

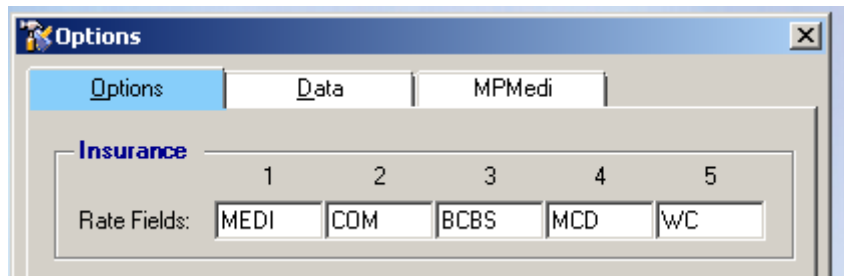
## 18. Anesthesia Billing Using the MPM Office Software

### 1. Setting Up Your Fee Schedules (Part I)

From the **Top Navigational Menu** select **System** and then select **Options** from the drop down menu.

In the opened **Options** box under the **Options Tab**, under the Insurance section, find the section labeled **Rate Fields**.

In each field, enter an insurance code (up to **four characters** or numbers) in each field representing the type of insurance companies for which you have a fee schedule. In the example below, we have entered **MEDI** (for Medicare), **COM** (for Commercial), **BCBS** (for Blue Cross Blue Shield), **MCD** (for Medicaid), and **WC** (for Worker's Comp). You can use the same or something similar.



Click the **SAVE** button when done.

### 2. Setting Up Your Cash Rate

From the **Top Navigational Menu** select **Set Up** and then select **Providers** from the drop down menu.

In the opened **Providers** screen, find and double click on the Provider listed to open the **Edit Provider Data** screen, and on the top third of this screen to the right, find the field labeled **Anes. Cash Rate** (as shown below).

Site ID#:	<input type="text"/>		
Anes. Cash Rate:	<input type="text" value="0.00"/>	% Percent:	<input type="text" value="0.00"/>

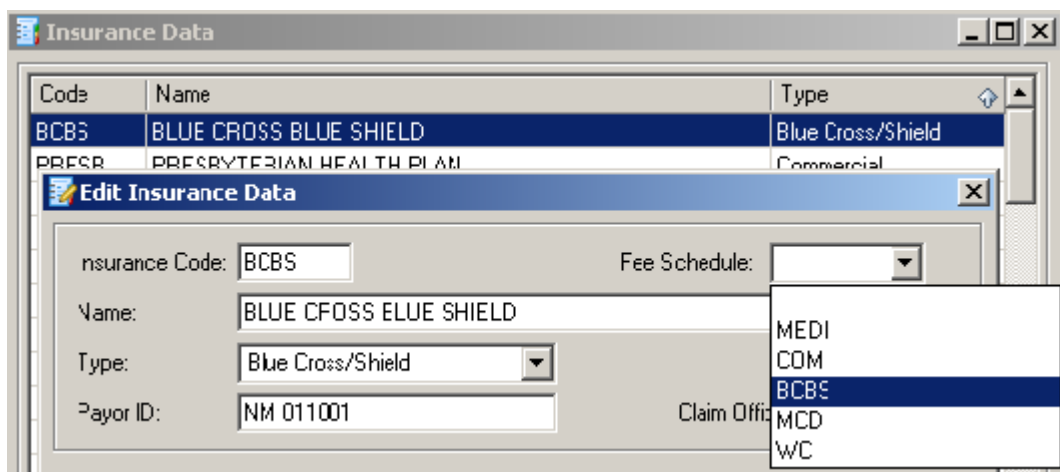
In this field, enter the dollar amount (without the \$ sign) – your base rate - that you would charge a Patient whom has no insurance.

### 3. Setting Up Your Insurances for Anesthesia Billing

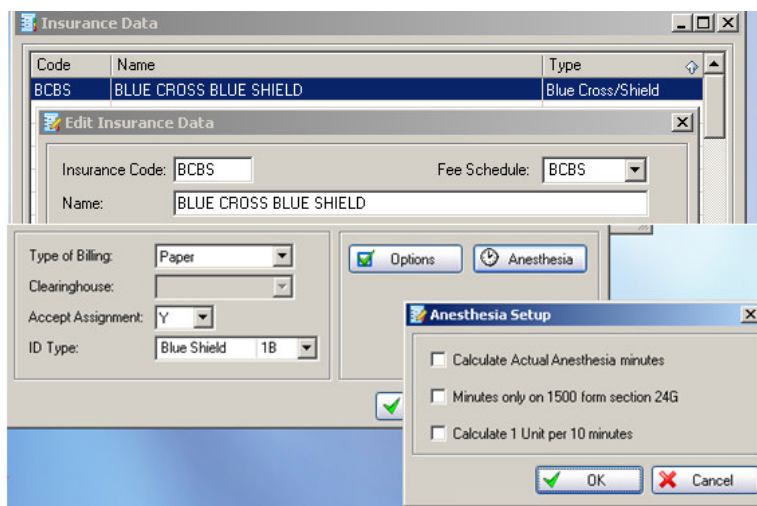
From the **Top Navigational Menu** select **Set Up** and then select **Insurance** from the drop down menu.

From the opened **Insurance Data** screen, find and double click on the insurance you want to set up for Anesthesia billing.

In the **Fee Schedule** field, at the top third of the **Edit Insurance Data** screen, use the drop down menu to select the insurance group code representing the Fee Schedule you will be using when billing Anesthesia claims to this insurance. See the example below:



Each **Insurance** company may have their own requests as to what information they want to see when Anesthesia claims are billed to them. At the bottom third of the **Edit Insurance Data** screen, click on the **Anesthesia** button to open the **Anesthesia Setup** screen as shown in the example below:



**Calculate Actual Anesthesia Minutes:** The MPM Office program automatically **rounds off** Anesthesia minutes when creating the claim. Check this box if you want the Anesthesia time to show in **actual total minutes** (not rounded off) for the procedure rendered to print in the grayed area above the first **Place of Service Code** entered on line 1, Box 24B, of the HCFA/CMS 1500 Claim Form.

**Minutes only on 1500 form section 24G:** The MPM Office program will automatically print the total number of **Anesthesia units** (the Anesthesia minutes calculated into units *plus* the units for the procedure itself) in Box 24G of the HCFA/CMS 1500 Claim Form. Check this box if you want the software to print the anesthesia **minutes only** (and not the combined units) in Box 24G.

**Calculate 1 Unit per 10 Minutes:** The MPM Office program will automatically calculate **1 unit of Anesthesia time per 15 minutes**. Check this box if you want the software to calculate the anesthesia minutes as **1 unit of Anesthesia time per 10 minutes**.

Click the **OK** button when done. Take these same steps for each Insurance Company you will be billing to.

#### 4. Setting Up Your Fee Schedules (Part II)

From the **Top Navigational Menu** select **Set Up** and then select **Fee Schedules** from the drop down menu.

From the opened **Fee Schedules** screen, click on the **ADD** button to open the **Edit New Fee Schedules** screen as in the example shown below:

The screenshot shows a software interface for managing fee schedules. The main window, titled "Fee Schedules", contains a table with two columns: "Provider" and "Description". Below the table are four buttons: "Edit" (with a pencil icon), "Add" (with a plus icon), "Delete" (with a minus icon), and "Close" (with a checkmark icon). An "Edit New Fee Schedules" dialog box is open in the foreground. It includes a "Provider" dropdown menu, a "Description" text field, and an "Insurance" dropdown menu. Below these is a "Rates" section with five input boxes labeled "MEDI", "COM", "BCBS", "MCD", and "WC", each containing the value "0.00". At the bottom of the dialog are "Save" and "Cancel" buttons.

From the **Provider** field, use the drop-down menu to select the Provider this Fee Schedule is being set up for.

In the **Description** field, enter a description (up to 25 characters long). For example: *2009 Fees*.

From the **Insurance** field, use the drop-down menu and select **Default** to apply the fee to each insurance company type listed under the section titled **Rates**, or to select an individual Insurance Company.

Under the **Rates** section, enter your **base rate dollar amount** (your per minute charge) as it applies to each insurance company type in the fields provided. (Do not use a \$ sign in front of the amount entered).

Click the **SAVE** button when done. The final result would look similar to the example shown below:

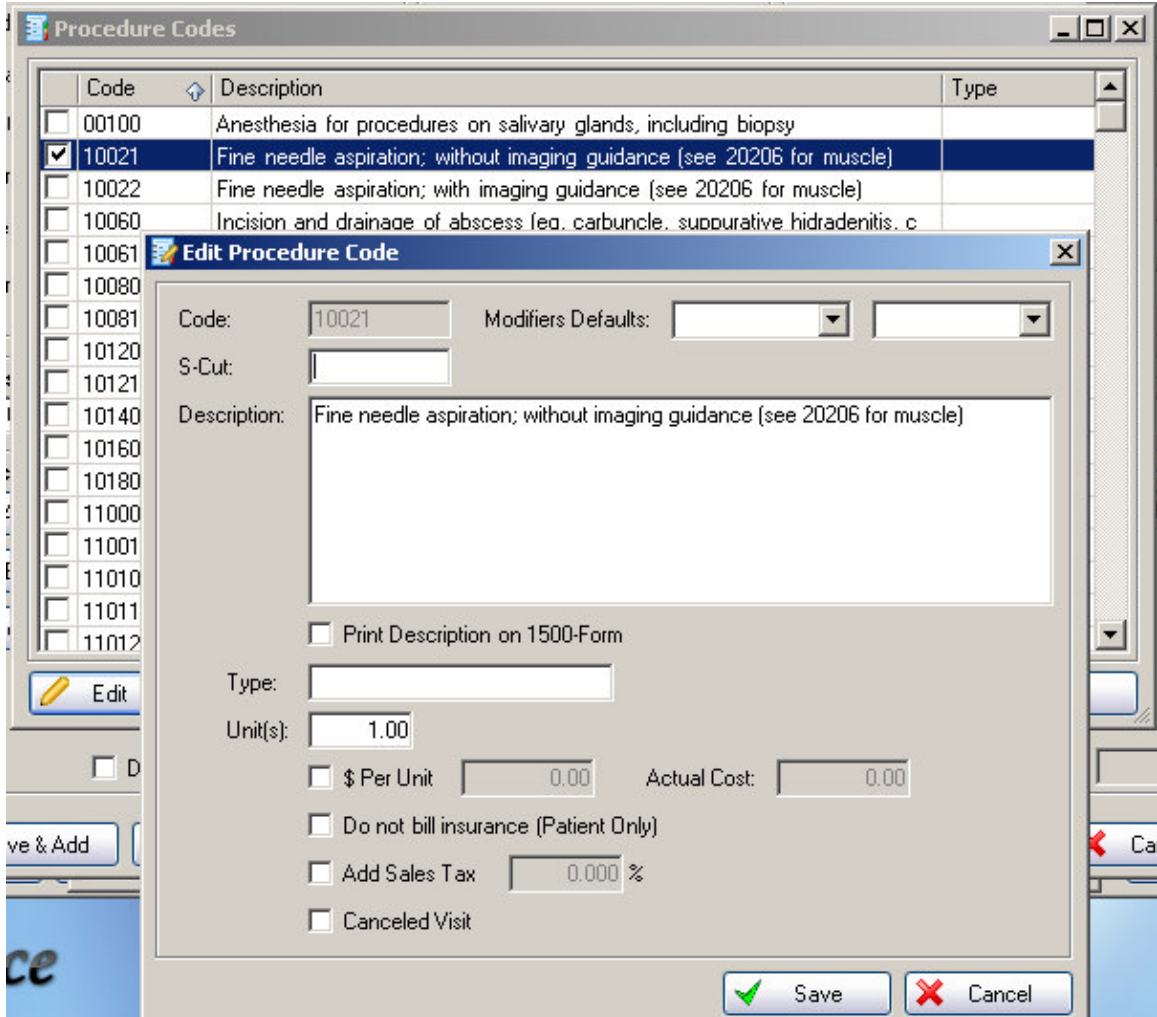
Rates				
MEDI	COM	BCBS	MCD	WC
65.00	150.00	100.00	45.00	98.00

When done entering all your Fee Schedules, return back to the opened **Fee Schedules** screen, and click on the **CLOSE** button to exit this screen.

## 5. Setting Up Your Procedure Codes

From the **Top Navigational Menu** select **Set Up** and then select **Procedures** from the drop down menu.

From the opened **Procedure Codes** screen, click in the box to the left of an existing Anesthesia Procedure Code (assuming you have entered them or they were provided to you by MPMSoft when you purchased the program), and click the **EDIT** button at the bottom of the screen to open the **Edit Procedure Code** screen as in the example shown below:



The **Unit(s)** field will already be pre-filled with the number of **Anesthesia Units** for this Procedure Code (assuming you have entered them or they were provided to you by MPMSOFT when you purchased the program).

The **\$ Per Unit** field should *remain empty* as any entry made in this field will override the previously set rate amounts.

Click the **SAVE** button when done. Take these same steps for all of your Anesthesia Procedure Codes. When done entering all your Procedure Codes, return back to the opened **Procedure Codes** screen, and click on the **CLOSE** button to exit this screen.

## 6. Setting Up Your Modifier Codes

From the **Top Navigational Menu** select **Set Up** and then select **Modifier** from the drop down menu.

From the opened **Modifier Data** screen, double click on an existing Anesthesia Modifier Code (assuming you have entered them or they were provided to you by MPMSOft when you purchased the program), and click the **EDIT** button at the bottom of the screen to open the **Edit Modifier Data** screen.

If you have to enter the codes yourself, click the **ADD** button at the bottom of the screen to open the **Edit New Modifier Data** screen as in the example shown below:

The screenshot shows a software interface with a main window titled "Modifier Data" and a smaller dialog box titled "Edit New Modifier Data" overlaid on top. The dialog box contains the following fields and controls:

- Code:** An empty text input field.
- Description:** A larger empty text input field.
- +/- Units:** A text input field containing the number "0".
- Adjust Units by:** A text input field containing "0" followed by a percentage symbol "%".
- Buttons:** A green checkmark icon and "Save" button, and a red "X" icon and "Cancel" button.

The main window behind the dialog shows a table with two columns: "Code" and "Description". At the bottom of the main window, there are five buttons: "Edit" (with a pencil icon), "Add" (with a green plus icon), "Delete" (with a red X icon), "In Use" (with a question mark icon), and "Close" (with a blue checkmark icon).

In the **Code** field, enter the actual Modifier Code numbers or letters (letters must be in UPPER CASE text). **Do not** include a dash in front of the entry made (For example: Modifier Code -AA should be entered as AA only).

In the **Description** field, enter the description of the Modifier Code (up to 55 characters in length).

In the **+/- Units** field, enter the number of units the Modifier Code **adds to or takes away from** the Procedure Code it is modifying. If it **takes away** from, then enter a **negative** in front of the unit (i.e.: -5 would be entered if it takes away 5 units).

In the **Adjust Units by %** field, enter the percentage amount that the Modifier Code is adjusting the number of Procedure Code units by.

Click the **OK** button when done. Repeat the above steps for each Anesthesia Modifier Code you will be using, and then click the **CLOSE** button when finished.

## 7. Creating Your Claim

Now let's tie it all together. In this example we will be generating a claim for Procedure Code **10021** (Fine needle aspiration; without imaging guidance), for a Provider who personally performed the service (Modifier AA), with a **start time** of 12 noon and an **end time** of 1:30pm.

**Blue Cross Blue Shield** is the insurance and, per their request, we selected **Calculate Actual Anesthesia Minutes, Minutes Only on 1500 Form section 24G**, and **Calculate 1 unit Per 10 Minutes**. Our **Fee Schedule** rate for BCBS is \$100.00.

Open the **Patient Record** and click on the **Add Claim** button. In the opened **Edit New Claims Data** screen, fill in the appropriate fields in the top section and move down to the **Anesthesia** section when ready.

The screenshot shows the 'Edit New Claims Data' window. The 'Name' field contains '1700 ADAMS, MARK' and the 'File Date' is '05/13/2009'. The 'Rendering' section has 'JJS' and 'Smith, James'. The 'Insurance' section has 'ACTIVE', 'PRI', and 'BCBS'. The 'Facility' section has 'SMH' and 'Saint Marys Hosp'. The 'Referring', 'Supervising', and 'Ordering' fields are empty. The 'Current Illness', 'Same or Similar', and 'Date last Seen' fields contain '//'. The 'Acute Man' field contains '//'. The 'Condition' field is empty. The 'Medicaid/Lab' button is highlighted. The 'Hospitalized' and 'Unable' fields contain '//'. The 'Condition', 'State', and 'Date' fields are empty. The '10d Local Use' and 'Box 19' fields are empty. The 'X-Rays?' checkbox is unchecked. The 'Anesthesia' section at the bottom shows '1200 To 1330', 'Total Minutes 90', 'Minutes into Units 9.00', and 'Minutes \$ 900.00'.

The **Anesthesia** section is separated into four areas:

### Start/End Time Fields

There are two boxes immediately the word "**Anesthesia**". These boxes represent the Start and End Time of the anesthesia service. In the left box enter the **Start Time** of the Anesthesia Service. In the box on the right of the word "**TO**", enter the **End Time** of the Anesthesia Service. The time is entered in Military Time. For example: 12:00 noon would be entered as 1200, 1:30pm would be entered as 1330.

This information prints at the top of the date fields of the 1<sup>st</sup> line item in Box 24 of the HCFA/CMS 1500 Claim Form with the words “**Begin \_\_\_ End \_\_\_ Time**”. See example below:

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual CPT/HCPCS)
	From	To							
	MM	DD	YY	MM	DD	YY			
7	05	13	09	05	13	09	23	10021	90 minutes

### Total Minutes Field

The total number of minutes of anesthesia time is automatically filled in for you based on the start and end time entered in the previous fields. It is calculated at 60 minutes per hour.

This information prints at the top of the date fields of the 1<sup>st</sup> line item in Box 24 of the HCFA/CMS 1500 Claim Form with the words “**\_\_\_ Minutes**”. See the example below.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual CPT/HCPCS)
	From	To							
	MM	DD	YY	MM	DD	YY			
7	05	13	09	05	13	09	23	10021	90 minutes

### Minutes into Units Field

The number of units shown in this field is automatically filled in for you. It is calculated at 1 unit for every 15 minutes of time from the **Start Time** to the **End Time**, and is used to calculate the number of units in Box 24G of the HCFA/CMS 1500 Claim Form for the Anesthesia Procedure Code billed. See the example below:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.			
1. 001.0															
2.															
3.															
4.															
24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. SPEC. INTR. No.	I. C. QUAL.	J. RENDERING PROVIDER ID. #
	From	To													
	MM	DD	YY	MM	DD	YY									
1	05	13	09	05	13	09	23	10021	AA	1	1,000	90		NPI	917382465
2														NPI	

If selected from the Insurance Set Up, the units may calculate at 1 unit for every 10 minutes (as shown in the example above).

## Minutes \$ Field

The amount shown in this field is automatically calculated for you by multiplying the base rate (per minute charge amount you entered in your **Fee Schedule** for the Rendering Physician) with the number of minutes appearing in the **Minutes into Units** field.

In this example, the **Fee Schedule base rate** for BCBS was \$100.00 and the **Minutes into Units** amount was 9, therefore the **Minutes \$** field calculated as \$900.00.

Rates				
MEDI	COM	BCBS	MCD	WC
65.00	150.00	100.00	45.00	98.00

Minutes into Units: 9.00      Minutes \$: 900.00

Next, click on the **EDIT** button under the **Procedures** section and in the opened **Edit Transaction Data** screen, enter the **Diagnosis Code(s)** and **Procedure Code(s)** for the claim:

Dates of Service	Procedures	Pointers	Modifiers	Units	Dollars
05/13/2009 To 05/13/2009	1 10021, Fine nee	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	AA	1.00	100.00

The **Units** field will *automatically populate* with the number of units the Procedure Code was set up with. That number may be impacted based on the use of a **Modifier Code** (if the Modifier Code was set up to affect the number of units).

The **Dollars** field will *automatically populate* with the base rate amount set up in the Fee Schedule for the insurance being billed.

Click the **SAVE** button when done, and continue to click the **SAVE** button on each screen until you are completely out of the **Patient Record**.

Here is a sample of what the claim would look like if printed:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Palata Items 1, 2, 3 or 4 to Item 24E by Line)										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
1. 001 0				3. _____				22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
2. _____										23. PRIOR AUTHORIZATION NUMBER							
4. _____																	
24. A. DATE(S) OF SERVICE			B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.				
From To			P. ACFCF	EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	UNIT	ESTIM	IC.	RENDERING				
MM	DD	YY	MM	DD	YY	SERVICE	MODIFIER	POINTER		UNITS	7MIN	QUAL.	PROVIDER ID. †				
1	7	05	13	09	05	13	09	23	10021	AA		1	1,000.00	90		NPI	917382465
2																NPI	

The amount in the **\$ Charges** field (Box 24F) is calculated as follows:  
**Minutes \$ Field + Dollars (Procedure Charge) Field**