

SLAR Billing Flow for Order Entry to Invoice Manager Logic

The steps below are a summary of the processes that occur to an order from the time it is saved in Order Entry, or processed by the Background Filer, until it appears on an invoice. This outline is based on SurroundLab AR, Build 20120914.

- 1) Check for certain key problems in the order. If any of these conditions occur, no additional checks are performed.
 - a. The accession has already been invoiced but the date of service for the new tests being added is not the same as the original DOS.
 - b. Primary Payer missing
- 2) Check for duplicates. If a profile is ordered, and one of its components also, the individually ordered component is deleted. If two profiles are orders that share some of the same components, the smaller of the two profiles (the one with the fewer number of components) will be exploded into its components, and the duplicate components deleted.

- 3) Profiles are exploded per the Financial Group setting (if not overridden by the Explode flag for the order code), the CPT is assigned, and then the components are rolled up according to the Implosion Tables. If any profile components are marked as unbillable, using one of the Unbillable Reason Codes in Company Definition, those tests are discarded at this time. These codes are sent from SurroundLab via the billing interface if a specific profile component is not performed.

As part of this process, the system determines whether any Incremental Pricing is in effect, and flags the affected order codes. After the rollup is performed, GA/GY/GZ modifiers are added according to the Limited Coverage Policies. The 90 modifier is also added according to the Send-Out flag for the testing location.

- 4) Compliance testing is performed. Most of the edits are generated by this process, which checks for a variety of problems that can prevent the accession from being billed. Among these various checks are:
 - a. Undefined or inactive clients, order codes, payers, locations, physicians
 - b. Unkeyed Edits, Nursing Home Hold, 72-Hour Rule, Timed Hold for the company
 - c. Pending tests
 - d. Missing required fields
 - e. Input syntax checking as defined for Payer Billing Fields
 - f. Medical Necessity
 - g. Eligibility
 - h. CCI Edits
 - i. Age and gender testing for order codes and diagnoses
 - j. Duplicate tests ordered on the same date, but on different accessions. Generates an edit if the duplication modifier is absent.

- k. Miscellaneous other functions including:
 - i. If a GA modifier was manually entered by the user, but the ABN flag is off for the order code, the ABN flag is turned on.
 - ii. Custom edit checking if defined for the site.
- 5) The price is determined for every order code to be billed.
- 6) Set the modifier for CCI and Cytometry and add the duplication modifier.
- 7) The process of creating or adding to an invoice begins at this point. As part of this process, Trip Fees are added per Payer Definition and Auto-Fees are added per Client Definition. If any edits are overridden, notes to that effect are generated by the system. For all but Monthly or Semi-Monthly invoices, the invoice is added to the submission print queue at this time.