

Duxware User Manual



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Book Descriptions:

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If your device supports a full featured web browser then yes. For older, less sophisticated devices, DuxWare Mobile allows providers to access their Schedule and Demographics. In rare occasions we can provide a practice with a localized server if they wish. There is a small setup fee along with a monthly support fee based on the number of providers. We do not charge seat licenses or individual user licenses. You can also have as many locations as you wish. In fact when you call our office you will normally get a support person answering your call. That support person can usually handle any issues you may be having. In the rare case where we need to get programming involved you will be given an idea of the time frame we anticipate the issue will be resolved. You can also do an instant eligibility check once you get all of the necessary patient information into our system. This is handy for walk-ins. Both of these training types are included in our nominal setup fee. If a practice wishes to have live training at their office then there are some additional expenses to cover travel costs. The reason is because DuxWare is so easy to use and their current staff usually can train any new employees. The most common level is 3, which is usually front desk and non-billing personnel. Level 4 is normally billing and level 5 is office management. This includes smartphones and tablets. There is a small fee to bridge with Labs and to maintain the bridge. This is due to the nature of the connection with the labs. The provider can download information via DuxWare if they choose. There is a small fee to generate a file for a practice if there is a need for a more in-depth copy of the database. This copy would include all transactions, history and any other information that might be needed. It would be provided in either a CSV format or a searchable PDF format. There could be a small fee if the report is something that only your practice would ever use. <http://drfrancoisbourdeau.com/upload/editor/deh-p4500mp-installation-manual.xml>

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There wouldn't be a fee if it is a report that all of our practices could use. Time frame on custom reports vary and is based on available assets to develop the report. We do updates every two weeks or so and you will never be asked to pay for the newest version. You will be sent release notes if an update changes the way you will do something in DuxWare. Privacy policy About DuxWare Manual Disclaimers. When you started using DuxWare, your practice was trained in one or more personal sessions that are designed to familiarize you with the features of DuxWare. That training is also designed to teach the users how to use DuxWare on a daily basis to add patients, schedule, enter charges, send claims and print reports. The following pages should be used as a reference for users that have been through DuxWare training and have a question about a particular feature. It is not designed as a complete manual covering everything DuxWare does. Any questions not addressed here should be answered by one of our qualified support technicians by phone or. You might find the info found within DuxWare to be helpful as well. The info is highlighted in the screen example below. Patient Registration Finding a Patient Patients can be found by several search criteria. Select the method of search and enter the information in the box to find your patients by your selection. To find by Name enter all or part of the last name in the search box. To include the first name in the search, after entering all or part of the last name insert a comma , and type all or part of the first name. NOTE There should be no spaces between any characters in the search box. If the patient is found click the name in the list below to access the Patient Information Screen. IF the patient is not

found you may click Add to add the patient or Quick Appointment Add to add brief information about the patient in order to add them to the appointment scheduler. <http://salvagesmart.com/userfiles/deh-p4500mp-manual.xml>

Quick Appointment Add To add a patient to the scheduler without filling out all of the patient demographics, choose Quick Appointment Add and fill in the boxes with the information given to you by the patient. The information listed in the boxes can be modified by your DuxWare software support representative to add or remove any information gathered at the time of scheduling. Once you have entered the information about the patient, you will be brought to the default physician schedule to schedule the patient. When the patient arrives for their appointment, you can have the patient fill out the paperwork that will be entered into DuxWare to complete the patient registration. Page 5 of 45 Proper patient registration insures that insurance claims get created and filed properly, patient statements get sent ontime and to the correct person, authorizations and referral numbers get recorded and sent properly, recall appointments help your practice keep track of patients thus aiding in the practice of good medicine. Proper registration is the key to a wellrun and efficient practice. It is the first and most important step in good practice management. Demographics Demographics for the patient is contained within the patient record. The Add Patient or Edit Patient feature allows access to personal demographic information for the patient. The list below details specific and required fields listed in italics contained within the Patient record in order of entry. Self explanatory fields have been omitted from this list. Page One Demographics Last Name Required field. Enter the patients last name First Name Required field. Enter the patients first name Alias Used for a patients maiden name or nickname. It is included in the last name search so if the patient is registered under their maiden or nickname they will be found Zip Code Required field Enter the Zip Code for the patient and the City and State will automatically be entered on the screen.

Date of Birth Required Field enter the patients birth date without dashes or slashes in this format month,day,year. The program will add the proper slashes when it saves Deceased Date The date listed here will appear on the patient information page in large red letters to alert the staff as to the status of this patient. Social Security Number Require field for proper claims filing and payment assignment. Student Status Select from the dropdown list. Appears in box 8 on HCFA form Marital Status Select the proper Marital Status of the patient from the dropdown list. Gender MaleFemaleOrganization. Use Organization if the patient you are adding is not a patient but a nursing home, workers comp or attorneys office. Page 6 of 45 Employer Search the database of employers or add a new one for this patient Employer Phone Enter the employers phone if different from the employer phone on record Occupation Record the patients occupation at work Page Two Billing Questions Primary Location Required field indicating which location default will be used in both the claim creation and appointment scheduling screens. Primary InHouse Provider Required field indicating which physician default will be used in both the claim creation and appointment scheduling screens. Referring Provider Choosing the referral source here is defaulted to the Referring Physician in the claim creation process. If the claim being created was the result of another referring physician it may be changed at the time of posting. Check if Primary care is also Referring Physician by checking this box, you are saying that the referring provider is also the patients PCP Primary Care Provider If the box was not checked indicating that the referring provider is also the PCP, choosing the patients PCP here. Defaults the Primary Care Physician in the claim Billing Codes Required field This field simply indicates whether or not a patient will receive a statement if they ever have a patient due balance.

Select from the dropdown list the billing method for this patient. The default is Billing Code G in which the person listed as the patient s responsible party Guarantor will actually receive the statement. Billing codes are found in the support menu under the General menu Financial Class Optional field to categorize patients into distinct financial or grouping classes. This field may be

used in special reporting to subcategorize patients by financial class. Payment Terms List any specific payment arrangements made with regards to any balances owed by this patient. This information appears only in the Patient Information Screen. Page 7 of 45 Payment Release Require field Checking this box prints Signature on File in block 13 of the HCFA form and enters the proper Yes designation in the ANSI 837 electronic claims format. Permission to leave HIPAA required question to designate whether or not your practice may leave a message on Patient's message on the patient's answering machine. Checking this box means the patient Answer Machine has given permission. Permission to discuss HIPAA required question to designate whether or not your practice may speak to Medical Condition a third party person about this patient's medical condition as well as the name of the person you are authorized to speak with and the relationship of that individual to the patient. Checking this box means the patient has given permission. Page Three Messaging Show Message on Patient Checking this box allows Patient Message to appear on the Patient Information Information Screen. If the box is unchecked the message will be recorded but will not popup on the Patient Information Screen. Patient Message Popup message specific to this patient. Shows up on the Patient Information Screen if the box is checked.

Statement Message Enter a message to be printed on the patient statement for only this patient which will override the current, 30, 60, or 90 day messages which are automatically printed on statements with regards to the age of their patient balance. Guarantor Only Checking this box signifies that the person being entered is considered a Guarantor Only and will not be a patient. The Guarantor Only patient is colorized in Blue on the Patient Search list and may be hidden from the list by checking the box Show Guarantors NO in the Patient Search Page. A person who was added as Guarantor Only may become a patient and may be changed by unchecking the Guarantor Only box in the Patient Demographics screen. NOTE If a person was added as a Guarantor Only they may have not had the Assignment of Release of Medical Records and Release of Payment authorizations checked. It is important to check these boxes if the patient has signed the proper release forms. Other Deleted The Deleted box will delete the patient from the patient database and they will not show Page 8 of 45 To undelete a patient that has been deleted, uncheck the Deleted box and save the patient. No patient is ever erased from the system. Patients with ledger entries can not be deleted. You must first move all of the ledger transactions to the proper patient before a deletion can be made. Page Four Medical History Chief Complaint Allergies Medications To use the optional Med Notes from the Patient Information Screen to give nonehr doctors a form to write the review of systems on, you would fill in the chief complaint to appear on the form here. Enter the allergies for the patient here Enter any medications the patient is currently on here Completing the Patient Add Process Choosing or adding the correct Responsible Party Responsible Party The Responsible Party or Guarantor is the person to whom you will mail the bill to if the patient has a patientdue balance and a statement is sent for payment.

When the patient was added the Responsible Party was listed as Self meaning that the patient is the Responsible Party and will receive the bill. If the patient has a Responsible Party other than themselves, the proper Responsible Party must be added. This person may or may not be the same person as the Policy Holder for the patient's insurance. Do not confuse the Responsible Party with the Policy Holder as the Policy Holder will be chosen in the Insurance Policies section of the Patient Information Screen. From the Patient Information Screen click on the EDIT bar in the box titled Responsible Party. The Guarantor responsible party and Policy Holder search page will appear. Enter the name of the Guarantor to see if the person is already entered into the system. If so, simply select the proper person from the list. If they are not in the list choose Add New and enter the information for the patient's Guarantor responsible party, save the record and select the proper Responsible Party from the list. To change or edit the Responsible Party, from the Patient Information Screen click on the EDIT bar in the box titled Responsible Party. The person designated

as the patient's Responsible Party will appear in the list. Click the EDIT bar and correct the information. Save the record and reselect the Responsible Party. Page 9 of 45 To add a plan and policy choose ADD NEW on the Insurance Policy bar at the bottom of the Patient Information Screen. You must first choose the Filing Order of this insurance for the patient. This Filing Order will be the default order in which claims will be filed to all of the insurances listed for this patient. During the claim creation process, the defaults will file the claims to the insurances in order of their Filing Order. The order may be changed at the claim creation time if necessary. Enter the appropriate search criteria to link the patient to an existing insurance payer or add a new one.

The box Policy Holder is the person who is listed on the insurance card for this patient. You will be prompted to enter the Relationship of the patient to the Policy Holder before making your search selection. Once you enter your search selection, a list of people both patients and guarantor only will appear on your screen. If the person you are looking for appears in the list, select them and they will become Policy Holder for the insurance you are entering for this patient. If they do not appear in the list they may be added by selecting Add New at the top. Repeat this step for each valid insurance for the patient. To edit an existing policy for a patient simply select the View or Edit Policy Information bar at the bottom of the Patient Information Screen. The Standard CoPay entered at the bottom of the screen will appear both on the Patient Information Screen and on the patient's Superbill. Choosing or adding a Prior Authorization Authorizations Prior Authorizations and Referral Numbers are recorded under the Authorizations section of the Patient Information Screen. Selecting Add from the Authorizations bar will enable the user to enter proper Authorization numbers to be used when entering claims for patients. Each authorization is linked to an insurance company in which the patient has a policy and may only be used when entering claims for that insurance company. Only one authorization may be displayed in the Patient Information screen although a patient may have an unlimited number of simultaneous authorizations from the same or different payers. By selecting Display in Patient View will allow the user to see the details for this authorization in the Patient View Screen. If more than one authorization exists and they are all checked to appear in the Patient View Screen, the authorization with the latest expiration date is the one that will appear on the screen. Authorizations that have no remaining allowed visits will not show up on the Patient View Screen.

To see all active and expired authorizations, select VIEW ALL from the Authorizations Bar. Each authorization will be displayed and may be accessed by clicking on it. Active Authorizations authorizations with remaining allowed visits will be accessible during claim creation to be linked to the claim being created. Simply choose from the list and the authorization number will automatically be included on the claim in the proper place both on HCFA forms and in the ANSI file. The number of remaining visits will automatically decrease in count each time it is used in a claim. Setting up Patients for Recall Reminders Recalls Patient Appointment Recalls are recorded under the Recalls section of the Patient Information Screen. Recalls are reminders that let the practice know that the physician has indicated that the patient should be contacted in order for them to schedule an appointment usually far off into the future. If the patient needs to see the physician in a relatively short time frame a practice may choose to go ahead and schedule the appointment instead of recording a recall. Recalls will be displayed on the Patient View Screen with the next recall in line being the one displayed on the screen. Once the recall is used in an appointment by checking the recall box while scheduling will no longer display on the Patient View Screen. Recalls expired by date will also not appear on the Patient View Screen. Only unused, future recalls will be displayed. Recalls are accessed off of the Patient Information Screen in the Recall section. The Recall Manager is accessed from the main menu under Appointments Recalls Recall Manager. Printing Patient Superbills The DuxWare program has been designed to generate custom superbills or charge tickets for each patient to be filled out by the physician at the time of the visit. Each superbill has a unique number that should be recorded in the claim creation process.

Once recorded, the Superbill Recap Report may be run that will allow the practice to reconcile all superbills printed as well as linked to a claim for the day. Under the Reports menu choose Daily Reports Superbill Recap. The report will list all superbills printed for Page 10 of 45 Also, any unused or unlinked superbills that have been issued but for which no claim has been recorded will be listed at the bottom of the report. Only superbills that have been issued and are awaiting posting into the system should be listed at the bottom of the screen. Superbills can be printed three ways in DuxWare. From the bottom of the Patient Information Screen select Print Superbill which will print a single superbill for the patient. The second way to print a single superbill is from the appointment schedule by rightclicking on the patient and choosing Print Superbill. The third way to print is actually a batch print method which prints a superbill for each patient on the appointment schedule for the day. The batch superbill program is accessed from the Appointments Printing Superbills by Appointment. Special Patient Circumstances Adding a Workers Comp Patient Following the above instructions add the patient in the normal manner. Link the patient to the responsible party as self. See responsible party above. The workers comp insurance company must be added an insurance company and added to the patient s demographics under Policy Add. Be sure that the workers comp company is flagged as a workers comp under payer Type when adding it as a payer. List the patient as the named insured. In this scenario, the patient will be seen by the physician and the workers comp insurance company will be billed for services. There should never be a patient balance on these claims since the workers comp company pay s the full contracted amount and the balance is credited off.

Adding an Occupational Medicine Patient Patient s that are seen on behalf of corporations and designated as Occupational Medicine Patients are handled differently. DuxWare allows the patient to be added only once and handled both as an OccMed patient as well as a standard fee for service patient. The separation is handled within each claim filed for the patient. Claims that are filed under the OccMed payer will be handled separately from those filed under the patient s regular insurance or patient due amounts. To add an Occmed patient, follow the instructions for adding a patient linking the patient as self under Responsible Party. Add the OccMed payer as an insurance company in the patient s demographics under Policy Add. The OccMed payer must be added to the payer file and the payer Type will be flagged as Occupational medicine. Furthermore, you will have the choice on how you wish to bill the OccMed company when the patient is seen. Under the Billing Form Type, you may choose Statement or HCFA. Claims for OccMed services with Statement as the billing form type will be sent on a monthly statement similar to the patient monthly statement. You may also choose to have services print on a statement as well as a HCFA form by choosing Statement and HCFA as Billing Form Type. Scheduling Adding a New Patient to the Schedule When a new patient calls for an appointment and Appointment Quick Add is selected, once you fill in the patient information requested you will be sent over to the scheduler. Once on the scheduler you have several options with which to schedule the appointment. Page 11 of 45 It helps to add in the appointment comment as to why the patient is coming for a visit which will be available on the printed schedule. Once the patient is saved into the schedule, hovering over the name with the mouse reveals other information about the patient.

Page 12 of 45 The most common view is This Week which starts the scheduler on today and out six days to cover the entire week. You may also Show Only one day to help patients that can only come in on a particular day every week by using Show Only. The Quick Jump allows you to jump ahead any given amount of time such as 6 weeks, 3 months, 6 months, etc. Simply change the Quick Jump days and interval to meet your criteria and hit the right facing arrow next to the Quick Jump to move forward or the left facing arrow to move backward. Another handy feature is the Find button. This is used to help you find the next available appointment of a particular type such as the next new patient slot available. Or the next complete eye exam slot for practices that use a predefined schedule template. Rescheduling or Canceling Appointments Appointments can be Canceled,

Rescheduled by rightmouse clicking on the patients appointment from the schedule. Simply right click, choose Reschedule Appointment and click the patient into another slot that works for them. Canceling is the same except you will need to enter a reason for canceling that will be recorded in the patient record. Charge Entry Proper claim creation and filing is key to whether or not your practice gets paid for services and how promptly payment is made to your practice. The following procedure outlines proper claims creation and filing. From the Patient Information Screen click on the Enter Charges box at the bottom of the screen. The Claim Entry screen will appear with predefined defaults already populating the entry boxes. Rightclick on the patient and select Go To Patient View once there you can click on Enter Charges to create claims. The following fields are available when entering charges; Page 13 of 45 After the secondary payer remits payment, this is where the claim will be sent. Authorization Select the proper authorization number for this claim SuperbillSelect the proper superbill number for this claim.

Only superbills printed for this patient will be available in the dropdown list Section 2 Physician Information defaults come from the patient s demographics screen PerformingLocationNOTE FacilityReferring Physician performing the services listed on this claim The Physical location of your billing office for these services The Physician and Location chosen here will be the daysheet this service will be included on.

If the services were performed in a facility other than your office Name of the referring physician for this claim this field is a search field and the entire list may be accessed by typing in a and touching the TAB key to search the database Primary Care Name of the patient s PCP this field is a search Physician field and the entire list may be accessed by typing in a and touching the TAB key to search the database Page 2 Extended Header optional questions accessed by clicking the Extended Header box at the top of the Charge Entry screen Section 3 Condition Related to Employment Check if complaint is employment related Auto AccidentCheck if complaint is the result of an automobile accident State Enter the appropriated state code if auto accident Other AccidentCheck if complaint is the result of any other accident AbuseCheck if complaint is the result of physical abuse Section 4 payer Classification Accept Assignment Yes indicates your practice will accept the payer s allowed amount for the billed services the default is the answer to the accept assignment question in the payer File for this insurance Page 14 of 45 Section 5 Related Dates appropriate on select claims only AdmitDate admitted to the hospital DischargeDate discharged from the hospital First SymptomDate complaint for this claim first occurred Similar Symptom Date symptom similar to complaint occurred No Work FromDate patient begins absence from work No Work To Date patient is able to return to work Last SeenSystemic Date of last visit specialists only AccidentDate of accident that caused complaint Section 6 Block 19 Message Enter any required message to appear in block 19 of the HCFA form only Section 7 Notes ANSI 837 NTE Segment containing any information required by the Payer.

837 file only Page 3 Services Diagnosis ICD9 Codes searchable by code or description 14 Enter up to four diagnoses for this claim this field is a search field and the entire list may be accessed by typing in a description and touching the TAB key to search the database Procedures CPT4 Codes searchable by code or description From Date To Date ProceduresModifiersDx PointersFees Units POSMessageNDC Enter the from date of service Enter the to date of service Enter the CPT4 Code Enter the appropriate modifiers for the procedure code selected Enter the corresponding numbers of the related diagnoses code at left that matches service Enter or accept the proper fee for this CPT code Enter or accept the number of units of service for this code. Resulting calculation will be the Fee X Units Enter or accept the proper Place of Service Code from the dropdown list NTE segment enter any required service line notes for this service If the selected service requires NDC information, enter it here according to your NDC instructions Page 15 of 45 When you have completed entering your procedures you may review the claim on the screen before Saving. If you

find any errors you may click on the service line at the bottom to bring it back to the entry section of the screen for editing. When completed click Save Charges to continue. Next you will be presented with Claim Summary with several options. Click Print HCFA if you want to print the claim, Post Payment to record a copayment amount collected at the time of service, Create Claim Message if you wish to add a message to the claim, Mark Claim as Manual if you do not want the claim to ever be sent to the selected primary payer or you can Add Recall if you want to schedule a recall appointment reminder for this patient. Charge Entry when using an EHR bridge interface Charges being automatically entered in DuxWare follow the same format as manual claim entry above except the EHR makes all of the entries automatically.