

Patient Estimation User Guide

V17 – July 2023



Contents

| | |
|--|-----------|
| Overview | 4 |
| Estimation worklist | 4 |
| Active Estimates | 4 |
| Viewing/printing an estimate summary | 5 |
| Adding a note to an estimate or estimates | 5 |
| Collecting a payment | 6 |
| Exporting an estimate as a CSV file | 6 |
| Marking an estimate as expired | 6 |
| Searching the worklist | 7 |
| Expired Estimates | 8 |
| Viewing/printing an estimate summary | 8 |
| Copying an estimate | 8 |
| Viewing the worklist in Excel format | 8 |
| Creating a new manual estimate | 9 |
| Opening the Estimate for New Appointment screen | 9 |
| Adding patient information | 11 |
| Adding insurance information | 12 |
| Adding procedures information | 14 |
| Completing an estimate | 17 |
| Adding additional fees, discounts, and notes | 17 |
| Collecting a payment/Setting up a payment plan | 18 |
| Estimate examples | 21 |
| Example estimate for an insured patient | 21 |
| Example estimate for a self-pay patient | 22 |
| Estimation batches | 23 |
| Uploading a batch of estimates | 23 |
| Working with batches | 24 |
| Displaying a single batch on the worklist | 26 |
| Name Matching | 27 |
| Understanding the Payers Name Matching screen | 27 |
| Matching a payer | 28 |
| Un-matching (and re-matching) a payer | 29 |
| Understanding the Providers Name Matching screen | 30 |
| Matching a provider | 31 |
| Un-matching (and re-matching) a provider | 32 |
| Settings | 33 |
| Designing your estimate templates | 33 |
| Setting up the insurance estimate template | 33 |
| Setting up the self-pay estimate template | 35 |
| Example of an insurance estimate document | 36 |
| Setting default information for your estimate document | 37 |
| Setting up visit types with preset procedures | 38 |
| Working with existing visit types | 38 |
| Adding a new visit type | 40 |
| Payer pricing | 42 |
| Working with Charge Master procedures | 42 |
| Working with Charge Master batches | 44 |

Working with Fee Schedules procedures46

Working with Fee Schedule batches.....49

Working with benefit overrides51

Working with downloads - Generating new Charge Master/Fee Schedule.....54

Generating the Estimation Billing Report55

Revision log56

Overview

The Waystar Estimation solution lets you create an estimate of the cost of services to be provided to a patient. Two types of [estimates can be created](#):

- Insurance Plan
- Self-Pay

Note: You must license the Waystar Eligibility solution to be able to use the Estimation solution.

Estimation worklist

The **PATIENT TOOLS > Estimation > Estimates** screen will display a worklist of estimates you have created. Click the **Active Estimates** or **Expired Estimates** tab at the top of the list to display the corresponding worklist.

Active Estimates

The **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab will display estimates that apply to services that have not yet been rendered.

[Estimates](#)
[Batches](#)
[Name Matching](#)
[Payer Pricing](#)
[Reports](#)
[Settings](#)
[Admin](#)

Active Estimates

Expired Estimates

Create Estimate

11 Results

SEARCH

Patient Name

Account Number

Estimate Status

Eligibility

Service Date

Estimate Date

Payer

User

Estimate ID

Batch ID

Search

View Selected 0 X

View/Print Summary

Add Note

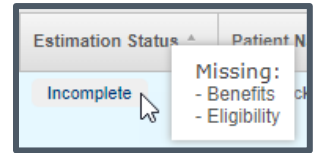
Export CSV

Mark as Expired

| | Service Date | Account Number | Estimation Status | Patient Name | Payer | Eligibility Status | Estimate Id | Total Patient Responsibility |
|--|--------------|----------------|-------------------|-------------------|--|--------------------|-------------|------------------------------|
| | 3/17/2019 | 123444 | Complete | Miller, Mark | Aetna (60054) | Active Coverage | 77706 | \$405.42 |
| | 3/13/2019 | 123457 | Complete | Jones, Robert | United Healthcare (87726) | Active Coverage | 77705 | \$129.65 |
| | 3/12/2019 | 123559 | Complete | Brown, Brian | BC/BS of Colorado (SB550) | Active Coverage | 77703 | \$120.00 |
| | 3/11/2019 | 123459 | Complete | Thomas, Tracy | Humana (and subsidiaries) claims (61101) | Active Coverage | 77702 | \$2,059.22 |
| | 3/11/2019 | 246890 | Complete | Kirkpatrick, Jeff | Humana (and subsidiaries) claims (61101) | Active Coverage | 77701 | \$122.55 |
| | 3/12/2019 | 123559 | Complete | | | Active Coverage | 77700 | \$120.00 |
| | 3/10/2019 | 123456 | Complete | Adams, Amy | United Healthcare (87726) | Active Coverage | 77699 | \$538.09 |
| | 3/17/2019 | 123444 | Complete | Miller, Mark | Aetna (60054) | Active Coverage | 77698 | \$405.42 |
| | 3/8/2019 | 123454 | Complete | Moore, Michelle | Self-Pay | Self Pay | 77697 | \$3,517.64 |
| | 3/13/2019 | 123457 | Complete | Jones, Robert | United Healthcare (87726) | Active Coverage | 77696 | \$129.65 |

The worklist displays the following information about each estimate on the list:


- **Service Date:** The date on which the service is scheduled to be rendered
- **Account Number:** The patient's account number
- **Estimation Status:** The status of the estimate
- **Complete:** Contains all necessary information
- **Incomplete:** Lacks some essential information. Hover over the status to view a list of missing elements.
- **Patient Name:** Name of patient
- **Payer:** The primary payer
- **Eligibility Status:** Eligibility status of the patient, according to the payer
- **Estimate ID:** The identification number assigned to the estimate when it is created
- **Total Patient Responsibility:** Dollar amount of total patient responsibility.



Viewing/printing an estimate summary

Note: You must have the **Adobe Reader** application on your computer in order to download and view the estimate summary PDF.

To view a PDF, go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab and use one of the following methods:

- Click the checkbox beside the estimate you wish to view, and then click the **View/Print Summary** button at the top of the list to view or print a PDF version of the selected estimate summary.
- Hover on the estimate row and click the **View PDF** button in the Action menu beneath the row.
- Click the PDF icon () below the estimate checkbox.

Adding a note to an estimate or estimates


A note can be added to an estimate or to multiple estimates at the same time.

To add a note to a single estimate:

1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. Hover over an estimate row.
3. From the Action menu that will open, click the **Notes** button.

The Notes popup will open.

4. Enter the text you want to add to the estimate.
5. If desired, click the checkbox to have the note **Show on Patient's Estimate**.
6. Click the **Add Note** button.



Collecting a payment

To collect a payment:

1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. Hover over an estimate row.
3. From the Action menu that will open, click the **Collect Payment** button.
4. When the Collections Terminal pops up, enter all necessary information.
5. Click the **Collect Payment** button.

For more details, see the [Collecting a payment/Setting up a payment plan](#) section.

Exporting an estimate as a CSV file

To export an estimate as a CSV file:

1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. Click the checkbox on the left side of the estimate row.
3. At the top of the worklist, click the **Export CSV** button.

Marking an estimate as expired

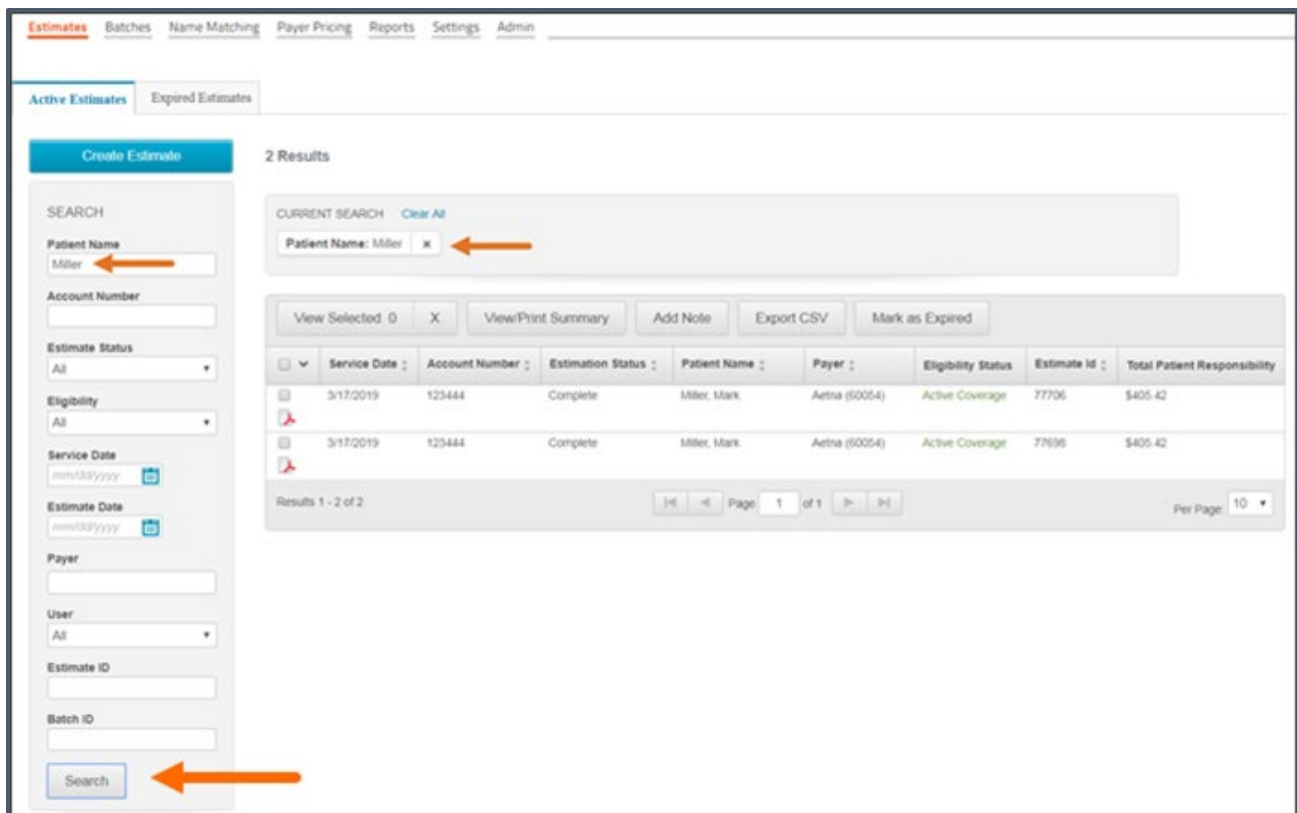
To mark an estimate as expired, which will move the estimate to the Expired Estimates worklist:

1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. Click the checkbox on the left side of the estimate row(s).
3. At the top of the worklist, click the **Mark as Expired** button.

Searching the worklist

To search the worklist:

1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. From the **SEARCH** area on the left side of the screen, enter any of the following criteria:
 - **Patient Name:** Name of patient.
 - **Account Number:** Patient's account number.
 - **Estimate Status:** Status of the estimate. You can select **All**, **Incomplete**, or **Complete**.
 - **Eligibility:** Eligibility status of the patient, according to the payer.
 - **Service Date:** Date on which the service is scheduled to be rendered.
 - **Estimate Date:** Date the estimate was created.
 - **Payer:** Insurance company who will pay the non-patient-responsibility portion of the bill.
 - **User:** User who created the estimate.
 - **Estimate ID:** Identification number assigned to the estimate when it was created.
3. When finished entering criteria, click the **Search** button.
The worklist will return estimates that correspond to the entered criteria.
4. You can continue with the following:
 - To narrow the search results further, enter another value and click the **Search** button.
 - To clear search criteria, either click the X to the right of a criterium or click the Clear All link to return to the original, unfiltered worklist.



Estimates | Batches | Name Matching | Payer Pricing | Reports | Settings | Admin

Active Estimates | Expired Estimates

Create Estimate

2 Results

CURRENT SEARCH [Clear All](#)

Patient Name: Miller X

View Selected 0 X | View/Print Summary | Add Note | Export CSV | Mark as Expired

| | Service Date | Account Number | Estimation Status | Patient Name | Payer | Eligibility Status | Estimate Id | Total Patient Responsibility |
|--|--------------|----------------|-------------------|--------------|---------------|--------------------|-------------|------------------------------|
| | 3/17/2019 | 123444 | Complete | Miller, Mark | Aetna (50054) | Active Coverage | 77706 | \$405.42 |
| | 3/17/2019 | 123444 | Complete | Miller, Mark | Aetna (50054) | Active Coverage | 77696 | \$405.42 |

Results 1 - 2 of 2

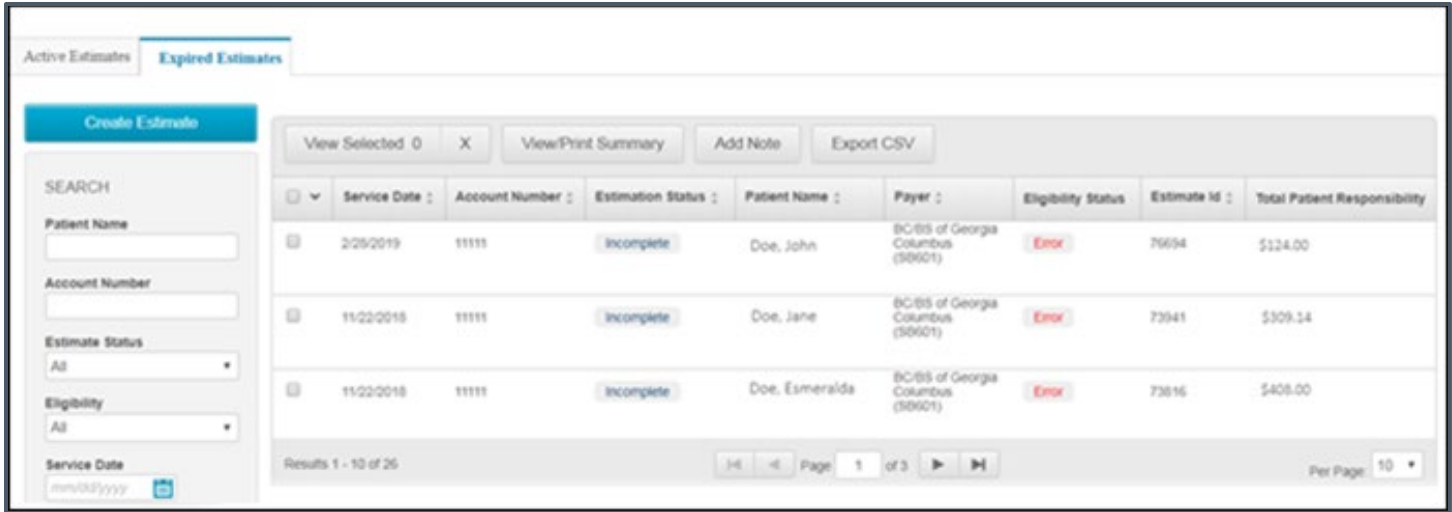
Page 1 of 1

Per Page: 10

Search

Expired Estimates

An estimate expires when the service has been rendered. Expired estimates are retained for one year.



| <input type="checkbox"/> | Service Date | Account Number | Estimation Status | Patient Name | Payer | Eligibility Status | Estimate Id | Total Patient Responsibility |
|--------------------------|--------------|----------------|-------------------|----------------|----------------------------------|--------------------|-------------|------------------------------|
| <input type="checkbox"/> | 2/25/2019 | 11111 | Incomplete | Doe, John | BCBS of Georgia Columbus (S0601) | Error | 76634 | \$124.00 |
| <input type="checkbox"/> | 11/22/2018 | 11111 | Incomplete | Doe, Jane | BCBS of Georgia Columbus (S0601) | Error | 73941 | \$309.14 |
| <input type="checkbox"/> | 11/22/2018 | 11111 | Incomplete | Doe, Esmeralda | BCBS of Georgia Columbus (S0601) | Error | 73816 | \$408.00 |

The Expired Estimates worklist displays the following information about each estimate on the list:

- **Service Date:** Date when the service was rendered.
- **Account #:** Patient's account number.
- **Estimate Status:** Status of the estimation.
- **Complete:** Contains all necessary information.
- **Incomplete:** Lacks essential information. Hover over the status to view a list of missing elements.
- **Patient Name:** Name of the patient.
- **Payer:** Name of the payer.
- **Eligibility Status:** Eligibility status of the patient, according to the payer.
- **Estimate ID:** Identification number given to the estimate when it was created.
- **Total Patient Responsibility:** Dollar amount of total patient responsibility.

Viewing/printing an estimate summary

Click the checkbox beside the estimate you wish to view, and then click the **View/Print Summary** button to view or print a PDF version of the estimate summary.

Note: You must have Adobe Reader to download and view the PDF.

Copying an estimate

You can copy an expired estimate to make a new estimate with updated details. Hover on the estimate and click the Copy Estimate button, then change information (e.g., date of service) to create a new estimate.

Viewing the worklist in Excel format

To view the worklist – or a portion of it – in an Excel file, click the checkbox beside the desired estimates and then click the **Export CSV** button at the top of the worklist.

Creating a new manual estimate

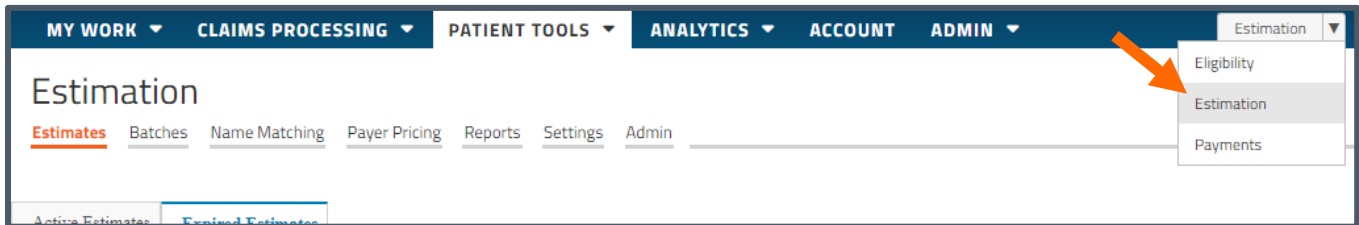
This section explains how to create a manual estimate for a patient visit.

Opening the Estimate for New Appointment screen

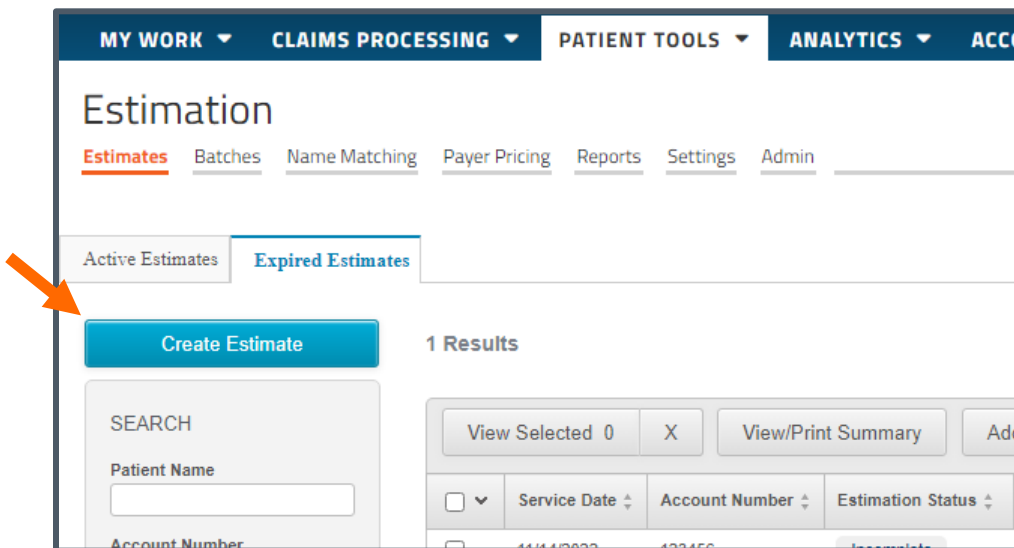
When creating a new estimate, you do so from the **Estimate for New Appointment** screen.

To open the Estimate for New Appointment screen, use one of the following methods:

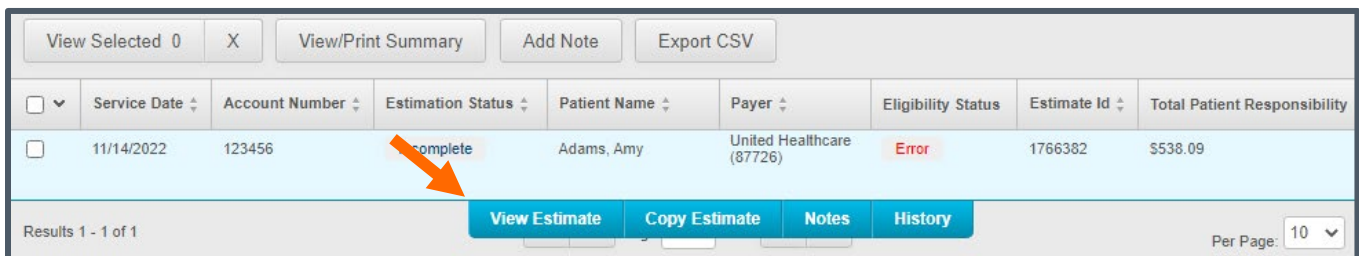
- Use the shortcut dropdown from any Waystar screen in the portal to select **Estimation**.



- Go to the **PATIENT TOOLS > Estimation > Estimates** screen and click the **Create Estimate** button.



- To open the screen for an existing estimate:
 1. From the estimate worklist, [locate the appropriate estimate](#).
 2. Hover over the estimate row and from the Action menu that will open, click the **View Estimate** button.



The Estimate for New Appointment screen will open. If you opened an existing estimate, some or all of the fields could be populated.

Estimates for New Appointment

[Cancel Estimate](#)
[Reset Form](#)
[Save Draft](#)

*Required

Patient Information

*Last Name

*First Name

Address Line 1

Address Line 2

Patient Account #

Email Address

City

State

Zip Code

*DOB

*Gender

Date of Visit

Home Phone #

Mobile Phone #

ENCOUNTER DETAILS

☐ Self Pay?

*Payer

Policy #

Group #

*Relation to Subscriber

*Provider

*NPI

*Date of Service

Taxonomy ID

Service Type

[Verify Benefits](#)

BENEFIT DETAILS

Health Plan Name

Assess Service As:

☒ In-Network
 ☐ Out-of-Network

Individual Deductible

Total

Met

Family Deductible

Total

Met

Out-of-Pocket

Total

Met

Family Out-of-Pocket

Total

Met

☐ Deductible applies to Out-of-Pocket

Co-Payment

Co-Insurance

Provider of Service

Provider Plan / Contract

Place of Service

Select a Visit Type (Optional)

Add Procedures

Modifiers

Procedure code or description

Add to List

[Restore Default Pricing](#)

Data Source Key

Benefits

Charge Master

Fee Schedule

Override

Subtotal

\$0

Other Fees

Other Discounts

Amount

Estimated Total Patient Responsibility

\$0

Type additional notes here...

☐ Show on patient's estimate

[Collect Payment](#)
[Save & Print](#)
[Save Draft](#)

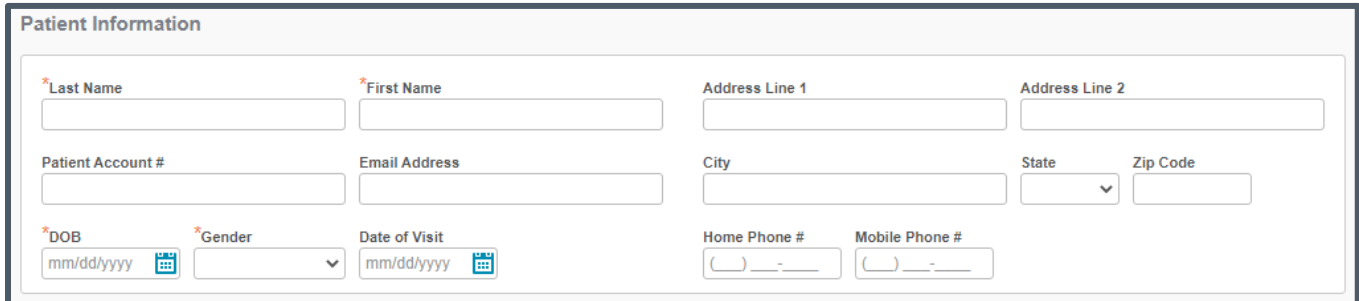
[Save & Close](#)

Adding patient information

The **Patient Information** area of the Estimate for New Appointment screen is where you enter the patient's demographic information.

To add patient information:

1. [Go to the Estimate for New Appointment screen.](#)
2. From the **Patient Information** area, complete the fields. Fields with an asterisk are required.



The screenshot shows the 'Patient Information' form with the following fields:

- *Last Name**: Text input field
- *First Name**: Text input field
- Address Line 1**: Text input field
- Address Line 2**: Text input field
- Patient Account #**: Text input field
- Email Address**: Text input field
- City**: Text input field
- State**: Dropdown menu
- Zip Code**: Text input field
- *DOB**: Text input field with a calendar icon (format: mm/dd/yyyy)
- *Gender**: Dropdown menu
- Date of Visit**: Text input field with a calendar icon (format: mm/dd/yyyy)
- Home Phone #**: Text input field (format: () - - -)
- Mobile Phone #**: Text input field (format: () - - -)

- **Last Name**: Patient's last name, which is sent to the payer to retrieve eligibility and benefit information.
- **First Name**: Patient's first name, which is used to identify the patient in the payer's system and to retrieve eligibility and benefit information.
- **Address Line 1**: Patient's street address.
- **Address Line 2**: Patient's address secondary information, such as their apartment number.
- **Patient Account #**: Unique code that identifies the patient encounter.
- **Email Address**: Patient's email address.
- **City**: Patient's address city.
- **State**: Patient's address state.
- **Zip Code**: Patient's ZIP code.
- **DOB**: Patient's date of birth. Click the calendar icon to select the DOB, or type the date using format MMDDYY or MMDDYYYY.
- **Gender**: Patient's gender. From the dropdown list, select **Male** or **Female**.
- **Date of Visit**: Patient's date of visit. This information is used to search for existing eligibility transactions.

If matching eligibility records are found, then after you enter the Date of Visit, a message will appear saying "We found [#] matching eligibility records. View" and you can then perform the following:

- a. Click the **View** link in the message to display a list of Eligibility transactions.
 - b. Select a transaction to have all available information about the transaction automatically populate the Insurance Information > [Encounter Details area](#) of this screen.
 - c. To verify a transaction is the one you're looking for, click the **View Response** link.
- **Phone #s**: Patient's phone numbers. Enter the **Home Phone #** and/or the **Mobile Phone #** as applicable

Adding insurance information

The **Insurance Information** area of the Estimate for New Appointment screen allows you to enter encounter details and verify benefits.

1. [Go to the Estimate for New Appointment screen.](#)
2. From the **Insurance Information** area, complete the fields. Fields with an asterisk are required.

- **Self Pay?:** Click the checkbox if the patient will be paying for the entire bill or if you want to manually build an estimate.

Note: You can use this option to manually build an estimate using benefit data gathered outside of the traditional eligibility 271 response. Sometimes there are additional or different carve-out benefits related to certain services. Some payers keep this information in other areas of their websites. You can gather these details, click the “Self-Pay” (i.e., self-build) checkbox and manually enter the benefits. These benefits will be used to calculate the patient responsibility.

To see what a self-pay estimate might look like, see the [Example estimate for a self-pay patient](#) section.

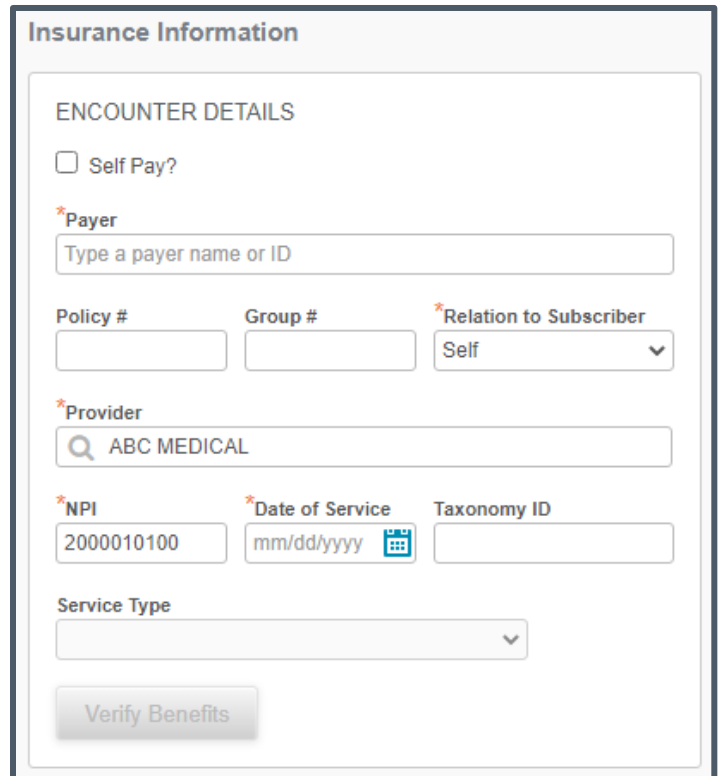
- **Payer:** Begin typing a payer name and then select the payer from the list of results that will open.

Note: For self-pay, the payer is automatically populated with **Self Pay Estimation Only**.

- **Policy #:** Enter the policy/member number the payer associates with the patient.
- **Group #:** Enter the group number if the payer provides one with the policy/member ID.
- **Relation to Subscriber:** Use the dropdown arrow to select **Self** or **Dependent**.

Note: The Dependent option is available only if the payer supports it.

- **Provider:** Begin typing a provider name and then select the provider from the list of results that will open.
- **NPI:** The NPI number associated with the provider will be automatically pulled from the PATIENT TOOLS > Eligibility > Providers screen.
- **Date of Service:** Enter the scheduled date of service or use the calendar to choose the date.



The screenshot shows the 'Insurance Information' form. It has a title bar 'Insurance Information' and a section 'ENCOUNTER DETAILS'. Inside this section, there is a checkbox for 'Self Pay?'. Below it is a text input field for '*Payer' with a placeholder 'Type a payer name or ID'. Further down are three input fields: 'Policy #' (empty), 'Group #' (empty), and '*Relation to Subscriber' (a dropdown menu currently showing 'Self'). Below these is a text input field for '*Provider' with a search icon and the text 'ABC MEDICAL'. At the bottom of the form are three input fields: '*NPI' (containing '2000010100'), '*Date of Service' (containing 'mm/dd/yyyy' and a calendar icon), and 'Taxonomy ID' (empty). Below these fields is a 'Service Type' dropdown menu. At the very bottom of the form is a button labeled 'Verify Benefits'.

- **Taxonomy ID:** You must populate this field for the following payers; otherwise, this field is optional.
 - Medicaid of Indiana
 - Medicaid of Missouri
 - Medicaid of New York
 - Medicaid of Delaware
 - Medicaid of Louisiana
 - Medicaid of Illinois
 - BCBS Michigan
 - Medicaid of Nebraska
- **Service Type:** Select the service type from the dropdown list. The service type codes shown in the list will depend upon the payer.

Note: For the next step, if you selected the **Self Pay?** checkbox at the top of this area, the Verify Benefits button will **NOT** be active because benefits do not need to be verified for self-pay or self-build estimates.

- To submit an eligibility verification to the patient's or guarantor's insurance plan, click the **Verify Benefits** button.

After clicking the Verify Benefits button, an eligibility response displays the plan's coverage details that would be similar to the following example.

Eligibility Response

[New Inquiry](#) | [Text Version](#) | [Print](#)

Inquiry ID: 55555555
 Processed: 2/28/2013 3:46 PM

ACTIVE COVERAGE

Coverage Details

Collect Payment

User Entered Information

| | | | |
|-------|-------------------|---------------|------------|
| Payer | BC/BS of Colorado | Service Dates | 02/28/2013 |
|-------|-------------------|---------------|------------|

| SUBSCRIBER INFORMATION | SERVICE TYPES REQUESTED |
|--|-----------------------------------|
| Member ID 123559 First Name BRIAN Last Name BROWN Date of Birth 05/28/1982 Sex M | 30 - Health Benefit Plan Coverage |

Payer Returned Information

| SUBSCRIBER INFORMATION | SUBSCRIBER COVERAGE INFORMATION |
|---|---|
| BROWN, BRIAN 789 Any Street Anytown, OH 12345 Member ID 123559 Date of Birth 05/28/1982 Sex Male | Group Number 024779 Plan Date 01/01/2013 to 12/31/9999 |

- Review the coverage details as necessary. You can then close this screen or use it to collect a payment; see the [Collecting a payment](#) section.
- After closing the Eligibility Response screen, continue with adding insurance information.

The Benefits Details area of insurance information will automatically populate from the eligibility response. Deductible and out-of-pocket amounts are displayed for both the individual and the family (if applicable).

BENEFIT DETAILS

Health Plan Name

HMO, LBTY

Assess Service As:

☒ In-Network
 ☐ Out-of-Network

Individual Deductible

Total

Met

\$0 Remaining

5500.00

0

Family Deductible

Total

Met

\$0 Remaining

Out-of-Pocket

Total

Met

\$0 Remaining

Family Out-of-Pocket

Total

Met

\$0 Remaining

☐ Deductible applies to Out-of-Pocket

Co-Payment

0

Co-Insurance

50

- As appropriate (for example, if you need to call the payer for information), edit these fields.
- If the deductible amount applies to out-of-pocket expenses, click the checkbox near the bottom of the area.

Adding procedures information

The **Procedures Information** area of the Estimate for New Appointment screen allows you to enter procedure information for a patient encounter.

To add procedure information:

- [Go to the Estimate for New Appointment screen.](#)
- From the **Procedures Information** area, select the **Provider of Service**.

Note: The provider selected in the Insurance Information > Encounter Details area will default as the provider in this field. However, you can change the Provider of Service to a unique provider record—this **does not** change the Encounter Details provider. The estimate will use this service-level provider when accessing any data from the Charge Master, Fee Schedule, or Overrides.

- From the dropdown, select the **Provider Plan / Contract**.

Note: For self-pay patients, if your organization set up a sliding scale of self-pay allowed amounts through your [Fee Schedule](#), you must do both of the following to have that amount populate in the procedure's Allowed Amount and Patient Responsibility fields:

- Select that plan from this dropdown.
- Prerequisite:** Prior to creating an estimate, your organization will have needed to set the **Default Self-Pay Patient Responsibility Draws from** setting to **Allowed Amount**; see the [Setting default information for your estimate document](#) section.

4. Select the **Place of Service**.
5. Select the **Visit Type**.

Note: To set up visit types with preset procedures, see the [Setting up visit types with preset procedures](#) section.

6. From the Procedures Information area, enter the procedure information:
 - a. In the **Add Procedures** field, start typing the procedure code or description, then you must select the procedure from the dropdown list that will appear.
 - b. Enter any needed modifiers.
 - c. When finished entering procedure information, click the **Add to List** button.

The procedure will appear in the grid below, and the following values can display automatically:

- Charge Amount
- Allowed Amount

Note: For self-pay patients:

- If your organization set up a sliding scale of self-pay allowed amounts through your [Fee Schedule](#),
- And you selected the appropriate Provider Plan/Contract for that amount (as explained earlier in this process),
- And your organization previously set the **Default Self-Pay Patient Responsibility Draws from** setting to **Allowed Amount** (see the [Setting default information for your estimate document](#) section),

Then the value will automatically appear in the Allowed Amount field. If your organization did not set up self-pay schedules in your Fee Schedule, manually enter that value in the field.

- **Co-Pay Applied** amount will apply to any line item with a co-pay. Coinsurance will populate if one is returned in the benefit details.
- d. After the procedure appears in the grid, you can edit the following fields: QTY, Covered, Charge Amount, Allowed Amount, Co-Pay Applied, Deduct. Applied, Co-Ins %.

While editing fields, a suggestion screen might open similar to the following. Read the suggestion and proceed as appropriate.

Estimation Suggestion
✕

Your updates are not recommended for the following reasons:

The total patient responsibility is greater than the total allowed amount.

Proceed
Anyway
Cancel

☐ Don't show this suggestion again.

7. If you make an error when editing any of the fields in this section, click the **Restore Default Pricing** link. This will re-pull benefit information from the Insurance Information > Benefit Details area of the estimation. It will also re-pull the charge and allowed amounts from the respective Charge Master and Fee Schedule.

IMPORTANT: Most estimates will be built in proper succession. If rework must occur, however, you can refresh the data accordingly.

If you have already added service lines to the estimate and then go back to alter any value that determines procedure, charge, allowable, or benefit information (e.g., Provider of Service, Plan/Contract Name, Place of Service, Payer, Provider, Policy Number, Date of Service, NPI, STC, etc.) a warning will pop up to inform you that either the benefits, charge/allowed amounts, or both may not align with the newly selected values.

- a. If you altered the Insurance Information > Encounter Details area, click the **Verify Benefits** button.
- b. In the Procedures Information area, click the **Restore Default Pricing** link to refresh both Charge Master and Fee Schedule data.

Completing an estimate

After entering all the previously described information for creating an estimate, the patient responsibility subtotal will display.

Adding additional fees, discounts, and notes

To add additional fees, discounts, and notes:

1. [Go to the Estimate for New Appointment screen](#).
2. From the **Complete Your Estimate** area, in the **Other Fees** field, enter any additional fees that apply that were not set in the [Fee Schedule](#).

The Estimated Total Patient Responsibility amount will automatically update.

3. In the **Other Discounts** field, enter any discounts that apply, such as multi-procedure discounts:
 - a. From the dropdown, select **Amount** or **Percentage**.
 - b. In the field to the right of the dropdown, enter the discount amount or percentage.

The Estimated Total Patient Responsibility amount will automatically update.

4. Enter any additional notes:
 - a. Type the note in the free-form text area.
 - b. If you want the note to appear on the patient's estimate, click the **Show on patient's estimate** checkbox.
5. You can do any of the following:
 - To save the entered information and remain on the estimate screen, click the **Save Draft** link at any point during the estimate creation.
The estimate will show on the worklist with a status of **Draft**.
 - To save the estimate and close the screen, click the **Save & Close** link in the bottom-right corner of the screen.
The estimate will show on the worklist with a status of **Draft**.
 - To save, print, **and complete** the estimate, click the **Save & Print** button.
You'll be given the option to print the estimate and the estimate will show on the worklist with a status of **Complete**.
 - To collect a payment, see the **Collecting a payment/Setting up a payment plan** section.

Complete Your Estimate

Subtotal

\$0

Other Fees

Other Discounts

Amount

Estimated Total Patient Responsibility

\$0

Type additional notes here...

☐ Show on patient's estimate

Collect Payment

Save & Print

Save Draft

Save & Close

Collecting a payment/Setting up a payment plan

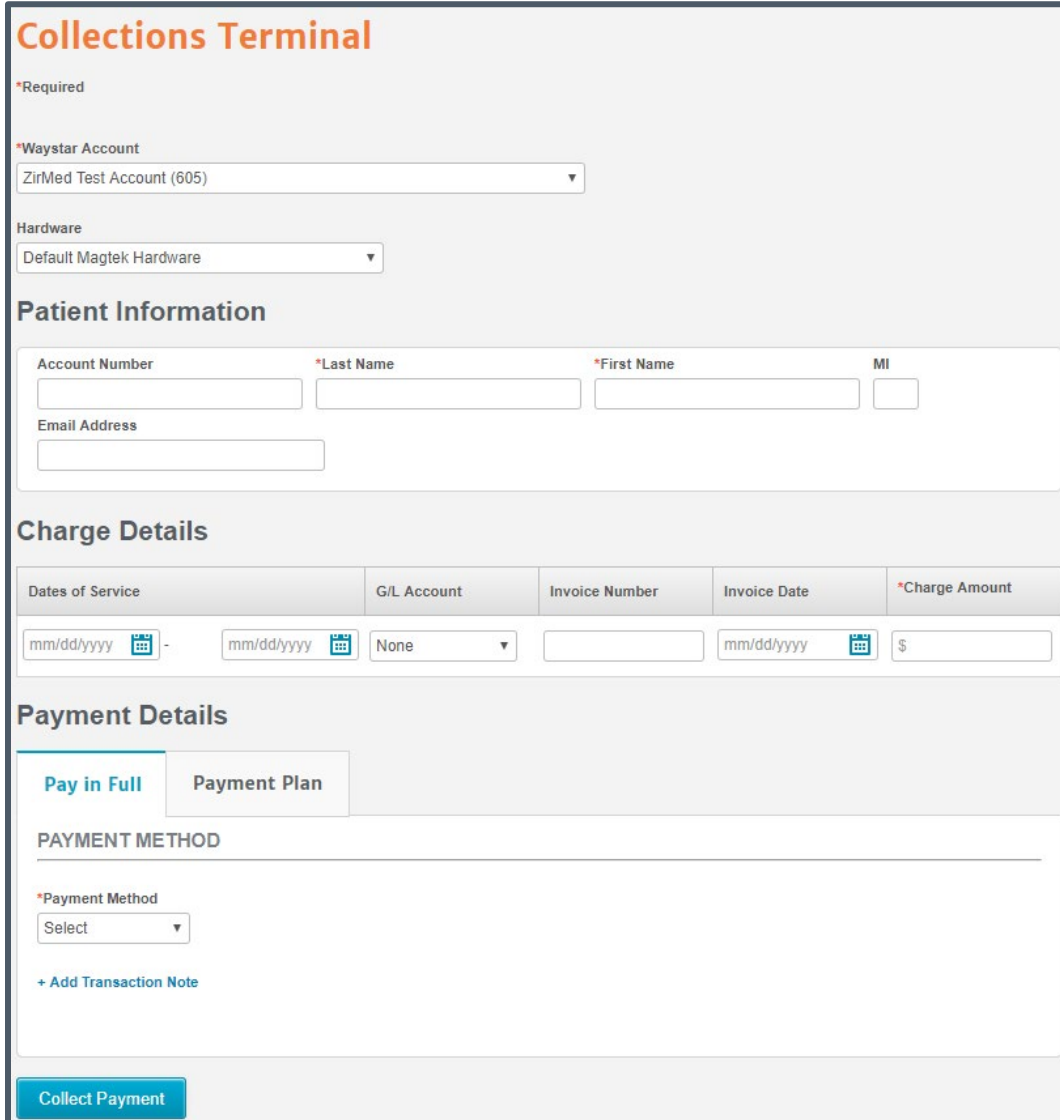
IMPORTANT: You must license Waystar's Patient Payments solution to use the Collect Payment function described in this section.

While creating an estimate, you can collect a single payment or set up a payment plan for the patient.

To use the Collect Payment function:

1. [Go to the Estimate for New Appointment screen.](#)
2. At the bottom of the screen, click the **Collect Payment** button.

The Collections Terminal screen will open.



Collections Terminal

***Required**

***Waystar Account**
ZirMed Test Account (605) ▼

Hardware
Default Magtek Hardware ▼

Patient Information

Account Number *Last Name *First Name MI

Email Address

Charge Details

| Dates of Service | G/L Account | Invoice Number | Invoice Date | *Charge Amount |
|-------------------------|-------------|----------------|--------------|----------------|
| mm/dd/yyyy - mm/dd/yyyy | None ▼ | | mm/dd/yyyy | \$ |

Payment Details

Pay in Full **Payment Plan**

PAYMENT METHOD

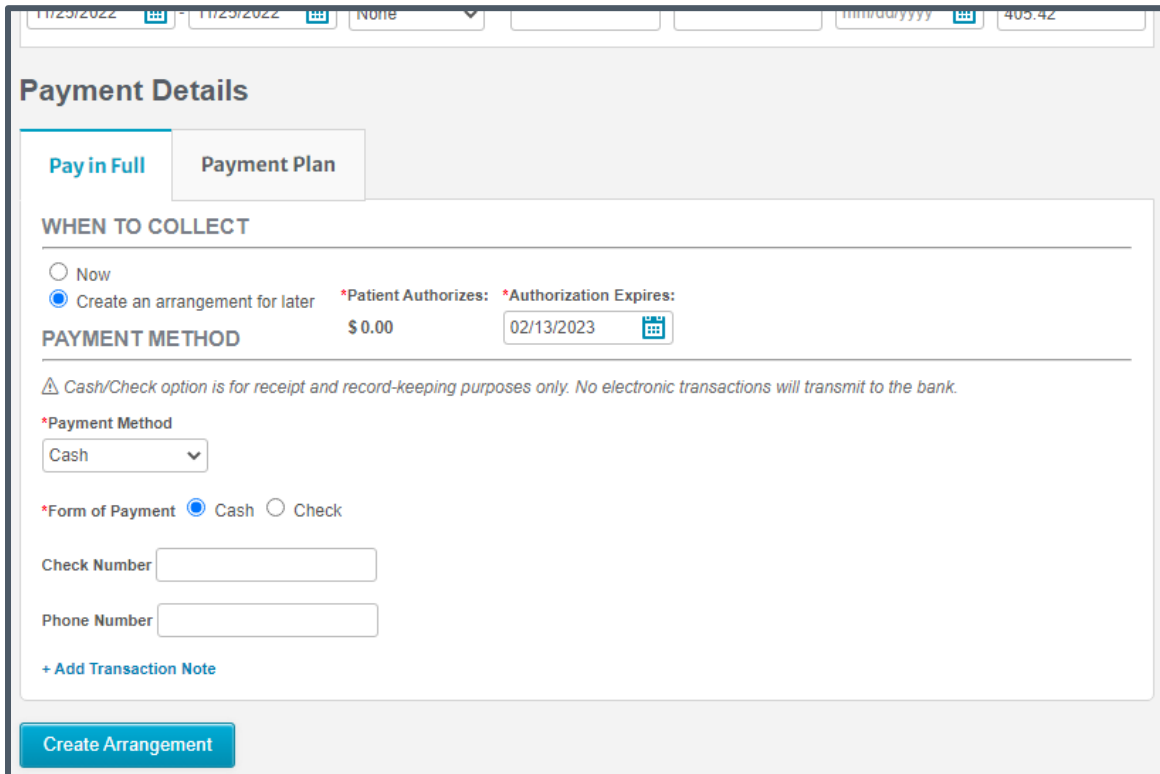
*Payment Method
Select ▼

+ Add Transaction Note

Collect Payment

3. When the screen first opens, a pop-up screen might also open asking if you want to use an account number that the system found based on the estimate.
Otherwise, from the dropdown, select your **Waystar Account**.
4. From the dropdown, select the **Hardware** you use.
5. In the **Patient Information** area, enter at a minimum the patient's **first and last name**.

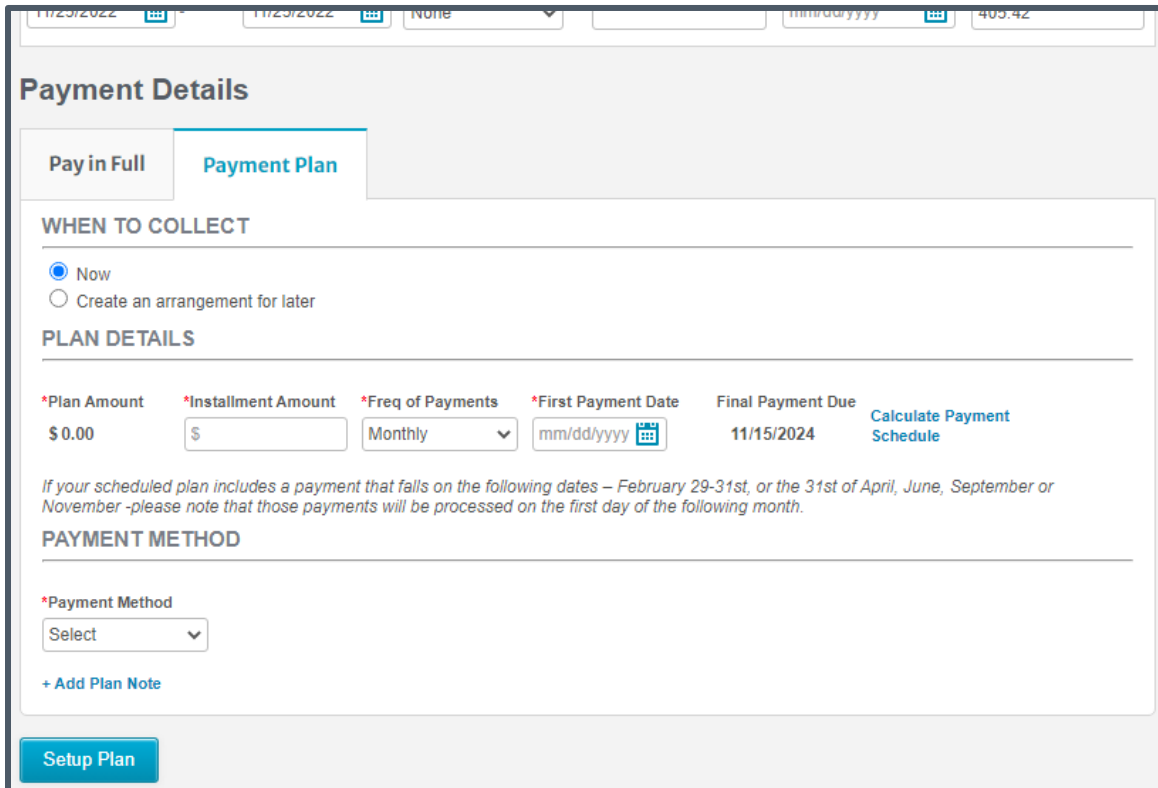
6. In the **Charge Details** area, enter any further information you deem necessary; the **Charge Amount** will be populated from the estimate you're creating:
7. In the **Payment Details** area, select the appropriate tab:
 - **Pay in Full:**



The screenshot shows the 'Payment Details' section of a software interface. At the top, there are two tabs: 'Pay in Full' (which is selected and highlighted in blue) and 'Payment Plan'. Below the tabs is a section titled 'WHEN TO COLLECT' with two radio button options: 'Now' and 'Create an arrangement for later'. The 'Create an arrangement for later' option is selected. To the right of these options, there are fields for '*Patient Authorizes:' and '*Authorization Expires:' with a date picker set to '02/13/2023'. Below this is a 'PAYMENT METHOD' section. It includes a warning message: 'Cash/Check option is for receipt and record-keeping purposes only. No electronic transactions will transmit to the bank.' There is a '*Payment Method' dropdown menu currently set to 'Cash'. Below that is a '*Form of Payment' section with radio buttons for 'Cash' (selected) and 'Check'. If 'Check' were selected, there would be fields for 'Check Number' and 'Phone Number'. At the bottom of the form is a blue button labeled 'Create Arrangement' and a link that says '+ Add Transaction Note'.

- a. In the **WHEN TO COLLECT** area, select either **Now** or **Create an arrangement for later** (when selected, will display the **Create Arrangement** button at the bottom of the screen).
- b. From the **Payment Method** dropdown, select **Credit/Debit**, **Bank Account**, or **Cash** and complete the appropriate fields.
- c. To add additional details, click the **Add Transaction Note** link and add the note.

- **Payment Plan:**



The screenshot shows the 'Payment Details' section of a software interface. At the top, there are tabs for 'Pay in Full' and 'Payment Plan', with 'Payment Plan' being the active tab. Below the tabs is a section titled 'WHEN TO COLLECT' with two radio button options: 'Now' (which is selected) and 'Create an arrangement for later'. Underneath this is the 'PLAN DETAILS' section, which contains several input fields: '*Plan Amount' (set to \$0.00), '*Installment Amount' (with a dollar sign prefix and an empty box), '*Freq of Payments' (a dropdown menu set to 'Monthly'), and '*First Payment Date' (with a date picker set to 11/15/2024). To the right of these fields is a 'Final Payment Due' date of 11/15/2024 and a blue link labeled 'Calculate Payment Schedule'. A small note below these fields states: 'If your scheduled plan includes a payment that falls on the following dates – February 29-31st, or the 31st of April, June, September or November -please note that those payments will be processed on the first day of the following month.' Below the 'PLAN DETAILS' is the 'PAYMENT METHOD' section, which has a dropdown menu labeled '*Payment Method' with 'Select' as the current choice. At the bottom of this section is a blue link '+ Add Plan Note'. Finally, at the very bottom of the form is a blue button labeled 'Setup Plan'.

- In the **WHEN TO COLLECT** area, select either **Now** or **Create an arrangement for later** (when selected, will display the **Create Arrangement** button at the bottom of the screen).
 - In the **PLAN DETAILS** area, complete the following:
 - **Installment Amount:** The amount of each installment due on the patient's bill.
 - **Freq of Payments:** How often each payment is due.
 - **First Payment Date:** The date the first installment is paid.
 - **Calculate Payment Schedule:** Click this link to create a payment plan schedule based on the information you entered.
 - In the **PAYMENT METHOD** area, from the **Payment Method** dropdown, select **Credit/Debit**, **Bank Account**, or **Cash** and complete the appropriate information.
 - Click the **Setup Plan** button.
8. When finished entering payment information, click either the **Collect Payment** or **Create Arrangement** button. The Create Arrangement button will appear if you selected **Create an arrangement for later** in the WHEN TO COLLECT area.

The estimate will show on the worklist with a status of **Complete**.

Estimate examples

Example estimate for an insured patient

The following shows an example of the Estimates for New Appointment screen for an insured patient.

Estimates for New Appointment

[Cancel Estimate](#)
[Reset Form](#)
[Save Draft](#)

***Required**

Patient Information

*Last Name

Jones

*First Name

Jon

Address Line 1

Address Line 2

*Patient Account #

9876543210

Email Address

City

State

Zip Code

*DOB

01/01/2000

*Gender

Male

Date of Visit

mm/dd/yyyy

Home Phone #

Mobile Phone #

Insurance Information

ENCOUNTER DETAILS

☐ Self Pay?

*Payer

Aetna (60054)

*Policy #

A55512345

Group #

*Relation to Subscriber

Self

*Provider

ABC MEDICAL

*NPI

1861446304

*Date of Service

11/21/2022

Taxonomy ID

*Service Type

Health Benefit Plan Coverage (30)

[Verify Benefits](#)

BENEFIT DETAILS

Health Plan Name

AETNA CHOICE POS II

Assess Service As:

☒ In-Network
 ☐ Out-of-Network

| | | | | |
|-----------------------|---------|---------|---------|---------|
| Individual Deductible | Total | Met | Total | Met |
| \$0 Remaining | 1200.00 | 1200.00 | 1700.00 | 1200.00 |
| Family Deductible | Total | Met | Total | Met |
| \$1,092.16 Remaining | 2400.00 | 1307.84 | 3400.00 | 1307.84 |
| Out-of-Pocket | Total | Met | Total | Met |
| \$629.24 Remaining | 3500.00 | 2870.76 | 4000.00 | 2870.76 |
| Family Out-of-Pocket | Total | Met | Total | Met |
| \$4,021.40 Remaining | 7000.00 | 2978.60 | 8000.00 | 2978.60 |

☐ Deductible applies to Out-of-Pocket

Co-Payment

0

150.00

Co-Insurance

20

50

Procedures Information

Provider of Service

ABC MEDICAL

Provider Plan / Contract

Place of Service

ADD PROCEDURE CODES

Select a Visit Type (Optional)

[0] Visit Type(s) available...

Add Procedures

Procedure code or description

Modifiers

[Restore Default Pricing](#)

| Visit Type | CPT/HCPCS Code | Modifiers | POS | QTY | Covered | Charge Amount | Allowed Amount | Co-Pay Applied | Deduct. Applied | Co-Ins % | Co-Ins Applied | Insurance Resp | Patient Resp | |
|------------|----------------|-----------|-----|-----|-------------------------------------|---------------|----------------|----------------|-----------------|----------|----------------|----------------|--------------|--|
| | 99212 | | | 1 | <input checked="" type="checkbox"/> | 100.00 | 100.00 | 20.00 | 0 | | | 0 | 100.00 | |
| Totals | | | | | | \$100.00 | \$100.00 | \$20.00 | \$0 | | \$0 | \$0 | \$100.00 | |

Data Source Key
 ● Benefits
 ● Charge Master
 ● Fee Schedule
 ● Override

Complete Your Estimate

Subtotal

\$100.00

Other Fees

Other Discounts

Amount

Estimated Total Patient Responsibility

\$100.00

Type additional notes here...

☐ Show on patient's estimate

[Collect Payment](#)
[Save & Print](#)
[Save Draft](#)

[Save & Close](#)

© 2023 Waystar Health. All rights reserved.

waystar.com 21

Example estimate for a self-pay patient

The following shows an example of the Estimates for New Appointment screen for a self-pay patient with a sliding allowed value scale selected along with the “Default Self-Pay Patient Responsibility Draws from” setting set to Allowed Amount on the [Estimate Settings](#) screen.

Estimates for New Appointment

[Cancel Estimate](#)
[Reset Form](#)
[Save Draft](#)

*Required

Patient Information

*Last Name

*First Name

Address Line 1

Address Line 2

*Patient Account #

Email Address

City

State

Zip Code

*DOB

*Gender

Female

Date of Visit

Home Phone #

Mobile Phone #

Insurance Information

ENCOUNTER DETAILS

☒ Self Pay?

Payer

Policy #

Group #

Relation to Subscriber

Self

*Provider

*NPI

*Date of Service

Taxonomy ID

Service Type

Health Benefit Plan Coverage (30)

[Verify Benefits](#)

BENEFIT DETAILS

Health Plan Name

Assess Service As:

☒ In-Network
 ☐ Out-of-Network

Individual Deductible

Total

Met

Family Deductible

Total

Met

Out-of-Pocket

Total

Met

Family Out-of-Pocket

Total

Met

☐ Deductible applies to Out-of-Pocket

Co-Payment

Co-Insurance

Procedures Information

Provider of Service

Provider Plan / Contract

Self Pay 1

Place of Service

ADD PROCEDURE CODES

Select a Visit Type (Optional)

[0] Visit Type(s) available...

Add Procedures

Procedure code or description

Modifiers

| Visit Type | CPT/HCPCS Code | Modifiers | POS | QTY | Covered | Charge Amount | Allowed Amount | Co-Pay Applied | Deduct. Applied | Co-Ins % | Co-Ins Applied | Insurance Resp | Patient Resp |
|------------|----------------|-----------|-----|-----|-------------------------------------|---------------|----------------|----------------|-----------------|----------|----------------|----------------|--------------|
| | 99212 | | | 1 | <input checked="" type="checkbox"/> | 100.00 | 45.00 | 0 | 0 | | | 0 | 45.00 |
| Totals | | | | | | \$100.00 | \$45.00 | \$1,000.00 | \$0 | | \$0 | 0 | \$45.00 |

[Restore Default Pricing](#)

Data Source Key

● Benefits
 ● Charge Master
 ● Fee Schedule
 ● Override

Complete Your Estimate

Subtotal

\$100.00

Other Fees

Other Discounts

Amount

Estimated Total Patient Responsibility

\$100.00

Type additional notes here...

☐ Show on patient's estimate

[Collect Payment](#)
[Save & Print](#)
[Save Draft](#)

[Save & Close](#)

Estimation batches

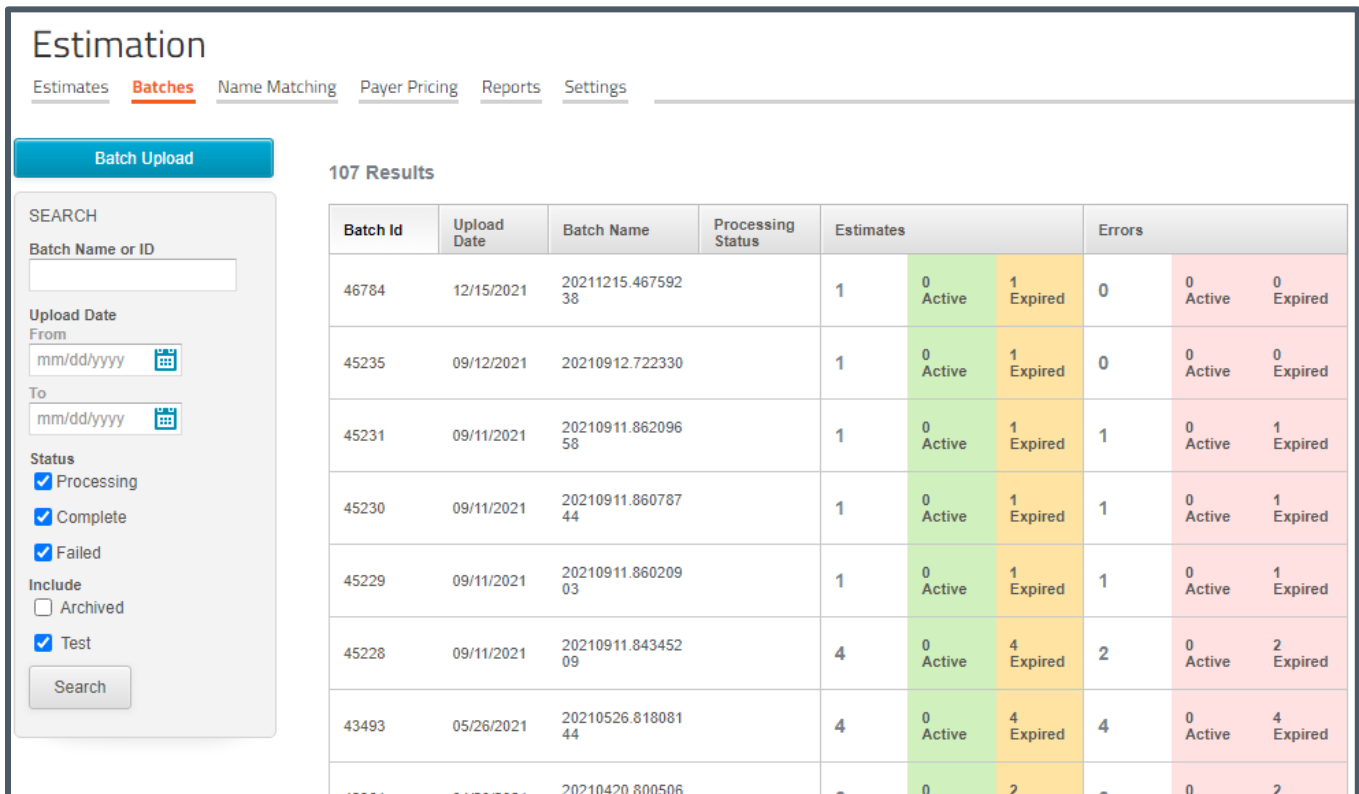
You can create a batch of estimates for multiple patients at one time. To do this, save the patients' information in a single file in your practice management system, then upload it to the Estimation solution in Waystar, as explained in this section.

Uploading a batch of estimates

To upload a new batch of estimates into the Estimation solution:

1. Go to the **PATIENT TOOLS > Estimation > Batches** screen.

The Batches screen will display batch files that have already been uploaded.

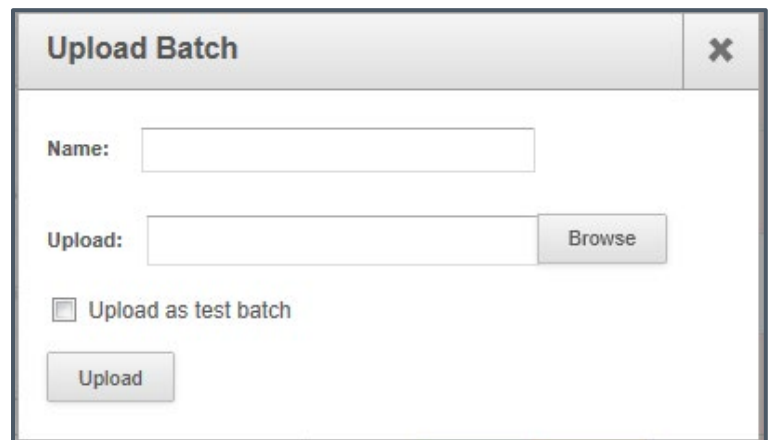


| Batch Id | Upload Date | Batch Name | Processing Status | Estimates | Errors |
|----------|-------------|-------------------|-------------------|----------------------------|----------------------------|
| 46784 | 12/15/2021 | 20211215.46759238 | | 1 0 Active 1 Expired | 0 0 Active 0 Expired |
| 45235 | 09/12/2021 | 20210912.722330 | | 1 0 Active 1 Expired | 0 0 Active 0 Expired |
| 45231 | 09/11/2021 | 20210911.86209658 | | 1 0 Active 1 Expired | 1 0 Active 1 Expired |
| 45230 | 09/11/2021 | 20210911.86078744 | | 1 0 Active 1 Expired | 1 0 Active 1 Expired |
| 45229 | 09/11/2021 | 20210911.86020903 | | 1 0 Active 1 Expired | 1 0 Active 1 Expired |
| 45228 | 09/11/2021 | 20210911.84345209 | | 4 0 Active 4 Expired | 2 0 Active 2 Expired |
| 43493 | 05/26/2021 | 20210526.81808144 | | 4 0 Active 4 Expired | 4 0 Active 4 Expired |
| 43064 | 04/28/2021 | 20210420.800506 | | 0 0 Active 2 Expired | 0 0 Active 2 Expired |

2. Click the **Batch Upload** button.

The Batch Upload screen will open.

3. Enter the **Name** of your batch.
4. Click the **Browse** button to find the batch file on your computer. Double-click on the file. The file name displays in the Upload field.
5. *Optional.* Click the checkbox to **Upload as a test batch**.
6. Click the **Upload** button.



Upload Batch

Name:

Upload:

☐ Upload as test batch

Working with batches

To work with batches:

1. Go to the **PATIENT TOOLS > Estimation > Batches** screen.

The Batches screen will display batch files that have already been uploaded.

2. Hover over a batch row.

The Action menu will open.

| 107 Results | | | | | | | | | |
|-------------|-------------|-------------------|-------------------|--|----------|-----------|--------|----------|-----------|
| Batch Id | Upload Date | Batch Name | Processing Status | Estimates | | | Errors | | |
| 46784 | 12/15/2021 | 20211215.46759238 | | 1 | 0 Active | 1 Expired | 0 | 0 Active | 0 Expired |
| | | | | Notes Download Original File View History Archive Un-Dup | | | | | |
| | | | | | 0 Active | 1 Expired | 0 | 0 Active | 0 Expired |
| 15224 | 09/14/2021 | 20210911.862096 | | 1 | 0 | 1 | 1 | 0 | 1 |

3. Perform any of the following:

- **Notes:** Add a note about the batch.

Notes

- **Download Original File:** Download the contents of the original file. After clicking the button, you will be directed to save the text file.

- **View History:** View batch history information.

| Batch History | | | X |
|-----------------|-------------|---|---|
| Batch Id: 46784 | | | |
| Date | Time | Event | |
| 12/15/2021 | 12:59:28 PM | Batch Uploaded via HTTPBATCH and created by FileRouter application. | |
| 12/15/2021 | 12:59:29 PM | Batch processed by BatchRouter. MQ Message sent to Spooler | |
| 12/15/2021 | 12:59:42 PM | Batch Complete | |

- **Archive:** Archive the batch, which will also remove it from the Batches screen. When you click the button, the batch will immediately archive, and the batch will be removed from the Batches screen. A link will appear above the batch results list that will allow you to undo the archive.
- **Un-Dup:** Indicates whether the batch is a duplicate. Click this button if the file is incorrectly assigned as a duplicate.

Displaying a single batch on the worklist

To find a batch and display it on the worklist screen:

1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. In the **SEARCH** pane on the left, enter a **Batch ID**.

The Batch ID number displays at the top of the worklist screen.

Estimation

- Estimates**
- Batches
- Name Matching
- Payer Pricing
- Reports
- Settings
- Admin

Active Estimates

Expired Estimates

Create Estimate

SEARCH

Patient Name

Account Number

Estimate Status

All

Eligibility

All

Service Date

mm/dd/yyyy

Estimate Date

mm/dd/yyyy

Payer

User

All

Estimate ID

Batch ID

52282

Search

2 Results

CURRENT SEARCH

Clear All

BatchId: 52282

x

View Selected 0 X

View/Print Summary

Add Note

Export CSV

Mark as Expired

| <input type="checkbox"/> | Service Date | Account Number | Estimation Status | Patient Name | Payer | Eligibility Status | Estimate Id | Total Patient Responsibility |
|--------------------------|--------------|----------------|-------------------|---------------|---------------------------|--------------------|-------------|------------------------------|
| <input type="checkbox"/> | 11/11/2022 | 123444 | Complete | Miller, Mark | Aetna (60054) | Active Coverage | 1756766 | \$405.42 |
| <input type="checkbox"/> | 11/7/2022 | 123457 | Complete | Jones, Robert | United Healthcare (87726) | Active Coverage | 1756765 | \$129.65 |

Results 1 - 2 of 2

Page 1 of 1

Per Page: 10

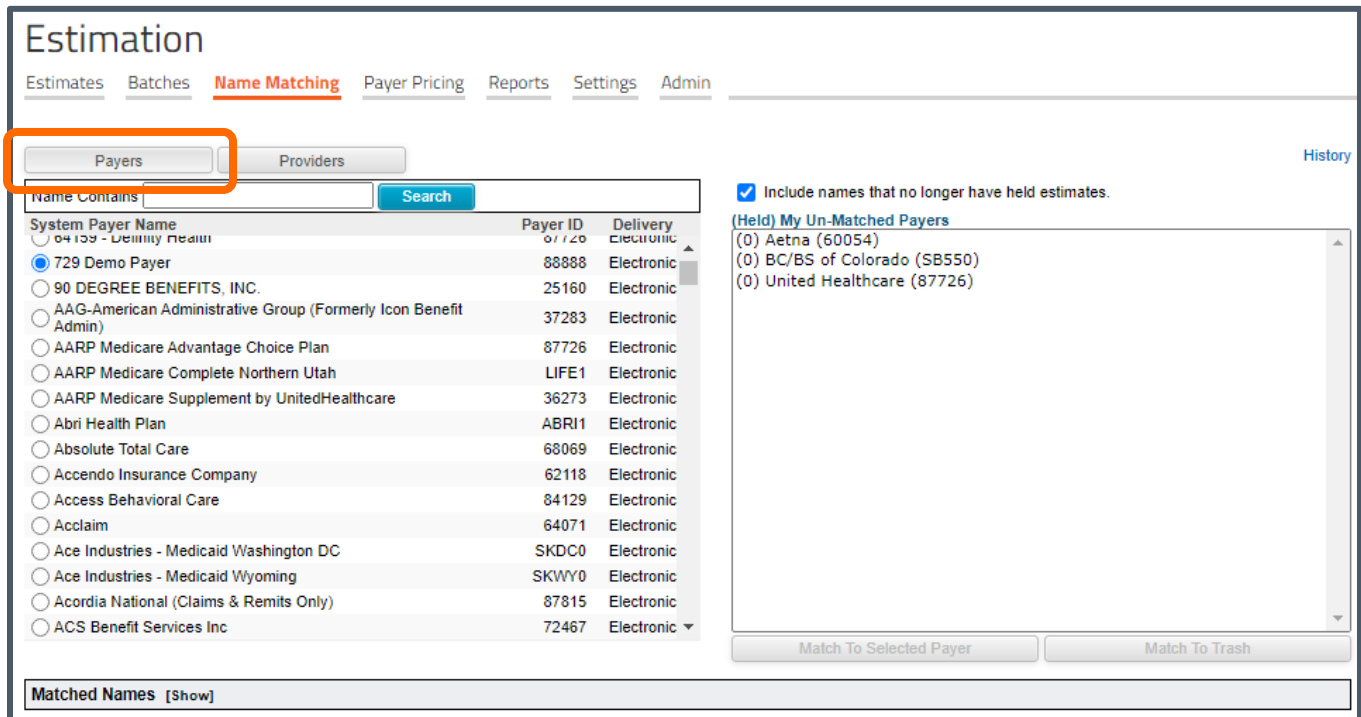
Name Matching

The **PATIENT TOOLS > Estimation > Name Matching** screen is used to associate the names provided by your Practice Management (PM) System with a standard payer identification code (Payer ID) that will be uniformly recognized by Waystar.

Understanding the Payers Name Matching screen

The **PATIENT TOOLS > Estimation > Name Matching** screen allows you to match a payer name with its ID. Generally, you will match the payer name with an ID only one time. All subsequent submissions will automatically go to the correctly matched payer. Unless the spelling of the name generated by your PM System changes, you will not need to do this again.

Note: If you are submitting the Waystar payer ID on your inbound file, you will not need to name match.



Estimation

Estimates Batches **Name Matching** Payer Pricing Reports Settings Admin

Payers Providers History

Name Contains Search

| System Payer Name | Payer ID | Delivery |
|---|--------------|-------------------|
| 04109 - Gemini Health | 01120 | Electronic |
| 729 Demo Payer | 88888 | Electronic |
| 90 DEGREE BENEFITS, INC. | 25160 | Electronic |
| AAG-American Administrative Group (Formerly Icon Benefit Admin) | 37283 | Electronic |
| AARP Medicare Advantage Choice Plan | 87726 | Electronic |
| AARP Medicare Complete Northern Utah | LIFE1 | Electronic |
| AARP Medicare Supplement by UnitedHealthcare | 36273 | Electronic |
| Abri Health Plan | ABRI1 | Electronic |
| Absolute Total Care | 68069 | Electronic |
| Accendo Insurance Company | 62118 | Electronic |
| Access Behavioral Care | 84129 | Electronic |
| Acclaim | 64071 | Electronic |
| Ace Industries - Medicaid Washington DC | SKDC0 | Electronic |
| Ace Industries - Medicaid Wyoming | SKWY0 | Electronic |
| Acordia National (Claims & Remits Only) | 87815 | Electronic |
| ACS Benefit Services Inc | 72467 | Electronic |

☒ Include names that no longer have held estimates.

(Held) My Un-Matched Payers

- (0) Aetna (60054)
- (0) BC/BS of Colorado (SB550)
- (0) United Healthcare (87726)

Match To Selected Payer Match To Trash

Matched Names [Show]

The Name Matching screen is divided into the following areas:

- On the left is the **Payers Search/List** pane. Here the payer names, their corresponding IDs, and delivery method will display. You can search through this list by providing either a portion of the payer's name or the payer's ID in the Name Contains field.
- In the pane on the right, **(Held) My Un-matched Providers** will display. Inquiries for a given spelling of a payer's name will be grouped together, allowing you to match the payer name assigned by your PM System with the corresponding Waystar payer ID one time for all occurrences (e.g., Aetna, Aetna5, and Aetna PPO would be in different groups because the payer names are not spelled exactly alike).
- Below the My Un-Matched Payers pane are buttons for matching.

Matching a payer

To match a payer:

1. Go to the **PATIENT TOOLS > Estimation > Name Matching** screen.
2. Click the **Payers** button/tab above the left pane.
3. *Optional.* Click the **Include names that no longer have held estimates** checkbox.
A list of unmatched payer names will appear in the right pane.
4. In the right pane, click the unmatched payer that you want to match.
5. In the left pane, search for the system payer/payer ID. You can use the **Name Contains** field at the top or scroll the list.
6. When found, click the radio button to the left of the appropriate system payer/payer ID.
7. Below the right pane, click the **Match to Selected Payer** button.

Note: If the payer name does not appear in the left pane, you can **Match to Trash**. Anything you match to this option will be discarded and will **not** be processed in any way by Waystar. Use this only if your PM System cannot exclude a payer's inquiries from going to Waystar.

Estimation

[Estimates](#)
[Batches](#)
[Name Matching](#)
[Payer Pricing](#)
[Reports](#)
[Settings](#)
[Admin](#)

2

Payers

Providers

5

Name Contains

Search

| System Payer Name | Payer ID | Delivery |
|---|----------|------------|
| 04139 - Delinquent Health | 01120 | Electronic |
| 729 Demo Payer | 88888 | Electronic |
| 90 DEGREE BENEFITS, INC. | 25160 | Electronic |
| AAG-American Administrative Group (Formerly Icon Benefit Admin) | 37283 | Electronic |
| AARP Medicare Advantage Choice Plan | 87726 | Electronic |
| AARP Medicare Complete Northern Utah | LIFE1 | Electronic |
| AARP Medicare Supplement by UnitedHealthcare | 36273 | Electronic |
| Abri Health Plan | ABRI1 | Electronic |
| Absolute Total Care | 68069 | Electronic |
| Accendo Insurance Company | 62118 | Electronic |
| Access Behavioral Care | 84129 | Electronic |
| Acclaim | 64071 | Electronic |
| Ace Industries - Medicaid Washington DC | SKDC0 | Electronic |
| Ace Industries - Medicaid Wyoming | SKWY0 | Electronic |
| Acordia National (Claims & Remits Only) | 87815 | Electronic |
| ACS Benefit Services Inc | 72467 | Electronic |

3

☒ Include names that no longer have held estimates.

4

(Held) My Un-Matched Payers

- (0) Aetna (60054)
- (0) BC/BS of Georgia Columbus (SB601)
- (0) BC/BS of Kentucky (ZBKYO)
- (0) BCBS Colorado (SB550)
- (0) BCBS Georgia (SB601)
- (0) Medica Health Plan - Fee for Service (94265)
- (0) Oxford Health Plans (06111)

7

Match To Selected Payer

Match To Trash

Matched Names

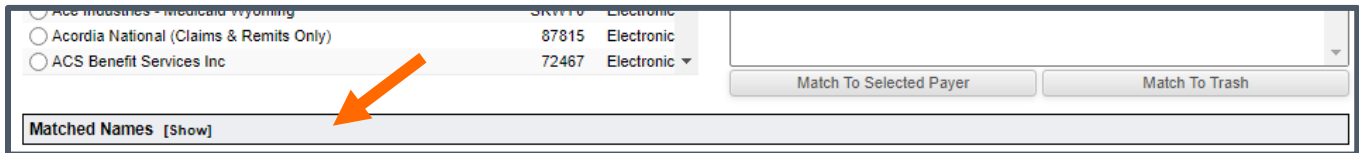
[Show]

Un-matching (and re-matching) a payer

If a payer was incorrectly matched, you can un-match the payer and then re-match them correctly.

To un-match and/or re-match a payer:

1. Go to the **PATIENT TOOLS > Estimation > Name Matching** screen.
2. Click the **Payers** button/tab above the left pane.
3. Below the left pane, click the **Matched Names** bar.

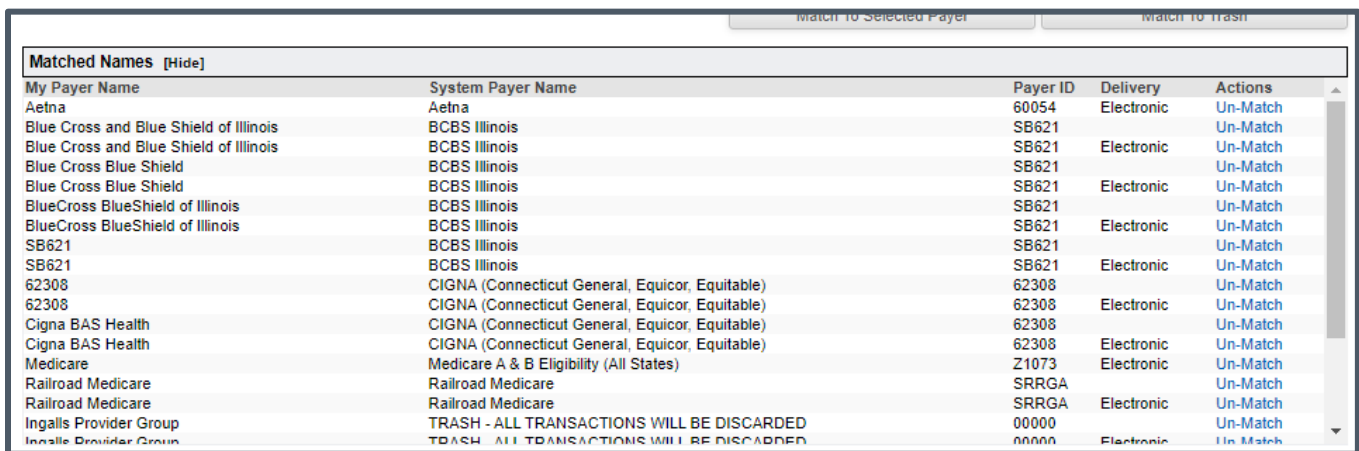


☐ Ace Industries - Medicaid Wyoming 87710 Electronic
☐ Acordia National (Claims & Remits Only) 87815 Electronic
☐ ACS Benefit Services Inc 72467 Electronic ▼

Match To Selected Payer Match To Trash

Matched Names [Show]

A list of matched payer names will appear below.

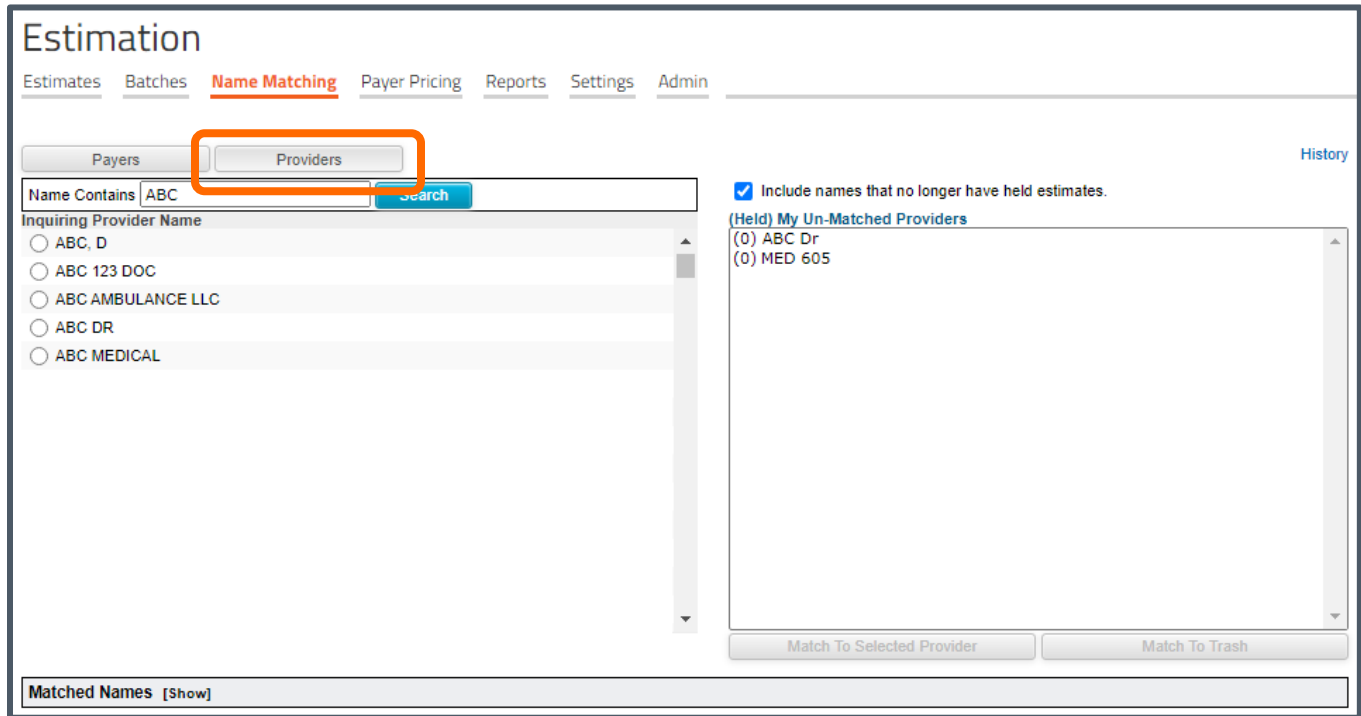


| My Payer Name | System Payer Name | Payer ID | Delivery | Actions |
|--|---|----------|------------|--------------------------|
| Aetna | Aetna | 60054 | Electronic | Un-Match |
| Blue Cross and Blue Shield of Illinois | BCBS Illinois | SB621 | | Un-Match |
| Blue Cross and Blue Shield of Illinois | BCBS Illinois | SB621 | Electronic | Un-Match |
| Blue Cross Blue Shield | BCBS Illinois | SB621 | | Un-Match |
| Blue Cross Blue Shield | BCBS Illinois | SB621 | Electronic | Un-Match |
| BlueCross BlueShield of Illinois | BCBS Illinois | SB621 | | Un-Match |
| BlueCross BlueShield of Illinois | BCBS Illinois | SB621 | Electronic | Un-Match |
| SB621 | BCBS Illinois | SB621 | | Un-Match |
| SB621 | BCBS Illinois | SB621 | Electronic | Un-Match |
| 62308 | CIGNA (Connecticut General, Equicor, Equitable) | 62308 | | Un-Match |
| 62308 | CIGNA (Connecticut General, Equicor, Equitable) | 62308 | Electronic | Un-Match |
| Cigna BAS Health | CIGNA (Connecticut General, Equicor, Equitable) | 62308 | | Un-Match |
| Cigna BAS Health | CIGNA (Connecticut General, Equicor, Equitable) | 62308 | Electronic | Un-Match |
| Medicare | Medicare A & B Eligibility (All States) | Z1073 | Electronic | Un-Match |
| Railroad Medicare | Railroad Medicare | SRRGA | | Un-Match |
| Railroad Medicare | Railroad Medicare | SRRGA | Electronic | Un-Match |
| Ingalls Provider Group | TRASH - ALL TRANSACTIONS WILL BE DISCARDED | 00000 | | Un-Match |
| Ingalls Provider Group | TRASH - ALL TRANSACTIONS WILL BE DISCARDED | 00000 | Electronic | Un-Match |

4. Under the **Actions** column, click the **Un-Match** link.
5. To re-match the payer, select the **Include names that no longer have held estimates** checkbox that's above the upper-right pane.
6. Continue with the [Matching a payer](#) section.

Understanding the Providers Name Matching screen

Generally, you will match the inquiring provider name one time. You will be required to complete provider name matching any time you send a name that was not previously sent. The provider name may be the same, but any deviation from the spelling or punctuation will cause the inquiry to be held for name matching.



The Name Matching screen is divided into the following areas:

- On the left is the **Providers Search/List** pane. The provider names displayed are pulled from information entered in Waystar's Eligibility provider screen.
- In the pane on the right, **(Held) My Un-matched Providers** will display. Inquiries for a given provider will be grouped together, allowing you to match the provider name (assigned by your PM System) with the corresponding information entered in Waystar's Eligibility provider screen.
- Below the My Un-Matched Providers pane are buttons for matching.

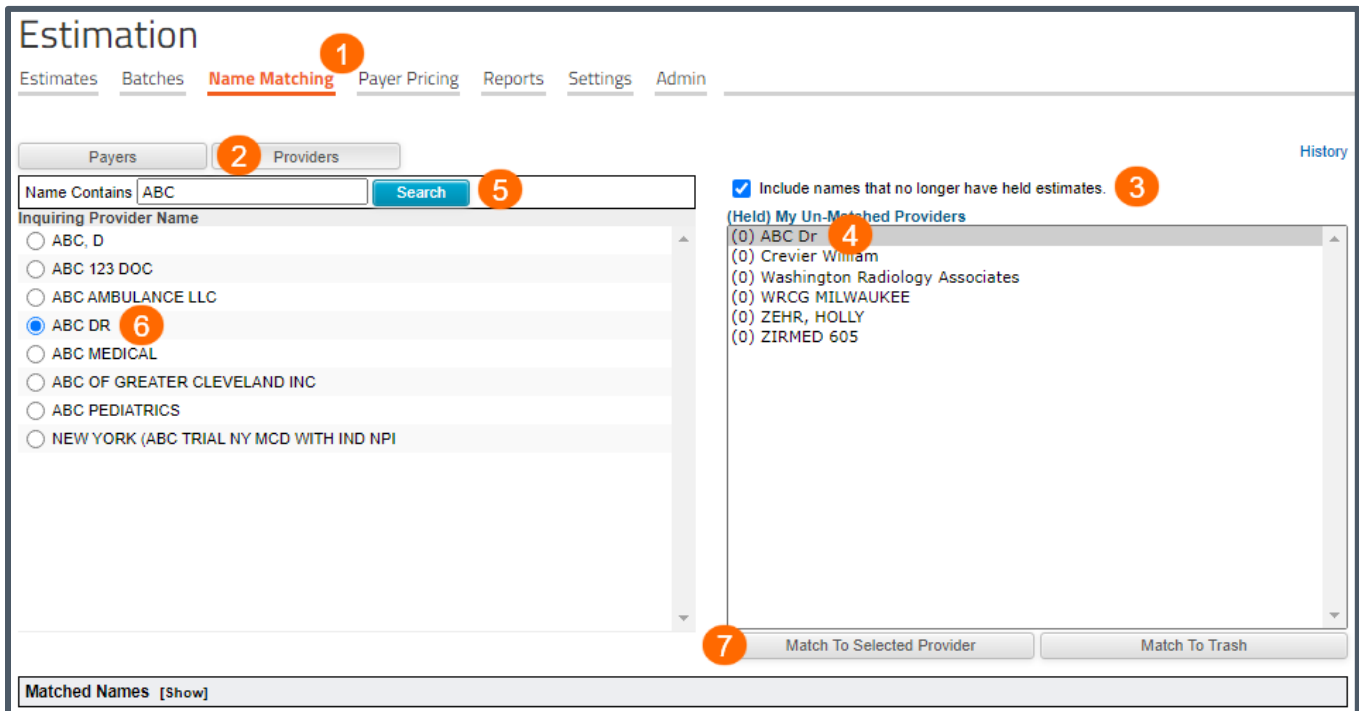
Matching a provider

To match a provider:

1. Go to the **PATIENT TOOLS > Estimation > Name Matching** screen.
2. Click the **Providers** button/tab above the left pane.
3. *Optional.* Click the **Include names that no longer have held estimates** checkbox.
A list of unmatched provider names will appear in the right pane.
4. In the right pane, click the unmatched provider that you want to match.
5. In the left pane, search for the system provider/provider ID. You can use the **Name Contains** field at the top or scroll the list.
6. When found, click the radio button to the left of the appropriate system provider/provider ID.
7. Below the right pane, click the **Match to Selected Provider** button.

Note:

- If the provider name does not appear in the left pane, you can **Match to Trash**. Anything you match to this option will be discarded and will **not** be processed in any way by Waystar. Use this only if your PM System cannot exclude a provider's inquiries from going to Waystar.
- If the correct name is in the inquiry but has not been added to the Eligibility Providers screen, you must update the Eligibility Providers screen and then return to name matching.



The screenshot shows the 'Estimation' screen with the 'Name Matching' tab selected. The interface includes a top navigation bar with tabs for 'Estimates', 'Batches', 'Name Matching' (highlighted), 'Payer Pricing', 'Reports', 'Settings', and 'Admin'. Below this is a sub-navigation bar with 'Payers' and 'Providers' tabs, with 'Providers' selected. A search bar labeled 'Name Contains' with the value 'ABC' and a 'Search' button is present. A list of 'Inquiring Provider Name' options is shown, with 'ABC DR' selected. To the right, a checkbox 'Include names that no longer have held estimates' is checked, and a list of '(Held) My Un-Matched Providers' is displayed. At the bottom, there are two buttons: 'Match To Selected Provider' and 'Match To Trash'. A 'Matched Names' section is at the very bottom.

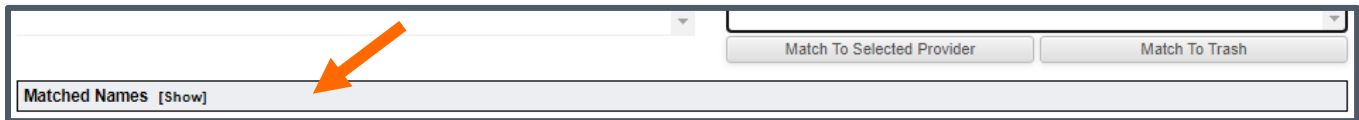
1. Name Matching tab
2. Providers tab
3. Include names that no longer have held estimates checkbox
4. (Held) My Un-Matched Providers list
5. Search button
6. ABC DR radio button
7. Match To Selected Provider button

Un-matching (and re-matching) a provider

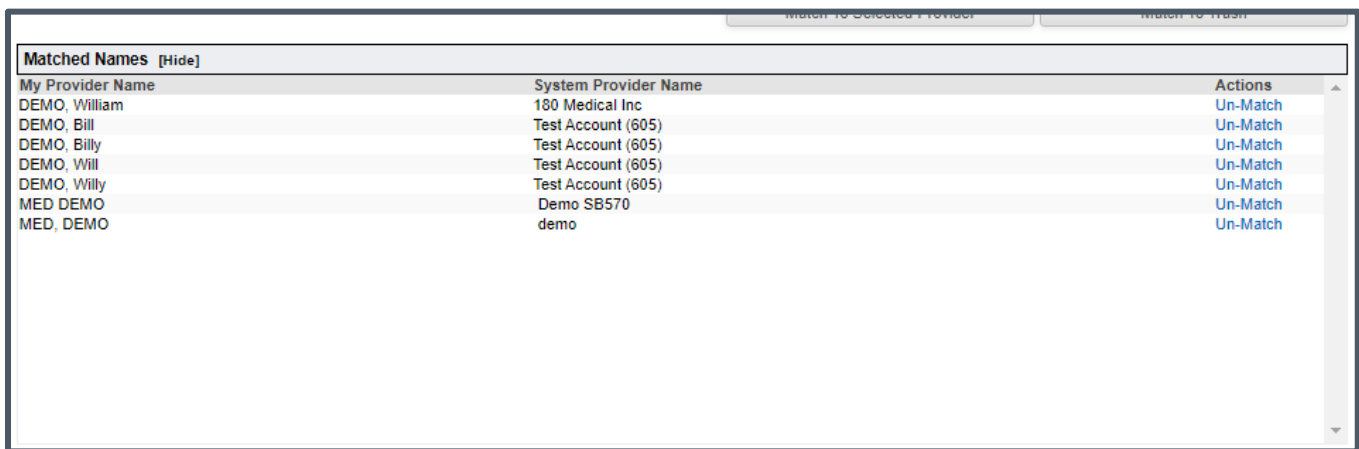
If a provider was incorrectly matched, you can un-match the provider and then re-match them correctly.

To un-match and/or re-match a provider:

1. Go to the **PATIENT TOOLS > Estimation > Name Matching** screen.
2. Click the **Providers** button/tab above the left pane.
3. Below the left pane, click the **Matched Names** bar.



A list of matched provider names will appear below.



The screenshot shows the 'Matched Names' section expanded, displaying a table with three columns: 'My Provider Name', 'System Provider Name', and 'Actions'. The table lists several matched providers, each with an 'Un-Match' link in the 'Actions' column.

| My Provider Name | System Provider Name | Actions |
|------------------|----------------------|--------------------------|
| DEMO, William | 180 Medical Inc | Un-Match |
| DEMO, Bill | Test Account (605) | Un-Match |
| DEMO, Billy | Test Account (605) | Un-Match |
| DEMO, Will | Test Account (605) | Un-Match |
| DEMO, Willy | Test Account (605) | Un-Match |
| MED DEMO | Demo SB570 | Un-Match |
| MED, DEMO | demo | Un-Match |

4. Under the **Actions** column, click the **Un-Match** link.
5. To re-match the provider, select the **Include names that no longer have held estimates** checkbox that's above the upper-right pane.
6. Continue with the [Matching a provider](#) section.

Settings

Note: You must have the proper permissions to edit the estimation settings. Contact your domain administrator if you have questions concerning your permissions.

The **PATIENT TOOLS > Estimation > Settings** screen is where you can custom design your estimate document templates with logos, headers, footers, and default information to appear on the estimate.

Designing your estimate templates

There are two estimate templates, one for [insurance](#) and one for [self-pay](#). In each template:

- You can customize the header and footer.
- You can use the default disclaimer or have a disclaimer created for you.
- Add your organization's logo.
- Copy the insurance template to the self-pay template.

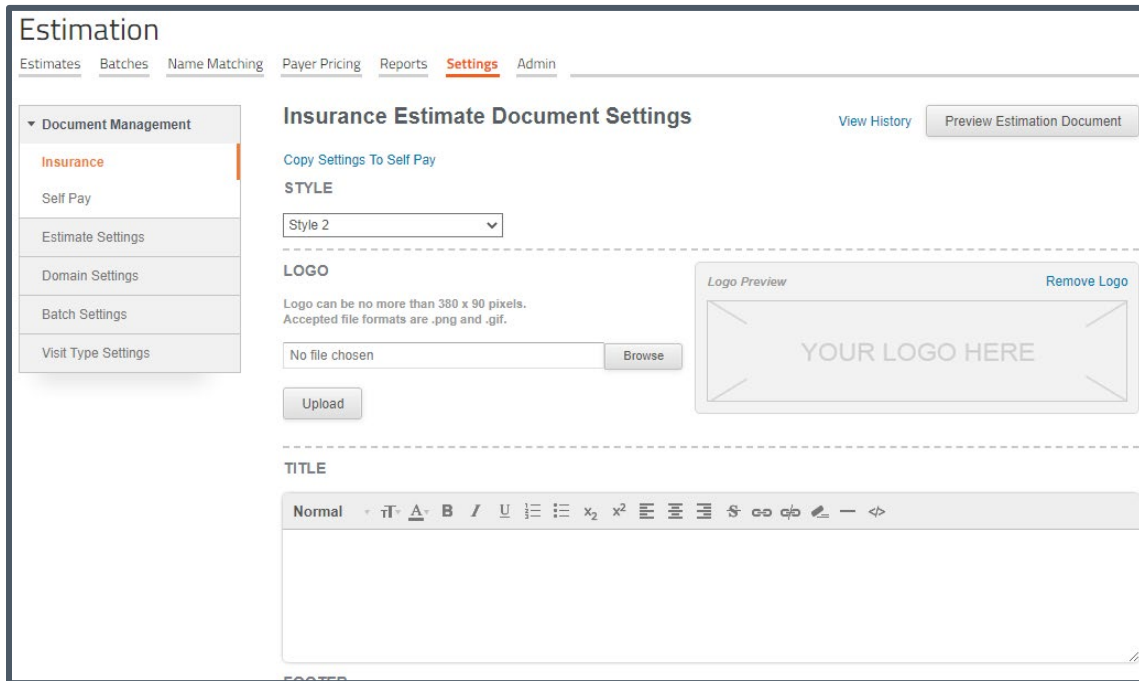
Setting up the insurance estimate template

You can set up an estimate template for insurance (payers with or without benefits verification).

To set up the insurance estimate template:

1. Go to the **PATIENT TOOLS > Estimation > Settings > Document Management > Insurance** tab.

The Insurance Estimate Document Settings screen will open.



2. Keep in mind the following as you set up your template:
 - Any time during setup you can click the **Preview Estimation Document** button in the upper-right corner of the screen. A new tab will open with the preview.
 - If you want the [self-pay estimate template](#) to look like the insurance estimate template, first complete the insurance template and then click the **Copy Settings to Self-Pay** link at the top of the screen.

3. **Setting the style:**

- a. From the **STYLE** dropdown, select a style.
- b. To view the difference between the styles, click the **Preview Estimation Document** button after selecting either one.

4. **Selecting a logo:**

- a. From the **LOGO** area, click the **Browse** button.
- b. Navigate to and select your logo. Keep in mind the following:
 - Accepted formats are .png and .gif.
 - The image cannot be larger than 380 pixels wide by 90 pixels high.
- c. Click the **Upload** button.

Your image will appear in the Logo Preview area to the right.
- d. To remove the image, click the **Remove Logo** link in the Logo Preview area.

5. **Setting up body text:**

- **TITLE:** The estimate automatically displays SUMMARY OF ESTIMATED PATIENT RESPONSIBILITY. You should use this area to enter your organizational/facility name and address, which will display near the top of the estimate document.
 - **FOOTER:** Use this to display any desired text immediately after the estimate information. You could use this to display your hours of operation, phone number(s), and any additional information such as a seasonal greeting or health care reminder.
 - **DISCLOSURE:** This area populates with default text. You can, however, click the Use Alternate Disclosure checkbox to use your own custom disclosure. The text entered here will display at the end of the estimate document.
6. Click the **Preview Estimation Document** button to see what the document will look like. Make any desired changes.
 7. When you're happy with the template, click the **Save Changes** button.
 8. To view a record of changes made to the insurance estimation template, click the **View History** link at the top of the screen.

If you want to use text from a previously saved template, you can copy it from the History screen and paste it into the appropriate template area.

Setting up the self-pay estimate template

You can set up an estimate template for self-pay patients.


To set up the self-pay estimate template:

1. We recommend using the [insurance estimate template](#) to at least start the process for this template:
 - a. Go to the **PATIENT TOOLS > Estimation > Settings > Document Management > Insurance** tab.
The Insurance Estimate Document Settings screen will open.
 - b. If you haven't set the insurance estimate template yet, see the [Setting up the insurance estimate template](#) section.
 - c. When you've set up and saved your insurance estimate template, go to the top of the screen and click the **Copy Settings to Self Pay** link.
2. Go to the **PATIENT TOOLS > Estimation > Settings > Document Management > Self Pay** tab.
3. Alter any text as appropriate for self-pay patients. See the [Setting up the insurance estimate template](#) section for details about the various areas of the screen.
4. Click the **Preview Estimation Document** button to see what the document will look like. Make any desired changes.
5. When you're happy with the template, click the **Save Changes** button.
6. To view a record of changes made to the insurance estimation template, click the **View History** link at the top of the screen.

If you want to use text from a previously saved template, you can copy it from the History screen and paste it into the appropriate template area.

Example of an insurance estimate document

The logo, title, footer, and disclosure information will appear on every estimate you create. The estimate values will populate from the information you entered when [creating an estimate](#).



SUMMARY OF ESTIMATED PATIENT RESPONSIBILITY

Care for You Community Hospital
 123 Main Street
 Anytown, CO 80001

Patient: **Ben Adams**

Account#: **123456789**

Date of Service: **11/04/2022**



WE ESTIMATE YOU OWE \$100.00

TOTAL RESPONSIBILITY

\$500.00

INSURANCE RESPONSIBILITY

\$300.00

PATIENT RESPONSIBILITY DETAILS

| | |
|-----------------------|----------|
| Patient Co-Pay: | \$0.00 |
| Patient Deductible: | \$100.00 |
| Patient Co-Insurance: | \$0.00 |

| PROCEDURES | Amount |
|--------------------------------|-----------------|
| SAMPLE PROCEDURE DESCRIPTION | \$0.00 |
| Procedures Total Charge | \$500.00 |

| INSURANCE DISCOUNT | Amount |
|--|-----------------|
| Contractual Discount | \$100.00 |
| Total Charge after Insurance Discount | \$400.00 |

| INSURANCE RESPONSIBILITY | Amount |
|--|-----------------|
| Insurance Responsibility | \$300.00 |
| Other Fees | N/A |
| Other Discounts | N/A |
| Total Estimated Amount Owed (After Insurance) | \$100.00 |

We appreciate the opportunity to have served you and our goal is to provide you excellent care.

Additional Notes:

| | | |
|-------------|---------------|-------|
| Created By: | Created Date: | Note: |
|-------------|---------------|-------|

THIS IS AN ESTIMATE. Please note that this is an *estimate* of the charges for exam(s) ordered. Additional charges will apply should the order change or if additional studies are performed. In addition, this may not include ALL charges for material, ancillary procedures (i.e. injections, isotopes, tray, etc) or Professional Interpretation. You will be billed separately for these items where applicable. Thank you.

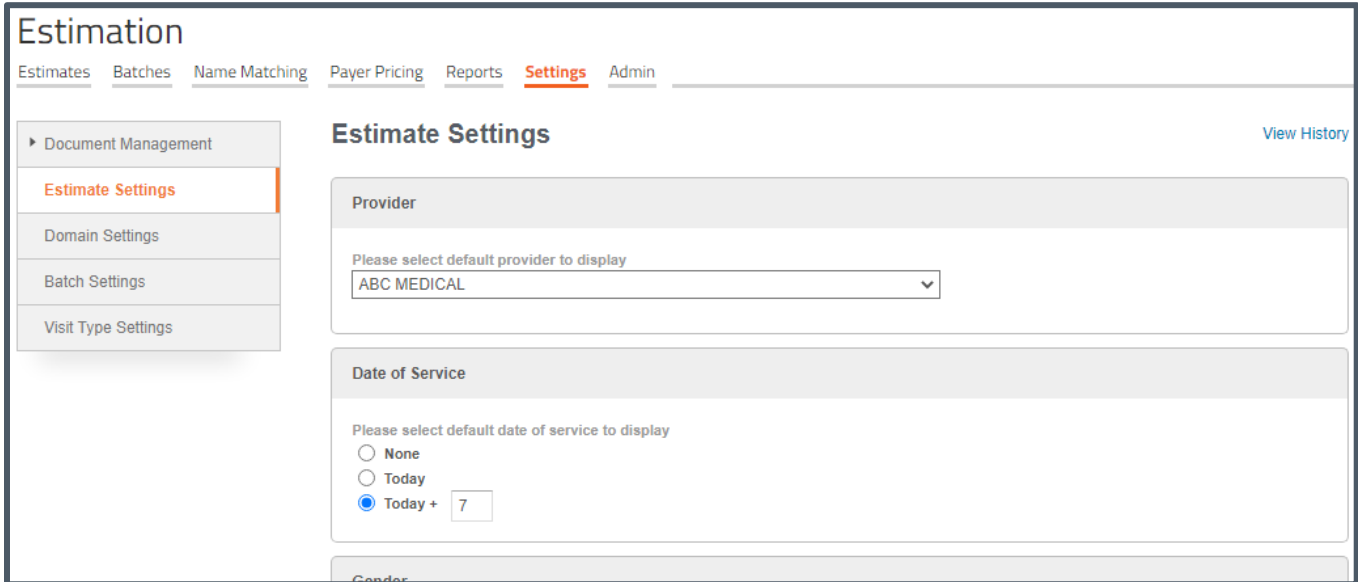
Estimate Date:

Setting default information for your estimate document

To set up default information for your estimate document:

1. Go to the **PATIENT TOOLS > Estimation > Settings > Document Management > Estimate Settings** tab.

The Estimate Settings screen will open.



2. In each area of the screen, select the information you want to appear by default on your estimate document.
 - **Provider:** Select the provider from the dropdown list; the providers are populated from the PATIENT TOOLS > Eligibility > Provider screen. If only one provider is available, that provider will automatically be the default. The provider's NPI will automatically display in the NPI field when creating an estimate.
 - **Date of Service:** Select **None**, **Today**, or **Today+** and enter the number of future days to be highlighted on the calendar as a default.
 - **Gender:** Select **None**, **Male**, or **Female** to be the default. Select None if you don't want either male or female to be the default gender.
 - **Require Patient Account Number:** Use this to make the patient account number required.
 - **Estimation Suggestions:** Choose to enable or disable the benefits suggestion popup that displays when the Responsibility Breakdown section of the Benefits page is in Edit mode.
 - **Eligibility Default Service Type Settings:** The **Use Batch and Web Service Defaults** selection will override the submitted service type code from the batch or webservice inquiry with the defaulted STC code in the Eligibility Default Manual Entry list selection.
 - **Generate Charge Master/Fee Schedule Settings:**
 - **Default Self-Pay Patient Responsibility Draws from:** Choose **Charge Amount** or **Allowed Amount** to set the default for where the self-pay estimate patient responsibility amount draws from.
3. When finished making your selections, click the **Save Changes** button.

Changes made will apply to the account for **all** users and will appear on the [Create Estimate screen](#).

Setting up visit types with preset procedures

The Visit Type Settings tab displays a list of custom visit types created by your practice.

Working with existing visit types

To work with existing visit types:

1. Go to the **PATIENT TOOLS > Estimation > Settings > Document Management > Visit Type Settings** tab.

The Visit Types screen will open.

Estimation

- Estimates
- Batches
- Name Matching
- Payer Pricing
- Reports
- Settings**
- Admin

Document Management

Estimate Settings
 Domain Settings
 Batch Settings
 Visit Type Settings

Visit Types for

ABC MEDICAL

Add Visit Type

SEARCH

Visit Type Name

Visit Type Description

Updated

From mm/dd/yyyy

To mm/dd/yyyy

Search

4 Results

| Updated | Procedure Code | Visit Type Name | Description | Created By |
|------------|-------------------|-------------------------------|---|---------------------|
| 5/28/2020 | 76830 | Name | | Hager, Scott |
| 2/12/2020 | 99213 11102 | Dermatology Visit with Biopsy | Derm w Biopsy | Fontaine, Christine |
| 11/12/2019 | 99214 25 76830 TC | Office Visit | | Esparza, Jenae |
| 2/25/2019 | A9509 A9516 A9584 | Example Visit Type | Demo this visit type by selecting the Visit Type Name in the create Estimate Workflow. All related CPTs will auto populate. | Matthews, Riley |

Results 1 - 4 of 4

Page 1 of 1

Per Page: 10

2. From the **Visit Types for** dropdown, select the appropriate provider.
3. As needed, enter criteria into the **SEARCH** area fields to filter the list of visit type results, and then click the **Search** button. The list of results will appear at the bottom of the screen.

4. Hover over a visit type row.
The Action menu will open.

Visit Types for
ABC MEDICAL

Add Visit Type

SEARCH

Visit Type Name

Visit Type Description

Updated

From mm/dd/yyyy

To mm/dd/yyyy

Search

4 Results

| Updated | Procedure Code | Visit Type Name | Description | Created By |
|-----------|----------------|-----------------|-------------|-----------------|
| 5/28/2020 | 76830 | Name | | Hager, Scott |
| 2/12/2020 | 99213 1102 | Dermatology Vi | | Fontaine, Scott |

Edit
View History
Remove

5. From the Action menu, you can perform the following on the visit type:
 - **Edit:** Displays the Edit Visit Type screen from which you can edit the visit type. When finished editing, click the **Save & Close** button. See the [Adding a new visit type](#) section for details.

Edit Visit Type
X

Procedures

76830
Remove

+ Add Procedure

Visit Type Name

Description

Name

Save & Close

Cancel

- **View History:** Displays the Visit Type History screen that shows a list of changes made to the visit type with the most recent change at the top of the list. Click the **Show Changes** link to view the change details.

| Visit Type History | | | |
|--------------------|-----------|--------|--|
| Date & Time | User | Action | Changes |
| 01/30/2019 3:56 PM | Doe, John | Update | Visit Type Name: Thinectomy Visit Type Description: Brain Surgery Procedures: 1234 5678 9101 - Hide Changes |
| 01/30/2019 3:54 PM | Doe, John | Create | + Show Changes |

- **Remove:** Removes the visit type. If you remove a visit type in error, you'll need to re-add it.

Adding a new visit type

To add a new visit type:

1. Go to the **PATIENT TOOLS > Estimation > Settings > Document Management > Visit Type Settings** tab.

The Visit Types screen will open.

Estimation

- Estimates
- Batches
- Name Matching
- Payer Pricing
- Reports
- Settings**
- Admin

Document Management

Estimate Settings

Domain Settings

Batch Settings

Visit Type Settings

Visit Types for ABC MEDICAL

[Add Visit Type](#)

SEARCH

Visit Type Name

Visit Type Description

Updated From To

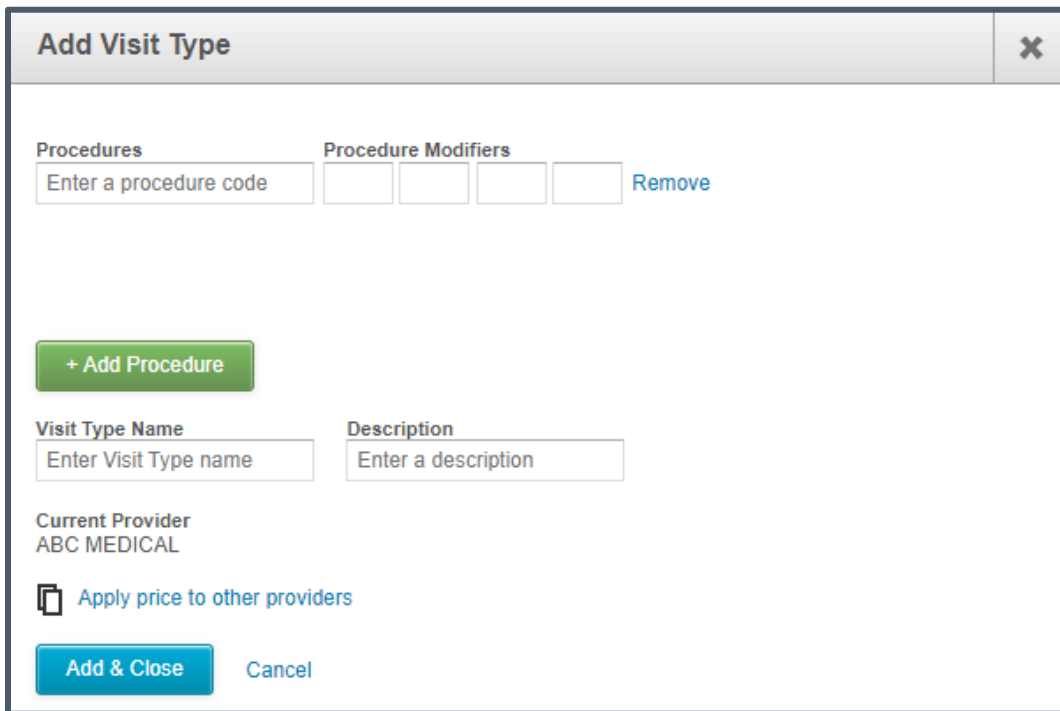
[Search](#)

4 Results

| Updated | Procedure Code | Visit Type Name | Description | Created By |
|-----------|----------------|-------------------|-------------|--------------|
| 5/28/2020 | 76830 | Name | | Hager, Scott |
| 3/12/2020 | 80212 44402 | Dermatology Visit | Dermatology | Fontaine, |

2. From the **Visit Types for** dropdown, select the appropriate provider.

- Click the **Add Visit Type** button in the upper-right corner of the screen.
The Add Visit Type screen will open.



Add Visit Type [Close]

Procedures **Procedure Modifiers**

Enter a procedure code [] [] [] [] [Remove](#)

+ Add Procedure

Visit Type Name **Description**

Enter Visit Type name Enter a description

Current Provider
ABC MEDICAL

☐ [Apply price to other providers](#)

Add & Close **Cancel**

- In the top fields, enter the procedure code and modifiers that you want associated with the new visit type.
- To include more than one procedure in the visit type, click the **+ Add Procedure** button.
- Enter a **Visit Type Name**. Be sure the name accurately conveys the purpose and activities involved in the type of visit.
- Enter a **Description** of the visit type. Be specific.
- The provider to whom the visit type applies is listed under Current Provider. If you want to add providers, click **Apply price to other providers**.
- When finished added information, click the **Add & Close** button.
The new visit type will now appear in the list of results for this provider.

Payer pricing

The pricing values that are returned from remits can be overridden with Charge Master and Fee Schedule pricing. This will help to price estimates when either:

- Gaps in remit data exist
- On date of service, the provider's contracted allowables vary from the prices available in the remit data.

Working with Charge Master procedures

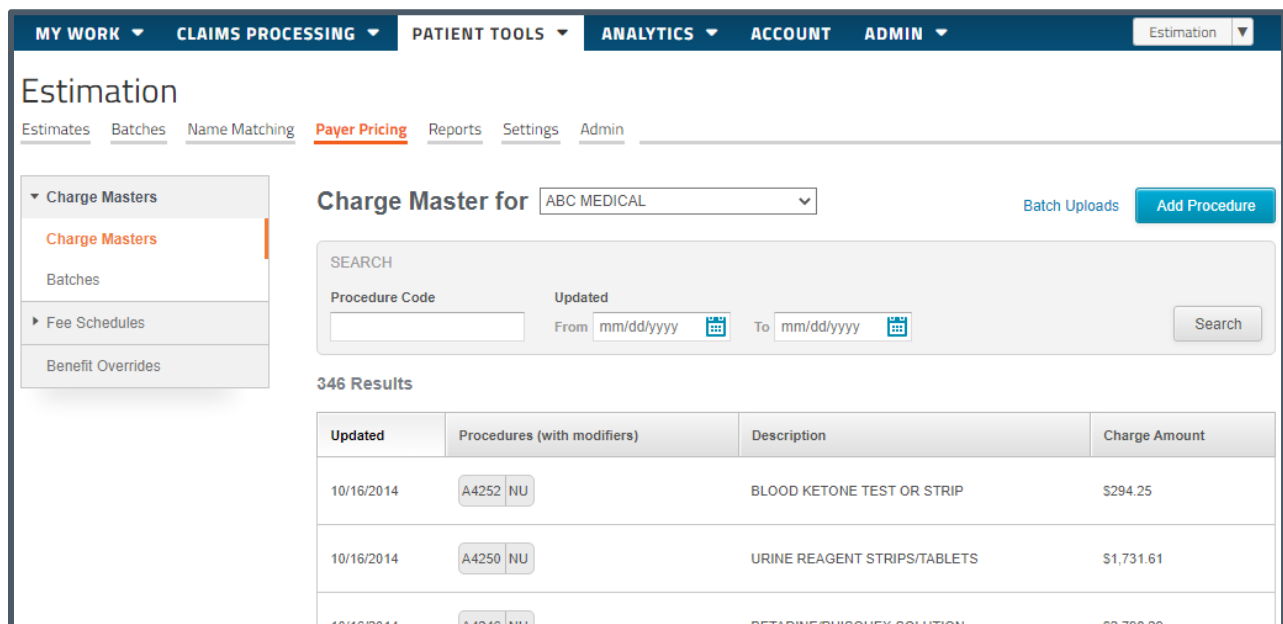
You can use Charge Master pricing to override pricing values returned from remits.

Note: Only users with proper permissions can create pricing overrides. If you have questions about the required permissions, contact your domain administrator.

To work with Charge Master procedures:

1. Go to the **PATIENT TOOLS > Estimation > Payer Pricing > Charge Masters** tab.

The Payer Pricing Charge Masters screen will open.



Estimation

Estimates Batches Name Matching **Payer Pricing** Reports Settings Admin

Charge Masters for **ABC MEDICAL** [Batch Uploads](#) [Add Procedure](#)

SEARCH

Procedure Code Updated From To [Search](#)

346 Results

| Updated | Procedures (with modifiers) | Description | Charge Amount |
|------------|-----------------------------|------------------------------|---------------|
| 10/16/2014 | A4252 NU | BLOOD KETONE TEST OR STRIP | \$294.25 |
| 10/16/2014 | A4250 NU | URINE REAGENT STRIPS/TABLETS | \$1,731.61 |

2. From the **Charge Master for** dropdown, select a provider.

This provides access to all the **CPT codes** the provider has set a charge amount for. The **charge amount** is what a provider would charge a patient for the service with no payer assistance or payer discount.

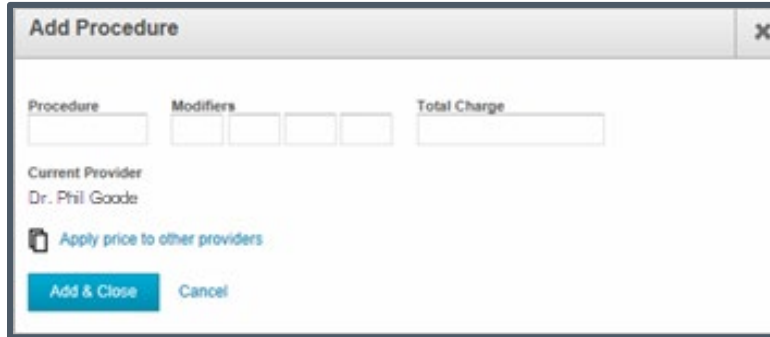
Note: The charge amounts shown apply only to the selected provider. To see the charge amounts for a different provider, select a different provider from the dropdown.

The worklist has the following columns:

- **Updated:** The date on which the charge amount for this procedure was last updated.
- **Procedures (with modifiers):** The number of the procedure followed by its modifiers.
- **Description:** Verbal description of the service rendered during the procedure.
- **Charge Amount:** The base amount charged by this provider for this service without payer assistance or payer discount.

3. To filter the list of results, from the **SEARCH** area, enter criteria into the **Procedure Code** and/or **Updated** fields, and then click the **Search** button.
4. **To add a procedure** to the worklist:
 - a. Click the **Add Procedure** button in the upper-right corner.

The Add Procedure screen will open.



- b. Enter a **Procedure**, **Modifiers**, and the **Total Charge**.

Note: The total charge of a new procedure will apply only to the provider whose name appears under Current Provider.
- c. To apply this price to other providers, click the **Apply price to other providers** link. A field for adding providers will open below the current provider's name.



- d. Enter the names of other providers or click the **All Providers** link.
- e. When finished adding the procedure, click the **Add & Close** button.
5. **To edit a procedure**, hover over a procedure row and then select from the Action menu that will open:
 - **Edit:** The Edit Procedure screen will open. You can edit the total charge amount of the procedure or click the **Apply price to other providers** link to apply the price to other providers.
 - **View History:** The Charge Master History screen will open and display the following:
 - **Amount:** Charge amount of the procedure.
 - **Date:** Date and time of the action.
 - **Action:** Action performed:
 - C** = Procedure created
 - I** = New information inserted within 24 hours of creation of procedure
 - U** = Procedure information changed
 - R** = Procedure removed.
 - **User:** Who performed the action.
 - **Remove:** Removes the procedure from the worklist.

Working with Charge Master batches

You can upload a file that contains a full list of Charge Master charges for a given provider or providers.

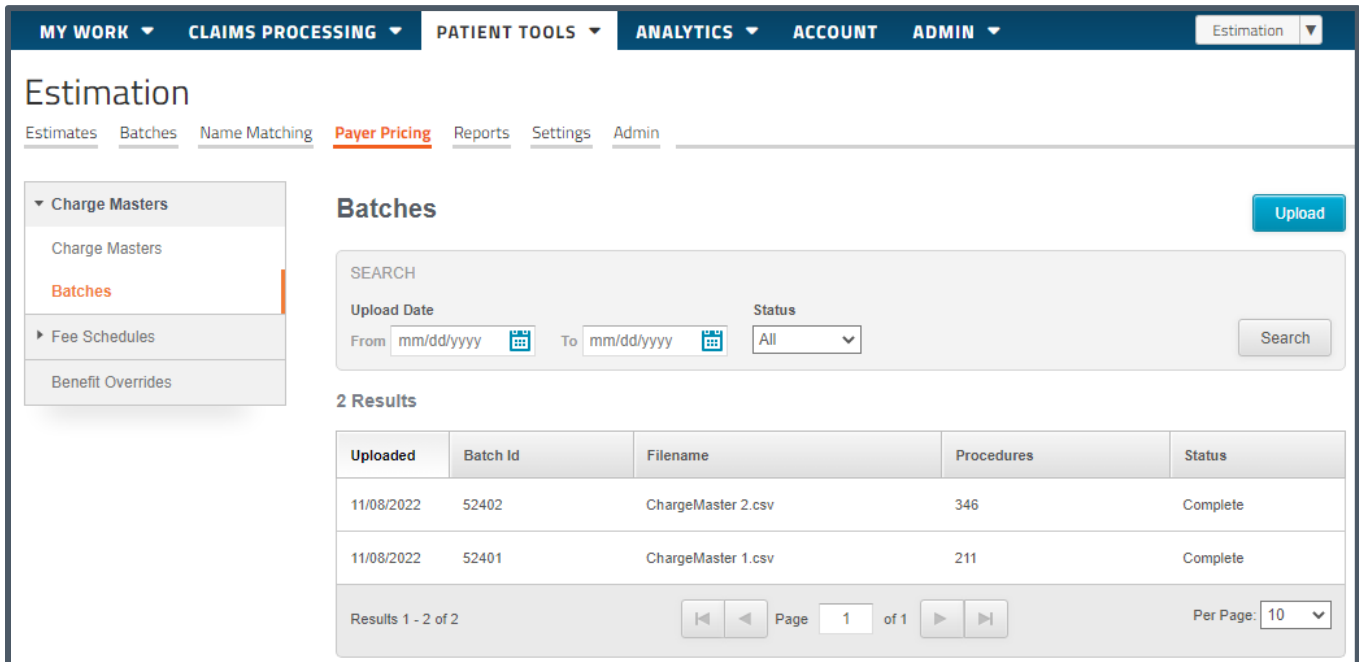
Note: Only users with proper permissions can create pricing overrides. If you have questions about the required permissions, contact your domain administrator.

To work with Charge Master batches:

1. Go to the **PATIENT TOOLS > Estimation > Payer Pricing > Charge Masters > Batches** tab.

If you are already on the Charge Masters screen, you can access the Batches screen by clicking the **Batch Uploads** link in the upper-right side of the screen.

The Batches screen will open and display a list of the batches you have uploaded.



The screenshot shows the Waystar interface for the 'Batches' screen. The top navigation bar includes 'MY WORK', 'CLAIMS PROCESSING', 'PATIENT TOOLS', 'ANALYTICS', 'ACCOUNT', and 'ADMIN'. The 'PATIENT TOOLS' dropdown is expanded, showing 'Estimation' as the selected option. Below this, the 'Estimation' section has tabs for 'Estimates', 'Batches', 'Name Matching', 'Payer Pricing' (which is highlighted), 'Reports', 'Settings', and 'Admin'. On the left sidebar, under 'Charge Masters', the 'Batches' option is selected. The main content area is titled 'Batches' and features a search bar with fields for 'Upload Date' (From and To) and 'Status'. Below the search bar, there are '2 Results' displayed in a table. The table has columns for 'Uploaded', 'Batch Id', 'Filename', 'Procedures', and 'Status'. Two rows of data are shown, both with a status of 'Complete'. At the bottom of the table, there is a pagination control showing 'Page 1 of 1' and a 'Per Page' dropdown set to 10.

| Uploaded | Batch Id | Filename | Procedures | Status |
|------------|----------|--------------------|------------|----------|
| 11/08/2022 | 52402 | ChargeMaster 2.csv | 346 | Complete |
| 11/08/2022 | 52401 | ChargeMaster 1.csv | 211 | Complete |

The worklist has the following columns:

- **Uploaded:** Date on which the file was uploaded
 - **Batch ID:** Batch identification number that is automatically assigned when the batch is uploaded.
 - **Filename:** The name of the batch file.
 - **Procedures:** The number of procedures included in the batch file.
 - **Status:** Status of the upload: **Complete** or **Failed**. If the status is failed, try to upload the file again.
2. To filter the list of results, from the **SEARCH** area, enter **Upload Dates** and/or the batch **Status**, and then click the **Search** button.

3. To upload a batch:

- Click the **Upload** button in the upper-right corner of the screen.

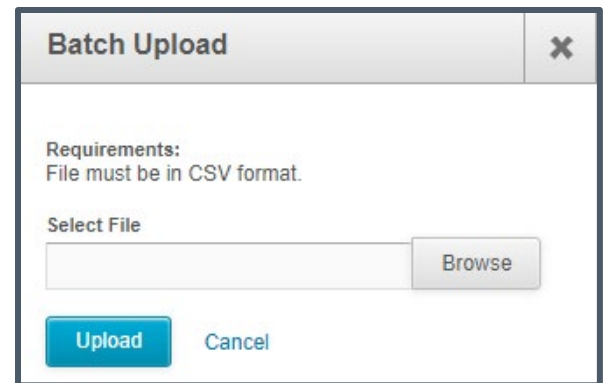
The Batch Upload screen will open.

- Click the **Browse** button and locate the file.
- Select the file and click the **Open** button.

The filename will populate the Select File field on the Batch Upload screen.

- Click the **Upload** button.

The file will upload to your Charge Masters Batches.



Batch Upload [X]

Requirements:
File must be in CSV format.

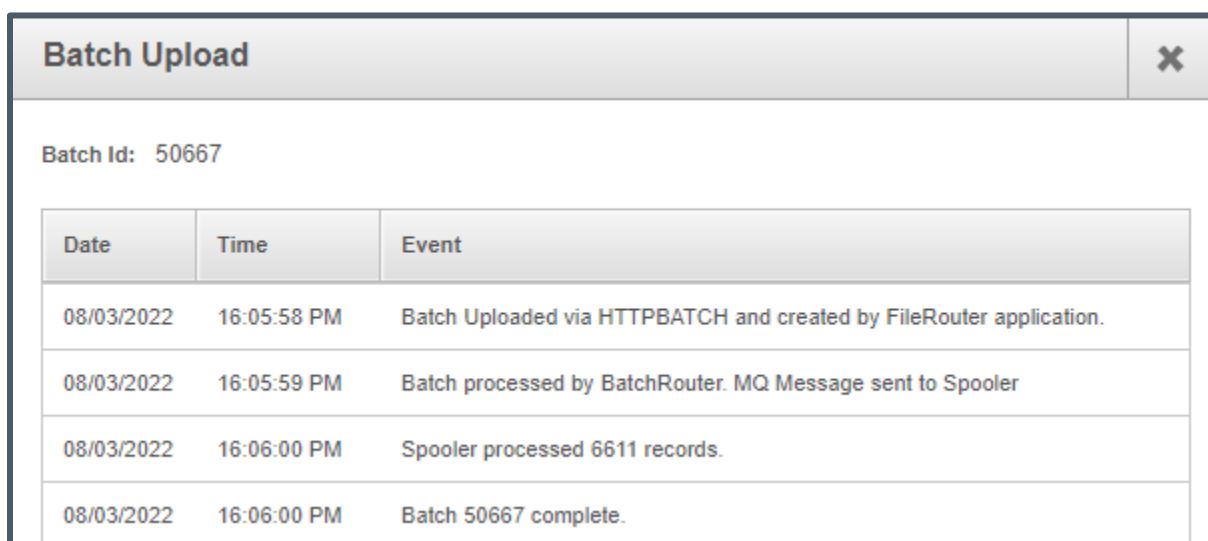
Select File
 Browse

Upload Cancel

- To work with a batch upload**, hover over a batch row and then select from the Action menu that will open.

| Batches Upload | | | | |
|--|----------|--------------------|---|----------|
| SEARCH Upload Date From <input type="text"/> To <input type="text"/> Status <input type="text"/> Search | | | | |
| 2 Results | | | | |
| Uploaded | Batch Id | Filename | Procedures | Status |
| 11/08/2022 | 52402 | ChargeMaster 2.csv | 346 | Complete |
| 11/08/2022 | 52401 | Charge | View History Download Original File | Complete |

- View History:** The Batch Upload screen will open where you can view the processing history of a batch.



Batch Upload [X]

Batch Id: 50667

| Date | Time | Event |
|------------|-------------|---|
| 08/03/2022 | 16:05:58 PM | Batch Uploaded via HTTPBATCH and created by FileRouter application. |
| 08/03/2022 | 16:05:59 PM | Batch processed by BatchRouter. MQ Message sent to Spooler |
| 08/03/2022 | 16:06:00 PM | Spooler processed 6611 records. |
| 08/03/2022 | 16:06:00 PM | Batch 50667 complete. |

- Download Original File:** Let's you download the original batch file. After clicking the button, a screen will open to let you save the file.

Working with Fee Schedules procedures

You can use Fee Schedule pricing to override pricing values for procedures returned from remits.

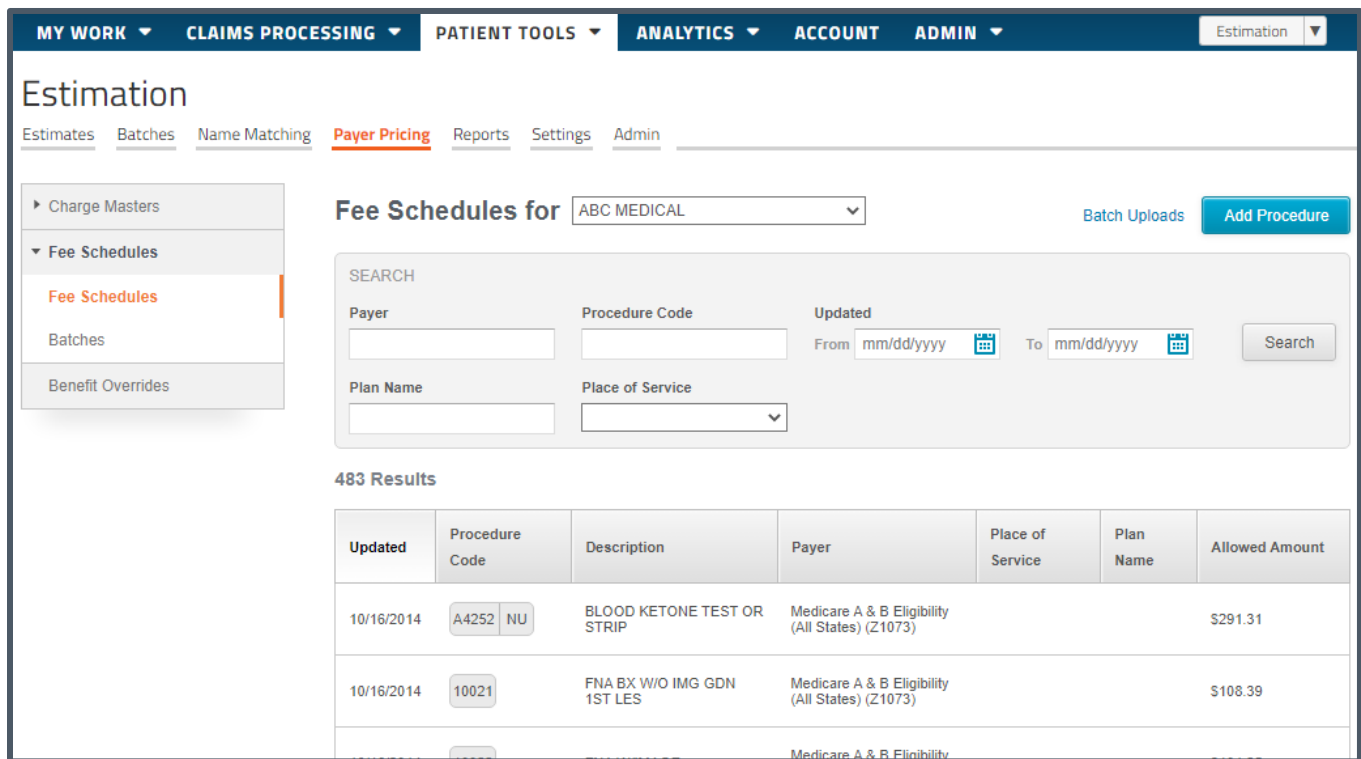
Note:

- Only users with proper permissions can create pricing overrides. If you have questions about the required permissions, contact your domain administrator.
- You can set up self-pay allowed amounts in Fee Schedules that, when creating estimates, will automatically populate the allowed amount from this information—along with the prerequisite that prior to creating an estimate, your organization set the **Default Self-Pay Patient Responsibility Draws from setting to Allowed Amount**; see the [Setting default information for your estimate document](#) section. Contact your Waystar representative for more information.

To work with Fee Schedules procedures:

- Go to the **PATIENT TOOLS > Estimation > Payer Pricing > Fee Schedules > Fee Schedules** tab.

The Fee Schedules screen will open.



Fee Schedules for ABC MEDICAL Batch Uploads Add Procedure

SEARCH

Payer Procedure Code Updated From To Search

Plan Name Place of Service

483 Results

| Updated | Procedure Code | Description | Payer | Place of Service | Plan Name | Allowed Amount |
|------------|----------------|----------------------------|---|------------------|-----------|----------------|
| 10/16/2014 | A4252 NU | BLOOD KETONE TEST OR STRIP | Medicare A & B Eligibility (All States) (Z1073) | | | \$291.31 |
| 10/16/2014 | 10021 | FNA BX W/O IMG GDN 1ST LES | Medicare A & B Eligibility (All States) (Z1073) | | | \$108.39 |

- From the **Fee Schedules for** dropdown, select a provider.

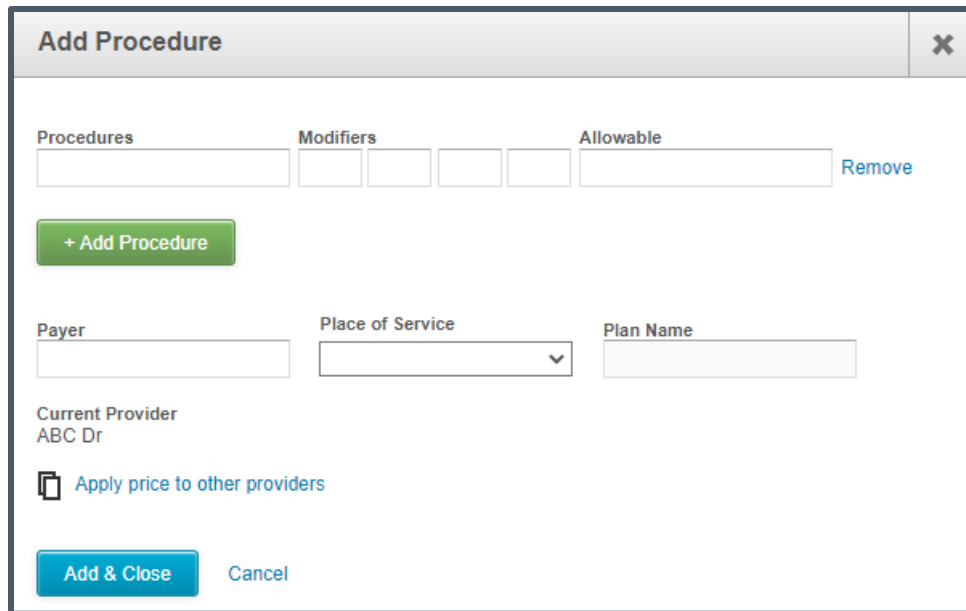
This provides access to all the **CPT codes** the provider has set an allowed amount for. The **allowed amount** is what a payer will pay for a service.

Note: The allowed amounts shown apply only to the selected provider. To see the allowed amounts for a different provider, select a different provider from the dropdown.

The worklist has the following columns:

- Updated:** Date on which the allowed amount for this procedure was last updated.
- Procedure Code:** Number of the procedure followed by its modifiers.
- Description:** Description of the service rendered during the procedure.

- **Payer:** Payer who will pay the allowed amount for the procedure.
 - **Place of Service:** Specific place-of-service code.
 - **Plan Name:** Plan or contract name given by the client reflects their payer-to-provider contract.
 - **Allowed Amount:** Base amount the payer will pay for the service.
3. To filter the list of results, from the **SEARCH** area, enter filter criteria, and then click the **Search** button.
 4. **To add a procedure** to the worklist:
 - a. Click the **Add Procedure** button in the upper-right corner.
The Add Procedure screen will open.



- b. Enter a **Procedure**, **Modifiers**, and the **Allowable** amount.
Note: The total allowed amount of a new procedure will apply only to the provider whose name appears under Current Provider.
- c. To add additional procedures, click the **Add Procedure** button.
- d. Enter a **Payer**, select a **Place of Service**, and enter a **Plan Name**.
- e. To apply this price to other providers, click the **Apply price to other providers** link. A field for adding providers will open below the current provider's name.
- f. Enter the names of other providers or click the **All Providers** link.
- g. When finished adding procedures, click the **Add & Close** button.

5. To edit a procedure, hover over a procedure row and then select from the Action menu that will open.

| Updated | Procedure Code | Description | Payer | Place of Service | Plan Name | Allowed Amount |
|-----------|----------------|---------------------------------|---------------------------|------------------|-----------|----------------|
| 9/11/2021 | 99211 | OFF/OP EST MAY X REQ PHY/QHP | BCBS Georgia (SB601) | | | \$211.11 |
| 10/1/2020 | 77065 | DX MAMMO INCL LIM | United Healthcare (87726) | | | \$150.00 |

- **Edit:** The Edit Procedure screen will open. You can edit the total allowable amount of the procedure or click the **Apply price to other providers** link to apply the price to other providers.
- **View History:** The Fee Schedule History screen will open and display the following:
 - **CPT Code:** Procedure code.
 - **Allowed Amount:** Total amount allowed for the procedure per the Fee Schedule.
 - **Date:** Date and time of the action.
 - **Action:** Action performed:
 - C** = Procedure created
 - I** = New information inserted within 24 hours of creation of procedure
 - U** = Procedure information changed
 - R** = Procedure removed.
 - **User:** Who performed the action.
- **Remove:** Removes the procedure from the worklist.

Working with Fee Schedule batches

You can upload a file that contains a full list of allowed amounts for a given provider or providers.

Note:

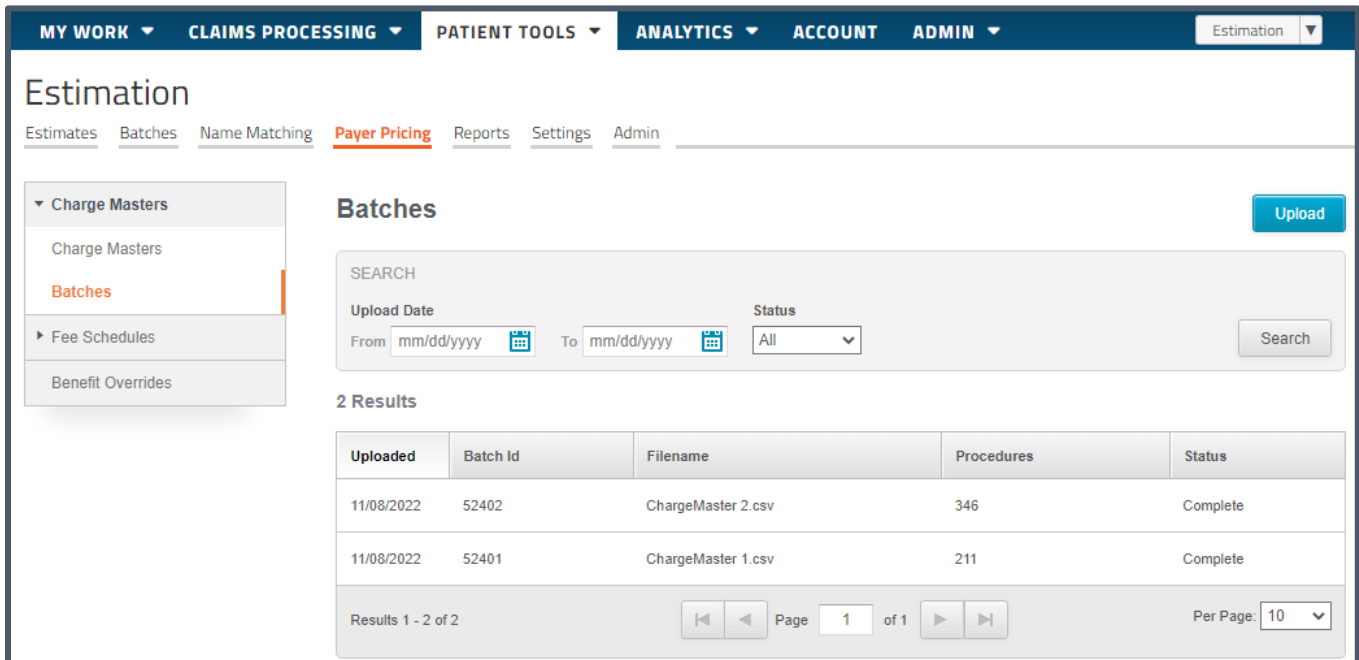
- Only users with proper permissions can create pricing overrides. If you have questions about the required permissions, contact your domain administrator.
- You can set up self-pay allowed amounts in Fee Schedules that, when creating estimates, will automatically populate the allowed amount from this information—along with the prerequisite that prior to creating an estimate, your organization set the **Default Self-Pay Patient Responsibility Draws from** setting to **Allowed Amount**; see the [Setting default information for your estimate document](#) section. Contact your Waystar representative for more information.

To work with Fee Schedule batches:

1. Go to the **PATIENT TOOLS > Estimation > Payer Pricing > Fee Schedules > Batches** tab.

If you are already on the Fee Schedules screen, you can access the Batches screen by clicking the **Batch Uploads** link in the upper-right side of the screen.

The Batches screen will open and display a list of the batches you have uploaded.



The screenshot shows the 'Batches' screen in the Waystar system. The top navigation bar includes 'MY WORK', 'CLAIMS PROCESSING', 'PATIENT TOOLS', 'ANALYTICS', 'ACCOUNT', and 'ADMIN'. The 'PATIENT TOOLS' dropdown is expanded, showing 'Estimation' as the selected option. Below this, the 'Estimation' section has tabs for 'Estimates', 'Batches', 'Name Matching', 'Payer Pricing' (which is highlighted), 'Reports', 'Settings', and 'Admin'. On the left sidebar, under 'Charge Masters', the 'Batches' option is selected. The main content area is titled 'Batches' and features a search bar with fields for 'Upload Date' (From and To) and 'Status'. Below the search bar, it shows '2 Results' in a table. The table has columns: 'Uploaded', 'Batch Id', 'Filename', 'Procedures', and 'Status'. Two rows of data are shown, both with a status of 'Complete'. At the bottom, there is a pagination control showing 'Page 1 of 1' and a 'Per Page' dropdown set to 10.

| Uploaded | Batch Id | Filename | Procedures | Status |
|------------|----------|--------------------|------------|----------|
| 11/08/2022 | 52402 | ChargeMaster 2.csv | 346 | Complete |
| 11/08/2022 | 52401 | ChargeMaster 1.csv | 211 | Complete |

The worklist has the following columns:

- **Uploaded:** Date on which the file was uploaded
 - **Batch ID:** Batch identification number that is automatically assigned when the batch is uploaded.
 - **Filename:** The name of the batch file.
 - **Procedures:** The number of procedures included in the batch file.
 - **Status:** Status of the upload: **Complete** or **Failed**. If the status is failed, try to upload the file again.
2. To filter the list of results, from the **SEARCH** area, enter **Upload Dates** and/or the batch **Status**, and then click the **Search** button.

3. To upload a batch:

- Click the **Upload** button in the upper-right corner of the screen.

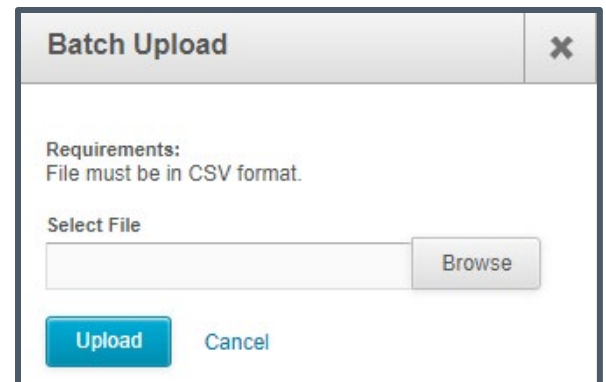
The Batch Upload screen will open.

- Click the **Browse** button and locate the file.
- Select the file and click the **Open** button.

The filename will populate the Select File field on the Batch Upload screen.

- Click the **Upload** button.

The file will upload to your Fee Schedules Batches.



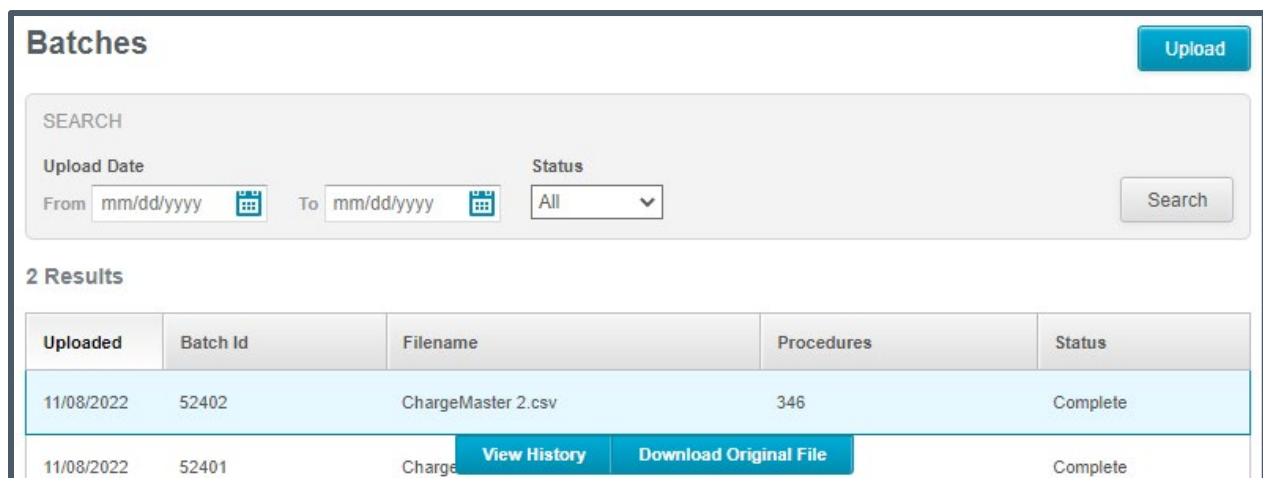
Batch Upload [X]

Requirements:
File must be in CSV format.

Select File
 Browse

Upload Cancel

- To work with a batch upload**, hover over a batch row and then select from the Action menu that will open.



Batches [Upload]

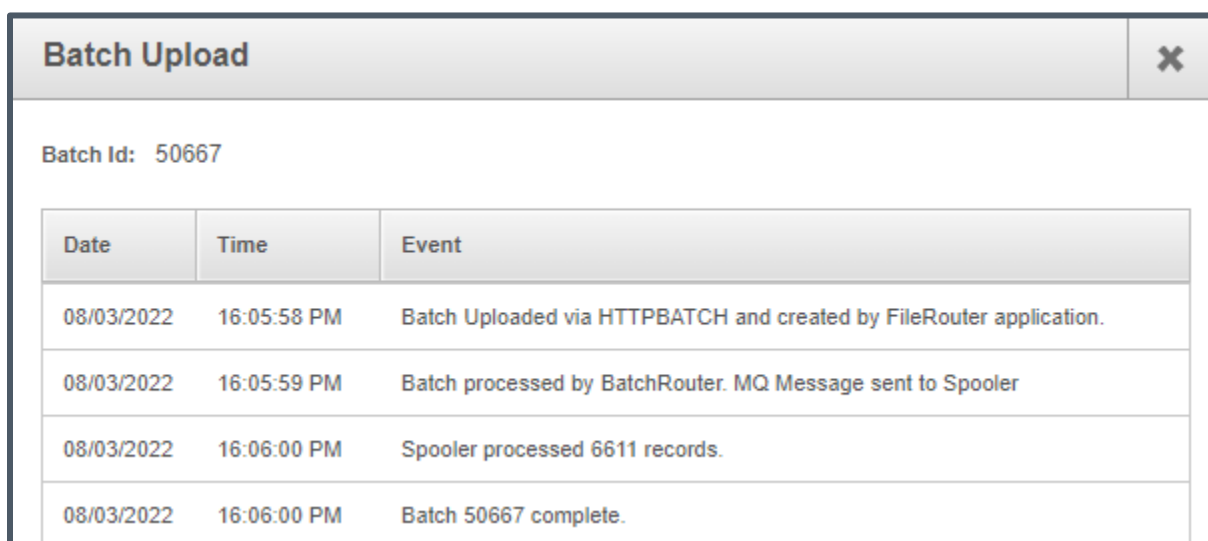
SEARCH

Upload Date: From To Status: [Search]

2 Results

| Uploaded | Batch Id | Filename | Procedures | Status |
|------------|----------|--------------------|---|----------|
| 11/08/2022 | 52402 | ChargeMaster 2.csv | 346 | Complete |
| 11/08/2022 | 52401 | Charge | View History Download Original File | Complete |

- View History:** The Batch Upload screen will open where you can view the processing history of a batch.



Batch Upload [X]

Batch Id: 50667

| Date | Time | Event |
|------------|-------------|---|
| 08/03/2022 | 16:05:58 PM | Batch Uploaded via HTTPBATCH and created by FileRouter application. |
| 08/03/2022 | 16:05:59 PM | Batch processed by BatchRouter. MQ Message sent to Spooler |
| 08/03/2022 | 16:06:00 PM | Spooler processed 6611 records. |
| 08/03/2022 | 16:06:00 PM | Batch 50667 complete. |

- Download Original File:** Let's you download the original batch file. After clicking the button, a screen will open to let you save the file.

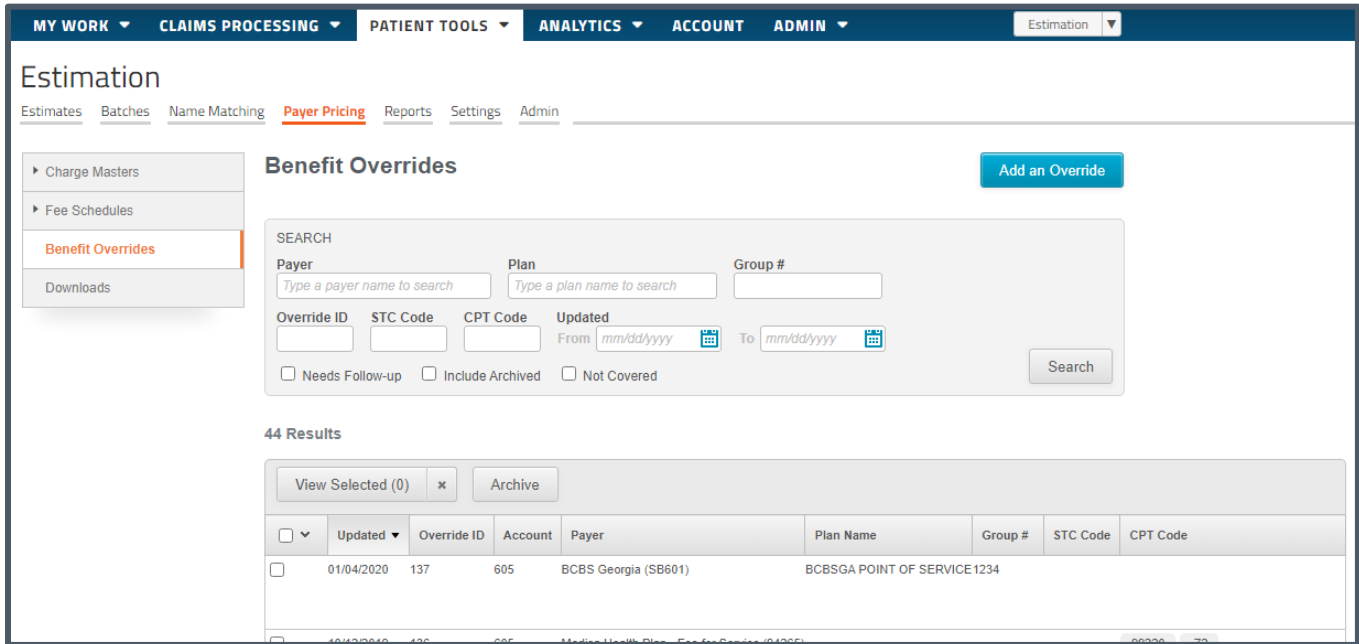
Working with benefit overrides

The **PATIENT TOOLS > Estimation > Payer Pricing > Benefit Overrides** screen allows you to apply automated overrides or values to certain benefit attributes, such as co-pays, co-insurance percentages, and deductibles. This is beneficial because it allows you to automatically apply charges to certain patient benefits.

To work with benefit overrides:

1. Go to the **PATIENT TOOLS > Estimation > Payer Pricing > Benefit Overrides** tab.

The Benefit Overrides screen will open.



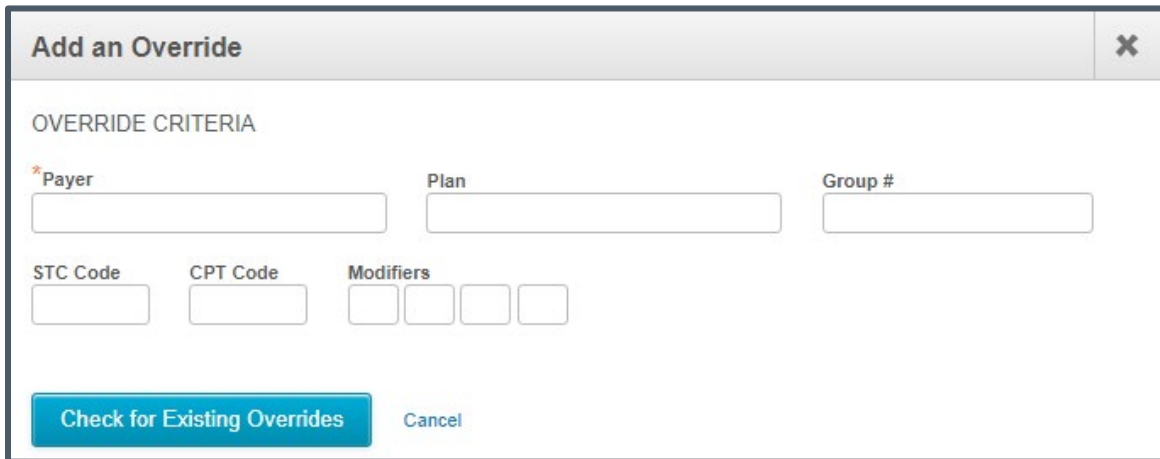
All previously applied overrides will display in the Benefit Overrides worklist with the following information:

- **Updated:** Date in which the override was last modified.
 - **Override ID:** Waystar-assigned identification number applied to the override.
 - **Account:** Waystar account associated with the override.
 - **Payer:** Payer providing the benefits.
 - **Plan Name:** Patient's insurance plan name.
 - **Group #:** Patient's insurance group number.
 - **STC Code:** Service type code.
 - **CPT Code:** Procedure code.
2. To filter the list of results, from the **SEARCH** area, enter filter criteria, and then click the **Search** button.

3. To apply new benefit overrides:

- a. Click the **Add an Override** button in the upper-right corner of the screen.

The Add an Override screen will open.



Add an Override [X]

OVERRIDE CRITERIA

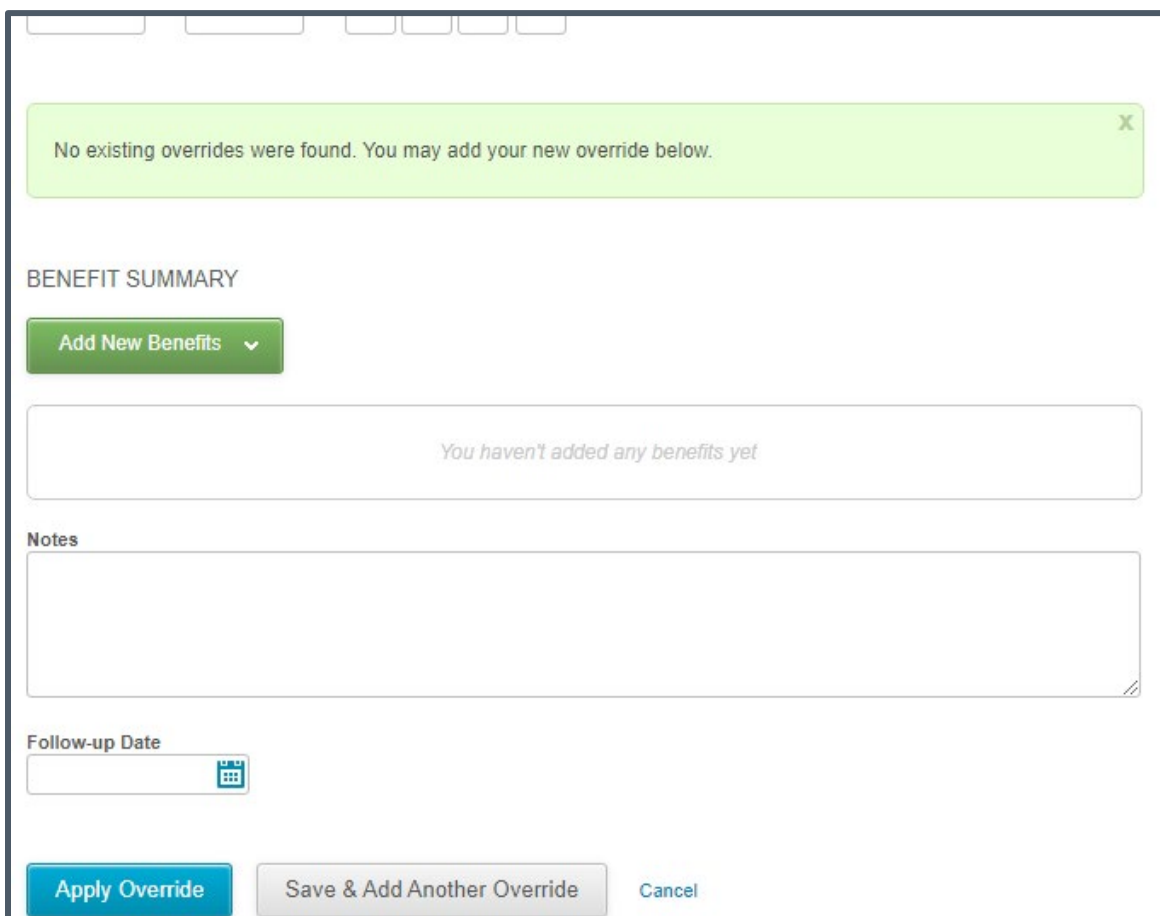
*Payer Plan Group #

STC Code CPT Code Modifiers

Check for Existing Overrides Cancel

- b. Complete the fields related to the override you want added—at a minimum, enter the **Payer**.
- c. When finished entering search criteria for existing overrides, click the **Check for Existing Overrides** button.

If no existing overrides match your criteria, the screen will expand, allowing you to apply values to the desired benefit attributes.



[X]


No existing overrides were found. You may add your new override below.

BENEFIT SUMMARY

Add New Benefits ▼

You haven't added any benefits yet

Notes

Follow-up Date 

Apply Override Save & Add Another Override Cancel

- d. To add new benefits:
 1. Hover over the **Add New Benefits** button and select from the dropdown.
 2. Complete the field to the right of the benefit, such as entering a Co-Pay value or applying the deductible to out-of-pocket.
 3. Repeat to add multiple benefits.
 4. To remove a benefit, click the delete icon to the right of the field.
- e. As appropriate, add a note in the **Notes** area.
- f. Select a payer follow-up date. This is helpful for overrides in place for an extended amount of time.
- g. When finished adding overrides, do one of the following:
 - To apply the automated charges to the selected criteria, click the Apply Override button. The override will appear in the worklist on the Benefit Overrides screen.
 - To save your current override and add another, click the **Save & Add Another Override** button.
4. **To edit an override**, hover over a procedure row and then select from the Action menu that will open.

View Selected (0)

x

Archive

| <input type="checkbox"/> | Updated | Override ID | Account | Payer | Plan Name | Group # | STC Code | CPT Code |
|--------------------------|------------|-------------|---------|------------------------|-----------------------------------|---------|----------|----------|
| <input type="checkbox"/> | 01/04/2020 | 137 | 605 | BCBS Georgia (SB601) | BCBSGA POINT OF SERVICE1234 | | | |
| <input type="checkbox"/> | 10/12/2019 | 136 | 605 | Medica Health Plan - F | <div>EditCopyArchiveHistory</div> | | 99220 | Z2 |

- **Edit:** The Edit Benefit Override screen will open. You can edit any of the previously entered criteria described earlier in this process.
- **Copy:** Creates a copy of the associated override, allowing you to edit the displayed criteria on the **Edit Copy of Benefit Override** screen for a new override. You must change one or more values.
- **Archive/Unarchive:** Hide or unhide the override from the worklist. To view archived overrides, select the **Include Archived** checkbox in the SEARCH area at the top of the screen; you will only see the Unarchive button on the Action menu when viewing archived overrides.
- **History:** The History screen will open displaying a log of all changes applied to the benefit override.

Working with downloads - Generating new Charge Master/Fee Schedule

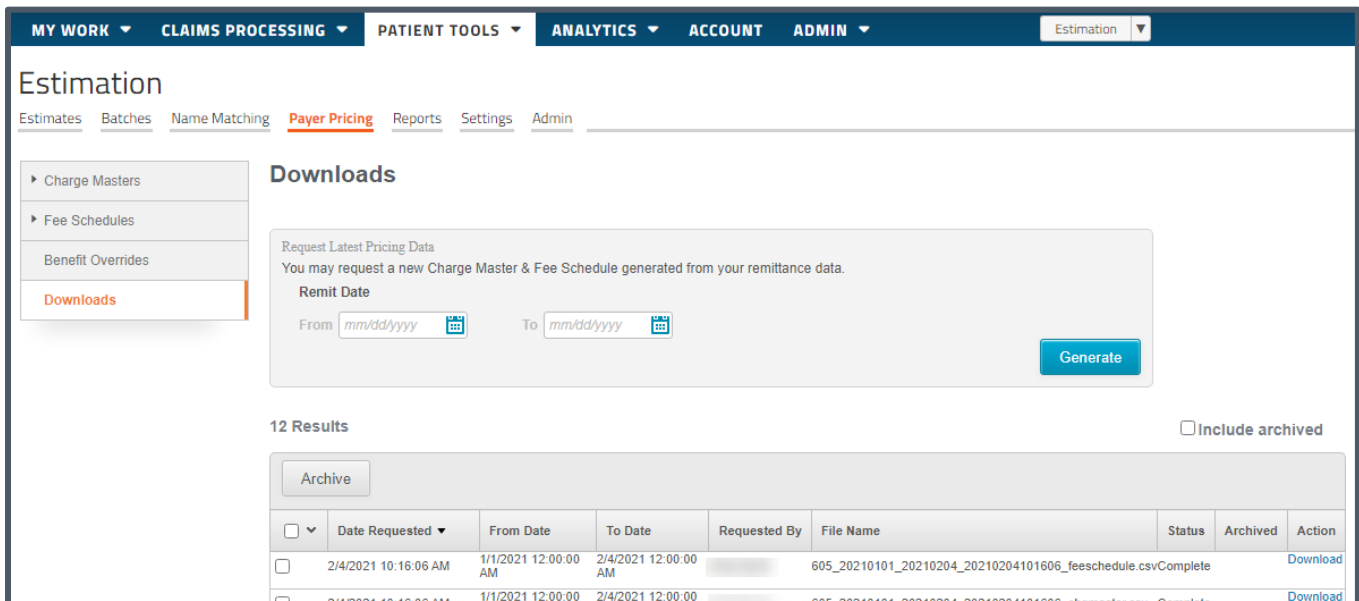
You can generate a new Charge Master and Fee Schedule from remittance data and you can download them.

To work with downloads:

1. Go to the **PATIENT TOOLS > Estimation > Payer Pricing> Downloads** tab.

The Downloads screen will open.

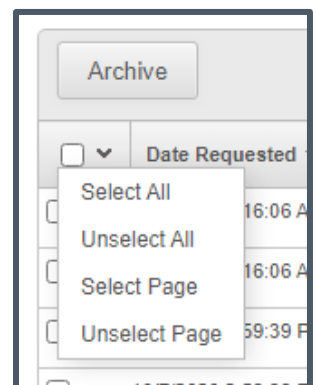
2. To view archived Charge Masters and Fee Schedules, select the **Include archived** checkbox above the worklist.



3. To download a Charge Master and Fee Schedule, click the **Download** link in the **Action** column on the right side of the row.
4. To generate a Charge Master and Fee Schedule:
 - a. From the area at the top of the screen, enter a **From** and **To Remit Date**.
 - b. Click the **Generate** button.

The Charge Master and Fee Schedule will appear in the worklist. The status will initially be Processing, but once it's Complete, the Download link will appear in the Action column.

5. To archive a Charge Master and Fee Schedule:
 - a. Select what you want to archive:
 - For individual rows, select the checkbox on the left side.
 - For multiple rows, hover to the right of the checkbox column header (the following dropdown menu will open) and then do one of the following:
 - For all returned results across all the result pages, click **Select All**.
 - For all returned results **on the current page**, click **Select Page** or click the checkbox in the column header.
 - b. Click the Archive button at the top of the worklist.



Generating the Estimation Billing Report

The Estimation Billing Report provides a chart of your estimation billing activity that can span up to the last two years.

To generate the report:

1. Go to the **PATIENT TOOLS > Estimation > Reports** screen.

The Estimation Reports screen will open.

2. Click the **Estimation Billing Report** link.

The Estimation Billing Report screen will open.

Estimation

[Estimates](#)
[Batches](#)
[Name Matching](#)
[Payer Pricing](#)
[Reports](#)
[Settings](#)
[Admin](#)

Estimation Billing Report

Scope
Group By
Order By

Activity Date(s)
☒ Today
☐ Yesterday
☐ This Month
☐ Last Month
☐ This Year
☐ Last Year
☐ Custom

From:
To:

Columns
☒ None
☐ Submission Source

Filters
Account
Payer
User

Generate Report

Download CSV

Data for this report is only available for the past two years.

Data current as of 11/08/2022 02:11:23 PM

Activity Date is the date the transaction became billable.

3. Enter report parameters. Keep in mind:

- Report data is available for the past two years.
- When the data was last current displays at the bottom of the screen.
- The Activity Date(s) are when the transaction(s) became billable.

4. When finished entering parameters, do either of the following:

- To view the report online, click the **Generate Report** button. The report will open in a separate screen.
- To generate the report and download it as a CSV file, click the **Download CSV** button. You'll be asked to save the report.

Revision log

| Date | Description | Version |
|---------------|---|---------|
| July 2023 | <ul style="list-style-type: none"> In the "Setting default information for your estimate document" section, added the "Default Self-Pay Patient Responsibility Draws from" setting description For self-pay patient estimates, updated where appropriate to point to the "Default Self-Pay Patient Responsibility Draws from" setting | 17 |
| February 2023 | <ul style="list-style-type: none"> Updated the "Creating a new manual estimate" section and included new self-pay functionality Updated the "Setting up templates for insurance and self-pay" section Added notes about the new self-pay functionality to the "Fee Schedule" sections under the "Payer pricing" section | 16 |