

Charge Master Audit Process - Desk Review

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.

The desk review can be expanded with an “on-site review” to meet with each of the Revenue Department Managers and complemented with a “Claim Review” and on-site visit.

There are 5 phases to the **PARA Charge Master Desk Review** process:

1. Checking Invalid HCPCS and Revenue Codes
2. Checking Line Items for Charge Compliance and Modifiers
3. Checking Valid Code Assignment
4. Checking pricing against fee schedule and APC
5. 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.

EDI INGENIX
ASCDX12 availability

PARA File Transfer

Date Title
Enter Title Search Criteria Here

Date	Title
03/28/2016	Noridian Medicare Jurisdiction F Part B -MolDX: Breast Cancer Assay: Pro...
03/28/2016	Noridian Medicare Jurisdiction F Part B -Use of the AT modifier for Chiropr...
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 Reproc...
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

Charge Master Audit Process - Desk Review

All queries 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.

CDM Detail											CDM Summary		Replacement / Explode Codes	
CDM Detail											CDM Summary		Replacement / Explode Codes	
CDM Detail											CDM Summary		Replacement / Explode Codes	
CDM: 3/1/2015, NDC: 10/1/2014, Cost: 1/1/1900											Department: 4570 - Items: 127 of 454		With Quantity	
Quantity Date Range: 7/1/2012 to 6/30/2013														
	Procedure Code	QTY	O/P \$	Market							Rx / Supply			
1	Billing Description	O/P \$	I/P \$	High	HCPCS	CAID	CPT	OTHER	UB0FLT	Orig U Mult	App	Compliance		
2	Technical Description	IP \$	ED \$	Avg						New U Mult	Inactive			
3	NDC / UPN	ASC \$	Ovr Rd \$	Low						AWP	Flag			
4	Reimbursement	Eff Date	CCM	Midpoint						Unadj WAC				
5	APC Status	OE \$								Acq Cost				
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Charge Master Audit Process - Desk Review

Phase I – Checking Coding

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 Help

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 ripper 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, 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
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 - CARDIOLOGY SERVICES
4593 - Total Items: 00008 - CARDIAC REHABILITATI
4620 - Total Items: 00007 - ELECTROENCEPHALOGRA
4630 - Total Items: 00254 - RADIOLOGY-DIAGNOSTIC
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 - Desk Review

Phase I – Checking Coding (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 codes series.
8. **ED, Urgent Care and other 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.
11. **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.

Charge Master Audit Process - Desk Review

Phase II - Checking 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 - Desk Review

Phase III – Checking coding 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 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, 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
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4641 - Total Items: 00024 - BRACHYTHERAPY
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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 - Desk Review

Phase IV – 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 pricing data 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]

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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 Help

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Pharmacy - Self Admin Drugs - MAC Specific NGS

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Service Allergy

Quantity With Without

Search for Codes and Descriptions Or And Excl

HCPSC/CPT Codes:
UB Codes:
Description:
Procedure:
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Pricing Filters

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CDM

Single
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Sort By: Procedure Code Add Department:
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Charge Master Audit Process - Desk Review

Phase V - 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**.

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
Help

Coding Filters

2016 Code Map Update
 Invalid
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 Invalid - HCPCS Only
 Invalid - Medicaid Only
 Unit of service - per ml/sq cm
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Segments:

Recommended Changes Or And
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Changed By Or And
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Pharmacy - Self Admin Drugs - MAC Specific Or And

Status **APC Status** Or And

Service Or And

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, O, Q1, Q2, Q3

Price Below APC Status S Price Below APC Status X

CDM

Single
 Department: Or And

Sort By: Add Department: Ascending Descending Clear All Filters

View CDM By: Summary Detail Excel

Reports

Audit: Create PDF

Service: Create Service Line PDF

Dept:
 4560 - Total Items: 00009 - ECHOCARDIOLOGY
 4570 - Total Items: 00454 - CARDIAC CATH SVCS
 4590 - Total Items: 00009 - CARDIOLOGY SERVICES
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 4641 - Total Items: 00024 - BRACHYTHERAPY
 4650 - Total Items: 00121 - NUCLEAR MEDICINE

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) summary or detail.

3	4770 - 08400902 ASSISTED W/2 THERAPISTS 10MIN	144 64.00	97799 X3904 97799 -	Quantity Proc Code Proc Desc Revenue(Qty*Price) Default HCPCS/CPT Code OE Mnemonic
	A - Not Paid Under OPPS. Paid by FI. MM/DD/YYYY		97799 - Physical medicine procedure X3904 - PHY THER SGL PROC ONE AREA INI 30 MIN Extended Descriptions...	
4	4770 - 08401100 PULMONARY REHAB EVAL 15 MIN	92 104.00	97750GP X3920 97750 Inactivate	

Charge Master Audit Process - Desk Review

Phase V - Reporting and implementing updates

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 access 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.