

Charge Procedure Codes

Add a New Charge Procedure Code

- From the *Main Menu*, click **Procedure Codes**.
- Click **Review All Procedures**.
- Click **Add**. The *Procedure Code Details* screen for a new record will open. See *Figure 1: Procedure Code Detail Screen*.

Procedure Code Details

<p>Code Type: <input type="text" value="Charge"/></p> <p>Posting Code: <input type="text" value="0110"/></p> <p>Fee schedule code: <input type="text"/></p> <hr/> <p>Description: <input type="text" value="Initial Examination"/></p> <p>Brief: <input type="text" value="NPEXAM"/></p> <p>Category: <input type="text" value="Exam"/></p> <p>Fee: <input type="text" value="114.00"/> RVU.. <input type="text"/></p> <hr/> <ul style="list-style-type: none"> • Review Transactions • Statement and Insurance Note • Patient Flags 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Statistics</th> <th style="text-align: center;">Count</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr> <td>Today</td> <td></td> <td></td> </tr> <tr> <td>Yesterday</td> <td style="text-align: center;">5</td> <td style="text-align: right;">273.00</td> </tr> <tr> <td>This Month</td> <td style="text-align: center;">10</td> <td style="text-align: right;">628.00</td> </tr> <tr> <td>Last Month</td> <td style="text-align: center;">13</td> <td style="text-align: right;">763.00</td> </tr> <tr> <td>This Year</td> <td style="text-align: center;">23</td> <td style="text-align: right;">1391.00</td> </tr> <tr> <td>Last Year</td> <td style="text-align: center;">128</td> <td style="text-align: right;">7441.00</td> </tr> <tr> <td colspan="2">Receivable....</td> <td style="text-align: right;">306.90</td> </tr> <tr> <td colspan="3" style="text-align: right;">Last modified by BUD</td> </tr> </tbody> </table>	Statistics	Count	Total	Today			Yesterday	5	273.00	This Month	10	628.00	Last Month	13	763.00	This Year	23	1391.00	Last Year	128	7441.00	Receivable....		306.90	Last modified by BUD		
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Treatment procedure counts as a visit

Tooth number or notes are not entered

Valid Teeth:

Insurance Code 1: (ADA)

Insurance Code 2: (MEDICAL)

Insurance Code 3: (DELTA)

Category for Estimates: by ADA code (Exams)

X-rays and documentation not required

Figure 1: Procedure Code Detail Screen

Procedure Code Details

Charge procedures have the following fields:

- Code Type: For a charge code, click the drop-down arrow and click Charge. The code type dictates how the new procedure code is handled by the system. Charge codes have the following effects on the system:
 - Increase the accounts receivable for the practice, owning doctor, producer, and account.
 - Increase Production for Today, This Month, and This Year of the producer that is designated when the code is posted.
 - Increase Charges for Today, This Month, and This Year for the doctor who owns the account the charge is posted to.
- Options: Choose the appropriate option for this code from the drop down menu.

- Posting Code: This is what the user will enter when posting the code. This value is user-defined and it can be numbers, letters, or a combination of both. It is common practice to use the CDT code as the posting code, excluding the leading D. For example, CDT code D1110 can be set up with posting code 1110.
- Fee Schedule: Used when there are multiple fee schedules in the practice, such as when there are multiple owning Doctors who have different fee schedules. Do not use this field for insurance fee schedules.
- Description: The description is what prints on the ledger, insurance form, treatment plan, etc.
- Brief: Can be displayed or printed on the schedule instead of the full description.
- Category: The available categories are dependent on the code type, and originate from the Procedure Categories that are set up on the system, if any.
 - To set up Procedure Categories, from the *Main Menu* click **Procedure Codes** then click **Procedure Categories**. There are 16 user-defined Charge categories.
- Fee: This is the UCR (Usual, Customary, and Reasonable) fee.
- RVU: Relative Value Units is typically used for capitation plans.
- Units: This records a specific number value of a code.
- Review Transactions: A list of all transactions that have been posted for this procedure.
 - Completed work transactions display bold, and treatment plan transactions display dim.
- Notes, Charting and Scheduling Options: This allows you to set up different statement and insurance descriptions. As well as an insurance note, charting buttons and templates. Clinical tasks are set up here as well. See Figure 2
 - Click the *Patient should be called after this procedure* to have a patient receiving this procedure appear on the daily Call List.
- Statement and Insurance Note: The contents here will print either instead of, or in addition to, the procedure code's description on both statements and insurance forms.
 - A note that is entered on the first line will print *instead* of the description.
 - A note that is entered on the second line will print in *addition* to the description.

Procedure Code Details

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Review Transactions

Statement and Insurance Note

Patient Flags

• Statement Note.. Visit our website at www.drdenal.com to fill out our patient survey questionnaire - you will qualify to enter our contest to win free toothpaste for life!

• Insurance Note..

Figure 2: Statement and Insurance Notes

- Patient Flags: A charge procedure code can be set to turn on or off a user-defined patient flag. See *Figure 3: Patient Flags*.
 - Click **Patient Flags** and a window listing the existing user-defined patient flags will open.
 - Click to change the option for the flag that you want modified when this code is posted. Options are No Change, Turn Off, and Turn On.
 - To set up patient flags, on the *Main Menu* click **System Stuff**. Click SEARCH and type “Flags”, click on **Patient & Account Flags** in the **Other options** section.
 - Select the flag to edit the detail including setting the color of the flag.

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User defined flags to be modified when this code is posted

PREMED No change	Ltr To Referral No change
N20~~ No change	SECOND ADDRESS No change
New Patient Ltr No change	HIPAA No change
Active Treatment No change	SR DISC No change

Figure 3: Patient Flags

- A Charge procedure code has the following Visit options:
 - Treatment procedure counts as a visit.
 - Recall procedure counts as a visit.
 - Prosthesis procedure counts as a visit.
 - Miscellaneous charge doesn't count as a visit.
 - Ortho case type and fee doesn't count as a visit.
 - Temporary procedure for schedule profiles.

- A charge procedure code has the following Tooth Number options:
 - Tooth number or notes are not entered.
 - Enter note and no tooth number.
 - Tooth number is optional.
 - One or more tooth numbers required.
 - Tooth number required and no surfaces.
 - Tooth number required and 1-5 surfaces required.
 - Tooth number and 1 or more surfaces required.
 - Tooth number and any number of surfaces.
 - Enter tooth number 1-15 service units.
- Valid Teeth: A charge procedure code that requires a tooth number can be defined with Valid Teeth options. When this field is defined the system will validate the tooth number field when the code is posted, and will not allow the entry of any tooth number that is out of the defined range.

To enter a value for Valid Teeth, click the field then click  to access the following list of available options:

- None (this will show if a tooth number is not entered)
- Any: Any tooth may be entered. This is the system default.
- All
- Primary
- Permanent (you can type in “perm” as a short cut)
- Anterior (all anterior teeth. You can type in “ant” as a short cut)
- Posterior (all posterior teeth. You can type in “post” as a short cut)
- Incisor
- Canine
- Premolar
- Molar
- UL, UR, LL, LR
- You can also type in a range of tooth numbers. For example, enter 1-4 to allow only the tooth numbers 1,2,3, or 4.
- Insurance Codes: There are three insurance code fields available on charge procedures. The descriptions are user-defined.
 - Insurance Code 1 is usually the ADA code and is printed on insurance forms.
 - Insurance Code 2 or 3 can be used for other codes as needed, such as medical or alternate dental codes.
 - To set up the Insurance Code descriptions, from the *Main Menu* click **System Stuff**. Scroll down to locate **Insurance Code Descriptions and Dential setup** in the **Other Options** section.
- Category for Estimates: These options allow the system to use a category for insurance estimates, either by ADA code or by specifying the category you want to use. Sometimes you want to force an item to be in a category not specified by ADA code.
 - By ADA code
 - Preventive
 - Basic
 - Major
 - Exams
 - X-Rays
 - FMX
 - Prophylaxis
 - Sealant
 - Fillings
 - Inlay/Onlay
 - Single Crowns
 - Endodontics

- Periodontics
 - Oral Surgery
 - Crown/Bridge
 - Dentures
 - Prosthodontics
 - Not covered
- X-rays and documentation: These options allow the system to prompt the user during the insurance billing process as a reminder that x-rays or documentation are needed with the claim submittal.
 - X-rays and documentation not required.
 - Insurance requires x-rays.
 - Insurance requires documentation.
 - Insurance requires x-rays and documentation.

Questions? Contact the staff at Datacon for help.
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