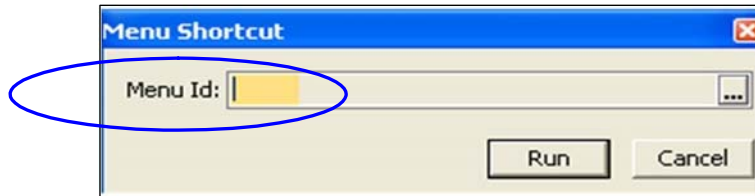


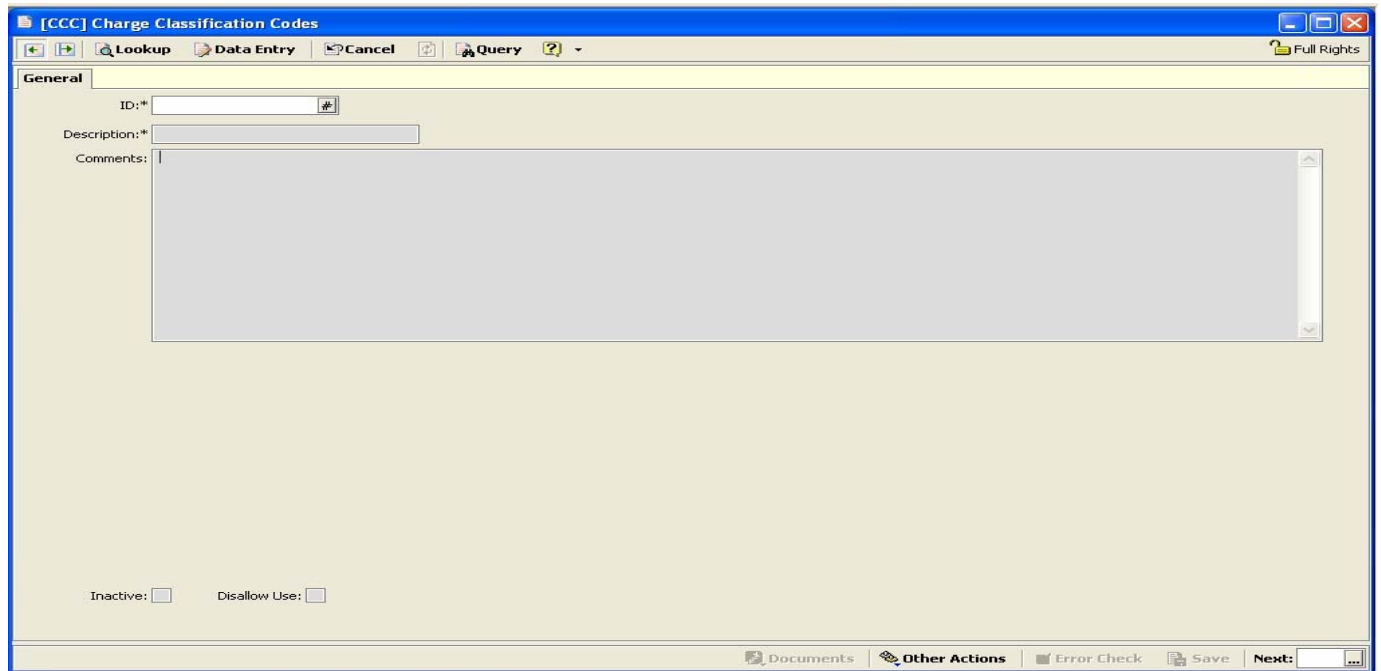
## Basic Instructions

*(These steps are performed the same way in each individual table)*

- From the Table of Contents Under Section 1- Table Maintenance
- Locate the table in which you are going to set up e.g., under **Financial Settings** you see (CCC) this is mnemonic short cut menu Id: for Charge Classification Codes
- For each individual table you will use this same method.
  - a. Once inside the [MDofficeManager.com](http://MDofficeManager.com) program
  - b. Press your F12 key , the box below will appear

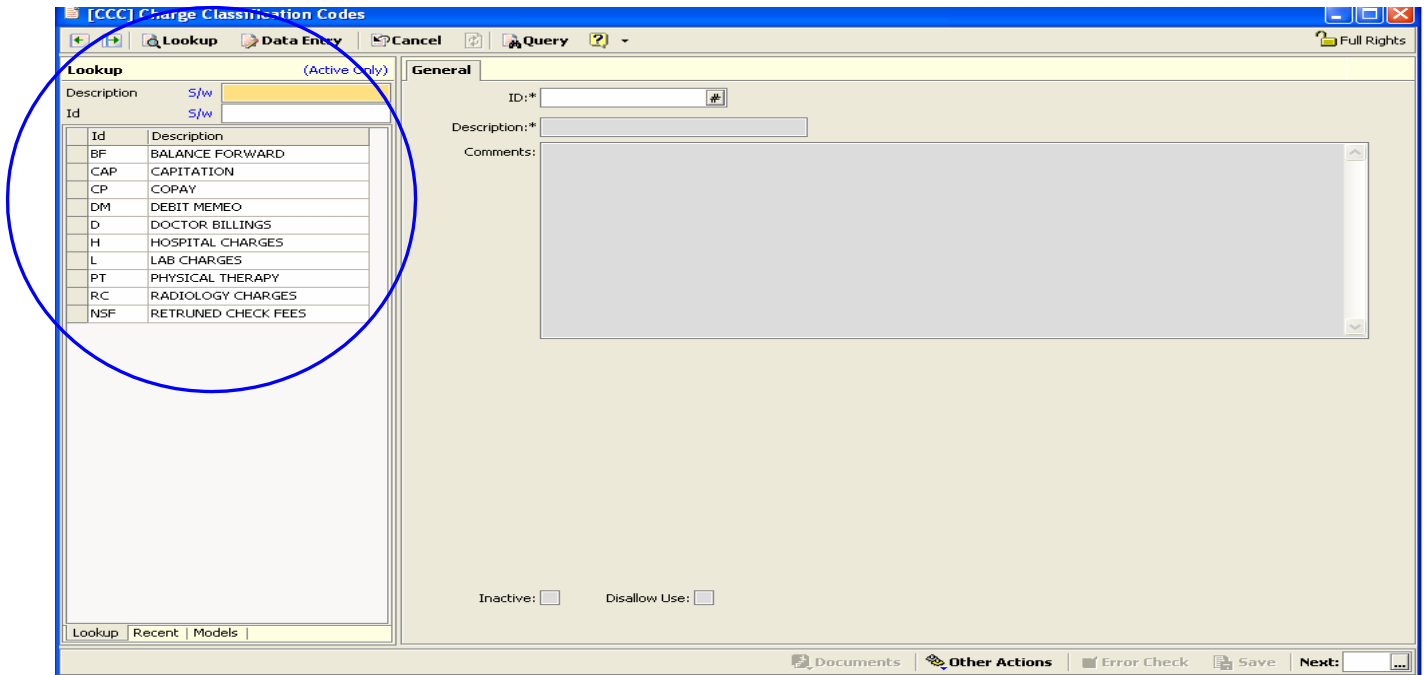


- c. Highlighted in yellow with the blinking cursor, **Menu Id:**
  - d. Type in CCC or any of the tables you want to go to
  - e. Press Enter
- By typing in CCC, the table for Charge Classification Codes will open. When the table opens up, it will be blank.



## MDofficeManager.com - Section 1a - Table Maintenance

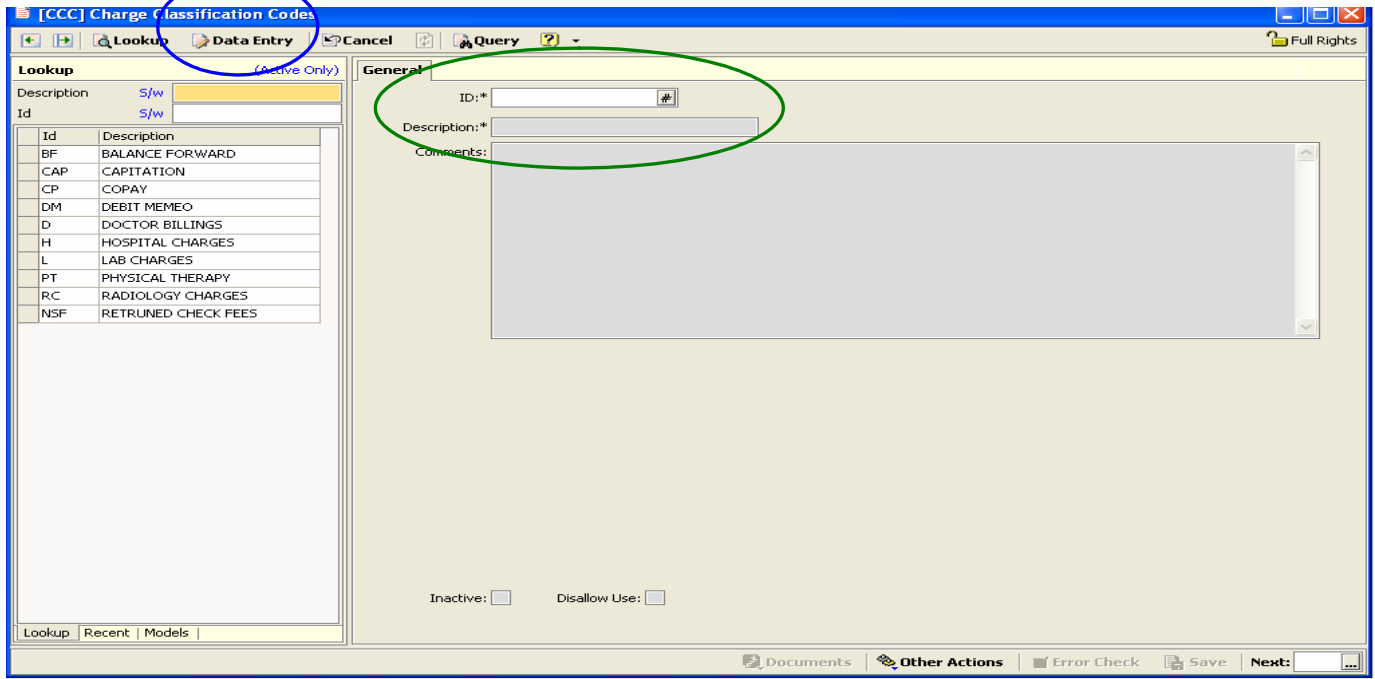
- By hitting the short cut key F3, this will open the lookup sidebar, allowing you to see what is added to the table. Under the **Lookup Sidebar**, the cursor will be blinking on the Description. Type in the Description to see if the code has been entered.



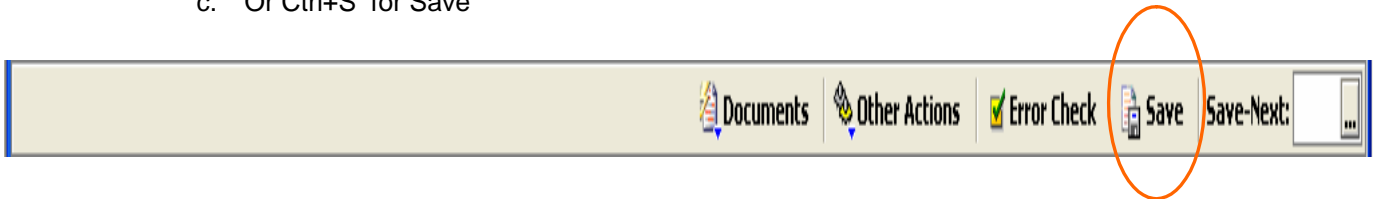
## Data Entry

### Entering in New ID and Description.

- There are three different ways to choose Data Entry
  - a. With your mouse double left click on **Data Entry**
  - b. Press the F4 key twice
  - c. Or Ctrl+E for Data Entry

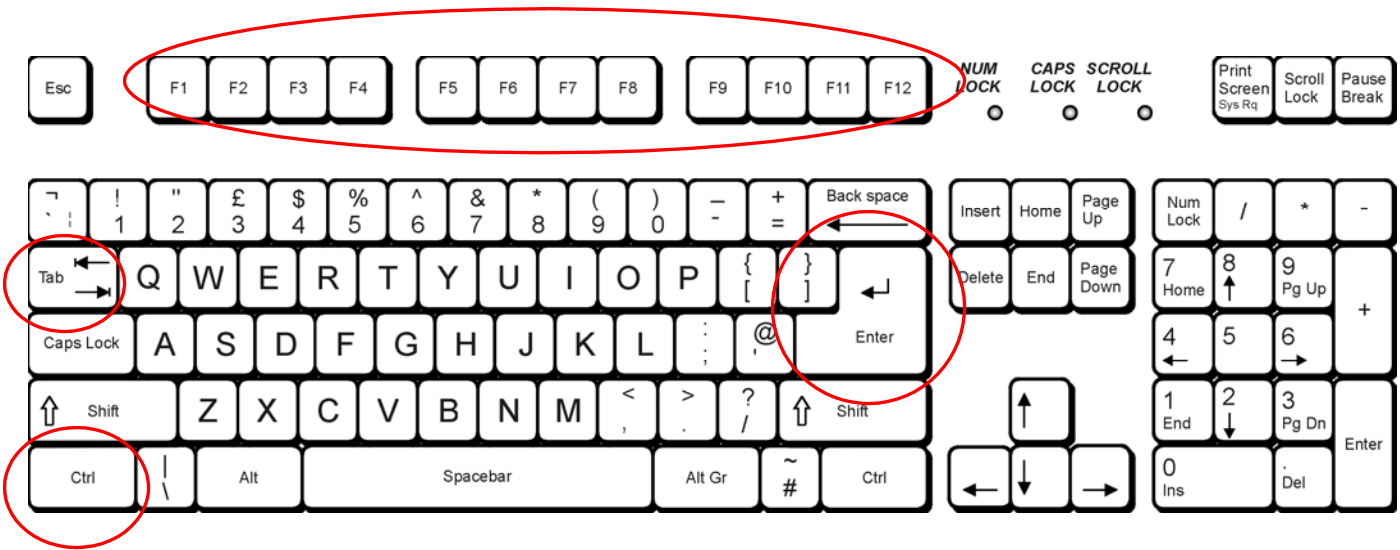


- The cursor is now on the General Tab in the **ID\* field**
- This is where you will enter the ID (*You should have already determined whether you are using numbers or letters.*)
- After entering the ID, press Enter
- The cursor will be blinking **Description field**
- Enter the description
- Press the Tab key, if you need to enter Comments, otherwise you are ready to Save
- There three different ways to Save
  - a. With your mouse, left click on the **Save** button at the bottom right corner of the table.
  - b. Press the F11 key
  - c. Or Ctrl+S for Save





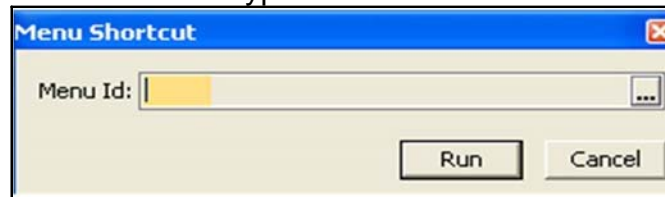
**Left Mouse Click**



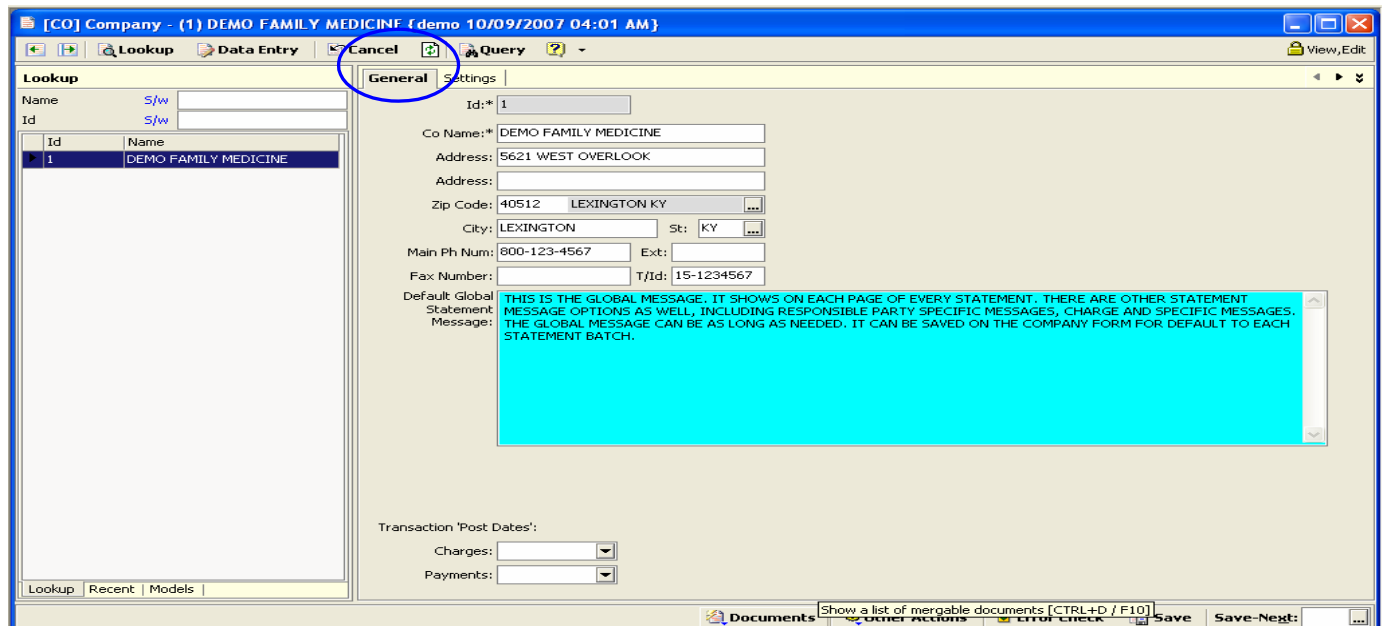
## (CO) Company

Select Short Cut Key (F12)

Type in Menu Id:



CO and enter



**CO**

### Company Table Maintenance\*\*

#### *General Tab*

The practice administrator or authorized person will set up the clinic or practice name and address in this screen. The company information needs to be completed for each database you have. Most practices will have only one database with the exception of the billing services. The clinic name will appear on the blue title bar and on the heading of reports.

**Please complete the following for each practice or database**

Co Name: *Name of the doctor or group*

Address: *Address of the doctor or group*

Zip Code: *Zip code of the doctor or group*

City, State: *City and State of doctor or group*

Main Phone Number and extension: *Main phone number and extension of the doctor or group*

Fax Number: *Fax number of the doctor or group*

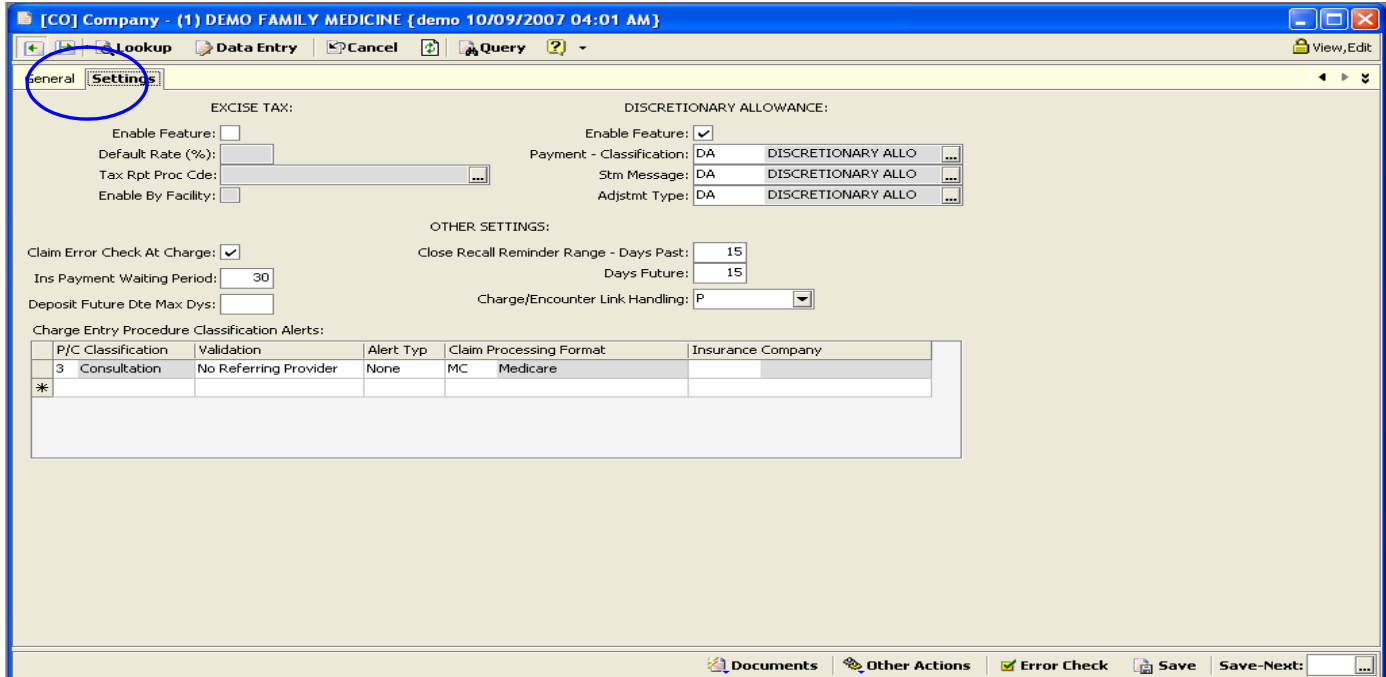
T/Id

**Default Global Statement Message:** This is where the default statement message is managed for your statements.

*(See the statement processing section for more information)*

**Transaction "Post Dates":** This will display the most current posted date for charges and payments.

*Note: If you have made a posting error and need to correct it, you will either need to make adjusting entries or contact your support personnel to un-post the charge or payment for you.*



**CO** **Company Table Maintenance\*\***  
*Settings Tab*

**Enable tax setting:** this is utilized by another region and is for taxing medical services. If you think you may need to use this option please contact your local support personnel to discuss as this is currently tailored to a specific region.

**Claim error check at charge:** This will check each charge entered at the time of entry to make sure there are no errors. This is the same as doing a “proof” in the (CP) claims processing screen

**Insurance payment waiting period:** The number of days since the original filing date to wait for the insurance to pay before forcing the balance to the responsible party

**Deposit Future date:** max days are the maximum number of calendar days the “deposit date” can be set into the future based on the current date. The allowable range is 0-7 days.

**Close recall reminder:** Range is where you will set up the number of days past and number of days future you want the system to alert you if you have a recall set for the patient. E.g. if you have a recall set on a patient and you have your recall settings filled out for 5 days past future if the recall is within those date ranges the system will alert you when making an appointment so that you can close the recall.

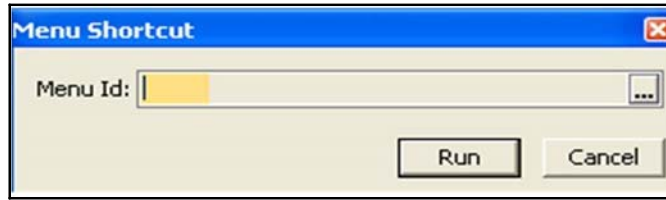
**Discretionary Allowance:** Is used to allow for the auto discounting of R/P balances. In order to utilize this tool it must first be activated in this screen. Once activated you will notice an additional field on the (RI) screen called D/A% this is where you will enter the percentage amount that you want to do a “courtesy adjustment” for. The amount entered must be a whole number not to exceed 100.

This only applies when setting up the DA then you will DA for the Payment-classification, statement message and adjustment type defaults, we suggest that you select a unique code for your automatic allowances. This is so they can be differentiated from your manually entered adjustments.

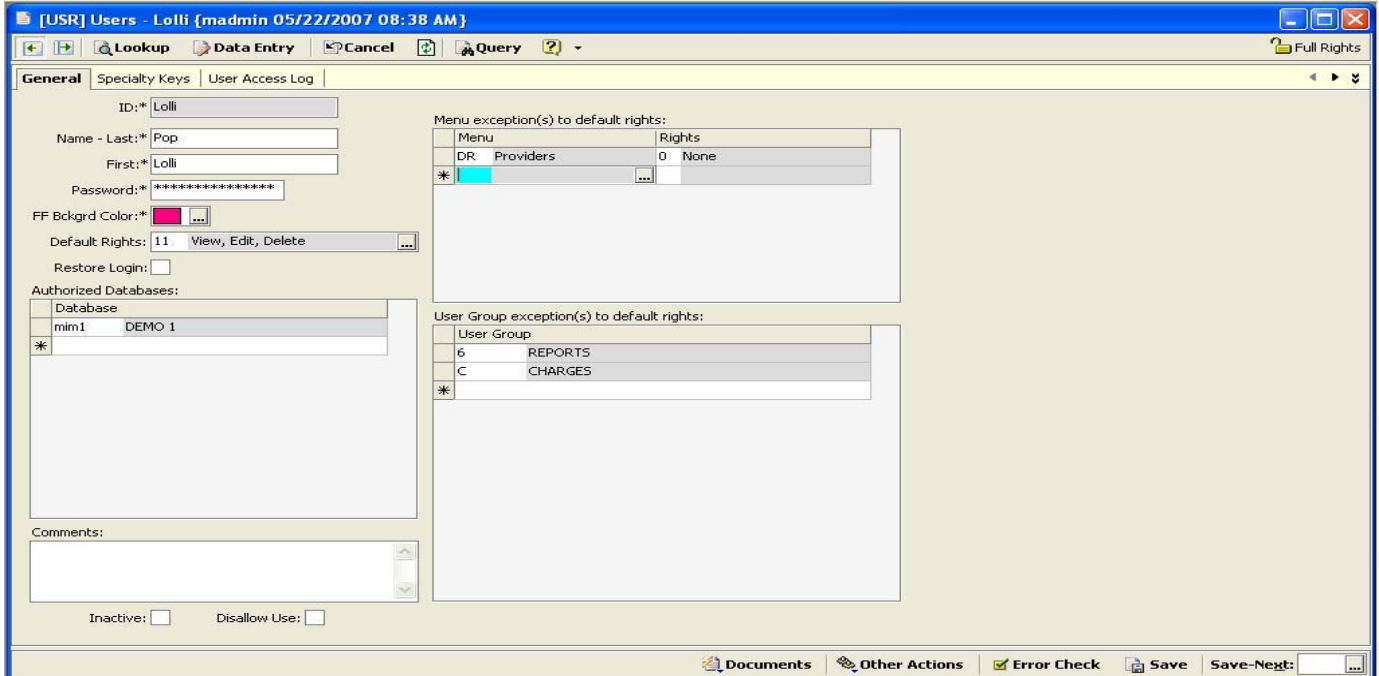
# (USR) Users

Select Short Cut Key (F12)

Type in Menu Id:



USR and enter

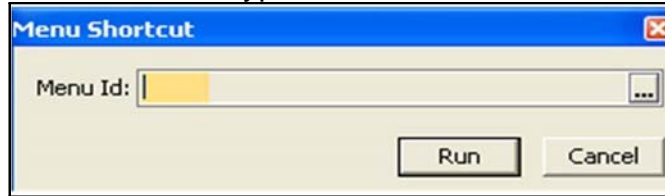


<b>USR</b>	<p><b><u>User Table Maintenance**</u></b></p> <p>Each user must log into the system with their individual user name and password. The practice administrator or authorized person is responsible for the set up and maintenance of the users table.</p> <p><b>ID:</b> General the first and last initial of the individual's name</p> <p><b>Name – Last:</b> Last name of the individual</p> <p><b>First:</b> First name of the individual</p> <p><b>Password:</b> Unique password for each individual</p> <p><b>FF Background Color:</b> Background color for data entry fields</p> <p><b>Default Rights:</b> To be determined on an individual bases. Each user at a minimum must have at least the default rights set up.</p> <p><b>Restore Login:</b> Checked. This box can be used as a security measure. If the box is checked and the application is minimized and then maximized, you will be asked to re-enter your password. It will then bring up the same screen you were at before you minimized it.</p> <p><b>Authorized Databases:</b> Each user can be authorized for individual or multiple databases and granted privileges for all tasks or limited to only specific tasks.</p> <p><b>Comments:</b> For Internal Use</p> <p><b>Menu exception(s) to default rights:</b> e.g. you want a user to only have View Only rights on everything but be able to have Administrator Rights to the RI – Registrations and Related Information screen.</p> <p><b>User Group exception(s) to default rights:</b> e.g. a user groups can be set up for appointment schedulers, so that they can only have access to information pertinent to scheduling and not have or have limited access to other areas like charge and payment entry, etc.</p> <p><b>Inactive and Disallow Use Check Boxes:</b> When a user is no longer authorized to access the system (e.g. terminated employee), the administrator needs to change the user to inactive status and disallow use. The user should <b>not</b> be deleted from system as it will affect the transaction history. There is also a user access log that will track the date and time the user access the application. For a specific date use the (UAL)</p>
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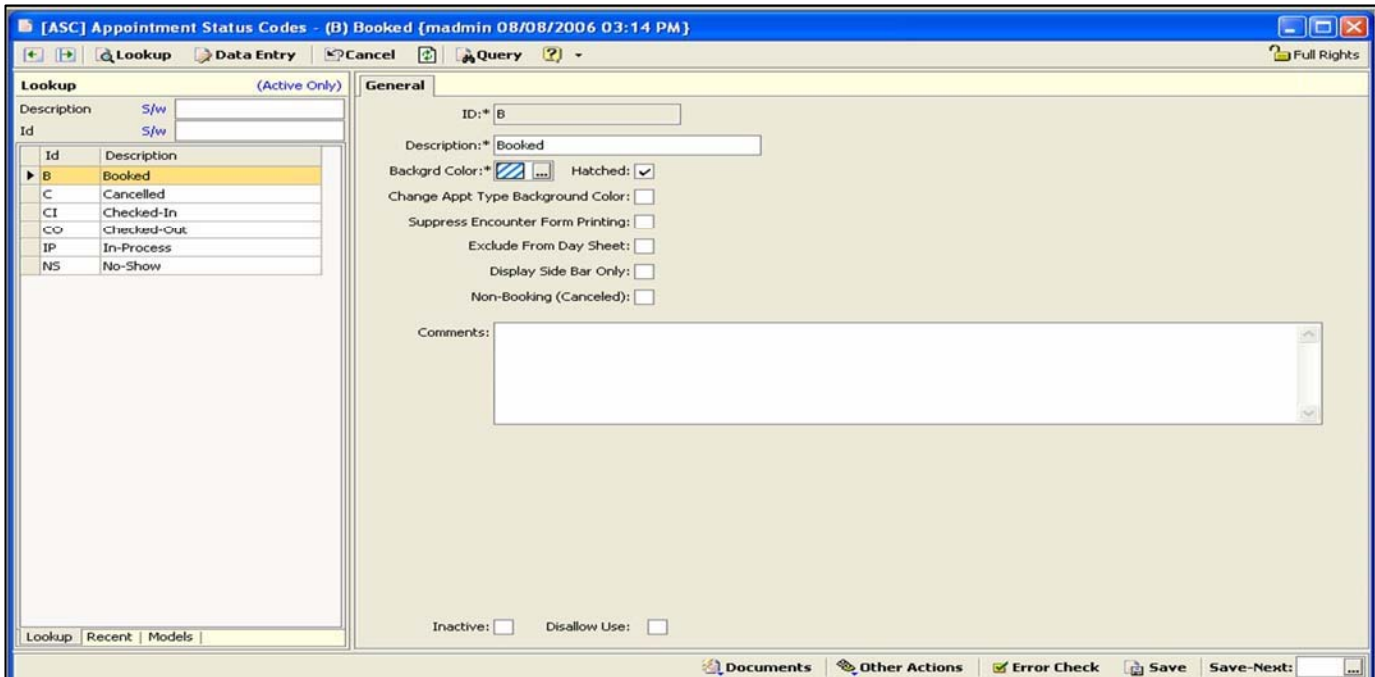
## (ASC) Appointment Status Codes

Select Short Cut Key (F12)

Type in Menu Id:



ASC and enter



### **ASC** Appointment Status Codes

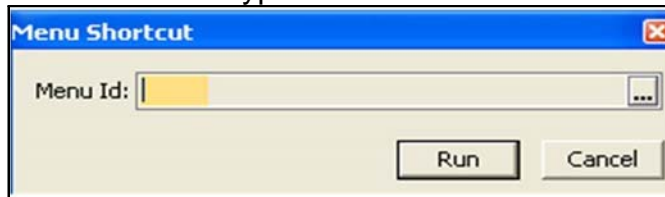
These are used to track the status of patients thru out their appointment. The description status automatically defaults to Booked which is color coded blue with hatched lines when the appointment is made. If you assign colors to the codes you will be able to tell if your patient is a no show, cancelled, in process, checked in or checked out by just looking at the appointment scheduler.



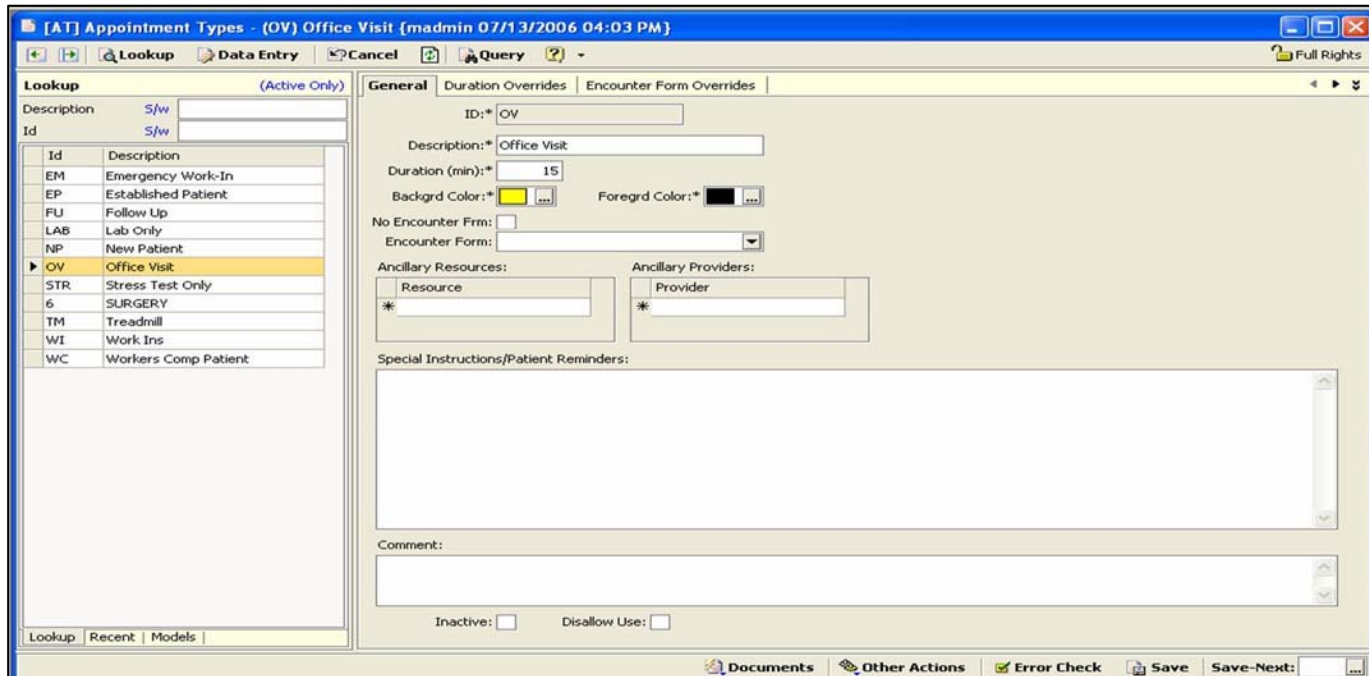
## (AT) Appointment Types

Select Short Cut Key (F12)

Type in Menu Id:



AT and enter



### AT

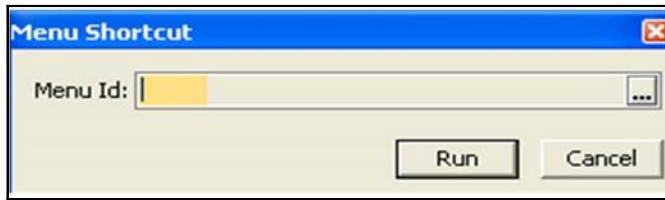
### Appointment Type Table Maintenance

This screen is user defined and it books specific appointment types into the appointment calendar. It allows you to categorize patients to different types of appointments such as new patient, established patient, physical, follow-up or lab. You will set the duration time in minute increments for each appointment, if for some reason you need more than the allotted time set you can override the duration when making the appointment. Appointment types can also be colored coded. It allows you to tell what type of appointment it is just by looking at the color. For example if you set your new patients up as green, you know by looking at the schedule that the green shaded appointments are new patients. If a certain type of appointment needs to have an ancillary resource (room, machine or nurse) or ancillary provider (other doctor to assist) each time it is used it may be entered in this screen as a default to the appointment.

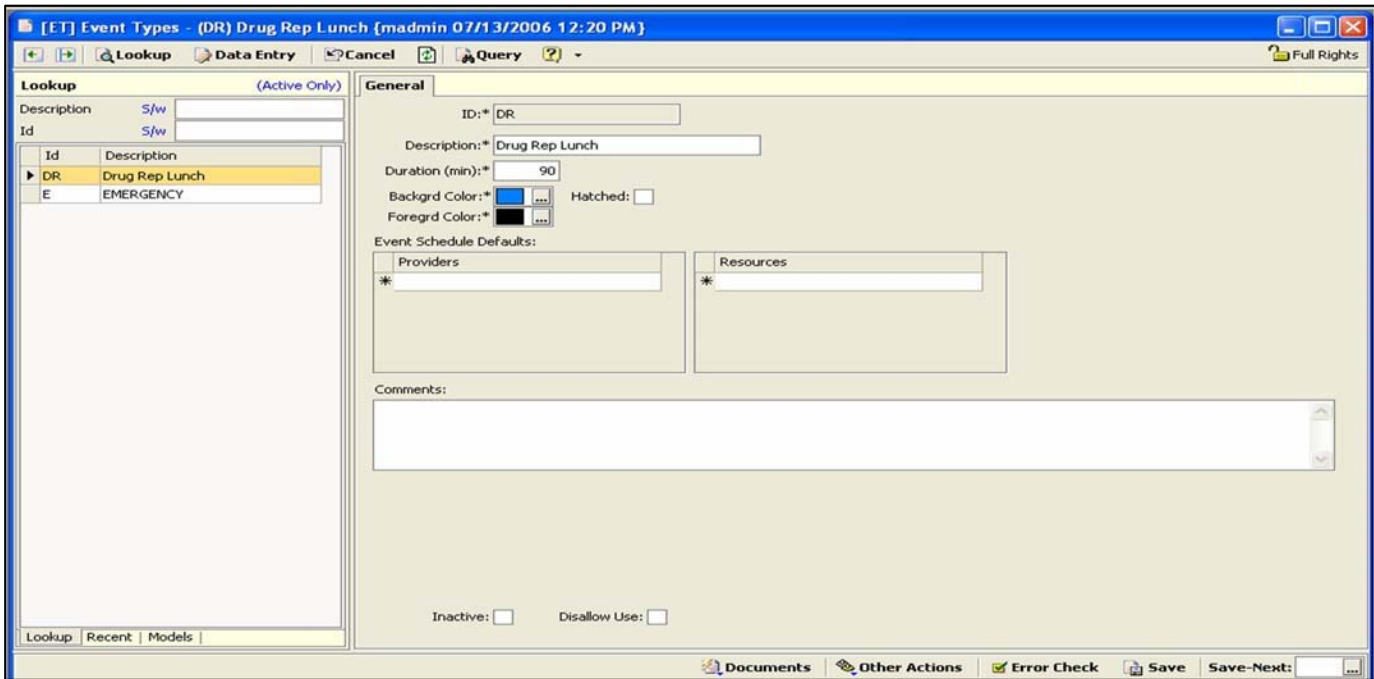
If an appointment type needs special instructions that need to be given to the patient at the time of scheduling, they can be added here as a reminder to the scheduler to tell the patient. (Example: lab only-some labs require the patient to be fasting 12 hours prior to testing).

## (ET) Event Types

Select Short Cut Key (F12)  
Type in Menu Id:



ET and enter



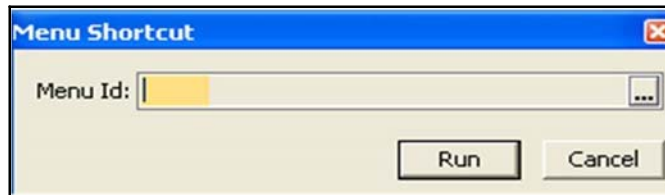
<b>ET</b>	<b><u>Event Types Table Maintenance</u></b>
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This screen will allow you to set up any activities that occur infrequently and are non-patient appointments such as staff meetings, luncheons from drug reps or other scheduled meetings, etc.
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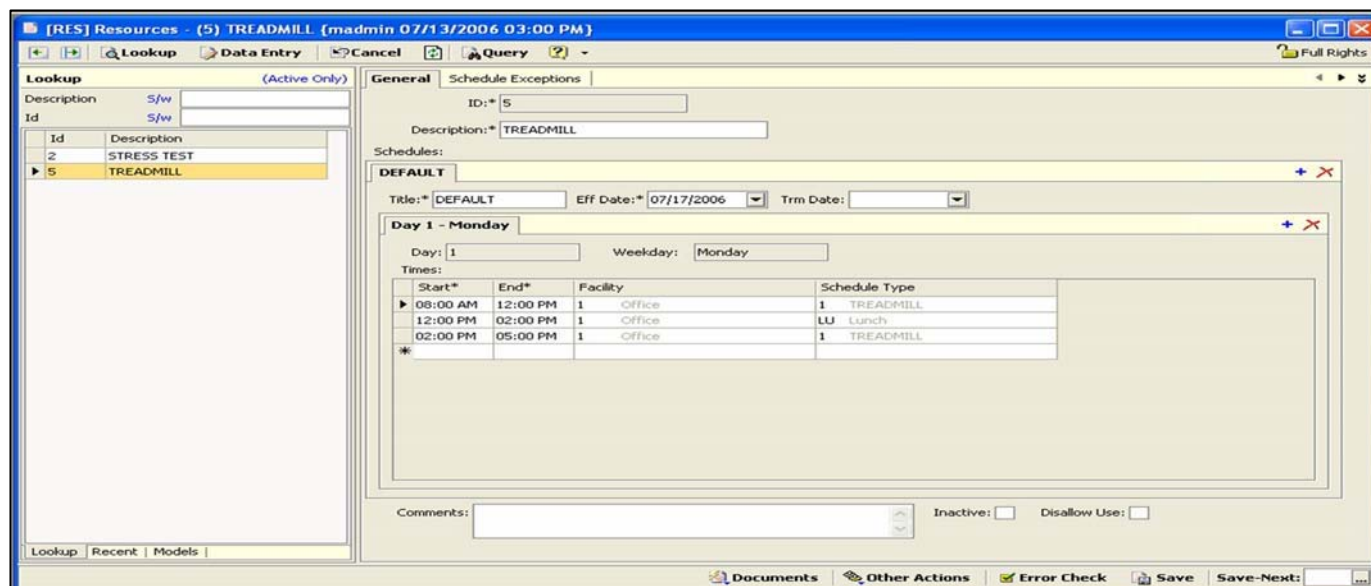
## (RES) Resources

Select Short Cut Key (F12)

Type in Menu Id:



RES and enter



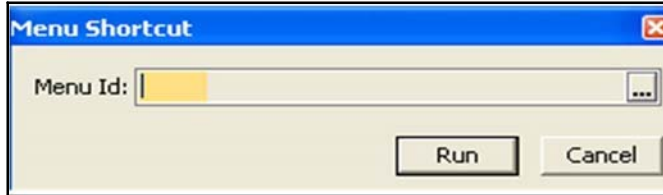
### **RES**    **Resources Table Maintenance**

When you set these up as resources they can then be combined on the patient schedule as appropriate. For example if you have a bone density machine that you schedule for you can set it up as a resource and it can have its own schedule.

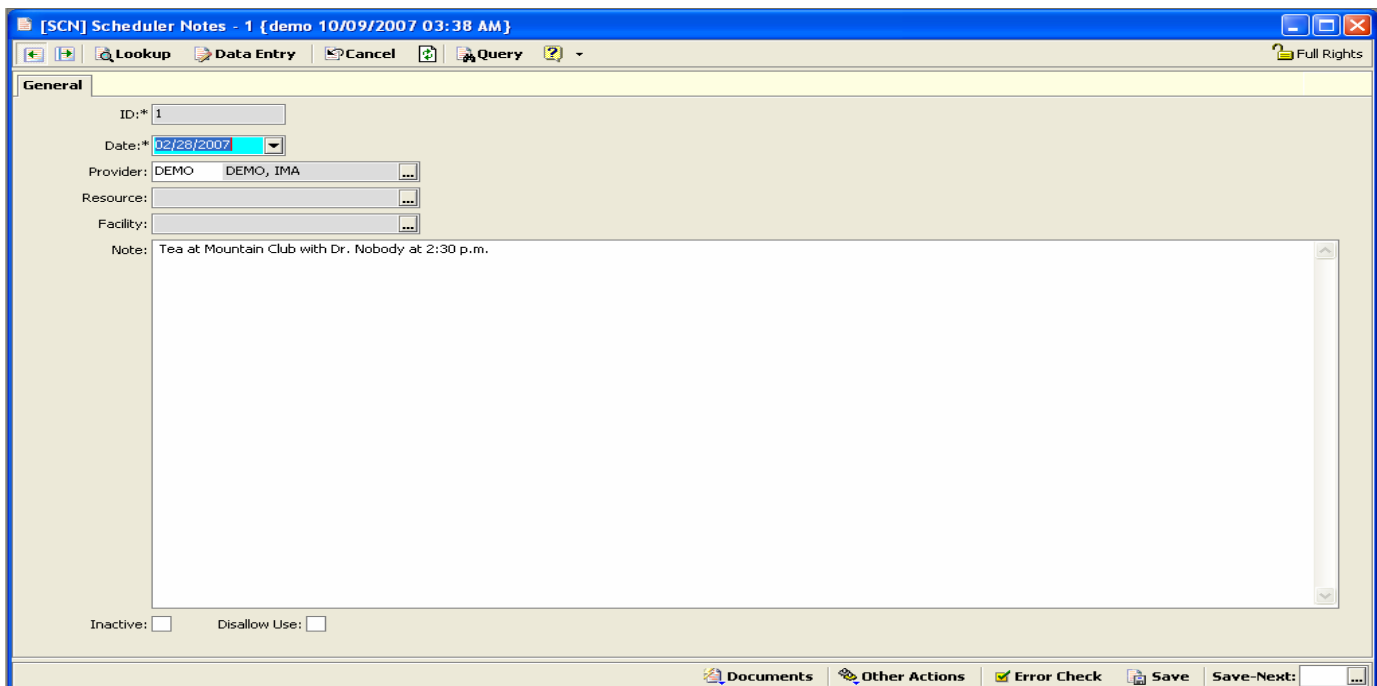
## (SCN) Scheduler Notes

Select Short Cut Key (F12)

Type in Menu Id:



SCN and enter

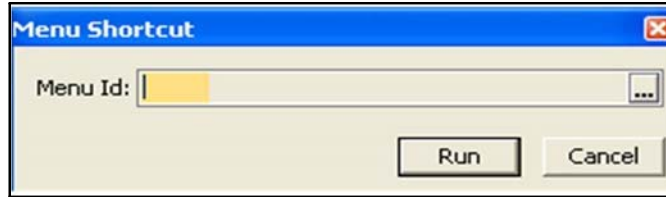


### **SCN** Scheduler Notes

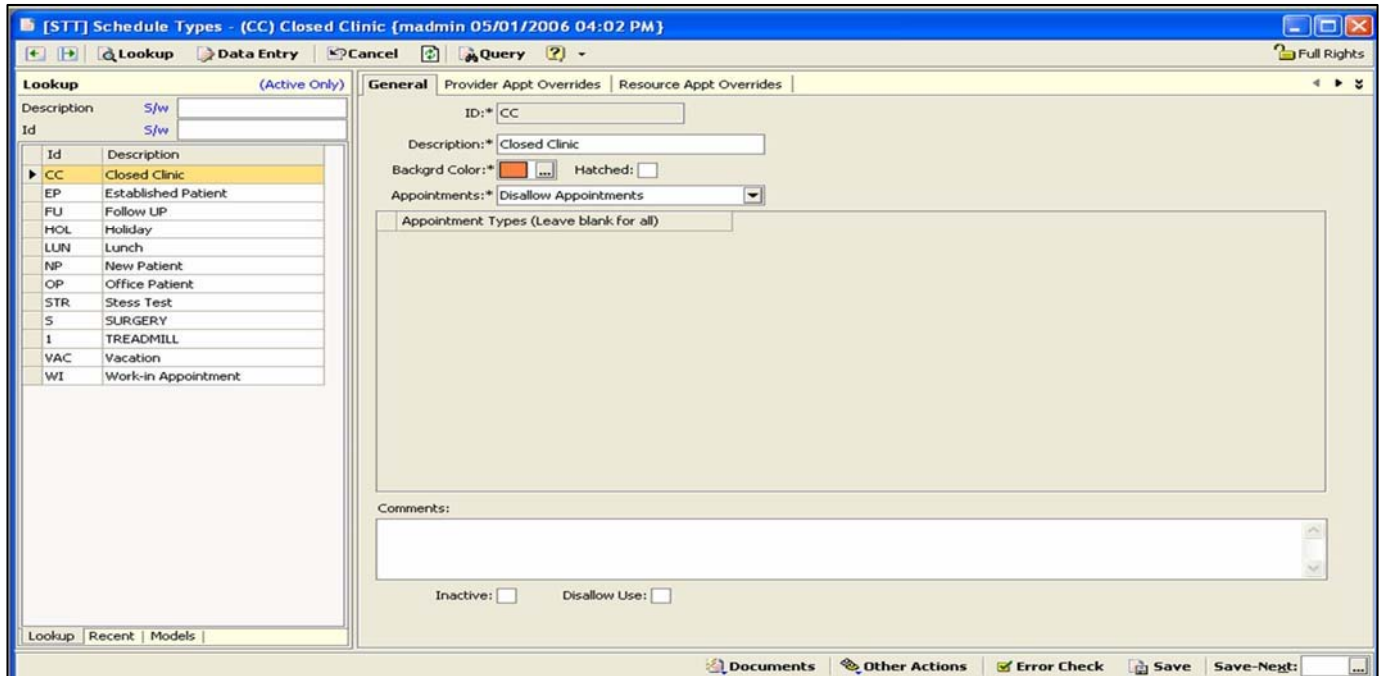
These notes can be put on the schedule to serve as simple reminders. The icon will show up on the schedule by the doctor's name and date it looks like a yellow post it with a tack. These notes will also print on the daily schedule in the note area. go to tables select appointments, go to schedule notes or f12 type scn and here you have the capability to type in notes for the provider.

## (STT) Schedule Types

Select Short Cut Key (F12)  
Type in Menu Id:



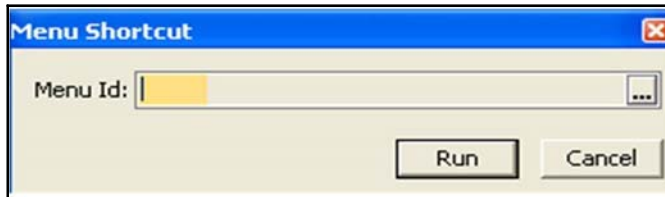
STT and enter



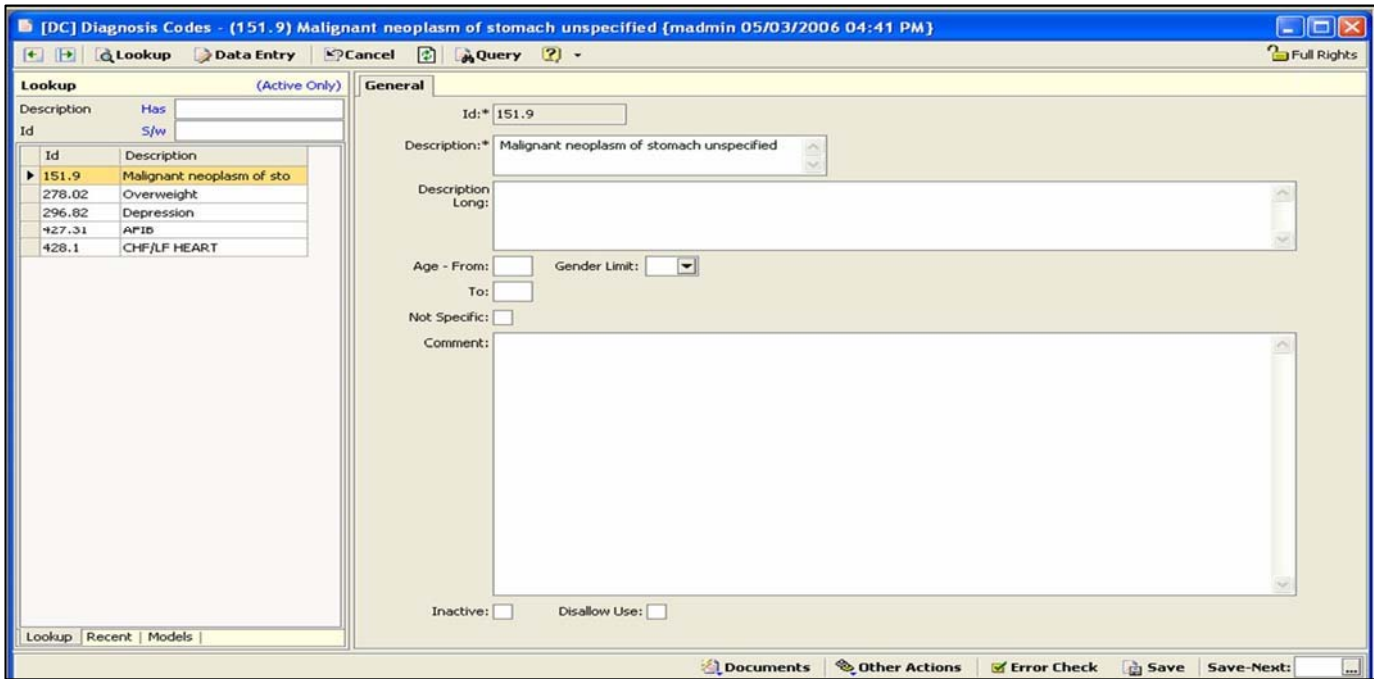
<b>STT</b>	<p><b><u>Schedule Types Table Maintenance</u></b></p> <p>Schedule types is also a user defined code. It allows you to set up a schedule (block of time) of daily activities for each day of the week (Monday he may see patients in the office but Tuesday he has surgery at another facility). Anything that occurs routinely you can set them up as schedule type. You also can assign the Schedule Type a color and the color will be seen at the right side of the appointment time as a thin vertical line. It is a simple way to view your day just by looking at the color.</p>
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## (DC) Diagnosis Codes

Select Short Cut Key (F12)  
Type in Menu Id:



DC and enter

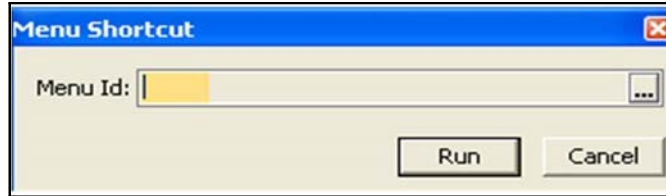


<b>DC</b>	<p><b><u>Diagnosis Codes Table Maintenance**</u></b></p> <p>This is the screen that allows you will add or modify diagnosis codes (ICD-9). Within the diagnosis code setup you can also limit age and gender as appropriate. Default diagnosis can also be set up thru the case coverage tab in the RI screen and it will automatically appear on the charge entry screen. It is the users responsibility to keep up to date with all diagnosis codes.</p>
	<b>ID:</b> Diagnosis Code
	<b>Description:</b> Description of diagnosis code
	<b>Description Long:</b> Extended description of diagnosis code
	<b>Age – From – To:</b> Ability to enter an age limit for specific diagnosis codes
	<b>Gender:</b> Ability to be gender specific for diagnosis codes
	<b>Not Specific:</b>
	<b>Comments:</b> For Internal Use, does not populate data on electronic or paper claims.
	<b>Inactive or Disallow Use:</b> Ability to make a diagnosis code inactive and disallow use.

# (PC) Procedure Codes

Select Short Cut Key (F12)

Type in Menu Id:



PC and enter

[PC] Procedure Codes - (99213) Office Visit [madmin 08/21/2006 11:52 AM]

Lookup (Active Only) | Data Entry | Cancel | Query | Full Rights

**General** | Procedure Group Codes | Coding Schedule Overrides | Fee Schedule Overrides | Procedure/Facility Claim Coding Schedules

Id:\* 99213

Description:\* Office Visit      Classification: 3 Consultation

Department: EM Evaluation & Managemen...      Recall - Reason: ...

Rel Value Units:      Nat Drug Cde:      Lag Days:      Age - From:      To:      Gender Limit:      \*

Claim Coding Schedules:*	Claim Coding Type	Procedure Code*	Type of Service	Prt Desc	P/Only	S/Unit	Blc
▶ MC	MEDICARE	99213			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Default	99213	1 Medical Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*							

Fee Schedules:*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-C
▶ MC	MEDICARE	<input type="checkbox"/>	\$65.00	\$65.00			<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D	Default	<input type="checkbox"/>	\$65.00	\$65.00			<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
*										

Comment:

Inactive:       Disallow Use:

Lookup | Recent | Models | Documents | Other Actions | Error Check | Save | Save-Next: ...

**PC**

**Procedure Codes Table Maintenance\*\***

**General Tab**

This is one of the most important screens. It not only has an impact on financial settings but on the reporting of productivity as well.

You will also put in a procedure code with a modifier: Example you have a procedure code 93320, Then 93320-26 you will put these as the ID#'s.

**Id:** Procedure Code

**Description:** Description of procedure code

**Department:** Once the department is set up you can assign procedure codes to appropriate departments such as office visit, x-ray, or laboratory, for reporting purpose.

**Relative Value Units:** Not implemented at this time.

**Age – From – To:** Ability to enter an age limit for specific procedure codes

**National Drug Code:** this is the NDC for medication.

**Claim Coding Schedules Grid:** This grid is used when specific insurance companies require unique information. Also see CCT – Claim Coding Schedules Table Maintenance.

Claim Coding Schedules*	Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use
D	DEFAULT	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCAL	MEDI-CAL	93307-25	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MC	MEDICARE	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRICHP	TRIWEST/CHAMPUS	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WC	WORKERS COMP	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*							

**Claim Coding Type:** e.g. Default, Medi-Cal, Medicare, Triwes, etc.

**Procedure Code:** Procedure code specific for insurance

**Type of Service:** NO LONGER USED – view only

**Prt Description (Print Description):** If box is checked, description will print out on claim form

**P/Only (Paper Only):** If box is checked, claim must be filed on paper only

**S/Unit (Single Units):** If box is checked, can only be filed as single units

**Block 19 – Local Use:** Information to print in box 19 on a CMS 1500 claim form

**Fee Schedules Grid:** Also FST – Fee Schedule Types Table Maintenance.

Fee Schedules*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
C	CASH BASIS	<input type="checkbox"/>	\$500.00		\$200.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DEFAULT	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
MCAL	MEDI-CAL	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MC	MEDICARE	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
TRICHP	TRIWEST/CHAMPUS	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
WC	WORKMENS COMP	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
*										

**Fee Schedule Type:** Type of fee, e.g. cash basis, default, Medi-Cal, Medicare, etc.

**Co-Pay:** Leave blank

**Charge Amount:** What you charge for the procedure. To be determined by your office.

**Profile Amount:** What the insurance company pays for the procedure.

**Patient Amount:** What the patient is expected to pay. Generally used for cash patients.

**Patient %:** Leave blank

**Sec O/R (Secondary Override):** Let default to a checked box.

**G/Days (Global Days):** Days allowed between procedures. Will generate error at charge entry if within global days.

**100%:** This box MUST be check if you DO NOT want any patients to get a statement (e.g. Medicaid and workers comp patients), the 100% box must be checked off on the individual fee schedule for the procedure code.

**Non-Cov (Not Covered):** No insurance coverage.

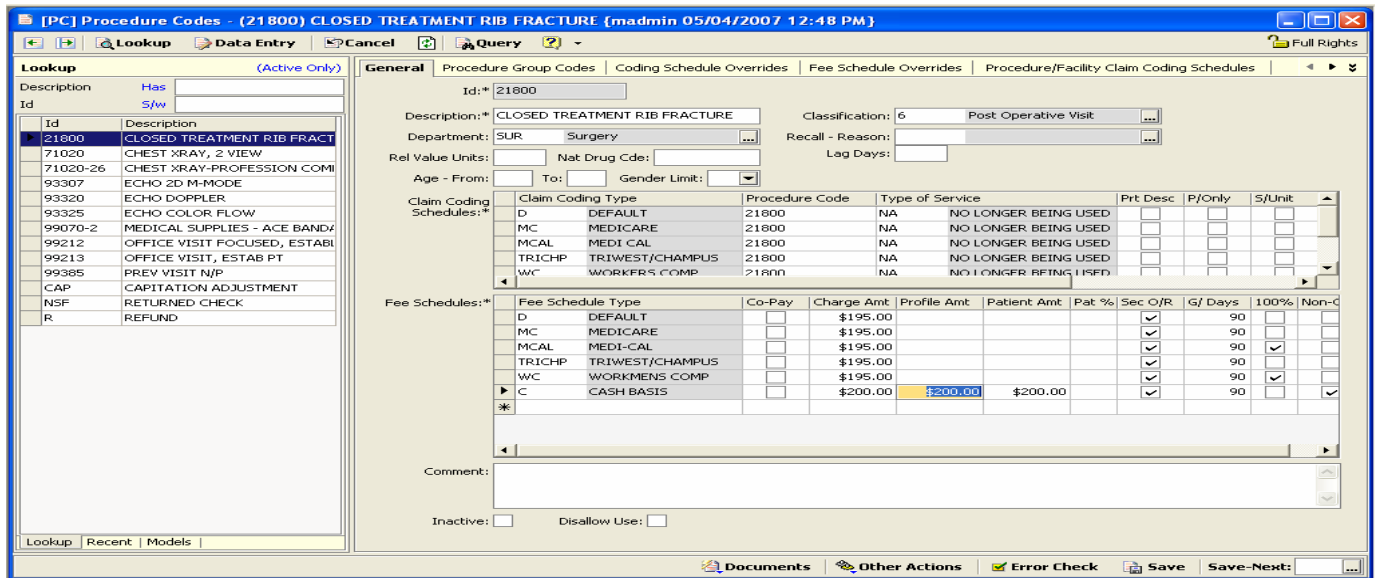
**Comments:** For Internal Use, does not populate data on electronic or paper claims.

**Classification:** This can be hard coded by MDofficeManager.com . The user must make the appropriate selection. Click on the ellipsis to make your selection.

**Recall – Reason:** Why the patient would need to come back for follow up after specific procedure.

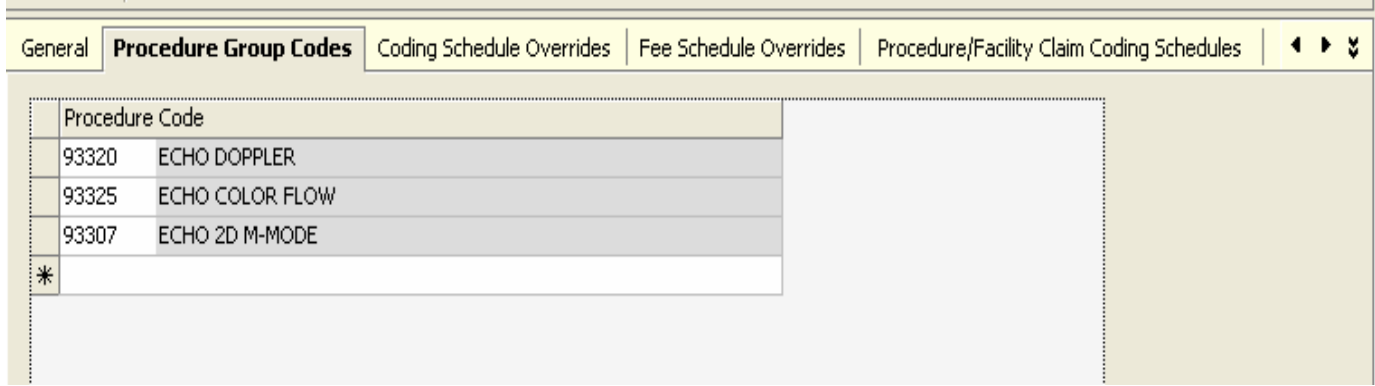
**Lag Days:** How many days in between the time the initial procedure is done and the time the recall is sent out.





**PC**      **Cash Patients**  
**General Tab**

If the amount that you charge the patient is different from the amount you charge the insurance, you will set up a Fee Schedule Type for Cash. Put the charge Amt, Profile Amt and Patient Amt. And Check Non-Covered Charge by checking the Non-Covered box, this will not let a claim print.



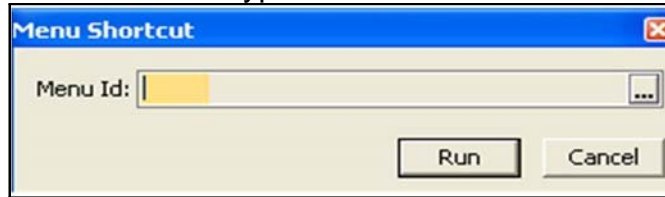
**PC**      **Procedure Group Codes Tab**

This tab is used when grouping the procedure codes together. E.g. for procedure code 99213 you want to group this with 93325, 93307, under the procedure 99213 go to Procedure Group Codes put in the 93325, 93307 then add the 99213 last.

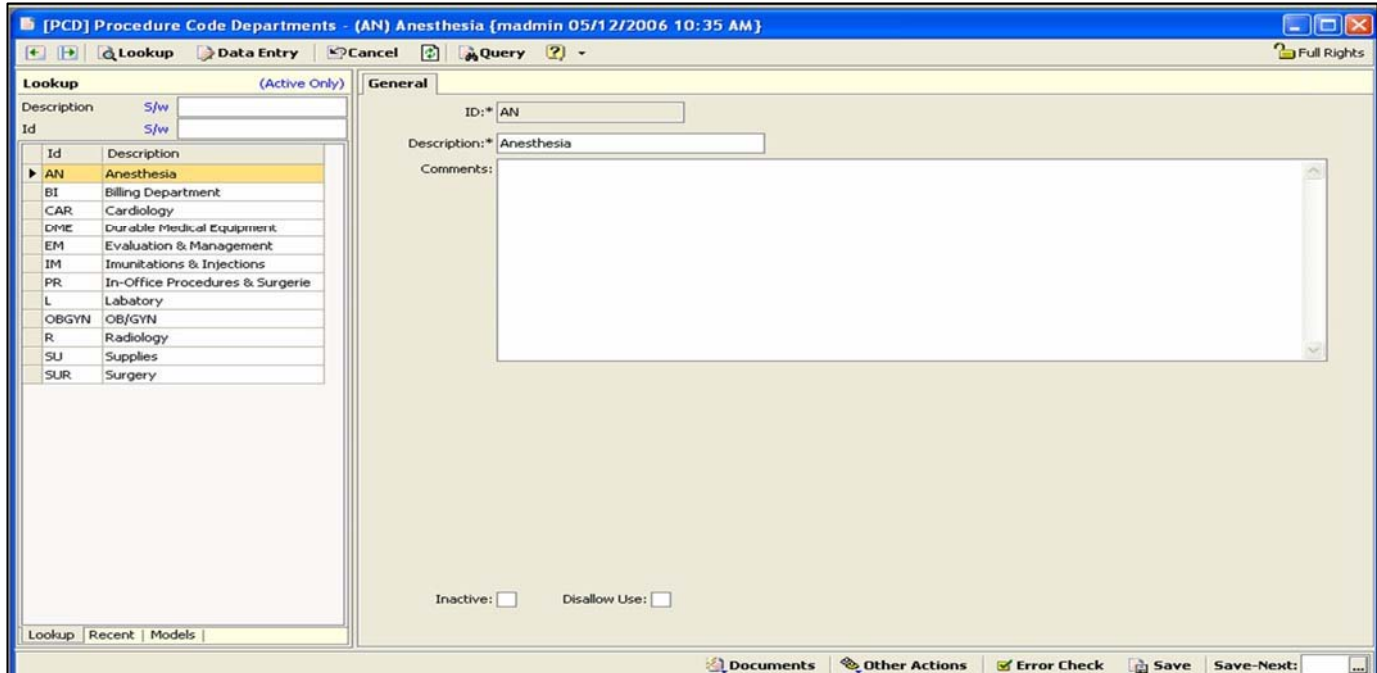
## (PCD) Procedure Code Departments

Select Short Cut Key (F12)

Type in Menu Id:



PCD and enter



### **PCD Procedure Code Department Table Maintenance**

This is where you can set department for each area of the practice such as pediatrics, cardiology, x-rays, laboratory and others. It allows you to get procedure analysis by department.