



HCPro's

Revenue Cycle Advisor

Strategies for ensuring chargemaster accuracy

A hospital's chargemaster is the central point from which clinician documentation is monitored. At its core, the tool contains the supply prices for every procedure clinicians perform. A closely monitored chargemaster can make the difference between whether a hospital receives full reimbursement for its procedures. The chargemaster is monitored by a chargemaster view team, which is sometimes placed in the hands of revenue integrity professionals.

The chargemaster reviewers ensure accurate billing codes and edits based on the service line. Staff members analyze data and reports to assess billing problems and payment implications. This role is very collaboration dependent; revenue integrity professionals need to be able to work alongside IT staff to create edits in the system to flag commonly mistaken charges and prevent billing errors. Another aspect of the chargemaster reviewers is education. If one edit keeps appearing, it's not enough to just create a flag in the system. Clinicians also need to be educated on the charge error to ensure the issue is addressed at the root cause. When all these pieces come together, you will be one step closer to ensuring chargemaster compliance for your facility.

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Below are three tips from Tina Rosier, director of revenue integrity at Community Health Network in Indianapolis, on facilitating chargemaster accuracy. At Community Health Network, revenue integrity analysts are assigned to service line(s) where they are responsible for reviewing the charge master at year-end for any changes, and ensuring that new charges are requested, when needed. The charge description master (CDM) manager is responsible for keeping the CDM file itself updated and accurate within the system.

Tip 1: Limit chargemaster access to designated personnel.

Knowing who should be responsible for managing your chargemaster can be a challenge—especially when you want to ensure best-practice internal controls. It's best to limit who has access to the system to a small handful of knowledgeable staff. While some facilities may choose to have a whole team of various departmental staff managing their chargemaster, others may have a smaller team monitoring their system. Regardless of size, the goal of your CDM coordinators should be the same: making sure your chargemaster is accurate and timely in its addition of new service lines and updates.

Tip 2: Preserve an audit trail in the patient accounting system.

An audit trail is when you keep track of updates in chargemaster – this includes noting on every charge the reasoning behind any addition, modification, or inactivation. It's also useful to keep track of which department is requesting the update, who approves it, and what person actually makes the changes in the chargemaster file in the system because if an error occurs later down the line, your chargemaster team knows who to go back to. Some chargemaster systems are capable of recording an audit trail automatically, which can save time and resources down the line.

One department which frequently hits work queues is the surgery department, due to it being an area with a high volume of supplies. High-volume supply departments are challenging as many charges may have duplicate charges with the same revenue codes, and similar pricing and descriptions.

Tip 3: Maintain an up-to-date and accurate chargemaster.

To stay up to date with CMS regulations, your chargemaster must be reviewed at minimum on an annual basis. The ideal scenario would be a quarterly review, keeping pace with CMS quarterly updates. When reviewing your chargemaster, check that new HCPCS/CPT® code sets are in the system and being used correctly. The good news is that CMS announces new HCPCS/CPT codes with the proposed rules in July.

Another strategy for identifying missing charged capture is through on-site visits. Observing patient and staff workflow firsthand to see what's been documented and charged can help your facility to see what's missing on the front end. Take note of what supplies or procedures clinicians have trouble documenting. When you see an issue, go back and educate them to fix the issues on the front end, and avoid claims later down the line. Address the root cause of the problem.

Frequently asked questions

Q. My facility is hitting a lot of claim edits. How do I approach the chargemaster to ensure the procedure is charged and billed properly in the future?

A. One of the first things that I did was work with my billing department to see what type of claim edits they were hitting on a regular basis. For example, if they were hitting a lot of claim edits for a denial being billed with an involved HCPCS revenue code, we would resend for the correct HCPCS/revenue code combination and fix the chargemaster for future accounts.

Q. The billing department gets a claim edit for a procedure/CPT requiring a device/HCPCS to be billed with it—what is the first step for my revenue integrity department?

A. First the claim, and account, is sent to my revenue integrity team for research. If the device charge was missed, we add it to the account and all is well. However, if the device was charged and is missing the HCPCS code, we work with the charge master team to update the charge so that the HCPCS is added, resulting in it being applied to all future charges of that device. We may need to work with CDM team to add a C code to a charge, or access the CDM to look up a charge code if we only have the CPT.

Q. Clinicians often ask: How do we charge this, or can we charge for this?

A. We then have to start the CPT/coding and “how to charge” research process. If needed, we sometimes take the question to our Network Billing Compliance subcommittee. A recent example was: Can we charge for donor milk provided to infants on our NICU? Once we determine how to charge a service, we must ensure that the charge code is set up in our CDM file and accessible for clinicians to pick or document as a charge in Epic.

If the charge is not set up yet, then we work with clinical leadership to submit a “new charge request” to the charge master team and help them assign the correct revenue code and pricing.

Resources

H3Pro. (2017). Core Functions of Revenue Integrity. Retrieved from <https://hcmarketplace.com/nahri-core-functions-revenue-integrity>



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This whitepaper was reviewed by **Valerie Rinkle, MPA**, regulatory specialist and instructor at H3Pro, an H3.Group brand, in Middleton, Massachusetts, and **Tina Rosier**, director of revenue integrity at Community Health Network in Indianapolis.