# TruBridge®

# Charging User Guide

Charging User
Guide

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*by TruBridge*

**TruBridge**®

**Clear the way for care.**

# Charging User Guide

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# Chapter 1   Introduction

## 1.1   Attestation Disclaimer

Promoting Interoperability Program  attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. TruBridge's Promoting Interoperability Program  certified products, recommended processes and supporting documentation are based on TruBridge's interpretation of the Promoting Interoperability Program  regulations, technical specifications and vendor specifications provided by CMS, ONC and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client's attestation, TruBridge bears no responsibility for attestation information submitted by the client.

## 1.2   What's New

This section introduces the new features and improvements for the **Charges Application** for release Version 22.01. A brief summary of each enhancement is given referencing its particular location if applicable. As new branches of Version 22.01 are made available, the original enhancements will be moved to the Previous Work Requests section. The enhancements related to the most current branch available will be listed under the main What's New section.

Each enhancement includes the Work Request (WR) Number and the description. If further information is needed, please contact **Client Services** Support.

### *TruBridge Provider EHR Charging by CPT -- FA-3977 & FA-8938*

DESCRIPTION: Charging has been updated to allow charges to be entered by CPT code on hospital accounts.

DOCUMENTATION: See Charging by CPT 5

# Chapter 2    Overview

The Charges option allows users to scan barcodes or manually select items to charge out. Items may be manually selected from custom built charge sets or through a search of items the department is permitted to charge for.

1. From the Tracking Board, double-click the patient's name.

2. Select **Charges** from the Navigation Panel. This will launch the Charge Entry screen with the AR Date and Service Date both listed at the top of the screen. A Search Charges panel will display on the left and a Pending Charges panel will display on the right.

Select **Web Client > Charts > Tracking Board > Patient > <u>Charges</u>**



**Charge Entry screen**
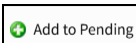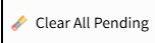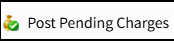
- **List Type:** Allows either Departments or Charge Sets to be selected from the drop-down.
  - When "Departments" is selected as the List Type, the following will take place:
    - TruBridge EHR will display the department description of the selected department number established in the Dept field and update as necessary if the department number is changed.
    - TruBridge EHR will display "No Departments Available" if the patient is not assigned to a room and the security for the logname is turned off.
  - When Charge Sets is selected as the List Type, the selected charge set description will be displayed and the drop-down menu will be accessible in order to change the chosen charge set.

- **Dept:** This field will display when "Departments" is selected as a List Type. This three-digit department number field requires the "Change Charge Entry Department" behavior control to be set to Allow for the specific logname in Control Behaviors within Identity Management.

- If a patient is assigned to a room, the following will take place:
  - With the security turned off for the logname, the department number will default to the department in which the room belongs; it may not be changed.
  - With the security turned on for the logname, the department number will default to the department in which the room belongs; the department number may be changed.

- If a patient is not assigned to a room, the following will take place:
  - With the security turned off for the logname, this field will be blank and no charges may be entered.
  - With the security turned on for the logname, this field will default to blank but will allow a department number to be entered.
    - Entering an invalid department number spawns an alert that states, "Department '<dept number>' not found." The user must select **OK** to clear the message. Then, the field will revert back to what was previously in the field.

- **Description**: This field displays either a department description or a charge set description.

- **Search:** This is a smart search field for delimiting the displayed list of available charge items. Enter the first few letters of the desired item's description to initiate a search. Searches may be performed with uppercase, mixed case or lowercase text.

- **Item**: In this field, the user should manually enter an item number and select Enter or scan an item number barcode to automatically add the charge item to the Pending Charges list.

- **CPT:** In this field, users may enter a CPT code to display a listing of items with that CPT code.

*NOTE: Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY or YYMMDD to be used on all date fields in the Charges Application. Where four-digit dates display, a date format of MMDD, DDMM or MMDD, respectively, will be used. Whichever date format is selected will be reflected in all date fields and column displays throughout the application. A TruBridge Representative should be contacted in order for the date format to be changed.*

# Chapter 3   Charge Entry

## 3.1     Entering Charges into TruBridge EHR

1. Select **Charge Sets** or **Departments** from the List Type drop-down. A list of permitted charge items for the selected department will display in alphabetical order.

2. If **Charge Sets** is selected, select the desired Charge Set name from the **Description** drop-down. Select the desired items by selecting the checkbox next to the item(s) or select all items by choosing **Select All** in the Action Bar. Please see the Table Maintenance - Control User Guide for information on creating charge sets.

3. Select ⊕ Add to Pending **Add to Pending**. The item will display on the right side of the screen. If the wrong item was selected by mistake, select the ▬ **red minus** to the left of the item description to remove it from the Pending Charges List or select **Clear All Pending** ✎ Clear All Pending to clear the entire list. The quantity of the item may be modified by selecting the quantity (⊖ ⊕ **minus/plus**) options to the right of the item description to decrease or increase respectively the quantity to be charged for the item. The quantity will display to the left of the item description denoted by parentheses when the quantity is either greater than or less than one. Decreasing the quantity to a negative quantity will generate a credit for the selected item once charges are posted.

*NOTE: TruBridge EHR is automatically in "Scan Mode" upon accessing the **Charges** option. Scanning a barcode will automatically add the item to the Pending Charges List. If the same barcode is scanned multiple times, TruBridge EHR will update the quantity of the item.*

4. Select 💰 Post Pending Charges **Post Pending Charges** to post the charges against the patient's account.

### *Entering Anesthesia Charges*

When anesthesia charge items are selected to be added to the Pending Charges List, the Anesthesia Entry screen will display. This is controlled by loading a Basic Value (BV) amount on the anesthesia charge item in the BV field on page 3 of the Item Master. Please see the Table Maintenance - Control User Guide for more information on the BV field.

Once the Anesthesia Entry prompts display, the Basic Values may be entered for each of the following:

- **Begin/End Time/Duration:** Enter the beginning and end time of the anesthesia in military time. Once the time is entered, the system will automatically calculate total minutes and populate the Duration field.

- **Time Duration BV:** Enter the Basic Value for the Duration of the patient if applicable.

- **Physical Status BV:** Enter the Basic Value for the physical status of the patient if applicable.

- **Emergency Status BV:** Enter the Basic Value for the Emergency Status of the patient if applicable.

- **Age BV:** Enter the Basic Value for the Age of the patient if applicable.

- **Procedure BV:** The Basic Value will automatically pull from page 3 of the Item Master but may be manipulated from here.

- **Total BV:** All data that is entered into all the BV fields will be added and put in this field. However, the Total BV may be manipulated and changed to any value including zero.

After all applicable fields have been filled out, select 💾 Save **Save.** The value in the Total BV field will be used as the quantity charged for the item.

*NOTE: If an anesthesia charge is entered incorrectly, select the Anesthesia option on the action bar of the Charge Entry screen.*

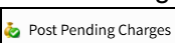### *Charging by CPT*

A CPT field will be available on the Charge Entry screen to enter charges by CPT code.

When a CPT code is entered and displays in the Search Charges section, select the item to add it to the Pending Charges List.

For hospitals where the clinic is a department of the hospital,
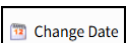
Once the CPT code is selected, the Editing Charge screen will display automatically. If needing to access the Editing Charge screen at a later time, select the item from the Pending Charges list. Or select 🔍 Review **Review**, select the charge, and then select 📝 Edit **Edit**.

From the Editing Charge screen, modifiers may be added and diagnosis pointers assigned. To assign a diagnosis pointer, double-click on the diagnosis code. Once all information has been entered, select 💾 Save **Save**. Then select 📋 Post Pending Charges **Post Pending Charges** to post the charges to the patients account.

*NOTE: If any changes need to be made to the modifiers or diagnosis pointers after the charges have been posted, select 🔍 Review **Review**, select the charge, and then select 📝 Edit **Edit**.*

### *Changing AR and Service Dates*

In some instances, the AR Date and Service Date will need to be changed before posting charges.

1. From the Charge Entry screen, select 📅 Change Date **Change Date** in the Action Bar.

2. Select the desired AR Date and/or Service Date.
   - Dates for both AR Date and Service Date fields will default to the current date.
   - Dates may be selected by either the date-picker calendar icon or manually entered in the appropriate date field.
   - Entering future dates is prohibited:

- A future AR Date will trigger an alert that states, "You cannot use a future date as the AR Date."
- A future Service Date will trigger an alert that states, "Invalid Service Date."
- The user must select **OK** to return to the AR and Service Date Change screen without saving the selected date.
- If the AR Date has been closed or if charges have been closed for that day, an alert will appear that states, "Invalid. The AR date selected is closed." The user must select **OK** to return to the AR and Service Date Change screen without saving the selected date.
- If the selected Service Date is outside the dates of service (admit and discharge dates), a message will appear that states, "Service Date outside stay. OK?"
  - If the user selects **Yes**, the selected date will be retained and will return to the AR and Service Date Change screen.
  - If the user selects **No**, the date will revert back to the original date displayed and will return the user to the AR and Service Date Change screen so that a new date may be selected.

3. Select  📄 Update  **Update**. The Charge Entry screen will display with the selected AR and Service Dates.


## 3.2 Editing Pending Charges

From the Charge Entry screen, the user should select an individual charge from the Pending Charges List. Or, if the user is in the Charges review screen, he/she should select an individual pending charge from the Charges List then select  📝 Edit  **Edit** or double-click the pending charge.

Address the following as needed:

- **Service Date**: This field displays the Service Date that has been loaded in the Charge Entry screen or Charges review screen. The Service Date may be changed manually or via the date-picker calendar. Messages and prompts still apply for future dates and service dates that are outside the dates of service, admit, and discharge dates. Please see Changing AR and Service Dates[5] for more information.

- **Stay Type:** This field displays the patient's current stay type. For Critical Access Hospitals (CAH), select the desired stay type from the drop-down. Please see Charging by Changing Stay Type[20] for more information.

- **Service Code:** This field displays the patient's current service code. For Critical Access Hospitals (CAH), select the desired service code from the magnifying glass look-up. Please see Charging by Changing Stay Type[20] for more information.

- **Quantity:** This field displays the quantity amount of the charge item that will be charged and has a max entry of 999.

- **Department:** This field allows the charging department to be changed by selecting the new department from the drop-down menu. The drop-down menu displays a list of all available departments that are issuing departments for the selected charge item. Access to this drop-down requires "Change Charging Department" to be set to allow for the login in Control Behaviors within Identity Management.

- **Physician:** This field displays the associated physician number when the charge item includes a physician component. Access to this field is dependent upon the following scenarios:
  - If a dollar amount is loaded in the Physician Service Charge Current Price field on the charge item but the Physician Number is blank, a physician must be entered during Charge Entry for Inpatients. For ED patients and Outpatients, the attending Physician will pull over from registration data.
  - If a dollar amount is loaded in the Physician Service Charge Current Price field on the charge item and a valid physician number is loaded in the Physician Number field, the physician will pull over to the Editing Charge screen. The physician information may be changed.
  - If a dollar amount is loaded in the Physician Service Charge Current Price field on the charge item and 999999 is loaded in the Physician Number field, the 999999 physician will pull over to the Editing Charge screen. The physician information may be changed.
  - If 99999.99 is loaded in the Physician Service Charge Current Price field on the charge item, the full price of the item will pull as the Physician Charge.
  - If no dollar amount is loaded in the Physician Service Charge Current Price field on the charge item, the charge item will pull to the Pending Charges list and the physician field in the Editing Charge screen will be inaccessible.

*NOTE: Whenever a charge item has a physician component, the Editing Charge screen will automatically launch for that item so that the physician number that pulls may be reviewed and/or changed.*

## 3.3    Charging Medication Waste

Medication Waste may be captured during charge entry when an item that has Capture Waste set to **Y** or **P** in the Pharmacy Information section of the Item Master, is added to the Pending Charges list.

Once the item is selected, the Editing Charge screen will automatically display.

Additional fields are required to be completed to capture Medication Waste.
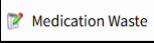
- **Administered Qty**: The quantity of medication administered. This field will display in red until it has been addressed.

- **Wasted Qty**: The quantity of medication wasted. This field will display in red until it has been addressed.

*NOTE: A negative value may not be entered in this field. A warning "Cannot waste a negative quantity" will display if one is entered.*

- **Units**: The units for the quantity of medication administered and wasted. The drop-down menu will display options based on what units are associated with the item in the Pharmacy Information section of the Item Master. This field will display in red until it has been addressed.

Once the Medication Waste fields have been addressed, select [💾 Save] **Save** to add the charge to Pending Charges List.

*NOTE: The Save option will be enabled once the Administered Qty, Wasted Qty and Units fields have been addressed.*

Once the charge has been posted, the Medication Waste option may be used to edit, delete, and/or view the Medication Waste information. To begin, select [Medication Waste] **Medication Waste** from the action bar.

The Medication Waste screen will display.

The following information will be displayed:

- **Date Recorded**: The date that the medication waste was entered into TruBridge EHR.

- **Order Number**: Displays the order number associated with the charge, if the charge was generated thru Order Entry.

- **Item Number**: The item number associated with the charge.

- **Item Description**: The descriptions associated with the item.

- **Minimum Dispensable Quantity**: The minimum quantity that may be given. This is determined by the strength of the medication that is listed in the Pharmacy Information section of the Item Master.

- **Quantity Given**: The quantity administered.

- **Quantity Wasted**: The quantity wasted.

- **Initials**: The initials of the user who entered the medication. This field will be updated if the Quantity Wasted is edited.

The Quantity Wasted may be edited from the Medication Waste screen. To begin, select the item from the list, then select [Edit] **Edit**.

*NOTE: To edit the Quantity Wasted the user will need the Charge Entry Behavior Control - Allow Editing Drug Waste, set to Allow.*

The Medication Waste edit screen will display. The only field that may be edited on this screen is the Medication Waste. Once the field has been edited, select [Save] **Save** to keep the changes.

A Medication Waste entry may also be deleted from the Medication Waste screen. To begin, select the correct item from the list, then select [Delete] **Delete**.

*NOTE: To delete a Medication Waste entry the user will need the Charge Entry Behavior Control - Allow Deletion of Drug Waste, set to Allow.*

## 3.4 Charging E&M Codes

***NOTE:*** *Only physician lognames have access to calculate E&M coding.*

TruBridge EHR has the ability to calculate a patient's level of care based on documentation from the Wolters Kluwer content within the Documentation application.

1.  Select **View E&M** from the Charge Entry screen to display the E&M Coding Review screen.

To arrive at a suggested E&M calculation, TruBridge EHR will assess the patient's addressed questions from the Wolters Kluwer content within the Documentation application to calculate Encounter Type, HPI (History of Present Illness) and ROS (Review of Systems) regardless of whether the data was entered by a provider or nursing. The provider will need to address PFSH (Past Family and Social History), Exam Type and Medical Complexity to have a suggested Level of Care calculation display.

TruBridge EHR utilizes the Documentation Reports for the determination of vital signs tallies to contribute to the constitutional exam component of the E&M calculations. Once the E&M Coding Review screen is accessed, TruBridge EHR will check for a signed end-user report document for the current visit (e.g., Discharge Report). TruBridge EHR will use the vitals that have an entry date and time prior to the signature date and time to contribute to the E&M calculations. When a signed end-user report is not available, TruBridge EHR will use the current date and time to determine which vitals are to contribute to the E&M calculations.

The Encounter Type field will auto-calculate to an ER Encounter when the documentation setting is the Emergency Department. When the documentation setting is a Clinic, it will auto-calculate to Office New Patient, a clinic patient that has never had a prior visit for this clinic prior to this visit, or Office Established Patient, a clinic patient that has had a prior visit for this clinic. However, if the Office Consult Encounter Type is desired, the Encounter Type field will auto-calculate to one of the other office visit types, and Clinics will need to manually select Office Consult from the Encounter Type drop-down.

***NOTE:*** *For the Office Established Patient Encounter Type, the Level of Care field will auto-calculate to a value of (99211) Level 1 Established Office Visit before any selections are made to PFSH, Exam Type or Medical Complexity due to there not being any specific documentation requirements for this Level of Care value.*

2.  Select the **PFSH** drop-down and choose one of the following options:
    *   Pertinent
    *   Complete

3.  Select the **Exam Type** drop-down and choose one of the following options:
    *   General Multi-System
    *   Single Organ System - Cardiovascular
    *   Single Organ System - Ear, Nose and Throat
    *   Single Organ System - Eye
    *   Single Organ System - Genitourinary
    *   Single Organ System - Hematologic/Lymphatic/Immunologic
    *   Single Organ System - Musculoskeletal
    *   Single Organ System - Neurological

- Single Organ System - Psychiatric
- Single Organ System - Respiratory
- Single Organ System - Skin

4. Select the **Medical Complexity** drop-down and choose one of the following options:
- Straight Forward
- Low
- Moderate
- High

5. The Level of Care field will auto-calculate once all fields have been addressed. Select **Submit** to save the E&M coding.

*NOTE: If a CPT code is tied to more than one item for a department, and that CPT code is generated from the calculated E&M Level of Care, a selection screen will display in order to choose the appropriate charge.*

Selecting the **Back Arrow** will return to the Charge Entry screen without saving any data on the E&M coding Review screen.

**Override** provides the ability to access ALL fields on the E&M Coding Review screen so that the provider will be able to change any of the drop-downs to obtain a different calculated Level of Care level and code if they feel the initial code is inaccurate.

The Care Date and Care Time fields are available to determine if an E&M code is to be used within calculating the Level of Care value. Questions and answers documented on the selected date and time will be utilized in the Level of Care calculation. Questions and answers that were not documented on the selected date and time will be omitted from the Level of Care calculation.

After selecting Submit from the View E&M Coding Review screen, the Charge Entry screen will display with the calculated E&M Code charge listed in the Pending Charges window.

6. Select **Post** to process the charge.


*Final Calculations for E&M Coding*

As mentioned in the previous section, a Level of Care charge is calculated according to the patient's encounter type, a few variables as determined by the Wolters Kluwer content from within the Documentation application and a few manually selected options by the provider.

The following fields determine the final value for the History field:

- HPI

- ROS

- PFSH

Consequently, for each encounter type the following fields are used in calculating the Level of Care:

- History

- Examination Level

- Examination Type

- Medical Complexity

The following tables will explain the variable combinations for each encounter type in order to calculate the appropriate Level of Care charge:

***NOTE:*** *For all encounter types, if "Complete Review Otherwise Negative" is the selected answer for the "ROS Otherwise Negative" question at the end of the ROS section in Documentation, the ROS field in the E&M Coding Review screen will automatically be calculated as "Complete."*

- Office New Patient

| History | HPI | ROS | PFSH |
|---|---|---|---|
| **Problem Focused:** | Brief | N/A | N/A |
| **Expanded Problem Focused:** | Brief | Problem Pertinent | N/A |
| **Detailed:** | Extended | Extended | Pertinent |
| **Comprehensive:** | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| **Level 1 (99201):** | Problem Focused | Problem Focused | General Multi-system or ANY Single Organ System | Straight Forward |
| **Level 2 (99202):** | Expanded Problem Focused | Expanded Problem Focused | | Straight Forward |
| **Level 3 (99203):** | Detailed | Detailed | | Low |
| **Level 4 (99204):** | Comprehensive | Comprehensive | | Moderate |
| **Level 5 (99205):** | Comprehensive | Comprehensive | | High |

- Office Established Patient

| History | HPI | ROS | PFSH |
|---|---|---|---|
| **Problem Focused:** | Brief | N/A | N/A |
| **Expanded Problem Focused:** | Brief | Problem Pertinent | N/A |
| **Detailed:** | Extended | Extended | Pertinent |
| **Comprehensive:** | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| **Level 1 (99211):** | (default) | (default) | (default) | (default) |
| **Level 2 (99212):** | Problem Focused | Problem Focused | General Multi-system or ANY Single Organ System | Straight Forward |
| **Level 3 (99213):** | Expanded Problem Focused | Expanded Problem Focused | | Low |
| **Level 4 (99214):** | Detailed | Detailed | | Moderate |
| **Level 5 (99215):** | Comprehensive | Comprehensive | | High |

**NOTE:** *For the Office Established Patient Encounter Type, the Level of Care field will auto-calculate to a value of (99211) Level 1 Established Office Visit before any selections are made to PFSH, Exam Type or Medical Complexity due to there not being any specific documentation requirements for this Level of Care value.*

- Office Consult

| History | HPI | ROS | PFSH |
|---|---|---|---|
| **Problem Focused:** | Brief | N/A | N/A |
| **Expanded Problem Focused:** | Brief | Problem Perinent | N/A |
| **Detailed:** | Extended | Extended | Pertinent |
| **Comprehensive:** | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| **Level 1 (99241):** | Problem Focused | Problem Focused | General Multi-system or ANY Single Organ System | Straight Forward |
| **Level 2 (99242):** | Expanded Problem Focused | Expanded Problem Focused | | Straight Forward |
| **Level 3 (99243):** | Detailed | Detailed | | Low |
| **Level 4 (99244):** | Comprehensive | Comprehensive | | Moderate |
| **Level 5 (99245):** | Comprehensive | Comprehensive | | High |

- ER Encounter

| History | HPI | ROS | PFSH |
|---|---|---|---|
| **Problem Focused:** | Brief | N/A | N/A |
| **Expanded Problem Focused:** | Brief | Problem Pertinent | N/A |
| **Detailed:** | Extended | Extended | Pertinent |
| **Comprehensive:** | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| **Level 1 (99281):** | Problem Focused | Problem Focused | General Multi-system or ANY Single Organ System | Straight Forward |
| **Level 2 (99282):** | Exanded Problem Focused | Expanded Problem Focused | | Low |
| **Level 3 (99283):** | Exanded Problem Focused | Expanded Problem Focused | | Moderate |
| **Level 4 (99284):** | Detailed | Detailed | | Moderate |
| **Level 5 (99285):** | Comprehensive | Comprehensive | | High |

- Inpatient Day 1

| History | HPI | ROS | PFSH |
|---|---|---|---|
| **Detailed:** | Extended | Extended | Pertinent |
| **Comprehensive:** | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| **Level 1 (99221):** | Detailed or Comprehensive | Detailed or Comprehensive | General Multi-system or ANY Single Organ System | Straight Forward or Low |
| **Level 2 (99222):** | Comprehensive | Comprehensive | | Moderate |
| **Level 3 (99223):** | Comprehensive | Comprehensive | | High |

- Inpatient Subsequent Days

| History | HPI | ROS | PFSH |
|---|---|---|---|
| Problem Focused: | Brief | N/A | N/A |
| Expanded Problem Focused: | Brief | Problem Pertinent | N/A |
| Detailed: | Extended | Extended | Perinent |
| Comprehensive: | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| Level 1 (99231): | Problem Focused | Problem Focused | General Multi-system or ANY Single Organ System | Straight Forward or Low |
| Level 2 (99232): | Expanded Problem Focused | Expanded Problem Focused | | Moderate |
| Level 3 (99233): | Detailed | Detailed | | High |

- Inpatient Consult

| History | HPI | ROS | PFSH |
|---|---|---|---|
| Problem Focused: | Brief | N/A | N/A |
| Expanded Problem Focused: | Brief | Problem Pertinent | N/A |
| Detailed: | Extended | Extended | Pertinent |
| Comprehensive: | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| Level 1 (99251): | Problem Focused | Problem Focused | General Multi-system or ANY Single Organ System | Straight Forward |
| Level 2 (99252): | Expanded Problem Focused | Expanded Problem Focused | | Straight Forward |
| Level 3 (99253): | Detailed | Detailed | | Low |
| Level 4 (99254): | Comprehensive | Comprehensive | | Moderate |
| Level 5 (99255): | Comprehensive | Comprehensive | | High |

- Observation Patient

| History | HPI | ROS | PFSH |
|---|---|---|---|
| **Detailed:** | Extended | Extended | Pertinent |
| **Comprehensive:** | Extended | Complete | Complete |

| Level of Care | History | Examination Level | Examination Type | Medical Complexity |
|---|---|---|---|---|
| **Level 1 (99218):** | Detailed or Comprehensive | Detailed or Comprehensive | General Multi-system or ANY Single Organ System | Straight Forward or Low |
| **Level 2 (99219):** | Comprehensive | Comprehensive | | Moderate |
| **Level 3 (99220):** | Comprehensive | Comprehensive | | High |

# Chapter 4   Reviewing Charges

Selecting **Post Pending Charges** from the Charge Entry screen will display the Charge Review screen. Charge records display the charge status (charged or pending charge), quantity, description, stay type, service code, initials of the employee that entered the charge and the date the charge was entered. A search feature is available to narrow down charges by Date and/or issuing Department. The search date will default to the Discharge Date or the Last Closed Charge Date (within Business Office Functions). The department will default to blank. Once the search criteria is entered, the results will display all pending charges at the top of the list followed by any charged items listed in reverse chronological order by charge date.

The following options in the action bar are available:

- **Post Pending Charges**: This option allows the user to post all pending charges to the patient's account.

- **Add Charges**: This option returns the user to the Charge Entry screen to add additional charges to the patient's account.

- **Clear All Pending:** This option is only available when there are no charges selected. Removes all pending charges from the Charges screen.

- **Credit:**  A charge record must be selected prior to selecting this option. Returns the user to the Charge Entry screen. A credit line item (negative quantity) will be automatically entered for the selected item. For instances where only a portion of the original quantity charged needs to be credited, the quantity options (minus/plus) may be used to modify the quantity. If the wrong item was selected, the **red minus** option to the left of the item description will remove the credit line item. The prompt "This will over-credit the account. Proceed?" will appear if a negative quantity is selected for an item and doing so will over-credit the account. It will be a full-screen prompt with YES/NO options. Selecting **YES** will allow over-crediting while selecting **NO** will return the user to the Charge Entry screen. When crediting a charge that has had an AR and/or Service Date change, the AR Date will default to the current date and the Service Date will default to the original date of service for which the charge was entered. Furthermore, a credit will retain the same stay type, service, quantity, physician and department that it was charged with.

- **Edit:** A pending charge record must be selected prior to selecting this option. Displays the Charge Edit screen for a pending charge to allow changes to be made to the service date, patient stay type, service code, quantity, charging department, or physician.

- **Remove:** This option is only available when a charge is selected. Removes a single pending charge from the Charge Review screen. Charges with a charged status may not be deleted and require the **Credit** option to modify the charge.

- **Print**: This option displays a printable PDF version of a detailed list of the charges listed in the Charges screen with the Facility Header, patient demographics, and the encounter date at the top of the page.

- **Change Date:** This option displays the AR and Service Date Change screen which allows the AR and/or the Service Date to be changed. Changing the AR and/or Service Date from within the Charges review screen will make the change apply to all pending charges. If only one pending charge requires a Service Date change, the user must highlight the pending charge and then select **Edit** or double-click the pending charge. This will make the date change from the Charge Edit screen. Please see Changing AR and Service Dates 5 and Editing Pending Charges 6 for more information.

- **Account Detail:** This option will display charging history and patient stay information. Refer to the Account Detail 17 section for additional information.

- **Medication Waste:** This option will display the Medication Waste screen. Refer to the Charging Medication Waste 7 section for additional information.

- **Anesthesia:** This option will display the Anesthesia screen. Refer to the Entering Anesthesia Charges 4 section for additional information.

## 4.1    Account Detail

The Account Detail option provides charging history and patient stay information. From the Charge Entry screen or the Charge Review screen, select **Account Detail** to display the following:

- **AR Date:** This is the date a transaction was placed on the account.

- **Service Date:** This is the date a transaction was incurred by the patient. If the AR Date and the Service Date are the same, the Service Date column will be blank.

- **Type:** The descriptions in this column identify specific transactions.
  - **Chg:** Identifies a charge or credit posted to the account from any TruBridge EHR application. The number of the department that posted any non room charges will display next to this code.
  - **Rmchg:** This represents a room charge.
  - **Note:** Identifies several transactions. Note will display after entering information through the Note Entry/Changes option from Patient Functions. See chapter 11 of the Registration User Guide for more details. A Note may also reference statements. If an Insurance claim is Billed, a note will show the Insurance company name, set number, Service Dates, Billed Date and the expected pay amount. A Note will also display if/when a Collect Code has been changed on an account.
  - **Pay:** These are receipts paid either by the patient or insurance company.

- **Code:** This will display the summary/revenue code for all charge types, the receipt type for all receipts or the note type for all notes.

- **Item Number:** This will display the item number for all charges, the nursing station-room number for all room charges, the receipt number for all receipts or blank for all notes.

- **Qty:** This is the quantity charged. This will be blank for notes and receipts.

- **Description:** This is the item description, room description, receipt code description or note description of the transaction.

- **Charge:** This is the transaction amount the account was charged increasing the balance.

- **Credit:** This is the transaction amount of a credit to the account decreasing the balance.

- **Balance:** This is the balance of the account after each transaction.

The Account Detail screen is provided with five default filters listed after **Show Only** at the top of the screen. A **Configure Filters** icon is available to allow additional filters to be created as needed. The five default filters are as follows:

- **Charges**

- **Room Charges**

- **Receipts**

- **Notes**

- **CAH LOC**: This only displays all charges that have not been split to another account.

The **View** drop-down provides the ability to change views on the Account Detail screen between **Standard**, **CPT/NDC** and **CAH**.

- **Standard** view displays all columns as described above.

- **CPT/NDC** view displays all columns as the Standard view with the exception of the Item Number column being replaced with the CPT/NDC column which displays the CPT and or NDC numbers divided by a "/".

- **CAH** view displays all columns as the Standard view with the exception of the Code column being replaced with the Stay/Serv column which displays the stay type and service code of the patient at the time the charge was added.

The Date Range default is from the admit date to the current date or discharge date whichever comes first. The date range may be modified by free-text or by selecting the date-picker icons to access the drop-down calendars.

The Account Detail screen may also be sorted either by **AR Date** or **Service Date** by selecting the appropriate radio button.

## 4.2    Patient Tax

When an item has Taxable Item selected on page 3 of the Item Master, this will allow the patient to be charged an additional tax item to their account. The tax item will be created by looking to the Patient Tax Table in Table Maintenance to get the following:

- Tax item number

- As of Date to determine if tax needs to be applied to the account based on the patient's service date.

- Calculate the tax amount based on percentage rate

*NOTE: Please refer to the* *Charging/Item Master User Guide* *for more information regarding the setup of a taxable item and also to the* *Table Maintenance - Business Office User Guide* *for more information regarding the Patient Tax Table.*

The tax item will be created and applied to the patient's account once taxable items have been posted from the Charge Entry screen. The tax item will not display in the Charge Review screen but will display as a charge on the patient's Account Detail screen directly below the patient taxable charge.

*NOTE: This functionality is only available to facilities outside of the United States.*

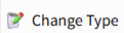# Chapter 5    Charging by Changing Stay Type

## 5.1    Overview

Critical Access Hospitals may utilize the added functionality to change the stay type and service code for an individual charge or for all charges.

## 5.2    For Individual Charges

1. From the Charge Entry screen select an individual charge from the Pending Charges List. Or, if in the Charges review screen, select an individual pending charge from the Charges List and select ⟦Edit⟧ **Edit** or double-click the pending charge.

2. Select the desired stay type from the **Stay Type** drop-down.

3. Select the desired **Service Code** from the magnifying glass look-up. Double-clicking the desired service code will return to the Editing Charge screen with selected service code loaded in the Service Code field.

4. Select ⟦Save⟧ **Save**.

## 5.3    For All Charges

1. From the Charge Entry screen, select ⟦Change Type⟧ **Change Type** in the action bar.

2. Select the desired stay type from the **Stay Type** drop-down.

3. Select the desired **Service Code** from the magnifying glass look-up.

4. Select ⟦Save⟧ **Save** to save the changes and return to the Charge Entry screen.