

- 1 **Review the UPI EPIC PROVIDER Reference Handout in its entirety.**
  - It is chalk-full of extremely useful tips & tricks!
- 2 **File charges on each encounter.** Page 3
  - Navigate to the *Charge Capture* activity
  - Open the subsection where the correct charge is located
  - Click the appropriate charge; enter modifiers if necessary
  - Only primary diagnosis defaults – manually check ✓ additional diagnoses
- 3 **Select E-Prescribe & PQRI codes as appropriate.** Page 10
  - Do not regard payor. Submit for all patients when performed
  - If an electronic prescription is submitted at the time of an encounter, AND the Rx is NOT schedule II, select code G8553 in *Charge Capture*
  - If your clinic is participating in PQRI reporting, be sure to select each PQRI code as appropriate in *Charge Capture*
- 4 **Add or reorder charge diagnoses.** Page 7
  - Only primary diagnosis defaults – manually check ✓ additional diagnoses
  - Reorder diagnoses if necessary by clicking the charge hyperlink (displayed in blue)
  - Use the up-and-down arrows to change the order of diagnoses associated with each charge
- 5 **Add appropriate modifiers on each charge.** Page 11
  - Add modifier **GC** when working with resident/fellow, and both see the patient, and a tie-in statement is added by the attending provider (primary care use **GE** when attending doesn't see patient)
  - Add modifier **25** to the office visit charge when a procedure is performed on the same date
  - Add modifier **ZR** if the charge is billed to research/grant, or **ZZ** for provider charity
- 6 **Add tie-in statement when working with a resident or non-billable fellow.** Page 10
  - Click *CREATE NOTE*
  - Add the smart phrase **.UPIEVAL** and hit the F2 key to fill in the blanks
  - Click *EDIT* on the resident/fellow's note ONLY if editing is required. DO NOT ADD TIE-IN WHEN EDITING RESIDENT/FELLOW'S NOTE.
- 7 **Ensure documentation components are complete per compliance.** Page 18
  - PFSH: "Alive" or "Dead" does not count for billing purposes. Additional information is required.
  - Time: When 50% of the total encounter time is spent in counseling or coordination of care, include total time spent, number of minutes spent counseling/coordinating care, and summary
    - Use **.UPIAMBTIME** smart phrase
  - Data: Document orders/reviews of lab/rad/etc. Document when you personally viewed (not interpret) the specimen/films/etc. Use **.UPIINTERPRET** to document interpretations Page 24.
- 8 **Close encounter.** University Hospital has enacted a 10-day Open Encounters Policy
  - Providers with encounters open longer than 10 days are subject to suspension
  - UCH & UPI will contact providers regarding their open encounters on a weekly basis
  - UPI will review the Open Encounters Reports each Thursday and notify providers via Outlook

**For assistance or questions, please contact UPI FC Applications at 303.493.7282**



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- 2 **File charges on each encounter.** [Page 3](#)
  - Navigate to the *Notes* activity, click *Charge Capture*
  - Open the subsection where the correct charge is located
  - Click the appropriate charge; enter modifiers if necessary
  - Only primary diagnosis defaults – manually check ✓ additional diagnoses
- 3 **Select E-Prescribe & PQRI codes as appropriate.** [Page 10](#)
  - Do not regard payor. Submit for all patients when performed
  - If an electronic prescription is submitted at the time of an encounter, AND the Rx is NOT schedule II, select code G8553 in *Charge Capture*
  - If your department is participating in PQRI reporting, be sure to select each PQRI code as appropriate in *Charge Capture*
- 4 **Add or reorder charge diagnoses.** [Page 7](#)
  - Only primary problem (inpatient problem list) defaults – manually check ✓ additional diagnoses or add more as necessary
  - Reorder diagnoses if necessary by clicking the charge hyperlink (displayed in blue)
  - Use the up-and-down arrows to change the order of diagnoses associated with each charge
- 5 **Add appropriate modifiers on each charge.** [Page 11](#)
  - Add modifier **GC** when working with resident/fellow, and both see the patient, and a tie-in statement is added by the attending provider (primary care use **GE** when attending doesn't see patient)
  - Add modifier **25** to the office visit charge when a procedure is performed on the same date
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- 6 **Cosign notes and add tie-in statement**
  - Open *Cosign-Notes* inbasket, click *Cosign with Attestation*
  - Add the smart phrase **.UPIEVAL** and hit the F2 key to fill in the blanks, click *Sign*
  - Click *Charge Capture* to enter charges
- 7 **Ensure documentation components are complete per compliance.** [Page 18](#)
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  - Time: When 50% of the total encounter time is spent in counseling or coordination of care, include total time spent, number of minutes spent counseling/coordinating care, and summary
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- 8 **Update Hospital Problem List.**
  - Check *Hospital* to ensure problem is associated with the inpatient encounter
  - Keeping the hospital problem list updated helps with appropriate diagnosis on charge

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