A SIMPLE GUIDE

Automated Charge Review

How to eliminate 75% of the tedium and
frustration of medical billing

nextgen healthcare

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Introduction

Medical practices must invest a great deal of time, energy, and expertise to manage their revenue cycle. Not only because of a high volume of encounters but also because of the complexity of medical billing. Getting a clean claim out the door is no easy feat. As time moves forward, it isn't getting any easier.

For billing staff, executives, and physicians, this innate difficulty in business practice is not an easy pill to swallow. You didn't create the intricacies and roadblocks that cause most administrative headaches of running a medical practice, but you must deal with them every day.

Or must you? **Automated charge review** can eliminate a substantial portion—roughly 75%—of the tedium and frustration that, for many medical practices, seems an inevitable part of billing and claims.

How did we come up with 75%? Keep reading to find out.

WHY IS MEDICAL BILLING SUCH A HEADACHE?

Start with third-party payers. They're constantly changing their requirements and seem to do everything in their power to make your job more difficult.

Next, consider the EHR. Despite its many benefits, widespread reliance on the EHR results in large numbers of inaccurate charges and errors in billing data being pumped into the practice management (PM) system.

This means that billing staff must review charges one by one to ensure claims meet payer requirements. The review process is manual, repetitive, and time consuming. Office staff commonly spend hours fixing the same errors day in and day out.

Key Points

NextGen® Charge Review Rules Engine:

- **Serves as an automation partner**— our team translates your staff's knowledge into highly customized rules for automated charge review

- **Represents the application of AI** to the world of medical billing

- **Saves time by fixing errors** at the front end of the revenue cycle process—between the EHR and the PM system

- **Automatically searches** for the same coding issues your team would have to find manually

- **Can be configured to autocorrect an error** once it is detected or to task the inaccurate charges to a staff member for intervention

- **Increases the accuracy of billing** and coding data delivered to the PM system

- **Increases the likelihood that the claims your practice sends out are clean** and, therefore, that you will get paid for your services faster
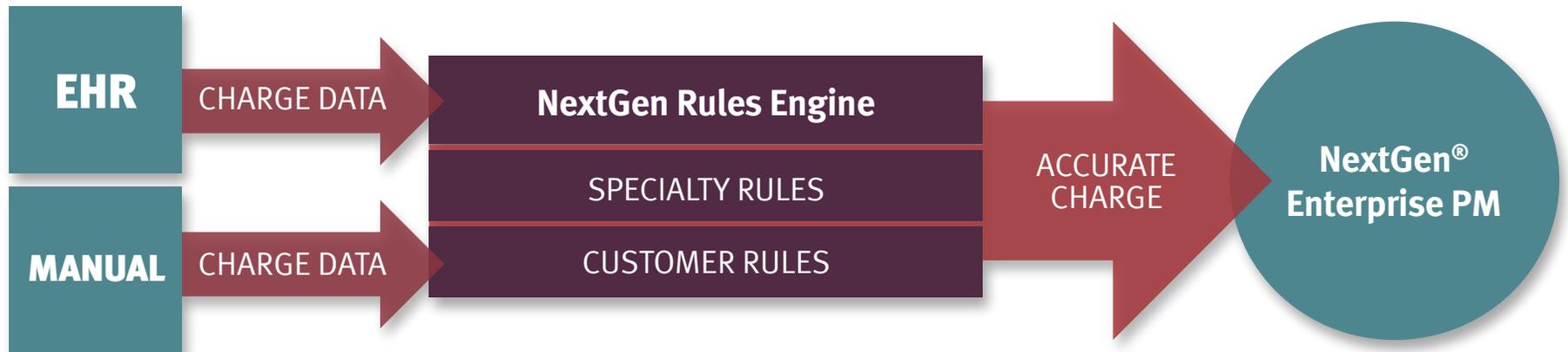
YOUR STAFF'S EXPERTISE, OUR AUTOMATION

The creators of **NextGen Charge Review Rules Engine** (also referred to as NextGen® Rules Engine) understand your challenges. We're here to help.

Our goal is to consolidate and automate as much of the charge review process as possible.

How? By combining our core competency in automation with the expertise and experience of your billing staff.

To achieve this goal, our implementation team works with your team to translate your staff's knowledge into highly customized rules. When we combine these rules with our **artificial intelligence (AI)** capabilities, the result is a rules engine that automates a large portion of manual review.

The NextGen Charge Review Rules Engine sits between the EHR and the PM system. Once programmed, the NextGen Rules Engine is positioned to intervene at the beginning of the revenue cycle process.

EHR → CHARGE DATA → **NextGen Rules Engine** / SPECIALTY RULES / CUSTOMER RULES ← MANUAL → CHARGE DATA → ACCURATE CHARGE → **NextGen® Enterprise PM**

GET THE AI ADVANTAGE

NextGen Charge Review Rules engine represents the application of AI to the world of medical billing.

NextGen Rules Engine can complete a large portion of tasks normally done by a medical billing staff.

Leveraging AI for more routine tasks frees your staff to focus on other aspects of medical practice administration, such as management of pre-authorizations, patient pay collections, or denials. Elimination of repetitive tasks and elevation of work to a higher level of problem-solving may reduce stress and enhance workplace motivation for your billing team.

WHAT THE NEXTGEN RULES ENGINE CAN DO

NextGen Rules Engine finds and automatically corrects a significant portion of errors. It increases the accuracy of information delivered to the PM system, which in turn increases the likelihood your practice will **send out clean claims** and **get paid faster** for your services.

As one example, consider charges for laboratory services for a general health panel. Some payers require these charges to be bundled, and other payers require them to be unbundled. An error may occur if, for example, the charges come across bundled from a lab system or EHR and the payer requires them to be unbundled. NextGen Charge Review Rules Engine can **autocorrect** this error—in this case, by automatically unbundling the charges. No one on your team needs to do any manual review or make any change to the charge or claim.

Your practice benefits from:

* Our experience working with dozens of other large, enterprise-level medical practices in developing best-practice rules to improve accuracy in coding and billing

* The ability for your staff to create rules themselves, typically in just a few minutes—a feature which revenue cycle teams greatly appreciate

* Easy adaption—a business analyst can be trained on rule creation and management within a few hours—there's no need to involve your practice's IT staff
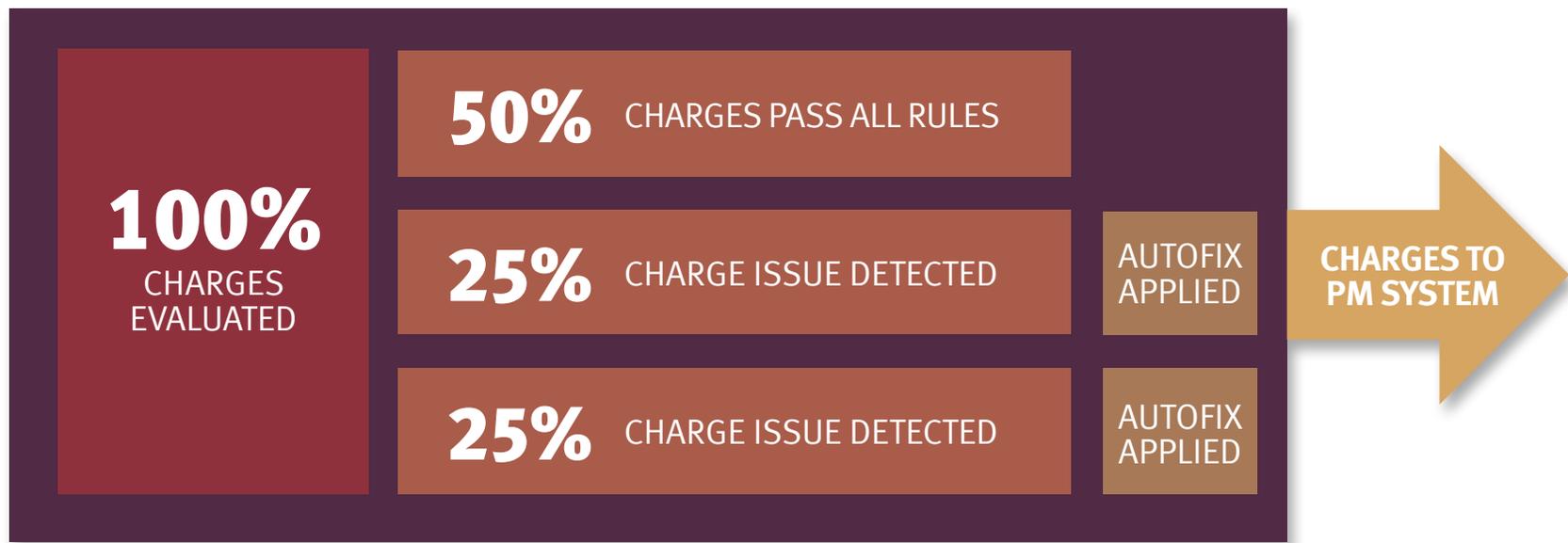
EXPECT THESE RESULTS

Based on experience, here's an estimate of results you can expect from automated charge review:

- **50% of charges** automatically pass through all the rules and go directly into the PM system.

- **25% of charges** have errors which are auto-corrected by NextGen Charge Review Rules Engine. Charges are then delivered to the PM system with no need for human intervention.

- **25% of charges** have errors that require your team's expertise to correct and are tasked automatically to the right staff member.

That means that **75% of all charges** do not require review or correction by anyone on your staff.

This represents a major decrease in repetitive tasks, a less burdensome workload, and hours saved.

100%
CHARGES EVALUATED

50% CHARGES PASS ALL RULES

25% CHARGE ISSUE DETECTED   AUTOFIX APPLIED

25% CHARGE ISSUE DETECTED   AUTOFIX APPLIED

CHARGES TO PM SYSTEM

EXAMPLES FROM REAL LIFE

Let's look at some examples of how NextGen Charge Review Rules Engine works in the real world of medical billing.

Provider mismatches

This type of error occurs when the rendering provider listed in the charge is not the one who performed the services being billed. For example, a nurse or other clinician who documents the charge in the EHR may put it under their own name or the wrong physician by mistake. The NextGen Rules Engine can detect this error by comparing the provider documented on the charge in the EHR with the provider scheduled in the encounter.

In most cases, medical practices prefer to have provider mismatches tasked to a team member for review. However, mismatches can be autocorrected if staff are certain which of the two information sources—EHR or appointment schedule—is accurate.

Location mismatches

Claim delays may occur because of mismatches between the location on the charge compared to the location documented in the encounter. Commonly, mismatches occur when a provider logs into the EHR to enter charges under a different location than the location where the encounter takes place—this creates a mismatch between the charge and data from the appointment book in the PM system. Usually, the claim hits a standard edit in the PM system and has to be manually corrected before it can be sent out.

To fix this error, NextGen Charge Review Rules Engine can implement an autocorrect rule. When NextGen Rules Engine sees that the location information coming from the EHR is different than location data in the appointment book, it autocorrects the location so that it matches. This prevents the claim from being delayed.

If a medical practice doesn't want the autocorrect, the rule can be flipped to a manual option. The charge is tasked to a staff member to determine the correct location. Most medical practices that use NextGen Charge Review Rules engine implement the autocorrect option.

Example showing identification of a location mismatch

⌄ Validations - (1)	⌃ ⌄
⊘ **[EN100993] Encounter Location vs. Change Location** The location that was scheduled on this Encounter is different from the one that was captured on the change in the EMR.	

Billing for immunizations

As one example, a provider immunizes a patient but forgets to add the CPT code for administration of an immunization when entering the charge into the EHR. You can set NextGen Charge Review Rules Engine to automatically add this code to the encounter.

Billing for immunizations is far more complex than the above example suggests. Primary care and multi-specialty practices must deal with a high volume of these complicated charges, especially in late fall. Over time, the charge review implementation team has built out more than fifty rules related to administration and immunization coding and billing. These rules take into account multiple factors, including patient age (adult or pediatric patient); type of administration (for example, intranasal, oral, intramuscular, or a combination); Medicare requirements; counseling requirements; units of measure; number of components (each antigen in a vaccine); and more.

Because of the comprehensive ruleset, 95% of charge review for administration and immunization coding and billing is fully automated by NextGen Charge Review Rules Engine. This means that if a charge for an immunization is entered incorrectly, NextGen Rules Engine can fix it automatically. Your staff needs to do little or nothing to get appropriate codes out to payers.

Sample Immunization Rules
Immunization billed without an administration code
Immunization administration code billed without an Immunization
Pediatric Immunization missing administration code. 90471 or 90473 is needed
Pediatric Immunization with provider counseling and incorrect unites for 90460
Pediatric Immunization with provider counseling and components greater than 1. 90461 is needed
Pediatric Immunization with provider counseling and incorrect units for 90461
Adult Intramuscular Immunization without administration charge. 90471 is needed
Adult Intramuscular Immunizations greater than 1/ 90472 is needed
Adult Intramuscular Immunizations with incorrect units for 90472
Adult Intranasal/Oral Immunization without administration charge. 90473 is needed
Adult Intranasal/Oral Immunizations greater than 1. 90474 is needed
Adult Intranasal/Oral Immunizations with incorrect units for 90474
Flu vaccine for Medicare requires an associated G0008
Pneumococcal vaccine for Medicare requires an associated G0009
Hepatitis B vaccine for Medicare requires an associated G00010

Billing for telehealth

Keeping track of different payer rules for telehealth visits can be daunting, although requirements are more stable now compared to the early months of the COVID-19 pandemic. Out of the box, NextGen Charge Review Rules Engine comes with many pre-programmed rules to automate the review of telehealth charges.

When a team member logs an appointment, they can enter telehealth as the appointment type. This telehealth flag drives much of the automation for charge review within NextGen Rules Engine.

Modifier 95

Many payers require a specific modifier, called modifier 95, when submitting a claim for a telehealth visit. Because NextGen Rules Engine can identify a telehealth charge and knows the payer as well, it can be set to add a 95 modifier to the evaluation and management (E&M) code based on the payer's requirements. A staff member doesn't need to remember the requirements for the specific payer or go into the EHR or revenue cycle system to add the 95 modifier.

Place of Service codes

Different payers have different requirements for documenting place of service (POS) codes for telehealth visits. Because NextGen Charge Review Engine can account for a telehealth visit and the payer, it can evaluate the accuracy of these codes. If the POS code is not documented according to the payer's requirements, NextGen Rules Engine can implement the necessary changes.

E&M visits

Medicare guidelines do not allow charges for an in-person E&M visit within 24 hours of a video or phone visit. When a charge for an E&M visit is entered into the EHR, NextGen Charge Review Rules Engine can look at billing history and identify if there's been a telehealth visit for that same patient within the last 24 hours. If yes, NextGen Rules Engine can task the charge to an appropriate staff member to determine if the service date is in error, if a necessary procedure was performed, or if there is another reason why a charge should be allowed.

Reporting of quality measures

NextGen Charge Review Rules Engine can do more than support compliance with payer requirements. As one example, the solution can also support reporting of quality measures.

Specific codes—CPT II codes, for example—may be used to provide evidence of quality of care. However, identifying the right CPT II code to add to the encounter increases the administrative burden on your physicians and office staff. To add the correct code, a physician or staff member must first identify a clinical value from the encounter which can be used to demonstrate quality performance, such as blood pressure or Hemoglobin A1c level. They must then look up the threshold for that value and, if warranted, add the correct CPT II code.

By integrating with NextGen® Enterprise EHR and storing clinical values in a table, NextGen Charge Review Rules Engine automates reporting of quality measures. When a charge comes through, a suite of rules is applied to automatically identify clinical values associated with the encounter. If any of these values meet the required threshold, the appropriate CPT II code or diagnosis code is automatically added to demonstrate care quality.

For example:

- A patient has blood pressure of 132/82

- According to the clinical metric table stored in the NextGen Rules Engine, CPT II codes should be added for a systolic value of 130 to 139 and diastolic values of 80 to 89

- NextGen Rules Engine identifies that the blood pressure measurements meet the required threshold and auto-adds the correct CPT codes (3075F for systolic and 3079F for diastolic)

If no clinical value is associated with the encounter—for example, if documentation is lagging—NextGen Rules Engine can hold the charge and check again before releasing it to the PM system.
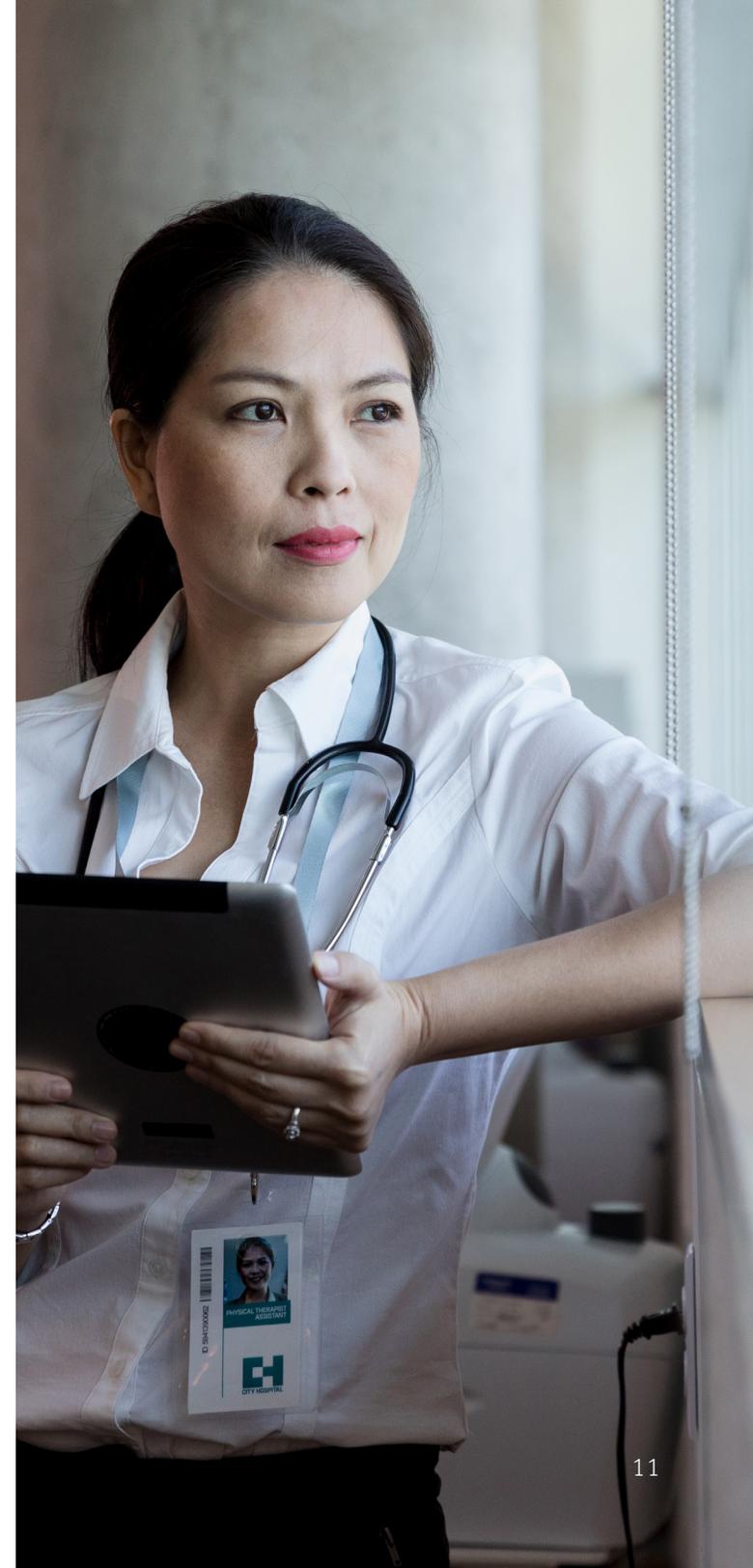
AN AUTOMATION PARTNER

Your revenue cycle team faces a difficult job day in and day out. They have extensive knowledge and experience; however, if that expertise only resides with them, its value to your practice is limited. NextGen Charge Review Rules Engine applies the expertise of your billing staff to every claim in the most efficient way. It is more than a technology solution—it is an automation partner.

Use it to sustain the financial well-being of your practice and build the administrative foundation for even greater success.

BETTER STARTS HERE.

Contact us at 855-510-6398 or results@nextgen.com

Find out more about how automated charge review can benefit your medical practice.

If you use NextGen® solutions, reach out to your account manager. If you are new to NextGen Healthcare, contact us at **855-510-6398** or **email results@nextgen.com**.

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