

Sample Report:

Third Quarter 2006 Payment Variation

Total \$ (Loss)/Gain = (Expected APC Payment - Actual Payment)
Counts by Variation Range

Range	Frequency	Total \$ (Loss)/Gain
>= 1,000	34	\$ 57,125.30
>= 500 and < 1,000	169	\$ 117,892.77
>= 200 and < 500	831	\$ 255,988.46
>= 100 and < 200	1,121	\$ 181,886.93
>= 1 and < 100	5,743	\$ 196,282.90
> -1 and < 1	291	\$ 1.65
> -100 and <= -1	12,684	\$ (396,651.60)
> -200 and <= -100	569	\$ (54,092.63)
> -500 and <= -200	179	\$ (58,790.30)
> -1,000 and <= -500	99	\$ (73,574.01)
<= -1,000	381	\$ (646,762.80)
TOTAL	22,101	\$ (420,693.33)

Sample Report:

Screen for Claims with Underpayments > \$500

Sample MedCenter 2006 Q3 Visits with (Expected APC Payment - Actual Payment) > \$500
(Diff = Expected APC Payment - Actual Payment)

PATIENT	VDATE	Charges	Actual Payment	Expected APC Payment	Cost	Diff	APCnum	APC2
001798109	20060925	\$ 3,878.74	\$ 793.77	\$ 1,295.57	\$ 1,357.56	\$ 501.80	0377	0269
001798810	20060929	\$ 6,922.17	\$ 690.59	\$ 1,259.80	\$ 2,422.76	\$ 569.21	0337	0284
041851378	20060915	\$ 3,878.74	\$ 793.77	\$ 1,295.57	\$ 1,357.56	\$ 501.80	0377	0269
041851585	20060927	\$ 3,877.08	\$ 793.77	\$ 1,295.57	\$ 1,356.98	\$ 501.80	0377	0269
061852528	20060925	\$ 10,423.19	\$ 5,570.06	\$ 6,170.52	\$ 3,648.12	\$ 600.46	9205	9214
071853540	20060915	\$ 3,877.08	\$ 793.77	\$ 1,295.57	\$ 1,356.98	\$ 501.80	0377	0269
081853913	20060929	\$ 3,878.74	\$ 793.77	\$ 1,295.57	\$ 1,357.56	\$ 501.80	0377	0269
091853974	20060825	\$ 3,936.06	\$ 833.54	\$ 1,342.30	\$ 1,377.62	\$ 508.76	0377	0705
TOTAL		\$ 2,246,617.84	\$ 771,771.61	\$ 1,081,518.49	\$ 776,268.56	\$ 305,559.44		

Sample Report:

Ungroupables Outpatient Claims Not Grouped and/or Paid into APC's

Sorted by Procedure

Procedure	Volume	Procedure Description	Status
19290	3	Place needle wire, breast	Packaged
36005	6	Injection ext venography	Packaged
36145	20	Artery to vein shunt	Packaged
36200	6	Place catheter in aorta	Packaged
36245	1	Place catheter in artery	Packaged
36246	2	Place catheter in artery	Packaged
36415	9,678	Routine venipuncture	Paid elsewhere
36600	110	Withdrawal of arterial blood	Packaged

Total **157917**

Sorted by Volume

Procedure	Volume	Procedure Description	Status
Q4054	69,540	Darbepoetin alfa, esrd use	Paid elsewhere
36415	18,456	Routine venipuncture	Paid elsewhere
J2501	7,480	Paricalcitol	Packaged
A4657	4,118	Syringe w/w needle	Paid elsewhere
85610	3,702	Prothrombin time	Paid elsewhere
90999	3,663	Dialysis procedure	Not paid: Alt code?
85025	2,783	Complete cbc w/auto diff wbc	Paid elsewhere
80053	2,229	Comprehen metabolic panel	Paid elsewhere

total **157917**

Sample Report:

APC 10 TOP LOSERS

APC Losers: Top 10 APCs for Loss

Loss = Expected APC Payment - Cost)

APC	APC Description	Volume	Expected APC Payment	Loss
9050	Na ferric gluconate complex (cost/pay = 5.1)	130	\$ 19,657	\$ (81,987)
0283	Computerized Axial Tomography with Contrast Material (cost/pay = 1.65)	200	\$ 99,646	\$ (64,449)
0301	Level II Radiation Therapy (cost/pay = 1.37)	954	\$ 142,288	\$ (52,828)
0332	Computerized Axial Tomography and Computerized Angiography without Contras (cost/pay = 1.61)	271	\$ 74,723	\$ (45,382)
0612	High Level Emergency Visits (cost/pay = 1.24)	393	\$ 143,062	\$ (34,176)
0260	Level I Plain Film Except Teeth (cost/pay = 2.06)	540	\$ 24,992	\$ (26,479)
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed (cost/pay = 1.93)	44	\$ 28,394	\$ (26,303)
0377	Level III Cardiac Imaging (cost/pay = 1.1)	244	\$ 233,327	\$ (22,822)
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont (cost/pay = 1.71)	80	\$ 32,085	\$ (22,770)
0288	Bone Density:Axial Skeleton (cost/pay = 2.35)	151	\$ 10,626	\$ (142,982)
TOTAL		3,007	\$ 808,801	\$ (520,179)

Sample Report:

APC 10 TOP WINNERS

APC Winners: Top APCs for Gain

Gain = Expected APC Payment - Cost)

APC	APC Description	Volume	Expected APC Payment	Gain
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads (cost/pay = 0.5)	5	\$ 118,319	\$ 75,200
0225	Level I Implantation of Neurostimulator Electrodes (cost/pay = 0.31)	1	\$ 34,298	\$ 23,582
0015	Level III Debridement & Destruction (cost/pay = 0.73)	624	\$ 76,842	\$ 19,604
0107	Insertion of Cardioverter-Defibrillator (cost/pay = 0.18)	2	\$ 18,053	\$ 14,732
0222	Implantation of Neurological Device (cost/pay = 0.14)	1	\$ 16,909	\$ 14,908
9114	Nesiritide (cost/pay = 0.9)	289	\$ 142,331	\$ 13,525
0611	Mid Level Emergency Visits (cost/pay = 0.79)	366	\$ 61,817	\$ 13,104
0081	Non-Coronary Angioplasty or Atherectomy (cost/pay = 0.5)	18	\$ 26,160	\$ 13,005
9205	Oxaliplatin (cost/pay = 0.79)	9	\$ 41,505	\$ 8,892
0143	Lower GI Endoscopy (cost/pay = 0.87)	128	\$ 62,595	\$ 9,225
TOTAL		1,443	\$ 598,829	\$ 205,776

Sample Report: APC SUMMARY

APC	APC Description	Volume	APC Index	Proc Index	Expected/ APC Payment	Total Charges	Total Costs	Total Actual Payment	Revenue (Loss)/Gain
0395	G Tract Imaging	2	1.0	20	\$ 4657	\$ 1,11538	\$ 39038	\$ 22660	\$ (22460)
0396	Bare Imaging	48	1.3	272	\$ 12011.94	\$ 3848581	\$ 1347008	\$ 648880	\$ (6411.61)
0398	Level I Cardiac Imaging	3	127	223	\$ 2278.75	\$ 7,610.51	\$ 2,663.68	\$ 1,436.51	\$ (1,414.18)
0404	Renal and Genitourinary Studies Level I	1	1.0	40	\$ 211.56	\$ 549.28	\$ 192.25	\$ 112.38	\$ (108.38)
0406	Tumor/Infection Imaging	4	43	43	\$ 1,244.10	\$ 2,602.33	\$ 910.82	\$ 748.25	\$ (744.00)
0409	Red Blood Cell Tests	36	29	128	\$ 715.58	\$ 12,908.62	\$ 4,516.27	\$ 2,604.83	\$ (2,592.02)
0412	IMRT Treatment Delivery	254	1.4	1.5	\$ 81,439.40	\$ 212,133.69	\$ 74,246.79	\$ 61,404.24	\$ (61,402.77)
0426	Level II Strapping and Cast Application	2	1.5	1.5	\$ 306.35	\$ 541.80	\$ 189.63	\$ 236.07	\$ (234.57)
0600	Low Level Clinic Visits	665	1.0	1.6	\$ 32,900.63	\$ 71,905.65	\$ 25,166.98	\$ 28,011.48	\$ (28,009.85)
0601	Mid Level Clinic Visits	211	1.0	1.3	\$ 11,387.16	\$ 31,506.37	\$ 11,027.23	\$ 9,288.06	\$ (9,266.73)
0602	High Level Clinic Visits	34	1.1	1.8	\$ 2,661.72	\$ 6,870.21	\$ 2,404.57	\$ 2,497.20	\$ (2,495.41)
0610	Low Level Emergency Visits	62	1.0	1.1	\$ 4,591.02	\$ 6,179.63	\$ 2,162.87	\$ 3,186.87	\$ (3,185.81)
0611	Mid Level Emergency Visits	366	1.9	32	\$ 61,817.16	\$ 139,181.35	\$ 48,713.47	\$ 43,904.13	\$ (43,900.98)
Total (APC Grouped Visits Only)		1057			\$2905,313.62	\$ 8913,388.89	\$ 3,119,686.11	\$ 2,201,738.46	\$ (708,555.16)
Total (ALL APC Grouped and Ungrouped Visits)		2367							
Hospital APC Index		308							
Case Mix Index		224							

Sample Report: 80% Payment APC's

APC	APC Description	Volume	Expected APC		Cumulative % Payment
			Payment	(Loss)/Gain	
0225	Level I Implantation of Neurostimulator Electrodes	1	\$ 34,298.47	\$ 3,959.67	59.8%
0600	Low Level Clinic Visits	665	\$ 32,900.63	\$ 4,889.15	61.0%
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont	80	\$ 32,085.40	\$ 14,990.48	62.2%
0304	Level I Therapeutic Radiation Treatment Preparation	68	\$ 31,940.95	\$ 12,627.39	63.4%
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed	44	\$ 28,394.35	\$ 13,435.55	64.5%
0305	Level II Therapeutic Radiation Treatment Preparation	65	\$ 27,523.20	\$ 11,185.14	65.5%
0081	Non-Coronary Angioplasty or Atherectomy	8	\$ 26,160.10	\$ 6,572.47	66.5%
0310	Level III Therapeutic Radiation Treatment Preparation	27	\$ 25,162.63	\$ 10,509.81	67.4%
0260	Level I Plain Film Except Teeth	540	\$ 24,992.05	\$ 2,100.06	68.3%
0267	Level III Diagnostic Ultrasound	162	\$ 24,196.33	\$ 10,421.19	69.2%
0131	Level II Laparoscopy	10	\$ 23,627.08	\$ 9,366.44	70.1%
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	3	\$ 22,054.38	\$ 3,550.10	70.9%
0162	Level III Cystourethroscopy and other Genitourinary Procedures	15	\$ 20,087.47	\$ 4,620.37	71.7%
0280	Level III Angiography and Venography except Extremity	9	\$ 20,023.22	\$ 6,562.83	72.4%
0120	Infusion Therapy Except Chemotherapy	149	\$ 19,161.90	\$ 6,505.60	73.1%
0141	Level I Upper GI Procedures	36	\$ 18,360.94	\$ 6,714.47	73.8%
0207	Level III Nerve Injections	51	\$ 18,137.33	\$ 5,058.54	74.5%
0107	Insertion of Cardioverter-Defibrillator	1	\$ 18,053.08	\$ 1,811.77	75.1%
0058	Level I Strapping and Cast Application	292	\$ 17,913.55	\$ (2,214.04)	75.8%
9050	Na ferric gluconate complex	130	\$ 17,571.42	\$ (92,727.42)	76.5%
0222	Implantation of Neurological Device	1	\$ 16,908.97	\$ 2,510.11	77.1%

Total

9,375 \$ 2,770,260.32 \$ 485,965.84

Sample Report

ER DETAIL ANALYSIS

APC	APC Description	Volume	APC Payment	APC Index	Proc Index	APC's	PROC's
0610	Low Level Emergency Visits	75	\$ 4,960.80	1.0	1.1	77.42	79.84
0610	Low Level Emergency Visits	62	\$ 4,815.70	1.0	1.4	64.07	83.70
0610	Low Level Emergency Visits	59	\$ 3,953.67	1.0	1.2	61.11	69.54
0610	Low Level Emergency Visits	82	\$ 5,419.28	1.1	1.4	87.54	115.24
0611	Mid Level Emergency Visits	410	\$ 52,092.80	1.9	3.2	781.91	1,292.73
0611	Mid Level Emergency Visits	428	\$ 54,852.31	2.0	3.1	863.60	1,344.83
0611	Mid Level Emergency Visits	432	\$ 53,364.55	2.1	3.3	894.55	1,414.91
0611	Mid Level Emergency Visits	580	\$ 64,871.76	2.0	3.1	1,168.48	1,813.86
0612	High Level Emergency Visits	440	\$ 99,359.66	3.9	12.0	1,697.30	5,283.36
0612	High Level Emergency Visits	460	\$ 99,149.66	4.2	12.4	1,913.18	5,705.86
0612	High Level Emergency Visits	496	\$ 102,094.62	3.8	12.0	1,881.95	5,961.49
0612	High Level Emergency Visits	516	\$ 107,914.36	4.0	12.3	2,084.83	6,342.40

Sample Report

ER SUMMARY VISIT ANALYSIS

2006 Overall ER Visit Summary

APC	APC Description	Volume	APC Payment	APC Index	Proc Index
0610	Low Level Emergency Visits	287	\$ 19,940.45	1.0	1.25
0611	Mid Level Emergency Visits	1,795	\$ 223,121.42	2.0	3.16
0612	High Level Emergency Visits	1,899	\$ 427,288.28	3.9	12.28

Baseline Comparison of Proportion of ER Visits by Type

APC	APC Description	Four Qtr's 2006	HFMA/AHA	AHD
0610	Low Level Emergency Visits	7%	40%	30%
0611	Mid Level Emergency Visits	45%	37%	35%
0612	High Level Emergency Visits	48%	23%	34%

Sample Report Showing APC Winners by # Quarters Top 10

APC	APC Description	Number of quarters in top 10	Total volume	Total Payment	Total Gain
0339	Observation	2	49	\$ 370,367.40	\$328,048.84
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	4	23	\$ 582,433.78	\$180,170.47
0107	Insertion of Cardioverter-Defibrillator	3	12	\$ 174,020.56	\$91,998.40
0015	Level III Debridement & Destruction	4	2,398	\$ 286,466.83	\$76,256.94
0081	Non-Coronary Angioplasty or Atherectomy	4	30	\$ 99,896.01	\$51,485.21
0143	Lower GI Endoscopy	4	574	\$ 262,245.76	\$43,907.55
0611	Mid Level Emergency Visits	2	749	\$ 130,490.81	\$28,133.18
0222	Implantation of Neurological Device	2	3	\$ 27,677.21	\$24,124.10
0225	Level I Implantation of Neurostimulator Electrodes	1	2	\$ 34,298.47	\$23,581.68
0229	Transcatherter Placement of Intravascular Shunts	1	9	\$ 42,576.82	\$18,588.76
0080	Diagnostic Cardiac Catheterization	2	115	\$ 238,221.80	\$18,280.98
9215	Injection, Cetuximab	1	15	\$ 51,009.96	\$18,129.97
0412	IMRT Treatment Delivery	1	392	\$ 124,884.97	\$15,219.02
9114	Nesiritide	1	275	\$ 142,330.93	\$13,525.41
0154	Hernia/Hydrocele Procedures	1	16	\$ 33,793.60	\$12,606.72
0131	Level II Laparoscopy	1	13	\$ 37,165.71	\$11,536.71
0041	Level I Arthroscopy	1	14	\$ 27,706.76	\$11,124.48
9119	Injection, pegfilgrastim 6mg	1	8	\$ 22,315.61	\$9,974.47
0823	Docetaxel	1	26	\$ 29,790.67	\$9,165.97
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	1	5	\$ 23,275.73	\$9,153.63
9205	Oxaliplatin	1	7	\$ 41,504.52	\$8,891.77
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	1	2	\$ 16,663.38	\$8,879.21

Sample Report Showing APC Winners Sorted by Cumulative Gain and # of Quarters

APC	APC Description	Number of quarters in top 10	Total volume	Total Payment	Total Gain
0015	Level III Debridement & Destruction	4	2,397	\$ 286,466.83	\$76,256.94
0081	Non-Coronary Angioplasty or Atherectomy	4	29	\$ 99,896.01	\$51,485.21
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	4	25	\$ 582,433.78	\$180,170.47
0143	Lower GI Endoscopy	4	521	\$ 262,245.76	\$43,907.55
0107	Insertion of Cardioverter-Defibrillator	3	10	\$ 174,020.56	\$91,998.40
0080	Diagnostic Cardiac Catheterization	2	117	\$ 238,221.80	\$18,280.98
0222	Implantation of Neurological Device	2	2	\$ 27,677.21	\$24,124.10
0339	Observation	2	46	\$ 370,367.40	\$328,048.84
0611	Mid Level Emergency Visits	2	760	\$ 130,490.81	\$28,133.18
0041	Level I Arthroscopy	1	15	\$ 27,706.76	\$11,124.48
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	1	2	\$ 15,663.38	\$8,879.21
0131	Level II Laparoscopy	1	14	\$ 37,165.71	\$11,536.71
0154	Hernia/Hydrocele Procedures	1	18	\$ 33,793.60	\$12,606.72
0225	Level I Implantation of Neurostimulator Electrodes	1	1	\$ 34,298.47	\$23,581.68
0229	Transcatheter Placement of Intravascular Shunts	1	7	\$ 42,576.82	\$18,588.76
0412	IMRT Treatment Delivery	1	389	\$ 124,884.97	\$15,219.02
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	1	3	\$ 23,275.73	\$9,153.63
0823	Docetaxel	1	19	\$ 29,790.67	\$9,165.97
9114	Nesiritide	1	289	\$ 142,330.93	\$13,525.41
9119	Injection, pegfilgrastim 6mg	1	9	\$ 22,315.61	\$9,974.47
9205	Oxaliplatin	1	9	\$ 41,504.52	\$8,891.77
9215	Injection, Cetuximab	1	11	\$ 51,009.96	\$18,129.97

Sample Report Showing APC's by Cumulative % of Payment

APC Sorted by Cumulative % Payment

(Loss)/Gain = Expected APC Payment - Actual Payment

APC	APC Description	Volume	Expected APC Payment	Loss/(Gain)	Cumulative % Payment
0377	Level III Cardiac Imaging	228	\$ 233,326.51	\$ 89,842.05	8.7%
0612	High Level Emergency Visits	393	\$ 143,061.71	\$ 20,980.40	14.0%
9114	Nesiritide	289	\$ 142,330.93	\$ 11,451.40	19.3%
0301	Level II Radiation Therapy	954	\$ 142,287.96	\$ 38,833.09	24.5%
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	5	\$ 118,318.51	\$ 9,726.57	28.9%
0080	Diagnostic Cardiac Catheterization	55	\$ 109,490.90	\$ 46,778.52	33.0%
0283	Computerized Axial Tomography with Contrast Material	200	\$ 99,646.36	\$ 42,890.86	36.7%
0269	Level III Echocardiogram Except Transesophageal	224	\$ 82,273.44	\$ 36,345.71	39.8%
0412	IMRT Treatment Delivery	254	\$ 81,439.40	\$ 20,035.16	42.8%
0332	Computerized Axial Tomography and Computerized Angiography without Cor	271	\$ 74,723.36	\$ 32,749.94	45.6%
0015	Level III Debridement & Destruction	624	\$ 73,491.91	\$ 14,737.47	48.3%
0143	Lower GI Endoscopy	128	\$ 62,595.49	\$ 27,034.90	50.6%
0611	Mid Level Emergency Visits	366	\$ 61,817.16	\$ 17,913.03	52.9%
1513	New Technology - Level XIII (\$1100 - \$1200)	42	\$ 55,423.32	\$ 14,225.68	55.0%
0303	Treatment Device Construction	76	\$ 55,026.62	\$ 22,427.65	57.0%
9205	Oxaliplatin	9	\$ 41,504.52	\$ 4,665.35	58.5%
0225	Level I Implantation of Neurostimulator Electrodes	1	\$ 34,298.47	\$ 3,959.67	59.8%
0600	Low Level Clinic Visits	665	\$ 32,900.63	\$ 4,889.15	61.0%
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without	80	\$ 32,085.40	\$ 14,990.48	62.2%
0304	Level I Therapeutic Radiation Treatment Preparation	68	\$ 31,940.95	\$ 12,627.39	63.4%
0337	MRI and Magnetic Resonance Angiography without Contrast Material followe	44	\$ 28,394.35	\$ 13,435.55	64.5%
0305	Level II Therapeutic Radiation Treatment Preparation	65	\$ 27,523.20	\$ 11,185.14	65.5%
0081	Non-Coronary Angioplasty or Atherectomy	8	\$ 26,160.10	\$ 6,572.47	66.5%
0310	Level III Therapeutic Radiation Treatment Preparation	27	\$ 25,162.63	\$ 10,509.81	67.4%
0260	Level I Plain Film Except Teeth	540	\$ 24,992.05	\$ 2,100.06	68.3%
0267	Level III Diagnostic Ultrasound	162	\$ 24,196.33	\$ 10,421.19	69.2%
0131	Level II Laparoscopy	10	\$ 23,627.08	\$ 9,366.44	70.1%
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	3	\$ 22,054.38	\$ 3,550.10	70.9%
Total (APC Grouped Visits Only)		8,909	\$ 2,693,321.68	\$ 651,638.64	

Sample Report Showing Potential Overpayments

PATIENT	VDATE	Charges	Actual Payment	Expected APC Payment	Cost	Diff
061831005	20050929	\$ 4,412.45	\$ 1,921.59	\$ 141.71	\$ 1,544.36	\$ (1,779.89)
061831007	20050929	\$ 4,432.19	\$ 2,225.97	\$ -	\$ 1,551.27	\$ (2,225.97)
061831008	20050929	\$ 4,629.28	\$ 2,395.27	\$ 28.34	\$ 1,620.25	\$ (2,366.93)
061831012	20050928	\$ 4,522.64	\$ 2,101.11	\$ 226.73	\$ 1,582.92	\$ (1,874.38)
061831012	20050930	\$ 2,173.36	\$ 1,726.72	\$ -	\$ 760.68	\$ (1,726.72)
061831013	20050929	\$ 6,939.94	\$ 4,059.11	\$ 283.41	\$ 2,428.98	\$ (3,775.70)
061831015	20050928	\$ 4,146.64	\$ 1,302.56	\$ 85.02	\$ 1,451.32	\$ (1,217.54)
061831015	20050930	\$ 3,101.28	\$ 1,694.73	\$ -	\$ 1,085.45	\$ (1,694.73)
061831016	20050929	\$ 3,213.44	\$ 1,456.29	\$ 113.36	\$ 1,124.70	\$ (1,342.93)
061831017	20050930	\$ 3,101.28	\$ 1,478.31	\$ -	\$ 1,085.45	\$ (1,478.31)
061835404	20050930	\$ 3,101.28	\$ 1,565.25	\$ -	\$ 1,085.45	\$ (1,565.25)
total		\$ 2,422,654.12	\$ 1,285,568.20	\$ 19,731.75	\$ 446,224.60	\$ (667,811.14)

Excerpt of Report Showing Abnormal Expected Quantities >50

Patient	VDate	Proc	Qty	Visit Tot Chg	Visit Tot Rcvd	STATIND	Proc Desc	APC#
061838103	20050930	Q4054	90	\$ 4,411.77	\$ 541.79			
061844024	20050922	Q4054	200	\$ 857.29	\$ 81.55			
061844024	20050924	Q4054	200	\$ 1,982.97	\$ 718.10			
061844024	20050926	Q4054	200	\$ 105.66	\$ 22.19			
061844024	20050927	Q4054	200	\$ 353.22	\$ 72.28			
061844024	20050929	Q4054	200	\$ 1,591.43	\$ 599.80			
061846102	20050920	Q4054	100	\$ 970.22	\$ 326.33			
061846102	20050922	Q4054	100	\$ 367.33	\$ -			
061846102	20050930	Q4054	100	\$ 1,192.80	\$ 753.98			
081805448	20050720	Q0137	200	\$ 9,773.59	\$ 1,265.91	K	Darbepoetin alfa, non-esrd	0734
081818356	20050808	Q0137	300	\$ 1,908.11	\$ 916.13	K	Darbepoetin alfa, non-esrd	0734
081833750	20050831	Q0137	200	\$ 10,534.88	\$ 3,169.09	K	Darbepoetin alfa, non-esrd	0734
081833894	20050831	J0878	200	\$ 8,398.15	\$ 1,746.02	G	Deptomycin injection	9124
081842876	20050914	J9035	50	\$ 10,425.02	\$ 5,570.06	G	Bevacizumab injection	9214
081852528	20050928	J9035	50	\$ 10,423.19	\$ 5,570.06	G	Bevacizumab injection	9214
total			518,633					

Sample Phase 2 APC Recovery Analysis

PATIENT ID/Claim Identifier	Missing/Wrong No HCPS Produces Code	Procedure(s) Not Properly Attch'd to C-Code or No Code	APC Procedure Missing/Wrong/No Modifier	No APC Weights for Claim	Bundling Other Issue(s)	Billed Charge(s) below Min. Medicare Price	Unit Edits/Other	Other Notes
001834937	Yes	Yes	TBD ?	Yes	Yes			Free Pacemaker Potential Compliance
001813677	Yes	Yes	Yes	Yes	TBD	Yes		
001843227	Yes	Yes	Yes	Yes	Yes			
081852528	Yes	Yes	Yes, Wrong APC	Yes	Yes			
001830914	Yes	Yes	TBD ?	Yes	Yes	Yes		Potential Compliance Potential Compliance
001841380	Yes	Yes	Yes	Yes	Yes	Yes		
001823902	Yes	Yes	Yes	Yes	Yes			
041798464	Yes		Yes	Yes				
041825260	Yes		Yes	Yes				
							Yes- No Pass Through C Codes with procedure/ treatment codes	Potential Data/code Issues
061813390	Yes		Yes	Yes	Yes		Yes- No Pass Through C Codes with procedure/ treatment codes	
061831182	Yes	Yes	Yes No C codes	Yes			Yes- No Pass Through C Codes with procedure/ treatment codes	Series Versus Daily Claim without all APC's for each visit?
061831182	Yes	Yes	Yes No C codes	Yes				

Sample Pass Through Analysis

□ **Pass-Through (PT's) Preliminary Results/Observations**

- We conducted a review of two quarters pass-through claims as identified in our APC reports.
 - **Results:** We found 288/1337 claims were deficient in that they did not have Pass Through Drugs associated with appropriate APC (a 22% error rate).
 - **Results:** We found 477/1822 claims were deficient in that they did not have Pass through drugs associated with appropriate APC (a 26% error rate).

Sample Device Categories Review

□ Device Categories

- **HCPSC codes for Devices to be Reported:** As you may be aware, effective January 1, 2005 OPSS hospitals must report device category codes and charges. This is necessary so the OPSS payment for procedures using these devices is accurate in future years as APC payment amounts are reviewed.
- **Below please find the complete list of device codes, which should be a part of your hospital's chargemaster, as pertinent, for procedures performed in your facility.**
 - **Code: C1713**
 - **Long Description: ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)**
 - **Short Description: Anchor/screw bn/bn,tis/bn**

Sample

Edits for Claims with Procedures and Device Codes

- ❑ **Edits for Claims on Which Specified Procedures are to be Reported with Device Codes:**
 - Effective for services furnished on or after April 1, 2005, the OCE will return to the provider any claim that reports a HCPCS code for a procedure listed below that does not also report at least one device HCPCS code required for that procedure.
 - The hospital will need to modify the claim by either correcting the procedure code or ensuring that one of the required device codes is on the claim before resubmission.
 - While all devices that have device HCPCS codes, and that were used in a given procedure should be reported on the claim, where more than one device code is listed for a given procedure code, only one of the possible device codes is required to be on the claim for payment to be made.
 - **HCPCS Code For Device-Related Procedure: 36557**
 - ❑ **SI: T**
 - ❑ **Short Desc: Inserted Tunnel CV Cath**
 - ❑ **APC: 0032**
 - ❑ **HCPCS CODE APPLICABLE TO DEVICE: c1751**

Sample

Supplemental ER Dept. Review

- **ER Record/Notes Review: Survey of 100 random charts**
 - **Supported billing levels.**
 - Level 1 notes: 4
 - Level 2 notes: 38
 - Level 3 notes: 58
 - Level 4 notes: 0
 - Level 5 notes: 0

- **Average number of Diagnoses per note: 1.48.**
 - **Maximum number of diagnoses on a single ER Note: 5**

 - **Minimum number of diagnoses on a single ER note: 0**

- **Average Additional Diagnoses available but not used: 5.55**
 - **Maximum Additional Diagnoses on Single ER Note: 18**

 - **Minimum Additional Diagnoses on Single ER note: 0**

Sample

Supplemental ER Dept. Review

- Triage Sheet with Note: 100
- Nursing Note with ER Note: 78
- Nursing Note/Triage Notes Missing Supporting Information: 96
- Nursing Note/Triage Note with Conflicting Information of Physician Note: 65
- Diagnoses on Note Support the Ancillary Services/Therapy: 60
- Ancillary Service Reports With Visit: 90

Sample

Supplemental ER Dept. Review

- ❑ **Comments about Ancillary Service Reports Explain the Clinical Decision: 93**
- ❑ **ER Physician Consulted with another physician: 39**
- ❑ **Consulting Physicians Note has Conflicting Information with ER Physicians Note: 16 (16/38 = 42%)**
- ❑ **Order Sheet with Visit: 100**
- ❑ **All Orders on the order sheet: 0**
- ❑ **IV given to the patient: 51**
- ❑ **IV Times on the note (required for billing): 0**
- ❑ **Missing Evidence /Note information does not support information on the ER Note: 83**
- ❑ **Discharge Sheets given to the patient: 100**