



STUDY ON THE OPTIMIZATION OF THE SCOPY BILLING DEPARTMENT

INTRODUCTION

► AIM:

- To study the trend of errors and propose a solution to optimize the billing procedure.
- To redesign the chargesheet of the Scopy department.
- To create Package billing system for the various procedures in the Scopy department.

► Objectives :

- To study the errors occurring in the billing procedures while entering data through the chargesheet of IPD and OPD patients.
- To propose solutions for compliance of the billing procedures.
- To study and redesign the Scopy chargesheet.
- To study and create Package billing for the department.

Methodology

- Research Design: The research design selected for the study was “**Convenient Sampling**”.
- **Research Question:**
 - What are the major errors occurring in the billing procedures while entering data through the chargesheet?
 - What are the problems faced by the patient and the organization due to these errors?
 - What measures can be implemented to avoid these errors?
- **Setting of the Study:**
 - The study was conducted in P.D Hinduja Hospital in the **Scopy Department**.

➤ Study Tool:

The department chargesheet and final bills were used as reference tool and Google forms to collect data.

P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE (Established and managed by the National Health & Education Society)				P. D. HINDUJA HOSPITAL No. 135																																																																																											
PHARMACY VOUCHER GN 4724-26 (1-2) / 202 & 558, 5th Floor, Room No. 1,2,3,4, West Block, 201 Name : GOND PREMCHAND TULSIKAM Age : 56 Yrs Gender : Male Print Dt. : Pat Add.: B 106, NIKUNJHARA BLDG, LOKMANYA NAGAR, PALGHAR, THANE Order No.:				BRONCHOSCOPY CHARGE SHEET H. NO. : ADMN. NO. : AGE : SEX : DATE : TIME : ADMITTING CONSULTANT : ANAESTHESIOLOGIST : OPERATING SURGEON : ANAESTHESIOLOGIST'S SIGN : SIGN :																																																																																											
No. 20/73/16/669, 20C/23/16/648, 20F/23/16/03, 21/23/16/669. NDPS Lic No. Z-3/16/36 Drug Description Mfg. Batch No. Expiry Date Price Qty. Total SODIUM CHLORIDE INJ TWA 050122-23152 30/06/2024 66.00 1 66.00 AMP 25ML BIVALVE PLAIN PCS B.D 010122-1187635 30/06/2024 122.00 1 122.00 MICROSET JMS PCS JMS 031221-200127531 26/01/2023 210.00 1 210.00 GLOVES SURGICAL SIZE- 171221-210502850 08/05/2024 89.61 1 89.61 7.5 MAKE- ANSELL DERMAPRENE BBR 251121-21F0K889 30/06/2026 192.00 1 192.00 BLOOD SET PCS SANGOFIX ES) 1 SYRINGE WITH NEEDLE BD 211221-1202399 31/07/2026 43.00 2 86.00 LDCE BD PCS SAFETY VASOFIX 22G BBR 010122-21F17G833 01/06/2026 320.00 1 320.00 0 LIGNOCAINE 2% INJ 30ML TWA 021221-21229 30/09/2024 33.22 1 33.22 02AL (HR)				PROCEDURES: UGI DIAGNOSTIC SCOPY LGI DIAGNOSTIC - FULL / SHORT LGI THERAPEUTIC - SCOPY ERCP EXTENDED UGI SCOPY UGI THERAPEUTIC SCOPY [BAND LIGATION / BALLOON DILATION / SCLEROTHERAPY / F. B. REMOVAL / N. J. TUBE PLACEMENT / GLUE INJECTION / PEG TUBE INSERTION] MANOMETRY [ESOPHAGEAL MANOMETRY / RECTAL MANOMETRY] 8. LIVER BIOPSY / ASCITIC TAPPING / PILES B 9. 24 HOURS PH METRY 10. EUS 11. CARM 12. BRONCHOSCOPY [BAL / ENDOBRONCHIAL BIOPSY / TRANSBRONCHIAL BIOPSY 13. PLEURAL TAPPING 14. THERAPEUTIC BRONCHOSCOPY 15. HBT 16. C-14 BREATH TEST 17. APC																																																																																											
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➤ Duration of the study:

- To study the trend in the errors data of two weeks was studied from **28 March to 2 April 2022 and 4 April to 9 April.**
- To study for the Package billing and redesigning the chargesheets retrospective data of **February 2022** was considered.

➤ Data Collection Procedure:

- Data gathered from the chargesheets, for checking the discrepancy, patient chargesheet is considered which is tallied with the final bills. Materials, consumables, Hospital service charge, Theatre charges, Doctor charges from the chargesheet should be billed properly in the final bill so that the bill is error free. Any discrepancy found would be identified through this and proper corrective and preventive actions can be taken.
- For Package billing, All the materials and pharmacy were studied of the February month procedure wise. From there all the regularly used item which are required in procedure is to be added in the package. Hence procedure wise group of required materials creates a bundle or package of a specific procedure.
- To Redesign the chargesheet, the February data was studied to create a list of maximum used materials and pharmacy. To identify the materials and consumables which are updated in use but not in the chargesheets, to remove the items which are not in use, to add items which are of regular use, to create rows and selections for quantity of items, extended row for consignment or highly valuable items, a designated row for extra items and voucher numbers. Main aim was to reduce the written hassle on the chargesheet so that it would be concise and easier to understand for billing which would create less errors.

➤ **Data Analysis:**

- Quantitative data analysed using MS excel whereas the data collection done in Google forms.

➤ **Implication Of Research :**

- The study will help in identifying the various loopholes contributing to the errors occurring in the billing procedure of Scopy Department. After the identification of the errors proper suggestions to optimize the whole procedure can be made.
- Package billing will help in the billing procedure to become more error free and save time. This will help the patients to get an estimate of the amount of money for the procedure.
- Redesigning and updating the chargesheet will make it look more precise and easier to understand for billing. The need to write extra on the sheet will be reduced which will reduce the chances of the error to occur.

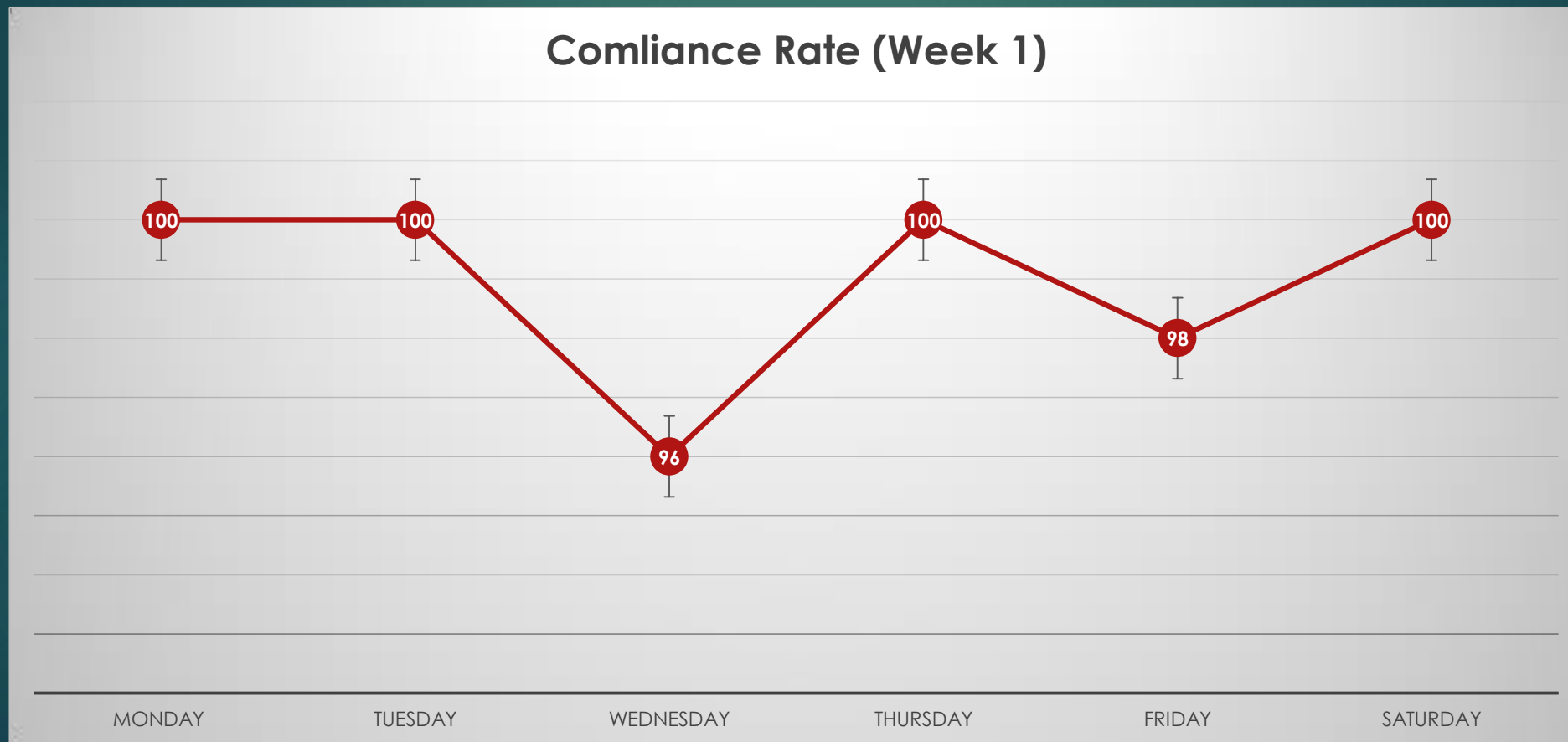
Steps involved in Scopy Procedure:

- Patient comes to the hospital with prior booking for the concerned doctor.
- After doctors' prescription for the treatment the patient is sent to the Scopy department, with or without prior booking.
- The Nurse incharge there does the formalities related to form fillings etc
- The patient is sent in the procedure room for the treatment.
- Meanwhile the patient relative is given chargesheet by the nurse consisting of the items to bill and the final bill to be billed by the Billing department.
- The Chargesheet is billed by billing department and the payment is done by the patient relative.
- The final bill is sent to the Scopy department again by the patient relative where one copy is given to them, and the other copy is kept with the hospital.
- After the procedure the patient is brought in the observation room for 1 hour , after doctors' consultation the patient is discharged.

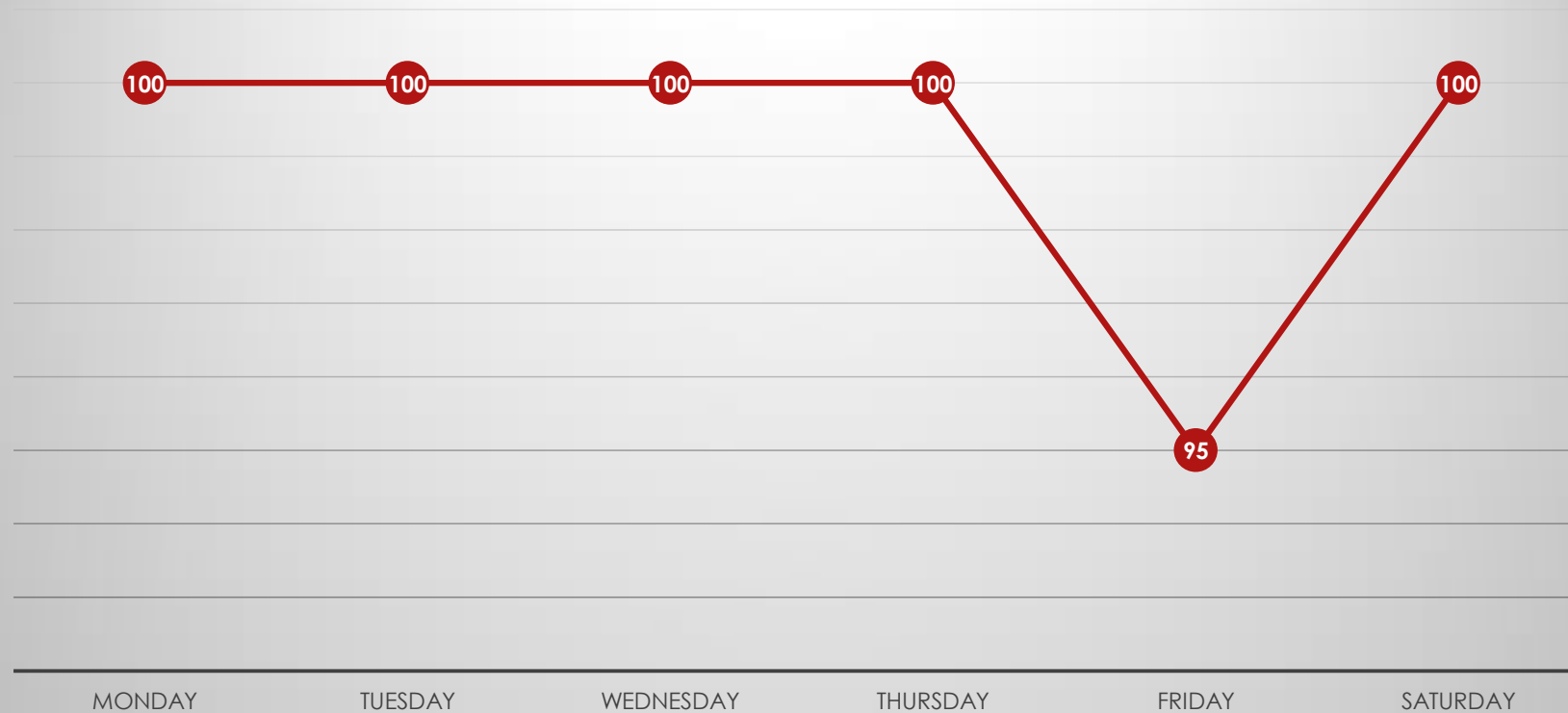
Time Analyses of the Billing Procedures

	During Billing Procedure	
	Average Time	Maximum Time
Time Taken	16.3 mins	23.1 mins

Results:



Compliance Rate (Week 2)



HINDUJA HOSPITAL No. 14021

ENDOSCOPY / BRONCHOSCOPY CHARGE SHEET

PT. NAME: _____ AGE: _____ SEX: _____
 H.H. NO.: _____ ADMN. NO.: _____ DATE: _____ TIME: _____
 ADMITTING CONSULTANT: _____
 ANAESTHESIOLOGIST: _____ ANAESTHESIOLOGIST'S SIGN: _____
 OPERATING SURGEON: _____ SIGN: _____

PROCEDURES:

1. UGI DIAGNOSTIC SCOPY	8. LIVER BIOPSY / ASCITIC TAPPING / PILES BANDING
2. UGI DIAGNOSTIC - FULL / SHORT	9. 24 HOURS PH METRY
3. UGI THERAPEUTIC - SCOPY	10. EUS
4. ERCP	11. CARM
5. EXTENDED UGI SCOPY	12. BRONCHOSCOPY [BAL / ENDOBRONCHIAL BIOPSY / TRANSBRONCHIAL BIOPSY]
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3.	INJ XYLOCAINE 2% (30ml)		3.	EXTRACTOR XL CAT NO. 5046 / 5045 MAKE - BASTON	
4.	MUCOUS EXTRACTOR		4.	SWAPP STONE RETRIVAL BALLOON	
5.	NASAL CANNULA		5.	PANCREATIC STENT GREEN GPSO	
6.	NORMAL SALINE 100ml / 500ml		6.		
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9.	SAFETY VASOFIX No. 22		9.	TANNENBOUM BILIARY STENT BLUE NEEM 10 - 10	
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SERVICE _____ NURSE _____ SIGNATURE 1) _____ 2) _____

HINDUJA HOSPITAL No. 14010

BRONCHOSCOPY CHARGE SHEET

PT. NAME: _____ AGE: _____ SEX: _____
 H.H. NO.: _____ ADMN. NO.: _____ DATE: _____ TIME: _____
 ADMITTING CONSULTANT: _____
 ANAESTHESIOLOGIST: _____ ANAESTHESIOLOGIST'S SIGN: _____
 OPERATING SURGEON: _____ SIGN: _____

PROCEDURES:

1. UGI DIAGNOSTIC SCOPY	8. LIVER BIOPSY / ASCITIC TAPPING / PILES BANDING
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SERVICE _____ NURSE _____ SIGNATURE 1) _____ 2) _____

Redesigning and Updating the Chargesheets of the Scopy department

Design of Chargesheets Before

HHNo- Name- Date- Age- Loc- Sex-					HINDUJA HOSPITAL ERCP CHARGESHEET		Sr No- Voucher no-	
Date	Time	Admitting Consultant	Operating Surgeon	Surgeon Sign				

LIST OF ITEMS

Product	Q/S	Product	Q/S
☐ CHANNEL PH PROBE MAKE-SANDHILL SCIENTIFIC		☐ ASPIRATION NEEDLE 19G CAT.NO. NA. U200H-8019	
☐ ENDOLOOP DIS. CAT NO MAJ-254 MAKE OLYMPUS		☐ ASPIRATION NEEDLE 22G CAT.NO. NA.U200H-8022	
☐ ALLIANCE SYRINGE/GAUSE ASY CAT NO 5060 MAKE BOSTON SCIENTIFIC		☐ ROTATABLE CLIP FIXING DEVICE CAT.NO. HX-110UR MAKE-OLYMPUS	
☐ BIOPSY NEEDLE ECHO TIP PROCORE HD ULTRASOUND ECHO-HD-22-C MAKE COOK		☐ ROTH NUT SNARE REF.NO.00715050 MAKE -US ENDOSCOPY	
☐ COTTON GRADUATED BILIARY DILATOR CGDC- 10-7-5 MAKE-COOK		☐ SAEED SIX SHOOTER MULTIBAND LIGATOR CAT.NO.MBL-6 MAKE- COOK	
☐ CYSTOTOME CST-10 MAKE-COOK		☐ BILIARY PUSHER TUBE REF NO 371110 INDUS- 10/ 7	
☐ DREAM WIRE SHIFT SHAFT CAT NO.5616 MAKE-BOSTON SCIENTIFIC		☐ TRIPLE LUMEN SPHINCTEROTOMES (CLEVERCUT) KD-V411M-0720	
☐ DREAM WIRE ST. TIP CAT NO.5614		☐ TRAPEZOID BASKET 1089 MAKE-BOSTON	
☐ DUAL KNIFE CAT. NO.KD650U MAKE-OLYMPUS		☐ TRIPLE LUMEN NEEDLE KNIFE CAT.NO. KD-V451M	
☐ ENDO LOOP LIGATING DEVICE CAT. NO. NO.HX-20U-1 B SET MAKE- OLYMPUS		☐ ALLIANCE SYSTEM CAT NO 5062 MAKE BOSTON SCIENTIFIC	
☐ ERP CANNULA STD MICROVASIVE TANDEM XL CAT NO. 3570 MAKE- BOSTON SCIENTIFIC		☐ COTTON LEUNG BILIARY STENT CAT NO.- { 7-10 / 7-12 / 10-12 / 10-10 / 7-7 }	
☐ ERCP ESOPHAGEAL BALLOON CRE WG/TTS SIZE- 12-15MM X 240CM CAT.NO.5848 MAKE- BOSTON SCIENTIFIC		☐ SWIPP STONE RETRIEVAL BALLOON TP/TL (CAT.NO-351111 / 351211) NEW CAT.NO. 351321 MAKE- INDUS	
☐ ERCP ESOPHAGEAL BALLOON CRE WG/TTS SIZE- 15-18MM X 240CM CAT.NO.5849		☐ JACP PROBE REUSABLE FOR ERBE ELECTROSURGICAL CAT.NO.20132-177	
☐ ERCP ESOPHAGEAL BALLOON CRE WG/TTS SIZE- 8-10MM X240CM CAT.NO.5846		☐ TRUEOTOME 39 CUT WIRE 20MM CANNULATING SPHINCTEROTOME CAT.NO 8419	
☐ ERCP GUIDE WIRE JAG WIRE CAT.NO.5656 MICROVASIVE MAKE- BOSTON SCIENTIFIC		☐ RUETOME 44 CUT WIRE 20MM CANNULATING SPHINCTEROTOME CAT.NO 8417	
☐ ERCP GUIDE WIRE JAG WIRE CAT. NO.5658 MICROVASIVE MAKE- BOSTON SCIENTIFIC		☐ BIOPSY FORCEPS HOT CAT NO D-B-07230H MAKE-HOSPILINE EQUIPMENT	
☐ GRASPING FORCEPS (RAT TOOTH) CAT.NO.FG14P-1 MAKE-OLYMPUS		☐ EXTRACTOR PRO-XL RETRIVAL BALLOON CAT.NO. 4711 MAKE- BOSTON SCIENTIFIC	
☐ GUIDE WIRE VISI GLIDE SIZE- 0.025MM X 2150MM LENGTH CAT. NO.G-240-25455		☐ FS-BDB FUSION BILIARY DIALTION BALLOON SIZE-6 X4 CAT.NO-G49220 MAKE COOK	
☐ HANDLE BML CAT. NO.MAJ441V		☐ ELECTRO SURGICAL KNIFE KD655U	
☐ HOOK KNIFE CAT.NO. KD620UR		☐ ELECTRO SURGICAL KNIFE CAT.NO. KD645L	
☐ INTERJECT 23G 2.3MM X 240CM CAT.NO. 1835 MAKE-BOSTON SCIENTIFIC		☐ FS-BDB FUSION BILIARY DIALTION BALLOON SIZE-8 X 4 CAT.NO-G49221 MAKE-COOK	
☐ MASK AIRWAY LMA CLASSIC SIZE- 3		☐ COAGRASPER CAT.NO.FD411UR	
☐ MASK AIRWAY LMA/VARIOUS SIZES		☐ REGIFLUX ACHALASIA BALLOON	
☐ MULTIBITE BIO. FOR 240CM CAT. NO- 1012 MAKE-BOSTON SCIENTIFIC		☐ PROBE FIAPC 2200A SIZE- 2.3MM, L 2.2M FOR ERBE ELECTROSURGICAL CAT.NO. 20132-221 MAKE-ERBE	
☐ STENT BILIARY ZIMMON CAT NO ZSO MAKE WILLIAM COOK { 10-10/ 7-10 / 7-7 }		☐ PANCREATIC STENT GPSO { 7-7 / 10-7 / 7-12/ 7-10/ 3-5 / 5-5/ 10-9 }	
☐ ERCP BILIARY DRAINAGE STENT TANNEBAUM MAKE BLUE SIZE- { 10FR X 10CM / 10FR X 7CM }		☐ ERCP NASO BILIARY DRAINAGE CATHETER (PIGTAIL) SIZE- { 10FR X 250CM / 7FR X 250CM }	
☐ ERCP CATHETER GLO TIP GT-1-T MAKE COOK		☐	

Service: _____ Total Items: _____
Nurse: _____
Sign: _____

HHNo- Name- Date- Age- Loc- Sex-		HINDUJA HOSPITAL ENDOSCOPY/BRONCHOSCOPY CHARGESHEET			Sr No- Voucher no-	
Date	Time	Admitting Consultant	Operating Surgeon	Surgeon Sign		

Procedures

☐ UGI Diagnostic Scopy	☐ Liver Biopsy ☐ Ascitis Tapping ☐ Piles Banding
☐ LGI Diagnostic Scopy	☐ 24 hours pH Metry
☐ LGI Therapeutic Scopy	☐ EUS ☐ EBUS
☐ ERCP	☐ C'arm
☐ Extended UGI Scopy	☐ Urea Breath Test
☐ UGI Therapeutic Scopy [Band Ligation/Balloon Dialation/Sclerotherapy/F.B Removal/N.J Tube Placement/Glue Injection/Peg Tube Insertion]	☐ Bronchoscopy [☐ Bal/ ☐ Endobronchial / ☐ Transbronchial biopsy/ ☐ Therapeutic Bronchoscopy]
☐ Manometry [Esophageal/Rectal]	☐ Pleural Tapping
☐ APC ☐ Cautery Charge	☐ HBT
	☐ IV Therapy

Item	Quantity	Item	Quantity	Item	Quant
☐ Gloves Surgical	6.5 7 7.5 8	☐ Inj Lignocaine 2% / 4%		☐ Lox Jelly 2%/ 4%	
☐ Normal Saline	100ml 250ml 500ml	☐ Inj Mexolam		☐ Wokadine Ointment	
☐ Syringes	3 5 10 20	☐ Inj Trofentyl 2ml		☐ Scalp Vein No 22	
☐ Dispo van	50cc 10cc	☐ Inj Sodium Chloride		☐ Blood Set	
☐ Safety Vasofix	22 24	☐ Inj Remestep 1.0 mg		☐ Disposable Mouthguard	
		☐ Inj Pantocid 40mg		☐ Mucous Extractor	
		☐ Inj Monotax		☐ Multibite Bio. Forp	
		☐ Inj Magnex Forte		☐ Microset JMS	
		☐ Spinal Needle 18g X 3.5		☐ Nasal Cannula	
		☐ Paraglass 100 ml IV		☐ Plyotest	
		☐ Dextrose Saline 500/100ml		☐ Plain Bivalve	
		☐ Tegaderm I.V 1633		☐ Suction Cathetar 14	

Item	Quantity	Extra	Quantity
☐ UNISTICK COMFORT/NORMAL 1.8MM { 28G/23G}			
☐ ERCP SUPERVIEW BOND 4225 MICROVASIVE MAKE BOSTON			
☐ SAEED SIX SHOOTER MULTIBAND LIGATOR CAT.NO.MBL-6 MAKE- COOK			
☐ RADIAL JAW 4 PULMO 2.8 X 100CM CAT NO 1520 MAKE - BOSTON			
☐ PEGLEC PCS 137.15 GM			
☐ OXYGEN MASK ADULT (AIRWAY)			
☐ PEG KIT 24FR CAT.NO.6839 MAKE- BOSTON SCIENTIFIC			
☐ N-95 MASK			

Service: _____ Total Items: _____
Nurse: _____
Sign: _____

Redesigned Chargesheets

To create Package billing system for the various procedures in the Scopy department.

	ERCP	Manometry	Bronchoscopy Bal	EUS	LGI Daignostic Full	LGI Daignostic Short	UGI Therapeutic	UGI Daignostic
Services	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Theatre Charge	8700	9700	7,000	10,900	5100	5100	6,800	6300
Surgery Charge	13,200	5600	8,700	11,300	7400	7400	10,450	4100
Surgery charges GI Assistance	1100	700	N/A	700	700	700	1300	700
Pharmacy and Materials	6449.62	1170.38	2662.29	1409.18	1983.98	1365.98	1162.83	1695.76
Total	29,450	17,170	18,362.29	24,309.18	15,183.98	14,565.98	19,712 Rs	12,795.76

I.V Therapy	
Service	Charge
IV Therapy/Central	600
Pharmacy and Materials	1022.82
Total	1622.82Rs

Urea Breath Test	
Service	Charge
Dr Charges	3700
Pharmacy and Materials	3386.88
Total	Rs. 7,087 Rs

Ascitis Tapping	
Service	Charge
Dr charges	3100
Pharmacy and Materials	1340
Total	4,442 Rs

Recommendations

- For billing discrepancies, the chargesheet and the final bills are checked by the billing personnel before handing to the patient. For patients on OPD basis the bill is rechecked by the nurse incharge if there are any discrepancies and for patients on IPD basis the bill and chargesheet is checked twice by nurse incharge and the billing department incharge so that no errors are pointed out in the final bill.
- It can be recommended that when the billing personnel does the billing, the bill can be checked once by the other billing personnel besides them, it will make it easier for them to rectify the mistakes on the spot, making the billing procedures more error free before handing it to the patient.
- There are lots of scribbling in the chargesheet which at times makes it difficult for the billing personnel to understand as they are not of medical background, they need to call in the Scopy department again and again to get their queries resolved. Which consumes lot of time and eventually leads in long waiting line. The redesigned chargesheet will help it being precise and create no confusion while marking in the chargesheet. Making it easier for the nurses to mark in the rush patient hours as well as for the billing department.
- A separate chargesheet for the ERCP items is made, as it contains all the stents and ERCP materials which are highly valuable and are consignments items. Any error in it can cause huge loss to hospital as well as the patient. Hence, to avoid this issue separate chargesheet is designed with all the updated materials and its codes.

Conclusion

- Today's healthcare system is evolving rapidly, not just regarding patient needs and new treatment developments, but also in the often-unseen arena of medical coding and billing. While much of healthcare is front and center between the doctor and patient, much is still left to be done when the patient leaves the doctor's office or hospital. In this Billing process is one of the major department in Hospital services.
- Billing process is a part of discharge process but still it is one of the vital functions for maintaining the financial essence of organization. If the billing process system is poorly understood it leads to incorrect documentation, which can result in claim rejection. Hence it is important for billing personnel to understand the billing process and to have good communication skills to have an effective billing process in healthcare organization.