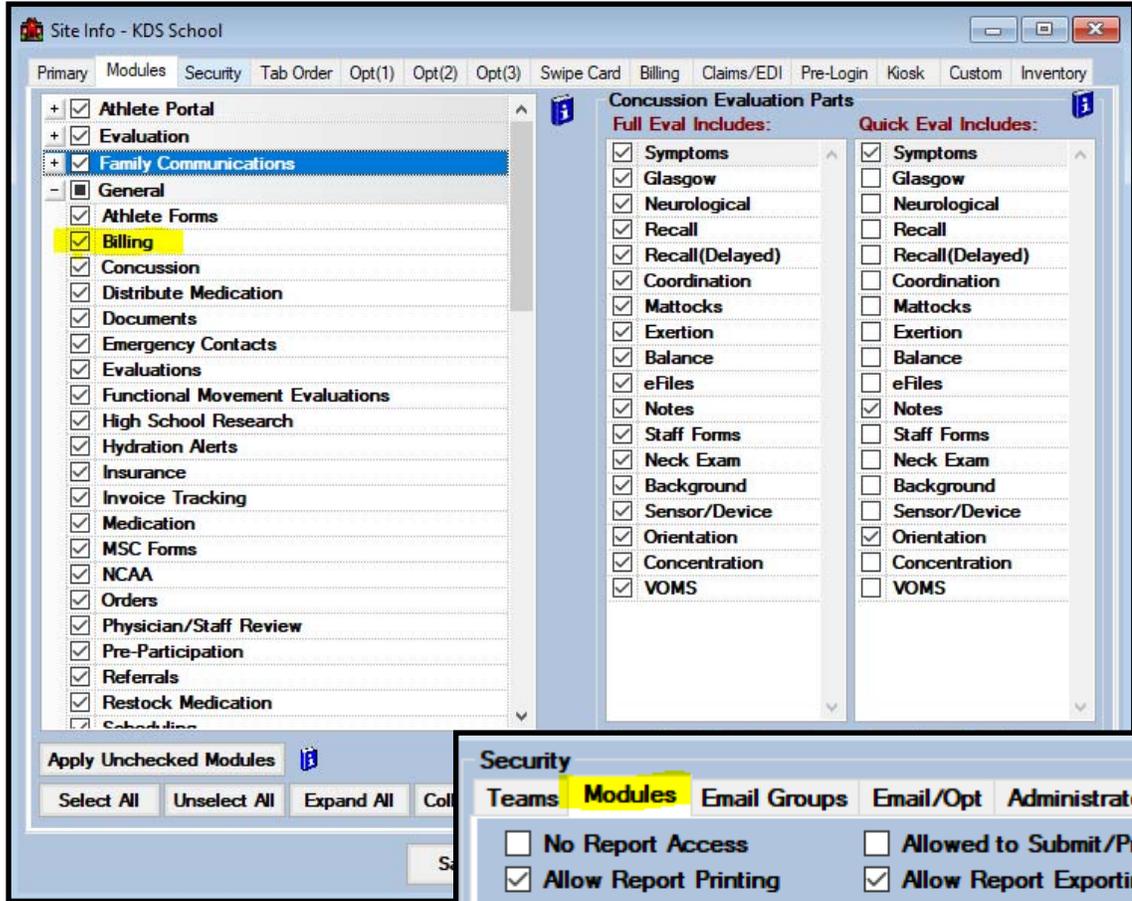
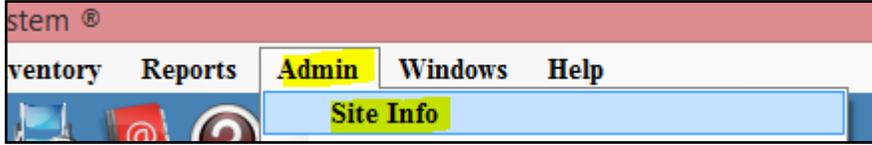
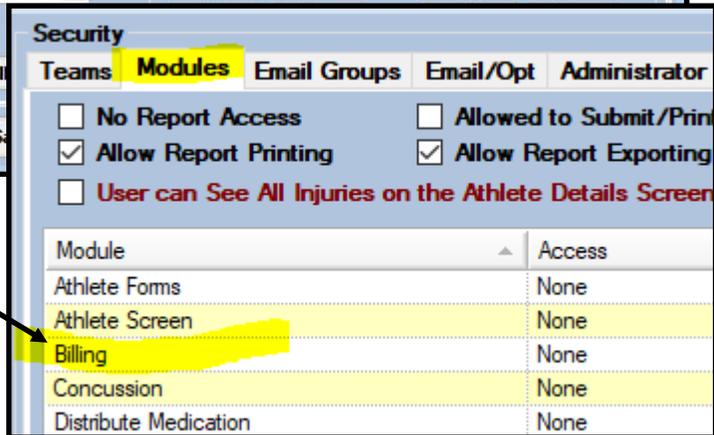


To begin generating claims for billing from ATS you will need to make sure the appropriate information has been entered in the system.

Turn on the billing option by clicking the module on the list in Site Info

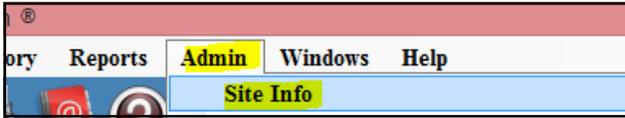


The billing option will also need to be “checked” for the applicable users...



Once this option is “checked” and saved, all off the billing information will be active. You will see billing info on the screens for Site Info, Users, Providers, Modalities, Rehabs. Once you logout and login again you will also see new screens and reports for billing.

Set up your organization billing information on the Site Info screen



Enter all of the information on the “Billing” tab. This information will be used when generating the HCFA 1500 form and adjusting the horizontal and vertical form printing alignment.

Site Info - KDS School

Primary Modules Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card **Billing** Claims/EDI Pre-Login Kiosk Custom Inventory

Federal Tax ID #: 3333333333333333 Tax ID Type: [v] Default Place-of-Service: Office [v]

Billing Provider

Name & Address: KDS Sports Provider
24 Billing Drive
Grove City, PA 16127

Phone: (111) 111-1111 NPI #: 1231231231

Other ID: 1231231232 Qualifier: OB [v]

Default Service Facility

Name & Address: KDS Sports Service Provider
101 Billing Drive
Grove City, PA 16127

NPI #: kdsnpi3333

Other ID: otro33343423 Qualifier: [v]

Printing Adjust for HCFA Forms

Top Margin Indent: 0.000 " Left Margin Indent: 0.000 "

Update the Modality and Rehab lists to include the applicable cost.



Popup Area Maintenance

Popup Area: Modalities

Description	Abbrev
Wound Care	
Ace Wrap	ace
Cold Whirlpool	CWP
Passive Range of Motion	PROM
Active Range of Motion	AROM
Soft Tissue Massage	STM
Trigger point release	TPR
Myofascial release	MYR
Electrical Stimulation- PreMod	Stim1
Ice	Ice
Ice chips	Ice Chips
Ice Pack	IcePack
Ice Massage	IceMas
Heat Pack	HeatPa
Heat	Heat
I F stretching	I F S

Record: 1 Of 32

Remove Save

Popup Area Maintenance

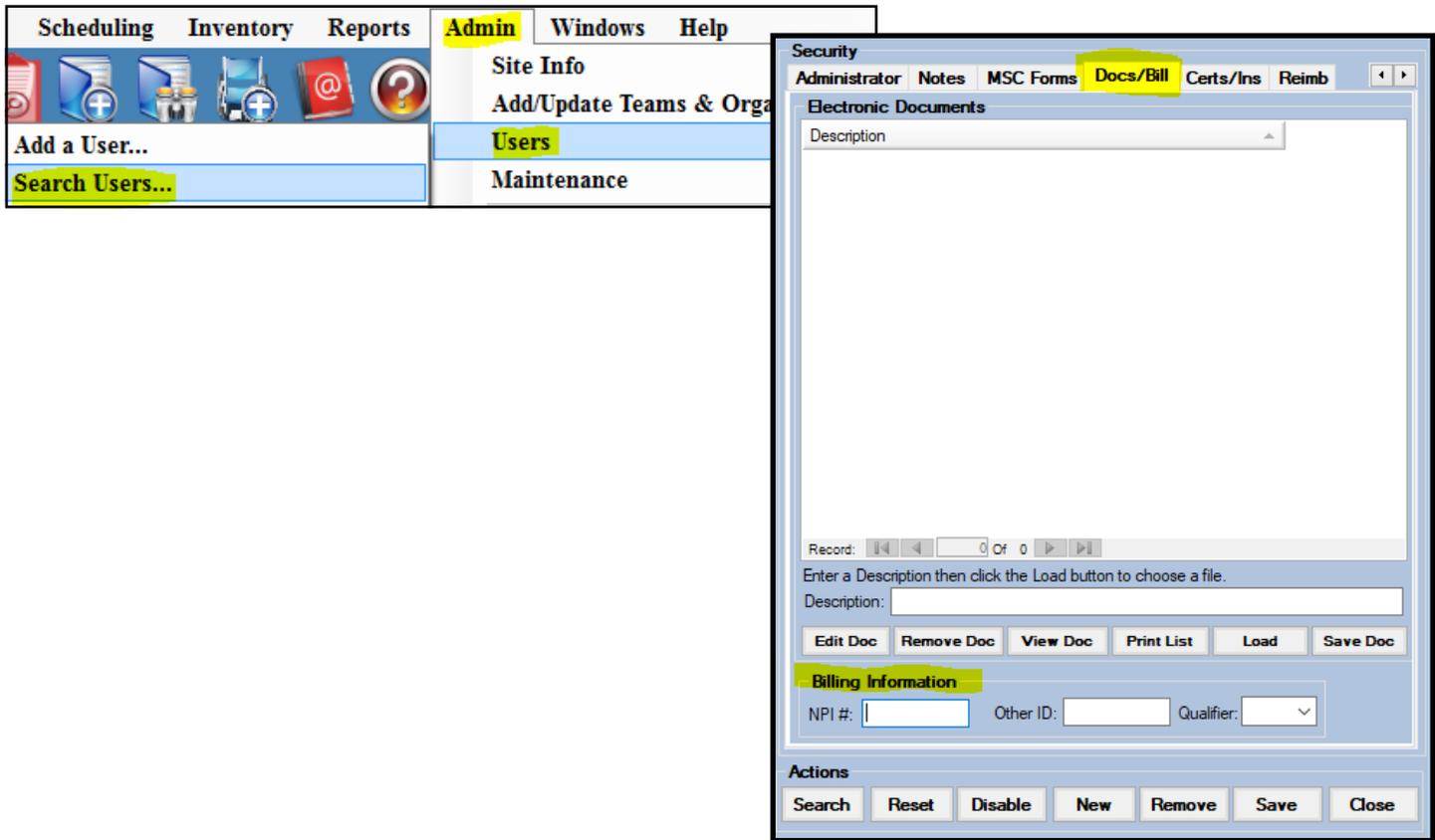
Popup Area: Rehablist

Description	Abbrev	Cost Amount	Sort	Active	Index
4-way ankle	4-way ankle	\$10.00	1	<input checked="" type="checkbox"/>	1108
4-way test	4-way test	\$10.00	1	<input checked="" type="checkbox"/>	1345
4-way tubing	4-way tubing	\$10.00	1	<input checked="" type="checkbox"/>	1109
4-way zzz	4-way zzz	\$0.00	1	<input checked="" type="checkbox"/>	1346
ankle ex	ankle ex	\$0.00	1	<input checked="" type="checkbox"/>	1110
ankle pumps	ankle pumps	\$0.00	1	<input checked="" type="checkbox"/>	1111
Balance Pad	Balance Pad	\$15.00	1	<input checked="" type="checkbox"/>	1112
ball curls	ball curls	\$0.00	1	<input checked="" type="checkbox"/>	1113
Ball Squeeze	Ball Squeeze	\$15.00	1	<input checked="" type="checkbox"/>	1114
Ball Wall Squats	Ball Wall Squat	\$5.00	1	<input checked="" type="checkbox"/>	1115
BAPS	BAPS	\$0.00	1	<input checked="" type="checkbox"/>	1116
BAPS Board	BAPS Board	\$25.00	1	<input checked="" type="checkbox"/>	1117
Blue band	Blue band	\$0.00	1	<input checked="" type="checkbox"/>	1118
BOSU Trainer	BOSU	\$60.00	1	<input checked="" type="checkbox"/>	1234
caif raises	caif raises	\$0.00	1	<input checked="" type="checkbox"/>	1119
FR	FR	\$0.00	1	<input checked="" type="checkbox"/>	1120

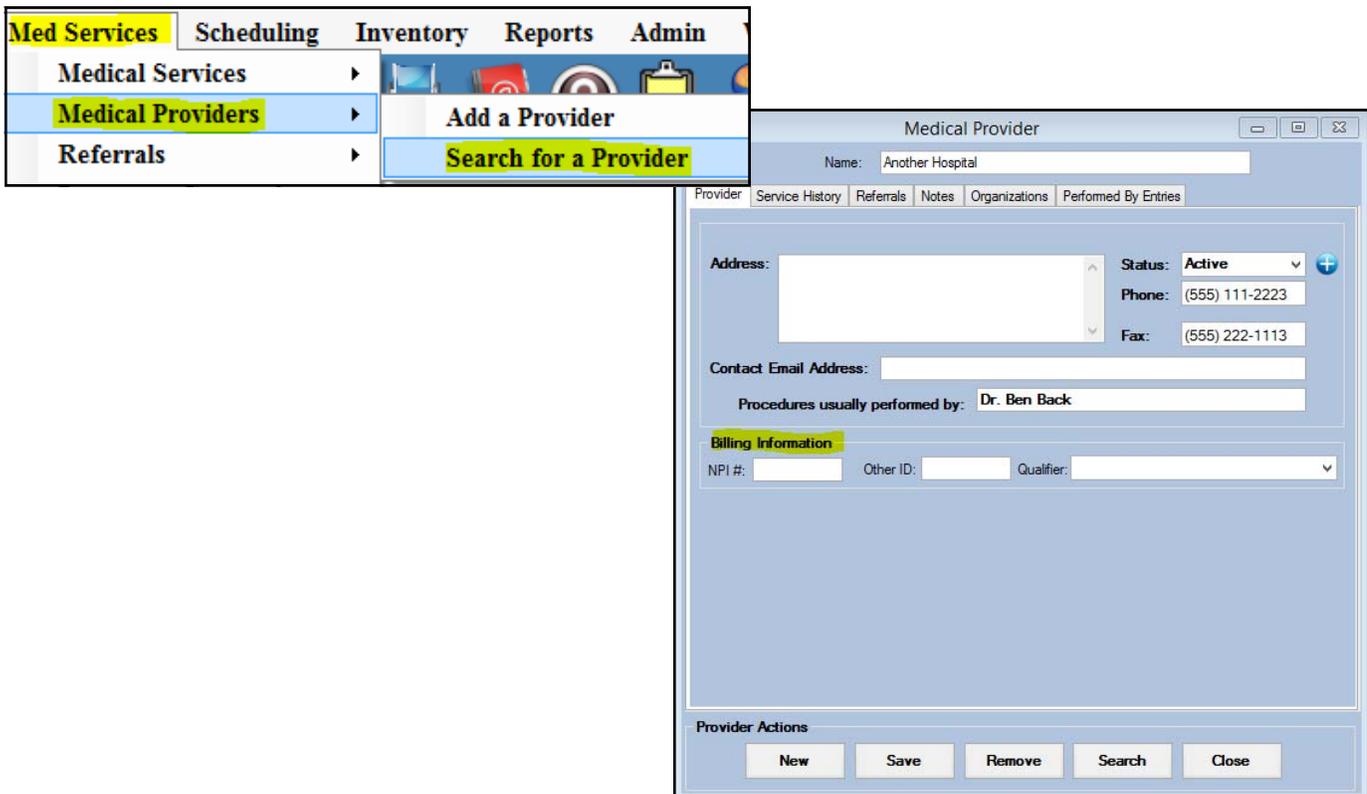
Record: Of 61

Remove Save Print Close

Update user information for those staff members who will be performing billable services.



Update provider information with their application IDs, etc.



Below are the changes you will see on the athlete screen. This information also needs to be entered for billing.

These include:

1. "Signature on file" check-box
2. Marital status
3. Employed status

The screenshot shows the athlete profile for Bobby J. Anderson. The top section includes personal details: Name (Bobby J. Anderson), Phone (724-555-4444), Year (Junior), Gender (Male), and DOB (5/10/1994). Below this is a table of team participation:

Team/Sport/Event	Status	Position/Dis	As Of	CTP Date
GC Outreach Men CC Basketball	Active	Forward	5/1/2008	
KDS Central HS Men Baseball	Active	Pitcher	11/6/2012	11/7/2012
KDS School Men Basketball	Active	Guard		11/7/2012

Below the table are tabs for Injury, Medication, Notes/Staff Forms, Concuss Evals, Medical History, General, Insurance, Emergency, eFiles & Docs, Additional Info, and Strength. The 'Address/Other' section contains two address entries, 'Custom Addr Name 1' and 'Custom Addr Name 2'. The 'Insurance' section includes fields for Driver #, Passport #, Alt ID, SS#, Last Physical, Physical Expires, and a checked 'Signature on File' box. The 'Employed' and 'Marital' status dropdowns are highlighted in yellow. A photo of the athlete is shown on the right, along with a 'Change Photo' button and a password field.

Complete the insurance information using the new screen shown below. This information is access by double-clicking the insurance entry on the athlete screen or by clicking the "Details" button on the right after selecting a row.

The screenshot shows the 'Insurance' entry screen. On the left, there are fields for Athlete (Anderson, Bobby J), Company, Insure Type, Plan, Plan Type, ID #, Group #, Payor #, Policy Start, Policy End, and Deductible \$. On the right, the 'Policy Holder Information' section includes fields for Name (First, MI, Last), DOB, Gender, SS#, Street, C/S/Z, Phone, Policy Holder Relation, and Employer Name. There is a 'Signature on file' checkbox. Below this is the 'PCP Info' section with fields for Name and Phone. At the bottom, there is a 'Notes' field (Max 1000 Characters) and an 'Actions' section.

You will now see a 2nd row for each modality & rehab entry (shown below). Use this information to indicate & enter the billing information.

Name: Add, Ed Date: 12/23/2015 2:10:00 PM Med Staff: Keffer Admin

Injury: 12/18/2015 - Abrasion - Left - Ankle Add Default Time-of-Day: Time Spent: Min

Body Part: Ankle Side: Left Treatment Location:

Modalities Modality Notes Notes/SOAP Note

Order	Modality	Duration	Comment
Billable?	Billable Units	Rendering Provider	Claim #
		Keffer Admin	
<input checked="" type="checkbox"/>	Ace Wrap 1	Keffer Admin	

Actions: Copy to... + Protocol New Save Remove Search Close

Note: When entering modality and rehab info the “Claim #” may show as a “-1” until the information is saved.

Rehab - Add, Ed

Name: Add, Ed Date: 12/23/2015 2:12:00 PM Atended

Injury: 11/18/2015 - Abdominal Contusion - Left - Abdomen Add Default Time Spent: 5 Min

Reason: Flexibility Treatment Location: Med Staff: Keffer Admin

Exercises Rehab Notes Note/SOAP Note

Order	Exercise	Sets	Reps/Time	Comments
Billable?	Billable Units	Rendering Provider	Claim #	Claim Status
<input checked="" type="checkbox"/>	4-way tubing 2	2	10	

Actions: Copy to... + Protocol New Save Remove Search Close

Billing Information for an Injury

A new tab will be available on the Injury screen. This shows existing bills for this injury and allows you to create bills based on the modalities and rehabs that have been entered.

The screenshot displays the 'Injury - Anderson, Bobby J' window. The 'Billing' tab is active, showing a table of claims and various action buttons.

Claim #	Date	Claim Status	Referring Provider	Notes
43	7/25/2018	Open	GC Hospital	

Additional interface elements include:

- General Injury Info:** Name: Anderson, Bobby J; Status: Current
- Body Part:** Ear
- Inj/Ill:** 1: Abrasion; 2: ; 3:
- Side:** Right
- MOI:** ; **SMOI:** ; **Severity:**
- Injury Dates:** Injured: 5/ 4/2018; Reported: 5/ 4/2018; Rtn to Play: / / ; Resolved: / /
- Other Info:** Happened during: ; Playing Surface: ; Event Type/Name: ; Team: KDS School Men Basketball; Surgery Required? on 1/ 1/2018
- Buttons:** Mark for review, EMS Required, Season Ending, Private Record, Card View
- Navigation:** Modality, Medication, Rehab, Limitation, Service, Notes/SOAP Notes, Concuss Evals, Referral, Evaluations, Notes/More, eFiles, Staff Forms, Strength
- Actions:** Show All, Claim for..., Claim, DJO Submit, New, Save, Email Group, Search, Close

Entering Billing Claim Information:

Claim Details - Anderson, Bobby J

Claim #: 43 Name: Anderson, Bobby J Injury: 05/04/2018 Ear - Abrasion (Right)

General Diagnoses/Procedures/Notes Payments

Ref Provider: GC Hospital Claim Date: 7/25/2018 Status: Open

Insurance

Pay #	Insurance Company
<input checked="" type="checkbox"/> 1	Blue Cross Blue Shield
<input type="checkbox"/> 99	Cigna
<input type="checkbox"/> 99	The Other Insurance

Record: 1 Of 3

Service Facility:
KDS Sports Service Provider
101 Billing Drive
Grove City, PA 16127

NPI #: kdsnpi3333
Other ID: otro33343423 Qualifier:

Patient's Account #: 12345 Prior Authorization #:
Date of Current Injury: 5/4/2018 Prior Auth # Visits: 0
 Accept Assignment? Outside Lab? Charges: \$0.00
If patient has had same or similar illness, give the first date: / /

Is Condition Related To:
 Employment?
 Auto Accident? Place (State):
 Other Accident?

Dates unable to work in current occupation:
From: / / To: / /
Hospitalization dates related to current condition:
From: / / To: / /
Medicaid resubmission
Code: Original Ref. #:

Actions
New Save Skip Validation Remove Print Close

Claim Details - Anderson, Bobby J

Claim #: 43 Name: Anderson, Bobby J

General Diagnoses/Procedures/Notes Payments

Diagnosis

Pointer	Code	Description
1	S0041	Abrasion of ear *
2	S00412	Abrasion of left ear *
3		
4		

Record: 1 Of 12

Load from Evaluation Remove

Procedures

Claims are limited to <= 6 procedures

Date of Service From	Date of Service To	Place of Service	CPT Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Diagnosis Pointer	Fee	Units	Service Total	Rendered
7/25/2018	7/25/2018	11	99245					I	\$75.00	10	\$750.00	Joe R
7/25/2018	7/25/2018	11	99245					I	\$12.00	10	\$120.00	Joe R
7/25/2018	7/25/2018	11	99245					I	\$11.00	5	\$55.00	Joe R
7/25/2018	7/25/2018	11	99245					I	\$22.50	15	\$337.50	Joe R
7/25/2018	7/25/2018	11	99245					I	\$8.00	15	\$120.00	Joe R
7/25/2018	7/25/2018	11	99245					I	\$95.00	5	\$475.00	Joe S

Record: 1 Of 6

Total Charges: \$1,857.50 Paid: \$0.00 Balance: \$1,857.50 Add Unbilled Injury Treatments Copy Remove

Actions
New Save Skip Validation Remove Print Close

Will pull the ICD codes from the injury evaluation

Will pull the billing information from modalities and rehabs

Printing and Submitting Claims.

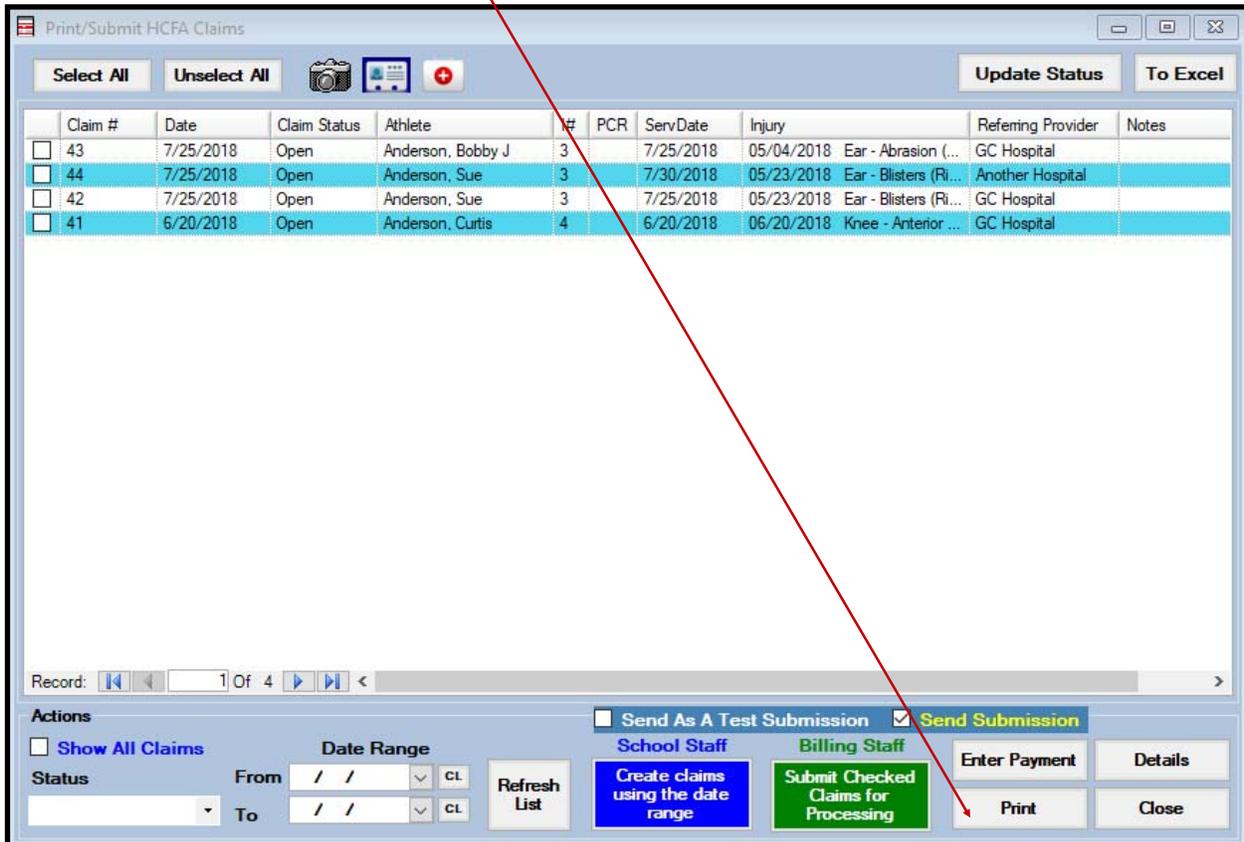


Printing

1. Print Outstanding HCFA Claims
2. Claim Status List for a Date Range
3. Claim Status List with Payments for a Date Range

When you are ready to print bills; follow the menu choice shown above.

Below is the screen used to “check” or “select” the bills to be printed and then click the “print” button

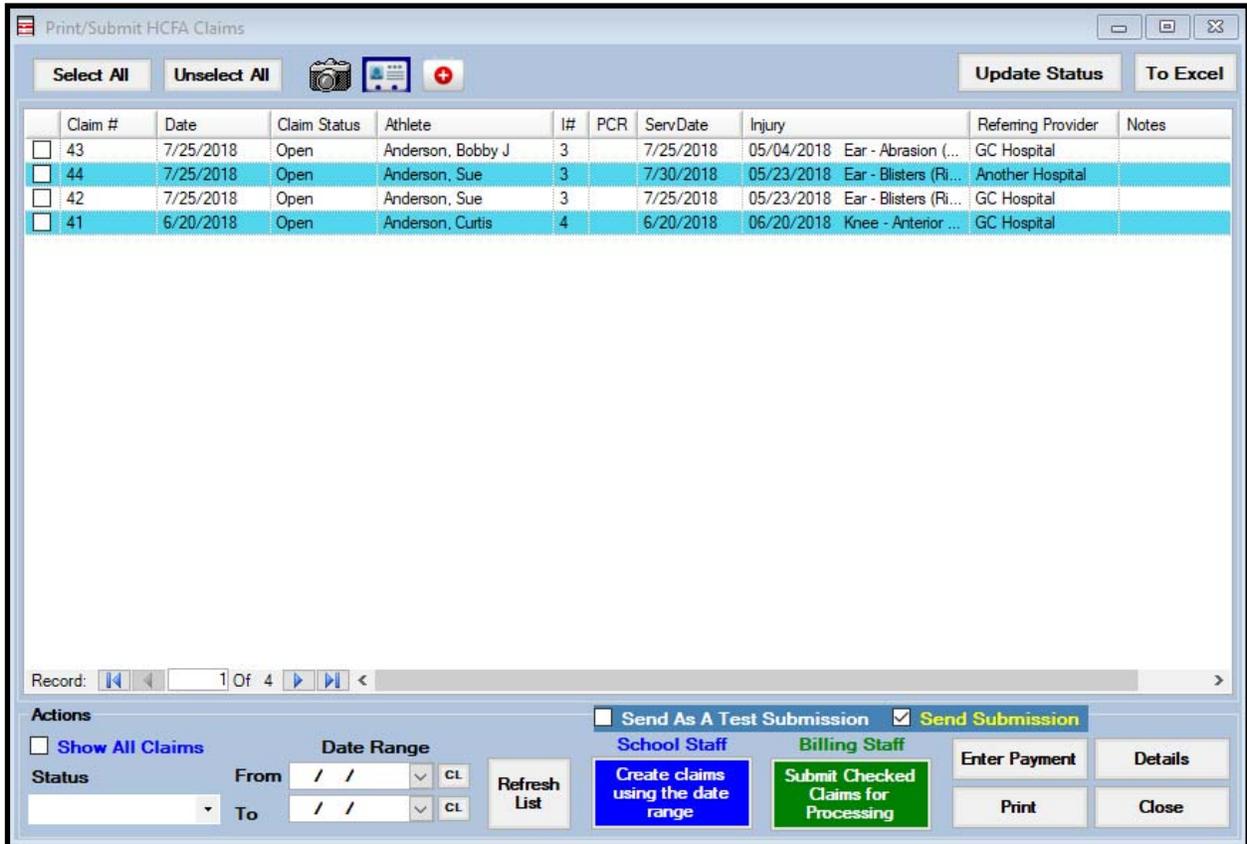


Submitting



When you are ready to submit claims; follow the menu choice shown above.

Below is the screen used to “check” or “select” the claims to be submitted



On this screen you may also use the “Date Range” and “Create...” button to create claims by pulling billable information from rehabs and modalities that have been entered.

- Claims may be submitted electronically by:
1. “checking” the applicable claims
 2. Making sure the “Send...” box is checked
 3. Clicking the “Submit...” button

Note: “checking” the “Send as a test...” box should be used for initial/test submissions.

Printed Claims

Below is a printed HCFA 1500 produced via ATS. If more than 1 form is needed to print the services being submitted, this is handled automatically.

Note: The standard red HCFA forms should be loaded into your printer before printing. These forms are not available from Keffer Development or supplied by us.

Submitted Claims

Claims that are submitted electronically will be sent via a secure transfer site.

In addition a PDF version (shown here) will also be created and saved to the athlete eFiles area.

Date	Doc Type	Description
7/30/2018	0	EDI File Sent: HCFA1500_43_741_2018730_85832_30_OfficeAlly_Submit.pdf
7/30/2018	0	EDI File Sent: HCFA1500_43_741_2018730_91748_30_OfficeAlly_Submit.pdf
7/26/2018	0	EDI File Sent: HCFA1500_43_741_2018726_15389_26_OfficeAlly_Submit.pdf
7/26/2018	0	EDI File Sent: HCFA1500_43_741_2018726_161620_26_OfficeAlly_Submit.pdf
7/25/2018	0	EDI File Sent: HCFA1500_43_741_2018725_15838_25_OfficeAlly_Submit.txt
7/5/2018	Fom	Athlete Upload: Dr. Note
6/20/2018	Fom	Athlete Upload: Test docx
6/17/2018	Picture	tttt
6/17/2018	Picture	aaaaasfd asdf as asdfs
6/15/2018	0	Form reviewed and signed on 6/15/2018 8:51:12 AM
6/12/2018	0	Form reviewed and signed on 6/12/2018 3:20:53 PM
6/12/2018	0	Form reviewed and signed on 6/12/2018 3:22:15 PM
6/11/2018	0	Form reviewed and signed on 6/11/2018 7:49:37 AM
6/11/2018	0	Form reviewed and signed on 6/11/2018 9:12:12 AM