

Comprehensive Claim Review

Purpose:

To provide a detailed claim review with selection customized to the client needs. The review will be completed by a certified coder with extensive experience in all areas of coding and auditing.

Types:

PARA offers (but is not limited to) Coding and Claim reviews on the following types of charts:

- Outpatient (normal minimal 100 claim review)
- Inpatient (including MS-DRG and/or APR-DRG)
- Radiation Oncology
- Evaluation and Management
- Profee
- Interventional Radiology
- Surgical
- Clinical Documentation Review
- Focused Reviews

Claim Review Process:

Identify charge process capture issues, coding and compliance errors, billing errors, and identify documentation and system issues.

- Provide detailed and summary reports identifying **ParaRev** recommendations and impact on reimbursement.
- Provide supporting authoritative references to support **ParaRev** recommendations
- Review our findings and provide education in a meeting with the opportunity for the client to ask questions, provide comments and discuss recommendations.
- Analyze reimbursement impact
- Provide ongoing support regarding coding/billing questions through our 'Post a Question' tab in the **ParaRev Data Editor** Select tab.
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The screenshot displays the ParaRev software interface. At the top, there is a navigation bar with tabs: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, and PARA. The 'Claim/RA' tab is currently selected.

On the left side, there are several data entry fields:

- Hospital: Demonstration Hospital (Sales)
- CDM Date: 03/01/2015 (AutoStandard) - 20752 Chgs Online
- Department: 3010 - Total Items: 00016 - MED/SURG INTENSIVE C
- Billing Indicators: Map, Provider ID: 990001
- State: CA, Area Wage Index: 1
- Physicians Fee Schedule: ANAHEIM/SANTA ANA, CA
- Fiscal Intermediary / MAC:
- Quantity Date Range: 1/1/2013 to 6/30/2013
- FY End Date:

Below these fields, there is a section for Account Exec: Violet Archuleta-Chiu (800-999-3332 x219, yarchuleta@para-hcfs.com) and Tech Support: Mary McDonnell (800-999-3332 x216, mmcdonnell@para-hcfs.com).

At the bottom left, there is a 'Market Hospitals' section with a 'Group' dropdown set to 'Geographic'. It lists:

- Regional Hospital (HOSP01) - City: Anaheim, CA, Provider ID: 990001
- Community Hospital (HOSP02) - City: ANYWHERE, CA, Provider ID: 990002

On the right side, there is a 'Bulletin Board' section with a search bar and a list of documents:

Date	Title
03/17/2017	HHS.GOV.OIG: Modification of Advisory Opinion 02-1 Non-profit, tex-exe...
03/17/2017	HHS.GOV.OIG: Advisory Opinion 17-01 Hospital system's proposal to prov...
03/17/2017	HHS.GOV.OIG: Hospitals Nationwide Generally Did Not Comply With Med...
03/17/2017	CMS Updated: IRF & LTCH QRP Provider Preview Reports
03/17/2017	CMS NEWS: Connected Care: New Educational Initiative to Raise Awaren...
03/17/2017	National Government Services Incorrect Billing of Certain Molecular Bioma...
03/17/2017	National Government Services Cognitive Assessment: New G-Code G0505
03/17/2017	National Government Services -Changes in CPT Coding E&M Requirements
03/17/2017	Nebraska Department of Health and Human Services HHS - Practitioner F...
03/17/2017	Nebraska Department of Health and Human Services Nebraska Medicid...

Comprehensive Claim Review

ParaRev will verify:

- Validity of ICD-10 CM codes (i.e. omitted codes, level of specificity in coding, invalid selection of codes)
- Validity of CPT® codes (i.e. omitted codes, level of specificity in coding, invalid selection of codes, unbundling of codes)
- Appropriateness of Modifiers (i.e. omitted modifier, overuse or underuse of modifiers)
- Charge and Revenue Errors
- Validity of pharmacy codes and multipliers
- Clinical documentation Issues
- Reimbursement impact

During a review that includes inpatient accounts, ParaRev will additionally:

- Validate MS DRGs,
- When appropriate: Validate APR-DRGs, Severity of Illness (SOI) and Risk of Mortality (ROM)
- Validate ICD-10 PCS codes including all components of code selection
- Identify Query Opportunities

The **ParaRev Data Editor** Claim Evaluator sub tab is utilized in this review.

The screenshot displays the 'Claim Evaluator' sub-tab in the ParaRev Data Editor. The interface includes a navigation bar with tabs like 'Select', 'Quote A Price', 'Charge Maintenance', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Administration', and 'PARA'. Below this, there are buttons for 'Detail', 'Quick Add', 'Charge Forms', and 'Claim Evaluator'. The main area shows a claim summary for 'August 2010' with 'Group Admin' and 'Claim Report(s)' options. The summary table is as follows:

Claim Type	Patient Billing Acct No	Service From	Service Through	Total Charges
Rad Thera	200602010	04/13/2010	04/30/2010	\$26,604.09

Below the summary is a table with columns for 'Original Data' and 'Revised Data'. The 'Original Data' columns include 42 Rev. Co., 44 HCPCS, Mod. 1, Mod. 2, 46 Serv. Units, 47 Total Charges, and Reimb. The 'Revised Data' columns include 42 Rev. Co., 44 HCPCS, Mod. 1, Mod. 2, 46 Serv. Units, 47 Total Charges, and Reimb. Additional columns include Error Code, Late?, and Date. The table lists 13 rows of charge details, with a total of 75 claims. At the bottom, there are buttons for 'Save/Run Reimbursement', 'Add New Claim Detail', and 'Delete Selected Claim Detail(s)'. Summary statistics at the bottom of the table are:

Original Total Charges: \$26,604.09	Original Reimbursement Total: \$4,825.29	Revised Total Charges: \$26,604.09	Revised Reimbursement Total: \$4,825.29
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Comprehensive Claim Review

Each of the individual data elements contained within the claim are displayed and presented in detail for the Hospital User to interpret the review.

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

Detail Quick Add Charge Forms Claim Evaluator

August 2010 Group Admin Claim Report(s) Sort By: Patient Billing Acct No

Add New Claim Claim Analysis/Edit

Claim Type	Patient Billing Acct No	Service From	Service Through	Total Charges
Rad Thera	200602010	04/13/2010	04/30/2010	\$26,604.09

Claim 1 of 75 Claim 1 of 75 total

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Comments/Notes

Original Data		Revised Data	
ICD9 Code	ICD9 Description	ICD9 Code	ICD9 Description
V580	RADIOTHERAPY		
185	MALIGNANT NEOPLASM OF PROSTATE		
1885	MALIGNANT NEOPLASM OF BLADDER NECK		

If the claims are “built” in the ParaRev system utilizing the transaction data set on file, the detail transactions are available for access and review.

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

Detail Quick Add Charge Forms Claim Evaluator

August 2010 Group Admin Claim Report(s) Sort By: Patient Billing Acct No

Add New Claim Claim Analysis/Edit

Claim Type	Patient Billing Acct No	Service From	Service Through	Total Charges
Rad Thera	200602010	04/13/2010	04/30/2010	\$26,604.09

Claim 1 of 75 Claim 1 of 75 total

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Comments/Notes

Original Data							Revised Data							Error	Late	Date
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	47 Total Charges	Reimb	Error Code	Late?	DOS
0300	36415			1	\$8.10	\$3.00						\$8.10	\$3.00			04/30/10
0300	85025			1	\$159.46	\$11.14						\$159.46	\$11.14			04/30/10
0301	80048			1	\$226.33	\$12.12						\$226.33	\$12.12			04/30/10
0333	77014			1	\$440.55	\$0.00						\$440.55	\$0.00			04/13/10
0333	77290			1	\$1,251.76	\$245.87						\$1,251.76	\$245.87			04/13/10
0333	77295			1	\$3,823.83	\$856.13						\$3,823.83	\$856.13			04/15/10
0333	77300			4	\$1,899.20	\$380.11						\$1,899.20	\$380.11			04/15/10
0333	77331			4	\$2,135.60	\$380.11						\$2,135.60	\$380.11			04/22/10
0333	77334			1	\$1,420.82	\$175.98						\$1,420.82	\$175.98			04/13/10
0333	77334			4	\$5,683.28	\$703.92						\$5,683.28	\$703.92			04/15/10
0333	77336			1	\$514.55	\$95.03						\$514.55	\$95.03			04/23/10
Original Total Charges: \$26,604.09					Original Reimbursement Total: \$4,825.29		Revised Total Charges: \$26,604.09					Revised Reimbursement Total: \$4,825.29				

Save/Run Reimbursement Add New Claim Detail Delete Selected Claim Detail(s)

Comprehensive Claim Review

Each of the "corrections" to a claim are assigned a error code for reporting.

Claim Form																		
Original Data						Revised Data						Error	Late	Date				
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	47 Total Charges	Reimb	Error Code	Late?	DOS		
0300	36415			1	\$8.10	\$3.00						\$8.10	\$3.00			04/30/10		
0300	85025			1	\$159.46	\$11.14						\$159.46						
0301	80048			1	\$226.33	\$12.12						\$226.33						
0333	77014			1	\$440.55	\$0.00						\$440.55						
0333	77290			1	\$1,251.76	\$245.87						\$1,251.76						
0333	77295			1	\$3,823.83	\$856.13						\$3,823.83						
0333	77300			4	\$1,899.20	\$380.11						\$1,899.20						
0333	77331			4	\$2,135.60	\$380.11						\$2,135.60						
0333	77334			1	\$1,420.82	\$175.98						\$1,420.82						
0333	77334			4	\$5,683.28	\$703.92						\$5,683.28						
0333	77336			1	\$514.55	\$95.03						\$514.55						
Original Total Charges: \$26,604.09					Original Reimbursement Total: \$4,825.29					Revised Total Charges: \$26,604.09								
<input type="button" value="Save/Run Reimbursement"/> <input type="button" value="Add New Claim Detail"/> <input type="button" value="Delete Selected Claim Detail(s)"/>																		

- 01 - Incorrect CPT code
- 02 - Incorrect Revenue Code
- 03 - Incorrect Units of Service
- 04 - Omitted CPT code
- 05 - CCI Conflict
- 06 - Incorrect Modifier
- 07 - Omitted Modifier
- 08 - DX Code Omitted
- 09 - DX Code Incorrect
- 10 - DX Code Specificity Error
- 11 - DX Code lack of MD Documentation
- 12 - DX Code Guideline Error
- 13 - DX Transfer to Bill Error
- 14 - Pass through Code Omitted
- 15 - MD Documentation Issue

Comprehensive Claim Review

The table below provides an example of the selection process for an outpatient claim review. The selection of claims can be customized to the client needs. This table includes the number of claims and supporting documentation for each type of claim.

Outpatient Claim Type	Description	Minimum Number of Claims	Supporting Documents
Interventional Radiology	Breast Biopsy, Cyst Aspiration, Percutaneous Biopsy, Pain Injections	8	Radiology Report
Pacemaker	Initial Placement and Replacements	4	Cath Lab/Surgical Report and HIM abstract if performed in surgery
Cath Lab	Left Heart, Combo Left & Right Heart, Stent Placement	6	Cath Lab Report
Angiography	Stent Placement, Aortogram with runoff, Declot Fistula, Dialysis Fistula	8	Procedure Report
Surgical	Include claims from simple to complex surgeries, multiple procedures, bilateral and unilateral services	8	Surgical Report and HIM Abstract Worksheet
Chemotherapy	Multiple infusions, hydration, clinical visits, injections	4	Nursing Notes
Observation	Emergency Room observation admits, direct admit from a physician office	4	Physician Notes, orders and Nursing Notes
Emergency Room	Critical care, surgical procedures, blood transfusion, IV infusions, injections	5	Physician and Nursing Notes, transcribed dictation, radiology reports, ER level assignment form
Blood Transfusion	If not available as standalone claims, provide claims from other areas i.e., ER	3	Nursing Notes
Rehab – PT, OT, Speech	Claims from each modality with evaluation and therapy charges	4	Therapist notes

Comprehensive Claim Review

Number of claims by type and supporting documentation (continued)

Outpatient Claim Type	Description	Minimum Number of Claims	Supporting Documents
Diagnostic Imaging	Claims from each: Radiology, CT, Nuclear Medicine, Mammography, MRI, Ultrasound	12	Radiology Reports
Wound Care	Include 2 claims from each: new office visit, recurring visit, graft, debridement, hyperbaric oxygen therapy	6	Nursing Notes
Clinical Lab	Multiple tests on a single claim	4	Lab Information System listing
IV Infusions	Hydrations, Infusions and Injections	6	Nursing Notes
OB Outpatient, Labor check	Non Stress tests, monitoring, IV Therapy	4	Nursing Notes
Smoking Cessation	Complete course of care	2	Procedure Notes
Medical Nutritional Therapy	Diabetes self management training	4	Procedure Notes
Sleep Lab	Complete overnight study, CPAP titration, home studies	4	Procedure Notes
Pulmonary Rehab	Complete course of care	2	Procedure Notes
Cardiac Rehab	Complete course of care	2	Procedure Notes
Total Minimum Number of Claims		100	

Comprehensive Claim Review

There are several reports which can be generated ad hoc by the User, with two different sort options.

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

Detail Quick Add Charge Forms **Claim Evaluator**

August 2010 Group Admin Claim Report(s) Sort By: Patient Billing Acct No

Add New Claim Claim Analysis/Edit

Claim Type Patient Billing Acct No Service
Rad Thera 200602010 04/13/2

Claim Group Detail Report(s)
 Claim Group Detail Report - Sorted by Claim Type
 Claim Group Summary Report
 Error Code Summary By Claim Report

Claim 1 of 75 total \$26,604.09

Claim Form Transactions Diagnosis ICD9 Procedure ICD9 Comments/Notes

Original Data							Revised Data							Error	Late	Date
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	47 Total Charges	Reimb	Error Code	Late?	DOS
0300	36415			1	\$8.10	\$3.00						\$8.10	\$3.00			04/30/10
0300	85025			1	\$159.46	\$11.14						\$159.46	\$11.14			04/30/10
0301	80048			1	\$226.33	\$12.12						\$226.33	\$12.12			04/30/10
0333	77014			1	\$440.55	\$0.00						\$440.55	\$0.00			04/13/10
0333	77290			1	\$1,251.76	\$245.87						\$1,251.76	\$245.87			04/13/10
0333	77295			1	\$3,823.83	\$856.13						\$3,823.83	\$856.13			04/15/10
0333	77300			4	\$1,899.20	\$380.11						\$1,899.20	\$380.11			04/15/10
0333	77331			4	\$2,135.60	\$380.11						\$2,135.60	\$380.11			04/22/10
0333	77334			1	\$1,420.82	\$175.98						\$1,420.82	\$175.98			04/13/10
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0333	77336			1	\$514.55	\$95.03						\$514.55	\$95.03			04/23/10
Original Total Charges: \$26,604.09					Original Reimbursement Total: \$4,825.29		Revised Total Charges: \$26,604.09					Revised Reimbursement Total: \$4,825.29				

The reports present in detail and summary all data elements, corrections and descriptions.

Patient Account: 200583652 Dates of Service: 4/19/2010 - 4/29/2010

Total Charges: 3,097.98 Claim Type: Blood Trans

Orig. HCPCS	Rev. HCPCS	Proc Code	Proc Desc	Orig. Rev Code	Rev. Rev Code	Orig. MOD 1	Orig. MOD 2	Rev. MOD 1	Rev. MOD 2	Orig. Units	Rev. Units	Date of Service	Error Code	Orig. Total Charges	Orig. Reimb	Rev. Total Charges	Rev. Reimb
36415	360001		PHLEBOTOMY CHARGE	0300						1		04/19/10		8.10	3.00		
85025	363108		CBC COMPLETE BLOOD COUNT	0300						1		04/19/10		159.46	11.14		
36415	360001		PHLEBOTOMY CHARGE	0300						1		04/22/10		8.10	3.00		
85025	363108		CBC COMPLETE BLOOD COUNT	0300						1		04/22/10		159.46	11.14		
	123739		DIPHENHYDRAM 12 5MG SML	0250						4		04/29/10		6.60	0.00		
	650640		SOL .9% SOD CHLOR 250CC	0258						1		04/29/10		3.00	0.00		
36415	360001		PHLEBOTOMY CHARGE	0300						1		04/29/10		8.10	3.00		
85025	363108		CBC COMPLETE BLOOD COUNT	0300						1		04/29/10		159.46	11.14		
86850	581007		COOMBS INDIRECT SCREEN	0300						1		04/29/10		110.31	13.66		
86900	581068		ABO BLOOD TYPE	0300						1		04/29/10		83.93	7.23		
86901	581069		RH BLOOD TYPE	0300						1		04/29/10		59.29	7.23		
86922	581105		CROSSMATCH AHG	0300						1		04/29/10		216.48	23.24		
86922	581105		CROSSMATCH AHG	0300				59		1		04/29/10		216.48	23.24		
85014	363068		HEMATOCRIT	0305				91		1		04/29/10		56.35	3.39		
85018	363022		HEMOGLOBIN	0305				91		1		04/29/10		44.36	3.39		
P9016	581060		LEUKOREduced RED CELLS	0390						2		04/29/10		1,199.00	344.80		
36430	867705		TRANSFUSION BLOOD COMPON	0391						1		04/29/10		599.50	210.40		
Totals														3,097.98	678.99	3,097.98	678.99

HCPSCPT CODES/DESCRIPTIONS

Code	Description
36415	Collection of venous blood by venipuncture
36430	Transfusion, blood or blood components

Comprehensive Claim Review

ParaRev will accept the claims in a number of formats:

1. Submission of claims from an electronic 837 file import (recommended method)
2. Submission of claims from an account header and transaction file, in addition you will need to file transfer a scanned copy of the UB04.
3. Submission of claims in scanned format, there will be a extra charge to be billed for the keying of the claims

DE-IDENTIFY THE CLAIMS. ParaRev will use the patient control or account number in box #3 on the UB04 for the identifier.

Provide claims billed to Medicare, the review is based on Medicare billing guidelines.

Each claim needs to include the UB04 and Itemized Bill.

The scanned claims and supporting documentation should be submitted using the **ParaRev** secure file transfer process, the link is pasted below.

https://apps.para-hcfs.com/pde/documents/PARA_FileTransferUserGuide.pdf

ParaRev will not accept claims or any form of documentation in paper due to HIPAA regulations.

If you have questions, please contact your Account Executive at (800) 999-3332.