



Audit Case Summary Report

Exit Date: [Audit Incomplete - Preliminary Report]

Medlinks Case ID: A-130902910

Client: Kootenai Medical Center
 Facility: Kootenai Medical Center
 Address: 2003 Kootenai Health Way Coer D'
 Alene, Idaho 83814-3211

Patient: John, Elton
 Account #: 10000002
 DOS: 03-06-2012 to 03-14-2012
 Bill Items: 196

Records Audit Fee Collected

Audit Type: Defense
 LOI Date: 05-01-2013

Medlinks Auditor: Christopher Baggott
 Opposing Auditor: Nannette Navone
 Opposing Audit Firm: Healthcare Recoveries

Audit Fee Paid: \$500

Compares Letter of Intent amounts to actual for accurate accounting principles. Critical in Auditing

LOI Audit Amount: \$206,874.72
 Actual Bill Amount: \$206,874.72
 Difference: \$0.00
 Pre-Audit Disallowed: \$0.00

Total Billed	Underbilled	Unbilled	Total Underbilled*	Total Overbilled	Err Rate	Disallowed	Disputed*	Net Adjustment	Revised Total
\$206,874.72	\$1,592.21	\$664.18	\$2,256.39 1.09%	\$19,222.37 9.29%	10.38%	\$267.60 0.13%	\$1,404.94 0.68%	(\$19,489.97) -9.42%	\$187,384.75

*Underbilled and Disputed amounts are NOT INCLUDED in Net Adjustment

Summary of Bill Item Adjustments

This is the money line with error rates

Department	DOS	Charge Code	Bill Description	#	Under Billed		Over Billed		Disputed		Disallowed	
					Amount	Code	Amount	Code	Amount	Code	Amount	Code
*	2012-10-04	4472-11788	PROGREAT MICROC				1	\$4,695.32	O			
*	2012-10-04	4472-41535	INTRODUCER SHEA				1	\$578.33	M2			
*	2012-10-04	4472-14014	DISP SURG GUIDE	1	\$675.31	U						
*	2012-10-04	4472-11055	NEURO COIL PERI				1	\$6,907.95	M1			
*	2012-10-04	4421-27019	DISP SURG TRAY							1		
*			* Department Totals:	1	\$675.31		3	\$12,181.60		1		
LAB	2012-10-04	4500-23096	D - DIMER				1	\$438.40	O			
LAB	2012-10-04	4500-10081	ADDITIONAL CROS				1	\$567.67	A			
LAB	2012-10-04	4500-10024	BLOOD GROUP (A				1	\$143.96	M8			
LAB	2012-10-04	4500-10081	ADDITIONAL CROS				1	\$567.67	M9			
LAB	2012-10-04	4500-23039	PROTHROMBIN TIM							1	\$359.34	
LAB	2012-10-04	4500-23042	PTT	2	\$916.90	U						
LAB			LAB Department Totals:	2	\$916.90		4	\$1,717.70		1	\$359.34	
MM	2012-10-04	4470-28454	SOD CHLORIDE 0.				1	\$239.40	0			
MM	2012-10-04	4470-28454	SOD CHLORIDE 0.							1	\$239.40	

Codes tell the end user "why" he auditor decided to remove or add an item

*Items not listed in CDM have no department code

Department	DOS	Charge Code	Bill Description	Under Billed			Over Billed			Disputed		Disallowed	
				#	Amount	Code	#	Amount	Code	#	Amount	#	Amount
MM	2012-10-04	4470-28007	NS 0.9% PFS INJ							1	\$13.62		
MM	2012-10-04	4470-48019	TRAY URINE CATH							1	\$423.05		
MM	2012-10-04	4470-48041	TRAY CATH FOLEY				1	\$542.80	Z				
MM	2012-10-04	4472-11541	SYRINGE MICROSP				1	\$3,804.42	O				
MM	2012-10-05	4470-49056	COVERLET 4X6 IN				1	\$40.25	N				
MM	2012-10-05	4470-28358	DEXT 5%/LACT RI				1	\$239.40	M4				
MM	2012-10-05	4470-49056	COVERLET 4X6 IN				1	\$40.25	M3				
MM	2012-10-05	4470-49056	COVERLET 4X6 IN				1	\$40.25	N				
MM	2012-10-05	4470-30218	PANTY PERINEURA									1	\$28.20
MM	2012-10-05	4470-28358	DEXT 5%/LACT RI									1	\$239.40
MM	2012-10-05	4470-28292	DISP SURG TUBIN				1	\$169.20	N				
MM			MM Department Totals:				8	\$5,115.97		3	\$676.07	2	\$267.60
NO	2012-03-06	4421-27019	DISP SURG TRAY	1	\$369.53	X1							
NO			Totals for items w/o dept code:	1	\$369.53								
RX	2012-03-06	4710-43035	MORPHINE PCA 5	1	\$294.65	X1							
RX	2012-10-04	4710-31007	LIDOCAINE 2 %				1	\$103.65	M6				
RX	2012-10-04	4710-33024	DIPHENHYDRAMINE				1	\$103.45	M5				
RX			RX Department Totals:	1	\$294.65		2	\$207.10					
			Totals for all Departments:	5	\$2,256.39		17	\$19,222.37		5	\$1,404.94	2	\$267.60

*Items not listed in CDM have no department code

Department Codes

- BB Blood Bank
- CCL Cardiac Catheter Lab
- CLI Clinic
- EKG Cardiology EKG
- ER Emergency
- IVS IV Solutions
- IVT IV Therapy/Infusion/Chemo
- LAB Laboratory

Underbilled Code

- U Documented quantity in Medical Record is greater than quantity billed
- X1 Not Originally Billed
- X2 Change in Policy or Procedure
- X3 New to CDM
- X4 Keying Error
- X5 Departmental Error
- X6 Not Normally Billed

Key defines departments, underbilled and overbilled

Overbilled Codes

- O Not documented in Medical Record
- N Documented, but no corresponding MD order in Medical Record
- M1 Professional Fee(s)
- M2 Technical Component Fee(s)
- M3 Bundled/UnBundled
- M4 Client Directive/Specifications
- M5 CMS Guidelines



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MIS Miscellaneous
MM Materials Management
NO No Department Assigned
NT Nutrition
OB Obstetrics
OR Peri-Operative Services
PF Professional Fees
PT Physical Therapy/Rehab
PUL Pulmonary/Respiratory Therapy
RAD Radiology/MRI
RB Room and Board
REN Renal/Dialysis
RX Pharmacy
SNF Skilled Nursing Facility
TR Trauma Response


X0 Level Discrepancy

M6 Investigational/Focused
M7 Split bill
M8 Business Office Request
M9 Gender Specific Charge
M0 Level Discrepancy
Z Other (see item notations)

Bill Item Annotations

DOS	Bill Description
2012-10-04	SOD CHLORIDE 0.
This field can be used to add additional notes such as internal policies, industry standards, standard of care, and so on.	
2012-10-04	TRAY URINE CATH
This field can be used to add additional notes such as internal policies, industry standards, standard of care, and so on.	

Annotations allow
 auditors to
 elaborate on
 reason codes





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Audit Type: Defense
 LOI Date: 05-01-2013
 Audit Fee Paid: \$500

Patient DOB:
 MR #:
 Authorization Date:
 Payer/Type: Aetna/COM

Medlinks Auditor: Christopher Baggott
 Opposing Auditor: Nannette Navone
 Opposing Audit Firm: Healthcare Recoveries

LOI Audit Amount: \$206,874.72
 Actual Bill Amount: \$206,874.72
 Difference: \$0.00
 Pre-Audit Disallowed: \$0.00

Department	Total Billed	Unbilled**		Under Billed**		Over Billed		Over Billed- No MD Order		Total Err Rate	Disputed**		Disallowed		Net Adjustment		Revised Amount	
*	\$130,682.10			\$675.31	0.52%	\$12,181.60	9.32%			9.84%	\$369.53	0.28%			(\$12,181.60)	9.32%	\$118,500.50	90.68%
LAB	\$18,355.18			\$916.90	5.00%	\$1,717.70	9.36%			14.35%	\$359.34	1.96%			(\$1,717.70)	9.36%	\$16,637.48	90.64%
MM	\$32,282.18					\$4,866.27	15.07%	\$249.70	0.77%	15.85%	\$676.07	2.09%	\$267.60	0.83%	(\$5,383.57)	16.68%	\$26,898.61	83.32%
NO		\$369.53	100%							100%								
RX	\$2,736.10	\$294.65	10.77%			\$207.10	7.57%			18.34%					(\$207.10)	7.57%	\$2,529.00	92.43%
All Depts:	\$206,874.72	\$664.18	0.32%	\$1,592.21	0.77%	\$18,972.67	9.17%	\$249.70	0.12%	10.38%	\$1,404.94	0.68%	\$267.60	0.13%	(\$19,489.97)	9.42%	\$187,384.75	90.58%

*Items not listed in CDM have no department code; **Underbilled and Disputed amounts are NOT INCLUDED in Net Adjustment

The undersigned are in full agreement with the findings summarized in this Audit Report. Items not listed are correctly billed and require no adjustments.

Hospital: Signature _____ Title _____ Carrier: Signature _____ Title _____
 Name _____ Date _____ Name _____ Date _____

Final tally and sign
off