

# Add Charges to a Professional Claim

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## Add Diagnosis and CPT codes to a Professional Claim

Follow the steps below to add Diagnosis and CPT codes to a professional claim.

1. Select **Claim > Claim**.
2. Use the **Search field** to search for your claim.

 Check the **“Show exact matches only”** box to search for exact matches or **“Show unpaid claims only”** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter at least **one Diagnosis code in the ICD A field**. Or search for a diagnosis code from your list by clicking the  icon.

 Need to make another Diagnosis code the primary (first)? **Right-click** any of the ICD codes and select **“Set as primary diagnosis”** to update it on the claim.

6. You're also able to interact with the ICD codes by right-clicking on them.
  1. **Set as Primary Diagnosis:** Moves the selected code into the ICD A field as the primary diagnosis
  2. **Add Missing Code From Master List:** Allows you to add an ICD code (entered manually or through an interface) not currently on your local list from the master list without having to close the claim.
  3. **Copy:** Copies the selected code to your clipboard.
  4. **Cut:** Copies the selected code to your clipboard and removes it from the field.
7. Enter the **charge information** (e.g., Date of Service, CPT, POS, TOS, Modifiers, Unit Price, DX Pointer, Unit Price, and Units).

 Copy a charge row by **right-clicking** on the charge line and selecting **“Copy Charge.”** This will duplicate your line charge information, including codes, modifiers, drug info, price, etc.

8. You're also able to interact with the CPT codes by right-clicking on them.
  1. **Add Missing Code From Master List:** Allows you to add a CPT code (entered manually or through an interface) not currently on your local list from the master list without having to close the claim.
  2. **Copy:** Copies the selected code to your clipboard.
  3. **Copy Charge:** Duplicates your charge line information, including the code, modifiers, drug info, price, etc.
9. Use the **Status** drop-down menu to choose from one of the statuses by referencing the status descriptions below.
10. Click the **Other** hyperlink to enter additional information related to the claim, such as service information (e.g., drug information, measurements, DME (CMN) forms, and chiropractic information)

 You can also change the order of charges entered by clicking the 2 lines to the left of the charge  , then drag and drop to the desired location/order.

11. Click **Save**.

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## Add Charge Options to Professional Claims

Charge options are one of the many tools and features used to save you time. Quickly update a patient's default Diagnosis and Procedure codes based on the codes currently on the claim to save you time when you create another claim for this patient, or create a new charge panel based on the entered claims.

Follow the steps below to set your charge options.

1. Select **Claim > Claim**.
2. Use the **Search** field to search for your claim.

 Place a check in the "**Show exact matches only**" box to search for exact matches or "**Show unpaid claims only**" to show claims that may need follow-up.

3. Open the claim.

4. Click the **Charges** tab.
5. Under **Charge Options** choose any of the options that are applicable:
  1. **Update patient ICD and CPT defaults** Selecting this option will update the patient's default codes within the Patient section.
  2. **Create new charge panel** from these procedure(s) by checking the box.
  3. Use the **Set all charges to** drop-down menu to select a **status** (e.g., send to payer, balance due patient, user print and mail, etc.).
6. Click **Save**.

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## Reorder Charge Columns on a Claim

Columns can be reordered to match your desired claim entry workflow. Any changes made will be remembered the next time you create a claim.

1. Select **Claim > Claim**.
2. Use the **Search** field to search for your claim.

 Place a check in the "**Show exact matches only**" box to search for exact matches or "**Show unpaid claims only**" to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Hover over the column header you wish to move (POS, TOS, MOD, Units, Amount, Etc.) and right-click on it.
6. Select **Move Left** or **Move Right**.
7. Repeat for any other column headers.
8. Click **Save**.

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## Charge Status Descriptions

- **Send To Payer Via Clearinghouse:** Claim/Charge(s) will be sent to the payer according to your [Real Time Claim Submission Settings \(RTCS\)](#).
  - **User Print & Mail to Payer:** Claim/Charge(s) in this status can be printed individually or in a group via the Claim Batch screen.
  - **Balance Due Patient:** Outstanding Claim/Charge(s) balances with this status are added to the patient balance and are included in patient statements.
  - **On Hold:** The Claim/Charge(s) is on hold and will not leave the system. This status should be used if further actions are required on this before sending to the payer.
  - **Claim at Payer:** The Claim/Charge(s) is at the payer. Claims/Charges are automatically set to this status after being sent to the payer or printed from the application.
  - **Incomplete:** The Claim is not complete and will not leave the system. Claims will automatically be set to this status if the claim or patient record are missing required fields (**Note:** Users are not able to manually set a charge to a status of incomplete).
  - **Pending Payer:** Outstanding Claim/Charge(s) balances with this status are added to the Insurance balance.
  - **Pending Patient:** Outstanding Claim/Charge(s) balances with this status are added to the patient balance, but are not included in statements. This is helpful if you are waiting for a patient payment, but don't want to send them a statement.
  - **Pending Physician:** Hold status for Claims/Charges(s) that are pending the office/provider.
  - **Collection:** Removes Charge Balance(s) from AR. We recommend using this status if the outstanding balance has been transferred to internal collections or an external collections agency..
  - **Paid:** The Claim/Charge(s) has been paid.
  - **Deleted:** Deletes the Claim/Charge(s) upon saving the claim.
  - **Waiting for Review:** The Claim/Charge(s) needs to be reviewed and status updated before it will be sent to the payer. Claims created via an interface will be left in this status.
  - **Appeal at Payer:** This Claim/Charge(s) is being appealed by the payer.
  - **Denied at Payer:** The Claim/Charge were denied by the payer.
  - **Rejected At Clearinghouse:** The Claim/Charge(s) were rejected by the clearinghouse.
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