

PARA Revenue Integrity Program

The goal of the **PARA Revenue Integrity Program (PRIP)** is to audit and enhance each aspect of the revenue cycle process to ensure that all appropriate revenue is created, captured, coded, priced and paid correctly within compliance guidelines.

Due to the current reduction in reimbursement and utilization, hospitals need to gain efficiencies; the **PRIP** will allow your hospital to dedicate Staff and resources to areas which will provide a greater return.

The **PRIP** will also integrate your Department Managers into the revenue cycle to make them active participants in charge creation, capture and reimbursement.

There are 5 components to the Program

1. **Claim audit – charge capture, coding and compliance**
2. **Pricing – market based pricing with a relationship to fee schedules or cost**
3. **Charge Master – code review and maintenance**
4. **Compliance – HIM / Business Office assigned codes and modifiers**
5. **Revenue Management Committee – oversight, governance and guidance**

The **PARA Data Editor (PDE)** is utilized in every aspect of the **PRIP**.

PARA Data Editor (PDE) Interface:

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

Left Sidebar (Hospital Selection):

- 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: **1/1/2013 to 6/30/2013**
- Quantity Date Range: **1/1/2013 to 6/30/2013**
- FY End Date: **1/1/2013 to 6/30/2013**
- 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**

Right Pane (Article List):

| Date | Title |
|------------|--|
| 01/24/2016 | NGS Jurisdiction B DME MAC -- Competitive Bidding: KG Modifier |
| 01/24/2016 | HHS.GOV.OIG: Not All of the Washington Marketplace's Internal Controls ... |
| 01/24/2016 | HHS.GOV.OIG: North Dakota Correctly Claimed Federal Reimbursement f... |
| 01/24/2016 | HHS.GOV.OIG: Montana Correctly Claimed Federal Reimbursement for M... |
| 01/24/2016 | First Coast eNews: Part A -- General -2016 Part A outpatient rehabilitation ... |
| 01/24/2016 | First Coast eNews: Part A -- General -2016 Part A outpatient rehabilitation ... |
| 01/24/2016 | First Coast eNews: Part A -- General -2016 Part A outpatient rehabilitation ... |
| 01/24/2016 | First Coast eNews: Part A -- General -2016 Part A mammography schedul... |
| 01/24/2016 | First Coast eNews: Part A -- General -2016 Part A mammography schedul... |
| 01/24/2016 | First Coast eNews: Part A -- General -2016 Part A mammography schedul... |
| 01/24/2016 | First Coast eNews: Part B -- General -Physician requirement for certifying ... |
| 01/24/2016 | First Coast eNews: Part B -- General -Physician requirement for certifying ... |
| 01/24/2016 | First Coast eNews: Part A&B -- EDI -Medicare fee-for-service companion g... |
| 01/24/2016 | First Coast eNews: Part A&B -- ICD-10-Additional ICD-10 diagnosis codes ... |
| 01/24/2016 | First Coast eNews: Part A -- General -New drug testing laboratory codes e... |
| 01/24/2016 | First Coast eNews: Part B -- General -Denial reason code FAQs |
| 01/24/2016 | First Coast eNews: Part B -- General -Medicare billing certificate programs |
| 01/24/2016 | First Coast eNews: Part B -- General -Computed tomographic angiography of the che... |
| 01/24/2016 | First Coast eNews: Part B -- General -Visual field examination -- revision t... |
| 01/24/2016 | First Coast eNews: Part B -- General -Vitamin D; 25 hydroxy, includes fract... |
| 01/24/2016 | First Coast eNews: Part B -- General -First Coast's LCD and procedure to ... |
| 01/24/2016 | CMS Special Open Door Forum: Understanding the IMPACT Act-Measure ... |
| 01/23/2016 | OSHPD Healthcare Information Division -Third Quarter 2015 Hospital Fina... |

Footer: Page 1 of 663 Displaying Articles 1 - 23 of 15227

PARA Revenue Integrity Program

Claim audit – charge capture, coding and compliance

There are disparate data elements which flow together to create a patient claim-the goal of the claim review is to audit and reconcile as many data elements within the claim back to the originating source. The claim review will trace the following items from the claim to the medical record, departmental worksheets or remittance advices.

1. HIM coded surgical procedures
2. Separately billable nursing procedures
3. Supplies – charge capture, codes and compliance of charges
4. Drugs - codes and unit multipliers
5. Determination of the evaluation and management levels for emergency and clinic visits
6. Business Office / HIM assigned modifiers
7. Payments and denials

Claims are processed into the **PDE** using the **Claim/RA Evaluator tab**; the claims are either loaded by processing data tables within the **PDE** (header and transaction tables), EDI 837 records or manual keying. The **PARA HIM Staff** will review the claims with the supporting documentation for reporting back to the Revenue Management Committee (**RM**C).

The members of the **RCM** have 24/7 access to all segments of the **PDE** for continuing review.

The screenshot displays the PARA Claim Evaluator software interface. At the top, there is a navigation bar with tabs: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, and PARA. The 'Claim/RA' tab is active, showing sub-tabs: Claim Evaluator, 837 Claims, 835 Remit - Pending Review, 835 Remit - Marked For Review, 835 Remit - Finalized, and 835 Remit - Archived. Below this, there are search and filter options, including 'NewTest', 'Group Admin', 'Claim Report(s)', 'Sort By: Patient Billing Acct No', and 'Delete Claim'. The main area shows a table with columns for Claim Type, Patient Billing Acct No, Service From, Service Through, Total Charges, Mark for Review, HCPCS, and Rev Code. A search bar is present above the table. Below the table, there are tabs for Claim Form, Transactions, Diagnosis ICD9, Procedure ICD9, Diagnosis ICD10, Procedure ICD10, Comments/Notes, Claim Documents, and Transactions Summary. The 'Claim Form' tab is active, showing a table with columns for Original Data and Revised Data. The table contains several rows of data, including charges and reimbursements. At the bottom, there is a summary section with fields for Original Total Charges, Original Reimbursement Total, Revised Total Charges, and Revised Reimbursement Total. The bottom bar contains buttons for Save Claim, Run Reimbursement, Add New Claim Detail, Delete Selected Claim Detail(s), and CCI Color Legend.

| 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 | | | | | | | | | |
| | 71020 | | | 1 | | \$0.00 | \$59.34 | | | | | | | \$0.00 | \$59.34 | | | 02/01/14 | 0 | 4 | | | | | | | | | | | |
| | 93005 | | | 1 | | \$0.00 | \$0.00 | | | | | | | \$0.00 | \$0.00 | | | 02/01/14 | 3 | 4 | | | | | | | | | | | |
| | 93017 | | | 1 | | \$0.00 | \$0.00 | | | | | | | \$0.00 | \$0.00 | | | 02/01/14 | 1 | 2 | | | | | | | | | | | |
| | 93351 | | | 1 | | \$0.00 | \$594.20 | | | | | | | \$0.00 | \$594.20 | | | 02/01/14 | 1 | | | | | | | | | | | | |
| | 94640 | | | 1 | | \$0.00 | \$0.00 | | | | | | | \$0.00 | \$0.00 | | | 02/01/14 | 10 | 1 | | | | | | | | | | | |
| | g0202 | 52 | | 1 | | \$0.00 | \$120.92 | | | | | | | \$0.00 | \$120.92 | | | | 1 | 10 | | | | | | | | | | | |
| | g0204 | 52 | | 1 | | \$0.00 | \$146.17 | | | | | | | \$0.00 | \$146.17 | | | | 2 | 10 | | | | | | | | | | | |
| | J1250 | | | 1 | | \$0.00 | \$0.00 | | | | | | | \$0.00 | \$0.00 | | | 02/01/14 | 0 | | | | | | | | | | | | |

Original Total Charges: \$0.00 Original Reimbursement Total: \$920.63 Revised Total Charges: \$0.00 Revised Reimbursement Total: \$920.63

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

PARA Revenue Integrity Program

Pricing – market based pricing with a relationship to fee schedules or cost

Pricing is critical to revenue cycle success; the **PARA Market Based Pricing Program** is a sub-component of the **PRIP**.

The goal of the **MBPP** is to identify line items in the charge master which have negative patient satisfaction due to high prices, identify gross margin improvement opportunities due to low prices and to establish a rational pricing methodology by setting prices based on fee schedule, APC, cost or competitive market pricing data. There are seven steps in the **PARA** pricing process:

1. Interview with hospital finance administration to determine goals of the process
2. Assessment of competitive market pricing data, creation of “max” iteration
3. Loading of the managed care contract matrix into the **PDE Contracts tab**
4. Refinement of iteration parameters, processing of multiple iterations
5. Quality review, rounding and smoothing
6. Implementation
7. Follow-up

PARA Market Based Pricing Program

The screenshot displays the PARA Market Based Pricing Program interface. At the top, a navigation bar includes tabs for Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, and PARA. The 'Pricing' tab is active.

The main window features a table of pricing iterations with columns: Pricing Iteration Name, Creator, Last Executed, Market Target, Raise Non Market, Upper Limit, and Status. The table lists several iterations, including TestPct (ID:8289), Test (ID:8273), TestImpStore (ID:8272), TestPricing (ID:7999), Test (ID:7981), TestPricing (ID:7974), TestGrossPricing (ID:7972), and TestHilararchumCdn (ID:7973). All iterations are marked as 'Iteration Processed'.

Below the table, there are buttons for 'Remove' and 'Cancel Iteration'. A 'Pricing Iteration Name' field is present, along with a 'Gross Pricing?' checkbox and an 'Iteration Date Range' field (set to 2746 Test Max End Date: 01/01/2014).

The 'Market Target' section includes radio buttons for 'Midpoint', 'Average', and 'Percentile', and a 'Market Inflator' field (set to 1%). The 'Raise Non Market' field is set to 50%.

The 'Revenue Stream' dropdown is set to 'Anesthesia Professional'. The 'Type' and 'Value' table shows: Market Target (Midpoint), Lower Limit, Base CDM Date (03/01/2015), and Date Range (01/01/2013 - 01/01/2014).

A 'Remove' button is located below the table. At the bottom, there are 'Clear', 'Save', and 'Execute...' buttons.

A 'Pricing Summary (Click here for Guide)' panel is open, showing various summary and detail sections: Annualized, Comparative Impact Analysis, Department Summary, Payer Summary, Procedure Detail, Stop Loss Payer Summary, Stop Loss Account Detail, Claim Cap Payer Summary, Claim Cap Account Detail, Patient Type Map, Insurance Plan Settlement Report, Master Settlement, Comprehensive Pricing, and Claim Detail. The 'Annualized' checkbox is checked. The 'Procedure Detail' section has 'Changes Only' and 'By Dept/Mgr' checkboxes. The 'Insurance Plan Settlement Report' section has an 'Insurance Mnemonic/Plan' field. The 'Master Settlement' section has a 'With Procedure Detail' checkbox. The 'Comprehensive Pricing' section has a 'View Report(s)...' button.

The right side of the interface includes a 'Refresh' button, a 'Setup Pricing' button, and an 'Import Pricing Iteration' button. There are also fields for '752 Chgs Online' and 'Price Categories' (set to 'Default').

PARA Revenue Integrity Program

Pricing – market based pricing with a relationship to fee schedules or cost (continued)

As a part of the annual pricing process, **PARA** will reset the pharmacy and materials mark-up schedules.

The **Rx / Supplies** tab within the **PDE** is utilized for this review.

PARA has the ability to price drugs on any cost basis or Wholesale Acquisition Cost, supplies are commonly priced on the basis of cost.

The tab also contains a process for researching pharmacy NDC codes and supply CMS “C” codes.

The **Rx / Supplies** tab also allows Department Managers a resource to price charge description master additions and changes utilizing the hospital specific mark-up schedule.

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

Pharmacy Supplies

Establish Schedule

Default Query Schedule

Proposed-Pharmacy Markup- Apr 2015 v2 -AWP/Client

NDC Lookup

Enter NDC Code Acquisition Cost

Go

Select a category from the Default Query Schedule

AWP

Hospital Charge Description

FDB Drug Name

FDB Route

Multiplier Add On Fee Patient Charge

Financial Analysis

Comparison Schedule

Proposed-Pharmacy Markup- Apr 2015 v3 -AW

Go

Avg Charge - all items

11,283,983.85

Avg Charge - all items

11,283,983.85

Avg Charge - all items w/ ACQ

10,552,490.19

Avg Charge - all items w/ ACQ

10,552,490.19

ACQ Markup - all items w/ ACQ

10,388,939.37

ACQ Markup - all items w/ ACQ

11,088,823.37

View Excel Comparison Report / View Excel Detail Report

View All Schedules

Proposed-Pharmacy Markup- Apr 2015 v2 -AWP/Client Routes

| Category | Low | High | Minimum Adj Multiplier | Fixed Add On | Dose Adj |
|----------|------|------------|------------------------|--------------|----------|
| AWP | 0.01 | 999,999.99 | 0.00 | 1.000 | 0.00 |
| AWP IV | 0.01 | 999,999.99 | 0.00 | 1.000 | 0.00 |
| CHEMO | 0.01 | 999,999.99 | 0.00 | 2.250 | 150.00 |
| CHEMO-IV | 0.01 | 999,999.99 | 0.00 | 2.250 | 150.00 |
| CPIR | 0.01 | 999,999.99 | 0.00 | 3.250 | 57.50 |
| CP | 0.01 | 999,999.99 | 0.00 | 2.750 | 10.00 |
| CPLV | 0.01 | 999,999.99 | 0.00 | 3.250 | 57.50 |

Proposed-Pharmacy Markup- Apr 2015 v3 -AWP/Client Routes

| Category | Low | High | Minimum Adj Multiplier | Fixed Add On | Dose Adj |
|----------|------|------------|------------------------|--------------|----------|
| AWP | 0.01 | 999,999.99 | 0.00 | 1.000 | 0.00 |
| AWP IV | 0.01 | 999,999.99 | 0.00 | 1.000 | 0.00 |
| CHEMO | 0.01 | 999,999.99 | 0.00 | 2.250 | 150.00 |
| CHEMO-IV | 0.01 | 999,999.99 | 0.00 | 2.250 | 150.00 |
| CPIR | 0.01 | 999,999.99 | 0.00 | 3.250 | 76.50 |
| CP | 0.01 | 999,999.99 | 0.00 | 2.750 | 10.00 |
| CPLV | 0.01 | 999,999.99 | 0.00 | 3.250 | 76.50 |

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PARA Revenue Integrity Program

Charge Master – code review and maintenance

With the emergence of codes as the basis for almost all forms of reimbursement, charge master coding and maintenance has become a daily chore.

The **PARA HIM Staff** will review Medicare, Medicaid and Workers Comp code changes on a monthly basis and update the charge master where required, any changes which impact the charge creation and capture process will be reviewed in the monthly **RMC**.

The **PDE** will become the focal point for the charge master review, and the updates and changes will be available 24/7 for Manager review and comment. The **PDE** will also provide the Department Manager a one stop view of many different data elements within the revenue cycle.

1. Billing and technical descriptions
2. Pharmacy unit of service multipliers
3. Order entry mnemonics
4. Charge, cost and reimbursement
5. Summary market pricing data
6. CCI, LCD and NCD indicators

| 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 | | | | | | | | | | | |
| CDM: 3/1/2015, NDC: 10/1/2014, Cost: 1/1/1900 Department: All - Items: 4 of 20752 With Quantity, HCPCS/CPT Code: 99281,99282,99283 | | | | | | | | | | | |
| Quantity Date Range: 1/1/2013 to 6/30/2013 | | | | | | | | | | | |
| Procedure Code Billing Description Technical Description NDC / UPN Reimbursement APC Status OC Mnemonic-Active-Charge Edit... | QTY OIP \$ IIP \$ ED \$ ASC \$ Ovr Rd \$ Eff Date CCM OE \$ | Market High Avg Low Midpoint | HCPCS | CAID | CPT | OTHER | UBDFLT | Rx / Supply Orig U Mult New U Mult AWP Unadj WAC Acq Cost Client Cat | Compliance App Inactive Flag | | |
| 1 4010 - 08811000 ER LEVEL 1 - 59.30 APC J2 - Paid by OPPS; Add B displays APC. - MM/DD/YYYY 0.0624 | 434 262.00 - - - - - 0.0624 - | 597 420 305 509 | 99281 | Z7502 | 99281 99211 | - | 0450 0450-Emergency Room - General Classification | - - - - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Extended Descriptions: Comment: CPT Update 2013: Code Revised (99281) Revised: EMERGENCY DEPT VISIT | | | | | | | | | | | |
| 2 4010 - 08811014 LEVEL 2 W MD/NURSE PROCEDURE - 109.50 APC J2 - Paid by OPPS; Add B displays APC. - MM/DD/YYYY 0.0831 | 4,435 726.00 - - - - - 0.0831 - | 1,186 857 396 1,022 | 9928225 | Z7502 | 9928225 | - | 0450 0450-Emergency Room - General Classification 25-SIGNIFICANT, SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN ON THE SAME DAY OF THE PROCEDURE OR OTHER SERVICE. | - - - - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Extended Descriptions: Comment: CPT Update 2013: Code Revised (9928225) Revised: EMERGENCY DEPT VISIT | | | | | | | | | | | |
| 3 4010 - 08811024 LEVEL 3 W MD/NURSE PROCEDURE - 195.98 APC J2 - Paid by OPPS; Add B displays APC. - MM/DD/YYYY 0.1179 | 5,702 1,221.00 - - - - - 0.1179 - | 2,169 1,378 677 1,773 | 9928325 | Z7502 | 9928325 | - | 0450 0450-Emergency Room - General Classification 25-SIGNIFICANT, SEPARATELY IDENTIFIABLE | - - - - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Extended Descriptions: Comment: CPT Update 2013: Code Revised (9928325) Revised: EMERGENCY DEPT VISIT | | | | | | | | | | | |
| Page 1 of 1 All Reports Sorting: Displaying CDM Items 1 - 4 of 4 | | | | | | | | | | | |

PARA Revenue Integrity Program

Charge Master – code review and maintenance (continued)

One of the main goals of the **PRIP** is to empower and unleash the entrepreneurial forces contained within each Department Manager. Managers are encouraged to update codes, prices and add services throughout the month, Managers are often frustrated by the slow pace of the current charge maintenance process.

The process within the **PDE** for initiating, approving and implementing changes to the charge master is the **Charge Process tab**.

The charge maintenance process provides a secure email centric creation, approval and implementation process for which the Managers can monitor the progress 24/7, if a charge maintenance item is “lingering” on a desk for approval, the Manager will know the point of delay and be able to take action.

The **PARA HIM Staff** will review and implement all changes within 48 hours of receipt, with email confirmation back to the originating Manager; all charge maintenance is accessible to the Manager impacted by the charge items 24/7.

The screenshot displays the PARA Charge Process tab interface. At the top, a navigation bar includes tabs for Select, Charge Quote, Charge Process (active), Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, and PARA. Below this, a sub-navigation bar shows Detail (active), Quick Add, and Charge Forms. The main form area includes fields for Pending Charges (a dropdown), Creator, Approve Only (checkbox), Action (dropdown), Eff. Date (01/01/16), and buttons for Approve, Deny/Inactivate, and Delete. A Refresh button is also present. The Search section shows Search AddB: 36415, Go, Charges: 36415 - collection of venous blood by venipuncture, and a dropdown for Weighted Average Price: 46.47. The Department is set to 3010 - Total Items: 00016 - MED/SURG INTENSIVE C, with an NDC field and a Search button. Procedures that already contain this charge are listed as 4010 - EMERGENCY SERVICES / 08810600 - BLOOD DRAW (Price: 50.60 / Qty: 9629). The Proc Code, Bill Desc (Routine venipuncture), and Tech Desc (Routine venipuncture) are entered. A table below lists CPT@ / HCPCS Segment, Indicator, Code, Revenue Segment, Indicator, Code, and Notes. The table has four rows: CPT@ (CPT, 36415, Default, UBDFLT, 0300), Medicare Outpatient (HCPCS, 36415, Outpatient, Part B), Medicaid (CAID), and Other (OTHER). The Code Description(s) section shows 36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE (Q4 - Packaged unless only labs on claim) and 0300 - Laboratory - General Classification. The bottom section includes expandable tabs for Details, G/L - O/E, and Replacement / Explode Codes. At the very bottom, there are buttons for Clear, Save and send first email alert, and Save only, along with Approval Chains (LeslieChain) and Current Approver (Leslie Ntarelli) fields, and a Re-Route button.

| CPT@ / HCPCS Segment | Indicator | Code | Revenue Segment | Indicator | Code | Notes |
|----------------------|-----------|-------|-----------------|-----------|--------|-------|
| CPT@ | CPT | 36415 | Default | UBDFLT | 0300 | |
| Medicare Outpatient | HCPCS | 36415 | Outpatient | | Part B | |
| Medicaid | CAID | | | | | |
| Other | OTHER | | | | | |

PARA Revenue Integrity Program

Charge Master – code review and maintenance (continued)

One of the many resources **PARA** brings to a hospital to support the revenue department Managers, Business Office and HIM staff is the **PDE Calculator**.

The **Calculator** provides 20 different resources accessible 24/7, with up to 5 years of history for CPT® / HCPCS codes and 25 years of CPT® Assistant.

- | | |
|---|---|
| 1. CPT® Codes | 13. CCI Physician Edits |
| 2. HCPCS / CPT® Codes | 14. CCI Medicaid Edits |
| 3. Professional Fees | 15. National Coverage Determination |
| 4. Medicaid / Workers Comp Fee Schedule | 16. Local Coverage Determination |
| 5. ASC Reimbursement | 17. Medicare Part B ASP Drug Payments |
| 6. DME Reimbursement | 18. NDC to J Code Crosswalk |
| 7. ICD9 Codes Diagnosis and Procedural | 19. Interventional Radiology Crosswalk |
| 8. ICD10 Codes | 20. CPT® Assistant – Newsletters & Articles |
| 9. DRGs | 21. HCPCS/CPT® to ICD9 Crosswalk |
| 10. Device Dependent Codes | 22. Quick Claim Evaluation |
| 11. Modifiers and Revenue codes | 23. National Provider ID database lookup |
| 12. CCI OPPS Edits | 24. UB-04 Data Specifications Manual |

Report Selection

1 Configure your report options: [Instructions](#)

HCPCS / CPT® Codes Report Options

Select State: or Enter Zip Code:
[Search Zip Code](#)

Select City:

Select Hospital:

Medicaid State:

Physicians Fee Schedule:

Clinical Lab Fee Schedule:

Local Coverage Determination Report Options

Select State or Region:

Select Contractor:

Codes and/or Descriptions: [Code > Keyword](#)

ICD9 Code (for LCD, HCPCS to ICD9):

☐ Check Here to execute Cross-Report Auto Load

[Click Here to save default selections](#)

[Click to review CMS: Reason Codes or Remark Codes](#)

[Click Here for CMS Advanced Search](#)

[Review the Payment Status Indicators for](#)

[Click Here to review the CMS Place of Service 2015](#)

[Click Here to download CMS PC Pricers](#)

2 Make your report selection(s): [PDE](#) [Calculator](#) ☐ Exclude Discontinued/Deleted Codes

☐ CPT® Codes: ☒ All ☐ Add ☐ Del. ☐ Rev. [Changes](#) [Guidelines](#) [Errata](#)

☐ HCPCS Codes Only: ☐ Q1 - All Codes ☒ All ☐ Added Only ☐ Deleted Only ☐ Beta

☐ Professional Fees: [View Localities by Counties](#)

☐ Medicaid or Workers Comp: ☒ Medicaid ☐ Workers Comp ☐ DRG

☐ ASC Reimbursement:

☐ DME Reimbursement: [View DME Data References](#)

☐ Clinical Lab Reimb.: ☐ QW listing [View CLIA](#)

☐ ICD9 Codes: ☒ Diagnosis ☐ Procedural [Guidelines](#)

☐ ICD10 Codes: [View PCS Code Structure](#) [ICD-10 Implementation Guide](#) [Guidelines](#)

☐ DRG Codes: [Use DRG Grouper](#) ☐ 2016 Table 5 ☐ APR DRG

☐ Device Codes Required for Procedure Codes in Device Dependent APCs

☐ Modifiers or Revenue Codes: ☒ Modifiers ☐ Rev Codes [Modifiers](#) [Genetic Testing](#)

☐ CCI Edits OPPS: ☒ v22.0, Jan-Mar 2016 ☐ v21.3, Oct-Dec 2015 ☐ 2016 NCCI Manual

☐ CCI Edits Physician: ☒ v22.0, Jan-Mar 2016 ☐ v21.3, Oct-Dec 2015

☐ CCI Edits Medicaid: ☒ Hospital Services ☐ Practitioner Services [CCI Edit Instructions](#)

☐ Nat'l Coverage Determination: ☒ Lab (HCPCS) ☐ Articles (NCD ID, Keyword)

☐ Local Coverage Determination: ☒ Policies (HCPCS, ICD10) ☐ Articles (Article ID, Keyword)

☐ Medicare Part B (ASP) Drug Payment Allowance Limits

☐ NDC to J Code Crosswalk [View SAD Drug Listings by MAC](#) [J-Code Chemo Admin](#)

☐ Interventional Radiology

☐ CPT® Assistant (Newsletters & Articles 1990-2013) [Click for Quick Access to updates](#)

☐ HCPCS/CPT® to ICD9 Lookup

☐ Quick Claim Evaluation: ☒ 2015 ☐ 2014 ☐ 2013 [Instructions](#)

☐ National Provider ID (NPI ID, Keyword): ☒ Organization ☐ Individual

☐ 2014 UB-04 Data Specifications Manual

PARA Revenue Integrity Program

Compliance – HIM / Business office assigned codes and modifiers

With the growth of RAC type audits, the quality and accuracy of claims is a financial requisite, the time, effort and penalties associated with a claim error are onerous.

The **PRIP** will assist and advise the HIM and Business Office in the correct application and use of codes and modifiers, the coding will be furthered reviewed on an ongoing basis with the claim audits.

The **PDE Advisory Tab** will also provide the Departments Managers a resource to access in regards to regulations and updates.

The most important part of the compliance process is the questioning of modifiers assigned without HIM review, or automatically by the charge master, again the claim review will bring these issues to the forefront.

On an annual basis **PARA** will audit the pharmacy NDC codes, J codes assignment and unit of service multiplier, which again have been a focus of audits.

| Select | Charge Quote | Charge Process | Claim/RA | Contracts | Pricing Data | Pricing | Rx / Supplies | Filters | CDM | Calculator | Advisor | Admin | RAC | CAT | PARA |
|--|--|----------------|----------|-----------|--------------|---------|-----------------------|-------------|------------|------------|----------|-------|-----|-----|------|
| Advisories | | | | | | | | | | | | | | | |
| Type | Summary | | | | | CR # | Supporting Docs | Filter Link | Audit Link | Issue Date | Bookm... | | | | |
| Filter By Type | Enter Summary Search Criteria Here | | | | | | | | | | | | | | |
| PARA Opinion | CMS to Hold Claims with G0477-G0483, 90630 | | | | | N/A | 1 Doc | | | 01/26/16 | | | | | |
| Med Learn | MM9442 - Medicare Benefit Policy Manual – Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Update - Chapter 13 | | | | | N/A | 1 Doc | | | 01/25/16 | | | | | |
| Medicaid | Oregon Health Authority Medicaid Rates for CMHP and AFH Facilities - January 2016 | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| Medicaid | Oregon Medicaid Newsletter - January 2016 | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| Transmittals | R634PI -Reviewers' Credentials, Notifying the Provider, CARC Code Update | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| Transmittals | R1595OTN -Issuing Continuing Compliance Letters to Specific Providers and Suppliers | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| Transmittals | R1593OTN -Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2016 | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| PARA Weekly Update | PARA Weekly Update January 22 2016 | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| Frequently Asked Que... | Q & A - EGD with Diwulafoy Lesion Treatment in ICD-10 | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| PARA Opinion | Implementation of New G-Codes for Home Health and Hospice Services | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| PARA Opinion | CMS Will Hold Processing for Outpatient Claims with Lab Codes G0477-G0483 or Flu Vaccine 90630 Until 4/4/2016 | | | | | N/A | 1 Doc | | | 01/22/16 | | | | | |
| PARA Opinion | OPPS Lab Service Billing and Reimbursement | | | | | N/A | 1 Doc | | | 01/21/16 | | | | | |
| Links | CMS MLN Provider Connects eNews January 21, 2016 | | | | | N/A | 1 Doc | | | 01/21/16 | | | | | |
| Med Learn | PO-Modifier-FAQ-1-19-2016.pdf | | | | | N/A | 1 Doc | | | 01/19/16 | | | | | |
| Medicaid | Nebraska Medicaid - CY2016 Primary Care Practitioners Advance Enhanced Payments Fee Schedule | | | | | N/A | 1 Doc | | | 01/18/16 | | | | | |
| Medicaid | UTAH Medicaid Newsletter January 2016 | | | | | N/A | 1 Doc | | | 01/18/16 | | | | | |
| Links | 2016 CMS Preventive Services Booklet | | | | | N/A | 1 Doc | | | 01/15/16 | | | | | |
| R97GI - Internet Only Manual (IOM) Publication 100-01 - General Information, | | | | | | | | | | | | | | | |
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PARA Revenue Integrity Program

Revenue Management Committee – oversight, governance and guidance

The key component to the **PRIP** is the Revenue Management Committee (**RMC**). The **RMC** is composed of the following:

1. Finance Administration
2. Business Office
3. Health Information Management
4. PARA Staff
5. Nursing Services
6. Surgical Services
7. Laboratory
8. Radiology
9. Pharmacy
10. Materials
11. Rehab Medicine
12. Cardiopulmonary

The goal of the **RMC** is to bring together the key “players” in the revenue cycle to resolve problems and develop processes.

The standing agenda of the **RMC** is as follows:

1. Review and acceptance of previous months minutes
2. Presentation of claim audit findings – insurance and patient requests
3. Claim denial presentation
4. Discussion of coding, billing and pricing issues
5. Current regulatory findings
6. Updates to the **PARA Data Editor**
7. Projects and focus for the month

The **PARA** HIM Staff will attend the **RMC** usually by conference call (GoTo Meeting), **PARA** will maintain the minutes of the meeting and coordinate activities.