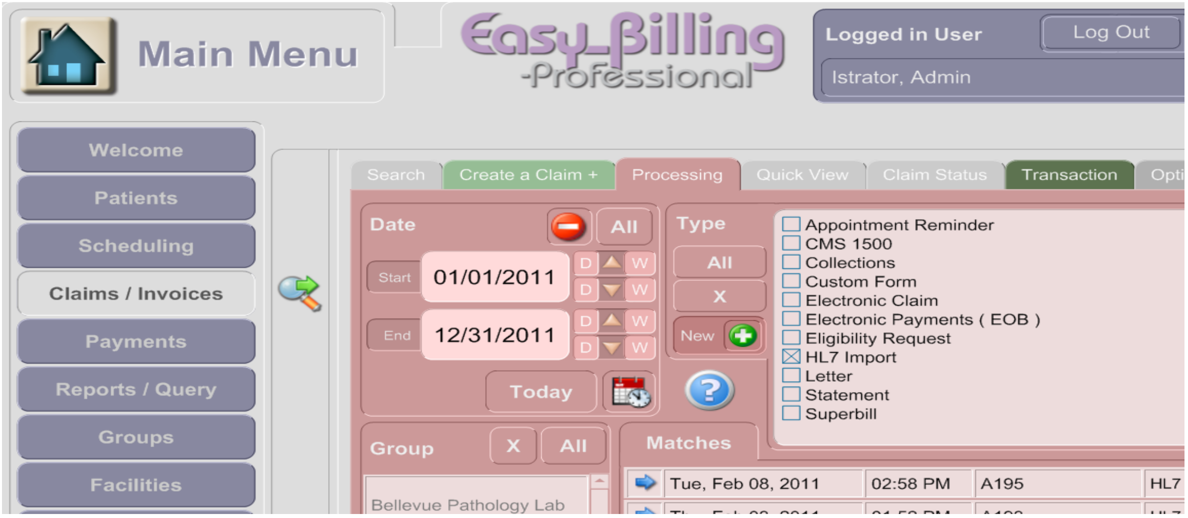
AP Easy HL7 Interface

AP Easy signing out to HL7 interface for Easy Billing Professional

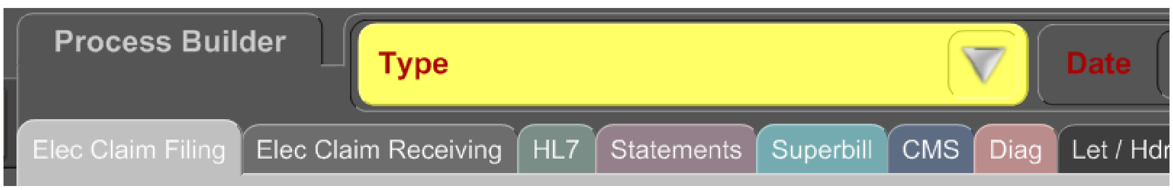
- In AP Easy select "Go To" (menu) and choose Reports Logs > General Query.
- Do a search for Dated Signed using yesterday's date.
- Click Select All.
- Go to "Options" - Send Selected to Interface".
- Send To "select "Yes- Default".
- All selected cased will automatically go to the **"EBPro"** folder, ready to bring into Easy Billing Pro.
- The reports in PDF format will be saved in the **"Cases_PDFs"** folder, which can be viewed from within Easy Billing Pro.
- It is recommended and best to bring in one file per day from AP Easy.

Easy Billing Professional bringing in HL7 file from EBPro folder

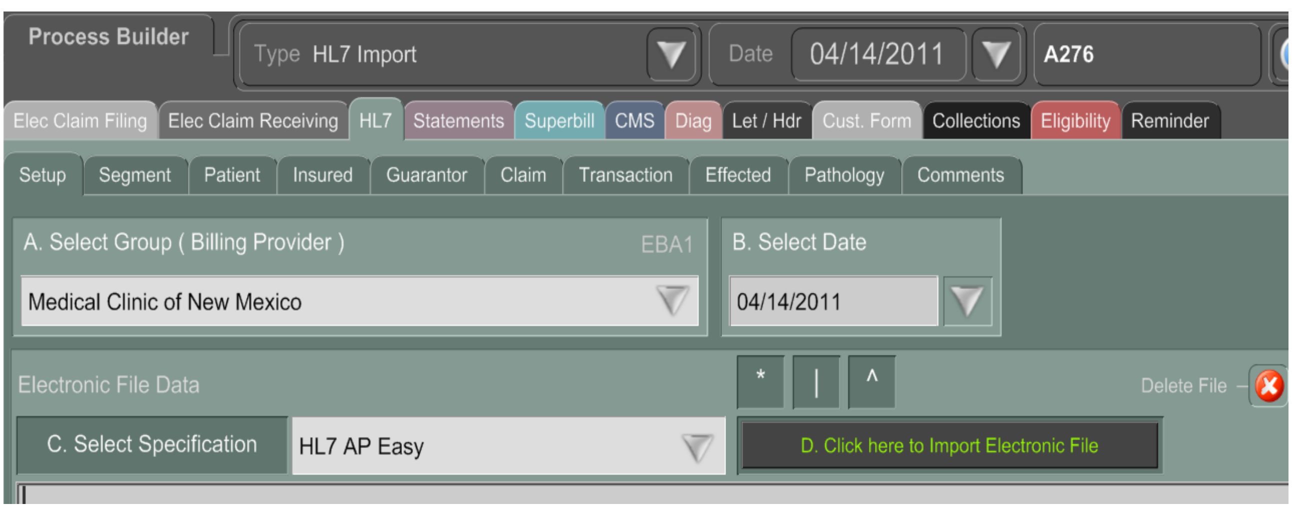
- Select the **Claims/Invoices** menu.
- Choose the **Processing** tab.
- Click on the green plus icon labeled "**New**" to create a new HL7 Processing Event.



- Click in the yellow “Type” field to select "HL7 Import".

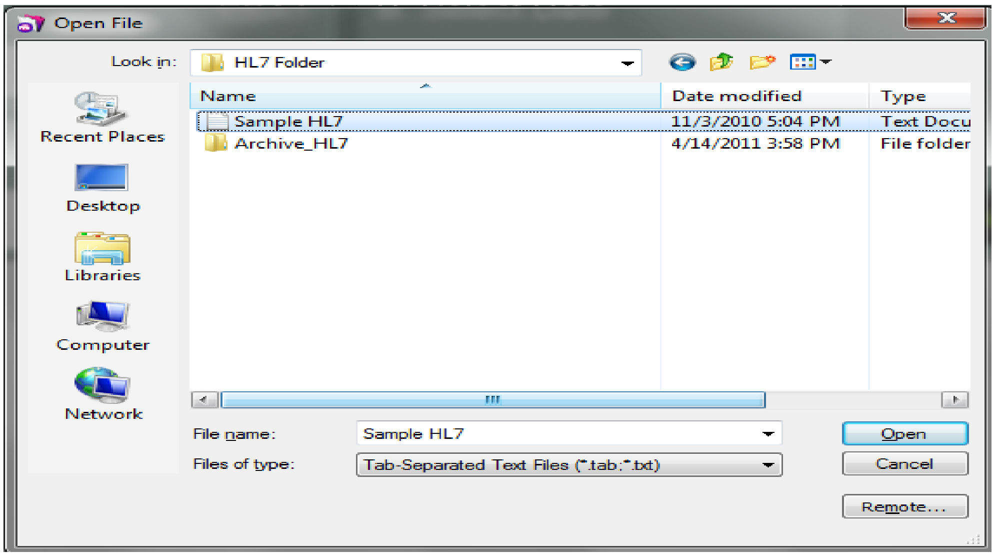


- On “**C. Select Specification”** choose "HL7 AP Easy" from the drop down list.

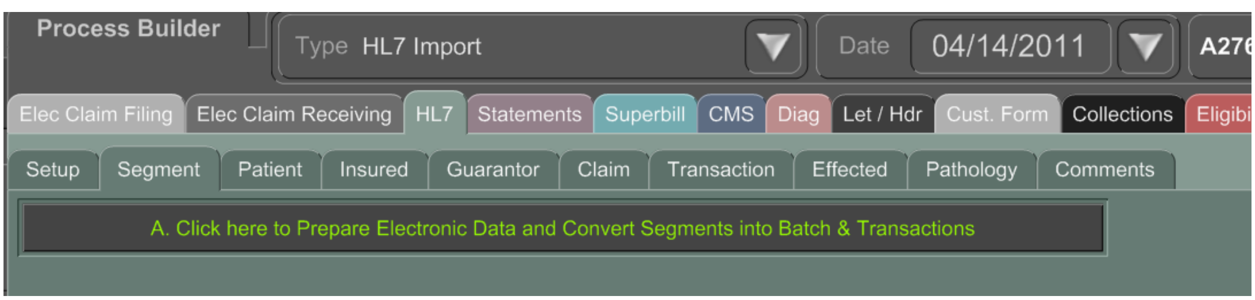


- **D. Click here to Import Electronic File** When the Open File Dialog Box opens, go to the HL7 Folder in your "**EBPro"** folder and move the previously imported HL7 file into the "**Archive_HL7"** folder, so that you do not import it again!

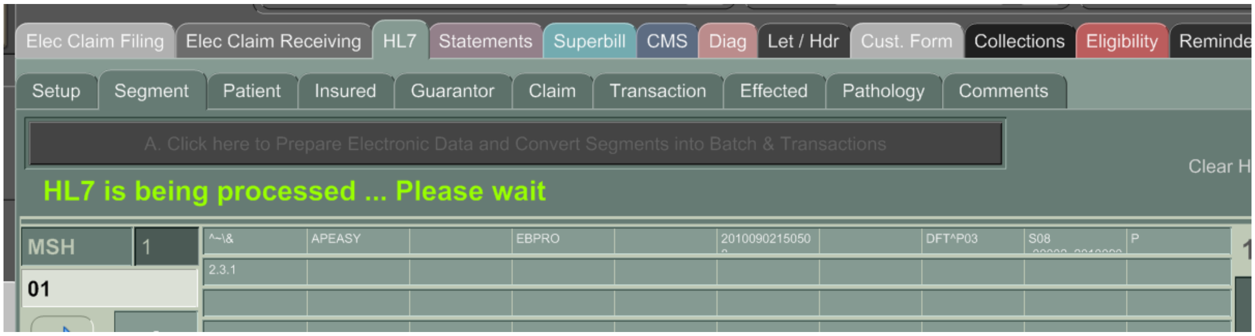
  Select the correct HL7 file to import and click **Open**.

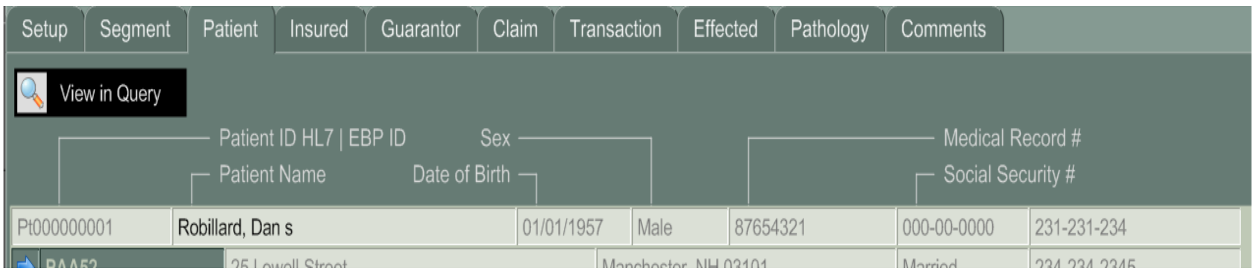


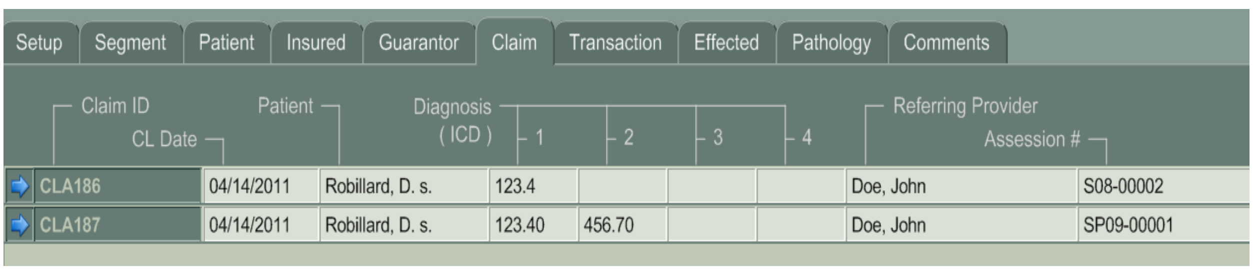
- Go to the **Segment** tab and click on the button: "**A. Click here to Prepare Electronic Data and Convert Segments into Batch and Transactions**." This process will take longer according to size of the file. Allow this process to finish.

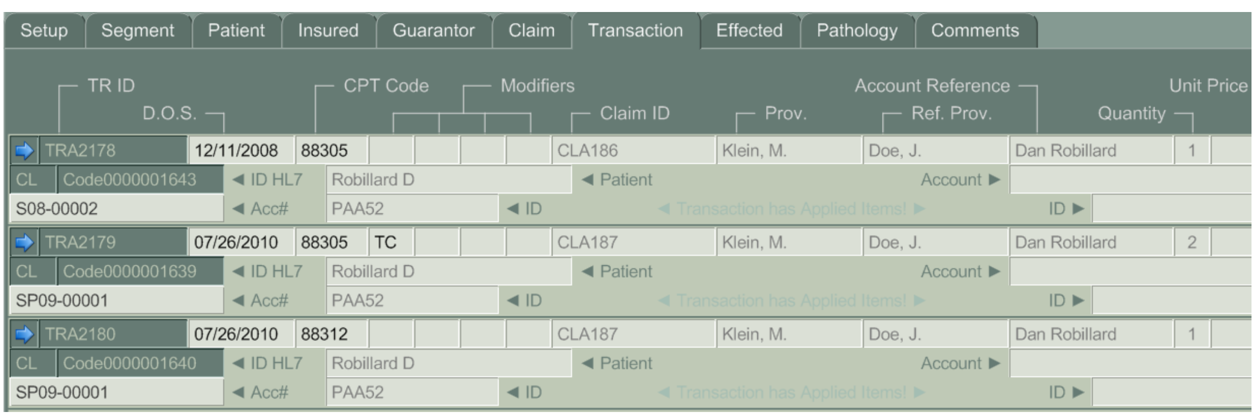


- Once the message "**HL7 is being processed ... Please wait**" disappears, you will be at the **Patient** tab. The **Patient** tab will list all new patients. The **Claim** tab will show new claims and the **Transaction** and **Effected** tabs show claims for the Client Billing Module and new and updated claim information.









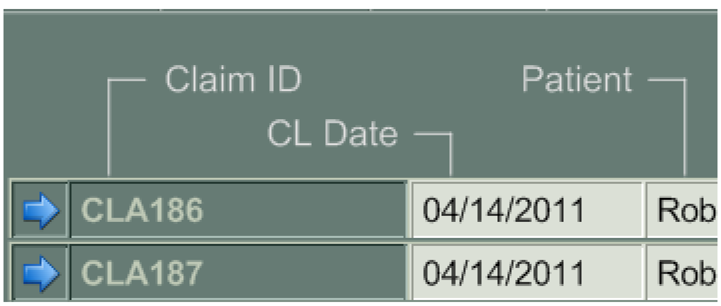
Processing Patient and Carrier claims

Depending on the choice you have set up as your default master, you can bring in more or less data from AP Easy. Our recommendation is that in AP Easy you enter very little information, the patient name, date of birth and the carrier name. Then you can update all additional information needed for billing in Easy Billing Professional after the case has been sent over. By having EB Pro as the master you will only need to update changed patient and billing information in Easy Billing Pro.

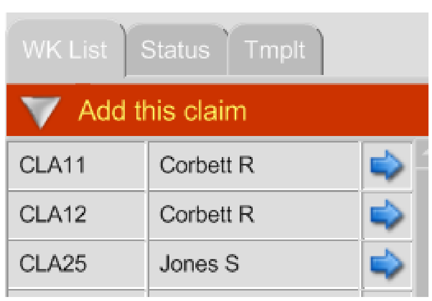
Please Note: you are able to see the report and information for each case as a pop up PDF file within Easy Billing Pro.

How to Process Patient and Carrier claims

- From the **Claim** tab, click on the small blue arrow next to the first claim for processing.

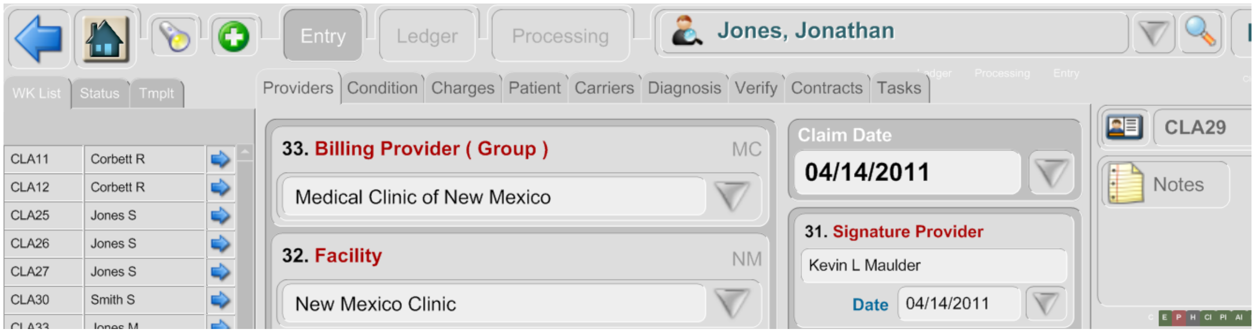


- Click the red "**Add this claim**" button to add this claim to your worklist**.**

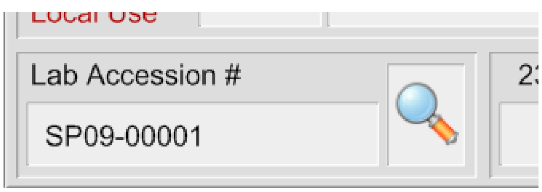


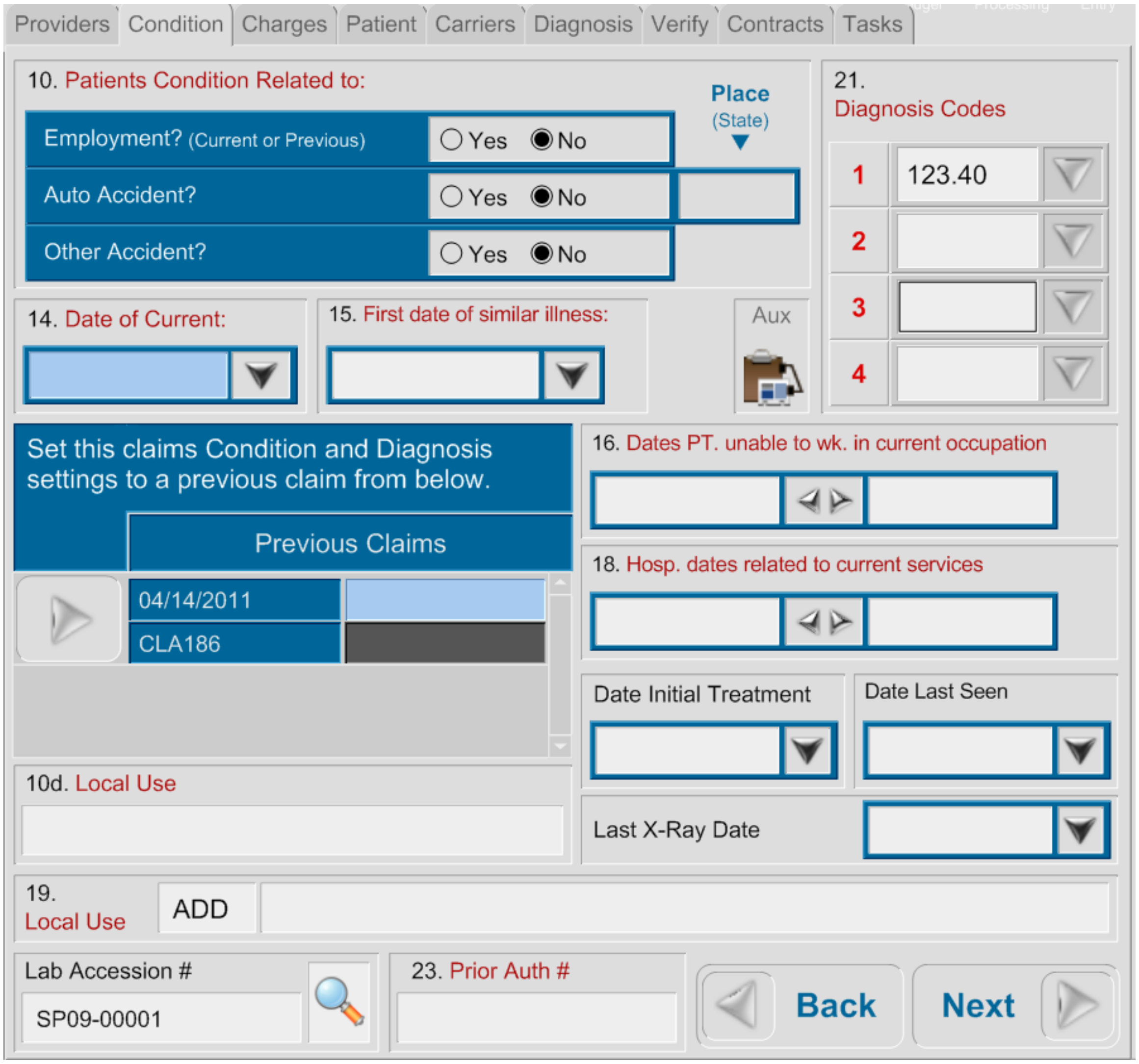
- Click on the **Entry** tab to land on the **Providers** tab. Confirm the Provider and Facility defaulted information, or edit by using the drop down fields. The **"**Claim Date**"** will appear as today's date signifying the creation of the claim, which is used for various reports. The provider signature date defaults onto the CMS 1500 form. If

Signature information is required, return to the Patient Information screens by clicking on the magnifier icon at the top of the screen.

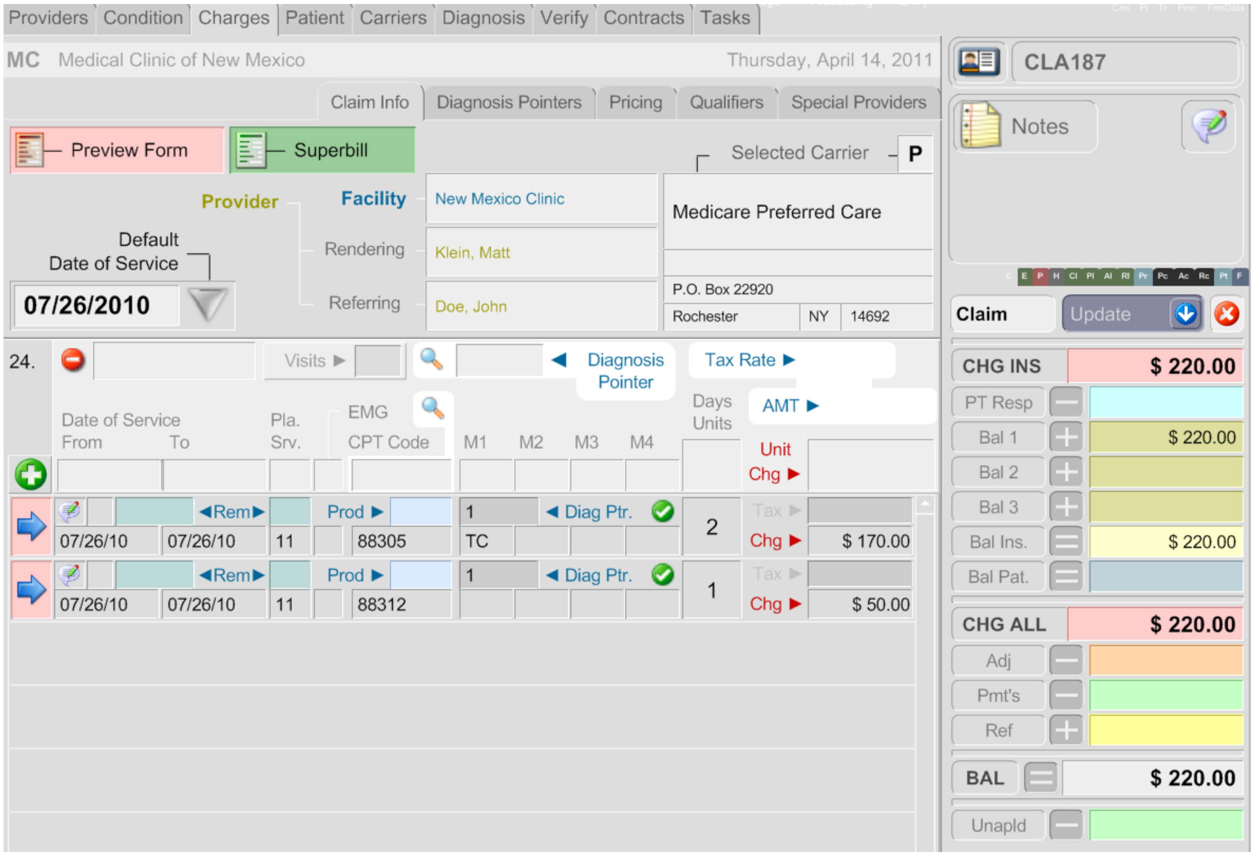


- On the **Condition** tab, enter information by clicking into the fields. The Diagnosis Codes will auto fill from AP Easy or can be entered by using the drop down menu. New DX codes need to be entered into the library. If you have had a "Previous Claim", you can auto fill this information from that claim by clicking the gray arrow next to the previous claim. The “Lab Accession #” will appear at the bottom of the screen. The magnifying icon when clicked will display the **report from AP Easy** in a PDF format. Click the **Next** button at the bottom or, click the **Charges** tab at the top.



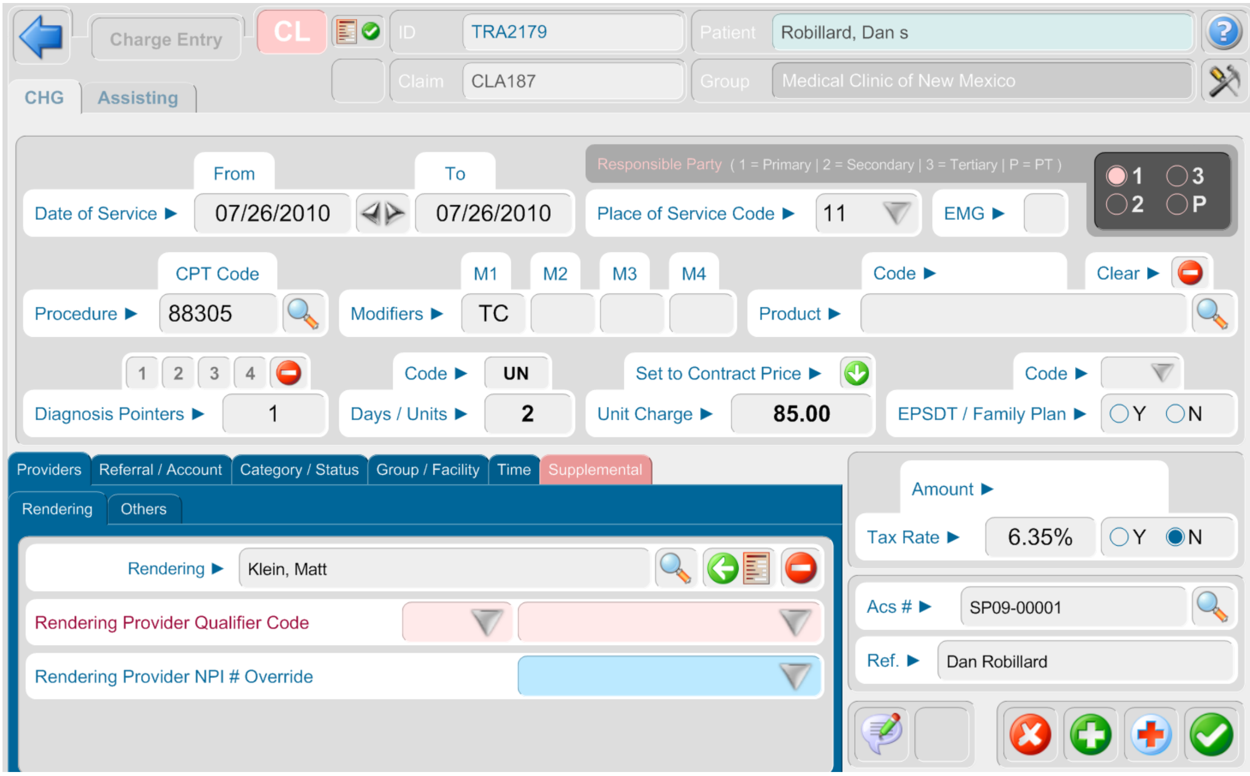


- On the **Charges** tab, CPT codes and charges are automatically brought over from AP Easy. If additional information needs to be added to a line charge, click the blue arrow to the left and add the information on the next screen. Then click the green check icon to return.



To add additional charge lines

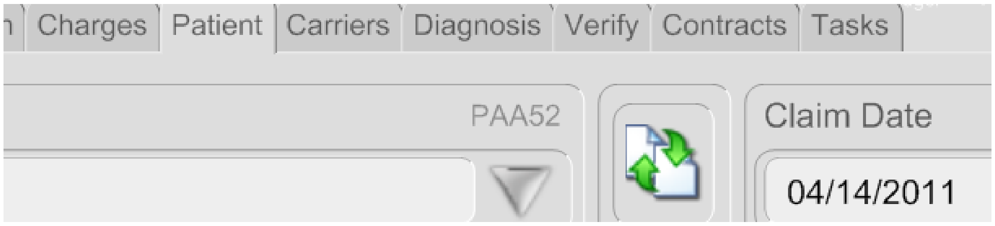
- Click the green plus icon to enter the first CPT code. This screen is designed to be keyboard entry driven except for “Product” field and setting the “Contract Price”. Tab through entering the CPT code, etc. Be sure you have the correct amount of DX pointers and Units. Then click the green check icon to save the line charge, click the green/white icon to add another charge, or the white and red plus icon to duplicate a charge if there are just a few fields to modify.



- **The tabs will become faster as you begin to know which information you will be entering on your cases...

- After entering all the line charges you can go through the **Patient**, **Carrier**, **Diagnosis** tabs confirming the information.
- If additional Patient Demographic or Carrier information for the patient is missing, it will need to be entered in the Patient demographic screens. Click the magnifying glass to go to the patient demographic screens to update Patient Information, then return to the claim and refresh the claim by clicking the **Refresh**

button on the **Patient** tab to update patient information, shown here.

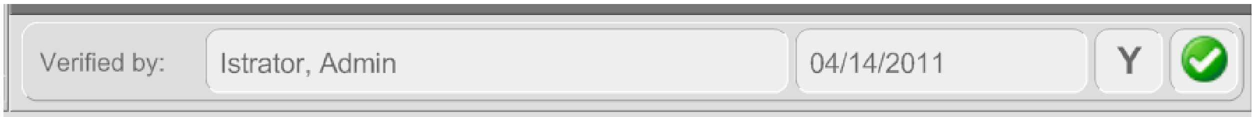


- To update Carrier information, click the **Refresh** button on **Carrier** tab.

IMPORTANT NOTE: When updating patient and carrier information in the Patient demographic screens, be sure to click the **Refresh** icon.

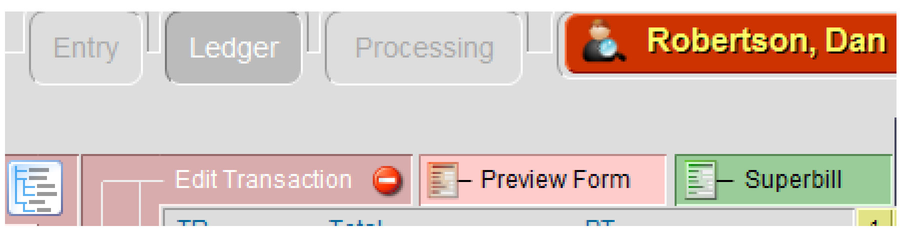
- When those tabs are finished go to the **Verify** tab to verify the claim. If there are errors, click the corresponding tab below the error to see what needs to be updated.

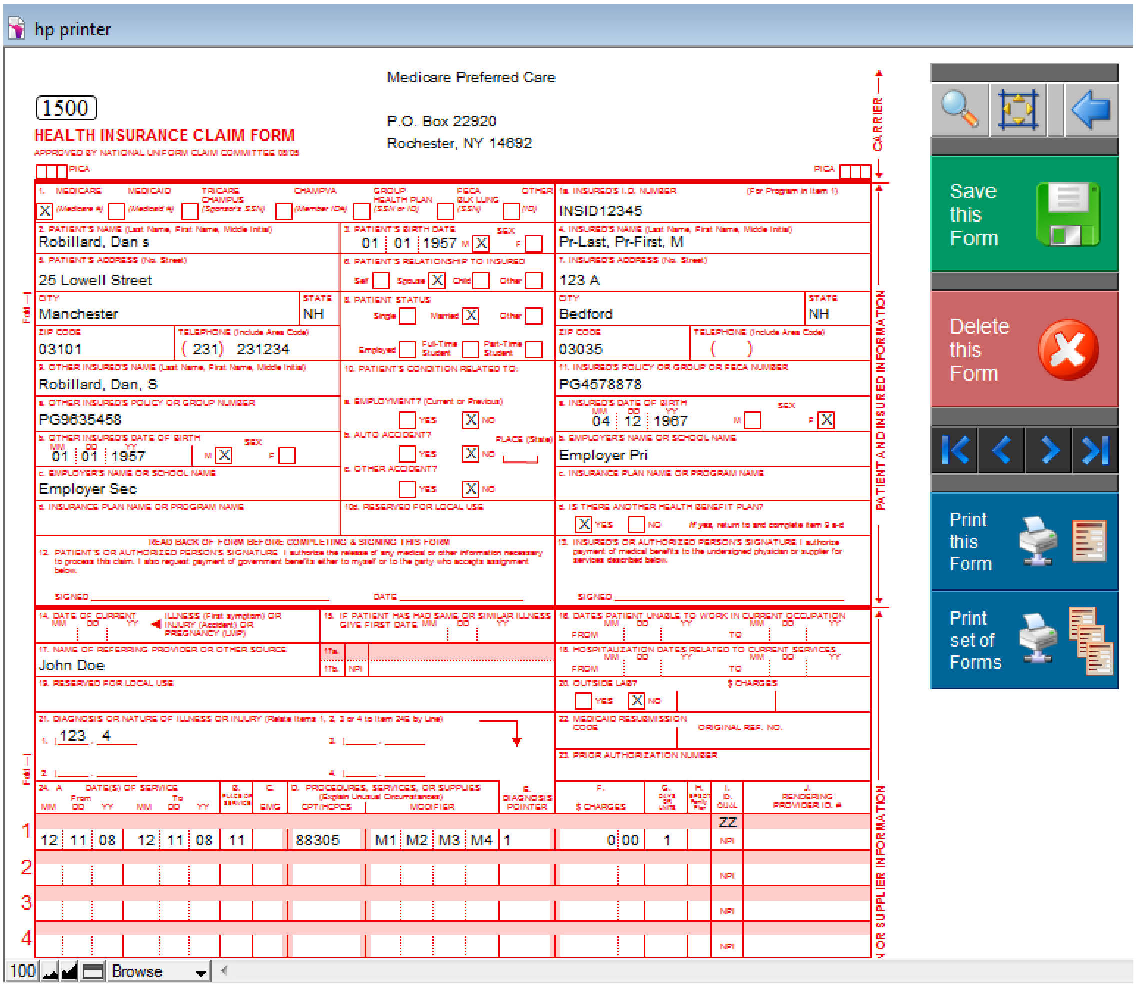
- If this is a self pay patient without a carrier/insurance billing, be sure to click "**Self Pay**" on the **Patient** tab. Then click the **Status** tab to update the status on the claim, for example "Ready Elec" if you want the claim to be batched later electronically. Or, "Ready CMS" to batch the CMS forms later. Or possibly another status based on the claims data.
- The **"Claim Status"** comes with pre-loaded status categories. You can add to these by going to the **Claims/Invoices** menu and selecting the **Status** tab. These are used for searching and categorizing claims.
- Each claim *must* be **Verified** and a **Status** *must* be selected for a claim to later be processed.



If finished with updating the claim, click the large blue Back Arrow to return to the HL7 interface processing tab to continue with the next claim. If you have moved around and lost the link back, return to the Main Menu, click the **Claims/Invoices** menu, then the **Processing** tab, then select "All" in dates and types and return to the HL7 processing event you were just working on.

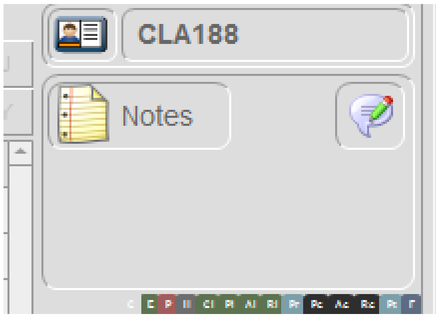
- **Templates**: These are created for manual entry of claims, if you will be entering claims manually in addition to the cases signed out, please ask for instructions on this. **(Not often used by Labs)**
- **Printing a 1500 form or Superbill Receipt:** click the **Preview Form** or **Superbill** icon at the top of the Claim screen on the **Ledger** tab.



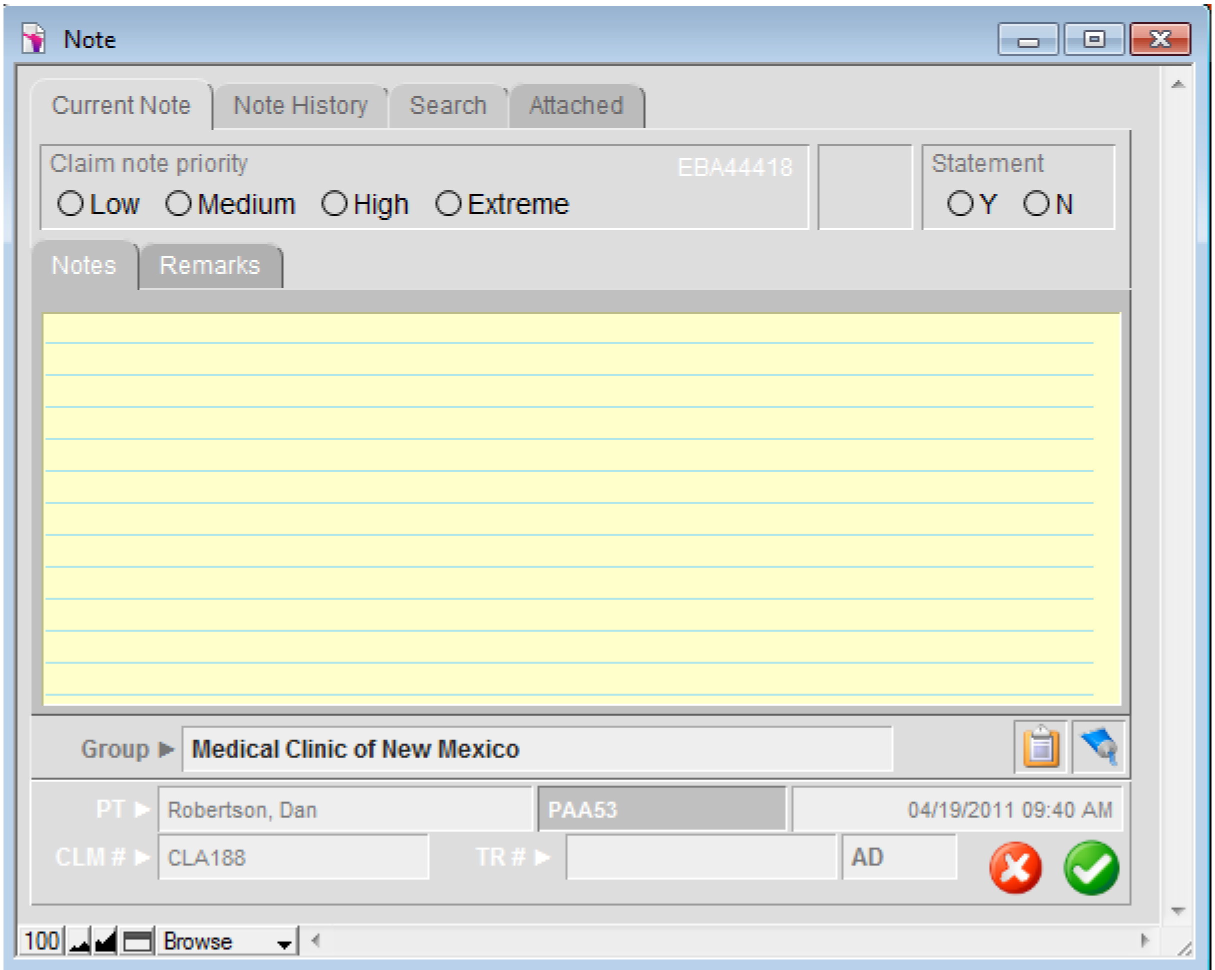


After previewing, you can choose to print, create a PDF file, or return to the previous screen. Once you have previewed or created the 1500 form, or Superbill Receipt, the date created will appear in the **Processing** tab. If you do not want to create a processing event and want to print later, click "**Delete this Form**" on the print preview screen to return to the Claim screen

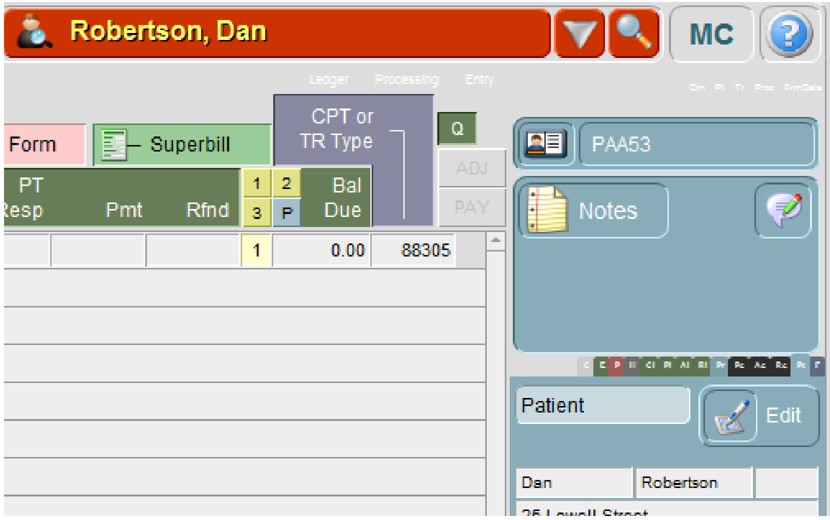
- To add a note to the claim, click the round grey note icon.



The note can be set to appear on a superbill or statement by clicking "Y" in the **Statement** box. You can also indicate the note priority by clicking on the level. “High” and “Extreme” will show icons on the claim and also on other lists and reports in the program. You can view the note history of previous notes and also attach documents to the claim. Please note, when attaching notes it will save the document in the Easy Billing Pro folder which will cause the folder to increase in size.

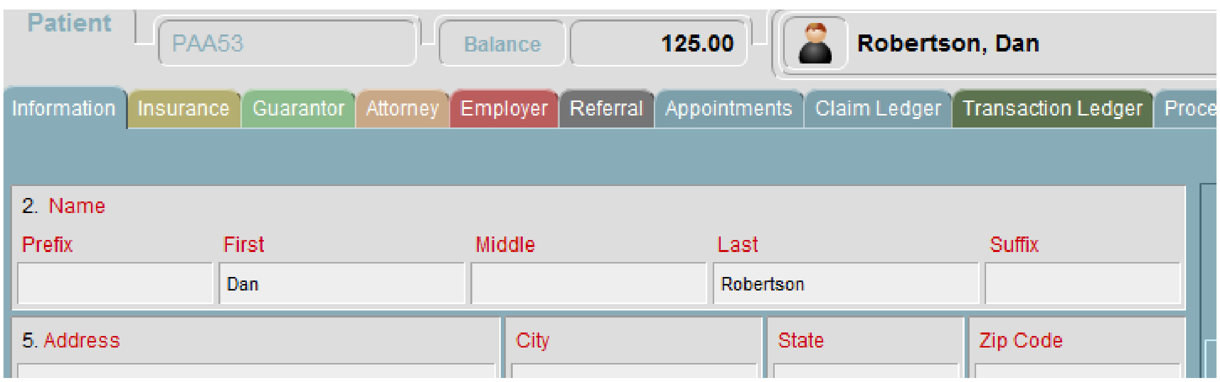


- To add a **note to the Patient account** click the Patient Name at the top of the screen and the note icon will appear on the right side of the screen to add a patient level note. Click the name again to return to the claim level screen**.**

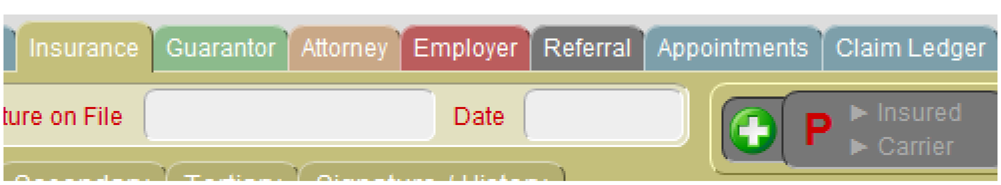


Entering Patient demographics or Insurance/Carrier Information

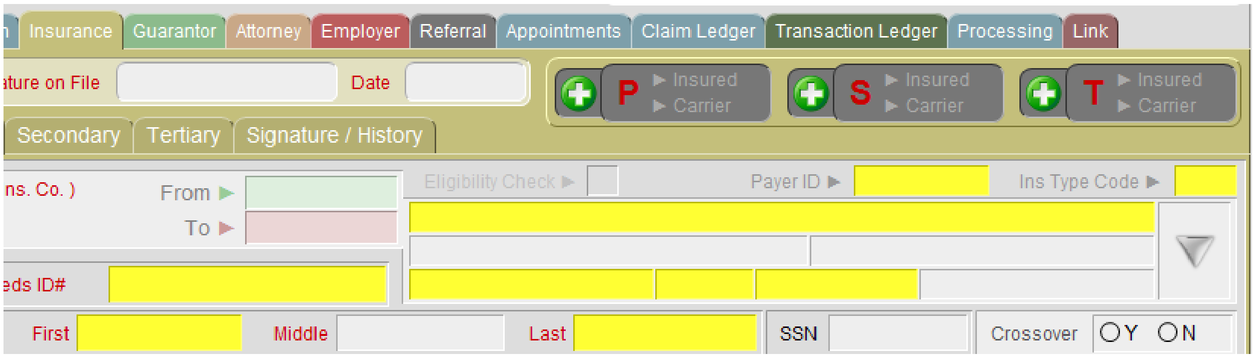
- Enter additional information as needed on the Patient **Information** tab.

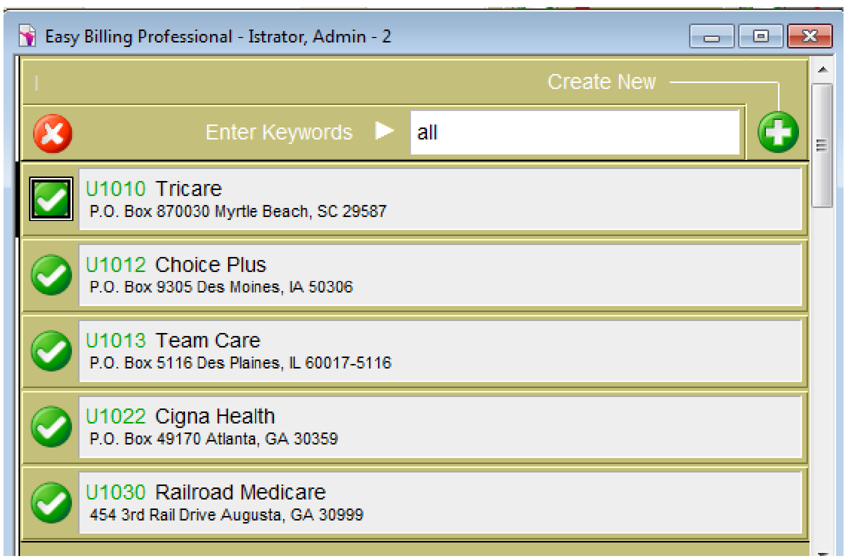


- Click the **Insurance** tab, then click the green button next to "**P**" to enter the Primary Insurance Carrier.

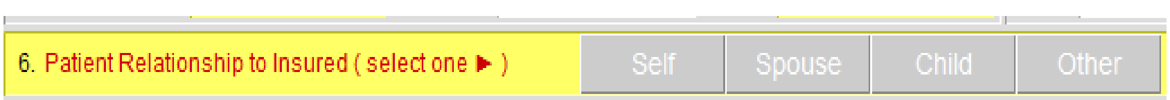


- Choose the Insurance Company (previously entered in the Carrier screen) using the grey arrow. (enter "All" to get the entire list).

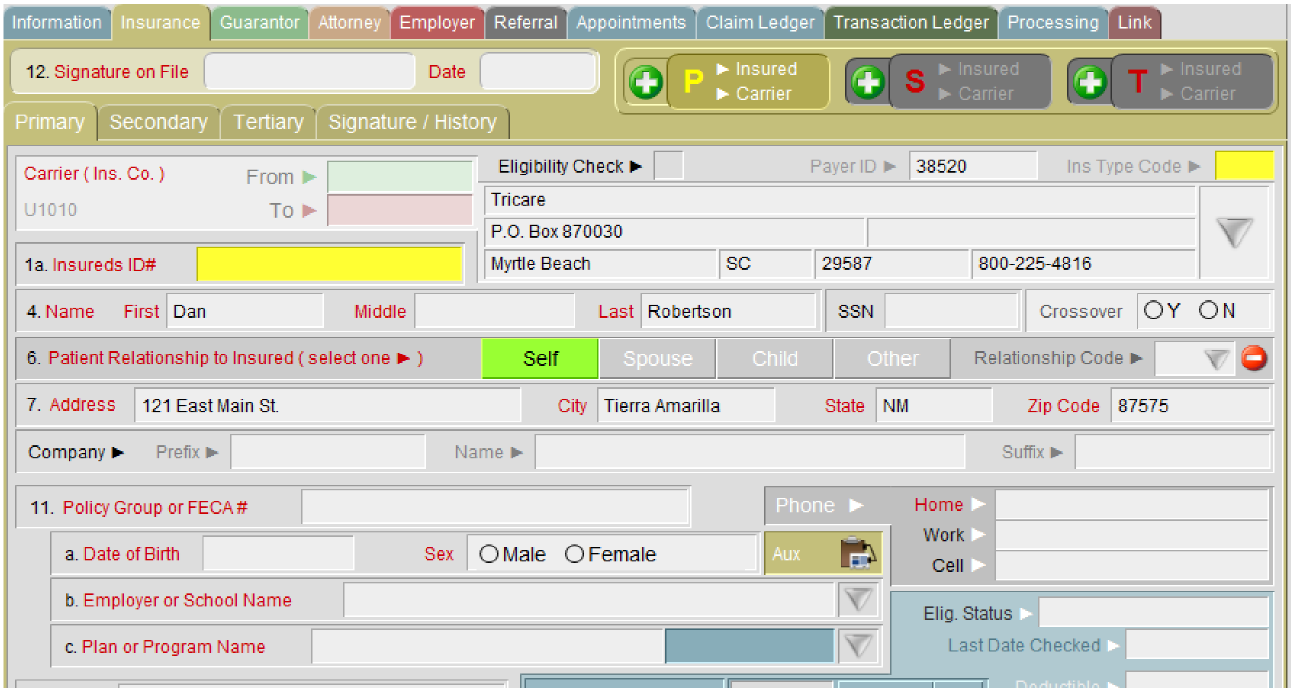




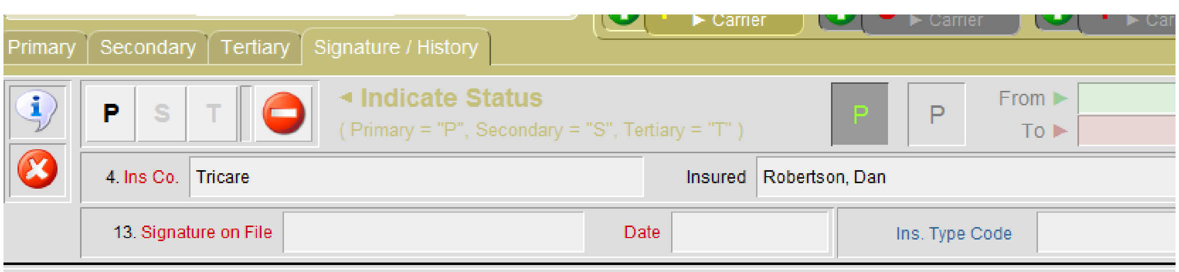
- Choose if the insured is the self, spouse, child or other for auto fill.



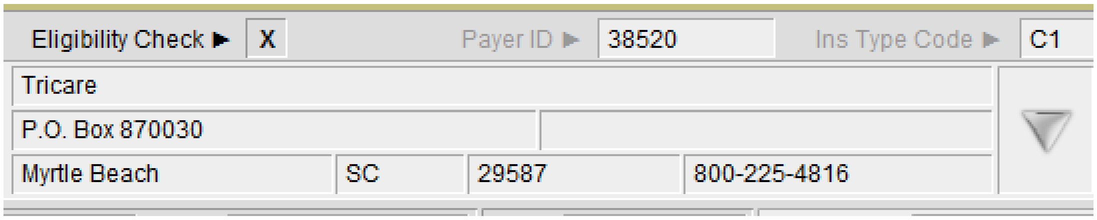
- Enter fields that are in yellow indicating they are required from the insurance company. Other fields are optional.



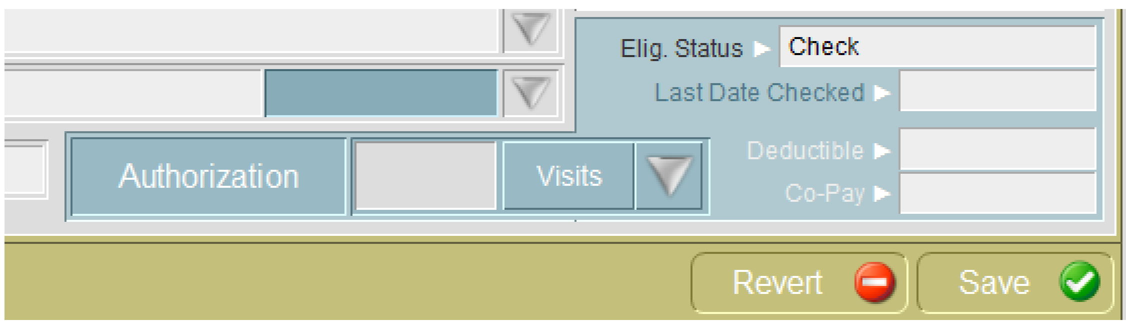
- The “From” field (green field at top) is the date patient started insurance coverage with carrier. The “To” field is when the coverage expired.
- Repeat if the patient has a Secondary Insurance by clicking on the green button next to “**S**” for Secondary.
- Enter “Signature on File” at top for (box 12 1500 form). Once entered you will be able to choose in a drop down list. Then, enter the date of patient's signature.
- **Signature/History** tab is to enter “Signature on File” for box 13 and also the history of all insurance companies.



- “Eligibility Checkable” auto fills from Carrier to show that the Carrier has been marked as being checkable.

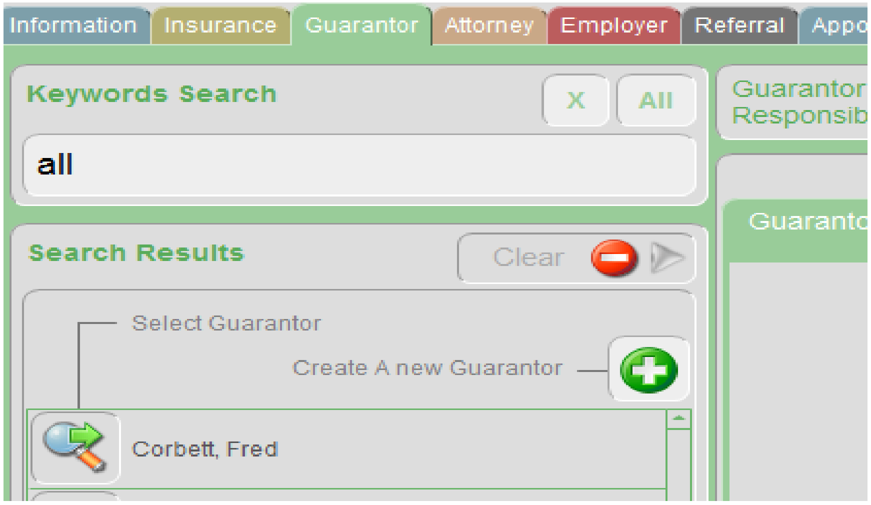


- “Payer ID” is entered in the Carrier file and automatically fills.
- “Ins Type Code” is used when there is secondary insurance.
- “Authorization” is entered manually according to an authorization # or CPT code for the number of maximum visits allowed within a date range. The visits will count down as the CPT code is used on a patient's claims. Status, Last Date Checked, Deductible Amount and CoPay amounts are entered manually.

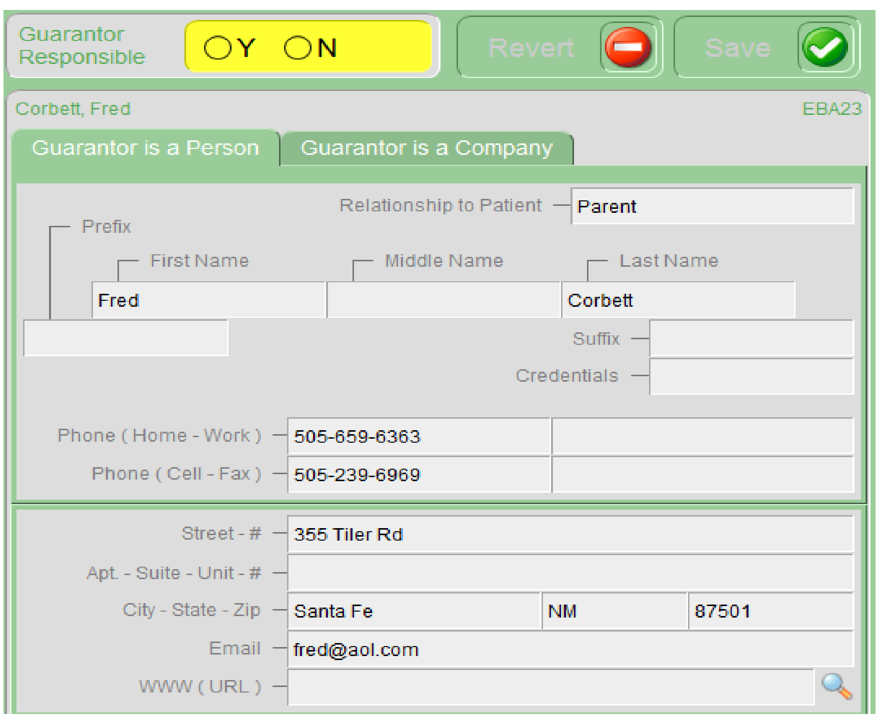


Entering a Guarantor

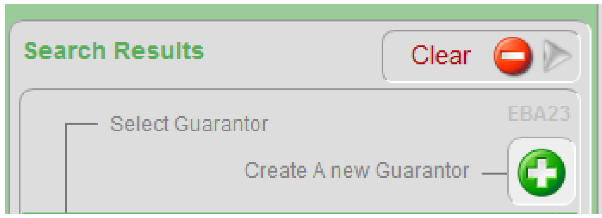
- Click the **Guarantor** tab.
- Search to see if the Guarantor has been previously entered for another patient, or click the green plus icon labeled "**Create A new Guarantor.**"



- Enter the “Relationship to Patient” from the drop down list.
- Enter the “Name” and contact information.
- If the Guarantor is a Company, click the tab and enter the “Company Name”.
- Click “Y” or “N” to have the Guarantor information go onto the Patient Statement instead of the patient.

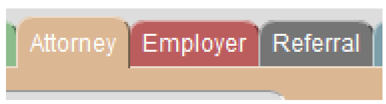


- If the **Clear** button is clicked, the information will be removed from that patient's account.



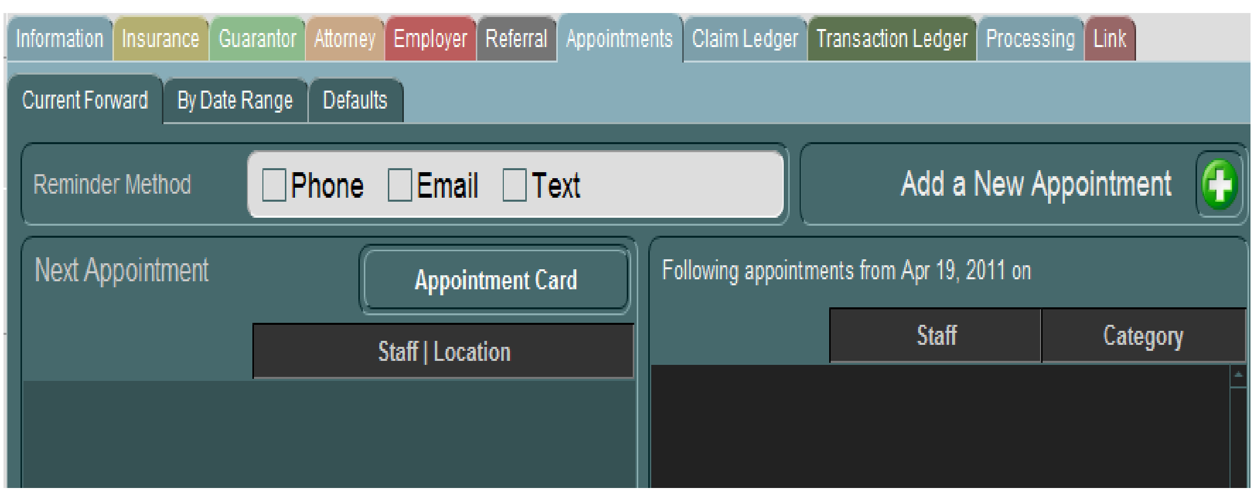
Entering a new Attorney, Employer and Referral for a Patient

- These are entered the same as Guarantor except Referral also has the ability to enter a Campaign which can be searched later for marketing and creating letters.

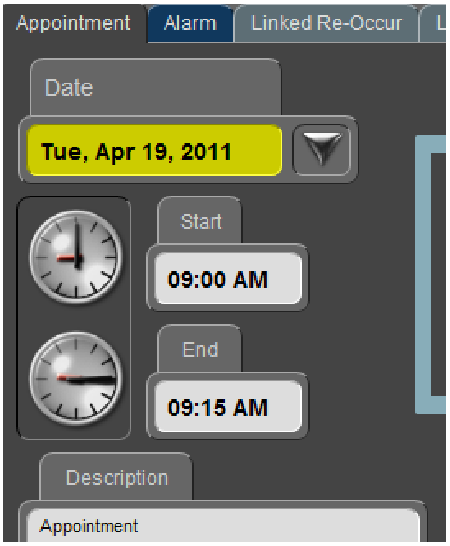


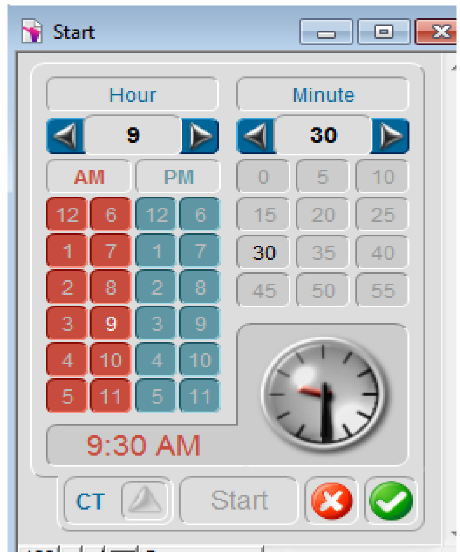
Entering an Appointment (if using the scheduler)

- Click the Appointments tab to create a new appointment, view or search for future appointments, or print an appointment card.
- The Default Provider will auto fill from the Patient Information screen, or can be added from the drop down search.
- Click the "**Add a New Appointment**" to create a new appointment for a patient.

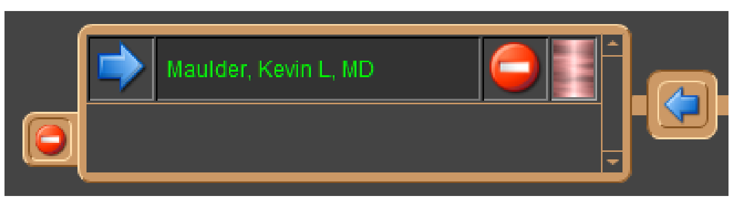


- Click the clock to the left of the "Start" and "End" times to choose the correct appointment times. Choose the Hour and Minute and if AM or PM, then click the green **Check** button to set.





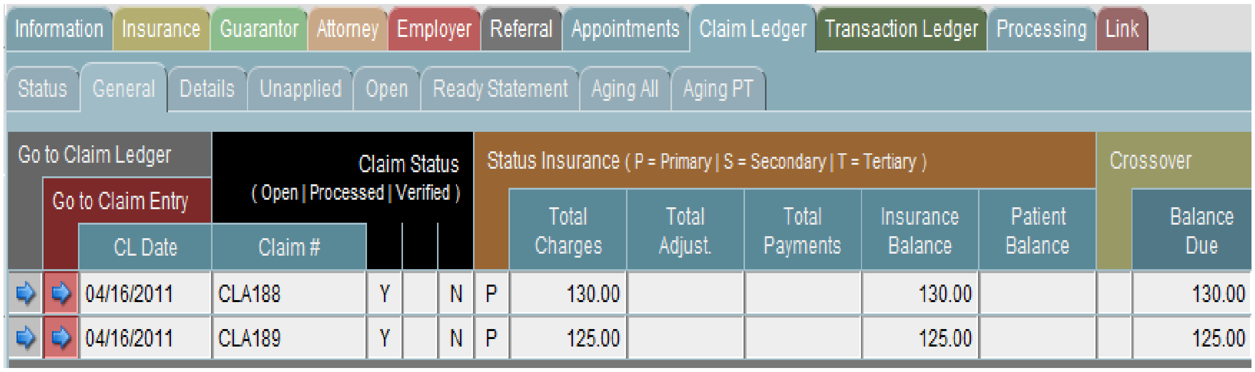
- The provider will default or choose from the Team Search list.



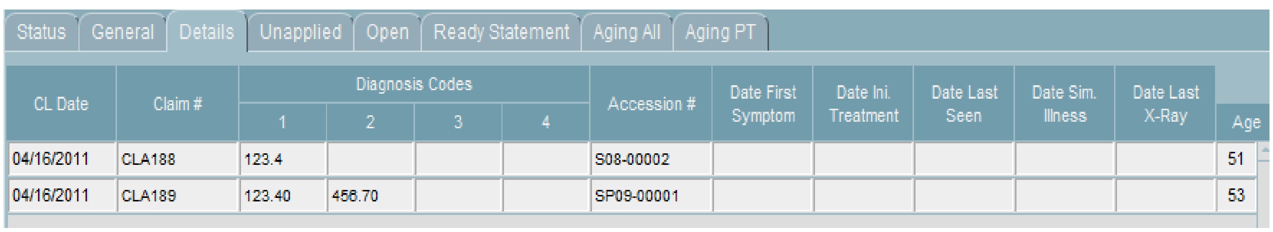
- Choose the Criteria, Category, set an Alarm, enter Comments and Link additional appointments if they are Re-Occuring.

- Click the blue back arrow on the left of the screen to return to the patients account.

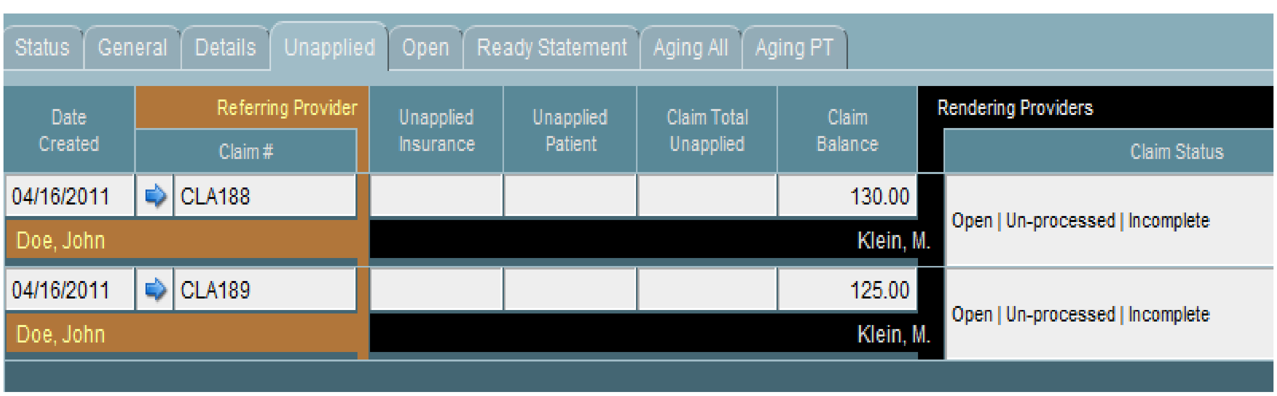
Click the Claim Ledger tab to view claim information or go to a claim: (used most often later when working on claims)



- Click the blue arrow to go directly to the Claim Entry screen or Claim Ledger from the **General** tab.
- The **General** tab shows claim totals and what balances are due.
- Go to the **Details** tab for additional information on charges, payments, refunds and adjustments.



- The **Unapplied** tab will show unapplied payments.

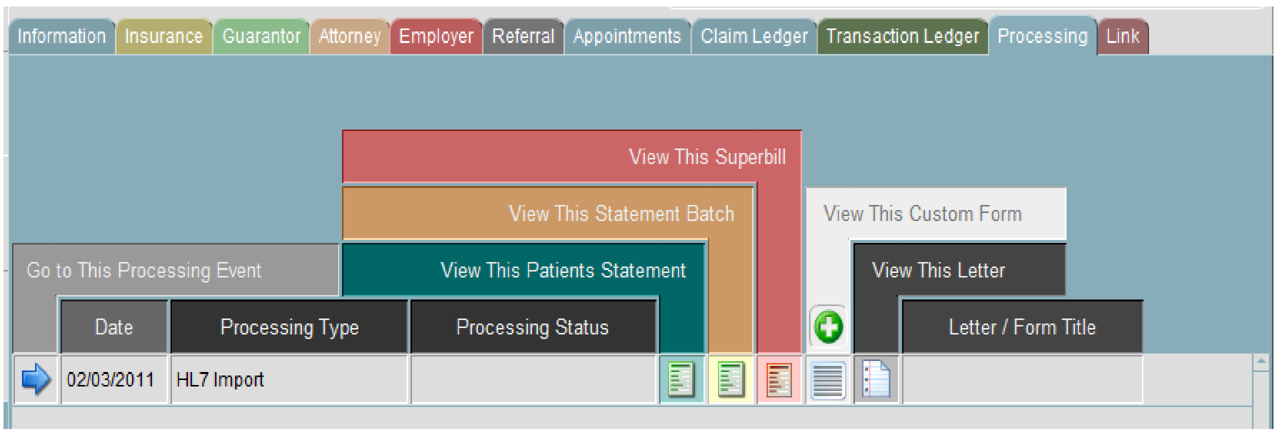


Transaction Ledger tab for a Patient Statement, apply Refunds and view Source Payments

- Instructions will follow after training.

Processing tab

- The **Processing** tab will show dates that a CMS 1500 form, Statement, Superbill Receipt or Letter that was processed for the specific patient. Simply click on the icon to view each.



Link tab

- Instructions will follow after training (if applicable).

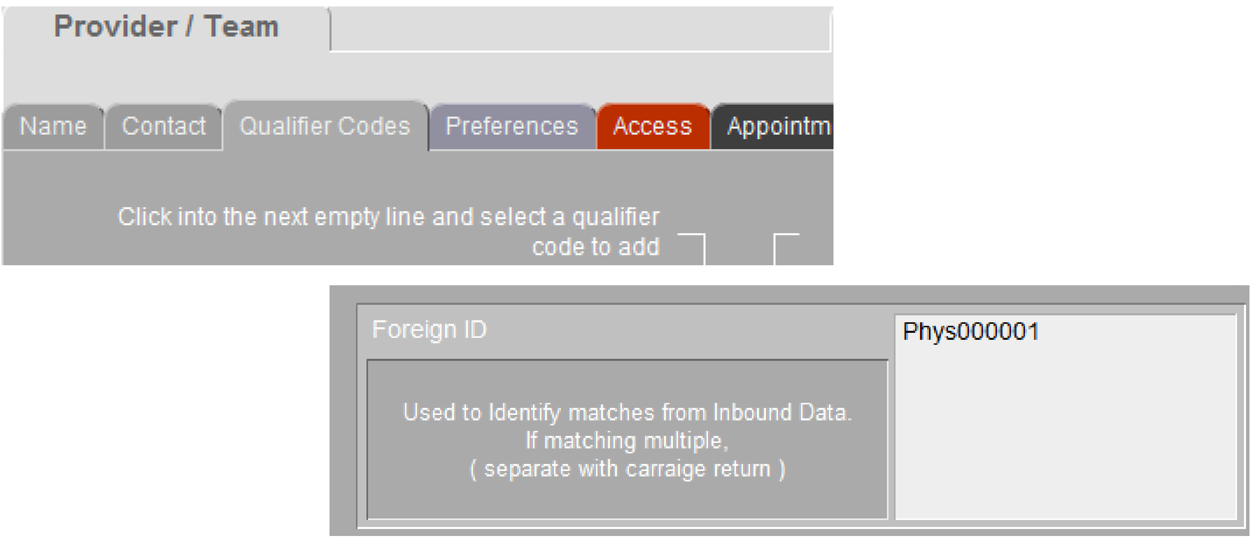
If finished with updating the claim, click the large blue Back Arrow to return to the HL7 interface processing tab to continue with the next claim. If you have moved around and lost the link back, return to the Main Menu, click the **Claims/Invoices** menu, then the **Processing** tab, then select all in dates and types and return to the HL7 processing event you were just working on.

Set up required for signing cases out of AP Easy to HL7 interface for Easy Billing Professional

Specific ID numbers and paths must be set up in EBPro in order be successfully bring cases over to Easy Billing Pro.

Referring Physician ID (from AP Easy into EB Pro)

The Referring Physician and Physician ID (example: Phys000003) from AP Easy Physicians screen must be entered in Easy Billing in **Provider/Team** menu, **Qualifier Codes** tab, in the “Foreign ID” field. When new referring physicians are entered later they must be entered in both places.



Rendering Providers (from AP Easy into EB Pro)

Rendering Providers entered in AP Easy must be entered in Easy Billing Professional. The Provider ID from AP Easy (example: Staff000002) must be entered in the **Provider/Team** menu, **Qualifier Codes** tab, in the “Foreign ID” field.

Facility (from EB Pro into AP Easy)

Facility ID from Easy Billing Professional is entered in AP Easy.

Carriers (Carrier ID from EB Pro, entered in AP Easy)

The Carrier ID from Easy Billing Professional must be replaced in the "Company Code" field in AP Easy. This code is in the **Carriers/Accounts** menu, ID (example: EBA13). Once entered in Easy Billing Pro you can click on the "List" icon to get a list of all

Carriers entered and ID's to work from when replacing in AP Easy. The carrier id connects to the correct contract and price in Easy Billing Professional.

Default Case Path (set up during initial Easy Billing training)
In the **Preferences** menu**, Path** tab, the “Default Case Path” field needs to be set to the EBPro folder to server. Navigate through their network, copy folder and paste location (from top) to "Default Case Path"

Client Bill Module (only)
The "Client ID" for each billing entity in Easy Billing Professional must be entered in AP Easy for each Physician/Location. For example, if a doctor sends AP Easy specimens from 2 different locations, the same "Client ID" from EB Pro must be entered for both Physician/Locations in order to print a statement out of Easy Billing Pro to include both locations. The ID is entered in the lower right part of the physician library screen. Click on the location, enter the ID (from EB Pro), repeat is more then one location for same physician.

After all ID's are entered, you can then sign out cases from AP Easy.

