

Patient Cost Estimator Insurance Workflow

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Insurance Workflow

1. **Payer, Provider** and **Service Location** are required fields and must be entered to proceed with **Cost Estimator**. Type into the field and select Search or select Search first to view a complete list, then select.

The screenshot shows the 'Patient Cost Estimator' interface. It includes a 'New Estimation Lines' section with input fields for 'Date of Service*' (02/15/2023), 'Payer*', 'Provider*' (Search Provider), and 'Service Location*' (Search Service Location). Each search field has a 'Search' button. Below this is a table with columns: Date of Service, Procedure, Diagnosis, Modifiers, Units, Billed per Unit, Allowed per Unit, Billed Total, and Allowed Total. The table shows a 'Total' row with Billed Total of \$0.00 and Allowed Total of \$0.00. The 'Patient Benefits' section includes 'Insurance Plan' (Check Eligibility), 'Network' (In Network, Out of Network), 'Coverage Category' (Health Benefit Plan Cover), and 'Last Eligibility Check'. A red message at the bottom states: 'You need to run a new eligibility check or manually enter benefits.'

When initiating a Cost Estimator from the Patient Setup screen, certain fields may not be pre-filled. Payer will load based on the patients primary payer in Patient Setup screen.

2. Add a line by **Appt Type** or **Manual Entry**

Add Line by Appt Type – Use this to add a service line for estimation by the type of appointment

This will search appointment types specific to your practice. Associating CPTs with Appointment Types is required to utilize this feature

Add Line By Appointment Type
×

Appt Type

Search

Appt Type Id	Appt Type Name	Appt Type Duration
28	New Patient	15
61	Telehealth - Established	30
62	Telehealth Visit	30

All Results Displayed (3)
Close Search

Save Line(s)

Add Line by Manual Entry – Use this to manually add a CPT for estimate

This allows the user to enter a specific CPT code as well as Diagnosis code and modifier if needed.

Note required fields specified with the *. Depending on your CPT setup **Unit, Charge per Unit** and **Allowed per Unit** may populate with the CPT selection. However, this screen allows manual entry as well as override.

If your company setting is set to use the "Payment Aggregated Allowed Amount" the Allowed Amount Usage will be defaulted to Aggregate and below it you will see Days to Aggregate which will display the default number of days but also allowing a manual override. You will also see a Records Used in Aggregate which will show how many payment records were used for the allowed amount payment aggregation. If your company setting is set to use the "Fee Schedule Allowed Amount" you will not see the additional aggregate fields.

Add Line By Manual Entry
×

CPT Code* Search

Diagnosis Code Search

Modifier

Unit*

Charge per Unit*

Allowed per Unit*

Allowed Amount Usage Aggregate Fee Schedule

Days to Aggregate

↻ Update Allowed Amount

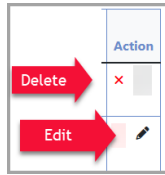
Records Used in Aggregate 0

Save Line

Below is an example of both entries in a single estimate

	Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
Add Line By Appt Type →	02/15/2023	99203 OFFICE OUTPT NEW 30 MIN			1	\$180.00	\$113.00	\$180.00	\$113.00	✕ ✎
Add Line By Manual Entry →	02/15/2023	11100 BX SKN SUBQ/MUC MEMB 1 LESION			1	\$300.00	\$100.00	\$300.00	\$100.00	✕ ✎
Total								\$480.00	\$213.00	

Note the Action column which allows a line to be deleted or edited.



3. Once line(s) have been added, choose whether you need to run a new eligibility check or manually enter benefits.

Patient Benefits

Insurance Plan Aetna - 123456 [Check Eligibility](#) [Manual Entry](#)

Check Eligibility - Opens Patient Eligibility screen to select insurance to run

Manual Entry - Opens a screen allowing user to hand key items

Note: If the eligibility response has multiple copays for a patient, you will receive a warning informing you that multiple copays were returned allowing the user to select the appropriate copay for the estimate from a drop-down.

Patient Benefit Manual Entry ✕

In Network

CoPay	\$	CoPay			
Deductible Individual	\$	Deductible Individual	Remaining	\$	Deductible Remaining
Deductible Family	\$	Deductible Family	Remaining	\$	Deductible Remaining
Co-Insurance (%)		Co-Insurance	%		
Out of Pocket Individual	\$	Out of Pocket Individual	Remaining	\$	Out of Pocket Remaining
Out of Pocket Family	\$	Out of Pocket Family	Remaining	\$	Out of Pocket Remaining

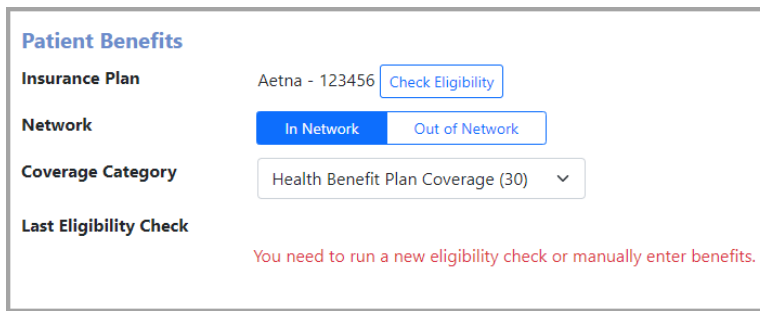
Out of Network

CoPay	\$	CoPay			
Deductible Individual	\$	Deductible Individual	Remaining	\$	Deductible Remaining
Deductible Family	\$	Deductible Family	Remaining	\$	Deductible Remaining
Co-Insurance (%)		Co-Insurance	%		
Out of Pocket Individual	\$	Out of Pocket Individual	Remaining	\$	Out of Pocket Remaining
Out of Pocket Family	\$	Out of Pocket Family	Remaining	\$	Out of Pocket Remaining

[Save & Exit](#)

4. Choose whether you'll need to use In Network benefits or Out of Network benefits

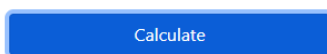
5. Coverage Category can be changed to run benefits for different care such as Durable Medical Equipment (DME), Allergy testing, etc.



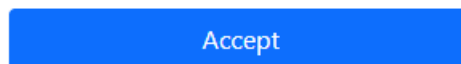
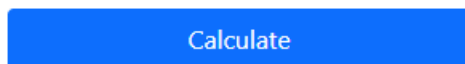
The screenshot shows a form titled "Patient Benefits" with the following fields and options:

- Insurance Plan:** Aetna - 123456 with a "Check Eligibility" button.
- Network:** Radio buttons for "In Network" (selected) and "Out of Network".
- Coverage Category:** A dropdown menu showing "Health Benefit Plan Coverage (30)".
- Last Eligibility Check:** A red message: "You need to run a new eligibility check or manually enter benefits."

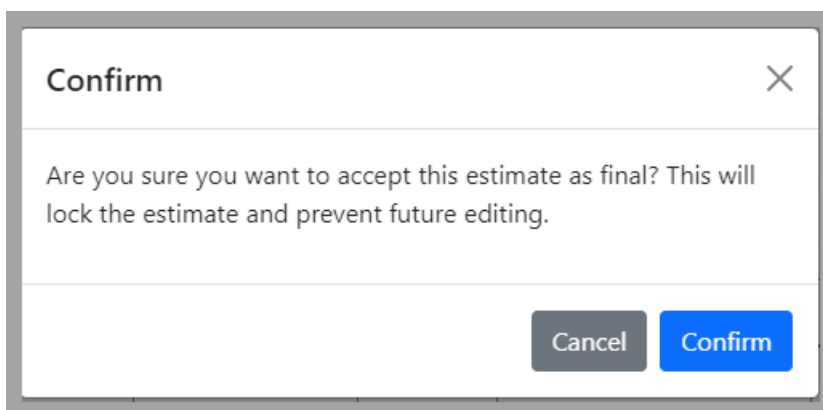
5. Select **Calculate** to run the estimate



6. Once estimate has been created and reviewed for accuracy, click **Accept** to lock and save this estimate. If changes need to be made, make those then select **Calculate** before **Accept**.



7. When Accept has been selected, a pop up message will alert the locking of this estimate.



The screenshot shows a "Confirm" dialog box with a close button (X) in the top right corner. The text inside reads: "Are you sure you want to accept this estimate as final? This will lock the estimate and prevent future editing." At the bottom right, there are two buttons: "Cancel" (grey) and "Confirm" (blue).

Cancel will return to the previous screen for editing. Confirm will lock this estimate.

8. The summary of the estimate will be visible on the lower part of the screen. Click the print icon to print the summary.

Summary 
