The procedures templates have been rife with flaws since we started on KBM 7.8. Over time many have been fixed, but a few persist. Here I’ll point out some problems & potential points of confusion I’ve discovered, & suggest some workarounds.

I need your help!
There is no way I’ll ever be able to think of all the variations to test on the procedure templates. If you discover a problem that I have not documented here, please let me know.

RL Duffy
Lesion/Wart/Punch/Other Popup

• In the past there have been numerous flaws & gotchas on this template. Many of these have been fixed over time, but as you’ll see, it still has issues.

• It is a very involved template, with a lot of different things crammed in. As a result, one sequence of events may work correctly, while another leads to an error message.

• Please report any additional misbehaviors you find to the EHR Team or myself.
There are a lot of disparate procedures here, & this presents some problems & lays some traps for the user.
First, if you do several different procedures, make sure to document ALL of them before clicking Submit to Superbill. It is intuitive to want to document one procedure, click Submit to Superbill, document the next procedure, click Submit once more, etc, but it won't let you do that.
Also, since there are multiple procedures here you're forced to document all at once, if you make a mistake or there is a program error message, it can be difficult to figure out just where on this template the problem lies.
You’ll notice the **Location** popups lack some entries you might want to have, e.g., forearm or chest. Fortunately, most all of these lists include a blank space at the top, which is your usual (though not 100% guaranteed) clue that you can free-type an entry.

And note that in some boxes it will be appropriate to have more than one entry.
Notice there is no way to specify the other side for lesions after the first one. I guess patients must have all of their left-sided lesions done at one visit, & schedule another visit for the right-sided ones. Plan accordingly.
Note that after making an entry (often the location) the **Number Pad** popup often appears. It may not be readily apparent whether you’re talking about the size of something, or the number of something.

To complicate matters further, the **Number Pad** popup may also overlie the fields in question, so you may need to slide it down a bit, as I’ve done here.
Here's something that will help you distinguish the size from the number of lesions. When it is size the title of the popup is Number Pad, as shown on the previous slide. When you're talking about number of lesions, the title is Quantity, as shown here.

So why wouldn't you title it Size for the size popup? Sheesh.
Note this 2nd Assessment box under Punch Biopsy. Unlike the other procedure sections, the 2nd Assessment popup is never spontaneously displayed during the workflow, so it remains unpopulated unless the user clicks directly into it.

And shouldn't the 2nd Assessment box be here, on the Each additional lesion line, like it is on all the other sections?

For all practical purposes, you probably need to just plan on using the same, “least common denominator”-type diagnosis for all the punches, & explain further as necessary in the Comments box.
Why require the user to pick an assessment under Skin tag, & why would the “short list” it offers contain diagnoses other than skin tag? The section itself defines the diagnosis code. (701.9 in ICD 9, L91.8 or rarely Q82.8 in ICD 10.)
You have a section to enter anesthetic & suture selections, but this presents several problems:

1) How would you indicate that you used 2% lidocaine on the hand shave biopsy, but 1% lidocaine with epi on the facial punch biopsy?

2) How would I enter 2 different types of suture?

3) Speaking of suture, there's no 3-0? And how would I indicate deep absorbable sutures in addition to the skin sutures (though hopefully nothing here would require that)?
How do you deal with all of these issues? Your best bet is to use the **Comments** box. Use the checkboxes & picklists to do whatever you have to do to make the program happy & allow billing to be submitted. Then accurately describe the procedure(s) in the **Comments** box. Sometimes **Comments** boxes are problematic because they don’t give you enough space, but you’re allowed to type just under 1000 characters on this one.
If you do make a mistake & click **Submit to Superbill** before documenting all your procedures (& this popup & the “I just remembered, Doc” nature of patient presentations virtually guarantee this will happen to all of us), you can use the Superbill or the Generic procedure template to add the additional procedures, though it will require a knowledge of the diagnosis & CPT codes you wish to submit.
How could this popup be made better? It is a daunting task for the programmer. I suggest:

1) Divide this into several popups, with just ONE procedure type on each. I see the reasoning in trying to squeeze everything in here, but this would clarify usage, simplify troubleshooting, & allow us to submit each procedure type to superbill one at a time. While you’re at it, give us better options to document lesions on more than one side, different types of anesthesia, suture, etc.
2) If you still want to keep everything on the same popup, adopt a **Clear for Add** model, like you use for many other popups. Every time we click the **Clear for Add** button, we’re given a clean slate & can submit to superbill again. But that could obviously present problems if the user submitted the same type of procedure as two “first lesion” charges instead of “first lesion, second lesion.” That’s why option #1 is better.

3) Another alternative would be to have a separate **Submit to Superbill** button under each section. These would need to all be independent of each other—which could present a programming challenge.
4) The CMS rules on how to submit charges for various types & numbers of skin surgery procedures are very convoluted & confusing. (It is tempting to conclude this is intentional.) It would be very helpful if you could label each section in plain language (or use [i] informational popups to do so), so that even the infrequent user could tell the difference between, e.g., placing one charge for lesions 1-14, & placing 14 charges for lesions 1-14. My preference would be to spell it out directly on the procedure popup rather than use informational popups, if you can do so without making it too cluttered.
Laceration Repair Popup

• This is usable, but there are limitations
Seriously, have you never heard of 3-0 nylon? In the land of hurricanes & poor chainsaw skills we use a lot of this. Not to mention chromic deep sutures, or potentially using different anesthesia at different sites.
At first glance, it may not be clear how to document more than one simple or intermediate laceration repair on any body region. The answer is that you add up the total length of similar wounds. E.G., if you had a 2 cm scalp lac, 3 cm forearm lac, & a 3 cm back lac, you would use Scalp/extremities/trunk 7.6–12.5.
In a situation with multiple wounds, you’re going to have to use the **Comments** box to explain the nature & location of the wounds, & the variations of anesthesia & repair techniques used on each.
Generic Procedure Popup

• OK, we’ve talked about using the Generic Procedure popup several times, but riddle me this: What are you supposed to do if you need to use it more than once?
Shouldn’t the Generic Procedure popup reset every time we launch it, so that we can submit another procedure?

And while we’re at it, it would be helpful if we had a procedure popup for intradermal contraceptive placement & removal so we wouldn’t have to use the Generic popup.

After you’ve used the Generic Procedure popup once & submitted charges, you can’t use it again on that encounter.
Nebulizer Treatment

• Here’s a head-scratcher.
Why isn’t **Nebulizer Treatment** under the **Pulmonary** heading? Just what the heck *else* are you nebulizing?

Never mind—do NOT tell me.
Superbill

• I’ve mentioned using the superbill to add charges a couple times. Here’s how you go about that.
Say we’ve drained a simple abscess, but because of some problem, the popup didn’t submit the charge. A quick Internet search reveals it should be CPT 10060.

Click File, then Superbill.
Click the Proc Srch Tab.
Type **10060** in the **Code box**, then click **Search**.
Click in the **checkbox**.

Select **Abscess**, then click **Dx 1**.
The procedure displays, associated with the diagnosis.

Click **Save**, then close the superbill.
In Conclusion

• While a few problems persist, the procedure templates are better behaved than they used to be.

• Most people will only use a handful of the procedure templates, so you’ll learn their idiosyncrasies pretty soon, & figure out how to work around them.

• If you find a problem you can’t solve, please notify the EHR team.
This concludes the NextGen Procedure Template conniption.

Out of my mind. Back in five minutes.

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