

To: All WRS Users

From: WRS Development Team

Date: 04/27/12

Re: System Update to Waiting Room Solutions

The WRS Development Team will be performing a software update to the Waiting Room Solutions System on or about April 27, 2012. This release will include the following:

RVU Report (Click to View Video Release Note 1)

Medicare uses a physician fee schedule to determine payments for over 7,000 physician services. The fee for each service depends on its relative value units (RVUs), which rank on a common scale the resources used to provide each service. These resources include the physician's work, the expenses of the physician's practice, and professional liability insurance. To determine the Medicare fee, a service's RVUs are multiplied by a dollar conversion factor.

Payment/RVU = Payment per RVU Total RVU = RVU assigned to that CPT

Total RVU x Payment per RVU = Payment

Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes, range from those that require considerable amounts of physician time and effort, clinical staff, and specialized equipment, to those that require little if any physician time and minimal other resources. For each service, Medicare determines RVUs for three types of resources. Physician work RVUs account for the time, technical skill and effort, mental effort and judgment, and stress to provide a service. Practice expense RVUs account for the nonphysical clinical and nonclinical labor of the practice, as well as expenses for building space, equipment, and office supplies. Professional liability insurance RVUs account for the cost of malpractice insurance premiums.

Functionality has been added to view the RVU per CPT code under **Billing>Reports>Saved Reports>Activity Reports**. All Activity Reports run by CPT code will now show the payment per RVU.

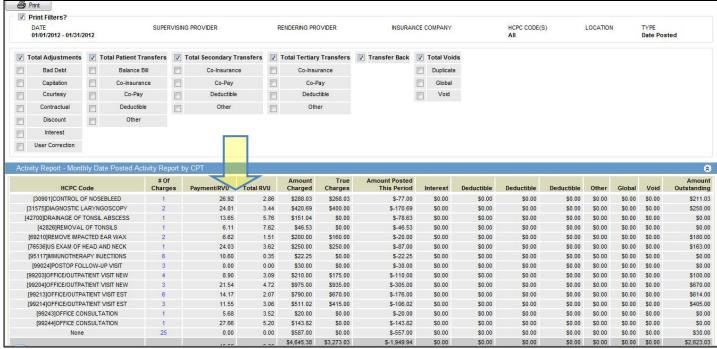


Figure 1: Billing>Reports>Activity Report>RVU

Diagnostic Imaging Report III

A new Diagnostic Imaging Report III note format has been added. This note allows practice users to specify the Place of Service, Date of Procedure, Performed By, and Requesting Provider, along with Findings, Indications and Impressions.

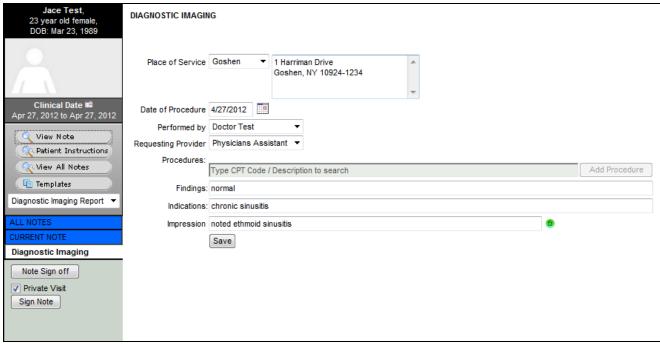


Figure 2: EMR>Diagnostic Imaging Report III

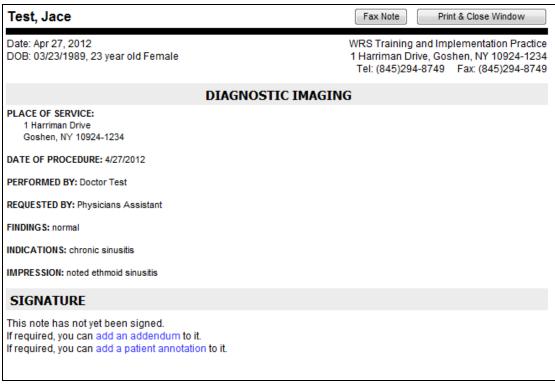


Figure 3: EMR>Diagnostic Imaging Report III>View Note

Note Display Templates

Through EMR Setup>Note Display Templates, the addition of "Include service coding" allows for Service Coding to be added into a Global Template and allows Service Coding to be added to the viewed/printed/faxed note.

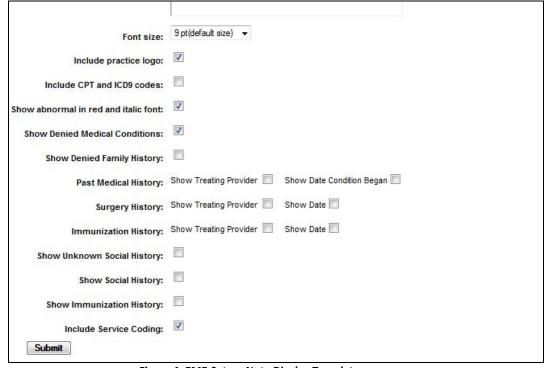


Figure 4: EMR Setup>Note Display Templates

Template Preview

Name: tester2 Note Format: Visit Note II

Author:

Created on: 1:35:52 PM Apr 27 2012

HISTORIES & HABITS

Past Medical History: No Past Medical History on Record

No denied Medical History on Record Surgery History: appendectomy

prostate

Family History: No Family History on Record No denied Family History on Record

PROCEDURES

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low Audiogram without tympanogram

ORDERED TESTS

Ct sinuses c --- CT of sinuses. Dx. Sinusitis.

Figure 5: Allows for populatuion of service coding into a Global Template

Printed 5:51 PM Apr 27 2012, User Location: ENT SPECIALTY CARE

HISTORIES & HABITS

Past Medical History: DVT

Emphysema Heart attack

No denied Medical History on Record

Surgery History: APPENDECTOMY Family History: No Significant Family History No denied Family History on Record

CURRENT MEDICATIONS

Toprol XL 100 mg 24 hr Tab (Take 1 tablet(s) by ORAL route, per day)
Clarinex 5 mg Tab (Take 1 tablet(s) by ORAL route, per day, for 90 days) -- ON DESENSITIZATION

Coumadin 1 mg Tab (PID or PQ)

ALLERGIES

Sulfa(Sulfonamide Antibiotics) -- rash Flonase -- Moved from Medications

ASSESSMENT & PLAN

Unspecified hearing loss (new)

Plan: [92557] Audiogram without tympanogram

PROCEDURES

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity.

Audiogram without tympanogram

Related Diagnosis:

Figure 6: View Note with service coding