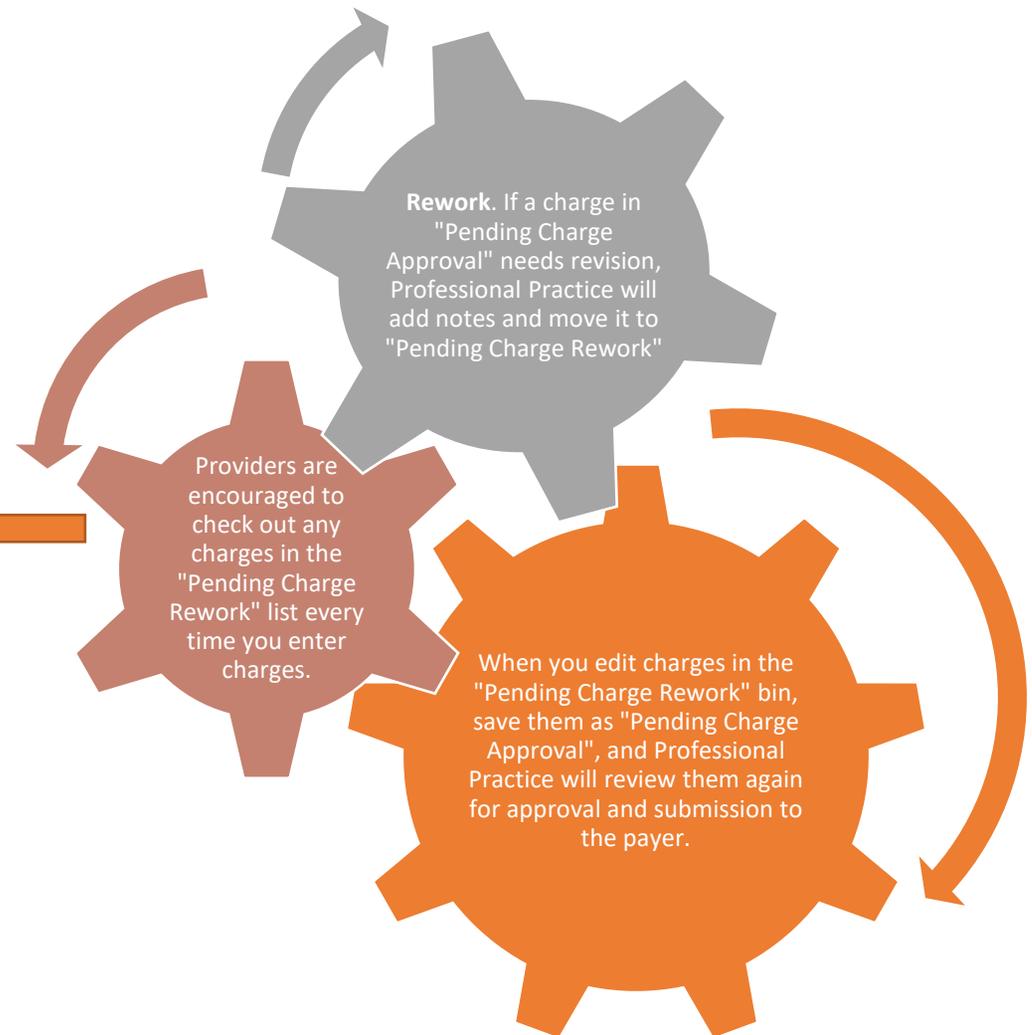
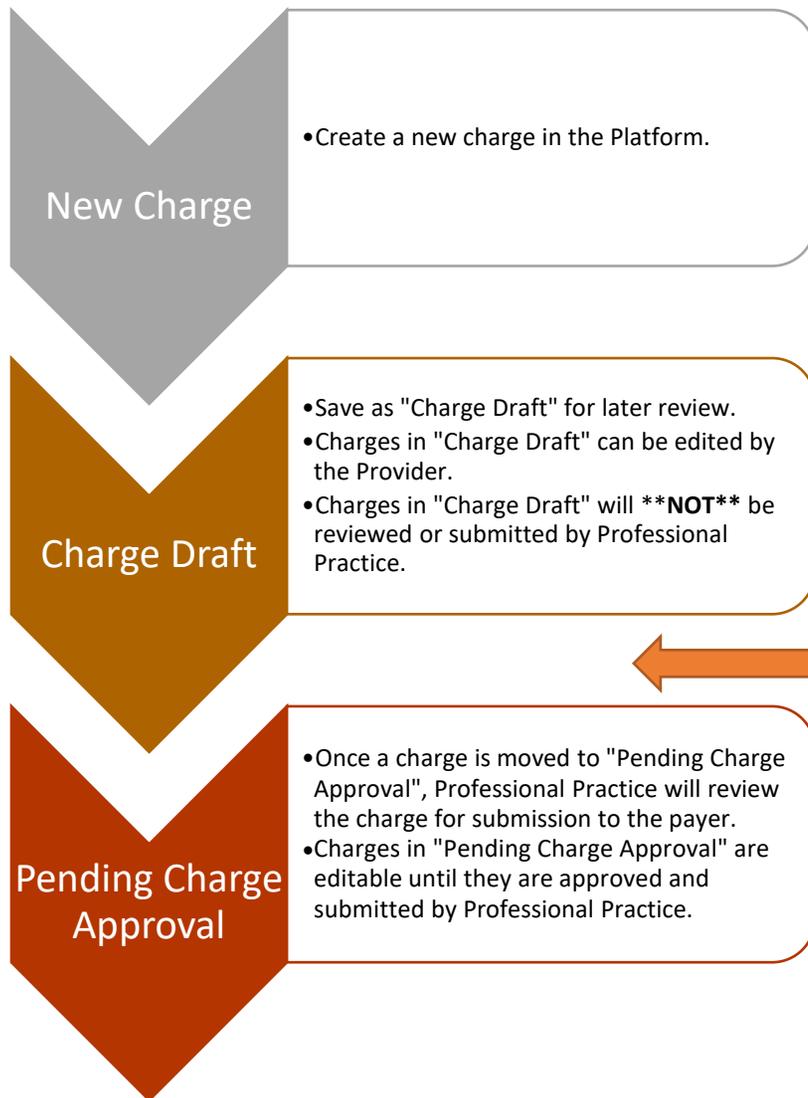


## Kareo Charge Capture Cycle

### Quick Reference



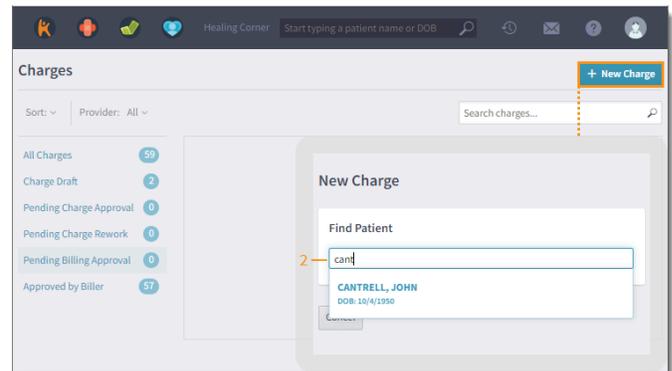
## New Charge Capture

Kareo's Charge Capture experience offers quick and easy electronic charge entry available for users. Charge capture is available on your desktop with an internet connection or on mobile devices.

\* See "**Best Practice**" on page 4.

### New Charge Capture

1. [Access Charges](#) then click **+New Charge** in the upper right of the page. The *New Charge* page opens.
2. Enter the first few letters of the patient's name in the *Find Patient* field then select the patient from the results list. The *Charge Capture* page opens.



**\*\* The Patient is Missing!** If the patient name does not show up on the "find patient" list, it's because their information isn't entered in the system.

**Please do not create an account in the system for the patient.** Instead, please send a patient billing information form completed by the patient to Professional Practice at least 5-10 business days before the patient's first appointment so that Professional Practice can check benefits, reach out to the patient with an estimate, correspond with the patient and their insurance if there are any problems with insurance coverage or if payment arrangements need to be made to accommodate the patient, and create an account in Kareo, entering all of the patient's information.

Billing Information Form can be found at [www.professionalpractice.net](http://www.professionalpractice.net) > Patient Forms and Resources.

[https://www.professionalpractice.net/files/ugd/29f417\\_d780bde590714a10a0ce3884151e6546.pdf](https://www.professionalpractice.net/files/ugd/29f417_d780bde590714a10a0ce3884151e6546.pdf)



3. Review and verify the patient demographics. *Note:* The patient's *Primary*, *Secondary*, and *Conditions* information displays depending on the selected insurance case.

- To select a different insurance case (if applicable), select the appropriate case from the *Insurance case* drop-down list.

4. *Visit Information:*



- SALT:** The SALT feature is not working properly, so **please refrain from using SALT to avoid errors.**
- Date of Service:** Enter the service date.
  - Only enter a date range if you're submitting charges rendered on more than one day that must be batched together (such as psychological testing).
- Service Location and Place of Service:** Select the service location from the drop-down list. The place of service auto-populates based on the selected location, so select a different POS code when needed.
- TELEHEALTH:** When a service is rendered by telehealth, enter the correct POS code. If the POS code and other information on the charge are discrepant, we will code and submit according to the POS code.
- POS 2** - Telehealth- Pt \*NOT\* at home .
- POS 10** - Telehealth- Pt at home.
- POS 11** - Office Visit (Face-to-Face)
- Using other POS codes for telehealth may cause claims to be denied.
- Rendering Provider:** Select the rendering provider from the drop-down list. If applicable, select the *Referring*, *Scheduling*, and/or *Supervising Provider*.

5. **Diagnosis Codes:** Add up to 12 diagnosis codes by typing at least three characters and then selecting the code from the results drop-down list.

*Note:* Additional diagnosis codes entered under the Procedure Codes section are also added to this list.



**Tip:** Set up [code favorites](#) to aid in efficiency when adding diagnosis codes.

- To reorder the diagnosis codes in the list, click and drag the **bar** icon up or down under the *Rank* column.
- To remove a diagnosis code from the list, click the **trash** icon.

Professional Practice will add coding according to the payer's coding guidelines based on the POS code entered by the Provider.

\* (See [cms.gov](https://www.cms.gov) for more details)



6. **Procedure Codes:** Add a procedure code by typing at least three characters and then selecting the code from the results drop-down list. Then, enter modifiers, units, charge(s) as necessary.



Tip: Set up [code favorites](#) to aid in efficiency when adding procedure codes.

- To reorder the procedure lines in the list, click and drag the **bar** icon up or down under the first column.
- To reorder the diagnosis codes, click and drag the **bar** icon left or right to the appropriate position.
- To remove a procedure line from the list, click the **trash** icon.

7. **Check Codes:** To perform a code validation, click **Check Codes**. A green *Codes successfully checked* notification appears on the bottom right of the page when no errors are found.

- If an error is found, a red error alert appears. Make the appropriate corrections then click **Check Codes** to confirm the error is fixed.

- \* 8. **Notes:** If applicable, enter any notes related to the charge.

9. **Print Itemized Receipt:** To print or download an itemized receipt for out-of-network (OON) billing, health savings account (HSA), or flexible spending account (FSA) purposes, click **Print Itemized Receipt**. The itemized receipt includes information such as provider name, practice tax ID, services provided, charge amounts, patient payments, diagnoses, and the option to include provider NPI and notes.

*Note:* The *Print Itemized Receipt* feature also saves the charge.

10. **Save as:** Select one of the following options from the drop-down menu.

- **Pending Charge Approval:** The charge is ready to be reviewed for approval but can still be edited by the provider if needed.

- \* • **Charge Draft:** The charge was just created or is currently be worked on.

\* **Itemized Receipt** (aka: superbill) can be sent to an out of network payer by the patient for reimbursement.

\* **Notes to biller** may include information about patient change of address, phone number, insurance information, or a patient's request for a statement copy. **Don't record patient payments in 'Notes to Biller'.**

\* **Patient Payments:** To indicate that a patient made a payment, please see the "Collect Patient Payments Printable Step-by-Step" located at: <https://www.professionalpractice.net/links>.

\* **Telehealth:** To indicate that that a session was rendered by telehealth, please see the preceding page - step 3. The notes to biller is not an effective way to communicate that a session was rendered by telehealth.



- *Pending Charge Rework*: The charge needs to be updated or requires corrective actions.
- *Submit to Billing*: The charge has been completed and confirmed for submission to the Desktop Application (PM) for billing. Once saved, the charge is submitted to the biller and can no longer be edited.

11. When finished, click **Save & Close**. The *Charges* page returns and the charge is listed under the status it was saved as.

**\* Best Practice:**

**1. Charge Capture - "Pending Charge Approval"**

*Enter new charges in the Charge Capture and save them as "Pending Charge Approval".*

**2. PPL Review.** *Professional Practice will review and approve charges in the "Pending Charge Approval" status.*

- If the charge is clean and complete, then Professional Practice will approve, and submit to the payer.*
- If the charge is missing information, Professional Practice will leave notes to identify the information missing or invalid, and move the charge to "Pending Charge Rework".*

**3. "Pending Charge Rework".** *Providers should review the charges in "Pending Charge Rework", correct error(s), and save as "Pending Charge Approval". From there, Professional Practice will review the charge for approval and submission to the payer.*

**4. Submit to Billing.** *If you enter a charge and save as "Submit to Billing", **you will not be able to edit the charge.** Time spent making corrections to charges are billed at the hourly rate for corrections according to your services agreement. Corrections to charges submitted to billing are more difficult to correct, which makes them more expensive for you. Corrections made to charges in "Pending Charge Approval" are more easily fixed, which is less expensive for you.*



# Kareo Charge Capture Cycle

