

EAP – Charge Change Request Form Definitions

Overview:

The EAP Charge Change Request form should be completed in its entirety whenever an Add, Revision, or Removal of a code is needed.

This form is used for both the Physician (PB) CPT or HCPCS Code and Hospital (HB) CDM.

Requesting Department:

Requested By: Director/Manager/Billers/Coders requesting the Add/Revision/ or removal. Please complete the Route#, phone extension#, and Date of the request.

Cost Center: The cost center that hospital revenue should be captured for.

Epic Dept. #: The Epic department number that represents the department name being logged into to capture charges.

Epic Dept. name: The Epic department name that represents the department name being logged into to capture charges.

Bill Area: The subspecialty revenue allocation record used to separate clinical professional revenue.

Application: Select the charge capture application(s) that will be used to capture and bill for this service/drug/supply

Current HB EAP#: If the code being requested is a Revision or Removal indicate the charge's procedure (CDM) code.

Current PB EAP#: If the code being requested is a Revision or Removal indicate the charge's procedure (CPT/HCPCS) code.

Suggested Effective date: Effective date the Epic department needs code for use

Code Information Section:

Description: CPT code Description. Please indicate the description of the service/supply/drug being requested. This would only be completed for new and revised EAP requests.

CPT/HCPCS : Indicate the CPT/HCPCS code associated with the service/supply/drug.

HCPC Shell code: Completed for OpTime requests only.

RVU: Indicate the RVU associated with the CPT/HCPCs being requested. All components of the RVU are required (Work RVU, Non Facility RVU, Facility RVU, Mal Practice RVU, and Total). All components should add up to the total RVU.

Cost: Indicate the FULL cost associated with the service/supply/drug.

AWP: **Completed for Pharmacy requests only.** Average Whole Sale Price is assigned to each drug and is used to assign a price to the code.

NDC: **Completed for Pharmacy/drug requests only.** National Drug Codes are assigned per drug and are required for hospital and professional billing. These codes are 11-digits.

Supply: Please indicate if the supply is sterile, non-sterile, or an implant. This information is used to assign the appropriate revenue code to a supply.

Preference List Section:

Preference list:

The preference list ID codes

Which Department(s), Service(s), use this code?

List the departments who use this code

Preference List heading:

List the heading on the preference list that the code should fall under (if applicable)

Sub-Heading:

List the sub-heading on the preference list that the code should fall under (if applicable)

Comments: Provide any additional information pertaining to the request

Please check what type of charge the request is: Professional, Technical, or both components

Coverage: Indicate if covered by checking the box Y or N by payor

CPT Alternate Code: List if any payors require an alternate CPT code

Applicable Modifier: Note any modifiers that should be attached by payor