

What's New in 9.5

April

2015

This document was developed by Genius Solutions to introduce users to the new features of eTHOMAS Version 9.5. Click on the text or page numbers within the Contents page to be brought to that specific item within the document.

eTHOMAS

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AutoPost Improvements

eTHOMAS has had the ability, for many years, to post insurance payments based upon the information from the 835 Insurance Payment report also known as an 835 or an ERA (Electronic Remittance Advice) received from the payer or clearinghouse. At the release of 9.4 last year, we made it possible to AutoPost paper claims. This year, we have made additional improvements to AutoPost.

If you have never used the AutoPost feature or would like to be trained on that feature, Genius Solutions holds routine webinars on how to AutoPost in eTHOMAS. To get more information on our webinars, you may visit our website at www.geniussolutions.com, select your specialty, and then click on Events to see the upcoming webinars. You may also call us and inquire about our webinars at 586-751-9080 and press 5 for Administration.

All of the improvements are contingent on 835 files loaded into eTHOMAS after being updated to version 9.5. If you have checks loaded into eTHOMAS previous to the release the changes will not be present, however, you may delete the checks from the AutoPost area and reload them in order to take advantage of the improvements.

The improvements are listed as well as detailed individually within this document.

- Adjustment Reason Codes will be displayed on the line items of the 835 payment report
- Modifications to the AutoPost screen
- All items from the 835 report loaded into EDI Client and in turn loaded into eTHOMAS (for the intended medsys) will either appear as Good Claims to post or as AutoPost Exceptions
- There are new items included on the AutoPost List: Claim number, a Withheld (Wheld) column, a column for Other Financial Code (OFC), and the Claim Adjustment Reason Codes (Reason Cds)
- AutoPost Exceptions which may be viewed, retrieved, and removed at the user's discretion
- Non-Covered Services (those charges which do not have an approved amount) will go onto the AutoPost Exception
- Claims that are AutPosted and are left with a zero claim balance will be put in a Complete status

Detailed Adjustment Reason Codes Included on the 835 Insurance Payment Report

The Insurance Payment Report which is printed from EDI Client will now display all Claim Adjustment Reason Codes (CARCs) sent on the 835 report from the payer or clearinghouse. The CARCs will display on each line of service. The definition of each code may be obtained from the last page of the Insurance Payment Report like it always has. Outlined in Red is an example of the CARCs on the report.

Insurance Payment Report										Printed on 02/10/2015 Tuesday 15:23:06	
Payer: WISCONSIN PHYSICIANS SERVICE											
Provider: GENIUS SOLUTIONS INC				Taxid/ProviderCode 1234567890 /							
Check: 887975344				Date: 01/15/2015		Amount:		87.71			
Name: SOLUTIONS, PAULA		HIC: 367500110A		Acct: P511979T522480		ICN:1814363016780		MOA MA01 MA18			
DOS	Procedure	POS	Qty	Charged	Paid	Approved	ParAdj	Deductible	Copay	Other	
12/15/2014- 12/15	17110	11	1	155.00	87.71	111.88	43.12	0.00	22.38	1.79	
							CO-45	\$	43.12		
							CO-253	\$	1.79		
							PR-2	\$	22.38		
Claim Totals:				155.00	87.71	111.88	43.12	0.00	22.38	1.79	
Claim Information Forwarded To: BCBS OF MICHIGAN											
Claim Count: 1		Check Totals:		155.00	87.71						

There may be more than one adjustment code per service line, explaining what each adjusted amount represents; as in the example above. Below is an example of the last page of the Insurance Payment Report which details the adjustments within the report, a description, and a count of the number of adjustments for that code.

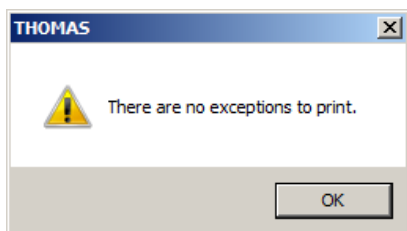
ANSI 835 Adjustment Summary			Printed on
Adjustment	Description	Count	
2	Coinsurance Amount	1	
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	1	
253	Sequestration - reduction in federal spending	1	
27	Expenses incurred after coverage terminated.	2	
45	Charges exceed your contracted/ legislated fee arrangement. This change to be effective 6/1/07: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	1	
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.	2	

AutoPost Screen

The first thing you should notice is the AutoPost screen has been modified to include an Exceptions button. The Exceptions button will print out a report of the AutoPost Exceptions which have been posted to the AutoPost Exceptions area. This is a new area which will be detailed later in the document.



If there are no exceptions to display a message will display when the Exceptions button is clicked that “There are no exceptions to print”.






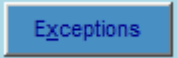
Good Claims and Exceptions

Once the 835 payment report(s) has been loaded into eTHOMAS through EDI client, you will notice the AutoPost screen has been modified. The AutoPost Items will include the Claim number, a Withheld (Wheld) column, a column for Other Financial Code (OFC), and the Claim Adjustment Reason Codes (Reason Cds). The screen below has arrows denoting these new areas.

AutoPost Items																				
Post		Good Claims		Exceptions		READY TO POST														
Patient	Claim	FC	Date	Proc	Charge	Approved	Paid	Deduct	Copay	Paradj	Wheld	ChgPat	Bal	WO C	WO B	Cred R	Skip	Policy	OFC	Reas Cds
GENIUS, GARY **	12350	BN	12/31/2014	99213	92.00	33.50	0.00	33.50	0.00	58.50	0.00	20.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-1/CO-45
GENIUS, GARY **	12350	BN	12/31/2014	11730	143.00	37.00	0.00	37.00	0.00	106.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-1/CO-45
GENIUS, JAMES **	11500	BN	12/02/2014	11721	65.00	46.37	23.19	0.00	23.18	18.63	0.46	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-3/CO-45/0
SOLUTIONS, BETTY **	11623	BN	12/05/2014	11721	65.00	46.37	23.19	0.00	23.18	18.63	0.46	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2	MD	PR-3/CO-45/0
SOLUTIONS, LAURA **	12372	BN	12/10/2014	99213	92.00	72.56	42.56	0.00	30.00	19.44	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-3/CO-45
SOLUTIONS, PATRICIA **	12277	BN	12/29/2014	11721	65.00	46.37	46.37	0.00	0.00	18.63	0.93	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		CO-45/CO-10

- **Claim:** The Claim number has been added for ease of reference if the user decides to Skip this line of service.
- **Wheld:** Any Withheld amounts from the 835 payment report will be listed under the Wheld column.
- **OFC:** The Other Financial Code, or OFC as it is displayed on the AutoPost Items screen, will display the Secondary or Tertiary Financial Code that is next in line on the claim at the time the 835 was loaded into eTHOMAS.
- **Reas Cds:** The Claim Adjustment Codes (CARCs) will display under the Reas Cds column. If you cannot see all the Reas Cds (reason codes) you may click and drag the column over until you can see them.

Explanation of the buttons within the AutoPost Items

Post:	Click on "Post" to AutoPost any items listed under Good Claims and move any items listed under the Exceptions button to the AutoPost Exception list.	
Report:	Click to get a report of the items listed either Good Claims or Exceptions depending upon which button was pressed.	
Good Claims:	To get a listing of the Good Claims (the items that will AutoPost), click the Good Claims button.	
Exceptions:	Click to get a listing of the Exceptions (the items that will not AutoPost) click the Exceptions button.	
READY TO POST:	The heading Ready To Post indicates the user is under Good Claims item listing.	
EXCEPTIONS:	The heading Exceptions indicates the user is under the Exceptions item listing.	


In addition to the new columns you will notice two new buttons: Good Claims

Good Claims

and Exceptions

Exceptions

AutoPost Items

Post  Good Claims Exceptions


READY TO POST

Patient	Claim	FC	Date	Proc	Charge	Approved	Paid	Deduct	Copay	Paradj	Wheld	ChgPat	Bal	WO C	WO B	Cred R	Skip	Policy	OFC	Reas Cds
GENIUS, GARY **	12350	BN	12/31/2014	99213	92.00	33.50	0.00	33.50	0.00	58.50	0.00	20.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-1/CO-45
GENIUS, GARY **	12350	BN	12/31/2014	11730	143.00	37.00	0.00	37.00	0.00	106.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-1/CO-45
GENIUS, JAMES **	11500	BN	12/02/2014	11721	65.00	46.37	23.19	0.00	23.18	18.63	0.46	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-3/CO-45/CO-45
SOLUTIONS, BETTY **	11623	BN	12/05/2014	11721	65.00	46.37	23.19	0.00	23.18	18.63	0.46	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2	MD	PR-3/CO-45/CO-45
SOLUTIONS, LAURA **	12372	BN	12/10/2014	99213	92.00	72.56	42.56	0.00	30.00	19.44	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-3/CO-45
SOLUTIONS, PATRICIA **	12277	BN	12/29/2014	11721	65.00	46.37	46.37	0.00	0.00	18.63	0.93	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		CO-45/CO-10

Good Claims

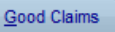
Good Claims are those items from the 835 report that are eligible to AutoPost.


AutoPost Items

Post  Good Claims Exceptions

READY TO POST

Patient	Claim	FC	Date	Proc	Charge	Approved	Paid	Deduct	Copay	Paradj	Wheld	ChgPat	Bal	WO C	WO B	Cred R	Skip	Policy	OFC	Reas Cds
GENIUS, GARY **	12350	BN	12/31/2014	99213	92.00	33.50	0.00	33.50	0.00	58.50	0.00	20.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-1/CO-45
GENIUS, GARY **	12350	BN	12/31/2014	11730	143.00	37.00	0.00	37.00	0.00	106.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-1/CO-45
GENIUS, JAMES **	11500	BN	12/02/2014	11721	65.00	46.37	23.19	0.00	23.18	18.63	0.46	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-3/CO-45/CO-45
SOLUTIONS, BETTY **	11623	BN	12/05/2014	11721	65.00	46.37	23.19	0.00	23.18	18.63	0.46	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2	MD	PR-3/CO-45/CO-45
SOLUTIONS, LAURA **	12372	BN	12/10/2014	99213	92.00	72.56	42.56	0.00	30.00	19.44	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		PR-3/CO-45
SOLUTIONS, PATRICIA **	12277	BN	12/29/2014	11721	65.00	46.37	46.37	0.00	0.00	18.63	0.93	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1		CO-45/CO-10

When accessing AutoPost, by default, the  Good Claims will already be displayed and are “Ready to Post”.

Click the Post button  to finish autoposting and move any Exceptions to the the AutoPost Exceptions screen. To view the Exceptions from the AutoPost Items, click the Exceptions button (detailed below) prior to posting the Good Claims.


Auto Post Detail Report

Printed on 02/03/2015 Tuesday 15:08:45

Name	FC	Date	Proc	Charge	Apprvd	Paid	Deduct	Copay	Paradj	Balance	Status	Chg Pat	Reas on Code
GENIUS, DONALD **	BN	12/22/2014	99213	92.00	33.50	16.75	0.00	16.75	58.50	8.50	1/1	25.00	PR-3/CO-45
GENIUS, DONALD **	BN	12/22/2014	73620	45.00	30.50	30.50	0.00	0.00	14.50	30.50	1/1	0.00	CO-45
Totals:				137.00	64.00	47.25	0.00	16.75	73.00				

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Page 1

Click the  Report button to print your Auto Post Detail Report before clicking the Post or Exceptions button. The AutoPost Detail Report now displays the Reason Codes to the far right on the report.

Exceptions


Exceptions are those items from the 835 report that will not AutoPost.

AutoPost Items


Post  Good Claims 

EXCEPTIONS

Patient	Claim	FC	Date	Proc	Code	Detail	Message	Charge	Approved	Paid	Deduct	Copay	Paradj	Bal
GENIUS, NEIL **	11636	OT	12/05/2014	99203	CO-96	Memo	Service not Approved	140.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	12073	OT	12/18/2014	80395	CO-234	Memo	Service not Approved	75.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	12073	OT	12/18/2014	A4580	CO-8	Memo	Service not Approved	40.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	12073	OT	12/18/2014	99002	CO-234	Memo	Service not Approved	10.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	12073	OT	12/18/2014	L3000	CO-96	Memo	Service not Approved	212.50	0.00	0.00	0.00	0.00	0.00	0.00

Before posting the Good Claims you may click the Exceptions button  to see the claim transactions that will not AutoPost with their Claim Adjustment Reason Codes (CARCs). The Patient name will appear, the Claim number, FN
Genius Solutions, Inc.

(Financial Code), Date (Date of Service), Proc (Procedure Code), Code (Reason/Rejection code), Detail (Memo will allow you to see a dialog box with the description of the reason code), Message (a modified version of the memo), Charge, Approved, Paid, Deductible, Copay, Paradj (Participating Adjustment) and Bal (Balance). From this screen you will have the option to enter into the Post Insurance screen. **835s loaded prior to 9.5 will be denoted with a lower case “m” in the Memo field of the Detail.** In addition, those items that will not post because the service cannot be found or the patient cannot be found will be denoted with a lower case “m”.

Before you click Post you may click the  Report button to print or view your Auto Post Exceptions Detail Report. This report will display the Reason Codes and Error Messages.

AutoPost Exceptions Detail Report													Printed on 02/25/2015 Wednesday 11:57:14
Name	Reason Code	FC	Date	Proc	Charge	Apprvd	Paid	Deduct	Copay	Paradj	Balance	Status	Chg Pat
GENIUS, NEIL **	CO-96	OT	12/05/2014	99203	140.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	CO-234	OT	12/18/2014	S0395	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	CO-8	OT	12/18/2014	A4580	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	CO-234	OT	12/18/2014	99002	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **	CO-96	OT	12/18/2014	L3000	212.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, NEIL **		OT	12/18/2014	L3000	212.50	212.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transaction not found													
Totals:					690.00	212.50	212.50	0.00	0.00	0.00			
THOMAS by Genius Solutions Inc. (AUTO POSTED DETAIL.FRX)													Page 1

From the AutoPost Exception Items, you now have the option to work your Exceptions from this screen. Double click on an item to enter into the Claim Information screen. An Insurance Payment may be posted from here.

AutoPost Items


Post

Good Claims

Exceptions

EXCEPTIONS

Patient	Claim	FC	Date	Proc	Code	Detail	Message	Charge	Approved	Paid	Deduct	Copay	Paradj	Bal
GENIUS, DAVID **	11926	MR	12/15/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, EDWARD **	11144	MR	11/19/2014	97597	CO-22	Memo	Patient Liability Discrepancy	150.00	0.00	0.00	0.00	150.00	0.00	0.00
GENIUS, GEORGE **	12329	MR	12/30/2014	11721	CO-50	Mem	CO-50 \$ 65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497	M2	12/02/2014	99213	PR-27	Mem	These are non-covered services because this is not deemed a 'medical necessity' by the payer.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497	M2	12/02/2014	73630	PR-27	Mem		0.00	0.00	0.00	0.00	0.00	0.00	0.00

The AutoPost Exception report  includes the Patient, Claim number, Financial Code, Date of Service, Procedure, Claim Adjustment Reason Code (CARC), Detail, and Message. The detail will show “Memo” (hover your mouse over to see the detail of the CARC) or “memo” which will not show the detail of the CARC because the 835 was loaded in eTHOMAS prior to Version 9.5. The claim can be double clicked and worked right from this screen then click the **Post** button to post an insurance payment on the claim(s).

By doing a single left click on a line of service and then hovering your mouse over the Memo, a dialog screen will appear so that you may read the full message of the reasons/adjustment codes.

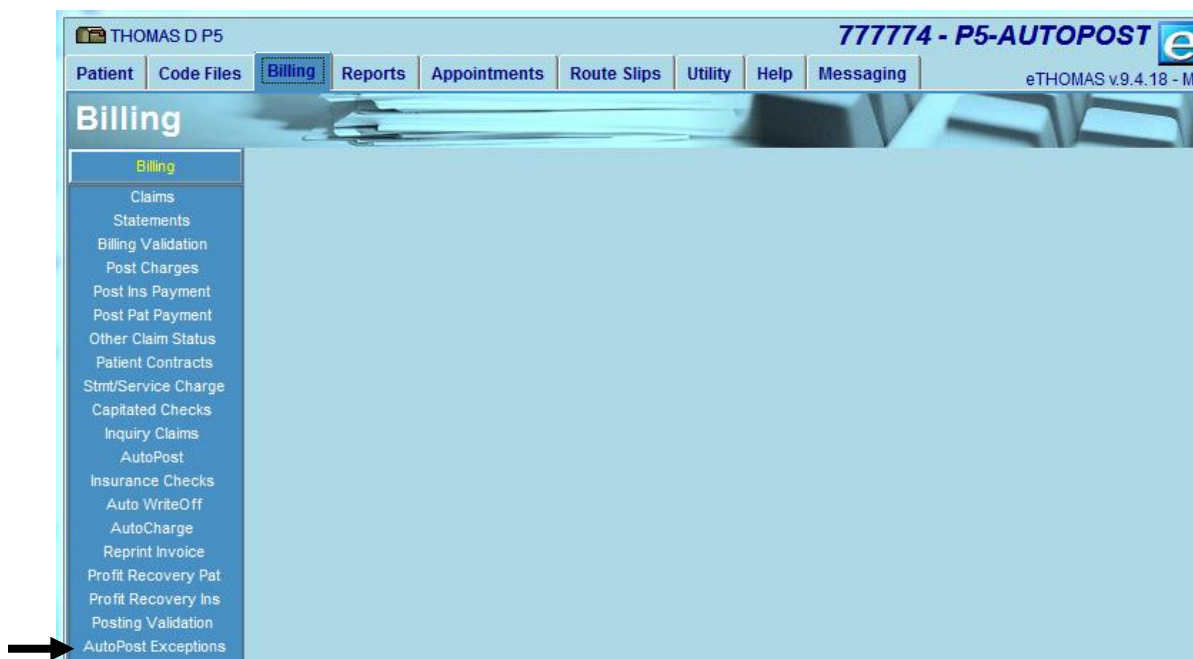
Claim Edit										P5 - 529000 GENIUS, DAVID																																		
Claim Information										Cash: -5.00 Ins: 147.00																																		
Claim No: 11926		Date: 12/22/2014		Last Paid:		<input type="checkbox"/> ICD10		Invoice: 0																																				
Doctor: BW - MARK GREENE		Location: 01 - GENIUS SOLUTIONS INC		Claim Type:		Billing Method: Either		Billing Status: Billed		Header Code: RFC2																																		
Dc Ind:		Benefit: *DEFAULT BE		Last Check#:		Last Check Date:		Dc Type:		Lab Info:																																		
<div style="display: flex; justify-content: space-between;"> <div> <p>Diagnosis</p> <p>A1 700 B2 1101 C3 7295 D4 25003 E5 F6</p> <p>G7 H8 I9 J K L</p> </div> <div> <p>Patient Insurance ParAdj: 0.00</p> <p>Paid 0.00 0.00 Deductible: 0.00</p> <p>Adj 0.00 0.00 Charge Srv: 147.00</p> <p>Bal 0.00 147.00 Charge Pat: 0.00</p> </div> </div>																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Primary</th> <th>Secondary</th> <th>Tertiary</th> </tr> </thead> <tbody> <tr> <td>Policy</td> <td>MR/MC</td> <td>B2/BCBSM</td> <td>TR/TRI4</td> </tr> <tr> <td>DB1</td> <td>12/24/2014</td> <td></td> <td></td> </tr> <tr> <td>DB2</td> <td>01/08/2015</td> <td></td> <td></td> </tr> <tr> <td>DB3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Post</td> <td style="text-align: center;">Post</td> <td style="text-align: center;">Post</td> </tr> </tbody> </table>													Primary	Secondary	Tertiary	Policy	MR/MC	B2/BCBSM	TR/TRI4	DB1	12/24/2014			DB2	01/08/2015			DB3					Post	Post	Post									
	Primary	Secondary	Tertiary																																									
Policy	MR/MC	B2/BCBSM	TR/TRI4																																									
DB1	12/24/2014																																											
DB2	01/08/2015																																											
DB3																																												
	Post	Post	Post																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Line</th> <th>Date</th> <th>Proc</th> <th>DXPTR</th> <th>Dr</th> <th>Chrg Crdt</th> <th>Exp Ins</th> <th>Chrg Pat</th> <th>Ins Bal</th> <th>Cash Bal</th> <th>S</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>12/15/2014</td> <td>11055</td> <td>1</td> <td>BW</td> <td>82.00</td> <td>82.00</td> <td>0.00</td> <td>82.00</td> <td>0.00</td> <td></td> </tr> <tr> <td>2</td> <td>12/15/2014</td> <td>11721</td> <td>234</td> <td>BW</td> <td>65.00</td> <td>65.00</td> <td>0.00</td> <td>65.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table>												Line	Date	Proc	DXPTR	Dr	Chrg Crdt	Exp Ins	Chrg Pat	Ins Bal	Cash Bal	S	1	12/15/2014	11055	1	BW	82.00	82.00	0.00	82.00	0.00		2	12/15/2014	11721	234	BW	65.00	65.00	0.00	65.00	0.00	
Line	Date	Proc	DXPTR	Dr	Chrg Crdt	Exp Ins	Chrg Pat	Ins Bal	Cash Bal	S																																		
1	12/15/2014	11055	1	BW	82.00	82.00	0.00	82.00	0.00																																			
2	12/15/2014	11721	234	BW	65.00	65.00	0.00	65.00	0.00																																			
PARING ONE																																												
<div style="display: flex; justify-content: space-around;"> Inquiry Medicaid </div>																																												
<div style="display: flex; justify-content: space-around;"> Rgt Note Claim Note* Ins Remark Update Debit Credit Split Claim </div>																																												

eTHOMAS Version 9.5

AutoPost Exceptions																
Billing	<div><div><div><div></div><div></div><div></div><div></div></div><div>Search <input type="text"/></div><div>Patient Name <div><div></div></div></div></div></div>															
Claims																
Statements																
Billing Validation																
Post Charges																
Post Ins Payment																
Post Pat Payment																
Other Claim Status																
Patient Contracts																
Stmnt/Service Charge																
Capitated Checks																
Inquiry Claims																
AutoPost																
Insurance Checks																
Auto WriteOff																
AutoCharge																
Reprint Invoice																
	Patient	Claim	FC	Date	Proc	Code	Detail	Message	Charge	Approved	Paid	Deduct	Copay	Paradj	Bal	
	GENIUS, CHARLE	12338	OT	12/30/2014	11721	PR-204	Memo	Patient Liability Discrepancy	65.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, CHARLE	12338	OT	12/30/2014	11721	PR-204	Memo	Patient Liability Discrepancy	65.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, DAVID *	11926	MR	12/15/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, DAVID *	11926	MR	12/15/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, EDWARD	11144	MR	11/19/2014	97597	CO-22	Memo	Patient Liability Discrepancy	150.00	0.00	0.00	0.00	150.00	0.00	0.00	
	GENIUS, EDWARD	11144	MR	11/19/2014	97597	CO-22	Memo	Patient Liability Discrepancy	150.00	0.00	0.00	0.00	150.00	0.00	0.00	
	GENIUS, GEORGE	12329	MR	12/30/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, GEORGE	12329	MR	12/30/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, JACK **	11497	M2	12/02/2014	99213	PR-27	Memo	Patient Liability Discrepancy	92.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, JACK **	11497	M2	12/02/2014	73630	PR-27	Memo	Patient Liability Discrepancy	52.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, JACK **	11497	M2	12/02/2014	99213	PR-27	Memo	Patient Liability Discrepancy	92.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GENIUS, JACK **	11497	M2	12/02/2014	73630	PR-27	Memo	Patient Liability Discrepancy	52.00	0.00	0.00	0.00	0.00	0.00	0.00	
	SOLUTIONS, DOF	11847	SI	12/12/2014	11721	CO-45	Memo	Service not Approved	65.00	0.00	45.63	0.00	0.00	0.00	0.00	

AutoPost Exceptions

There is a new link within the Billing tab called AutoPost Exceptions. The AutoPost Exceptions will display all those items that have been loaded into eTHOMAS but will not AutoPost from the 835 payment report. Exceptions from the 835s that are prior to 9.5 will not be listed in the AutoPost Exceptions area.



Click AutoPost Exceptions. Click to print a list of the Name, Claim, Date, Procedure, Paid, and Claim Adjustment Reason Codes (CARCs).

AutoPost Exceptions

Billing

Claims

Statements

Billing Validation

Post Charges

Post Ins Payment

Post Pat Payment

Other Claim Status

Patient Contracts

Stmnt/Service Charge

Rmv

URST

Search

Patient Name

Patient	Claim	FC	Date	Proc	Code	Detail	Message	Charge	Approved	Paid	Deduct	Copay	Paradj	Bal
GENIUS, DAVID *	11926	MR	12/15/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, EDWARD	11144	MR	11/19/2014	97597	CO-22	Memo	Patient Liability Discrepancy	150.00	0.00	0.00	0.00	150.00	0.00	0.00
GENIUS, GEORGE	12329	MR	12/30/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497	M2	12/02/2014	99213	PR-27	Memo	Patient Liability Discrepancy	92.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497	M2	12/02/2014	73630	PR-27	Memo	Patient Liability Discrepancy	52.00	0.00	0.00	0.00	0.00	0.00	0.00

GENIUS SOLUTIONS INC

AutoPost Exceptions Report

Printed on 02/25/2015 Wednesday 12:12:2


Check: 385495079

Check Date: 01/15/2015

WISCONSIN PHYSICIANS

Name	Claim	Date	Procedure	Paid	Error
GENIUS, DAVID **	11926	12/15/2014	11721		Service not Approved
CO-50	\$ 65.00				
These are non-covered services because this is not deemed a 'medical necessity' by the payer.					
GENIUS, EDWARD	11144	11/19/2014	97597		Patient Liability Discrepancy
CO-22	\$ 150.00				
Payment adjusted because this care may be covered by another payer per coordination of benefits.					
GENIUS, GEORGE	12329	12/30/2014	11721		Service not Approved
CO-50	\$ 65.00				
These are non-covered services because this is not deemed a 'medical necessity' by the payer.					
GENIUS, JACK **	11497	12/02/2014	99213		Patient Liability Discrepancy
PR-27	\$ 92.00				
Expenses incurred after coverage terminated.					
GENIUS, JACK **	11497	12/02/2014	73630		Patient Liability Discrepancy
PR-27	\$ 52.00				
Expenses incurred after coverage terminated.					
Total Paid:				0.00	

When you close out of the report, you will be brought back to the AutoPost Exceptions list. From here, you may use the AutoPost Exception Edit.

Highlight the Exception and press the pencil to edit . This will bring up the AutoPost Exception Edit. In the Detail you can write extra notes if desired.

AutoPost Exception Edit

Name: GENIUS, DAVID **

Claim: 11926





Date: 12/15/2014

Procedure: 11721

Codes: CO-50

Message: SERVICE NOT APPROVED

Detail: CO-50 \$ 65.00
THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.

The "Detail" may be copied and then pasted within the Claim Edit, using the Edit Claim button, to open the Claim Information. The detail may be copied into the Claim Note. The claim may be corrected, posted, Rebilled/Unbilled, put into another status such as Secondary or Tertiary, or completed.

Claim Edit

Claim Information P5 - 529000 GENIUS, DAVID Cash: -5.00 Ins: 147.00

Claim No: 11926 Date: 12/22/2014 Last Paid: ICD10 ☐ Invoice: 0

Doctor: BW - MARK GREENE ICN:

Location: 01 - GENIUS SOLUTIONS INC

Claim Type:

Billing Method: Either

Billing Status: Billed

Header Code: RFC2

Dc Ind: Delay:

Benefit: *DEFAULT BE

Internal Claim Notes

BILLED: 12/24/2014 FC: MR INS: MC
ANSIFL5010.58.01.KDRD135D.130023.TXT
BILLED: 01/08/2015 FC: MR INS: MC
ANSIFL5010.58.01.KDRD135D.130269.TXT

CO-50 \$ 65.00
THESE ARE NON-COVERED SERVICES BECAUSE THIS IS
NOT DEEMED A "MEDICAL NECESSITY" BY THE PAYER

Diagnosis

A1 700 B2 1101 C3 72
G7 H8 I9

Line	Date	Proc	
1	12/15/2014	11055	1
2	12/15/2014	11721	2

PARING ONE

Inquiry Medicaid



Rgt Note **Claim Note** Ins Remark Update Debit Credit Split Claim

AutoPost Exceptions

Search Patient Name

Patient	Claim	FC	Date	Proc	Code	Detail	Message	Charge	Approved	Paid	Deduct	Copay	Paradj	Bal
GENIUS, DAVID **	11926 MR	12/15/2014	11721	CO-50		Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, EDWARD	11144 MR	11/19/2014	97597	CO-22		Memo	Patient Liability Discrepancy	150.00	0.00	0.00	0.00	150.00	0.00	0.00
GENIUS, GEORGE	12329 MR	12/30/2014	11721	CO-50		Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497 M2	12/02/2014	99213	PR-27		Memo	Patient Liability Discrepancy	92.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497 M2	12/02/2014	73630	PR-27		Memo	Patient Liability Discrepancy	52.00	0.00	0.00	0.00	0.00	0.00	0.00

Once the claims have been worked, you may want to use the options below to remove the claims that are in Complete Status or Unbilled, Rebilled, Secondary, and Tertiary Status.

- Use the Rmv C button  to remove those claims that are in a Complete status.
- Use the Rmv URST button  to remove claims in an Unbilled, Rebilled, Secondary, and Tertiary status.

Search Patient Name

Use the Search within the AutoPost Exceptions to search by Patient Name, Claim Number, Service Date, Check No. or Check Name.

Non-Covered Services

Non-Covered Services are those items that **do not have an approved amount** on the 835 payment voucher. Any service that does not have an approved amount will be placed on the new AutoPost Exception area of eTHOMAS. Users will have the ability to manually post insurance payments on those items from the AutoPost Exceptions.

Below is an example of an 835 where the items loaded will be placed on the AutoPost Exceptions since there is not an approved amount.

Payer: UNITED HEALTHCARE INSURANCE COMPANY

Provider: GENIUS SOLUTIONS INC				Taxid/ProviderCode 1234567890				/			
Check: QK66213521				Date: 01/13/2015		Amount:		0.00			
Name: GENIUS, CHARLES		HIC:		Acct: P512338T15160		ICN: 4883849941					
DOS	Procedure	POS	Qty	Charged	Paid	Approved	ParAdj	Deductible	Copay	Other	
12/30/2014- 12/30	11721	11	1	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							PR-204	\$	65.00		
Claim Totals:				65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Load Checks

Once the check has been loaded into eTHOMAS, it will appear on the AutoPost list, click Load Checks

AutoPost					
Billing	Load Checks	02/25/2015	Select All	Clear All	Delete
Claims	Check Date	Check No.	Check Name	Amount	
Statements	<input type="checkbox"/>	01/05/2015 129102755	MERITAIN HEALTH	37.37	
Billing Validation	<input type="checkbox"/>	01/14/2015 707229430	BCBSM	33.81	
Post Charges	<input type="checkbox"/>	01/13/2015 PH45819421	UNITED HEALTHCARE IN	15.04	
Post Ins Payment	<input type="checkbox"/>	01/13/2015 PH77768504	UNITED HEALTHCARE IN	261.03	
Post Pat Payment	<input type="checkbox"/>	01/13/2015 QC09398853	UNITED HEALTHCARE IN	27.24	
Other Claim Status	<input type="checkbox"/>	01/13/2015 QC09399139	UNITED HEALTHCARE IN	21.18	
Patient Contracts	<input type="checkbox"/>	01/13/2015 QK66213521	UNITED HEALTHCARE IN	0.00	
Stmt/Service Charge	<input type="checkbox"/>	01/16/2015 2015011210900083060982634	BLUE CARE NETWORK OF	133.48	
Capitalized Checks	<input type="checkbox"/>	01/16/2015 2015011210800298065357364	BCN SERVICE COMPANY	47.25	
Inquiry Claims	<input type="checkbox"/>	01/08/2015 D0001011746	TRICARE TDEFIC	15.97	
AutoPost	<input checked="" type="checkbox"/>	01/15/2015 385495079	WISCONSIN PHYSICIANS	0.00	
Insurance Checks	<input type="checkbox"/>	01/15/2015 887975344	WISCONSIN PHYSICIANS	87.71	
Auto WriteOff					

The check we are loading in this example has a \$ 0.00 approved/payment amount. Consequently when we load the check we will be brought to a blank AutoPost Items screen.

AutoPost Items														
Post			Good Claims			Exceptions			READY TO POST					
Patient	Claim	FC	Date	Proc	Charge	Approved	Paid	Deduct	Copay	Paradj	Wheld	ChgPat	Bal	WO C

Exceptions

In our example our only option is to click Exceptions which takes us to a list of all exceptions on this check.

AutoPost Items														
Post			Good Claims			Exceptions			EXCEPTIONS					
Patient	Claim	FC	Date	Proc	Code	Detail	Message	Charge	Approved	Paid	Deduct	Copay	Paradj	Bal
GENIUS, DAVID **	11926	MR	12/15/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, EDWARD **	11144	MR	11/19/2014	97597	CO-22	Memo	Patient Liability Discrepancy	150.00	0.00	0.00	0.00	150.00	0.00	0.00
GENIUS, GEORGE **	12329	MR	12/30/2014	11721	CO-50	Memo	Service not Approved	65.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497	M2	12/02/2014	99213	PR-27	Memo	Patient Liability Discrepancy	92.00	0.00	0.00	0.00	0.00	0.00	0.00
GENIUS, JACK **	11497	M2	12/02/2014	73630	PR-27	Memo	Patient Liability Discrepancy	52.00	0.00	0.00	0.00	0.00	0.00	0.00

You may see the explanation of any given Code by hovering over the word Memo (capital M). These codes and descriptions come from the 835 payment report. You may also see memo (lower case m) which tells you there is no message from the 835. Those 835s which do not have memo detail are those 835s loaded into eTHOMAS prior to the

update of Version 9.5, those items that have been skipped by the user, or those items in which eTHOMAS cannot locate within the system such as “can’t find patient or transaction”.

Claims that are AutoPosted and Left with a Zero Claim Balance

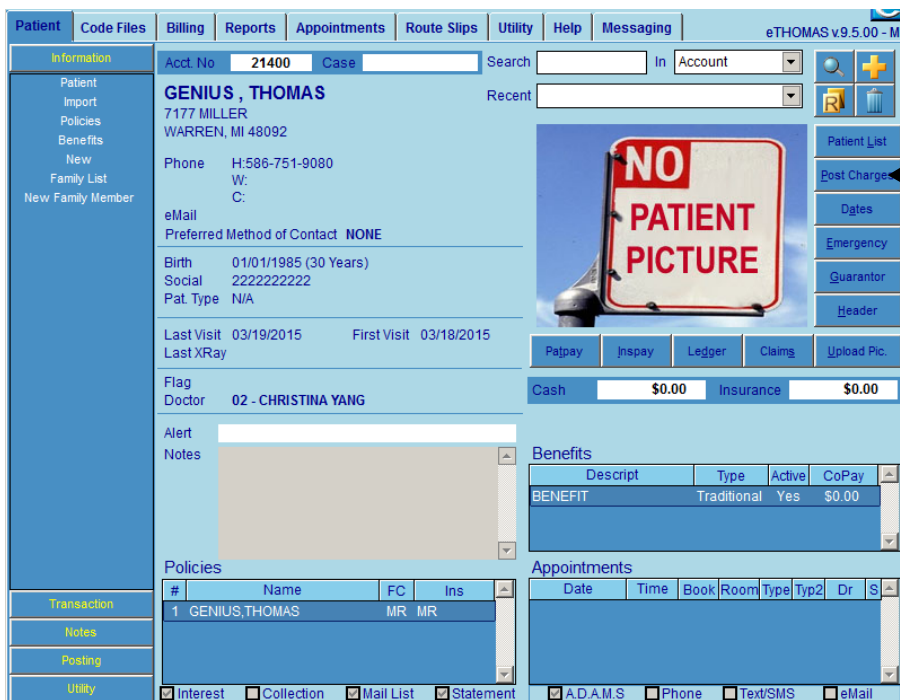
When a claim is AutoPosted and the claim balance is zero, the claim will be put in a Complete status. Prior to these improvements, AutoPost would put the claim in the next policy status either Secondary or Tertiary.

Keyboard Entry for Posting Charges, Patient Payments, and Insurance Payments

There is a new System Setting EnableExtraKeys. When activated with a value of 1, the posting charges, patient payments, and insurance payments may be used with keyboard entry in order to help make the posting process quick and efficient for users! All other shortcut functions will work as they always have throughout these areas with or without the setting activated.

Posting Charges

From the patient screen you can still click on Post Charges OR **Alt + P** to Post Charges.



The screenshot shows the eTHOMAS v9.5.00 patient screen for GENIUS, THOMAS. The screen is divided into several sections. On the left is a navigation pane with options like Patient, Code Files, Billing, Reports, Appointments, Route Slips, Utility, Help, and Messaging. The main area displays patient information, including name, address, phone, email, birth date, and social security number. There are also sections for Billing, Insurance, and Appointments. A black arrow points to the 'Post Charges' button in the right-hand menu.

The Header List will come up next if system setting POSTADDHEADER is set with a value of 1. If no headers are listed then the plus sign is highlighted. To add a header just hit **Enter**.

The Headers is similar to dTHOMAS Zoom for those former dTHOMAS users.

You will be brought to a new header with today's date as the code. You may change the code, the description and populate this header as need be; similar to dTHOMAS zoom.

A patient that already has headers listed will have the first one highlighted.

Header List

04-21400 GENIUS, THOMAS
Cash: 0.00 Ins: 0.00

Search Code

Code	Descript
010115	AUTO GENYSYS
031815	
OV	OFFICE VISIT

Detail View

Illness/Injury: 01/01/2015
Hosp. Admission: / /
To: / /
Prior Auth:
Injury date related to:
Referral(17):
Facility(32): GEN
State: MI
Hour:
Related to: ☒ Auto
☐ Work
☐ Other
Add'l Claim Info(19):

You may hit **Enter** to choose OR you may use your **up and down arrows** to select the header that is appropriate for the claim on which you are working.

Header List

04-21400 GENIUS, THOMAS
Cash: 0.00 Ins: 0.00

Search Code

Code	Descript
010115	AUTO GENYSYS
031815	
OV	OFFICE VISIT

Detail View

Illness/Injury: / /
Hosp. Admission: / /
To: / /
Prior Auth:
Injury date related to:
Referral(17):
Facility(32):
State: MI
Hour:
Related to: ☐ Auto
☐ Work
☐ Other
Add'l Claim Info(19):

Once you have highlighted the correct header hit **Enter** and eTHOMAS will place it onto the claim. You will enter the Post Charges screen.

PAGE DOWN IS YOUR NEW BEST FRIEND!

Post Charges

21400 GENIUS, THOMAS

Copay: \$0.00 Cash: 0.00 Ins: 0.00

Primary: 1) MR/MR DX A1 7890 DX G7
 Secondary: 2 DX B2 25000 DX H8
 Tertiary: 3 DX C3 DX I9
 Claim Status: Unbilled DX D4 DX J
 Route Slip: DX E5 DX K
 DX F6 DX L

Claim Type: Location: 02 - LOCATION 02 Doctor: 02 - CHRISTINA YANG
 Header: 010115 AUTO Bill Type: Either Doc Ind: Doc Type: Referral: Illness: Facility:

Done Delete All Delete Line Cancel Appointment Ambulance

Ins Remarks Cln Notes Prgfiles Last Claim Acpt Asgmt ICD10 Attach CMN UB04

DOS From	DOS To	Procedure	Dr	DX Ptr	POS	Qty	Charge Srv	Charge Pat	Mfy1	Mfy2	Mfy3	Mfy4	BTI	R	E	Recall	Misc Dt	Re
03/19/2015	03/19/2015	99212	02	12	3	3	82.00	0.00										02
03/19/2015	03/19/2015	99213	02	12	3	1	95.00	0.00	BE									02
03/19/2015	03/19/2015	99214	02	12	3	1	140.00	0.00	AT									02
03/19/2015	03/19/2015	99215	02	12	3	1	250.00	0.00										02
03/19/2015	03/19/2015						0.00	0.00										

Totals: 567.00 0.00

DownArrow: Add Additional Transaction F1: Lookup F6: Goto DX1 F8: Goto Transaction F10: Help
 PageDown: Goto Done F5: Goto Primary Policy F7: Goto Claim Type F9: Goto Route Slip

Enter your diagnosis code(s) – Page down

Enter your first procedure code, tab if you wish to edit – page down if done

Enter your second procedure code – page down

Enter your last procedure codes – page down twice

Your Done button is now highlighted.

Hit Enter and you are DONE !

Posting Patient Payments

When you enter the Post patient payment screen eTHOMAS defaults to Payment Method/Cash. You can use your **up and down arrows** OR **quickly type** the first couple letters to find what you are looking for. Options are Cash, Credit Card, Check, Money Order, Third Party Check, EFT, Gift Certificate, Other.

Post patient payment

04-21400 GENIUS, THOMAS
Cash: 0.00 Ins: 567.00

Payment Method: Cash

Reference:

Post Date: 03/18/2015 ☒ Check Disbursement

Adjustment Code:

Doctor: 01 - MEREDITH L GREY

Location: 02 - LOCATION 02

Alert:


Notes:

No Payment
No Receipt
Receipt
Family Appts

Account	Name	Ins Bal	Cash Bal	Discount	Paid
21400 *** THOMAS GENIUS ***		567.00	0.00	0.00	0.00
21401 ADAM GENIUS		11.00	0.00	0.00	0.00
Totals:		578.00	0.00	0.00	0.00

When system setting SHOWCREDITONPATPAY has a value of 1

- When you have a patient payment **Page Down/tab** takes you to Discount then Paid column.
- Enter your patient payment and **Page Down** takes you to No Receipt.
- If you want a receipt use your **down arrow** to go to Receipt.

Either way hit **Enter** and a new icon  shows up and it is already highlighted.

- Hit **Enter** to "Post" the payment. *Payments do not get posted until you Post !*

Post patient payment

04-21400 GENIUS, THOMAS
Cash: 0.00 Ins: 567.00

Payment Method: Cash

Reference:

Post Date: 03/19/2015 ☒ Check Disbursement

Adjustment Code:

Doctor: 01 - MEREDITH L GREY

Location: 02 - LOCATION 02

Alert:

Notes:

No Payment
No Receipt
Receipt
Family Appts
Post

Name	Loc	Dr	DOS	Procedure	Balance	Discount	Paid

- When you have no payment **Page down/Page Down** takes you to No Receipt.
- **Enter** and you are done.

When system setting SHOWCREDITONPATPAY has a blank value:

- When you have a patient payment **Page down** takes you to the Paid column.
- Enter your patient payment and **Page Down** takes you to No Receipt.
- If you want a receipt use your **Down Arrow** to go to Receipt and **Enter**.
- When you have no payment **Page down/Page Down** takes you to No Receipt hit **Enter**.

Post Patient Payment

Post patient payment 04-21400 GENIUS, THOMAS
Cash: 0.00 Ins: 567.00

Payment Method: **Cash**

Reference:

Post Date: **03/18/2015** ☒ Check Disbursement

Doctor: **01 - MEREDITH L GREY**

Location: **02 - LOCATION 02**

Alert:

Notes:

No Payment
No Receipt
Receipt
Family Appts

Account	Name	Ins Bal	Cash Bal	Paid
21400 *** THOMAS GENIUS ***		567.00	0.00	0.00
21401 ADAM GENIUS		11.00	0.00	0.00
Totals:		578.00	0.00	0.00

Posing Insurance Payments

Post Insurance Payment from Patient Screen

- Use your mouse or **Alt I** to take you into the Billed Claim List
- Use your **up and down arrows** to highlight the correct claim.
- **Alt P (for Primary) Alt S (for Secondary) or Alt T (for Tertiary)** – opens the screen to post your insurance payment and defaults to the Check Number.
- Once all fields in the top left corner are correct **Page Down** takes you to the first approved line.
- **Down Arrow** for the next transaction line.
- When you are done **Page Down** will either take you to the last field of the approved column.
- From the last line **Page Down** takes you to done. Hit **Enter** to post the payment.

Post Insurance Payments from The Billing Tab.

With the new system setting turned on eTHOMAS will now default to the Claim # when posting Insurance Payments.

Patient Code Files **Billing** Reports Appointments Route Slips Utility Help Messaging eTHOMAS v.9.5.00 - MI

Post Ins Payment

Search for: In: Account

Claim #: Primary


Acct	Name	Address	City, State, Zip

Billing
Claims
Statements
Billing Validation
Post Charges
Post Ins Payment
Post Pat Payment
Other Claim Status

There is a new System Setting AppPatScreenASC. If activated with a value of 1, the appointments on the Patient Information screen will display in ascending order. This setting is designed to help those clients who have activated the System Setting AppShowOld where the appointments display in descending order by default.

eTHOMAS has had the ability for quite some time of importing charges from third-party software, such as an EHR or Lab. This saves our clients countless hours of data entry since the charges can be sent from their third-party software to eTHOMAS through our GS Interface program. If you are interested in getting more information on importing your charges from your EHR to eTHOMAS, please contact us!

- Create a new claim header
- Merge the individual authorization numbers onto the single claim header with each authorization number separated by a forward slash "/".

From the AutoCharge area, select the lines of service that should be posted together and press the Manual Charge button . This can also be done at the patient level when posting charges, if there are lines of service within the AutoCharge area, select the lines of service from the Imported Procedures. Notice in the example below, the patient has three different authorization numbers.

Post

Post

AutoCharge

Billing: Load Pats, Select All, Clear All, Delete Selected, Order by: DOS, List Count: 56
 Exceptions: Manual Charge, Check Data

DOS	Acct	Name	Proc	Description	DX1	DX2	DX3	DX4	DR	Mod	Loc	Illness	Referral	Facility	Claim	Prior Auth	Charge	Case Created	Contro																																																								
<div> Post Imported Procedures Imported Procedures <table border="1"> <thead> <tr> <th>Action</th> <th>DOS From</th> <th>DOS To</th> <th>Proc</th> <th>DX1</th> <th>DX2</th> <th>Loc</th> <th>Doc</th> <th>Ref</th> <th>Fac</th> <th>Claim</th> <th>Created</th> <th>Case</th> <th>Edit</th> </tr> </thead> <tbody> <tr> <td>Post</td> <td>03/03/2014</td> <td>03/03/2014</td> <td>82947</td> <td>2448</td> <td></td> <td></td> <td>01</td> <td></td> <td></td> <td>01</td> <td>02/17/2015</td> <td>NO</td> <td>Edit</td> </tr> <tr> <td>Post</td> <td>03/03/2014</td> <td>03/03/2014</td> <td>84132</td> <td>2449</td> <td></td> <td></td> <td>01</td> <td></td> <td></td> <td>01</td> <td>02/17/2015</td> <td>NO</td> <td>Edit</td> </tr> <tr> <td>Post</td> <td>03/03/2014</td> <td>03/03/2014</td> <td>82310</td> <td>25000</td> <td></td> <td></td> <td>01</td> <td></td> <td></td> <td>01</td> <td>02/17/2015</td> <td>NO</td> <td>Edit</td> </tr> </tbody> </table> </div>																				Action	DOS From	DOS To	Proc	DX1	DX2	Loc	Doc	Ref	Fac	Claim	Created	Case	Edit	Post	03/03/2014	03/03/2014	82947	2448			01			01	02/17/2015	NO	Edit	Post	03/03/2014	03/03/2014	84132	2449			01			01	02/17/2015	NO	Edit	Post	03/03/2014	03/03/2014	82310	25000			01			01	02/17/2015	NO	Edit
Action	DOS From	DOS To	Proc	DX1	DX2	Loc	Doc	Ref	Fac	Claim	Created	Case	Edit																																																														
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Post	03/03/2014	03/03/2014	82310	25000			01			01	02/17/2015	NO	Edit																																																														

Post Quick Done Show Enc Edit

Once you have clicked Post, the Post Charges screen will be displayed. Notice the Header that is added. The naming convention with the IMPADDDEFHEADER value 4 is the Julian Date (in this case 48) and the dash indicates the second header created for this patient on date 48.

THOMAS Posting Charges

Post Charges Copay: \$0.00 Cash: 0.00 Ins: 0.00 40 PATIENT, TEST

Primary: 1)OT/1200 DX A/1 2448 DX G/7
 Secondary: 2)OT/3033 DX B/2 25000 DX H/8
 Tertiary: 3)OT/3042 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 01 - MED-Q TEST
 Doctor: 01 - TEST
 Header: 48-2
 Bill Type: Either
 Doc Ind: Doc Type:
 Referral: Illness:
 Facility: 01 NONE

Ins Remarks Clin Notes Profiles Last Claim
 DOS From DOS To Procedure Dr DX Ptr POS Qty Charge Srv Charge Pat Mfy1 Mfy2 Mfy3 BTI R E Recall Misc Dt
 03/03/2014 03/03/2014 82947 01 1 3 1 10.00 0.00
 03/03/2014 03/03/2014 84132 01 1 3 1 20.00 0.00
 03/03/2014 03/03/2014 82310 01 2 3 1 30.00 0.00
Totals: 60.00 0.00

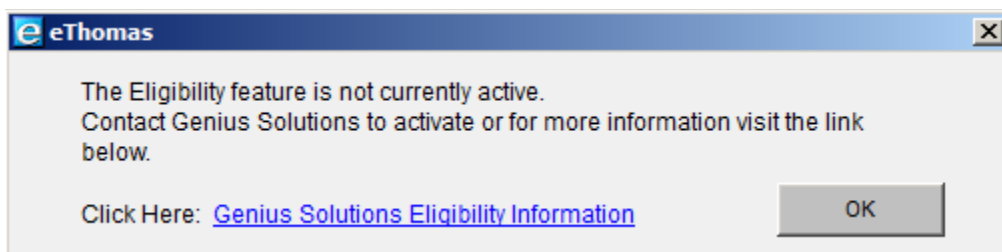
DownArrow: Add Additional Transaction F1: Lookup F6: Goto DX1 F8: Goto Transaction F10: Help
 PageDown: Goto Done F5: Goto Primary Policy F7: Goto Claim Type F9: Goto Route Slip

To view the Authorization Numbers, open the Claim Header.

Genius Instant Eligibility

Genius Solutions has e-eligibility for eTHOMAS. e-Eligibility allows you to verify patient insurance with the push of a button! If you are interested in learning more about the eligibility feature in eTHOMAS, please contact Genius Solutions at 586-751-9080 (out-of-Michigan: 800-645-0955) or email us at Sales2@geniussolutions.com.

With the release of Version 9.5, you will notice the buttons for the instant eligibility are ready for activation in the Policy and Posting Charges screen. If eligibility is not active a message will pop up when clicked providing you with more information on eligibility.



From within the Policy Information screen you will see the View Eligibility and Check Eligibility buttons. These buttons are to view and check eligibility from within eTHOMAS when activated.

From within the Post Charges screen you will see a 1, 2, 3 to the left of the Primary/Secondary Tertiary. These buttons are to be check eligibility from within eTHOMAS for the specified policy, when activated.

Post Charges		
Primary:	1	1)BN/BCN
Secondary:	2	
Tertiary:	3	