
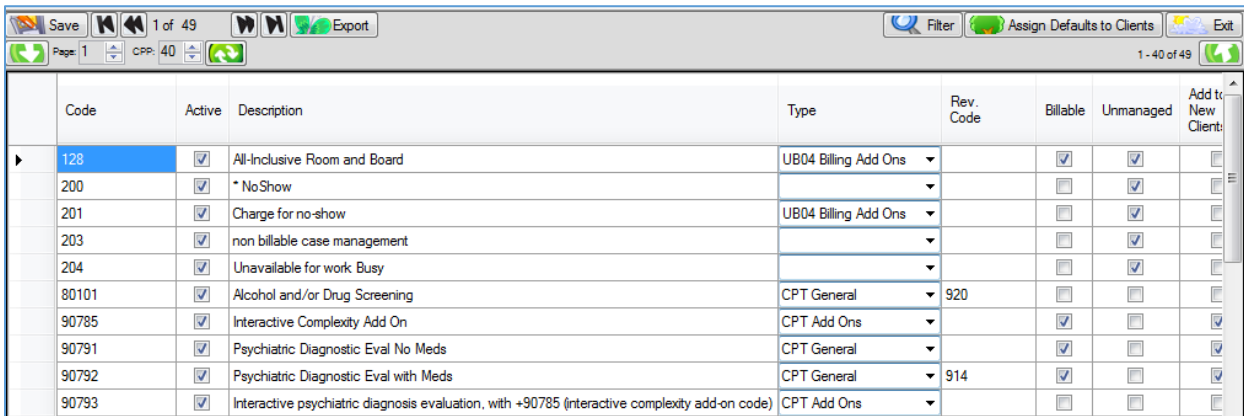



## CPT Code Set-up

Click on Financial  from the top menu bar. Then select Billing Codes (first option under Financial). The screenshot below is the top half of the screen that you will see. We will cover the bottom half further below.




Code	Active	Description	Type	Rev. Code	Billable	Unmanaged	Add to New Client
128	<input checked="" type="checkbox"/>	All-Inclusive Room and Board	UB04 Billing Add Ons		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
200	<input checked="" type="checkbox"/>	* No Show			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
201	<input checked="" type="checkbox"/>	Charge for no-show	UB04 Billing Add Ons		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
203	<input checked="" type="checkbox"/>	non billable case management			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
204	<input checked="" type="checkbox"/>	Unavailable for work Busy			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80101	<input checked="" type="checkbox"/>	Alcohol and/or Drug Screening	CPT General	920	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90785	<input checked="" type="checkbox"/>	Interactive Complexity Add On	CPT Add Ons		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90791	<input checked="" type="checkbox"/>	Psychiatric Diagnostic Eval No Meds	CPT General		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90792	<input checked="" type="checkbox"/>	Psychiatric Diagnostic Eval with Meds	CPT General	914	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90793	<input checked="" type="checkbox"/>	Interactive psychiatric diagnosis evaluation, with +90785 (interactive complexity add-on code)	CPT Add Ons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First you will need to uncheck all the CPT codes your clinic doesn't currently use in the Active box (column #2). Keep the no-show & non-billable case management codes, the non-billable case management code will be used for anything you want to keep track of in the patients/clients chart like the reason they couldn't make it to the scheduled appointment or an in-depth phone message. Once all have been un-checked remember to

click SAVE  in the upper left corner.

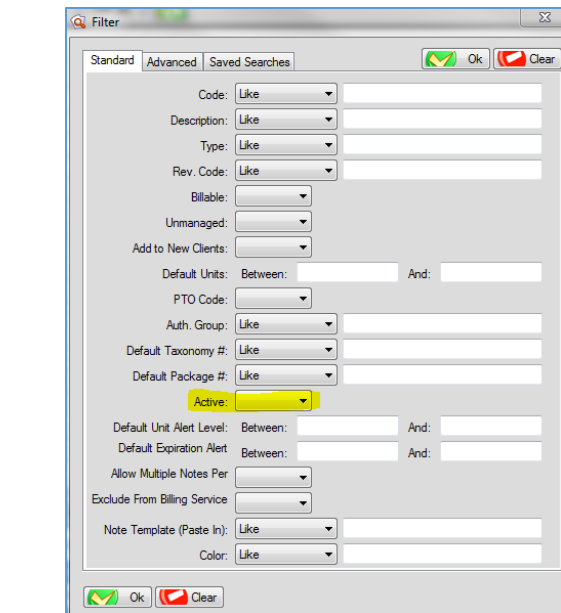
Next you will want to delete the code you do use out of your system. To

do this, click the filter button  in the upper right corner, which will open the box below. Where you see the highlighted "Active" in the dropdown list beside it select "No". Click ok. This will bring all Non-active code up.

To delete, click in the last row (see where highlighted) there should be one row under this, then hold & drag your mouse to the top so all row are in blue and then click delete.

Don't worry about deleting these, if you find you need a CPT code that you deleted you can re-enter it again in this area.

Now all that is Active in your system are the CPT codes that your practice uses.



Filter

Standard Advanced Saved Searches

Code: Like

Description: Like

Type: Like

Rev. Code: Like

Billable:

Unmanaged:

Add to New Clients:

Default Units: Between: And:

PTO Code:

Auth. Group: Like

Default Taxonomy #: Like

Default Package #: Like

Active: **Active**

Default Unit Alert Level: Between: And:

Default Expiration Alert: Between: And:

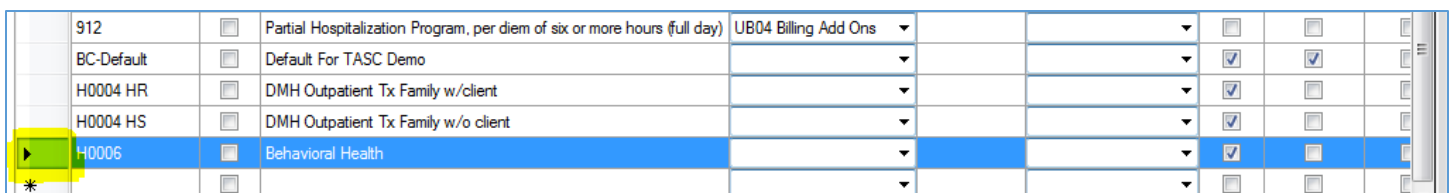
Allow Multiple Notes Per:

Exclude From Billing Service:

Note Template (Paste In): Like

Color: Like

Ok Clear



912	<input type="checkbox"/>	Partial Hospitalization Program, per diem of six or more hours (full day)	UB04 Billing Add Ons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BC-Default	<input type="checkbox"/>	Default For TASC Demo			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H0004 HR	<input type="checkbox"/>	DMH Outpatient Tx Family w/client			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H0004 HS	<input type="checkbox"/>	DMH Outpatient Tx Family w/o client			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H0006	<input type="checkbox"/>	Behavioral Health			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## *Descriptions of Columns:*

**Code** – CPT Code

**Active** – If checked the code is active in your system

**Description** – The description of the code

**Type** – The type of code it is: CPT General = is what most of the codes are, so the codes will show up in the top drop down on the notes. CPT Add On = will show while only in the bottom part of the note as an add on service E/M = is doctor's code. UB04 Add On = is for institutional billing. HCPCS = this is for the H codes. All of the codes will show up the top part of the note except for the add-on code which will show up in the bottom part of the notes. If this field is left blank they will show in both the top and bottom of the note.

**Rev Code** – For institutional billing, put the rev code here that goes with the CPT code.

**Auth. Group** – If you have codes that all work together by all insurance companies you can create groups of codes that decrement together.

**Billable** – Means someone is paying for the service, whether it's self-pay, insurance, or a funding source.

**Unmanaged** – Means that you have no authorizations to track.

**Add to New Clients** – Means it will get added to every new client that is put into the system, with as many authorizations as giving as default units. \*\*It's important to remember if this is used you must go in and change the authorizations giving by each patients/clients insurance company. So it might not be a good idea to use this on billable codes.\*\*

**Default units** – Here you can put the number of units that it can default to, to make it default you can put 0 in to have it show in the patient/clients chart. On the unmanaged codes 100 could be put on this way it will convert over at set up. Now if you don't want this feature you can leave this blank and do it from the clients chart upon set-up.

**PTO Codes** – This is where you can create your own code for staff to use for vacation or sick time. PIMSY payroll will track that on the user as they take off days, as long as it's added to the SAL.

**Default Taxonomy #** - Most companies don't use this anymore, it would be the companies default taxonomy number you would put it here and it will go over to all users. However with the 5010 billing for electronic billing they required the billing taxonomy number along with the user's individual taxonomy #, so now it goes on the administration set up and individual user's rates tab.

**Default package number** – Please skip this column it is not used.

**Color** – This has to do with how to color code the SAL (Service Activity Log). Default is set under system setting to be when you create a new calendar appointment you pick the color that you want that appointment to be. The 2<sup>nd</sup> way of doing this is to change the system setting to color code by users, so a different color is set for every user. 3<sup>rd</sup> way is to color code the different types of CPT codes. So individual therapy can be one color, assessments can be another, while group notes is another when looking at the SAL you will know what appointment a person has by the color. (This is the most popular option.)

**Default Unit Alert Level** – When the authorizations on the patients/clients get to a certain level PIMSY will send out alerts telling people that it's time to requests new authorizations. This can be set up through the system settings and profile setting.

**Default expiration Alert Lead Time in Days** – Similar as above but will alert to X number of days before the authorization expires. When the auth is obtained there is a start date & end date, if you want to have a reminder 14 days before the auth ends this is where that would be set.

**Allow Multiple Notes per Day** – PIMSY has a system setting that will restrict a user from using the same code on the same client during the same day. If you have a code you that you need to do this for and not count towards group notes then this box can be checked and it will override the system setting.

**Excluded From Billing Service Calc.** – Skip this column. This is for PIMSY Billing Service, if you are not having PIMSY do your billing please contact us for more details.

**Note Template (paste-in)** – This is where you can use Word to create to create an outline of what is needed for each CPT code. You can copy and paste in this box with the corresponding CPT Code. On your notes when you pick the CPT there will be a little leaf beside the code and the template will populate the note or give the user an outline of what to document for this code.

Now that the top is complete, the bottom needs to be filled out. Below is a screen shot of how that should look.

The screenshot shows the PIMSY software interface. The top section is a list of CPT codes with checkboxes and dropdown menus. The bottom section is a table with columns for Start Date, End Date, Default Billing Rate/Unit, Expected Amount/Unit, Auth. Decrement Action, Billing Units Calc., Max Note Duration in Min., and Active. The table has two rows of data.

	Start Date	End Date	Default Billing Rate/Unit	Expected Amount/Unit	Auth. Decrement Action	Billing Units Calc.	Max Note Duration in Min.	Active
▶	1/1/2008	12/31/2015	\$50.00	\$45.00	1 Unit / 15 Min. (...)		30	<input checked="" type="checkbox"/>
*	8/13/2013	8/13/2013						<input type="checkbox"/>

**Start Date** – it is recommended that it is put back at least 6 months from starting with PIMSY. To do this click on the month, enter the month you want used with the arrow key on your computer. Then arrow over right to put it in the date field. Arrow over right to the year.

**End Date** – Do the same thing as above to enter the date, however put it to expire in like 2050 or later.

**Default Billing Rate/Unit** – Set this at the highest amount to be billed for this code, there are other places in the system that can be set for different billing rates. Example: They can be done under insurance for different contracts or even different providers may charge higher then another.

**Expected Amount/Unit** – This is where you if only bill one insurance company and know what the contracted rate is, this is where you can store it and keep a record of it. However remember if you bill multiple insurance with different rates this should remain blank.

**Auth Decrement Action** – This is how the units will decrement from the patients/clients insurance authorizations. The most common is 1 unit/note, if something different is used then you need to make sure the default billing rate matches how you want to bill per unit.

**Billing Units Calc.** - This is if you bill differently than the authorization decrements from the patient/clients. If you bill the same then nothing needs to be done here.

**Maximum Note Duration in Min** – This is where you set the maximum number of minutes that you can bill for.

**Active** – make sure to check this box so it's active.