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Reasons to Conduct an Annual CDM Review



Disclaimer Statement

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All CPT® codes are trademarked by the American Medical Association (AMA) and all revenue codes are copyrighted by the American Hospital Association (AHA).

Learning Objectives

Four Reasons to conduct an Annual CDM Review

- Compliance
- Reimbursement
- Revenue Capture
- Transparency



Vitalware CDM Review

- CDM download and 12 months of revenue and usage
- VitalCDM analysis
- Line-by-line review by Revenue Integrity Consultant
- Claims review
- Onsite interviews with Revenue Integrity and Clinical Leaders
- Results of recommendations loaded into VitalCDM Workflow
- Executive summary of findings and recommendations
- 6 weeks of support from Revenue Integrity Consultant



Compliance



Compliance

- CPT®/HCPCS
- Revenue Codes
- Modifiers
- Drug multipliers
- NDCs
- Charge Descriptions
- Units





Compliance

- Accurate CPT for service provided
- Clear and concise documentation
- Accurate charge explosions
- Use of preference cards
- Proper response to failed claims
- Proper linkage between order entry/clinical systems and CDM



Reimbursement



Reimbursement

Reimbursement based on:

- CPT/HCPCS
- Revenue Code
- Status Indicator
- Percentage of charge
- Modifier
- Units
- Price



Revenue Capture



Revenue Capture

- Capture cost
- Missing charges
- Missed charges
- Late charges
- Failed claims
- Increased A/R days and RTP
- Hospital vs physician billable



Transparency



Transparency

- Public access
- Shoppable services
- Market competition
- Pricing Policies
- Cost-to-Charge



Reasons for an Annual CDM Review





Questions?



Thank you!

