

Charge Master Audit Process - Comprehensive

The **PARA** charge master audit process utilizes the **PARA Data Editor (PDE)** to create a series of focused screens and reports utilized by the **PARA HIM Coding Staff** to identify and correct charge master errors, compliance issues, and missing charges.

The **PARA Data Editor** is the main tool used for the review; the **PDE** is available 24/7 to all Hospital Users.

There are 7 phases to the **PARA Charge Master Comprehensive Review** process:

1. Checking Invalid HCPCS and Revenue Codes
2. Checking Line Items for Charge Compliance and Modifiers
3. Checking Valid Code Assignment
4. Claim review
5. On-site discussion with Managers
6. Checking pricing against fee schedule and APC
7. Reporting and implementing updates

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select **Charge Quote** | **Charge Process** | **Claim/RA** | **Contracts** | **Pricing Data** | **Pricing** | **Rx / Supplies** | **Filters** | **CDM** | **Calculator** | **Advisor** | **Admin** | **RAC** | **CAT** | **PARA**

Hospital: **Demonstration Hospital [Sales]**

CDM Date: **03/01/2015 (AutoStandard) - 20752 Chgs Online**

Department: **3010 - Total Items: 00016 - MED/SURG INTENSIVE C**


Billing Indicators: **Map** Provider ID: **990001**
 State: **CA** Area Wage Index: **1**
 Physicians Fee Schedule: **ANAHEIM/SANTA ANA, CA**
 Fiscal Intermediary / MAC:
 Quantity Date Range: **7/1/2012 to 6/30/2013**
 FY End Date:

Account Exec: **Violet Archuleta-Chiu**
800-999-3332 x219 varchuleta@para-hcfs.com

Tech Support: **Mary McDonnell**
800-999-3332 x216 mmcdonnell@para-hcfs.com

Market Hospitals Group: **Geographic**
Regional Hospital (HOSP01) City: **Anaheim, CA** Provider ID: **990001**
Community Hospital (HOSP02) City: **ANYWHERE, CA** Provider ID: **990002**
General Hospital (HOSP05) City: **ANYWHERE, CA** Provider ID: **990005**
Generic Northeast Healthcare (HOSP10) City: **ANYWHERE, CA** Provider ID: **990010**
Main Street Clinic (HOSP09) City: **ANYWHERE, CA** Provider ID: **990009**
Memorial Health System (HOSP03) City: **ANYWHERE, CA** Provider ID: **990003**
Northwest Regional Hospital (HOSP04) City: **ANYWHERE, CA** Provider ID: **990004**
Southwest Healthcare (HOSP06) City: **ANYWHERE, CA** Provider ID: **990006**
Standard Hospital (HOSP07) City: **ANYWHERE, CA** Provider ID: **990007**
Sample Healthcare System (HOSP08) City: **ANYWHERE, CA** Provider ID: **990008**

This application is best viewed with Internet Explorer 11, a screen resolution of at least 1024 x 768, and using the F11 key to toggle your browser into full screen mode. All reports are in PDF format.



PARA File Transfer

Date	Title
	Enter Title Search Criteria Here
03/28/2016	Noridian Medicare Jurisdiction F Part B -MoIDX: Breast Cancer Assay: Pro...
03/28/2016	Noridian Medicare Jurisdiction F Part B -Use of the AT modifier for Chiro...
03/28/2016	Noridian Medicare Jurisdiction E Part B Subsequent Nursing Facility Care, ...
03/28/2016	Noridian Medicare Jurisdiction E Part B Annual Wellness Visit, G0439 - Wi...
03/28/2016	Noridian Medicare Jurisdiction E Part B Initial Nursing Facility Care, 99306...
03/28/2016	Noridian Medicare Jurisdiction E Part B-Ambulance Service, A0427: ALS, ...
03/28/2016	Noridian Medicare Jurisdiction E Part B -Ambulance Service, A0428: Basic...
03/28/2016	Noridian Medicare Jurisdiction E Part B -Emergency Department Visit, 992...
03/28/2016	Noridian Medicare Jurisdiction E Part B -Colonoscopy, 45378 - Widesprea...
03/28/2016	Noridian Medicare Jurisdiction F Part B -New Waived Tests CR9563
03/28/2016	Oregon Health Authority -Fee-for-service hospice rates, effective October ...
03/28/2016	Oregon Health Authority -Provider Web Portal updates, posted 3/11/2016
03/28/2016	Oregon Health Authority -For Oregon DRG Hospitals - 3/18 Claim Reproce...
03/28/2016	Oregon Health Authority - 4/1 RVU Weight-Based Rates, 3/1 Private Duty ...
03/28/2016	Oregon Health Authority -Medical electrolysis; March 26 reprocessing for 2...
03/28/2016	OSHPD Healthcare Information Division -2010-2014 Long-Term Care Ann...
03/23/2016	CDRH Industry: Update to Final Guidance Document: "Submission and Re...
03/23/2016	FDA Guidance Documents Update
03/23/2016	FDA Drug Information Update - FY 2016 Regulatory Science Initiatives Par...
03/23/2016	CDRHNew -March 21, 2016
03/23/2016	FDA approves new treatment for inhalation anthrax
03/23/2016	CDRH New Update March 22, 2016
03/23/2016	FDA Proposal to Ban Powdered Surgeon's Gloves, Powdered Patient Exa...

Page 1 of 672 Displaying Articles 1 - 23 of 15442

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Charge Master Audit Process - Comprehensive

All query results in the **PDE CDM tab** are color coded:

1. **Red** – Invalid code
2. **Blue** – Code, procedure number, NDC, OE mnemonic or description which matches the filter query
3. **Green** – **PARA** / Hospital recommended changes
4. **Purple** – **PARA** advisory recommended changes, to be reviewed by Hospital prior to implementation

The detail **CDM Tab** allows **PARA** and the Hospital User a view of all data tables tied to the charge items for a “one stop” all encompassing review.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx / Supplies](#) [Filters](#) **CDM** [Calculator](#) [Advisor](#) [Admin](#) [RAC](#) [CAT](#) [PARA](#)

CDM Detail | [CDM Summary](#) | [Replacement / Explode Codes](#)

Hide Header | Department: **4570 - Items: 127 of 454** | [With Quantity](#)

CDM: **3/1/2015**, NDC: **10/1/2014**, Cost: **1/1/1900**
 Quantity Date Range: **7/1/2012** to **6/30/2013**

Item	Procedure Code Billing Description Technical Description NDC / UPN Reimbursement APC Status OC Mnemonic-Active-Charge Edita...	QTY O/P \$ I/P \$ ED \$ ASC \$ Ovr Rd \$ Eff Date CCM OE \$	Market High Avg Low Midpoint	HCPCS	CAID	CPT	OTHER	UBDFLT	Rx / Supply			Compliance App Inactive Flag
									Orig U	Mult New U	AWP Unadj WAC Acq Cost Client Cat	
1	4570 - 00090007 ANGIOGRAPHY RENAL BILATERAL - - 2,718.83 APC Q2 - T-Packaged Codes - MM/DD/YYYY	1 5,628.00 - - - - -	6,309 6,309 6,309 6,309	36252	75724TC	36252	-	0323	-	-	-	<input type="checkbox"/>
									0323-Radiology - Diagnostic - Arteriography TC-TECHNICAL COMPONENT ONLY.			<input type="checkbox"/>
2	4570 - 00090010 ANGIO EXTREMITY UNILAT - - 2,718.83 APC Q2 - T-Packaged Codes - MM/DD/YYYY	136 5,618.90 - - - - 0.0109	13,985 6,951 2,524 10,468	75710	75710TC	75710	-	0323	-	-	-	<input type="checkbox"/>
									0323-Radiology - Diagnostic - Arteriography TC-TECHNICAL COMPONENT ONLY.			<input type="checkbox"/>
3	4570 - 00090011 VENACAVAGRAM INFERIOR - - 2,718.83 APC Q2 - T-Packaged Codes - MM/DD/YYYY	26 3,974.40 - - - - -	10,840 6,751 1,418 8,795	75825	75825TC	75825	-	0323	-	-	-	<input type="checkbox"/>
									0323-Radiology - Diagnostic - Arteriography TC-TECHNICAL COMPONENT ONLY.			<input type="checkbox"/>
4	4570 - 00090013 PERC DRAIN CATH RENAL PELVIS - - - - - - MM/DD/YYYY	40 2,360.00 - - - - -	4,366 3,134 2,188	74475	74475TC	74475	-	0323	-	-	-	<input type="checkbox"/>
									0323-Radiology - Diagnostic -			<input type="checkbox"/>

Page 1 of 3 | 4570 - Total Items: 00454 - CARDIAC CATH SVCS | Reports | Sorting: | Displaying CDM Items 1 - 50 of 127

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PARA HealthCare Financial Services

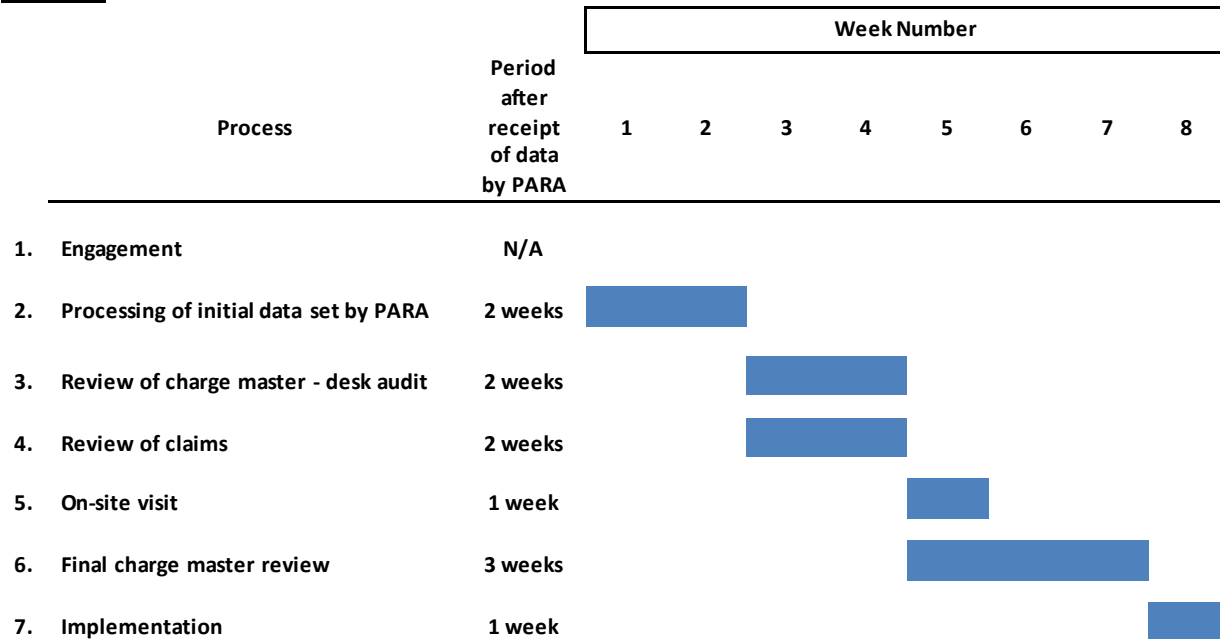
Page 2

Charge Master Audit Process - Comprehensive

Deliverables

1. Complete desk review of the charge master line items with quantity prior to on-site interviews to identify items that need further discussion with Department Managers.
2. Three complete days of on-site interactive discussion with each revenue generating Department Manager to review active charge line items for correct code use, charge capture, and compliant charge practices.
3. Claim review of 100 detail itemized and UB04 outpatient claims to identify missing charges, compliance problems and billing issues.
4. Quarterly updates to the charge master to keep current with Medicare coding regulations.
5. **PARA** shall provide support throughout the term of the contract for all coding, billing compliance questions via telephone conference calls, email, or the **PDE**.
6. **PARA** shall review and approval all charge master changes using the Charge Maintenance tab functionality in the **PDE**.

Timeline



Charge Master Audit Process - Comprehensive

Phase I – Coding Review

The first portion of the charge master audit will be a review of issues using the following filters:

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies **Filters** CDM Calculator Advisor Admin RAC CAT PARA

Coding Filters

2016 Code Map Update
Invalid
Invalid - CPT Only
Invalid - HCPCS Only
Invalid - Medicaid Only
Unit of service - per ml/sq cm
Compliance - Marked
Compliance - Identified for Review
Compliance - Modifiers
CA MCAid J3490 ID for Review

Segments: Recommended Changes Or And
 All Approved Not Approved

Changed By: Or And

Comment By: Or And

Pharmacy - Self Admin Drugs - MAC Specific:

Status: **APC Status**

Service:

Quantity: With Without

Search for Codes and Descriptions Or And Excl

HCPCS/CPT Codes:

UB Codes:

Description:

Procedure:

Modifiers:

OE Mnemonic:

Pricing Filters

Recommended Price Same CPT@ w/ Different Price

Relative To Market
 Below Average Below Midpoint Above High Market Inflation: %

Price Below Clinical Lab

Price Below Professional Fees
 Facility Non-Facility Facility & Non-Facility

Price Below DME

Price Below APC Status T, Q1, Q2, Q3

Price Below APC Status S Price Below APC Status X

CDM

Single
Department:

Sort By:

Ascending Descending

View CDM By: Summary Detail Excel

Reports

Audit:

Service:

Dept:
4560 - Total Items: 00009 - ECHOCARDIOLOGY
4570 - Total Items: 00454 - CARDIAC CATH SVCS
4590 - Total Items: 00009 - RADIOLOGY SERVICES
4593 - Total Items: 00008 - CARDIAC REHABILITATI
4620 - Total Items: 00007 - ELECTROENCEPHALOGRAP
4630 - Total Items: 00254 - RADIOLOGY-DIAGNSTIC
4640 - Total Items: 00044 - RADIOLOGY-THERAPEUTI
4641 - Total Items: 00024 - BRACHYTHERAPY
4650 - Total Items: 00121 - NUCLEAR MEDICINE

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1. **Invalid** - This filter will list each line item which has an incorrect code. The codes will be listed in “red”, with any recommended changes displaying in green.
2. **Unit of service – per ml/sq cm** – This filter will find all items in the charge master which should be billed using a unit of service identified in the HCPCS code description. The User will need to review each line and determine if the charge is correct per unit of service, or the correct units of service have been entered into the billing system to adjust the units on the UB04. The hospital units of service adjusted will be displayed in the **PDE CDM tab** for the filtered items.
3. **Pharmacy – Self Admin Drugs – J Codes** – This filter is based on the Medicare list of SAD J coded drugs. The filter will allow the User to review each line, verify the code is correct, update the code, and then to be sure the line is coded to be billed to the Patient under the SAD rules.

Charge Master Audit Process - Comprehensive

Phase I – Coding Review (continued)

4. **Pharmacy – Self Admin Drugs – Identified for review** - This is a “keyword” search filter to display the lines in the charge master which appear to be SAD and are not coded correctly in the system. The User can then review the line items and assign the correct code for billing.
5. **DME – OPPS Exempt ID for Review** – This “keyword” filter will identify all line items in the charge master which may be billed using a DME code and the 0274 revenue code. The User will be able to create a report to be reviewed by Materials Management to determine the correct “L” code to be applied.
6. **Consistency** – In some of the more complex patient accounting systems there are opportunities to maintain a number of different “third party indicators”, all of the “indicators” are mapped to a code type (CPT®, Medicare, Medicaid, Workers Comp, or Other), within the **PARA PDE**. This filter will assist the User in making sure the codes and segments within a code type are internally consistent. This filter allows the User to identify the “background” codes which are different from the main upfront displayed codes and make corrections.
7. **Blood** – Review of blood charges to be sure that the Hospital does not incur a blood deductible for products billed using the 038X rev code series.
8. **ED, Urgent Care, Provider Based Clinics, and Nursing Procedures** – Review of the department charges to be sure the hospital is billing for the technical portion of physician procedures, and all separately billable nursing procedures are charged and coded.
9. **Radiology Interventional Procedures** – Review the imaging departments to be sure all surgical procedures are coded and charged.
10. **Implants – PARA** reviews all line items which contain key words in the charge description to be sure the implant revenue codes are assigned correctly.

Charge Master Audit Process - Comprehensive

Phase I – Coding Review (continued)

Pharmacy J code and Unit of Service Review – This review utilizes the CMS National Drug Code (NDC) to HCPCS J code audit file.

PARA processes the Pharmacy clinical NDC data table into the PDE and then audits the currently assigned J codes and unit of service.

PARA will identify all invalid NDC codes, incorrectly assigned J codes, and incorrect units of service.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies **Filters** CDM Calculator Advisor Admin RAC CAT PARA

Coding Filters

- Pharmacy
- Pharmacy - Self Admin Drugs - Currently Billed
- Pharmacy - Self Admin Drugs - Identified for Review
- Pharmacy - NDC Review
- Pharmacy - NDC No FDB Link
- Pharmacy - J Codes
- Pharmacy - J Code Chemo Admin
- Pharmacy - Missing NDC
- Pharmacy - Take Home Drugs
- Pharmacy - Valid NDC

Segments: ▼

Recommended Changes Or And

All Approved Not Approved

Changed By Online Adv2686 Or And

Comment By pripiper Or And

Pharmacy - Self Admin Drugs - MAC Specific NGS ▼

Status APC Status ▼

Service Allergy ▼

Quantity With Without

Search for Codes and Descriptions Or And Excl

HCPCS/CPT Codes:

UB Codes:

Description:

Procedure:

Modifiers:

OE Mnemonic:

Pricing Filters

Recommended Price Same CPT@ w/ Different Price

Relative To Market

Below Average Below Midpoint Above High Market Inflater: %

Price Below Clinical Lab

Price Below Professional Fees

Facility Non-Facility Facility & Non-Facility

Price Below DME

Price Below APC Status T, O, Q1, Q2, Q3

Price Below APC Status S Price Below APC Status X

CDM

Single

Department: All ▼

Sort By: Procedure Code ▼ Add Department:

Ascending Descending [Clear All Filters](#)

View CDM By: Summary Detail Excel

Reports

Audit: Unit of service - per ml/sq cm ▼ [Create PDF](#)

Service: Allergy ▼ [Create Service Line PDF](#)

Dept: 4540 - Total Items: 00036 - BLOOD BANK

4560 - Total Items: 00009 - ECHOCARDIOLOGY

4570 - Total Items: 00454 - CARDIAC CATH SVCS

4590 - Total Items: 00009 - CARDIOLOGY SERVICES

4593 - Total Items: 00008 - CARDIAC REHABILITATI

4620 - Total Items: 00007 - ELECTROENCEPHALOGRAP

4630 - Total Items: 00254 - RADIOLOGY-DIAGNSTIC

4640 - Total Items: 00044 - RADIOLOGY-THERAPEUTI

4641 - Total Items: 00024 - BRACHYTHERAPY

4650 - Total Items: 00121 - NUCLEAR MEDICINE

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PARA HealthCare Financial Services

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Charge Master Audit Process - Comprehensive

Phase II - Review of Line Items for Charge Compliance and Modifiers

1. **Compliance – Identified for Review** – The compliance ID for review filter is driven by the “Wheatlands” Medicare billable item PDF. This document can be found in the **Hospital Downloads** section of the PDE **Select tab**. The filter will search the charge master for compliance-related keywords and identify the items which should not be billed to the Program.
2. **Compliance – Modifiers** – With the focus on modifiers, this filter and review allows the User to review all modifiers “hard coded” in the charge master to be absolutely sure the auto application of the modifier is correct.

Medicare Chargeable Items List

The determination regarding whether a service, supply or equipment is chargeable is based upon:

- The Kansas Fiscal Intermediary’s (FI) interpretation and application of existing Medicare laws and regulations or CMS manuals and other instructions regarding coverage, charging and billing.
- Absent specific regulatory or CMS guidance, a provider survey to determine the common or established classification of an item or service as routine and not separately chargeable or separately chargeable as an ancillary item wherein 40% or more of responding providers made a separate ancillary charge for a particular item or service.

Some items on the chargeable items list were based upon surveys conducted by the Kansas Hospital Association. Survey results were reviewed by a committee of hospital representatives and the Kansas Fiscal Intermediary.

The first survey to determine “common and established” charging practices in Kansas was performed in 1997. In December 1998, the FI published M-K Letter 99-1 containing the results of the survey. A second survey was performed in 2006.

This list is not all-inclusive.

The authoritative source for reliance on a survey to determine charging practices by hospitals in the state of Kansas is the following citation from the Provider Reimbursement Manual (PRM) 15-1, Chapter 22, Section 2203 Provider Charge Structure as Basis for Apportionment.⁽¹⁾

The authoritative sources for classifying a service, supply or equipment as routine or ancillary are PRM 15-1, Section 2202.6 Routine Services and Section 2202.8 Ancillary Services.⁽¹⁾ **(Note: CMS responded to the Kansas FI, on August 24, 2006, and is in agreement with this source. Nursing services to patients in the routine rooms are part of the routine room and board charge.)**

Charge Master Audit Process - Comprehensive

Phase III – Coding Validation and usage

The third portion of the charge master review is to identify items which are coded incorrectly, but the code is a valid code, or if the service assigned to the code is inconsistent with other services assigned to the same code. The process utilized for this review will be contained in the **Audit Report** section on the right side of the **Filters Tab**.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies **Filters** CDM Calculator Advisor Admin RAC CAT PARA

Coding Filters

2016 Code Map Update
Invalid
Invalid - CPT Only
Invalid - HCPCS Only
Invalid - Medicaid Only
Unit of service - per ml/sq cm
Compliance - Marked
Compliance - Identified for Review
Compliance - Modifiers
CA MCAid J3490 ID for Review

Segments:

Recommended Changes Or And
 All Approved Not Approved

Changed By Or And

Comment By Or And

Pharmacy - Self Admin Drugs - MAC Specific

Status

Service

Quantity With Without

Search for Codes and Descriptions Or And Excl

HCPCS/CPT Codes:

UB Codes:

Description:

Procedure:

Modifiers:

OE Mnemonic:

Pricing Filters

Recommended Price Same CPT@ w/ Different Price

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Price Below Professional Fees
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CDM

Single
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The service line filters and audit reports are based on CPT®/HCPCS codes contained in the CMS Addendum B. Each of the codes are tied to a service line, in some cases a single code can be tied to several service lines. By listing the codes in CPT®/HCPCS code sequence the codes are grouped together and allow a fast and efficient review. The **Service Line Filters** and **Audit Reports** can be utilized to identify any codes which are not currently contained in the charge master or where codes, prices or usage is incorrect.

The **Service Line Filters** and **Audit Reports** are very useful for multi-hospital groups to tie similar codes across different hospitals and departments, for consistent coding, charge descriptions and pricing.

Charge Master Audit Process - Comprehensive

Phase IV – Claim review

PARA will review a minimum of 100 Medicare Outpatient claims to identify system, charge process capture issues, coding and compliance errors. The review will identify missing codes, charges, inappropriate modifier usage, missing or incorrect pharmacy codes and multipliers.

The **PARA Data Editor Claim Evaluator** sub tab is utilized in this review.

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Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Claim Evaluator 837 Claims 835 Remit - Pending Review 835 Remit - Marked For Review 835 Remit - Finalized 835 Remit - Archived

Test1 Group Admin Claim Report(s) Sort By: Patient Billing Acct No Delete Claim

Add New Claim Claim Analysis/Edit Claim Group Documents

Claim Type	Patient Billing Acct No	Service From	Service Through	Total Charges	Mark for Review	HCPSC	Rev Code
Claim 1	123111	01/01/1800	01/01/1800	\$0.00	<input type="checkbox"/> Check to Filter By		

Page 1 of 5 Displaying Claims 1 - 1 of 5

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Diagnosis ICD10 Procedure ICD10 Comments/Notes Claim Documents Transactions Summary

Original Data								Revised Data								Error	Late	Date				
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	Error Code	Late?	DOS	MUE	OCE Qty	LCD NCD	
	76641			2		\$600.00	\$0.00							\$600.00	\$0.00				2			
	76641			2		\$600.00	\$91.69							\$600.00	\$91.69				2			
	85025			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	4	1		
	92134			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	1			
	92225			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	2	1		
	97110			1		\$0.00	\$36.61							\$0.00	\$36.61				0	8		
	99204			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	1	5		
	j3300			1		\$0.00	\$3.72							\$0.00	\$3.72			09/26/12	160			
	J3490			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	0			
	0250			1		\$0.00	\$0.00							\$0.00	\$0.00							

Original Total Charges: \$1,200.00 Original Reimbursement Total: \$132.02 Revised Total Charges: \$1,200.00 Revised Reimbursement Total: \$132.02

Save Claim Run Reimbursement Add New Claim Detail Delete Selected Claim Detail(s) CCI Color Legend

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Phase IV – Claim review (continued)

If the claims are “built” in the **PARA** system utilizing the transaction data set on file, the detail transactions are available for access and review.

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Select Charge Quote Charge Process **Claim/RA** Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Claim Evaluator 837 Claims 835 Remit - Pending Review 835 Remit- Marked For Review 835 Remit - Finalized 835 Remit - Archived

Test1 Group Admin Claim Report(s) Sort By: Patient Billing Acct No Delete Claim

Add New Claim Claim Analysis/Edit Claim Group Documents

Claim Type	Patient Billing Acct No	Service From	Service Through	Total Charges	Mark for Review	HCPCS	Rev Code
Claim 1	123111	01/01/1800	01/01/1800	\$0.00			

Page 1 of 5 Displaying Claims 1 - 1 of 5

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Diagnosis ICD10 Procedure ICD10 Comments/Notes Claim Documents Transactions Summary

Original Data							Revised Data							Error	Late	Date						
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	Error Code	Late?	DOS	MUE	OCE Qty	LCD NCD	
	76641			2		\$600.00	\$0.00							\$600.00	\$0.00					2		
	76641			2		\$600.00	\$91.69							\$600.00	\$91.69					2		
	85025			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	4	1		
	92134			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	1			
	92225			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	2	1		
	97110			1		\$0.00	\$36.61							\$0.00	\$36.61					0	8	
	99204			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	1	5		
	J3300			1		\$0.00	\$3.72							\$0.00	\$3.72			09/26/12	160			
	J3490			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	0			
	0250			1		\$0.00	\$0.00							\$0.00	\$0.00							

Original Total Charges: **\$1,200.00** Original Reimbursement Total: **\$132.02** Revised Total Charges: **\$1,200.00** Revised Reimbursement Total: **\$132.02**

Save Claim Run Reimbursement Add New Claim Detail Delete Selected Claim Detail(s) CCI Color Legend

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Charge Master Audit Process - Comprehensive

Phase IV – Claim review (continued)

Each of the “corrections” to a claim is assigned a error code for reporting.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Claim Evaluator 837 Claims 835 Remit - Pending Review 835 Remit- Marked For Review 835 Remit - Finalized 835 Remit - Archived

Test1 Group Admin Claim Report(s) Sort By: Patient Billing Acct No Delete Claim

Add New Claim Claim Analysis/Edit Claim Group Documents

Claim Type	Patient Billing Acct No	Service From	Service Through	Total Charges	Mark for Review	HCPCS	Rev Code
Claim 1	123111	01/01/1800	01/01/1800	\$0.00	<input type="checkbox"/>		

Page 1 of 5 Displaying Claims 1 - 1 of 5

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Diagnosis ICD10 Procedure ICD10 Comments/Notes Claim Documents Transactions Summary

Original Data										Revised Data										Error	Late	Date
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	Error Code	Late?	DOS	MUE	OCE Qty	LCD NCD	
	76641			2		\$600.00	\$0.00							\$600.00	\$0.00					2		
	76641			2		\$600.00	\$91.69							\$600.00	\$91.69	01 - Incorrect CPT code						
	85025			1		\$0.00	\$0.00							\$0.00	\$0.00	02 - Incorrect Revenue Code						
	92134			1		\$0.00	\$0.00							\$0.00	\$0.00	03 - Incorrect Units of Service						
	92225			1		\$0.00	\$0.00							\$0.00	\$0.00	04 - Omitted CPT code						
	97110			1		\$0.00	\$36.61							\$0.00	\$36.61	05 - CCI Conflict						
	99204			1		\$0.00	\$0.00							\$0.00	\$0.00	06 - Incorrect Modifier						
	j3300			1		\$0.00	\$3.72							\$0.00	\$3.72	07 - Omitted Modifier						
	J3490			1		\$0.00	\$0.00							\$0.00	\$0.00	08 - DX Code Omitted						
	0250			1		\$0.00	\$0.00							\$0.00	\$0.00	09 - DX Code Incorrect						
																10 - DX Code Specificity Error						
																11 - DX Code lack of MD Documentation						
																12 - DX Code Guideline Error						
																13 - DX Transfer to Bill Error						
																14 - Pass through Code Omitted						
																15 - MD Documentation Issue						

Original Total Charges: \$1,200.00 Original Reimbursement Total: \$132.02 Revised Total Charges: \$1,200.00

Save Claim Run Reimbursement Add New Claim Detail Delete Selected Claim Detail(s) CCI Color Legend

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Charge Master Audit Process - Comprehensive

Phase IV – Claim review (continued)

The number of claims and supporting documentation for each type of claim is noted in the table below.

Outpatient Claim Type	Description	Minimum Number of Claims	Supporting Documents
Interventional Radiology	Breast Biopsy, Cyst Aspiration, Percutaneous Biopsy, Pain Injections	8	Radiology Report
Pacemaker	Initial Placement and Replacements	4	Cath Lab/Surgical Report and HIM abstract if performed in surgery
Cath Lab	Left Heart, Combo Left & Right Heart, Stent Placement	6	Cath Lab Report
Angiography	Stent Placement, Aortogram with runoff, Declot Fistula, Dialysis Fistula	8	Procedure Report
Surgical	Include claims from simple to complex surgeries, multiple procedures, bilateral and unilateral services	8	Surgical Report and HIM Abstract Worksheet
Chemotherapy	Multiple infusions, hydration, clinical visits, injections	4	Nursing Notes
Observation	Emergency Room observation admits, direct admit from a physician office	4	Physician Notes, orders and Nursing Notes
Emergency Room	Critical care, surgical procedures, blood transfusion, IV infusions, injections	5	Physician and Nursing Notes, transcribed dictation, radiology reports, ER level assignment form
Blood Transfusion	If not available as standalone claims, provide claims from other areas i.e., ER	3	Nursing Notes
Rehab – PT, OT, Speech	Claims from each modality with evaluation and therapy charges	4	Therapist notes

Charge Master Audit Process - Comprehensive

Phase IV – Claim review (continued)

Number of claims by type and supporting documentation (continued)

Outpatient Claim Type	Description	Minimum Number of Claims	Supporting Documents
Diagnostic Imaging	Claims from each: Radiology, CT, Nuclear Medicine, Mammography, MRI, Ultrasound	12	Radiology Reports
Wound Care	Include 2 claims from each: new office visit, recurring visit, graft, debridement, hyperbaric oxygen therapy	6	Nursing Notes
Clinical Lab	Multiple tests on a single claim	4	Lab Information System listing
IV Infusions	Hydrations, Infusions and Injections	6	Nursing Notes
OB Outpatient, Labor check	Non Stress tests, monitoring, IV Therapy	4	Nursing Notes
Smoking Cessation	Complete course of care	2	Procedure Notes
Medical Nutritional Therapy	Diabetes self management training	4	Procedure Notes
Sleep Lab	Complete overnight study, CPAP titration, home studies	4	Procedure Notes
Pulmonary Rehab	Complete course of care	2	Procedure Notes
Cardiac Rehab	Complete course of care	2	Procedure Notes
Total Minimum Number of Claims		100	

Charge Master Audit Process - Comprehensive

Phase IV – Claim review (continued)

There are several reports which can be generated ad hoc by the User, with two different sort options.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Claim Evaluator 837 Claims 835 Remit - Pending Review 835 Remit - Marked For Review 835 Remit - Finalized 835 Remit - Archived

Test1 Group Admin Claim Report(s) Sort By: Patient Billing Acct No Delete Claim

Add New Claim Claim Analysis/Edit Claim Group Documents

Claim Type Patient Billing Acct No Service From

Search for Claim Search for Patient Billing Search for Service

Claim 1 123111 01/01/1800

Page 1 of 5 Displaying Claims 1 - 1 of 5

Claim Group Detail Report Excel Format Claim Group Detail Report - Sorted by Claim Type
 Claim Group Summary Report PDF Format Claim Group Detail Report - Sorted by Acct Number
 Error Code Summary By Claim Report
 Claims Marked for Review Report
 Claims Marked for Review Report - Summary

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Diagnosis ICD10 Procedure ICD10 Comments/Notes Claim Documents Transactions Summary

Original Data							Revised Data							Error	Late	Date						
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	Error Code	Late?	DOS	MUE	OCE Qty	LCD NCD	
	76641			2		\$600.00	\$0.00							\$600.00	\$0.00				2			
	76641			2		\$600.00	\$91.69							\$600.00	\$91.69				2			
	85025			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	4	1		
	92134			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	1			
	92225			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	2	1		
	97110			1		\$0.00	\$36.61							\$0.00	\$36.61				0	8		
	99204			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	1	5		
	j3300			1		\$0.00	\$3.72							\$0.00	\$3.72			09/26/12	160			
	J3490			1		\$0.00	\$0.00							\$0.00	\$0.00			09/26/12	0			
	0250			1		\$0.00	\$0.00							\$0.00	\$0.00							

Original Total Charges: \$1,200.00 Original Reimbursement Total: \$132.02 Revised Total Charges: \$1,200.00 Revised Reimbursement Total: \$132.02

Save Claim Run Reimbursement Add New Claim Detail Delete Selected Claim Detail(s) CCI Color Legend

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Charge Master Audit Process - Comprehensive

Phase IV – Claim review (continued)

The reports present all data elements, corrections and descriptions, in Detail or Summary view.

Claim Summary

Claim Summary

Patient Account: 123111 Dates of Service: 1/1/1800 - 1/1/1800
 Total Charges: 0.00 Claim Type: Claim 1

AWI: 1

Orig HCPCS	Rev HCPCS	Proc Code	Proc Desc	MUE	LCD/ NCD	OCE Qty	CCI	Orig Rev Code	Rev Rev Code	Orig MOD 1	Orig MOD 2	Rev MOD 1	Rev MOD 2	Orig Units	Rev Units	Date of Error Service Code	Orig Total Charges	Orig Reimb	Rev Reimb
76641														2			600.00	0.00	0.00
76641														2			600.00	91.69	91.69
85025				2		1								1		09/26/12	0.00	0.00	0.00
92134														1		09/26/12	0.00	0.00	0.00
92225				2	YES	1								1		09/26/12	0.00	0.00	0.00
97110				0	YES	8								1			36.61	36.61	36.61
99204				1	YES	5								1		09/26/12	0.00	0.00	0.00
J3300				0	YES									1		09/26/12	3.72	3.72	3.72
J3490				0	YES									1		09/26/12	0.00	0.00	0.00
								0250						1			0.00	0.00	0.00
Totals																	1,200.00	132.02	132.02

HCPCS/CPT CODES/DESCRIPTIONS

Code	Description
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; INITIAL
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG
J3490	UNCLASSIFIED DRUGS

ERROR CODES

Code - Description

MODIFIERS

Modifier - Description

DIAGNOSIS CODES

Original Code	Original Description	Revised Code	Revised Description

PROCEDURE CODES

Original Code	Original Description	Revised Code	Revised Description

Charge Master Audit Process - Comprehensive

Phase IV – Claim review (continued)

PARA will accept the claims in a number of formats:

1. Submission of claims from an electronic 837 file import (recommended method)
2. Submission of claims from an account header and transaction file, in addition to submitting the diagnosis ICD-9/ICD-10 and the billing HIM assigned HCPCS information and claims data, either in a data table or hard copy (paper) format
3. Submission of claims in hard copy (paper) format, extra charge to be billed for the keying of the claims

DE-IDENTIFY THE CLAIMS. PARA will use the patient control or account number in box #3 on the UB04 for the identifier.

Provide claims billed to Medicare, the review is based on Medicare billing guidelines.

Each claim needs to include the UB04 and Itemized Bill

Mail the paper portion of the claim review to:

Claim Review

PARA

Attn: Peter A. Ripper

4801 East Copa De Oro Drive

Anaheim, CA 92807

The data tables submitted for the claim review should be transmitted using the **PARA** secure file transfer process, the link is pasted below.

https://apps.para-hcfs.com/pde/documents/PARA_FileTransferUserGuide.pdf

If you have questions, please contact your Account Executive at (800) 999-3332.

Charge Master Audit Process - Comprehensive

Phase V– On-site discussion with Managers

PARA will conduct on-site interactive discussions with Department Managers to review all active charge line items for correct coding and descriptions, additional coding/charging opportunities, and hospital specific goals.

Memorandum

To: Directors and Department Managers

From:

Re: PARA On-site Visit

Date:

We have retained the services of PARA Healthcare Financial Services, a hospital financial consulting company to assist us in the review of our Charge Description Master, billing and charge compliance.

The review will focused on CPT/HCPCS codes, Medicare APCs, compliance with billing regulations, charge capture and pricing.

Peter Ripper, of PARA will be conducting on-site meetings with each Revenue Department Manager to review all charging, coding, compliance and billing issues.

_____ of my Staff will also be attending the meetings.

Peter is scheduled to be here on **(Date)** and **(Date)** to perform the on-site portion of the review. This engagement may require one or more meetings with you. The first set of meetings will be held in the **(Conference Room Name)** and will run from **(Beginning Time)** to **(End Time)**.

I have attached a list of departments and the amount of time Peter has estimated for the first meeting, based on each Department's complexity.

Please review the list and e-mail me with several times that you would be available. As you will see the Business Office will be the first meeting scheduled, the Department meetings will follow.

To prepare yourself for the meeting, please review your charges and codes, if you would like a charge listing from the PARA system, email Mary at mmcdonnell@para-hcfs.com with your department G/L numbers. Mary will assign you a login to the PARA system and give you access to the PARA Data Editor user's manual.

Charge Master Audit Process - Comprehensive

Phase V– On-site discussion with Managers (continued)

Memorandum (continued)

Please bring the following to your meeting; these items will assist Peter in understanding your charge process.

- Any charge sheets or process that you may utilize
- Copies of any claims, bills or regulations that are of a concern
- Pricing worksheets or schedules (pharmacy and materials)

Additionally, please be prepared to discuss any coding, compliance and pricing issues that are of concern.

Please invite any member of your Staff to attend the meeting that is involved in the charge process.

Charge Master Audit Process - Comprehensive

Phase V– On-site discussion with Managers (continued)

Memorandum (continued)

Date

Department Meetings - Time Requirements (in hours)

Department	Hrs
Business Office <ul style="list-style-type: none"> • First meeting of the visit • Review of current issues – this will help frame the remainder of the meetings 	1
Cardiology – EEG, EKG, Echocardiography, Cardiac Rehab	1
Emergency Room - Trauma	1
Inpatient Daily Hospital Services	1
Labor and Delivery	1
Laboratory – Pathology – Blood Bank	1.5
Materials – Medical /Surgical Supplies	1
Outpatient / Ambulatory Nursing Services	1
Pharmacy	1
Radiology – Diagnostic, Ultra Sound, MRI, CT, Nuclear Med, Fluoroscopy, Mammography, Interventional Procedures	2
Rehab Services – Physical Therapy, Occupational Therapy, Speech	1
Respiratory Therapy / Pulmonary Function / Sleep Lab	1
Surgical Services – Operating Room	1
Women’s Center	1
Please add any additional Departments	1

Charge Master Audit Process - Comprehensive

Phase VI – Checking pricing against fee schedule and APC

The **Filters Tab** within the **PDE** contains a number of different views/filters to review prices against various fee schedules and APC reimbursement extracted from Medicare claim data.

The available pricing filters are as follows:

1. Price below clinical lab fee schedule
2. Price below Professional Fee schedule
3. Price below DME fee schedule
4. Price below APC Status T, Q1, Q2, Q3
5. Price below APC Status S
6. Price below APC Status X

The market pricing filters contain the most current peer market pricing data available, the market prices are always up to date for every User within the **PDE**.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies **Filters** CDM Calculator Advisor Admin RAC CAT PARA

Coding Filters

2016 Code Map Update
 Invalid
 Invalid - CPT Only
 Invalid - HCPCS Only
 Invalid - Medicaid Only
 Unit of service - per ml/sq cm
 Compliance - Marked
 Compliance - Identified for Review
 Compliance - Modifiers
 CA Mcaid J3490 ID for Review

Segments: ▼

Recommended Changes Or And
 All Approved Not Approved

Changed By: Online Adv2686 Or And

Comment By: pripper Or And

Pharmacy - Self Admin Drugs - MAC Specific: NGS ▼

Status: APC Status ▼

Service: Allergy ▼

Quantity: With Without

Search for Codes and Descriptions Or And Excl

HCPCS/CPT Codes:

UB Codes:

Description:

Procedure:

Modifiers:

OE Mnemonic:

Pricing Filters

Recommended Price Same CPT@ w/ Different Price

Relative To Market
 Below Average Below Midpoint Above High Market Inflator: %

Price Below Clinical Lab

Price Below Professional Fees
 Facility Non-Facility Facility & Non-Facility

Price Below DME

Price Below APC Status T, Q, Q1, Q2, Q3

Price Below APC Status S Price Below APC Status X

CDM

Single
 Department: All ▼

Sort By: Procedure Code ▼ Add Department:

Ascending Descending

View CDM By: Summary Detail Excel

Reports

Audit: Unit of service - per ml/sq cm ▼

Service: Allergy ▼

Dept:

- 4540 - Total Items: 00036 - BLOOD BANK
- 4560 - Total Items: 00009 - ECHOCARDIOLOGY
- 4570 - Total Items: 00454 - CARDIAC CATH SVCS
- 4590 - Total Items: 00009 - RADIOLOGY SERVICES
- 4593 - Total Items: 00008 - RADIOLOGY SERVICES
- 4620 - Total Items: 00007 - ELECTROENCEPHALOGRAP
- 4630 - Total Items: 00254 - RADIOLOGY-DIAGNSTIC
- 4640 - Total Items: 00044 - RADIOLOGY-THERAPEUTI
- 4641 - Total Items: 00024 - BRACHYTHERAPY
- 4650 - Total Items: 00121 - NUCLEAR MEDICINE

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Charge Master Audit Process - Comprehensive

Phase VII - Reporting and implementing updates

There are a number of different reporting filters available; the User can “build” a report using a number of filters, with logic to include, exclude or “find” exact matches.

Upon assigning a filter the User will then create the CDM by clicking on the **CDM** tab.

The screenshot shows the PARA Data Editor interface with the following sections:

- Navigation:** Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, PARA.
- Coding Filters:**
 - 2016 Code Map Update
 - Invalid
 - Invalid - CPT Only
 - Invalid - HCPCS Only
 - Invalid - Medicaid Only
 - Unit of service - per ml/sq cm
 - Compliance - Marked
 - Compliance - Identified for Review
 - Compliance - Modifiers
 - CA Mcaid J3490 ID for Review
- Segments:**
 - Recommended Changes: Or And
 - All Approved Not Approved
 - Changed By: Online Adv2686 Or And
 - Comment By: pripper Or And
 - Pharmacy - Self Admin Drugs - MAC Specific: NGS
 - Status: APC Status
 - Service: Allergy
 - Quantity: With Without
 - Search for Codes and Descriptions: Or And Excl
 - HCPCS/CPT Codes:
 - UB Codes:
 - Description:
 - Procedure:
 - Modifiers:
 - OE Mnemonic:
- Pricing Filters:**
 - Recommended Price Same CPT® w/ Different Price
 - Relative To Market
 - Below Average Below Midpoint Above High
 - Market Inflater: %
 - Price Below Clinical Lab
 - Price Below Professional Fees
 - Facility Non-Facility Facility & Non-Facility
 - Price Below DME
 - Price Below APC Status T, Q, Q1, Q2, Q3
 - Price Below APC Status S Price Below APC Status X
- CDM:**
 - Single:
 - Department: All
 - Sort By: Procedure Code Add Department:
 - Ascending Descending
 - View CDM By: Summary Detail Excel
- Reports:**
 - Audit: Unit of service - per ml/sq cm Create PDF
 - Service: Allergy Create Service Line PDF
 - Dept:
 - 4540 - Total Items: 00036 - BLOOD BANK
 - 4560 - Total Items: 00009 - ECHOCARDIOLOGY
 - 4570 - Total Items: 00454 - CARDIAC CATH SVCS
 - 4590 - Total Items: 00009 - RADIOLOGY SERVICES
 - 4593 - Total Items: 00008 - RADIOLOGY SERVICES
 - 4620 - Total Items: 00007 - ELECTROENCEPHALOGRAP
 - 4630 - Total Items: 00254 - RADIOLOGY-DIAGNSTIC
 - 4640 - Total Items: 00044 - RADIOLOGY-THERAPEUTI
 - 4641 - Total Items: 00024 - BRACHYTHERAPY
 - 4650 - Total Items: 00121 - NUCLEAR MEDICINE

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The User then has options on how the report is to be sorted (procedure code, HCPCS / CPT® code, gross revenue, charge description) and reported (PDF or Excel) in summary view or detail view.

The screenshot shows a list of charges with a sorting menu open. The list includes:

Item	Code	Description	Rate	Unit	Code	Description	Rate
3	4770 - 08400902	ASSISTED W/2 THERAPISTS 10MIN	144	64.00	97799	X3904	97799
4	4770 - 08401100	PULMONARY REHAB EVAL 15 MIN	92	104.00	97750GP	X3920	97750

The sorting menu is open, showing options: Quantity, Proc Code, Proc Desc, Revenue(Qty*Price), Default HCPCS/CPT Cod, OE Mnemonic.

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Charge Master Audit Process - Comprehensive

Phase VII- Reporting and implementing updates (continued)


The User also has options on how the codes are to be implemented within the hospital information system.

PARA provides a service to update the codes and prices using Boston Workstation, utilizing a remote connection.

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

PARA Healthcare Financial Services - Hospital Systems Interfacing Capabilities [Go Back](#)



PARA Healthcare Financial Services has expanded upon our systems data integration capabilities by establishing electronic links to major clearing houses and adding the capabilities for processing Electronic Data Interchange file formats, HL7 messages as well as automated scripting capabilities. Here you will find a brief explanation of some of the types of messages being transmitted and how they are being utilized within the PARA Data Editor.

Development Roadmap			
EDI Transaction Set	Description	PARA - PDE Applications	Implementation Status
270	Eligibility, Coverage or Benefit Inquiry	Quote A Price, Widget	Currently available in the Quote A Price tab for real time EDI inquiries
271	Eligibility, Coverage or Benefit Information	Quote A Price, Widget	Currently available in the Quote A Price tab for real time EDI inquiries
837	Health Care Claim	Claim Evaluator	Currently available in the Charge Maintenance - Claim Evaluator tab for audit of charge process
835	Health Care Claim Payment / Advice	Contract Management, Denial Analysis	Currently available in the Charge Maintenance - Remittance tab
269	Health Care Benefit Coordination Verification: Used to transmit Health Care Benefit coordination information such as claim identification and previous payment from one Health Care Payer to another and report the positive or negative acknowledgment of payments.	Quote A Price - Pre-Cert	In development cycle
Boston Workstation		Quote A Price (Eligibility Information) HIS Interfacing,	Currently PARA can update Meditech, McKesson, and HMS.

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PARA can also format a file for hospital upload with the specific header and trailer data elements assigned within the file.