

ICANotes Billing Training Guide

Electronic Billing and Claims Submission

I. Configuring ICANotes for Electronic Billing

The following Sections **A**, **B** and **C** list all fields that must be filled out in ICANotes in order for a claim to be "ready" to send to the clearinghouse electronically.

A. Settings + Directories (must be completed by a *Group Administrator*)

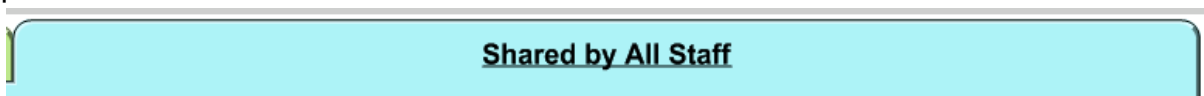




1. Navigate to  from the Chart Room.

2. Click on the "Show" button at the bottom of the page so that all required billing fields in Settings + Directories are highlighted in yellow for you.



3. Navigate to the blue "Shared by All Staff" tab to fill out information your entire practice will use.






4. Click on the  tab to set up each location where services are rendered. Use the  button to set up a new site.





5. For each site, make sure to fill out all yellow fields under each of these three tabs:




6. On the right side of these tabs, make sure to set up the three yellow fields containing your Billing Tax ID, Contact Name, and Phone.




Billing Tax ID (Organizational)
123456789
Billing Contact Name
Joel Fencik
Billing Contact Phone (10 digits)
4106956588






7. Next, click on the **Service/Modifier Codes** tab. Here you will set up a Short List of all the procedure codes you bill for. Use the  arrow to select a code from our Full List of codes or type in your own code in the text field. Use the  icon to edit a custom code you have typed in. Use the  to delete a code from your short list.

00000 non-billable	▼	
90785 Interactive Complexity, 60 min	▼	
90791 Psych Diagnostic Interview	▼	
90792 Psychiatric Diagnostic Interview	▼	

8. On the right you can also set up a list of Modifier Codes that you use for billing. Simply type in a modifier in the next available space on the list. Use the  to delete a modifier from this list.

9. After your short list is created, move on to the **Insur Payers** tab. Here you will set up another Short List of the Insurance Payers you work with.

10. Use the  button to set up a new Insurance Payer. Make sure to populate all yellow fields with information then use the  button to save the Insurance Payer to your Short List. This list will appear on the Demographics page for each patient so you can quickly choose an insurance company and the information will populate without you having to manually type it in each time. To edit an existing Insurance Payer, simply click on the payer in the list to the left so the name is highlighted in blue (see below). Make sure to use the  button to save your changes.

Insurance Payer Short List






1) ABCDEF Insurance of AZ AZ 888-789-7894	Payer ID <input type="text" value="61108"/>	Remittance ID <input type="text"/>	Payer ANSI Options <input type="checkbox"/> Always Send Service Facility Loop <input type="checkbox"/> Always Send Rendering Provider Loop <input type="checkbox"/> Send Taxonomy Code in Service Facility Loop <input type="checkbox"/> Exclude Rendering Provider Loop <input type="checkbox"/> Exclude Subscriber Address When Not Patient <input type="checkbox"/> Send Contact Name in Submitter Loop
2) Aetna TX 555-555-5545	Name <input type="text" value="BCBS of ICANotes"/>	<input type="text"/>	
3) BCBS of ICANotes MD 800-879-7897	Address <input type="text" value="PO Box 1999-7894"/>	<input type="text"/>	
4) BCBS of Maine (PO Box 111) ME 999-555-5555	City, State Zip <input type="text" value="Annapolis MD 12345-7894"/>	<input type="text"/>	
5) BCBS of MN MN 800-879-7897	Telephone <input type="text" value="800-879-7897"/>	Fax <input type="text"/>	
6) BCBS of North Carolina NC 213-444-5555	Insurance Type <input type="text" value="Group Health Plan"/>	HCFA 24i <input type="text"/>	Use Alternate NPI on Claims <input type="checkbox"/> Use Alternate Tax ID on Claims <input type="checkbox"/>
7) BCBS of Pennsylvania PA 123456789	Insurance Type (Other) <input type="text" value="2 - Blue Cross/Blue Shield"/>	<input type="text"/>	
8) BCBS of Puerto Rico PR 999-789-4567	Notes <input type="text"/>	<input type="text"/>	
9) Cenpatico LA 555-555-5555			
10) Liberty Health Advantage MD 444-444-4445			
11) Liberty Union MD 444-444-4444			
12) Maryland Health Insurance Plan MD 888-789-7894			

11. Now that you have set up all fields pertinent to billing under “Shared By All Staff,” it is time to set up information for each clinician. Click on the green

Specific to Individual

tab.

12. You will need to follow steps 12 through 16 to configure ICANotes for each clinician in your group. Click on a clinician’s name in the list on the left so it is highlighted in blue.

15) **Suzie Que**
User Name: sque

13. On the **Personal Info** tab, fill out all yellow fields.

14. Next, click on the **Billing Rates & Payer Rules** tab. Here you will link each procedure code this clinician bills for to the billing rate for that service.

Billing Rates **Provider Payer Rules**

Billing Rates for Services (for kimmelmd)

Full List **Short List**

Select services provided

Procedure Code	+/- Modifier	+/- Insurance Payer	Enter billing rate
00000 No Show Fee			\$50.00
99214 (Office Pt, Established)			\$150.00
90792 Psychiatric Diagnostic Interview			\$175.00
90832 Psychotherapy 30 min.			\$150.00
90834 Psychotherapy 45 min.			\$125.00
90833 Psychotherapy 30 min. with EM services			\$75.00
90785 Interactive Complexity			\$10.00

NOTE: If a modifier is required in order to pull the billing rate, you may list the modifier(s) in the orange column(s). Typically you bill out the same rate regardless of Insurance Carrier, so you may leave this column blank. If different Insurance Carriers require different modifiers, feel free to link the Insurance Carrier to the code. If this is the case, you will need to create two lines of the same procedure code, one for the specific carrier and the other left blank for all other carriers (*see example below*).

15. If the same billing rates are shared among certain clinicians, you may use the **Copy** button to copy the billing rates you set up, click on another clinician’s name from the list on the left and use the **Paste** button to paste in the billing rates for that clinician. Repeat as needed.

16. Click on the **Provider Payer Rules** tab to see if these rules are needed for the clinician.


Payer Rule(s) (for ctest4)

Leave Insurance Carrier blank to define the default rule.


Insurance Carrier		Taxonomy Code	Modifier	Bill Under Supervisor	
(Leave blank for default)		11111111111	HF		X
Aetna	X	22222222222	HO		X
Medicaid - OK	X	33333333333	TI		X
BCBS of South Carolina	X	44444444444	MO		X
					X

NOTE: Here you can set up a default **Taxonomy Code**, if needed. You can also set up default **modifiers** per Insurance Carrier. For example, if BCBS of South Carolina requires an “MO” modifier attached to each code rendered by this clinician, you can set that up here. If done, the modifier will automatically populate into the clinician’s note so the clinician does not have to remember to select the modifier each time. Here is also where you can specify a “**Bill Under Supervisor**” for a clinician who is billing under another clinician’s name and information.

17. You have finished setting up all pertinent billing fields in Settings + Directories.

Click on the  button and let’s look at some other required fields for billing.

B. Patient Demographics

1. Navigate to a patient chart from the  drawer and find your patient by typing in their name or selecting the filing cabinet and clicking on their name in the list.

[illegible]

2. When the patient chart appears, click on the **Demographics** tab.

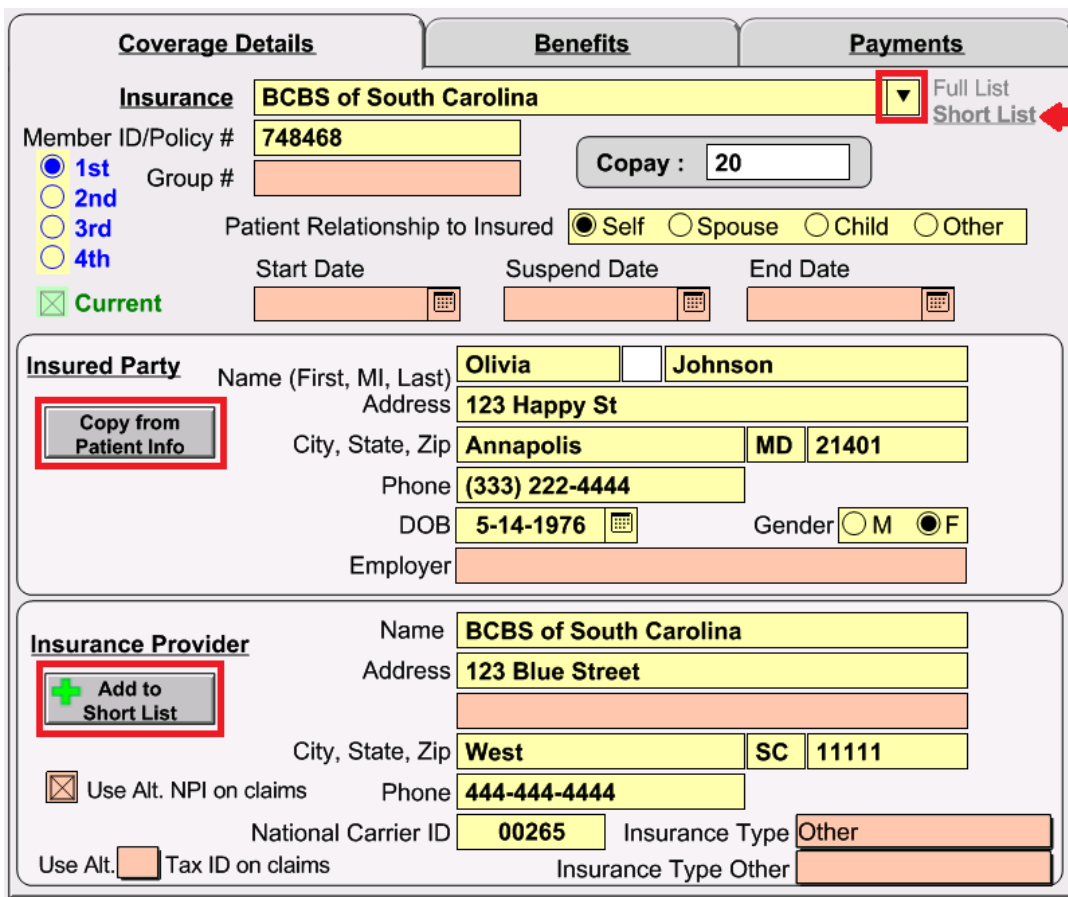
2. When the patient chart appears, click on the **Demographics** tab.

The screenshot shows the ICA Notes Behavioral Health EHR interface. At the top, there is a navigation bar with tabs for Demographics, Chart Room, Photo, Arrival Time, Discharge Time, Most Recent Complete Evaluation, Most Recent Progress Notes, Documents, Logs, and Clinical Order Sheets. The Demographics tab is highlighted with a red box. Below the navigation bar, the patient's name 'Johnson, Olivia' is displayed, along with the patient's ID '1000010651674'. The main content area is divided into several sections: Current Diagnosis (Axis I - V), Active Problem List, Current Medications, Adverse Drug Reactions: Active List, and Patient Notes and Risk Factors. Each section has a list of items and a 'Filter Notes >>' button. The 'Filter Notes >>' button is highlighted with a red box. The 'Patient Notes and Risk Factors' section is also highlighted with a red box. The interface is designed for healthcare providers to manage patient information and clinical notes.


3. Fill out all yellow fields on the **Patient Information** tab.

4. Click on the **Insurance Information** tab and populate all yellow fields here as well.

5. To add new Insurance Coverage, use the  **New** button.



Coverage Details **Benefits** **Payments**

Insurance **BCBS of South Carolina**  **Full List** **Short List**

Member ID/Policy # **748468** **Copay :** **20**

☒ **1st** ☐ **2nd** ☐ **3rd** ☐ **4th** **Group #**

Patient Relationship to Insured ☒ **Self** ☐ **Spouse** ☐ **Child** ☐ **Other**

☒ **Current** **Start Date** **Suspend Date** **End Date**

Insured Party **Name (First, MI, Last)** **Olivia** **Johnson**

Address **123 Happy St**

City, State, Zip **Annapolis** **MD** **21401**

Phone **(333) 222-4444**

DOB **5-14-1976** **Gender** ☐ **M** ☒ **F**

Employer

Insurance Provider **Name** **BCBS of South Carolina**


Address **123 Blue Street**

City, State, Zip **West** **SC** **11111**

☒ **Use Alt. NPI on claims** **Phone** **444-444-4444**

National Carrier ID **00265** **Insurance Type** **Other**

Use Alt. Tax ID on claims **Insurance Type Other**

6. Highlight your Short List and use the  arrow to select an Insurance Payer from your list. If this patient has Insurance which does not appear in your Short List, you can type in the Insurance Carrier, or select one from the Full List.

7. If you type in an Insurance Carrier or select one from the Full List, you will need to populate all of the yellow Insurance Provider fields at the bottom. You can quickly add

this Insurance Carrier into your Short List using the  **Add to Short List** button.

8. After you have populated all demographics fields, especially the yellow fields required for billing, use the **Continue** button to leave the page.

C. Clinical Note: Encounter Information

A claim is generated in the ICANotes Billing Report as soon as the clinician creates the clinical note. You will not be able to bill for a date of service until the clinician starts their note.

The following fields **MUST** be entered in the clinician's note in order for a claim to be ready to submit.

1. An **accurate note date** based on the day the patient was seen. The note date will default to the day the clinician starts their note. If they need to back date the note they can do so by clicking on the date at the top and selecting the correct date from the calendar drop down.



2. At least one Active Diagnosis. When a diagnosis code has been selected from the dropdown menu correctly, it will turn a light green color. The diagnosis must also be listed as Active under the Status column on the far right to show on the claim file.

3. Diagnosis ?	1	DSM IV	Use DSM V or IV, as you prefer.	3	R/O	Status
Depressive Disorders	Other Unspecified Depressive					A

3. Finally, the clinician must code the note according to the services rendered.

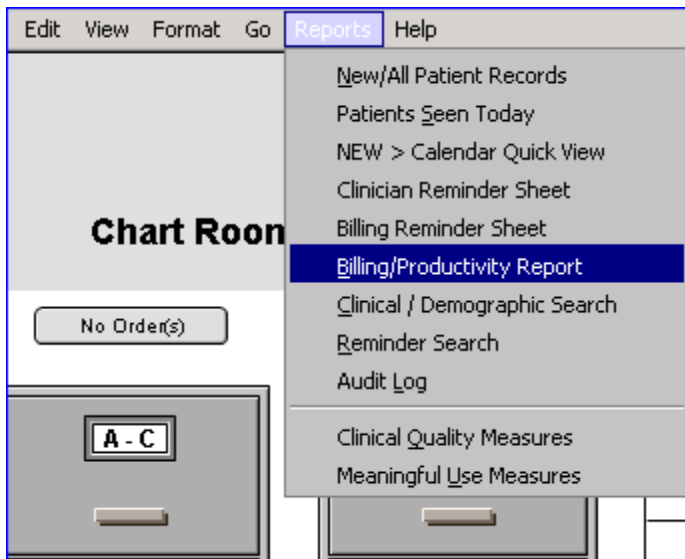
5. Code		E&M Code for me	Full List	Short List	Modifier(s)	Charge
Units	E&M Only					
	99214 (Office Pt, Established)					\$150.00
	Psychotherapy & Other Services					
	Add on to Psychotherapy & Misc.					
<input type="checkbox"/> Eligible for G8553 E-Prescribe Code		PQRS	<input type="checkbox"/> This is a Consult			\$150.00

Prescribing clinicians wishing to arrive at an E&M code automatically can use the "E&M Code for me" button. Otherwise the clinician will need to use the dropdown arrow and select the appropriate code(s) from the Short List. Modifiers can also be selected to the right of the Procedure Code menu.

II. Running the Billing Report, Preparing and Submitting Claims Electronically

After you have set up all required fields in ICANotes and the clinicians are generating their notes for patient encounters, you are ready to begin preparing and submitting claims to your clearinghouse.

1. Click on the Reports dropdown menu and select Billing/Productivity Report.



2. Fill in the appropriate fields to retrieve all of the claims you want to submit.

ICANotes
Behavioral Health EHR

Chart Room Last Chart Face

Billing/Productivity Report Search Form

Range of dates : From 10/1/2013 To 10/29/2013

Patient's Name or Unique ID # :

Billing / Service Code :

Site/Location(s) :

Provider(s) :

Note Type : ☒ Complete Evaluation ☒ Complete Nursing Assessment ☒ Progress Note ☒ Group Therapy Note ☒ Counseling Note ☒ Nursing Note ☒ Dietitian Note ☒ Case Management Note ☒ Play Therapy Note ☒ Treatment Plan ☐ Discharge Summary ☐ Custom Form ☐ Form Letter ☐ Clinical Message ☐ Clinical Summary

Note Title:

Finished Note : ☒ Yes ☒ No Owner : ☒ Yes ☒ No

Signed Note : ☒ Yes ☒ No Supervisor : ☒ Yes ☒ No

Insurance Type: ☒ 1 ☐ 2

Consults Only: ☐

Reset Clear All

Generate Report (columns)

Generate Report (expanded)

Exclude non-Billable Service Code 00000 ☐

(Leave Blank for All)

3. Select the appropriate **Range of dates :** **From** 10/29/2013 **To** 10/29/2013 in order to capture the encounters you want to bill for.

4. The next four fields (Patient Name, Billing Code, Site and Providers) should be left blank in order to capture all claims generated between the range of dates specified. This will ensure that all claims are sent in a single batch file to the clearinghouse. If you are researching a specific claim to resubmit as a corrected or secondary claim, you may use these fields to find the exact claim you need.

5. When ready, use the **Generate Report (expanded)** button to generate your billing report.

6. Your generated report will look similar to this one:

ICANotes Billing/Productivity Report
Expanded View

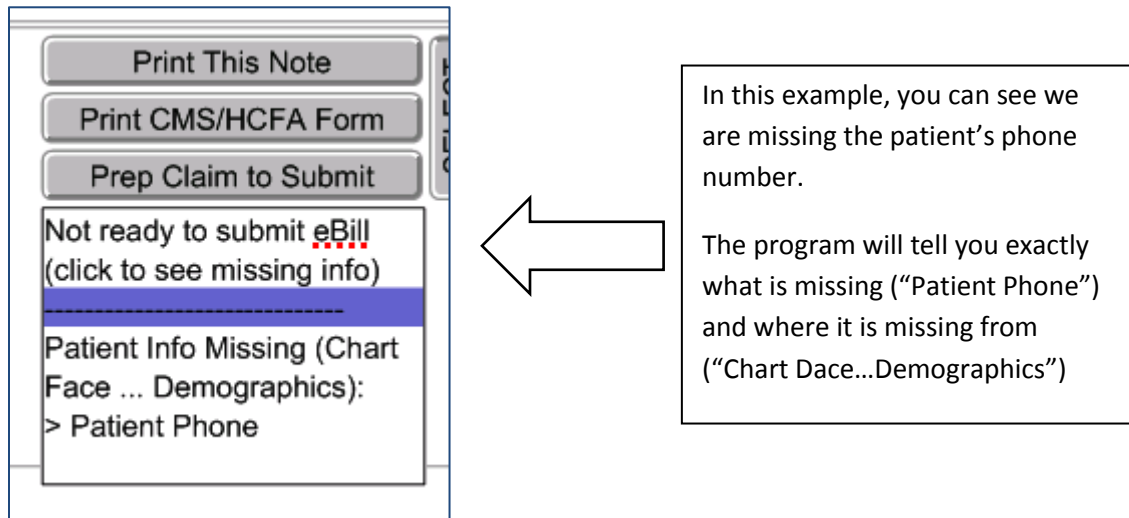
Patient Name	Unique ID	D.O.B	Provider	Site/Location	Exam Date
Johnson, Olivia	1000010651674	5-14-1976	Courtney	Clinic (Outpatient)	10/29/2013
(#1) Other Unspecified Depressive Disorder, 311 (F32.9) (Active) BCBS of South Carolina \$20.00 Total Charge \$150.00					
Richardson, Isaiah	1000010651297	7/27/1932	Courtney	Clinic (Outpatient)	10/29/2013
(#2) Bipolar 1, MRE or current Depressed, moderate, 296.52 (F31.32) (Active) State of Nevada \$15.00 Total Charge \$125.00					

10/30/2013 Total # of encounters = 2 Total claims = \$275.00 Total units = 2

The blue box in the upper right corner gives you a summary of your report. This particular report contains 2 encounters.

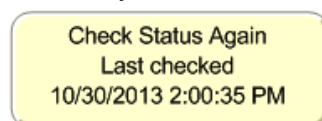
7. Each entry in the report represents an encounter. Next to each entry is a status box.

Your claims will either show as **Ready to submit eBill** or **Not ready to submit eBill (click to see missing info)**. If your claim status is “Not ready” you will need to click on the red box to reveal in a dropdown menu what information is missing.



8. When you have determined what information is missing and from where, you can use one of the shortcut buttons to quickly **Edit Demographics** or **Edit Work Areas**. These buttons will open up that area of the program so you can populate missing information.

9. After you have filled out all of the missing information, use the yellow






button. Your status should update accordingly. If any additional information is missing, the program will tell you. Otherwise, the status box should turn green. Your goal is to get all claims “Ready to Submit” so you can send them off to your clearinghouse in a single batch file.

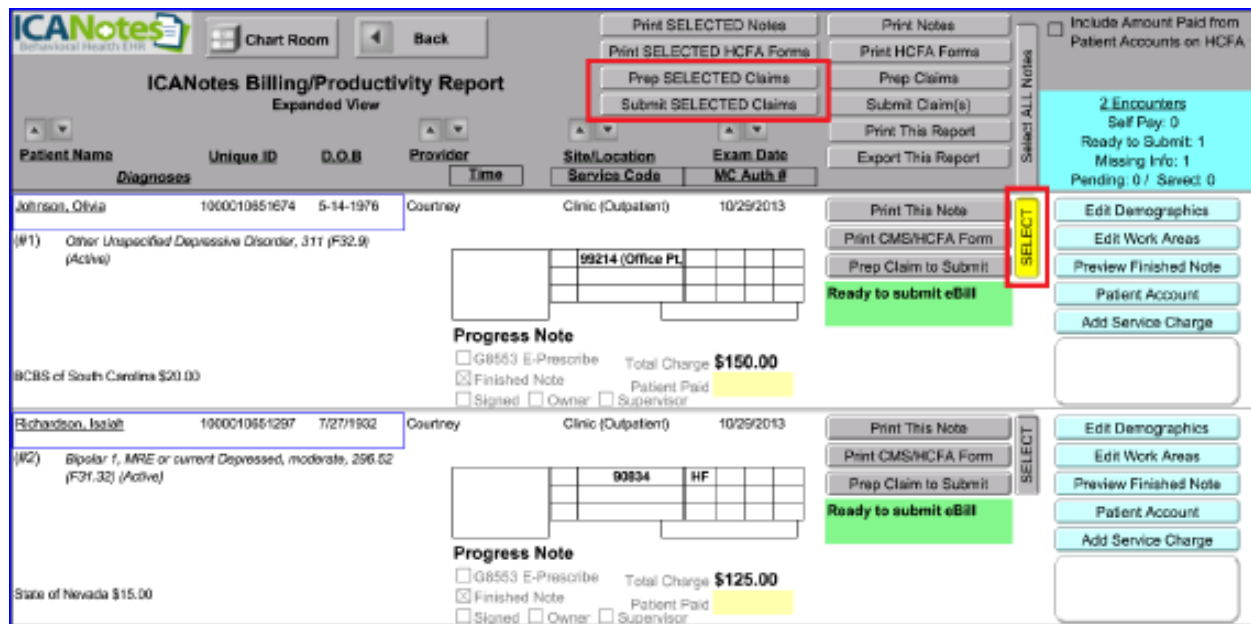
10. When all claims are **Ready to submit eBill** use the **Prep Claims** button to prepare ALL claims in the report. Follow the prompts to prepare your claims accordingly.

11. Once prepared, use the **Submit Claim(s)** button to submit all prepared claims in a single batch file to your clearinghouse. You will see a confirmation window appear when you select this button.

NOTE: If you only need to submit a few claims from the generated report, you may use

the  button to highlight each claim that you want to prepare and submit. If this is the case, be sure to use  and  buttons to only prepare and submit the claims you have selected.

See the screenshot below:



The screenshot displays the ICANotes Billing/Productivity Report interface. It features a table of encounters with columns for Patient Name, Unique ID, D.O.B., Provider, Site/Location, Exam Date, and Service Code. Two encounters are highlighted with a red box around the 'SELECT' button and the 'Prep SELECTED Claims' and 'Submit SELECTED Claims' buttons. The status box for each encounter shows 'Ready to submit eBill'.

Patient Name	Unique ID	D.O.B.	Provider	Site/Location	Exam Date	Service Code	MC Auth #	Status
Johnson, Olivia	1000010651674	5-14-1976	Courtney	Clinic (Outpatient)	10/29/2013	99214 (Office Pt)		Ready to submit eBill
Richardson, Isiah	1000010651297	7/27/1992	Courtney	Clinic (Outpatient)	10/29/2013	90834 HF		Ready to submit eBill

12. After the claims are submitted, you will see the status box next to each claim change.

Prepared 10/30/2013
(click to view)
Status: Saved to File
10/30/2013 3:00:13 PM
Primary

This status box tells you that this claim has been saved to the batch file and submitted to your clearinghouse on the exact date and time posted.

13. A few other items are displayed to the left of each encounter in the report. If you scroll to the right, you will see the following:

From Patient Accounts:			
	Insurance	Patient	Total
Paid	\$0.00	\$0.00	\$0.00
Balance	\$0.00	\$150.00	\$150.00
Internal Control Number 119071473664			

When you submit a claim to your clearinghouse from our billing report, the program will simultaneously record the total charge for the service to Patient Accounts if it has not already been recorded.

If you are submitting claims as 837 files to your clearinghouse, this also allows the electronic remittance to match up to the original charge so auto-posting can work properly.

14. If you scroll even further to the right you will see a Claim History log.

Claim History (beginning on 4/6/2013):						Refresh
1)	10/30/2013 3:00:13 PM	Courtney	Submit	Primary	Delivered	
2)	10/30/2013 3:00:10 PM	Courtney	Prep	Primary with Secondary		

ICANotes keeps a log of all claim activity for each encounter. This includes preparing, submitting and even printing a claim to paper. This allows you to see the exact date and time a claim was submitted to the clearinghouse or printed to paper.

Note: You can Print HCFA 1500 forms from this billing report as well. Use the

Print HCFA Forms

button to print all encounters in your report to paper. You

may also use the **SELECT** button to pick claims and then use the **Print SELECTED HCFA Forms** button to only print selected claims to paper. You do not need to purchase HCFA 1500 forms if you are printing to a color printer. ICA Notes will give you the option to print the red HCFA 1500 form in the background with all of the information populated.