

### Interventional Radiology Bill Only

Example 1:

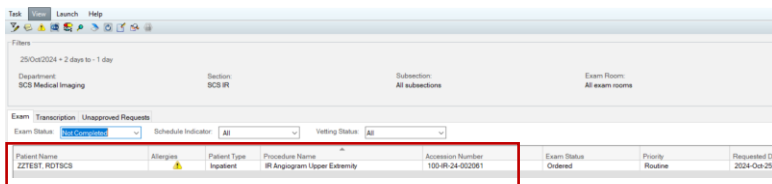
### IR Angiogram Upper Extremity (Right Arm)

Current State: "**Angue**" is Replaced with the Correct # of runs

|        |                              |
|--------|------------------------------|
| ANGUE  | ANGIOGRAM UPPER EXTREMITY -V |
| ANGUE2 | ANGIOGRAM UPPER EXTR 2RUN -V |
| ANGUE3 | ANGIOGRAM UPPER EXTR 3RUN -V |
| ANGUE4 | ANGIOGRAM UPPER EXTR 4RUN -V |

Future Order:

### IR Angiogram Upper Extremity



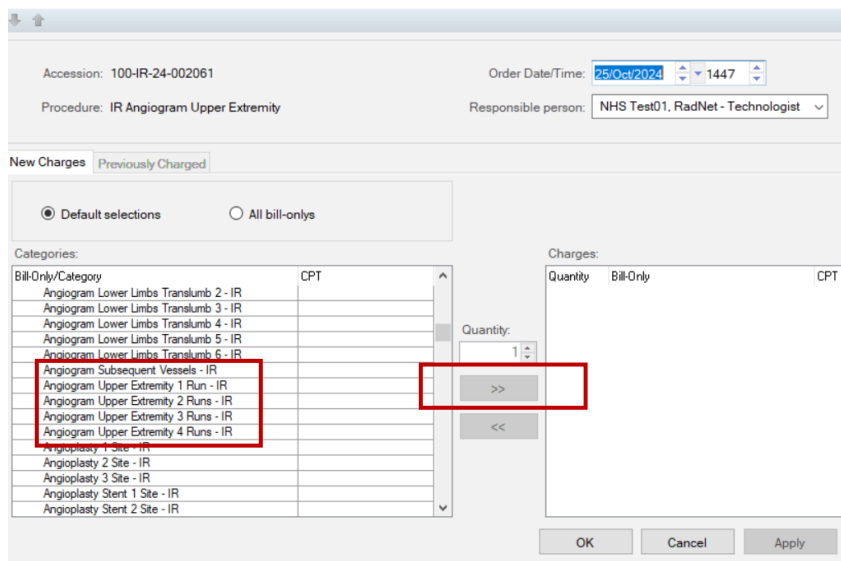
| Exam Status   | Transcription | Unapproved Requests | Schedule Indicator | Waiting Status |
|---------------|---------------|---------------------|--------------------|----------------|
| Not Completed |               |                     | All                | All            |

| Patient Name   | Aliases | Patient Type | Procedure Name               | Accession Number | Exam Status | Priority | Requested DT  |
|----------------|---------|--------------|------------------------------|------------------|-------------|----------|---------------|
| ZZTEST, RDTSCS |         | Inpatient    | IR Angiogram Upper Extremity | 100-IR-24-002061 | Ordered     | Routine  | 2024-Oct-29 1 |

Complete the Exam: Bill Only Window Will Pop open

Technologist will choose the correct Bill Only according to the # of runs completed

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



Accession: 100-IR-24-002061      Order Date/Time: 25/Oct/2024 1447

Procedure: IR Angiogram Upper Extremity      Responsible person: NHS Test01, RadNet - Technologist

Default selections     All bill-onlys

| Bill-Only/Category                     | CPT |
|--|-----|
| Angiogram Lower Limbs Translumb 2 - IR |     |
| Angiogram Lower Limbs Translumb 3 - IR |     |
| Angiogram Lower Limbs Translumb 4 - IR |     |
| Angiogram Lower Limbs Translumb 5 - IR |     |
| Angiogram Lower Limbs Translumb 6 - IR |     |
| Angiogram Subsequent Vessels - IR      |     |
| Angiogram Upper Extremity 1 Run - IR   |     |
| Angiogram Upper Extremity 2 Runs - IR  |     |
| Angiogram Upper Extremity 3 Runs - IR  |     |
| Angiogram Upper Extremity 4 Runs - IR  |     |
| Angioplasty 1 Site - IR                |     |
| Angioplasty 2 Site - IR                |     |
| Angioplasty 3 Site - IR                |     |
| Angioplasty Stent 1 Site - IR          |     |
| Angioplasty Stent 2 Site - IR          |     |

| Quantity | Bill-Only | CPT |
|----------|-----------|-----|
| 1        |           |     |

Quantity: 1

>> <<

OK Cancel Apply

If you did 4 runs choose 4 runs and move it over by clicking on the arrow >> highlighted.  
The Bill only will now show on the right side **“Charges”**

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618

Accession: 100-IR-24-002061      Order Date/Time: 25/Oct/2024 1447  
 Procedure: IR Angiogram Upper Extremity      Responsible person: NHS Test01, RadNet - Technologist

**New Charges** | Previously Charged

Default selections     All bill-onlys

Categories:

| Bill-Only/Category                     | CPT |
|--|-----|
| Angiogram Lower Limbs Translumb 2 - IR |     |
| Angiogram Lower Limbs Translumb 3 - IR |     |
| Angiogram Lower Limbs Translumb 4 - IR |     |
| Angiogram Lower Limbs Translumb 5 - IR |     |
| Angiogram Lower Limbs Translumb 6 - IR |     |
| Angiogram Subsequent Vessels - IR      |     |
| Angiogram Upper Extremity 1 Run - IR   |     |
| Angiogram Upper Extremity 2 Runs - IR  |     |
| Angiogram Upper Extremity 3 Runs - IR  |     |
| Angioplasty 1 Site - IR                |     |
| Angioplasty 2 Site - IR                |     |
| Angioplasty 3 Site - IR                |     |
| Angioplasty Stent 1 Site - IR          |     |
| Angioplasty Stent 2 Site - IR          |     |
| Angioplasty Subsequent Lesions - IR    |     |

Quantity: 1

>> <<

**Charges:**

| Quantity | Bill-Only                             | CPT |
|----------|---------------------------------------|-----|
| 1        | Angiogram Upper Extremity 4 Runs - IR |     |

OK Cancel Apply

When completed Press **Apply** to save  
After Exam Completion by opening **Exam Detail**, the charges will be available at bottom

Cerner Imaging: Order Detail Inquiry

Patient name: ZZTEST, RDTSCS      Date of birth: 1976-Nov-01  
 MRN: 11054618      Sex: Male  
 Financial number: 22-006080      Exam DT/TTM: 2024-Oct-25 14:49  
 Accession: 100-IR-24-002061      Ordering physician: NHS Test01, Physician - Hospitalist  
 Procedure: IR Angiogram Upper Extremity      Original Ordering physician: NHS Test01, Physician - Hospitalist  
 Exam status: Completed

Reports | Report Details | **Exam Details** | Technical Comments | Medications | MPPS Details

| Exam Information  | Order Details  |
|---|--|
| IR Angiogram U...<br>Started: 2024-Oct-25 14:46<br>Completed: 2024-Oct-25 14:49<br>Primary Pers...<br>NHS Test... Completed<br>NHS Test... Started<br>Additional Pe...<br>Exam Room: SCS IR 1 | Required radiology order format field<br>Ordering Location<br>Requested Start Date/Time<br>Priority<br>Reason for Exam<br>Stop Date/Time<br>Adhoc Frequency Instance<br>Preprocessing Script<br>Performing Location<br>Order entered by: |
|   | Rad Type<br>SC 588<br>2024-Oct-25 14:43<br>Routine<br>test<br>2024-Oct-25 14:43<br>pp_set_radiology_subspecialty<br>SCS - St. Catharines Site<br>NHS Test01, Physician - Hospitalist   |

| Billed As            | Quantity | Ordered By         | Order Date        | Bill Only Status |
|----------------------|----------|--------------------|-------------------|------------------|
| 1 Angiogram Upper... | 1        | NHS Test01, Rad... | 2024-Oct-25 14:47 | Charged          |

Example #2  
 Angioplasty stent 2 sites  
 Current State: **ANGPS2**

Future State: **IR Angioplasty Stent**

Cerner Imaging: Online Work List

Task View Launch Help

Filters

27/Oct/2024 + 2 days to - 1 day

Department: SCS Medical Imaging      Section: SCS IR      Subsection: All subsections      Exam Room: All exam rooms

Exam Transcription Unapproved Requests

Exam Status:       Schedule Indicator:       Testing Status:

| Patient Name   | Allergies | Patient Type | Procedure Name       | Accession Number | Exam Status |
|----------------|-----------|--------------|----------------------|------------------|-------------|
| ZZTEST, RDTSCS |           | Inpatient    | IR Angioplasty Stent | 100-IR-24-002064 | Ordered     |

Choose the Appropriate # of Sites Click arrow >> and click **Apply** and **OK**

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618

Accession: 100-IR-24-002064      Order Date/Time: 27/Oct/2024 1710

Procedure: IR Angioplasty Stent      Responsible person: NHS Test01, RadNet - Technologist

New Charges  Default selections       All bill-onlys

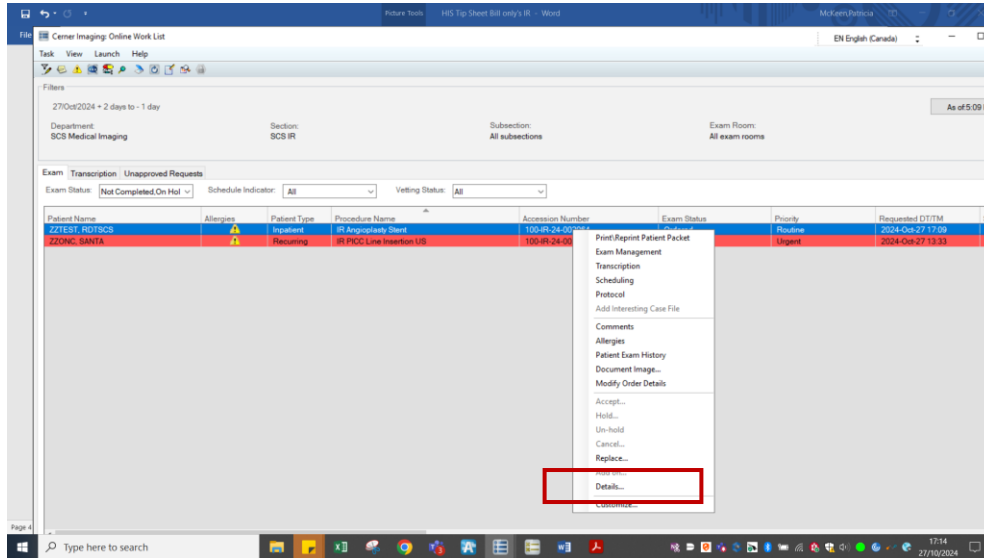
| Bill-Only/Category                      | CPT | Quantity | Bill-Only | CPT |
|---|-----|----------|-----------|-----|
| Angiogram Upper Extremity 4 Plans - IR  |     |          |           |     |
| Angioplasty 1 Site - IR                 |     |          |           |     |
| Angioplasty 2 Site - IR                 |     |          |           |     |
| Angioplasty 3 Site - IR                 |     |          |           |     |
| Angioplasty Stent 1 Site - IR           |     |          |           |     |
| Angioplasty Stent 2 Site - IR           |     |          |           |     |
| Angioplasty Subsequent Lesions - IR     |     |          |           |     |
| Angioplasty w Angiogram 1 Site - IR     |     |          |           |     |
| Angioplasty w Angiogram 2 Site - IR     |     |          |           |     |
| Angioplasty w Angiogram 3 Site - IR     |     |          |           |     |
| Angioplasty w Angiogram Ren 1 Site - IR |     |          |           |     |
| Angioplasty w Angiogram Ren 2 Site - IR |     |          |           |     |
| Angioplasty w Angiogram Ren 3 Site - IR |     |          |           |     |
| Antegrade Pyelogram Injection - IR      |     |          |           |     |
| Athrogram - IR                          |     |          |           |     |

Quantity: 1

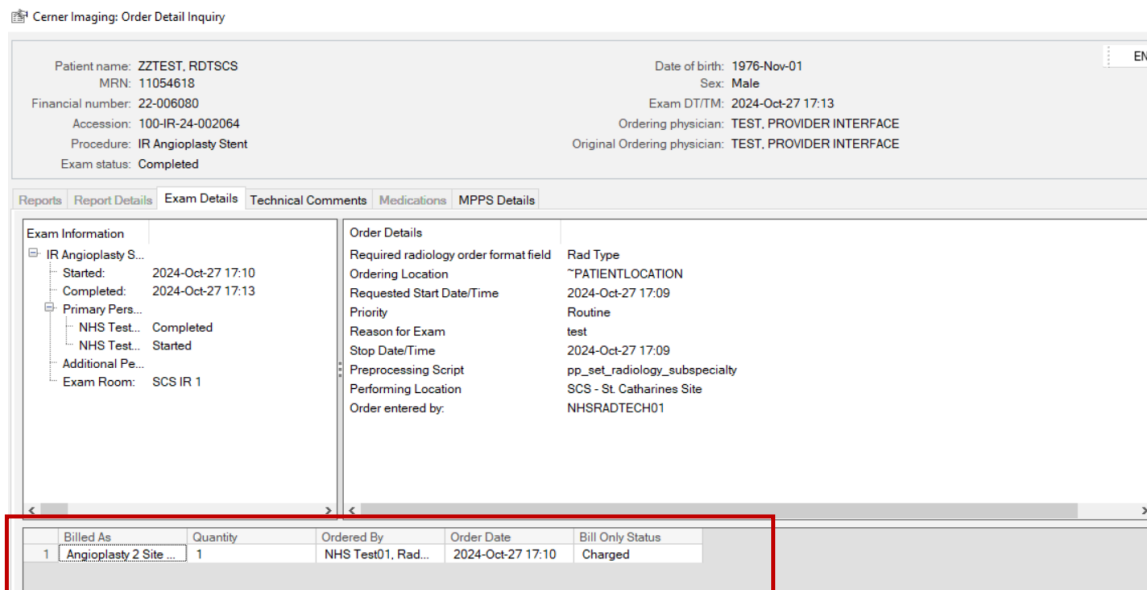
>> <<

OK Cancel Apply

To View the Charges: Right Click on Patient and navigate to **Details**.



Charges will be visible at the bottom of the exam Details



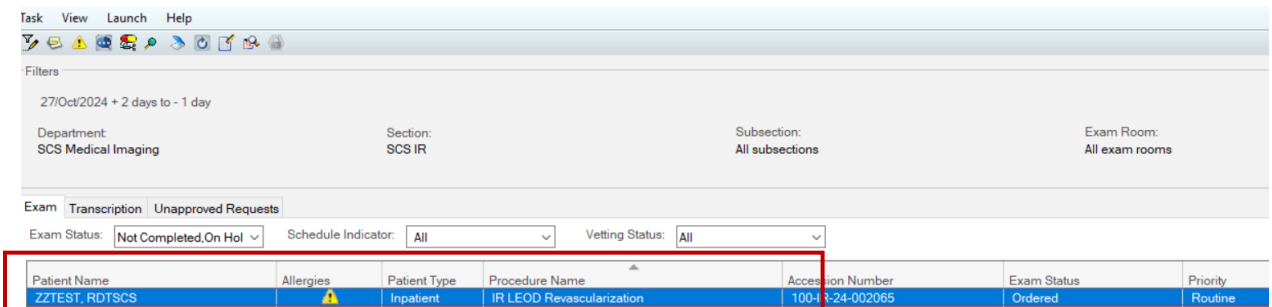
### Example #3

|       |                               |
|-------|-------------------------------|
| LEOD  | LEOD REVASCULARIZATION - V    |
| LEOD5 | LEOD REVASCULARIZATION 5+ - V |

LEOD Revascularization 5+

Current State: **LEOD5**

Future State: Order IR LEOD Revascularization



Task View Launch Help

Filters

27/Oct/2024 + 2 days to - 1 day

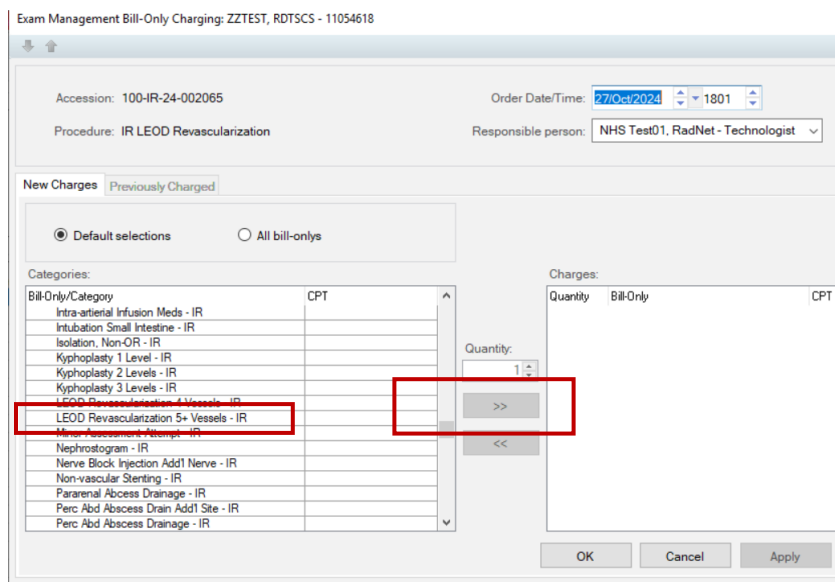
Department: SCS Medical Imaging      Section: SCS IR      Subsection: All subsections      Exam Room: All exam rooms

Exam: Transcription Unapproved Requests

Exam Status: Not Completed, On Hold      Schedule Indicator: All      Vetting Status: All

| Patient Name   | Allergies | Patient Type | Procedure Name            | Accession Number | Exam Status | Priority |
|----------------|-----------|--------------|---------------------------|------------------|-------------|----------|
| ZZTEST, RDTSCS | ⚠️        | Inpatient    | IR LEOD Revascularization | 100-IR-24-002065 | Ordered     | Routine  |

When completing the Exam, Bill only Window will Pop up  
Choose the Correct Bill only and move to the Right Side by clicking >>



Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618

Accession: 100-IR-24-002065      Order Date/Time: 27/Oct/2024 1801

Procedure: IR LEOD Revascularization      Responsible person: NHS Test01, RadNet - Technologist

New Charges | Previously Charged

Default selections     All bill-onlys

| Bill-Only/Category                     | CPT | Quantity | Bill-Only | CPT |
|--|-----|----------|-----------|-----|
| Intra-arterial Infusion Meds - IR      |     | 1        |           |     |
| Intubation Small Intestine - IR        |     |          |           |     |
| Isolation, Non-OR - IR                 |     |          |           |     |
| Kyphoplasty 1 Level - IR               |     |          |           |     |
| Kyphoplasty 2 Levels - IR              |     |          |           |     |
| Kyphoplasty 3 Levels - IR              |     |          |           |     |
| LEOD Revascularization 4 Vessels - IR  |     |          |           |     |
| LEOD Revascularization 5+ Vessels - IR |     |          |           |     |
| Minor Percutaneous Attempt - IR        |     |          |           |     |
| Nephrostogram - IR                     |     |          |           |     |
| Nerve Block Injection Add'l Nerve - IR |     |          |           |     |
| Non-vascular Stenting - IR             |     |          |           |     |
| Pararenal Abscess Drainage - IR        |     |          |           |     |
| Perc Abd Abscess Drain Add'l Site - IR |     |          |           |     |
| Perc Abd Abscess Drainage - IR         |     |          |           |     |

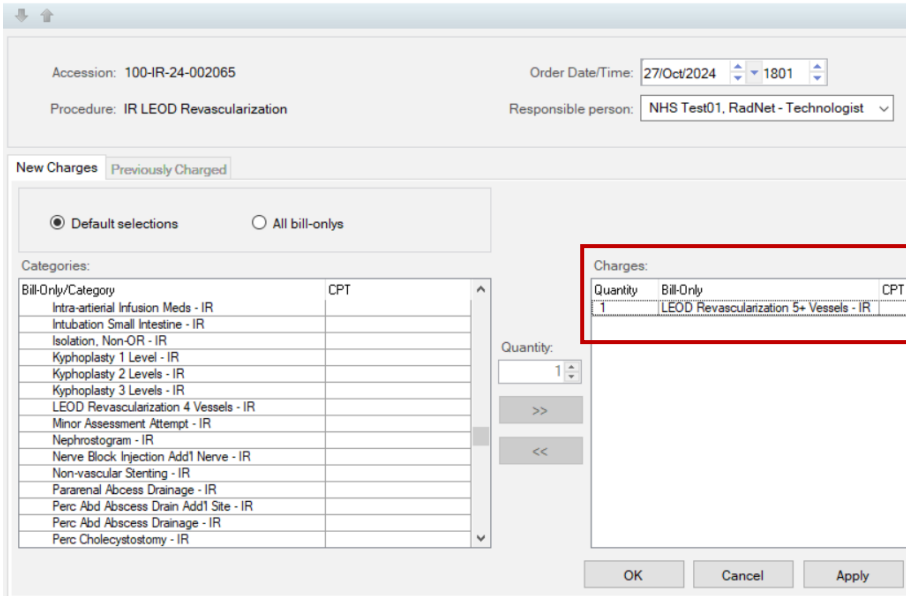
Quantity: 1

>> <<

OK Cancel Apply

This will now appear in the Charges window

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



Accession: 100-IR-24-002065      Order Date/Time: 27/Oct/2024 1801

Procedure: IR LEOD Revascularization      Responsible person: NHS Test01, RadNet - Technologist

New Charges | Previously Charged

Default selections     All bill-onlys

Categories:

| Bill-Only/Category                     | CPT |
|--|-----|
| Intra-arterial Infusion Meds - IR      |     |
| Intubation Small Intestine - IR        |     |
| Isolation, Non-OR - IR                 |     |
| Kyphoplasty 1 Level - IR               |     |
| Kyphoplasty 2 Levels - IR              |     |
| Kyphoplasty 3 Levels - IR              |     |
| LEOD Revascularization 4 Vessels - IR  |     |
| Minor Assessment Attempt - IR          |     |
| Nephrostogram - IR                     |     |
| Nerve Block Injection Add'l Nerve - IR |     |
| Non-vascular Stenting - IR             |     |
| Pararenal Abscess Drainage - IR        |     |
| Perc Abd Abscess Drain Add'l Site - IR |     |
| Perc Abd Abscess Drainage - IR         |     |
| Perc Cholecystostomy - IR              |     |

Quantity: 1

Charges:

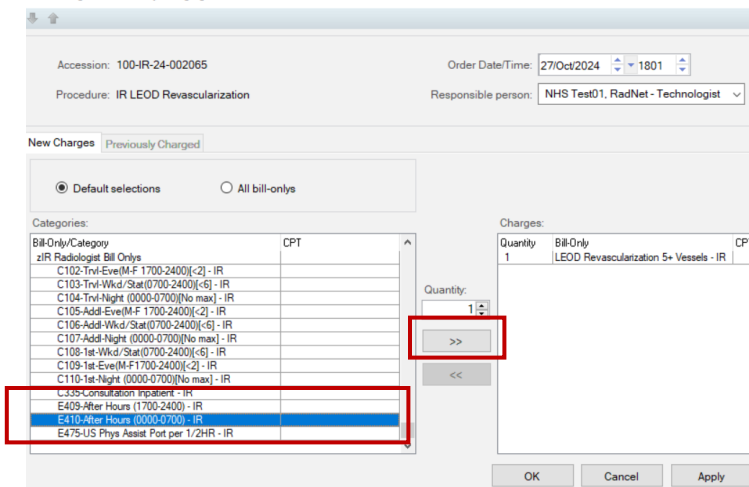
| Quantity | Bill-Only                              | CPT |
|----------|--|-----|
| 1        | LEOD Revascularization 5+ Vessels - IR |     |

OK    Cancel    Apply

If this was an After Hours call back

Choose appropriate "call back" Bill only at this time and >>

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



Accession: 100-IR-24-002065      Order Date/Time: 27/Oct/2024 1801

Procedure: IR LEOD Revascularization      Responsible person: NHS Test01, RadNet - Technologist

New Charges | Previously Charged

Default selections     All bill-onlys

Categories:

| Bill-Only/Category                       | CPT |
|--|-----|
| zIR Radiologist Bill Onlys               |     |
| C102-Trnl-Eve(M-F 1700-2400)(-2) - IR    |     |
| C103-Trnl-Wkd/Stat(0700-2400)(-6) - IR   |     |
| C104-Trnl-Night (0000-0700)(No max) - IR |     |
| C105-Addl-Eve(M-F 1700-2400)(-2) - IR    |     |
| C106-Addl-Wkd/Stat(0700-2400)(-6) - IR   |     |
| C107-Addl-Night (0000-0700)(No max) - IR |     |
| C108-1st-Wkd/Stat(0700-2400)(-6) - IR    |     |
| C109-1st-Eve(M-F1700-2400)(-2) - IR      |     |
| C110-1st-Night (0000-0700)(No max) - IR  |     |
| 1333-Consultation Inpatient - IR         |     |
| E409-After Hours (1700-2400) - IR        |     |
| <b>E410-After Hours (0000-0700) - IR</b> |     |
| E475-US Phys Assist Pot per 1/2HR - IR   |     |

Quantity: 1

Charges:

| Quantity | Bill-Only                              | CPT |
|----------|--|-----|
| 1        | LEOD Revascularization 5+ Vessels - IR |     |

OK    Cancel    Apply

Can also Add **Transfer/ Lift** to capture workload highlight Bill only and click >>

xam Management Bill-Only Charging: ZZTEST, RD1SCS - 11054618

Accession: 100-IR-24-002065      Order Date/Time: 27/Oct/2024 1801

Procedure: IR LEOD Revascularization      Responsible person: NHS Test01, RadNet - Technologist

**New Charges** | Previously Charged

Default selections     All bill-onlys

| Bill-Only/Category                     | CPT | Quantity | Bill-Only                              | CPT |
|--|-----|----------|--|-----|
| Subcutaneous Abs/Hematoma 3+ - IR      |     |          |  |     |
| Thromb Mech Neuro Add1 Art Acc - IR    |     |          |  |     |
| Thromb Mech Nonneuro Add1 Art Acc - IR |     |          |  |     |
| Thromb Pham Neuro Add1 Art Acc - IR    |     |          |  |     |
| Thromb Pham Nonneuro Add1 Art Acc - IR |     |          |  |     |
| Thrombin Injection - IR                |     |          |  |     |
| Transcav Pel Abscess Drain - IR        |     |          |  |     |
| <b>Transfer/Lift - IR</b>              |     | 1        | LEOD Revascularization 5+ Vessels - IR |     |
| Transluminal Angioplasty (Max 1) - IR  |     |          |  |     |
| Transportation/Travel Time - IR        |     |          |  |     |
| Tunnelled Catheter Removal - IR        |     |          |  |     |
| Ultrasound Portable - IR               |     |          |  |     |
| Unexpected Patient Reaction - IR       |     |          |  |     |
| US Abdomen Ltd - IR                    |     |          |  |     |
| US Add1 Guided Bx/Asp/Ampio/Drain - IR |     |          |  |     |

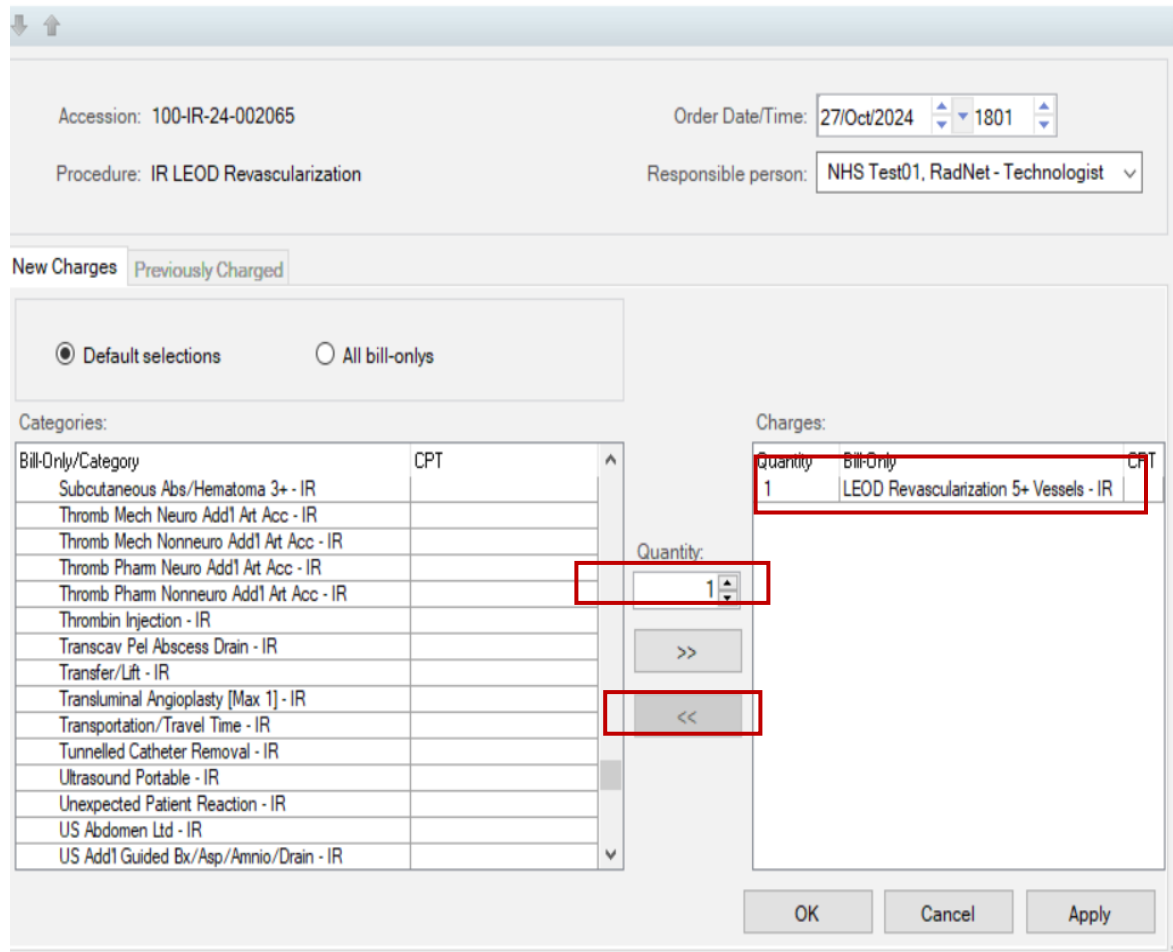
OK    Cancel    Apply

After all the Appropriate Bill only Charges have been captured by moving them over to the right side  
Click **Apply** and then Click **Ok**

To Remove a Charge **before** Clicking **Apply**, Click on Bill Only in Right-sided Window and arrow <<

Click **OK**

xam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



Accession: 100-IR-24-002065      Order Date/Time: 27/Oct/2024 1801

Procedure: IR LEOD Revascularization      Responsible person: NHS Test01, RadNet - Technologist

New Charges    Previously Charged

Default selections     All bill-onlys

| Bill-Only/Category                     | CPT |
|--|-----|
| Subcutaneous Abs/Hematoma 3+ - IR      |     |
| Thromb Mech Neuro Add1 Art Acc - IR    |     |
| Thromb Mech Nonneuro Add1 Art Acc - IR |     |
| Thromb Pham Neuro Add1 Art Acc - IR    |     |
| Thromb Pham Nonneuro Add1 Art Acc - IR |     |
| Thrombin Injection - IR                |     |
| Transcav Pel Abscess Drain - IR        |     |
| Transfer/Lift - IR                     |     |
| Transluminal Angioplasty [Max 1] - IR  |     |
| Transportation/Travel Time - IR        |     |
| Tunnelled Catheter Removal - IR        |     |
| Ultrasound Portable - IR               |     |
| Unexpected Patient Reaction - IR       |     |
| US Abdomen Ltd - IR                    |     |
| US Add1 Guided Bx/Asp/Amnio/Drain - IR |     |

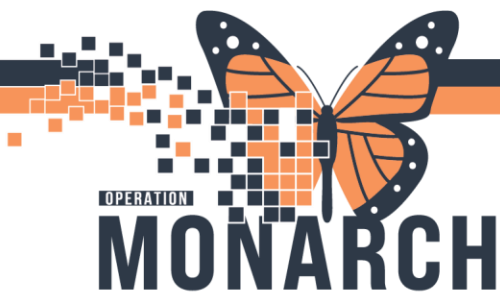
Quantity: 1

>> <<

| Quantity | Bill-Only                              | CPT |
|----------|--|-----|
| 1        | LEOD Revascularization 5+ Vessels - IR |     |

OK    Cancel    Apply

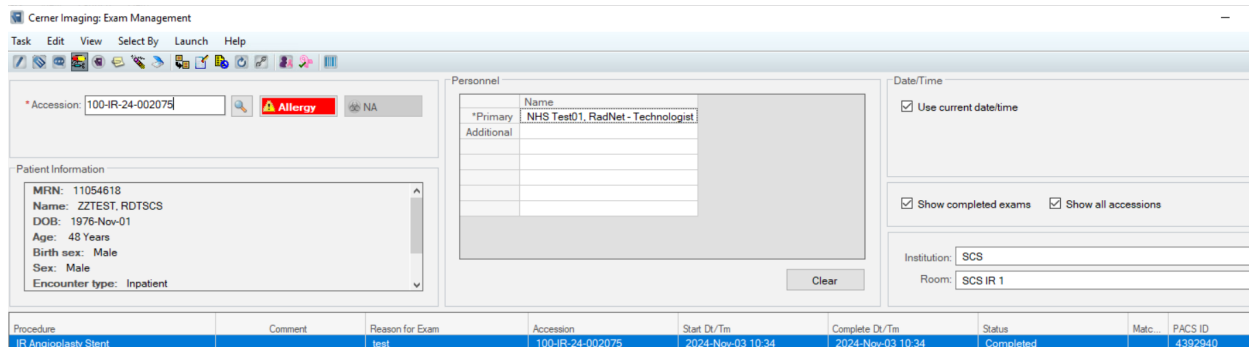




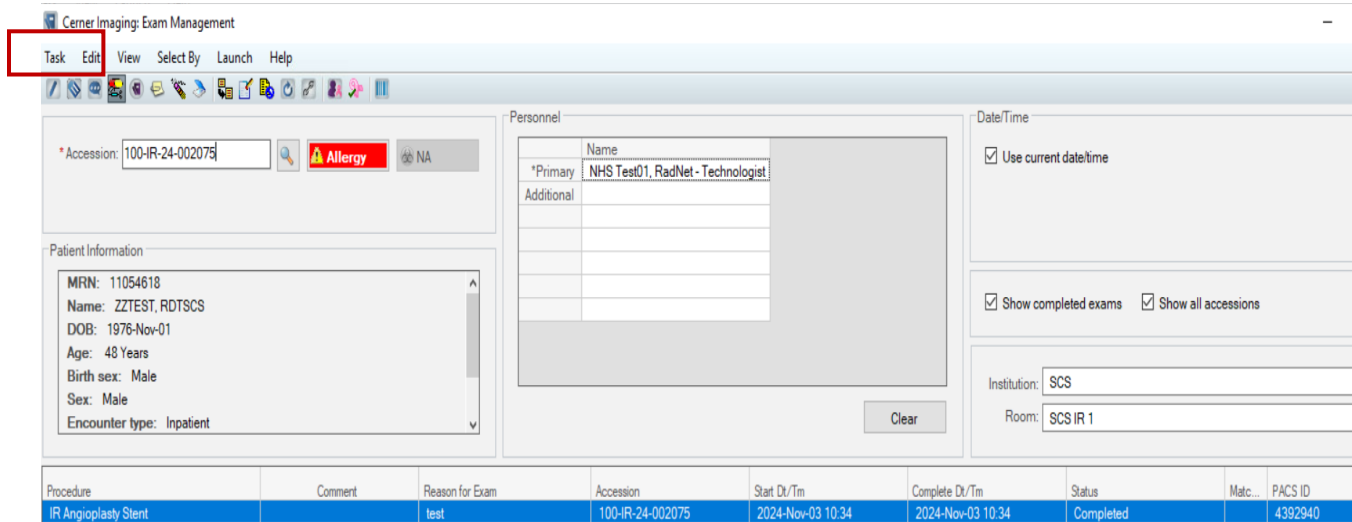
# TIP SHEET

## HOSPITAL INFORMATION SYSTEM (HIS)

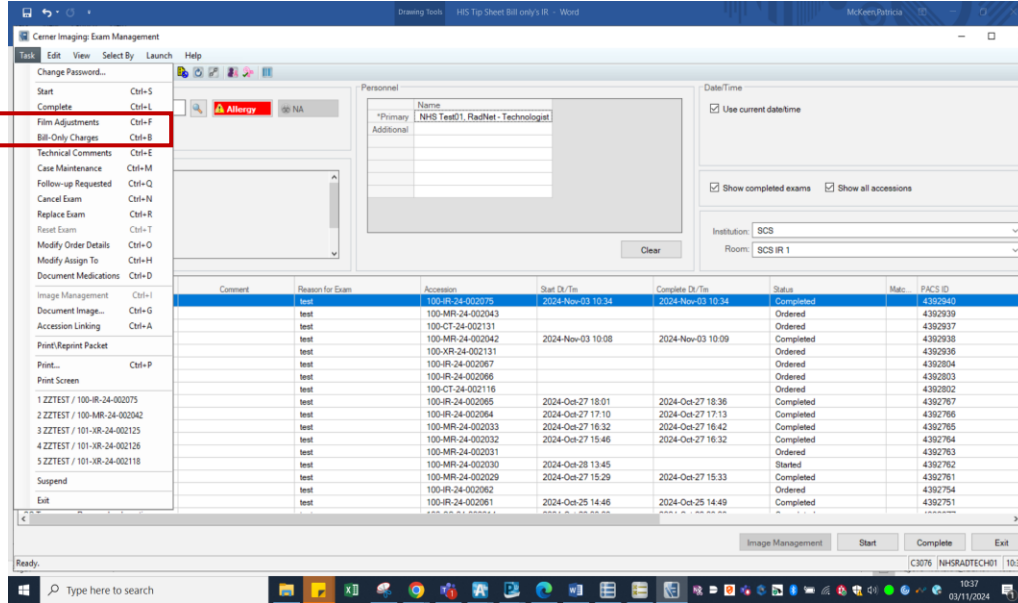
If Exam is completed but **not Dictated** Bill Only's can be adjusted  
 Right Click on Exam and Choose Exam Management



Under Exam Management Highlight Exam and Left Click on Task

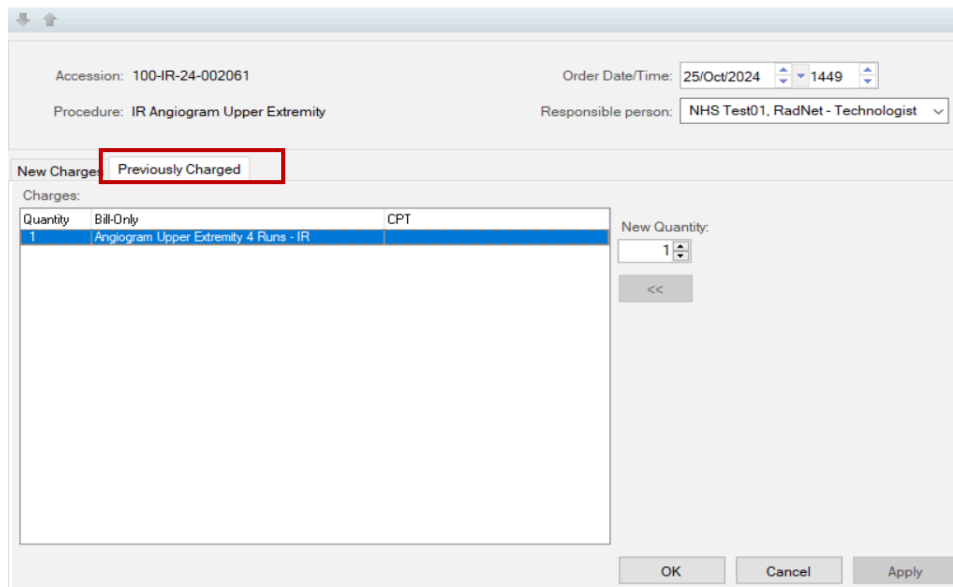


### Navigate to Bill -Only Charges



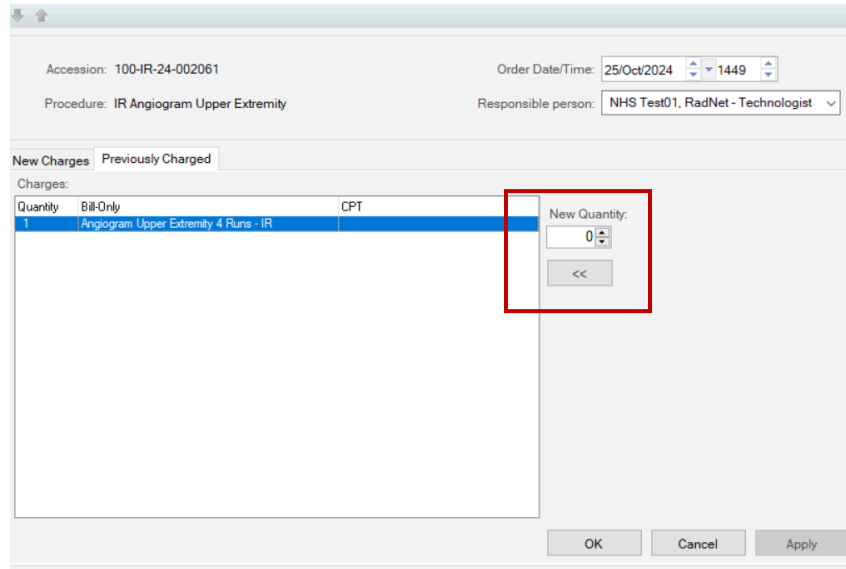
### Under Window Previously Charged

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



### Change the Quantity to "0" and Click on <<

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



Accession: 100-IR-24-002061      Order Date/Time: 25/Oct/2024 1449

Procedure: IR Angiogram Upper Extremity      Responsible person: NHS Test01, RadNet - Technologist

New Charges    Previously Charged

Charges:

| Quantity | Bill-Only                             | CPT |
|----------|---------------------------------------|-----|
| 1        | Angiogram Upper Extremity 4 Runs - IR |     |

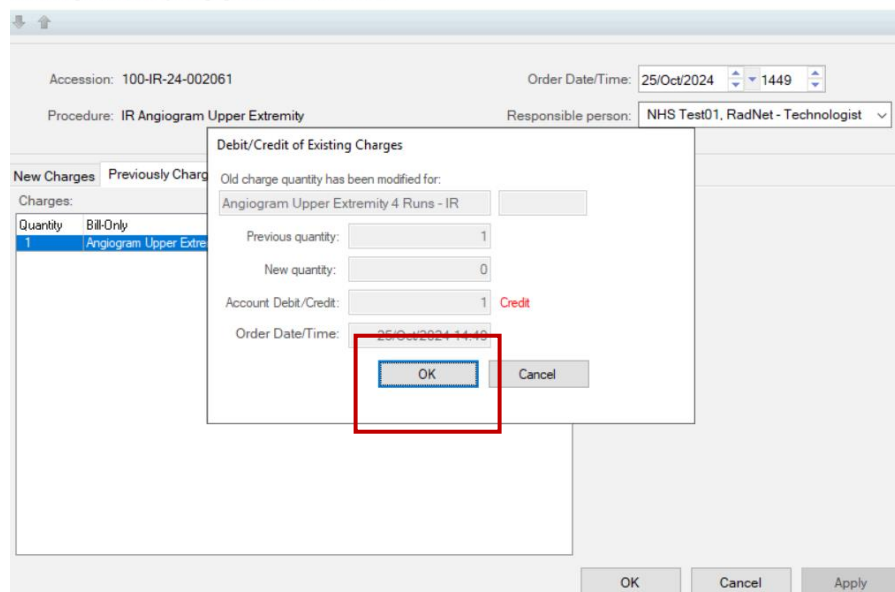
New Quantity:  
0

<<

OK    Cancel    Apply

### Verify the Credit and Click OK

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618



Accession: 100-IR-24-002061      Order Date/Time: 25/Oct/2024 1449

Procedure: IR Angiogram Upper Extremity      Responsible person: NHS Test01, RadNet - Technologist

New Charges    Previously Charged

Charges:

| Quantity | Bill-Only             |
|----------|-----------------------|
| 1        | Angiogram Upper Extre |

Debit/Credit of Existing Charges

Old charge quantity has been modified for:

Angiogram Upper Extremity 4 Runs - IR

Previous quantity: 1

New quantity: 0

Account Debit/Credit: 1    Credit

Order Date/Time: 25/Oct/2024 14:49

OK    Cancel

OK    Cancel    Apply



# TIP SHEET

## HOSPITAL INFORMATION SYSTEM (HIS)

Click **Apply** and then Click **OK**

Exam Management Bill-Only Charging: ZZTEST, RDTSCS - 11054618

Accession: 100-IR-24-002061

Order Date/Time: 25/Oct/2024 1449

Procedure: IR Angiogram Upper Extremity

Responsible person: NHS Test01, RadNet - Technologist

New Charges | Previously Charged

Charges:

| Quantity | Bill-Only                              | CPT |
|----------|--|-----|
| 0        | /Angiogram Upper Extremity 4 Runs - IR |     |

New Quantity: 0

<<

OK Cancel Apply