

# Companies say their AP LIS is up to the job, and how

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*March 2015—From tracking charges in anatomic pathology and maintaining documentation to the changing classifications of some cancers, representatives of five companies tell CAP TODAY what their AP systems offer and what they're working on to help labs.*

**Given the importance of having the required documentation for payment of services, appeals, and recovery audits, and of being able to track pathology charges (given CMS' decision to package technical component payments under its hospital outpatient prospective payment system), what are you doing to help pathologists and their laboratories in these regards?**

**Michael D. Glant, MD, medical director, Orchard Software:** You have to start out with standardized vocabularies, and those have to have the right kind of structure so you can communicate with outside systems. The system has to have all the data related to the report and the billing associated with that data organized in a way that reflects reality. The same is true for the processes that don't end up on the report. If you're setting up a case, the system has to take all the items and represent them entirely, so if you vary from your standard process, that is flagged, and you can see where you varied from the standard, and you can audit 100 percent of the activity throughout the system. That's where anatomic pathology needs to go. Pathologists used to be the doctors' doctor, and that can happen again if they have the right tool sets and have analytics in their systems. I think most anatomic pathologists have shied away from becoming involved in information technology systems, and this is the time when they need to make a one-eighty.

**Curt Johnson, chief operating officer, Orchard Software:** As we move from fee-for-service to value-based medicine, the end report is critical. But all that data that goes with it—from audit trails, billing, data mining, studies, and so forth—needs to be in a format that is usable throughout the health care system. The way to do that is to make sure your data is usable, readable, and interoperable. Discrete data allows for communication between disparate health care IT systems much more efficiently than any other means available. An AP system should also have a rules engine and really well-thought-out logic. That's essential to any system moving forward.

**Michael Mihalik, vice president of sales and marketing, PathView Systems:** The most recent CMS rulings came down at the end of October, so our clients are just now starting to deal with some of the real-world ramifications, and they're struggling a little bit with this. What we see is an escalation of a trend. With affordable care, they're looking at charges more and more. Laboratory fees is one of the big areas they're looking at, and this is, to us, not a one-time problem. We're going to be dealing with this for years. Our approach to this problem will involve an architectural change. It needs to be a global approach. So towards that, we're adding an architecture to support all sorts of new billing functionality with flexibility. Right now it's a catch-22. There are certain CPT codes that get dropped per specimen. Well, most billing systems can't deal with "per specimen." So the rules of our AP LIS must handle this. On the other hand, there are some billing systems that can handle this, but then we need to be able to tell them, "Here are the charge codes per specimen." So we've added significant functionality to address those things. We have a lot of billing flexibility.

**Lisa-Jean Clifford, chief executive officer, Psyche Systems:** Our application fully supports the use of intelligent CPT codes and full audit trails. It applies them based on sources and procedures. So we have charge tables with individual fields, which indicate where a charge came from so the information can be sent to the billing company. We can also differentiate between professional and technical charges so they can be sent to separate billing companies—or to the same billing company with a separate notation indicating which type of charge they are. The pathologist also has the option to view all charges associated with a case at the time of sign-out, to verify

that all of the charges are accounted for and accurately applied. Our LIS, WindoPath, even allows pathologists to indicate which stains contributed to their diagnosis and, since the charges are automatically applied to the stains, the charges associated with determining the diagnosis can be clearly defined. Because our database captures and stores all discrete data, it is all available in our audit table.

**Joseph Nollar, director of product development, Xifin:** You talk about the importance of required documentation for payments. Well, the Xifin LIS Anywhere supports the entire continuum from the earliest point a test is ordered electronically via the Xifin portal or directly in the application. We capture all the required order information, including attachments and necessary approvals for that test, ensuring that insurance adequately covers that type of test for that patient. We facilitate the entire workflow process through the LIS Anywhere to the final report. Even at that point, pathologists have the ability to review all of their results, apply CPT codes, verify CPT codes that are automatically applied, and then submit to their billing department for review. There's the option for them to review all the charges, compare them to the original report, and then send them to the Xifin RPM billing solution, which takes that information, highlights any deficiencies, tracks all of the appeals and recovery scenarios that are possible, and resolves those to its final end, which is to ensure that all the providers are appropriately reimbursed for their services. We don't view it strictly from an AP LIS perspective. We're providing a platform that supports the continuum of the entire laboratory services process.

**Janice Caputo, AP product manager, Sunquest Information Systems:** We continue to provide interoperability with hospital information system and EHR vendors to provide accurate orders and registrations that transfer clean data so that our clients are not burdened with the tasks before encounters close and before AP LIS information is transferred to billing systems. Our AP LIS helps clients manage billing of pathology charges so there is seamless recovery and auditability across any specimen that is reported via the AP LIS. The growing number of pathology tests that align to coding cannot be taken lightly.

**Given the changing classifications of different types of cancer, how is your AP system helping to make the distinct classes usable, searchable, and reportable?**

**Dr. Glant (Orchard):** We've developed a comprehensive system that has all the diagnoses, all the different ICD codes, put together in such a way that the system can have the metadata around a specimen and also understand the processes, so that when you populate a synoptic report, it knows what you ought to have on the report. And then we built in a logic engine, so we can make it such that pathologists rarely have to repeat data. The synoptic report is there, and if they have a standardized setup, there should be a prompt for what the pathologist has to do next.

**Johnson (Orchard):** The emphasis on structured data can't be strong enough. There isn't an issue with the changing types of cancer when you have a structured system because you're able to go back and mine it. If you don't structure the data, you're not going to be able to move forward utilizing it.

**Mihalik (PathView):** Like all vendors, we use a synoptic resulting mechanism. This is in addition to all the free text the pathologist wishes to enter. This codification, if you will, is something that users can build and create on their own. Other vendors limit their synoptics to whatever the CAP publishes. We don't. So our end users can create new questions and new answers at the drop of a hat. All of these questions and answers are searchable; they are all saved as discrete data.

**Clifford (Psyche):** We have a diagnosis library, and, because our application is so dynamic, it can be updated and modified at any time, so it can always capture new requirements and new classifications. We integrate with the CAP synoptic reporting templates so they are fully automated within WindoPath. The templates are updated to continually support current requirements. All the diagnoses are also searchable, even using free text, and any

entry in the diagnosis library can be categorized using user-defined diagnosis codes or ICD codes, or both, which allows for easy retrieval.

**Caputo (Sunquest):** The unique workflow that occurs in AP labs oftentimes includes the transformation of a specimen into additional specimen classes. For example, a surgical specimen may become a surgical, molecular, cytology, and flow specimen—each a distinct class with distinct tests, and each of those test results gives the diagnostician more data to accurately provide an interpretation, classification, and diagnosis. These concurrent specimen classes are traceable with our products. We can match every patient asset across a continuum and assure that each asset is viewable, traceable, searchable, reportable, and retrievable.

**Nollar (Xifin):** We have a number of different methods to track the different classes and types of cancer. We have a specific tagging method in our LIS Anywhere system so that pathologists can tag a case for certain report classifications, which will specifically identify it for those types of cancer. There are also synoptic reporting tools for positive cases to ensure that the cases are being classified appropriately. Another point: Several months ago, we announced a relationship with a natural language processing company, SyTrue. We are working with them to use their natural language processing tool to help extract useful information from text-rich reports so that it's smart data and can be easily incorporated into management reports and tracked and followed appropriately. This also ties into our business intelligence solution, which allows for much more robust reporting and dashboards and being able to extract data at the most granular level.

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*Interviews conducted and edited by Anne Ford.*

*CAP TODAY's guide to AP information systems includes products from the aforementioned companies and from 21 others. Vendors supplied the information listed. Readers interested in a particular product should confirm that it has the stated features and capabilities.*