Inpatient Billing of Charges in PowerChart – Step by Step  
June 2013

Current State: Inpatient billing of physician services (professional fees) currently occurs on paper for providers. The majority of providers complete charge tickets (aka superbills) or billing cards (notecard sized) to communicate to the Billing department what services were provided for work that occurs at VCMC and SPH. If you currently bill through an outside party, please disregard. The current REQUIRED elements for EACH day of service include:

- Date of Service
- Level of Service (i.e. 99223 for an initial complex level hospital visit)
- Diagnosis(es) – what diagnosis(es) were addressed to justify the charges
- Revenue Location - To which location should credit be given for the services (i.e. RVU’s)
  - For providers who are based in ambulatory clinics and also do hospital work, the revenue location should be the AMBULATORY clinic that the provider primarily works at
  - For providers who are EXCLUSIVELY hospital based, the revenue location would be the hospital
- CPT Modifiers - modifications to the level of service, common inpatient ones include:
  - GC
    Direct supervision of teaching visit – should be used whenever the attending physician’s documentation references portions of a resident physician’s documentation for billing purposes. Example: Attending Wong oversees the work of Resident Smith. Resident Smith documents a complete history and physical. Attending Wong documents “I interviewed and examined the patient. I reviewed this case with Resident Smith and we have agreed upon our assessment and plan together. Please refer to his History and Physical for further details. I agree with the documentation with the exception that the cardiac murmur audible was a III/VI blowing systolic murmur heard best at the left sternal border with radiation to the neck.” Attending Wong would then place a charge for an initial hospital visit and add a GC modifier because it was a teaching visit where the attending references portion of the resident physician’s documentation for billing purposes. Resident Smith does not place any charges in the inpatient setting.
  - AI
    Modifier for the initial hospital visit performed by the PRIMARY responsible service. Typically this is the “primary” inpatient team.

Modifier -22; Increased Procedural Services
Modifier -25; Significant, Separately Identifiable E&M Service
Modifier -26; Professional Component Modifier - TC; Technical Component
Modifier -50; Bilateral Procedures
Modifier -51 and Multiple Procedure Logic
Modifier -53; Discontinued Procedure
Modifier -54; Surgical Care Only
Modifier -55; Postoperative Management Only
Modifier -56; Preoperative Management Only
Modifier -57; Decision for Surgery
Modifier -59; Distinct Procedural Service
Modifier -62; Two Surgeons/Co-Surgeons
Modifier -63; Procedure Performed on Infants Less than 4 kg
Modifier -66; Surgical Team
Modifier -78; Unplanned Return to the OR by the Same Physician Following Initial Procedure for a Related Procedure During the Postoperative Period
Modifier -80, -81, -82 and -AS – Assistant at Surgery

Note: Charges for Surgeries performed are often “Global Services” i.e. Appendectomy charges include the surgery, subsequent hospital professional fees and the post operative care for a set duration of time based on the surgery.

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- Verify that it is the correct PATIENT and correct inpatient ENCOUNTER before placing charges
- Charges should be placed on a DAILY basis for the services provided (except Global Services)

Step 1: Find the Appropriate Charge

Within the CORRECT patient’s chart, click on “ADD” next to ORDERS in the Table of Contents

Go to the Departmental Folders section (small icon that looks like a house if not already there)

Click on the Folder titled “E/M”

If applicable, find the appropriate sub-Folder for your department, i.e. “Pediatrics E/M”

Find the folder for the type of service, i.e. “E/M codes” “Procedure Codes”

Find the appropriate charge from the list and click on the charge to place an order
If you are unable to find the appropriate charge, search for the charge in the Order Search Field

Step 2: Completing the Order details

Complete the subsequent details including

- Requested Start Date/Date of Service should be the date the services were performed. If the charges are placed late, this date MUST reflect the DATE services were performed.
- Revenue Location (see above for explanation)
- Modifier (see above for common choices)
- Diagnosis (es)
Step 3: Review the Charges (optional)

On the top of the screen there is a toolbar option for “Chart”

Near the bottom of the menu choices, there is an option for “View Charges”

The charges placed should be listed in chronological order including any charges you placed.