



PRACTICE SETUP GUIDE

RENAISSANCE

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Practice Setup

There are certain steps that need to be taken to set up your LeonardoMD Renaissance site. The steps in this guide are to be completed by the Practice Administrator. This is the person who will oversee the implementation process and will be responsible for the practice administration. Unless the practice is large and complex, there should be only one administrator per practice. The administrator is generally the doctor, the office manager or the IT manager.

Administrator Setup coincides with our live courses 101 and 102. Signup for these classes can be found in our Training Catalog or Training Schedule within the **Support** section of LeonardoMD Renaissance. We also have pre-recorded training videos available at <http://www.leonardomdmedia.com/login.asp>. Please contact our Customer Support at 858-450-5045 to receive the username and password required to view the training videos.

Before you begin your LeonardoMD Renaissance setup, you will need to configure your Internet Explorer browser. This will need to be done on every computer that your office will be using to access LeonardoMD Renaissance.

1. Add <https://renaissance.leonardomd.com> to Internet Explorer's Trusted Sites security zone:
Go to **Tools** > **Internet Options** > Click on the **Security** Tab > Click on the **Trusted Sites** icon then click the **Sites** Button > Type <https://renaissance.leonardomd.com> in the top line and click **Add**. Click **OK** to exit.
2. Optimize Pop-Up Blocker settings:
Go to **Tools** > **Pop-Blocker Settings** > Add <https://renaissance.leonardomd.com> > Click **OK** to exit.
3. Disable additional Pop-Up Blockers:
Google, Yahoo, and MSN toolbars all come with their own Pop-Up Blockers that need to be disabled before using LeonardoMD. To determine if you have additional Pop-Up Blockers, do the following: Go to the **View** Menu > Hover over **Toolbars**. If you see Google, Yahoo, or MSN, check them off so they will show. Find these Toolbars on your Internet Explorer Interface and look for an icon that has a phrase that says either "X number Pop-Ups Blocked" or "Pop-Ups Okay". For Google completely remove the Pop-Up Blocker by clicking on the **Settings** Button > Click on the **More** Tab > Uncheck the boxes associated with **Pop-Up Blockers** > Click **Apply** then **OK** to exit. For Yahoo and MSN Pop-Up Blockers right click on the Pop-Up Blocker icon and select **Disable**. If Disable is not an option always make sure the icon says **Pop-Ups Okay** when working in LeonardoMD.

1. Processing Your Invitation

To join a practice as a staff member you will need to be invited by the administrator of the practice. The invitation is sent via email. When you receive the invitation follow the instructions below to process the invitation:

NOTE: The first invitation is sent to the practice administrator by LeonardoMD.

1. You will receive an email titled LeonardoMD Renaissance Staff member invitation.
2. Click the link provided in the email, or copy and paste it into the address bar of Internet Explorer.
3. The link will automatically take you to LeonardoMD Member Services. Member Services is independent of Renaissance, so you can manage a single email address, password, and member profile for multiple Renaissance practices.
4. In Member Services, you will be required to fill out some necessary information. All questions must be answered in order to successfully join a practice.
 - a. In completing this information, you will be asked to create a secret question and answer to be used for determining your authenticity in the event that you forget your Renaissance password.
 - b. If you forget your password, go to Member Services, click the link signifying you have forgotten your password, and answer your secret question. Type in a new password and press **Update Password**.
 - c. If you do not remember the answer to your secret question, you can click the link at the top to reset your password by email.
5. After you have completed the necessary fields, click **Save Profile**, and you have successfully joined a practice.
6. Sign into your practice by clicking **Renaissance Sign In >>**, in the upper right hand corner of the **Member Services** page. You will be redirected to the Renaissance Sign In page.


NOTE: If your email is being used in another Renaissance site, follow these steps:

1. Type and confirm your password to accept the invitation and join the practice.
2. If you successfully joined the practice, click on **Renaissance Sign In >>**, in the upper right hand corner, and it will take you to the Sign In page.

2. General Practice Setup

This step contains certain setup features that will help to customize your site for your practice. These next few steps are accomplished from the Setup section within your site.

Practice Profile

1. Select **Setup** in the System Menu (upper right corner) of LeonardoMD Renaissance.
2. From **Setup Home**, select **Practice Profile**.
3. Click **Edit** in the **Practice Information** section, and enter your practice information.
4. A logo and practice website link can be entered (optional).
5. Click the **Save** button or click the  icon in the Leonardo toolbar (upper right.)
6. Click **Edit** in **Section Settings**.
 - a. Make any changes that you can at this point. However, you will likely be unfamiliar with several of the sections here. This is okay; you will become familiarized with them later and can return to finish the setup.
 - b. Click **Save** when complete.
7. Review your **Subscription Information** to ensure that it is correct. If it is incorrect, contact LeonardoMD Customer Service.
8. Review your **Billing Information** for accuracy and only Edit if necessary. Editing this information will send an email to the LeonardoMD Billing Department.
9. Return to **Setup Home** by clicking the link in the left navigation box.

Practice Administration

1. From **Setup Home**, select **Practice Administration**.
2. Click **Edit** in **Security Settings**.
 - a. Specify a **Password Reset Frequency** for your practice. This is the length of time before all staff members in your organization are required to reset their password.
 - b. Specify the **Timeout Length** for your practice. This is the length of time your system can be left idle before users are automatically signed out for security purposes. Practices in a hospital or busy setting should lower the timeout length to prevent unauthorized use.
 - c. For extra security, you can specify a practice wide password here. This is the **Practice Password** field on the homepage. If set, it would require your staff to enter two passwords at sign in, one for the practice and one for their personal.
 - d. The **Allowed IP Ranges** section, if needed, allows you to specify which computers users are allowed to log in on. You can also specify that certain users not be allowed to log in outside of certain IP ranges. This would be useful if you do not want certain members of your practice logging in outside of your office.
 - e. The **Allowed Time Ranges** section is similar to the Allowed IP ranges, but instead it allows you to put time limits for when staff members can log in.
 - f. When finished with this section press **Save**.




3. Return to **Setup Home** by clicking the link in the left navigation pane.

Groups & Permissions

Groups & Permissions provide an easy way to set permissions for staff members. A Permission is an allowance to perform certain activities within certain sections of the application. For example, you may not want a biller to see your Chart Documents. In this case you would give them “No Access” rights to the Chart Documents section. Another example would be that you may not want a transcriptionist to be able to delete a Chart Document, but you would want them to be able to edit them. In this case you would give them “Edit” rights.


It would be an overwhelming task to set permissions for every member that gets added to the system. This is the point of Groups. Groups are a predetermined set of permissions for different types of members. By adding a member to a group, you are assigning them certain permissions for every section within LeonardoMD Renaissance.

View/Edit the Permissions Assigned to a Group

1. From **Setup Home**, select **Groups and Permissions**.
2. Select a group out of the list.
3. Select the **Modify the Permissions for This Group** icon  in the Leonardo toolbar.
4. You will notice that the sections that appear here correspond to each section within the application.
5. Make any changes as you see necessary.
6. If changes are to be saved, click **Save** . If changes are to be discarded click **Cancel** .

Add New Groups

1. From **Setup Home**, select **Groups and Permissions**.
2. Select the **New Group** link in the left navigation pane.
3. Enter a **Group Name**.
4. Choose the appropriate **Membership** for the group.
5. Click **Save**.
6. Set the permissions for the group (see above for instructions.)
7. Click **Save**.


NOTE: Even though a staff member may be a member of a certain group, you can still allow them higher permissions for individual sections. Individual permissions override group permissions. To do this, click on the **Permissions** button  within the **Staff Members** detail page.

NOTE: The default groups created by LeonardoMD Renaissance are sufficient for most of practices. The need to create new groups depends mainly on the processes of the practice. The Practice Administrator should make these decisions.

3. Personalize Profiles

This section allows you to create profiles to save groups of customized settings which can be loaded by practice members. Nearly every page within Renaissance is customizable. You can change the colors, layouts, defaults, etc. Personalize Profiles allows you to save these groups of settings. When you log on for the first time, you will be prompted to choose a setting. Since you will not have any practice or personal profiles yet, you will have to choose a system setting.

Setup Practice Profiles

As the Practice Administrator, it is your job to find the best profiles for your practice. Navigate through the application and adjust your personalizations. The personalizations can be changed on every page by clicking  in the Leonardo toolbar, or you can go to **Setup > Personalize**.

Create Personalization Settings

When all of the desired personalizations have been set, create a **Personalization Profile**.


1. Click on **Setup** in the upper right corner of the screen.
2. Click on the **Personalize Profiles** link.
3. Click the **New Profile** link in the left navigation pane.
4. Enter the **Name** of the profile.
5. In the **Description** field, provide a brief explanation of the settings.
6. Select the **Scope**. In this case it will be for the Practice, unless you only want the profile to be used by yourself.
7. Select **Yes** in the field **Replace Instances of You with Current Member**.
If you set a section default to yourself, then the default will become the person who is signed in. For example, if you set the default Inbox staff member to be yourself, then anybody using this profile would have the default Inbox set for them.
8. Choose whether or not you want **Optional Dialog Boxes** to appear.
9. Click **Save**.


Apply Personalization Settings

1. Click on **Setup** in the upper right corner of the screen.
2. Click on the **Personalize Profiles** link.
3. Locate the profile you wish to use and click the **Apply** link associated with it.
4. When prompted click **OK**.

Edit a Profile

1. Apply the profile that you wish to edit.



2. Navigate through the application making any personalization changes you feel necessary.
3. Navigate back to the **Personalize Profiles** under Setup.
4. Click on the name of the Profile which is a link.
5. Click on **Edit** 
6. Make any necessary changes in the form.
7. Click **Save**.


NOTE: If you click on the Personalizations toolbar icon  within the Personalize Profiles page, you can choose to be prompted as to which profile you want to use every time you sign in.

4. Staff Members Setup

The staff members section serves a few purposes. First, it captures demographic information about your staff members such as phone numbers, addresses, birthdates, etc. Next, it allows them to be invited to the system so that they can log into the practice and perform their daily tasks.


Adding and Inviting Staff Members

1. In the menu bar, hover over **Office** and select **Staff Members**.
2. Click the **New Staff Member** link on the left navigation pane.
3. Enter the required information for the new staff member:
 - a. **First Name**
 - b. **Last Name**
 - c. **Email Address** (required to send invitation email)
4. All other information is optional and can be entered at a later time. You should have the staff member enter the information when they first log in.
5. **Click Save**.
6. Click **OK** when you receive the instructional warning.
7. Assign the staff member to a permission group by clicking the **Group Permissions** toolbar button .
8. Click the radio button in the **Membership Column** to associate the new staff member to one or more groups. The default **Everyone** group will always remain selected. When finished click **Save**.
9. If you wish to override this particular staff members permissions, without overriding his or her group permissions, click on the Permissions button . Make the appropriate changes and click **Save**.
10. If the new staff member is a physician subscribing for a provider license, **Edit** the **Provider Information** section, and click **Yes** on the **Provider** radio button. Click **Save**.

NOTE: Ensure that the remaining information is filled out at some point. You can fill in this information at a later time, but ensure that it does get filled out for billing purposes.
11. Before the new staff member can gain access, they must process an email invitation. From the **Staff Member** detail page, click the **Send Invitation** toolbar icon .

12. When the email dialog opens, edit the default message, and click **Send**.
13. Click **OK**.

Editing a Staff Member

1. Click the name of the staff member that you wish to edit from the list.
2. Edit the staff member information by clicking the **Edit** toolbar button .
3. Click **Save**.

5. Schedule Setup

The aspects described below are items that should be completed prior to any scheduling activities.

Locations

1. Before the appointment calendar can be used, the locations for appointments need to be specified.
2. In the menu bar, hover over **Schedule** and select **Locations**.
3. Click **New Location** in the left navigation box.
4. Specify a **Name** for the new location (i.e. San Diego Office, 4th Street Office, Sharp Memorial Hospital, etc).
5. Choose a **Place of Service** for the location. Select a value from the drop-down list. Whenever this location is selected in an encounter, treatment, or superbill, this value will automatically populate the Place of Service field. This corresponds to block 24B of the CMS-1500 form and is a required value for 837 Professional claims.
6. Select a **Location Type** if necessary. Select a value from the drop-down list. If you are unsure of which option to select, we recommend using **Service Location**.
7. Enter the **Address** and **Phone Numbers** of the location.
8. Click **Save**.
9. Repeat this process for all locations where appointments will be scheduled.

Appointment Types

The Appointment Types feature helps appointment scheduling by automatically entering the default duration, location, and resources while scheduling repetitive appointments. Appointment types also set the appointment color displayed on the calendar.

1. Hover over **Schedule** and select **Appointment Types**.
2. Click **New Appointment Type** in the left navigation pane.
3. Enter a **Name** (Consultation, Follow-up, New Patient, etc.).
4. Enter the **Duration** for the appointment type. This duration can be overridden when scheduling appointments if needed.

5. Enter a **Default Appointment Reason** for this appointment type (optional). When this Appointment Type is selected when creating an individual appointment, the Reason field in that appointment will default to the value that you entered. You can enter up to 100 characters.
NOTE: This will overwrite any value you may have input before selecting the type, so if there is not a clear default reason for the type you may want to leave this blank so it does not overwrite any existing input values.
6. Selecting a **Location** for the appointment type is optional. However, this value will default the location when the Appointment Type is selected during appointment creation.
7. You can also associate **Resources** to the Appointment Type. When an Appointment Type is selected that contains resources, the resources automatically populate in the appointment. For more information on Resources, see the Help system within LeonardoMD Renaissance [?](#).
8. Setting the **Remove Copay Due** to No will exclude any copay due whenever a new encounter, treatment or superbill is created.
9. At this point, you will not yet have any **Diagnosis** or **Procedure Code Sets** created in your site. Later in the setup process you will learn how to create these. Once created, you can select a default diagnosis and procedure code set for Appointment Types. When a new encounter or superbill is created for an appointment with this appointment type, its diagnosis code set will default to the one selected. This will streamline your work.
10. To associate an Appointment Type to a color, press the **Color** button and click on a color out of the palette. This color will appear on certain calendar views.
11. When finished click **Save**.
12. Repeat these steps as necessary.

Appointment Slots (Optional)

Appointment slots are scheduling guides. They can be useful tools for finding available appointments in a busy schedule. Examples of appointment slot names are "Memorial Hospital Clinic" or "Operating Room Block Time." Remember, slots are guides to aid in scheduling actual appointments in the Appointments section. Practices with a low volume of appointments do not generally design the Appointment Slots section as comprehensively (if at all) as practices with a higher volume of appointments.

1. To create appointment slots, hover over **Schedule** and select **Appointment Slots**.
2. Select the available **Schedule** for the staff member you want to create slots for.
3. Use the calendar in the left margin to find the week for the first appointment slot.
4. Click on an available start time in the calendar and right click your mouse to select **New Slot**.
5. Give the slot a **Name**.
6. Click **Types** and select one or more appointment types used by appointments during this appointment slot (if the appointment type needed has not been entered, select **New Appointment Type**.)

7. If you want to create this appointment slot for multiple staff members, select **Staff Members** and add additional staff by highlighting their name and pressing **Add**.
8. Set the **Block Type** for the slot. A slot with the block type set to Exclude will disallow scheduling at the time of the slot. This may be good for vacations and lunches.
9. Enter the appointment slot **Start Date** and **Start Time**.
10. Enter the duration in minutes, or click the **Time** toolbar button  to select an end time.
11. Enter the **Allowed # Appointments** during this slot.
12. Choose whether you want to set the **Allowed # Enforcement Prompt** to Overridable Warning Conflict Prompt (allows you to schedule more appointments than the number you previously set) or Strict Non-Overridable Conflict Prompt (will not allow you to schedule more appointments than the number you chose.)
13. You may need to define a recurrence pattern for this appointment slot (weekly, monthly, etc.). Click **Recurrence**.
14. Determine the recurrence pattern.

Recurrence pattern

<input type="radio"/> Daily	Recurs every <input type="text" value="2"/> week(s) on
<input checked="" type="radio"/> Weekly	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday
<input type="radio"/> Monthly	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
<input type="radio"/> Yearly	

Example: A bi-weekly Wednesday Office Clinic Appointment Slot

15. Set the range of the reoccurrence.
16. Press **OK** to close the dialog.
17. Click **Color** to select a color for the appointment slot.
18. You may want to check conflicts for the slot. Click **Check Conflicts** to check all existing appointments and appointment slots for conflicts with this new appointment slot. A dialog will display showing a count of the conflicts and you can view the detail.
19. **Save** the new appointment slot, or click **Save and New** to create another new appointment slot for this staff member (repeat steps 5-13.)
20. To view an Appointment Slot, go to the **Day View** in the Appointments section. The Appointment Slot will display as the colored section (example is green) behind any appointments.

6. Insurance Companies

The Insurance Companies section allows you to define the insurance companies that are billed by your practice. Once an insurance company is defined, you can specify the insurance plans offered by the company. For example, **Health Net** (Payer ID 95567) is an insurance company. **Individual and Family HMO** is a plan offered by Health Net. **Blue Cross of California** (company) and **Prudent Buyer Plan PPO** (plan) is another example. Input of the Payer ID field is required if your practice submits electronic 837 Professional claims. Your clearinghouse can provide you a list of insurance companies and their Payer IDs as a reference. The Payer ID lists for our partnered clearinghouses, Ingenix and Navicare, can be found directly within Leonardo. We recommend that you take care not to input duplicate insurance companies, as this will minimize the usefulness of your practice data for reporting purposes.



Adding New Insurance Companies

1. To add a new insurance company, hover over **Registration** and select **Insurance Companies**.
2. Click the **New Insurance Company** link in the left navigation pane.
3. Enter the **Name** of the insurance company. You can enter up to 35 characters. For CMS-1500 claims, this will be combined with the insurance plan name and used in blocks 11c, 9d, and in the form header. For those practices using our partnered clearinghouses, Ingenix or Navicare, you can click on the **Select Company/Payer ID** button above **Name** to find the correct

company
id from
search
Be sure to
the

Appointment Slot	
Name:	Surgery
Start Time:	9/14/2010 11:00:00 AM
Types:	Adult Ambulatory Procedure; Lunch
Allowed #	1
Apts:	
Assigned To:	John Smith, M.D.
Block Type:	Include

insurance
and payer
our
feature.
choose

- appropriate **Receiver**.
4. Next, enter the **Payer ID**. You can enter up to 25 characters. Whenever this insurance company is selected in an insurance plan, this value will automatically populate the Payer ID field. This is a required value for 837 Professional claims.
NOTE: While only the Name field is required, you will need to complete the Payer ID field in order to process electronic 837 Professional claims for this insurance company. If your clearinghouse populates these for you once the 837 file is submitted to them, you still need to enter a value in order to pass our 837 validation. In that case, we recommend inputting: 00000.
 5. Fill in the **Eligibility Payer ID** if you are going to be doing Eligibility checking from LeonardoMD Renaissance. You can press the **Search** button  to search from lists already loaded into Renaissance from our supported clearinghouses, Ingenix and Navicare.
 6. Enter the **Payer Secondary ID Type** and **Payer Secondary ID** if there is one for the insurance company.
 7. Select the **Default Claim Type** for the insurance company. This setting reminds you when you are submitting claims what the preference claim type is for the insurance company.
-
8. The setting **NPI Only (no legacy numbers)** is one that directly affects how provider identification numbers are submitted on claims. In a No option is selected, all applicable provider and physician numbers (ie: UPIN, Medicare PIN, etc.) will be submitted. The NPI will still be submitted if it is available when a No option is selected. If NPI Only is set to **All Claim Types and Electronic Eligibility (270)** or one of the other options, all non NPI physician identification numbers will be eliminated from the claim.
NOTE: Please reference our Help System  for specifics on which CMS 1500 boxes and which 837 Professional loops and segments this affects.

New CMS 1500 Settings

There are several settings regarding CMS 1500 Block Behaviors that you will want to set as situations arise. There are a few you will most likely want to set now and then you can adjust the more advanced settings later.

1. Choose **Yes to Use Medicare Secondary Rules** if you want to use the Medicare rules when creating the claim for Medicare as the secondary insurance. Please reference our Help System for specifics on which Block Behaviors this affects.
2. Choose the **New Form Header Format** for CMS-1500 claims. Choose **Use default rules (3 lines)** to include a 3 line form header (which combines the first and second address lines from the insurance plan into one line). Choose **Use 4 lines** to include the 2nd address line on its own line. Choose **Use 3 lines (company name only)** or **Use 4 lines (company name only)** to exclude the insurance plan name from printing.

3. Select the Block 24A behavior for CMS-1500 claims. Choose **Use default rules** to populate the From and To fields according to the default rules, which are to leave the To field blank if the same as the From field, except for claims with an insurance type of Blue Cross or Blue Shield. Choose **Always enter "To" date of service** to populate the To field even if same as the From field, for claims for this insurance company.

Electronic Claim Settings and Electronic Eligibility Settings

These are two areas where more advanced settings can be changed as required by insurance companies. Please Reference our Help System for more information on these fields.

Old CMS 1500 Settings



CMS 1500 claim forms are no longer used.

To finish the New Insurance Company registration, add any **Comments** and press **Save**. Repeat these steps as necessary to create all your insurance companies.

7. Insurance Plans

The Insurance Plans section allows you to define the insurance plans that are selected in the Insurance Coverages section. First an insurance company is defined, then you can specify the insurance plans offered by the company.

Creating Insurance Plans

1. Hover over **Registration** and select **Insurance Plans**.
2. Select **New Insurance Plan** from the navigation pane.
3. Choose the **Type** of the insurance plan. Select a value from the drop-down list or click  to open the dynamic pick list to add an additional value. The default system values in the list are **Medicare, Medicaid, CHAMPUS, Other, Group, FECA, Blue Shield, and Blue Cross**. These correspond (or are mapped to) block 1 of the CMS-1500 form.
4. Select the **Claim Filing Indicator**. This is the code identifying which type of claim results when this plan is included. Select a value from the drop-down list. This value is required for 837 Professional claims.
5. Press the search button  next to **Insurance Company** to find the correct insurance company. If the company is not in the list, press the New Insurance Company button at the bottom of the dialogue.
6. Enter the **Plan Name** (i.e. Prudent Buyer Plan, PPO, etc.).
7. At this point, you will not have any **Fee** or **Modifier Schedules** to choose from. You will learn how to create these later. Once they are created, you can designate a Fee and Modifier Schedule for an Insurance Plan. When this plan

- is selected as the primary insurance for an encounter, treatment, or superbill, then the fee and modifier schedules will be set to this value.
8. When you select an insurance company the **Payer ID** will be set to the payer ID from the company. This is a required value for 837 Professional claims. If the company does not have a payer ID, you can enter 00000 here to pass the 837 validation. Also the **Eligibility Payer ID, Payer Secondary ID Type** and **Payer Secondary ID** will populate with the information from the insurance company if available.
 9. Enter the Address and contact information into the remaining fields.
 10. When finished click **Save**.

8. Custom Codes

All current CPT, ICD-9 and HCPCS are already included in the system. However, you may have codes for your practice that are not in the standard AMA code list. Or you may just want to have a more user friendly description than the official code. You can create custom diagnosis, procedure and modifier codes for these reasons. For custom procedure codes you can enter a dollar amount. Similarly, you can enter percentage values for custom modifier codes. At this point you might want to start the process of adding custom codes to the system.

New Custom Codes

1. Hover over **Codes** and select **Custom Diagnosis Codes, Custom Procedure Codes or Custom Modifier Codes**.
2. Click the **New Custom Code** link in the left navigation page.
3. Fill out the form.
4. Press **Save**.

NOTE: Whenever a custom code is displayed it is followed by a #.

9. Code Sets

The Code Sets section provides creation of sets of frequently used diagnosis and procedure codes. When performing charge capture in an encounter or treatment you can select a code set and choose from just those codes. This will save time as opposed to entering criteria and searching through thousands of possible codes. Choosing from a code set will allow you to quickly select from a known set of related codes. When a code set is created it is specified as either for diagnosis codes or procedure codes, and whether it is available in Encounters, Treatments, or both. As many codes as needed can then be added to the set. Using personalization you can specify a default diagnosis and procedure code set to be used when creating new encounters and treatments. You can also specify a diagnosis and procedure code set for appointment types. Then when an encounter is created based on an appointment of that type, the code sets will be the default. Code sets can include both the provided CPT® and HCPCS codes for procedures or ICD-9 codes for diagnoses, as well as any custom codes that you create.

New Code Sets

1. Hover over **Codes** and select **Code Sets**.
2. Click **New Code Set** in the left navigation box.
3. **Name** the code set.
4. Select the code set **Type**. Diagnosis or ICD-9 codes and Procedure or CPT codes can be selected. Code sets only hold diagnosis or procedure codes, not both.
5. Select the **Scope** of the code set. Choose **Encounters** to specify the code set is only available when creating or editing an encounter. Choose **Treatments** to specify the code set is only available when creating or editing a treatment. Choose **Both** to allow the code set to be used in either Encounters or Treatments. **NOTE:** Encounters are used for quick office visits and minor procedures, whereas Treatments are used primarily for procedures and extended hospital stays.
6. Add any **Comments** as needed.
7. Click **Save**.
8. To add codes to the code set, click **Manage** in the **Selected Codes** section.
9. Search for the codes to be added to the code set. You can search by the code number or short description.
10. Click to highlight the codes that need to be added to the code set.
11. Click **Add**.
12. To view the long description, highlight the code or codes and click **Long Description**.
13. When finished click **OK**.


NOTE: To select several codes at one time, hold your keyboard **Ctrl** or **Shift** keys and click the mouse. Also, you can double click on single codes to Add (rather than clicking Add).

Code Sets in Encounters and Treatments

Encounters use the same code sets as treatments, but they are organized differently because encounters capture office visit charges. Encounters provide a quick way to charge for repetitive office procedures. Many practices only create one diagnosis and one procedure code set for encounters to emulate paper "charge slips". However, numerous code sets may help practices organize codes more efficiently.

Default Code Set

Each user may specify which default code set appears automatically when a new encounter is created by personalizing Encounters. As with all personalization settings, this step must be completed by each user.

1. From the **Encounters** list view click the **Personalization** toolbar button .
2. In **Other Settings** select the default diagnosis and procedure code set for new encounters.
3. Click **Save**.

NOTE: After the creation of Codes Sets, you can go back and link appointment types to a specific code set. When a new encounter is created for an appointment with this appointment type, its diagnosis code set will default to this.

10. Charge Slips

The Charge Slips section provides the ability to create customized, printable PDF forms based on patient, appointment, diagnosis and procedure information. A practice can create as many charge slips as necessary to fully organize the main procedures of that office (ie: you may have different charge slips for office visit, surgery, etc.) Charge slips can be linked to appointment types so that an entire days worth of charge slips can be printed at one time from the Patient Flow View Schedule.

New Charge Slip

1. Hover over **Codes** and select **Charge Slips**.
2. Click **New Charge Slip** in the left navigation box.
3. **Name** the charge slip.
4. Click on the **Appointment Types** button and select the appointment types you want to associate the charge slip to by clicking the name and then clicking **Add**. When you are done select **OK**.
5. Choose whether you wish to display the **Practice Logo, Practice Name, and Charge Slip Name** printed on the top of the charge slip.
6. Choose the **Section Order** you want displayed. Typical workflow would be ordered Patient Demographics, Diagnoses, Procedures, and Additional Information.
7. Select the **Patient Demographics** you would like displayed. Click to select each field and then click **Add**. You can also arrange the order of the patient demographics by using the **Move** option at the right of the **Selected** box. Click on the patient demographic you wish to arrange and then choose the up or down arrows to position the field.
8. Choose which **Diagnoses** to display. Set the **Diagnosis Display** to Code and Description or Code Only.
9. Select whether you want to **Categorize Diagnoses By Code Sets**. You must already have Code Sets created for this to display. Codes will be grouped by their code set and will display the code set name.
10. Click the **Diagnoses** button to search for codes to display on the charge slip. You can search one at a time for a certain code or you can choose to search in a particular Code Set which will bring up all the codes you have already grouped together. **You must still go through the search and select process even if you have already set the Categorize Diagnoses By Code Sets to Yes. The charge slip won't categorize the codes unless they have first been chosen to display.**
11. Choose which **Procedures** to display. Set the **Procedure Display** to Code and Description; Code, Charge and Description; Code and Charge or Code Only.

12. Select which **Fee Schedule** you wish to use if you are choosing to display the Code and Charge. If you have not created a fee schedule yet, you can save the charge slip and come back to add it later.
13. Select whether you want to **Categorize Procedures By Code Sets**. You must already have Code Sets created for this to display. Codes will be grouped by their code set and will display the code set name.
14. Click the **Procedures** button to search for codes to display on the charge slip. You can search one at a time for a certain code or you can choose to search in a particular Code Set which will bring up all the codes you have already grouped together. **You must still go through the search and select process even if you have already set the Categorize Procedures By Code Sets to Yes. The charge slip won't categorize the codes unless they have first been chosen to display.**
15. Add any **Additional Information** you wish to have printed on the charge slip.
16. Add any **Comments** and press **Save**.

11. Fee Schedules

The Fee Schedules section provides creation of fee schedules based on the latest version of CPT® and HCPCS codes and their associated RVU and Medicare fees (non-facility), as well as any custom procedure codes. To create a fee schedule you specify a unique name, locality, and multiplier. The multiplier is a value (e.g. 1.3) and then an election of either RVU or Medicare fee. When the new fee schedule is saved, a fee schedule amount is calculated for every CPT and HCPCS code.

New Fee Schedules

1. To create a new fee schedule, hover over **Billing** and click **Fee Schedules**.
2. Click **New Fee Schedule** in the left navigation box.
3. Give the fee schedule a **Name** (example, Dr. Jones' Standard).
4. Click **Locality** and specify your locality by scrolling down the list.
5. Specify the Multiplier type:
 - a. **RVU = Relative Value Units**
 - b. **Medicare**
6. Enter a RVU conversion multiplier or a Medicare multiplier value.
7. Press **Save**.
8. The system will calculate all procedure codes and return your new fee schedule.

Note: Typically, practices only create one standard fee schedule to bill against.

Override Codes

Once a Fee Schedule is created, you can choose to override the dollar amount for certain codes. This way, if you charge a specific amount, this amount can be reflected in the charge process. Codes can be overwritten at two levels: the fee

schedule level, which will store the overridden amount and the individual level, which will allow a one time override for specific instances.

To override codes at the fee schedule level:

1. From the Fee Schedule detail page click **Manage** in the Override Codes section.
2. In the **Search For** field type the code or phrase you want to search for.
3. In the **Search In** drop-down list select either the **Code** or **Short Description** to search in.
4. Click **Search** to run the search and display up to the first 250 matching records in the Available list.
5. Check the **Show all in available list when opened** box to display up to the first 250 records when the list is opened. Clear the box and the list will open with no records displayed.
6. Click on a code in the **Available** list and click **Add ->** to move it to the **Selected** list. You can also double-click on an item to do same. To select multiple items press **Ctrl** and then click on multiple items to highlight them, then click **Add ->**.
7. Click on an item in the **Selected** list and click **<- Remove** to clear it from the Selected list. You can also double-click on an item to do same. To select multiple items press **Ctrl** and then click on multiple items to highlight them, then click **<- Remove**.
8. To view the long description for codes select as many as you want from both lists using **Ctrl+Click** and click **Long Description**.
9. Click **OK** or press **Alt+O** to close the dialog and save the override codes.
10. Click **Cancel** or press **Alt+C** to close the dialog without saving your changes.
11. Codes in the list, which have not yet been overridden, will appear in red. To override the value of these codes, press the Edit button next to the code.
12. In the **Multiplier** line enter the override amount.
13. Press **Save**.

Default Fee Schedule

If you use a particular fee schedule regularly, or if you only have one, you can specify a default fee schedule to be selected for all new encounters, treatments or superbills. To do so, go to **Setup > Practice Profile** and edit the **Section Settings**. Scroll down to the Billing Settings and set the Default Fee Schedule. You can also set the Default Modifier Schedule here.

NOTE: Now that you have Fee Schedules created, you can associate Insurance Plans to a Fee Schedule. That way, when that plan is selected as the primary for an encounter, treatment or superbill, the fee schedule will populate automatically. Most practices only use one fee schedule.

12. Modifier Schedules

Modifier Schedules allow you to designate the percentage for each modifier code to increase or decrease the fee schedule procedure amount. A modifier schedule must be created before modifier codes can be used.

New Modifier Schedule

1. Hover over **Billing** and select **Modifier Schedules**.
2. Click **New Modifier Schedule** in the left navigation box.
3. Enter a **Name** of your choice.
4. Click **Save**.
5. By default, all modifier codes are set to 100%, meaning that no charge modification will be made to the procedure code fee. To override the value of these codes, follow the same process as you did when modifying Fee Schedule values. Modifier Values can also be overridden at the time of entering the charge.

13. Chart Document Templates

You should insert templates into your chart documents section. Templates act like a blank form that you would typically fill out on paper. Good examples of what should be inserted as a template are History and Physical forms and Progress Notes. These templates can be made to look just like your existing paper forms.

You should first create your templates in Microsoft Word or in the EditLive HTML Editor within Renaissance. A good way to create templates is to insert a large blank table into the blank document. Type the appropriate field headings. Use the merge cell, split cell, delete cell, delete row, etc. functionality to customize the form to your liking. See the example below for a glimpse of a form that was created using this method.

Patient Information			
Name:	_____	Date:	_____
DOB:	_____	Age:	_____
Sex:	_____	Occupation:	_____
Location:	_____	Source:	_____
Unit #:	_____	Acct #:	_____
Attending:	_____	PCP:	_____


Chief Complaint

Present Illness

Past History	
General Health:	
Operations:	
Injuries:	
Illnesses:	
Medicines:	
Drug Allergies:	
Food Allergies:	
Other Allergies:	
Habits:	
Bleeding Tendencies:	
Marital Status/Children:	

New Chart Document Template

After the template is created, you need to insert the template into your site.

1. Hover over **Charts** and select **Chart Documents**.
2. Click **New Chart Document** in the left navigation box.
3. Select the entire document (Ctrl+A) that you have created and copy it (Ctrl+C).
4. Paste the document into the EditLive HTML Editor within Renaissance (Ctrl+V).
5. Ensure that the formatting is the same.
6. Click on **Save As Template**.
7. The Save Template box will appear with the template in the EditLive HTML Editor.
8. Enter the **Type**. If there is not a Type in the box for that chart template, click on the Maintain Picklist icon  directly to the right of the Type drop down list and enter a new one.
9. Enter the **Name** of the template.
10. If you want something to always appear in the subject line when you use that template, enter it in the **Default Subject** field.
11. Select the **Scope**. If you want this template to be viewed by you only, select **Personal**, if not select **Practice**.
12. Click **Save**.

NOTE: You can add data fields to your templates so that when you select the template, the fields automatically populate with the correct information for the patient. For instance, you can have the name of the patient automatically appear in a name field. See the example below.

The template would appear like this:

Patient Information			
Name:	{!Patient_PatientName}	Date:	{!ChartDocument_DocumentDate}


Upon applying the template it would appear like this:



Patient Information

Name: Lebon, Simon

Date: 01/31/10

To add these data fields, place your cursor in the position you wish to insert the data and click on the **Insert Data Field** button  within the text editor. In the dialogue box that appears, select the field you wish to input and press **OK**. Then **Save** the template.

Applying a Template

To apply the template to a new chart document, simply select a **Patient** and the **Type**. In the **Apply Template** drop-down list choose the appropriate template. It will appear in the text editor for you to enter information into the fields. Applying a template after you have already begun typing in the EditLive HTML Editor will overwrite whatever data was there previously.

If you have any questions about templates contact LeonardoMD Customer Service. If you would like LeonardoMD to create templates for you, we will do so for a fee. Fees for templates are determined by their complexity.

14. Custom List Views

You can create custom list views in all sections that provide a standard list. This enables you to save a named instance of display fields, sort order and filter criteria and then select and apply it to the list. Your practice will become dependent upon custom list views. At this point, you should decide what sections will require custom list views and create them. You can always create them as needed in the future also.

New List Views

1. Click **Edit** from a list to modify the current list view, **Copy List View** to create a new view based on the current, or **Create New List View** for a new blank view.
2. In **Step 1 - Enter List View Name** specify the name that will appear in the List View drop-down list.
3. In **Step 2 - Select List View Scope** choose **Personal** if the view is only for you or **Practice** for everyone to use.
4. In **Step 3 - Select Display Fields** select up to 12 fields to include in the view. If the view is intended for export you can choose **include all fields** to export all of the fields instead of just the fields selected.

5. In **Step 4 - Select Sort Order (Optional)** choose up to two fields to sort by and specify the order of **Ascending** (lowest to highest) or **Descending** (highest to lowest). Only fields selected for display can be sorted on.
6. In **Step 5 - Select Filter Fields (Optional)** choose up to eight fields to specify filter criteria for, selecting a comparison and specifying values if applicable.
7. Press **Save** or press **Alt+S**.
8. To cancel your changes without saving, click the **Cancel** button, or press **Alt+C**.

Filter Field Options

By specifying filter fields you can utilize a list view as a powerful query and reporting tool. If you specify more than one field of criteria the resulting query is AND based, meaning that only records that meet all criteria are returned.

OR comparisons are supported within each field by specifying up to 10 values separated by commas. Place quotation marks around text but not around numbers or dates. To search for all primary insurance with Blue Cross or Aetna for example, specify "**Blue Cross**", "**Aetna**" in the Value field.

To assist with the entry of accurate values click the **Select** button next to the Value field. This will launch a dialog box displaying all unique values that currently exist in the specified field. You can select up to 10 values from the list and they will be returned to the Value field. Note that there may be times when you are searching on a picklist field (such as Status for example) and not all of the possible values for the picklist appear in the dialog. This is correct in that only those values that actually exist in the data will appear. To include the missing picklist values in your Value field for future use, you will need to type the value in the Value field.

Depending on the data type of the field, there are a number of comparison operators available which are detailed in the table below.

Text Comparisons	Description
Contains	The field contains the specified text value somewhere in its text. For example cardiovascular would return both cardiovascular stress and evaluation of cardiovascular function. The Value field must be specified.
Doesn't Contain	The field does not contain the specified text value anywhere in its text. The Value field must be specified.
Is Equal To	The field exactly matches the specified text. The Value field must be specified.
Isn't Equal To	The field does not match the specified text. The Value field must be specified.
Starts With	The field begins with the specified text and is followed by any other text. For example cardiovascular would return cardiovascular stress but not evaluation of cardiovascular . The Value field must be specified.
Is Between	The field is between two text values, greater than or equal to the first and less than or equal to the second. The beginning and ending Value fields must be specified.
Is Blank	The field is blank and contains no value. The Value field is not applicable.
Isn't Blank	The field is not blank and contains some value. The Value field is not applicable.
Is Me (Member fields only)	The field is equal to the currently signed in member. The Value field is not applicable. This is available for fields that are typically a staff member such as Assigned To, Provider, Created By, etc.

Date Comparisons	Description
Is Equal To	The field exactly matches the specified date. The Value field must be specified.
Isn't Equal To	The field does not match the specified date. The Value field must be specified.
Is Before	The field is before the specified date. The Value field must be specified.
Is After	The field is after the specified date. The Value field must be specified.
Is Between	The field is between two dates, greater than or equal to the first and less than or equal to the second. The beginning and ending Value fields must be specified.
Is Yesterday	The field is equal to yesterday. The Value field is not applicable.
Is Today	The field is equal to today's date. The Value field is not applicable.
Is Tomorrow	The field is equal to tomorrow's date. The Value field is not applicable.
Is Last Week	The field is equal to the week before this (Sunday through Saturday). The Value field is not applicable.
Is This Week	The field is equal to the current week (Sunday through Saturday). The Value field is not applicable.
Is Next Week	The field is equal to the week after this (Sunday through Saturday). The Value field is not applicable.
Is Last Month	The field is equal to the calendar month prior to this. The Value field is not applicable.
Is This Month	The field is equal to the current calendar month. The Value field is not applicable.
Is Next Month	The field is equal to the calendar month after this. The Value field is not applicable.
Is Past	The field is less than or equal to today's date. The Value field is not applicable.
Is Future	The field is greater than today's date. The Value field is not applicable.
Number Comparisons	Description
Is Equal To	The field exactly matches the specified number. The Value field must be specified.
Isn't Equal To	The field does not match the specified number. The Value field must be specified.
Is Less Than	The field is less than the specified number. The Value field must be specified.
Is Greater Than	The field exceeds the specified number. The Value field must be specified.
Is Between	The field is between two numbers, greater than or equal to the first and less than or equal to the second. The beginning and ending Value fields must be specified.
Logical Comparisons	Description
Is True	The field is true, or Yes. The Value field is not applicable.
Is False	The field is false, or No. The Value field is not applicable.

Helpful List View

Superbills List – Secondary Claims Needed

This custom list view is created in order to generate a list for Superbills that have both Primary and Secondary Insurance, in which the Primary Claim has been paid, but a balance remains. In order to display this particular list, you would first need to copy the default list view, which can be done by clicking on **Copy List View**, on the Superbills list page. This allows the default display fields to remain the same. The **Enter List View Name** should then be changed to reflect a Superbill list for Secondary Claims.

The **Select Filter Fields** then must be altered in order to display the correct Superbills. On the first row of Filter Fields, select "Primary Claim Status" for the field by browsing through the drop down list, choose "Is Equal To" for Comparison, and click on the Select icon to display "Paid" for Value. The second row of Filter Fields should be changed to "Secondary Claims Status" for Field, "Is Equal To" for Comparison, and "None" for Value. Finally the third row of Fields should be "Insurance Balance", "Is Greater Than", and the number zero (0) for Value. At this point, you should save the custom list view. These Filter Fields ensure that only Paid Superbills that contain an Insurance Balance and a Secondary Insurance Company will be displayed.

15. Claims Setup

CMS-1500 Form Setup

If using the CMS-1500 form for claims there is relatively little setup that will need to be completed prior to use. However, before printing claims you will need to set the margin offsets for the particular printer that you will be using. See the LeonardoMD Renaissance Help System or contact LeonardoMD Customer Service for help on this functionality.

Electronic 837 Claims

Prior to sending electronic claims from LeonardoMD Renaissance, you will need to first sign up with a clearinghouse. Contact LeonardoMD Customer Support to find out about clearinghouse options. After subscribing with a clearinghouse, you will need to enter certain information into the **Receivers** section within **Setup** Menu.

16. Statement Setup

Return Address

For patient Statements you will need to specify which return address will be displayed. For centralized billing, you will want the Practice Address to appear. This is the address that appears when you navigate to **Setup > Practice Profile** (in the **Practice Information** box). You can also specify that the Provider's Address appear as the return address. This is the address that appears in the Provider's **Provider Information** section within the Staff Member detail page.

To change this address:

1. Navigate to **Setup > Practice Profile**.
2. Click on the **Edit** button within the **Section Settings** box.
3. Scroll down to the **Patient Statement Settings** section.
4. For the field **Billing Address**, select **Practice** or **Provider**.


Dunning Statement



The Dunning Statement is the message that will appear at the bottom of the statement depending on the age of the patient balance. Within the same section where the above address change was made, you can customize these messages for each aging period.

NOTE: In the **Practice Profile > Section Settings** you will also find many more default settings regarding the setup of Patient Statements. Reading through the settings and defaulting those which best fit your practice is advised.

Printing Patient Statements

1. Hover over **Reports** and select **Statements by Patient**.
2. Here you have a defaulted list view titled **Statements by Patient w/Patient Balance > \$0**. You can create your own list view if you would like your statement list filtered with any other fields.
3. Click on the **Print Statements** button  in the Leonardo toolbar.
4. A pop up window will appear in which you may customize your Patient Statements appropriately. Pressing **OK** will convert the statement into a .PDF file. Clicking the Print icon on the print preview page will print Patient Statements for all accounts in the current list.

NOTE: Under the **Reports** menu you also have the option to print **Statements by Provider**. The default list view in this section is titled **Statements by Provider w/Patient Balance > \$0**. This list view will sort statements based on the provider listed on each procedure. This list may result in patients receiving multiple statements if they have seen several different providers. A separate statement will be generated for each provider.