



**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

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

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

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

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

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**

Department	DOS	Charge Code	Bill Description	#	Under Billed			Over Billed			Disputed		Disallowed	
					Amount	Code	#	Amount	Code	#	Amount	#	Amount	
*	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	\$369.53			
*			* Department Totals:	1	\$675.31		3	\$12,181.60		1	\$369.53			
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			

\*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 Codes

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

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



## Audit Case Summary Report

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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.	



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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 \_\_\_\_\_  
 Name \_\_\_\_\_

Title \_\_\_\_\_  
 Date \_\_\_\_\_

Carrier: Signature \_\_\_\_\_  
 Name \_\_\_\_\_

Title \_\_\_\_\_  
 Date \_\_\_\_\_