

Product Highlights

1. Faster, easier, more accurate coding and code changes
 - a. Complete, central, accessible code information
 - b. Clear presentation of codes and code recommendations
 - c. Simple identification of all new, changed, and deleted codes
 - d. Keyword searches available throughout
 - e. Easy to use, detailed summaries of individual code changes
 - f. Direct access to each code's relative Medicare transmittal memo
 - g. Historical index of code referrals in Medicare transmittal memos
 - h. Combines, cross references, and coordinates all coding references and sources
 - i. CPT®
 - ii. APC
 - iii. HCPCS
 - iv. Modifiers
 - v. Drug units
 - vi. Revenue codes
 - vii. Status indicators
 - viii. RVUs and Conversion Factors
 - ix. Correct Coding Initiative (CCI) edits
 - x. Medicare changes and *integrated* CMS transmittal memorandums
 - xi. Medicare reimbursement rates, changes, comparisons, and co-payments
 - xii. Integrated payer (insurance) information & alternative codes (alt. codes)
 - xiii. Interventional radiology
 - xiv. Supplies information
 - xv. NCD/LMRP (LCD)
 - xvi. ICD-9
2. Workflow and Approval system (APPROVAL PATH SYSTEM™)
 - a. Integrated, electronic, and auditable
 - b. Client-designed workflow / approval paths
 - c. Automatic e-mail notification to each progressive approval level (forward and backward)
3. Management, productivity and confidence (STATS & TOOLS™)
 - a. Statistics to indicate areas needing attention, or to confirm status
 - b. Automatic queries for efficient, directed inquiries
 - c. One-button tools to find what you need
 - d. Supports and encourages controlled delegation
 - e. Record change information / history ... who, what, when, and why
 - f. Unique, centralized supplies and products reference link with (SUPPLIES LINK™)
 - g. Run standard reports in seconds
 - h. Create custom reports in minutes - after built, they run like standard reports
 - i. Easy, one-button exports to Excel
4. Financial management support (FINANCIAL BUNDLE™)
 - a. Built-in Medicare reimbursement rates by code and by summary charts
 - b. Margins calculated for each assigned code by dollars and percent
 - c. Financial analysis by *demand (usage)* volumes
 - d. Annual Medicare reimbursement *changes* for each code by dollars and percent
 - e. Integrates your Payer (insurance) information for review and comparisons
 - f. Separate, automatic mark-up tables for procedures and supplies
 - g. RVUs, Conversion Factors, and mark-up factoring
5. Security (SITE & SECURITY ADMINISTRATOR™)
 - a. Secure access to individual department areas
 - b. Secure access to entire facility/IDN/enterprise areas
 - c. Distinct levels of user access ... from read-only through add-change-delete
6. Understanding and involvement
 - a. Learn, retain, manage, and embrace Medicare coding with complete, proper, and coordinated tools
 - b. Create understanding through involvement and interaction
 - c. Entire organization can access and use for a variety of tasks and references
7. Timely code and information updates provided by Chargemaster Suite
8. Bottom line
 - a. Substantially decreases coding errors and rejections
 - b. Increases productivity and revenue
 - c. Helps you much more easily and properly manage your CDM and payers

The logo for Chargemaster Suite features the word "Suite" in a vertical orientation. The letters are stylized and multi-colored, with "S" in red, "u" in orange, "i" in yellow, "t" in green, and "e" in blue. The word "Chargemaster" is written vertically in a large, black, serif font to the right of "Suite".

Chargemaster™