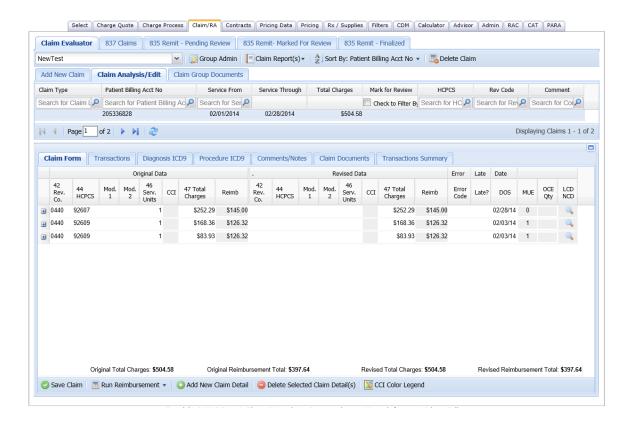


CLAIM REVIEW

Hospitals agree that having a complete and accurate charge master is the foundation for capturing earned reimbursement. Regardless how accurate and complete the charge master is, if the HIM coding and departmental charge generation process is not accurate, reimbursement will be lost.

The purpose of the **ParaRev Claim Review** is to improve reimbursement, reduce denial and decrease audits.

The **ParaRev Claim Review** deliverables include review of medical record and UB04 form, comparison of pre-scrubbed claim to claim submitted to third party payer, uncover any missing codes and charges, identification of non-captured services through the audit process, unveil missing or incorrect pharmacy codes and multipliers, identify issues in hard-coded HCPCS codes vs. HIM soft-coded HCPCS, identify system errors, charge process capture issues, and compliance errors.



Contact your ParaRev Account Representative to learn more about ParaRev's Claim Review!

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