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|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-I-38-P07 |
| | Effective Date: | 12-31-2021 |
| | Document Type: | Policy |
| | Page Number: | 1 of 5 |
| | Department/Section: | Surgical Complex |
| | Document Title: | CHARGING POLICY |

PURPOSE:

To ensure accurate counting and charging of supplies, equipment, and procedural fees utilized or done in the Surgical Complex.

LEVEL:

Surgical Complex


DEFINITION OF TERMS:

Case Rate – represents a pre-determined amount of money paid to a provider organization to cover the average costs of all services needed to achieve a successful outcome for a pre-defined episode of care

Relative Value Unit – currently used to determine the amount of reimbursement to providers. RVUs are basically a way of standardizing and comparing service volumes across all continuums.

POLICY:

1. There shall be a Surgical Complex Supply Room where all materials and supplies needed in the surgical suites are stored.
2. There shall be a designated staff to man the supply room and shall be accountable for releasing the supplies.
3. Any request of supplies shall follow the established process flow (*See DPOTMH-I-38-P07-S01-FC01 Requisition, Dispensing and Returning of Supplies*).
4. There shall be a periodic inventory of all supplies stored and dispensed in the supply room.
5. The Inventory Clerk shall ensure the availability of stocks needed in the surgical suites.

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6. Charging of Surgical Complex Procedural Fees shall be based on the Philhealth Case Rate and its corresponding Relative Value Unit code (RVU) chosen by the surgeon.
7. All charges shall be encoded in the Hospital Information System (HIS) by the Surgical Complex Billing Clerk or Nurse in charge within 24 hours post-operation for inpatients and within an hour for outpatients.

DOCUMENTATION:

New Policy


DISSEMINATION:

Staff Orientation


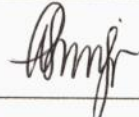





Policies and Procedure Manual

REFERENCE:

1. National Center for Biotechnology Information (2018). *Inventory Management of Surgical Supplies and Sterile Instruments in Hospitals: A Literature Review*. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6598505/>
2. Philhealth. *My Philhealth Portal*. From <https://www.philhealth.gov.ph/services/acr/>
3. The National Council (2013). *Case Rate Toolkit*. From <https://www.thenationalcouncil.org/wp-content/uploads/2013/10/Case-Rate-Presentation-FINAL.pdf?daf=375ateTbd56>
4. Behavioral Health and Medical Review Experts (2014). *Understanding RVUs | Medicare Reimbursement*. From <https://bhmpc.com/2014/04/understanding-rvus-medicare-reimbursement/>

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APPROVAL:

| | Name/Title | Signature | Date |
|------------------------|--|---|------------|
| Prepared by: | VANESSA V. VERDE, RN Surgical Suites Head Nurse |  | 03.13.2022 |
| Verified: | MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager |  | 3-13-2022 |
| Reviewed by: | DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor |  | 3-15-2022 |
| Recommending Approval: | MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer |  | 3-24-2022 |
| | HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer |  | 3/28/2022 |
| | MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer |  | 3-20-22 |
| Approved: | GENESIS GOLDI D. GOLINGAN President and CEO |  | 4/7/22 |



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ANNEX A: Charges Checklist (page 1)



RIVERSIDE MEDICAL CENTER, INC.

Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

OR RMC CHARGES CHECKLIST

| | |
|-------------------------|---------------------------------------|
| Patient Name _____ | Surgeon _____ |
| Room No. _____ | Assistant Surgeon _____ |
| Date & Time of OR _____ | Anesthesiologist / Anesthesia _____ |
| | Staff Nurse & Scrub Tech / OR # _____ |

| OR FEE** | SUPPLIES** | MEDICINES** |
|---|---|--|
| PREP** | <input type="checkbox"/> Asepto Syringe | <input type="checkbox"/> Aminophylline |
| <input type="checkbox"/> Abdominal Prep | <input type="checkbox"/> Blood Set: Sangofix | <input type="checkbox"/> Angiografin |
| <input type="checkbox"/> Perineal Prep | <input type="checkbox"/> Cavafix 375 | <input type="checkbox"/> Apresoline (Hydralazine) |
| <input type="checkbox"/> Prep Tray** | <input type="checkbox"/> Distilled H2O 1L-Euromed | <input type="checkbox"/> Atropine SO4 |
| <input type="checkbox"/> Betadine Prep - 5 M L ** | <input type="checkbox"/> DVD | <input type="checkbox"/> Bactigras (Chlorhexidine acetate) |
| <input type="checkbox"/> Cotton-tipped Applicator | <input type="checkbox"/> ECG Electrodes | <input type="checkbox"/> Bactroban (Mupirocin) |
| <input type="checkbox"/> Cutasept / use | <input type="checkbox"/> Elastic Bandage | <input type="checkbox"/> Benadryl (Diphenhydramine) |
| <input type="checkbox"/> Disp. Razor | <input type="checkbox"/> Eyepads | <input type="checkbox"/> Bricanyl (terbutaline SO4) |
| <input type="checkbox"/> Gloves - Examination (medium)** | <input type="checkbox"/> Kidney Basin Disp. | <input type="checkbox"/> Cardepine (nicardipine) |
| <input type="checkbox"/> Lubricating Gel/use** | <input type="checkbox"/> Leukoplast 3** | <input type="checkbox"/> Demerol/cc (pethidine hcl) |
| ANESTHESIA - General** | <input type="checkbox"/> Micropore 2** ** | <input type="checkbox"/> Diazepam |
| <input type="checkbox"/> Airway - plastic (oral) | <input type="checkbox"/> Micropore 1** ** | <input type="checkbox"/> Dopamine _____ mg/250ml |
| <input type="checkbox"/> Anesthesia Circuit** | <input type="checkbox"/> Nasal Cannula - adult** | <input type="checkbox"/> Dormicum 1ml (midazolam) |
| <input type="checkbox"/> Anesthesia Face Mask/use | <input type="checkbox"/> Opsite | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Anesthesia Machine** | <input type="checkbox"/> Plaster of Paris 6x5 EPS | <input type="checkbox"/> Epinephrine |
| <input type="checkbox"/> Anesthesia Ventilator** | <input type="checkbox"/> Prolene Mesh 3x6 | <input type="checkbox"/> Esmeron (rocuronium bromide) |
| <input type="checkbox"/> Breathing Bag/Anesthesia Filter | <input type="checkbox"/> Receptal Suction Liner | <input type="checkbox"/> Faktu Ointment (policesulen) |
| <input type="checkbox"/> Endotracheal Tube** | <input type="checkbox"/> Skin Stapler | <input type="checkbox"/> Fentanyl |
| <input type="checkbox"/> Extension Tubing | <input type="checkbox"/> Sodium Chloride 0.9% -irrigation** | <input type="checkbox"/> Forane / cc (isoflurane) |
| <input type="checkbox"/> IV Cannula | <input type="checkbox"/> Sterile H2O gallon | <input type="checkbox"/> Fresofol (propofol) |
| <input type="checkbox"/> Laryngoscope/Use | <input type="checkbox"/> Sterilization (cidex) | <input type="checkbox"/> Furosemide brand _____ |
| <input type="checkbox"/> Nasopharyngeal Airway | <input type="checkbox"/> Sterilization Big (Autoclave)** | <input type="checkbox"/> Gelfoam 100 |
| <input type="checkbox"/> Sevoflurane/cc** | <input type="checkbox"/> Sterilization Big (Sterrads) | <input type="checkbox"/> Hemostan (tranexamic acid) |
| <input type="checkbox"/> Sodasorb/use** | <input type="checkbox"/> Sterilization Small (Autoclave) | <input type="checkbox"/> Heparin / cc |
| <input type="checkbox"/> Suction St. Catheter** | <input type="checkbox"/> Sterilization Small (Sterrads) | <input type="checkbox"/> Ketamine / cc brand _____ |
| <input type="checkbox"/> Venisystem (macroset) | <input type="checkbox"/> Sterilization XL (Sterrads) | <input type="checkbox"/> Konakion (phenytoin na) |
| <input type="checkbox"/> Venisystem (microset) | <input type="checkbox"/> Sterilization XL (Sterrads) | <input type="checkbox"/> Lidocaine |
| ANESTHESIA - Spinal / Epidural** | <input type="checkbox"/> Needles** - Disp. G19 | <input type="checkbox"/> Maxitrol drops (dexamethasone) |
| <input type="checkbox"/> Dextrose 10%** | <input type="checkbox"/> G23 | <input type="checkbox"/> Methergin (methylergometrine) |
| <input type="checkbox"/> Epidural Cath. w/ needle G18 | <input type="checkbox"/> G24 | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Needle-Disp. Spinal G. ** | <input type="checkbox"/> G25 | <input type="checkbox"/> Naloxone |
| <input type="checkbox"/> Sensorcaine .5% heavy** | <input type="checkbox"/> G26 | <input type="checkbox"/> Nalphine (nalbuphine) |
| <input type="checkbox"/> Spinal Pack** | <input type="checkbox"/> G27 | <input type="checkbox"/> Naprex (paracetamol) |
| <input type="checkbox"/> Urine Container 50ml - sterile** | <input type="checkbox"/> G30 | <input type="checkbox"/> Naropin 2 mg (ropivacaine hcl) |
| GLOVES** | <input type="checkbox"/> Syringes** - Display 10 ml | <input type="checkbox"/> Nubain (nalbuphine) |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 5 ml | <input type="checkbox"/> Plasil (metoclopramide) |
| <input type="checkbox"/> 6 1/2 | <input type="checkbox"/> 3 ml | <input type="checkbox"/> Promethazine |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 30 ml | <input type="checkbox"/> Propofol |
| <input type="checkbox"/> 7 1/2 | <input type="checkbox"/> 50 ml | <input type="checkbox"/> Prostigmine (neostigmine) |
| <input type="checkbox"/> 8 | <input type="checkbox"/> Surgical Blade** | <input type="checkbox"/> Quelicin/cc (succinylcholine) |
| <input type="checkbox"/> Powder Free | <input type="checkbox"/> Surgicel 3x4 | <input type="checkbox"/> Rocuron (rocuronium bromide) |
| PACKS** | <input type="checkbox"/> T Tube | |
| <input type="checkbox"/> Major Pack | <input type="checkbox"/> Tiny Strips | MEDICINES** |
| <input type="checkbox"/> D & C Pack | <input type="checkbox"/> Tracheostomy Tube | <input type="checkbox"/> Solu Cortef (hydrocortisone) |
| <input type="checkbox"/> Minor Pack | <input type="checkbox"/> Trocar 11 mm | <input type="checkbox"/> Stadol (butorphanol) |
| <input type="checkbox"/> Cystoscopy Pack | <input type="checkbox"/> Trocar 12 mm | <input type="checkbox"/> Syntocinon (oxytocin) |
| | <input type="checkbox"/> Trocar 5 mm | <input type="checkbox"/> TDL (tramadol) |
| | <input type="checkbox"/> Ureteral Catheter | <input type="checkbox"/> Toradol (ketorolac) |
| | <input type="checkbox"/> Ureteral Stent | |
| | <input type="checkbox"/> Vaselized Gauze | |
| | <input type="checkbox"/> Vessel Loop/use | |
| | <input type="checkbox"/> Wadding Sheet 5x6 (RMC sterile) | |

Procedure and RUV Code. **


Diagnosis: pre-op **

post op **


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Effective Date: 02-01-2020


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| | Effective Date: | 12-31-2021 |
| | Document Type: | Policy |
| | Page Number: | 5 of 5 |
| | Department/Section: | Surgical Complex |
| Document Title: | | CHARGING POLICY |

ANNEX B: Charges Checklist (page 2)

| | | |
|--|--|--|
|  <p>RIVERSIDE MEDICAL CENTER, INC. Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital A proud member of the Metro Pacific Hospital Holdings, Inc.</p> | | |
| <p>Tracium (atracurium)</p> <p>Tramadol (tramadol)</p> <p>Transderm Patch (nitroglycerine)</p> <p>Trimycin Ointment (bacitracin)</p> <p>Voltaren (diclofenac)</p> <p>Xylocaine 10% spray/use</p> <p>Xylocaine 2% polyamp</p> <p>Zantac (ranitidine)</p> <p>Zofran (ondansetron)</p> <p>EQUIPMENT**</p> <p>Camera</p> <p>Capnograph</p> <p>Cardiac Monitor</p> <p>C-arm (use of)</p> <p>Cautery Cord/sterrad**</p> <p>Electric Drill</p> <p>Electrocautery Machine**</p> <p>Electrode Gel Spectra/use</p> <p>Heating Pad</p> <p>Lap Machine</p> <p>Lightsource</p> <p>Microscope</p> <p>Pneumatic Tourniquet</p> <p>Pulse Oximeter/use**</p> <p>Pulse Oxilip/use**</p> <p>Resectoscope/use</p> <p>Suction Apparatus**</p> <p>Syringe Pump</p> <p>TV Monitor</p> <p>Valleylab Grounding Pad/use**</p> <p>Telescope 12" (use of)</p> <p>NEWBORN**</p> <p>Baby's Pack</p> <p>Betadine Prep-small</p> <p>Connecting tube</p> <p>Cord Clamp</p> <p>Cotton Balls RMC</p> <p>Dist. H2O 50 ml</p> <p>Erythromycin ointment/use</p> <p>Feeding tube</p> <p>Gauze Sponge 4x4 10's w/ xray line</p> <p>Gloves 6 1/2</p> <p>7</p> <p>7 1/2</p> <p>Oxygen (lpm)</p> <p>Suction Bulb/use</p> <p>Syringe - 10ml</p> <p>Urine Container 50ml sterile</p> <p>Wristlet</p> <p>GASES**</p> <p>Carbon Dioxide</p> <p>Compressed air</p> <p>Nitrogen</p> <p>Nitrous Oxide</p> <p>Oxygen**</p> | <p>SUTURES**</p> <p>Safil</p> <p>Vicryl</p> <p>Chromic</p> <p>Plain</p> <p>Dafilon</p> <p>Ethilon</p> <p>Prolene</p> <p>Silk</p> <p>Cotton 2/0</p> <p>IVF's**</p> <p>Euromed</p> <p>Baxter</p> <p>Bbraun</p> <p>Gelafundin</p> <p>Gelofusine</p> <p>Mannitol</p> <p>Voluven</p> <p>MISC.</p> <p>Autosuture (GIA) 60mm</p> <p>Ligating Clip - small</p> <p>medium</p> <p>medium-large</p> <p>large</p> <p>Linear Cutter - reload 55mm</p> <p>Linear Cutter - reload 75mm</p> <p>SPONGES**</p> <p>Cottonoids (rnc)</p> <p>Gauze Balls 5's w/ xray line**</p> <p>Gauze Roll 5's w/ xray line**</p> <p>Gauze Sponge 4x4 10's w/ xray line</p> <p>Gauze Sponge 5x60 (AP Pack)</p> <p>Medium Strips</p> <p>Neurosorb Pads size</p> <p>Peanuts</p> <p>Square Pack 30x30 1's w/ xray line</p> <p>Tiny Strips</p> | <p>TUBES/DRAINS**</p> <p>Connecting Tube**</p> <p>Duodenal Tube fr.</p> <p>Feeding Tube fr. length</p> <p>Foley Catheter** 2 way fr.</p> <p>Foley Catheter 3 way</p> <p>Mucous Extractor Fr. 14</p> <p>Nelaton Catheter fr.</p> <p>Penrose Drain 1/2 1/4 5/8</p> <p>Soft Drain - flat (Jackson Pratt)</p> <p>T-Tube fr.</p> <p>Thoracic Catheter size</p> <p>Urine Bag - all brand**</p> <p>LABORATORY REQUEST**</p> <p>Biopsy</p> <p>Other Laboratories</p> <p>SURGEON'S PERSONAL EQUIPMENT & SUPPLIES (ask surgeon what and how to charge)</p> <p>OTHERS</p> <p>Checklist rechecked & completed by: **</p> <p>Name & initial of Staff</p> <p>Encoded by: **</p> <p>Name and initial of Clerk</p> |

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| | | Effective Date: | 12-31-2021 |
| | | Document Type: | Standard Operating Procedure |
| | | Page Number: | 1 of 3 |
| | | Department/Section: | Surgical Complex |
| | | Document Title: | CHARGING POLICY |

PURPOSE:

To provide a standard procedure in counting and charging of supplies, equipment, and procedural fees utilized or done in the Surgical Complex.

SCOPE:


Applies to all Surgical Complex and Nursing Service Division staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Supply Room Clerk, Scrub Nurse, Surgical Complex Inventory Clerk, Surgical Complex Billing Clerk


PROCEDURE:

1. Staff Nurse or Scrub Technician requests the supplies and medicines from the Surgical Complex supply room.
2. Supply Room Clerk prepares the requested supplies and/or medicines.
3. Supply Room Clerk dispenses the supplies and/or medicines to the requesting staff nurse or scrub technician.
4. Post operation, the staff nurse submits the Charges Checklist (*see Annex A and B*) to the supply room clerk for counter-checking.
5. Supply Room Clerk checks and affixes signature in the charges checklist.
6. Supply Room Clerk submits the charges checklist to the Billing Clerk.
7. Billing Clerk encodes charges in the Hospital Information System.

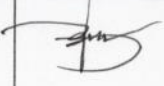
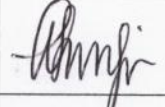



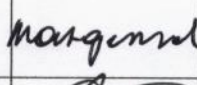

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2. Philhealth. *My Philhealth Portal*. From <https://www.philhealth.gov.ph/services/acr/>
3. The National Council (2013). *Case Rate Toolkit*. From <https://www.thenationalcouncil.org/wp-content/uploads/2013/10/Case-Rate-Presentation-FINAL.pdf?dof=375ateTbd56>
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APPROVAL:

| | Name/Title | Signature | Date |
|------------------------|--|---|------------|
| Prepared by: | VANESSA V. VERDE, RN Surgical Suites Head Nurse |  | 02.13.2022 |
| Verified: | MARIA AGNES A. SARIOGO, RN, MN, FPCHA Surgical Complex Manager |  | 3-13-2022 |
| Reviewed by: | DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor |  | 3-15-2022 |
| Recommending Approval: | MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer |  | 3-24-2022 |
| | HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer |  | 3/28/2022 |
| | MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer |  | 3-30-22 |
| Approved: | GENESIS GOLDI D. GOLINGAN President and CEO |  | 4/7/22 |

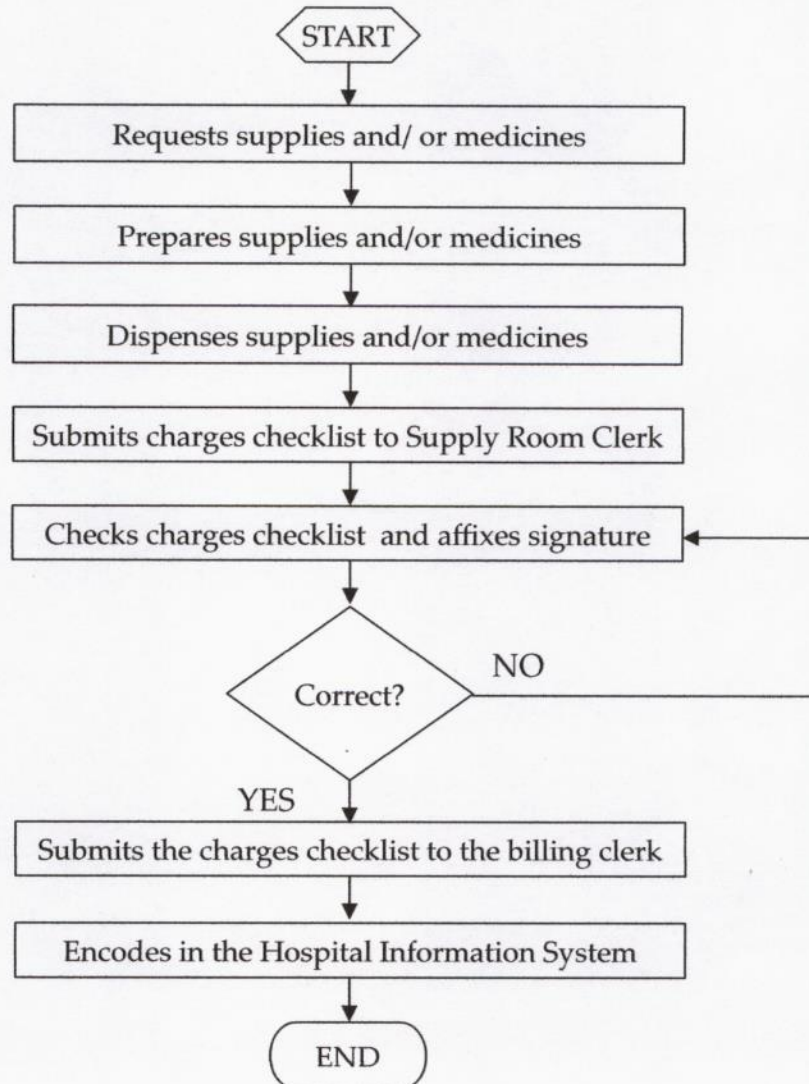



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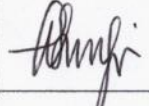


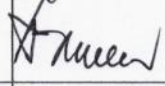
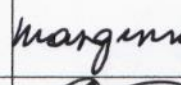
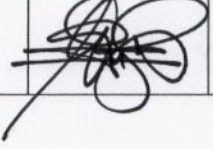
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FLOWCHART




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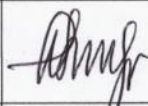

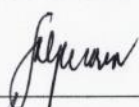
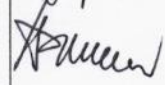
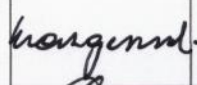
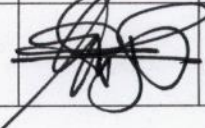
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| Prepared by: | VANESSA V. VERDE, RN Surgical Suites Head Nurse |  | 02.13.2022 |
| Verified: | MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager |  | 3-13-2022 |
| Reviewed by: | DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor |  | 3-15-2022 |
| Recommending Approval: | MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer |  | 3-24-2022 |
| | HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer |  | 3/28/2022 |
| | MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer |  | 3-30-22 |
| Approved: | GENESIS GOLDI D. GOLINGAN President and CEO |  | 4/1/22 |

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|---|---------------------|------------------------|
|  <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> | Document Code: | DPOTMH-I-38-P07-WI01 |
| | Effective Date: | 12-31-2021 |
| | Document Type: | Work Instruction |
| | Page Number: | 1 of 2 |
| | Department/Section: | Surgical Complex |
| | Document Title: | CHARGING POLICY |

| KEY TASKS | PERSON RESPONSIBLE |
|---|---------------------------------|
| <ol style="list-style-type: none"> 1. Prepares requested supplies and/or medicines 2. Checks charges checklist 3. Submits charges checklist to billing clerk | Supply Room Clerk |
| <ol style="list-style-type: none"> 1. Requests supplies and/or medicines 2. Submits charges checklist to supply room clerk | Staff Nurse or Scrub Technician |
| Encodes charges in the hospital information system | Billing Clerk |

| | | |
|---|---------------------|------------------------|
|  <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> | Document Code: | DPOTMH-I-38-P07-WI01 |
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APPROVAL:

| | Name/Title | Signature | Date |
|------------------------|--|---|------------|
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| | MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer |  | 3-30-22 |
| Approved: | GENESIS GOLDI D. GOLINGAN President and CEO |  | 4/7/22 |