CPT Codes and Billing

Insert a New CPT Code From the Admin Panel

Here is the problem: The Client has to be able to expand their business by signing up new Providers (Doctors, Medical Facilities, and Anesthesiologist) to increase their business. Each Provider charges different fees for their services. So, even though the CPT code is 20550 (INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST) is the same no matter where you go, each Doctor’s office charges a different amount for that service. Doctor A may charge $300, and Doctor B may charge $600. This is why we need to make some changes to the way the billing flows.

Here are my proposed changes to the existing structure. We do not need to complete recreate the billing process, but we do have to make some small changes that will allow the client to expand their business.

1. Add a pull down menu called “**Provider Type**”. There will be three choices under this pull down.
2. Doctor
3. Medical Facility
4. Anesthesiologist

The user will highlight which type of provider he/she is adding.

1. The choice of which “**Provider Type**” Will determine what list of Provider is brought up into the 2nd Pulldown Menu. If Doctor is clicked then a list of all the Doctors registered into the program will be brought up. This pull down menu will be called “**Choose Provider**”.
2. There needs to be a lock button that when clicked will lock the Provider Type and the Provider, so that several CPT codes can be attached to that Providers Data Base. The Button will be Titled “Lock Provider” and the following explanation will be added on the right side of the button. “By clicking the “Lock” button you will keep the same provider to add multiple CTP codes.
3. Next is the **CPT Code** Box
4. Next is the **Description Box**. By entering the CPT Code in the Box above and clicking enter the Description is automatically put into the Description Box.
5. The Next four boxes can remain, changing the titles to the following:
6. Change LOC to **Physician Cost (If Applicable)**
7. Ortho Group to **Ortho Group (If Applicable)**
8. Phoenix to **Medical Facility (If Applicable)**
9. St. Matthews to **Other (If Applicable)**
10. Make $0.00 the Default, so if nothing goes into the box it will read $0.00 on any reports.

After all the CPT Codes are attached to a specific Provider the way that the billing will be created is that we will start with Manage Professionals. Once a Doctor, Medical Facility or Anesthesiologist have been chooses the pricing associated with that provider will be entered into the bill.

When a CPT code is Chooses for a specific client the system will search the Doctor, Medical Facility, and the Anesthesiologist that were assigned to that client and insert those charges into the bill.

The Only real change that needs to occur in Billing is that Titles need to be added to the Rows that show amounts.

1. 1st Row is Physician Cost
2. 2nd Row is Othro Group
3. 3rd Row is Medical Facility
4. 4th Row is Other.

This is how these charges will appear in the bill that is viewable by the admin. Remember that the bill sent to the Underwriter will not have a Physician Cost column, and also that Physician Cost is never calculated into any totals.

When the “Forward” button is clicked, the Title of the Doctor Section needs to be changes from “Forward Billing for “**Doctor Approval**” to “Forward Notice to Schedule Services”

Also in the “Forward Billing” section if the Doctor and Underwriter have been assigned the system needs to auto fill their name at the boxes that say “**Choose Underwriter**” and “**Choose Doctor**”