

COPAY PER DAY – New way to manage

The patient's insurance policy may include a **copay per day**. It is the total amount that will be charged to the patient (patient responsibility) for all services billed for the day. It is usually applied to the first transaction of the day and if there is a remaining amount, it is applied to the next transaction, and so on. You can manage the copay per day in different ways.

METHOD 1 - Wait for the EOBs to transfer to the patient the copay amounts

You are not required to transfer the copay amounts as the services are billed. You can wait to receive the **Explanation of Benefits** (EOB). The copays are then transferred to the patient when you post the insurance payment. The disadvantage is that you have to wait after the insurance company to update the patient balance with copay amounts but it is advantageous when you are unsure of the amount that will be paid by the insurance company, the write-off, deductible, copay and uncovered amounts... or how copays are split over services billed.

Example

The copay per day of \$70. The amount is applied on the first two transactions of the day. For instance, we will just take a look at the first transaction. The insurance company pays \$0.00 since the entire charge must be transferred to the patient as a copay.

- 1) Post \$0.00 insurance payment as usual
- 2) Click on **Transfer** button and select **1) Copay**

The screenshot displays a medical billing interface with the following sections:

- Patient Information:** Dr: 1, Date: 07/16/2018, Code: 98941, Ins. Type: [dropdown], Batch: 0, Closed: T, Manage: T, Modifier: [dropdown].
- Tot. Charge:** 65.00
- INS. COVERAGE SECTION:** Ins. Portion: 0.00, Ins. Write-off: 0.00, Ins. W-off date: / /, Ins. Expected: 0.00, Ins. Approved: 0.00. A red box highlights the **Transfer** button.
- PATIENT SECTION:** Pat. Charge: 65.00, Pat. Deductible: 0.00, Pat. Copay: 65.00, Pat. Uncovered: 0.00, Pat. Payment: [dropdown], Method: \$, Pat. Write-off: 0.00.
- Submit to:** BLUE CROSS
- Claim Date:** 07/18/2018
- Ins. Pay.:** 0.00
- Payment Date:** 07/18/2018
- Check Number:** 123-89212
- HCFA Number:** 0

Payor	Claim Date	Paid	Paid D
BLUE CROSS BL	07/18/18	0.00	07/18/18

METHOD 2 - Configure copay per day in Service 1-6

You can split the amount of the copay on each procedure/service billed at each visit directly in **Service 1-6**. Thus, you can take into account the amount of **w-off** established in accordance with the **approved** amount.

Service #	Service Code	Amount	CoPay	Pat W-off	Approved
Service #1:	ADJ 3-4	0.00 / 65.00	CoPay1: 50.00	Pat W-off 1: [empty]	Approved 1: 50.00
Service #2:	ULTRASOUND	0.00 / 40.00	CoPay2: 20.00	Pat W-off 2: [empty]	Approved 2: 35.00
Service #3:	WOBBLE	0.00 / 45.00	CoPay3: [empty]	Pat W-off 3: [empty]	Approved 3: 45.00

In the above example, the sum of **CoPay1** and **CoPay2** equals the **copay per day**.

METHOD 3 - Configure the copay per day in the insurance policy

If you have specified copays in Service 1-6, the copay per day is ignored. You cannot use both methods together.

You can configure the copay per day in the patient insurance policy.

- 1) **P Search** the patient file
- 2) Click on **INSUR. #**
- 3) Click on **Insurance Policy Information**
- 4) Click on **Policy Info**
- 5) Enter the **Copay per day**

Field	Value
Insurance Type Code	[dropdown]
Sent when claim is submitted to 2nd or 3rd payer (Loop 2320 SBR05)	[checkbox]
Copay per day:	70.00
Insurance % coverage for each service:	0
Insurance fix amount per day:	[empty]

Once done, Platinum will apply the copay to the first transaction of the day and if there is a remaining amount, it is applied to the next transaction, and so on.

Example

The copay per day is \$70.00. There is no approved amount. These three procedures are billed today:

- 98941 with total charge of \$65
- 97014 with total charge of \$35
- 97150 with total charge of \$45

\$65 will be applied on the first transaction (98941) which leaves an expected amount of \$0 and \$5 on the second transaction (97014) which leaves an expected amount of \$30.

First Transaction:

Dr	1	Tot. Charge:	65.00	PATIENT SECTION	
Date	07/18/2018	INS. COVERAGE SECTION		Pat. Charge:	65.00
Code	98941	Ins. Portion:	0.00	Pat. Deductible:	0.00
Ins. Type		Ins. Write-off:	0.00	Pat. Copay:	65.00
Batch	0	Ins. W-off date:	//	Pat. Uncovered:	0.00
Closed		Ins. Expected:	0.00	Pat. Payment:	0.00
Manage	T	Ins. Approved:	65.00	Method:	\$
Modifier		Write-off Transfer Tr. & w-Q		Pat. Write-off:	0.00

Second Transaction:

Dr	1	Tot. Charge:	35.00	PATIENT SECTION	
Date	07/18/2018	INS. COVERAGE SECTION		Pat. Charge:	5.00
Code	97014	Ins. Portion:	30.00	Pat. Deductible:	0.00
Ins. Type		Ins. Write-off:	0.00	Pat. Copay:	5.00
Batch	0	Ins. W-off date:	//	Pat. Uncovered:	0.00
Closed		Ins. Expected:	30.00	Pat. Payment:	0.00
Manage	T	Ins. Approved:	0.00	Method:	\$
Modifier		Write-off Transfer Tr. & w-Q		Pat. Write-off:	0.00

Warning

Even if the insurance expected amount is \$0.00, the first transaction must be submitted to the insurance company so that the amount of its charge is included in the total amount submitted and in the calculation/allotment of the **copay per day**. In order to submit it, a new option has been added. See next page.

Submit transactions with no insurance expected amount

Platinum version 9.5.27 (or more recent) must be installed

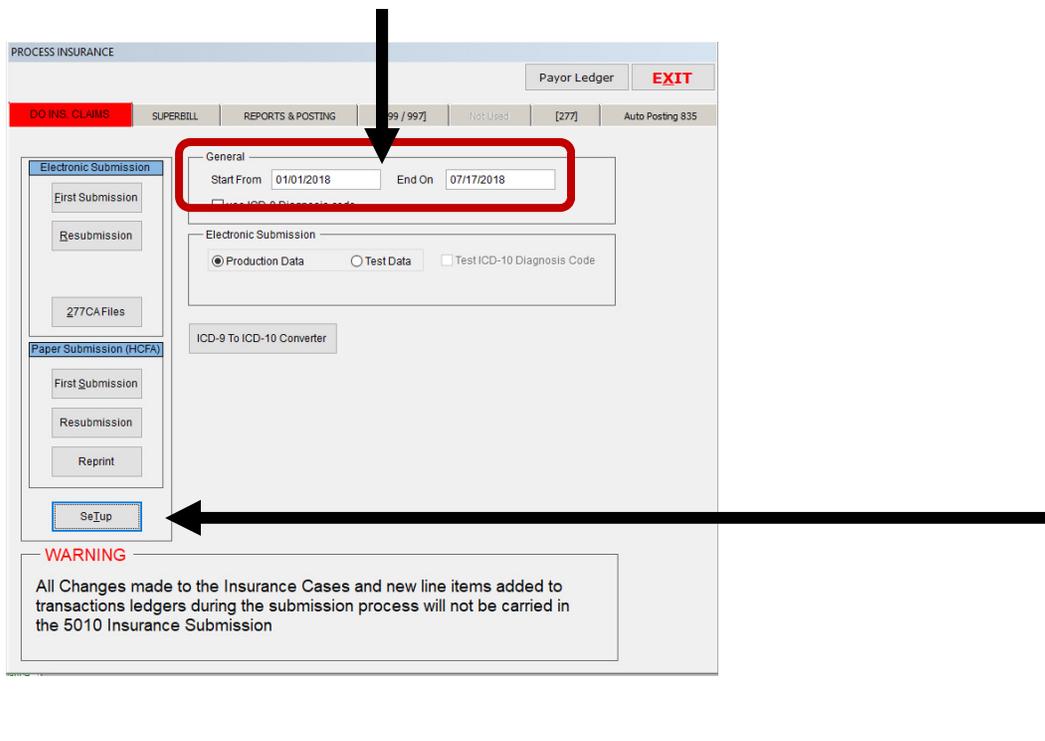
Update Platinum to version 9.5.27 (or more recent version)

Update your Platinum System to version 9.5.27 (or more recent version) with [PsAutoUpdate](#). If you need assistance, contact our Solution Center at 1-888-880-8602 or send an email to solution@platinumsystem.com

Ensure you select a valid date range to submit your claims

It does not make no sense to include in the regular billing all transactions from 5 years ago to today. The date interval must be more restricted and do not go more than a year back. That way, you will not include inadvertently transactions that should not be billed.

- 1) Click on **PROCESS**
- 2) Set the **Start from** and **End On** dates:



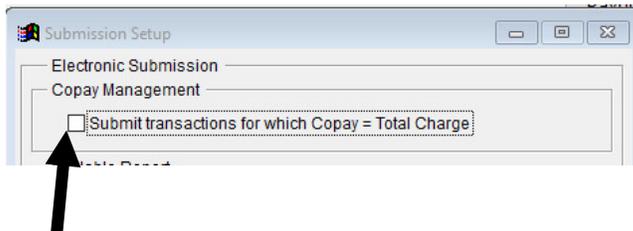
You can set a default date interval (which will be periodically reviewed) by clicking on **setup** then by specifying the default **Start From** and **End On** dates:

The 'Date Interval' dialog box shows 'Start From' as 01/01/2018 and 'End On' as 07/17/2018.

Option: Submit transactions for which Copay = Total Charge

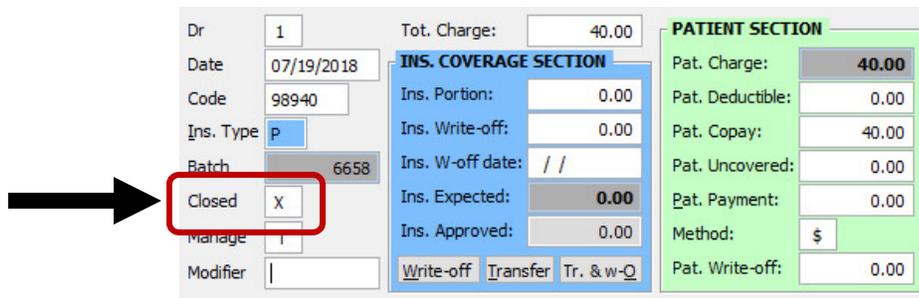
You must check the option **Submit transactions for which Copay = Total Charge** to include all transactions with no **insurance expected** amount and with a Copay equals to the total charge of the transaction.

1. Click on **PROCESS**
2. Click on **SeTup**
3. Check the option **Submit transactions for which Copay = Total Charge**

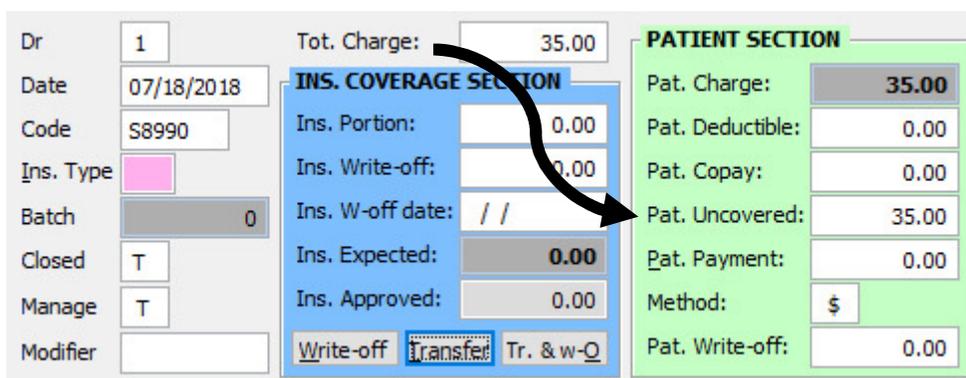


Very important

Do not forget to manually close the transaction once payment is posted. To do this, add an X in field Closed.



Finally, if you do not want to submit a transaction to an insurance company, like S8990 procedure code, it is very important to add the patient portion as an uncovered amount and not as a copay.



You can also change the procedure code for #8990 in your services list. Indeed all procedures whose code has the symbol # are not billed to the insurance and their total charge is automatically transferred in **Pat. Uncovered** field, even if the patient has an active insurance coverage.