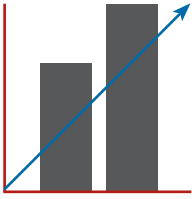

THE T SYSTEM®
REVCYCLE+®
CHARGE CAPTURE AND
CODING SERVICES

# RevCycle+ Overview

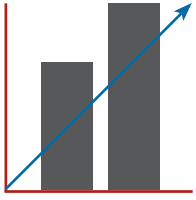
T-System's RevCycle+ charge capture and coding solutions are designed to help you recognize the proper revenue you've earned based on the care that was provided. RevCycle+ combines intelligent coding technology with expert services for a solution that improves quality and compliance, and results in more accurate coding and improved financial outcomes for various types of facilities from critical access hospitals to large integrated delivery networks (IDNs) to children's hospitals.

Our compliance-driven and quality-focused approach results in improved financial outcomes for our clients.



**$117** gross revenue increase for emergency department patients

**$300-$400** gross revenue increase per patient for observation patients



Our approach is driven by two fundamental elements: compliance and quality.

## Quality

- Driven by a holistic view of the care encounter; more accurate resource utilization
- Provides more consistent financial results
- Coding based on post-discharge documentation review; focus on care provided vs. initial presenting condition
- Injection and infusion calculator includes built-in hierarchy for multiple injections and infusions, leading to the correct code

## Compliance

- Credentialed audit review team and ongoing quality assurance reviews
- Intervention-based methodology supported by ACEP
- Highly defensible with reporting to support all coded charts
- ICD-10 ready encoder utilizes natural language processing for accurate, complete ICD-10 code generation

# Methodology

### Foundations of ACEP's intervention-based methodology

- Created by clinicians
- Patients requiring more care should be in higher levels
- Procedures are used as a proxy to depict the resources used
- Patients with similar resources should be in similar levels

There is no national standard for facility E/M leveling, and CMS has not approved any specific methodology. T-System has developed an accurate, defensible methodology and that is based on either the American College of Emergency Physicians (ACEP)'s intervention methodology or a proprietary, point-based algorithm. We are confident that this is the most accurate and defensible approach due to the intervention-based methodology and focus on resources utilized.

Other methodologies that focus on initial presenting condition can result in inconsistencies and indefensible codes. There are a wide range of resources that are utilized during a care encounter from the time a patient presents in an emergency room or urgent care center to the time they are dispositioned, and the ACEP methodology accurately accounts for the entire care process.

For example, a small child with abdominal pain is generally much less severe than a middle aged woman with abdominal pain. Methodologies that focus on initial presenting condition would code both patients exactly the same when in reality, the adult woman utilized many more resources and should not be coded at the same level as the child.

## Cautions with other common methodologies:

- **Distribution should not be along a bell curve:**
  Bell curves refer to professional billing levels and can be dangerous to use as a benchmark for coding. Distribution levels should reflect the resources expended and not made to fit into a bell curve model.
- **Facility and professional levels do not need to match:**
  Facility and professional levels are independent of each other, and trying to have them match will result in a much lower facility distribution. Facility levels should be based on resources utilized while professional levels should be based on provider documentation.
- **Accurate chart reviews never show 100 percent compliance:**
  Ask more questions if your chart review process results in a report that you are 100 percent compliant: Are you reviewing just the level? What criteria is used to select the charts? How do you do know if a level is reached?

## Predictive

| Patient | Initial Presenting Condition/Chief Complaint | Predictive Weight Assignment | Nursing Resource Documentation | Predictive Methodology Level Assignment |
|---|---|---|---|---|
| 4 year old girl | Abdominal pain | 6 points | No nursing note other than triage. Discharged. 4 points. | 99283 |
| 45 year old woman | Abdominal pain | 6 points | Two nursing notes. One states pain is LUQ and is a 7. Second pain at a 7. Gave prescription and discharged. 4 points. | 99283 |

# Technology

In today's technology-driven world, computer-assisted coding solutions are a popular option. But unfortunately many of these technologies are outdated and can't provide accurate and defensible codes, especially in a constantly changing regulatory environment including the new ICD-10 code set.

Our team, led by clinically-trained, AAPC and AHIMA credentialed professionals, leverages our Advanced Coding System (ACS) to assist coders in accurately valuing the resources utilized in a care encounter. The sophisticated algorithms in ACS are resource-driven and based on standards from both CMS and ACEP.

**We combine our advanced technology with a rigorous, ongoing quality assurance process:**

- Highly qualified and credentialed team reviews 5 percent of coded charts
- Required level of accuracy for coders is 95 percent
- Quality specialists audit records on a pre-bill basis prior to forwarding to the billing system
- Active tracking and monitoring of historical accuracy rates

# T-System's Advanced Coding System (ACS)

## Diagnosis Coding

ACS's ICD-10 encoder utilizes natural language processing, a built in hierarchy of edits and a customizable pick list that allows the external cause to be rapidly selected in order to ensure accurate, complete and defensible codes under the new ICD-10 code set.

## Observation Coding

ACS's observation coding module is designed to effectively capture observation services and procedures and ensure money is not left on the table with observation patients. It easily recognizes and subtracts hours for actively monitored procedures, and also allows for split department charge allocation.

## Professional Coding

ACS accurately captures charges and codes for professional services based on CMS's 1995 documentation guidelines. It supports mid-level attribution, and provides enhanced reporting for provider feedback including documentation deficiency and relative value unit (RVU) reports.

## Facility Coding

ACS's facility coding module is an intelligent tool designed to accurately code based on resource utilization, and is supported by ongoing quality audits that drive a 97 percent accuracy rate. In addition, ACS has a proprietary injection and infusion calculator that uses a built-in hierarchy for multiple injections and infusions which leads to the correct code.

# Services

## Overflow Coding Services

With coder demand surpassing coder supply, many organizations are struggling to find enough qualified coders to meet their needs. T-System offers a full line of coding services including inpatient and same day surgery to help meet any overflow coding needs. Our team of fully credentialed and qualified coders follow a proven compliance program as well as AHA, AMA and CMS coding guidelines.

**T-System coding services are available for the following areas:**

- Inpatient
- Same day surgery
- Outpatient
- Emergency department
- Observation

**Overflow coding options include:**

- Backlog recovery
- Vacation coverage
- Interim staffing shortages
- General coding staff issues
- DNFB / DNFC projects
- ICD-10 training coverage
- ICD-10 productivity dip coverage

**Renee Purcell**, CPC-H, Director of Coding Systems

## Audit Services

According to the Office of the Inspector General (OIG) in 2014, 55 percent of claims for E&M were incorrectly coded and/or lacking documentation in 2010. This resulted in 21 percent of E&M claims being overpaid, and $6.7 billion in improper Medicare payments. T-System's highly qualified team of clinical, billing and coding experts has over 130 years of combined experience and can work with you to ensure that your coding practices are accurate and defensible.

The OIG states that organizations need seven components in order to have an effective compliance program. T-System can provide recommendations around two important components: (1) auditing and monitoring and (2) conducting appropriate training and education.

### Training and Education

- Training on best practices for documenting procedures performed
- Training for clinical staff on the ABC's of E&M documentation
- Documentation training for residents
- Physician training based on audit findings

### Auditing and Monitoring

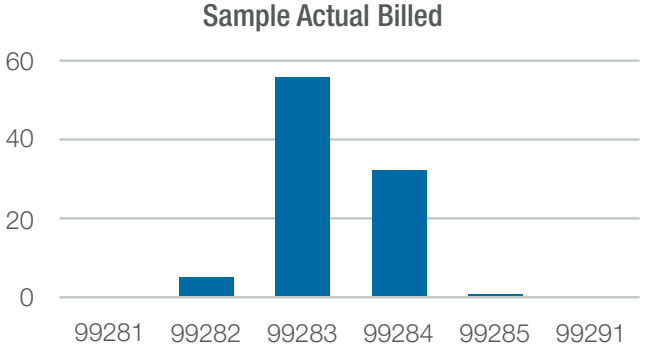
- Review of the following:
  - Retrospective audit (post bill audit)
  - Both physician and facility levels (E&M)
  - Procedures
  - Diagnosis
  - Modifiers
  - Medical necessity
- Written report of findings and recommendations
- Trending and analysis of coding errors identified
- Trending and analysis by coder/provider
- Results review with pertinent leadership
- A one to two hour training session with coding staff to discuss results

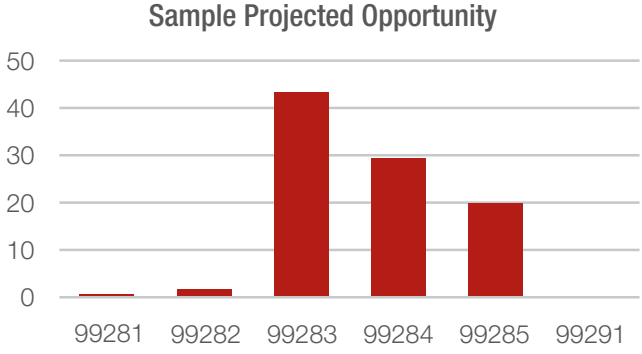
# Results

AAPC and AHIMA-credentialed professionals at T-System have performed emergency department and observation assessments at hundreds of facilities around the country. The assessment consists of a complete review of 100 to 125 completed charts for the following:

- Quality of documentation
- Accuracy of coding
- Compliance with regulations
- Potential missed revenue opportunities
- ROI and benchmark analysis

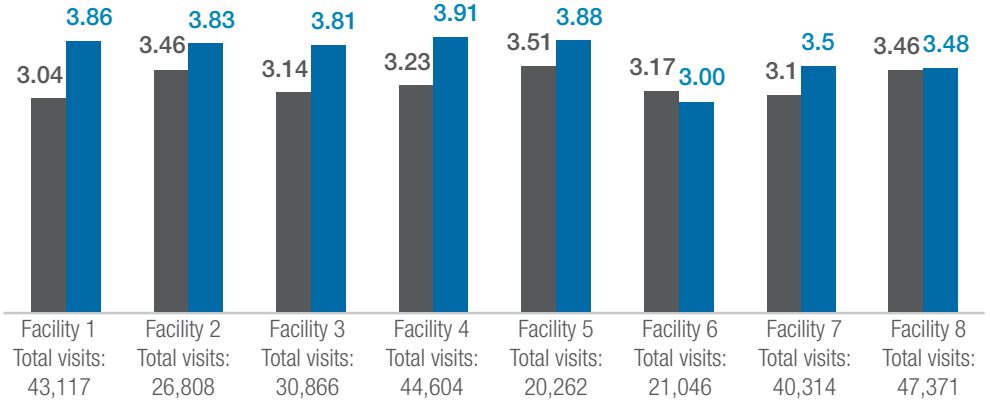
On average, we see a $117 per patient annual revenue increase based on our assessment



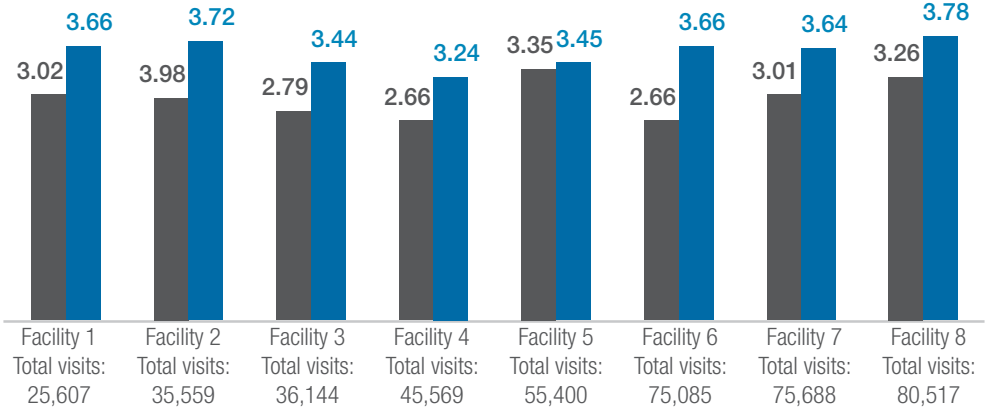




**$117** perpatient annual revenue increase

## Chart Assessment Results: 100-300 Beds




## Chart Assessment Results: 300+ Beds



# Episodic care is at the heart of everything we do.

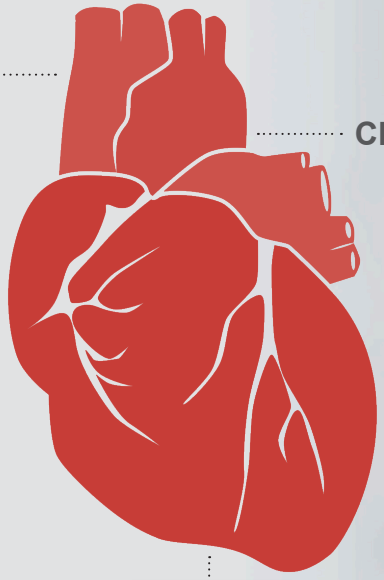
## Documentation

**T Sheets®**
Paper documentation

**T Sheets® Digital**
Digital urgent care documentation

**EV™ for Physicians**
Electronic emergency physician documentation

**EV™**
Electronic emergency department documentation



## Charge Capture & Coding

**RevCycle+®**
Outpatient, emergency department, observation coding

**Advanced Coding System (ACS)**
Intelligent coding technology

## Professional Services

**Clinical Documentation Improvement**
for emergency care

**Emergency Department Transformation Services**
for process and operational improvement

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4020 McEwen Road Dallas, Texas 75244 800-667-2482 www.tsystem.com