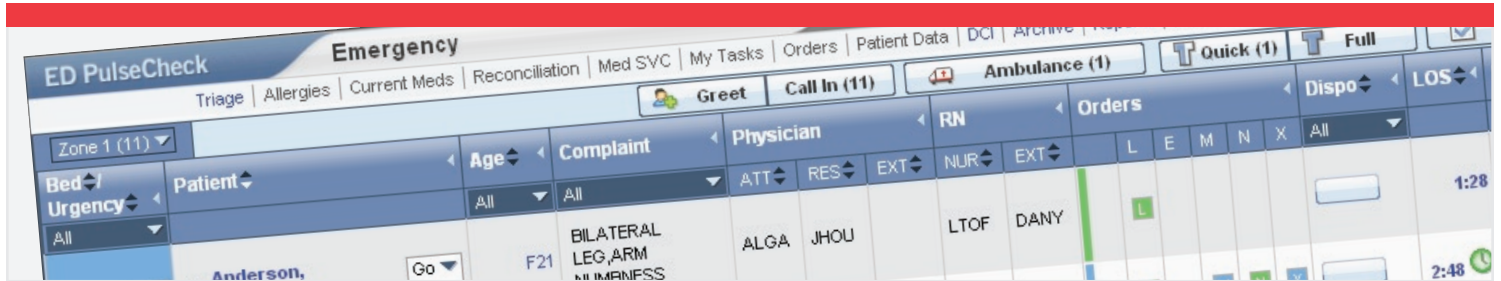


# Picis ED PulseCheck EMR Outpatient Charging Solutions



The emergency department (ED) is the “front door” of the hospital. Studies show that greater than 50% of hospital admissions come through the ED, and at least 45% of all hospital revenues come from patients admitted through the ED. Now more than ever, healthcare organizations must take the emergency department into consideration as a core part of their business strategy. Not only do organizations risk not charging for ED services provided, but they also risk charging in an inconsistent and non-compliant manner that may lead to costly audits and pay-backs.

The use of a manual “charge sheet” in the ED is error prone, often resulting in ambiguous level charging and missed charges when information is not accurately documented for the purpose of reimbursement. Picis ED PulseCheck™ electronic medical record (EMR) outpatient charging solutions help to automate this process, enabling healthcare organizations to consistently and compliantly capture and code charges for their ED outpatient care. This helps ensure that hospitals get paid appropriately for the emergency care that they provide.

Picis ED PulseCheck offers a number of outpatient charging solutions to help accommodate the diverse requirements of individual emergency departments. Picis provides solutions for EDs with the flexibility to capture and even code ED charges in order to fit their specific business needs.

## AutoCharge ED charging

### AutoCharge ED Facility - utilizes hospital or IDN calculation methodology

AutoCharge ED within ED PulseCheck automates documentation and procedure capture based on clinical documentation, eliminating the need for manual charge entry, facilitating the correct assignment of chargemaster codes and helping reduce lost revenue.

To help emergency departments improve their charge management and to help ensure they are charging for all of the care they provide, Picis offers AutoCharge ED Facility with the Picis ED PulseCheck™ EMR system. AutoCharge ED Facility automatically

calculates the facility evaluation and management (E/M) visit level score, employing the calculation methodology currently used by that facility. As clinicians complete their documentation within the ED PulseCheck documentation templates, elements that count toward the ED facility visit level charge are captured. Calculation of the visit level through the process of electronic documentation helps encourage more comprehensive documentation and, in turn, helps provide a more accurate visit level score for appropriate reimbursement.

To implement AutoCharge ED, Picis loads an electronic copy of the facility or health system charge master into Picis ED PulseCheck. Facility coders and clinicians then work with Picis to map the appropriate services (procedures, assessments and orders) to the facility’s system elements within the clinical documentation templates. These are based upon both Picis best practices and the facility preferences. The procedure and supply charges are then automatically captured based on documentation, and can be viewed and reconciled if necessary. After review, the charges are sent to a billing system to complete the coding process and to generate the bill.

Picis does not endorse any particular calculation methodology for visit level determination for use with AutoCharge ED, recognizing that charge management goals and requirements vary from facility to facility.

### AutoCharge ED Professional - automated physician documentation and CPT code capture

Every day emergency department physicians lose potentially significant revenue due to patient services going undocumented

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and unbilled. Reasons for this include lost charts, undocumented care and complex billing and charging rules.

AutoCharge ED Professional offers automatic capture of CPT codes and ICD-9 codes based on physician documentation in ED PulseCheck. This information, along with the entire ED record is sent to a coding system for final review and coding, or sent directly to a billing system after review by a coder. This process

helps to reduce errors caused by manual entry and helps accelerate the time from patient encounter to bill drop.

As always, ED PulseCheck also provides feedback to the physician to show the evaluation and management (E/M) level which has been documented at any point in the documentation. Once the chart is complete, the coder will then determine the final level based on medical necessity documentation.

## LYNX E/Point Facility

### Picis LYNX-based E/M algorithm determines E/M score calculation and procedure charge capture

The Centers for Medicare and Medicaid Services (CMS) implemented Ambulatory Payment Classifications (APCs) in response to the request from Congress to create an Outpatient Perspective Payment System (OPPS). Payments to healthcare providers are now a fixed amount instead of a percentage of cost, requiring hospitals to account for their costs as a part of the resources required for delivery of services. CMS stated that a hospital should follow its own methodology for assigning different Evaluation and Management (E/M) levels to ED encounters. A number of other payers have followed with similar payment guidelines.

For this reason, reimbursement for the basic set of services delivered to each patient, as reflected in the E/M assessment/charge, has become more important than ever. To address the problem of a facility visit level methodology, LYNX, a Picis company, developed E/Point. LYNX E/Point is an acuity-based methodology which produces a visit level distribution and revenue that accurately reflects patient acuity mix and facility resource use in the ED while remaining compliant with the CMS 11 OPPS guidelines.

Picis LYNX E/Point<sup>®</sup> Facility, integrated with ED PulseCheck EMR, allows clinicians to capture procedure charges and calculate the facility visit level for the entire patient encounter as part of the clinical documentation process. E/Point Facility ensures compliance, captures charges consistently and has demonstrated proven financial benefits.

Picis LYNX provides ongoing methodology compliance review and update, payer audit support, and routine reporting including benchmark analysis and financial check-ups. LYNX has extensive audit experience in each payer region across all payer types. These services help relieve the burden on the hospital and provide peace of mind.

The screenshot displays the 'Picis E/Point Calculator' web interface. At the top, it shows patient details for 'Davis, Nicholas' (MRN: 78931141, Sex: M, Age: 65, Weight: 165) and clinical data (Complaint: Chest Pain and SOB, BP: 120/80, Resp: 16, O2 sat: 100, Pulse: 64, Temp: 98.6, Pain: 1). The 'Presenting Problem' is 'Chest Pain - Adult'. The interface is divided into several sections for selection: 'Nursing Assessment' (1-2, 3-5, 6 or more, or Critical Care notes), 'Mode of Arrival' (Routine, BLS/Police, ALS), 'Order Management' (Lab tests, Plain Film x-rays, EKG/RT/Ancillary Services, CT/MRI/ultrasound, Access Old Records), 'Process Management' (Consult MD, Ancillary Services, Psychiatric Crisis, Restraints), and 'Disposition' (Routine, Immediate Referral, Transfer/Return to Hospital, Admit Inpatient, Admit Observation, Admit Outpatient, Admit ICU, Admit ALS, Admit Air Transport, Patient Expired). Below these is a table for 'Infusions & Injections' with columns for Medication Name, Site, Start Time, and Stop Time. The 'Results' section shows the calculated 'ED Level' as 'ED 4'. At the bottom, 'IV Services Procedures' are listed as '96374, 96361 x 2'. The interface is powered by LYNX Medical Systems.

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ED PulseCheck E/Point Missing Stop Times															Picis Hospital Mildred Accord 14:07	
<a href="#">Main</a>   <a href="#">Admin</a>   <a href="#">Allergies</a>   <a href="#">Current Meds</a>   <a href="#">Reconciliation</a>   <a href="#">Med SVC</a>   <a href="#">My Tasks</a>   <a href="#">Orders</a>   <a href="#">Patient Data</a>   <a href="#">DCI</a>   <a href="#">Archive</a>   <a href="#">Reports</a>   <a href="#">Dispo</a>   <a href="#">Display</a>   <a href="#">All</a>   <a href="#">Help</a>   <a href="#">Logout</a>																
Picis Hospital Thu Nov 24, 2010 00:00 through Sat Nov 26, 2010 23:59																
After adding stop times to medications, please (re)calculate the infusion and injection CPTs by running the E/Point calculator to ensure that the appropriate charges are assigned.																
Y	Patient	Medication	Route Type	Order Date	Ordered By	Ordered For	Start Date	Start User	Stop Date	RN	NE	Medical Record	Account Number	Triage	Discharge	Excluded
<input type="radio"/>	Luczak, Patricia	Sodium Chloride 0.9%, Intravenous	Hydration	Thu Nov 25, 2010 01:37:14	MDEC	MDEC	Thu Nov 25, 2010 01:57:18	JKOP	Add	JEVI		B012345	98709870	Thu Nov 25, 2010 00:56:01	Thu Nov 25, 2010 04:33:00	<input type="checkbox"/> No
<input type="radio"/>	Anderson, Suzane	Sodium Chloride 0.9%, Intravenous	Hydration	Thu Nov 25, 2010 16:02:19	MBEL	MBEL	Thu Nov 25, 2010 16:20:37	DMCA	Add	SGEH	JPAC	B0161597	242332131	Thu Nov 25, 2010 13:34:32	Thu Nov 25, 2010 19:16:00	<input type="checkbox"/> No
<input type="radio"/>	Scholtz, Merideth	Sodium Chloride 0.9%, Intravenous	Hydration	Thu Nov 25, 2010 22:55:40	EWIT	EWIT	Thu Nov 25, 2010 23:27:45	AKOP	Add	BAHE		B098098	234123234	Thu Nov 25, 2010 18:35:52	Fri Nov 26, 2010 09:44:00	<input type="checkbox"/> No
<input type="radio"/>	Johns, Julia	Sodium Chloride 0.9%, Intravenous	Hydration	Thu Nov 25, 2010 21:13:55	LCON	LCON	Thu Nov 25, 2010 21:58:18	PLIM	Add	BAHE		B909809	09809834	Thu Nov 25, 2010 19:06:02	Fri Nov 26, 2010 13:54:00	<input type="checkbox"/> No
<input type="radio"/>	Warren, Matthew	Heparin Sodium	Infusion	Thu Nov 25, 2010 22:05:59	MPRE	MPRE	Thu Nov 25, 2010 22:40:10	KENN	Add	BAHE		B08234	11233	Thu Nov 25, 2010 19:43:12	Fri Nov 26, 2010 12:15:00	<input type="checkbox"/> No
<input type="radio"/>	Fisher, Marie	Sodium Chloride 0.9%, Intravenous	Hydration	Fri Nov 26, 2010 06:19:12	MDEC	MDEC	Fri Nov 26, 2010 06:55:53	AGIF	Add	SMIT	BPEA	B34563453	115371009	Fri Nov 26, 2010 04:00:37	Fri Nov 26, 2010 11:25:00	<input type="checkbox"/> No
<input type="radio"/>	Roland, Christopher	Sodium Chloride 0.9%, Intravenous	Hydration	Fri Nov 26, 2010 07:46:19	DOWA	DOWA	Fri Nov 26, 2010 08:00:30	WEED	Add	WEED	SGEH	B8979877	8978978	Fri Nov 26, 2010 07:21:34	Fri Nov 26, 2010 10:24:00	<input type="checkbox"/> No
<input type="radio"/>	Olson, Darrel	Vancomycin Hydrochloride	Infusion	Fri Nov 26, 2010 14:42:36	ALGA	ALGA	Fri Nov 26, 2010 16:46:00	JKOP	Add	SGEH		B68005	111946	Fri Nov 26, 2010 10:16:34	Fri Nov 26, 2010 17:09:00	<input type="checkbox"/> No
<input type="radio"/>	Rarey, Patsy	Sodium Chloride 0.9%, Intravenous	Hydration	Fri Nov 26, 2010 12:29:24	MPRE	MPRE	Fri Nov 26, 2010 13:00:09	PHEN	Add	KARE		B8909658	115372303	Fri Nov 26, 2010 11:18:08	Fri Nov 26, 2010 16:07:00	<input type="checkbox"/> No
<input type="radio"/>	Zuber, Martha	Sodium Chloride 0.9%, Intravenous	Hydration	Fri Nov 26, 2010 16:18:32	JFLE	JFLE	Fri Nov 26, 2010 16:20:25	LEE	Add	LEE		B564337	115373089	Fri Nov 26, 2010 13:13:31	Fri Nov 26, 2010 18:43:00	<input type="checkbox"/> No
<input type="radio"/>	Zuber, Martha	Sodium Chloride 0.9%, Intravenous	Hydration	Fri Nov 26, 2010 16:18:25	JFLE	JFLE	Fri Nov 26, 2010 16:20:39	LEE	Add	LEE		B549899	115373089	Fri Nov 26, 2010 13:13:31	Fri Nov 26, 2010 18:43:00	<input type="checkbox"/> No
<input type="radio"/>	Hiestand, Rosemarie	Norepinephrine Bitartrate	Infusion	Fri Nov 26, 2010 20:41:05	AHIL	AHIL	Fri Nov 26, 2010 19:44:37	STEV	Add	STEV		B2344513	456111	Fri Nov 26, 2010 15:32:10	Fri Nov 26, 2010 23:28:00	<input type="checkbox"/> No
<input type="radio"/>	Hiestand, Rosemarie	Vasopressin	Infusion	Fri Nov 26, 2010 22:48:49	AHIL	AHIL	Fri Nov 26, 2010 22:15:54	STEV	Add	STEV		B7884513	456111	Fri Nov 26, 2010 15:32:10	Fri Nov 26, 2010 23:28:00	<input type="checkbox"/> No
<input type="radio"/>	Hiestand, Rosemarie	Maxipime	Infusion	Fri Nov 26, 2010 19:14:34	AHIL	AHIL	Fri Nov 26, 2010 21:09:20	STEV	Add	STEV		B09824513	456111	Fri Nov 26, 2010 15:32:10	Fri Nov 26, 2010 23:28:00	<input type="checkbox"/> No

## E/Point calculator captures/calculates injections/infusions

More recently the American Medical Association (AMA) produced several new CPT codes to report injection and infusion procedures. The definition of these procedures was somewhat ambiguous and confusing which resulted in hospitals either incorrectly reporting these codes, or at times not reporting the codes at all. The obvious result was a loss of revenue. CMS has provided a fairly clear interpretation of the codes which has resulted in a very complex calculation process to determine the accurate codes to report.

The Picis LYNX E/Point Facility calculator tool, embedded and integrated within ED PulseCheck, includes the automatic capture

and calculation of injection and infusion charges from the standard clinical documentation created during the ordering and documentation of the administration of these procedures. Clinicians are given reminders of incomplete stop time documentation at the point of care, at disposition, and prior to removing the patient from the ED PulseCheck tracking board. A standard E/Point stop time report is available to ensure documentation compliance. The financial benefit of properly capturing the facility visit level along with the infusion and injection charges averages an increased net return of \$40 per outpatient ED visit, typically equating to millions of dollars of additional hospital revenue annually.

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## Summary of ED PulseCheck Outpatient Charging Solution Options

Charge Areas	AutoCharge ED	ED PulseCheck with integrated E/Point
<b>Facility and Professional procedure charge capture</b>	AutoCharge ED automatically captures procedure charges based on clinical documentation. This eliminates the need for manual charge gathering, facilitates the correct assignment of charge master codes and helps reduce lost charges	AutoCharge ED automatically captures procedure charges based on clinical documentation. This eliminates the need for manual charge gathering, facilitates the correct assignment of charge master codes and helps reduce lost charges
<b>IV Infusions and Injections</b>		Includes infusion/ injection procedure charge capture and calculation to assign the appropriate CPT code. The site, type of procedure, medication and times administered are automatically recorded in the calculator. The correct charges are calculated based on CMS hierarchy for these procedures.
<b>Facility E/M Level calculation</b>	AutoCharge ED calculates the E/M visit level using facilities calculation methodology.	Methodology is powered by the algorithm in the E/Point Facility module.
<b>Professional Fees</b>	Displays the Physician CMS scores. Picis offers either a professional fee charge master or CPTs into the ED PulseCheck physician documentation.	
<b>Coding Review</b>	Facility charges, E/M levels, Professional charges, Physician CMS score captured and available for review by coding	Facility charges, E/M levels, Professional charges, Physician CMS score captured and available for review by coding
<b>Outbound Facility Charge Interface</b>	Comes with AutoCharge ED and sends facility charge data to hospital billing system. Accelerates the time from charge capture to bill drop	Comes with E/Point and sends charge data to hospital billing system.
<b>Outbound Professional Fee Billing Interface</b>	Batched integration that sends Physician billing system specific information on a daily basis.	Batched integration that sends Physician billing system specific information on a daily basis.

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## ED PulseCheck outpatient charging solution benefits

- Ability to charge for all care provided and maximized reimbursement
  - Predictable facility visit level charges and procedure capture
  - Improved documentation resulting in fewer billing denials
  - Less time spent reviewing inadequate documentation and translating charts into codes
- More charts coded faster
  - Time to bill drop reduced resulting in improved cash flow
  - Multiple charging and coding options in order to meet specific needs of the hospital and physicians

## About Picis

Picis, now part of Ingenix, is a global provider of innovative solutions that enable rapid and sustained delivery of clinical documentation, financial and operational results in the emergency departments, surgical suites and intensive care units of more than 2100 hospitals in 19 countries. For more information about Picis, visit [www.picis.com](http://www.picis.com).



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