Best Practice to capture all EMR charges

As a checks and balance best practice, it is important to run this check to ensure all EMR charges are brought into PM for billing purposes. This guide illustrates the best practice in capturing all billing. These steps should be followed on a regular basis by each office and on a monthly/quarterly basis by the person who oversees all billing operations as a whole.

1. In Centricity PM, go to Billing. In the Billing Criteria Box, checkmark the box in the lower left corner that says “Include only visits awaiting unretrieved charges”.
2. Bullet the radio button in the upper right corner for “All” dates.
3. If you wish to only see results for your office, enter your facility or responsible provider as needed. Or, the person who checks all offices will simply check the unretrieved charges box and bullet all dates.
4. Click OK. If it asks you if you would like to continue, click Yes.
The billing spreadsheet will display a list of all billing lines that have EMR charges waiting to be imported. There is a column labeled “External”. If that column has a YES in it, that means there are charges that were sent over from EMR that have not been imported into the PM billing line.

**Note:** If you cannot see the External Column, you can right click over the column header and select Columns. Find the External Charges Column and make sure it is in the Visible Column section and moved to the top of the list. Use the up and down arrows to move it to the top. When you are finished you MUST right click over the column heading again and select SAVE COLUMNS in order for your settings to save.
Okay, now that you can see the External Column and the YES next to the billing lines, we will move on.

Now, the next questions we need to ask ourselves are WHY are the charges still sitting in the External Column? How come they haven’t been imported to PM?

There are several answers and explanations to this question. Here are some possible scenarios:

1. Billing didn’t want to import the EMR charge into this Centricity PM because it wasn’t going to get billed out in this PM for any particular reason such as the charge was from the interface and it will get billed into another PM system.
2. The charge is still recent or new (sent within the last 3 business days) and you haven’t got to it yet in the normal daily routine workflow.
3. The charge was already entered on another ticket for this patient so this charge doesn’t need importing.
4. The EMR charge was entered by a clinician AFTER the original DOS and AFTER the original office visit charges were already sent over. Maybe the clinician forgot a charge and entered it after the fact.

Whatever the reason, the best practice is to get that YES column to say NO. The reason for this policy and procedure to be further defined in this guide is to ensure revenue is not missed due to missed charges.

NOTE: There may be some cleanup that needs to occur for old charges, but once cleaned up, the YES column should only contain charges that are no older than 3 business days (or whatever your company policy indicates)

Here are the steps for handling each situation.

1. These charges were never intended to get billed out in Centricity PM, yet they are sent here anyways.
   a. Resolution, import them anyways and either delete the charge or uncheck it so it is not filed to insurance.
2. The charge is still new/recent.
   a. Resolution: charges should be imported within 3 days of the patient’s DOS. This means a strict policy should be in place to ensure clinical staff enters charges within that time period so billing can do their part.
3. The charge already exists on another ticket for this patient because it was manually entered.
   a. Resolution: Import the charge to get rid of it then delete the billing line.
4. Charges entered after initial import.
   a. Resolution: This is the big one. These are charges that were entered after billing initially entered the charges in PM. How should these be handled? Have you already sent the claim to insurance? Are you going to send a revised claim or a new clean claim for the additional charges? Do the charges need to be billed with the original charges?
How to audit the EMR chart compared to the charges in PM

1. First, go to Billing and bring up the patient’s entire billing history for all dates of service. You will want to check all the billing history just in case the EMR charge was on another ticket.

2. Open up the ticket for the DOS you are auditing and go to the Charges Tab to see what was entered.
3. Next, go to EMR to the Orders tab and be sure to view ALL Service Orders. Look at the Service Orders for that DOS and see what CPT codes were entered in EMR.
   
   a. You may need to click the Organize Button to view Completed Orders.

- If the Orders in PM and EMR match, then you are all set.
- If the Orders are in EMR but not in PM, they must be imported or entered in PM to match. Even if you are not going to bill the claim. Simply uncheck the new charge from the charges tab if you are not going to bill the charge.
- If the Orders need entered in PM and then billed to insurance, there are many ways to handle that situation. You may need to clone the ticket and send the new charge out on its own ticket, or you may need to file a corrected claim with insurance. If the charge is out of timely filing, it will need written off.