



HEALTH SCIENCE INSTITUTE

Healthcare Reimbursement Analysis

Charge Capture Review

Charge Capture Review provides a comprehensive, efficient approach for the review of detailed patient invoices and corresponding medical records to identify any procedures and/or ancillaries that were not recorded on the patient invoice, that may result in additional revenue for the provider. The **HSI Team** is comprised of experienced RN's and LPN's who are familiar with the expected treatment levels for specific clinical environments. This service is intended to augment the accuracy, appropriateness and efficiency of existing charge structures, while identifying opportunities for bottom line optimization. The HSI Charge Capture Review focuses on the following areas:

Documentation

All charges need to be supported by the documentation in the patient chart

NCCI Edits

Procedures reported satisfy Medicare edits for mutually exclusive procedures and component coding

Diagnosis Coding Supports the Services Billed

ICD-9-CM Codes are supported by the documentation in the chart and meet medical necessity requirements for the services billed

Identification of Services

All services are coded and charged. Procedures that are not coded are highlighted for review by hospital personnel.

Chargemaster Review

Ideally, charge master maintenance should not be the responsibility of one individual. The **HSI Team** provides expertise in coding, billing regulations, clinical procedures and health record documentation for all charge master billable line items. The **HSI Team** assists hospitals by providing a comprehensive analysis of all charge master line items. This analysis includes:

Line item review of CDM including:

- Review of all revenue codes for accuracy and linkage to charge description numbers
- Review of all CPT/HCPCS codes for accuracy, validity and relationship to charge description number
- Review of all procedure and service descriptions for accuracy and clinical appropriateness
- Confirm that the usage of all CPT, HCPCS and revenue codes are in compliance with Medicare guidelines
- Review of all charge dollar amounts for appropriateness
- Review of all charge description numbers for uniqueness and validity
- Review of all department code numbers for uniqueness and validity
- Identify APC "pass-through" items bundled into a global procedure for subsequent itemization.
- Review of all charge ticket and order entry screens for accuracy against the charge master and appropriate mapping to CPT/HCPCS codes
- Schedule interviews and meet with key personnel to assess current practices concerning CDM maintenance, charging mechanisms, coding practices and billing procedures
- Recommend modifications to the charge master
- Issue worksheet(s) with corrections and/or recommendations
- Provide on-site training sessions based upon the results of the CDM review, as well as the needs of the facility

The **HSI Team** can customize this process to meet the specific needs of your facility. Our Educational Programs, Implementation Advisory Assistance and Post Implementation Audits can be executed independently or within the span of the Charge Master Review process.