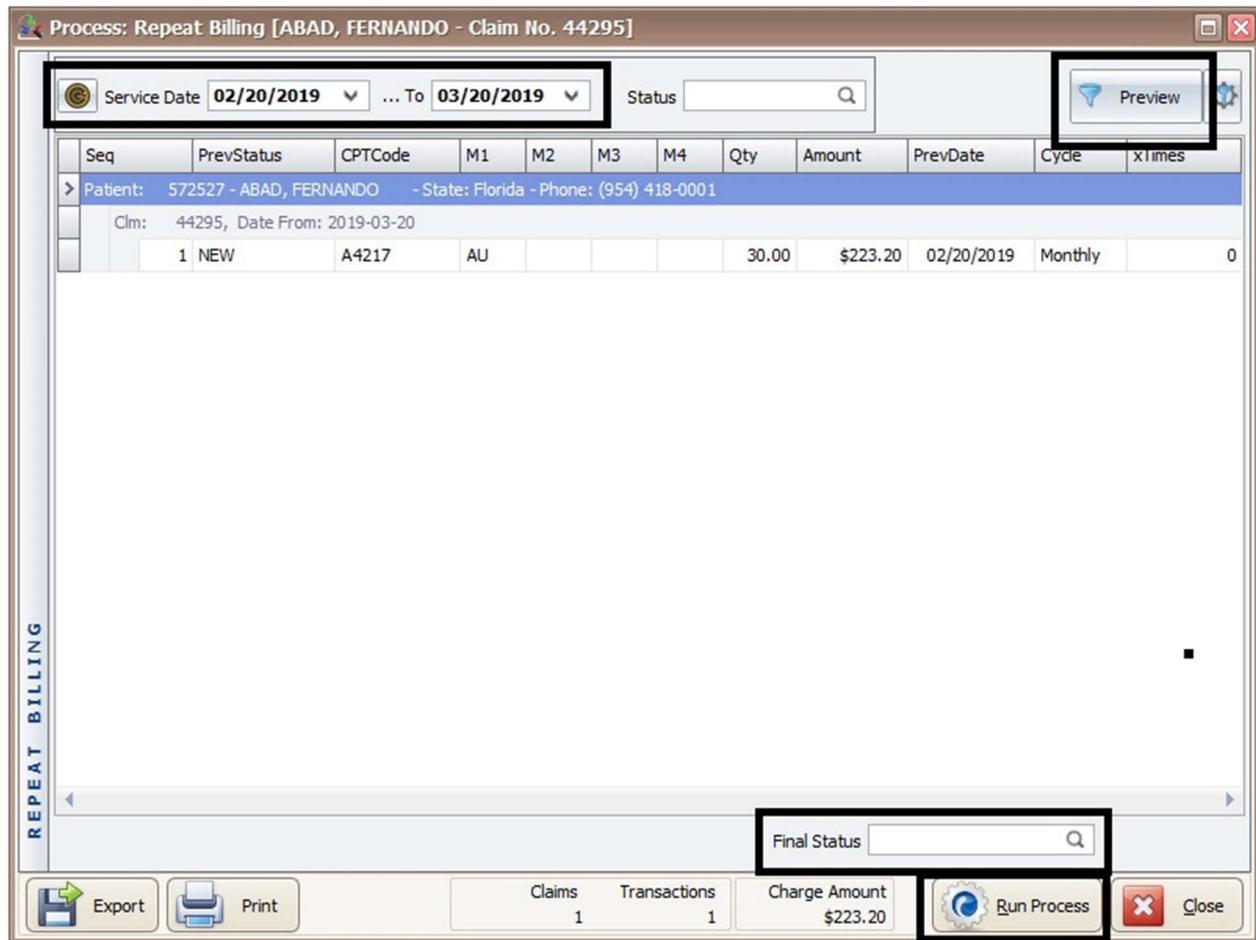


Figure 12-4. “Process: Repeat Billing.” Note the date range at the top left and the “Preview” button on the top right. The “Final Status” on the bottom must be set before the repeat bill can be generated. Once the “Final Status” is set, put the mouse pointer on the “Run Process” button and click to generate a repeat bill for the selected period.

Claim Detail: Patient: 572527 - ABAD, FERNANDO

Date From 04/10/2019	Modifiers RR KH KX	Units 1 1	Status NEW																																	
Date To 04/10/2019	Charge Amount 58.80	Sales Person	Ref. Physician DELFA																																	
Item K0001RR	Amt Approved 0.00	Assignment Y N	EPSDT Y N																																	
CPT Code K0001	Amt Deductible 0.00	POS 12	TOS																																	
Months Shipped 0	Balance 58.80	COB	EMG																																	
ICD-9	Prior Auth	Rental Y N	Deduct Y N																																	
ICD-10 A	Alt ICD-10	Bypass Ins Billing Y N																																		
Alt Procedure Description Y N		R.B. Cycles M - Monthly																																		
Additional Documentation Y N		Month 1st																																		
<table border="1"> <tr> <td>Ins</td> <td>PRJ Y N</td> <td>Type 1 - Original</td> <td>CCN</td> </tr> <tr> <td></td> <td>SEC Y N</td> <td>Type 1 - Original</td> <td>CCN</td> </tr> <tr> <td></td> <td>TER Y N</td> <td>Type 1 - Original</td> <td>CCN</td> </tr> </table>				Ins	PRJ Y N	Type 1 - Original	CCN		SEC Y N	Type 1 - Original	CCN		TER Y N	Type 1 - Original	CCN																					
Ins	PRJ Y N	Type 1 - Original	CCN																																	
	SEC Y N	Type 1 - Original	CCN																																	
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<table border="1"> <tr> <td>Info</td> <td>Payments</td> <td>ICD</td> <td>Item</td> <td>Pat Comm</td> <td>Bill Comm</td> <td>Trx Comm</td> <td>History</td> <td>Orders</td> <td>Tracker</td> <td>Custom Fields</td> </tr> <tr> <td>ICD-9</td> <td>1 42731</td> <td>2 72887</td> <td>3 V4501</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>ICD-10</td> <td>A I4891</td> <td>B M6281</td> <td>C Z950</td> <td>D R1312</td> <td>E</td> <td>F</td> <td>G</td> <td>H</td> <td>I</td> <td>J</td> </tr> </table>				Info	Payments	ICD	Item	Pat Comm	Bill Comm	Trx Comm	History	Orders	Tracker	Custom Fields	ICD-9	1 42731	2 72887	3 V4501	4	5	6	7	8			ICD-10	A I4891	B M6281	C Z950	D R1312	E	F	G	H	I	J
Info	Payments	ICD	Item	Pat Comm	Bill Comm	Trx Comm	History	Orders	Tracker	Custom Fields																										
ICD-9	1 42731	2 72887	3 V4501	4	5	6	7	8																												
ICD-10	A I4891	B M6281	C Z950	D R1312	E	F	G	H	I	J																										
<input type="button" value="Delete"/> Modified: GIVON 04/10/2019 05:09 pm		<input type="button" value="Save"/> <input type="button" value="Cancel"/>																																		

Figure 12-5. A sample repeat bill set up to charge for a rental wheelchair, for every month. Not only is the Repeat Billing assisting with creating the transactions that are due again; but Noble*Direct also changes the middle modifier for capped rentals. Noble*Direct automatically changes the middle modifier based upon the current billing cycle.

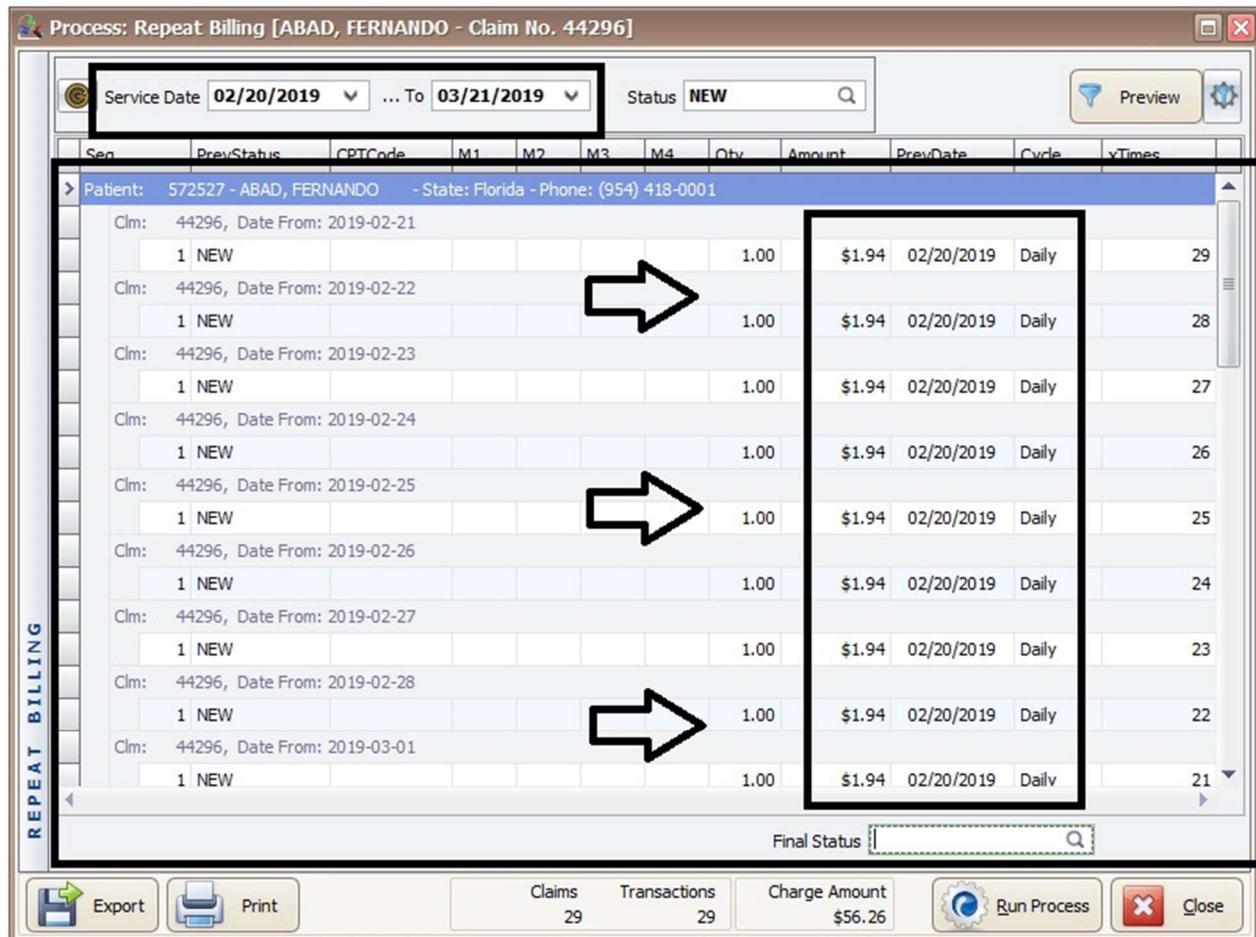


Figure 12-6. A sample “Preview” showing the previous transactions that will be repeated based upon the selection criteria and repeat billing information submitted. Once the Repeat Billing process is complete, it will generate the new transactions

Notice: The claims in grey scale and the new dates of service that are created.

Repeat Billing Report							
Claim No.	Pri Ins	Date From	CPT Code	Modifiers	Units	Charge	Remain
Patient: 572527 - ABAD, FERNANDO							
44296	NCC	2/21/2019			1.00	1.94	29 (D)
		2/22/2019			1.00	1.94	28 (D)
		2/23/2019			1.00	1.94	27 (D)
		2/24/2019			1.00	1.94	26 (D)
		2/25/2019			1.00	1.94	25 (D)
		2/26/2019			1.00	1.94	24 (D)
		2/27/2019			1.00	1.94	23 (D)
		2/28/2019			1.00	1.94	22 (D)
44297	NCC	3/1/2019			1.00	1.94	21 (D)
		3/2/2019			1.00	1.94	20 (D)
		3/3/2019			1.00	1.94	19 (D)
		3/4/2019			1.00	1.94	18 (D)
		3/5/2019			1.00	1.94	17 (D)
		3/6/2019			1.00	1.94	16 (D)
		3/7/2019			1.00	1.94	15 (D)
		3/8/2019			1.00	1.94	14 (D)
		3/9/2019			1.00	1.94	13 (D)
		3/10/2019			1.00	1.94	12 (D)
		3/11/2019			1.00	1.94	11 (D)
		3/12/2019			1.00	1.94	10 (D)
		3/13/2019			1.00	1.94	9 (D)
		3/14/2019			1.00	1.94	8 (D)
		3/15/2019			1.00	1.94	7 (D)

Figure 12-7. Sample repeat billing report of the bills generated by a repeat billing process.

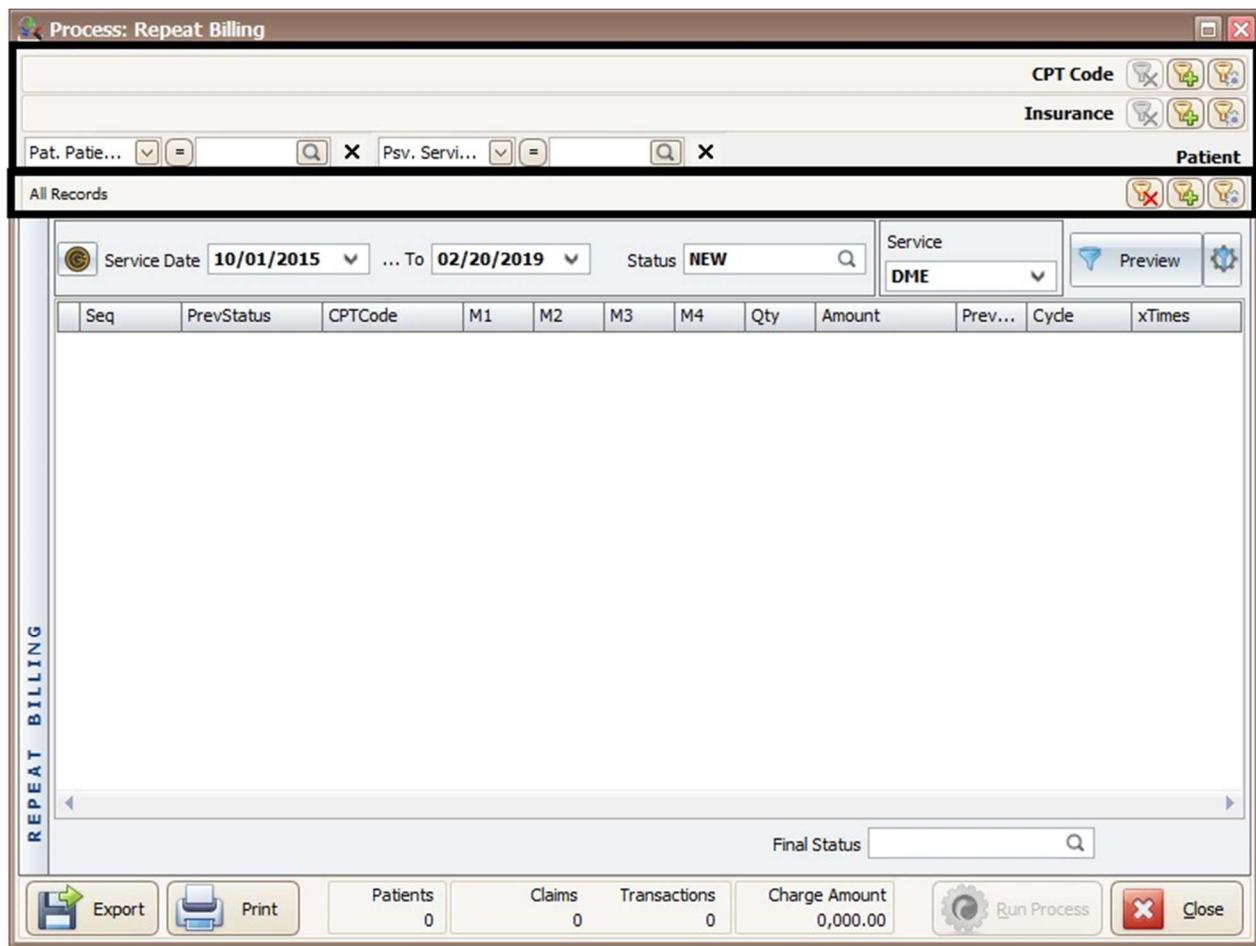


Figure 12-8. Batch repeat billing. Notice the ability to choose patients and transactions by the selection criteria at the top of the window.

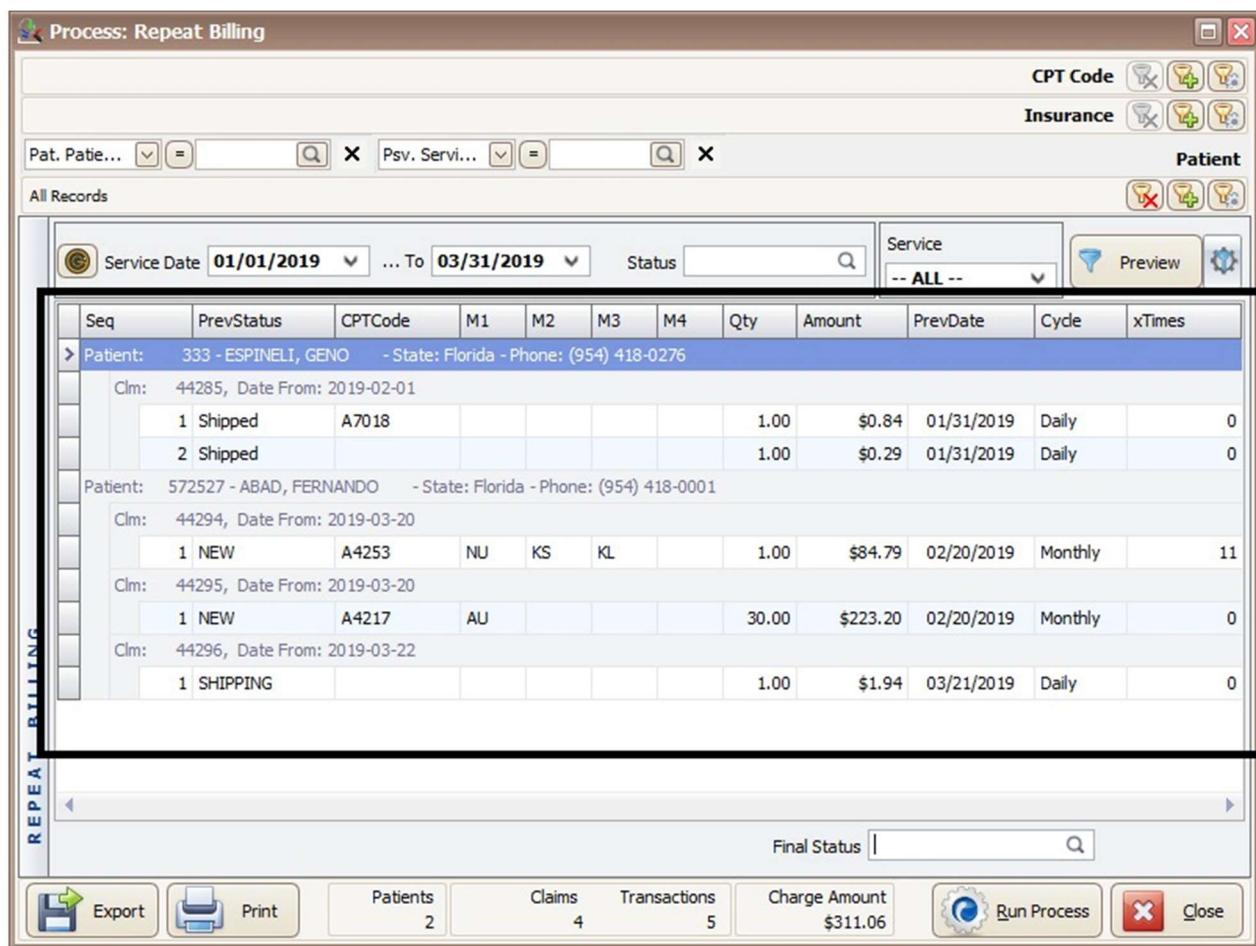


Figure 12-9. Sample Batch Repeat Billing Preview. Notice the spreadsheet of the previous transactions that have been set up to repeat on a specific cycle (i.e. Monthly, Daily, Quarterly, etc.) in the middle of the screen. Notice how bills will be generated for more than one patient. Noble*House will create new transactions for multiple patients even if they have different cycles.

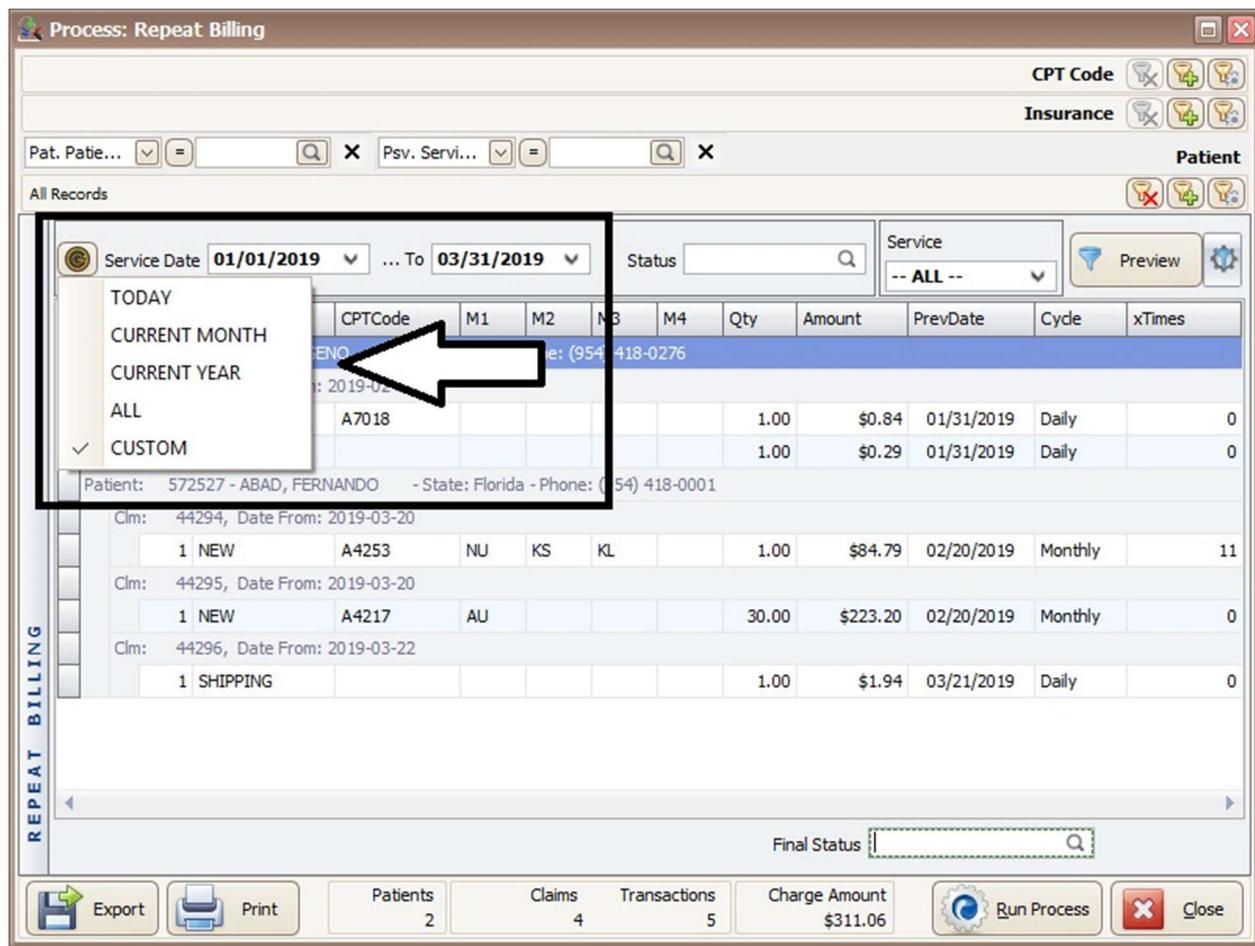


Figure 12-10. Notice the button to the left of the date range. When clicked, a dropdown menu of date ranges will appear. Select the appropriate date range for the bills you wish to generate.

11 Setting the Claim Status Before Transmitting

Prior to transmitting a claim, you must change the claim status to enable transmission. This can be done either to a batch of claims or; to an individual claim.

Flow Control

Noble House has a feature, “Flow Control,” which enables you to track transactions at each and every stage of a transaction’s status. With a simple glance, you will be aware of a transaction’s record. While there are many statuses and different “flows” of status available; we will concern ourselves with the two most common. There is a service that is given to the patient by yourself and a drop shipment. These two transactions have similar flows with different statuses.

Note: There is a “Patient Status” that is defined in the demographic area; “Service Line Status” that is defined in the “Service Layer” sub-window and “Claim Status” that is defined in the transaction. The “Patient Status” and “Service Layer Status” controls whether or not you can transmit claims for that patient. These two previous statuses should not be confused with the “Claim Status” that is solely used to monitor the stage of the transactions. This is the status we are currently discussing.

Both a service given to a patient and a drop shipment start off with a claim status of “ENTRY.”

When, the transaction for a service to a patient is ready to be billed to an insurance company, the transaction’s status is changed to “Primary” (primary carrier). (You can choose to name the statuses with the names of your choice. For example, “Primary Ready” or “Ready To Bill”. You will be guided through this by your trainer or; see the User Manual for details.). The next step in the billing process, is to transmit the transaction to the carrier.

When the transaction is transmitted, the status will be changed to “Wait Pay” (waiting for payment).

When a drop ship transaction is shipped, the transaction’s status will change from “New” to “Shipping.” The next step in the billing process, is to transmit the transaction to the carrier. When the transaction is transmitted, the status will be changed to “Billing.”

Statuses can be changed automatedly or manually. We will discuss the necessary processes to change the statuses of the transactions through normal, customary use of the software. Specific situations may require manually changing the status. See the user manual for details.

When ready to transmit claims, review the transactions and make changes to the status of transactions by batch, by going to the “Home” tab on the main top menu bar and; put the mouse pointer on the “Claims” button and click. A dropdown menu will appear. Put the mouse pointer on the “Flow Control” menu option and click. The “Process: Change Status” screen will open up.

In the top two rows, you can choose CPT code and/or insurance (carrier). For details, see the user manual.

Beneath the top two rows of search criteria is a row to form a search criterion based upon any combination of patient fields. For details, see the user manual.

Beneath the patient search criteria, a row will display directly above the table of transactions records, with the search criteria entered as a logical statement. If no search criteria have been entered, the title “All Records” will be displayed.

On the left of the top line of the “Process Change Status” window has a date range of “Service Dates” within which to search. On the left most side of the starting date, is a button, for common date ranges: Today, Current Month, Current Year, All and Custom. Putting the mouse pointer on the button will display a dropdown menu to choose the appropriate date range.

There are several methods of entering a beginning and/or ending dates, for a custom date range. You may put the mouse pointer on top of any of the numeric parts of a date and click. The number will become highlighted in blue. Then, simply type the number you want to change the date to.

Alternatively, you may put the mouse pointer on the down arrow following the date and click on the down arrow. A calendar will open up. Clicking on the month and year will display the months of the year. Clicking on the year, will display some of the valid years that can be chosen. Put the mouse pointer over the year you need and click. If the year does not appear, click on the right or left arrow at the top of the window. Right to go to future years and left to go to prior years.

Once you have selected a year, you will be returned to a window of the months. Put the mouse pointer over the appropriate month and click. Then, a monthly calendar will display. Put the mouse pointer over the appropriate day and click. Your starting date will be selected.

For the ending date of your date range, put the mouse pointer on the down arrow to the left of the ending date and click. Now, follow the same search and select procedure as for a beginning date; as the date, month and year selections appear.

To the right of the service date range, is the “Status” field, it will automatically be set to “ENTRY.” Leave the status as “ENTRY.” To the right of the status field, is a “Service” field. It will automatically be set to “DME.” Usually, this is the appropriate setting. If it is not and you are using multiple service layers, you may put the mouse pointer on the down arrow to the left of the “Service” field. A dropdown menu of services will display. Choose the appropriate service type. There is an option of “All” for all service types. To the right of the “Service” field, is a “Preview” button. When all your selection criteria are entered, put the mouse pointer on the “Preview” button and click. A list of transactions, fitting the selection criteria will display in the table, in the middle of the screen.

At this screen, will be all the relevant transactions you wish to bill, you can review all claims and; if need be, make adjustments to the claims without exiting the “Change Status” process. To make the changes needed to the transactions in the window, put the mouse pointer on the particular transaction and double-click. A “Claim Detail” window will open with the transaction you wish to edit. Make the necessary changes and click on “Save” in the bottom right of the transaction. The transaction will be changed and you will be returned to the “Change Status” window.

Note: It is highly recommended that after you enter your claims for the day, before submitting those claims for payment, you should review those claims and their corresponding transactions. This is particularly important with processing Medicaid claims. Rejections from Medicaid can cause significant delays and difficulties in rebilling.

Setting the Status

For a Batch

Once all the claims are correct, change the status in the bottom right corner, "Final Status." You may type in the status, but it is recommended, that you click on the magnifying glass next to the "Final Status" field. Clicking on the magnifying glass next to the "Final Status" field, will open a "Claim Flow Control Choice List" window. Choose "Primary" (or the name you chose, such as "PRIMARY READY, READY or READY TO BILL) by putting the mouse pointer on the choice "Primary" and double-clicking. The field will be automatically filled with the status "Primary" (or the name you chose, such as "PRIMARY READY, READY or READY TO BILL).

Once the "Final Status" is set, put the mouse pointer on the "Run Process" button beneath the "Final Status" field and; click. A "Flow Control" dialog box will open, telling you how many transactions were "Moved" to the "Primary" status (or whichever status you have selected). Put the mouse pointer on the "OK" button and click to dismiss the dialog box. In the main window, in the transaction window on the lower right the status of the transaction will change from "ENTRY" to "Primary" (or the name you chose, such as "PRIMARY READY, READY or READY TO BILL).

For an Individual Claim

To change an individual claim status, right click over the claim header and select "Change Claim Status". Click on the magnifying glass and select the status that you have chosen for transmission (i.e. PRIMARY READY, READY TO BILL). Click on Apply. All transactions within the claim will change to that status. If you do not want to change all transactions in the claim, then right click over the individual transaction and select "Change Status"

NOTE: For drop shipments, when the transaction is first made, the status will be "New." When the item is shipped and the system is made aware of the shipment by "Create Shipping Order," the status will change to "Shipped." In the "Flow Control", "Change Status", you search drop shipments by changing the status from "New" to "Shipped." The "Final Status" should be set to "Billing." Then, the drop shipments will appear in the list of transactions. Clicking on "Run Process" will change the status of the drop shipments to "Billing."

Noble*Direct

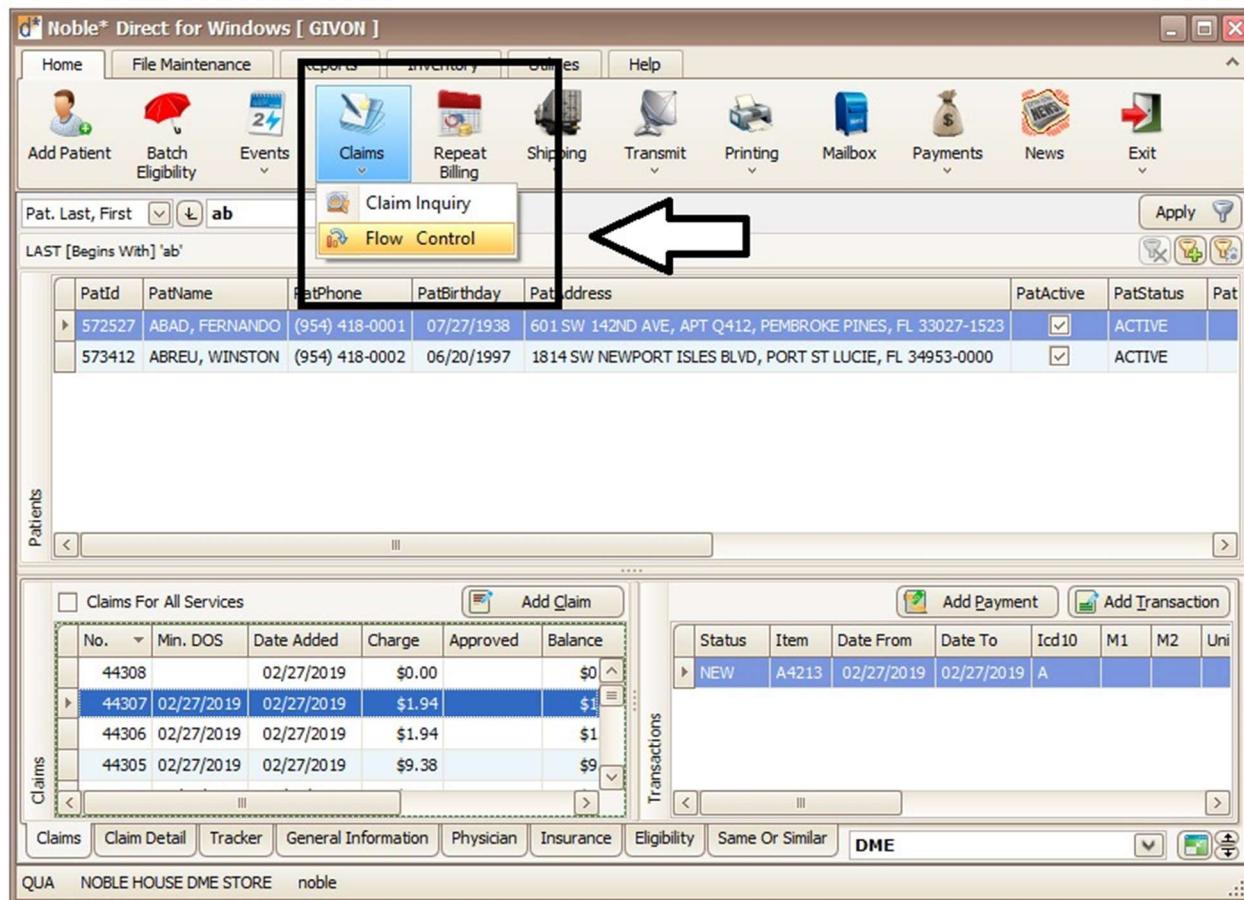


Figure 13-1. Starting the Flow Control process. Note the “Claims” button is highlighted. Note the dropdown menu and the “Flow Control” option is highlighted.

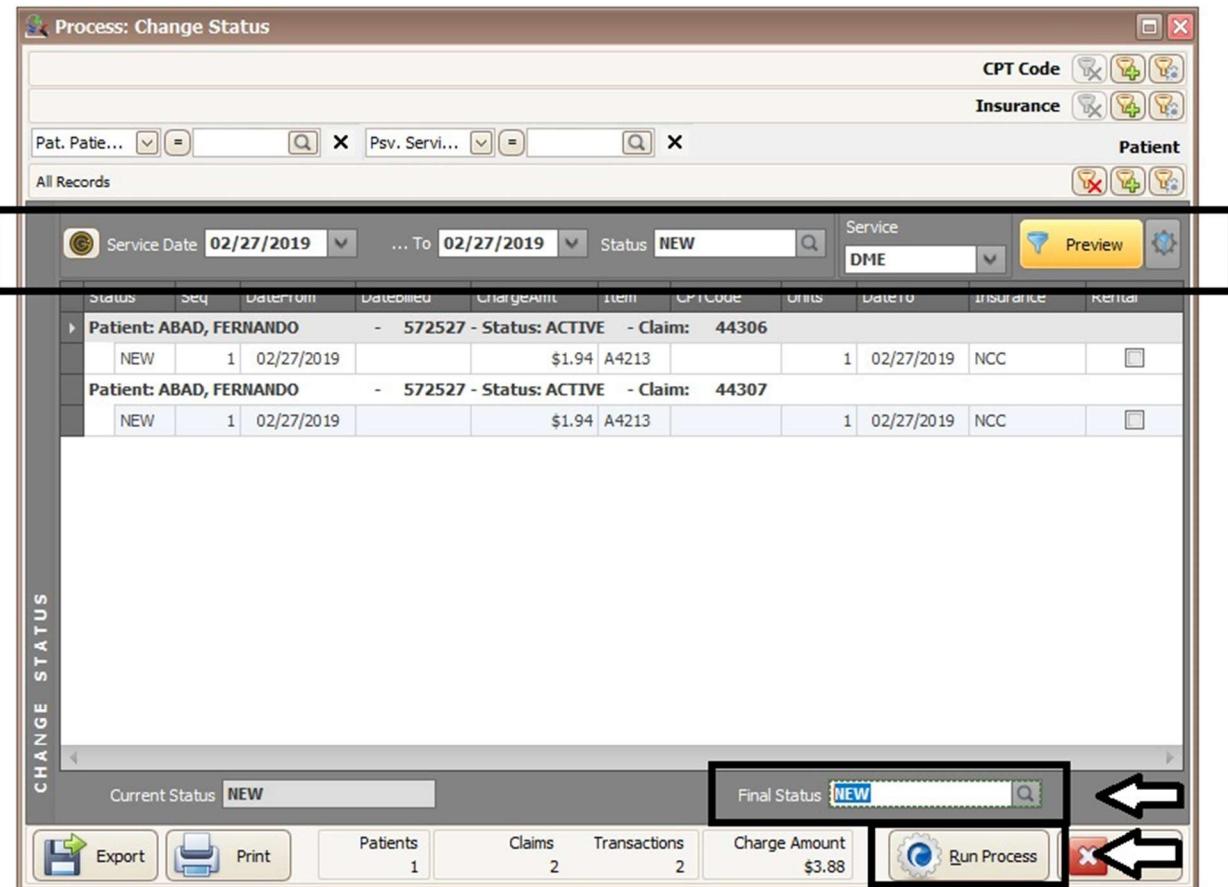


Figure 13-2. Flow Control Report Screen. Note the “Service Date” fields, “Status” field, “Service” field for type of service and the “Preview” button; in the highlighted row above the transaction table. On the bottom, note the highlighted “Final Status” field and the “Run Process” button.

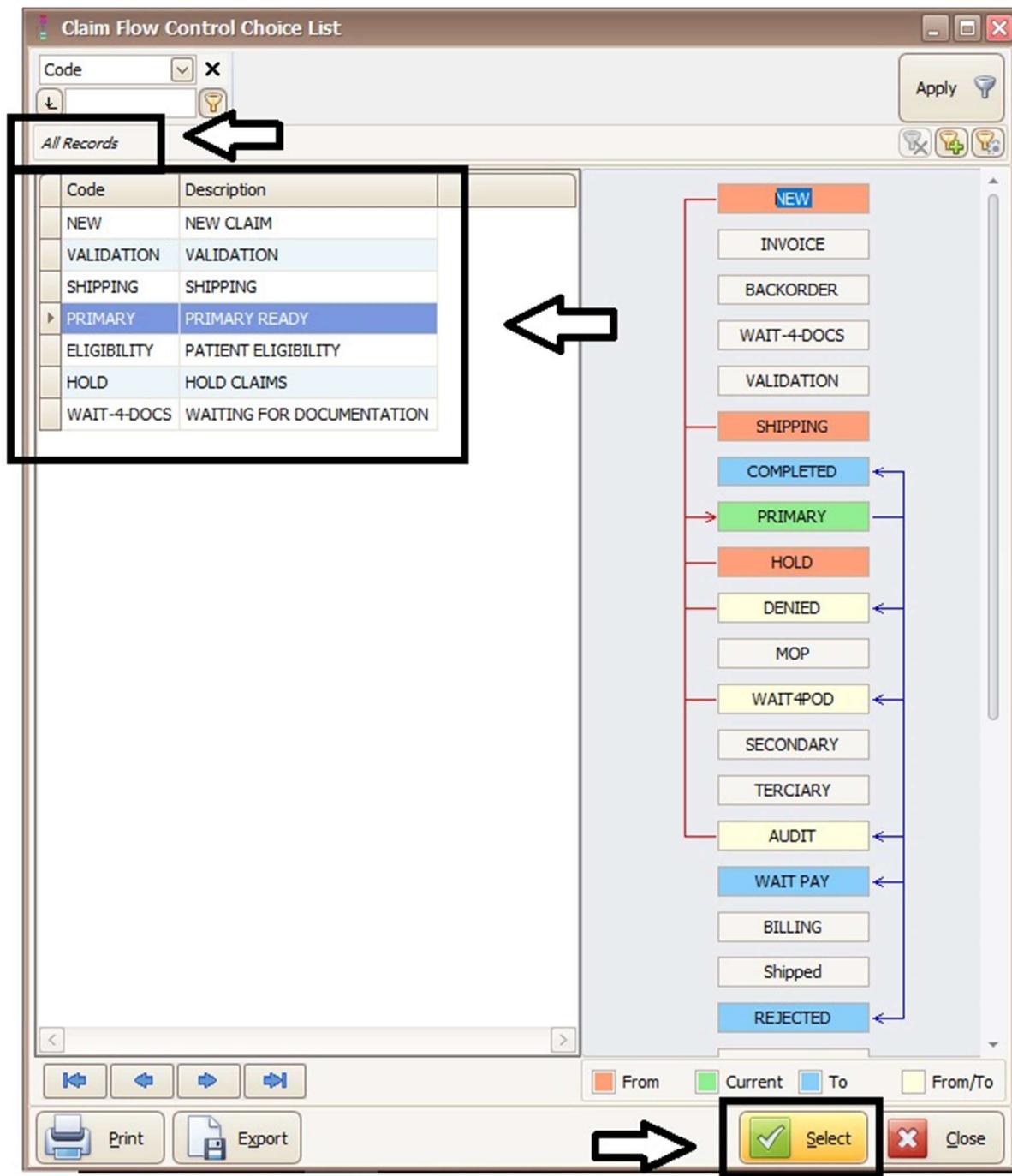


Figure 13-3. The Flow Control Choice List that appears when the magnifying glass next to the “Final Status” field, is clicked. On top, highlighted, is the selection criteria title that says “All Records,” indicating that all possible statuses are displayed. In the bottom right, the “Select” button is highlighted.

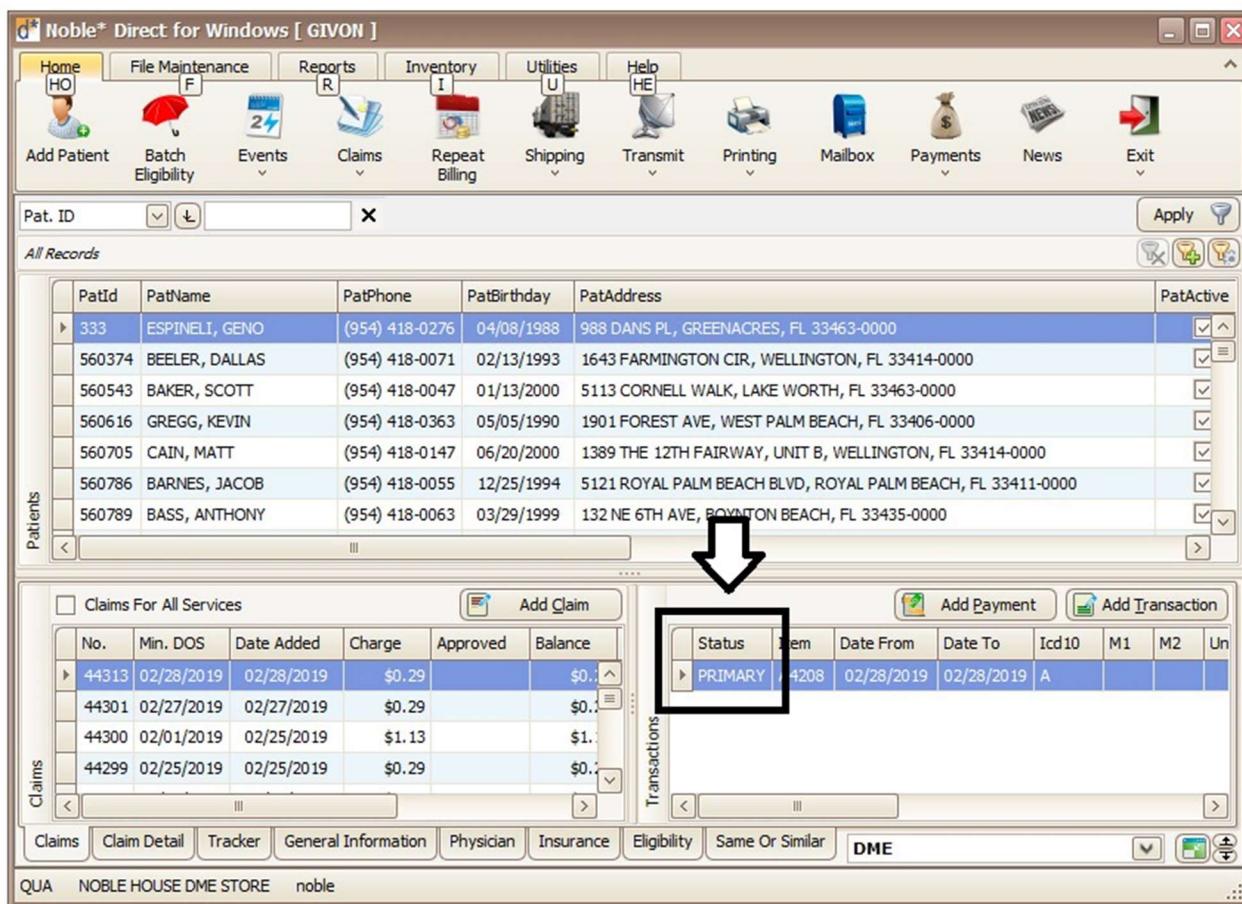


Figure 13-4. Note the status field. When a transaction is first created, it has the status "ENTRY." After the status is changed with the Flow Control process, the status is changed to "Primary" (or the name you chose, such as "PRIMARY READY, READY or READY TO BILL").

12 Transmitting Claims

To electronically transmit transactions to insurance carriers for payment, go to the “Home” tab in the main screen and put the mouse pointer on the “Transmit” button. A dropdown menu will appear. Put the mouse pointer on the menu option “Transmit Claims” and click. The “Process: Claims Transaction” window will appear. You will see the selection bar, for insurance type being billed, claim status, date and service. Insurance type is where you would choose if you are transmitting Primary claims or Secondary claims.

Typically, the insurance type will be “Primary” but, “Secondary” is another possibility. The claims transmitted will be based upon your selection of insurance type.

On the left of the top line of the “Process Claims Transaction” window has a date range of “Service Date” within which to search. On the left most side of the starting date, is a button, for common date ranges: Today, Current Month, Current Year, All and Custom. Putting the mouse pointer on the button will display a dropdown menu to choose the appropriate date range.

There are several methods of entering a beginning and/or ending dates, for a custom date range. You may put the mouse pointer on top of any of the numeric parts of a date and click. The number will become highlighted in blue. Then, simply type the number you want to change the date to.

Alternatively, you may put the mouse pointer on the down arrow following the date and click on the down arrow. A calendar will open up. Clicking on the month and year will display the months of the year. Clicking on the year, will display some of the valid years that can be chosen. Put the mouse pointer over the year you need and click. If the year does not appear, click on the right or left arrow at the top of the window. Right to go to future years and left to go to prior years.

Once you have selected a year, you will be returned to a window of the months. Put the mouse pointer over the appropriate month and click. Then, a monthly calendar will display. Put the mouse pointer over the appropriate day and click. Your starting date will be selected.

For the ending date of your date range, put the mouse pointer on the down arrow to the left of the ending date and click. Now, follow the same search and select procedure as for a beginning date; as the date, month and year selections appear.

To the right of the “Status” field, is a box for “Service.” It will have a default option. (Typically, the default is DME.) By clicking the down arrow on the right side of the box, a dropdown menu of all possible options will display. Put the mouse pointer over the appropriate type of service type and click.

To the right of the “Service” field is a “Preview” button. Put the mouse pointer over the “Preview” button and click. The “Claims Transmission” sub-window will contain a transaction table that is auto filled with all the transactions that are ready to be transmitted. Reviewing what will be transmitted, one final time, before transmitting, is recommended.

If you need to make a change to a transaction, you may do so, within the "Process Claim Transactions' window, without disturbing the process. Put the mouse pointer on the transaction you wish to change. Click. The "Claim Detail" window will open. Make the necessary changes then, put the mouse pointer on the "Save" button and click. You will be returned to the "Process Claim Transactions" window.

When all the transactions are correct, put the mouse pointer on the "Run Process" button in the bottom right of the "Process Claims Transactions" window and click. A dialog box will open, with the title "Gathering Transactions for Transmission," which is a summary of the total and rejected transactions.

To transmit the transactions, put the mouse pointer on the "OK" button and click. An "Electronic Claims Summary" report will display. You can print this report by putting the mouse on the "Print" button in the bottom right of the window and clicking. You print this report to file and store the report on your computer. It is recommended to print and keep copies of this report.

This report will automatically be archived into the "Practice Document Imaging." You can access these reports by clicking on the "Reports" tab. Then, clicking on the "Claims Reports" menu choice. Then, clicking on the "Practice Archive" menu choice. This will open the "Document Imaging" feature.

If you do not want the transactions to transmit (for example, your batch totals are incorrect), put the mouse pointer on the red "X" and close the "Gathering Transactions for Transmission" dialog box. The transactions will not be transmitted.

Note: For drop shipments, change the status to "Billing" for the drop shipments to appear in the list. Then, follow the same procedure of review and then clicking on "Run Process."

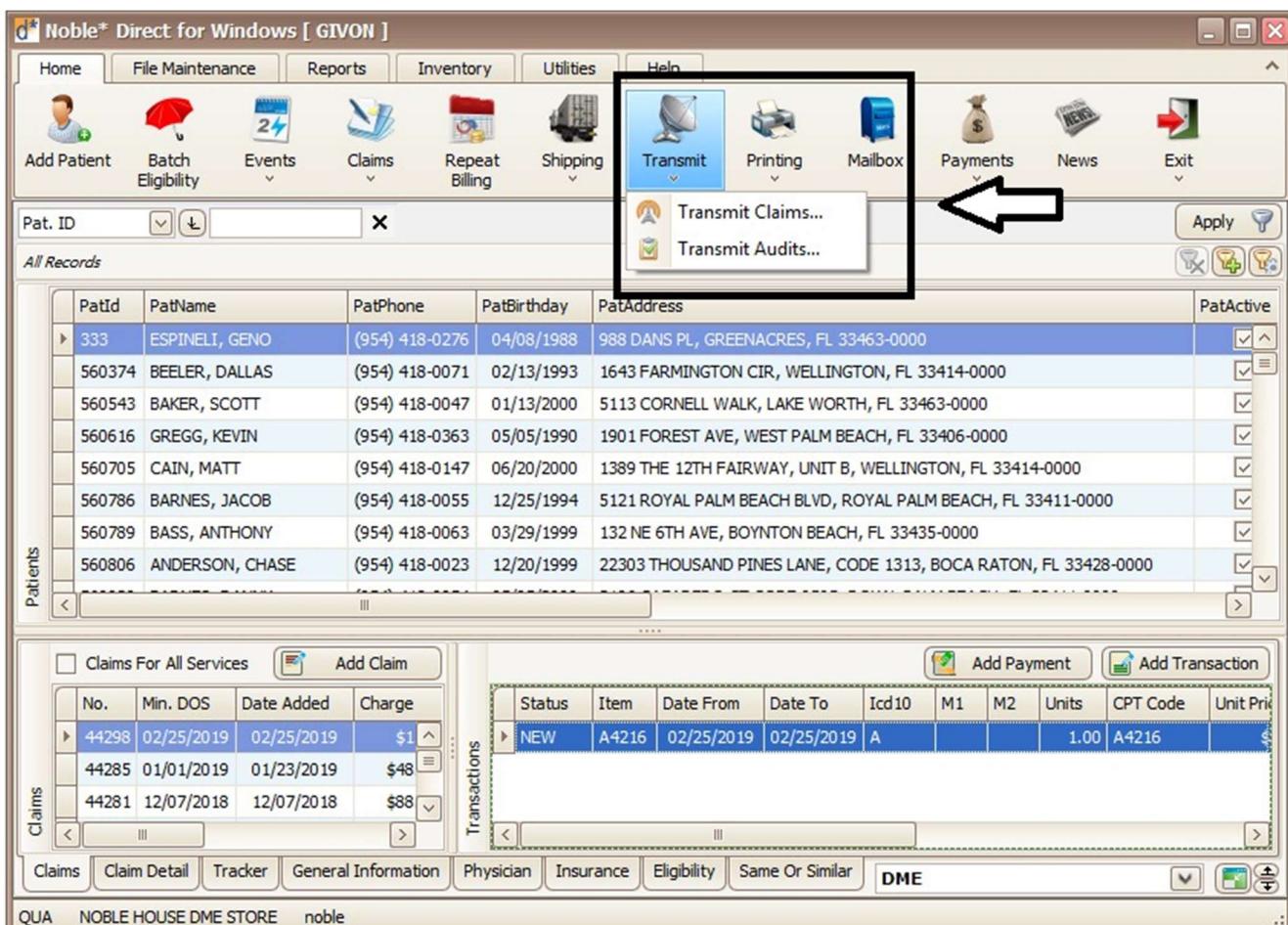


Figure 14-1. Transmit button with dropdown menu. Note the “Transmit Claims” option.

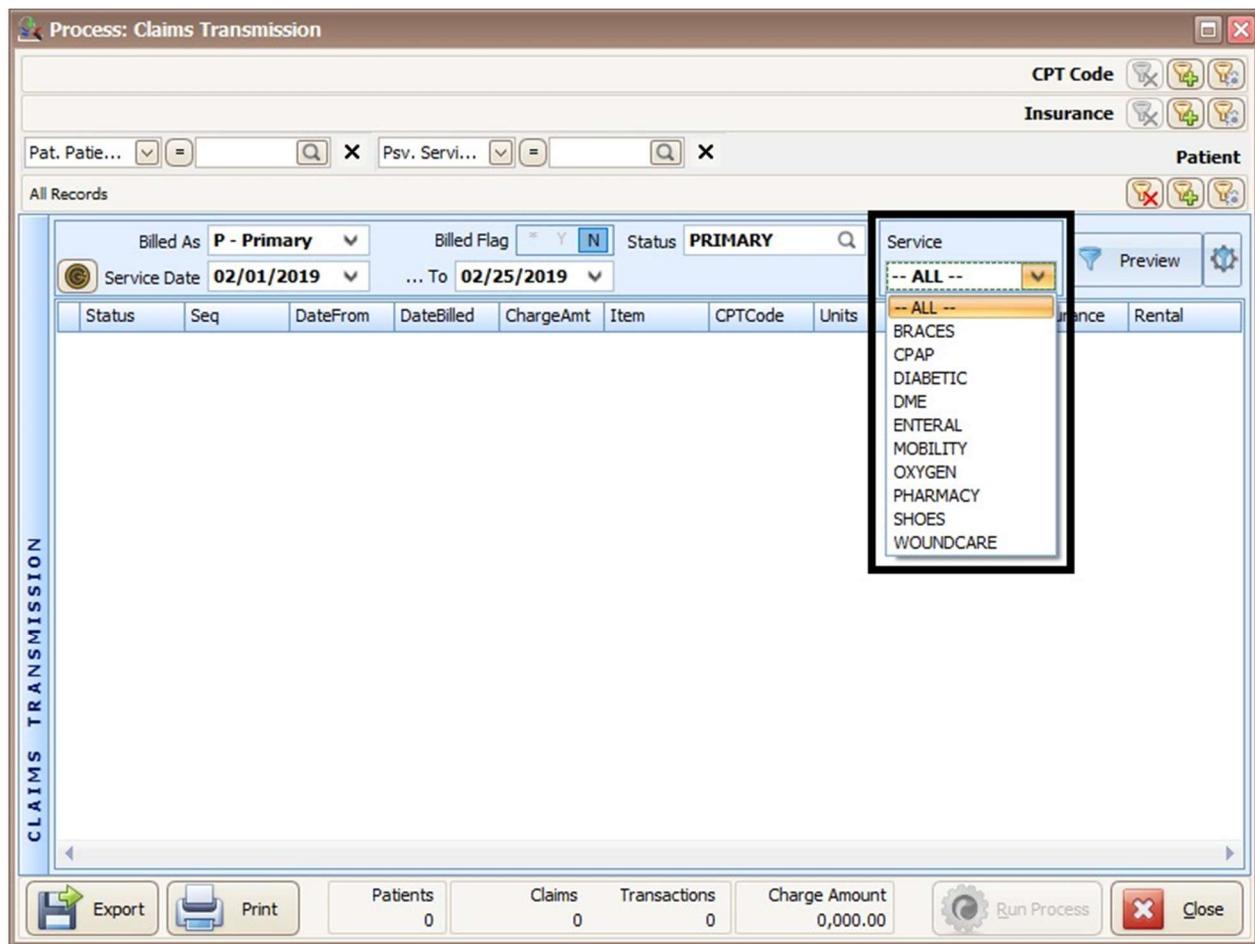


Figure 14-2. The dropdown menu of “Service” types. Note the option for “All.”

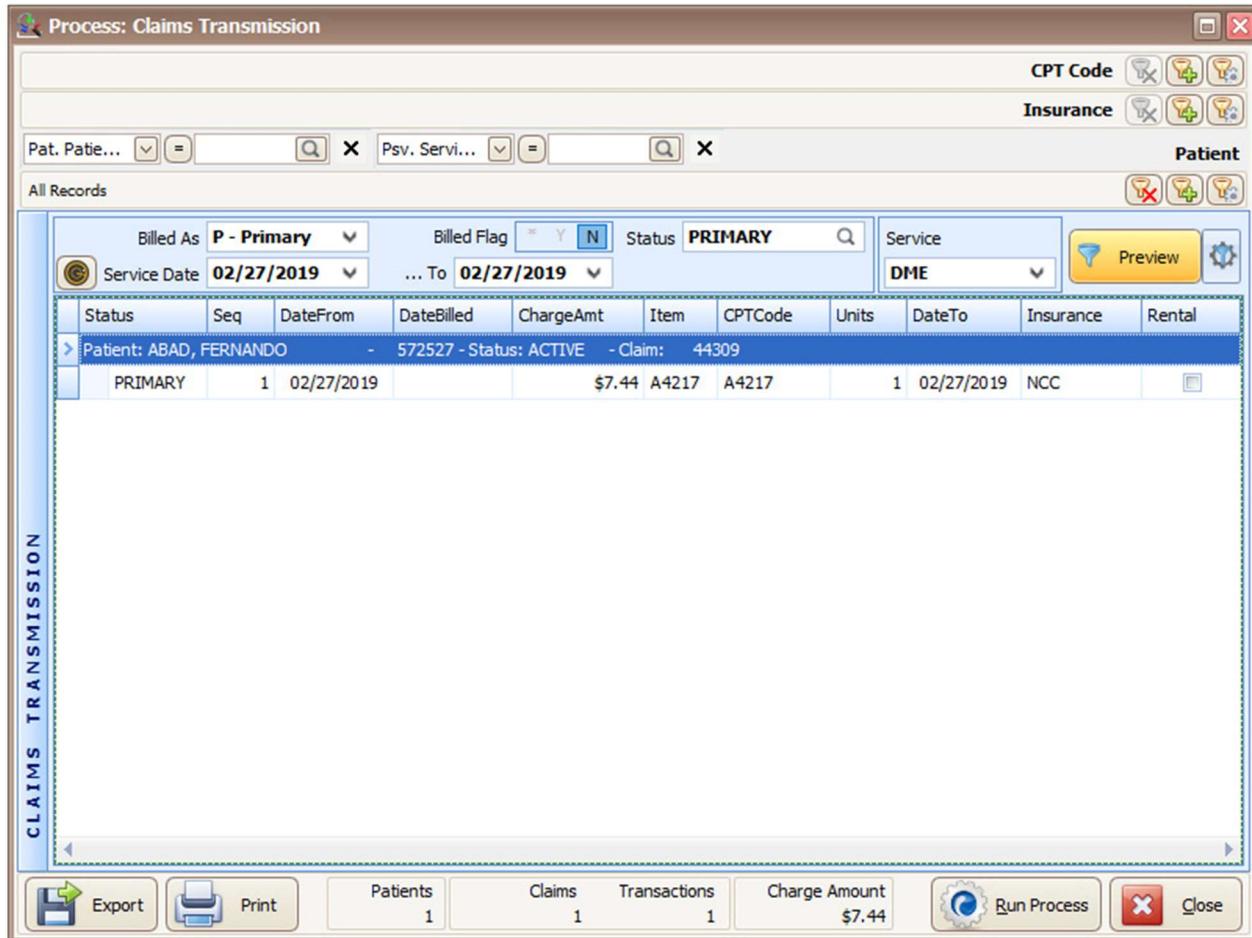


Figure 14-3. "Process: Claims Transmission" window.

Claim Summary Report

ANSI837 17:39:51	NOBLE HOUSE Electronic Claim Summary	DATE: 02/27/2019 PAGE: 1		
PREPARED FOR: noble - NOBLE HOUSE DME STORE				
PRI INS ID PATIENT ID	INS PAYER ID PRV ID	PRIMARY INSURANCE COMPANY PRV NPI PATIENT NAME	TRX	CHARGES
NCC 572527	11345 GMI	NATIONAL CLAIMS CENTER 1234567893 ABAD, FERNANDO	1*	\$7.44 \$7.44*
TOTAL CLAIMS: 1		TOTAL TRANSACTIONS / CHARGES:	1	\$7.44
Back Print X Close				

Figure 14-4. Electronic Claim Summary report displayed after transmission.

13 Mailbox

The “Mailbox” feature of Noble House is where all the electronic responses to claims are received, held and processed. This includes acknowledgments (from insurance carriers and clearinghouses), payments (from insurance carriers), rejections (from insurance carriers), eligibility requests (from insurance carriers), audits (from Medicaid) and drop ship notifications (from vendors). In addition, the payments received here can be posted to patients' accounts.

Retrieving Mail

Mail is not automatically received. You have to “request” your mail. You must “pick up” your mail by asking Noble House to deliver your mail to you. Requesting mail for each function – Claims, Eligibility, Audits and Drop Ship – is done separately.

New Medicaid/Medicare reports are available in the Mailbox in the morning, at approximately 9:30 AM EST. Polling more than once a day will not provide any more responses. Drop ship notices are delivered twice a day. Polling in the afternoon will pull new drop ships.

To access the Mailbox feature, from the “Home” tab, put the mouse pointer on the icon of the blue mailbox and click. This will open up the mailbox. At the top, there is menu consisting of five buttons on the left and one button on the right. The buttons “Mail,” “Eligibility,” “Audits,” “Drop Ship,” and “CMS Portal” are on the left, with “Autopost 835 (EOB)” on the right. To download the mail for the respective functions of mail, eligibility, audits or drop ship; click on the respective button in the menu.

Beneath the menu icons are tabs to display the various tables that contain the mail downloaded. From left to right, the tabs are “Acknowledgments” (Clearinghouse Reports), “Payments” (835's also known as ERA's [Electronic Remittance Advice]), “REJ” (Clearinghouse Reports), “XML” (for Puerto Rico), “Noble*Audits¹³,” “Drop Ship,” “CMS Portal,” and “Other.”

NOTE: The “REJ” tab is not for rejected claims it is for use with other clearinghouses. The REJ tab displays a table of clearinghouse reports that will show both accepted and rejected claims.

NOTE: The audit feature is a separately purchased feature. The audit feature enables you to keep track of your Medicare audits and allows transmission of requested supporting medical documentation directly to the company that initiated the audit.

For more information about the REJ, XML, Noble*Audits, CMS Portal and Other functions, see the user manual.

Viewing Claim Acknowledgments

¹³Audits is additional, nonstandard, feature that keeps track of audits, allows attaching digitized documents to the responses and automatically responds to audit requests. See the manual for details.

Select the “Acknowledgment” tab, by putting the mouse pointer on the tab and click. This will display a table of acknowledgments for claims submitted. By default, these will be 277CA acknowledgments. The A1 - 19 codes indicate that the claim is correct and has been accepted. Rejected claims appear highlighted in red. Noble House suggests that you list the rejected claims at the beginning of the report, particularly if the report is long. This will make review and error correction easier.

Reviewing Rejected Claims

To have all the rejected claims appear at the beginning of the report, put the mouse pointer on the header or the column, "Amount Rejected" and click so that the directional arrow is pointing down. Then, use the scroll bar to go to the top of the table, if you are not already at the top of the table.

The most common rejection codes are A3 or A7. An A7 rejection codes means that the dates don't match or; the date and modifier do not match.

Rejection code A7: 507 can mean that the HCPCS code is invalid but more commonly it is caused by sending an invalid HCPCS and modifier combination. If additional information is needed concerning the validity of the combination, please contact the jurisdiction where the claim will be processed.

To ascertain the reason for rejection, keep reading the 277CA for details of the rejection. There is a site for checking Medicare rejection codes. <https://www.ngscedi.com/> Go to this site and use the "277CA Edit Lookup Tool" to search for the rejection code.

Other common causes of claims being rejected are the patient is not found; unregistered insurance or; the secondary insurance is not on file. If the secondary insurance is not on file, enter the secondary insurance carrier and resubmit the claim. (See the user manual for details.)

Noble*Direct

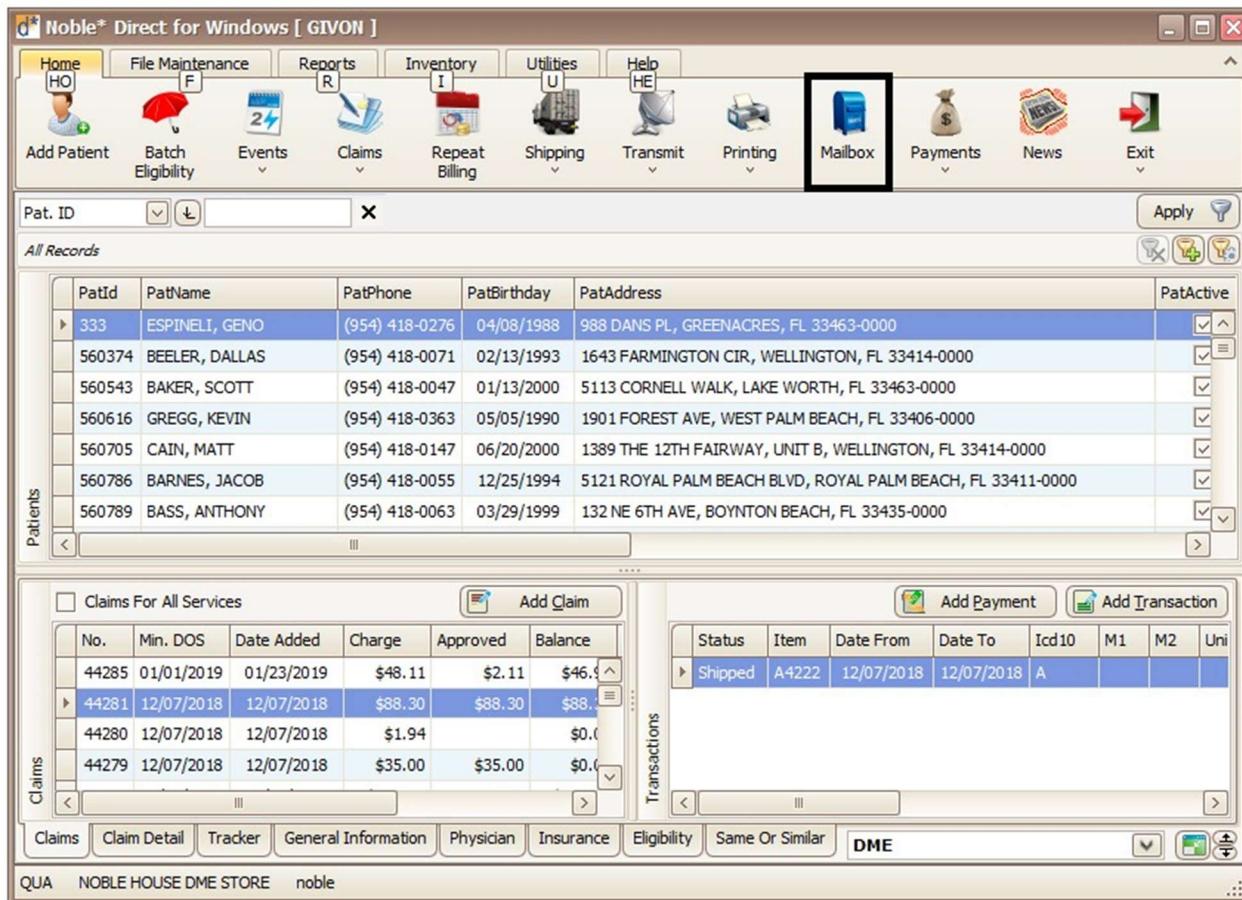


Figure 15-1. Notice the highlighted “Mailbox” button.

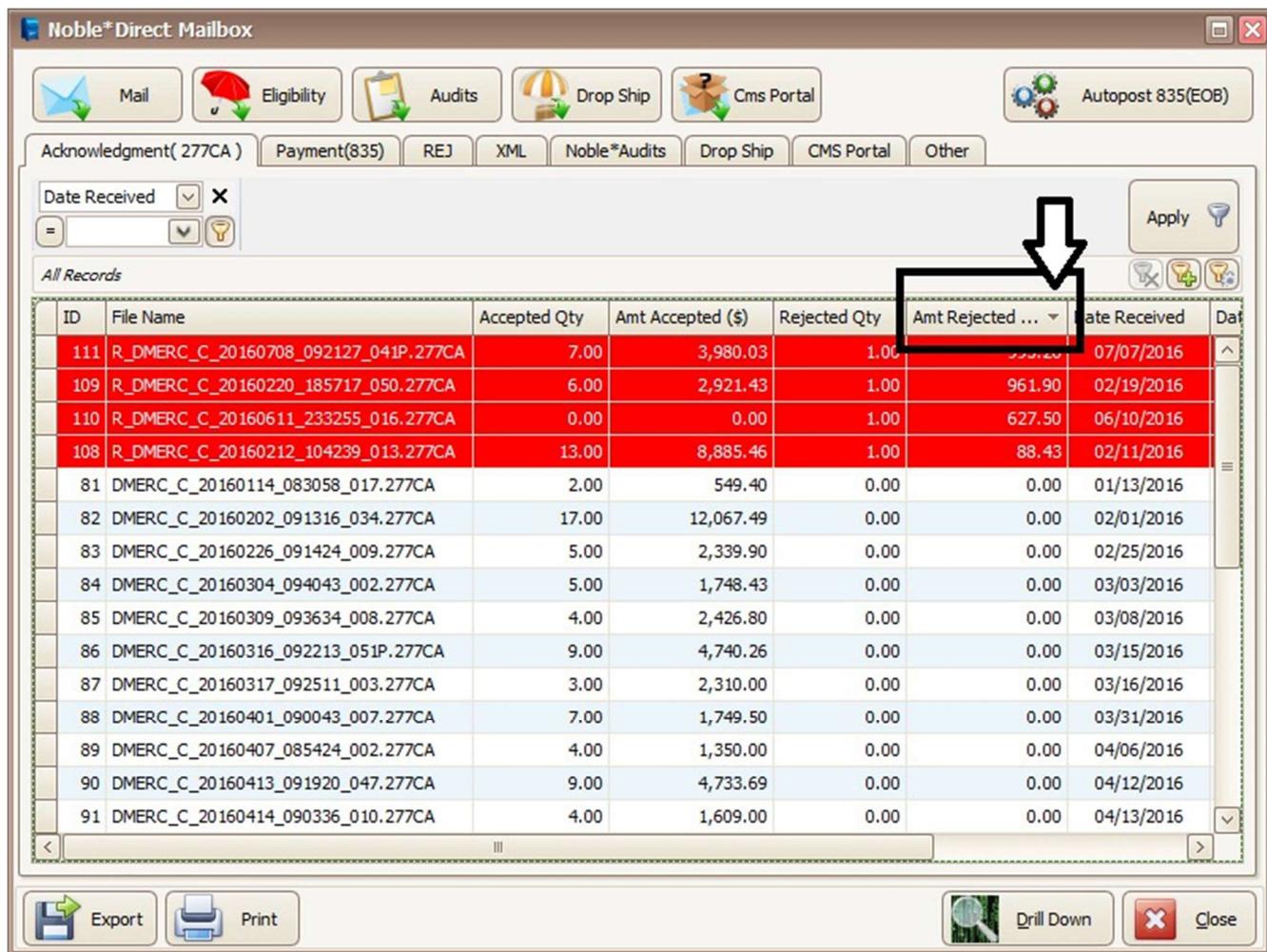


Figure 15-2. Sample Mailbox with a table of Acknowledgments. These are the acknowledgments received from clearinghouses such as Medicare/CEDI and Availity. Notice the rejected acknowledgments in red, at the top of the table. Take note of the arrow pointing down, to the right of the column heading "Amt Rejected."

Print Date: 2/28/2019
Print Time: 03:58 PM

Page: 1/4 100.0%

CLAIM ACKNOWLEDGEMENT (277CA) REPORT

Reference Identifier: 2016070711112954604
Report Date: JUL 07, 2016 Time: 11:11.00 AM

SOURCE	
ENTITY ID CODE: PAYER PAYER NAME: DMERC REGION C - CIGNA ID CODE QUALIFIER: EMPLOYER'S TRANSMITTER IDENTIFICATION TRACE NUMBER: CURRENT TRANSACTION TRACE NUMBERS DATE/TIME QUALIFIER: RECEIPT DATE DATE/TIME QUALIFIER: PROCESS DATE	TYPE QUALIFIER: NON-PERSON ENTITY PAYER ID: 18003 BATCH NUMBER: 2016070711112954606 SERVICE PERIOD: JUL 07, 2016 SERVICE PERIOD: JUL 07, 2016
RECEIVER	
ENTITY ID CODE: SUBMITTER NAME: NOBLE HOUSE FUNDING CORP ID CODE QUALIFIER: EMPLOYER'S TRANSMITTER TYPE CODE: REFERENCED TRANSACTION TRACE NUMBERS CLAIM STATUS CATEGORY: A1-	TYPE QUALIFIER: NON-PERSON ENTITY RECEIVER ID NUMBER: C08445242 TRACE NUMBER: 289412665 ACKNOWLEDGEMENT/RECEIPT-THE CLAIM/ENCOUNTER HAS BEEN RECEIVED. THIS DOES NOT MEAN THAT THE CLAIM HAS BEEN ACCEPTED FOR ADJUDICATION.
CLAIM STATUS CODE: 19-	ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER. NOTE: THIS CODE REQUIRES USE OF AN ENTITY CODE.
ENTITY IDENTIFIER: PAYER STATUS CATEGORY: TOTAL ACCEPTED QUANTITY STATUS CATEGORY: TOTAL REJECTED QUANTITY STATUS QUALIFIER: TOTAL ACCEPTED AMOUNT STATUS QUALIFIER: TOTAL REJECTED AMOUNT	DATE: JUL 07, 2016 TOTAL SUBMITTED CHARGES: \$4,975.29 QUANTITY: 7 QUANTITY: 1 AMOUNT: \$3,980.03 AMOUNT: \$995.26
PROVIDER	
ENTITY ID CODE: BILLING PROVIDER ID CODE QUALIFIER: HCFA NATIONAL PROVIDER ID NAME: NOBLE HOUSE DME STORE CLAIM STATUS CATEGORY: A1-	TYPE QUALIFIER: NON-PERSON ENTITY NPI: 1234567893 ACKNOWLEDGEMENT/RECEIPT-THE CLAIM/ENCOUNTER HAS BEEN RECEIVED. THIS DOES NOT MEAN THAT THE CLAIM HAS BEEN ACCEPTED FOR ADJUDICATION.
CLAIM STATUS CODE: 19-	ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER. NOTE: THIS CODE REQUIRES USE

Figure 15-3. Sample 277CA report. This report is accessed by clicking on a record in the listing of the acknowledgement listing in the Acknowledgement (277 CA) tab.

14 Distribution of Payments

The first step in processing payments is to retrieve the payments made by “getting the mail.” Access the Mailbox feature, from the “Home” tab, put the mouse pointer on the icon of the blue mailbox and click. This will open up the mailbox. (See Figure 13-2 above.) To download the payments received, put the mouse pointer on the “Mail” icon and click. Then, the Noble*House system will access and retrieve your mail.

After the payments have been received, it is highly recommended that you review all the payments before posting them. To review a payment, click on the “Payment” tab. A list of payments will appear. The table of payments contains an ID, file number, date and checkbox to indicate if the payment has been reviewed.

You may review the details of the payment, by clicking on the “Drill Down” button at the bottom right of the screen.

To review a particular payment, put the mouse pointer on the payment and double-click. A “Report Destination” window will open. You can view the report on the screen as well as print the report to a file or paper. It is recommended to keep a digital copy of this report for audit purposes. If you are viewing the report on the screen, close the report when done by clicking on the red “X” in the top left.

Once you have printed or viewed this report, the status for the payment viewed, will be change to printed. Now, a payment can be posted.

To post a payment, click on the “Autopost” button. The “Autopost” window will open. The “Autopost” window has four windows. From top to bottom, “Check Selection,” “Patients – Payments,” “Forward” and “Error/Warning.” In the top right corner of the “Autopost” window there are three buttons in a vertical row: “All,” “Select” and “Clear.” Beneath these buttons, is a checkbox, “Hide Posted.”

“All” - selects to post all payments.

“Select” – posts only those specific payments that you choose to post.

“Clear” – removes all select payments from posting, so that the “Check Selection” window is empty.

“Hide Posted” – does not allow previously posted checks to appear in the list of possible checks to select. It is recommended that this option is selected. This option is selected by default.

Check Selection

Pressing the “Select” button in the top right, will open a “Check Choice List” window. If you see the check you wish to post, put the mouse pointer on the check and double click. If you do not see the check you wish to post, you may scroll through the check file with the scroll bar on the right of the “Check Choice List” window.

Commonly, many billers will search for a check by amount or date. Note of the columns in the “Check Choice List,” there is an amount and date column. You may sort the column to make finding a particular amount or date easier. Putting the mouse pointer on the column header and double clicking, will sort the checks by that column. Double clicking again, will reverse the sort order.

In addition, the standard search options are at the top of the “Check Choice List” window. There is a search field with a down arrow to the right, that displays a dropdown of fields to search on. Beneath the search field is a field to enter a value to search on. To the left of the value field is a logical operator (=, >, <, etc.) The logical search expression appears in a title bar above the check table.

You may have a combination of search expressions. To add a second search parameter, click on the “Filter-Plus” to the right of the search expressions. To activate a combination of filters, click on the “Apply” button next to the right margin of the “Check Choice List” window, opposite the filters.

To select a check (payment) to post, put the mouse pointer on the check and double click. The check will be loaded into the “Check Selection” sub-window at the top of the “Autopost” window. The other sub-windows will remain empty until the check is previewed.

At this point, you may enter a “Batch ID” for your own posting purposes. This may be any number, code or combination, you choose. Operator initials are a common batch id. Once you start reviewing the checks, you can no longer enter a batch id, unless, you delete all the check selected and go through the entire selection process again.

Posting Preview

You must review the payment here before it will post. The “Post” button on the right of the “Check Selection” sub-window will be grayed out and nonfunctional until you have reviewed the check. To review the selected check, put the mouse pointer on the check and click, so that the check is highlighted. Then, click on the “Preview” button to the right of the “Check Selection” sub-window. A “Preview Summary” window will open up.

The “Preview Summary” will display totals on top. There is a “Paid” window for payment and charge. There is a window for “Forwarded” payment totals and a window for “Exceptions” totals. “Forwarded” is for claims that are to be forwarded to different insurance companies. The “Error/Warnings” are usually for claims that need to have a secondary insurance added.

Beneath the totals, is breakdown of the payments. This includes check numbers, patients paid for, claims paid and errors in claims. When finished reviewing the preview, click on the “Resume” button in the bottom right, to return to the “Autopost” screen. The “Post” button is now available. Also, the other sub-windows of the “Autopost” screen are filled with the forwarding, error and patient payment information for this selected check.

Posting Checks

Now, that you have previewed all the checks that you wish to post and are fine with posting these checks, simply put the mouse pointer on the “Post” button and click. The selected checks will be posted. An “Autopost Process” dialog box will display. If there are no errors in the posting, the dialog box will display a success message with batch total information. If there are errors in the posting, the posting will be cancelled and all checks selected will not be processed.

After the posting process is complete, a posting report will print. There are two separate reports. One report is for payments posted and the other is for warnings. These reports should be kept for review, archival and auditing purposes, either in printed or digitized format. Then, Noble House returns you to the check selection screen. You continue posting checks or exit as you wish.

Note: Noble House recommends posting zero payment checks so that the system knows the claim was processed by the insurance carrier and denied. Then, appropriate action can be taken and the claim payment tracked.

Posting Private Payments

Personal Check

To enter a payment by personal check, go to the main screen and select the patient and find the patient's claim to pay. Then, highlight the transaction to be paid. After which, either put the mouse pointer on the "Add Payment" button and click or; double-click on the transaction. This will open the "Payment Entry" window. In the top third of the window are the "Claim Details". Beneath the "Claim Details" is the "Payment Information" and "Payment Adjustment" tabs. The "Payment Information" tab is selected by default.

Enter the "Batch I.D." Usually, this is the operator's initials. Next to "Batch I.D." is a field for "Source". This defaults to "Patient." For a personal check, this is the appropriate setting. Below this are fields to enter the date received and the amount paid. The date received will default to today's date¹⁴.

On the next line, you will see three tabs: "Credit Card / E-Check," "Paper Check/Cash" and "Unapplied." "Paper Check/Cash" is the default. If it is not selected, put the mouse pointer on the tab and click.

Every check payment requires a check number. The check number for the patient must be entered and associated with the payer, in this case, the patient. To do this, put the mouse pointer on the magnifying glass next to the field for "Check No." The "Check Choice List" window will open. Put the mouse pointer on the "New" button on the bottom left of the screen. The "Check File Maintenance" window will open up.

The required fields for entering check are payer and check number. Make sure to enter the check amount and check date¹⁵. Then, put the mouse pointer on the "Save" button in the bottom right corner and click to save the check.

You will be returned to the "Check Choice List." Find the check in "Check Choice List" by any of the means described previously, in this guide. Put the mouse pointer on the check and double-click. This will return you to the "Payment Entry" window. Put the mouse pointer on the "Save" button in the bottom right of the screen and click. This will save the check payment.

¹⁴See the section above "Verifying Transaction for a description of how to work the calendar.

¹⁵See the section above "Verifying Transaction for a description of how to work the calendar.

Cash Payment

To enter a cash payment, follow the same process as entering a personal check but, do not enter a check number.

Go to the main screen and select the patient and find the patient's claim to pay. Then, highlight the transaction to be paid. After which, either put the mouse pointer on the "Add Payment" button and click or; double-click on the transaction. This will open the "Payment Entry" window. In the top third of the window are the "Claim Details". Beneath the "Claim Details" is the "Payment Information" and "Payment Adjustment" tabs. The "Payment Information" tab is selected by default.

Enter the "Batch I.D." Usually, this is the operator's initials. Next to "Batch I.D." is a field for "Source". This defaults to "Patient." For a cash payment, this is the appropriate setting. Below this are fields to enter the date received and the amount paid. The date received will default to today's date¹⁶.

On the next line, you will see three tabs: "Credit Card / E-Check," "Paper Check/Cash" and "Unapplied." "Paper Check/Cash" is the default. If it is not selected, put the mouse pointer on the tab and click.

The check number field will be blank. The check number field must be blank for a cash payment.

Put the mouse pointer on the "Save" button in the bottom right of the screen and click. This will save the cash payment.

Credit Card Payments

Noble*House also has a facility to accept credit card payments. There are three components to setting up the software to handle credit card payments. The system must be set up with a gateway to your credit card processing company. The patient may a credit card on file. If the patient does not have a credit card on file, then, the credit card information must be entered at time of payment. Lastly, the payment process for entering a credit card payment for a particular transaction must be followed.

Credit Card Gateway Setup

Credit card gateway setup is something that Noble*House will assist you with. In case you need to change the password to your gateway, the procedure is described here. Click on the "File Maintenance" tab from main menu bar. Put the mouse pointer on the "Additional" icon on the far right of the menu bar. A dropdown menu will appear. Put the mouse pointer on the last option, "Credit Card Gateway," and click.

The "Credit Card / E-Check Gateway Choice List" window will open. Put the mouse pointer on the gateway whose password you wish to change and double-click. The "Credit Card Gateway File Maintenance" window will open. Change the passwords and key values as necessary.

Put the mouse pointer on the "Save" button in the bottom right of the screen and press enter to make the changes permanent.

¹⁶See the section above "Verifying Transaction for a description of how to work the calendar.

Adding a Credit Card to a Patient's Record

Select the patient and open the “Patient File Maintenance” window. In the bottom third of the “Patient File Maintenance” window is a sub-window with many tabs. In the middle of the tabs, is a “Funds” tab. Put the mouse pointer on the “Funds” tab and click. The “Funds” sub-window will open.

The “Funds” sub-window has two tabs. The “Credit Card / E-Check” tab is selected by default. To the right of the sub-window is an “Add” button. Put the mouse pointer on the “Add” button and click to add a credit card. The “Credit Card” window will open.

The “Credit Card” payment type sub-window will default to a payment type of “E-Check.” Press the down arrow next to the “Payment Type” field for a list of credit card types. Select the appropriate credit card type by putting the mouse pointer on the credit card type and clicking. The payment type sub-window will change from “E-Check” to “Credit Card.”

Enter the credit card number, cvv number and expiration date in the “Credit Card” payment type sub-window.

On the bottom is a “Billing Information” sub-window. The required fields are name, address, city, state and zip. You can fill the name and address fields with the information on file in the patient file, by clicking on the “Load From Patient” button next to the phone number line of the billing information. Only use the patient address information for billing if the patient address information matches the address information on the credit card.

You can erase all billing address information by clicking on the “Clear” button next to the “Load From Patient” button.

When all the information entered is correct, click on the “Save” button in the bottom right to permanently record this information on file.

Recording a Credit Card Payment

To enter a credit card payment, on the main screen, select the patient and find the patient's claim to pay. Then, highlight the transaction to be paid. After which, either put the mouse pointer on the “Add Payment” button and click or; double-click on the transaction. This will open the “Payment Entry” window. In the top third of the window are the “Claim Details”. Beneath the “Claim Details” is the “Payment Information” and “Payment Adjustment” tabs. The “Payment Information” tab is selected by default.

Enter the “Batch I.D.” Usually, this is the operator's initials. Next to “Batch I.D.” is a field for “Source”. This defaults to “Patient.” For a credit card payment, this is the appropriate setting. Below this are fields to enter the date received and the amount paid. The date received will default to today's date¹⁷. Make sure to enter an amount to pay. This will be the amount charged to the patient's credit card.

On the next line, you will see three tabs: “Credit Card / E-Check,” “Paper Check/Cash” and “Unapplied.” Put the mouse pointer on “Credit Card / E-Check” and click to enter a credit card payment.

¹⁷See the section above “Verifying Transaction for a description of how to work the calendar.

You will now see a list of credit cards on file for this patient. Put the mouse pointer on the appropriate credit card and click to make a charge to this credit card.

If it is necessary to add a new credit card, you may click on the “Add” button to the right of the table listing the patient's credit cards. Then, follow the above procedure for adding a credit card.

Put the mouse pointer on the “Save” button in the bottom right corner and click to put the charge through.

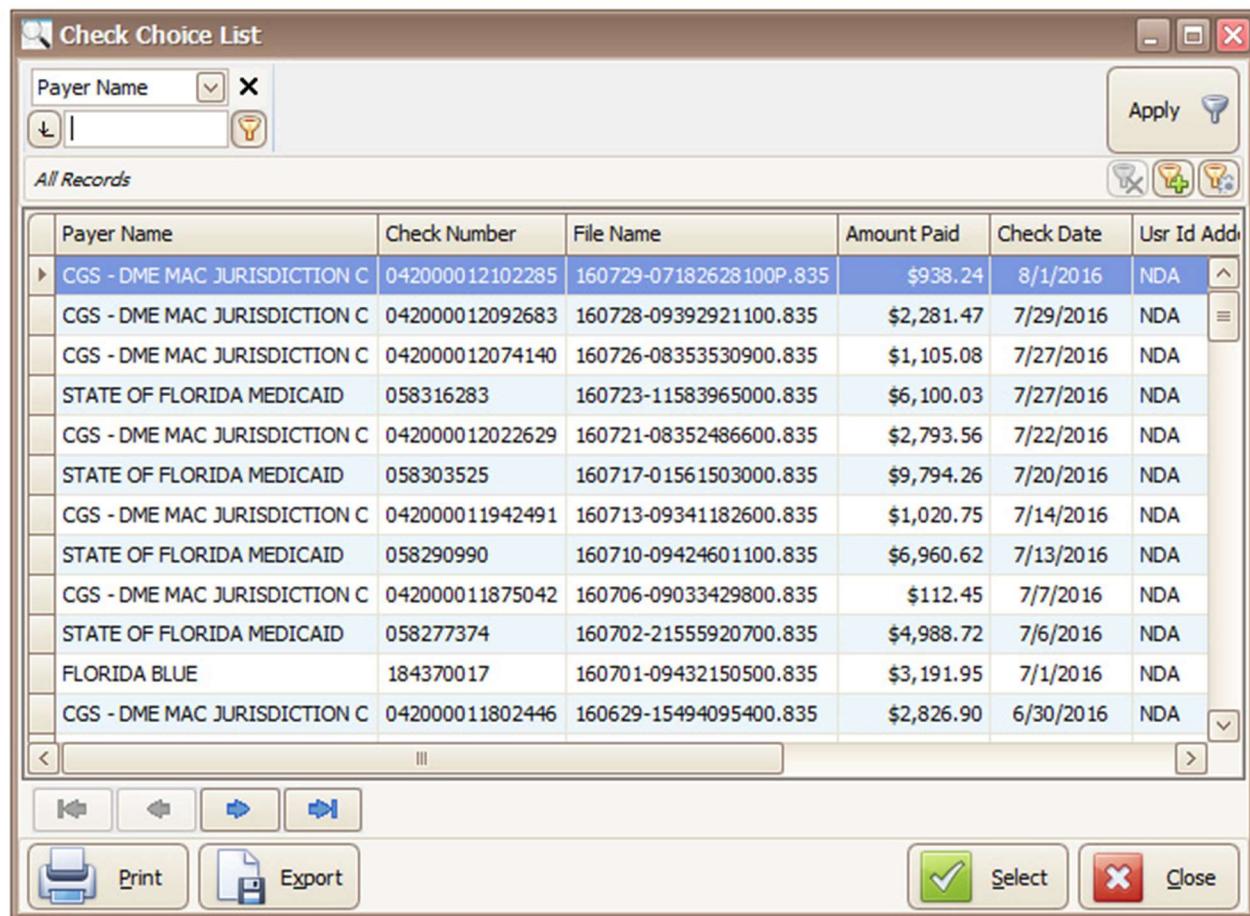


Figure 16-1. Check Choice List window. For selecting a check.

Preview Summary				
	Status	Total Count	Charges	Payments
Paid	Primary	13	945.90	695.05
	Secondary	0	0.00	0.00
	Tertiary	0	0.00	0.00
Forward	Pri. Fwd	7	319.50	243.19
	Sec. Fwd	0	0.00	0.00
	Ter. Fwd	0	0.00	0.00
Exceptions	Denied	0	0.00	0.00
	Pending	0	0.00	0.00
	Other	0	0.00	0.00
	Reversal	0	0.00	0.00
	Provider Adj	0	0.00	0.00
	Total Error(s)	9	213.00	146.52
	Total Payments	2	1,265.40	938.24

=> Gathering Checks
-- Check # 042000012102285

=> Locating Patients
-> Payer: CGS - DME MAC JURISDICTION C

=> Locating Payments
. Payments For Patient: 574389
-- Service: Procedure/Date/Modifiers [A7520 07/08/2016 KX]
Match Found; Claim: 486
-> Adding W/O adjustment: Contractual Obligations
-- Service: Procedure/Date/Modifiers [A4623 07/08/2016 KX]
Match Found; Claim: 486
-> Adding W/O adjustment: Contractual Obligations
-- Service: Procedure/Date/Modifiers [L8501 07/08/2016 KX]
Match Found; Claim: 486
-> Adding W/O adjustment: Contractual Obligations
-- Service: Procedure/Date/Modifiers [A4605 07/08/2016 NU,KX,CC]
Error: Service Not Found.
- Transaction Not Found
Error: Transaction Not Found

Preview Remarks

 Export  Resume

Figure 16-2. Check summary preview. Notice the sub-windows for "Paid," "Forward" and "Exceptions."

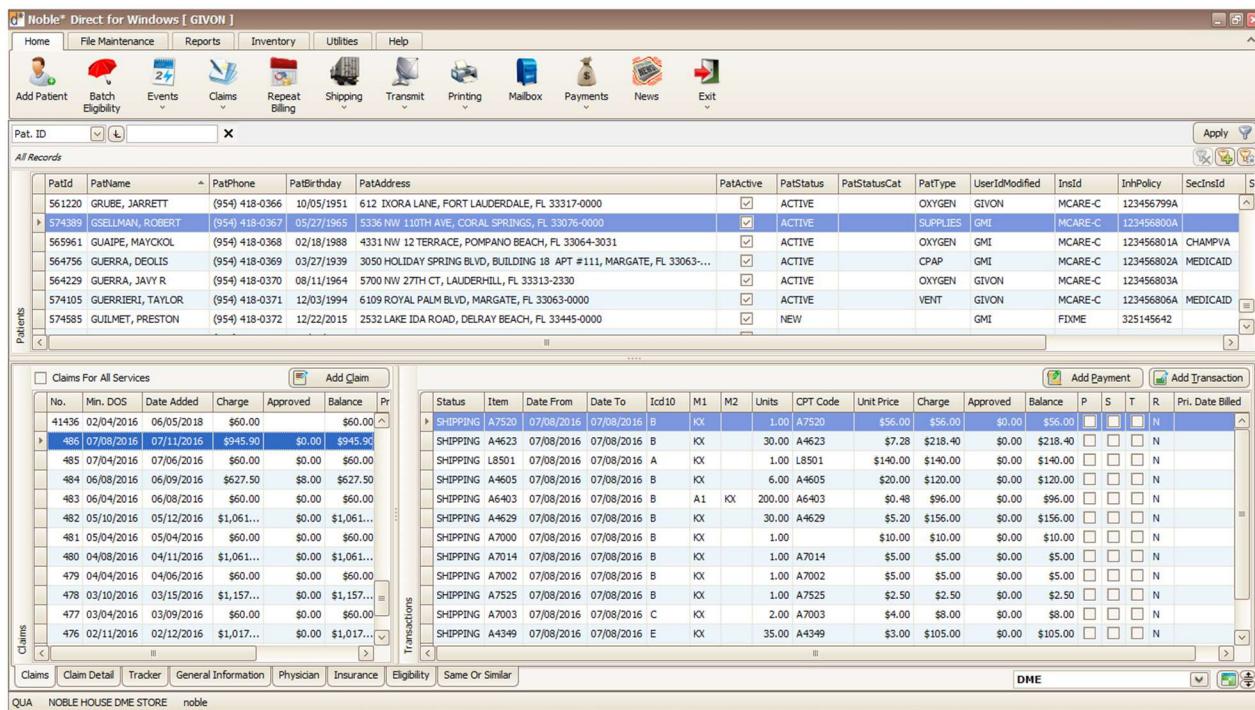


Figure 16-3. The patient's billing record that matches the payment shown above.

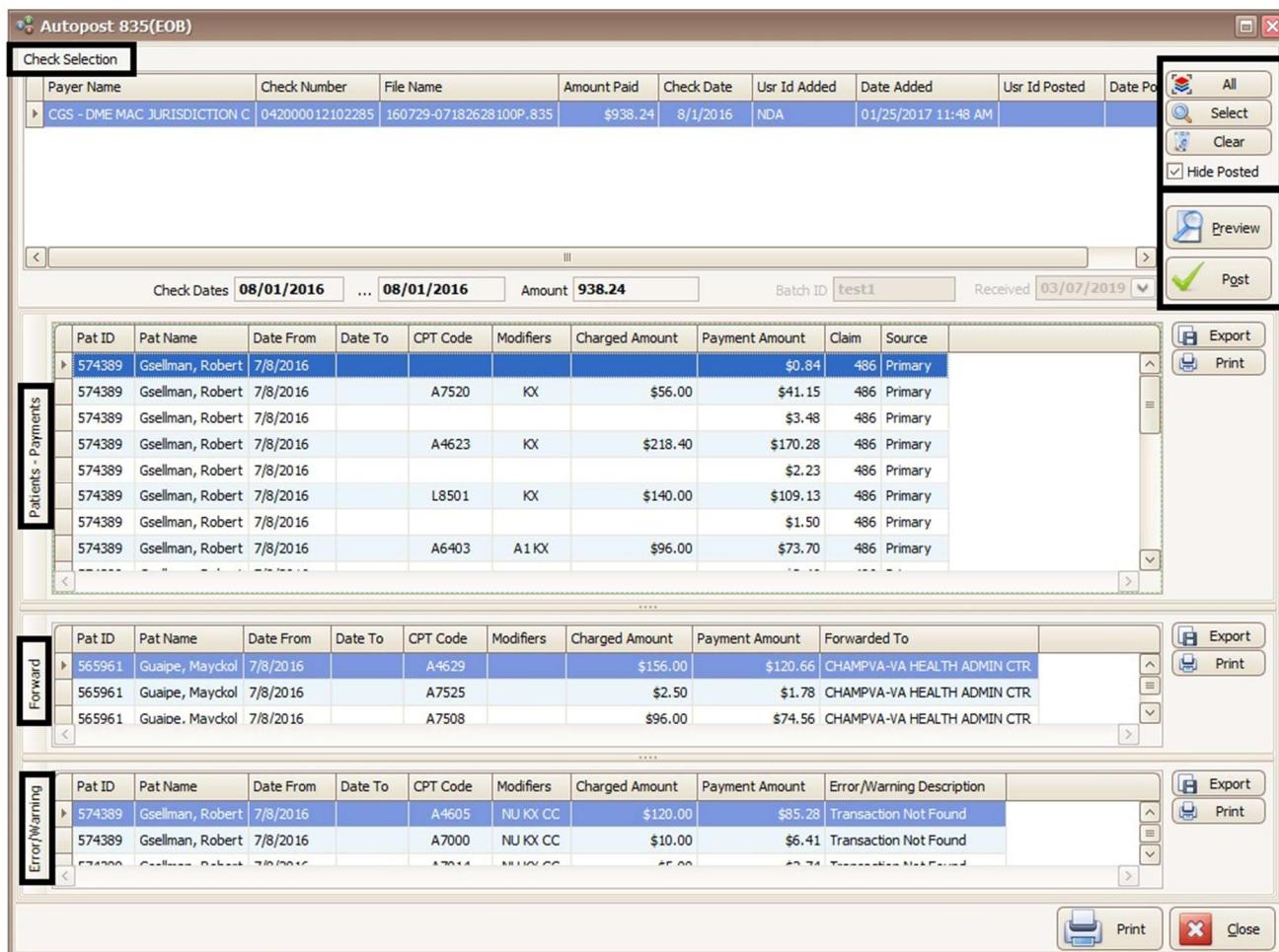


Figure 16-4. Autopost screen with a check selected that has been previewed. Notice the buttons “All,” “Select” and “Clear” for selecting checks in the top right. Notice the checkbox for “Hide Posted” in the top right. Notice the “Preview” and “Post” buttons in the top right. The highlighted titles on the left indicate the different sub-windows, “Check Selection,” “Patient – Payments,” “Forward” and “Error/Warning.”

03/07/2019
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NOBLE HOUSE DME STORE
Autoposting Payments

Pat ID	Pat Name	Date From	Date To	CPT Code	Modifiers	Charged Amount	Payment Amount	Claim	Source
574389	Gsellman, Robert	7/8/2016		A7520	KX	\$56.00	\$41.15	486	Primary
574389	Gsellman, Robert	7/8/2016					\$3.48	486	Primary
574389	Gsellman, Robert	7/8/2016		A4623	KX	\$218.40	\$170.28	486	Primary
574389	Gsellman, Robert	7/8/2016					\$2.23	486	Primary
574389	Gsellman, Robert	7/8/2016		L8501	KX	\$140.00	\$109.13	486	Primary
574389	Gsellman, Robert	7/8/2016					\$1.50	486	Primary
574389	Gsellman, Robert	7/8/2016		A6403	A1 KX	\$96.00	\$73.70	486	Primary
574389	Gsellman, Robert	7/8/2016					\$2.46	486	Primary
574389	Gsellman, Robert	7/8/2016		A4629	KX	\$156.00	\$120.66	486	Primary
574389	Gsellman, Robert	7/8/2016					\$0.04	486	Primary
574389	Gsellman, Robert	7/8/2016		A7525	KX	\$2.50	\$1.78	486	Primary
574389	Gsellman, Robert	7/8/2016					\$1.25	486	Primary
574389	Gsellman, Robert	7/8/2016		A4349	KX	\$105.00	\$61.19	486	Primary
574389	Gsellman, Robert	7/8/2016					\$0.34	486	Primary
574389	Gsellman, Robert	7/8/2016		A4357	KX	\$24.00	\$16.83	486	Primary
565961	Guaipe, Mayckol	7/8/2016					\$2.46	2452	Primary
565961	Guaipe, Mayckol	7/8/2016		A4629	KX	\$156.00	\$120.66	2452	Primary
565961	Guaipe, Mayckol	7/8/2016					\$0.04	2452	Primary
565961	Guaipe, Mayckol	7/8/2016		A7525	KX	\$2.50	\$1.78	2452	Primary
565961	Guaipe, Mayckol	7/8/2016					\$1.52	2452	Primary
565961	Guaipe, Mayckol	7/8/2016		A7508	KX	\$96.00	\$74.56	2452	Primary

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Figure 16-5. Printed Payment Preview Report.

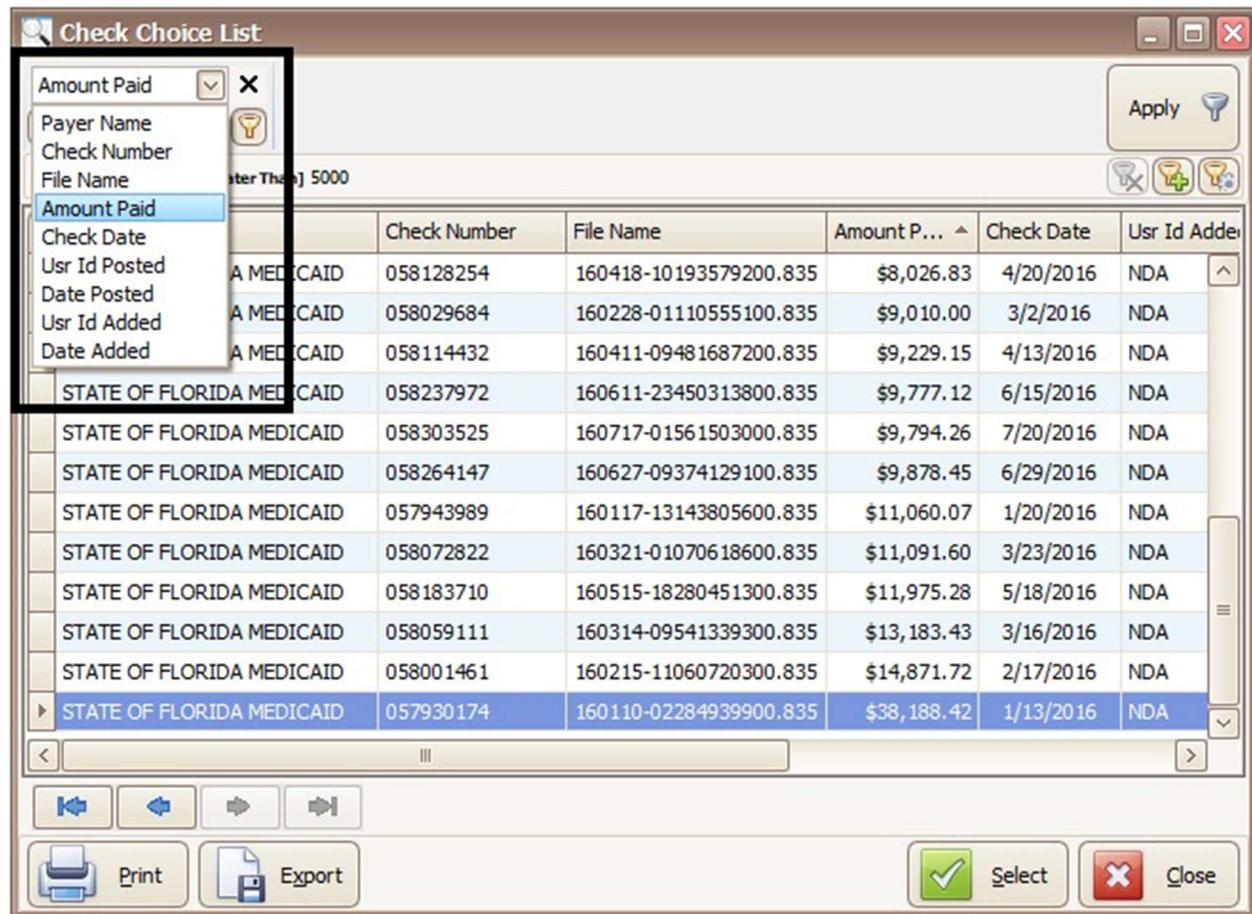


Figure 16-6. Check Choice List with Dropdown menu for search parameters.

Payer Name	Check Number	File Name	Amount P...	Check Date	Usr Id Add
STATE OF FLORIDA MEDICAID	058128254	160418-10193579200.835	\$8,026.83	4/20/2016	NDA
STATE OF FLORIDA MEDICAID	058029684	160228-01110555100.835	\$9,010.00	3/2/2016	NDA
STATE OF FLORIDA MEDICAID	058114432	160411-09481687200.835	\$9,229.15	4/13/2016	NDA
STATE OF FLORIDA MEDICAID	058237972	160611-23450313800.835	\$9,777.12	6/15/2016	NDA
STATE OF FLORIDA MEDICAID	058303525	160717-01561503000.835	\$9,794.26	7/20/2016	NDA
STATE OF FLORIDA MEDICAID	058264147	160627-09374129100.835	\$9,878.45	6/29/2016	NDA
STATE OF FLORIDA MEDICAID	057943989	160117-13143805600.835	\$11,060.07	1/20/2016	NDA
STATE OF FLORIDA MEDICAID	058072822	160321-01070618600.835	\$11,091.60	3/23/2016	NDA
STATE OF FLORIDA MEDICAID	058183710	160515-18280451300.835	\$11,975.28	5/18/2016	NDA
STATE OF FLORIDA MEDICAID	058059111	160314-09541339300.835	\$13,183.43	3/16/2016	NDA
STATE OF FLORIDA MEDICAID	058001461	160215-11060720300.835	\$14,871.72	2/17/2016	NDA
STATE OF FLORIDA MEDICAID	057930174	160110-02284939900.835	\$38,188.42	1/13/2016	NDA

Figure 16-7. Check list with payment amounts greater than \$5,000-.

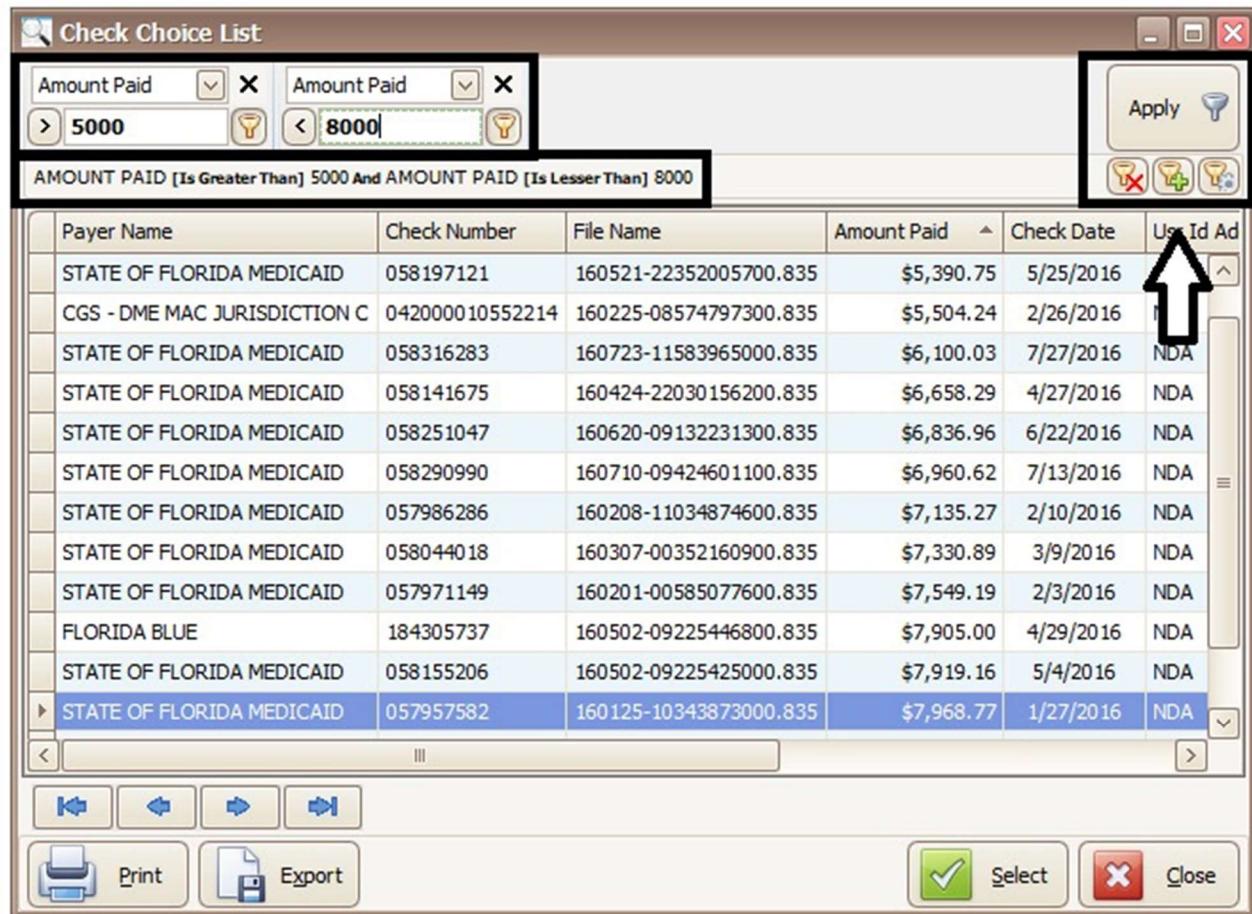


Figure 16-8. Check Choice List with a combination of search parameters. The amount paid is greater than \$5,000- and less than \$8,000-. In addition, the amount paid is sorted in ascending order (from lowest to highest). Notice the “Apply” button on the top right near the margin of the window. This button must be pressed to activate a search of a combination of parameters. Notice the “Filter” button with the green plus sign. Press this button add additional search parameters.

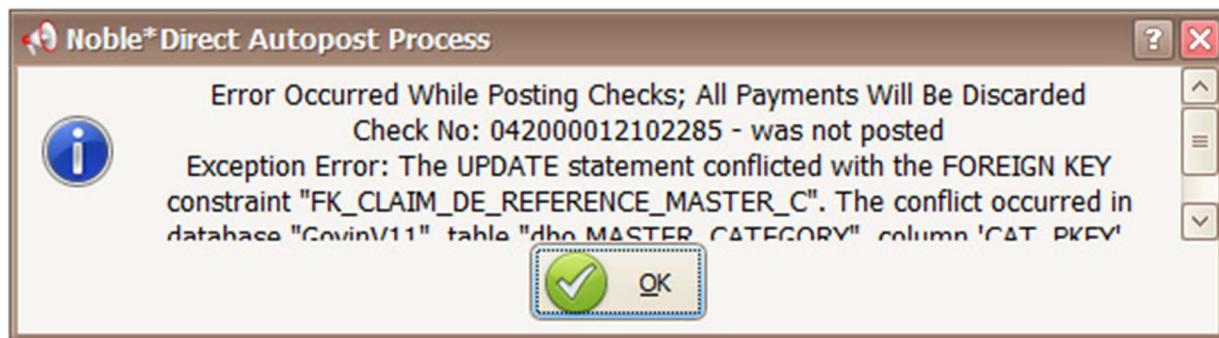


Figure 16-9. Payment posting dialog box.

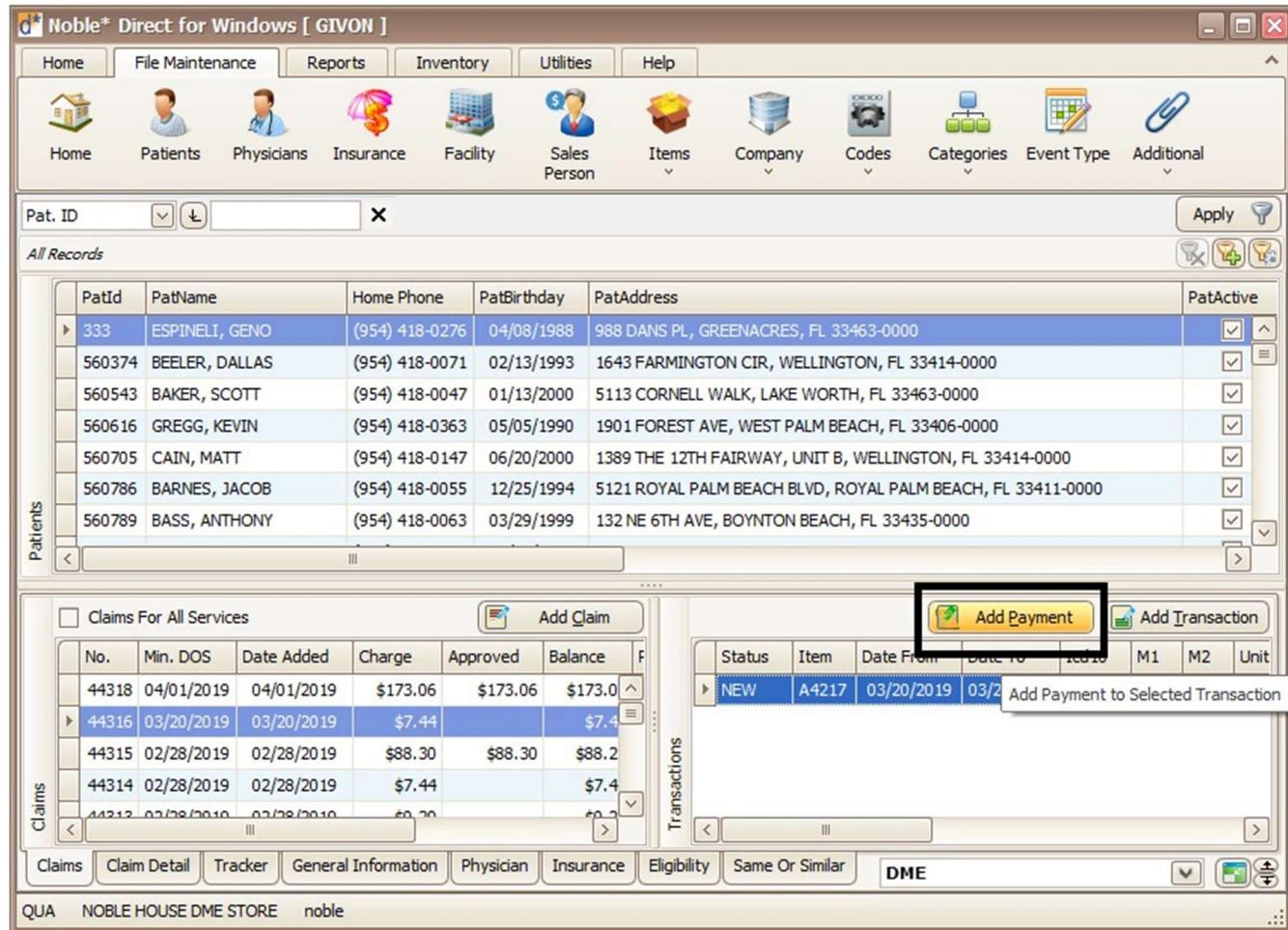


Figure 16-10 Click the “Add Payment” highlighted, to add a personal check or credit card payment.



Figure 16-11 A dialog box displaying the approved amounts will open. These amounts cannot be changed.

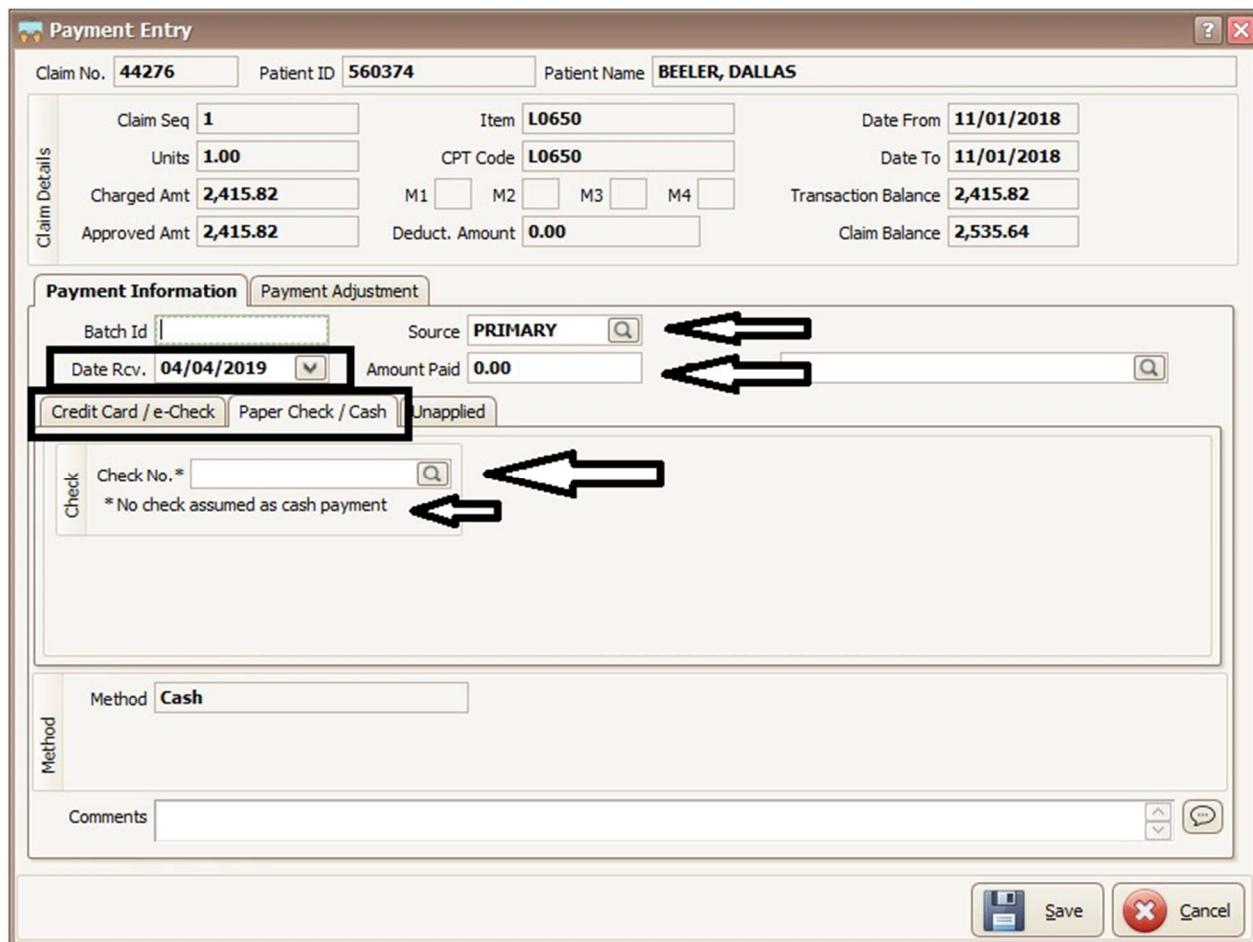


Figure 16-12 The Payment Entry window. Note the appropriate source should be selected. If the patient is paying, click on the magnifying glass and select patient. The "Date Received" will be auto filled with today's date. Enter a check number. If the check number is blank, the payment will be recorded as a cash payment.

All checks, even personal checks, must be entered into the system before a payment can be made. If you have not yet entered the patient's check, click on the magnifying to add the patient's check.

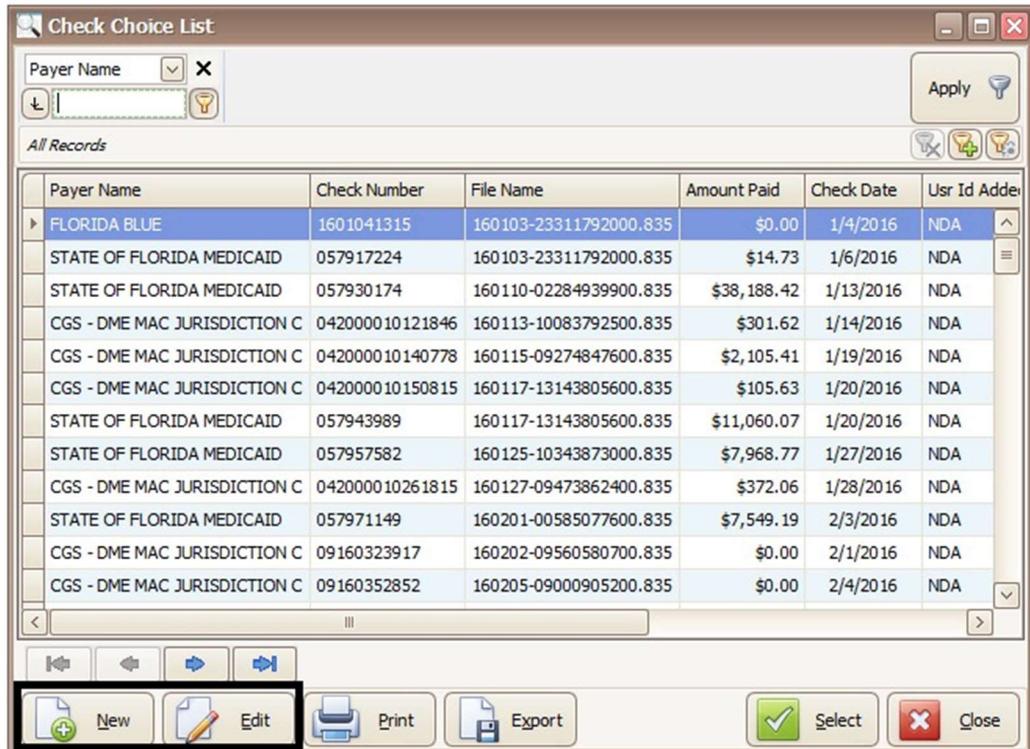


Figure 16-13 Clicking on the magnifying glass next to the check number field on the “Payment Entry” screen, will open the “Check Choice List” with “New” and “Edit” buttons. You must follow this path for the “Check Choice List” to have the “New” and “Edit” buttons. To proceed with adding a patient's check, click on the “New” button in the bottom left of the window.

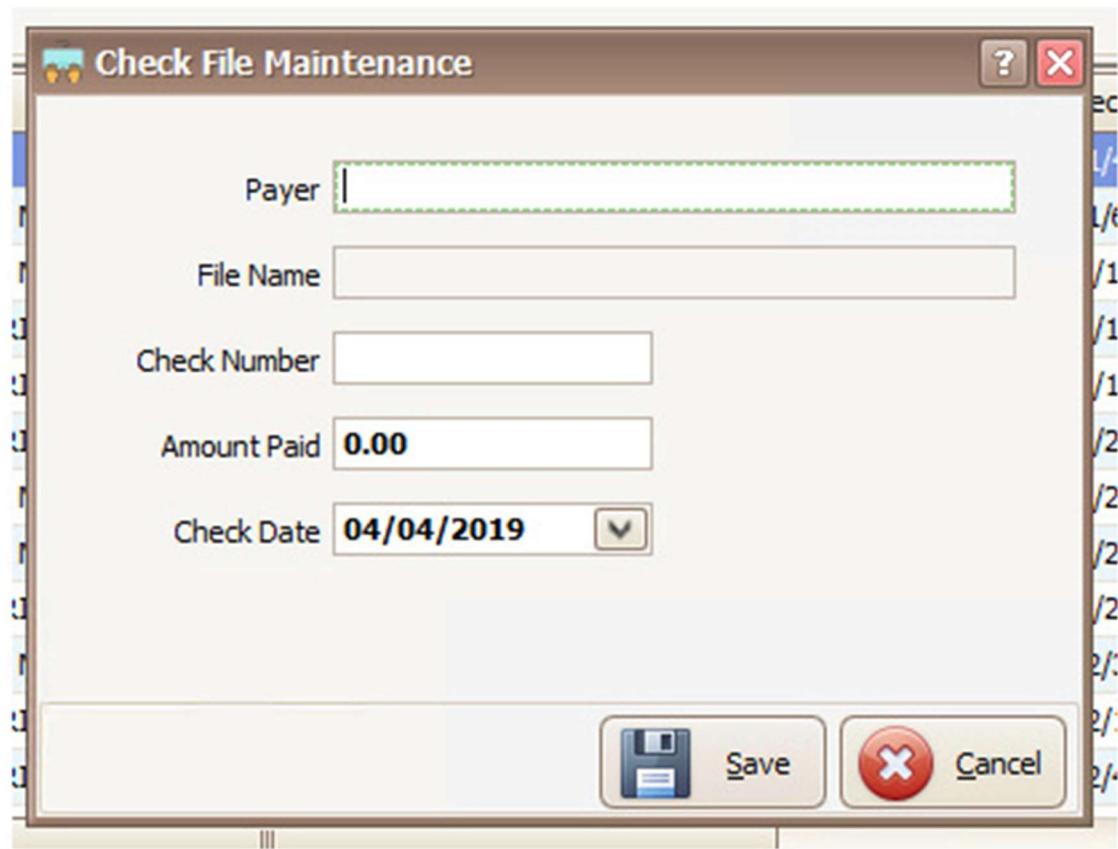


Figure 16-14 Sample check add. All the fields, except “File Name,” are mandatory.

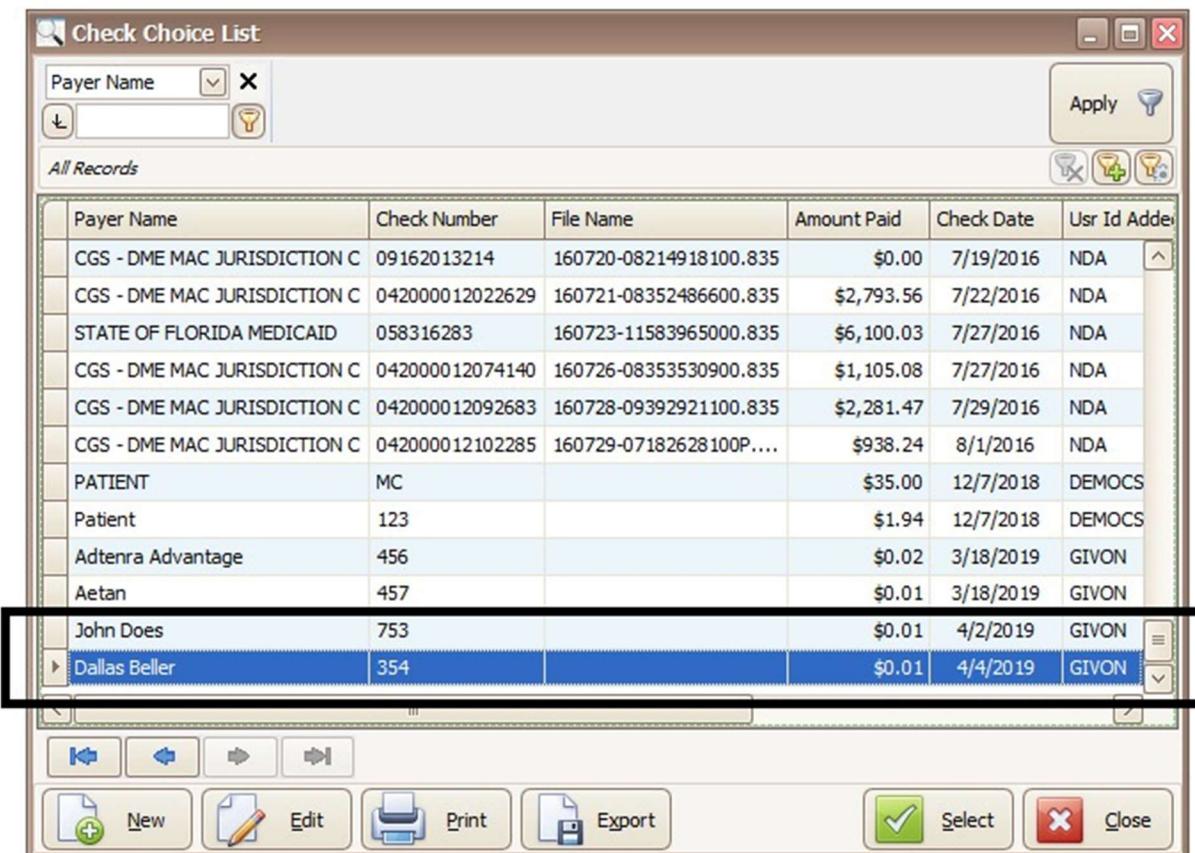


Figure 16-15 As soon as the patient check has been added to the check file, the check will appear in the "Check Choice List." Highlight the check and either double-click or click on the "Select" button, to select this check for payment.

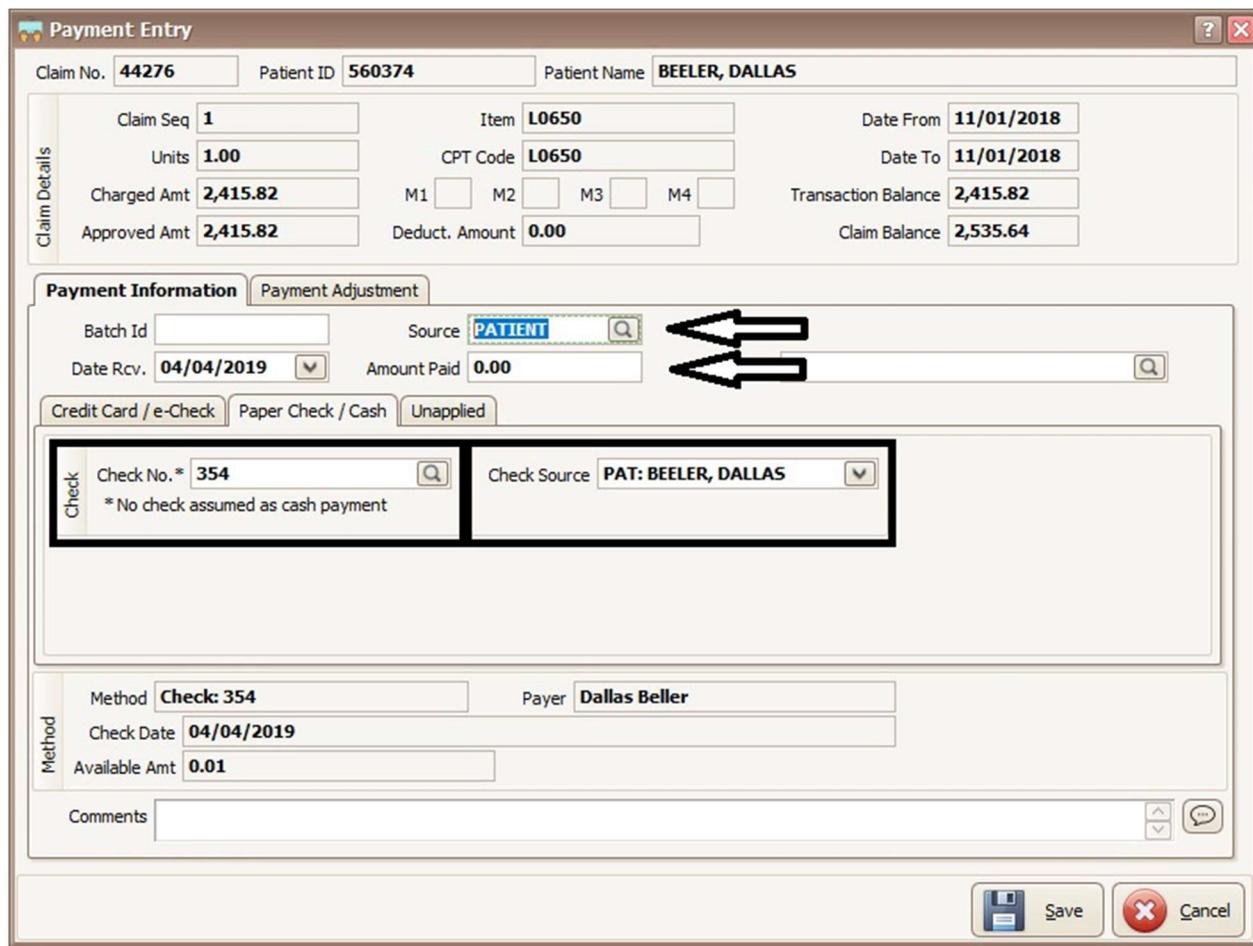


Figure 16-16 Payment Entry with a check selected. Fill in the amount being paid. Make sure the check source is patient. If the check source is not “Patient,” click on the magnifying glass and select “Patient” by putting the mouse pointer on “Patient” and double-clicking.

Note: The check number and check source boxes. These will be auto filled when the check is selected.

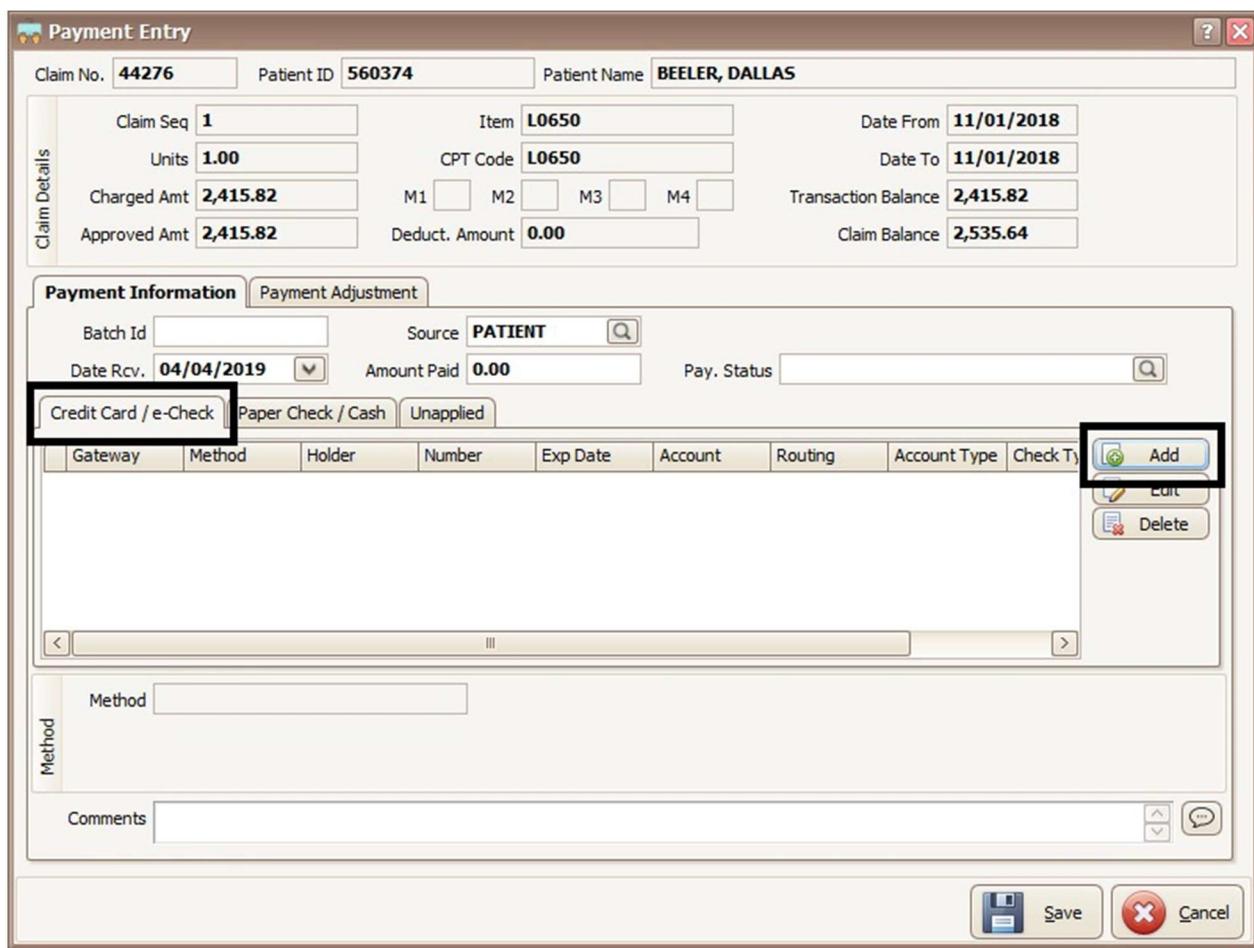


Figure 16-17 Payment Entry for accepting a credit card payment. To accept a credit card payment, follow the same process as entering a check, to open the “Payment Entry” screen. Once the screen is open, select the “Credit Card / e-Check” tab on the left. Then, click on the “Add” button on the right. The “Credit Card” window will open.

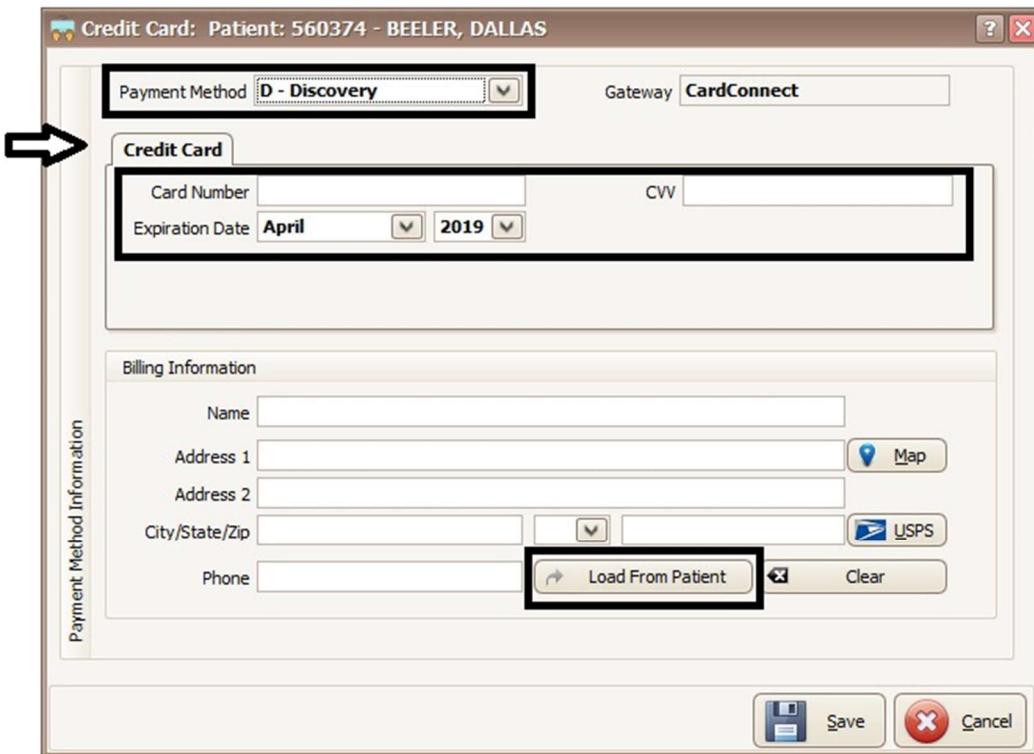


Figure 16-18 The “Credit Card” window for accepting and processing a credit card payment. Click on the down arrow, to select the appropriate credit card. Enter the card number, cvv number and the expiration date. Note the “Load From Patient” will auto fill the billing name and address from the patient file. If the billing information is not the same as the information in the patient record, type in the correct billing information and click on the “Save” button to process the credit card payment.

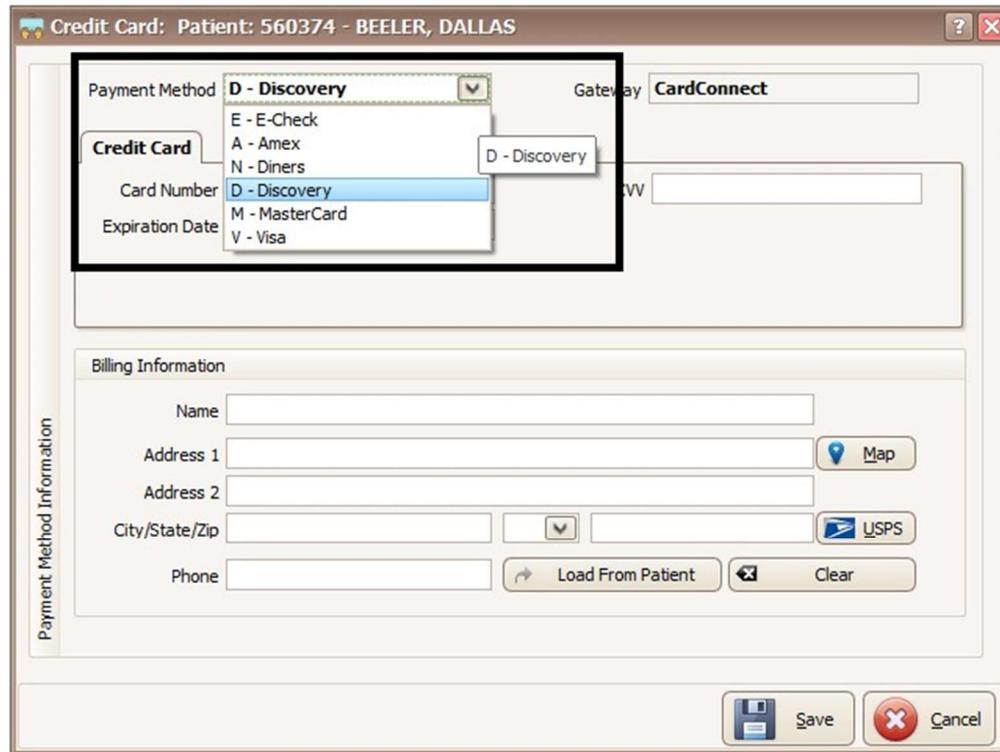


Figure 16-19 Dropdown menu of “Payment Methods” which is a list of credit card choices.

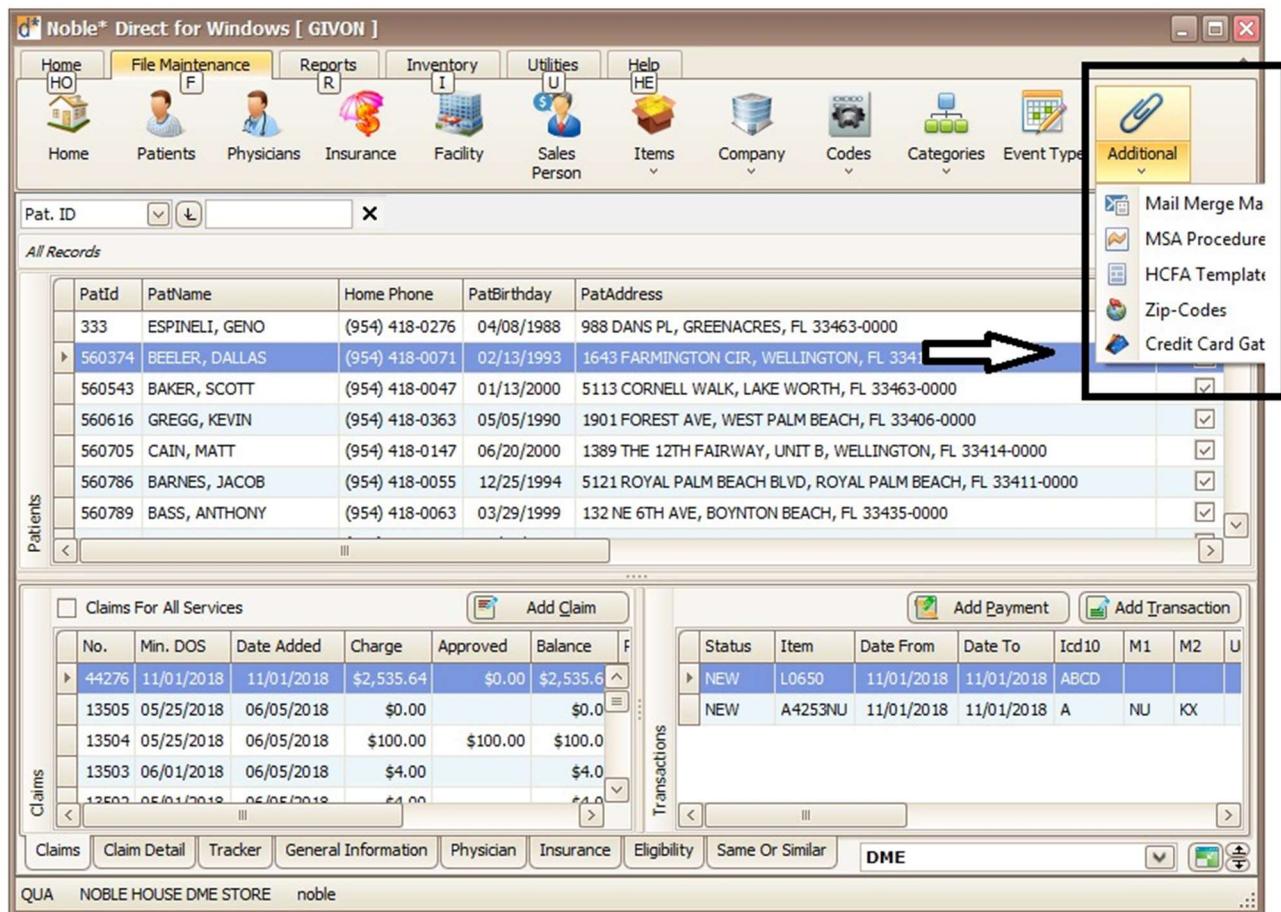


Figure 16-20 To access the “Credit Card Gateway Maintenance,” put the mouse pointer on the “Additional” tab. A down menu will appear. The last item on the dropdown menu is the “Credit Card Gateway.” Put the mouse pointer on the “Credit Card Gateway” menu choice and click to open the “Credit Card Gateway Choice List.”

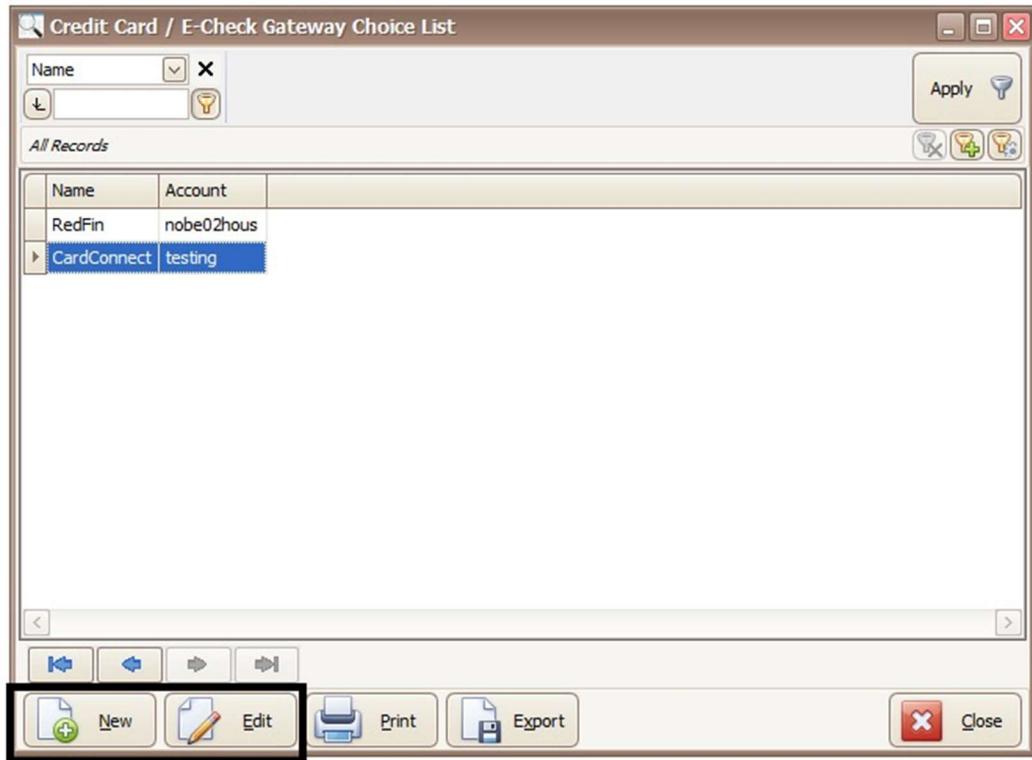


Figure 16-21 Credit Card Gateway Choice List. You may add a new credit card gateway by clicking on the “New” button in the bottom left corner. To make changes to an existing credit card gateway, click on the “Edit” button in the bottom left of the window.

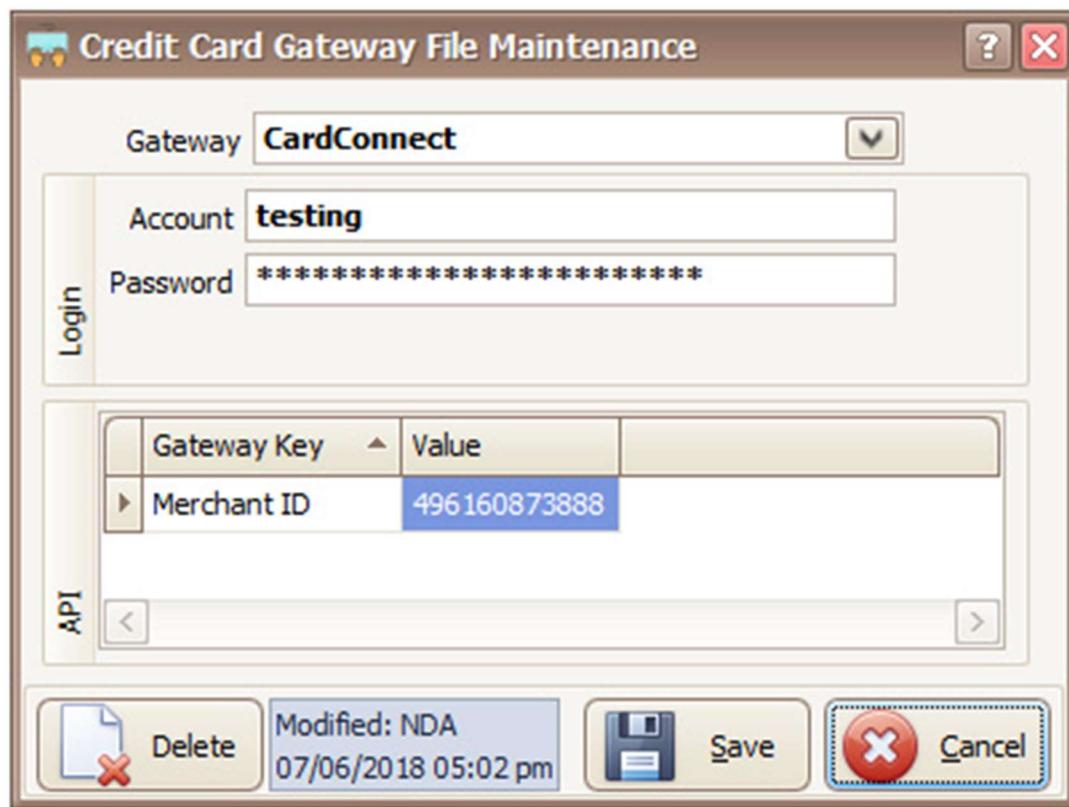


Figure 16-22 Credit Card Gateway File Maintenance window. To change the password, simply enter the password and click on the “Save” button in the bottom right of the window.

15 Claims Tracking

One method of tracking a claim is to run an A/R Report: Click on the “Reports” tab. Then, click on “Financials”. A dropdown menu will appear. Put the mouse pointer over the “AR / Revenue” option and click. For “Data Type,” select “Service Date.” In the fields for “From” and “To,” enter the dates for the date range of claims you wish to track. Clear the “Status” field by clicking on the field and backspacing or; clicking on the “X” to erase the content of the field. Erasing the field will retrieve all outstanding claims regardless of the claim status. Click on the “Preview” button next to the right margin. This report will show all outstanding transactions. It will show the date of transmission along with the age of the balance (30, 60, 90, 120 days).

If you wish to include zero balances, check the box “Include Zero Balance” underneath the “Status” field.

The results can be exported into the format of your choice.

Alternatively, you can run a “Claims Inquiry Report.” From the “Home” tab, put the mouse pointer over the “Claims” button and click. A dropdown menu will appear. Put the mouse pointer over the “Claim Inquiry” option and click. A “Claim Inquiry” window will open. There are several options and filters available to you.

The default for the report is to list all outstanding claims for all patients that are billed with their primary carrier. However, you can make the report as detailed as you like. You can click on the magnifying glass next to the Status field and choose any of the claim statuses you wish to review.

A claim is typically placed on HOLD status if there is anything that needs to be done prior to transmitting the claim. (For example. confirming that the product is that the patient needs; waiting for an RX, etc.)

To avoid having a claim stuck in “hold” for too long and being unaware that the claim is stuck, review the statuses of your claims. If a claim is in hold, it is wise to review the claim and take corrective action. Likewise, if you see a claim in “Wait Pay” for too long, it is best to review the claim and contact the insurance company to inquire the claim status to ensure that processing continues.

You may edit any transaction in the table by putting the mouse pointer on the transaction and clicking. When finished editing the transaction, click “Save” and you will be returned to the “Claims Inquiry” report.

The “Claims Inquiry” report works in a manner similar to the “Flow Control” process above except, you cannot alter the status of a transaction from within the “Claim Inquiry” report.

16 Additional Functions

Noble*Quik

This is a shortcut, quick checker for eligibility and Same or Similar service. Simply enter the patients name, ICD code and submit your request. This is an immediate request and will elicit an immediate response. A claim history report will display for a Same or Similar inquiry and a dialog box will display for an eligibility request.

To access the Noble*Quik feature, click on the “Utilities” tab. The “Utilities” menu bar icons will appear on top. Put the mouse pointer on the icon with the blue bunny rabbit and click. The Noble*Quik window will open.

The required fields are the billing provider, patient's first and last name and; policy number. A beginning and ending date are necessary and pre-filled with today's date. Change the date to the period you require. In addition, an ICD/HCPCS code is necessary.

For Same or Similar inquiries, a date of birth and State is required.

Scheduler

The scheduler is a calendar for appointments and managing resources, such as rooms or other facilities or equipment.

Event Tracker

Enter event in patient file.

Run event tracker report on main window.

Service Layers

A practice can be divided into separate “service layers.” A provider can offer different types of services. For example, DME, orthopedic and diabetic services. Billing for different services can recorded and viewed separately. This facilitates billing different primary insurance companies as well as having a self-pay layer that does not transmit to any insurance carrier. In addition, different service layers facilitate keeping separate the billing for different divisions of the same company. However, some billers find separating the bills confusing and prefer to keep all bills together.

A service layer is added in Categories, Service Layer.

Patients and Items have service layers.

Every practice must have at least one service layer.