

Chargemaster™ Suite

March 2006: Chargemaster Suite introduces the first fully modular CDM software tool. It provides hospitals and consultants with a choice of features that are important to them; thereby, significantly reducing the cost of paying for features that are not needed or used. It also provides a path for growth as a user's needs grow.

The module choices include the following. The modules can be provided singularly or in any combination.

- Basic (single user)
- Network (unlimited users)
- Departmental, cost center-specific access
- Approval Path™ work flow
- Supplies
- Payers

Medicare coding updates are included with all modules. Chargemaster Suite provides software technical support, and can assist with importing current CDM data and exporting CDM changes to the billing system's chargemaster. Regular, on-line 'User Group' seminars are also provided.

An annual subscription fee provides the software, various data update packages, and on-line support and training seminars. Additional on-line or on-site support and training is available. The data update packages include the following.

- The full package includes monthly updates of CPT®/HCPCS codes, modifiers, Medicare Transmittal Memorandums and their specific CPT®/HCPCS code changes and history, Medicare reimbursement rates and changes, revenue codes, CCI edits, status indicators, RVUs and conversion factor, etc.
- The annual package includes the CPT®/HCPCS codes, modifiers, reimbursement rates, revenue codes, CCI edits, status indicators, and RVUs, but excludes Medicare Transmittals and their CDM record-specific changes/history.
- Individual add-on data packages include NCD and LMRP.

The following is a sample of some of the data, reports, and functionality Chargemaster Suite provides:

- New, changed and deleted CPT®/HCPCS codes
- APC, modifiers, Status Indicators (SI), ICD-9, NCD/LMRP, and drug units
- Crosswalks to RVU, revenue codes, CCI edits
- Deleted code replacement recommendations
- Questionable revenue code identification and reporting

- Side-by-side comparisons of charge descriptions with CPT®/HCPCS and revenue code descriptions
- Medicare changes related directly to specific CDM records
- Direct, single-click access to the actual Medicare Transmittal memos
- Historical index of code referrals in Medicare Transmittal memos
- Global exclusions of Transmittals that don't impact your facility or area

- Medicare reimbursement rates, changes, comparisons, and co-payments
- Integrated payer (insurance) information & alternative codes (alt. codes)
- Code browsing and research
- Direct access to supplies information
- Approval Path™ work flow with email notification and management tools

- Convenient and complete user documentation and history
- Automatic cost-to-charge mark-up tables
- Financial and margin analysis including demand (usage) volumes
- Automatic audit trails
- Standard tools and reports

- Custom tools and reports (create locally in minutes - after built, they run like standard reports)
- Easy exporting and reporting to Access, Excel, and paper
- Secure, exclusive access to entire CDM for the CDM Coordinator
- Secure, collaborative, department-specific CDM access
- Complete range of assignable read-write security for various user types

- Secure finance area
- Secure, local administration
- Simple and local set-up, data importing, administration