

# 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:

CDM Date:

Department:

Billing Indicators:  Provider ID:   
State:  Area Wage Index:   
Physicians Fee Schedule:   
Fiscal Intermediary / MAC:   
Quantity Date Range:   
FY End Date:



Account Exec: **Violet Archuleta-Chiu**  
 [varchuleta@para-hcfs.com](mailto:varchuleta@para-hcfs.com)

Tech Support: **Richard Dirkes-Jacks**  
 [rdirkes-jacks@para-hcfs.com](mailto:rdirkes-jacks@para-hcfs.com)

**Market Hospitals**

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

**Bulletin Board**

**May 17, 2011**

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

**Corrections Being Made to Claims for Certain Institutional Preventive Services Codes**

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

# Department Managers and the Revenue Cycle

## PARA Data Editor:

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

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

**PARA**  
Healthcare Financial Services

Home Company Services Products About Us

**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

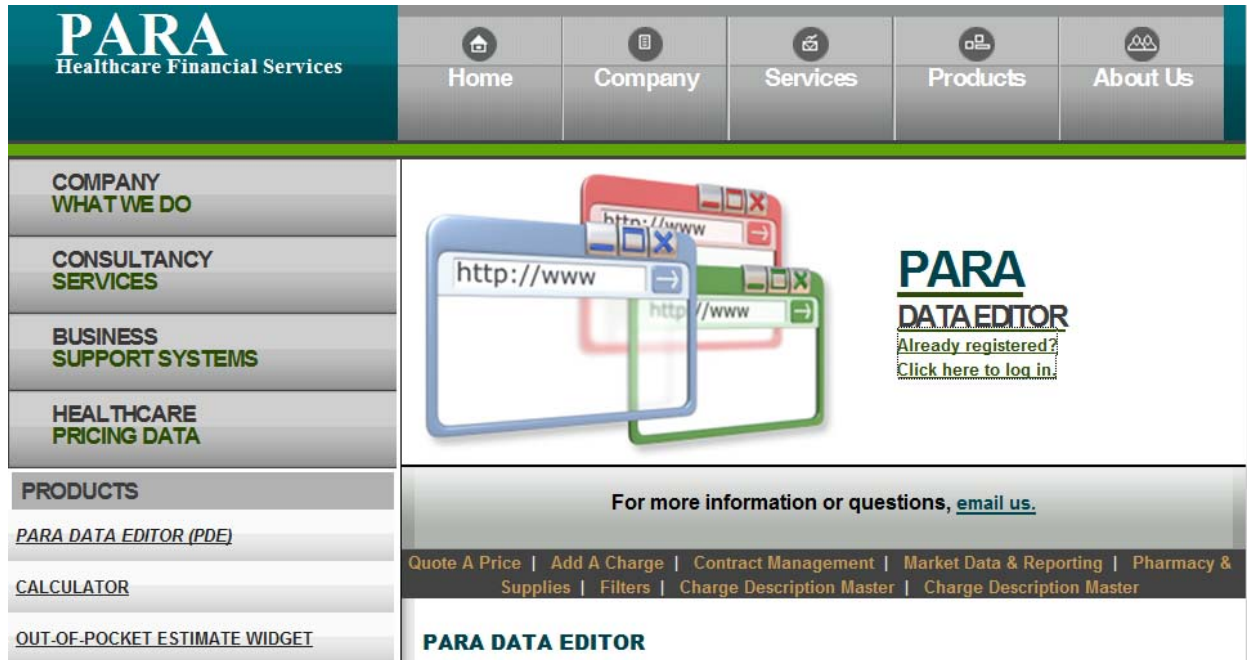
**PARA CALCULATOR**

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

# Department Managers and the Revenue Cycle

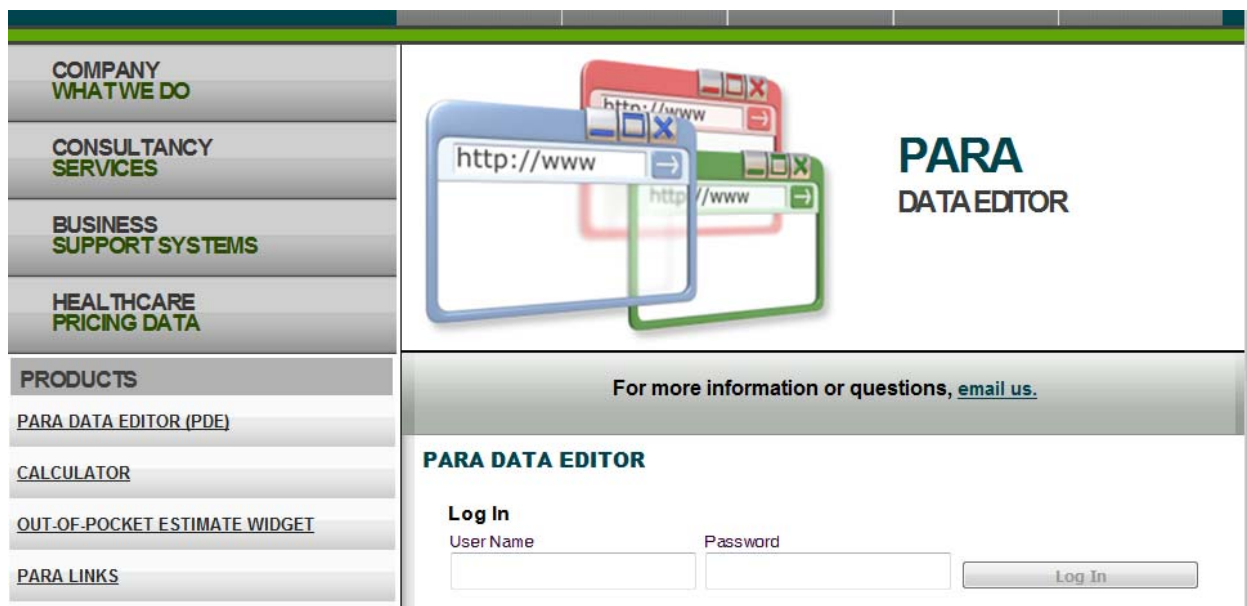
## PARA Data Editor (continued):

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



Select the “already registered” link to log in.

## [PARA Data Editor Login](#)



# Department Managers and the Revenue Cycle

## Are we charging for all items?

Within the PDE there are a 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	39.1 %	
				60	Peer Claims		
					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 This panel must include the following: Calcium, total (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), 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), Transferrase, alanine amino (ALT) (SGPT) (84460), Transferrase, 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 (82485), 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), Transferrase, alanine amino (ALT) (SGPT) (84460), Transferrase, 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	Prealbumin	A	20.52 CLAB	6.7 %		0.1 %	
84443	Thyroid stimulating hormone (TSH)	A	23.64 CLAB	8.3 %		4.0 %	
84484	Troponin, 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**  
**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.  
**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](#)

**Inpatient**  
**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.  
**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.

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

### Worksheet example

A1	Dept											
A	B	C	D	E	F	G	H	I	J	K		
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	DRAW BLOOD OFF VENOUS DEVICE	36591		Draw blood off venous device		129.00		44.00	APC		
9	17	COLLECT BLOOD FROM PICC	36592		Collect blood from picc		129.00		44.00	APC		
0	17	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 [log](#)

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

**Hospital Summary**  
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.  
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](#)

**Inpatient**  
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.  
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.

**Outpatient**  
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](#)  
47000  
Service Line Detail Initiation: 122.76  
This worksheet combines your charge master into the PARA service lines... [more](#)  
Svc: Allergy  
Dept: 00 - Daily Hospital Service  
Supplier Detail  
This ad hoc report, allows the User to enter codes... [more](#)

## 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 %
<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	13 56.5%									
0350 CT Scan - General Classification			1,174		1,090	10 43.5%				1,258	10 100%				
0360 Operating Room Services - General Classification	2,849	4 100%	519	82%			519	6 100%							
0361 Operating Room Services - Minor Surgery			1,430				1,140	8 100%		1,174	2 100%	1,635	1 100%	2,378	2 100%
0369 Operating Room Services - Other Operating Room Services			2,198				2,198	24 100%						821	6 100%
<b>A - Not Paid Under OPPS, Paid by FI 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 [lo](#)

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

Add: Unit of service - per ml/sq cm

Service: Echocardiogram

## PDF Report example

Prepared for Demonstration Hospital			Data Editor - Clinical Lab - Chemistry Summary			CDM Date: 5/16/2011	
						Qty Range: 1/1/2011-1/1/2011	
Code							
82000	Acetaldehyde, Blood			Status: A-Not Paid Under OPPS, Paid by FI.		CLAB Reimb \$17.43	
82003	Acetaminophen			Status: A-Not Paid Under OPPS, Paid by FI.		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 FI.		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 FI.		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 FI.		CLAB Reimb \$15.72	
82016	Acylcarmitines; Qualitative, Each Specimen			Status: A-Not Paid Under OPPS, Paid by FI.		CLAB Reimb \$19.51	
	Dept: 11-REFERENCE LAB	Item: 111255	ACYLCARNITINES, QUAL	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
<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>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>Comprehensive CDM Summary</b>  <b>State Specific</b>  <b>Florida AHCA Inpatient</b> 2008  <b>Florida AHCA Outpatient</b> 2008   <b>Pricing Group:</b> Geographic <b>Data Source Timing</b>	<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>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>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>Hospital Room Rates</b> FFY 2010 Q4 Inpatient room rate charges detailed by Medical, Surgical, Obstetric, and Psychiatric claims.  <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>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>DRG List</b> Current DRGs, their descriptions, and MDC and service assignment as presented in the DRG-focused Pricing Data reports above.	<b>Hospital Outpatient Summary</b> 2009 The report includes a comprehensive analysis of over 70 key service lines... <a href="#">more</a>  <b>Outpatient HCPCS</b> 2009 Q4 This ad hoc report, allows the User to enter codes to retrieve HCPCS charge detail... <a href="#">more</a>  <b>APC - Claim Analysis</b> 2009 Enter surgical or significant diagnostic procedures to create a one page analysis... <a href="#">more</a>  <b>APC Status T Rank</b> 2009 PDF Analyze your top 100 APC status T charges.  <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>APC Status T Surgical Rank</b> 2009 Analyze your top 50 APC status T surgical charges.  <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>  <b>Service Line Detail</b> Inflator: 12 % This worksheet combines your charge master into the PARA service lines... <a href="#">more</a>  Svc: IV / Injection Therapy Dept:  <b>Supplier Detail</b> This ad hoc report, allows the User to enter codes... <a href="#">more</a>

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							
99283	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							
Claim Type Detail - UB04																		
		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+						
Specific Code																		
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	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						
Packaged																		
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	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						
All Claims - UB04																		
		Local Geographic Market				County				CA State				National				
		Low	Avg	Mid	High	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	462	1,654	2,846	
Packaged		405	1,152	1,576	2,482					94	962	2,004	3,045	42	510	3,012	5,514	
Supplier Detail - 1500 Claims (Physician/Supplier Procedure Summary 2009)																		
						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												
45378	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	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:

CDM Date:

Department:



Billing Indicators:  Provider ID:   
State:  Area Wage Index:   
Physicians Fee Schedule:   
Fiscal Intermediary / MAC:   
Quantity Date Range:   
FY End Date:

Account Exec: **Violet Archuleta-Chiu**  
800-999-3332 x219 [varchuleta@para-hcfs.com](mailto:varchuleta@para-hcfs.com)  
Tech Support: **Richard Dirkes-Jacks**  
800-999-3332 x224 [rdirkes-jacks@para-hcfs.com](mailto:rdirkes-jacks@para-hcfs.com)

Market Hospitals

**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** Close

[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](#)

PARA Healthcare Financial Services – January 2012

Page 11

# 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](#)

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

---

**Report Selection**

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

**HCPSC / 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:

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

ICD9 Code (for LCD, NCD, HCPSC to ICD9):

☐ 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)  
For access please contact your **Account Exec: Violet Archuleta-Chiu** [Updates - Quick View](#)

☐ HCPSC/CPT® to ICD9 Lookup

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

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

---

**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, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 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>0 - Code Pair cannot be billed</b>
96360 - Intravenous infusion, hydration; initial, 31 minutes to 1 hour	82805 - Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 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 therapeutic, 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	
				Qty Range: 1/1/2011-1/1/2011	
Code					
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 THERAPY	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 THERAPY	Item: 171070	COLLECT BLOOD FROM PICC	Price: \$129.00	Qty:
36593	Declothing By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter			Status: T-Paid Under OPPS; Separate APC.	APC Reimb \$161.68
	Dept: 17-RESPIRATORY THERAPY	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); Outdown			Status: N-Part of payment for other services.	
36640	Arterial Catheterization For Prolonged Infusion Therapy (Chemotherapy), Outdown			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-ORTHOAEDICS	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-ORTHOAEDICS 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 HHAHPS 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

Page 1 of 19 Displaying Advisories 1 - 30 of 549

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 Advisory: 1436

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

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



# 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, inactivate 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®		82803	Default			Please add to our current referred lab inventory
Medicare Outpatient			Outpatient			
Medicaid			Part B			
Other			Other			

Code Description(s)  
82803 - Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); (A - Not Paid Under OPPS, Paid by FI 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		
Unit Price	<input type="text"/>	Comments	Click here to add notes.
	Effective Date <input type="text"/>		
Order Entry		General Ledger	
Category	Mnemonic	Department	Relative Value