# April App of the Month - E/M Data Assist

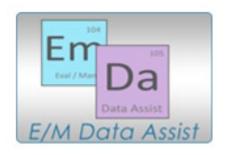
Your Medical Billing doesn't have to be so costly & time consuming

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631-707-3409









# **About Us**

*VisitEase, Inc.* is a privately held Medical Application Design company whose primary business is to add key components to existing software that could save users of our applications time and money.

Integrating E/M Data Assist by VisitEase with Allscripts TouchWorks® EHR completes this process with the click of a button!







Reduce doctor's time performing note and billing functions, thereby freeing doctors to see more patients



Reduce doctor's administrative costs via technology

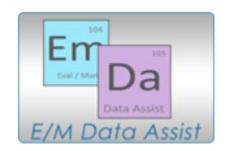


Reduce likelihood of defending Medicare/ Medicaid audits via algorithmic assessment of codes



Reduce costs by simplifying compliance with random Medicare/Medicaid requests for information and/or audits



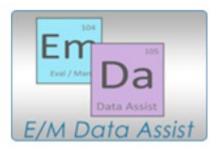


# E/M Data Assist

The challenges that medical clinics and private practices are facing today due to the Coronavirus and will be facing in the near future with the changes in CPT E/M guidelines effective January 1, 2021 will be significantly tougher than in the past.

To offset these challenges, VisitEase, Inc. has developed our *E/M Data Assist* application, to support the <u>Medical Decision-Making</u> process used by the physician to determine the correct <u>CPT code</u> for E/M Services. The <u>E/M Data Assist</u> Application Integration is supported through our partnership with Allscripts through the Allscripts Developer Program.



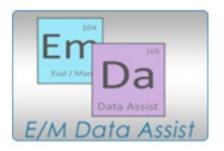


How does a practice know if the **Medical Decision Making** for a particular patient's visit is **Medically Appropriate**?

- 1) History of the patient, including Family History, Social History, Medical History, including History of Present Illness (HPI) and Review of Systems (ROS), and Problem List
- 2) Exam performed on the patient
- 3) Complexity (including risk) of the treatment associated with the **Chief Complaint** the patient listed as the primary reason they felt an appointment with the physician was necessary.

In other words, there was information gathered by **other practice personnel** besides the physician who saw the patient that when taken together, helped determine how many practice resources had been used to treat the patient, and, hence, what level of office visit to bill.





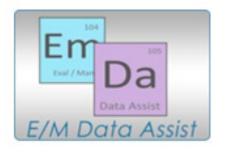
## **How Can E/M Data Assist Optimize your EHR Solution?**

Our application works in tandem with one of the most trusted EHR solutions available, Allscripts TouchWorks EHR<sup>TM</sup>.

- Quickly generate summarized reports
- Includes all steps taken during patient visits to ensure a Medically Appropriate patient history and/or exam were achieved
- Support the Medical Decision Making (MDM) calculation process used by the physician
- Compares billing code assigned by the medical practice with the billing code determined by E/M Data Assist via analysis of fields accessed during the visit

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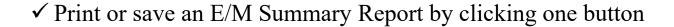


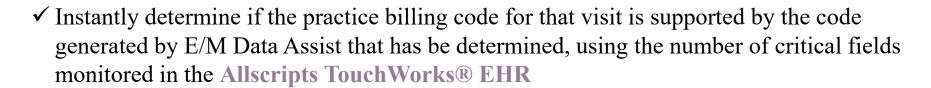
- 1. How does the physician know which medical information was gathered by other members of their staff?
- 2. Where in the EHR is the information that the physician needs to make an informed decision?
- 3. How does the busy physician quickly access a summary of all this information?

E/M Data Assist can provide a summary of all this information at the touch of a button. Plus, this summary can be accessed by any authorized Allscripts User. They simply need to Log in to the Allscripts TouchWorks EHR<sup>TM</sup> and go to the appropriate screen to Print or Save a complete E/M Data Assist Summary Report.

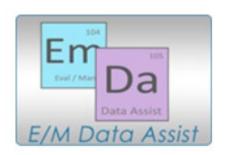


### Fast and EASY

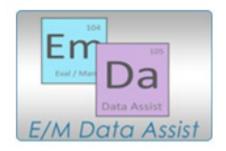




- ✓ Reduce doctor's time performing note & billing functions
- ✓ ID patient visits from today, last month, or last year, if required
- ✓ Instantly determine if History & Exam are Medically Appropriate
- ✓ Hours of medical data in seconds
- ✓ Batch print for patient visits in any time period



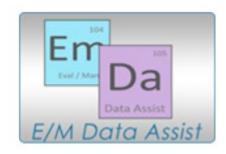




## Get ALL your DATA

- ✓ Track all relevant patient visit data accessed from Front Desk thru Sign Off
- ✓ Displays the billing code that the practice has assigned to the patient visit & also displays the maximum code that E/M Data Assist has determined, using the number of critical fields monitored in the Allscripts TouchWorks® EHR
- ✓ Record of all real-time patient data accessed to support MDM
- ✓ Report has graphics to support **Medically Appropriate** Patient History
- ✓ Report has tables to support **Medically Appropriate** Patient Exam
- ✓ Detailed reporting of every data field accessed during the patient's visit



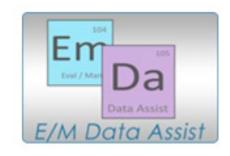


## **Totally SECURE**

- ✓ E/M Data Assist is integrated through Allscripts Open APIs
- ✓ E/M Data Assist is designed with no ability to be accessed remotely
- ✓ All data exchange between E/M Data Assist and the Allscripts TouchWorks® EHR is internal



## **Pays for ITSELF**

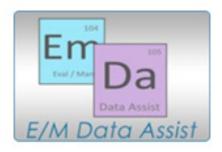


- ✓ Reduces time Billing Department staff has to search for patient visit info
- ✓ One all-inclusive report to indicate level of Medical Appropriateness & compares billing codes
- ✓ Reduce doctor's administrative costs via technology
- ✓ Reduce likelihood of defending Medicare/Medicaid audits via algorithmic assessment of codes
- ✓ Reduce costs by simplifying compliance with random Medicare/Medicaid requests for information and/or audits
- ✓ Price of reports goes down as volume of reports generated goes up



# Demo

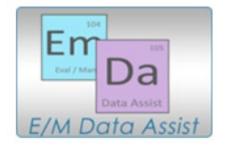
E/M Data Assist can provide a summary of all this information at the touch of a button. Plus, this summary can be accessed by any authorized Allscripts User. They simply need to Log in to the Allscripts TouchWorks® EHR and go to the appropriate screen to Print or Save a complete E/M Data Assist Summary Report.





# Allscripts TouchWorks® EHR





Login ID	jmedici							
Password	•••••							
Show Last-Session Information								
New Session	Last Session	Option						

Centricity Framework 5.03.04.003 TouchWorks EHR 15.1.0.566.010

## ⊗ Allscripts

### Organizational News

CUSTOMIZE...Edit the document TWCUSTIMAGE to place client logo and you can place Organization news here should you choose. To delete, go to the Organization News section in PHB Comp Admin.

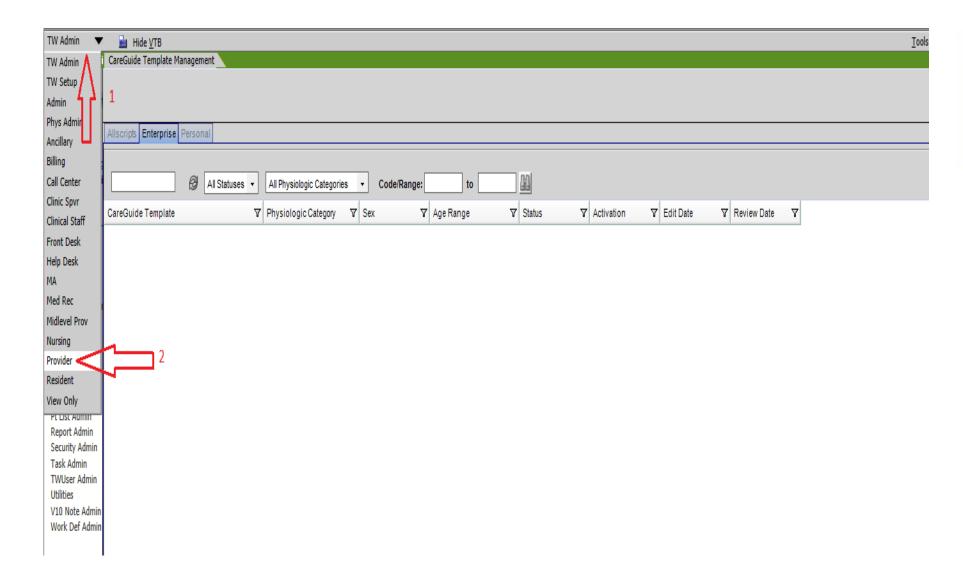
### **Important Notices**

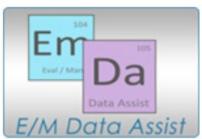
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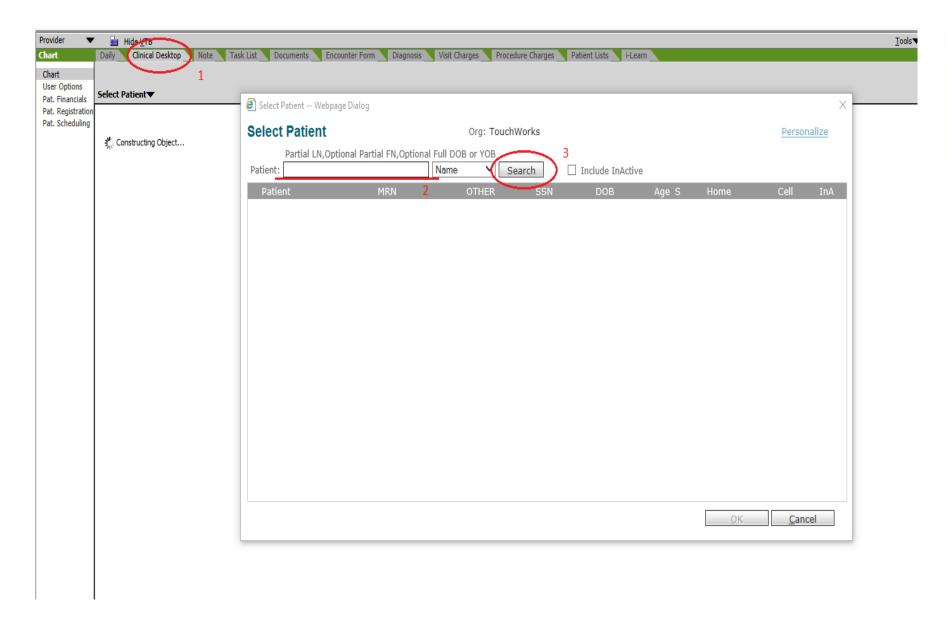
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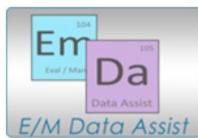




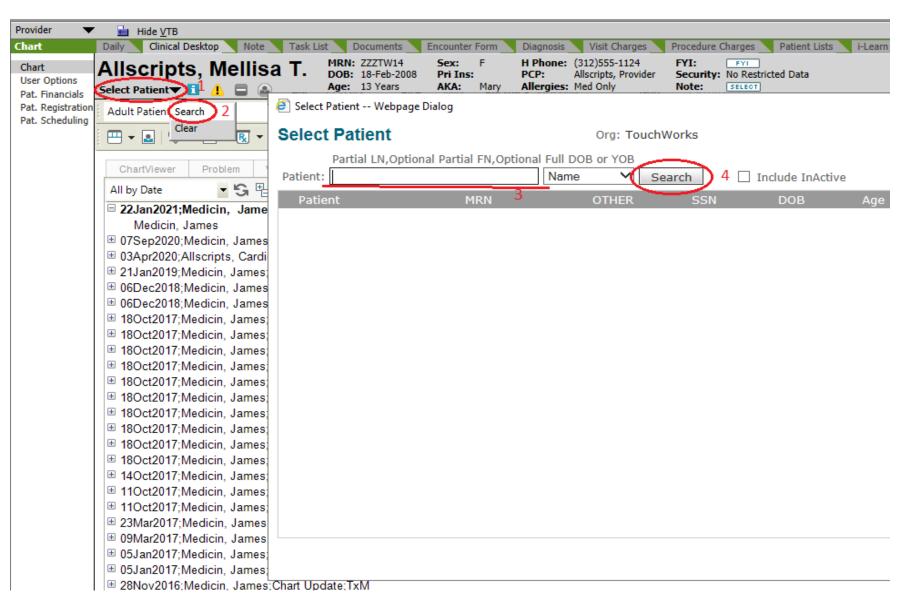


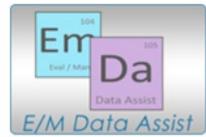


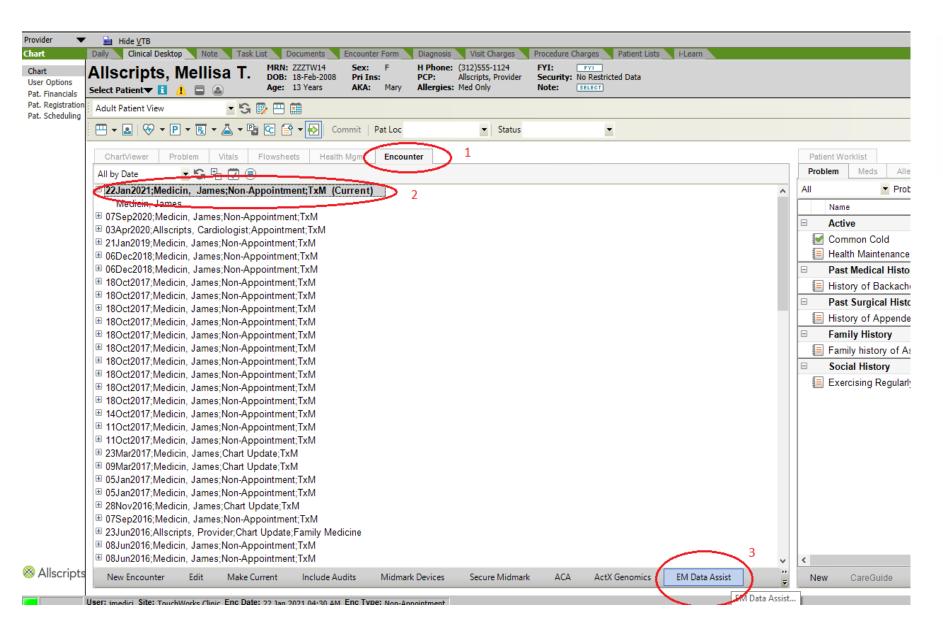


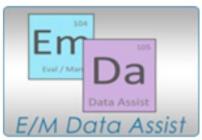




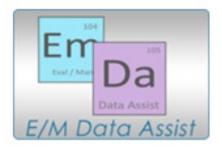










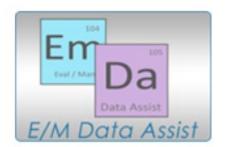


# **Show Report (PDF)**



E/M Data A	Assist	Internal Visit Summary Report		
Patient Allscripts test	Patient Id 11000	Date of Birth Jan 12 1975		
Clinician lames Medicin	NPI	Date of Visit Oct 21 2021		
OVERALL VISIT SUMM. Practice assigned level of  Info in this report will supp. Time: Vital Signs	service: 99213	Visit Type Established Patient  As you can see, the practice assigned a on their experience.  Additionally, E/M Data Assist suggests the amount of information collected (aduring the patient visit.)	a code based on	
Time HT/Len Weig 12:42 PM 5 ft 8 in 120 Summary of Chief Comp	lb 130 / 90 82	Resp         Temp         O2Sat         Hd Circ         BMI           12         98         96         18.25 kg/m2	<b>BSA</b> 1.65	
Chief Complaint Chest Pain		Diagnosis Atrial Fibrillation		
Accounting of Historie	s taken			
E/M History Level:				
Location	Quality	Severity Duration		
Timing	Context	Modifying Factors Signs & Sympto	ms	
tos: Accomplished (6 of 14 Orga	n Systems / Body Areas Addres	ed)		
Constitutional	Eyes	Ears, Nose, Mouth, & Throat Cardiovascular		
Respiratory	Gastrointestinal	Genilourinary Musculoskeletal		
Integummentary	Neurological	Psychiatric Endocrine		
Hematologic / Lymphatic	Allergic / Immunologic			
PFSH: 3 out of 3 Histories Re	viewed			
Past Medical History	Family History	Social History		
VisitEase, Inc.	800.883.5660	info@visitease.com www.visite	ase.com	

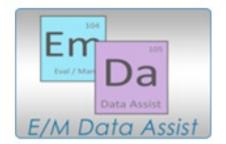




### **History Summary** Chief History Level HPI ROS PFSH Complaint (Highest level with all satisfied) Extended Complete Comprehensive Yes Complete Yes Pertinent Detailed Extended Extended Expanded Problem Focused Brief Yes Problem Pertinent (None) Brief Problem Focused Yes (None) (None) Brief HPI One to three HPI elements Extended HPI At least four HPI elements Problem Pertinent ROS Reviewed system directly related to problem(s) Extended ROS Two to nine systems reviewed Complete ROS At least 10 systems reviewed Pertinent PFSH At least one of the three history areas addressed Complete PFSH Two or all three of the history areas addressed Accounting of Physical Examination Accomplished E/M: Systems and Body Areas Reviewed Exam: (5 of 15 Organ Systems / Body Areas Addressed for the Selected Exam) Cardiovascular Abdomen Neck Neurological / Psychiatric Constitutional Ears, Nose, Mouth & Throat Respiratory Head and Face Extremities Musculoskeletal Hematologic / Lymphatic / Immunologic E&M Guidelines Exam Factors Number of Systems Addressed: 5 Total Number of E&M Bullets Addressed: 13 **Medical Decision Making Factors** Data Reviewed Clinical Lab Tests Reviewed or Ordered Independently Reviewed Imaging, Tracing, or Specimen Results Radiology Tests Ordered Reviewed/Summarized Patient's Old Medical Records Other Medical Tests Reviewed or Ordered Discussed Test Results With Performing Phylisician Decision made to obtain old records or additional history from other source to supplement that provided by patient Points Contributed to Complexity (up to 4): 3

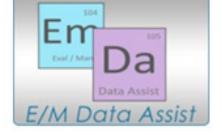


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Diagnoses		Dat	a Reviewed			
Atrial Fibrillation		Clinic	Clinical Lab Tests Reviewed or Ordered			
		Radi	Radiology Tests Ordered			
		Othe	Other Medical Tests Reviewed or Ordered			
Past Medical	History					
History of Smoking greater than 20 pack years			Resolved			
Family Histor	γ					
Family history	of Blood pressure alte	eration				
Social History	,					
Coffee						
Tests						
Test Date 21-Oct-2021	Test Name Blood Glucose, rand	_	esult summary 15 MG/DL O			
21-Oct-2021	glucose (random) CT Thorax	A	Atria Region - Left Main Coronary Artery			
Medication						
Rx Date	Medication	Instructions	Refills	Source/Prescri	ber Status	
Allergies						
Severity	<u>Substance</u> Codeine	Reaction Swelling	_	Status Active	Onset Year	
Problems						
Diagnosis Chest pain			Onset Date 20-Oct-2021		Status Active	
Health Mainter	nance		30-Aug-2018			
Visit Detail	s					
HISTORY OF	PRESENT ILLNESS					
Chief Cor	mplaint:	Chest Pain.				





Diagnosis: Atrial Fibrillation.

Chest Pain (Brief): The patient is being seen for an initial evaluation of chest pain. The patient presents with complaints of sudden onset of occasional episodes of mild left lateral chest pain described as sharp radiating to the left arm. On a scale of 1 to 10 the patient rates the pain as 4. Episodes started about 1 week ago. Her symptoms are possibly caused by no known event. Symptoms are improved by resting and NSAIDs. Symptoms are made worse by exercise / activity. Symptoms are unchanged. Risk Factors: cigarette smoking and sedentary lifestyle.

#### REVIEW OF SYSTEMS

Chief Complaint: Chest Pain.

Diagnosis: Atrial Fibrillation.

Constitutional: negative. ENT: negative. Cardiovascular: chest pain racing heart and lightheadedness but no palpitations. Respiratory: shortness of breath but no wheezing and no dry cough. Musculoskeletal: negative. Neurological: negative.

#### SUMMARY OF EXAMS

Chief Complaint: Chest Pain.

Diagnosis: Atrial Fibrillation.

Constitutional General appearance: Abnormal. appears tired. Ears, Nose, Mouth, and Throat Nasal mucosa, septum, and turbinates: Normal without edema or erythema. Lips, teeth, and gums: Normal, good dentition. Oropharynx: Normal with no erythema, edema, exudate or lesions. Pulmonary Percussion of chest: Normal. Palpation of chest: Normal. Cardiovascular Palpation of heart: Abnormal. Auscultation of heart: Normal rate and rhythm, normal S1 and S2, no murmurs. Carotid pulses: 2+ bilaterally. Femoral pulses: Abnormal. Pedal pulses: 2+ bilaterally. Peripheral vascular exam: Normal. Chest Palpation of breasts and axillae: Normal, no masses palpated.

### ASSESSMENT

Chief Complaint: Chest Pain.

Diagnosis: Atrial Fibrillation.

Moderate alcohol use Dental care, regularly Family history of Blood pressure alteration : Grandparent

### PLAN

Chief Complaint: Chest Pain.

Diagnosis: Atrial Fibrillation.

· Blood Glucose, random, Status:Resulted - Requires Verification, Done: 21Oct2021
Performed:In Office, Due:28Oct2021,Ordered, For:Chest pain, Ordered By:Medicin, James, ·
CT Thorax, Status:Resulted - Requires Verification, Done: 21Oct2021 01:05PM Performed:In
Office, Due:26Oct2021,Ordered, For:Chest pain, Ordered By:Medicin, James, ·

#### Clinician Signature

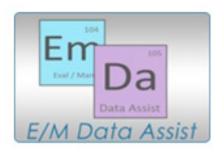
Electronically signed by James Medicin

Oct 21 2021 2:42PM EST

Date



Em Da Data Assist



When managing a medical office, you are most likely aware that insurance companies can reject medical bills for many reasons. Fortunately, the VisitEase software rapidly generates summarized reports with all relevant data to effectively dispute any insurance billing mishaps, saving you time and money.

For more information please email –

Maureen Orlando at m.orlando@visitease.com

And sign up by May 15 and receive your first two months free of E/M Data Assist!!



