

# Department Managers and the Revenue Cycle

The Department Manager has a key role in the revenue cycle; the basic responsibilities and points of concern for the Manager are as follows:

1. Are we charging for all items?
2. Are we charging the correct price?
3. Are we in compliance with our charges?
4. Are we in compliance with our codes?
5. How do we process code, pricing and charge description updates?

The PARA Data Editor has a number of resources to assist in supporting the Department Manager in this process.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

Hospital: Demonstration Hospital [Sales] CDM Date: 05/16/2011 (AutoStandard) - 8335 Chgs Online Department: 00 - Total Items: 00006 - Daily Hospital Service

Billing Indicators: Map Provider ID: 990001 State: CA Area Wage Index: 1 Physician Fee Schedule: REST OF CALIFORNIA Fiscal Intermediary / MAC: www.administar.com Quantity Date Range: 1/1/2011 to 1/1/2011 FY End Date: December

Account Exec: Violet Archuleta-Chiu 800-999-3332 x219 varchuleta@para-hcfs.com Tech Support: Richard Dirkes-Jacks 800-999-3332 x224 rdirkes-jacks@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  
**Memorial Health System (HOSP03)**  
City: ANYWHERE, CA Provider ID: 990003  
**Northwest Regional Hospital (HOSP04)**  
City: ANYWHERE, CA Provider ID: 990004  
**General Hospital (HOSP05)**  
City: ANYWHERE, CA Provider ID: 990005  
**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  
**Main Street Clinic (HOSP09)**  
City: ANYWHERE, CA Provider ID: 990009  
**Generic Northeast Healthcare (HOSP10)**  
City: ANYWHERE, CA Provider ID: 990010

**Hospital Downloads** **File Transfer** **Links** **PARA Process/Templates**

**Bulletin Board**

**May 17, 2011**

**Important Information for Institutional Providers Regarding the Billing of Codes for Preventive Services**

CMS has identified a Medicare claims processing system issue that is causing certain preventive services rendered in an institutional setting to be processed incorrectly. The following information provides the action that will be taken by Medicare claims administration contractors:

**Outpatient Hospitals**

§ Hospital Outpatient Prospective Payment System (OPPS) claims containing surgical procedure codes 10000-69999 with PT modifier submitted on type of bill (TOB) 13X with dates of service on or after Sat Jan 1, 2011, are being suspended due to deductible incorrectly being applied. Medicare contractors have been instructed to hold claims impacted by this problem. A software correction is scheduled for July 2011.

§ Hospital OPPS claims with dates of service on and after Sat Jan 1, 2011, containing Hepatitis B vaccine administration HCPCS (Healthcare Common Procedure Coding System) code G0010 are incorrectly receiving deductible and coinsurance. Medicare contractors have been instructed to hold claims impacted by this problem. A software correction is scheduled for July 2011.

§ Hospital outpatient (13X TOB) claims with dates of service on or after Sat Jan 1, 2011, containing HCPCS codes 90740, 90743, 90744, 90746, and 90747 are not being paid. Medicare contractors have been instructed to hold claims impacted by this problem until a correction is implemented. A software correction is scheduled for June 2011.

**Federally Qualified Health Centers (FQHC)**

§ FQHCs (77X TOB) claims with dates of service on and after Sat Jan 1, 2011, containing HCPCS codes G0402, G0389, G0436, G0437, Q0091, G0101, G0130, 77078, 77079, 77080, 77081, 77083, and 76977 are being processed and paid incorrectly due to coinsurance being incorrectly applied. Medicare contractors have been instructed to hold claims impacted by this problem until a correction is implemented. A software correction is scheduled for June 2011.

Copyright © 2011 Peter A. Ripper & Associates, Inc. | [webmaster@para-hcfs.com](mailto:webmaster@para-hcfs.com) | [Privacy Policy](#)  
CPT is a registered trademark of the American Medical Association

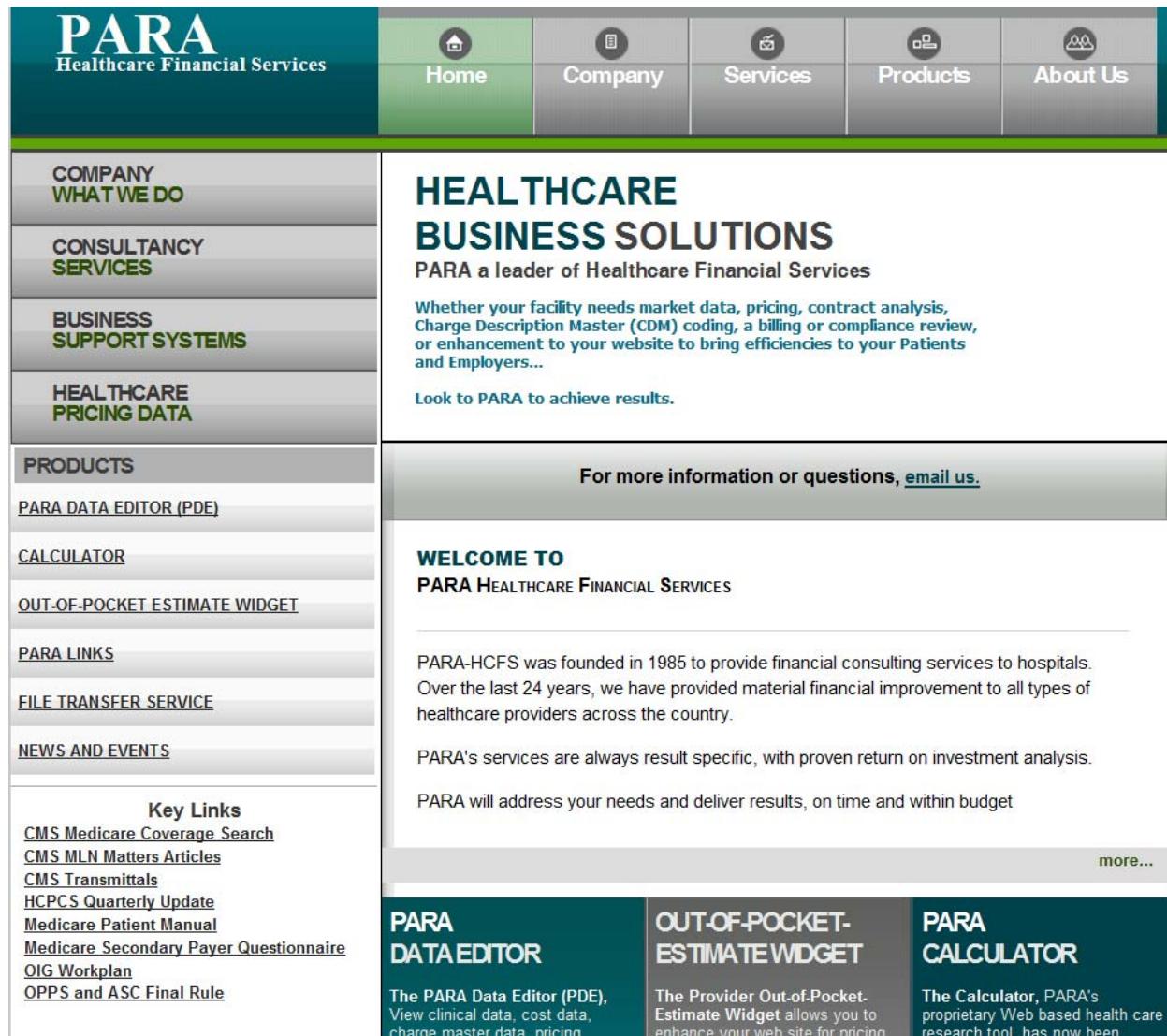
**EDI INGENIX availability** **myMedicalCosts.com™**

# Department Managers and the Revenue Cycle

## PARA Data Editor:

The PARA Data Editor can be accessed at the following URL:

[www.para-hcfs.com](http://www.para-hcfs.com)



The screenshot shows the PARA Healthcare Financial Services website. The header features the PARA logo and a navigation menu with icons for Home, Company, Services, Products, and About Us. The left sidebar contains links for Company (What We Do, Consultancy Services, Business Support Systems, Healthcare Pricing Data), Products (PARA Data Editor (PDE), Calculator, Out-of-Pocket Estimate Widget), and News and Events. The main content area is titled "HEALTHCARE BUSINESS SOLUTIONS" and describes PARA as a leader in Healthcare Financial Services. It highlights services like market data, pricing, contract analysis, and CDM coding. A call-to-action button says "For more information or questions, [email us.](#)". Below this is a "WELCOME TO PARA HEALTHCARE FINANCIAL SERVICES" section. The footer contains a "Key Links" section with CMS links and three callout boxes for PARA DATA EDITOR, OUT-OF-POCKET-ESTIMATE WIDGET, and PARA CALCULATOR.

**COMPANY WHAT WE DO**

**CONSULTANCY SERVICES**

**BUSINESS SUPPORT SYSTEMS**

**HEALTHCARE PRICING DATA**

**PRODUCTS**

[PARA DATA EDITOR \(PDE\)](#)

[CALCULATOR](#)

[OUT-OF-POCKET ESTIMATE WIDGET](#)

[PARA LINKS](#)

[FILE TRANSFER SERVICE](#)

[NEWS AND EVENTS](#)

**Key Links**

[CMS Medicare Coverage Search](#)

[CMS MLN Matters Articles](#)

[CMS Transmittals](#)

[HCPCS Quarterly Update](#)

[Medicare Patient Manual](#)

[Medicare Secondary Payer Questionnaire](#)

[OIG Workplan](#)

[OPPS and ASC Final Rule](#)

**HEALTHCARE BUSINESS SOLUTIONS**

PARA a leader of Healthcare Financial Services

Whether your facility needs market data, pricing, contract analysis, Charge Description Master (CDM) coding, a billing or compliance review, or enhancement to your website to bring efficiencies to your Patients and Employers...

Look to PARA to achieve results.

For more information or questions, [email us.](#)

**WELCOME TO**

PARA HEALTHCARE FINANCIAL SERVICES

PARA-HCFS was founded in 1985 to provide financial consulting services to hospitals. Over the last 24 years, we have provided material financial improvement to all types of healthcare providers across the country.

PARA's services are always result specific, with proven return on investment analysis.

PARA will address your needs and deliver results, on time and within budget

[more...](#)

**PARA DATA EDITOR**

The PARA Data Editor (PDE), View clinical data, cost data, charge master data, pricing

**OUT-OF-POCKET-ESTIMATE WIDGET**

The Provider Out-of-Pocket-Estimate Widget allows you to enhance your web site for pricing

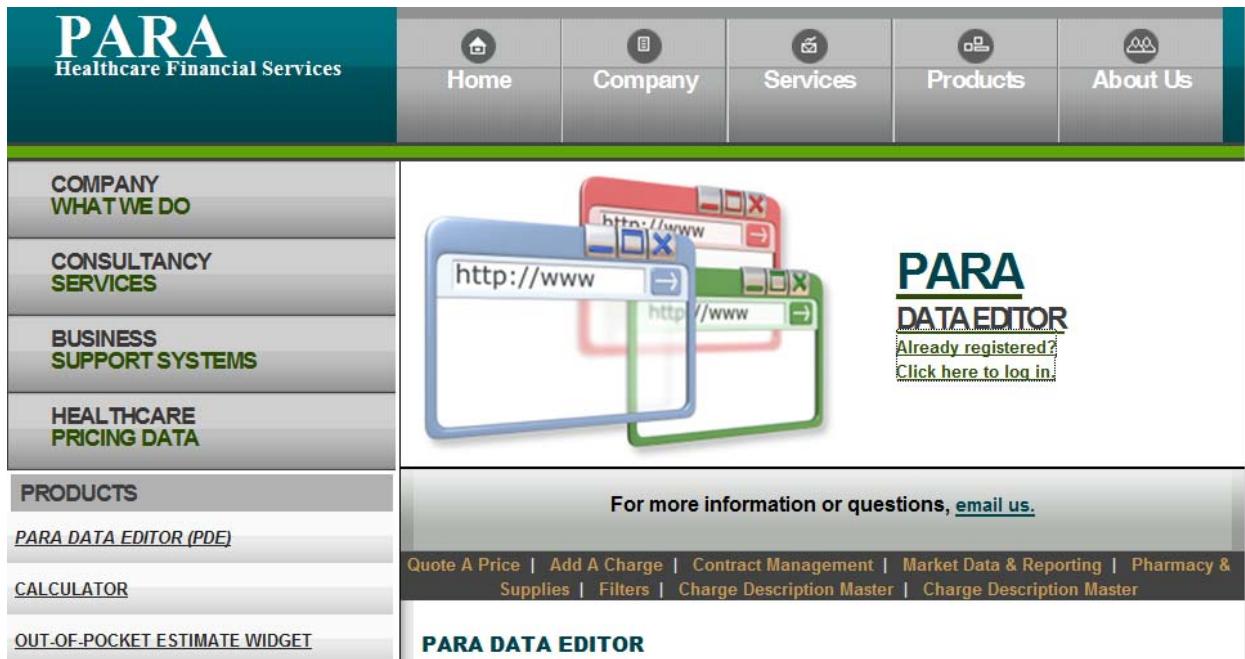
**PARA CALCULATOR**

The Calculator, PARA's proprietary Web based health care research tool, has now been

# Department Managers and the Revenue Cycle

## PARA Data Editor (continued):

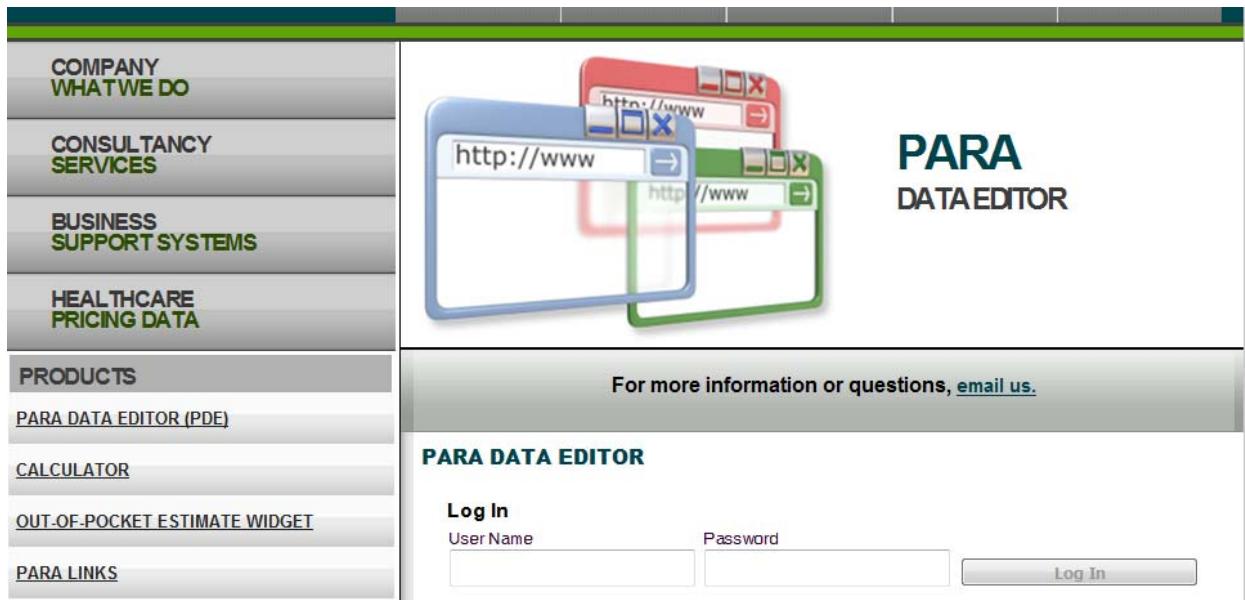
Select the PARA DATA EDITOR link to navigate to the PDE page.



The screenshot shows the main navigation menu of the PARA website. The menu items include Home, Company, Services, Products, and About Us. On the left sidebar, under the PRODUCTS section, there is a link labeled "PARA DATA EDITOR (PDE)". The main content area features a graphic of three overlapping windows with URLs like "http://www" and "http://www". To the right of the graphic, the text "PARA DATA EDITOR" is displayed, followed by "Already registered? Click here to log in". Below this, there is a link "For more information or questions, [email us.](#)". At the bottom of the page, there is a footer with links for "Quote A Price", "Add A Charge", "Contract Management", "Market Data & Reporting", "Pharmacy & Supplies", "Filters", "Charge Description Master", and "Charge Description Master".

Select the “already registered” link to log in.

[PARA Data Editor Login](#)



The screenshot shows the PARA Data Editor login page. The left sidebar has the same structure as the main website, including the PARA logo and navigation links. The main content area features the "PARA DATA EDITOR" graphic. Below the graphic, there is a link "For more information or questions, [email us.](#)". The "PARA DATA EDITOR" section is followed by a "Log In" form. The form includes fields for "User Name" and "Password", and a "Log In" button.

# Department Managers and the Revenue Cycle

## Are we charging for all items?

Within the PDE there are several reports and worksheets which will assist the Manager in identifying additional items to be added to the charge master.

It is important that all costs and resources be assigned to a charge. Charges are not used for all methods of reimbursement, but are used as the statistical basis of the allocation of costs, in Medicare DRG and APCs.

The PDE resources the Manager can access to identify additional charges are as follows:

1. Pricing Data – APC Claim Analysis
2. Pricing Data – Service Line Detail
3. Pricing Data – APC Status T Detail
4. Filters – Service Line Audit Reports

### **Pricing Data – APC Claim Analysis**

The report allows the Manager to view the percentage of occurrence of HCPCS coded items within a Status T procedure; the Manager is able to determine if the utilization of charges is below the peer or national percentages.

Demonstration Hospital Geographic Market Group		Claim Summary			Outpatient Medicare Limited Data Set - Calendar Year 2009 Query: 93510			
HCPCS Code	Description	APC Status	Reimbursement	Hospital	Peer Group	National		
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	D		253,231	Total Claims Peer Claims 60 Hospital Claims			
36415	Collection of venous blood by venipuncture	A	3.00	CLAB	6.7 %	39.1 %		
71010	Radiologic examination, chest; single view, frontal	Q3	45.04	APC	23.3 %	8.7 %		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	Q3	45.04	APC	48.3 %	12.6 %		
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82395), Glucose (82947), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)	A	11.91	CLAB	50.0 %	41.2 %		
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520)	A	14.87	CLAB	11.7 %	14.0 %		
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	A	18.85	CLAB		21.3 %		
80076	Hepatic function panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450)	A	11.49	CLAB	6.7 %	2.9 %		
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, automated, with microscopy	A	4.45	CLAB	6.7 %	3.3 %		
82465	Cholesterol, serum or whole blood, total	A	6.13	CLAB	11.7 %	0.4 %		
82550	Creatine kinase (CK), (CPK); total	A	9.17	CLAB	15.0 %	9.5 %		
82553	Creatine kinase (CK), (CPK); MB fraction only	A	16.25	CLAB	15.0 %	8.3 %		
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	A	3.29	CLAB	15.0 %	6.9 %		
83735	Magnesium	A	9.43	CLAB	5.0 %	6.7 %		
83880	Natriuretic peptide	A	47.77	CLAB	6.7 %	3.6 %		
84134	Preealbumin	A	20.52	CLAB	6.7 %	0.1 %		
84443	Thyroid stimulating hormone (TSH)	A	23.64	CLAB	8.3 %	4.0 %		
84484	Trponin, quantitative	A	13.85	CLAB	15.0 %	11.4 %		
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	A	10.94	CLAB	53.3 %	41.7 %		
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	A	9.11	CLAB		15.9 %		
85610	Prothrombin time;	A	5.53	CLAB	55.0 %	45.0 %		

# Department Managers and the Revenue Cycle

## Are we charging for all items?

### Pricing Data – Service Line Detail

This worksheet provides a “CPT/HCPCS” book of available codes, reimbursement and pricing market data.

It is very easy to identify all codes which do not have a charge master line tied to a code line.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

Hospital Summary		Inpatient		Outpatient	
<b>Hospital Summary</b>	2010 Q4	<b>DRG Summary</b>	FFY 2010 Q4	<b>Hospital Outpatient Summary</b>	2009
High level charge analysis, compare your Hospital to the market average of your peers. The analysis includes: Inpatient cases and days, emergency room visits, outpatient surgery and diagnostic procedures. Multiple pages include both summary and detail charge and stat data.		Average charge per case for each DRG is listed in this report. Review a head to head analysis of DRG charges versus your selected peers. Analysis is divided in four major service groups: Medical, Surgical, Obstetric, and Psychiatric.		The report includes a comprehensive analysis of over 70 key service lines... <a href="#">more</a>	
<b>Hospital 3 Year Trend</b>		<b>DRG Service Line Summary</b>	FFY 2010 Q4	<b>Outpatient HCPCS</b>	2009
This Excel workbook is a combination of the hospital and outpatient summaries. It includes three years of data with variance and percent change statistics.		Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by service group (Medical, Surgical, OB and Psych). Analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.		This ad hoc report, allows the User to enter codes to retrieve HCPCS charge detail... <a href="#">more</a>	
<b>Comprehensive CDM Summary</b>		<b>DRG Service Line Detail</b>	FFY 2010 Q4	<b>APC - Claim Analysis</b>	2009
<b>State Specific</b>		Key a DRG to retrieve detail by case for all lines grouped on the Cost Report, as many as 22 service lines. Analysis includes specific Provider detail plus peer group by hospital to enable a detail product line analysis.		Enter surgical or significant diagnostic procedures to create a one page analysis... <a href="#">more</a>	
<b>Florida AHCA Inpatient</b>	2008	<b>Hospital Room Rates</b>	FFY 2010 Q4	<b>APC Status T Rank</b>	2009 PDF
		Inpatient rate charges detailed by Medical, Surgical, Obstetric, and Psychiatric claims.		Analyze your top 100 APC status T charges.	
<b>Florida AHCA Outpatient</b>	2008	<b>Hospital Room Rates - Avg Charge/Day</b>	FFY 2010 Q4	<b>APC Status A, Q, S, V and X Rank</b>	2009 PDF
		Inpatient average room rate charge per day detailed by Medical, Surgical, Obstetric, Psychiatric and Rehabilitation claims.		Analyze your top 150 APC status A, Q, S, V & X charges.	
Pricing Group: Geographic		<b>DRG By MDC</b>	FFY 2010 Q4	<b>APC Status T Surgical Rank</b>	2009
<a href="#">Data Source Timing</a>		Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by MDC. The analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.		Analyze your top 50 APC status T surgical charges.	
<b>DRG List</b>		<b>DRG List</b>		<b>APC Status T Detail</b>	2009
		Current DRGs, their descriptions, and MDC and service assignment as presented in the DRG-focused Pricing Data reports above.		Review detail line item charges at the claim level for any APC Status T procedure... <a href="#">more</a>	
		<b>Service Line Detail</b>	Inflator: 12 %		
		This worksheet combines your charge master into the PARA service lines... <a href="#">more</a>			
		Svc: <input type="text" value="Echocardiogram"/>			
		Dept: <input type="text"/>			
		<b>Supplier Detail</b>	This ad hoc report, allows the User to enter codes... <a href="#">more</a>		

### Worksheet example

Dept	Procedure	Procedure Description	CPT Code	Market Code	CPT Description	Quantity	CDM Price	Unit Multiplier	Reimb. Amount	Reimb. Source
6			36589		Removal tunneled cv cath				436.00	APC
7			36590		Removal tunneled cv cath				783.00	APC
8 17	171060	DRAW BLOOD OFF VENOUS DEVICE	36591		Draw blood off venous device	129.00		44.00		APC
9 17	171070	COLLECT BLOOD FROM PICC	36592		Collect blood from picc	129.00		44.00		APC
0 17	171080	DECLOT VASCULAR DEVICE	36593		Declot vascular device	477.00		162.00		APC
1			36595		Mech remov tunneled cv cath				1,768.00	APC
2			36596		Mech remov tunneled cv cath				783.00	APC

# Department Managers and the Revenue Cycle

## Are we charging for all items?

### Pricing Data – APC Status T Detail

The report provides a detailed look into all codes and services charged within a Status T procedure.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo [Logout](#)

Select Quote A Price Charge Maintenance Contracts **Pricing Data** Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

Hospital Summary		Inpatient		Outpatient	
<b>Hospital Summary</b> 2010 Q4	High level charge analysis, compare your Hospital to the market average of your peers. The analysis includes: Inpatient cases and days, emergency room visits, outpatient surgery and diagnostic procedures. Multiple pages include both summary and detail charge and stat data.	<b>DRG Summary</b> FFY 2010 Q4	Average charge per case for each DRG is listed in this report. Review a head to head analysis of DRG charges versus your selected peers. Analysis is divided in four major service groups: Medical, Surgical, Obstetric, and Psychiatric.	<b>Hospital Outpatient Summary</b> 2009	The report includes a comprehensive analysis of over 70 key service lines... <a href="#">more</a>
<b>Hospital 3 Year Trend</b>	This Excel workbook is a combination of the hospital and outpatient summaries. It includes three years of data with variance and percent change statistics.	<b>DRG Service Line Summary</b> FFY 2010 Q4	Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by service group (Medical, Surgical, OB and Psych). Analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.	<b>Outpatient HCPSCS</b> 2009 Q4	This ad hoc report, allows the User to enter codes to retrieve HCPCS charge detail... <a href="#">more</a>
<b>Comprehensive CDM Summary</b>		<b>DRG Service Line Detail</b> FFY 2010 Q4	Key a DRG to retrieve detail by case for all lines grouped on the Cost Report, as many as 22 service lines. Analysis includes specific Provider detail plus peer group by hospital to enable a detail product line analysis.	<b>APC - Claim Analysis</b> 2009	Enter surgical or significant diagnostic procedures to create a one page analysis... <a href="#">more</a>
<b>State Specific</b>		<b>Hospital Room Rates</b> FFY 2010 Q4	Inpatient room rate charges detailed by Medical, Surgical, Obstetric, and Psychiatric claims.	<b>APC Status T Rank</b> 2009 PDF	Analyze your top 100 APC status T charges.
<b>Florida AHCA Inpatient</b> 2008		<b>Hospital Room Rates - Avg Charge/Day</b> FFY 2010 Q4	Inpatient average room rate charge per day detailed by Medical, Surgical, Obstetric, Psychiatric and Rehabilitation claims.	<b>APC Status A, Q, S, V and X Rank</b> 2009 PDF	Analyze your top 150 APC status A, Q, S, V & X charges.
<b>Florida AHCA Outpatient</b> 2008		<b>DRG By MDC</b> FFY 2010 Q4	Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by MDC. The analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.	<b>APC Status T Surgical Rank</b> 2009	Analyze your top 50 APC status T surgical charges.
Pricing Group: Geographic	Data Source Timing	<b>DRG List</b>	Current DRGs, their descriptions, and MDC and service assignment as presented in the DRG-focused Pricing Data reports above.	<b>APC Status T Detail</b> 2009	Review detail line item charges at the claim level for any APC Status T procedure... <a href="#">more</a>
				Service Line Detail	
				This worksheet combines your charge master into the PARA service lines... <a href="#">more</a>	
				Svc: Allergy	
				Dept: 00 - Daily Hospital Service	
				Supplier Detail	
				This ad hoc report, allows the User to enter codes... <a href="#">more</a>	

## PDF report example

Demonstration Hospital		Market Analysis - Surgical (Status T)										Outpatient Medicare Limited Data Set - Calendar Year 2009									
Geographic Market Group		47000-Biopsy of liver, needle; percutaneous										Claims Trimmed at 5%									
HCPCS	REGIONAL HOSPITAL -990001-	MARKET AVERAGE	MARKET VARIANCE	COMMUNITY HOSPITAL -990002-		MEMORIAL HEALTH SYSTEM -990003-		NORTHWEST REGIONAL HOSPITAL -990004-		GENERAL HOSPITAL -990005-		SOUTHWEST HEALTHCARE -990006-		STANDARD HOSPITAL -990007-		SAMPLE HEALTHCARE SYSTEM -990008-		MAIN STREET CLINIC -990009-		GENERIC NORTHEAST HEALTHCARE -990010-	
				Avg Chg	Claims %	Avg Chg	Claims %	Avg Chg	Claims %	Avg Chg	Claims %	Avg Chg	Claims %	Avg Chg	Claims %	Avg Chg	Claims %	Avg Chg	Claims %		
<b>T - Paid Under OPPS; Separate APC.</b>																					
47000	Payment: 632.75	Biopsy of liver, needle; percutaneous																			
0320	Radiology - Diagnostic - General Classification			1,087		1,087	56.5%														
0350	CT Scan - General Classification			1,174		1,090	43.5%														
0360	Operating Room Services - General Classification	2,849	4	519	82%					519	6						1,258	10			
0361	Operating Room Services - Minor Surgery			1,430		1,140	100%			1,174	2	1,635	1					2,378	2	821	
0369	Operating Room Services - Other Operating Room Services			2,198		2,198	100%												6		
<b>A - Not Paid Under OPPS, Paid by F1 under a Fee Schedule or payment system other than OPPS.</b>																					
36415	Collection of venous blood by venipuncture																				

# Department Managers and the Revenue Cycle

## Are we charging for all items?

### Filters – Service Line Audit Reports

This PDF report is similar to the Service Line Worksheet in the pricing data tab.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo [Help](#)

**Coding Filters**

- Invalid
- Invalid - CPT Only
- Invalid - HCPCS Only
- Invalid - Medicaid Only
- Invalid - Non-Medicare Codes
- Unit of service - per ml/sq cm
- Compliance - Marked
- Compliance - Identified for Review
- Compliance - Modifiers
- Pharmacy
- Pharmacy - Self Admin Drugs - Currently Billed

Recommended Changes  Or  And  
 All  Approved  Not Approved

Changed By   Or  And  
 Comment By   Or  And

Pharmacy - Self Admin Drugs - MAC Specific  CAHABA

Transmittal  PET Modifiers July 2009

Service  Allergy

Quantity  
 With  Without

Search for Codes and Descriptions  Or  And Excl

HCPSC/CPT Codes:   
UB Codes:   
Description:   
Procedure:   
Modifiers:   
OE Mnemonic:   
NDC:

**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  
 Price Below DME  
 Price Below APC Status T  
 Price Below APC Status S  
 Price Below APC Status X

**Quote A Price**

Package  00 Test  
 Add On  CT Contrast

**CDM**

Single Department:  00 - Total Items: 00006 - Daily Hospital Service  
Sort By:  Procedure Code   Ascending  Descending

**Reports**

Audit:  Unit of service - per ml/sq cm   
 Service:  Echocardiogram

### PDF Report example

Data Editor - Clinical Lab - Chemistry Summary			CDM Date: 5/16/2011	Qty Range: 1/1/2011-1/1/2011
<b>Code</b>				
82000	Acetaldehyde, Blood		Status: A-Not Paid Under OPPS, Paid by Fl.	CLAB Reimb \$17.43
82003	Acetaminophen		Status: A-Not Paid Under OPPS, Paid by Fl.	CLAB Reimb \$28.48
Dept: 11-REFERENCE LAB	Item: 111245	ASSAY OF ACETAMINOPHEN	Price: \$85.00 Qty:	
82009	Acetone Or Other Ketone Bodies, Serum; Qualitative		Status: A-Not Paid Under OPPS, Paid by Fl.	CLAB Reimb \$6.36
Dept: 09-CLINICAL LAB	Item: 091170	TEST FOR ACETONE/KETONES	Price: \$18.00 Qty:	
82010	Acetone Or Other Ketone Bodies, Serum; Quantitative		Status: A-Not Paid Under OPPS, Paid by Fl.	CLAB Reimb \$11.50
Dept: 11-REFERENCE LAB	Item: 111250	ACETONE ASSAY	Price: \$31.00 Qty:	
82013	Acetylcholinesterase		Status: A-Not Paid Under OPPS, Paid by Fl.	CLAB Reimb \$15.72
82016	Acylcarnitines; Qualitative, Each Specimen		Status: A-Not Paid Under OPPS, Paid by Fl.	CLAB Reimb \$19.51
Dept: 11-REFERENCE LAB	Item: 111255	ACYLCARNITINES, QUA	Price: \$56.00 Qty:	

# Department Managers and the Revenue Cycle

## Are we charging the correct price?

Within the Pricing Data tab, there are a number of queries which can be utilized to compare prices to the selected peer market hospitals.

In several of the queries both the specific hospital prices and the supplier 1500 claim prices are available.

1. Hospital Outpatient Summary
2. Outpatient HCPCS
3. APC Status A, Q, S, V and X Rank
4. APC Status T Surgical Rank
5. Supplier Detail

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Select Quote A Price Charge Maintenance Contracts **Pricing Data** Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

**Hospital Summary**      **Inpatient**      **Outpatient**

**Hospital Summary** 2010 Q4  
High level charge analysis, compare your Hospital to the market average of your peers. The analysis includes: Inpatient cases and days, emergency room visits, outpatient surgery and diagnostic procedures. Multiple pages include both summary and detail charge and stat data.

**DRG Summary** FFY 2010 Q4  
Average charge per case for each DRG is listed in this report. Review a head to head analysis of DRG charges versus your selected peers. Analysis is divided in four major service groups: Medical, Surgical, Obstetric, and Psychiatric.

**Hospital 3 Year Trend**  
This Excel workbook is a combination of the hospital and outpatient summaries. It includes three years of data with variance and percent change statistics.

**Comprehensive CDM Summary**

**State Specific**

**Florida AHCA Inpatient** 2008

**Florida AHCA Outpatient** 2008

Pricing Group: Geographic  
[Data Source Timing](#)

**DRG Service Line Summary** FFY 2010 Q4  
Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by service group (Medical, Surgical, OB and Psych). Analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.

**DRG Service Line Detail** FFY 2010 Q4  
Key a DRG to retrieve detail by case for all lines grouped on the Cost Report, as many as 22 service lines. Analysis includes specific Provider detail plus peer group by hospital to enable a detail product line analysis.

**Hospital Room Rates** FFY 2010 Q4  
Inpatient room rate charges detailed by Medical, Surgical, Obstetric, and Psychiatric claims.

**Hospital Room Rates - Avg Charge/Day** FFY 2010 Q4  
Inpatient average room rate charge per day detailed by Medical, Surgical, Obstetric, Psychiatric and Rehabilitation claims.

**DRG By MDC** FFY 2010 Q4  
Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by MDC. The analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.

**DRG List**  
Current DRGs, their descriptions, and MDC and service assignment as presented in the DRG-focused Pricing Data reports above.

**Hospital Outpatient Summary** 2009  
The report includes a comprehensive analysis of over 70 key service lines... [more](#)

**Outpatient HCPCS** 2009 Q4  
This ad hoc report, allows the User to enter codes to retrieve HCPCS charge detail... [more](#)

**APC - Claim Analysis** 2009  
Enter surgical or significant diagnostic procedures to create a one page analysis... [more](#)

**APC Status T Rank** 2009 PDF  
Analyze your top 100 APC status T charges.

**APC Status A, Q, S, V and X Rank** 2009 PDF  
Analyze your top 150 APC status A, Q, S, V & X charges.

**APC Status T Surgical Rank** 2009  
Analyze your top 50 APC status T surgical charges.

**APC Status T Detail** 2009  
Review detail line item charges at the claim level for any APC Status T procedure... [more](#)

**Service Line Detail** Inflator: 12 %  
This worksheet combines your charge master into the PARA service lines... [more](#)

Svc: IV / Injection Therapy

Dept:

**Supplier Detail**  
This ad hoc report, allows the User to enter codes... [more](#)

Copyright © 2011 Peter A. Ripper & Associates, Inc. | [webmaster@para-hcfs.com](#) | [Privacy Policy](#)

# Department Managers and the Revenue Cycle

## Are we charging the correct price?

### Outpatient HCPCS – line item, packaged and supplier pricing

Demonstration Hospital		Market Analysis								Outpatient Medicare Limited Data Set - Fourth Quarter 2009			
Geographic Market Group		OP Summary								Wage Index: 1			
HCPCS	Description	APC Status								Rate			
<b>99283</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers 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 severity.	V - Paid Under OPPS; Separate APC.								139.14			
<b>Claim Type Detail - UB04</b>													
	MARKET SUMMARY	REGIONAL HOSPITAL -990001-	COMMUNITY HOSPITAL -990002-	MEMORIAL HEALTH SYSTEM -990003-	NORTHWEST REGIONAL HOSPITAL -990004-	GENERAL HOSPITAL -990005-	SOUTHWEST HEALTHCARE -990006-	STANDARD HOSPITAL -990007-	SAMPLE HEALTHCARE SYSTEM -990008-	MAIN STREET CLINIC -990009-	GENERIC NORTHEAST HEALTHCARE -990010-		
<b>Specific Code</b>													
Emergency	Emergency	Low 405	1,368	826	931	405	1,860	1,344	1,457	839	977	886	
	Avg 1,058	1,368	826	931	405	1,860	1,344	1,457	839	977	886		
	High 1,860	1,368	826	931	405	1,860	1,344	1,457	839	977	886		
Outpatient	Outpatient	Low 405	1,368	826	931	405	1,859	1,344	1,457	839	977	886	
	Avg 1,058	1,368	826	931	405	1,860	1,344	1,457	839	977	886		
	High 1,860	1,368	826	931	405	1,860	1,344	1,457	839	977	886		
<b>Packaged</b>													
Emergency	Emergency	Low 405	1,577	887	931	405	2,068	1,356	1,457	866	977	886	
	Avg 1,137	1,678	993	951	440	2,131	1,374	1,472	892	1,069	909		
	High 2,204	1,796	1,127	1,004	571	2,204	1,401	1,487	930	1,234	1,017		
Outpatient	Outpatient	Low 405	1,559	826	931	405	1,860	1,344	1,457	839	977	886	
	Avg 1,165	1,706	1,158	994	471	1,986	1,510	1,489	883	1,076	914		
	High 2,482	1,831	2,482	1,215	768	2,262	1,649	1,645	1,031	1,297	1,048		
<b>All Claims - UB04</b>													
	Local Geographic Market				County			CA State			National		
	Low	Avg	Mid	High	Low	Avg	Mid	High	Low	Avg	Mid	High	
Specific Code	405	1,058	1,459	1,860					94	867	1,856	2,846	25
Packaged	405	1,152	1,576	2,482					94	962	2,004	3,045	42
<b>Supplier Detail - 1500 Claims (Physician/Supplier Procedure Summary 2009)</b>													
	Low				Avg			High					
Emergency room - hospital	Professional				158			247			284		
Office	Global				100			152			250		
Outpatient hospital	Professional				106			182			257		

### Supplier Detail – Pro fees and stand-alone facilities

Demonstration Hospital		CMS Supplier File								Physician/Supplier Procedure Summary Master File							
		1500 Claim Form Pricing								Query: 45378							
HCPCS	Description																
<b>45378</b>	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)																
		Reimbursement	Facility	Non Facility	Clinical Lab	DME	ASC Price	ASC Weight									
		Global	219.64	408.26			380.23	9.0806									
		Professional															
		Technical															
		2007				2008				2009							
Place of Service	Modifier	Low	Avg	High		Low	Avg	High		Low	Avg	High					
Ambulatory surgical center	Global	407	1,232	1,900		425	1,064	2,076		331	1,079	2,200					
Emergency room - hospital	Professional	375	559	630													
Office	Global	450	651	1,051		468	665	1,000		450	729	1,068					
Outpatient hospital	Professional	575	825	1,051		145	843	2,054		200	887	2,200					

# Department Managers and the Revenue Cycle

## Are we in compliance with our charges?

Within the PDE there are several papers, both CMS and PARA developed, to assist the Department Managers in their quest for compliance.

The CMS excerpts and PARA papers can be located in the Select tab, downloads and links pop-ups.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

Hospital: Demonstration Hospital [Sales] CDM Date: 05/16/2011 (AutoStandard) - 8335 Chgs Online Department: 00 - Total Items: 00006 - Daily Hospital Service

Billing Indicators: Map Provider ID: 990001 State: CA Area Wage Index: 1 Physicians Fee Schedule: REST OF CALIFORNIA Fiscal Intermediary / MAC: www.administar.com Quantity Date Range: 1/1/2011 to 1/1/2011 FY End Date: December

Account Exec: Violet Archuleta-Chiu 800-999-3332 x219 varchuleta@para-hcfs.com Tech Support: Richard Dirkes-Jacks 800-999-3332 x224 rdirkes-jacks@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  
**Memorial Health System (HOSP03)** City: ANYWHERE, CA Provider ID: 990003  
**Northwest Regional Hospital (HOSP04)** City: ANYWHERE, CA Provider ID: 990004  
**General Hospital (HOSP05)** City: ANYWHERE, CA Provider ID: 990005  
**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  
**Main Street Clinic (HOSP09)** City: ANYWHERE, CA Provider ID: 990009  
**Generic Northeast Healthcare (HOSP10)** City: ANYWHERE, CA Provider ID: 990010

We have detected that you are using Internet Explorer 8  
This application is best viewed with Internet Explorer 8, 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.

Hospital Downloads File Transfer Links PARA Process/Templates

**Hospital Downloads**

PARA Data Editor Manual  
PARA Data Requirements  
PARA - April 2011 CPT HCPCS Code Update - PDF  
PARA - 2011 CPT HCPCS Code Update - PDF  
PARA - 2011 CPT HCPCS Code Update - Cath Lab  
PARA - 2011 CPT HCPCS Code Update - Radiology  
PARA - 2011 CPT HCPCS Code Update - Angiography  
PARA - 2011 CPT HCPCS Code Update - Excel  
PARA - 2011 Modifier Listing  
PARA - July 2010 CMS Quarterly Update  
PARA - April 2010 Changes To Urine Drug Screen Codes  
PARA - April 2010 Outpatient Intravenous Insulin Treatment  
PARA - Alcohol And / Or Substance Abuse Counseling  
PARA - Billing And Coding For Clinic Visits  
PARA - Billing For Fluoroscopy Services  
PARA - Billing For Implants  
PARA - Billing For Supplies  
PARA - Cardiac Imaging Codes 2009 v 2010  
PARA - Drug Therapy Charge Process  
PARA - Echocardiogram Billing Rules  
PARA - Emergency Charge Process  
PARA - HMS Data Exchange  
PARA - Labor, Delivery and Post Partum Care  
PARA - Meditech Data Exchange  
PARA - Observation - Charging, Billing, Compliance And Reimbursement

Copyright © 2011 Peter A. Ripper & Associates, Inc. | [webmaster@para-hcfs.com](mailto:webmaster@para-hcfs.com) | [Privacy Policy](#)  
CPT is a registered trademark of the American Medical Association

## PARA Paper Example

### 2011 Cardiac Cath Lab Code Restructure

The American Medical Association and CMS changed the code numbers and content for the cath lab codes beginning January 1<sup>st</sup> 2011; this will require a restructuring of the codes in your charge master, a group of 2010 codes have been replaced by a single 2011 code, additionally the basic code set is separated into two code groups, one for congenital heart disease (935XX), and the second for all “other conditions” (934XX).

# Department Managers and the Revenue Cycle

## Are we in compliance with our charges?

There are also a number of Filters, which provide a focused look at the charge master for charge and code review.

PARA Data Editor - Demonstration Hospital [Sales]

dbDemo log out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

**Coding Filters**

- Invalid
- Invalid - CPT Only
- Invalid - HCPCS Only
- Invalid - Medicaid Only
- Invalid - Non-Medicare Codes
- Unit of service - per ml/sq cm
- Compliance - Marked
- Compliance - Identified for Review
- Compliance - Modifiers
- Pharmacy
- Pharmacy - Self Admin Drugs - Currently Billed

Recommended Changes  Or  And  
 All  Approved  Not Approved

Changed By  Or  And  
 Comment By  Or  And  
 Pharmacy - Self Admin Drugs - MAC Specific CAHABA

Transmittal PET Modifiers July 2009

Service Allergy

Quantity  
 With  Without

Search for Codes and Descriptions Or And Excl

HCPCS/CPT Codes:      
UB Codes:      
Description:      
Procedure:      
Modifiers:      
OE Mnemonic:      
NDC:

**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
- Price Below DME
- Price Below APC Status T
- Price Below APC Status S
- Price Below APC Status X

**Quote A Price**

Package 00 Test  
 Add On CT Contrast

**CDM**

Single  
Department: 00 - Total Items: 00006 - Daily Hospital Service

Sort By: Procedure Code

Ascending  Descending

View CDM By:  Summary  Detail

**Reports**

Audit: Unit of service - per ml/sq cm

Service: Clinical Lab - Chemistry

Copyright © 2011 Peter A. Ripper & Associates, Inc. | [webmaster@para-hcfs.com](mailto:webmaster@para-hcfs.com) | [Privacy Policy](#)

# Department Managers and the Revenue Cycle

## Are we in compliance with our charges?

Within the Calculator tab there are a number of queries to check charge and code compliance.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Report Selection

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

**HCPSC / CPT® Codes Report Options**

Select State: CALIFORNIA or Enter Zip Code: 92807 [Search Zip Code](#)

Select City: ANAHEIM

Select Hospital: Regional Hospital (990001)

Medicaid State: CALIFORNIA

Physicians Fee Schedule: REST OF CALIFORNIA (by selected hospital)

Clinical Lab Fee Schedule: CA1

**Local Coverage Determination Report Options**

Select State or Region: CALIFORNIA - ENTIRE STATE

Select Contractor: MAC - Part A - Palmetto GBA (01101)

Enter Codes and/or Descriptions: [NEW](#)

3 ICD9 Code (for LCD, NCD, HCPSC to ICD9): [Submit](#)

Check Here to execute Cross-Report Auto Load  
 Click Here to save default selections  
 Click Here to view the Payment Status Indicators

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

2011 CPT® Codes:  All  Added Only  Deleted Only  Revised Only  
 HCPSC Codes Only: 2011 - All Codes  All  Added Only  Deleted Only

Professional Fees:  2011  2010  2009  2008

Medicaid or Workers Compensation Reimbursement  Medicaid  Workers Compensation

ASC Reimbursement:  2011  2010  2009  2008

DME Reimbursement  2011  2010  2009 [View DME Data References](#)

Clinical Lab Reimbursement  2011  2010  2009  QW listing

ICD9 Codes:  Diagnosis  Procedural

ICD10 Codes [View PCS Code Structure](#)

DRG Codes:  2011  2010  2009  2008

Device Codes Required for Procedure Codes in Device Dependent APCs

Modifier Lookup or Revenue Codes:  Modifier Lookup  Rev Codes [View Modifiers](#)

CCI Edits OPPS:  v17.0, Apr-Jun 2011  v16.3, Jan-Mar 2011

CCI Edits Physician:  v17.1, Apr-Jun 2011  v17.0, Jan-Mar 2011

CCI Edits Medicaid:  Hospital Services  Practitioner Services

National Coverage Determination - LAB

Local Coverage Determination

Medicare Part B (ASP) Drug Payment Allowance Limits

NDC to J Code Crosswalk

Interventional Radiology

CPT® Assistant (Newsletters & Articles 1990-2010) [Updates - Quick View](#)  
For access please contact your Account Exec: **Violet Archuleta-Chiu**

HCPSC/CPT® to ICD9 Lookup

Copyright © 2011 Peter A. Ripper & Associates, Inc. | [webmaster@para-hfs.com](#) | [Privacy Policy](#)  
CPT is a registered trademark of the American Medical Association

## CCI Edit example

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Report Selection CCI Edits OPPS (v17.0, Apr-Jun 2011)

**CCI Edits OPPS (v17.0, Apr-Jun 2011)**

Codes and/or Descriptions: 96360,96365,96374,82805,94760

[Export to PDF](#) | [Export to Excel](#) | [Copy to Clipboard](#) | [Unsubscribe](#)

		Edit Type	GB Modifier Indicator
82805 - Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry (Column 1)	94760 - Noninvasive ear or pulse oximetry for oxygen saturation; single determination (Column 2)	Mutually exclusive procedures	<b>O - Code Pair cannot be billed</b>
96360 - Intravenous infusion, hydration; initial, 31 minutes to 1 hour	82805 - Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry		<b>OK to bill</b>
96360 - Intravenous infusion, hydration; initial, 31 minutes to 1 hour	94760 - Noninvasive ear or pulse oximetry for oxygen saturation; single determination		<b>OK to bill</b>
96360 - Intravenous infusion, hydration; initial, 31 minutes to 1 hour (Column 1)	96374 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug (Column 2)	Column 1/Column 2 Correct Coding	<b>1 - Code pair requires modifier to bill</b>
96360 - Intravenous infusion, hydration; initial, 31 minutes to 1 hour	96365 - Intravenous infusion, for theraov, prophylaxis, or diagnosis	Column 1/Column	<b>1 - Code pair</b>

# Department Managers and the Revenue Cycle

## Are we in compliance with our codes?

The optimal process for a Manager to review codes is to process the Service Line reports for their charge master. This will allow the Manager to view all codes throughout the facility that are interlinked to their department along with reimbursement, quantity, charge descriptions and pricing.

Prepared for Demonstration Hospital	Data Editor - IV / Injection Therapy Summary			CDM Date: 5/16/2011
Code				Qty Range: 1/1/2011-1/1/2011
36589 Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$435.97	
36590 Removal Of Tunneled Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$783.08	
36591 Collection Of Blood Specimen From A Completely Implantable Venous Access Device		Status: Q1-STVX-Packaged Codes	APC Reimb \$43.58	
Dept: 17-RESPIRATORY	Item: 171060	DRAW BLOOD OFF VENOUS DEVICE	Price: \$129.00	Qty:
36592 Collection Of Blood Specimen Using Established Central Or Peripheral Catheter, Venous, Not Otherwise Specified		Status: Q1-STVX-Packaged Codes	APC Reimb \$43.58	
Dept: 17-RESPIRATORY	Item: 171070	COLLECT BLOOD FROM PICC	Price: \$129.00	Qty:
36593 Declotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$161.68	
Dept: 17-RESPIRATORY	Item: 171080	DECLOT VASCULAR DEVICE	Price: \$477.00	Qty:
36595 Mechanical Removal Of Pericatheter Obstructive Material (Eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$1,768.17	
36596 Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$783.08	
36597 Repositioning Of Previously Placed Central Venous Catheter Under Fluoroscopic Guidance		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$783.08	
36598 Contrast Injection(S) For Radiologic Evaluation Of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And Report		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$161.68	
36600 Arterial Puncture, Withdrawal Of Blood For Diagnosis		Status: Q3-Codes That May Be Paid Through a Composite APC	APC Reimb \$18.42	
36620 Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Percutaneous		Status: N-Part of payment for other services.		
36625 Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Cutdown		Status: N-Part of payment for other services.		
36640 Arterial Catheterization For Prolonged Infusion Therapy (Chemotherapy), Cutdown		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$2,119.74	
36680 Placement Of Needle For Intraosseous Infusion		Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$108.16	
96360 Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour		Status: S-Paid Under OPPS; Separate APC.	APC Reimb \$75.58	
Dept: 01-EMERGENCY ROOM	Item: 011040	HYDRATION IV INFUSION, INIT	Price: \$223.00	Qty:
Dept: 06-AMBULATORY NURSING PROCEDURES	Item: 061070	HYDRATION IV INFUSION, INIT	Price: \$223.00	Qty:
Dept: 36-ORTHOPAEDICS	Item: 361670	HYDRATION IV INFUSION, INIT	Price: \$223.00	Qty:
Dept: 38-RHEUMATOLOGY	Item: 381030	HYDRATION IV INFUSION, INIT	Price: \$223.00	Qty:
Dept: 76-ORTHOPAEDICS PRO FEES	Item: 761590	HYDRATION IV INFUSION, INIT	Price: \$114.00	Qty:
Dept: 78-RHEUMATOLOGY PRO FEES	Item: 781030	HYDRATION IV INFUSION, INIT	Price: \$114.00	Qty:
96361 Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)		Status: S-Paid Under OPPS; Separate APC.	APC Reimb \$26.35	
Dept: 01-EMERGENCY ROOM	Item: 011050	HYDRATE IV INFUSION, ADD-ON	Price: \$78.00	Qty:

Please Note: Recommended changes in BOLD,

Confidential - Protected by the PARA/Hospital Disclosure Agreement  
CPT is a registered trademark of the American Medical Association

Run Date: 5/23/2011  
Page 2 of 7

Peter A. Ripper & Associates, Inc.  
<http://www.para-hcfs.com>

# Department Managers and the Revenue Cycle

## Are we in compliance with our codes?

The Advisor Tab provides the Department Manager a tool to research and link CMS Med Learns, Transmittals and CMS quarterly updates to your charge master.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

**Advisories**

Type	Summary	CR #	Supporting Docs	Filter Link	Audit Link	Issue Date
Med Learn	Enter Summary Search Criteria Here					
Med Learn	SE1115 - Recently Enrolled Home Health Agencies (HHAs): Subit OASIS and HHCAHPS Data Promptly to Ensure Full Medicare Payment	N/A	<a href="#">1 Doc</a>			05/13/11
Med Learn	MM7399 - Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 17.2, Effective July 1, 2011	7399	<a href="#">1 Doc</a>			05/13/11
Med Learn	MM7389 - Durable Medical Equipment National Competitive Bidding: Correction to Permit Payment for Certain Grandfathered Accessories and Supplies	7389	<a href="#">1 Doc</a>			05/06/11
Med Learn	MM7374 - Home Health Therapy Services	7374	<a href="#">1 Doc</a>			05/06/11
Med Learn	MM7369 - Claim Adjustment Reason Code (CARC), Remittance Advice Remark Code (RARC), and Medicare Remit Easy Print (MREP) Update	7369	<a href="#">1 Doc</a>			05/06/11
Med Learn	MM7395 - Corrections to Home Health Prospective Payment System (HH PPS) Outlier Limitation	7395	<a href="#">1 Doc</a>			05/06/11
Med Learn	MM7411 - New K codes for Suction Pumps and Wound Dressings	7411	<a href="#">1 Doc</a>			04/29/11
Med Learn	MM7396 - Home Health Requests for Anticipated Payment and Timely Claims Filing	7396	<a href="#">1 Doc</a>			04/29/11
Med Learn	MM7234 - New HCPCS Q-codes for 2010-2011 Seasonal Influenza Vaccines	7234	<a href="#">1 Doc</a>			04/22/11
Med Learn	MM6786 - Screening for the Human Immunodeficiency Virus (HIV) Infection	6786	<a href="#">1 Doc</a>	<a href="#">CDM</a>	<a href="#">PDF</a>	04/22/11
Med Learn	MM7388 - End Stage Renal Disease (ESRD) Low Volume Adjustment and Establishing Quarterly Updates to the ESRD Prospective Payment System (PPS)	7388	<a href="#">1 Doc</a>			04/22/11
Med Learn	MM7041 - Implementation of the PWK (paperwork) segment for X12N Version 5010	7041	<a href="#">1 Doc</a>			04/20/11
Med Learn	MM7374 - Home Health Therapy Services	7374	<a href="#">1 Doc</a>			04/15/11
Med Learn	MM7175 - New Specialty Code for Advanced Diagnostic Imaging Accreditation	7175	<a href="#">1 Doc</a>			04/12/11
Med Learn	MM7177 - Advanced Diagnostic Imaging Accreditation Enrollment Procedures	7177	<a href="#">1 Doc</a>			04/07/11
Med Learn	MM7343 - April 2011 Update of the Ambulatory Surgical Center (ASC) Payment System	7343	<a href="#">1 Doc</a>			03/25/11
Med Learn	MM7357 - July 2011 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	7357	<a href="#">1 Doc</a>			03/25/11
Med Learn	MM7339 - Manual Clarifications for Skilled Nursing Facility (SNF) Part A Billing	7339	<a href="#">1 Doc</a>			03/25/11
Med Learn	MM7202 - Ending Date - Medicaid Denial - Outpatient - Ambulatory Care	7202	<a href="#">1 Doc</a>			03/25/11

Displaying Advisories 1 - 30 of 549

Page 1 of 19 | [|](#) [|](#) [|](#) [|](#) [|](#)

If a Med Learn, Transmittal or Quarterly Update contains coding changes, PARA will link the codes to the charge master for specific review.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

**CDM Summary**

CDM Date: 5/16/2011 Department: All - Items: 21 (21 loaded) [NEW](#) Filters Advisory: 1436

Quantity Date Range: 1/1/2011 to 1/1/2011

Procedure Code	Procedure Description	Exc	Qty	Price	CPT® / HCPCS	Medicare	Medicaid	Other	Dlt	Revenue Code	OPPS	Part B	Other Only
01 - 09 - 092210	BLOOD TYPING, ANTIGEN SCREEN	-	-	323.00	<a href="#">86903</a>	-	-	-	-	-	-	-	-
02 - 11 - 115420	SAMPLE STOMACH CONTENTS	-	-	100.00	<a href="#">89130</a>	-	-	-	-	-	-	-	-
03 - 11 - 115425	SAMPLE STOMACH CONTENTS	-	-	100.00	<a href="#">89132</a>	-	-	-	-	-	-	-	-
04 - 11 - 115430	SAMPLE STOMACH CONTENTS	-	-	100.00	<a href="#">89135</a>	-	-	-	-	-	-	-	-
05 - 11 - 115435	SAMPLE STOMACH CONTENTS	-	-	100.00	<a href="#">89136</a>	-	-	-	-	-	-	-	-
06 - 11 - 115440	SAMPLE STOMACH CONTENTS	-	-	100.00	<a href="#">89140</a>	-	-	-	-	-	-	-	-
07 - 11 - 115445	SAMPLE STOMACH CONTENTS	-	-	100.00	<a href="#">89141</a>	-	-	-	-	-	-	-	-
08 - 13 - 134150	SPECIAL X-RAY CONTRAST STUDY	-	-	241.00	<a href="#">76350</a>	-	-	-	-	-	-	-	-

# Department Managers and the Revenue Cycle

## How do we process code, pricing and charge description updates?

The Charge Maintenance Tab provides the Manager an excellent tool to add, change, deactivate and research charges.

**PARA Data Editor - Demonstration Hospital [Sales]**

dbDemo log out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration RAC PARA

**Detail** Quick Add Charge Forms Claim Evaluator

Pending Charges: 3178 - RDJ104 - Assay blood carbon dioxide Approve Only:  Approve Deny/Inactivate Delete

Creator: Richard Dirkes-Jacks Action: Add Eff. Date: 01/01/11

Search AddB: Go Charges:

Weighted Average Price: Department: 11 - Total Items: 00892 - REFERENCE LAB

Procedures that already contain this charge:

Voucher: 3178 Proc Code: RDJ104 Bill Desc: Assay blood carbon dioxide Tech Desc: Assay blood carbon dioxide

CPT® / HCPCS Segment	Indicator	Code	Revenue Segment	Indicator	Code	Notes
CPT®	CPT	82803	Default	Outpatient		Please add to our current referred lab inventory
Medicare Outpatient			Part B			
Medicaid			Other			
Other						

**Code Description(s)**  
82803 - Gases, blood, any combination of pH, pCO<sub>2</sub>, pO<sub>2</sub>, CO<sub>2</sub>, HCO<sub>3</sub> (including calculated O<sub>2</sub> saturation); (A - Not Paid Under OPPS, Paid by F1 under a Fee Schedule or payment system other than OPPS.)

**Details**

Hospital Price 1234.45	Hi: 110.90	Lo: 56.00	Avg: 83.45	Mid: 97.18	Market - Unpackaged straight market data calculation. To see expanded prices, please visit the Pricing Data tab in the PDE.
Reimb.: 6.88 (CLAB)	APC Weight:	National Rate:	HOSP01:HOSP04: 110.90 HOSP07: HOSP10: HOSP02:HOSP05: HOSP08: 56.00 HOSP03:HOSP06: HOSP09:		
Status:					
Fixed Cost:	Variable Cost:	Allocated Cost:	Total Cost:	Workload:	UPN:

**Detail PDF** **Status PDF** **Denied PDF** **Meditech Field Descriptions**

Copyright © 2011 Peter A. Ripper & Associates, Inc. | [webmaster@para-hcfs.com](mailto:webmaster@para-hcfs.com) | [Privacy Policy](#)  
CPT is a registered trademark of the American Medical Association

**Charge Addition Detail**

Department: 0000 (0000 - Total Items: 00001)

General		Costs		RX/Supplies	
Hospital	Demonstration Hospital	Direct		Unit Multiplier	
ID	3178	Fixed		NDC	
Department Code	0000	Variable		AWP	
Department Description	0000 - Total Items: 00001	Allocated		ASP	
Procedure Code	RDJ104	Total		Acq Cost	
Billing Description	Assay blood carbon dioxide	RWU		SKU	
Technical Description	Assay blood carbon dioxide	Comments	Click here to add notes.		
Unit Price	Effective Date				

**Order Entry** **General Ledger**

Category	Mnemonic	Department	Relative Value
----------	----------	------------	----------------