

Patient Estimation User Guide

V17 – July 2023



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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

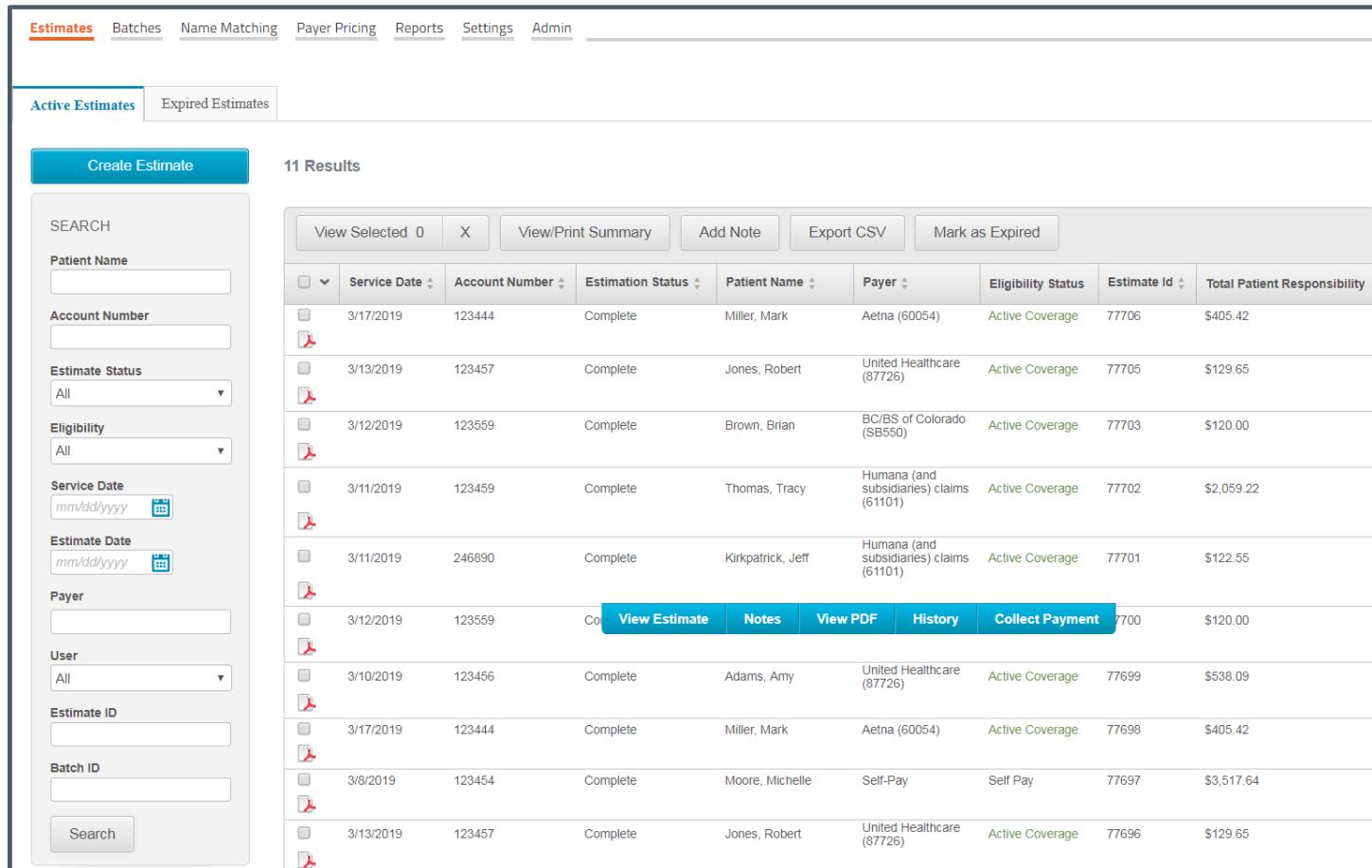
Note: You must license the Waystar Eligibility solution to be able to use the Estimation solution.

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.

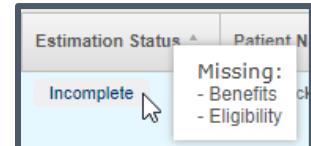


The screenshot shows the Waystar Estimation Worklist interface. At the top, there is a navigation bar with tabs: Estimates (selected), Batches, Name Matching, Payer Pricing, Reports, Settings, and Admin. Below the navigation bar, there are two tabs: Active Estimates (selected) and Expired Estimates. On the left side, there is a search panel with fields for Patient Name, Account Number, Estimate Status (All), Eligibility (All), Service Date (mm/dd/yyyy), Estimate Date (mm/dd/yyyy), Payer, User (All), Estimate ID, and Batch ID. There is also a 'Search' button. On the right side, there is a grid of 11 results. Each result row contains columns for Service Date, Account Number, Estimation Status, Patient Name, Payer, Eligibility Status, Estimate ID, and Total Patient Responsibility. The 'View Estimate' button is highlighted in blue. The results are as follows:

	Service Date	Account Number	Estimation Status	Patient Name	Payer	Eligibility Status	Estimate Id	Total Patient Responsibility
<input type="checkbox"/>	3/17/2019	123444	Complete	Miller, Mark	Aetna (60054)	Active Coverage	77706	\$405.42
<input type="checkbox"/>	3/13/2019	123457	Complete	Jones, Robert	United Healthcare (87726)	Active Coverage	77705	\$129.65
<input type="checkbox"/>	3/12/2019	123559	Complete	Brown, Brian	BC/BS of Colorado (SB550)	Active Coverage	77703	\$120.00
<input type="checkbox"/>	3/11/2019	123459	Complete	Thomas, Tracy	Humana (and subsidiaries) claims (61101)	Active Coverage	77702	\$2,059.22
<input type="checkbox"/>	3/11/2019	246890	Complete	Kirkpatrick, Jeff	Humana (and subsidiaries) claims (61101)	Active Coverage	77701	\$122.55
<input type="checkbox"/>	3/12/2019	123559	Complete			View Estimate	7700	\$120.00
<input type="checkbox"/>	3/10/2019	123456	Complete	Adams, Amy	United Healthcare (87726)	Active Coverage	77699	\$538.09
<input type="checkbox"/>	3/17/2019	123444	Complete	Miller, Mark	Aetna (60054)	Active Coverage	77698	\$405.42
<input type="checkbox"/>	3/8/2019	123454	Complete	Moore, Michelle	Self-Pay	Self Pay	77697	\$3,517.64
<input type="checkbox"/>	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:

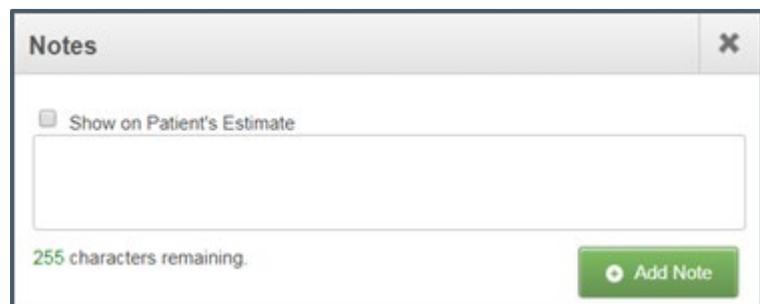
- Click the checkbox beside the estimate you wish to view, and then click the **View/Print Summary** button at the top of the list to view or print a PDF version of the selected estimate summary.
- Hover on the estimate row and click the **View PDF** button in the Action menu beneath the row.
- Click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

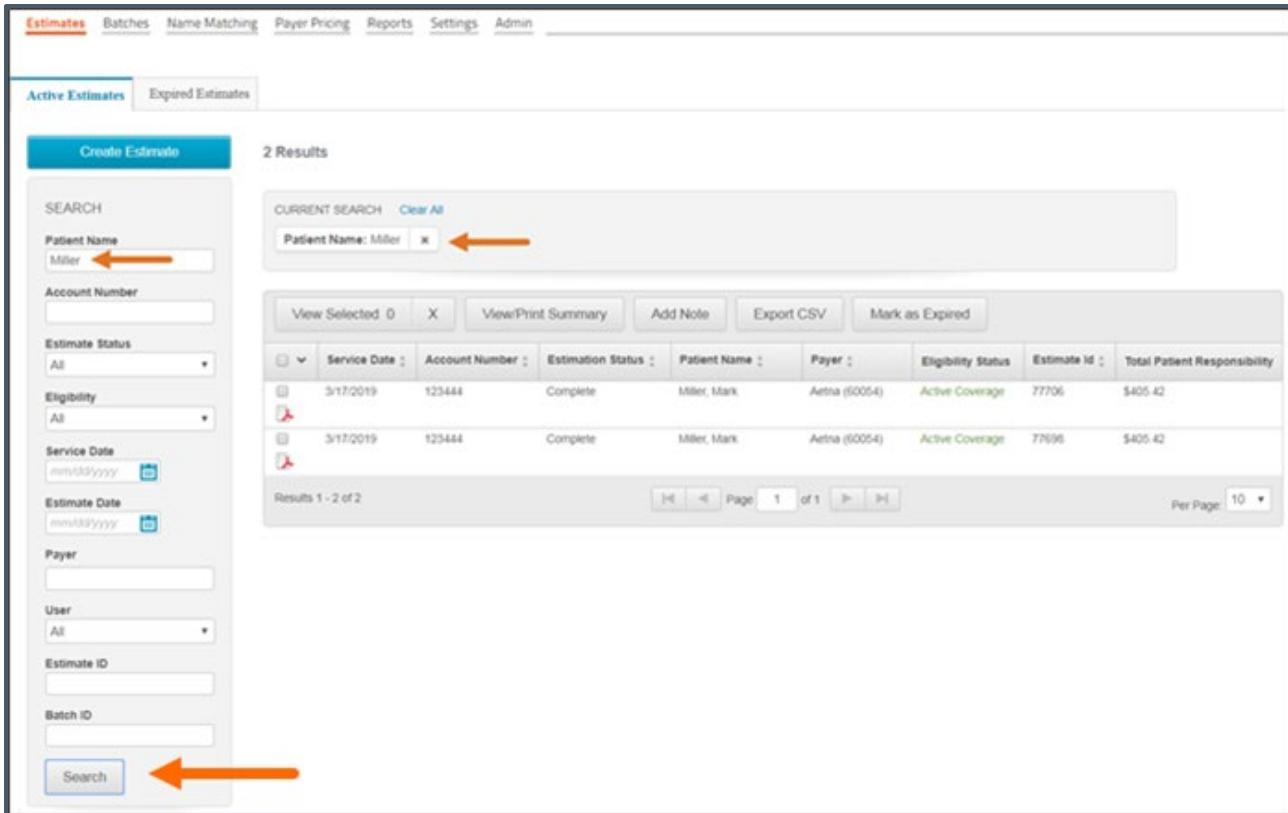
1. Go to the **PATIENT TOOLS > Estimation > Estimates > Active Estimates** tab.
2. From the **SEARCH** area on the left side of the screen, enter any of the following criteria:
 - **Patient Name:** Name of patient.
 - **Account Number:** Patient's account number.
 - **Estimate Status:** Status of the 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:

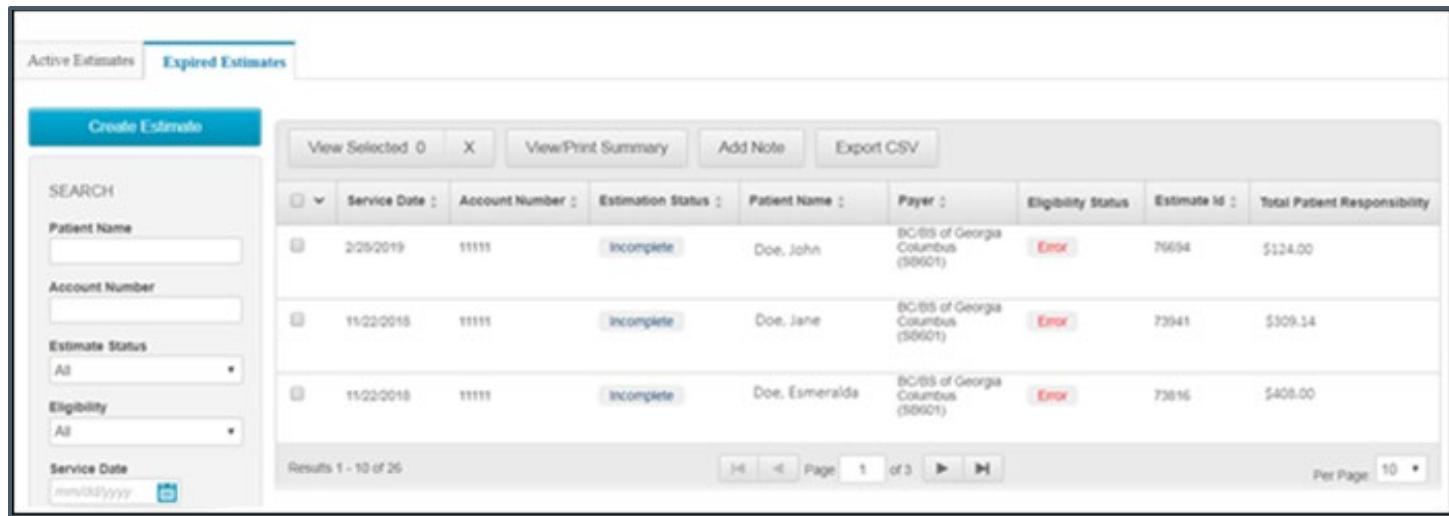
- To narrow the search results further, enter another value and click the **Search** button.
- To clear search criteria, either click the X to the right of a criterium or click the **Clear All** link to return to the original, unfiltered worklist.



	Service Date	Account Number	Estimation Status	Patient Name	Payer	Eligibility Status	Estimate Id	Total Patient Responsibility
<input type="checkbox"/>	3/17/2019	123444	Complete	Miller, Mark	Aetna (50054)	Active Coverage	77706	\$405.42
<input type="checkbox"/>	3/17/2019	123444	Complete	Miller, Mark	Aetna (50054)	Active Coverage	77696	\$405.42

Expired Estimates

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



Service Date	Account Number	Estimation Status	Patient Name	Payer	Eligibility Status	Estimate Id	Total Patient Responsibility
2/25/2019	11111	Incomplete	Doe, John	BCBS of Georgia Columbus (50001)	Error	76694	\$124.00
11/22/2018	11111	Incomplete	Doe, Jane	BCBS of Georgia Columbus (50001)	Error	73941	\$309.14
11/22/2018	11111	Incomplete	Doe, Esmeralda	BCBS of Georgia Columbus (50001)	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

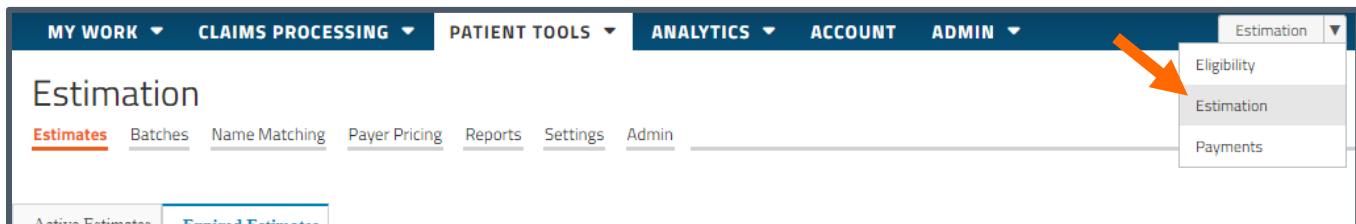
This section explains how to create a manual estimate for a patient visit.

Opening the Estimate for New Appointment screen

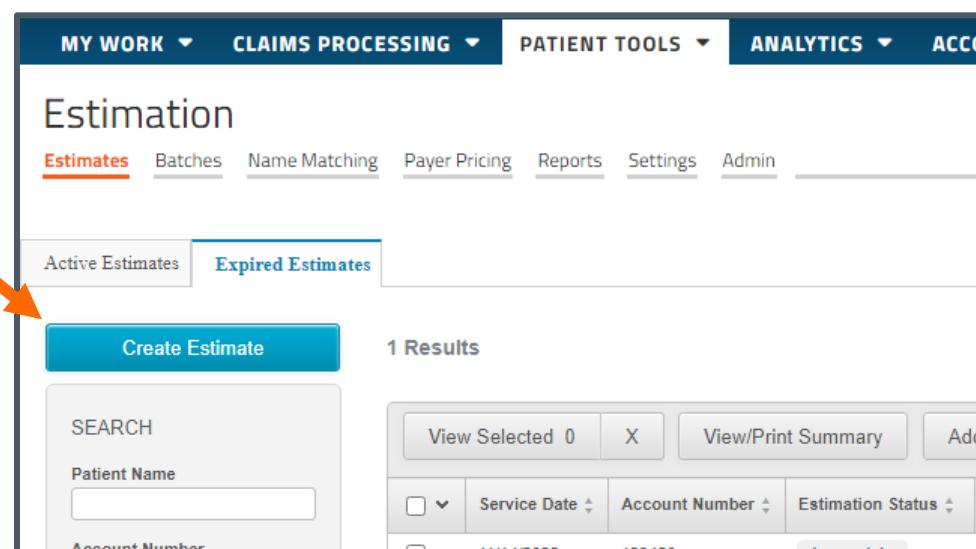
When creating a new estimate, you do so from the **Estimate for New Appointment** screen.

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

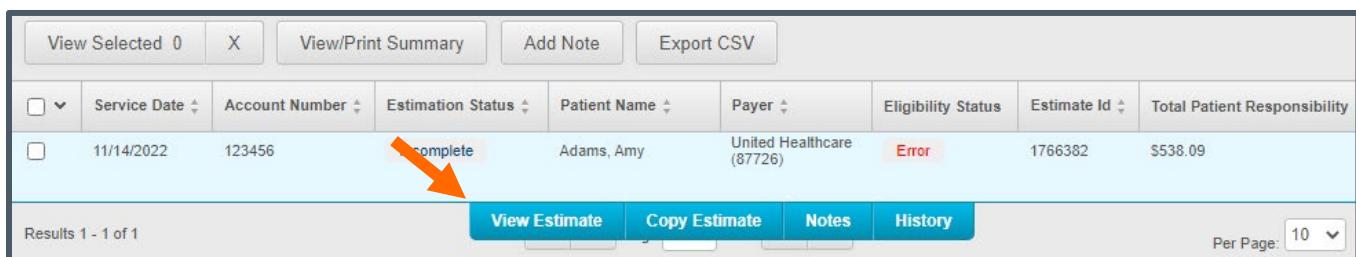
- Use the shortcut dropdown from any Waystar screen in the portal to select **Estimation**.



- 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

*Required

Patient Information

Last Name	First Name	Address Line 1	Address Line 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient Account #	Email Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB	Gender	Date of Visit	Home Phone #
<input type="text"/> mm/dd/yyyy	<input type="text"/>	<input type="text"/> mm/dd/yyyy	<input type="text"/> () - - - -
Mobile Phone #	<input type="text"/> () - - - -		

Insurance Information

ENCOUNTER DETAILS

Self Pay?

Payer
 Type a payer name or ID

Policy # Group # Relation to Subscriber Self

Provider
 ABC MEDICAL

NPI **Date of Service** Taxonomy ID 2000010100 mm/dd/yyyy

Service Type

BENEFIT DETAILS

Health Plan Name

Assess Service As: In-Network Out-of-Network

Individual Deductible \$0 Remaining	Total <input type="text"/> Met <input type="text"/>	Total <input type="text"/> Met <input type="text"/>
Family Deductible \$0 Remaining	Total <input type="text"/> Met <input type="text"/>	Total <input type="text"/> Met <input type="text"/>
Out-of-Pocket \$0 Remaining	Total <input type="text"/> Met <input type="text"/>	Total <input type="text"/> Met <input type="text"/>
Family Out-of-Pocket \$0 Remaining	Total <input type="text"/> Met <input type="text"/>	Total <input type="text"/> Met <input type="text"/>

Deductible applies to Out-of-Pocket

Co-Payment

Co-Insurance

Procedures Information

Provider of Service <input type="text"/> ABC MEDICAL	Provider Plan / Contract <input type="text"/>	Place of Service <input type="text"/>																														
ADD PROCEDURE CODES																																
Select a Visit Type (Optional) [3] Visit Type(s) available... <input type="button" value="▼"/>	Add Procedures <input type="text"/> Procedure code or description	Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="Add to List"/>	Restore Default Pricing																													
<table border="1"> <thead> <tr> <th>Visit Type</th> <th>CPT/HCPCS Code</th> <th>Modifiers</th> <th>POS</th> <th>QTY</th> <th>Covered</th> <th>Charge Amount</th> <th>Allowed Amount</th> <th>Co-Pay Applied</th> <th>Deduct. Applied</th> <th>Co-Ins %</th> <th>Co-Ins Applied</th> <th>Insurance Resp</th> <th>Patient Resp</th> <th><input type="button" value="Delete"/></th> </tr> </thead> <tbody> <tr> <td colspan="14" style="text-align: center;">Add procedures using the selections above</td> </tr> </tbody> </table> <p>Data Source Key: ● Benefits ● Charge Master ● Fee Schedule ● Override</p>				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	<input type="button" value="Delete"/>	Add procedures using the selections above													
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	<input type="button" value="Delete"/>																		
Add procedures using the selections above																																

Complete Your Estimate

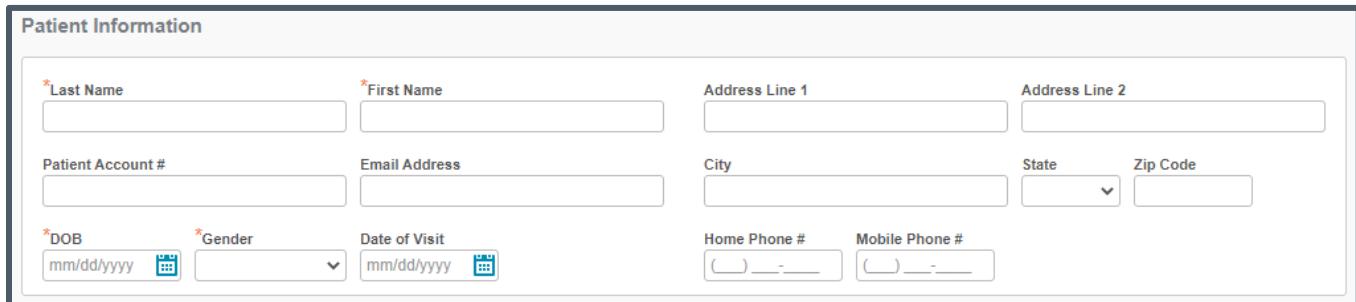
Subtotal	\$0	Type additional notes here...
Other Fees	<input type="text"/>	
Other Discounts	Amount <input type="text"/>	<input type="text"/>
Estimated Total Patient Responsibility	\$0	<input type="checkbox"/> Show on patient's estimate
<input type="button" value="Collect Payment"/> <input type="button" value="Save & Print"/> <input type="button" value="Save Draft"/>		<input type="button" value="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 a 'Patient Information' form with the following fields:

- Last Name** and **First Name**: Text input fields.
- Patient Account #**: Text input field.
- Email Address**: Text input field.
- Address Line 1** and **Address Line 2**: Text input fields.
- City**, **State**, and **Zip Code**: Text input fields.
- DOB**: Date input field with a calendar icon.
- Gender**: Dropdown menu.
- Date of Visit**: Date input field with a calendar icon.
- Home Phone #** and **Mobile Phone #**: Text input fields.

- **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.

Insurance Information

ENCOUNTER DETAILS

Self Pay?

***Payer**
 Type a payer name or ID

*NPI <input type="text" value="2000010100"/>	*Date of Service <input type="text" value="mm/dd/yyyy"/> 	Taxonomy ID <input type="text"/>
Service Type <input type="text"/>		

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.

3. 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: 5555555
Processed: 2/28/2013 3:46 PM

ACTIVE COVERAGE

Coverage Details

User Entered Information
Collect Payment

Payer	BC/BS of Colorado	Service Dates	02/28/2013
SUBSCRIBER INFORMATION		SERVICE TYPES REQUESTED	
Member ID	123559	30 - Health Benefit Plan Coverage	
First Name	BRIAN		
Last Name	BROWN		
Date of Birth	05/28/1982		
Sex	M		
Payer Returned Information			
SUBSCRIBER INFORMATION		SUBSCRIBER COVERAGE INFORMATION	
BROWN, BRIAN 789 Any Street Anytown, OH 12345		Group Number	024779
Member ID	123559	Plan Date	01/01/2013 to 12/31/9999
Date of Birth	05/28/1982		
Sex	Male		

4. 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.
5. 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:	<input checked="" type="radio"/> In-Network		<input type="radio"/> Out-of-Network
Individual Deductible <i>\$0 Remaining</i>	Total 5500.00	Met 0	Total 0
Family Deductible <i>\$0 Remaining</i>	Total []	Met []	Total []
Out-of-Pocket <i>\$0 Remaining</i>	Total []	Met []	Total []
Family Out-of-Pocket <i>\$0 Remaining</i>	Total []	Met []	Total []
<input type="checkbox"/> Deductible applies to Out-of-Pocket			
Co-Payment	0	[]	[]
Co-Insurance	50	[]	[]

6. As appropriate (for example, if you need to call the payer for information), edit these fields.
7. 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:

1. [Go to the Estimate for New Appointment screen](#).
2. 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.
3. 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:

- 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.
- Enter any needed modifiers.
- 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.
- 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.



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.

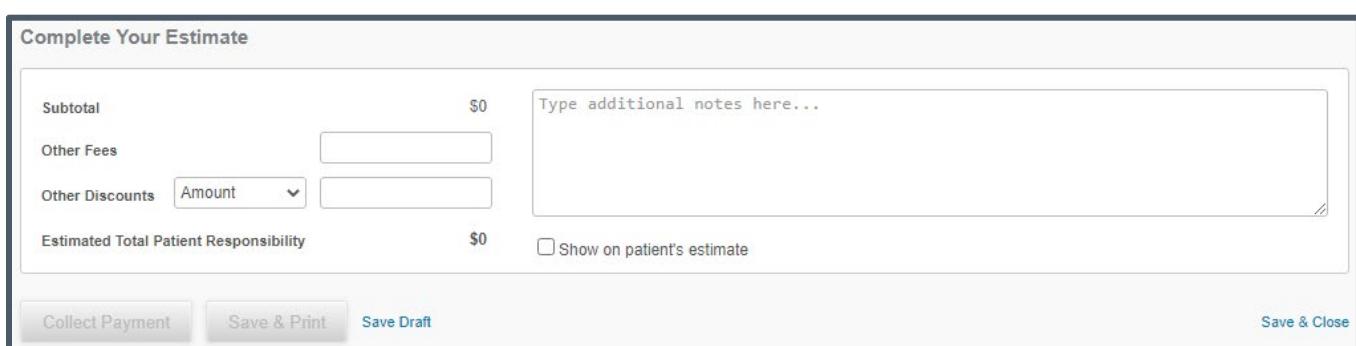
Completing an estimate

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.



The screenshot shows the 'Complete Your Estimate' interface. It includes fields for Subtotal (\$0), Other Fees (empty input), Other Discounts (dropdown set to 'Amount', empty input), and Estimated Total Patient Responsibility (\$0). There is a checkbox labeled 'Show on patient's estimate' which is unchecked. A large text area on the right says 'Type additional notes here...'. At the bottom, there are four buttons: 'Collect Payment', 'Save & Print', 'Save Draft' (which is highlighted in blue), and 'Save & Close'.

Collecting a payment/Setting up a payment plan

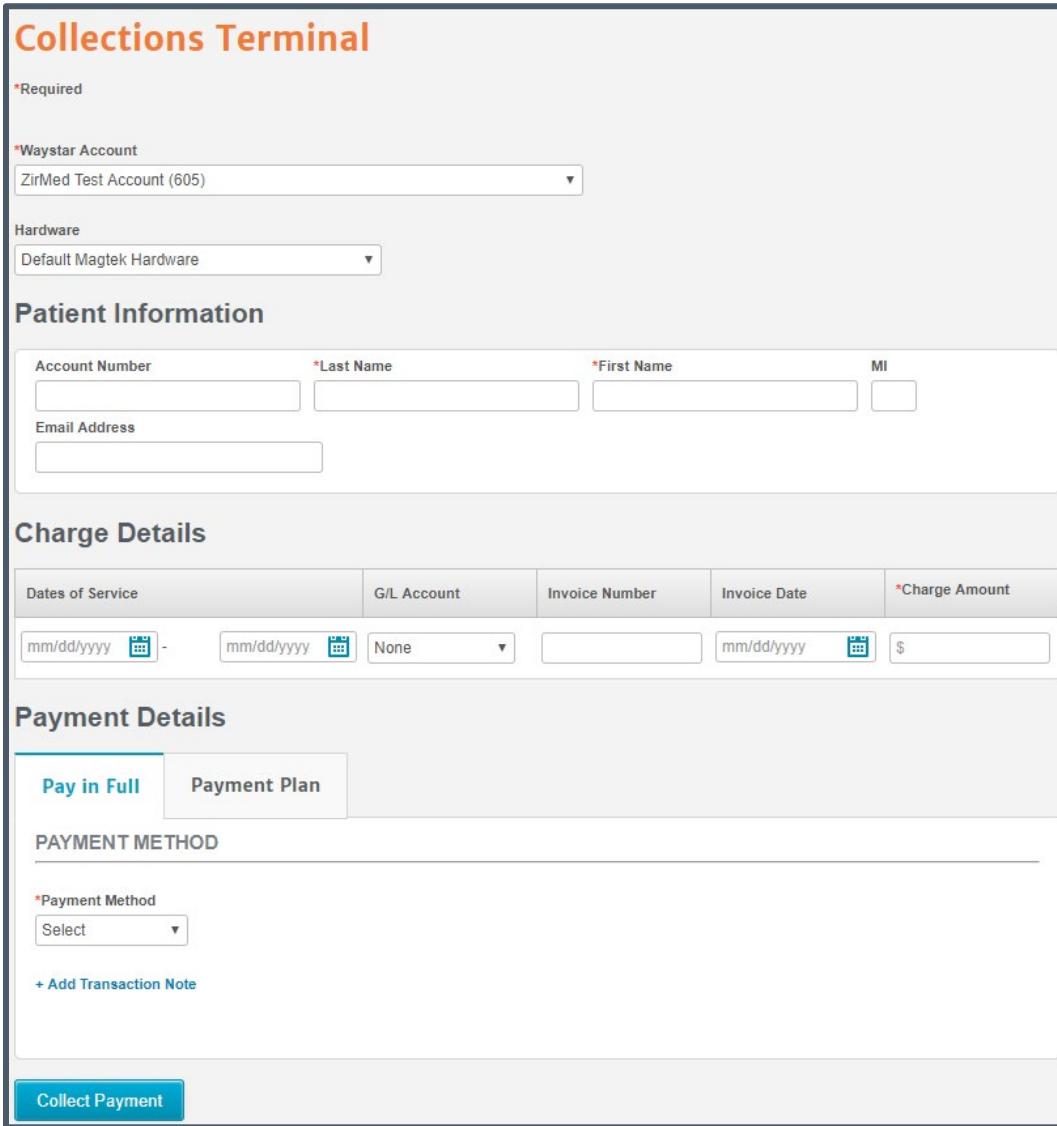
IMPORTANT: You must license Waystar's Patient Payments solution to use the Collect Payment function described in this section.

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.

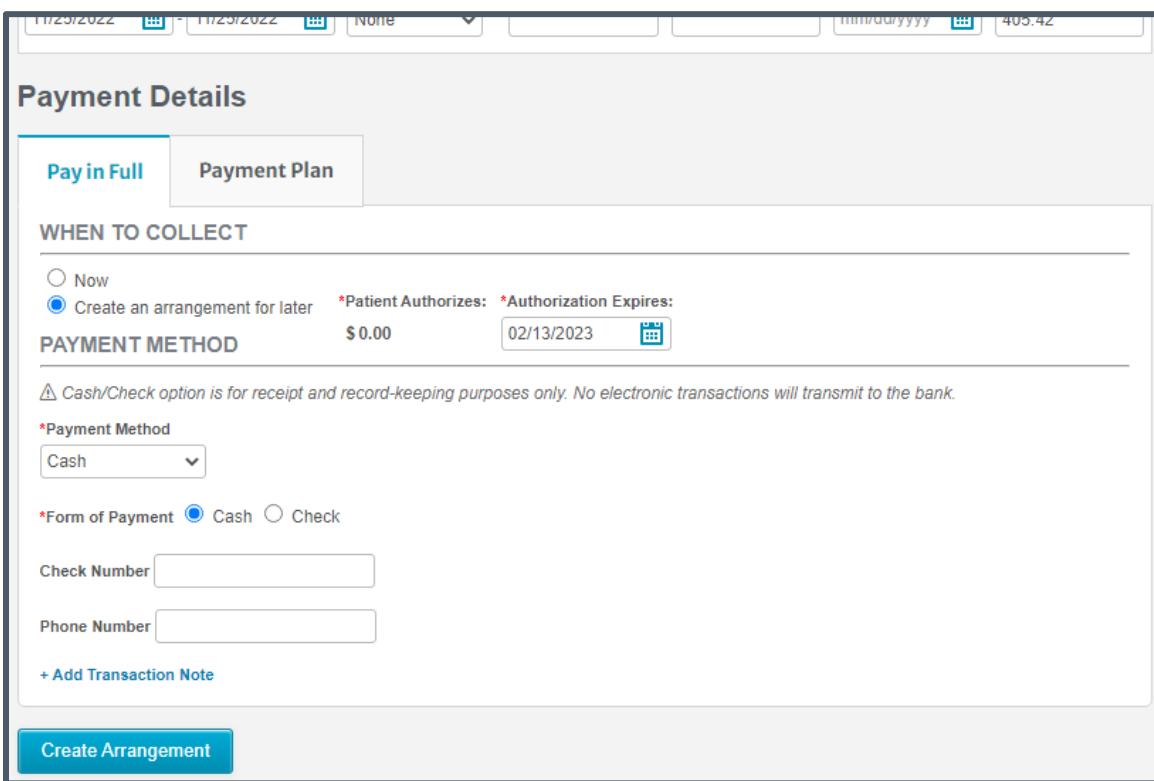


The Collections Terminal screen is a web-based application with the following sections:

- Collections Terminal**: The main title at the top.
- *Required**: A label indicating required fields.
- Waystar Account**: A dropdown menu showing "ZirMed Test Account (605)".
- Hardware**: A dropdown menu showing "Default Magtek Hardware".
- Patient Information**: A section for entering patient details. It includes fields for Account Number, Last Name, First Name, MI, and Email Address.
- Charge Details**: A section for entering charge details. It includes fields for Dates of Service (two date pickers), G/L Account (dropdown with "None" selected), Invoice Number, Invoice Date (date picker), and Charge Amount (text input with a dollar sign).
- Payment Details**: A section for selecting payment methods. It has tabs for "Pay in Full" (selected) and "Payment Plan". Below this is a "PAYMENT METHOD" section with a dropdown menu showing "Select" and a link to "+ Add Transaction Note".
- Collect Payment**: A large blue button at the bottom of the form.

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**.

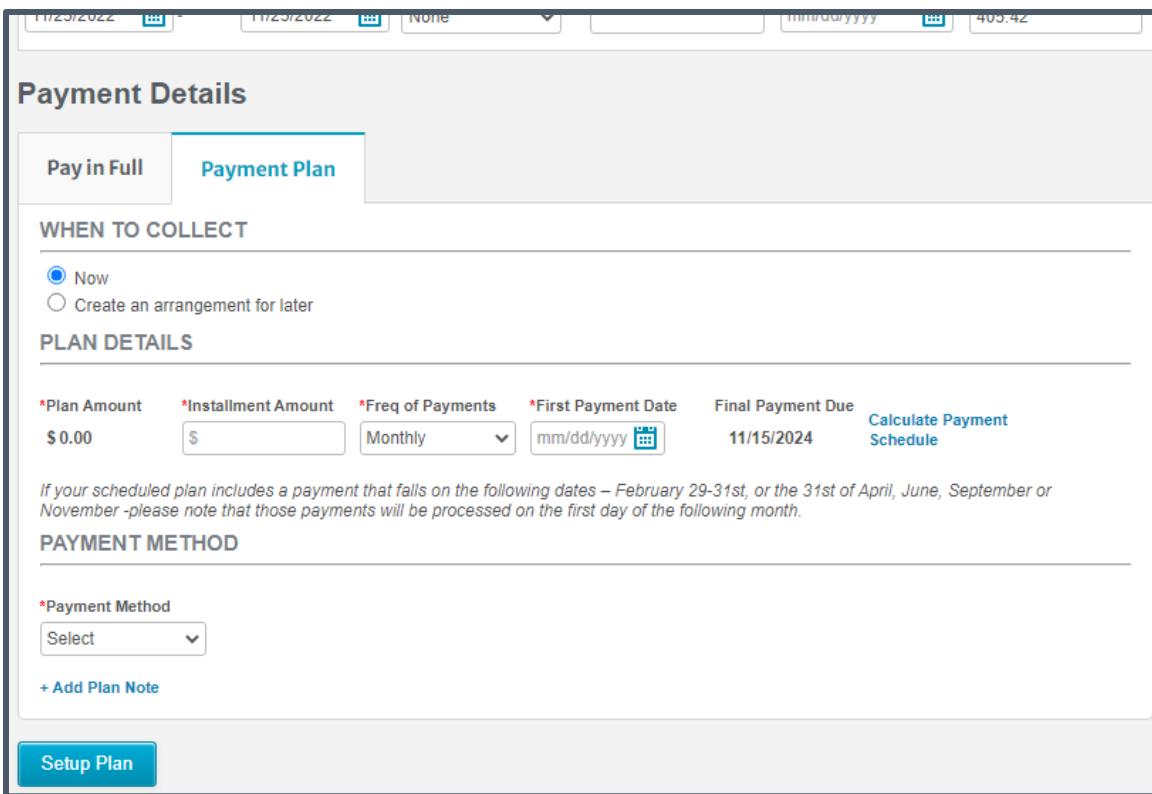
6. In the **Charge Details** area, enter any further information you deem necessary; the **Charge Amount** will be populated from the estimate you're creating:
7. In the **Payment Details** area, select the appropriate tab:
 - **Pay in Full:**



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, there's a heading 'WHEN TO COLLECT' with two radio button options: 'Now' (unchecked) and 'Create an arrangement for later' (checked). Next to these are fields for 'Patient Authorizes:' and 'Authorization Expires:', with the date '02/13/2023' entered. A note below states: '⚠ Cash/Check option is for receipt and record-keeping purposes only. No electronic transactions will transmit to the bank.' Under 'PAYMENT METHOD', a dropdown menu is set to 'Cash'. Below it, under 'Form of Payment', a radio button for 'Cash' is checked. There are also fields for 'Check Number' and 'Phone Number'. At the bottom left of the form area is a link '+ Add Transaction Note', and at the bottom right is a large blue button labeled 'Create Arrangement'.

- 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:**



Payment Details

WHEN TO COLLECT

Now
 Create an arrangement for later

PLAN DETAILS

*Plan Amount	*Installment Amount	*Freq of Payments	*First Payment Date	Final Payment Due	Calculate Payment Schedule
\$ 0.00	\$	Monthly	mm/dd/yyyy <input type="button" value="Calendar"/>	11/15/2024	

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.

PAYMENT METHOD

*Payment Method
 Select

+ Add Plan Note

Setup Plan

- 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. 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.
 - c. In the **PAYMENT METHOD** area, from the **Payment Method** dropdown, select **Credit/Debit**, **Bank Account**, or **Cash** and complete the appropriate information.
 - d. 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

*Required

Patient Information

Last Name <input type="text" value="Jones"/>	First Name <input type="text" value="Jon"/>	Address Line 1 <input type="text"/>	Address Line 2 <input type="text"/>
Patient Account # <input type="text" value="9876543210"/>	Email Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>
DOB <input type="text" value="01/01/2000"/> <input type="button" value="Calendar"/>	Gender <input type="text" value="Male"/> <input type="button" value="Gender"/>	Date of Visit <input type="text" value="mm/dd/yyyy"/> <input type="button" value="Calendar"/>	Home Phone # <input type="text"/>
Mobile Phone # <input type="text"/>			

Insurance Information

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: **AETNA CHOICE POS II**

Assess Service As: In-Network Out-of-Network

Individual Deductible \$0 Remaining	Total 1200.00	Met 1200.00	Total 1700.00	Met 1200.00
Family Deductible \$1,092.16 Remaining	Total 2400.00	Met 1307.84	Total 3400.00	Met 1307.84
Out-of-Pocket \$629.24 Remaining	Total 3500.00	Met 2870.76	Total 4000.00	Met 2870.76
Family Out-of-Pocket \$4,021.40 Remaining	Total 7000.00	Met 2978.60	Total 8000.00	Met 2978.60
Co-Payment	0	150.00		
Co-Insurance	20	50		

Deductible applies to Out-of-Pocket

Procedures Information

Provider of Service

Provider Plan / Contract

Place of Service

ADD PROCEDURE CODES

Select a Visit Type (Optional)

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	<input type="button" value="Delete"/>
99212				1	<input checked="" type="checkbox"/>	100.00	100.00	20.00	0			0	100.00	<input type="button" value="Delete"/>
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 <input type="text" value="\$100.00"/>	Type additional notes here...
Other Fees <input type="text"/>	
Other Discounts <input type="text"/> <input type="button" value="Amount"/>	
Estimated Total Patient Responsibility <input type="text" value="\$100.00"/>	<input type="checkbox"/> Show on patient's estimate

Collect Payment **Save & Print** **Save Draft** **Save & Close**

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

*Required

Patient Information

*Last Name Smith	*First Name Joan	Address Line 1	Address Line 2
*Patient Account # 1234567890	Email Address	City	State Zip Code
*DOB 01/01/2000	*Gender Female	Date of Visit mm/dd/yyyy	Home Phone # Mobile Phone #

Insurance Information

ENCOUNTER DETAILS

Self Pay?

Payer
Self Pay Estimation Only (SELF1)

Policy # 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

Assess Service As:

In-Network Out-of-Network

Individual Deductible \$0 Remaining	Total	Met
Family Deductible \$0 Remaining	Total	Met
Out-of-Pocket \$0 Remaining	Total	Met
Family Out-of-Pocket \$0 Remaining	Total	Met
<input type="checkbox"/> Deductible applies to Out-of-Pocket		
Co-Payment	[]	
Co-Insurance	[]	

Procedures Information

Provider of Service ABC MEDICAL	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 []
Modifiers <input type="button" value="Add to List"/>		
Visit Type 99212	Modifiers []	POS 1
CPT/HCPCS Code 99212	QTY <input checked="" type="checkbox"/>	Covered 100.0
Charge Amount 100.0	Allowed Amount 45.00	Co-Pay Applied 0
Totals \$100.00	\$45.00	Deduct. Applied 0
		Co-Ins % 0
		Co-Ins Applied 0
		Insurance Resp 0
		Patient Resp 45.00

Data Source Key Benefits Charge Master Fee Schedule Override

Complete Your Estimate

Subtotal \$100.00	Type additional notes here...
Other Fees []	
Other Discounts Amount []	
Estimated Total Patient Responsibility \$100.00	<input type="checkbox"/> Show on patient's estimate

Actions

Collect Payment Save & Print Save Draft Save & Close

Estimation batches

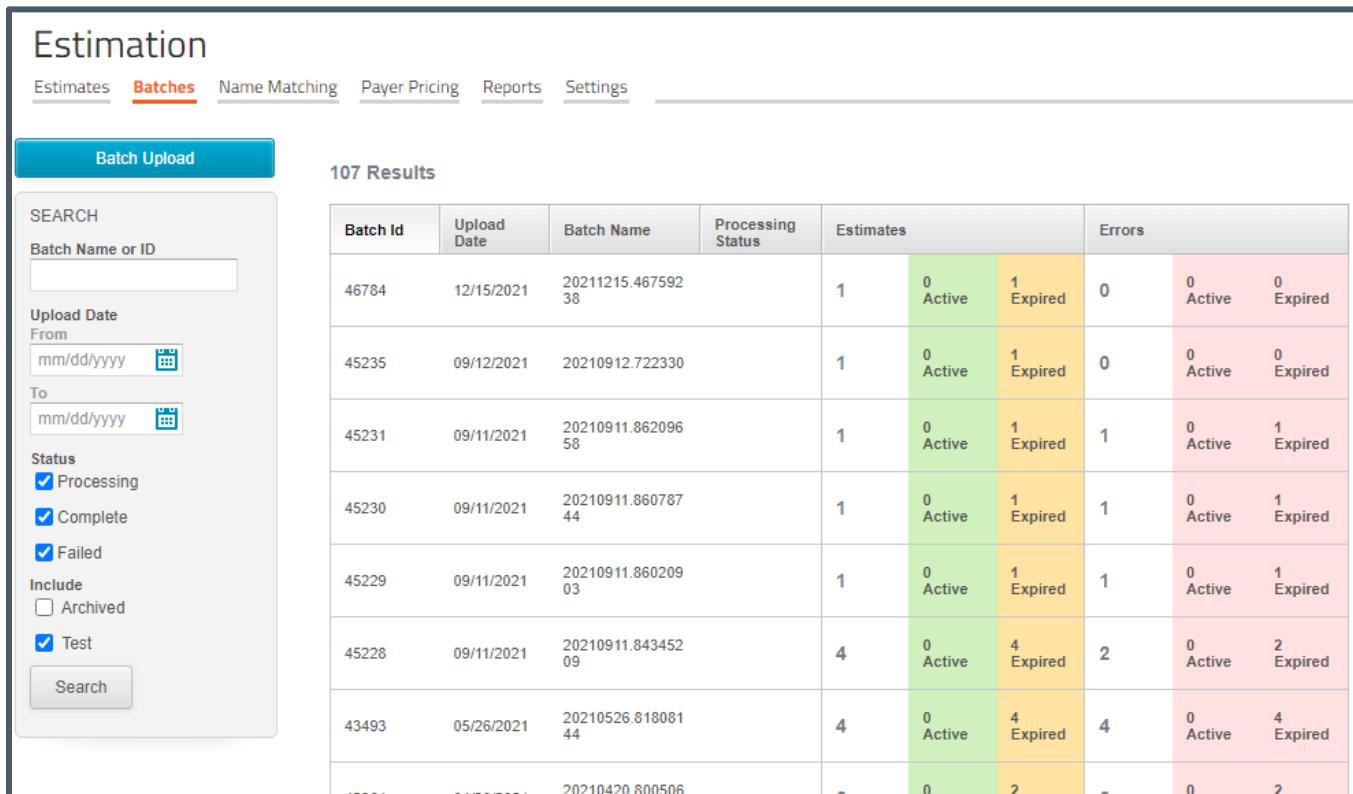
You can create a batch of estimates for multiple patients at one time. To do this, save the patients' information in a single file in your practice management system, then upload it to the Estimation solution in Waystar, as explained in this section.

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
45235	09/12/2021	20210912.722330	1	0 Active	1 Expired
45231	09/11/2021	20210911.86209658	1	0 Active	1 Expired
45230	09/11/2021	20210911.86078744	1	0 Active	1 Expired
45229	09/11/2021	20210911.86020903	1	0 Active	1 Expired
45228	09/11/2021	20210911.84345209	4	0 Active	4 Expired
43493	05/26/2021	20210526.81808144	4	0 Active	4 Expired
42854	04/20/2021	20210420.800506	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	20211215.467592 38		1	0 Active	1 Expired	0 0 Active 0 Expired
Notes	Download Original File	View History	Archive	Un-Dup	1 Active	1 Expired	0 0 Active 0 Expired
45234	2021102021	20210911.862096		1	0	1	1 0 1

3. Perform any of the following:

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

Notes
×

Add a note about the batch.

Submit

- **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		
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

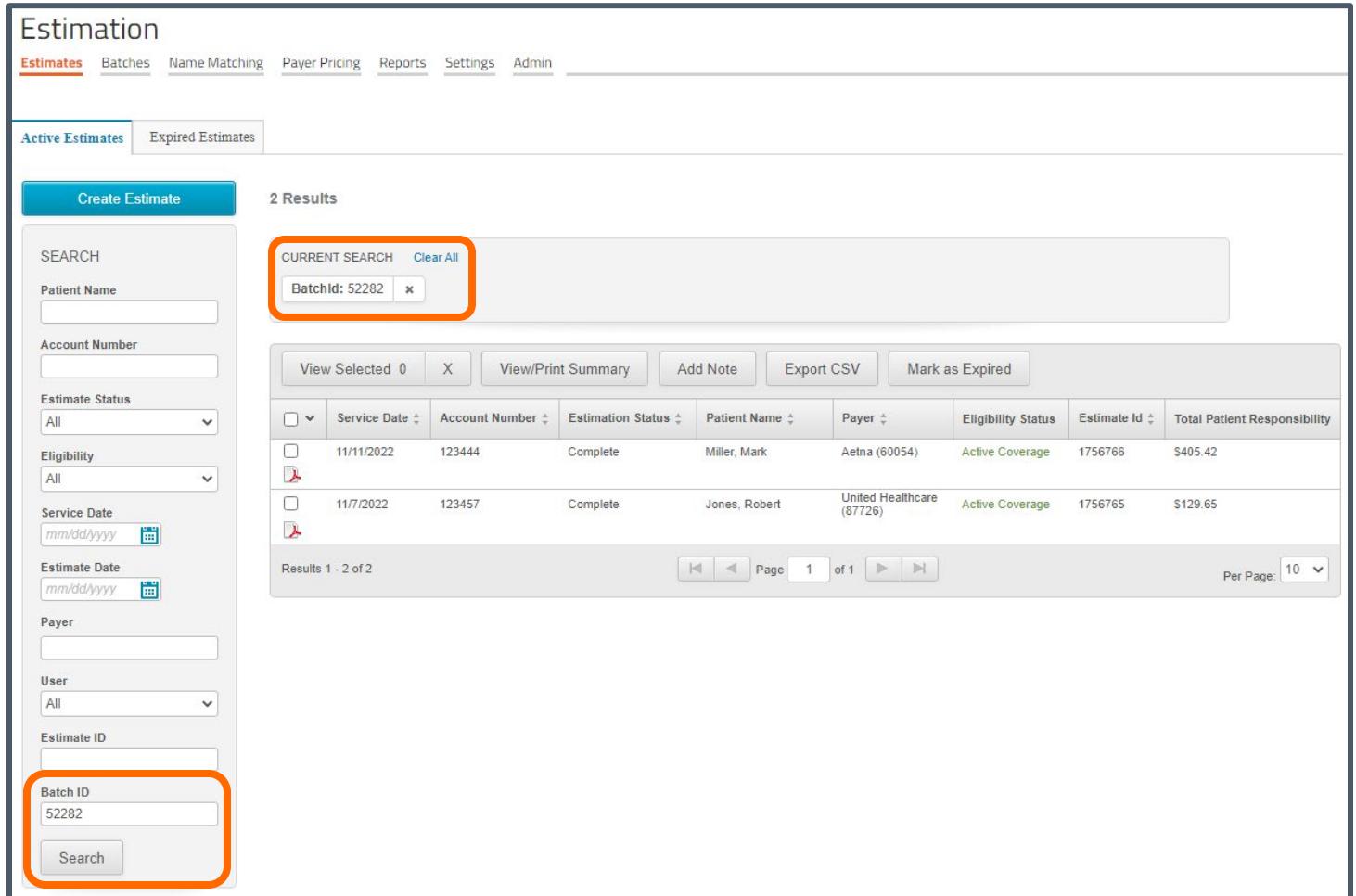
- **Archive:** Archive the batch, which will also remove it from the Batches screen. When you click the button, the batch will immediately archive, and the batch will be removed from the Batches screen. A link will appear above the batch results list that will allow you to undo the archive.
- **Un-Dup:** 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.



The screenshot shows the Waystar Estimation Worklist interface. On the left, there is a search sidebar with fields for Patient Name, Account Number, Estimate Status, Eligibility, Service Date, Estimate Date, Payer, User, and a prominent 'Batch ID' field containing '52282'. A 'Search' button is located below the search sidebar. The main area displays a grid of '2 Results' for estimates. Each result row includes columns for Service Date, Account Number, Estimation Status, Patient Name, Payer, Eligibility Status, Estimate Id, and Total Patient Responsibility. The first result is for 'Miller, Mark' with a service date of 11/11/2022, and the second is for 'Jones, Robert' with a service date of 11/7/2022. Both results show 'Active Coverage' and a total responsibility of \$405.42 and \$129.65 respectively. Navigation buttons for the grid include 'View Selected 0', 'X', 'View/Print Summary', 'Add Note', 'Export CSV', 'Mark as Expired', and page navigation controls.

	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

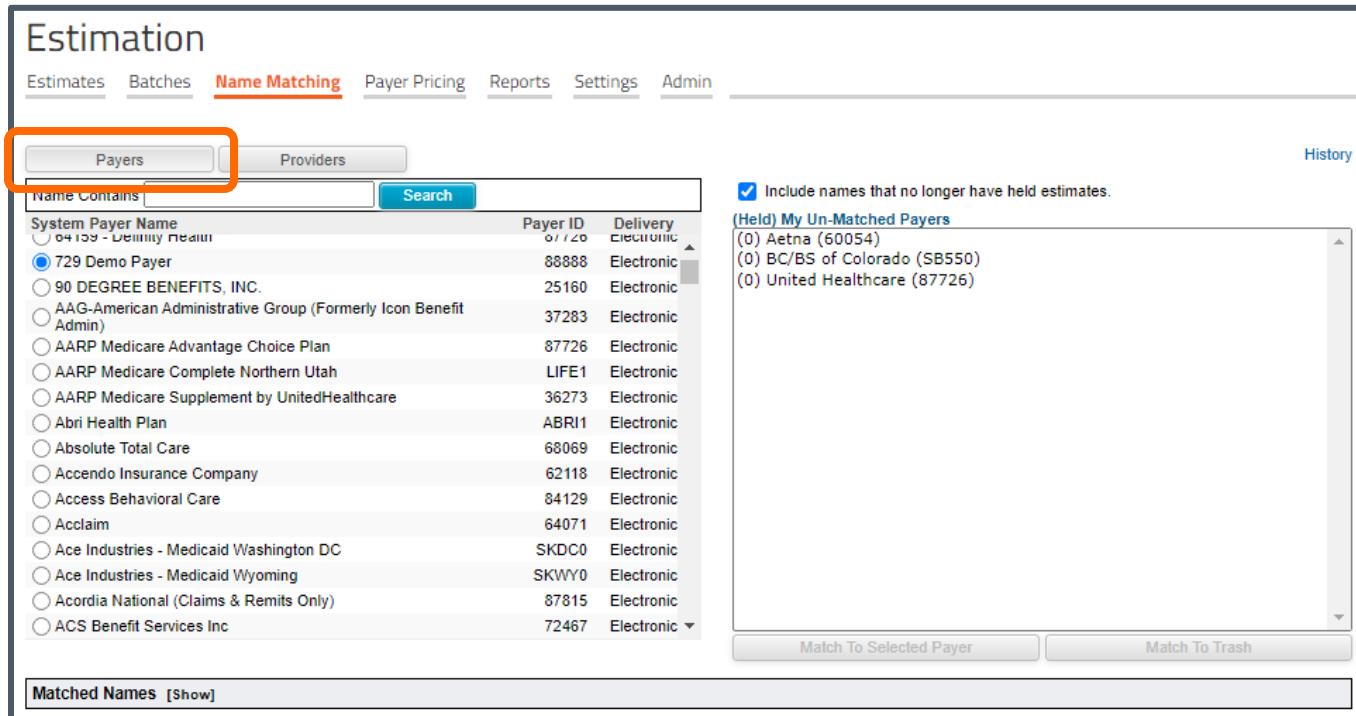
Name Matching

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.



Name	Payer ID	Delivery
System Payer Name 04159 - Denimy Health	67120	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

The Name Matching screen is divided into the following areas:

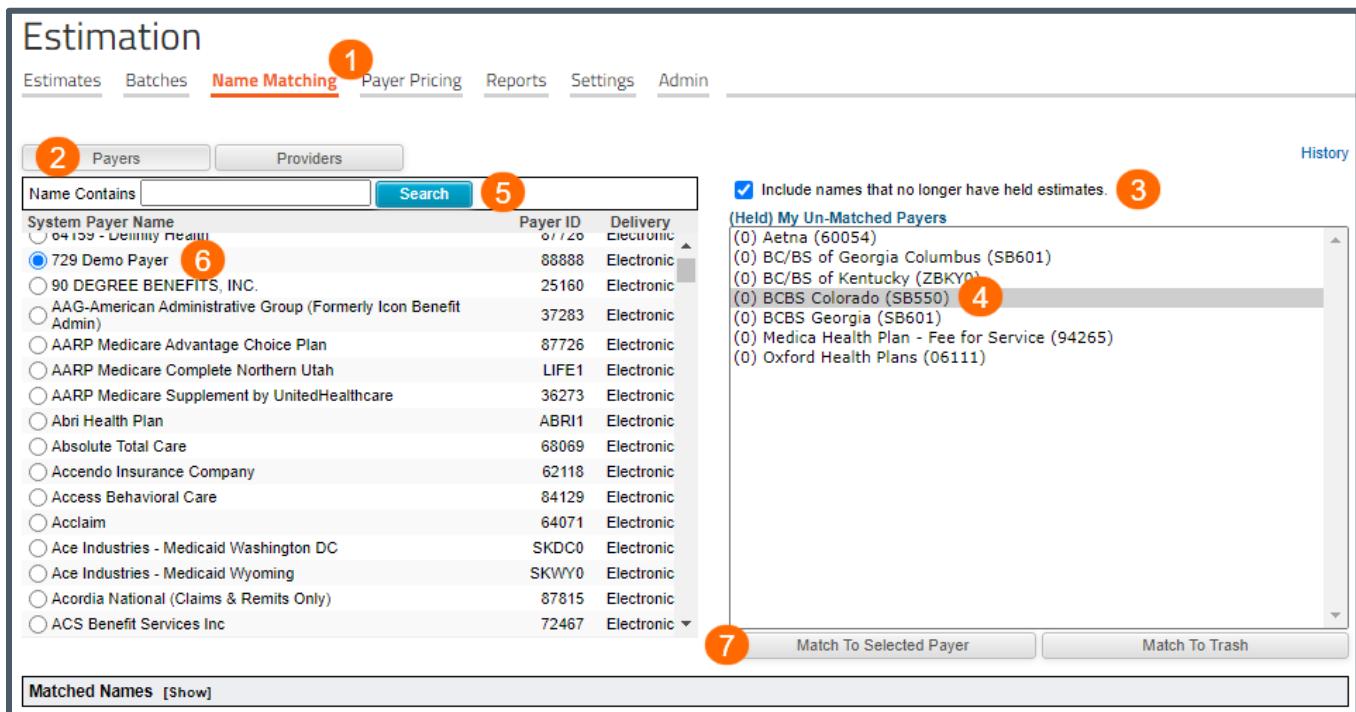
- On the left is the **Payers Search>List pane**. Here the payer names, their corresponding IDs, and delivery method will display. You can search through this list by providing either a portion of the payer's name or the payer's ID in the Name Contains field.
- In the pane on the right, **(Held) My Un-matched 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.



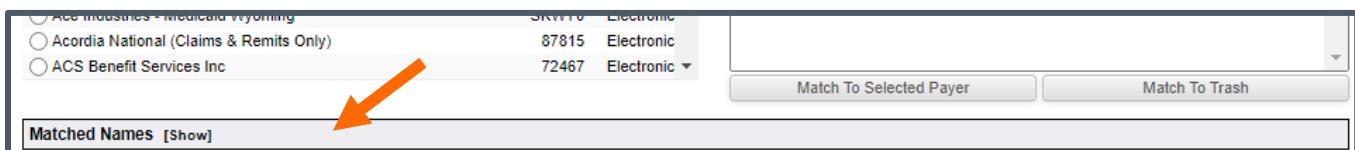
The screenshot shows the 'Estimation' module with the 'Name Matching' tab selected (1). The left pane (2) displays a list of payers with a search bar ('Name Contains') and a 'Search' button (5). A radio button next to '729 Demo Payer' is selected (6). The right pane (3) shows a list of 'Un-Matched Payers' with a checked checkbox for 'Include names that no longer have held estimates'. An item 'BCBS Colorado (SB550)' is selected (4). At the bottom, there are 'Match To Selected Payer' and 'Match To Trash' buttons (7), and a 'Matched Names [Show]' link.

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.

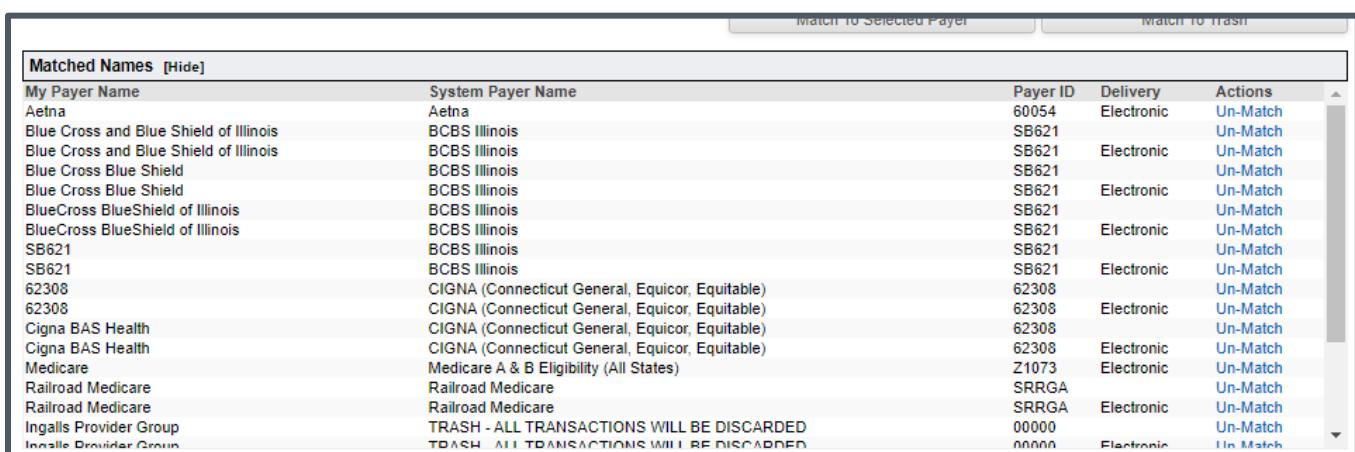
To un-match and/or re-match a payer:

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.



The screenshot shows a software window with a sidebar on the left containing three entries: 'Acc Industries - Medicaid Wyoming', 'Acordia National (Claims & Remits Only)', and 'ACS Benefit Services Inc'. To the right of the sidebar is a main pane with a header row showing columns for 'System Payer Name', 'Payer ID', 'Delivery', and 'Actions'. Below this is a table listing various payers. At the bottom of the sidebar, there is a button labeled 'Matched Names [Show]' which has a red arrow pointing to it from the left.

A list of matched payer names will appear below.

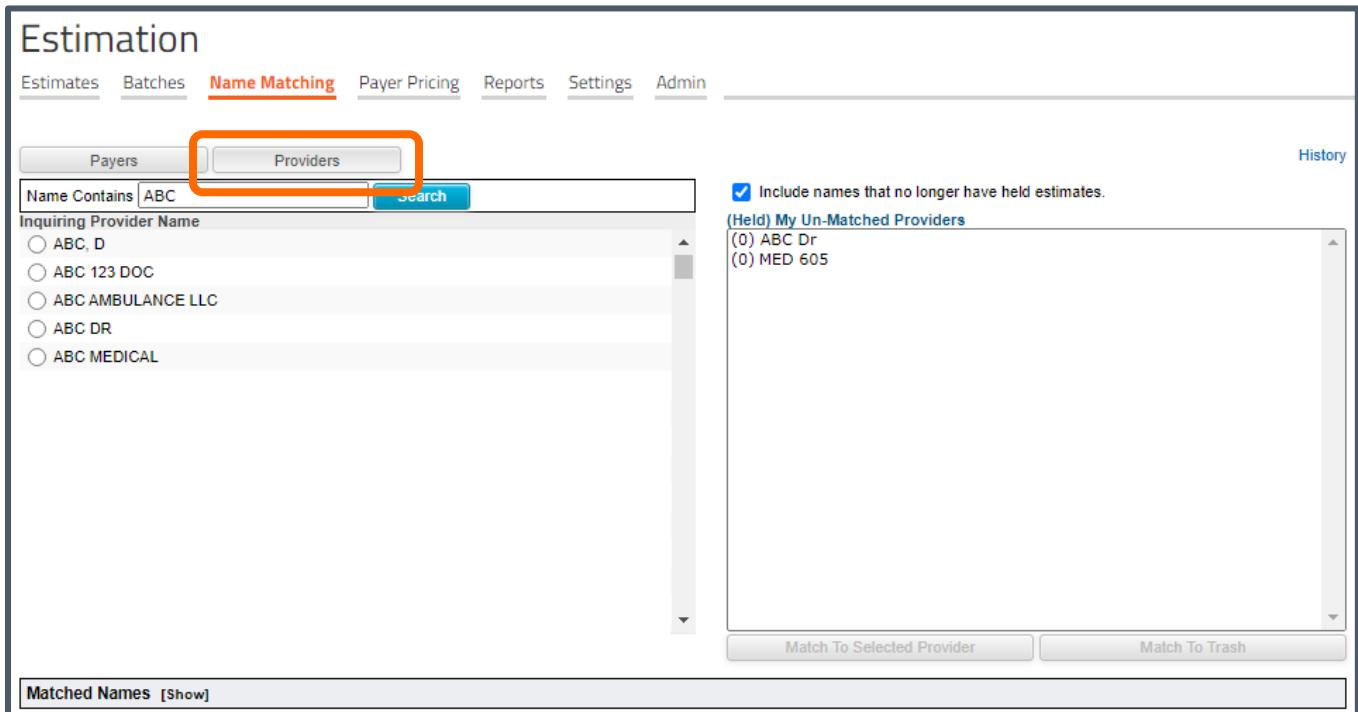


The screenshot shows a detailed view of the 'Matched Names' list. The table has columns for 'My Payer Name', 'System Payer Name', 'Payer ID', 'Delivery', and 'Actions'. The 'Actions' column contains links like 'Un-Match'. The 'Delivery' column shows values like 'Electronic' and 'Un-Match'. The 'Payer ID' column lists identifiers such as 60054, SB621, etc. The 'System Payer Name' column lists names like 'Aetna', 'BCBS Illinois', 'CIGNA (Connecticut General, Equicor, Equitable)', etc. The 'My Payer Name' column lists names like 'Aetna', 'Blue Cross and Blue Shield of Illinois', 'Blue Cross Blue Shield', etc. A note at the bottom of the list states: 'TRASH - ALL TRANSACTIONS WILL BE DISCARDED' and 'TO TRASH ALL TRANSACTIONS WILL BE DISCARDED'.

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

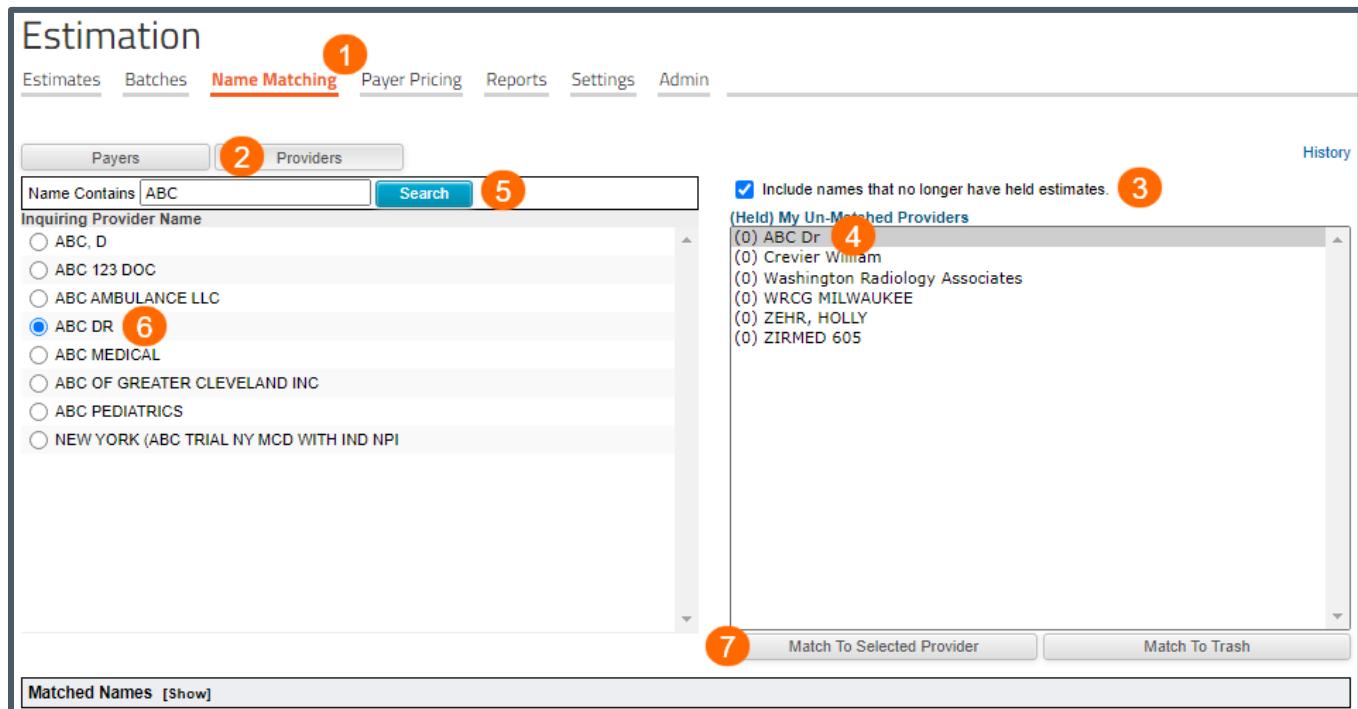
To match a provider:

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.

Estimation



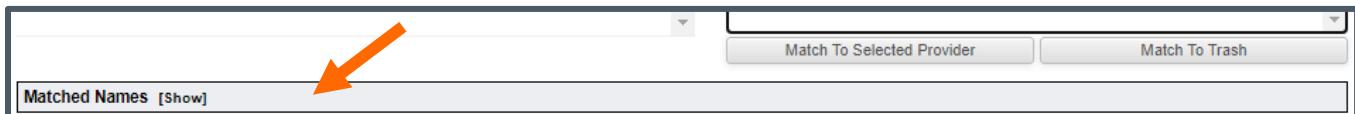
The screenshot shows the Waystar Estimation software interface. At the top, there is a navigation bar with tabs: Estimates, Batches, **Name Matching**, Payer Pricing, Reports, Settings, and Admin. The 'Name Matching' tab is highlighted with a red circle containing the number 1. Below the navigation bar, there are two tabs: 'Payers' and 'Providers'. The 'Providers' tab is selected, indicated by a red circle containing the number 2. In the center, there is a search bar with the placeholder 'Name Contains ABC' and a 'Search' button with a red circle containing the number 5. To the right of the search bar is a 'History' link. On the far right, there is a checkbox labeled 'Include names that no longer have held estimates' with a checked mark, and a red circle containing the number 3. Below the search bar, there is a section titled '(Held) My Un-Matched Providers' with a list of providers. One provider, 'ABC DR', is selected with a radio button and a red circle containing the number 6. The list includes: ABC DR (4), Crevier William, Washington Radiology Associates, WRCG MILWAUKEE, ZEHR, HOLLY, and ZIRMED 605. At the bottom right of the interface, there are two buttons: 'Match To Selected Provider' and 'Match To Trash'. A red circle containing the number 7 is positioned at the bottom center of the interface. At the very bottom, there is a footer bar with the text 'Matched Names [Show]'.

Un-matching (and re-matching) a provider

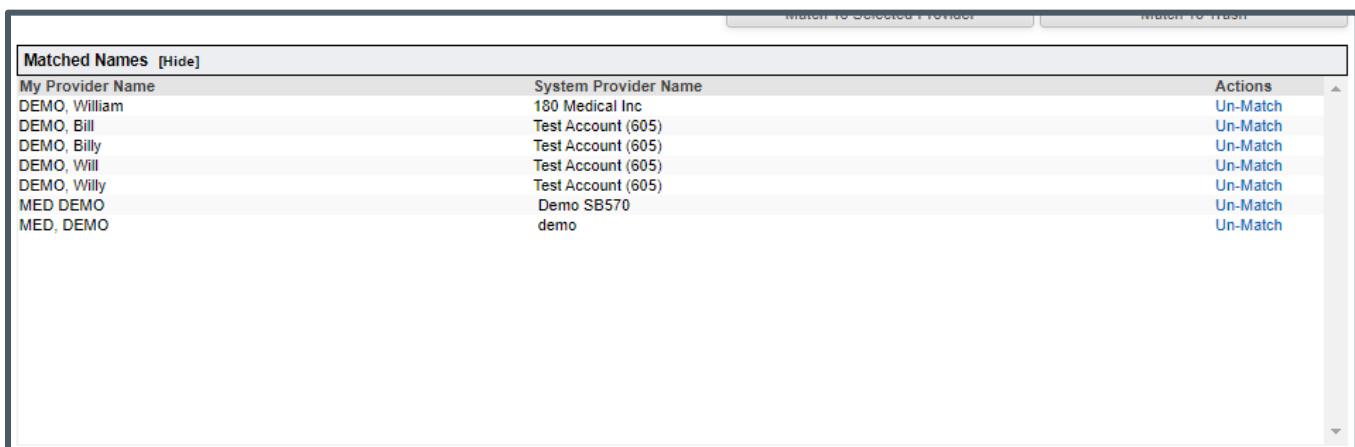
If a provider was incorrectly matched, you can un-match the provider and then re-match them correctly.

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.



Matched Names [Hide]		
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.

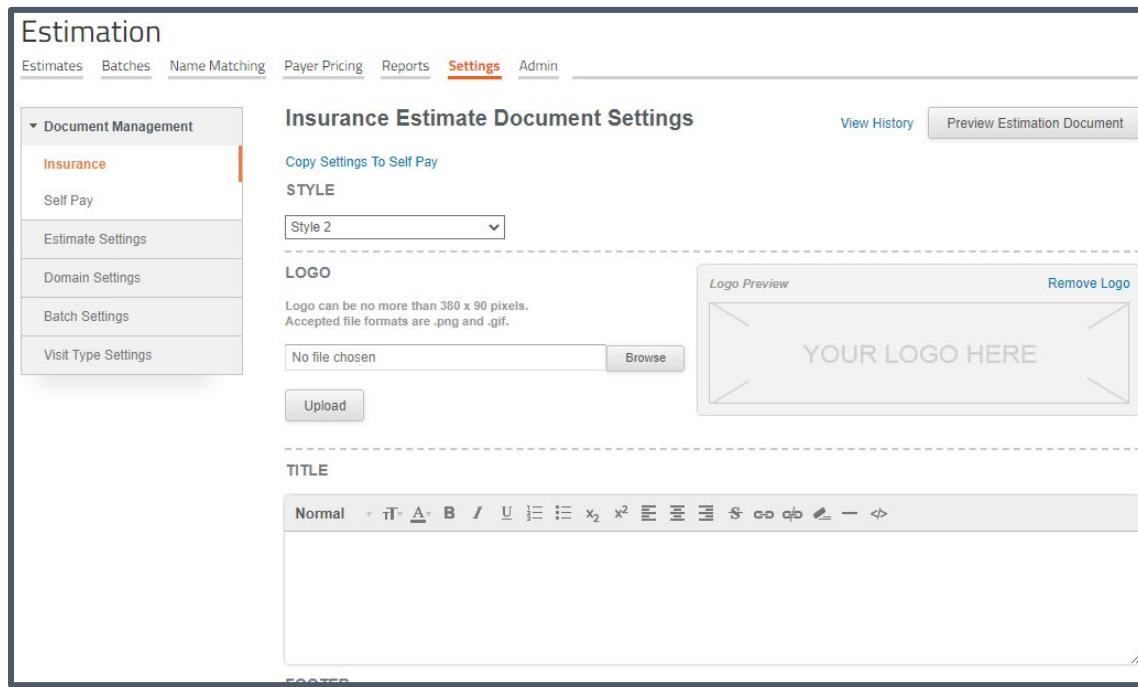
Setting up the insurance estimate template

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:

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

4. Selecting a logo:

- From the **LOGO** area, click the **Browse** button.
- 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.
- Click the **Upload** button.

Your image will appear in the Logo Preview area to the right.

- 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.

- Click the **Preview Estimation Document** button to see what the document will look like. Make any desired changes.
- When you're happy with the template, click the **Save Changes** button.
- 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](#).

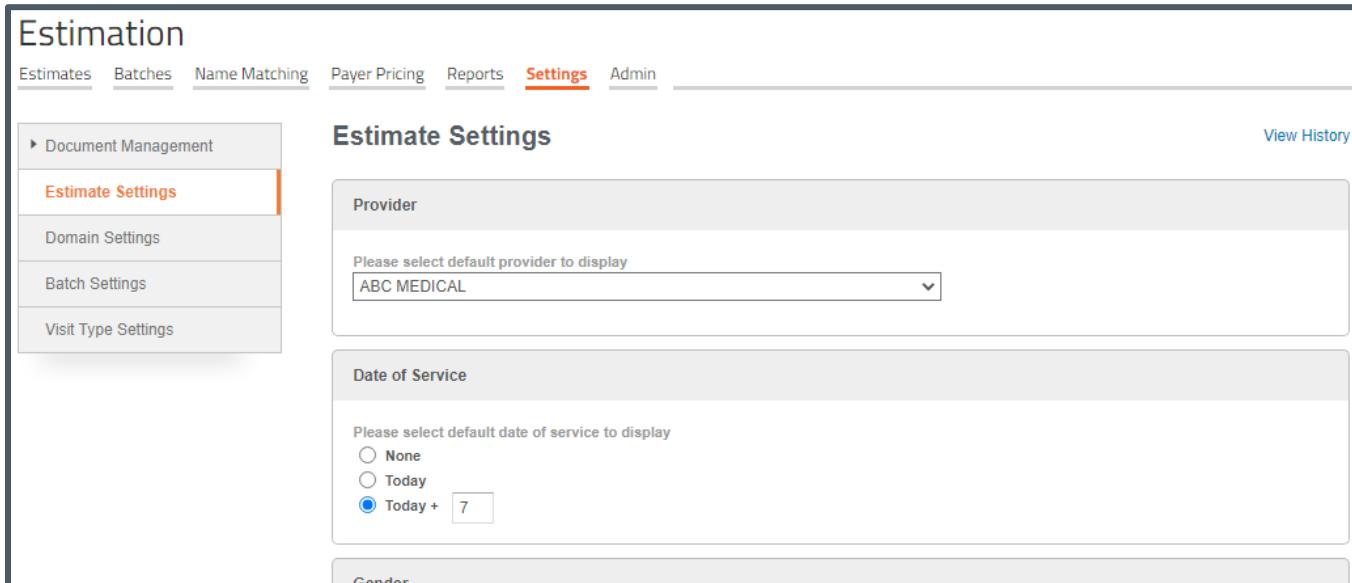
SUMMARY OF ESTIMATED PATIENT RESPONSIBILITY										
 <div style="border: 2px solid orange; padding: 5px; margin-top: 10px;"> Care for You Community Hospital 123 Main Street Anytown, CO 80001 </div>										
Patient: Ben Adams	Account #: 123456789	Date of Service: 11/04/2022								
 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> PATIENT RESPONSIBILITY DETAILS <ul style="list-style-type: none"> Patient Co-Pay: \$0.00 Patient Deductible: \$100.00 Patient Co-Insurance: \$0.00 </div>										
PROCEDURES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">SAMPLE PROCEDURE DESCRIPTION</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>Procedures Total Charge</td> <td style="text-align: right;">\$500.00</td> </tr> </tbody> </table>			SAMPLE PROCEDURE DESCRIPTION	Amount	Procedures Total Charge	\$500.00				
SAMPLE PROCEDURE DESCRIPTION	Amount									
Procedures Total Charge	\$500.00									
INSURANCE DISCOUNT <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Contractual Discount</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Charge after Insurance Discount</td> <td style="text-align: right;">\$400.00</td> </tr> </tbody> </table>			Contractual Discount	Amount	Total Charge after Insurance Discount	\$400.00				
Contractual Discount	Amount									
Total Charge after Insurance Discount	\$400.00									
INSURANCE RESPONSIBILITY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Insurance Responsibility</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>Other Fees</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>Other Discounts</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>Total Estimated Amount Owed (After Insurance)</td> <td style="text-align: right;">\$100.00</td> </tr> </tbody> </table>			Insurance Responsibility	Amount	Other Fees	N/A	Other Discounts	N/A	Total Estimated Amount Owed (After Insurance)	\$100.00
Insurance Responsibility	Amount									
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. Footer										
<small>Additional Notes:</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Created By:</th> <th style="text-align: left;">Created Date:</th> <th style="text-align: left;">Note:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Created By:	Created Date:	Note:					
Created By:	Created Date:	Note:								
<small>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.</small> Disclosure										

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

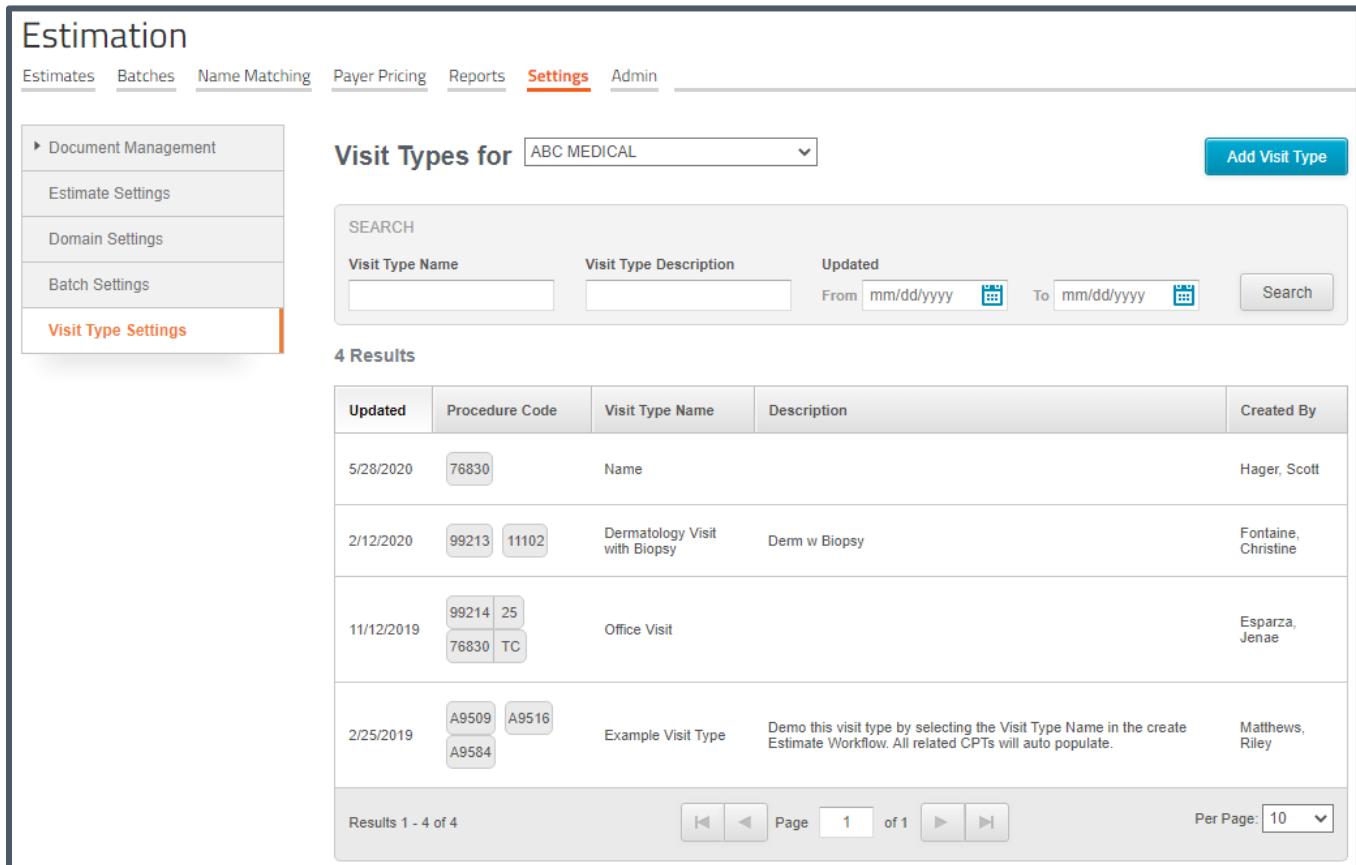
The Visit Type Settings tab displays a list of custom visit types created by your practice.

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.

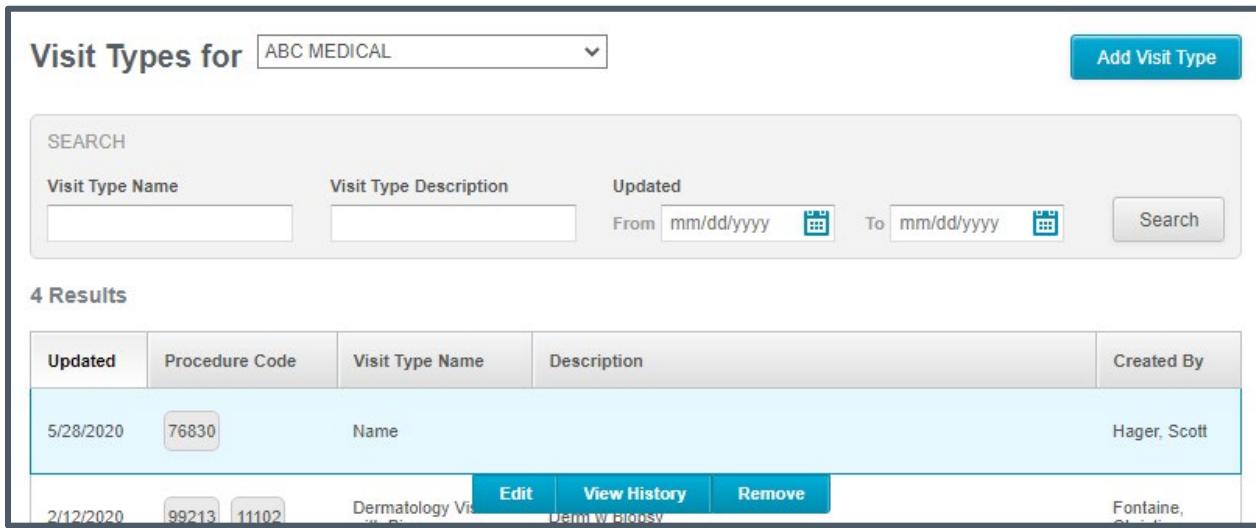


Updated	Procedure Code	Visit Type Name	Description	Created By
5/28/2020	76830	Name		Hager, Scott
2/12/2020	99213 11102	Dermatology Visit with Biopsy	Derm w Biopsy	Fontaine, Christine
11/12/2019	99214 25 76830 TC	Office Visit		Esparza, Jenae
2/25/2019	A9509 A9516 A9584	Example Visit Type	Demo this visit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

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

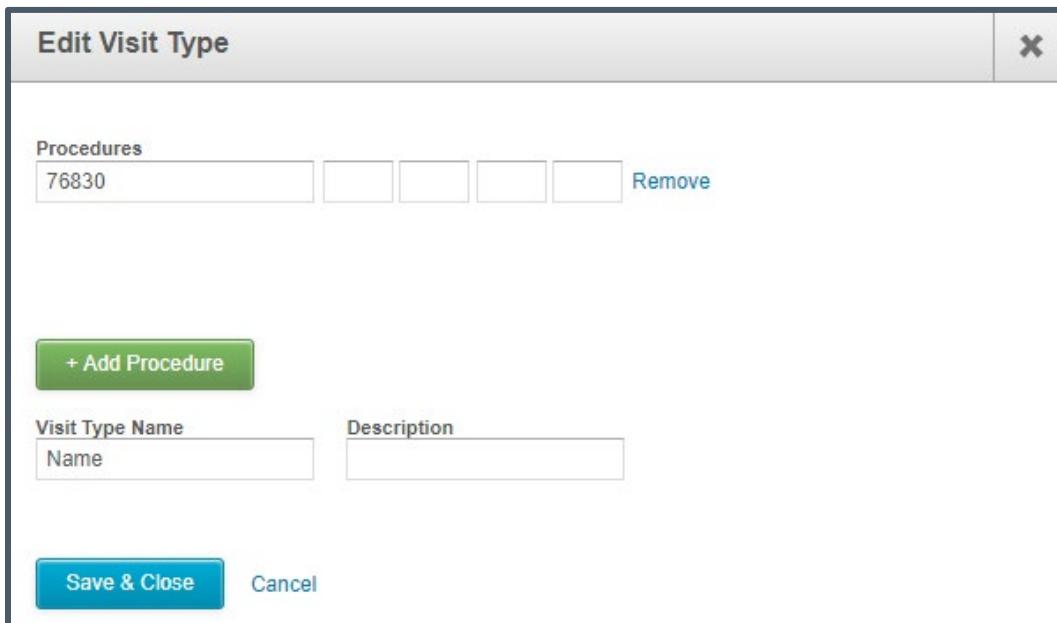
From mm/dd/yyyy To mm/dd/yyyy Search

4 Results

Updated	Procedure Code	Visit Type Name	Description	Created By
5/28/2020	76830	Name		Hager, Scott
2/12/2020	99213	Dermatology Vis	Edit View History Remove	Fontaine, Scottie
	11102	Derm W Biopsy		

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

Procedures

76830

+ 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: Thinkectomy 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 mm/dd/yyyy [Calendar](#) To mm/dd/yyyy [Calendar](#)

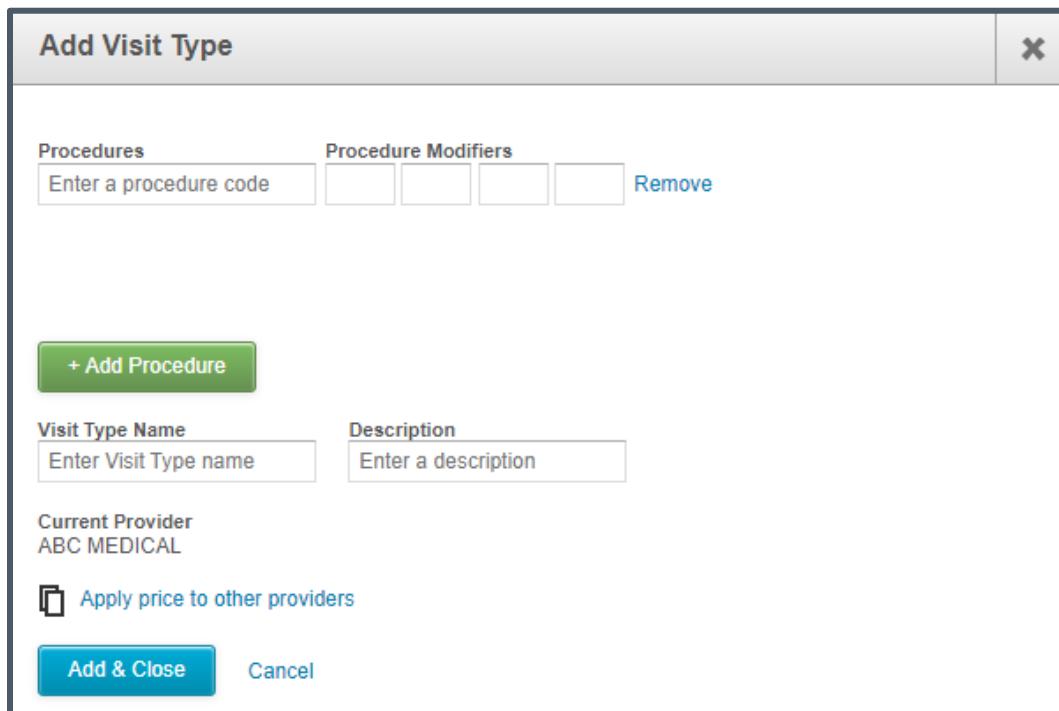
4 Results

Updated	Procedure Code	Visit Type Name	Description	Created By
5/28/2020	76830	Name		Hager, Scott
3/12/2020	00012 11103	Dermatology Visit	Derm w Biopsy	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.



- 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

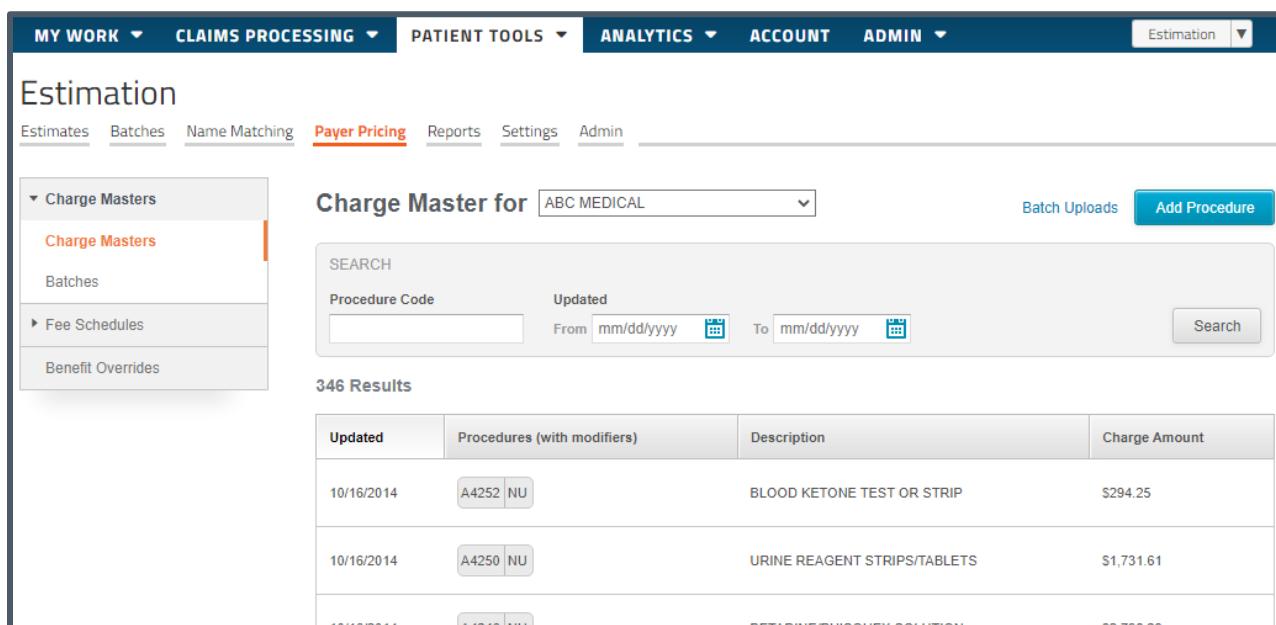
You can use Charge Master pricing to override pricing values returned from remits.

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.



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
		BETAINE/BUSQUEY SOLUTION	\$0.700.00

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.

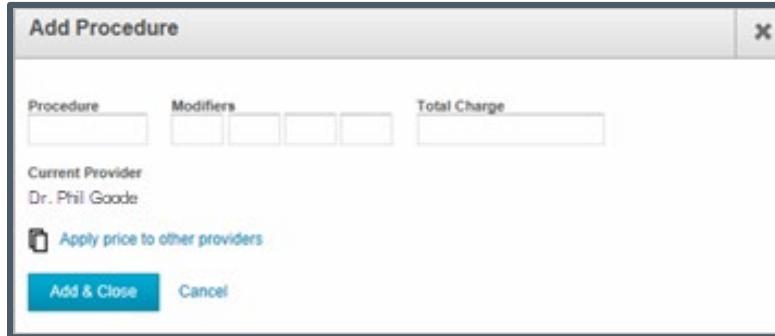
Note: The charge amounts shown apply only to the selected provider. To see the charge amounts for a different provider, select a different provider from the dropdown.

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.

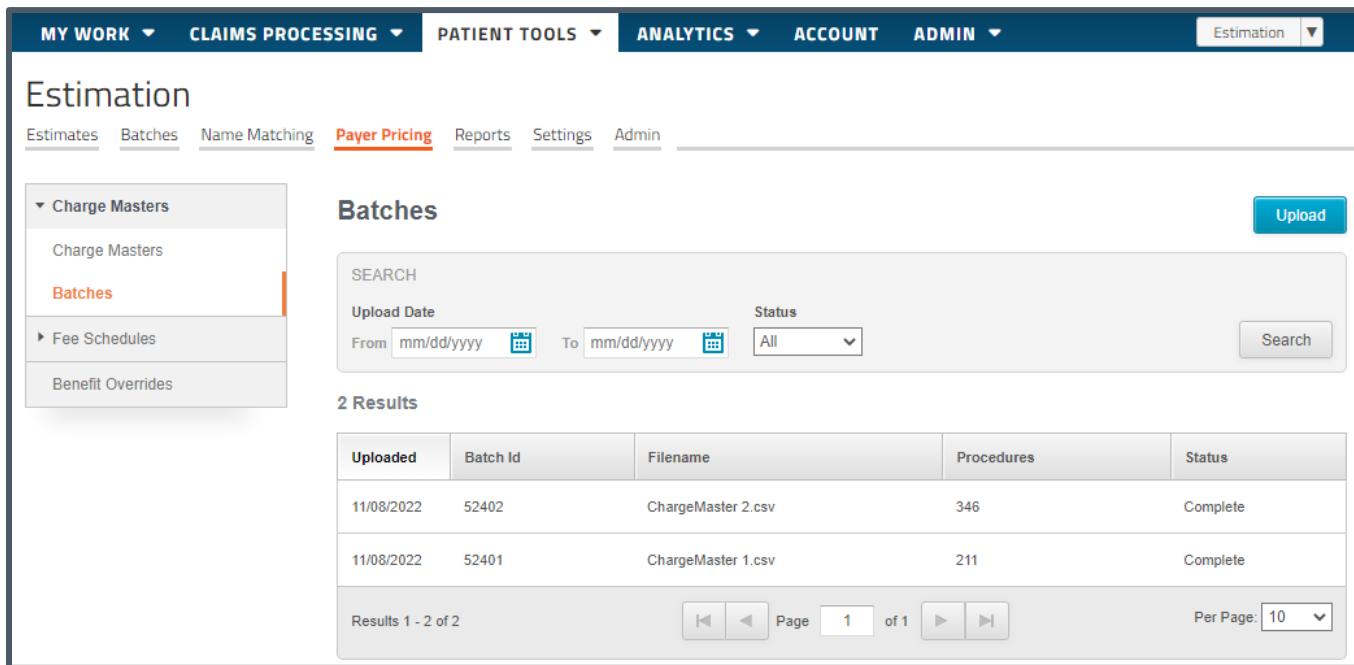
Note: Only users with proper permissions can create pricing overrides. If you have questions about the required permissions, contact your domain administrator.

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.



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

Requirements:
File must be in CSV format.

Select File [Browse](#)

[Upload](#) [Cancel](#)

4. 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	Status			
From <input type="text"/> mm/dd/yyyy Calendar	To <input type="text"/> mm/dd/yyyy Calendar	All ▼	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

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

Batch Upload

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.

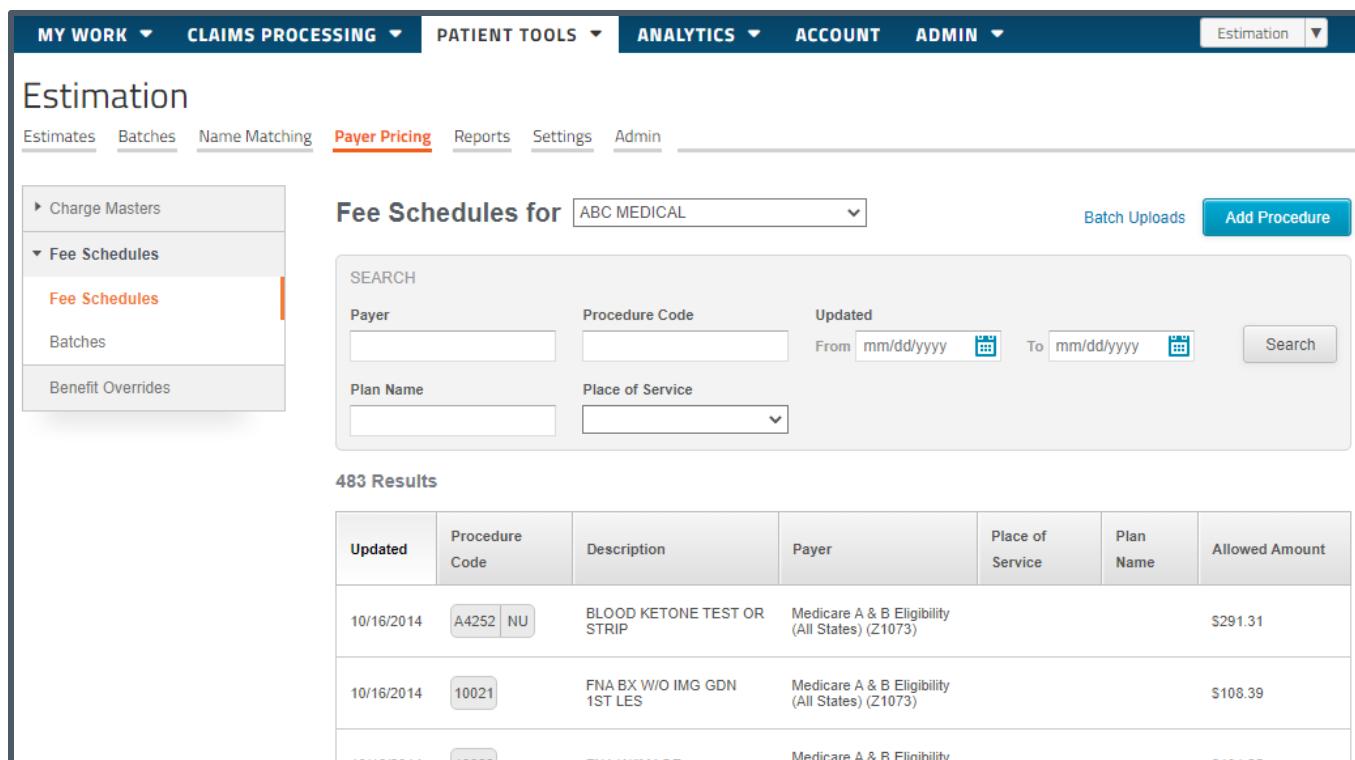
Note:

- 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.



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.

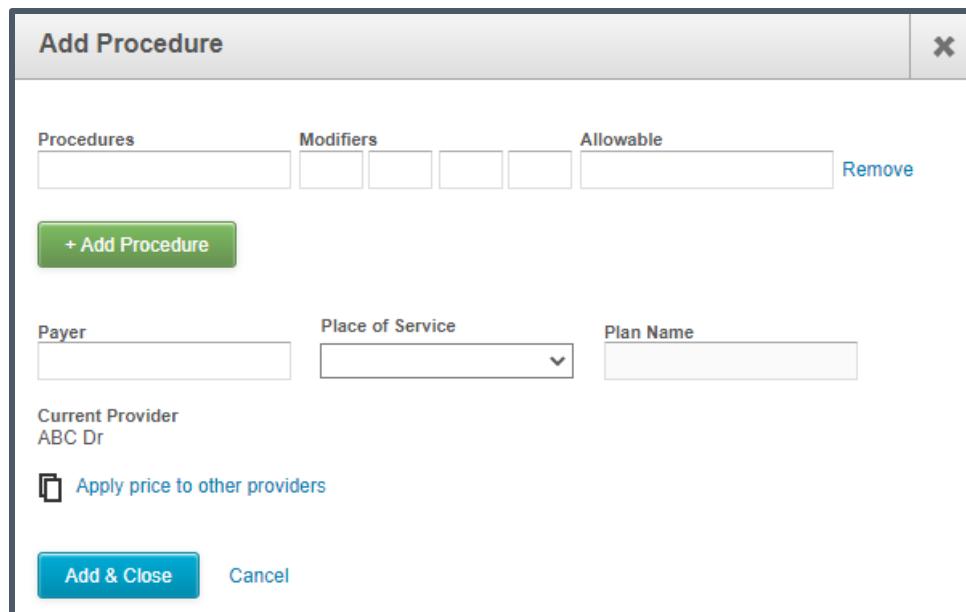
Note: The allowed amounts shown apply only to the selected provider. To see the allowed amounts for a different provider, select a different provider from the dropdown.

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:
- 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.

- To add additional procedures, click the **Add Procedure** button.
- Enter a **Payer**, select a **Place of Service**, and enter a **Plan Name**.
- 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.
- Enter the names of other providers or click the **All Providers** link.
- 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 LUMI	Edit View History Remove <small>United Healthcare (87726)</small>			\$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:

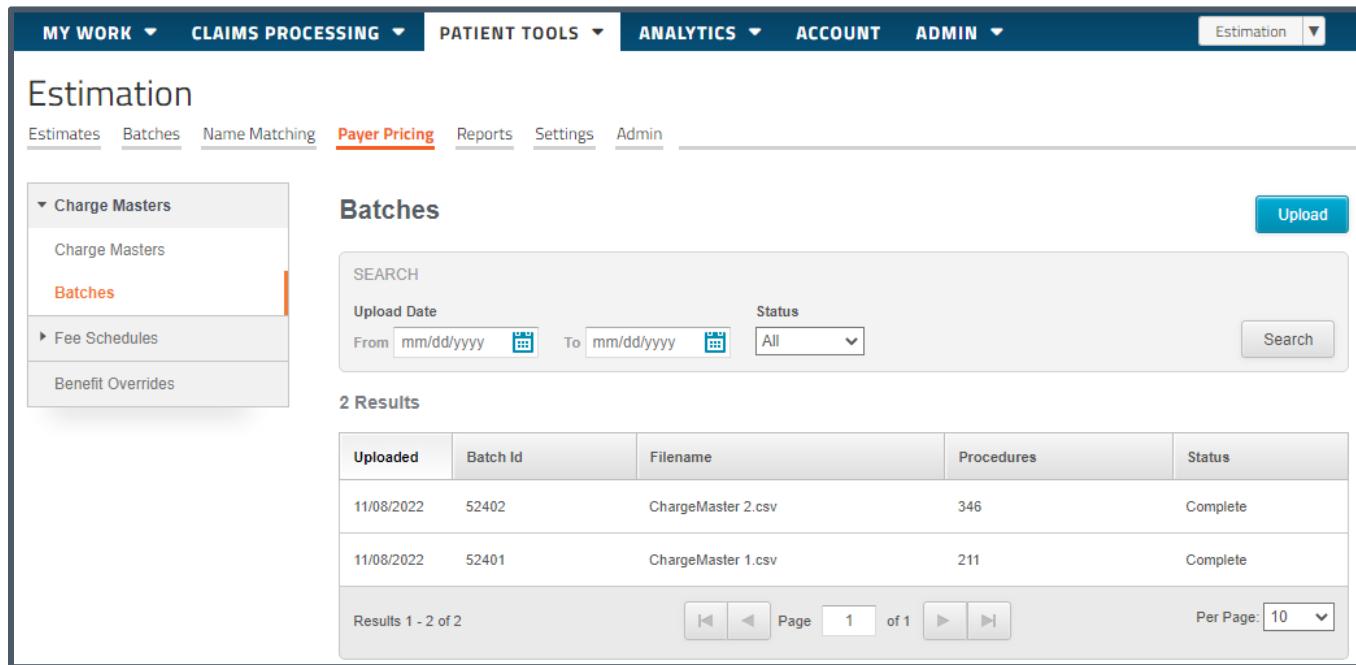
- Only users with proper permissions can create pricing overrides. If you have questions about the required permissions, contact your domain administrator.
- You can set up self-pay allowed amounts in Fee Schedules that, when creating estimates, will automatically populate the allowed amount from this 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:

- 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.



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.
- 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.

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

Batch Upload

Requirements:
File must be in CSV format.

Select File [Browse](#)

[Upload](#) [Cancel](#)

Batches

[Upload](#)

SEARCH

Upload Date From mm/dd/yyyy [Calendar](#) To mm/dd/yyyy [Calendar](#) Status All [▼](#) [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

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

Batch Upload

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.

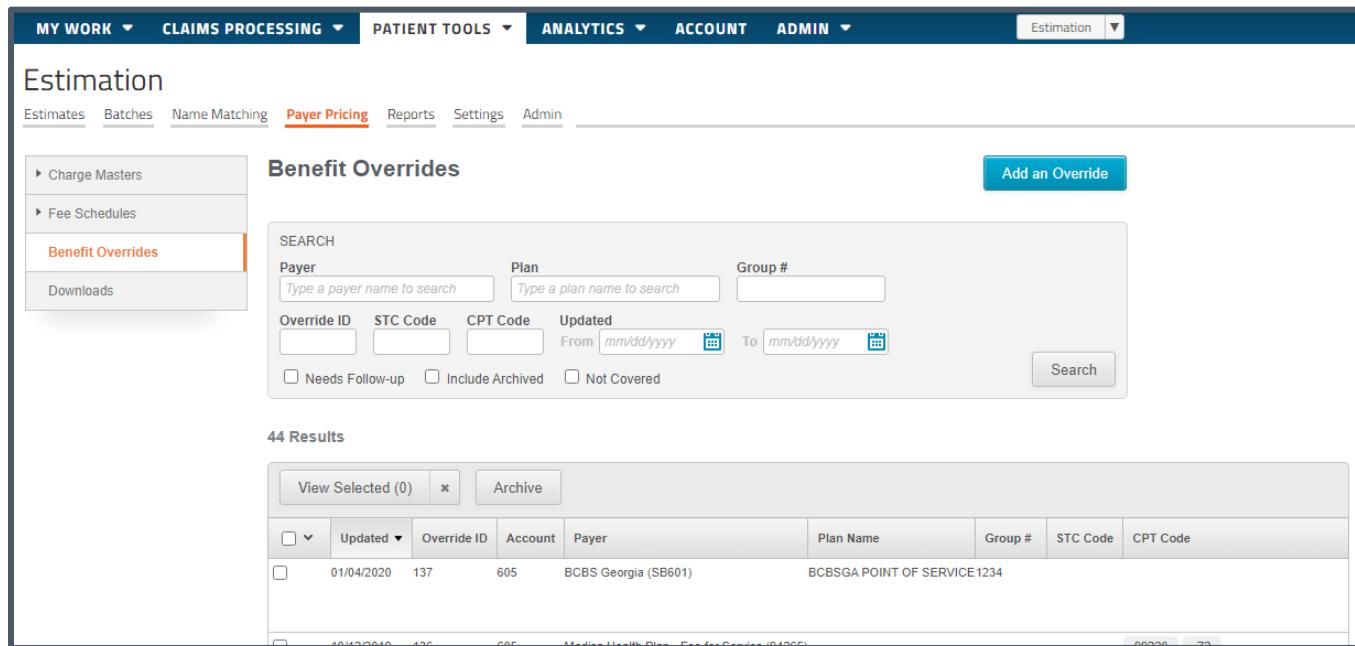
Working with benefit overrides

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.



Updated	Override ID	Account	Payer	Plan Name	Group #	STC Code	CPT Code
01/04/2020	137	605	BCBS Georgia (SB601)	BCBSGA POINT OF SERVICE1234			

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

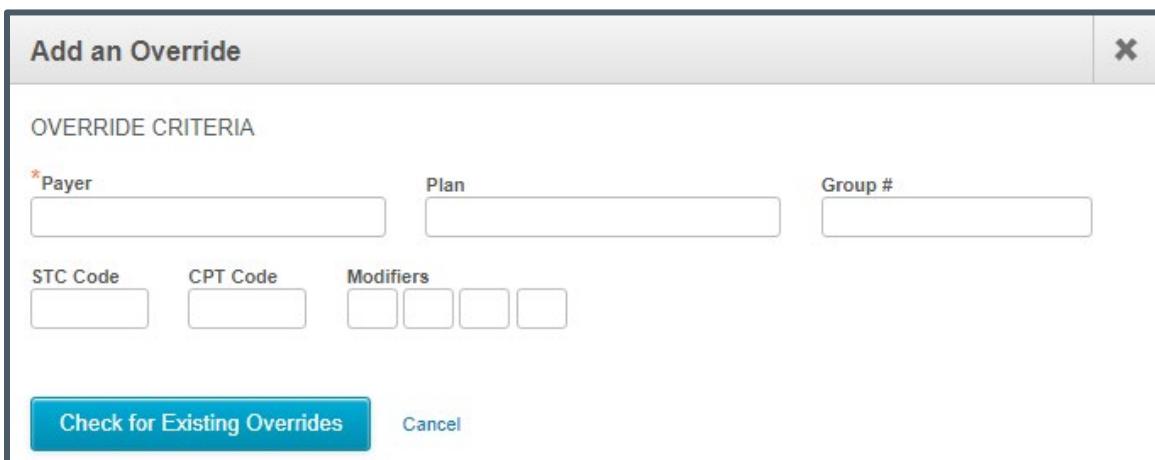
- **Updated:** Date in which the override was last modified.
- **Override ID:** Waystar-assigned identification number applied to the override.
- **Account:** Waystar account associated with the override.
- **Payer:** Payer providing the benefits.
- **Plan Name:** Patient's insurance plan name.
- **Group #:** 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:

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

The Add an Override screen will open.



Override Criteria

*Payer

Plan

Group #

STC Code

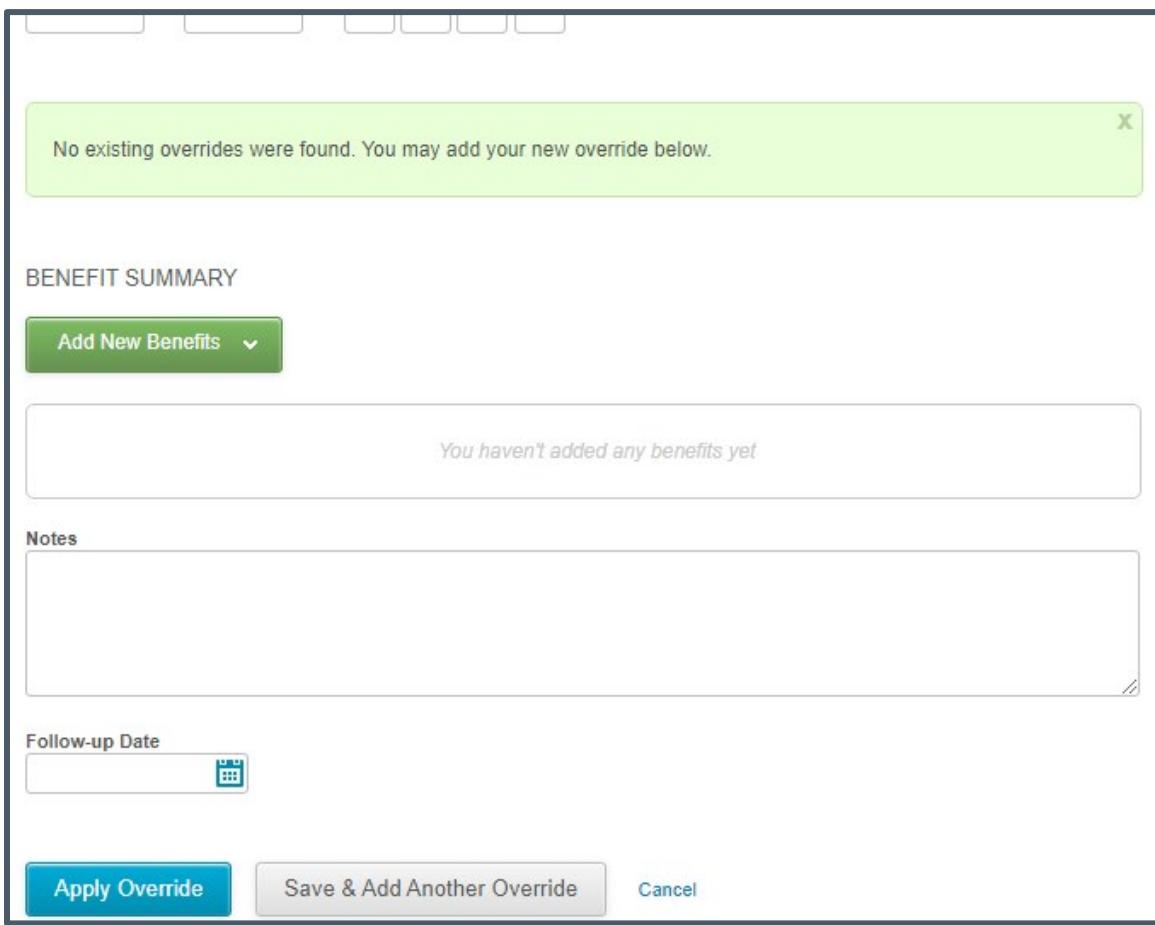
CPT Code

Modifiers

Check for Existing Overrides **Cancel**

- Complete the fields related to the override you want added—at a minimum, enter the **Payer**.
- 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.



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)				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 SERVICE 1234			
<input type="checkbox"/>	10/12/2019	136	605	Medica Health Plan - F				

Edit **Copy** **Archive** **History**

99220 Z2

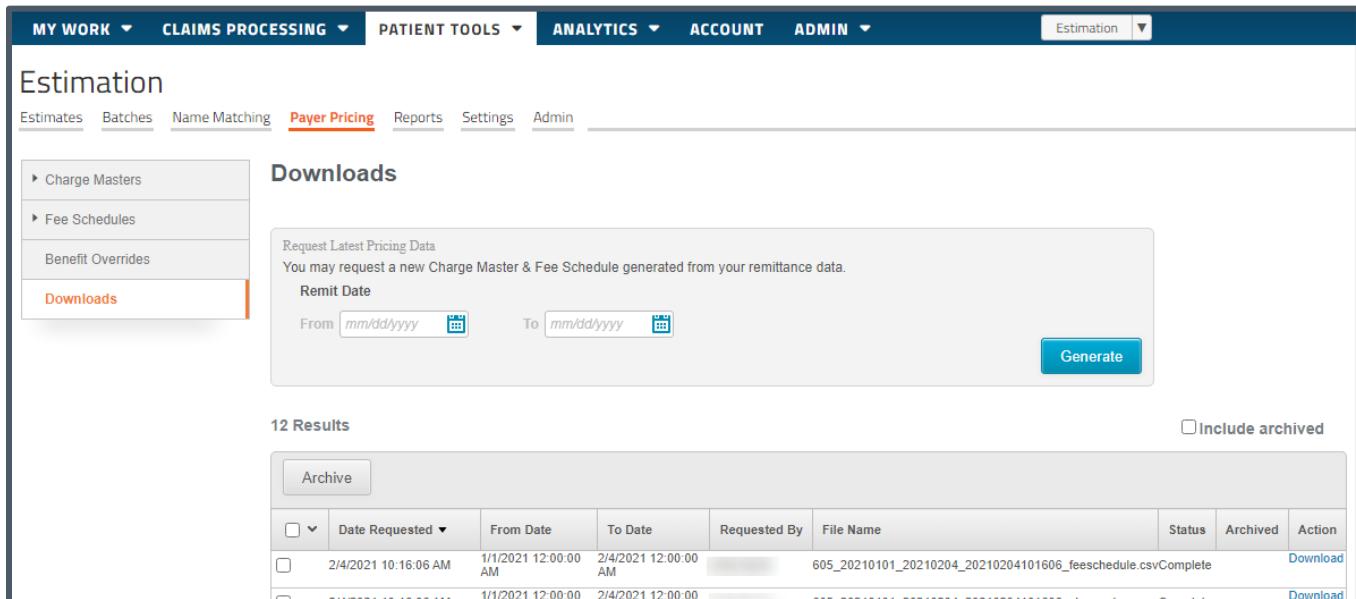
- **Edit:** The Edit Benefit Override screen will open. You can edit any of the previously entered criteria described earlier in this process.
- **Copy:** Creates a copy of the associated override, allowing you to edit the displayed criteria on the **Edit Copy of Benefit Override** screen for a new override. 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:

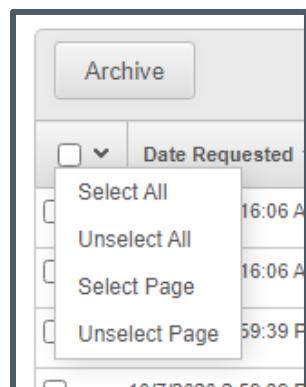
1. Go to the **PATIENT TOOLS > Estimation > Payer Pricing > Downloads** tab.
The Downloads screen will open.
2. To view archived Charge Masters and Fee Schedules, select the **Include archived** checkbox above the worklist.



	Date Requested	From Date	To Date	Requested By	File Name	Status	Archived	Action
<input type="checkbox"/>	2/4/2021 10:06 AM	1/1/2021 12:00:00 AM	2/4/2021 12:00:00 AM		605_20210101_20210204_20210204101606_feeschedule.csv	Complete		Download
<input type="checkbox"/>	2/4/2021 10:10:06 AM	1/1/2021 12:00:00	2/4/2021 12:00:00		605_20210101_20210204_20210204101606_feeschedule.csv	Complete		Download

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.

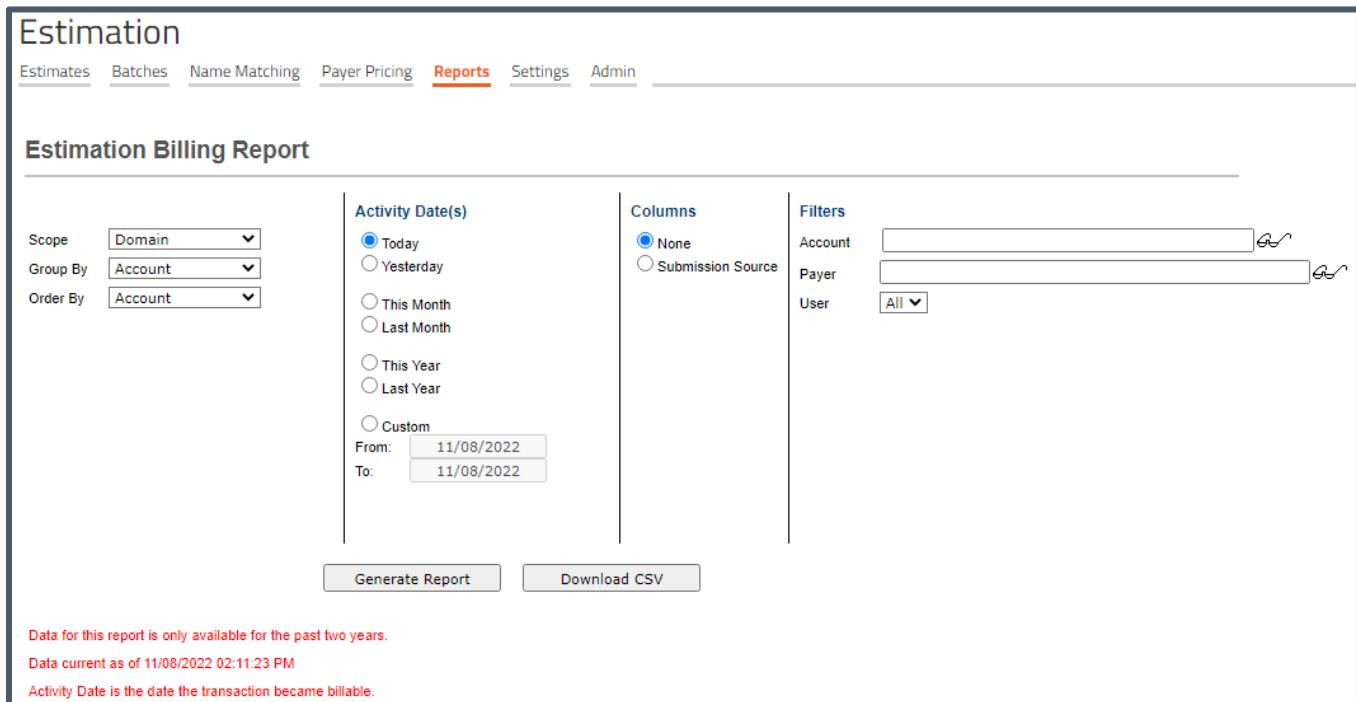
To generate the report:

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: <input type="button" value="Domain"/> Group By: <input type="button" value="Account"/> Order By: <input type="button" value="Account"/>	Activity Date(s) <input checked="" type="radio"/> Today <input type="radio"/> Yesterday <input type="radio"/> This Month <input type="radio"/> Last Month <input type="radio"/> This Year <input type="radio"/> Last Year <input type="radio"/> Custom From: <input type="text" value="11/08/2022"/> To: <input type="text" value="11/08/2022"/>	Columns <input checked="" type="radio"/> None <input type="radio"/> Submission Source	Filters Account: <input type="text"/> Payer: <input type="text"/> User: <input type="button" value="All"/>
--	--	--	--

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