

Chargemaster Review Services

**BREADTH
+ DEPTH™**

A complete and accurate chargemaster is the foundation for obtaining the reimbursement that a hospital is entitled. The accuracy of hard coded procedures is a vital part of any hospital's compliance and management reporting efforts. The data generated from the chargemaster through the billing process is the basis of considerable financial information and decision-making, thus making the chargemaster one of the most important financial tools a hospital utilizes.

A first year Return on Investment of three to four times the initial cost of a comprehensive chargemaster review is well documented in the industry. The most quantifiable returns come from missing service codes or non-assigned CPT/HCPCS codes. Recent BESLER Consulting project findings include:

- **Radiology Department** – Many of the surgical procedure component codes were not charged when procedures must be reported using both a radiology imaging component code and surgical code.
- **MRI** – MRI service codes were not assigned CPT/HCPCS codes during a conversion from an outside billing vendor to in-house billing. BESLER Consulting was able to assist the hospital in recovering one year's worth of missing MRI charges.
- **Nuclear Medicine** - Radiopharmaceuticals used in nuclear medicine studies should be separately billed consistent with the dosage used during the study. Only a limited number of radiopharmaceuticals were represented in the chargemaster. A total of 22 different radiopharmaceutical agents were identified to be added to the chargemaster.
- **Blood Bank** - Many of the blood products that are dispensed through the blood bank were not represented in the chargemaster. The chargemaster was revised to identify and code all the blood products that were being dispensed.
- **Add-on Codes** – Many hospitals do not properly account for add-on codes. Add-on codes are codes for procedures that need to be billed in conjunction with another primary procedure in order to be reimbursed. For example, CPT codes 78478, Myocardial perfusion study with wall motion, qualitative or quantitative study, and 78480, Myocardial perfusion study with ejection fraction, that may be billed in addition to the following nuclear medicine CPT codes when appropriate; 78460, 78461, 78464 and 78465. Not appropriately using these codes negatively impacts reimbursement.

A periodic on-site chargemaster review performed by an independent third party is essential to maintaining an accurate, current and compliant chargemaster. The BESLER Consulting chargemaster review solutions afford our clients a choice of services designed to meet their needs ranging from focused departmental audits to comprehensive engagements. Our staff of experts is able to assist your facility in achieving chargemaster compliance which ultimately impacts the effectiveness of your Revenue Cycle and the ability to submit clean claims.

Testimonial

“When we had to do a Chargemaster Review, we selected BESLER Consulting because we felt comfortable and confident that they could go ahead and handle the implementation. It was an aggressive schedule – from June through August with implementation beginning in September. As a result, the net effect was a 10% to 15% reduction in bad debt expense and the number of days in A/R.”

*Bruce L. Traub, FHFMA, CPA
CEO & Vice President
The Medical Center at Princeton*



BESLER
CONSULTING

CONSULTANTS IN HEALTHCARE
FINANCE AND OPERATIONS

Chargemaster Review Services

Service	Components of the Service
COMPREHENSIVE ON-SITE CHARGEMASTER REVIEW	Review of each designated department utilizing CDM Focus software.
	Meetings are conducted with individual department managers to review the charge capture and reconciliation processes that may or may not be in place. A thorough analysis is performed to determine the services rendered in each department to ensure it is properly represented in the chargemaster.
	Line by line analysis by certified professional coding consultants to review: HCPCS code assignment, revenue code assignment and appropriateness of descriptions.
	Review of potential additions to the chargemaster for services that are performed, but are either not coded properly or need to be added to the chargemaster.
	Identification and review of all invalid and non-specific HCPCS codes. Replacement HCPCS codes are recommended when applicable.
	Identification of HCPCS codes that are not reportable to Medicare on an outpatient bill.
	Identification of alternate HCPCS codes required by Medicare when applicable.
	Department managers are provided individual prototype reports that represent the complete chargemaster for their department.
	Individual written departmental analysis outlining the issues discussed at the department meeting and recommendations for corrective actions.
An executive summary that outlines the highlights of the findings from the chargemaster review and additional steps that should be implemented.	
MEDICAL RECORD / BILL AUDIT	Medical record documentation is reviewed and correlated to the UB92 billing record.
	The pre-scrubbed claim is compared to the claim submitted to the payer to identify any issues that may be related to the scrubber software.
	Non-captured services are identified through the audit process.
	"Hard-coded" chargemaster HCPCS codes versus Health Information Management HCPCS coding issues are identified.
	Collateral interface mapping issues are identified.
Physician documentation issues are identified.	
CHARGEMASTER IMPLEMENTATION SERVICES	Review of current charge capture procedures (if any) and provide recommendations for improvement.
	Assistance with development of attestation documents.
	Support with the communication of chargemaster changes between ancillary departments and nursing services.
	Assistance with development of appropriate policies and procedures that support the chargemaster change and maintenance process.
	Assistance with planning how the changes identified in the chargemaster review should be implemented, keeping in mind the operational and information systems complexities of each hospital.
	Review of related order entry screens, manual charge tickets, if any, and collateral information system issues.
Assistance with the development of a Chargemaster Committee to monitor the chargemaster changes and maintenance going forward.	
DEPARTMENTAL EDUCATION	Assess the educational needs of the individual department managers and tailor a program that meets those needs.
	Areas that are typically addressed are: understanding the HCPCS codes utilized in the department; education regarding the importance of charge capture, especially if there is a change in the charge capture process for the department; analysis of claim denials related to the department; education regarding new procedures and the coding related to those procedures; education regarding the utilization of the collateral information system; the importance of charging for all the HCPCS codes related to a procedure.
	If physician education is identified as an issue an educational program tailored to the needs of the individual physicians can also be developed by a physician coding specialist.
FOCUSED DEPARTMENT REVIEWS	When one or only a few departments are identified as having revenue related issues, BESLER Consulting will provide an in depth analysis of the requested department(s). A similar process is outlined in the "Comprehensive On-Site Chargemaster Review" will be followed.
CHARGEMASTER MAINTENANCE	The maintenance of a chargemaster requires continuous coordination and education of the various ancillary departments. The ongoing updating of HCPCS codes and the rules surrounding their use, sometimes a daily or weekly occurrence by the Center for Medicare and Medicaid Services, demands that providers take steps to identify and incorporate these changes into their coding and billing operations. The BESLER Consulting maintenance program is designed to augment the efforts of those hospitals with existing maintenance programs or provide a comprehensive maintenance program to those Hospitals without the necessary internal resources.

