SECTION: REVENUE CYCLE

SUBSECTION: REVENUE INTEGRITY

SUBJECT: REVENUE INTEGRITY MISSION AND GOALS

APPROVED BY: _____
Revenue Integrity Manager

POLICY

The mission of the Revenue Integrity unit is to ensure that the organization maximizes revenue while maintaining compliance with charging and billing regulatory requirements and ensuring the accuracy of charging principles. It focuses on optimizing the Revenue Cycle by identifying and preventing errors, inefficiencies, and discrepancies that can lead to lost or delayed revenue, as well as potential regulatory non-compliance.

GOALS

I. The core goals of Revenue Integrity include:

A. Accuracy in Charging: Ensuring that all services provided are correctly documented and billed according to the appropriate codes, ensuring that patients are only billed for the services they receive and that all charges are accurate and justified.

B. Compliance with Regulations: Staying in line with federal and state laws, including Centers for Medicare and Medicaid Services (CMS) rules, to minimize the risk of audits, fines, or penalties.

C. Price Transparency: Provide patients with clear, accessible information about the costs of their healthcare services.

D. Revenue Optimization: Maximizing collections by ensuring that the organization is capturing all billable services rendered and reimbursed fully for those services.

E. Reducing Billing Errors: Identifying and correcting errors in Revenue Cycle areas such as Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS), diagnoses, or documentation before claims are submitted, thus preventing costly rework or denied claims.

F. Collaboration and Education: Working across departments (clinical, billing, compliance, and finance) to create a culture of revenue integrity, offering staff training, and improving processes that could lead to unnecessary revenue leakage.

REFERENCES: **Administrative Policy No. 110.48**
Administrative Policy No. 1000.20 & 1000.21
National Association of Healthcare Revenue Integrity (NAHRI) – The Revenue Integrity Manager's Guidebook
National Association of Healthcare Revenue Integrity (NAHRI) – Core Functions of Revenue Integrity, Second Edition
CMS Medicare Claims Processing Manual, Publication 100-04

DEFINITIONS: **Current Procedural Terminology (CPT):** A code maintained by the American Medical Association for reporting medical services and procedures that contains descriptive terms and comments associated with a specific 5-digit numeric code for use by physicians and other providers, including hospitals. CPT provides a uniform language accurately describing medical, surgical, and diagnostic services.
Healthcare Common Procedure Coding System (HCPCS): A code maintained by Centers for Medicare and Medicaid Services that identifies products and services not included in CPT codes or may replace CPT codes when submitting claims to Medicare.
Centers for Medicare and Medicaid Services (CMS): Federal agency which administers the Medicare, Medicaid, and Child Health Insurance programs.

ATTACHMENTS: **N/A**

APPROVAL DATE:

1/1/2025	**Ashley Leichliter, Revenue Integrity Manager** Department/Service Director, Manager or Supervisor
3/26/2025	**Patient Safety and Quality Committee** Applicable Administrator, Hospital or Medical Committee
3/13/2025	**Arvind Oswal, Chief Financial Officer** Chief **Financial Officer**
3/14/2025	**Andrew Goldfrach, Chief Executive Officer** Chief Executive Officer
10/21/2025	**Board of Supervisors** Approved by the Governing Body

REPLACES: **N/A**

EFFECTIVE: **1/1/2025**

REVISED: **N/A**

REVIEWED: **N/A**