

Standard Work for PAMA: Billing

Purpose: To ensure compliance with PAMA coding requirements for codes and modifiers.					
Metrics: # Denials related to missing or incorrect codes and modifiers					
Role(s) involved in this process: Billers			Unit/Department(s) involved in this process: Patient Financial Services (PFS)		
Define the starting point? Biller receives PAMA-related edit in Scrubber			Define the end point? Biller submits hospital bill		Total Process Time: 4 mins
High Level Process Map					
Biller receives PAMA related edit in Scrubber		→	Biller identifies work item to Coding		→
Biller completes billing process			→		
Biller submits hospital bill					
Process Step	Role	Details	Tools, Materials, Equipment	Time	Job BreakDown
1. Receives PAMA-related edit in Scrubber	Biller		SSI	0 mins	No
2. Identifies work item to Coding	Biller	<ul style="list-style-type: none"> If PAMA modifier is missing, send work item to Coding If G-code is missing, send work item to Coding 	Cerner Patient Accounting (CPA) / Epic Hospital Billing (HB) Resolute	2 mins	No
3. Completes Billing process	Biller	<ul style="list-style-type: none"> Continue to re-validate until modifier(s) and G-code is present Review and resolve any work items 	Cerner Patient Accounting (CPA) / Epic Hospital Billing (HB) Resolute	2 mins (touch time)	No
4. Submits Hospital Bill	Biller	<ul style="list-style-type: none"> Release hospital bill Bill is re-reviewed by SSI and sent to Payor (if no edits) 	Cerner Patient Accounting (CPA) / Epic Hospital Billing (HB) Resolute	0 mins	No

Approval/Revision Date: 6/29/20	Authors: Ken Ursin, Kenya Seard, Cathy Crouse, Gregg Johnson, Mark Hadala, Shiva Raghoonanan, Debbie Lare, Drew Dunkerly
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