# **Medical Report Title**

Full Hospital Name Here

March 1, 2023



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• Charge Level (Intervention Based) Worksheet



### Section 1: Executive Summary

High level observations and recommendations are as follows:

### **Key Observations:**

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#### **Key Recommendations:**

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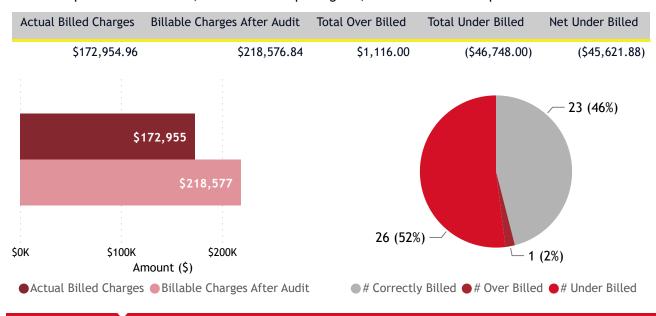
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### Emergency Department (OBED) Facility Level Accuracy Rate

The overall coding accuracy rate was 24%. See Appendix and correlating Full Hospital Name Here 50 samples - Supplemental Documentation (Excel) for detailed findiner gs by patient chart. The net billing impact for the 50 charges in this audit sample utilizing the OBHG OBED Charge Level Worksheet is approximately \$45,621.88 in underbilling.

#### Diagnosis-related Observations

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### Section 2: Introduction

The Client engaged Full Hospital Name Here's (Short Name Here) leadership team as part of The Client's ongoing professional services to review Short Name Here's current OB Emergency Department (OBED) Charge Level Worksheet, as well as to conduct a sample audit of 50 OBED facility fee charges in order to provide recommendations around optimizing OBED documentation and charge capture processes. All findings and recommendations contained within this report are designed to provide general observations in line with The Client nationally benchmarked data and related experience. Ultimate charge capture policies, processes and documentation guidelines should be developed by Short Name Here in conjunction with appropriate compliance and billing guidance per Short Name Here's normal business operations.

The Client's assigned Compliance Medical Educator and Auditor completed a review of Short Name Here's OBED Charge Level Worksheet, reviewed documentation of medical records provided, and compared actual billed charges to charges deemed billable when utilizing The Client's OBED Charge Level Worksheet for patient visits randomly selected from the preceding year. The audited charges spanned dates of service from July 1, 2022 through July 28, 2022.

The Centers for Medicare and Medicaid Services (CMS) does not mandate a specific method or set of criteria for determining the correct outpatient facility visit code level. Facilities are therefore allowed the discretion to employ any industry or internal model for their billing of outpatient visit charges. However, CMS does recommend that facilities have a written internal policy, consistently applied, to guide their billing and charge capture process.

Short Name Here uses an intervention-based scoring tool for OBED services, provided by Change Healthcare. Short Name Here's OBED visit coding conformed to their tool, though some visits were coded as outpatient E/M services and did not conform to the tool.

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<sup>&</sup>lt;sup>1</sup> https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/Downloads/cms1392fc.pdf



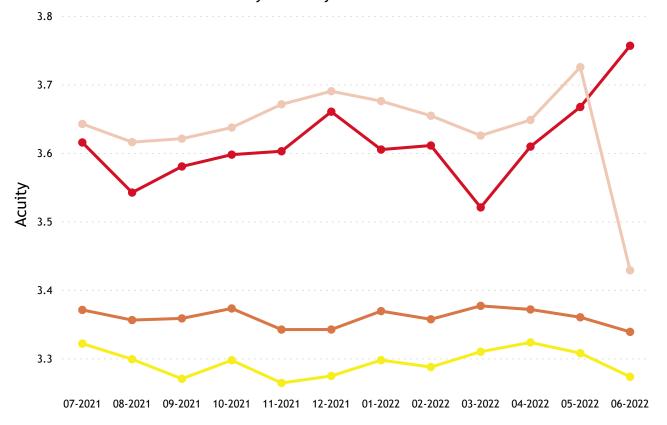
### Section 3: The Client National Benchmark Data Comparison

The Client's current national footprint is comprised of approximately 250 hospital partners spanning over 20 states. More than 90% of The Client hospital partners have implemented and utilize and OBED Type A setting for the management of obstetrical patients. The Client reviewed Short Name Here's reported facility fee trends from June 2021 through June 2022. The results were as follows:

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	07-2021	08-2021	09-2021	10-2021	11-2021	12-2021	01-2022	02-2022	03-2022	04-2022	05-2022	06-2022
Selected Program - OBED Acuity, Facility Something	3.62	3.54	3.58	3.60	3.60	3.66	3.60	3.61	3.52	3.61	3.67	3.76
Selected Program - OBED Acuity, Pro Fee Something	3.32	3.30	3.27	3.30	3.26	3.27	3.30	3.29	3.31	3.32	3.31	3.27
All Programs - OBED Acuity, Facility	3.64	3.62	3.62	3.64	3.67	3.69	3.68	3.65	3.63	3.65	3.73	3.43
All Programs - OBED Acuity, Pro Fee	3.37	3.36	3.36	3.37	3.34	3.34	3.37	3.36	3.38	3.37	3.36	3.34

### OBED Acuity - Facility & Professional Trends





### Section 4: Facility Fee Chart Review Scope

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### Scope of Work - Outpatient Coding Compliance Review

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#### Facility Review Source References

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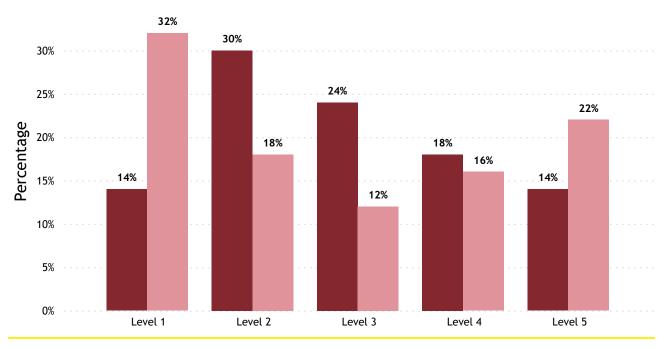
### Section 5: OBED Facility Fee Findings and Recommendations

#### Chart Review Results Overview

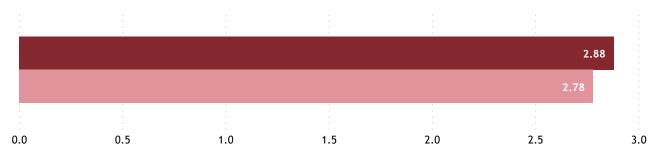
As previously outlined in the Executive Summary, The Client believes that Short Name Here has an opportunity to enhance its OBED charge level assignment to appropriately provide additional diagnosis and complaints not currently available yet reflected in the medical record documentation. All fifty (50) OBED patient charts were reviewed for the documentation available in the medical record, and then audited utilizing both Short Name Here's OBED Coding Summaries as well as The Client's OBED Charge Level Worksheet. Below outlines the relative facility fee distribution utilizing the two different methods, as well as average pre and post audit average acuity.

	Level 1	Level 2	Level 3	Level 4	Level 5
Per Coding Summary (Reported)	7	15	12	9	7
Per The Client Audit (Audited)	16	9	6	8	11

Reported vs. Audited OBED



Reported vs. Audited OBED Average Acuity Score



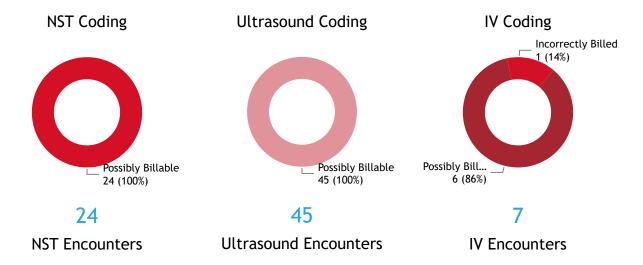
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#### **Ancillary Service Findings**

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#### Other Coding Observations

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#### **Additional Observations**

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### **Appendix**

## Charge Level Worksheet (Valued October 2020)

Level 1 - Lowest Le	vel Visit (CPT 99281)
Evaluation of membrane rupture	Rx refill only, non-narcotic
Scheduled f/u visit, no further care required	Suture removal, no complications, no further care required
Initial nursing assessment/measurement	Wound check, no further care required
Note for school/work	Discharge instructions, straightforward
Note for sensor, work	bischarge mistractions, stranging or ward
Level 2 - Low Level	el Visit (CPT 99282)
Administration of oral, topical, rectal, PR, NG, or SL medications	Oxygen administration & adjustment
(non-narcotic)	Rash
Assistance with fecal impaction	Suture removal, complicated or infected, may require f/u care
Fetal heart tones - doppler check	Test by OBED staff (urine dipstick, Accucheck, etc)
	Discharge instructions, simple
Frequent monitoring-minimum of 3 sets of vital signs	Discharge instructions, simple
Obtain clean catch urine	
Level 3 - Mid Leve	el Visit (CPT 99283)
1 diagnostic test (labs, EKG, x-ray, excludes urine dipstick &	Minor bleeding, vaginal
accucheck)	IM/SQ medication given, monitoring patient response (ex:
Electronic fetal monitoring, <1 hour (ex: decelerations)	Rhogam)
Continuous ongoing nursing assessments by at least 3 sets of	Minor MVA or fall, no complications, minimal impact accident
vital signs and other assessments integral to current interventions	(only 1 treatment, lab, or x-ray)
and/or the patient's condition (ex: assessment of CV, pulmonary	SOB/dyspnea, minimal
or neuro status, assessment of pain scale or pulse oximetry)	No prenatal care
Mental health anxious - simple treatment, not admitted	Language barrier (ex: translation services needed)
Assist MD with minor procedure (ex: I&D, FB removal)	Pre-hospital delivery
Oral hydration (ex: emesis)	Arrives via EMS/Ambulance
Arrangements and/or social services intervention (includes	Dispensing narcotic prescription
required reporting)	Fever >101 (need not be present in OBED, must include degree
Scheduling & coordination of ancillary services (ex: RT)	in documentation)
	Discharge instructions, moderate complexity
	Catherizations; Foley or In/Out (straight)
	catterizations, roley or my out (straight)
Level 4 - High Lev	el Visit (CPT 99284)
2 diagnostic tests (labs, EKG, x-ray)	Delivery of placenta
Electronic fetal monitoring, >1 hour	
_ ~	Preparation for standard admission or observation
Frequent vital signs monitoring - minimum of 4 sets	Sexual assault exam w/o specimen collection
Assist MD with complicated or multiple procedures	Arrangments and/or social services intervention (includes
Pelvic exam by MD	required reporting) (Includes concerns of abuse/neglect, victims of
Pre-eclampsia (mild/moderate)	violence & reporting to law enforcement-extended SW
Admin/monitoring of IV hydration or medication (ex:	involvement)
hyperemesis)	Assessment, crisis intervention & supervision of imminent
Preperation for special imaging study (ex: US, CT, MRI)	behavioral crisis threatening self or others
Seizures	Discharge instructions, complex
	vel Visit (CPT 99285)
*Critical care time is	ess than 30 minutes.*
Core temperatur interventions	Abdominal trauma workup-pregnancy related
3 or more diagnostic tests (labs, EKG, x-ray)	Abdominal pain (severe) workup-pregnancy related
Preparation for special imaging (US) combined with multiple	Vaginal bleeding (abnormal/heavy)-pregnancy related
test or parenteral medication or oral or IV contrast	Post-partum hemorrhage
Electronic fetal monitoring (continuous extended monitoring)	Amniocentesis
Administration of multiple concurrent infusions through	Moderate sedation
multiple lines (ex: insulin drip & mag sulfate)	Administration of blood or blood products
Continuous angoing nursing second but the least A	
Continuous ongoing nursing assessments by at least 4 sets of	Spontaneous AB, miscarriage
vital signs/cervical checks & other assessments integral to current	Spontaneous AB, miscarriage Fetal demise; post mortem care
vital signs/cervical checks & other assessments integral to current interventions and/or the patient's condition (ex: monitoring, IV	Spontaneous AB, miscarriage Fetal demise; post mortem care Precipitous delivery of a baby, pre-term or full-term
vital signs/cervical checks & other assessments integral to current interventions and/or the patient's condition (ex: monitoring, IV fluids, blood products, prep for surgery)	Spontaneous AB, miscarriage Fetal demise; post mortem care Precipitous delivery of a baby, pre-term or full-term Extended social worker intervention or suicide watch
vital signs/cervical checks & other assessments integral to current interventions and/or the patient's condition (ex: monitoring, IV	Spontaneous AB, miscarriage Fetal demise; post mortem care Precipitous delivery of a baby, pre-term or full-term
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vital signs/cervical checks & other assessments integral to current interventions and/or the patient's condition (ex: monitoring, IV fluids, blood products, prep for surgery)  Sexual assault exam with specimen collection	Spontaneous AB, miscarriage Fetal demise; post mortem care Precipitous delivery of a baby, pre-term or full-term Extended social worker intervention or suicide watch
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