


When treatment is charged out under the wrong provider, under the wrong guarantor account, incorrect procedures were charged out or voided, or other changes need to be made to the encounter, the office can take a few simple steps to correct the treatment plan.

Editing a Signed Visit




Opening an Addendum

1. Click the  **Multi-Provider Schedule** home workspace tab and locate the patient's past appointment that needs to be corrected.
2. Open the patient's chart by double clicking on their appointment.
3. In the **Schedule** window, click **Create Addendum** to proceed with making the necessary changes.






You can also open the patient's chart by double clicking the patient's appointment from the **Snapboard** or navigating to **Chart Review**, right clicking on the encounter, and selecting edit or addend encounter.

Restoring Treatment

1. Once in the patient's chart, click on the **Treatment Plan** tab. If the procedures are grayed out, you will need to restore the treatment before editing the  **This Visit** section.
2. In the  **This Visit** section, click  **Restore Treatment Plan** to restore the treatment that had previously been completed.
3. Depending on what needs to be corrected, follow the steps in the *Correcting the Provider* or *Correcting the Procedures* sections below.

Correcting the Provider

Edit the Provider




1. Scroll up to the  **This Visit** section of the Treatment Plan and notice that the treatment is now available to edit.
2. Click the **edit provider** () icon so that you can update the service, billing, and authorizing provider to the correct provider.
 - If the correct provider is a hygienist, only update the service provider.
3. Click  **Accept**.





There is no need to change the service provider on the x-rays as those are charged out under the house provider and will automatically be corrected in the overnight process.


Take Over the Note


For the procedure note to have the updated provider, the procedure note that was already completed will need to be reclaimed by the correct provider.

4. Update the service provider on all necessary procedure codes.
5. Click the  **Notes** tab in the sidebar.
6. Click  **Edit**.
7. Make any necessary changes or additions to the note.
8. Click  **Sign when Signing Visit**.






If the **stacked paper** () icon appears next to the Treatment Financial Arrangement (FA) in the  **Financial Arrangements** section, do not complete the procedures and notify a front office team member to navigate through the *Correcting the Financial Arrangement (FA)* section below.



- The **stacked paper** () icon will only appear when there are fee changes, provider type changes, or relevant clinical changes.

If no **stacked paper** () icon appears, skip the *Correcting the Financial Arrangement (FA)* section and continue to the *Completing the Encounter* section below.


Correcting the Guarantor

1. Scroll up to the  **This Visit** section of the Treatment Plan and notice that the treatment is now available to edit.
2. Uncomplete all procedures in the  **This Visit** section.
3. Navigate to the patient's **Registration - Enc Guar & Cvgs** for the appointment.
4. If the correct Guarantor Account is not created, refer to following steps:
 - a. From the activity toolbar, click the  **Pat Guar and Cvgs** activity.
 - b. Click  **Add Guarantor** to add the person who is financially responsible for the account.
 - c. In the **Guarantor Search/Create** window, click the **magnifying glass** () icon in the **Account Type** section, and select the appropriate account type.

Refer to the following SRGs for specific steps for:















- *Create and Manage Workers' Compensation Guarantor Account and Coverage*
- *See a We Serve Patient*
- *Create Guarantor Accounts*

- d. Click the **magnifying glass** () icon in the **Relationship to Patient** section to add appropriate relationship.



Depending on the Account Type, relationship to patient will auto populate.

- e. Has this guarantor received care at your organization?
- i. If they have, select **Search for the Guarantor's Patient Record**
 - ii. If not, select **No Record** to proceed with creating a guarantor account for the patient.
- f. Click  **Search/Create** and click **Create** to proceed with creating a guarantor account for the patient.
- g. In the **Guarantor Edit** tab that opens, verify the details of the Guarantor Demographics, and make any necessary updates.
- h. Click the **close** () icon to close the Guarantor Edit tab and return to the Interactive Face Sheet.
5. In the  **Encounter Guarantor and Coverages** section, click  **Change Visit Guar/Cvg.**
6. Remove the incorrect guarantor.
7. Select the correct guarantor for the visit and click  **Accept** and then  **Close**.
8. Navigate back to the treatment plan and select the **Treatment Financial Arrangement**
9. Click  **Replace**.
10. Click the **pencil** () icon at the top.
11. Click the **magnifying glass** () icon in the Guarantor field.
12. Select the correct guarantor for the encounter and click  **Accept**.
13. Click  **Finalize** twice and then  **Close**.
- a. This automatically updated the **Visit Financial Arrangement**.

System Reference Guide

14. The provider can now proceed with closing the encounter by completing the treatment plan and signing the addendum. Reference steps outlined in the Completing the Encounter section of this document.



If the Encounter has been signed, follow the steps above under **Opening an Addendum**.

15. Validate that the charges have reposted to the correct Guarantor account.
- If they have not posted and are still showing as pending on the previous Guarantor account, hover over the orange workqueue icon in the Storyboard to determine which workqueue they are in and address any applicable errors. Once all errors have been addressed, the visit should be automatically posted under the correct Guarantor.



If there are payments distributed to the original visit, they may become undistributed in the Correcting the Guarantor process. Follow the *Transfer Payments* SRG to address all patient payments and submit a Help Ticket (ROC Insurance Billing Operations> Insurance Collections (Posting)> Insurance Payment) to get any needed insurance payments distributed to the correct Guarantor account.





If you have questions regarding these steps, contact your Regional Collections Specialist or Regional Front Office Trainer.

Correcting Procedures

Edit Procedures

Procedures should only be uncompleted (voided) in the event that they were charged out in error or treatment was never started.


1. Scroll up to the  **This Visit** section of the Treatment Plan and notice that the treatment is now available to edit.
2. In the  **This Visit** section, uncomplete the procedures that need correction and partner with the provider to make corrections to the procedures or add procedures as needed.
 - Ensure all appropriate procedure notes are completed by the provider and linked to the appropriate procedures.




Adjust Procedures for Unsatisfactory Outcome


If a patient is not satisfied with a procedure after it is completed and billed, or they want the procedure removed from the insurance history, adjust the procedure.


System Reference Guide

1. Create an addendum for the patient's visit. From the Treatment Plan, navigate to the **Notes** tab on the sidebar and add a new note explaining why the patient is unsatisfied.
 - Ensure all appropriate procedure notes are completed, and the visit is signed by the provider and linked to the appropriate procedures.
2. If insurance was billed and payment was completed, navigate to the Guarantor Account and select the corresponding treatment codes within the visit. Write off the insurance payment and utilize the Unsatisfactory Outcome code.

 If an insurance claim was billed for the previously completed procedures, the front office will need to submit a Help Ticket to have the corrected claims sent to the payor (**ROC – Insurance Billing Operations > Billing > Request Corrected Claim**).

 If the **stacked paper** () icon appears next to the Treatment Financial Arrangement (FA) in the  **Financial Arrangements** section, do not complete the procedures and notify a front office team member to navigate through the *Correcting the Financial Arrangement (FA)* section below.






- The **stacked paper** () icon will only appear when there are fee changes, provider type changes, or relevant clinical changes.

If no **stacked paper** () icon appears, skip the *Correcting the Financial Arrangement (FA)* section and continue to the *Completing the Encounter* section below.

Correcting the Financial Arrangement (FA)


Address the Stacked Paper

At times, a patient's treatment plan may need to be corrected after the provider has made the necessary changes to the treatment plan. Open the patient's treatment plan and address the stacked paper before the provider can complete the encounter.

1. Open the patient's Treatment Plan.
2. In the  **Financial Arrangements** section, click the **stacked paper** () icon next to the Treatment FA.
 - a. In the **Comparison** screen, verify that the procedures are listed correctly and click on  **Open/Edit Pending Financial Arrangement** to update.
 - b. In the **Financial Arrangement** activity, verify the procedures and amounts. Click  **Finalize**.
 - c. Click  **Close**.

3. The Visit FA will auto-finalize, and the stacked paper will disappear. The provider can proceed with following the steps in the section below to complete the encounter.



If a warning appears indicating another team member has the FA locked, ask that team member to close the FA, then click  **Try Lock** to refresh the activity.





Completing the Encounter

The provider can now proceed with closing the encounter by completing the treatment plan and signing the addendum.



If the clinical workspace has been closed out, follow the steps above under **Opening an Addendum**.

Complete Treatment and Sign Addendum

1. Navigate back to the  **This Visit** section and click  **Complete All**.
 - a. If the  **Complete Treatment Plan** is available, click it to fully complete the treatment plan before signing.
2. Click  **SIGN ADDENDUM** in the lower right corner of the screen.
 - a. If the large green **Sign Addendum** box appears in the sidebar, make sure to click this to fully sign the visit.