

# **Exa® PACS/RIS**

# **Feature Summary**

## **Billing Setup Menu**

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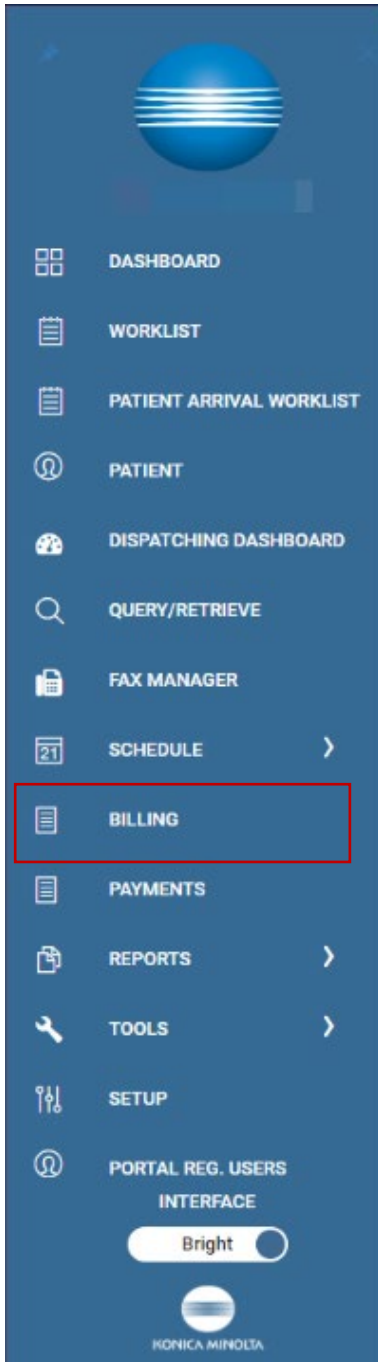
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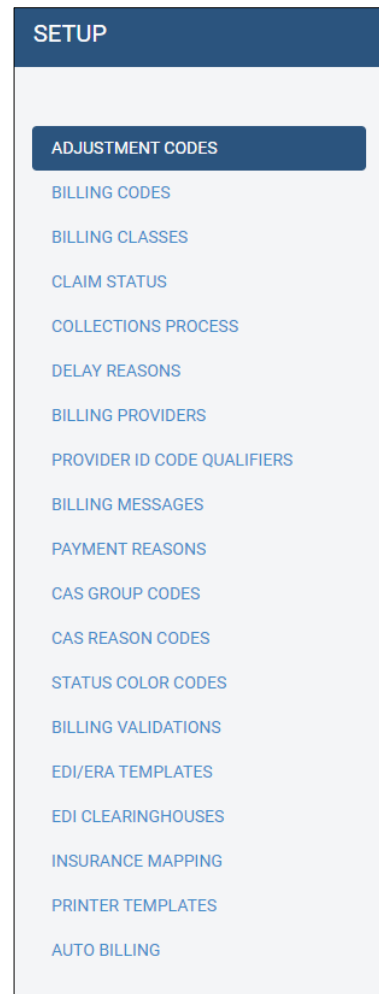
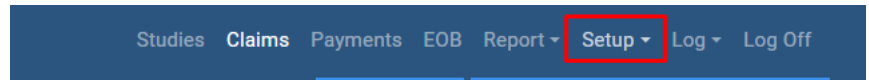
## Introduction to the Billing Setup menu

To open the Setup menu, select **Billing > Setup**.

### Select Burger > Billing...



### ...Setup



This document describes the items on the Setup menu.

## Adjustment codes

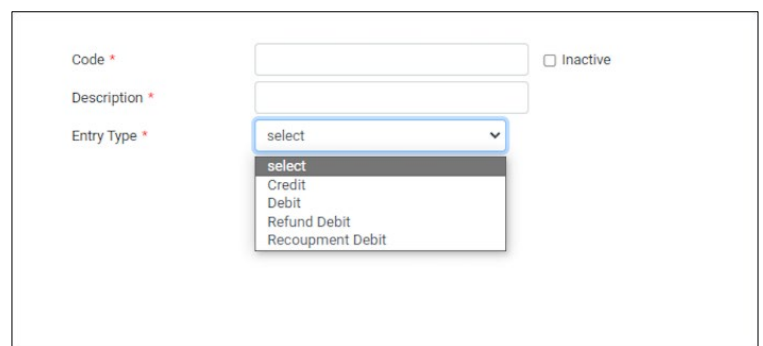
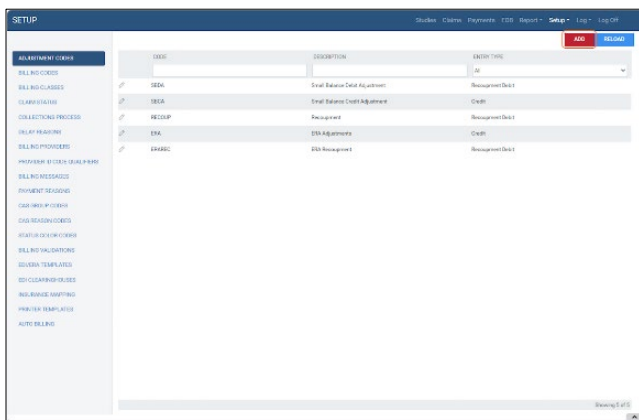
Adjustment codes are used by healthcare providers, insurers, and clearinghouses to explain why a claim or service line was adjusted, rejected, or denied. Codes appear on the claim level adjustment. Exa Billing comes with some adjustment codes, but you can add more as needed. To add a code:

Each code needs a description and an entry type.

Code = Adjustment code nickname/acronym

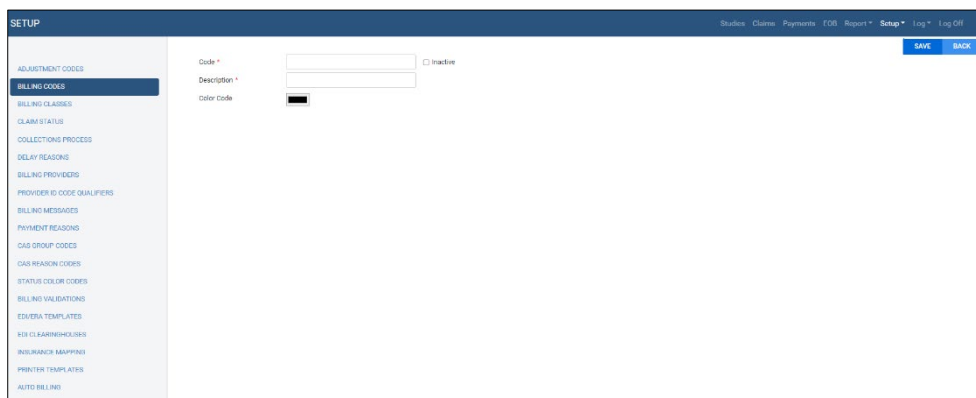
Description = Name of the adjustment code

Entry Type = Type of adjustment the code will be used for



## Billing codes and billing classes

You can apply user-specific billing codes and classes to claims to categorize them for easier follow-up and organization. You can also apply colors to claims by class or code.



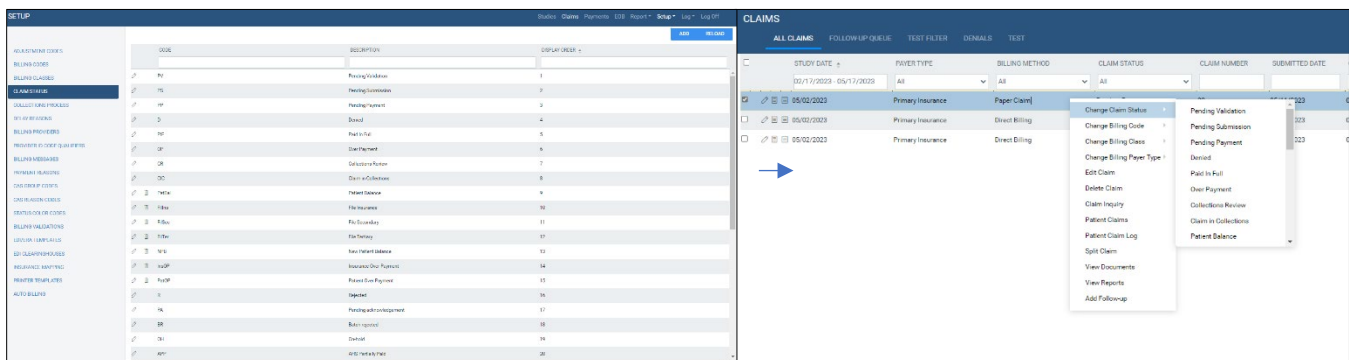
**This is an optional feature.**

## Claims status

Claims statuses denote the different stages of processing and reimbursement of claims. You can add, remove, and inactivate claim statuses depending on the claim and claim scenarios.

Some codes come standard with Exa Billing, such as:

- Pending Validation: Claims must meet specific parameters set before billing
- Pending Submission: The claim was successfully validated and is waiting to be sent to the payer.
- Pending Payment: Default status once the claim is submitted. This status will automatically update when the payment is received.
- Paid in Full: Claim has a 0 balance.
- Denied
- Overpayments
- Collections Review
- Claims in Collections



You can view statuses by right-clicking a claim

## Collections

You can use the Collections feature to automatically send patient-responsible claims to collections based

Process Collections Automatically

Minimum Account Balance

**Collections Review Criteria**

Multi select at least one option

---

Change claim status to **Collections Review** if no payment is applied to the patients account  days after  statements are sent

Change claim status to **Collections Review** if no payment is applied to the patient account within  days of the last patient payment

**Claim Balance**

When not selected claim balances will remain

---

Write off the balance when there is a claim status in **Claim in Collections**

on specified parameters. You can modify how the statement is sent, and select to automatically write off claims when in collections.

## Delay reason codes

Delay reason codes provide information to both healthcare providers and insurance companies as to why claims submitted to an insurance company were delayed or denied.

ACTIVE	CODE	DESCRIPTION
All		
<input checked="" type="checkbox"/>	1	Proof of eligibility unknown or unavailable
<input checked="" type="checkbox"/>	10	Administration Delay in the Prior Approval Process
<input checked="" type="checkbox"/>	11	Other
<input checked="" type="checkbox"/>	15	Natural Disaster
<input checked="" type="checkbox"/>	2	Litigation
<input checked="" type="checkbox"/>	3	Authorization Delays
<input checked="" type="checkbox"/>	4	Delay in Certifying Provider
<input checked="" type="checkbox"/>	5	Delay in Supplying Billing Forms
<input checked="" type="checkbox"/>	6	Delay in Supplying Custom-made Appliances
<input checked="" type="checkbox"/>	7	Third Party Processing Delay
<input checked="" type="checkbox"/>	8	Delay in Eligibility Determination
<input checked="" type="checkbox"/>	9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation

## Billing providers

A *billing provider* (or *rendering provider* or *billing entity*) is a healthcare professional or organization submitting the reimbursement claim to the insurance company or payer.

<p>Name * <input type="text"/> <input type="checkbox"/> Inactive</p> <p>Code * <input type="text"/></p> <p>Short Description * <input type="text"/></p> <p>Federal Tax ID * <input type="text"/></p>	<p>NPI No. * <input type="text"/></p> <p>Taxonomy Code * <input type="text"/></p>
<p><b>Address Info</b></p> <p>Contact Name * <input type="text"/></p> <p>Address1 * <input type="text"/></p> <p>Address2 <input type="text"/></p> <p>City/State/ZIP * <input type="text"/> <input type="button" value="Select"/> ZIP Code <input type="button" value="ZIP Plus"/></p> <p>Phone * <input type="text"/></p> <p>Fax * <input type="text"/></p> <p>Email <input type="text"/></p> <p>Web URL <input type="text"/></p>	<p><b>Pay To Address</b></p> <p>Address1 <input type="text"/></p> <p>Address2 <input type="text"/></p> <p>City/State/ZIP * <input type="text"/> <input type="button" value="Select"/> ZIP Code <input type="button" value="ZIP Plus"/></p> <p>Phone <input type="text"/></p> <p>Fax <input type="text"/></p> <p>Email <input type="text"/></p>

**This screen corresponds to box 33 on the CMS 1500 claim form**

### Box 1 (upper-left)

- Enter the name of the billing provider
- The code is an internal nickname or acronym given to each provider
- Short description can be the same as the name
- Federal Tax ID is a 9-digit number

### Box 2 (upper-right)

- NPI number
- Taxonomy

### Box 3 (lower-left)

- Basic contact information for the site

### Box 4 (lower-right)

- A Pay To Address specifies where to send payments for the provider (if different than the address entered in Box 3, i.e., PO Box or Lock Box)

## Provider ID code qualifiers

A 2-digit provider ID code qualifier is a code used in electronic transactions, particularly in healthcare-related transactions, to indicate the type or format of the identification number used for a provider.

Qualifier Code \*   Inactive

Description \*

## Billing messages

Billing messages appear on the patient statement and can be entered into each of the fields below.

CODE	DESCRIPTION
<input type="text"/>	<input type="text"/>
collections	
>120	
91-120	
61-90	
31-60	
0-30	test

Example:

**Billing Provider Address**  
 POKITDOK  
 101 TEST BILLING  
 NASHVILLE TN 37201  
 (222)255-6565

**STATEMENT**  
 Pay this amount: **\$25.00**  
 Statement Date: 06/07/2023  
 Patient: 1234321  
 Test, Barry

Test, Barry  
 101 main st  
 lake charles SC 12321

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Encounter	Date	Code	Description	Amount
22	04/18/2023	74176	CT ABD & PELVIS W/O CONTRAST	\$175.00
22	05/18/2023	Insurance	AA&P MEDICARE COMPLETE	\$75.00 CR
22	05/18/2023	Adj	AA&P MEDICARE COMPLETE	\$75.00 CR
Encounter Total				\$25.00
Statement Total				\$25.00

Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Balance
\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00

Balance is due in full. We accept major credit cards.

**MAKE CHECKS PAYABLE TO:**  
 POKITDOK  
 101 TEST BILLING  
 NASHVILLE TN 37201

test



## Payment reasons

Payment reasons help identify the type of payment on the claim.

Reasons \*   Inactive  
 Description \*

	REASONS	DESCRIPTION
	<input type="text"/>	<input type="text"/>
	Copy	Copy
	Insurance	Insurance
	Self	Self

## CAS group codes

Claim adjustment segment (CAS) group codes are two-digit alpha-character codes used by insurance companies to assign responsibility for adjustment amounts taken on a claim or service line.

	CODE	NAME	DESCRIPTION
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PI	PI	Payer Initiated Reductions
	PR	PR	Patient Responsibility
	OA	OA	Other Adjustment
	CO	CO	Contractual Obligation

You can add, remove, or inactivate CAS group codes.

Code \*   Inactive  
 Name \*   
 Description \*

### CAS reason codes (CARC)

Claim adjust reason codes pair with CAS group codes. CARC codes explain why there is a difference between the total billed amount and the paid amount.

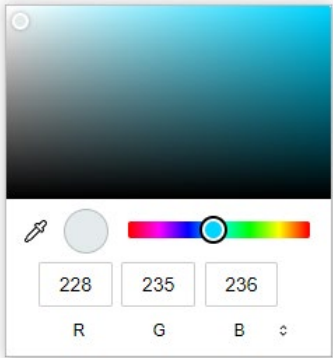
You can add, delete, or inactivate CARC codes.

Code *	<input type="text"/>	<input type="checkbox"/> Inactive
Description *	<input type="text"/>	

### Status color codes

You can configure custom color codes for various processes in Exa Billing for increased organization and structure for claims, payments, and study types.

Process Type *	Select	▼
Process Status *		▼
Color Code	<input type="text"/>	



## Billing validations

You can select which information on claims is validated for inclusion before submitting.

Electronic
Invoice
Patient

**Billing Provider**

- Billing Provider-Address Line 1
- Billing Provider-City
- Billing Provider-Name
- Billing Provider-NPI
- Billing Provider-State
- Billing Provider-ZIP

**Claim**

- Claim-ICD Code 1
- Claim-Place of Service Code
- Claim-Total Charge

**Primary Insurance**

- Insurance Provider-Address Line 1
- Insurance Provider-City
- Insurance Provider-Company Name
- Insurance Provider-Payer ID
- Insurance Provider-State
- Insurance Provider-ZIP

**Patient Details**

- Patient-Address Line 1
- Patient-City
- Patient-DOB
- Patient-First Name
- Patient-Last Name
- Patient-Gender
- Patient-State
- Patient-ZIP

**Rendering Provider**

- Rendering Provider-Name
- Rendering Provider-NPI

**Referring Provider**

- Referring Provider-Name
- Referring Provider-NPI

**Claim Service Line**

- Service Line-Dig 1

**Service Group**

- Service Facility-Address Line 1
- Service Facility-City
- Service Facility-Name
- Service Facility-NPI
- Service Facility-State
- Service Facility-ZIP

**Subscriber**

- Subscriber-Address Line 1
- Subscriber-City
- Subscriber-DOB
- Subscriber-First Name
- Subscriber-Last Name
- Subscriber-Gender
- Subscriber-State
- Subscriber-ZIP

**Claim Payer**

- Payer-Address 1
- Payer-City
- Payer-Name
- Payer-State
- Payer-ZIP

## EDI/ERA templates

Exa Billing provides default EDI and ERA templates.

EDI Template
ERA Template

DEFAULT\_EDI
ADD
DELETE

```

1036     [{"adjustmentGroupCode"},
1037     [{"caslist[0].reasonCode"},
1038     [{"caslist[0].amount"}],
1039     "}],
1040     [{"caslist[1].reasonCode"},
1041     [{"caslist[1].amount"}],
1042     "}],
1043     [{"caslist[2].reasonCode"},
1044     [{"caslist[2].amount"}],
1045     "}],
1046     [{"caslist[3].reasonCode"},
1047     [{"caslist[3].amount"}],
1048     "}],
1049     [{"caslist[4].reasonCode"},
1050     [{"caslist[4].amount"}],
1051     "}],
1052     [{"caslist[5].reasonCode"},
1053     [{"caslist[5].amount"}],
1054     "}],
1055     [{"caslist[6].reasonCode"},
1056     [{"caslist[6].amount"}],
1057     "}],
1058     "}],
1059     "}],
1060     "SE": {
1061       "IGNORE": "({return !jsData.accountingDt})",
1062       "ALLOW_EMPTY_SEGMENT": false,
1063       "NAME": "Line Check Or Remittance Date",
1064       "ELEMENTS": [
1065         "Z071",
1066         "08",
1067         "accountingDt"
1068       ]
1069     },
1070     "SE": {
1071       "ALLOW_EMPTY_SEGMENT": false,
1072       "NAME": "Line Item Control Number",
1073       "ELEMENTS": [
1074         "08",
1075         "chargeID"
1076       ]
1077     }
1078   }
1079 }
1080 }
1081 }
1082 }
1083 "SE": "DEFAULT",
1084 "GE": "DEFAULT",
1085 "IEA": "DEFAULT"
1086 }
                
```

SAVE
LOAD DEFAULT TEMPLATE

## EDI clearinghouse

Exa Billing offers several options to submit electronic claims with EDI clearinghouses:

- Using an SFTP portal
- Downloading an 837 file from Exa Billing and upload it into a clearinghouse portal
- Downloading an 835 payment file

## Insurance mapping

Insurance Name *	CIGNA
Insurance Code *	CIGNA
Billing Method *	Electronic Billing
Claim Clearinghouse *	Select
EDI Code	
Claim File Indicator Code	
<input checked="" type="checkbox"/> Print Name In Claim Form	
<input checked="" type="checkbox"/> Print Signature On File for Paper Claim Form	
<input checked="" type="checkbox"/> Print Billing Provider Address	

You can configure the billing method used by each insurance payer. Billing methods include:

- Direct Billing – Invoice
- Electronic Billing – Claims are submitted through EDI
- Paper Claim – Claims are submitted through a paper CMS1500 form
- Patient Payment – Patients receive their bills through the statement process

Another indicator listed on the screen is the EDI code.

Definition	Equivalent Code submitted by EXA	Used?
Attorney	AT	
Automobile	AM	
Blue Cross	BL	Yes
Commercial	CI	Yes
HMO Medicare Risk	16	Yes
M DMERC	DMERC	No - DME
Medicaid	MC	Yes
Medicare	MB	
Railroad MC	MB	
Worker's Compensation	WC	
X Campus	CH	
Y Facility	YFAC	

Print Billing Provider Address

The Print Billing Provider Address checkbox controls where claims are sent. If the user has a lock box or P.O. Box for their payments, clear the checkbox.

## Printer templates

Printer templates are loaded into Exa Billing, and they can be customized to meet billing submission needs.

TEMPLATE NAME		TEMPLATE TYPE
<input type="text"/>		All
	Red form	Paper Claim (RED)
	Invoice Template	Direct Invoice
	Patient Invoice	Patient Invoice
	Black & White Final	Paper Claim (B & W)

## Auto-Billing

Auto-Billing allows you to automatically allow studies that are completed/closed (based on your internal workflows and criteria) that would normally fall in “ready to bill” to have a claim submitted. You can set up multiple auto-billing jobs based on criteria including study status, facility, modality, service code, insurance provider payer types, and insurance providers. You must enter a description for each auto-billing job you create. You also can identify what claim status you would like to use.

Description \*

Results in Claim Status \* Pending Validation  Inactive

**Study Status \***

Is  Is Not

**Facilities**

Is  Is Not

**Modalities**

Is  Is Not

**Service Codes**

Is  Is Not

**Insurance Provider Payer Types**

Is  Is Not

**Insurance Providers**

Is  Is Not