

# CASE-LEVEL COST & REVENUE CONTROL FOR OR & PROCEDURE AREAS

Hospital CFOs and their accountable teams are expected to manage margin, reimbursement, bundled risk, and contract performance without a reliable view of actual consumption per case. But the reality is, those cannot be managed without financial truth at the point of use.

## Understanding The problem

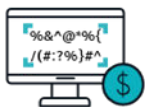
Cost is created during procedures, but by the time it reaches ERP, billing, or reporting, control is already lost. Once a procedure is complete, margin exposure, missed charges, and bundled losses are locked in. Financially, this shows up as limited visibility beyond the service-line level, inconsistent outcomes for identical CPTs, and margin erosion that cannot be clearly attributed to price, utilization, clinician behavior, or documentation gaps. Under bundled payment models, this lack of visibility becomes direct financial risk.

The only effective control point is real-time visibility into actual consumption at the point of use.

## Snap&Go AI Camera – The Missing Financial Control Layer

Snap&Go is a camera-powered system with AI agents operating behind it. It combines computer vision technology that captures what is actually used during a procedure, and AI models complete missing data, validate items, identify hidden blind spots, and convert utilization into actionable financial insight with measurable revenue impact.

### Revenue Is Captured at the Point of Use



Real-time utilization capture in the OR eliminates a major source of revenue leakage. High-cost items—especially implants and bill-only supplies—are captured as they are used and flow directly into billing, preventing the typical 1–2% net revenue loss associated with missed charges.



### Bundled Payments Become Controllable Margin Risk

In episode-based models, implants are direct P&L exposure. With point-of-use utilization data, cost overruns are visible as they occur—not after the episode closes. Visibility into implanted items, physician cost decisions, and true consumption enables effective control of bundled budgets.



### Data Accuracy Strengthens Payer Negotiations

Complete, validated utilization data shifts payer discussions from assumptions to facts. Denials and underpayments are reduced, carve-outs are enforced, and contract performance improves through defensible, case-level cost evidence.



### CFOs Enable Enterprise Value Creation

AI-completed utilization data gives CFOs a practical foundation for cost-value decisions across the organization. Surgeon-level variation, procedure cost variance, and product mix optimization become actionable levers for standardization and sustained margin improvement.

# NORTHEAST HOSPITAL: LEVEL 1 TRAUMA CENTER REVENUE IMPROVEMENT ANALYSIS REPORT

This case highlights how advanced computer vision and AI for point-of-use data capture deliver 99% data accuracy, driving seven-figure savings and improved performance for a US Trauma Center with 10 ORs.

## FACTS & FIGURES

- 460 beds, 10 Operating Rooms
  - On Average, 125 surgery cases a week (40 high-cost cases, 80 medium/low-cost cases)
- 6,500 surgeries a year; 1,500 orthopedic cases a year
- The average hospital cost for an RN nurse in the OR is \$68 an hour, including benefits
- Nurses spent an average of 15% of each case on administrative tasks
- Post-procedural administrative work carried out by nurses averaged 30 minutes per case
- Surgeries take 1.5 to 12 hours

### Annual costs relating to documentation and audit time:

- The cost of non-productive nurse time spent on documenting inventory inside of surgery is estimated to be over **\$198,228**
- Cost of post-surgery documentation by nurses - **\$197,340**
- Cost of staff time spent on documentation audits by management - **\$162,240** (Audits of 1 high-value case were undertaken by six staff every two weeks)

**Total non-productive nurse and management admin time a year: \$557,808**

### Annual lost revenue relating to missed charges:

- The average lost revenue per high-cost case is around \$500; 40 cases per week = \$20,000; 52 weeks = **\$1,040,000**
- The average lost revenue per med-cost case is around \$100; 40 cases per week = \$4,000; 52 weeks = **\$208,000**
- The average lost revenue per low-cost case is around \$50; 45 cases per week = \$2,250; 52 weeks = **\$117,000**

**Total missed revenue a year on all case types: \$1,365,000**

**Total cost of missing charges and non-productive nursing time per year: \$1,922,808**

This calculation excludes savings directly related to improved inventory management through the use of accurate, real-time consumption data. Which include optimized operating room inventory levels, minimized waste, efficient recall management, cost-effective handling of expiration dates, and other efficiencies that result from transitioning to a data-driven approach.

*Interested in learning more about how IDENTI's computer vision technology transforms charge capture and revenue reconciliation?*

*Our experts are here to assist you.*

## CONTACT

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## ABOUT IDENTI MEDICAL

IDENTI provides hospitals, medical device manufacturers and logistics companies with AI-driven, patent-protected data-capture solutions to create a real-time account of medical inventory and consumption. The unique combination of autonomous end-devices, intelligent software, a raw database, and seamless connectivity, revolutionize financial efficiency, increase patient safety, and solve health management challenges at the point-of-use.