RevCy$
Providing Revenue Cycle Solutions That Work

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Our services encompass the breadth of Revenue Cycle and related regulatory and compliance projects including:

- *Complete Revenue Cycle Assessments*
- *RAC Audit Preparation*
- *Denial Management*
- *Billing / Coding Audits*
- ***Charge Master Optimization***
- *Observation Status Assessment*
- *Enterprise Risk Management*
- *Physician Practice Benchmarking*
- *Documentation Audits*
- *Patient Access Process Review*
- *Emergency Room Throughput*
- *Cost/Benefit Analysis*
- *Contract Management Analysis*

Charge Master Optimization

For those organizations that treat their charge master as more than a price list of services, our Charge Master Optimization program helps to align the charging and pricing functions with your coding and billing functions. The program helps ensure that every bill meets every coding compliance standard, assists in separating cost data for reporting purposes and is configured for automatic revisions of changing regulations, codes, and costs.

Our charge master coding analysis takes advantage of our automated methodologies to map the Hospital's charge master to RevCys' standard charge master that has current coding and charge structures embedded into it. That allows us to quickly and accurately review all clinical areas. This review is performed to identify missing, inaccurate, and outdated codes and is done in compliance with National Medicare guidelines. The following areas are included in the review as appropriate, based on the services provided by the Hospital:

CPT, HCPCS, and Revenue Code Exceptions:

- Outdated CPT Codes
- CPT/Revenue Code Mismatches
- HCPCS/Revenue Code Mismatches
- CPT Codes Not Typically Assigned in the CDM
- Physician Only CPT Codes Found in the CDM
- Revenue Codes Requiring a CPT or HCPCS Code
- Assigned CPT Code Different from RevCys' database
- Assigned HCPCS Code Different from RevCys' database
- Assigned Revenue Code Different from RevCys' database

The Charge Master Optimization Program also assists in identifying other coding and charging issues such as:

- Non-reportable CPT or HCPCS Level II Codes;
- Non-covered CPT or HCPCS Level II Codes;
- Deleted CPT or HCPCS Level II Codes;
- Unlisted CPT or HCPCS Level II Codes;
- Duplicate charge line items;
- Line items which have remained unused for at least 12 months; and,
- CPT and HCPCS Level II Code modifiers, as required by Medicare beginning July 1, 1998.