

## Reimbursement / Revenue Enhancement

### Engagement Statistics

- DataPros was engaged by a northeastern healthcare System that provides 726,000 outpatient visits per annum.
- The claims reviewed included commercial and non-commercial (Medicare) payers.
- The Non-Commercial claims reviewed were those with dates of service ranging from October 1, 2005, through September 30, 2006.
- The Commercial claims reviewed were those with dates of service ranging from January 1, 2006, through December 31, 2006.
- The total dollar amount of additional reimbursement to be recovered through the resubmission of these claims is projected to be \$1,269,860, broken down by the number of claims recommended for rebilling and the amount of projected reimbursement, by payer and by area of focus:

#### Commercial

Area	Number of Claims	Total Net Revenue
Blood	96	\$391,038
Cardiology	702	\$374,976
Pharmacy	66	\$40,728
Radiology	78	\$89,124
<b>Total</b>	<b>942</b>	<b>\$895,866</b>

#### Non-Commercial

Area	Number of Claims	Total Net Revenue
Blood	578	\$251,904
Cardiology	118	\$6,580
Nuclear Medicine	6	\$4,232
Pharmacy	244	\$25,296
Radiology	80	\$77,166
Wound Center	174	\$8,816
<b>Total</b>	<b>1200</b>	<b>\$373,994</b>

### Findings by Area

- Units of Albumin, a blood expander, were not correctly billed and the hospital's current CDM (Charge Description Master) does not have a Service Code that accurately defines the HCPCS code for Albumin.
- Units of Red Blood Cells were consistently billed as one unit when two or more units were actually administered and documented.
- During our review of blood transfusion claims, a number of the patients received intravenous injections between receiving units of packed red blood cells. We found claims in which the injections were not billed even though the medical record indicated that the patient had received the IV medication.
- We found a large number of claims submitted in which HCPCS code A4641 (Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified) was used to bill instead of the specific HCPCS code A9505 (Thallium).
- For patients with multiple wound sites and where multiple wound debridement procedures were performed on the same date, we found claims submitted in which only one of the wound debridement procedure codes (11040 - 11044) was being billed, regardless of the number of wound sites and procedures.
- Interventional radiology is comprised of component coding, which means billing for both the Radiology Imaging (Physician Supervision & Interpretation) (70000 code series) and the Surgical Component (Non-70000 series). We determined that the imaging portion of an angioplasty was not being charged and interpretation, the surgical portion of an angioplasty, was not being charged.
- Radiology diagnostic procedures are separately billable when performed prior to therapeutic procedures. We identified diagnostic procedures charged correctly but missing the appropriate modifier for separate reimbursement.
- We identified the radiology department administers chemotherapy during certain interventional procedures. Two such drugs are Mutamycin J9280 and Doxorubicin J9000. The units in both cases were incorrectly billed for these chemotherapy drugs.



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