CDM/EAP - Charge Change Request

Requested By: _____ Email: _____ Ext: _____ Date: _____

Cost Center: _____

- [ ] Add
- [ ] Revise
- [ ] Remove

Epic Department #: _____ Epic Dept. Name: _____

Bill Area: _____

Application:
- [ ] Epicare-(Immn/Inj)
- [ ] Inpatient
- [ ] ED
- [ ] Manual Charge Entry
- [ ] OPTime
- [ ] Willow- (MAR)
- [ ] Interface
- [ ] RIS
- [ ] Omni-cell
- [ ] Cerner
- [ ] Muse

Current HB EAP#: _____
(Does not apply for new codes)

Current PB EAP#: _____
(Does not apply for new codes)

Suggested Effective Date: _____

Code Information

Description: _____

CPT/HCPCS Code: _____   HCPC Shell Code [ ] Yes [ ] No

RVU: Work RVU: _____   Non FAC PE RVU: _____   FAC RVU: _____   M/P RVU: _____   Total RVU: _____

Cost: $ _____   AWP: _____   Supply: [ ] Sterile [ ] Non-Sterile [ ] Implant [ ]

Value Analysis Team approved the supply?   [ ] Yes [ ] No

NDC # _____
Any additional information regarding the supply_____

Preference List

Preference List : _____

Which Departments, Services, use this code? _____

Preference List Heading under which the new code should appear? _____

Sub-heading (if applicable)? _____

Date of project request _____

Comments

_____
_____
_____

To be Completed by the CRCC Committee

Charge Type (check one)   [ ] Prof & Tech   [ ] Prof Only   [ ] Tech Only

Coverage	Covered Service? Y/N	CPT Alternate Code	Applicable Modifier
Commercial/Managed Care	[ ]	_____	_____
Medicare	[ ]	_____	_____
Medicaid	[ ]	_____	_____

New HB EAP#: _____   New PB EAP#: _____

Effective Date: _____   Billing Category: _____

Description: _____

CPT/HCPCS:
Commercial _____   Medicare _____   Medicaid _____

Rev Code:
Commercial _____   Medicare _____   Medicaid _____

Payment Indicator _____

Compliance Issues _____

Price: _____   Alt price: _____

PB Category Code: _____

     * Will this charge contractually adjust?   ☐ Yes   ☐ No   **Pricing Contract:** _____

	Yes	No
Is this charge in a PBB clinic?	☐ Yes	☐ No
Is this an interfaces charge?	☐ Yes	☐ No
Is this going on a flow sheet?	☐ Yes	☐ No
Is this going on a Preference List?	☐ Yes	☐ No
Does this charge have any age/gender restrictions?	☐ Yes	☐ No
Are modifiers required for this charge?	☐ Yes	☐ No

Is this service performed as inpatient, outpatient, or both?   ☐ Inpatient   ☐ Outpatient   ☐ Both

	Yes	No
Is a router rule needed?	☐ Yes	☐ No
Does this code require linking?	☐ Yes	☐ No
Is this code used in another department?	☐ Yes	☐ No
Are mock modifiers needed on preference list?	☐ Yes	☐ No
Will this charge need a dummy code?	☐ Yes	☐ No

Approvals

CDM/EAP Committee Approval: _____

CDM/EAP Committee Date: _____

Department/Requestor-Required Fields
CDM Team-Required Fields
EAP Team-Required Fields