Ambulatory Pediatric Charge Capture
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Overview: In order for UMB to extract charges from your notes, there are a few things that must be correct:

1) You must submit your note on the correct FIN. If you have mistakenly submitted your note on the wrong FIN, see the Choose the right FIN section below and refer to Appendix 1.1c.

2) The date of the note must match the encounter date. To correct the service date of the note, see Appendix 1.1b.

3) The note must be signed by the attending physician on the encounter.

4) You must use a billable note type. See Appendix 4.1 or contact UMB if you do not know the list of Billable Note Types for your division.

Here are a couple quick tips to help.

1) Choose the right FIN:

   a. If working in an ambulatory setting, use the Ambulatory Organizer to open your patient’s chart. By clicking on the patient there, it automatically loads the encounter that is linked to the appointment.
2) Select the right note type:
   a. When you are in a specific workflow (I.E. Clinic or Inpatient), your mPages will automatically suggest notes based on your venue. These notes come pre-populated with the correct note type, title, and template.
Deficient Note Report Tipsheet

**Finding your deficient notes**

**Purpose:** To provide instruction and best practices on how to use the *Deficient Note Report* to help identify notes that may not have been finalized by a billing provider.

**Access:** A weekly report is emailed to your division managers and division chiefs. It is these individuals’ responsibility to notify and forward to their division members.

**Understanding the UMB Prov Grp (Faculty) Tab**

**Definitions:**

- **GROUP/DIVISION** – The billing group and division
- **ACTION_PHYSICIAN** – The billing provider
  - Note type will also display under the physician
- **FIN_NBR** – The FIN that a deficient note exists under
- **SERVICE_DT** – Date of service (or appointment)
- **ICENTRA_MRN** – iCentra unique patient identifier
- **EPIC_MRN** – Epic unique patient identifier
- **PATIENT_LAST/FIRST** – Patient name
- **NOTE_STATUS** –
  - **BILL PROV – Sign Pending**: Listed billing provider has a note that is still in a Preliminary Status or has not been signed and Finalized
  - **BILL PROV – Sign Requested**: Listed billing provider has a pending sign request
- **DEFICIENT_SINCE** – The date the note was last modified but not signed.
- **AGING** – # of days out from **DEFICIENT_SINCE** date
What to do:

1. Use the Slicers to narrow your search.

   ![Slicers Diagram]

   - BI
   - LL PROV-Sign Pending – See Appendix 1.1 & Appendix 2.1a
   - BILL PROV-Sign Requested – See Appendix 1.1 & Appendix 2.1b

2. Once narrowed, utilize the Summary of Deficient Notes to begin your investigation (censored for PHI)

   *Note: Best practice is to target efforts towards items that are 14+ days old.

   ![Summary of Deficient Notes Table]
Understanding the Resident Tab

*Note – Only surgical specialties are listed here. Non-Surgical specialty deficient notes are being fielded and worked by the Residency Office for the Department of Pediatrics.

Definitions:

- **RESIDENT/ATTENDING DIV** – Resident name and division
- **NOTETYPE/TAG/TITLE** –
  - Type, tag (in process), and title of deficient note
- **FIN_NBR** – The FIN that the deficient note exists on
- **SERVICE_DT** – Date of service (or appointment)
- **SCHEDULING LOCATION** – Encounter location.
- **ICENTRA_MRN** – Patient Medical Record Number. Unique Patient Identifier.
- **PATIENT_LAST/FIRST** – Patient name
- **NOTE_STATUS** –
  - **RESIDENT-Signed, Not Forwarded**: Trainee has signed the note but has not forwarded the note to an Attending for signature.
  - **RESIDENT-Sign Pending**: Note has been started by trainee but has not been signed.
- **DEFICIENT_SINCE** – The date the note was last modified but not signed.
- **AGING** - # of days out from DEFICIENT_SINCE date

What to do:

1. Use the slicers to narrow down your search.
2. Once narrowed, utilize the Summary of Resident Deficient Notes to begin your investigation (censored for PHI)
a. RESIDENT-Signed, Not Forwarded – See Appendix 1.1 & Steps 6-13 of Trainee Note Best Practices
Using the Missing Charge Report

**Purpose:** To provide instruction and best practices on how to use the *Missing Charge Report* to help identify visits within iCentra that may not have a charge associated.

**Access:** A weekly report is emailed to your division managers and division chiefs. It is these individuals’ responsibility to notify and forward to their division members.

**Understanding the Summary Tab**

1. Ensure you are on the *Summary* tab of the report. This is what drives the results you will see on the detail tab.
2. Select your appropriate Billing Group (if desired)
3. Select your designated Billing Division
4. Once the list has been filtered to your desired subset, select *Detail*
Understanding the Detail Tab

**Definitions:**

- **VISIT_PROV** – the provider associated with the appointment
- **ICENTRA_FIN** – the encounter that is missing a valid note
- **PAT_NAME** – Patient full name
- **CONTACT_DATE** – date of appointment
- **FLAG** -
  - **“REVIEW-NO SIGNED NOTE FOUND”** – indicates no charge and no iCentra note was found. These are matched together by the combination of provider, patient, and date of service.
  - **“REVIEW-DEFICIENT NOTE FOUND”** - indicates no charge found, but an iCentra note was found. These are matched together by iCentra fin, visit_prov, and contact_date.

**What to do:**

- **VISIT_PROV incorrect** – Send email to Ped Clinical Informatics <ped.clinicalinformatics@hsc.utah.edu> with **correct provider** specified.
  - *Note – if you need to cancel the visit or adjust the provider day of, please work with your clinic front desk staff to accommodate this. The goal is to catch these at the time of the scheduled visit when possible.*
- **CONTACT_DATE**
  - No note in iCentra – See [Appendix 1.1](#) & [Appendix 1.1a](#)
  - Note in iCentra but wrong date – See [Appendix 1.1](#) & [1.1b](#)
Incorrect CONTACT_DATE for appointment (I.E. appointment occurred on a different date than the one specified and did not get rescheduled) – Send email to Ped Clinical Informatics <ped.clinicalinformatics@hsc.utah.edu> with **correct date and report item** specified.

- **Appointment did not occur** – Send email to Ped Clinical Informatics <ped.clinicalinformatics@hsc.utah.edu> with **report item (appointment)** that needs to be removed.
- **Note unable to be completed** – If you cannot start and complete a note (I.E. the visit is too old, etc.), the note will eventually fall off the report based on the cutoff period.
- **Incorrect fin** – See Appendix 1.1 & Appendix 1.1c
- **Incorrect note type** – See Appendix 1.1 & Appendix 1.1b
Purpose: To provide instruction and best practices on how to use Ambulatory Organizer Open Items.

Understanding Open Items

Definitions: Ambulatory Open Items is an outstanding action tracking module within iCentra that is scoped on a per appointment/encounter basis. Outstanding Actions tracked include:

- Note status
  - Note Not Started
  - Note Saved
- Charge – useful if utilizing order based charges.
What to do:

1. *Open Items* is a fantastic way to gain rapid insight/feedback on provider appointment responsibilities. This can be used in **real-time to verify action responsibilities** on a daily basis in conjunction with the *Missing Charges Report* and the *Deficient Note Report*.

2. You can manually resolve items that have not been started if you need to do any reconciliation between the reports and what you are seeing in Open Items. To do this, there is a checkbox next to unstarted items that you can select if you hover over it.
Capturing Charges on Notes That Have Been Started by a Trainee

**Purpose:** To provide instruction to trainees on how to start their notes and forward to Attending Physicians.

**What to do:**
1. Trainee creates a note.
2. Trainee finishes their documentation.
3. Trainee locates free text box (or any available area) and inserts Auto-text “;pedtraineeattestation”.
4. Trainee documents **Attestation** by filling out template
   - BMI: Not Available
   - Wt for Length: 55.0 kg x 123.0 cm
   - BSA: 1.4 m²

   **Trainee Attestation:**
   I, **SLATER, TREVOR S, am a Resident** and saw this patient with Dr. Cowley, Attending Physician.

5. Trainee Saves (does not sign).
6. Trainee exits note, finds Saved Document at top of the list of documents, and clicks Forward.
7. Trainee adds Attending Provider using **Additional Forward Action**, select **Sign**, and add the Attending Provider as the Recipient.

8. Attending Provider will receive the Note in the **Documents** section of their Message Center to Sign.

9. Note will be in a "**Preliminary Report**" status. As such, the attending provider can modify anything in the body of the note by clicking the **Modify** button and is available for editing without an addendum.
10. Once any modifications are complete, the attending provider can Sign the note using the **Action Pane**.

11. Once the Attending Provider has signed the note, the note will no longer appear in the Attending Provider's Message Center as a Saved Document.

12. UMB receives note for billing extraction.
Capturing Nursing Visit Charges

**Purpose:** To provide instruction on how to ensure that nursing visit charges are effectively captured for Site of Service 11 clinics.

**What to do:**

1. **Use the *Nursing Narrative* note type for your nursing visits.** Nursing only visits (injections, education, etc.) are billable and should be captured.
   a. Refer to appendix for using dynamic documentation, setting up personal note type filters, etc.
2. **Nursing notes must be signed by an MD in order for charges to be extracted.** Send to MD for signature. See [Appendix 3.1a](#).
Appendices

Appendix 1.1 – Searching for your note

1. Using the missing charges report, identify the CONTACT_DATE that the note should have been written.
   
   a. In *PowerChart* select *Documentation* from the *Table of Contents*.

   ![PowerChart Documentation Menu](image)

   b. If you wish you can utilize the Display filters to search for a particular date range. It’s always a good idea to search a couple weeks before and after the date.

   ![PowerChart Display Filters](image)
c. Select your Note.
d. At the bottom of your signed note, you can always review the Signature line and Action List on a particular note to verify whether or not you have signed the note.

2. Missing Charges Report – How to reconcile
   a. If you are unable to find the note, see Appendix 1.1a - Creating a Note for a Past Date
   b. If you have identified the note but it has the wrong date, see Appendix 1.1b - Correct The Service Date or Type of a Note
   c. If have identified that the encounter is incorrect, see Appendix 1.1c - Correcting a Note That Was Submitted on the Wrong Encounter

3. Deficient Note Report – How to reconcile
   a. NOTE_STATUS – BILL PROV-Sign Pending, see Appendix 2.1a - Note in a Sign Pending State
   b. NOTE_STATUS – Sign Requested, see Appendix 2.1b - Note in a Sign Requested State

**IF NOTE WAS STARTED IN ERROR FOR ANY REASON (I.E. You started a note and the patient no-showed), PLEASE ERROR OUT THE NOTE**
Appendix 1.1a – Creating a Note for a Past Date.

1. Make sure you are on the correct FIN. You can consult the Missing Charges Report ICENTRA_FIN to get the correct FIN. Create your note as usual. Select Sign/Submit.

   [Family History]
   Patient was adopted
   Alcohol abuse: Mother.
   Aortic valve disorder: Mother (Dx at 26). Negative: Father, Grandfather (M), Grandfather (P), Grandmother (P) and Sibling.
   Cardiomyopathy: Father. Negative: Grandmother (P).
   Chest pain: Negative: Mother, Father, Grandfather (M), Grandfather (P), Grandmother (M), Grandmother (P) and Sibling.
   Coronary artery disease: Mother, Negative: Grandmother (P).

   ![Sign/Submit Note]

   [Sign/Submit Note]
   Type: Cardiology Office Clinic Note
   Author: SLATER, TREVIN S
   Note Type List Filter: All
   Title: PED Cardiology Office Visit (Single Column)
   Date: 09/11/2018 0752 MDT

2. In the Sign/Submit Note popup, make sure you change the date to the date specified in the CONTACT_DATE column in the Missing Charges Report.

3. Select Sign. Once submitted, UMB will receive the note, charge, and the item will fall off the Missing Charges Report.
Appendix 1.1b – Correct the Service Date or Type of a Note

1. Ensure you are on the correct FIN for billing.
2. Find your note. See Appendix 1.1.
3. Double click the note.

4. In the bottom left of the note, select the clickable text titled: Note Details.
5. If changing the date, select the date that is listed on the *Missing Charges* Report. If changing the type, Click *Type* and find the desired note type.

6. Insert Addendum stating “Changed Service Date to [date]” or “Changed Note Type” and select “Sign”

7. UMB will receive the updated note and the line item will fall off the Missing Charges Report.
Appendix 1.1c – Correcting a Note That Was Submitted on the Wrong FIN

1. Ensure you are on the correct FIN for billing.
2. Find your note. See Appendix 1.1.
3. Below the signature line is an event timestamp with the encounter information at the time of signing. Verify this is the incorrect FIN.

4. Add Addendum to note stating “Note on incorrect FIN. Marked in Error.” Click Sign.
5. Select the note content and select “Tag”.

6. Right-click on body of note and select “In Error”. Error out the note.
7. Select Add on the documentation module.
8. Specify the appropriate **Type**, **Title**, **Service Date**, and **Template** (Free Text Note works the best if you are going to use the previously tagged note from step 5).

9. Select your Tagged Text and drag it into the free text box.

10. Select **Sign/Submit**. UMB will receive the new note on the correct FIN and your charges will be captured.
Appendix 2.1a – Note in a Sign Pending State

1. Find your note. See Appendix 1.1.

2. Verify that there is a Sign Pending for the note by looking for an Action Status of Pending in the Action List. If you are using the Deficient Note Report, this will be the Billing Provider on the line item.

3. Review the note, make modifications, and Sign.

*Note – You can also view any personally Saved but not Finalized documents in your Message Center.
Appendix 2.1b – Note in a Sign Requested State

1. Find your note. See Appendix 1.1.
2. Verify that there is a Sign Requested for the note by looking for an Action Status of Requested in the Action List.

3. Go to your message center. Within your Documents inbox, there is a Sign inbox. The note should be present in there and available for signing.
Appendix 3.1a – Sending a note for review/signature

**Sign Workflow** – These instructions are intended only for those who may be signing the note. If you are a trainee, please see the [Trainee Note Best Practices](#) section.

1. After clicking **Sign/Submit**, the **Sign/Submit Note** popup will appear.

   a. Favorites, Recent, and Relationship:
      i. You can select any contacts you have favorited in the past (use the star), any recent recipients, or any relationships associated to the visit or lifetime patient relationships (PCP, etc.).

2. You can also search for a provider using the search field.

3. Once you have added the desired recipient(s), select whether you would like them to Sign or Review.

4. Click **Sign**.

5. Once you have done so, the note will be delivered to the recipients’ message centers.
Creating your Personal Note Type List

1. From the Documentation page, open a new note with the +Add button.

2. Click View in the Menu and select Customize.
3. Select a Default Note Type if preferred.

![Image of Note Types dialog box with Family Practice Office Clinic Note selected]

4. Select the appropriate Personal Note Type from the list and move them to the **Personal Note Type list**.

![Image of Note Types dialog box with Personal Note Type list expanded]

5. Once the Personal Note Type list is completed click **Apply** and **OK**.
How to Access Your Personal Note Type Filter

Workflow mPage

1. Create your note from your workflow page.

2. Once you click Sign/Submit, your default will automatically appear in the Type section but you will also have access to your entire Personal Note Type list by changing the filter.
3. An alternative method is to go to the Select Other Note hyperlink to access your personal note or to click on documentation in the dark menu and click Add.

4. Change the Note Type List Filter to Personal and select the type of note you want. Your default will automatically appear in the Type section but you will also have access to your entire Personal Note Type list by changing the filter.

5. Click OK.
### Appendix 4.1 – UMB Accepted Note Types and Encounter Locations

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<th>UMB Accepted Note Types</th>
<th>UMB Accepted Encounter Locations</th>
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<td>ENT_Office_Clinic&gt;Note</td>
<td>UOTD_Ortho</td>
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<td>ENT_Progress&gt;Note</td>
<td>UOTP_Ortho</td>
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<td>UOTU_Ortho</td>
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Pediatric Living Donor Discharge Teaching
Pediatric Neurology Office Clinic Note
Pediatric Progress Note
Pediatrics Consultation
Pediatrics Office Clinic Note
Pharmacy Progress Note
Phone Message Conversation - Text
Photo Clinical
Physiatrist Consultation
Physiatrist Progress Note
Physical Med and Rehab Clinic Procedure
Physical Med and Rehab Clinic Office Note
PK - Initial Progress Note
Plastic Surgery Clinic Procedure
Plastic Surgery Consultation
Plastic Surgery Office Clinic Note
Plastic Surgery Progress Note
PM&R Clinic Procedure
PM&R Consultation
PM&R Office Clinic Note
PM&R Progress Note
Podiatry Consultation
Podiatry Office Clinic Note
Podiatry Progress Note
Preadmission Screen Chart Review - Text
Procedure Note
Progress Note Gener....pdf
Progress Note Generic
PT Inpatient Ped Daily Doc - Text
Pulmonary Function Studies
Pulmonology Consultation
Pulmonology Office Clinic Note
Pulmonology Progress Note
Radiology Reports
Record of Death
Rehab Medicine Consultation
Rehab Medicine Office Clinic Note
Rehab Medicine Progress Note
Research Progress Note
Respiratory Therapy Progress Note
Return_to_WorkSchool
Rheumatology_Consultation
Rheumatology_Office_Clinic_Note
Rheumatology_Progress_Note
Sedation_Records
Sleep_Medicine_Clinic_Office_Note
Sleep_Medicine_Consultation
Sleep_Medicine_Progress_Note
Sleep_Study_Interpretation
Sleep_Study_Technical_Report
SLP_Inpatient_Ped_Daily_Doc__Text
SLP_Inpatient_Ped_Develop_Eval__Text
SLP_Outpatient_ENTVPI_Evaluation__Text
Spina_Bifida_Office_Clinic_Note
Sports_Medicine_Office_Clinic_Note
Stress_ECG
Surgery_Office_Clinic_Note
Surgical_Consultation
Transfer_Note
Transplant_Evaluation
Transplant_Office_Clinic_Note
Transplant_Progress_Notes
Vascular_Consultation
Vascular_Progress_Note
Wheelchair_and_Seating_Evaluation__Text
Wound_Care_Progress_Note
Appendix 4.2 – Ambulatory Organizer Open Items Note Type/Event Satisfiers (08/29/18)

Adolescent Medicine Office Clinic Note
Advance Illness Discussion Note
Allergy / Immunology Clinic Procedure
Allergy Immunology Office Clinic Note
Allergy Immunology Progress Note
Anesthesiology Progress Note
Annual Wellness Exam
Antenatal Testing Note
Antepartum Comment
Antepartum Note
Antibiotic Optimization
Anticoagulation Bridging Visit
Anticoagulation Chronic Visit
Anticoagulation Initiation Visit
Anticoagulation Progress Note
Audiology Hearing Aid
Audiology Office Clinic Note
Audiology Progress Note
Baclofen Pump Procedure Note
Behavioral Health Office Clinic Note
Behavioral Health Progress Note
Behavioral Health Testing Report
Cardiac Device Interrogation
Cardiology General Procedures
Cardiology Office Clinic Note
Cardiovascular Progress Notes
Cardiovascular Surgery Office Note
Care Plan Ambulatory
Care Plan- Self Care Plan
Chemical Dependency Progress Note
Cleft/Craniofacial Office Clinic Note
Clinic Attending Note
Clinician Performed CT
Clinician Performed US
Colorectal Office Clinic Note
Comp Care Office Clinic Note
Counselor Note
Critical Care Progress Note
Cystic Fibrosis Office Clinic Note
Delivery Plan Note
Dermatology Clinic Procedure
Internal Medicine Progress Note
Interventional Radiology Clinic Note
IV Infusion
Long term Care Progress Note
Maternal Fetal Medicine Progress Note
Maternal Fetal Medicine Report
Measurements Graphs
Medical Action Plan
Myocardial Biopsy
Neonatal Clinic Office Note
Neonatology Clinic Procedure
Nephrologist Office Clinic Note
Nephrologist Progress Note
Neurology Clinic Procedure
Neurology Office Clinic Note
Neurology Progress Note
Neuropsychology Clinic Procedure
Neuropsychology Office Clinic Note
Neurosurgery Clinic Procedure
Neurosurgery Office Clinic Note
Neurosurgery Progress Note
Newborn Assessment Note
Newborn Transitions
NICU Code Note
NICU Progress Note
NICU Telehealth Note
Not in Patient Portal
Nursing Narrative Note
Nutrition Note
Obstetrics Clinic Procedure
Obstetrics Office Clinic Note
Obstetrics Progress Note
Occupational Therapy Progress Note
Office Clinic Note Physician
Oncology Office Clinic Note
Oncology Progress Note
Ophthalmology Clinic Procedure
Ophthalmology Office Clinic Note
Ophthalmology Progress Note
Optometry Office Clinic Note
Orthopedic Office Clinic Note
Orthopedic Progress Note
Otolaryngology Office Clinic Note
Pacemaker, ICD, CRT Documentation - Text
Pain Management
Pain Management Clinic Procedure
Pain Management Office Clinic Note
Palliative Care Clinic Visit Note
Palliative Care Progress Note
Pastoral Care Progress Note
Pediatric GI Office Clinic Note
Pediatric ID Office Clinic Note
Pediatric Neurology Office Clinic Note
Pediatric Progress Note
Pediatrics Clinic Procedure
Pediatrics Office Clinic Note
Pharmacy Progress Note
Physiatrist Office Clinic Note
Physiatrist Progress Note
Physical Med and Rehab Clinic Procedure
Physical Med and Rehab Clinic Office Note
Physical Therapy Progress Note
Physician Advisor Note
Plastic Surgery Clinic Procedure
Plastic Surgery Office Clinic Note
PM&R Clinic Procedure
PM&R Office Clinic Note
Podiatry Clinic Procedure
Podiatry Office Clinic Note
Podiatry Progress Note
Progress Note Generic
Protected Note
Psychiatric Assessment Note
Psychiatric Progress Note
Psychology Progress Note
Psychosocial Treatment Plan
Pulmonology Clinic Procedure
Pulmonology Office Clinic Note
Pulmonology Progress Note
Radiation Therapy Progress Note
Radiology Medicine Clinic Procedure
Recreation Therapy Progress Note
Rehab Medicine Office Clinic Note
Rehab Medicine Progress Note
Research Progress Note
Respiratory Therapy Progress Note
Appendix 4.3 – Resources

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- John Bohnsack - Executive Medial Officer UUMG