

## 4

# Entering or Editing Charges

The PatientKeeper application can support several different workflows surrounding the entry of charges, all of which are facilitated by a variety of reports or options that allow you to enter new charge transactions.

Related topics:

*Managing Charges Using Reports*

## Workflows for Entering Charges

The PatientKeeper application can support several different workflows surrounding the entry of charges. In some organizations only physicians enter charges, while in others multiple users, such as physicians, nurses, or billing administrators, all enter charges. Some organizations use the PatientKeeper application to enter only the professional charges provided by physicians, while others also use it to enter technical charges provided by the facility's staff. The various workflows supported by the application are outlined below.

Workflow	Description	Reference to Detailed Description of this Workflow
<b>Standard Charge Entry</b>	Physicians enter charges for professional services, one patient at a time.	<i>Standard Charge Entry Workflow</i>
<b>Custom Charge Capture</b>	Physicians and non-physicians enter charges for their respective professional and technical services on the same transaction, one patient at a time. Custom screens are used to assist non-physicians (and possibly physicians) with selecting the correct charge codes.	<i>Custom Charge Capture Workflows</i>
<b>Automated Code Entry</b>	Physicians enter charges for professional services, one patient at a time. Charges for technical services are automatically added to the charge transaction after the physician submits it.	<i>Automated Code Entry Workflow</i>

Workflow	Description	Reference to Detailed Description of this Workflow
<b>PQRS/MIPS</b>	This workflow can be added to the end of the first three workflows above. A person enters charges using any of the three workflows and submits the charge transaction. The transaction is evaluated to determine if it fits the quality reporting criteria used by the Merit-based Incentive Payment System (MIPS). If it does, the user is prompted to answer a series of clear and concise quality measure questions.	<i>PQRS/MIPS Workflow</i>
<b>Custom Forms</b>	This workflow can be added to the end of the first three workflows. A person enters charges using any of the three workflows and submits the charge transaction. The transaction is evaluated to determine if it meets the criteria for a code edit that has an associated Custom Form. If it does, the Custom Form is displayed to the user, who then completes the fields on the form and saves it. The form can then be routed to a printer or fax for action and analysis	<i>Custom Forms Workflow</i>

In the Standard Charge Entry, Custom Charge Capture, and Automated Code Entry workflows (the first three workflows above), several different options within the PatientKeeper application (as well as links from external applications) can be used to initiate the charge entry process, each of which leads to the same standard Charge Transaction screen, which is where the user actually enters the charges for a given patient. The PQRS and Custom Forms workflows are simply tacked on to the end of the Standard, Custom Charge Capture, and Automated Code Entry workflows.

Related topics:

*Basic Steps: Entering a New Charge Transaction*

## Standard Charge Entry Workflow

The standard charge entry workflow consists of a physician entering charges for professional services, one patient at a time. It might also consist of an administrator entering charges on behalf of a physician. The user can initiate the charge entry process from a variety of options, all of which lead to the standard Charge Transaction screen, which is where the user actually enters the charges for a given patient.

Billing administrators may also be involved in reviewing or editing the charge transactions after they are submitted by the physician, to ensure proper coding.

Related topics:

*Basic Steps: Entering a New Charge Transaction*

## Custom Charge Capture Workflows

In this workflow, both physicians and non-physicians enter charges for their services on the same charge transaction, for one patient at a time. There are several different scenarios where this can be useful, some examples are listed below:

- If a physician organization is leasing space at your facility, a physician may be entering charges for professional services, while a nurse may be entering the facility's technical charges for services such as room preparation/clean-up, the nurse's assistance to the physician, or the nurse's administration of medications.

In this example, the nurse might create the transaction to enter the facility's charges, and the physician might later edit the transaction to enter his professional charges. Or, the sequence might be reversed, with the physician entering charges first, and the nurse entering second.

- One or more nurses may be entering charges for the chemotherapy infusion services that are provided to a patient during an infusion session. One nurse might create the charge transaction to record the first drug/service that was administered, and then another nurse might edit the transaction to record other drugs/services as they are administered during the session.
- One or more physicians may be entering charges for the time that they spent with a patient during a critical care incident. The first provider who saw the patient might create the charge transaction to record the time that they spent, and then subsequent providers might edit the transaction to record their own time.

These workflows can be variable and a given user is typically granted the ability to edit charge transactions that were created by another. Several different types of users can initiate the charge entry process from a variety of options, all of which lead to the standard Charge Transaction screen, which is where the user actually enters their charges.

Since all of your users may not be familiar with coding rules, your organization can implement custom screens that assist them in selecting the correct charge codes on the Charge Transaction screen. The organization can create custom screens to assist physicians, nurses, or medical assistants, as deemed necessary. By responding to a series of user-friendly questions on these screens, the user can identify the exact services (and quantities) that were performed. Based on their answers, the correct CPT codes, modifiers, and quantities are automatically selected and added to the Charge Transaction screen. The user can review the charges that were selected, and still has the option of modifying them before submitting the charge transaction (see *Selecting Charges from the Custom Workflows Category*).

Billing administrators may also be involved in reviewing and editing the completed charge transactions after they are submitted by the physician, nurse, or medical assistant, to ensure proper coding. The biller can view and edit the aggregate transaction, which contains both the professional charges entered by the physician, as well as the technical charges entered by the non-physician.

To configure your system for this type of workflow, administrators should refer to the *PatientKeeper Revenue Reports Administrator Help*.

Related topics:

*Basic Steps: Entering a New Charge Transaction*

*Selecting Charges from the Custom Workflows Category*

## Automated Code Entry Workflow

The Automated Code Entry feature can be implemented for organizations that want to bill for technical services provided by the facility, but do not want the physicians, nurses, or medical assistants to enter those charges manually.

In this workflow, physicians enter their normal charges for professional services, one patient at a time. The user can initiate the charge entry process from a variety of options, all of which lead to the standard Charge Transaction screen, which is where the user actually enters their professional charges. When a physician submits the charge transaction, the Automated Code Entry feature takes over. This feature *automatically* adds CPT codes, modifiers, or diagnoses to the charge transactions every time that a physician (or any other user) submits a transaction that contains a specific combination of a CPT code, Service Site, and Billing Area. There is no user intervention and the

user may not even be aware that additional CPT codes are being added, since they are added behind the scenes after they submit the transaction.

Billing administrators may be involved in reviewing or editing the aggregate charge transactions after they are submitted by the physicians, to ensure proper coding. The biller can view and edit the aggregate transaction, which contains both the manually entered professional charges, as well as the auto-added technical charges, modifiers, or diagnoses.

To configure your system for this type of workflow, administrators should refer to the *PatientKeeper Revenue Reports Administrator Help*.

Related topics:

*Basic Steps: Entering a New Charge Transaction*

*Managing Charge Transactions with Auto-Added Codes*

## PQRS/MIPS Workflow

Physicians can report quality measure data as part of the Merit-based Incentive Payment System (MIPS) sponsored by the Centers for Medicare and Medicaid Services (CMS). To facilitate this, the PatientKeeper Physician Quality Reporting System (PQRS) workflow can be added to the end of the Standard Charge Entry workflow, Custom Charge Capture Workflows, or the Automated Code Entry workflow. When it is implemented at your organization, each time a user enters a charge transaction, it is evaluated to determine if it fits the quality reporting criteria. Patient information such as age and gender, and the charges and the diagnoses that were entered, are all taken into account. The reporting frequency for the each measure determines how often the user is prompted to answer the PK Clinical Metrics form (each time a provider uses a particular charge code, once per visit, once per calendar month, once per reporting period, and so on). When appropriate, the user is prompted to answer a series of clear and concise quality measure questions.

The answers to the quality measure questions are then conveyed to CMS using either of the methods below:

- **Registry method:** After a provider answers the quality measure questions, the answers are recorded by the PatientKeeper application. Administrators and providers are able to monitor their performance throughout the year using the **Charges > PQRS Report** option. At the end of the reporting period, PatientKeeper reports the information to the CMS.
- **Claims Billing method:** After a provider answers the quality measure questions, those answers are translated into one or more CPT II codes and modifiers which are automatically added to the charge transaction. The codes are then submitted along with the original charges to your billing system, and are then reported to the CMS when the claim is submitted for payment.

To configure your system for this type of workflow, administrators should refer to the *PatientKeeper Revenue Reports Administrator Help*.

Related topics:

*Basic Steps: Entering a New Charge Transaction*

*Completing PQRS\MIPS Clinical Metrics Forms*

## Custom Forms Workflow

Some organizations might wish to collect performance or quality data, or they might wish to send information to outside parties, such as primary care physicians. To facilitate this, the PatientKeeper Custom Forms workflow can be added to the end of the Standard Charge Entry workflow, Custom Charge Capture Workflows, or the Automated Code Entry workflow. When it is implemented at your organization, each time a user enters a charge transaction, it is evaluated to determine if it meets the criteria for one or more specific code edits that have Custom Forms associated with them. If it does, the Custom Form is displayed to the provider, who can then complete the fields on the form and save the form. The form can then be routed to a fax or printer for distribution or analysis.

**NOTE:** Routing to a printer or fax requires integrations work by PatientKeeper services. In addition, code edits that launch Custom Forms fire only on the web application. They do not fire when a qualifying charge transaction is entered on a handheld device.

To configure your system for this type of workflow, administrators should refer to the *PatientKeeper Revenue Reports Administrator Help*.

Related topics:

*Basic Steps: Entering a New Charge Transaction*

*Completing the Fields on a Custom Form*

## Basic Steps: Entering a New Charge Transaction

Your administrator determines whether you can enter charges in the PatientKeeper application, based on a setting in your user profile. If you are allowed to enter charges, there are many different workflows surrounding charge entry, and many different options from which a user may initiate the charge entry process (see *Workflows for Entering Charges*). Regardless of the user's starting point, all of the options lead to the same standard Charge Transaction screen, which is where the user actually enters the charges for a given patient. This section reviews the basic steps for filling out the Charge Transaction screen in order to enter a charge transaction for a patient.

A charge transaction contains *charge transaction header information* that applies to the entire transaction, *charges and associated modifiers and headers*, and *diagnoses*. A completed charge transaction contains one or more charges, and zero, one, or more diagnoses that apply to some or all of those charges. A transaction can also contain physician's and biller's comments. The basic steps for completing the Charge Transaction screen are as follows:

1. Initiate the charge entry process.

- *Methods for Creating a New Charge Transaction*

If you attempt to create a new charge transaction for a visit date that already has an existing charge transaction, you may see this warning message: “One or more charge transaction was already entered for [patient name] on [service date]. Select the service date in the list below to edit the existing charge transaction. Otherwise, click “Add Charge” to create a new charge transaction.” Click the visit date link to edit the existing transaction, or click the **Add Charge** button to create a new transaction.

2. (Optional) Change the visit associated with the charge transaction.

- *Changing the Visit Associated with the Charge Transaction*

3. (Optional) View the patient's clinical notes, to assist you in billing for the correct diagnoses and services. Or, view the patient's photos and possibly link one to the charge transaction as additional documentation for the services provided.

- *Viewing Clinical Notes while Entering the Charge Transaction*
- *Associating a Photo with a Charge Transaction*
- 4. Enter charge transaction header information for the entire transaction.
  - *Entering Detail Information for the Entire Charge Transaction*
- 5. Enter diagnosis codes, charge codes, charge modifiers, charge header information, and possibly NDC codes.
  - *Entering Charge Codes*
    - ☐ *Adding a Modifier to a Specific Charge Code*
    - ☐ *Entering Details for a Specific Charge Code*
    - ☐ *Entering NDC Codes for a Specific Charge Code (only for drug administrations)*
  - *Entering Diagnosis Codes*
- 6. (Optional) Enter comments for the charge transaction.
  - *Entering Comments on a Charge Transaction*
- 7. (Optional) Check your work for errors.
  - *Checking a Charge Transaction for Errors*
- 8. Determine the best method for saving your work.
  - *Submitting a Charge Transaction*

Each of these steps corresponds to a section of the charge entry screen, as illustrated below. At the top middle of the screen is the **Visit** drop-down list; you can use it to change the visit with which the charges are associated (step 2). The **Notes** and **Photos** buttons, located at the top right of the screen, allow you to view the patient's clinical notes or photos during the charge entry process (step 3). The CHARGE DETAILS area, located on the left side of the screen, contains the charge transaction header fields (step 4). The options for selecting diagnoses and charges are in the center of the screen (step 5). The right side of the screen displays the diagnoses, modifiers, and charges that you chose. An area for comments is located at the bottom of the CHARGE DETAILS area on the left (step 6). The

**Edits** button, located at the top right, allows you to check your work for errors (step 7). The options for submitting the transaction are at the bottom right of the screen (step 8).

The screenshot shows the 'Charge Transaction' interface for patient BONNET, LOLA (11085717, 01/11/01 (19Y), Female). The interface is divided into several sections:

- 1. Visit selection:** A dropdown menu showing '11-14-2020 | Visit (209.City)'.
- 2. Options to view the patient's clinical notes and photos:** Buttons for 'Edits', 'Notes', and 'Photos'.
- 3. CHARGE DETAILS Area:** A sidebar on the left containing fields for Date (11/18/2020), Billing Prov (USER, CLASSIC), Bill Area (Hospitalist), Svc Site (Inpatient), Time w/Pat, and Referring (TURNER, DOROTHY).
- 4. Area for selecting charges and diagnoses (in blue):** A central panel with 'DIAGNOSES' and 'CHARGES' sections, each with a search bar and a list of items.
- 5. Area showing the codes you have selected (in green):** A panel on the right showing selected diagnoses (I21.9, J18.0) and charges (99232, 93000, I21.9, J18.0, G9157).
- 6. Area for comments:** A section at the bottom left with a 'COMMENTS' header and a text input field.
- 7. Option to check for code edits:** The 'Edits' button at the top right.
- 8. Options for saving the transaction:** Buttons for 'Cancel', 'Outbox', and 'Submit' at the bottom right.

You can customize the layout and contents of the charge transaction screen, so that it shows only the items that you use most frequently, in the order in which you prefer to use them. See *Customizing the Charge Transaction Screen to Suit your Needs*.

Settings that control this feature:




Admin - User - Charge Capture - **Allow User to Add/Edit Charges on the Web**

Admin - User - Charge Capture - **Prompt to Edit Transaction if Visit/Date is Coded**

Admin - System Management - PK Visit Types - **Charge Capture: Notify on Add Charge if Existing Transaction for Visit/Date**

## Methods for Creating a New Charge Transaction

There several ways to create a new charge transaction:

Tab or Option	Quick Steps	Typical Users	Where Documented
Patients tab	Select a patient list, and then a patient. Click the <b>Add</b> button  or an <b>Add Charge</b> link on the standard <b>Charges</b> dashboard to enter or edit charges for that patient.	Provider	<i>Creating a New Charge from Patients Tab</i>
	You can also copy a patient's existing charge transaction to create a new one.  Select a patient list, and then a patient. Select the standard <b>Charges</b> dashboard, hover your mouse over the charge that you want to copy to expose the <b>Copy</b> button  , and then click the button.	Provider	<i>Copying a Charge from the Patients Tab</i>
Patient Search tab	On the <b>Patient Search</b> tab, search for a patient. In the search results, click on the patient to select them. Click the <b>Actions</b> button located in the top right corner of the results section, and then choose <b>Add Charge</b> .	Any user	<i>Creating a New Charge from the Patient Search Tab</i>
Some organizations provide direct access to the Charge Transaction screen from Cerner®, via the PK-Cerner Charge Capture app.	In Cerner: select a patient and visit, launch the PK-Cerner Charge Capture app, and then click on an <b>Add Charge</b> link or <b>Add</b> button  .  The PatientKeeper Charge Transaction screen opens with the same patient and visit automatically selected. Additionally, the ICD-10 diagnosis codes (and/or the Intelligent Medical Objects® terms) from the Cerner application are automatically added to the charge.	Any user	<i>Using the PK-Cerner Charge Capture App</i>  <i>Entering a New Charge Using the PK-Cerner Charge Capture App</i>  <i>Copying a Charge Using the PK-Cerner Charge Capture App</i>
Some organizations provide direct access to the Charge Transaction screen from other external applications.	The access is typically configured as follows: the user selects a patient (and possibly a visit) in the external application and then clicks a link which opens the PatientKeeper Charge Transaction screen with the same patient (and visit) automatically selected. In some cases, additional information can be passed from the external application to the PatientKeeper Charge Transaction screen, such as ICD-10 diagnosis codes (and/or the Intelligent Medical Objects® term), providers, or charge header values. This optional feature requires configuration by PatientKeeper services, and may function differently at each site, depending on the organization's requirements.	Any user	



Tab or Option	Quick Steps	Typical Users	Where Documented
<b>Patient Charge Status</b> <b>Scheduled Appointments</b> <b>Missing Charges</b> <b>Charge-Note Report</b>	<p>Several report options can be used to enter charges. If a patient visit appears on the report, based on the report's selection criteria, there is usually a link you can click to enter a charge. The link might look like any of these: <a href="#">Add</a>, <a href="#">Add Charge</a>, <a href="#">Add Charge</a>, or <a href="#">Not Coded</a>.</p> <p>Some reports may also allow you to copy a previous charge that is listed on the report.</p>	Provider	<p><i>Creating a New Charge Transaction from a Report</i></p> <p><i>Copying a Charge Transaction from a Report</i></p> <p><i>Descriptions of Standard Charge Reports</i></p>



## Creating a New Charge from Patients Tab


There are two ways to enter a charge for a patient on the **Patients** tab. Both methods are described below.

**Option A:** To review a patient's prior charge history and then enter a charge for a specific visit date:


1. On the **Patients** tab, select a patient list at the top of the left pane.
2. Select a patient from the patient list in the left pane.
3. Select the standard **Charges** dashboard from the Dashboard Selector (located at the top of the dashboard display area).

The **Charges** component is displayed, showing the charge status for each day of the patient's visit(s).

- If a charge has already been entered for a visit day, it shows you the visit date (as a clickable link, for example: [03/14/2019-Day-2](#)), billing provider, charge codes and descriptions, charge diagnoses and descriptions, and reason for visit. (If you want to enter a charge for a visit day that *already* has a charge transaction, follow the instructions below for Option B.)
- If no charges have been entered for a visit day, it shows you the visit date, and an [Add Charge](#) link in the **Provider** column. Or in some cases, the **Provider** column may display a brief message instead the [Add Charge](#) link to warn you when the visit date is still within the global post-operative period after a surgical CPT code has been entered. For example, if a 10 day global period were in effect, the **Provider** column might display this: (Global 10) . The exact wording of the message is configured by your administrator. Typically, you should not enter an E&M code during a global period unless a modifier is used. The **Add** icon  is present so that you can click it to enter an E&M charge (with a modifier), or so that you can enter a different type of charge code.

4. Click the [Add Charge](#) link (or the **Add** icon ) for the visit day on which you want to enter a charge.
5. The Charge Transaction screen opens. Start entering the charge transaction, as outlined in *Basic Steps: Entering a New Charge Transaction*.

**Option B:** To enter a charge without first selecting a specific visit date:

1. On the **Patients** tab, select a patient list at the top of the left pane.
2. Select a patient from the patient list in the left pane.
3. Select the **Action** button  next to the **Search Patient Record** text box in the upper right corner of the action bar.
4. Select **Add a Charge** from the drop-down list.

- Depending on how your administrator has configured your user profile, the patient visit that you selected in Step 1 may now be automatically selected and the Charge Transaction screen automatically opened with an appropriate date of service defaulted for you.
- Or, if the patient has more than one billable InFacility visit, the Visit selection screen is shown instead, so that you can review all of the patient's visits and choose the specific visit with which to associate the charges yourself.

The visits on the Visit selection screen vary based on your access level and the settings in your user profile. For more information about what is included on the Visit selection screen, see *Changing the Visit Associated with the Charge Transaction*.

5. The Charge Transaction screen opens. Start entering the charge transaction, as outlined in *Basic Steps: Entering a New Charge Transaction*.

Settings that control this feature:

Admin - System Management - PK Visit Types - **Current Visit: Auto-select visit (Add Charge, Add Note)**

Admin - User - Patient List - **Auto-select visit during "Add" Activities**

Related topics:

*Creating a New Charge from the Patient Search Tab*

*Creating a New Charge Transaction from a Report*

*Copying a Charge from the Patients Tab*

## Creating a New Charge from the Patient Search Tab

To enter a charge for a patient on the **Patient Search** tab, follow these steps:

1. Click on the **Patient Search** tab.
2. Locate the visit or patient by entering search criteria and then clicking the **Run Patient List Search**, **Search for Visits**, or **Search for Patients** button (see *Searching for Patients or Visits* for information on using the search criteria fields).

The results section shows all the patients or visits that match the criteria you entered.

3. Locate the patient visit row for which you wish to enter charges and click on it to select it.
4. Click on the **Actions** button located in the top right corner of the results section, and then choose **Add Charge**.
  - If you selected a visit after using the **Run Patient List Search** or **Search for Visits** button, you have already identified the visit for which you wish to bill, and the Charge Transaction screen is displayed.
  - If you selected a patient after using the **Search for Patients** button:
    - Depending on how your administrator has configured your user profile, a visit for the patient may now be automatically selected and the Charge Transaction screen automatically opened with an appropriate date of service defaulted for you.
    - Or if the patient has more than one billable InFacility visit, the Visit selection screen is shown instead, so that you can review all of the patient's visits and choose the specific visit with which to associate the charges yourself.

Whether the visit is selected by you or by the system, once you get to the Charge Transaction screen you can always change the selected visit using the **Visit** drop-down list on the that screen. The visits

that are included in the visit list vary based on your access level and the settings in your user profile. For details on how visits are selected and listed, see *Changing the Visit Associated with the Charge Transaction*.

5. The Charge Transaction window opens. Start entering charge data, as outlined in *Basic Steps: Entering a New Charge Transaction*.

Settings that control this feature:

Admin - System Management - PK Visit Types - **Current Visit: Auto-select visit (Add Charge, Add Note)**

Admin - User - Patient List - **Auto-select visit during “Add” Activities**

Related topics:

*Creating a New Charge from Patients Tab*

*Creating a New Charge Transaction from a Report*

*Copying a Charge from the Patients Tab*



## Copying a Charge from the Patients Tab

Some patients have the same services or procedures performed from one visit to the next. If you see a previously entered procedure that you would like to enter again, with a new service date, use the copy function.

1. On the **Patients** tab, select a patient list at the top of the left pane.
2. Select a patient from the patient list in the left pane.
3. Select the standard **Charges** dashboard from the Dashboard Selector (located at the top of the dashboard display area).

The patient’s charge history is displayed, showing the charge status for each day of the patient’s visit(s).

If a charge has already been entered for a visit day, it shows you the visit date (as a clickable link, for example: [03/14/19-Day-2](#)), billing provider, charge codes and descriptions, charge diagnoses and descriptions, and reason for visit.

4. Locate the charge transaction that you would like to copy and then use either of these methods to copy it:
  - Hover your mouse cursor over the row to expose the **Copy** button  in the far left column, and then click the button.
  - Or if you would like to examine the charge details before copying it, click anywhere on its row, *except* on the visit date link, to open the Charge Details screen. Review the charge details and then click the **Copy** button  in the top right corner of the screen.
5. Depending on how your user profile is configured, **Copy** may now do the following:
  - It may automatically copy the comments and biller comments from the previous transaction.
  - It may automatically copy the modifiers from the previous transaction.
  - It may *automatically* copy the diagnosis codes from the previous transaction, or it may display those diagnosis codes and allow you to *select* the ones you want to copy (if any).

**NOTE:** It will *not* copy any photos that were associated with the previous transaction to the new transaction.

The Charge Transaction screen is now displayed. All of the charge codes (and possibly the comments, modifiers, and diagnosis codes) from the earlier transaction are entered for you. You should review the copied information and make any necessary modifications for this transaction. For complete instructions on how to properly fill out the Charge Transaction screen, please refer to *Basic Steps: Entering a New Charge Transaction*.

6. Click the **Submit** button to save your changes and return to the **Patients** tab.

**NOTE:** You can also copy a charge transaction from the **Patient Charge Status** tab. See *Patient Charge Status* for more information.

Settings that control this feature:

Admin - User - Charge Capture - **Copy Diagnoses on Copied Transactions**

Admin - User - Charge Capture - **Copy Modifiers on Copied Transactions**

Admin - User - Charge Capture - **Copy Comments and Biller Comments on Copied Transactions**

Admin - User - Charge Capture - **Exclude Free Text on Copied Transactions**

Admin - User - Charge Capture - **Exclude Flagged Diagnoses/Charges on Copied Transactions**

Related topics:

*Creating a New Charge from Patients Tab*

*Creating a New Charge from the Patient Search Tab*

*Creating a New Charge Transaction from a Report*

## Changing the Visit Associated with the Charge Transaction

The visit that is initially selected for billing affects much of the functionality found on the Charge Transaction screen. For example, selecting an outpatient visit might automatically select a **Service Site** of “outpatient” or “office” with a defaulted **Service Date** equal to the appointment date. Additionally, in the center CHARGES section, the **Favorites** and **Department** categories for charge codes might be configured contain only those charges that are appropriate for an outpatient visit. And finally, the facility associated with the visit determines which custom screens are available in the **Custom Workflows** category.

At any time during the charge entry process, you can change the visit that is associated with the charge transaction. Just click on the **Visit** drop-down at the top right of the Charge Transaction screen and select a different visit from the list. When you do so, any charge detail, charge, or diagnosis information that you have entered so far is retained. However, you should review it for accuracy, as some of the data may no longer be correct (especially the fields in the CHARGE DETAILS section, such as the **Service Date**, **Service Site**, and **Billing Area**).

If the user does *not* choose a billable visit *before* initiating the charge entry process, the Charge Transaction screen either displays a list of visits to choose from, or automatically selects the most appropriate visit. Only the visits that are eligible for charge entry are displayed. Once the visits that are eligible for selection by the user have been determined, the following occurs:

- If there is *only one visit* in the list, it is selected automatically.
- If there is *more than one visit* in the list, then depending on your system’s configuration, a list of the eligible visits may displayed so that the user can select the one they want, or a visit may be automatically

selected for the user. However, keep in mind that the user can always override the auto-selection, and select a different visit from the list.

*How does the system determine which visit to auto-select?* Your organization determines which visit types are allowed to be auto-selected, as well as the method by which the visit types should be prioritized for auto-selection. The settings used to determine auto-selection are detailed in the *PatientKeeper Revenue Reports Administrator Help*.

Settings that control this feature:

Whether or not a visit is eligible for charge entry is based on the settings below. The first setting determines how many days past the visit's end date (typically the discharge date or scheduled date), that the visit is still considered eligible for charge entry by a Level 3 user (typically, a provider). This setting does not affect Level 1 or 2 administrators, for whom older visits are still eligible for selection, even though they are outside of what is normally considered to be the "billable window." This allows them to make corrections when necessary, or to bill for missed charges. The second setting determines whether future visits are considered eligible for charge entry, as might be necessary when a user needs to pre-enter the charges for a surgery that is scheduled for the next day. The last three settings determine if inactive or cancelled visits are considered eligible for charge entry, as might be necessary when billing for "no shows."

Admin - User - Charge Capture - **Allow Editing a Charge "n" Days after Visit End**

Admin - User - Charge Capture - **Allow User to Add Charges for Future Dates (Web Only)**

Admin - Institution - Charge Capture - **Inactive Visits are Billable**

Admin - Institution - Charge Capture - **Cancelled Visits are Billable**

Admin - User - Charge Capture - **Are Visits with a Status of "Cancelled" Considered Billable?**

The following settings determine whether the system displays a list of visits to choose from, or automatically selects the most appropriate visit. If one of these settings are disabled for the visit type, the list of the eligible visits is displayed so that the user can select the one they want. If both of these settings are enabled for the visit type, one of the visits from the list is selected automatically.

Admin - System Management - PK Visit Types - **Current Visit: Auto-select visit (Add Charge, Add Note)**

Admin - User - Patient List - **Auto-select visit during "Add" Activities**

## Viewing Clinical Notes while Entering the Charge Transaction

When entering a charge transaction for a patient, you may find it helpful to review the patient's clinical notes, since they might contain useful information about the patient's diagnoses or the services that were provided. You can view your own draft or completed notes, as well as other providers' completed notes, as long as you have permission to view clinical data, based on a setting in your user profile.

1. On the Charge Transaction screen, click **Notes** in the upper right corner.

The Notes display opens in the center area of the screen and shows a Summary list of the patient's clinical notes. By default, a **Category** of "All" note types and a **Date** of "Selected Visit" are chosen (see Step 3 below for more information on these filters).

2. (Optional) Move or resize the Notes display:

- To move the Notes display to a more convenient location, grab the title bar, drag the box to a new spot, and drop it.
- To change the size or shape of the Notes display, click on any of the edges of the box and drag them to the left or right, or up or down.

Once the Notes display is the size and shape you want, and in the location that you want, click the **Save Layout** button. From that point forward, any time you click the **Notes** button, the box will be displayed in the same location, with the same size/shape.

**NOTE:** You can move or resize it again at any time, and then save the new shape/location by clicking the **Save Layout** button again. To go back to the original shape and location, click the **Default Layout** button.

3. Use the filters to select which notes are displayed in the Summary list:
  - **My Notes Only:** Check this box to see only those notes where the Author of the note is the same as the Billing Provider on the charge transaction.
  - **Category:** Use this drop-down to select only those note types that you want to view. Use the individual checkboxes, or the **Check All** or **Uncheck All** options.
  - **Date:** Use this drop-down to see a list of time frames, such as Selected Visit, Notes for Service Date, Most Recent Visit, Last n Hours, Last n Days, Last n Years, Current Week, and so on. Only notes that fall within the selected time frame are shown. Of note, the Selected Visit time frame shows all notes that fall within the date range of the visit that you chose for the charge transaction (via the **Visit** drop-down at the top of the Charge Transaction screen). If there is more than one visit with the same account number as the selected visit, the application uses the earliest start date and the most recent end date out of all of the visits with that account number.

**NOTE:** Each time you use the **Notes** display, the application remembers the last selections you made for the **My Notes Only**, **Category**, and **Date** filters, and uses them again. These “sticky” settings do not affect the **Clinical Notes** display on the **Patient** dashboard, and vice versa.

4. To view the content of a clinical note, click on any note in the Summary list.

The details of that note are displayed.

While viewing the note’s content, you can take any of the following actions:

- Continue to enter data on the Charge Transaction screen (that screen is still active).
  - Scroll up or down to view the content of the note.
  - Type a word or phrase in the text box at the top of the Notes display to highlight that word or phrase anywhere that it appears in the note.
  - Click the **Print** button to print the note content.
  - Click the **Back to List** button to close the note details and go back to the Summary list of notes.
5. To close the Notes display, click the **X** icon in the upper right corner of the Notes display. Or, the display closes automatically when you exit the Charge Transaction screen.

Settings that control this feature:

Admin - User - Patient List - **Can View Clinical Results (web only)**

## Entering Detail Information for the Entire Charge Transaction

The CHARGE DETAILS area, located in the left-most column of the Charge Transaction screen, includes a series of fields, commonly referred to as *charge header* fields, that are associated with the entire charge transaction as a whole. The specific fields that are displayed in this section are based on your system’s configuration.




**NOTE:** Each individual charge code on the transaction can also have header fields associated with it. See *Entering Details for a Specific Charge Code*.

Required fields are marked with a red asterisk after the label (for example: **Date\***). A transaction is not complete until a value is entered for every required field. If a user attempts to save a transaction without completing all of the required fields, the incomplete fields are highlighted in red to alert the user that they are mandatory and a message is also displayed in the **Edits** box at the top right of the screen prompting them to complete the required fields. The user's only option at that point is to either complete the required fields or to discard the transaction. They cannot save the transaction as completed or as a draft unless they complete the required fields.

Similarly, administrators can create parent/child dependencies between fields, such that if the user completes one field (such as **Injury Date**), they are then prompted to complete another dependent field (such as **Injury Type**). The user may be *required* to complete the dependent field in order to save the transaction, as described above. Or, they may simply be *prompted* to complete the dependent field, while still being allowed to save the transaction even if they leave it incomplete.

Many of the charge header fields defined for the institution can be suppressed for a given user, if an administrator determines that a particular user would never need to enter data in that field. Furthermore, the order in which the fields initially appear can be defined for each user by the administrator. However, the user is able to re-order those fields on the Charge Transaction screen by dragging and dropping them into the desired locations. See *Customizing the CHARGE DETAILS and COMMENTS Section (Left Pane)*.

Charge header fields can use a variety of different formats. The various formats you might encounter are listed in the table below, along with instructions on how to complete the field.

Field Format	Common Fields that Use this Format	Possible Options for Completing the Field (depending on the field's configuration)
Picklist Fields Provider Fields	Picklist Fields: Billing Area Billing Location Injury Type Discount Percentage  Provider Fields: Billing Provider Secondary Provider Referring Provider Resident Provider	<p>These fields can be defined to have any or all of the options for completion below:</p> <p><b>-Search for a specific value or provider name.</b> For Provider fields, start typing the provider's last or first name in the blank field. Or for Picklist fields, start typing the name of the value you want. As you type, potential matches are displayed; just click on the value/provider you want.</p> <p><b>-Select from the full list of available values or provider names.</b> Click the <b>Search</b> icon  to view a full list of available values/provider names and select the value/provider from that list. Depending on how your administrator has configured the field, when you click <b>Search</b> you may see a list of <i>all</i> values/providers, or a shorter fixed list of commonly used values/providers.</p> <p><b>-Select from a shorter list of recently or commonly used values or provider names.</b> Click the <b>Drop-Down Arrow</b>  to view a shorter list of either the values/providers that you have used recently, or a fixed list of commonly used values/providers (as defined by your administrator).</p> <p><b>-Enter a free text value or provider name.</b> Typically, you should always search for a value/provider before entering it as free text. Type the value/provider name, and if no matches are found, none are displayed. Proceed to the next field by either pressing the <b>Tab</b> key on the keyboard or using your mouse to click into the next field. If free text entries are allowed in the field, a free text entry using the name that you typed is saved in the field, preceded by a <b>Yellow Exclamation</b> icon  to highlight that it is free text. If free text entries are <i>not</i> allowed in the field, the field is automatically cleared and left blank.</p> <p><b>-Delete the value in the field.</b> To clear a defaulted value/provider, or to delete a value/provider you entered in error, hover over the field to expose the <b>X</b> to the right of the value/provider name, and then click it.</p>
Date, Time, or Date/Time Fields	Service Date Injury Date/Time	<p>When you first click into a Date, Time, or Date/Time field, you can either manually type the date and/or time in the required format (mm/dd/yyyy, dd/mm/yyyy, hh:mmAM or hh:mmPM), or you can use the pop-up controls below:</p> <p><b>-Date</b> fields display a pop-up calendar from which you can select a date. The billable dates for the visit are underlined and highlighted in pink on the calendar (see the <b>Service Date</b> field in the list below this table for an explanation of the billable date range),</p> <p><b>-Time</b> fields display sliders for hours and minutes, as well as a <b>Now</b> button, which you can use to select the time.</p> <p><b>-Date/Time</b> fields display a pop-up calendar (with the billable dates underlined and highlighted in pink), sliders for hours and minutes, and a <b>Now</b> button.</p>
Numeric Fields	Minutes Spent with Patient	Enter the required information as a number.
Checkbox fields	ABX Given	Check the box to indicate Yes or Done, or leave it unchecked to indicate No or Not Done.



Field Format	Common Fields that Use this Format	Possible Options for Completing the Field (depending on the field's configuration)
Yes/No fields	PCP Notified?	Select the Yes or No radio button, or select neither to leave the field unanswered.
Text Fields	Any field defined by your administrator where you are expected to enter text.	Enter the required information as text.

Some of the more common charge header fields that a user might see include the following

- **Service Date:** Enter the date when the service took place. There are several settings that determine the billable date range for the visit (i.e., whether you can enter a service date that is before or after the admission and discharge dates, or before or after the appointment date), whether a date of service is defaulted for you, and how far in the past you can backdate the charge.

Even if a date of service is defaulted for you, you can change the defaulted date, as long as you stay within the parameters defined by your administrator.

Please note that in most cases, you will enter charges for a single day at a time, with a single **Service Date**. However, you may also enter charges for multiple days at once, if this feature has been enabled for you. See *Entering Charges for Multiple Service Dates (on a Single Patient)*.

- **Other Date and/or Time Fields:** Your system administrator may define various other date and/or time fields, such as **Injury Date**, **Posting Date**, **Time of Injury**, etc. Depending on your system's configuration, a default date may be populated in these fields, although you can typically change the default date if necessary.
- **Billing Provider:** This field may be configured to default any of the following into the field: a) your own name, b) a provider name from information on the visit, or c) nothing (as may be the case for billing administrators entering charges on behalf of providers). The value that is entered here impacts the **Billing Area** field below.
- **Secondary Provider, Referring Provider, Resident Provider**, or other provider. Your system administrator may configure the system to automatically default the appropriate provider names into these fields for you.
- **Billing Area:** Select a billing area to specify the area to which the charge should be credited. Billing areas are typically subcategories of departments. For example, the Cardiology department might have several billing areas such as Cardio, Cardio-Pulmonary, Cardiac Surgery, etc.

You must enter a value in the **Billing Provider** field before you can enter a value in the **Billing Area** field, as the list of billing areas that are available in the drop-down list, as well as the default values, are based on the billing provider's user settings, rather than the current user's settings. For example, only those billing areas that are associated with the departments to which the billing provider belongs are available in the drop-down list. And in some cases, administrators may configure this field to further restrict the available billing areas, based on the patient's location or visit type.

If there is only one billing area available to the billing provider, or if an administrator has configured a default billing area value for the billing provider, that value is defaulted into the **Billing Area** field. However, you can change the defaulted value if necessary. Note that if you change the value in the **Billing Provider** field, it may result in changing or clearing of the **Billing Area** field, if the new billing provider has a different default value defined for the **Billing Area** field, or if they do not have access to the value that was previously entered in the **Billing Area** field.

If the billing provider is not a user of the PatientKeeper system, then all billing areas available to the current user are displayed in the **Billing Area** drop-down list.

- **Service Site:** Select a service site to indicate where the procedure took place (for example, your choices here might be inpatient, outpatient, or doctor's office).
- **Billing Hospital:** Select a billing hospital to indicate the specific hospital where the service took place.
- **Billing Location:** Select a billing location to further categorize the type of location where the service took place. For example, if you chose outpatient as your **Service Site** above, you might choose from day hospital, sleep lab, or dialysis treatment facility to further specify the type of outpatient location.
- **Billing Office:** Select a billing office to indicate the specific office responsible for billing this service.
- **Discount Type:** Select a discount type if a discount is to be applied to this service. Examples of common choices might be professional courtesy or insurance only.
- **Discount Percentage:** Select a discount percentage to specify the amount of the discount (if one is to be applied).
- **Injury Type:** Select an injury type if this service is a result of an injury. Examples include items such as motor vehicle accident or worker's compensation.

Settings that control this feature:

The settings below determine which headers are available to you and how they behave:

Admin - Institution - Charge Capture - **Add/Edit Charge Headers**

Admin - User - Charge Capture - **Add/Edit Charge Headers**

The settings below control the behavior of the **Service Date** header. The first four settings determine the billable date range for the visit (i.e., whether the user can enter a service date that is before or after the admission and discharge dates, or before or after the appointment date). The remaining settings determine whether or not a date of service is defaulted for the user, and how far in the past they can backdate the charge.

Admin - System Management - PK Visit Types - **(Charge Capture, NoteWriter): Activate Date**

Admin - System Management - PK Visit Types - **(Charge Capture, NoteWriter): Activate Days**

Admin - System Management - PK Visit Types - **(Charge Capture, NoteWriter): Deactivate Date**

Admin - System Management - PK Visit Types - **(Charge Capture, NoteWriter): Deactivate Days**

Admin - System Management - PK Visit Types - **Charge Capture: Date of Service Default**

Admin - User - Charge Capture - **Default to Today for Service Date (Inpatient Only)**

Admin - User - Charge Capture - **Allow Setting Service Date "n" Days before Today**


## Entering Charge Codes

The CHARGES section in the middle area of the charge transaction screen is where you select charge codes (CPT codes).

There are several functions you can use to quickly select the appropriate charge codes for the current charge transaction. These include:

Option Name	Location on the Screen	Where Documented
Search	A search field located in the CHARGES section heading	<i>Selecting Charges Using the Search Option</i>
Custom Workflows	The first category the CHARGES section (only present if enabled).	<i>Selecting Charges from the Custom Workflows Category</i>

Option Name	Location on the Screen	Where Documented
Favorites	The next category the CHARGES section.	<i>Selecting Charges from the Favorites or Department Categories</i>
Department	The last category in the CHARGES section.	<i>Selecting Charges from the Favorites or Department Categories</i>
Free Text	After performing a search at the top the CHARGES section, an <b>Add as Free Text</b> button may be present just above the search results, but only if enabled in your user profile.	<i>Entering Charges as Free Text</i>

You can use any combination of the selection options above to find the charge codes you want. In the various selections options, you might see an **Information** icon  next to a charge or charge macro. You can click it to see more information about the item.

- For charges, the guidelines for proper usage are displayed.
- For charge macros, a list of the individual charges, modifiers, and diagnoses contained within the charge macro is displayed.

Regardless of which option you use to select a charge code, as you choose each charge in the center of the screen, it is added to the Selected Codes area on the right side. Each charge code is listed in the order in which you selected it. The **Qty** field defaults the minimum quantity required for each code (every charge code has a defined minimum and maximum quantity in the Nomenclature Vocabulary). If appropriate, you can change the quantity for a particular charge by simply typing the correct amount in the **Qty** field. However, you cannot enter less than the minimum or more than the maximum. In addition, if your organization has implemented RVU Management, and the RVU display feature is enabled in your user profile, then the work RVU is displayed in parenthesis after the charge code. Changing the quantity also changes the RVU value.

Settings that control this feature:

Admin - User - Charge Capture - **Show RVU Values to User**

Admin - User - Charge Capture - **Set Min # CPTs per Transaction**



Admin - User - Charge Capture - **Set Max # CPTs per Transaction or Charge Macro**


## Selecting Charges from the Favorites or Department Categories

In the CHARGES section, there are two categories called **Favorites** and **Department**.


- The **Favorites** category contains those charges that you have personally marked as favorites. This category may contain a simple list of codes, or you may have organized them into subcategories.
- The **Department** category contains the charges that your administrator has deemed useful to all members of your department and these are typically organized into subcategories. For example, charge categories might include items such as Inpatient, Observation, or Office Visits.

In addition to charge codes, the **Favorites** or **Department** categories can also contain the following item, if you or your department administrator have added them to those categories:

- Charge Macros: These are preceded by a gears icon so that you can distinguish them from regular charge codes:  Branch Bio - 2 lobes . A charge macro is a group of related charges, modifiers, and diagnoses that are linked together. Charge macros are a time-saving feature that allow you to enter the entire

group of charge, modifier, and diagnosis codes with a single mouse click. Just select the charge macro, and all of the codes are automatically added to the Selected Codes section. Before selecting a charge macro, you can hover your mouse cursor over it to expose the **Information** icon , and then click the icon to see all of the items that are included within the macro.

To select an item from the **Favorites** or **Department** category:

1. Start the process for entering a charge transaction.
2. In the CHARGES section, click on the **Favorites** or **Department** category to expand it (if it is not already expanded).  
The category expands to show you the contents. This may be a list of subcategories, or a list of actual charge codes or charge macros.
3. Continue to drill down through the subcategories until you see the code or macro that you want.
4. When you see the specific item you want, click on it.
  - If you select an individual charge code, it is immediately added to the Selected Codes area on the right side of the screen.
  - If you select a charge macro, all of the individual items within the macro are immediately added to the Selected Codes section.
  - Since charge codes are updated each year, a code that was included on your **Favorites** list in the past, may be inactive today. Inactive codes cannot be used on new charge transactions. To distinguish them from active codes, they are shown on the **Favorites** list with a **Search** icon, the code struck through, and the text in light gray:  0001F heart-failure-composite . To find an active code with a similar description, click on the inactive code. A search is immediately executed using the inactive code's description. See *Selecting Charges Using the Search Option* for more information on searching. (Inactive codes are not shown in the **Department** category or in search results.)
5. (Optional) Repeat this process until you have selected all of the charge codes that are necessary for the charge transaction.

Related topics:

*Managing Your Charge, Diagnosis, and Modifier Lists*

*Creating a New Charge Macro for the Charge Favorites Category*

## Selecting Charges Using the Search Option

Use the **Search** field in the CHARGES section heading to search for a charge code or charge macro. When searching for a charge, you can enter any of the following into the **Search** field:

- A partial or complete charge description
- A partial or complete charge code

When searching for a charge:


- The search will return all charges that contain your search phrase in either the charge code, charge description, or the charge's associated keywords, from the master list of charge codes.
- The search will also return any charge codes or macros that contain your search phrase in the **Favorites** or **Department** category's description of the code or macro. (When adding items to the **Favorites** or **Department**

**ment** category, you or your administrator can change the description of a given charge code or macro, so you might see a code listed more than once, each time with a different description.)

To search for a charge, follow these steps:

1. In the CHARGES section, click into the charge **Search** field and type a partial or complete charge code or a description.

As you are typing, any charge codes or macros that match what you type are displayed. The number of characters that you must enter to trigger these matching search results is configurable (the default is two characters, contact your PatientKeeper representative to modify this).


- If you enter a charge code that has a single exact match, the charge is automatically selected for you and added to the Selected Codes section on the right side of the screen, using the description from the master list of charge codes.
- If you enter a charge code or charge description that does *not* have a single exact match, then a list of potential matches is displayed. Items from the **Favorites** or **Department** categories are shown at the top of results list and charge macros are shown with a gears icon  **Bronch Bio - 2 lobes** to distinguish them from charge codes.

2. (Optional) If the list of potential matches is long, you can change the way it is sorted, to help you find the code you want more easily.

- a. Just below the **Search** field, select one of the **Sort By** options:

- ☐ **Code:** Sorts numerically by code, in ascending order.
- ☐ **Description:** Sorts alphabetically by description, in alphabetic order.

The charges in the results list are sorted in the selected order.

- b. To reverse the sort order, either click the **Sort** icon  or click on the same sort option *a second time* (for example, click **Description** a second time to sort in reverse alphabetic order). You might do this if you knew the item you were looking for was near the end of the alphabet.
3. Select the charge code or macro that you want from the search results, Or, if you cannot find the charge you want in the search results, see *Entering Charges as Free Text*.

The charge code is added to the Selected Codes section on the right side of the screen. If you selected a macro, all of the charge codes within the macro (as well as any associated charge modifiers or diagnosis codes) are added to the Selected Codes section.

4. (Optional) Perform searches for additional charges as necessary:
  - a. Click **X** in the **Search** field to clear the prior search phrase.
  - b. Repeat Step 1 through Step 3.

## Entering Charges as Free Text


If you cannot find the charge that you want by looking in the **Favorites** or **Department** categories, or by performing a **Search** for it, you may be able to enter it as free text. Your ability to enter a free text charge on a charge transaction is controlled by a setting in your user profile.

Use free text charges sparingly, as all free text items must be reconciled by administrative staff before final billing.

1. In the CHARGES section, click into the **Search** field and type a description of the charge.

A list of potential matches is displayed.

2. Review the search results to confirm that the item you are looking for does not already exist as a legitimate charge code.
3. If you cannot find the item you want in the results, click the **Add as Free Text** button, located at the top right of the search results list.

The free text charge is added to the Selected Codes area, followed by the **Yellow Exclamation** icon .

Settings that control this feature:

Admin - User - Charge Capture - **Allow Free Text Charges**

## Selecting Charges from the Custom Workflows Category

If your organization has implemented the Custom Charge Capture Workflows feature, you may see either of the items below:

- A **Custom Workflows** *category*, located within the CHARGES center section, with one or more custom screen names listed in it. This category is pinned open by default so that you can see the available custom screens. See *Pinning a Charge or Diagnosis Category or Subcategory Open* if you want to pin it closed.
- A **Custom Workflows** *section* (instead of a CHARGES section), located in the center area of the screen, with one or more custom screen names listed in it.

Each screen name represents a custom screen that is designed to help you enter the appropriate charges for the services that you provided to the patient. Custom screens can be designed for users of specific types (physician, nurse, medical assistant, etc.), for patients in specific locations, or for patients who have specific financial classes on their visit. A particular custom screen is displayed in the **Custom Workflows** category/section only if it meets all of these criteria.

Each custom screen contains a series of user-friendly questions that help you to identify the exact type, level, and quantity of service that you provided. After you answer the questions on one or more of the custom screens, the correct charge codes, modifiers, and quantities are then automatically entered for you in the Selected Codes section on the right side of the Charge Transaction screen.

There are several types of custom screens.

- **Evaluation & Management (E & M):** These screens help you to identify the correct level of E & M charge code for outpatient technical charges.
- **List:** These screens help you to identify any additional services or procedures that were performed.
- **Critical Care:** These screens help you to record the amount of time spent with a patient during a critical care incident.
- **Infusion:** These screens help you to record the infusion services that you provided so that the correct charge codes can be calculated.




In the case of the E & M custom screens, your administrator can configure the screen so that some of the questions are already answered for you, resulting in an E & M charge code already being added to the Charge Transaction screen when you first access it. This is done so that if you do not access the custom screens for any reason, the appropriate default charges (such as a low level hospital evaluation and management code) will be displayed and applied to the transaction.

Whether the questions on the custom screens are answered for you, or whether you answer them yourself, you can always change the answers as appropriate for the current patient.

Custom charge screens are often implemented in organizations that bill for both professional services (those provided by a physician) as well as technical services (those provided by the facility's staff, such as room preparation, nurse assistance to the physician, nurse administered immunizations, etc). In this scenario, the organization may design custom screens for only the non-physicians, or they may design them for both physicians and non-physicians. Furthermore, the custom screens are typically used in conjunction with **Supervising MD Present** and **Rendering Provider** charge headers (see *Entering Details for a Specific Charge Code*).

1. In the center of the screen, in the **Custom Workflows** category or section, click on a screen name to display the custom screen. The screens are designed and named by your administrator, so their names are unique to your organization. For example, you might see screen names such as "Critical Care," "E&M Technical," or "Infusion."

The custom screen that you selected is displayed. The *type* of screen (E & M, List, Critical Care, or Infusion) is listed at the top left of the screen, and the *name* of the screen is listed on the tab. In addition, there are tabs for all of the other customs screens, so that you can easily navigate from one to another if necessary.

2. Review the questions on the screen and answer all that apply. Click the **Information** icon  for help about any screen.
  - On List and E & M screens, the questions are designed by your administrator and can use a variety of formats:
    - ☐ **Checkbox:** Check the box to indicate that a particular service was provided.
    - ☐ **Numeric quantity** (on List screens only): Check the box to indicate the service was performed, and then enter a number to indicate the number of times the service was provided.
    - ☐ **Increase/decrease quantity:** Check the box to indicate the service was performed, and then click the + or - signs to increase or decrease the quantity for the service.
    - ☐ **Age range:** Check the box to indicate that the service was performed. The system automatically calculates the patient's age on the date of service, and selects the correct age range for you (although you can click the + or - signs to change it, if necessary).
  - On Critical Care screens, the same two questions for **Time Spent with Patient** and **Complexity** are always present. Please note that this screen is a *cumulative* record of the time that *all* providers spent with the patient. As a result, if you are editing a transaction, there may already be prior entries on this screen when it opens. Each row represents a segment of time that you or another provider spent with the patient (the name of the provider who entered each row is displayed for reference purposes). If so, do not change those entries. Instead, click the **Add** icon  to add a new row and enter your own time. Even if you made a prior entry yourself, you should not edit it unless it was a mistake. Always add a new row for a new segment of time (or click the **Delete** icon  to remove a row that was entered in error).
    - ☐ **Time Spent with Patient:** Record the number of minutes that you spent with the critical care patient during this segment.
    - ☐ **Complexity** (optional): Select the complexity of the time that you spent with the patient from the drop-down list. If the total time spent by all providers is less than 30 minutes, this field may be used to calculate an E & M code.




- On Infusion screens, the same set of questions is always present. These questions are used to record all of the services provided during an infusion session. The questions at the top of the screen are asked once per infusion session, and include the following:


- **Infusion Type:** The infusion type (Single, Sequential, or Concurrent) is an important factor that is taken into consideration when the system generates the charge codes for the services that were provided to the patient. If you know the correct infusion type, you can select it yourself. Or, if you are not sure, you can keep the default selection of System Generated. The system then evaluates the start and stop times of services you enter, and calculates the appropriate infusion type for you.

If you select an **Infusion Type** other than System Generated (such as Single) and then close the Infusion screen, the following message is displayed: *“Infusion Type is not set to System Generated on the Infusion tab. Do you want to set it to System Generated now?”* If you respond No, the specific infusion type that you chose is used when generating the charge codes. If you respond Yes, the infusion type is reset back to the default of System Generated, the infusion type is calculated for you, and that value is used when generating charge codes. See also *Editing or Deleting Information on or from Custom Screens* for information on how this field behaves when edits are made.

- **Access Type:** Indicate whether the drugs/services are given via a Single Site or Multiple Sites.
- **Separate Hydration Order on File:** Check this box if there is a separate hydration order on file.

Each row in the lower half of an Infusion screen represents a single drug or service that you provided to the patient during the infusion session. One blank row is already added for you. To facilitate data entry, you can press the **Tab** key on the keyboard to move from field to field and press the **Up Arrow** or **Down Arrow** to cycle through the choices for a drop-down field. To add a new row, click the **Add**

icon . Or, if your cursor is on the last field of a row, you can press the **Tab** key to add the next row.

To remove a row that was entered in error, click the **Delete** icon . Enter the following information for each drug or service:

- **Drug/Service:** Enter a drug or service name. As you are typing, any generic or trade names that match what you typed are displayed. If the optional SOLR search feature has been enabled for your system, you can enter a generic or trade name and also a drug class (such as “chemo” or “hydration”), separated by a space. For example, if you type “chemo abs” or “abs chemo” the system finds any items with a drug class of “chemo” that have “abs” in the generic or trade name. If you type just a drug class, such as “hydration,” all items in that class are shown. If the phrase that you type is an exact match for a drug or service, it is automatically selected for you.
- **Delivery Method:** Choose the method that was used to deliver the drug or service (for example, Infusion, Push, etc.)
- **Site:** Choose the site used to deliver the drug or service. This is not the actual location on the body, but represents a unique vascular access site through which drugs have been delivered for this infusion session. For example, if all drugs/service were administered via the same vascular access site, you would choose “1st” for all of them. If the drugs/services were administered via two different vascular access sites, you would choose “1st” for the drugs/service that were administered via the first site, and “2nd” for the drugs/services that were administered via the second site. A value of “1st” is selected by default since in most cases only one vascular access site is used, but you should change it if appropriate.
- **Start Date and Stop Date:** The service date on the charge transaction is defaulted as the start and stop dates. In most cases you do not need to change this, but if you do, click the field to display a



pop-up calendar, and then select a date from it. Typically, the start and stop dates are the same date, unless the drug/service was administered at night and into the next day.


- **Start Time and Stop Time:** Enter the start or stop times in military time (for example, enter 14:00 for 2:00 PM).
- 3. (Optional) Click on a different tab to answer another set of questions.
- 4. When done, click the **Ok** button at the bottom of any tab to close all of the custom screens.

If any of the information that you entered on a custom screen has errors (these are typically due to incomplete information), that custom screen's tab is shown with a red exclamation mark, as in this example:



. You must correct the errors before you can successfully close the custom screens. Click the tab for the custom screen that has the errors, in order to view those errors and correct them (or, the custom screen may already be displayed if it happens to be the most recent screen that you were using).

Once you correct all errors (if any) and click **Ok**, the appropriate charge codes, modifiers, and quantities are then automatically added to the Selected Codes section on the right side of the Charge Transaction

screen. At the top of the list of charges, you can click an **Information** icon  to see a reconciliation screen that shows which infusion services generated each of the charge codes (similar information is also shown on the **Patients** tab > **Charges** dashboard).


Settings that control this feature:

Admin - Institution - Charge Capture - **Custom Charge Capture Screens** (Manage Sections: Roles, Locations, and Financial Classes)

Admin - User - Charge Capture - **Placement of Custom Workflows Option on Charge Transaction Screen**

### Editing or Deleting Information on or from Custom Screens

When you answer one or more questions on the custom screens, charge codes are added to the Charge Transaction screen. What happens if you now delete the generated charge codes on the Charge Transaction screen, or if you re-open the custom screens and make changes there? Or, what happens if a different user edits the transaction and makes changes at a later date? Some basic rules are listed below.

- **Critical Care and Infusion Screens:** When a user enters a time segment or a list of services on a Critical Care or Infusion custom screen, one or more critical care or infusion charge codes are generated and added to the Charge Transaction screen.
  - After charges are generated by a Critical Care or Infusion screen, a Level 3 user (typically this is a physician, nurse, or medical assistant) cannot delete the generated charge codes on the main Charge Transaction screen (only Level 0, 1, or 2 users may do this), as indicated by the **Yellow Exclamation** icon  next to the charge in the Selected Codes section. The only way a Level 3 user can change or remove the generated codes is by re-opening the custom screen and selecting/deselecting different items or services. When the user closes the screen, the selected items or services are re-evaluated, possibly resulting in a changing or removing the charge codes that were originally generated.
  - Critical Care and Infusion screens contain charges for services that are the result of multiple persons (physicians, nurses, medical assistants, etc.) sharing responsibility for the patient. Therefore, these custom screens “remember” the items or services that were selected *across all user sessions*. So for example, the items that the original provider selected are remembered (and shown as selected) to that same provider if he re-opens the Critical Care or Infusion screen. They are also remembered (and

shown as selected) to the next user who edits the transaction. If the second user makes changes, those changes are remembered (and shown as selected) to the next user, and so on.

**NOTE:** The only exception to this rule is the **Infusion Type** field on Infusion screens. If a user initially selects an **Infusion Type** other than System Generated (such as Single), the **Infusion Type** selected by the user is used to calculate the correct charge codes. However, if the same or another user later re-opens the Infusion screen after the transaction was initially saved, the **Infusion Type** is reset back to the default of System Generated, since the user might be adding or removing services, which would make their original selection (Single, in our example) invalid. The user may keep the default of System Generated, or choose a different infusion type.

- If a Level 0, 1, or 2 user removes a generated charge code on the main Charge Transaction screen, and then re-opens the custom Critical Care or Infusion screen, the previously selected items or services will still be listed, as described above. If they leave the items as selected and close the custom screen, the same charge codes will be generated and re-added to the charge transaction screen again.
  - **Evaluation & Management Screens:** When a user answers one or more questions on an E & M custom screen, a single E & M charge code is generated and added to the Charge Transaction screen (or in some cases, an E & M screen may have preselected answers, resulting in an E & M charge code being generated as soon as the Charge Transaction screen is accessed by a user).
    - After a charge is generated by an E & M screen, any user may delete the generated charge code on the main Charge Transaction screen. If a user deletes the generated charge code on the Charge Transaction screen and then submits the transaction immediately (does not go back to the custom screen), the transaction is saved without the E & M code. For example, a provider might complete the E & M screen (generating a technical E & M code), and then realize that the visit should have been coded as a preventive visit. The provider could delete the generated E & M code on the Charge Transaction screen, enter a preventive visit code instead, and then submit the transaction.
    - E & M screens contain charges for services that are the result of multiple persons (physicians, nurses, medical assistants, etc.) sharing responsibility for the patient. Therefore, these custom screens “remember” the items or services that were selected *across all user sessions*. So for example, the items that the original provider selected are remembered (and shown as selected) to that same provider if he re-opens the E & M screen. They are also remembered (and shown as selected) to the next user who edits the transaction. If the second user makes changes, those changes are remembered (and shown as selected) to the next user, and so on.
- NOTE:** If a user removes a generated charge code on the main Charge Transaction screen, and then re-opens the custom E & M screen, the previously selected items or services will still be listed, as described above. If they leave the items as selected and close the custom screen, the same E & M charge code will be generated and re-added to the charge transaction screen again.
- **List Screens:** When a user answers one or more questions on a List custom screen, charge codes are generated and added to the Charge Transaction screen. The rules for List screens are as follows:
    - After a charge is generated by a List screen, any user may delete the generated charge code on the main Charge Transaction screen. If a user deletes one or more of the generated charge codes on the Charge Transaction screen and then submits the transaction immediately (does not go back to the custom screens), the transaction is saved with only the remaining codes.
    - List screens typically contain charges for services that are provided by individual persons. Therefore, the List screen “remembers” the items that were selected during the *current user session only*. So for example, the items that the original provider selected are remembered (and shown as selected) to that same provider if he re-opens the List screen during the same user session. However in the next user

session (for example, if the original or a different user edits the transaction at a later time), the user starts with a “fresh slate.” The charge codes generated during the previous user session are listed on the Charge Transaction screen, but when the user opens a List screen in the new session, *nothing is displayed as selected*. If the user selects any response now, new/additional charge codes are generated by those responses and are added to the Charge Transaction screen. In some cases, this may be a second instance of a charge that was generated in a previous session.

When a transaction that has charges generated by a custom screen is copied, only the charge codes are copied forward. The responses on the custom screens (the selected items) are not copied forward from the original transaction to the new transaction. All charge codes on the new transaction are editable.

## Adding a Modifier to a Specific Charge Code

Each charge code on the charge transaction can have one or more modifiers associated with it. The total number of modifiers that you may add to a single charge code is controlled by a setting in your user profile.

There are several ways to add modifiers to a charge code:

Action	Where Documented
The GC modifier (resident/teaching physician services) can be configured to be added automatically to your charges, or not.	<i>Adding GC Modifiers for Resident/Teaching Services (Automatically or Manually)</i>
You can select modifiers from the complete list of modifiers, from the Modifier Selection window.	<i>Selecting Modifiers from the Modifiers Selection Window</i>
You can select modifiers from your personal modifier <b>Favorites</b> list.	<i>Selecting Modifiers from Your Modifier Favorites List</i>
See also the instructions on how to add modifiers to your <b>Favorites</b> list.	<i>Adding or Removing Modifiers to/from your Modifier Favorites List</i>


Settings that control this feature:

Admin - User - Charge Capture - **Set Max # Modifiers per CPT**

### Adding GC Modifiers for Resident/Teaching Services (Automatically or Manually)

The GC modifier for resident/teaching physician services can be configured to behave in a variety of manners, based on a setting in your user profile. For example:

- If you never teach, the application can be configured to never add GC modifiers to your charges.
- If you act as a teaching physician all of the time, your administrator can configure the application to add GC modifiers to all of your charges *automatically*.
- If you teach only occasionally, a dialog box can be configured to pop-up with *every* charge that you enter, asking if you want to enter a GC modifier to it.
- And finally, your administrator may even give you the option to decide for yourself whether or not GC modifiers are added to your charges.

If you are granted permission to control GC modifiers yourself, you can access your options for doing so by clicking the **More** button  in the upper right corner, and then selecting **Screen Settings**. On the Settings screen you will see an option for **GC Modifiers**, with three possible choices:

- **None:** A GC modifier is not automatically added to any charges that you enter.
- **Auto-Add:** A GC modifier is automatically added to every charge that you enter.

- Prompt:** A dialog box displays so that you can respond Yes or No to enter a GC modifier, for every charge that you enter. That same dialog box also has a **Remember my selection and do not prompt me again** checkbox. If you realize that several of your upcoming charges will all require the same answer (either Yes or No), you can check the “remember my selection” box. Your Yes or No response is then retained on all charges entered from that point forward, for the *current and all subsequent transactions*, and the GC modifier is either entered automatically or not, based on that response. It also sets the **Screen Settings > GC Modifiers** option to **None** (if you answered No and “remember my selection”) or to **Auto-Add** (if you answered Yes and “remember my selection”). If you want to start being prompted again at a later time, you can select the **Screen Settings > GC Modifiers** option again and re-select the **Prompt** option.

Please note that your administrator can also specify a list of CPT codes that should *never* have a GC modifier added. For example, for evaluation and management services and other services based on time (such as critical care or psychotherapy), your organization may prefer not to use the GC modifier, since the teaching physician must be physically present for the *entire* period of time billed in order to qualify for the modifier. Your administrator can mark these types of CPT codes as exempt from a GC modifier via the following setting:

For any code that your administrator has marked as exempt, you will never be prompted to add a GC modifier, nor will a GC modifier ever be automatically added to the CPT code for you. In addition, if you manually add a GC modifier to one of these CPT codes, it is automatically removed from the charge code immediately.

Settings that control this feature:




Admin - User - Charge Capture - **Configure GC Modifier**

Admin - Institution - Charge Capture - **CPTs Exempt from GC Modifier**

#### Selecting Modifiers from the Modifiers Selection Window

You can enter any type of modifier (including the GC modifier) to any charge on the transaction from the Modifiers Selection window.

- Select one or more charge codes for the transaction, using any selection method.
- From the list of CHARGES in the Selected Codes section on the right side of the screen, identify the charge to which you want to add a modifier.





- Click **Add Modifier** , located to the right of the charge code (for example:  ).

The Modifiers Selection window opens, displaying a list of modifiers.


- Locate the modifier you want using any of these methods:
  - Scroll up or down until you find the modifier that you want.
  - Enter text or a number in the **Search** field to search for modifiers containing that text or number.
  - Click the **Mod** (Modifier) or **Description** column heading to sort the list of modifiers by that item.
- Click on one or more modifier codes in the **Mod** (Modifier) or **Description** column to select them.

When you click on a modifier, a green checkmark is displayed in the **Sel** (Selected) column, to indicate that it is selected.

- Click the **X** button in the upper right corner of the Modifier Selection window to close it.


On the Charge Transaction screen, the modifier code(s) are displayed on the row containing the charge, in the same order that you selected them, as in this example:    .

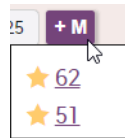
- (Optional) You can change the order of the modifiers by dragging and dropping them into new positions.


8. (Optional) You can delete any modifier that was added in error: hover your mouse cursor over the modifier to expose the **X** next to it (for example: ) , and then click the **X**.

### Selecting Modifiers from Your Modifier Favorites List

You can select frequently used modifiers quickly from your modifier **Favorites** list.

1. Select one or more charge codes for the transaction, using any selection method.
2. From the list of CHARGES in the Selected Codes section on the right side of the screen, identify the charge to which you want to add a favorite modifier.
3. Hover your mouse cursor over the **Add Modifier** button  , located to the right of the charge code, to display the **Favorites** pop-up list, as in this example:



4. Select a modifier from the pop-up.  
On the Charge Transaction screen, the modifier code(s) are then added to the row containing the charge, in the same order that you select them.
5. (Optional) You can change the order of the modifiers by dragging and dropping them into new positions.
6. (Optional) You can delete any modifier that was added in error: hover your mouse cursor over the modifier to expose the **X** next to it (for example: ) , and then click the **X**.



Related topics:



*Adding or Removing Modifiers to/from your Modifier Favorites List*

### Entering Details for a Specific Charge Code

Your administrator may have created special detail fields (called *charge header* fields) to capture additional information about the individual charge codes on the transaction. For example, you might see a header field to capture information about immunizations. Or, if your organization bills for both professional and technical services on the same charge transaction, you might see the fields below.

- **Rendering Provider:** This header is used to indicate the specific person who provided each service, such as the name of the attending physician, resident, nurse, or medical assistant.
- **Supervising MD Present:** Select Yes or No to indicate whether a supervising MD was present when the service was provided.

In many cases, the charge header fields are automatically completed for you, and require no further modification. However, if necessary, you may change the defaulted information, or complete missing information. If available, the header fields for specific charges are located in the Selected Codes area of the screen, right below each selected charge code. If you do not see the headers, they may be hidden. Use the **Expand Down**  and **Collapse Up**  buttons, located on the far right side of the CHARGES heading in the Selected Codes area to show or hide them:

- Click **Expand Down**  to expand the area downward and show the charge headers and diagnosis codes.
- Click **Collapse Up**  to collapse the area upward and hide the charge headers and diagnosis codes.

## Entering NDC Codes for a Specific Charge Code

When billing for the administration of drugs such as vaccinations or other injections (such as steroids), Medicare and other insurance providers require organizations to submit the National Drug Codes (commonly referred to as NDC codes) that are associated with those drugs. If your organization provides these types of services, they may have implemented the NDC Selection feature. When implemented, two additional fields are listed underneath the charge code for the drug administration: **NDC** and **Qty** (quantity). These fields are only present when you enter a charge code for the administration of a drug. The **NDC** and **Qty** fields have the following traits, based on a variety of configuration settings:


- The **NDC** field allows you to search for a drug and its associated NDC code, but your choices are limited to only those drugs that are appropriate for the charge code, and possibly also for the visit location (only drugs dispensed at that location), and possibly also for the patient's financial class (only those that are allowed by the financial class).
- The **NDC** field might allow you to enter a free text NDC code, and might also add leading zeros if you enter a free text code that does not contain the expected number of digits.
- Both the **NDC** and **Qty** fields may be required.
- You might see an error message if you do not complete the **NDC** and **Qty** fields.

Please note that if you are billing for more complex drug administration services, such as chemotherapy infusions, your organization is more likely to be using a custom Infusion screen. See *Selecting Charges from the Custom Workflows Category*.

To select a drug and its associated NDC code, follow these steps:

1. Enter a charge code for a drug administration.

The charge code is added to the Selected Codes section on the right side of the screen. If an NDC value is mapped the charge code, an additional **NDC** field is displayed below the charge code to capture the NDC code and quantity.

2. Use the **NDC** field, located underneath the charge code in the Selected Codes section, to enter or search for the NDC code. You can use any of these methods:
  - Click into the **NDC** field and start typing any of the following: a partial or full trade name, generic name, or NDC code. For example, if you type “flu,” the system finds any drugs that are appropriate for the charge code that you selected, that have “flu” in the generic or trade name. Similarly, if you enter a “842”, the system finds any drugs that are appropriate for the charge code that you selected, that have those characters in the NDC code. If the list of matches in the pop-up window is too long (only the first 50 are shown), you can continue typing more characters to narrow the list. When you see the drug and code you want, click on it to select it.
  - Click **Search**  to the right of the **NDC** field to pop up a window that displays *all* the drugs and associated NDC codes that are appropriate for the charge code that you selected. You can scroll through this list to find the drug and associated NDC code that you want. Or, if the list is too long, you can type a full or partial name in the **Drug Name** field, or a full or partial NDC code in the **Code** field (these fields are at the top of the pop-up window). When you see the drug and code you want, click on it to select it.

If you don't see the drug and NDC code that you want, you may be able to enter it as free text. If the free text feature is enabled, you will see an **Add a Free Text** link to the right of the **Code** field in the pop-up window. Just type the NDC code into the **Code** field and then click **Add as Free Text**.

If you select a drug and code from the results list, it is then displayed in the Selected Codes area, in the **NDC** field. The field shows the NDC code, the trade name, and the strength. If you enter a free text code, only the code is shown (leading zeros may be automatically added to the code for you).

3. Enter the amount administered in the **Qty** field, based on the strength and delivery options for that particular drug (oral, injection, etc.).
4. Complete the remaining information for the charge transaction and then click **Submit**.

If you did not complete the **NDC** or **Qty** field, and your administrator has configured your user profile to show an error message when those fields are incomplete, a “*Missing/invalid NDC code or quantity*” error message is displayed. You should fill in the fields if at all possible. In addition, if you do not complete the fields, you might be able to save the transaction as complete, or you may only be able to save it as a draft, depending on your system’s configuration. In all cases (whether the error message is displayed or not, and whether saved as a completed transaction or as a draft), if you do not complete the **NDC** and **Qty** fields, the transaction is assigned a NDC Errors error status.

Settings that control this feature:

Admin - Institution - Charge Capture - **Configure NDC Collection**

Admin - Institution - Charge Capture - **Require NDC Collection to Save Charge**

Admin - Institution - Charge Capture - **Allow Free Text NDC Values**

Admin - Institution - Charge Capture - **Auto Add Zeros to Free Text NDC**

Admin - User - Charge Capture - **Display Error Message for Missing NDC Code or Quantity**

## Entering Diagnosis Codes

The middle area of the charge transaction screen is where you select diagnosis codes. There are a few features available to facilitate the quick entry of diagnosis codes:


- Depending on a setting in your user profile, when you enter a new charge transaction, the diagnoses used on the patient’s previous transaction may be copied *automatically* to the new transaction, or those diagnoses may be displayed so that you can *select* the ones you want to copy to the new transaction (if any).
- If you accessed the Charge Transaction screen via a link from an external application, that link may be designed to *automatically* add the patient’s diagnoses from the external application to the Charge Transaction screen.

Regardless of whether any diagnoses are copied from the previous transaction or an external application, there are several functions you can use to quickly select the appropriate diagnosis codes for the current charge transaction. These include:

Option Name	Location on the Screen	Where Documented
Search	A search field located in the DIAGNOSES section heading	<i>Selecting Diagnoses Using the Search Option</i>
Existing	The first category the DIAGNOSES section.	<i>Selecting Diagnoses from the Patient’s List of Existing Diagnoses</i>
Favorites	The next category the DIAGNOSES section.	<i>Selecting Diagnoses From the Favorites or Department Categories</i>

Option Name	Location on the Screen	Where Documented
Department	The last category in the DIAGNOSES section.	<i>Selecting Diagnoses From the Favorites or Department Categories</i>
Free Text	After performing a search at the top the DIAGNOSES section, an <b>Add as Free Text</b> button may be present just above the search results, but only if enabled in your user profile.	<i>Entering Diagnoses as Free Text</i>
<i>See also:</i> Secondary icon	Selected Codes area.	<i>Selecting Secondary Diagnosis Codes</i>

You can use any combination of the selection options above to find the diagnosis codes you want. Regardless of which option you use to select a diagnosis code, as you choose each diagnosis in the center of the screen, it is added to the Selected Codes area on the right side.

- Each diagnosis code is listed, in the order in which you selected it. The first diagnosis is considered the primary diagnosis for the transaction and it is displayed in **bold** text.
- Some diagnosis codes may not be appropriate for use as a primary diagnosis. A **Red Exclamation** icon  is displayed next to the diagnosis if it falls into this category (hover your cursor over the exclamation mark to see a message explaining the problem). You may want to enter a new primary diagnosis and/or move the non-primary one out of the first position by simply dragging and dropping it into a new position on the list (see *Changing the Order of Diagnosis Codes*).
- When the charge transaction is saved, any new diagnosis codes are automatically added to the patient's problem list and are assigned a **Type** of "Acute" and a **Status** of "Active." In addition, the current date is used for the **Last Used** date and the **Onset** date.

Settings that control this feature:

Admin - User - Charge Capture - **Copy Diagnoses on New Transactions**


Admin - Department - Charge Capture - **Min # Diagnoses Required per CPT**

Admin - Department - Charge Capture - **Max # Diagnoses Allowed per Transaction**

## Associating a Photo with a Charge Transaction

You can attach one or more photos to a charge transaction in cases where this additional documentation is necessary or helpful to your workflow. For example, you might attach a photo of a wound, a rash, or a fracture as a means of communicating with other providers for purposes of monitoring or assessment. Or you might attach a photo as a means of communicating with billers to validate the coding of the charge transaction. In order to attach a photo, the photo must first be taken by yourself or another provider using a handheld device, and associated with the patient's record. Please see the *PatientKeeper on Apple Help* or *PatientKeeper on Android Help* for instructions on this process. Once the photo is part of the patient's record, you can attach it to a charge transaction while entering a new charge, or while editing an existing one.

To associate a photo with a charge transaction, follow these steps:

1. Click the **Photos** button  located at the top right of the Charge Transaction screen.

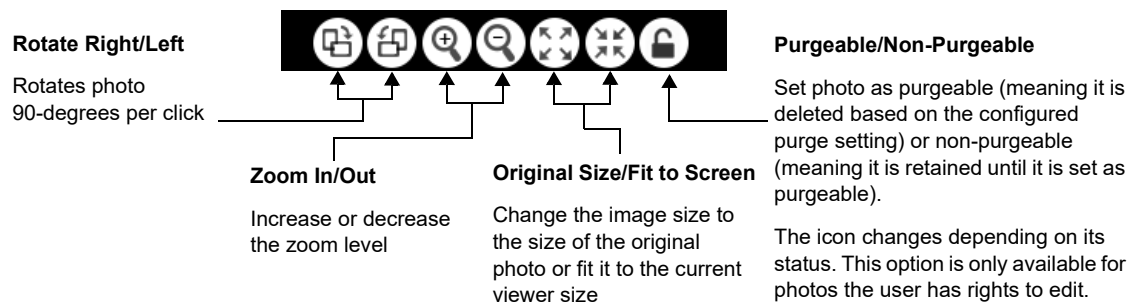


The Patient Photos display opens in the center area of the screen and shows a Summary list of the patient's photos. For each photo, you can see the **Date/Time** it was taken, the **Title** it was given by the person who took the photo (if they did not assign a title, a default title of YYYYMMDDHHSS is assigned), the person who took the photo (**Created By**), and a thumbnail image of the photo, and **Delete** (🗑️) and **Purgeable/Non-Purgeable** buttons (🔒 / 🔓). The **Link** column on the far left contains a checkbox. A checkmark in the **Link** column indicates that the photo is associated with the current charge transaction.

2. (Optional) Adjust the Patient Photos display.
  - You can move the Patient Photos display to a more convenient location by grabbing the title bar, dragging the window to a new spot, and dropping it.
  - You may change the order in which Photos are sorted by clicking on a column heading. For example, clicking the **Title** heading would sort the photos alphabetically by photo title, or clicking the **Link** heading would sort the photos according to those that are linked to the charge versus those that are not.
3. To view the actual image of a photo, click anywhere on the row for a photo (except on the checkbox in **Link** column).

The photo opens inside an image viewer.

4. While viewing an image, you can take any of the following actions:
  - Continue to enter data on the Charge Transaction screen (that screen is still active).
  - Adjust the photo using the viewer controls.




- Click the **Previous** button (◀️) or the **Next** button (▶️) to navigate to additional photos in the Summary list.
  - Click the **Close** button (✖️) at the top right to close the image viewer and go back to the Summary list of photos.
5. Once you identify a photo that you want to link to this charge translation, check the box for that photo's row in the **Link** column. You can link multiple photos to the same charge transaction.  
To remove the link for a photo that is no longer applicable, uncheck the box.
  6. To save the link(s) and close the Patient Photos display, click the **OK** button at the bottom right corner of the window.


The photo(s) will be associated with the charge transaction once you **Submit** the transaction. Notice that the **Photos** button now shows a number to indicate the number of photos that are associated with this transaction: Photos 2.


## Controlling if a Patient Photo can be Purged

Photos are automatically set to be deleted after a certain number of days based on the configured purge setting. You can override this by setting a photo as non-purgeable and it will be retained until it is manually deleted or set as purgeable (and will then be deleted based on the purge setting).

When a photo is purged automatically, it is permanently removed from the patient's record. Please note that it is removed even if it was attached to a charge transaction.

1. On the Charge Transaction screen, click the **Photos** button  located at the top right of the screen.  
The Patient Photos display opens in the center area of the screen and shows a Summary list of the patient's photos.
2. Locate the photo for which you want to change the purge status, and click the **Purgeable/Non-purgeable** toggle button in the far right column.

 **Purgeable**- When the toggle button shows like this, the photo will be purged after the configured number of days.

 **Non-purgeable**- When the toggle button shows like this, the photo is saved until it is manually deleted or until it is set as purgeable again.

**NOTE:** When a photo is set as non-purgeable, it can still be deleted manually.

3. Close the Patient Photos display.

Related topics:



*Manually Deleting a Patient Photo*

*Associating a Photo with a Charge Transaction*

## Manually Deleting a Patient Photo

If you find that a photo is incorrect for a patient, or that it is no longer needed, you can delete it from the patient's list of photos. Please note, that while you can always delete the photos that you took yourself, you can delete photos taken by other users only if this feature is enabled in your user profile.

When you delete a photo manually, it is permanently removed from the patient's record. Please note that it is removed even if it was attached to a different charge transaction.

1. On the Charge Transaction screen, click the **Photos** button  located at the top right of the screen.  
The Patient Photos display opens in the center area of the screen and shows a Summary list of the patient's photos.
2. Locate the photo that you want to delete, and click the **Delete** button  in the far right column.  
The Delete Photo dialog displays for confirmation.
3. Click the **Yes** button to delete the photo.
4. Close the Patient Photos display.

Related topics:

*Controlling if a Patient Photo can be Purged*

### *Associating a Photo with a Charge Transaction*

## Entering Comments on a Charge Transaction

There are two fields available for free text comments on every charge transaction: **Comments** and **Biller Comments**.

- The **Comments** field is available on the Charge Transaction screen for all users, and the comment entered in the field is visible to anyone who has access to view or edit the transaction. Providers can use the **Comments** field to enter notations about the transaction or to communicate billing questions to supervisory physicians or billing administrators. When the provider enters a comment and clicks **Submit**, the transaction may also be automatically held for review, or the user may be presented with a prompt asking them if they want to hold the transaction for review (based on a setting in their user profile). If held automatically, or if the user responds Yes to the prompt, the charge transaction is held with a reason of Comment Review, so that an administrator can review the comment. For more information, see *Holding a Charge Transaction for Review*.
- The **Biller Comments** field is available only to users with Level 1 or 2 access, who have been granted permission to see this field (based on a setting in their user profile). Billing staff can use this field to make notations about billing issues with a particular charge transaction. Information entered in this field is visible only to Level 1 or 2 users who have access to view or edit the transaction.

To enter a comment, follow these steps:

1. Locate the **Comments** and **Biller Comments** fields, in the COMMENTS section at the bottom left of the Charge Transaction screen. The fields are closed by default. If a comment has already been entered, the first few lines of text are visible. To expand the fields so that you can view or enter text, click anywhere in either of the comment fields.
2. Enter your comment in the field.
3. To close the comments area when you are done, click anywhere outside of the COMMENTS section.
4. Finish entering the charges, diagnoses, and detail information, and then select **Submit** to submit your transaction.

If you entered a comment in the **Comments** field (as opposed to the **Biller Comments** field), then depending on your user profile, the charge transaction may now be automatically held for review with a Hold Reason of Comment Review, or you may be prompted with the following message: “*You have entered a comment. Hold charge for review?*”

- Select **Yes** to hold the transaction for review (with a Hold Reason of Comment Review) and submit.
- Select **No** to submit without holding the transaction for review.
- Select **Continue Editing** to return to the Charge Transaction screen without submitting.

In the various charge report options, your administrator can add columns to show the provider’s **Comments** and/or the **Biller’s Comments**, so that users can quickly see if a transaction has comments.

Settings that control this feature:


Admin - User - Charge Capture - **Hold Charge for Review when Comment Entered**


Admin - Institution - Charge Capture - **Show Biller Comments (Web only) (L 0-2)**

Admin - User - Charge Capture - **Show Biller Comments (Web only)** (applies only to Level 1 or 2 administrators)

## Checking a Charge Transaction for Errors

There are two ways to check your charge transaction for errors:

- You can check for errors at any time, on demand, by clicking the **Edits** button , located in the top right corner of the screen. The transaction is immediately checked for coding errors (also known as *code edits*) on the data you have entered so far. You might do this if you think there is a potential problem with the data you entered.
  - If there are no errors, the system displays a message to that effect.
  - If there are errors, the problem(s) are displayed in red text in a message box near the top of the screen.

You can expand or collapse this message box by clicking the **Edits** button .
- When you click the **Submit** button, the system *automatically* checks for errors.
  - If there are no errors, the transaction is saved as a completed transaction.
  - If there are errors, the problem(s) are displayed in red text in a message box near the top of the screen, and you are presented with options to continue editing (to correct the problems), to save the transaction with errors (as a draft or as a completed transaction), or to discard the transaction. If you choose to correct the problems, then after doing so and clicking the **Submit** button again, the transaction is saved as completed.

## Submitting a Charge Transaction

Once a user has entered as much information as possible for the charge transaction, they must submit it. There are four ways to submit a transaction. The method depends on whether or not the transaction is ready to be billed to the patient.

- **Submit the transaction as complete:** The provider confirms that the transaction is complete and ready for billing. For a full explanation of submitting completed charges, see *Submitting a Charge Transaction as Complete*.
- **Submit the transaction as complete and send it immediately to the Outbox:** This option is available only to Level 1 or 2 administrators. The administrator confirms that the transaction is complete, and can safely bypass the Holding Bin and be sent immediately to final billing. See *Submitting a Transaction and Sending Immediately to the Outbox*.
- **Submit the transaction as a draft:** The provider has entered partial charge information, but the transaction is still incomplete. The provider would like to complete the transaction at a later time, and is not ready to submit the transaction for billing. For a full explanation of submitting charges as drafts, see *Submitting a Charge Transaction as a Draft*.
- **Hold the transaction for review:** The provider has completed the transaction to the best of their ability, but it is either missing information, or has coding issues. They want to send the transaction to the Holding Bin where a billing administrator or supervisory physician can review their work, and make any necessary corrections before final billing. For a full explanation of holding charges for review, see *Holding a Charge Transaction for Review*.

## Submitting a Charge Transaction as Complete

If you entered all of the necessary information for the transaction and you feel that it is ready to be billed, you can click the **Submit** button to submit it as a completed transaction. At a minimum, in order to save a transaction as

completed, you must enter a Service Date, Billing Provider, Billing Area, Service Site, and at least one charge code. In addition, you may also be required to enter at least one diagnosis code, depending on how your administrator has configured the system. The transaction then follows the normal course of billing, as configured by your administrator. The transaction either goes to the Holding Bin (a holding area where billing administrators can review and make corrections to transactions) or it goes to the Outbox (a staging area for transactions that are ready for final billing). Your administrator determines which types of charges (those with or without errors) are sent to the Holding Bin, as opposed to being sent directly to the Outbox.

If the transaction has errors, the options available to you are based on whether the error requires immediate resolution (referred to as a *forced* code edit), or does not require immediate resolution (referred to as a *not-forced* code edit).

To submit a charge transaction as completed, follow these steps:

1. Enter all of the necessary data on the Charge Transaction screen.
2. Click the **Submit** button, located in the lower right corner.

The system now automatically checks the transaction for errors.

- If the transaction has a **forced coded edit** error, you are required to resolve the issue before you can save the transaction as completed. You may see either of the dialog boxes below:
  - ☐ “*This charge transaction has been saved as a DRAFT due to errors. Choose the next step.*” This message is seen on a “forced” code edit, when your user profile is configured to allow saving forced code edit as drafts. You have options to:
    - ◆ **Continue Editing** (to fix the issue and then **Submit** again)
    - ◆ **Save As Is** (to save as a draft without correcting the issue).
  - ☐ “*This charge transaction was NOT SAVED due to errors. Choose the next step. Please note that if you discard the transaction all changes will be lost.*” This message is seen on a “forced” code edit, when your user profile is not configured to allow saving forced code edit as drafts. You have options to:
    - ◆ **Continue Editing** (to fix the issue and then **Submit** again)
    - ◆ **Discard Transaction** (to exit without saving the transaction).
- If the transaction has a **non-forced code edit** error, and your department or user profile is configured to send transactions with errors to the Holding Bin, the problems are listed in a message box near the top of the screen. An additional dialog box displays this message: “*The charge transaction has been saved as a COMPLETED transaction, but code edits now exist. Choose the next step.*” You have options to:
  - ◆ **Continue Editing** (to fix the issue and then **Submit** again)
  - ◆ **Save as Draft** (to save as a draft without correcting the issue)
  - ◆ **Save As Is** (to save as a completed transaction, without correcting the issue; the transaction will go to the Holding Bin for review by billing staff).
- If the transaction has a **non-forced code edit** error, but your department or user profile is configured to send transactions with errors to the Outbox anyway, the problems are listed in a message box near the top of the screen. An additional dialog box displays this message: “*This charge transaction has been saved as a COMPLETED transaction and sent to the Outbox, but it has errors. Would you like to send back to the Holding Bin to correct errors now?*” You can choose:
  - ☐ **Yes** (to fix the issue and then **Submit** again)

- **No** (to send to the Outbox without correcting the issue).
  - If the transaction has no errors, it is transferred to either the Holding Bin or the Outbox, based on the settings described above. No further action is required on your part.
- 3. Post-submission checks are now performed on the charge transaction:
  - If you were able to submit the transaction as complete, and PQRS is enabled at your organization, the application now checks the transaction to see if it qualifies for quality reporting. If it does, the PK Clinical Metrics screen is displayed so that you can submit quality measure information. See *Answering the Clinical Metrics Questions*.
  - If the transaction meets the criteria for a code edit that launches a custom form, that custom form is now displayed (for both draft and completed charge transactions). See *Completing the Fields on a Custom Form*.

Settings that control this feature:

- Admin - Department - Charge Capture - **Send All Transactions to Holding Bin**
- Admin - Department - Charge Capture - **Send Transactions with Validity Errors or Non-Forced Code Edits to Holding Bin**
- Admin - Department - Charge Capture - **Send Transactions with Free Text to Holding Bin**
- Admin - Department - Charge Capture - **Send Transactions with Comments to Holding Bin**
- Admin - User - Charge Capture - **Send All Transactions to Holding Bin**
- Admin - User - Charge Capture - **Send Transactions with Validity Errors or Non-Forced Code Edits to Holding Bin**
- Admin - User - Charge Capture - **Send Transactions with Free Text to Holding Bin**
- Admin - User - Charge Capture - **Send Transactions with Comments to Holding Bin**
- Admin - User - Charge Capture - **Allow User to Save Transactions with Forced Code Edits as Draft**

## Submitting a Transaction and Sending Immediately to the Outbox

Depending on how your system is configured, most or all of your organization's completed charge transactions go to the Holding Bin, where they are verified by billing administrators before they are sent to the Outbox for final billing. However, when entering or editing a charge transaction, a Level 1 or 2 administrator may have the ability to bypass the Holding Bin and send the transaction directly to the Outbox, if enabled in their user profile.

If this feature is enabled, an administrator can use the **Outbox** button on the Charge Transaction screen, whenever they determine that a charge transaction is complete, properly coded, and ready for immediate billing. This submits the transaction and immediately sends it to the Outbox, bypassing the Holding Bin process. As a result, the transaction is billed in a more timely fashion.

Follow the steps below to submit a charge as complete and immediately send it to the Outbox:

1. Enter all of the necessary data on the Charge Transaction screen.
2. Click the **Outbox** button, located in the lower right corner.

The system automatically checks the transaction for errors.

- If the transaction has no errors, the transaction is submitted as completed, and it is immediately transferred to the Outbox.
- If the transaction has errors, the problems are listed in a message box at the top of the screen. Depending on the type of error, you can choose whether to edit the charge to correct the errors, submit

the charge as complete and send it to the Outbox even though it has errors, or exit without correcting the errors (and submit the charge as a draft).

3. Post-submission checks are now performed on the charge transaction:

- If you were able to submit the transaction as complete, and PQRS is enabled at your organization, the application now checks the transaction to see if it qualifies for quality reporting. If it does, the PK Clinical Metrics screen is displayed so that you can submit quality measure information. See *Answering the Clinical Metrics Questions*.
- If the transaction meets the criteria for a code edit that launches a custom form, that custom form is now displayed (for both draft and completed charge transactions). See *Completing the Fields on a Custom Form*.

Settings that control this feature:

Admin - User - User Permissions - **Level 2: Can Send Charges to Outbox**

## Submitting a Charge Transaction as a Draft

Once the details of a charge have been entered, providers can choose to submit the transaction as a draft. A provider might do this if they knew the charge transaction was incomplete, and wanted to save it until they had time to enter the remaining details. A user's ability to save charges as draft is based on a setting in their user profile.

Submitting the transaction as a draft prevents it from being sent to the *Holding Bin* or *Outbox*, and gives the provider a chance to complete the transaction before it is sent to final billing. Although providers can edit a transaction while it is in the *Holding Bin*, and may even be able to edit it while it is in the *Outbox*, the provider has no control over how long the charge stays in either of these states. Once an administrator moves the charge to final billing it will no longer be editable.

Therefore, it is better for providers to submit the charge as a draft if they know that it is incomplete. These draft charges have a status of *Draft* in various displays of charge data. Draft transactions entered on the PatientKeeper web platform can be viewed or edited in that same platform, as well as on a handheld device.

**NOTE:** You can also enter draft transactions on your handheld device. They have a status of *Draft (HH)*, and once they are submitted to the server, they can be viewed or edited on both platforms.

Since draft transactions are not complete, they are not eligible for quality reporting, and the PK Clinical Metrics screen never appears for them (see *Completing PQRS\MIPS Clinical Metrics Forms*).

To submit the charge as a draft, do as follows:

1. Enter as much charge data as possible on the Charge Transaction screen.  
At a minimum, even for a draft charge, you must enter a Service Date, Billing Provider, Billing Area, and Service Site.
2. If desired, enter a **Comment** describing the information that is needed to complete the charge, as a reminder to yourself.
3. Check the **Draft** checkbox in the lower right corner, and then click the **Submit** button.
4. Post-submission checks are now performed on the charge transaction. If the transaction meets the criteria for a code edit that launches a custom form, that custom form is displayed. See *Completing the Fields on a Custom Form*.

Settings that control this feature:

Admin - User - Charge Capture - **Allow User to Save Transactions as Drafts**

Related topics:

*Viewing and Completing a Draft Charge*

*Managing Expired Drafts*

### Viewing and Completing a Draft Charge

From the **Patients** tab a user can see the draft charges that they entered on the web platform, as well as those that they entered on their handheld device. Drafts entered on the web platform have a status of *Draft*, while those entered on a handheld device have a status of *Draft (HH)*.

From the **Patients** tab you can also make any necessary corrections or additions to draft charges, and then submit them as completed transactions. If your organization has implemented PQRS, then once you complete a draft transaction, it becomes eligible for quality reporting.

1. On the **Patients** tab, select a patient list at the top of the left pane.
2. Select a patient from the patient list in the left pane.
3. Select the standard **Charges** dashboard from the Dashboard Selector (located at the top of the dashboard display area).

The **Charges** component is displayed, showing the charge status for each day of the patient's visit(s).

If a charge has already been entered for a visit day, it shows you the visit date (as a clickable link, for example: [03/14/19-Day-2](#)), billing provider, charge codes and descriptions, charge diagnoses and descriptions, and reason for visit.

4. Examine the details of the charge and then:
  - If you determine that edits are necessary, click the date link (for example: [03/14/2019-Day-2](#)) for the charge transaction that you want to edit. Make any necessary changes and then click the **Submit** button at the bottom of the Charge Transaction screen.
5. Post-submission checks are now performed on the charge transaction:
  - If PQRS is enabled at your organization and the transaction qualifies for quality reporting, the PK Clinical Metrics questionnaire is displayed so that you can submit quality measure information. See *Answering the Clinical Metrics Questions*.
  - If the transaction meets the criteria for a code edit that launches a custom form, that custom form is now displayed. See *Completing the Fields on a Custom Form*.

Related topics:

*Submitting a Charge Transaction as a Draft*

*Managing Expired Drafts*

### Holding a Charge Transaction for Review

Once the details of a charge transaction have been entered, a provider may be able to hold the charge transaction for review. A provider might hold a transaction for a variety of Hold Reasons, such as Review Requested (they want someone to review the charge transaction for accuracy) or Hold until Discharged (they want the charge to be held until the patient is discharged). A provider's ability to hold a transaction for review using the Review Requested



reason or any other custom reason (such as Hold Until Discharged or Missing Documentation) is based on several configuration settings.

**NOTE:** See also *Entering Comments on a Charge Transaction* for information about holding a charge for review using the Comment Review reason when you enter a comment on the charge transaction.

If the hold for review feature has been enabled for you, you can hold a charge transaction for review by following these steps:

1. Enter as much data as possible on the Charge Transaction screen.
2. (Optional) Enter a comment describing the problem or question with the transaction. This comment will be visible to the person who reviews the transaction.
3. Hold the charge for review using one of the options below. Note that the way the Hold for Review option looks and behaves depends upon how many Hold Reasons you are authorized to use.
  - If you are authorized for only one Hold Reason, then a **Hold for Review** checkbox ☐ **Hold For Review** is displayed, as either checked or unchecked, just above the **Cancel** button at the bottom right of the screen. To hold the transaction for review, check the box (or leave it checked if is already checked by default) and then click the **Submit** button. The transaction is held for whatever Hold Reason you are authorized to use, which could be Review Requested, or some other custom reason.
  - If you are authorized for more than one Hold Reason, a **Hold for Review** link with an **Up Arrow** is displayed instead (for example: **Hold For Review ^**). The **Hold for Review** link may have a number next to it (for example: **1 Hold For Review ^**). This indicates that one or more reasons are already selected for you by default. When you first start using the system, you should click the **Up Arrow** at least once to view the list of reasons that are available to you and familiarize yourself with the ones are selected for you by default. From that point forward, you can then take any of the following actions:
    - ☐ If the **Hold for Review** link does not have a number next to it, click the **Up Arrow** to display the list of reasons, select one or more reasons, and then click **Submit**.
    - ☐ If the **Hold for Review** link does not have a number next to it, you can click the **Hold for Review** link itself, and then click **Submit**.
      - ♦ If the Review Requested reason is one of the reasons available to you, the transaction is automatically held for that reason.
      - ♦ If the Review Requested reason is not available to you, then you are prompted to select a custom reason for which to hold the transaction.
    - ☐ If the **Hold for Review** link has a number next to it ( **1 Hold For Review ^** ), you can simply click the **Submit** button to hold the transaction for review based on the reasons that are selected for you by default.

**NOTE:** Do *not* check the **Draft** checkbox. The charge must be submitted as complete and sent to the Holding Bin in order for an administrator or another physician to review it. If the charge is saved as a draft, it is not sent to the Holding Bin, and cannot be reviewed by others.

4. Post-submission checks are now performed on the charge transaction:
  - If PQRS is enabled at your organization, the application now checks the transaction to see if it qualifies for quality reporting. If it does, the PK Clinical Metrics questionnaire is displayed so that you can submit quality measure information. See *Answering the Clinical Metrics Questions*.

- If the transaction meets the criteria for a code edit that launches a custom form, that custom form is now displayed. See *Completing the Fields on a Custom Form*.

The charge is now sent to the Holding Bin with a [Held for Review](#) charge status.

Once a charge has been held for review, an administrator or supervisory physician can examine the transaction and/or make corrections using any of a variety of report options. Once they determine that the charge is properly coded, they can mark the charge as reviewed. The charge then follows the normal course of billing. For detailed instructions on how a provider or administrator can mark charges as reviewed, see *Marking Charges as Reviewed from a Report*.

Settings that control this feature:

A provider's ability to hold a transaction for review using the Review Requested reason is based on the first setting below, and their ability to hold a transaction for any other custom reason (such as Hold Until Discharged or Missing Documentation) is based on the second setting below:

Admin - User - Charge Capture - **State of Hold for Review Checkbox**

Admin - Institution - Charge Capture - **Enable Hold for Review**

Related topics:

*Holding Charges for Review from a Report*

*Marking Charges as Reviewed from a Report*

## Completing PQRS\MIPS Clinical Metrics Forms

PatientKeeper makes it easy for physicians to participate in the Merit-based Incentive Payment System (MIPS) sponsored by the Centers for Medicare and Medicaid Services (CMS). If PatientKeeper PQRS (Physician Quality Reporting System) is implemented at your organization, each time you enter a charge transaction, it is evaluated to determine if it fits the quality reporting criteria. Patient information such as age and gender, and the charges and the diagnoses that you enter, are all taken into account. The reporting frequency for the each measure determines how often you are prompted to answer the PK Clinical Metrics form (each time a provider uses a particular charge code, once per visit, once per calendar month, once per reporting period, and so on). When appropriate, you are prompted to answer a series of clear and concise quality measure questions.

Your answers to the quality measure questions are then conveyed to CMS using either of the methods below:

- **Registry method:** After you answer the quality measure questions, the answers are recorded by the PatientKeeper application. You can then monitor your performance throughout the year using the **Charges > PQRS Report** option. At the end of the reporting period, PatientKeeper reports the information to the CMS.
- **Claims Billing method:** After you answer the quality measure questions, those answers are translated into one or more CPT II codes and modifiers which are automatically added to the charge transaction. The codes are then submitted along with the original charges to your billing system, and are then reported to the CMS when the claim is submitted for payment.

This section reviews how to use PQRS after it has been configured at your organization. For instructions on configuring PQRS, administrators should refer to the *PatientKeeper Revenue Reports Administrator Help*.

Related topics:

*Answering the Clinical Metrics Questions*

*Managing Charge Transactions with PQRS/MIPS Data*

*Editing Charge Transactions with PQRS/MIPS Data*

*Copying Transactions with PQRS/MIPS Data*

## Answering the Clinical Metrics Questions

Every time you enter a charge transaction and submit it as a completed charge transaction, it is evaluated to determine if it fits the criteria for one or more quality measures. If it does, you are presented with the Clinical Metrics screen, which guides you through the question or questions for each qualifying measure. All, some, or none of the questions on the screen may be required, as determined by your system administrator:



- If all of the questions are required, or if there is a mix of required and non-required questions:
  - At a minimum, *you must answer all of the required questions* and then **Submit** your responses. You cannot **Cancel** out of the Clinical Metrics screen.
  - If you leave any of the non-required questions unanswered when you **Submit** your responses, it means that you have chosen to report nothing for those questions, resulting in a possible loss of the incentive revenue or a penalty. You will *not* be prompted to answer that measure's questions again for that patient during the measure's reporting time frame. For example, if a measure's reporting frequency is once per calendar month, and you submit answers for only one out of the three questions for Joe Smith in January, then that one answer is your total submission for that measure for Joe Smith in January.
- If none of the questions are required, you have two options:
  - You can answer some or all of the questions, and then **Submit** the your responses. Again, if you leave any of the non-required questions unanswered, this means that you have chosen to report nothing for that question for that specific patient, and this could possibly result in a loss of the incentive revenue or a penalty. You will *not* be prompted to answer that measure's questions again in the same reporting time frame.
  - You can **Cancel** out of the Clinical Metrics screen entirely, without answering any questions. If in the same reporting time frame you later edit the same qualifying charge transaction, or enter a new qualifying charge transaction, you will be prompted to answer the same measure's questions again.

As a general rule, in order to maximize your quality incentive revenue and/or decrease penalties, it is best practice to answer all of the questions *when they are presented to you*.

1. Enter the charges, diagnoses, and header information for your charge transaction as normal, and then select the **Submit** button.

If the charge transaction qualifies for quality reporting, the Clinical Metrics screen is displayed.

**NOTE:** If you instead save the charge as a draft, the PK Clinical Metrics screen is not displayed; quality data is not collected for draft charges.

2. Answer each question as on the screen; you may need to scroll down to see all of the questions.
  - Select the **Info** icon  at the top right to toggle between showing or not showing the full description of the measure.
  - Required questions are indicated by a red exclamation mark  to the left of the question.

- If none of the questions are required, the **Cancel** button is enabled. Select **Cancel** to exit without saving any of your responses.
3. Select **Submit** to submit the charge transaction with your answers to the clinical metrics questions.
- If your organization is using the Registry method, your answers are recorded by the system and will be reported to the CMS at the end of the reporting period.
  - If your organization is using the Claims Billing method, the appropriate CPT II codes and modifiers are now automatically added to the charge transaction and the entire transaction is submitted to the server.

If the ability to view auto-added charges is enabled in your user profile, you can immediately see the CPT II codes that were automatically added to the transaction on the Charge Transaction screen (when editing the transaction), on the **Patients** tab > **Charges** dashboard > **Charges** component, and possibly on other charge reports. Each auto-added code has “(P)” for PQRS listed after the charge code. If this feature is not enabled, you can see only the original charges for services that you entered.

Settings that control this feature:

Admin - User - Charge Capture - **Show PQRS Charges to User**

Related topics:

*Managing Charge Transactions with PQRS/MIPS Data*

*Editing Charge Transactions with PQRS/MIPS Data*

*Copying Transactions with PQRS/MIPS Data*

## Completing Custom Forms

The PatientKeeper application can automatically launch Custom Forms based on code edits so that they are readily accessible to providers and administrators at the point of care. If implemented at your organization, each time you submit a charge transaction, it is evaluated to determine if it meets any code edit criteria, and if so, any custom forms associated with those code edits are then launched. The form can then be immediately completed and submitted, and then routed to a printer or fax for action and analysis (routing requires integration work by PatientKeeper services). Some examples of forms associated with code edits include:

- **PCP Notification Forms:** A code edit can be configured to launch a PCP (Primary Care Physician) Notification form when a provider enters a specific charge or diagnosis code. When the provider submits a charge transaction that matches the criteria of the code edit, the PCP Notification form is automatically displayed to the user for completion.
- **Performance and quality measures:** A code edit can be configured to launch a performance or quality measure form when a provider enters a specific charge, such as a charge for an operation or a discharge. Information about performance and quality measures can then be gathered to assess patient care and measure institutional performance. Examples of quality measure forms can be:
  - ☐ Did patient receive smoking cessation instructions? (CHF patient); or
  - ☐ Did patient receive aspirin upon arrival? If not why? (AMI patient)

This chapter reviews how to complete custom forms after they have been configured at your organization. For instructions on how to configure custom forms, administrators should refer to the *PatientKeeper Revenue Reports Administrator Help*.

## Completing the Fields on a Custom Form

Every time you enter a charge transaction and submit it, it is evaluated to determine if it fits the criteria for one or more code edits. If it meets the criteria for a code edit, and that code edit has a Custom Form associated with it, the form is then automatically displayed. The number and type of fields on the form are completely customizable and depend on your organization's needs.

1. Enter the charges, diagnoses, and header information for your charge transaction as normal, and then select the **Submit** button.

If the charge transaction meets the criteria for a code edit that has an associated form, the Forms screen is displayed. The screen shows the same information that will be printed or sent to a fax machine, so that you can see the final result.

**NOTE:** Even if you save the charge as a draft, the Forms screen is displayed.

2. Complete the fields on the screen; you may need to scroll down to see all of the questions. Since the form is completely customizable, it might display any of the following:
  - A variety of read-only patient, insurance, provider, or charge transaction fields.
  - Additional fields for you to complete, such as free text comments or other data. Complete the fields as appropriate for the patient.
  - The **Scratchpad** field from the Sign-Out module. If this field is present, then when you select a Billing Area on the charge transaction, the system retrieves the data from the **Scratchpad** field on the Sign-Out form for the *same* department (to which the Billing Area belongs). You can leave this field unchanged, or you can modify it. Changes that you make to the **Scratchpad** field here may or may not be carried over to the Sign-Out module; it depends on how your organization has configured the Custom Form.
3. Select **Save** to save the form data as completed, or **Save as Draft** to save it as a draft form (you can later edit and complete the form if necessary).

In some cases, the form may now be automatically routed to a printer or fax. For example, a PCP Notification form might be automatically faxed to the Primary Care Physician.

Related topics:

*Managing Charge Transactions with Associated Custom Forms*

*Editing Charge Transactions with Associated Custom Forms*

*Copying Transactions with Associated Forms*


## Entering Charges for Multiple Service Dates (on a Single Patient)

There may be instances when you would like to enter the same charge, or set of charges, for multiple service dates, for a given patient. For example:

- For an inpatient visit, you might want to bill the same evaluation and management code for several days at a once.
- You might prefer to bill at the end of the week, for all of the days in the week that just completed.

The Charge Transaction screen allows you to enter the details for a patient's charge transaction, and apply it to multiple service dates, as long as those dates are all for the same visit. The service dates can be consecutive, or not, as appropriate for the charges you are entering. Keep in mind that you cannot select a date or date range that falls outside of the billable window for the visit. For more information on this topic, see the **Service Date** field, in the section entitled *Entering Detail Information for the Entire Charge Transaction*.

Your administrator must enable the multi-day charge feature in your user profile before you can use it, and also determines for which types of visits it can be used (typically, it is used for inpatient visits). In addition, your administrator also determines whether a confirmation dialog is shown every time you submit a multi-day charge transaction, or only when you submit one that has errors.


When multi-day charges are enabled, an **Additional Dates** field with an **Add** button ( **Additional Dates**  ) is displayed just below the **Service Date** field in the CHARGE DETAILS section. This indicates that additional service dates can be added. (Note that this field is present only when adding new transactions, or copying charges to a new transaction. It is not available when editing charge transactions.) When you first access the Charge Transaction screen for a new or copied transaction, one date is already entered as the "main" service date. You can keep this date, or change it. Then in addition, you can add more service dates, as follows:

1. Click the **Additional Dates Add** button .

A pop-up menu displays the following two choices: **Add Date** and **Add Date Range**.

2. Enter the appropriate date(s) or date range.
  - **Add Date:** Select this option to add a new field for a single date in the CHARGE DETAILS section. Then click into the field select a date from a pop-up calendar (or, just type a date into the field).
  - **Add Date Range:** Select this option to add two new fields for a date range in the CHARGE DETAILS section. Then click into each field to select the beginning and end dates from a pop-up calendar (or, just type dates into the fields).

Note that on the pop-up calendar, the valid billable dates for the visit are underlined and highlighted in pink. You can enter multiple individual dates and/or date ranges.

To remove a date or date range that was entered in error, click **Delete**  to the left of the date or date range.

3. Enter the remaining information for the charge transaction, such as additional charge header details, diagnosis codes, charges codes, modifiers, and comments. See the following topics for more information:
  - *Entering Detail Information for the Entire Charge Transaction*
  - *Entering Charge Codes*
  - *Adding a Modifier to a Specific Charge Code*
  - *Entering Diagnosis Codes*
  - *Entering Details for a Specific Charge Code*
  - *Entering Comments on a Charge Transaction*
4. Determine how to save the multiple transactions:
  - **Submit them as a drafts:** click the **Draft** checkbox and then click **Submit**.

A draft transaction is created for each service date, and you are all done.

- **Submit them as completed:** Click **Submit**.

The transaction for the “main” service date is automatically checked for errors.

- If the “main” service date has errors, the error is displayed in red text in the **Edits** box at the top of the screen, and a dialog box with the standard choices for addressing the error are displayed below it. For example, you may see choices to **Continue Editing** (to fix the problem), **Save as Draft** (without fixing the problem), **Save As Is** (without fixing the problem), or **Discard Transaction** (exit without saving the transaction). See *Submitting a Charge Transaction as Complete* for more information. We recommend that you choose **Continue Editing** to fix the issue now. If you do so, you can correct the problem once, and then click **Submit** again, and the correction that you make will then be applied to all of the transactions for all of the service dates that you entered. If you instead choose to save as **Draft**, or **Save As Is**, you are then presented with a Confirmation box described in the bullets below, showing you the error status of each charge transaction for each service date. You then have the option of opening each transaction for each service date, and correcting and submitting each transaction individually.
- If there are no errors for the “main” service date (or if you fixed the errors as described in the bullet above), a series of transactions for the additional service dates are now created. If there are no errors with those either, then you are essentially done. You may be presented with a confirmation box that summarizes the number of charge transactions that were created. Click **Finish** to close the box.
- If there are errors on any of the transactions for the additional service dates, a Confirmation box is displayed, showing you the status of each charge transaction for each service date. Any transactions with errors show the error in red text.

You could click **Finish** now, to exit without making any corrections. However, we recommend that you click on the first charge that has an error, so that you can correct it immediately. The Confirmation box expands and displays: the original Confirmation box on the left, and the Charge Transaction screen for that service date on the right. The Charge Transaction screen shows the details of the error in red text in the **Edits** box at the top of the screen.

- Correct the error, and then click the **Submit** button at the bottom of the Charge Transaction screen.
- Then click on the next transaction with an error (listed in the Confirmation box on the left side of these screen) and repeat the process.
- When all charges are corrected and submitted, click the **Finish** button in the Confirmation box.

Settings that control this feature:

Admin - System Management - PK Visit Types - **Charge Capture: Allow Multi-Day Copy and Add**

Admin - User - Charge Capture - **Enable Multi-Day Charge Entry**

Admin - User - Charge Capture - **Only Show Errors in Multi-Day Confirmation Screen (Web Only)**

## Using the PK-Cerner Charge Capture App





If your organization has implemented the PK-Cerner Charge Capture app, then you can access charge information that resides in PatientKeeper, directly from the Cerner application (without having to log out of Cerner and into PatientKeeper). The PK-Cerner Charge Capture app is a plug-in that resides *within* the Cerner application, and provides a familiar summary of charges entered thus far for a given patient visit. From this summary screen, you can add a new charge, or take a variety of actions against charges that have already been entered. New or edited

charge transactions, along with their associated diagnoses and charge details, are immediately saved in the PatientKeeper system, and are also visible in the PK-Cerner Charge Capture app within Cerner.

## Launching the PK-Cerner Charge Capture App

1. In the Cerner® application, select a patient and a visit.
2. Click the option for the PK-Cerner Charge Capture app. The location and name of the option within Cerner depends on how your administrator has configured it. For example, it might be called **Enter Charges (PK)** or **PK Link**, and it might be located in a “MPage” workflow or in the Patient Menu on the left.

The PK-Cerner Charge Capture app is displayed, showing a summary of the charge status for each day of the patient’s visit.

- If no charges have been entered for a visit day, it displays an [Add Charge](#) link in the Actions column. Single-day visits also show the patient’s diagnoses and descriptions.
  - If a charge has already been entered for a visit day, it displays an Actions column containing several buttons (     ), visit date (as a clickable link, for example: [03/14/2019-Day-2](#)), billing provider, charge codes and modifiers, charge descriptions, quantity, diagnosis codes, and diagnosis descriptions.
3. Take any of the actions below:
    - *Entering a New Charge Using the PK-Cerner Charge Capture App*
    - *Copying a Charge Using the PK-Cerner Charge Capture App*
    - *Marking a Charge as Reviewed Using the PK-Cerner Charge Capture App*
    - *Editing a Charge Using the PK-Cerner Charge Capture App*
    - *Deleting a Charge Using the PK-Cerner Charge Capture App*

Some of the actions above will open the PatientKeeper Charge Transaction screen (such as entering a new charge, copying a charge, or editing a charge). There are several safeguards in place to help you manage the various PatientKeeper or Cerner windows that might be open at any given time:


- If you have multiple patient charts open in Cerner, you can only open the Charge Transaction screen for one of those patients at a time (a warning message is displayed if you try to open it for another patient).
- When the Charge Transaction screen is open for a given patient, the summary of charges in the PK-Cerner Charge Capture app shows an [In Progress](#) link in the Actions column, to let you know that the window is open. You can click the [In Progress](#) link to go back to the open Charge Transaction screen.
- If the open charge is generated by copying from a different visit date, the **Copy** icon will be highlighted and behave similarly to the [In Progress](#) link.
- If the PatientKeeper Charge Transaction screen is open for a patient, and then you close that patient’s Cerner chart, or you close the Cerner application entirely, the Charge Transaction screen closes without saving.

## Entering a New Charge Using the PK-Cerner Charge Capture App

1. In the Cerner® application, select a patient and a visit, and then click the option for the PK-Cerner Charge Capture app.



The PK-Cerner Charge Capture app is displayed, showing the charge status for each day of the patient's visit.

2. Determine for which visit day you want to enter a charge and then click the appropriate item in the Actions column
  - If no charges have been entered for a visit day, click the [Add Charge](#) link.
  - If a charge has already been entered for a visit day, and you want to add *another* charge for that same day, click the **Add** button .

The Charge Transaction screen opens. The patient's diagnoses from Cerner are automatically added to the **Existing** list and may also be added to the Selected Codes section on the right side of the screen, depending on how the system and your user profile are configured. In general, diagnoses are defaulted as follows:

- For single-day visits, if diagnosis defaulting is enabled in your user profile, then all diagnoses on the Cerner visit are defaulted onto the charge transaction.
  - For multi-day visits, if diagnosis defaulting is enabled in your user profile, then your system administrator determines the maximum number of diagnoses that will be defaulted. For example, if the maximum is configured to 12, then up to 12 diagnoses are selected, with those that have been assigned a priority taking precedence over those that have not.
3. Enter the details for the charge transaction, as outlined in *Basic Steps: Entering a New Charge Transaction*.
  4. Click **Submit** to save your new transaction and close the Charge Transaction screen.

The charge is displayed in the PK-Cerner Charge Capture app. Note that any new diagnoses that you entered on the Charge Transaction screen are added to the patient's visit diagnosis list in Cerner (except for diagnoses entered on draft charges, or free text diagnoses).

Related topics:


*Launching the PK-Cerner Charge Capture App*

*Copying a Charge Using the PK-Cerner Charge Capture App*

## Copying a Charge Using the PK-Cerner Charge Capture App

1. In the Cerner® application, select a patient and a visit, and then click the option for the PK-Cerner Charge Capture app.

The PK-Cerner Charge Capture app is displayed, showing the charge status for each day of the patient's visit.

2. Locate the charge transaction that you want to copy as the source for a new transaction and click the **Copy** button  in the Actions column.
3. Depending on how your user profile is configured, **Copy** may now do the following:
  - It may automatically copy the comments and biller comments from the previous transaction.
  - It may automatically copy the modifiers from the previous transaction.
  - It may *automatically* copy the diagnosis codes from the previous transaction, or it may display those diagnosis codes and allow you to *select* the ones you want to copy (if any).

**NOTE:** It will *not* copy any photos that were associated with the previous transaction to the new transaction.

The Charge Transaction screen is now displayed. All of the charge codes (and possibly the comments, modifiers, and diagnosis codes) from the earlier transaction are entered for you. You should review the copied information and make any necessary modifications for this transaction. For complete instructions on how to properly fill out the Charge Transaction screen, please refer to *Basic Steps: Entering a New Charge Transaction*.

4. Click **Submit** to save your new transaction and close the Charge Transaction screen.

The charge is displayed in the PK-Cerner Charge Capture app. Note that any new diagnoses that you entered on the Charge Transaction screen are added to the patient's visit diagnosis list in Cerner (except for diagnoses entered on draft charges, or free text diagnoses).


Related topics:

*Launching the PK-Cerner Charge Capture App*

*Entering a New Charge Using the PK-Cerner Charge Capture App*

## Marking a Charge as Reviewed Using the PK-Cerner Charge Capture App



Once a charge transaction has been held for review for a particular reason, it must be reviewed and resolved by a supervisory physician or a billing administrator before it can be sent to billing. In order to be able to resolve a charge that is held for review, the user must be designated as a "reviewing user" in their user profile, and they must *also* have permission to resolve the particular reason that the charge was held for review.

If a charge has been held for review, and you have the authority to resolve it, then a **Mark as Reviewed** button  will be available in the Actions column. Follow the steps in Option A or B below to review the charge transaction, and then mark it as reviewed.


Option A: Marking as reviewed without opening the charge for editing:

1. In the Cerner<sup>®</sup> application, select a patient and a visit, and then click the option for the PK-Cerner Charge Capture app.

The PK-Cerner Charge Capture app is displayed, showing the charge status for each day of the patient's visit.

2. Locate the charge transaction that requires review--these are indicated by a **Mark as Reviewed** button  in the Actions column.
3. Review the charge codes, modifiers, quantity, and diagnosis information for the charge, as it is displayed in the summary.
4. If the transaction is correct as entered, click the **Mark as Reviewed** button  in the Actions column.  
(Alternatively, if the transaction requires corrections, or you want to review it in more detail, see Option B below.)


5. When prompted to confirm whether you are sure that you want to mark the selected transaction(s) as reviewed, click **Yes**.

All of the Hold Reasons that you are authorized to resolve are cleared on the transaction and the **Mark as Reviewed** button  is no longer displayed in the Actions column.




Option B: Opening the charge for editing before marking as reviewed:


1. In the Cerner® application, select a patient and a visit, and then click the option for the PK-Cerner Charge Capture app.

The PK-Cerner Charge Capture app is displayed, showing the charge status for each day of the patient's visit.

2. Locate the charge transaction that requires review--these are indicated by a **Mark as Reviewed** button  in the Actions column.
3. Click the date link (for example: [03/14/2019-Day-2](#)) in the Visit Date column to open the transaction for editing.

The Charge Transaction screen is displayed. On the Charge Transaction screen, a comment appears in the **Edits** box the top of the screen, listing one or more reasons why the charge transaction was held for review, such as **Held for Review: Comment Review**, **Held for Review: Review Requested**, or some other custom reason.

4. Review the charge and make any edits as needed to resolve the reason(s) why the transaction was held for review.
5. Determine whether all of the Hold Reasons have been completely resolved:
  - If you resolved only *some* of the Hold Reasons that you are authorized to resolve, click the **Up Arrow** on the **Mark As Reviewed** link **Mark As Reviewed**  to look at the list of reasons. Any reasons that are listed in regular text with a **Reviewed** button next to it are those that you are authorized to resolve, while those with a gray background cannot be resolved by you. Click the **Reviewed** button next to any reason that you did in fact resolve (and *don't* click the **Reviewed** button for any that you did not resolve). Then click the **Submit** button. The hold reasons that you resolved are cleared, and the charge is re-displayed in the PK-Cerner Charge Capture app. Since you did not resolve all of the hold reasons that you were authorized to resolve, the **Mark as Reviewed** button  is still displayed in the Actions column.
  - If you resolved *all* of the Hold Reasons that you are authorized to resolve, just click the **Mark As Reviewed** button. All of the Hold Reasons that you are authorized to resolve are automatically cleared and the charge is re-displayed in the PK-Cerner Charge Capture app. Since you resolved all of the hold reasons that you were authorized to resolve, the **Mark as Reviewed** button  is no longer displayed in the Actions column.

**NOTE:** If the **Mark as Reviewed** button does not have an **Up Arrow** button next to it, that means you have only one Hold Reason that you are authorized to resolve. Just click the **Mark as Reviewed** button to resolve that reason. Your edits are saved and the charge is re-displayed in the PK-Cerner Charge Capture app. Since you resolved all of the hold reasons that you were authorized to resolve, the **Mark as Reviewed** button  is no longer displayed in the Actions column.

Related topics:

*Launching the PK-Cerner Charge Capture App*

*Holding a Charge Transaction for Review*

## Editing a Charge Using the PK-Cerner Charge Capture App

1. In the Cerner® application, select a patient and a visit, and then click the option for the PK-Cerner Charge Capture app.

The PK-Cerner Charge Capture app is displayed, showing the charge status for each day of the patient's visit.

2. Locate the charge transaction that you want to edit and click the date link (for example: [03/14/2019-Day-2](#)) in the Visit Date column.

The Charge Transaction screen opens. Depending on how your user profile is configured, either of the following may now happen:

- The diagnoses previously entered on the charge transaction remain unchanged, or
- The diagnoses previously entered are completely replaced by the patient's current list of diagnoses that are associated with the visit in Cerner.

3. Make any of the edits described in *Editing a Charge Transaction*.
4. Click **Submit** to save your changes and close the Charge Transaction screen. If the diagnoses were replaced in Step 2, those changes are saved as well (unless you **Cancel** out of the transaction).

The updated charge is displayed in the PK-Cerner Charge Capture app. Note that any new diagnoses that you entered on the Charge Transaction screen are added to the patient's visit diagnosis list in Cerner (except for diagnoses entered on draft charges, or free text diagnoses).

Related topics:


*Launching the PK-Cerner Charge Capture App*

*Restrictions to Editing Charge Data*

## Deleting a Charge Using the PK-Cerner Charge Capture App

1. In the Cerner® application, select a patient and a visit, and then click the option for the PK-Cerner Charge Capture app.

The PK-Cerner Charge Capture app is displayed, showing the charge status for each day of the patient's visit.

2. Locate the charge transaction that you want to delete and click the **Delete** button  in the Actions column.
3. When prompted to confirm your deletion, click **Yes** to permanently delete the charge.

The charge is removed from the summary in the PK-Cerner Charge Capture app.

Related topics:

*Launching the PK-Cerner Charge Capture App*

*Restrictions to Editing Charge Data*

## Editing a Charge Transaction

There are a variety of options in the PatientKeeper application that allow users to make changes to charge transactions. Regardless of which option the user selects to initiate the editing process, the functionality of the

Charge Transaction screen that is used for editing those charges is identical. See *Opening a Charge Transaction for Editing* for instructions on how to initiate the charge editing process.

A charge transaction may or may not be editable, depending on the status of the charge itself, as well as several settings in your user profile. Please refer to *Restrictions to Editing Charge Data* for information on this topic.

If a charge transaction is eligible for modification, some of the changes that you can make include the following:

Action	Where Documented
Delete a diagnosis code or charge code that was entered in error.	<i>Deleting a Diagnosis Code or Charge Code</i>
Add or remove (associate or disassociate) one or more diagnosis codes from a specific charge code.	<i>Adding or Removing Diagnoses from Individual Charges</i>
Add or remove (associate or disassociate) all diagnosis codes for all the charge codes listed.	<i>Adding or Removing Diagnoses from Individual Charges</i>
Order the charges or diagnoses differently.	<i>Changing the Order of Charge Codes</i> <i>Changing the Order of Diagnosis Codes</i>
Delete a modifier that was entered in error.	<i>Removing a Modifier from a Specific Charge</i>
Order the modifiers differently.	<i>Changing the Order of Modifier Codes</i>
Associate a new or different photo with the charge transaction.	<i>Associating a Photo with a Charge Transaction</i>
Hold a charge transaction for review, due to unresolved errors.	<i>Holding a Charge Transaction for Review When Editing It</i>
Delete an entire charge transaction.	<i>Deleting an Entire Charge Transaction</i>

## Restrictions to Editing Charge Data

Your ability to edit charges is based on several settings in your user profile, the transaction's charge status, and the date of the visit. In order to edit the transaction, it must meet all of the criteria below that is applicable to the current user.

- Restrictions based on access level and user settings:
  - Level 2 and 3 users can edit the transaction if they entered it themselves, or if they are the billing provider on the transaction. In addition, they may also be able to edit the transactions that were entered by other providers in their assigned departments, but only if those transactions are available for viewing and they have permission to edit them.
  - Level 1 administrators can edit any charge that they can view.
- Restrictions based on the status of the charge transaction:
  - Charges with a status of *Draft*, *Draft (HH)*, or *Holding Bin* can be edited.
  - In addition, users may also be able to edit transactions that have a status of *Outbox*, but only if authorized to do so.
  - Charges with a status of *Sent to Billing* cannot be edited by any user.
- Restrictions based on the date of the visit:
  - Level 3 users can edit the transaction only if it is still within the editable date range defined in their user profile. When the duration allowing for edits is exceeded, Level 3 users are prevented from editing charges in all phases, including charges with a status of *Draft*, *Draft (HH)*, *Holding Bin*, or *Outbox*.
  - Level 1 and 2 users do not have restrictions based on the date of the visit.

Even if a charge transaction is eligible for edits based on the criteria above, it cannot be edited if someone else is *already* in the process of editing it. When a second user attempts to open a transaction that is already being edited, the transaction will not open and the second user is notified that the transaction is currently being edited by another user.

There is a time-out on this charge locking feature, in the event that the first user inadvertently leaves a charge open for an extended period of time. This time-out has a default setting of 20 minutes, but can be changed by your PatientKeeper representative, if necessary. Once the time-out expires, the transaction becomes available to other users, even though the first user still has it open. If the second user makes a change and saves, then if/when the first user later attempts to save their own changes, they are notified that their changes were not saved because the transaction has since been modified by another user. The transaction is closed, and the first user must re-open the transaction (containing the second user's edits) in order to make any additional changes.

**NOTE:** Since handheld users can work in a disconnected state, they are not notified when a charge is being edited by another user on the web. If a user is editing a charge on the web, and a handheld user submits changes to the same charge from their mobile device, the handheld submission will succeed. When the web user tries to save their changes, they are notified that their changes were not saved because the transaction has since been modified by another user. The web user must re-open the transaction (containing the handheld user's edits) in order to make any additional changes.


Settings that control this feature:

- Level 2 and 3 users can edit transactions that were entered by other providers in their assigned departments, but only if those transactions are available for viewing and they have permission to edit them:  
 Admin - User - Charge Capture - **Set Patient List Charge View Access**  
 Admin - User - Charge Capture - **Set Charge Desktop View Access**  
 Admin - User - User Permissions - **Level 2 / 3: Can Edit Other Users' Charges**
- Users can edit transactions that have a status of *Outbox*, if this setting is set to Yes:  
 Admin - User - Charge Capture - **Allow User to Edit Charges in Outbox**
- Level 3 users can edit the transaction if it is still within the editable date range defined in their user profile.  
 Admin - User - Charge Capture - **Allow Editing a Charge "n" Days after Visit End**  
 The visit's end date is based on the date range defined for the PK visit type:  
 Admin - System Management - PK Visit Types - **(Charge Capture, NoteWriter): Deactivate Date**  
 Admin - System Management - PK Visit Types - **(Charge Capture, NoteWriter): Deactivate Days**

## Opening a Charge Transaction for Editing

To edit a transaction that has not yet been saved, simply make your changes directly on the Charge Transaction screen, and then submit your work. If the transaction has already been submitted, you must first locate the transaction, open the Charge Transaction screen for editing, make your changes, and then submit the transaction. Or in the case of custom charge reports, you may be able to make basic changes to the charge directly on the report screen. The options from which a charge transaction can be accessed in order to make edits are:

Tab or Option	Quick Steps	Typical Users	Where Documented
<b>Patients</b> tab	Select a patient list, then a patient, and then the standard <b>Charges</b> patient dashboard. Click on a date link (for example, <b>03/14/19-Day-2</b> ) for a specific charge to edit it.	Provider	<i>Editing a Charge from the Patients Tab</i>

Tab or Option	Quick Steps	Typical Users	Where Documented
<b>Patient Search</b> tab	On the <b>Patient Search</b> tab, search for a patient and then select them in the results section. Click the <b>Patient Details</b> button  to open the Patient Dashboard Display. Select the standard <b>Charges</b> patient dashboard and then click on a date link (for example, <a href="#">03/14/19-Day-2</a> ) for a specific charge to edit it.	Any user	<i>Editing a Charge from the Patient Search Tab</i>
Some organizations provide direct access to the Charge Transaction screen from Cerner®, via the PK-Cerner Charge Capture app.	In Cerner: select a patient and visit, launch the PK-Cerner Charge Capture app, and then click on a date link (for example, <a href="#">03/14/19-Day-2</a> ) for a specific charge to edit it.	Any user	<i>Using the PK-Cerner Charge Capture App</i>  <i>Editing a Charge Using the PK-Cerner Charge Capture App</i>
<i>A variety of standard reports are specifically designed to facilitate the entry of new charges, and also allow users to edit charges. Each of these reports organizes visit or charge data differently:</i>			
Patient Charge Status	Click on a charge category link (such as <a href="#">IP Admit</a> ) or a charge code link (such as <a href="#">99232</a> ) in a date cell to edit the charge.	Provider	<i>Patient Charge Status</i>
Scheduled Appointments	Click on a charge status link (such as <a href="#">Holding Bin</a> ) in a date row or cell to edit the charge.	Provider	<i>Scheduled Appointments</i>
<i>A variety of standard reports are specifically designed to facilitate reviewing or correcting charges that have already been entered. Each of these reports has its own goal or purpose:</i>			
Holding Bin	Click on a error status link (such as <a href="#">None</a> or <a href="#">Validity Error</a> ) on a charge row to edit the charge.	Billing Administrator	<i>Holding Bin</i>
Charge Age Report	Click on a department or numeric total to drill down to a list of charge transactions. Then click on a error status link (such as <a href="#">None</a> or <a href="#">Validity Error</a> ) on a charge row to edit the charge.	Billing Administrator	<i>Charge Age Report</i>
Charges by Errors	Click on a department or numeric total to drill down to a list of charge transactions. Then click on a error status link (such as <a href="#">None</a> or <a href="#">Validity Error</a> ) on a charge row to edit the charge.	Billing Administrator	<i>Charges by Errors</i>
Held for Review	Click on a charge code link (such as <a href="#">99232</a> ) in a row to edit the charge.	Billing Administrator, Supervisory Provider	<i>Held for Review</i>

## Editing a Charge from the Patients Tab

To edit a charge for a patient on your patient list:

1. On the **Patients** tab, select a patient list at the top of the left pane.
2. Select a patient from the patient list in the left pane.
3. Select the standard **Charges** dashboard from the Dashboard Selector (located at the top of the dashboard display area).



The **Charges** component is displayed, showing the charge status for each day of the patient's visit(s).

If a charge has already been entered for a visit day, it shows you the visit date (as a clickable link, for example: [03/14/19-Day-2](#)), billing provider, charge codes and descriptions, charge diagnoses and descriptions, and reason for visit.

4. Click the date link (for example: [03/14/2019-Day-2](#)) for the charge transaction that you want to edit.
5. The Charge Transaction screen opens. Make any of the edits described in *Editing a Charge Transaction*.

Related topics:


*Editing a Charge from the Patient Search Tab*

## Editing a Charge from the Patient Search Tab

To edit a charge from the **Patient Search** tab, follow these steps:

1. Click on the **Patient Search** tab.
2. Locate the visit or patient by entering search criteria and then clicking the **Run Patient List Search**, **Search for Visits**, or **Search for Patients** button (see *Searching for Patients or Visits* for information on using the search criteria fields).

The results section shows all the patients or visits that match the criteria you entered.

3. Locate the patient visit for which you wish to edit a charge, and click on the **Patient Details** button  located on the patient visit row.

The Patient Dashboard Display window opens.

4. Select the standard **Charges** dashboard from the Dashboard Selector.
5. Locate the charge that you would like to edit, and then click the date link (for example, [03/14/19-Day-2](#)).




The Charge Transaction screen opens. You may now edit any of the information displayed here. See the remaining sections of this chapter for instructions on how to make changes.

Related topics:

*Editing a Charge from the Patients Tab*

## Deleting a Diagnosis Code or Charge Code


To delete a diagnosis or charge code that was entered in error, follow these steps:

1. Open the charge transaction for editing (if it is not already open) as described in *Opening a Charge Transaction for Editing*.
2. Review the list of diagnoses or charges in the Selected Codes section on the right side of the screen. Depending on how the charge was entered, you may see either of the following icons:
  - A **Delete** button  appears at the far right of each diagnosis or charge code that was selected from a **Favorites** or **Department** category, or found via **Searching**. Click **Delete**  to delete the incorrect item.
  - A **Yellow Exclamation** icon  appears next to any charges that were generated from a custom Critical Care or Infusion screen. Charges generated from these types of custom screens cannot be



deleted directly on the main charge transaction screen. Instead, open the custom screen from which the charge was generated and then edit your responses to reflect the correct services that were performed (or remove your responses, to indicate that no services were performed). See *Selecting Charges from the Custom Workflows Category*.

**NOTE:** Some diagnosis codes may not be appropriate for use as a primary diagnosis. If deleting a diagnosis code results in a non-primary diagnosis moving up to the primary position, a **Red**

**Exclamation** icon  is displayed next to the diagnosis (hover your cursor over the exclamation mark to see a message explaining the problem). You may want to enter a new primary diagnosis and/or move the non-primary one out of the first position.

## Adding or Removing Diagnoses from Individual Charges

In the CHARGES area, located in the Selected Codes section on the right side of the screen, each charge that you selected is listed. Beneath each individual charge, all of the diagnosis codes on the transaction are listed.

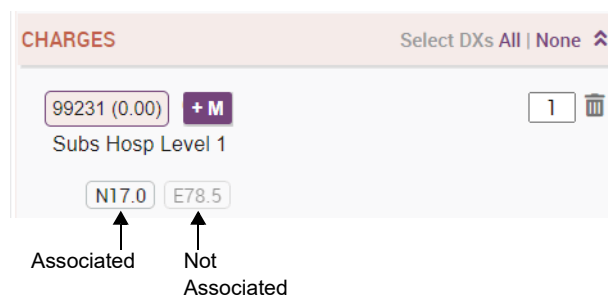
- If a diagnosis is associated with the charge code, it shows in black text.
- If a diagnosis is not associated with the charge code, it shows in light gray text.

In most cases, each charge code has *all* of the diagnoses codes on the transaction associated with it. However, your administrator may configure certain charge coded to have *none* of the diagnoses associated with it.


If appropriate, you can change which diagnoses are associated (or not associated) with a given charge code:

1. Open the charge transaction for editing (if it is not already open) as described in *Opening a Charge Transaction for Editing*.

In the Selected Codes section, under the CHARGES area, each charge code lists all of the diagnoses below it, as either associated (black) or not associated (light gray) with the charge.



2. For a particular charge code:
  - Click on an associated diagnosis (black) to disassociate it from the charge code (it changes to gray).
  - Click on a diagnosis that is not associated (light gray) to associate it with the charge code (it changes to black).

You can also use the **Select DXs** option , located in the CHARGES heading in the Selected Codes area, to associate or disassociate all of the diagnoses from all of the charge codes at once.

- To remove or disassociate all the diagnosis codes from all of the charges:
  - ◆ Click the **None** link after the **Select DXs** option.

All the diagnoses change to light gray.

- To add or associate all the diagnosis codes to all of the charges again:
  - ◆ Click the **All** link after the **Select DXs** option.

All the diagnoses change to light gray.


Settings that control this feature:

Admin - Institution - Charge Capture - **Update Charges/Modifiers** - Disable Auto-link Diagnoses

## Changing the Order of Diagnosis Codes

You can change the order of the diagnoses for the entire transaction either before or after charge codes have been entered. Do not change this order indiscriminately, since this order often matters most to insurance companies.

1. Open the charge transaction for editing (if it is not already open) as described in *Opening a Charge Transaction for Editing*.
2. In the Selected Codes section, under the DIAGNOSES area, drag the diagnosis whose position needs to be changed and drop it into the desired position.

**NOTE:** Some diagnosis codes may not be appropriate for use as a primary diagnosis. If you drag such a code into the primary position, a **Red Exclamation** icon  is displayed next to the diagnosis (hover your cursor over the exclamation mark to see a message explaining the problem). You may want to enter a new primary diagnosis and/or move the non-primary one out of the first position.

Alternatively, you can reorder the diagnoses that are listed on individual charges.

- ◆ In the Selected Codes section, under the CHARGES area, for a specific charge code: drag the diagnosis whose position needs to be changed and drop it into the desired position.


## Changing the Order of Charge Codes

Often, the order of the charge codes is important when billing to insurance companies, and may need to be adjusted if you initially select them in the wrong order.

1. Open the charge transaction for editing (if it is not already open) as described in *Opening a Charge Transaction for Editing*.
2. In the Selected Codes section, under the CHARGES area, drag the charge whose position needs to be changed and drop it into the desired position.

## Removing a Modifier from a Specific Charge

To delete a modifier, follow these steps:

1. Open the charge transaction for editing (if it is not already open) as described in *Opening a Charge Transaction for Editing*.
2. In the Selected Codes section, under the CHARGES area, locate the charge with the modifier that you want to remove.
3. Hover your mouse cursor over the modifier to expose the **X** next to it (for example: ) , and then click the **X**.

The modifier is removed from the charge.

## Changing the Order of Modifier Codes

Often, the order of the modifiers on the charge codes is important when billing to insurance companies, and may need to be adjusted if you initially select them in the wrong order.

1. Open the charge transaction for editing (if it is not already open) as described in *Opening a Charge Transaction for Editing*.
2. In the Selected Codes section, under the Charges area, drag the modifier whose position needs to be changed and drop it into the desired position.

## Holding a Charge Transaction for Review When Editing It




While viewing or editing a charge transaction, a user may decide that there are outstanding issues that cannot be immediately resolved. This is often the case when billing administrators review charges that were entered by providers. In this case, even if the transaction was not held for review at the time it was initially submitted, the user may be able to hold the transaction for review at this time, as long as their user profile is configured to allow them to hold a charge transaction for at least one reason.




If the hold for review feature has been enabled for you, you can hold a charge transaction for review when editing the transaction by either checking the **Hold for Review** checkbox, or selecting a reason from the **Hold for Review** drop-down list. The way the Hold for Review option looks and behaves (checkbox versus drop-down list) depends upon how many Hold Reasons you are authorized to use. The procedure is the same whether you are editing the transaction, or creating a new one. See *Holding a Charge Transaction for Review* for more detailed instructions.

## Deleting an Entire Charge Transaction

If you find that an entire charge transaction has been entered in error, you can easily delete it to remove it, as long as it is still in an editable state, as described in *Restrictions to Editing Charge Data*.

You can delete a charge transaction from a variety of options, as described in the table below.

Tab or Option	Quick Steps	Typical Users	Where Documented
<b>Patients</b> tab	Select a patient list, then a patient, and then the standard <b>Charges</b> patient dashboard. Hover your mouse over the charge you want to delete to expose the <b>Delete</b> button  , and then click it.	Provider	<i>Deleting a Charge from the Patients Tab</i>
<b>Patient Search</b> tab	On the <b>Patient Search</b> tab, search for a patient and then select them in the results section. Click the <b>Patient Details</b> button  to open the Patient Dashboard Display. Select the standard <b>Charges</b> patient dashboard, hover your mouse over the charge you want to delete to expose the <b>Delete</b> button  , and then click it.	Any user	<i>Deleting a Charge from Patient Search Tab</i>

Tab or Option	Quick Steps	Typical Users	Where Documented
Some organizations provide direct access to the Charge Transaction screen from Cerner®, via the PK-Cerner Charge Capture app.	In Cerner: select a patient and visit, launch the PK-Cerner Charge Capture app, and then click the <b>Delete</b> button  for the specific charge you want to delete.	Any user	<i>Using the PK-Cerner Charge Capture App</i>  <i>Deleting a Charge Using the PK-Cerner Charge Capture App</i>
<i>A variety of standard reports are specifically designed to facilitate the entry of new charges, and also allow users to delete charges. Each of these reports organizes visit or charge data differently:</i>			
Patient Charge Status	Hover your mouse over a charge code in a date cell to expose the <b>Delete</b> button  , and then click it to delete the charge transaction.	Provider	<i>Patient Charge Status</i>
Scheduled Appointments	Click on a charge status link (such as <a href="#">Holding Bin</a> ) in a date row or cell to open the Charge Transaction screen. Then click the <b>Menu</b> button  and select <a href="#">Delete Charge</a> .	Provider	<i>Scheduled Appointments</i>
<i>A variety of standard reports are specifically designed to facilitate reviewing or correcting charges that have already been entered. Each of these reports has its own goal or purpose:</i>			
Holding Bin	Click on the checkbox at the far left of a charge transaction's row to select it. Then click <b>DELETE</b> at the top of the screen.	Billing Administrator	<i>Holding Bin</i>
Charge Age Report	Click on a department or numeric total to drill down to a list of charge transactions and then click on the checkbox at the far left of a charge transaction's row to select it. Click <b>DELETE</b> at the top of the screen.	Billing Administrator	<i>Charge Age Report</i>
Charges by Errors	Click on a department or numeric total to drill down to a list of charge transactions and then click on the checkbox at the far left of a charge transaction's row to select it. Click <b>DELETE</b> at the top of the screen.	Billing Administrator	<i>Charges by Errors</i>
Held for Review	Click on the checkbox at the far left of a charge transaction's row to select it. Then click <b>DELETE</b> at the top of the screen.	Billing Administrator, Supervisory Provider	<i>Held for Review</i>



## Deleting a Charge from the Patients Tab

To delete a charge transaction from the **Patients** tab:

1. On the **Patients** tab, select a patient list at the top of the left pane.
2. Select a patient from the patient list in the left pane.
3. Select the standard **Charges** dashboard from the Dashboard Selector (located at the top of the dashboard display area).

The **Charges** component is displayed, showing the charge status for each day of the patient's visit(s).

If a charge has already been entered for a visit day, it shows you the visit date (as a clickable link, for example: [03/14/2019-Day-2](#)), billing provider, charge codes and descriptions, charge diagnoses and descriptions, and reason for visit.

4. Locate the charge transaction that you would like to delete and then use either of these methods to delete it:
  - Hover your mouse cursor over the row to expose the **Delete** button  in the far left column, and then click the button.
  - Or if you would like to examine the charge details before deleting it, click anywhere on its row, *expect* on the visit date link, to open the Charge Details screen. Review the charge details and then click the **Delete** button  in the top right corner of the screen.

The following message is displayed: “Delete Selected Charge? You are about to permanently delete a charge from the system. Are you sure you wish to delete the selected transaction?”

5. Click **Yes** to permanently delete the charge.

Related topics:


*Deleting a Charge from Patient Search Tab*

## Deleting a Charge from Patient Search Tab

If the patient for whom you want to delete a charge is not on your current patient list, you can use the **Patient Search** tab to locate the patient and then delete the charge.

1. Click on the **Patient Search** tab.
2. Locate the visit or patient by entering search criteria and then clicking the **Run Patient List Search**, **Search for Visits**, or **Search for Patients** button (see *Searching for Patients or Visits* for information on using the search criteria fields).

The results section shows all the patients or visits that match the criteria you entered.



3. Identify the patient for whom you wish to delete a charge and then click on the **Patient Details** button  located on the patient visit row.

The Patient Dashboard Display window opens.

4. Select the standard **Charges** dashboard from the Dashboard Selector.

The **Charges** component is displayed, showing the charge status for each day of the patient’s visit(s).

If a charge has already been entered for a visit day, it shows you the visit date (as a clickable link, for example: [03/14/2019-Day-2](#)), billing provider, charge codes and descriptions, charge diagnoses and descriptions, and reason for visit.

5. Locate the charge transaction that you would like to delete and then use either of these methods to delete it:
  - Hover your mouse cursor over the row to expose the **Delete** button  in the far left column, and then click the button.
  - Or if you would like to examine the charge details before deleting it, click anywhere on its row, *expect* on the visit date link, to open the Charge Details screen. Review the charge details and then click the **Delete** button  in the top right corner of the screen.

The following message is displayed: “Delete Selected Charge? You are about to permanently delete a charge from the system. Are you sure you wish to delete the selected transaction?”

6. Click **Yes** to permanently delete the charge.

Related topics:

*Deleting a Charge from the Patients Tab*

## Importing Charges from Third Party Systems

The PatientKeeper application has the capability to import charges from third party charge capture systems. This supports workflows where charges are captured by existing specialized charge capture applications, and the organization wants to standardize the way those charges are processed by using the rich capabilities of the PatientKeeper Charge Capture application.

There are two different methods that can be used to import charges into PatientKeeper:

- **Import via an Inbound Charge Interface (HL7):** This method requires customized programming by PatientKeeper services. The incoming HL7 messages can have charge statuses assigned to them (such as *Draft*, *Holding Bin*, or *Outbox*). The charges then acquire that same status in the PatientKeeper system after they are interfaced.
- **Import via a Comma Separated Values (CSV) File:** The charges from the third party system are collected in a CSV file, and then imported into the PatientKeeper system. A specific format must be used for the CSV file; contact your PatientKeeper representative for detailed information. Each charge in the CSV file can be flagged with a charge status (*Draft*, *Holding Bin*, or *Outbox*). Once imported, the charges acquire that same status in the PatientKeeper system.

Listed below are some reasons for assigning particular charge statuses:

- If the charges need to be reviewed and edited for coding issues, assign the status of *Holding Bin*, so that once imported, they appear in the Holding Bin.
- If the charges do not need to be reviewed, but you want to batch them and send them out for final billing using the PatientKeeper billing router, assign the status of *Outbox*.

Please note that if you enable the settings below, you can *override* the status that was assigned in the HL7 message or CSV file:

Admin - Department - Charge Capture - **Send Imported Transactions to Holding Bin**

Admin - User - Charge Capture - **Send Imported Transactions to Holding Bin**

The table below illustrates the effect of enabling or disabling the settings above:

Status assigned in HL7 Message or CSV File	Value of the setting: Send Imported Transactions to Holding Bin	Final status of charges that have no errors	Final status of charges that have errors
Draft	Ignored	Draft	Draft
Holding Bin, or Outbox	Enabled	Holding Bin	Holding Bin
	Disabled	Outbox	Depends on the <b>Send Transactions with Validity Errors or Non-Forced Code Edits to Holding Bin</b> setting.  If set to <b>Yes</b> : Holding Bin If set to <b>No</b> : Outbox

The basic procedure for the CSV import process is as follows:

1. The CSV file containing the third party charges must be generated and copied to a specific directory on the PatientKeeper platform. This can be accomplished in one of two manners:
  - An administrator exports the charges from the third party system to a CSV file, using tools provided by the third party system. The administrator then copies the CSV file to a specific directory on the PatientKeeper platform. Contact your PatientKeeper representative for the directory name, as it varies based on your system’s configuration. You should make a note of the directory name for future reference.
  - Depending on the capability of your third party system, PatientKeeper personnel may be able to configure it to export the charge data into a CSV file and then automatically transfer it to the proper PatientKeeper directory at regular intervals. This requires no manual intervention by the administrator.
2. The PatientKeeper system automatically detects the presence of the CSV file and processes it, importing the charges into the PatientKeeper application.

**NOTE:** Errors associated with the import process are handled on a charge-by-charge basis. If a charge cannot be imported, its control number is written to an import log file, along with a rejection reason. The entire rejected charge is also written to the log file to facilitate reprocessing it at a later date. The location of the log files is determined by your PatientKeeper representative. Your representative may also be able to configure the system to automatically send the logs for each import, or just imports with errors, to an administrator’s e-mail address.

Charges that are imported successfully using either method (CSV import or inbound charge interface) are handled in the following manner:

- All imported charges are flagged with an error type of Imported Charge, so that they may be easily identified in reports and displays. This error status is purely informational, and does not stop users from sending the charge transactions from the *Holding Bin* to the *Outbox*.
- At the time of import, the system automatically processes all code edits that have been implemented by the organization. If any errors are found, the charge is also flagged with an appropriate error type, such as Free Text or Code Edits.
- At the time of import, a charge is held or not held for review based on either the charge’s held for review status in the import file, or on the how the charge’s Billing Provider is configured in PatientKeeper.
  - The charge is held for the Review Requested reason if any of the following statements are true:
    - ☐ The charge has a held for review status in the import file, or...
    - ☐ The Billing Provider is a PatientKeeper user and their **Admin > User > Charge Capture > State of Hold for Review Checkbox** setting is configured to either “Show, Checked” or “Hide, Checked,” or...
    - ☐ The Billing Provider is not a PatientKeeper user, and the “pkadmin” user’s **Admin > User > Charge Capture > State of Hold for Review Checkbox** setting is configured to either “Show, Checked” or “Hide, Checked.”
  - The charge is held for a custom reason (such as Biller Review or Missing Documentation) if either of the following statements are true:
    - ☐ The Billing Provider is a PatientKeeper user, and they have a Role that is listed as the Hold Role on a custom hold reason, with a default value of “Checked,” or...
    - ☐ The Billing Provider is not a PatientKeeper user, and the “pkadmin” user has a Role that is listed as the Hold Role on a custom hold reason, with a default value of “Checked.”

- The third party system can export negative charges to signify the deletion or reversal of previously imported charges. In the various displays of charge data, negative charges are highlighted in the following manner: charge codes are enclosed in parentheses and displayed as red text, and descriptions are displayed as red text. For example: (99201) Office-outpat visit, new lev - 1.
- The imported charges are treated in the same manner as any other charge posted directly in the PatientKeeper application. Depending on their charge status, they may be edited, viewed, or otherwise manipulated on the **Patients** tab or on other charge reports.

## Charge Import Requirements and Limitations

The following list itemizes the basic requirements and limitations of the charge import process:

- The charge import is a stand-alone process. The PatientKeeper Application Server (also known as the Mobilizer server) does not need to be running in order to receive charges from the third party system.
- The charge import is designed to work only with the PatientKeeper Repository, a PatientKeeper proprietary back-end system.
- Identifiers in imported charges must resolve to entities already known by the PatientKeeper system:
  - Both the patient and account on the imported charge must refer to valid records in the PatientKeeper patient registry. The charge is rejected if both the patient and account do not resolve to existing registration records.
  - Provider aliases on the imported charge must resolve to providers that already exist in the PatientKeeper system. Providers can not be auto-created and free text providers are not accepted.
  - CPT/HCPC, ICD-9, or ICD-10 codes referenced by the charge or diagnosis must exist in the PatientKeeper system. For diagnoses, the import can match on the ICD-10 code or the Intelligent Medical Objects (IMO<sup>®</sup>) term. If the codes do not exist then the charge or diagnosis defaults to free-text and are flagged accordingly in the Holding Bin.
  - The import file does not allow creation of arbitrary charge transaction headers. Only the charge transaction headers defined in the Institution settings are supported. Headers defined for individual users in User settings are not supported.
  - If a Billing Area or Service Site is not specified on the imported charge, the PatientKeeper application can handle this in a variety of manners:
    - If the Billing Provider on the charge has a default value specified for the Billing Area or Service Site charge header, that value is assigned to the imported charge.
    - If the Billing Provider on the charge does not have a default value specified for the Billing Area or Service Site charge header, then the charge is rejected.
    - If the Billing Provider is not a PatientKeeper user (and so does not have any charge headers defined), then the application checks the value of the Billing Area or Service Site header on the user specified in a PKConfiguration setting. The default user for this setting is the “PKADMIN” user, but it can be configured to any user. You may create a dummy user specifically for this purpose; if you do so, PatientKeeper recommends creating a Level 0 user and calling it “DONOTCHANGE, INBOUND CHARGES.” Alternatively, if you want all charges to be rejected when the Billing Provider is not a PatientKeeper user, set it to “NOUSER.”



- ◆ If configured for the “PKADMIN” user or any other user, and that user has a default value specified for the Billing Area or Service Site charge header, that value is assigned to the imported charge.
- ◆ If configured for the “PKADMIN” user or any other user, and that user does not have a default value specified for the Billing Area or Service Site charge header, then the charge is rejected.
- ◆ If configured for “NOUSER,” then the charge is rejected.
- For imports via an Inbound HL7 Interface only: Free text comments associated with imported charges can be configured to populate the **Comments** and/or **Biller Comments** fields. Each field can accommodate a maximum of 1024 characters. If configured to populate the **Biller Comments** field, but biller comments are not configured to be shown within the PatientKeeper application (via **Admin > Institution > Charge Capture > Show Biller Comments (Web only)(L 0-2)**), then the comments are stored in the PatientKeeper database but are not visible on the Charge Transaction screen.
- The third party CSV import file is organized around individual charges, with each row in the file, after the header row, representing a single charge on a transaction.
  - The import file does not allow aggregation of charges; each charge, along with its related diagnoses, form an independent entity.
  - Charge transactions are uniquely identified by an external alias (a unique identifier for the charge) and an external authority (a unique identifier for the third party system). The combination of alias and authority must be unique system-wide.
  - If a charge with an external authority/alias matches an existing charge in the PatientKeeper system, then the existing charge is replaced with the new charge. There is no attempt to merge individual fields; therefore an update operation must include the entire charge.
  - An optional external identifier can be used at the charge code level, in addition to an external identifier at the charge transaction level. This will prevent the creation of duplicate charges within a transaction, in the event that the interface processes the same message more than once (which could occur for example, if the dispatcher were restarted in the middle of processing a batch file). The external identifier is part of the FT1 segment of the HL7 message, and is named “ExternalId.” The external identifier must be unique within a given charge transaction (but does not need to be unique universally). If omitted, no duplication checking is done.

Settings that control this feature:

Admin - Institution - Charge Capture - **Show Biller Comments (Web only) (L 0-2)**

## Customizing the Charge Transaction Screen to Suit your Needs

You can modify the layout and contents of the Charge Transaction screen in several ways, as described below. Any changes that you make are retained for all future sessions.

- *Customizing the CHARGE DETAILS and COMMENTS Section (Left Pane)*
- *Customizing the DIAGNOSES and CHARGES Section (Center Pane)*
- *Customizing the Selected Codes Section (Right Pane)*
- *Showing or Hiding the “How-To” Video Icons*

- *Managing Your Charge, Diagnosis, and Modifier Lists*
- *Creating a New Charge Macro for the Charge Favorites Category*



This diagram illustrates some of the changes you can make:

The screenshot shows the 'Charge Transaction' interface for patient 'DARR, MOLLY'. The interface is divided into several sections: 'CHARGE DETAILS' on the left, 'DIAGNOSES' and 'CHARGES' in the center, and a list of charges on the right. Annotations with arrows point to various customization features:

- Swap these sections.**: Points to the 'DIAGNOSES' and 'CHARGES' section headers.
- Swap these sections.**: Points to the expand/collapse icons (gear and double arrows) for the 'DIAGNOSES' and 'CHARGES' sections.
- Create a Charge Macro.**: Points to the 'Create Macro' button in the 'CHARGES' section.
- More options for customizing.**: Points to the three-dot menu icon in the top right corner.
- Drag and drop these fields into the desired order.**: Points to the 'CHARGE DETAILS' section on the left.
- Click here to expand or collapse the CHARGE DETAILS area.**: Points to the double arrow icon at the top right of the 'CHARGE DETAILS' section.
- Manage charge and diagnose lists: add or remove Favorites, pin categories open, change the sort order for a category, hide items in the Department category.**: Points to the 'DIAGNOSES' and 'CHARGES' category lists.
- Click here to expand or collapse the DIAGNOSES or CHARGES sections.**: Points to the expand/collapse icons for the 'DIAGNOSES' and 'CHARGES' sections.
- Click here to expand or collapse the details for each charge code.**: Points to the expand/collapse icon for a specific charge code in the right pane.

## Customizing the CHARGE DETAILS and COMMENTS Section (Left Pane)


You can customize the CHARGE DETAILS and COMMENTS section (the left portion) of the Charge Transaction screen as follows:

- **Change the order of fields within the CHARGE DETAILS section.** Click on a field name, drag it to the desired location, and drop it into place.
- **Minimize or Maximize the CHARGE DETAILS and COMMENTS section.** To close the CHARGE DETAILS and COMMENTS area entirely, click the **Collapse** button  located at the top right of the CHARGE DETAILS heading. To re-open the area, click the **Expand** button , located at the top of the collapsed section (you can also click on the words “CHARGE DETAILS AND COMMENTS” in the gray

vertical bar on the far left side of the screen). The section remains as you set it (open or closed) for all future charge entry sessions, until you change it again.

## Customizing the DIAGNOSES and CHARGES Section (Center Pane)

You can customize the DIAGNOSES and CHARGES section (the center portion) of the Charge Transaction screen as follows:



- **Swap the order of Charges and Diagnoses sections.** The *initial* orientation of these sections is determined by your administrator, based on a setting in your user profile. However, you can move the CHARGES section so that it is located above the DIAGNOSES section, or vice versa, depending on which item (charges or diagnoses) you prefer to enter first. To do so, click the **More** button  in the upper right corner, select **Screen Settings**, and then set **Show Diagnosis Section on top (center section)** to **Yes** or **No**.
- **Show or hide the numeric charge/diagnosis codes.** You can show or hide the numeric CPT and ICD-10 codes, in addition to the diagnosis and charge descriptions. See *Showing or Hiding Numeric Charge or Diagnosis Codes*.
- **Show or hide inactive diagnoses on Existing list.** You can show or hide any discontinued diagnoses on the patient's **Existing** list. Diagnosis codes are updated each year, and as a result, a code that was included on your patient's **Existing** list in the past may be inactive today. See *Showing or Hiding Inactive Diagnoses on the Existing List*.
- **Manage the contents of the Favorites and Department categories in the DIAGNOSES and CHARGES sections.** See *Managing Your Charge, Diagnosis, and Modifier Lists*.
- **Pin open a category in the DIAGNOSES and CHARGES sections.** See *Pinning a Charge or Diagnosis Category or Subcategory Open*.





Settings that control this feature:

Admin - User - Charge Capture - **Show Diagnoses at Top of Charge Screen**


## Customizing the Selected Codes Section (Right Pane)


You can customize the Selected Codes section (the right portion) of the Charge Transaction screen as follows:

- **Automatically open the next charge after clicking Submit, Mark as Reviewed, or Send to Outbox.** If you are opening charges for editing from a charge report that displays charges in a list format (such as the standard **Holding Bin** or **Held for Review** reports), you can enable the application to automatically open the next charge transaction on the report when you click **Submit**, **Mark as Reviewed**, or **Outbox** on the current transaction. This allows you to step through all of the charges on the report more quickly. Note that this feature only works when the report results show charge transactions (it does not work if the report shows visit days that do not yet have charges entered). This feature is disabled by default. To enable it, click the **More** button  in the upper right corner, select **Screen Settings**, and then set **Enable Open Next on Submit, Mark as Reviewed, or Send to Outbox** to **Yes**.
- **Swap the order of DIAGNOSES and CHARGES sections.** You can swap the order of the DIAGNOSES and CHARGES sections in the Selected Codes area, so that charges are above diagnoses, or vice versa. To do so, click the **More** button  in the upper right corner, select **Screen Settings**, and then set **Show Selected Diagnoses on top (right section)** to **Yes** (the default) or **No**.

- **Show or hide charge details.** You can choose to show or hide the details associated with each selected charge code (this includes the charge headers and diagnosis codes), using the **Expand Down**  and **Collapse Up**  buttons, located on the far right side of the CHARGES heading in the Selected Codes area.
  - Click **Expand Down**  to expand the area downward and show the charge headers and diagnosis codes.
  - Click **Collapse Up**  to collapse the area upward and hide the charge headers and diagnosis codes.
- **Add or remove codes to/from your Modifier Favorites list.** See *Adding or Removing Modifiers to/from your Modifier Favorites List*.
- **Create a personal Charge Macro based on the currently entered charges.** See *Creating a New Charge Macro for the Charge Favorites Category*.

## Showing or Hiding the “How-To” Video Icons

The Charge Transaction screen contains several small **Video** icons , located in the headings of various sections of the screen. You can click an icon to view a short “how-to” video about that section of the screen. The icons are shown by default, but you can choose to either show or hide them, per your preference. For example, once you have viewed all of the videos, you might hide the icons.

To show or hide the **Video** icons, click **More**  in the upper right corner, select **Screen Settings**, and then set **Show How-To Video Icons** to **Yes** (the default) or **No**.