

# MedLook Version 3 Guide



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# MedLook Version 3 Guide

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# MedLook Version 3 Guide

Your instructor can provide guidance and support regarding content covered in your course materials. You can call or e-mail your instructor for assistance at any time.

However, if you require software support due to technical issues, please contact MedLook directly, at (800) 548-6148 or [www.MedLookUSA.com](http://www.MedLookUSA.com), Monday through Friday from 7:30 a.m. until 5:30 p.m. CST, excluding holidays. The preferred contact method is through the Web site, at [www.MedLookUSA.com](http://www.MedLookUSA.com), using the ticket system or chat.

- Click Support and create a ticket—An e-mail with further assistance will be sent to the address you provide. You will receive an instant confirmation e-mail when you submit a ticket. If you don't receive this e-mail, check your spam filter.
- Click Chat in the upper right-hand corner to connect to a technician for live instruction—This option is only available during MedLook business hours.

Your MedLook Demonstration Version has all of the features of the full version of the MedLook program. With this MedLook Demonstration Version, you will be able to work with information for 50 patients without any restrictions. However, it is limited to 50 patients, and you will not be able to use the demonstration for professional purposes. It has been provided to work in conjunction with your course materials.

**IMPORTANT:** Do not register the MedLook Demonstration Version. Although you will see *Register* as an option, it only applies to the full version. Do not click this link! Registering the software will limit your MedLook Demonstration Version so that you will not be able to complete the required claims.

Pay particular attention if you receive a message that indicates “you have exceeded the evaluation limit and cannot process bills without registering,” or if field 21 populates with 999.99 instead of the diagnosis code. In this case, you have tried to register MedLook unsuccessfully. To get the software to work as the student version, click *Help, Registration* and then enter STUDENT (using all capitals) as the *Customer Name*. Click *Apply, Exit* and then *Restart*.

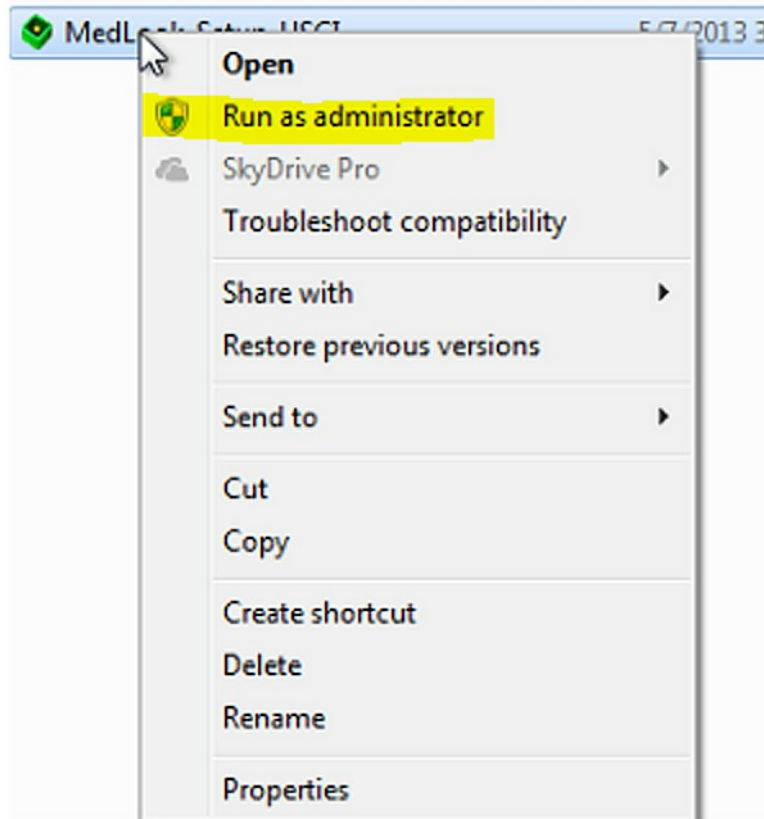
If your MedLook CD isn't working, you can access the software at [www.MedLookUSA.com](http://www.MedLookUSA.com). Look for the student link.

## Installation

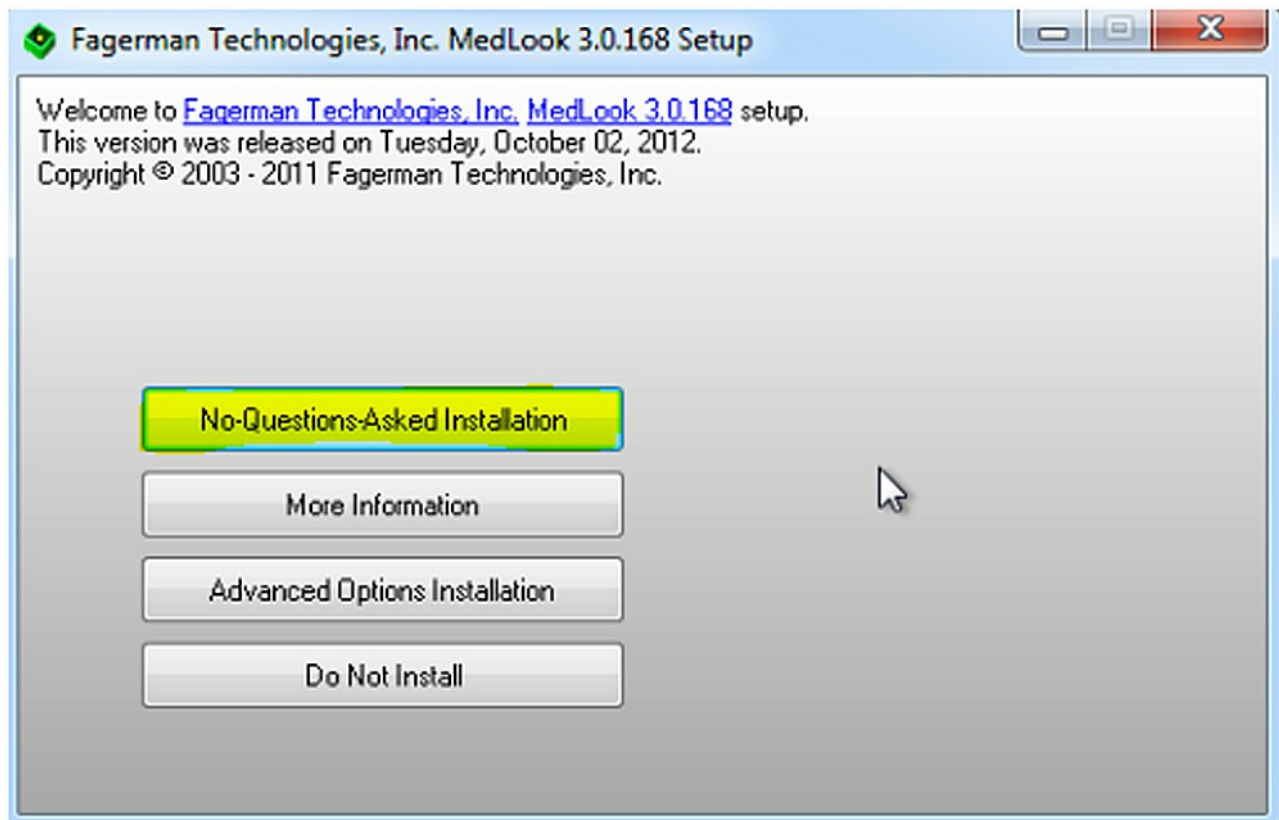
Follow these steps to install MedLook:

- Load the MedLook CD.
- Cancel the welcome screen.
- Click on *Start*.
- Click on *Computer*.
- A window will open. On the left side of this window, click on *MedLook*.
- Right-click on *MedLook\_Setup\_USCI*.

- Click on *Run as administrator*

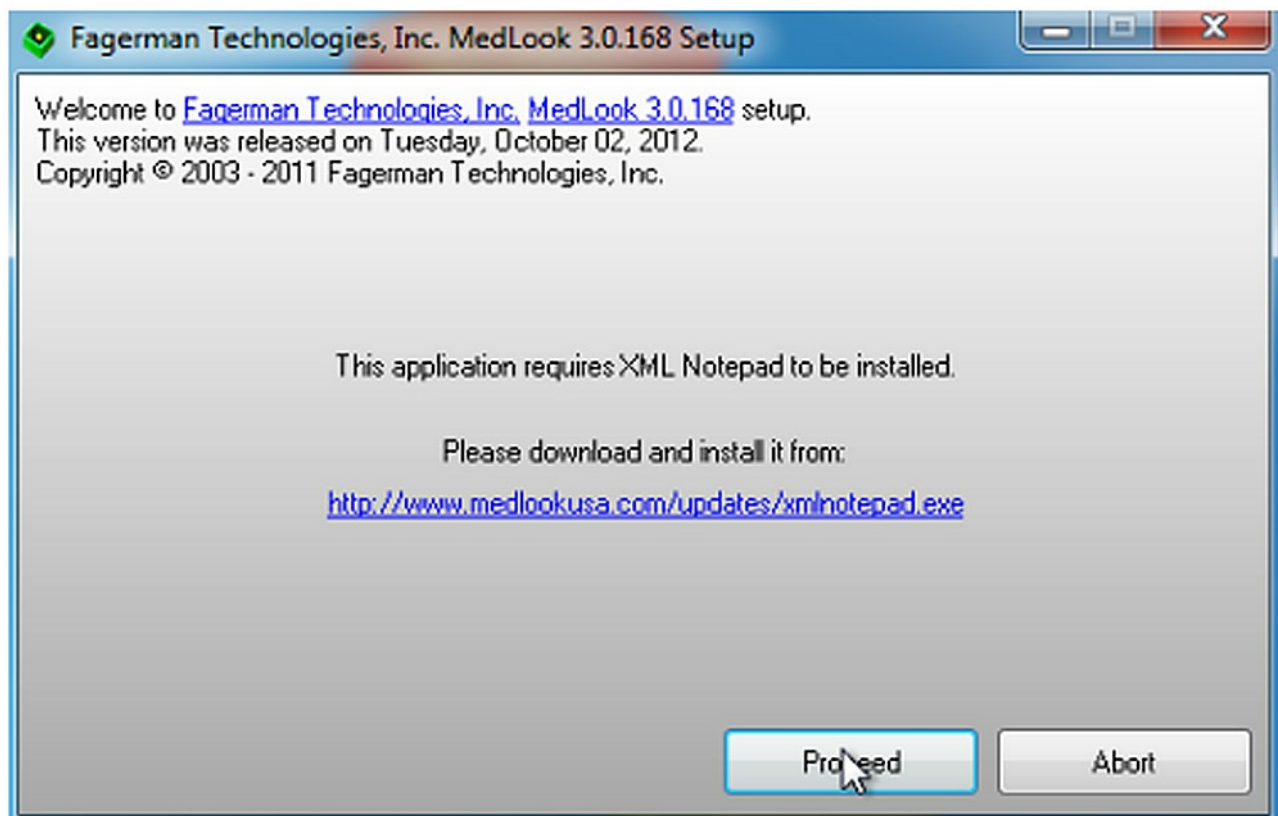
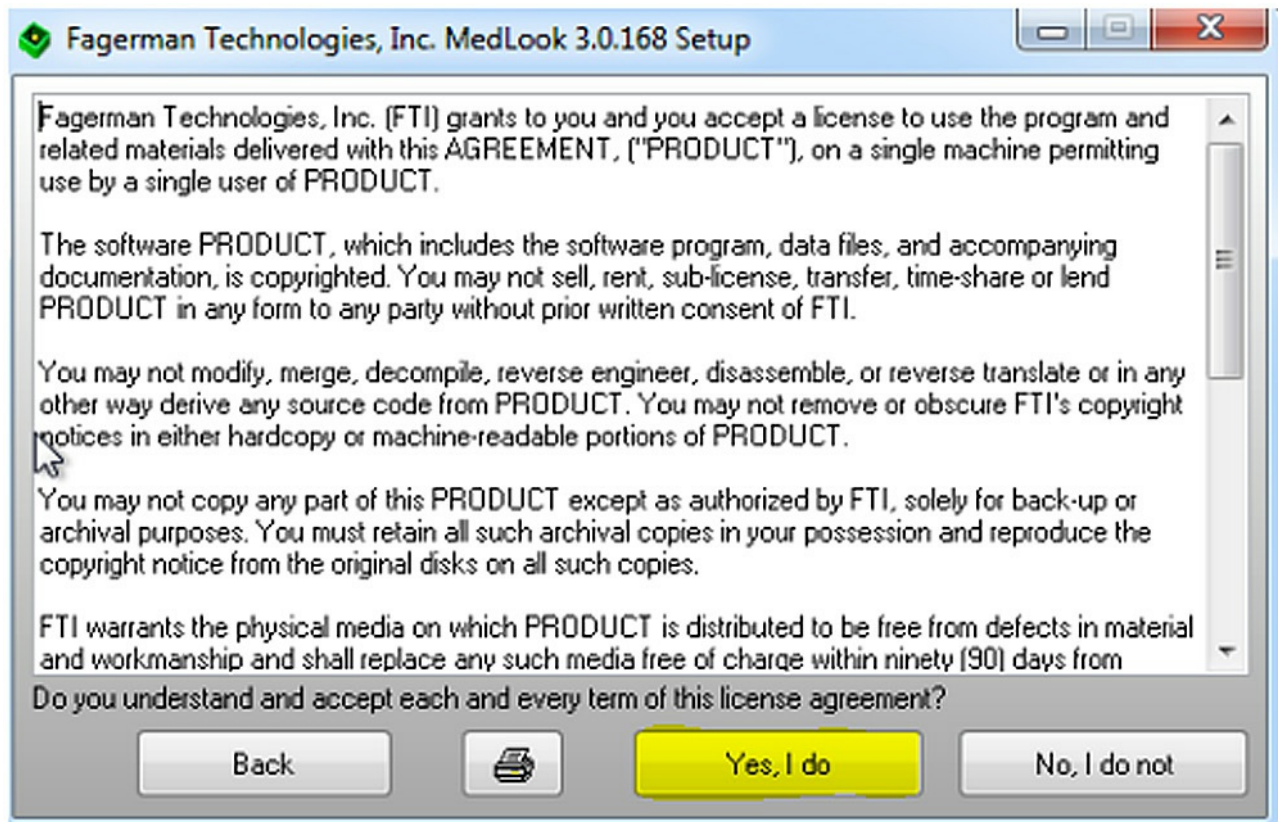


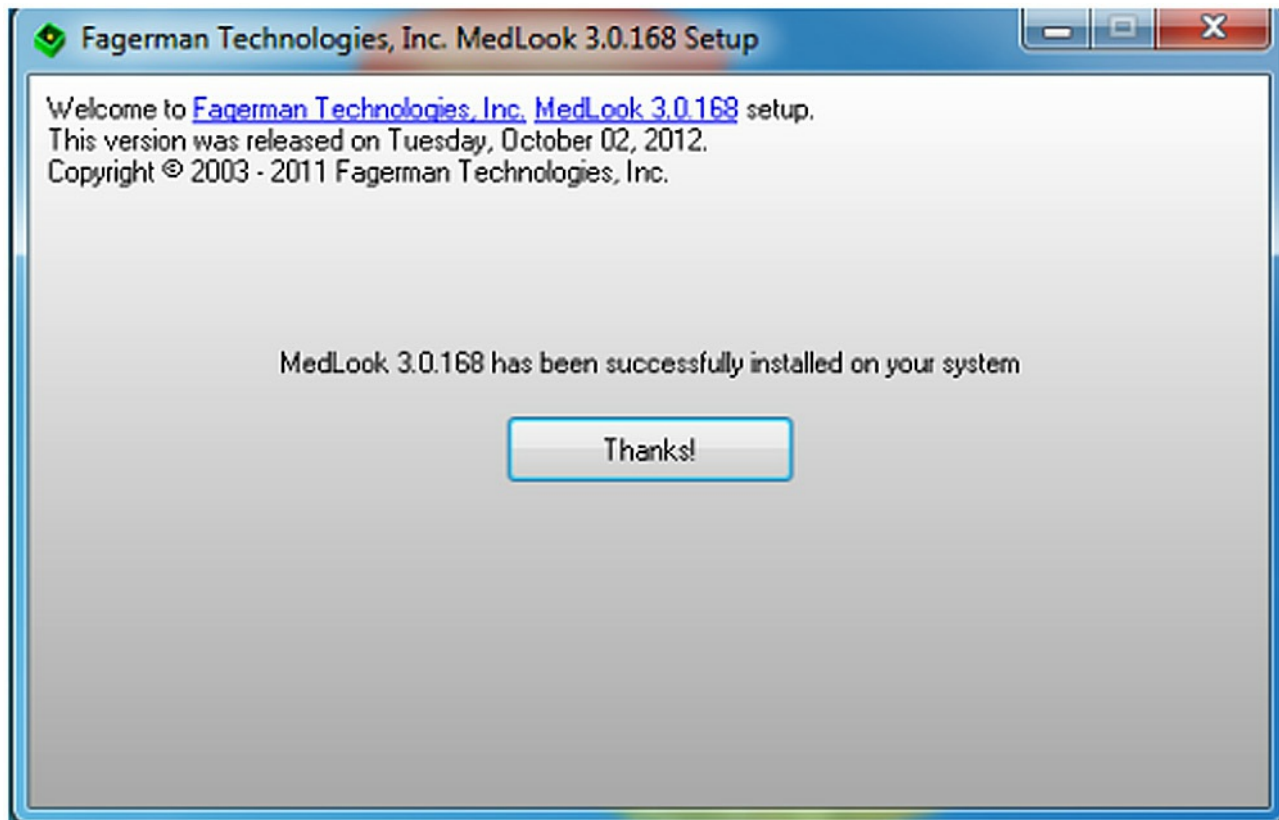
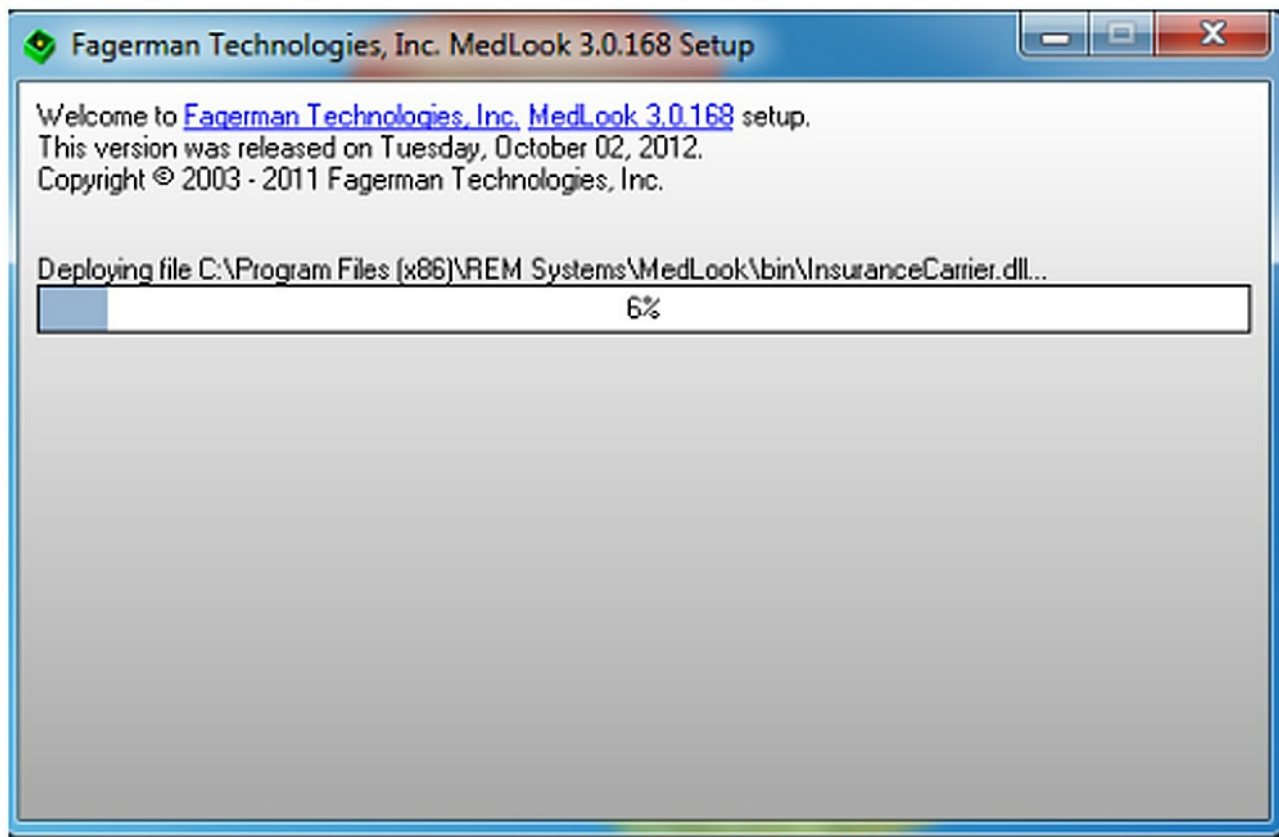
- Click on *No-Questions-Asked Installation*.



- Continue to follow the prompts on the screen.

Some additional windows may appear during installation depending on your version of Windows. Follow the prompts from these windows, and proceed with the installation.





Each time you open MedLook, don't just double click on the icon to start it. You should right-click on the icon, and then click *Run as administrator*. If you don't run it as the administrator, you may encounter problems using the software. If you do encounter problems, please close the program and open it again using *Run as administrator* to see if that fixes the problem before you contact an instructor or MedLook for assistance.

In addition, when opening MedLook, you may see a prompt to perform a backup. For practice



purposes, you should click *No* and continue. However, when you work in the field, you will want to perform a daily backup.

## Common Questions

Now, let's address some of the common questions you may have about MedLook Version 3.0.

**Q:** I cannot get field 4 to say SAME.

**A:** Fields 4 and 7 will fill in with the insured's name and address even if it is the same as the patient's. This is an acceptable difference from the guidelines.

**Q:** I cannot get a charge to save.

**A:** Are you using 20XX? You'll see 20XX in the course materials. However, you will need to use the current or previous year for your actual entries.

**Q:** Field 14 is not populating on the claim.

**A:** Make sure you complete the *Illness* box on the Edit - F3 tab in the patient database.

**Q:** How do I enter dates for field 16?

**A:** In Edit—F3, open the *Disability* section using either *Partial* or *Total*. Now, enter the dates, and be sure to *Save* before moving on.

**Q:** How do I get field 17 to populate with the referring physician's name?

**A:** After adding the physician to the *Referral Sources* folder, go to Edit—F3 on the lower left-hand side under *Referral/Physician* and select the physician's name from the *Referral Source* dropdown box. Then, click *Save*.

**Q:** How do I remove the referring physician's name from field 17?

**A:** In Edit—F3 on the lower left-hand side under *Referral/Physician*, click on *Remove Referral* and *Save*.

**Q:** I enter a diagnosis code in field 21, and when I try to save, I receive the message "Invalid ICDs selected."

**A:** Rather than entering the diagnosis code, select the code from the dropdown box. This is the case for the procedure codes, as well.

**Q:** I enter the SSN, but field 25 indicates EIN.

**A:** The default is to EIN. If you enter the SSN, you will have to insert the hyphens, and then field 25 will indicate SSN.

**Q:** My payment does not print in field 29.

**A:** After entering the payment amount, please be sure that you click on the red *P* in the yellow box and select *Credit* from the *Adj* dropdown box and *Save*. *Adj*: seems to defer to Write-off, which does not print in field 29. *Credit* does print in that field. To delete unwanted payments, go to the patient's database, click on *Transactions—F10*, right-click on the unwanted payment and select *Delete*.

**Q:** My payment is indicating Ins 1 rather than Patient, even though I selected the red *P* in the yellow box.

**A:** After entering the payment amount at the top of the payment screen, be sure to use the *Source of Pay* dropdown box and select *Patient*.

**Q:** The patient is being seen by a different physician. I changed it on the patient information, but fields 32 and 32a have the previous group practice name and NPI. How do I fix this?

**A:** When entering the Charge—F6, be sure to change *Box 32*, on the lower right-hand side, to the correct group practice or sole practitioner.

**Q:** My fields 31, 32, 32a, 33 and 33a are wrong.

**A:** Be sure to complete Edit—F3 for the patient’s record when there is a change in physician and group practice or sole practitioner. Enter the current physician on the left-hand side under *Referral/Physician: Responsible Physician* and the current group practice or sole practitioner on the right-hand side under *Hospital Visits: Hospital*. When entering the Charge—F6, be sure to change, on the lower right-hand side, *Box 31 Doctor* to the current physician and *Box 32 Facility* to the current group practice or sole practitioner.

**Q:** The NPIs are not showing in fields 32a and 33a.

**A:** To correct this, open the *Billing* tab to find the *HCFA Options* in the gray bar on the left. Under the bar, you should see *Layouts* with a white box, and then a button with [...] to bring up a CMS-1500 layout file window. Double click on *CMS1500NPI*.

**Q:** Field 32b and/or 33b are populating. How can I get them to stay blank?

**A:** In the Insurance folder, if the field labeled 32b or 33b is completed, it will print on the claim form for that carrier. Remove the information for the carrier and *Save*.

**Q:** I accidentally entered a procedure more than once. How do I delete the extra procedure?

**A:** Go to the patient’s database, click on Transactions—F10, right-click on the extra procedure and select *Delete Record*.

**Q:** How do I select more than one service to print on a claim form?

**A:** Highlight the first service, and then hold down shift and use the down arrow to highlight additional services. The services must be adjacent in the list, on the same date and from the same physician.

**Q:** After I print a claim, my charges go away. What am I doing wrong?

**A:** Make sure the *Charges* filter is set to “*All*” on the Billing tab in your patient database. This way, all of the charges will show, whether they are submitted or not. Setting the filter to *unsubmitted* will cause your charges to disappear when you create a claim, because they have been submitted.



# Online Student Questions

**Q: Online students only:** The online Quiz format does not allow for submission of a patient statement.

**A: Online students only:** Please simply submit a blank claim form. To do this, select Paula Higgins' *Edit* and scroll down to the bottom of the claim form. Click on *Save and Submit for Grading* and a blank claim form will be submitted for her.

**Q: Online students only:** In uploading the MedLook claim forms to the course Quiz format, all digits in the diagnosis code in field 21 are populated to the left of the decimal.

**A: Online students only:** There is no deduction for this on the Quizzes.

**Q: Online students only:** Field 31 does not transfer to the course Quiz format claim form.

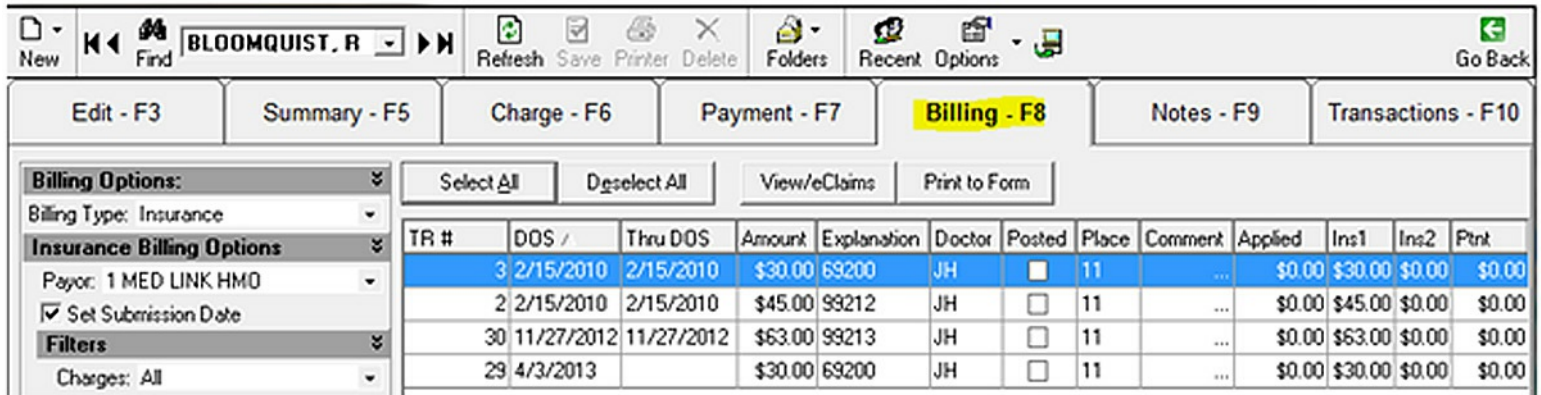
**A: Online students only:** There is no deduction for this on the Quizzes.

## Import data file from MedLook

If you completed this Quiz in MedLook and would like to import your CMS-1500 form, please follow the steps below.

## Export claim form from MedLook

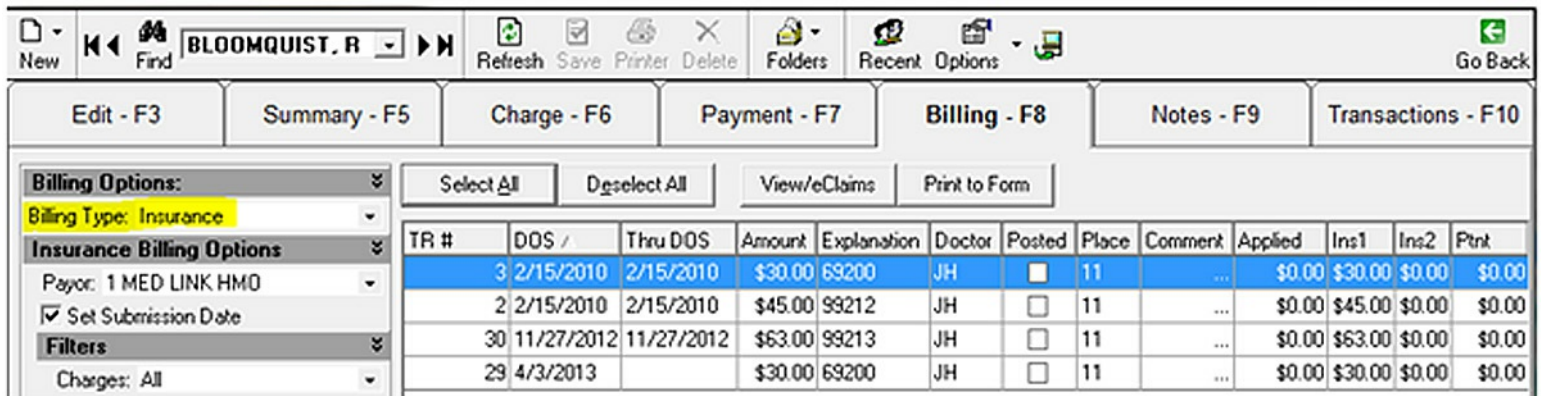
1. In MedLook, go to the **Billing** tab.



The screenshot shows the MedLook interface with the 'Billing - F8' tab selected. The 'Billing Type' is set to 'Insurance'. The table below lists charges with columns for TR #, DOS, Thru DOS, Amount, Explanation, Doctor, Posted, Place, Comment, Applied, Ins1, Ins2, and Pmnt.

TR #	DOS /	Thru DOS	Amount	Explanation	Doctor	Posted	Place	Comment	Applied	Ins1	Ins2	Pmnt
3	2/15/2010	2/15/2010	\$30.00	69200	JH	<input checked="" type="checkbox"/>	11	...	\$0.00	\$30.00	\$0.00	\$0.00
2	2/15/2010	2/15/2010	\$45.00	99212	JH	<input type="checkbox"/>	11	...	\$0.00	\$45.00	\$0.00	\$0.00
30	11/27/2012	11/27/2012	\$63.00	99213	JH	<input type="checkbox"/>	11	...	\$0.00	\$63.00	\$0.00	\$0.00
29	4/3/2013		\$30.00	69200	JH	<input type="checkbox"/>	11	...	\$0.00	\$30.00	\$0.00	\$0.00

2. Make sure the **Billing Type** is set to **Insurance**.



This screenshot is identical to the one above, but with the 'Billing Type' dropdown menu open and 'Insurance' selected, highlighted in yellow.

3. Click the **View/eClaims** button to display the CMS-1500 form.

Navigation bar: New, Find, Refresh, Save, Printer, Delete, Folders, Recent, Options, Go Back

Menu: Edit - F3, Summary - F5, Charge - F6, Payment - F7, **Billing - F8**, Notes - F9, Transactions - F10

Billing Options:
 

- Billing Type: Insurance
- Insurance Billing Options:
  - Payor: 1 MED LINK HMO
  - Set Submission Date
- Filters:
  - Charges: All

TR #	DOS /	Thru DOS	Amount	Explanation	Doctor	Posted	Place	Comment	Applied	Ins1	Ins2	Ptnt
3	2/15/2010	2/15/2010	\$30.00	69200	JH	<input checked="" type="checkbox"/>	11	...	\$0.00	\$30.00	\$0.00	\$0.00
2	2/15/2010	2/15/2010	\$45.00	99212	JH	<input type="checkbox"/>	11	...	\$0.00	\$45.00	\$0.00	\$0.00
30	11/27/2012	11/27/2012	\$63.00	99213	JH	<input type="checkbox"/>	11	...	\$0.00	\$63.00	\$0.00	\$0.00
29	4/3/2013		\$30.00	69200	JH	<input type="checkbox"/>	11	...	\$0.00	\$30.00	\$0.00	\$0.00

4. Click the **Save** button on the top left.

Navigation bar: Save, Print, Fork, Image, Bigger, Delete, Go Back

Claims page: 1 BLOOMQUIST REBECCA

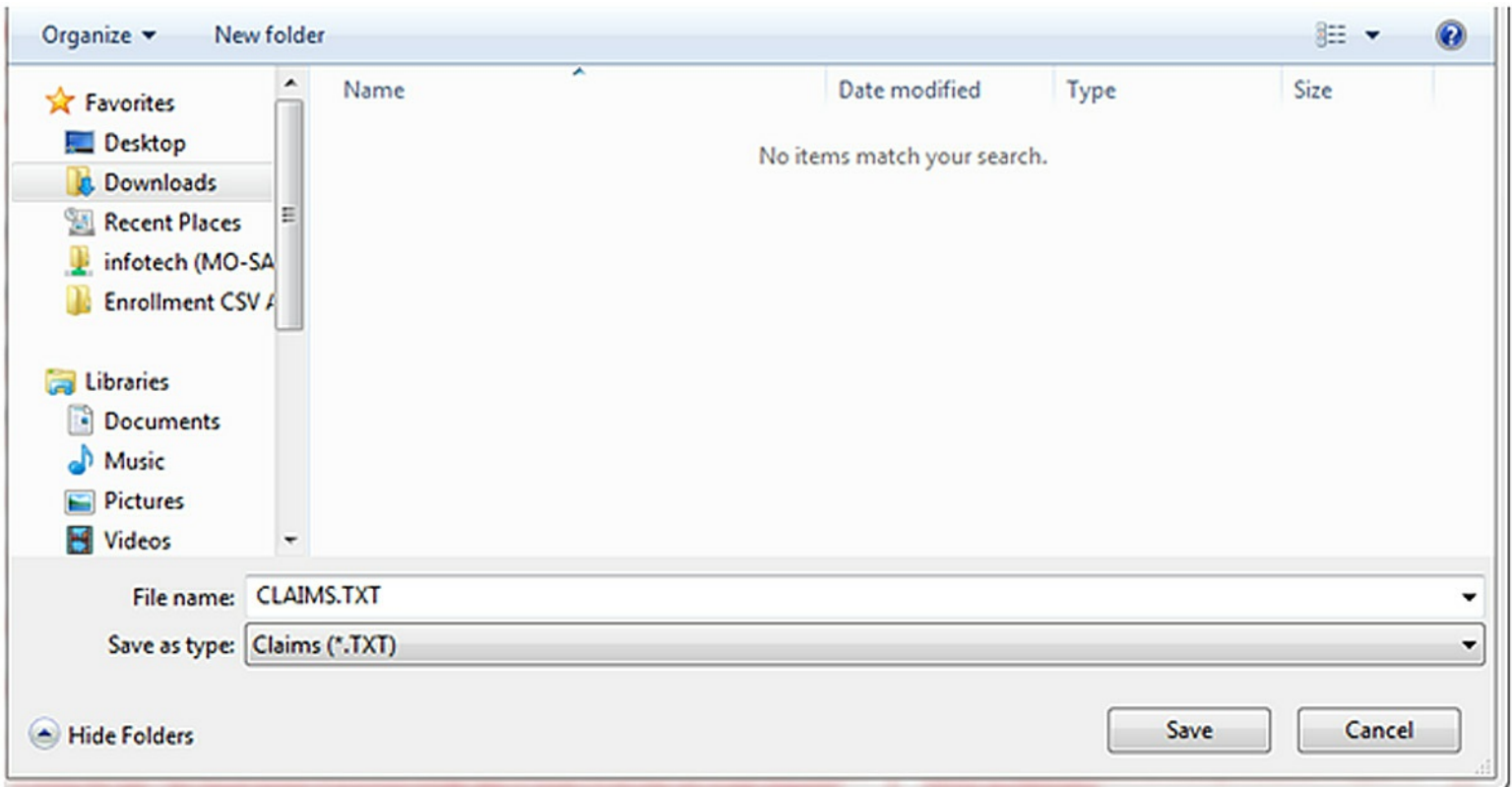
**1500** MED LINK HMO  
**HEALTH INSURANCE CLAIM FORM**  
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05  
 PO BOX 560  
 YOURTOWN, CO 80001

PICA  PICA

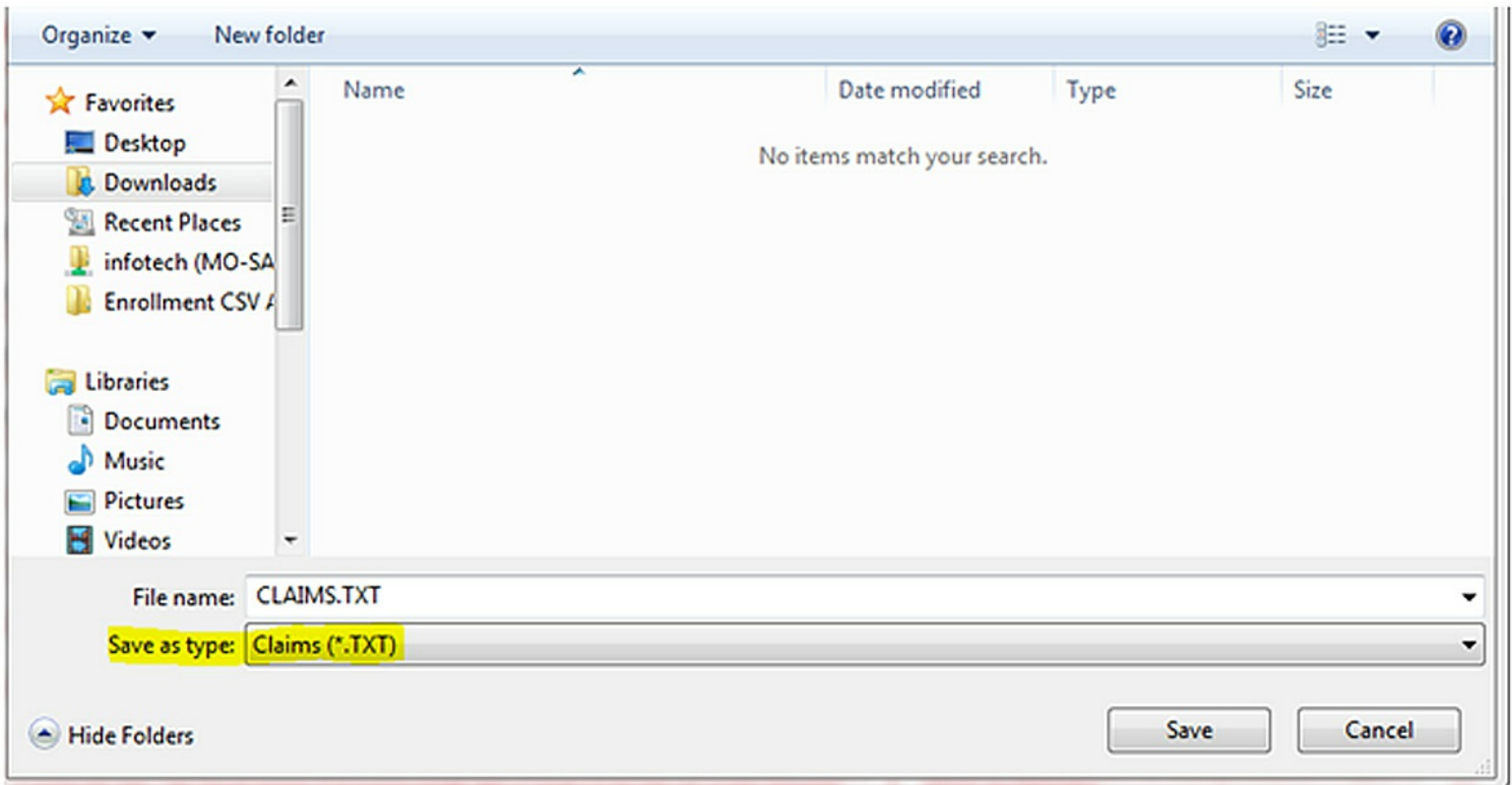
1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID) GROUP HEALTH PLAN <input checked="" type="checkbox"/> (SSN or ID)	16. INSURED'S I.D. NUMBER (For Program in Item 1) <b>52100900602</b>
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>BLOOMQUIST REBECCA</b>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>BLOOMQUIST DICK</b>
3. PATIENT'S BIRTH DATE MM / DD / YY <b>06 / 25 / 1997</b> SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	7. INSURED'S ADDRESS (No., Street) <b>409 YORKSHIRE</b>
5. PATIENT'S ADDRESS (No., Street) <b>409 YORKSHIRE</b> CITY: <b>YOURTOWN</b> STATE: <b>CO</b> ZIP CODE: <b>80001</b> TELEPHONE (Include Area Code): <b>(970) 5555875</b>	6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/> 8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input checked="" type="checkbox"/> Part-Time Student <input type="checkbox"/> CITY: <b>YOURTOWN</b> STATE: <b>CO</b> ZIP CODE: <b>80001</b> TELEPHONE (Include Area Code): <b>(970) 5555875</b>
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	11. INSURED'S POLICY GROUP OR FECA NUMBER <b>WBHMO</b>
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. OTHER INSURED'S DATE OF BIRTH MM / DD / YY SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	a. INSURED'S DATE OF BIRTH MM / DD / YY SEX <b>03 / 10 / 1967</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F
c. EMPLOYER'S NAME OR SCHOOL NAME	b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State): <b>WILTON BOOKSTORE</b>
d. INSURANCE PLAN NAME OR PROGRAM NAME	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: <b>SIGNATURE ON FILE</b> DATE: <b>05 15 13</b>	e. INSURANCE PLAN NAME OR PROGRAM NAME <b>MED LINK HMO</b> 4. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR <b>11 / 27 / 12</b>	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED: <b>SIGNATURE ON FILE</b>
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM / DD / YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION DATE: MM / DD / YY TO: MM / DD / YY

Vertical labels on the right: CARRIER, PATIENT AND INSURED INFORMATION

5. Navigate to a folder you can get to later. This is where you'll be saving your CMS-1500 forms.

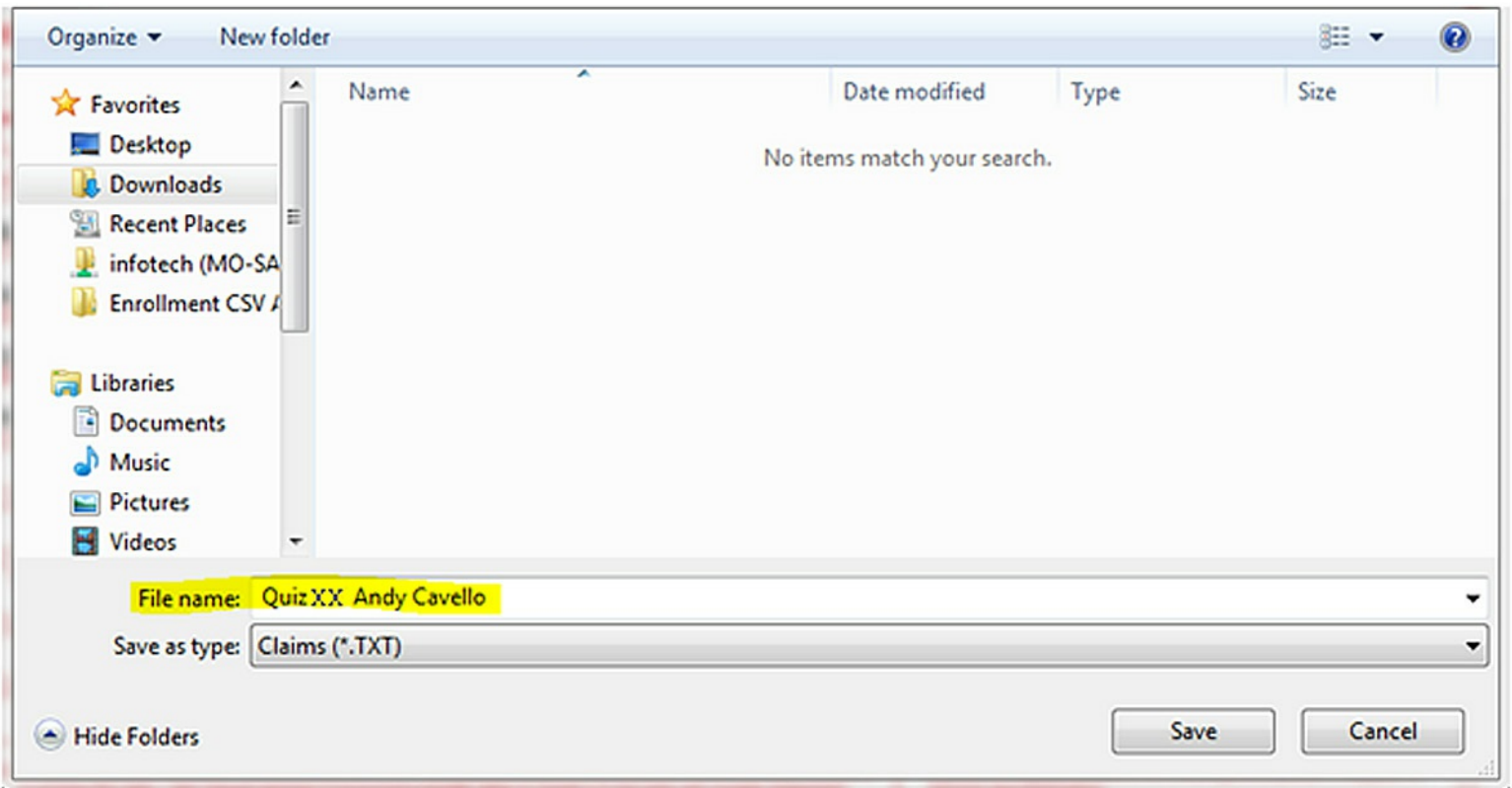


6. Change the **Save as type** option to **Text (\*.TXT)**.

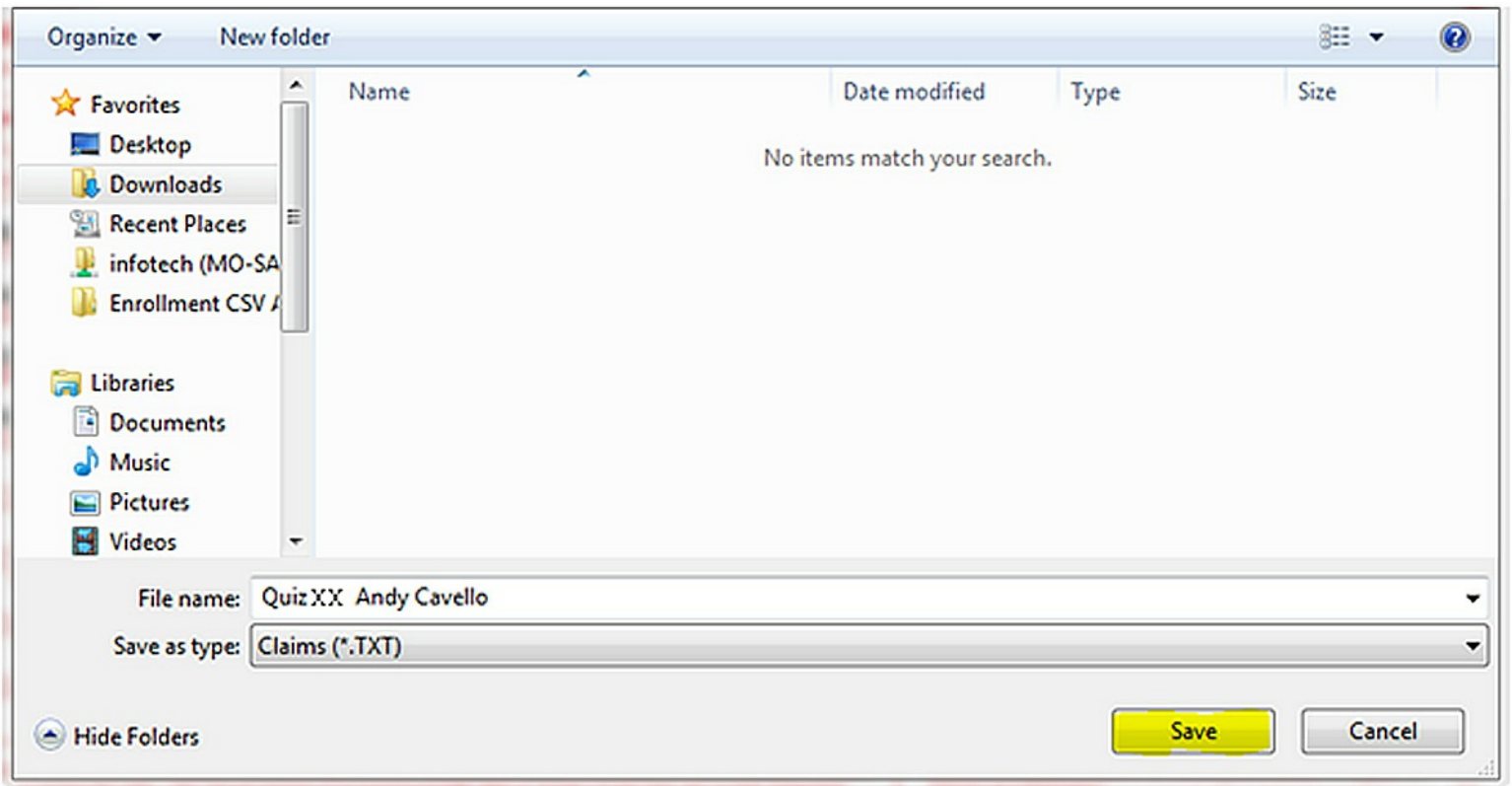




7. Specify a **file name** such as **Quiz XX Andy Cavello**. (Complete the quiz number to match your course.)



8. Click the **Save** button.



# Import the form below

1. Go to the Web site designated in your course. (It will open in a new tab or window).
2. Select the appropriate Course.
3. Find the assignment that you want to upload and click **Edit**.

## Quiz XX CMS-1500 Forms

13-1	Andy Cavello	Not Attempted	<a href="#">Edit</a>	Not Available
13-2	Rebecca Bloomquist	Not Attempted	<a href="#">Edit</a>	Not Available

4. Click the **Upload a Form From Medlook** button at the bottom of the page.

[Save Without Submitting](#)

[Save and Submit for Grading](#)

[Upload a Form From MedLook](#)

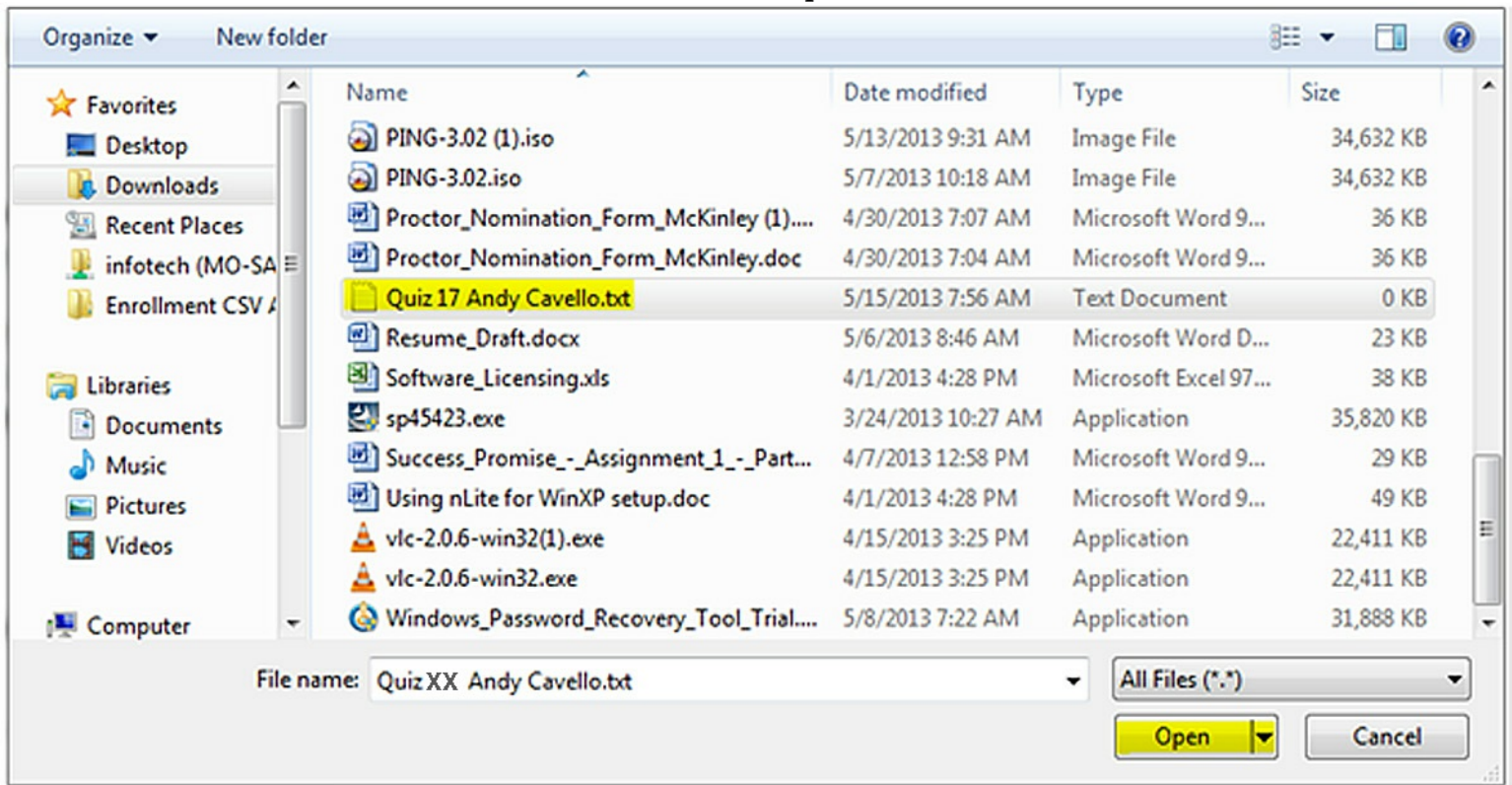
5. Click the **Browse** button.

**File to upload:**

[Browse...](#)

[Upload This File](#)

6. Locate the Txt file that was saved earlier and click **Open**.



7. Verify that the file is listed and click **Upload This File**.

**File to upload:**



8. A new screen will open showing that the file uploaded properly. Verify that all points display **OK**, then click the link provided.

### **Importing data file from MedLook...**

Sending file **Quiz XX Andy Cavello.txt** to the school . . . OK

Retrieving fields from MedLook file . . . OK

Checking for required fields . . . OK

Saving the form . . . OK

### **Continue**

You're almost done! Please [click here to view the form](#). If it looks okay, press the **Save and Submit for Grading**

9. Verify that the CMS-1500 form is accurate and then click **Save and Submit for Grading** at the bottom of the page.

**Save and Submit for Grading**

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