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# Improving Your Revenue Cycle with Coding Audits



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# With You Today



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Hope brings extensive expertise in professional service coding, auditing, and education. She has a strong background in primary care, including Medicare preventive services, and pediatrics. With a decade of experience in a large healthcare system, she focuses on maintaining quality, ensuring compliance, and facilitating appropriate reimbursement for providers.



# Today's Talking Points



- Audit Overview
- Audit Types and Approaches
- Implementing Your Audit Process
- Benefits of External Audits

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# Audit Overview





# What is a Coding Audit

- Examines and evaluates the medical record to ensure services rendered are documented appropriately and reported on the medical claim accurately.
  - Review of clinical records, including but not limited to, progress notes, orders, labs, diagnostic imaging, procedures, and claim forms
  - Separate and distinct from a billing audit



# Benefits of Coding Audits

- Ensure and/or improve coding accuracy
- Optimize reimbursement
- Discover process improvement opportunities
- Prevent or correct compliance concerns
- Decrease risk of external payer audits

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# Audit Types and Approaches







## Professional Fee Coding Audit

Focused on an individual healthcare professional's personal service, including procedures and supplies.

Per date of service

- Evaluation and Management (E/M services)
- CPT procedural services
- ICD-10-CM diagnoses
- Healthcare Common Procedure Coding System (HCPCS)

CMS-1500 claim form



## Facility Fee Coding Audit

Resource driven based on services, medical equipment, supplies, room/board, etc., rendered during an admission to a healthcare facility.

Based on the entire admission

- ICD-10-CM
- ICD-10-PCS
- Diagnostic Related Groups (DRGs)
- Discharge status

UB-04 claim form

# Audit Approach

## Prospective

- Review occurs prior to claim submission
- Specific/targeted services
- Goal is to identify and prevent coding errors before a claim goes out
- Clean claims equal quicker reimbursement
- May require an abundance of resources

## Retrospective

- Review occurs after the claim has been submitted
- Random or targeted services
- Goal is to identify underlying problems, areas of high-risk, and/or revenue opportunities
- Time to gather data, analyze, and develop corrective action
- Doesn't prevent incorrect claims from going out

# Internal Monitoring and Auditing



Conducted by staff of the organization



Structured to meet the needs of the facility



Driven by the company's compliance plan



Identifies errors in documentation, coding, billing and processes



Easily used to identify trends



Goal is to improve quality in the organization



Conducted by an outside entity



May be voluntary or mandated



Supports internal compliance program



Leverages perspectives from a variety of organizations and industry best practice



Eases burden to internal staff



Goal is to improve quality in the organization

## External Monitoring and Auditing

# Types of External Audits

## Voluntary

- Focus on prevention and maintenance
- Performed regularly
- Targeted or random

## Involuntary

- Insurance/ payer audits
- Department of Justice
- Office of Inspector General





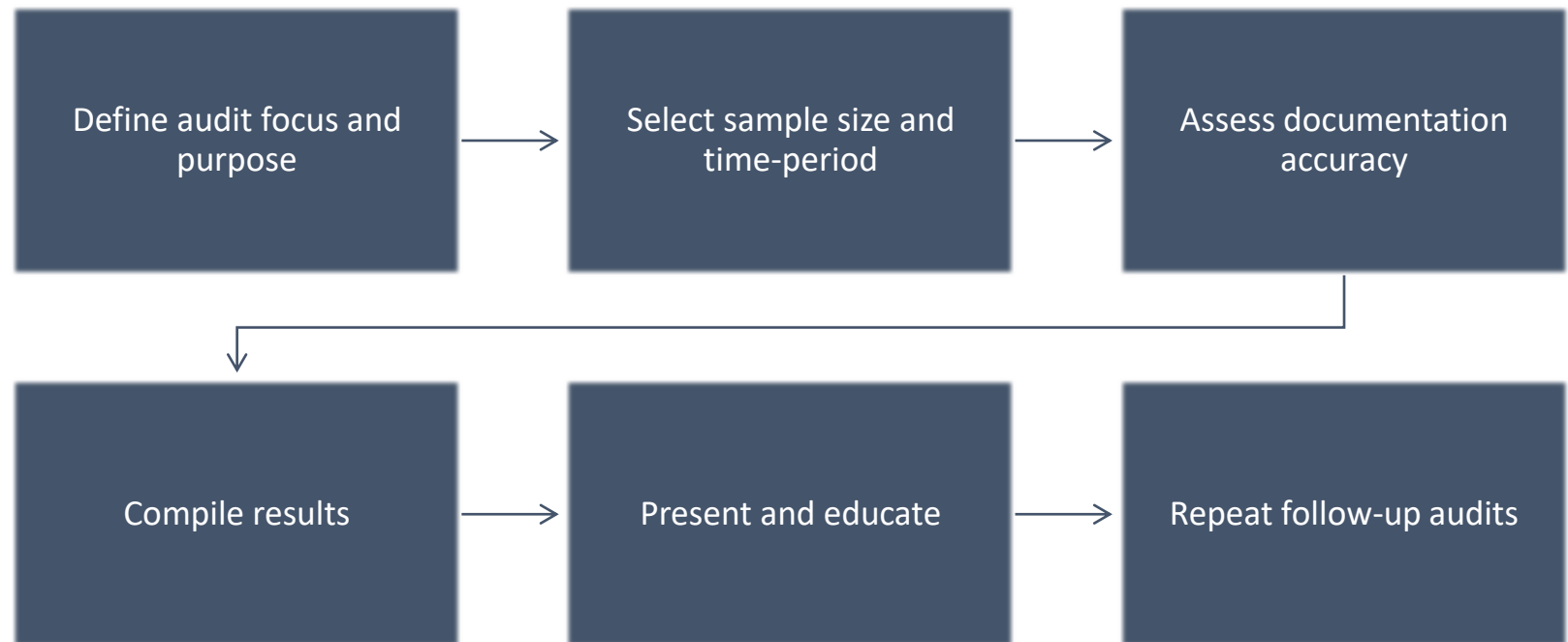
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# Implementing Your Audit Process



# Steps to Performing an Audit



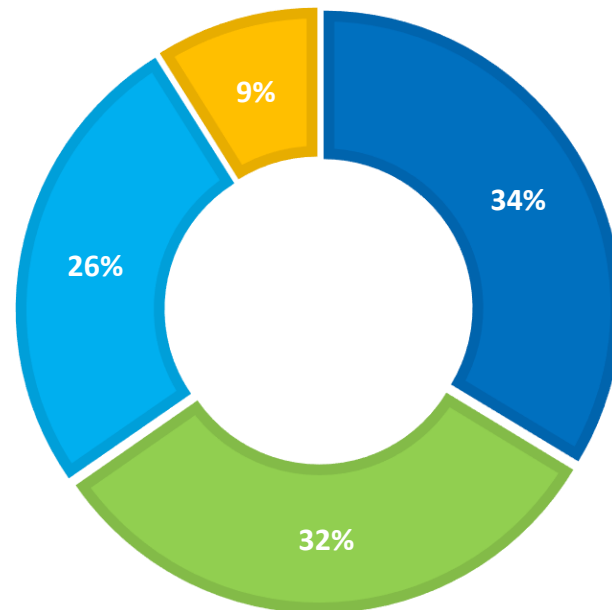
# Coding Audit Frequency

The frequency of coding audits depends on your organization's needs:

- Types of services performed
- New providers or coders
- Previously identified issues

## AUDIT FREQUENCY

■ Quarterly ■ Annually ■ At least monthly ■ Biannually



Source: MGMA STAT poll April 19, 2022  
\*Figures do not add up to 100 due to rounding

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# Benefits of External Audits



# Benefits of External Audits



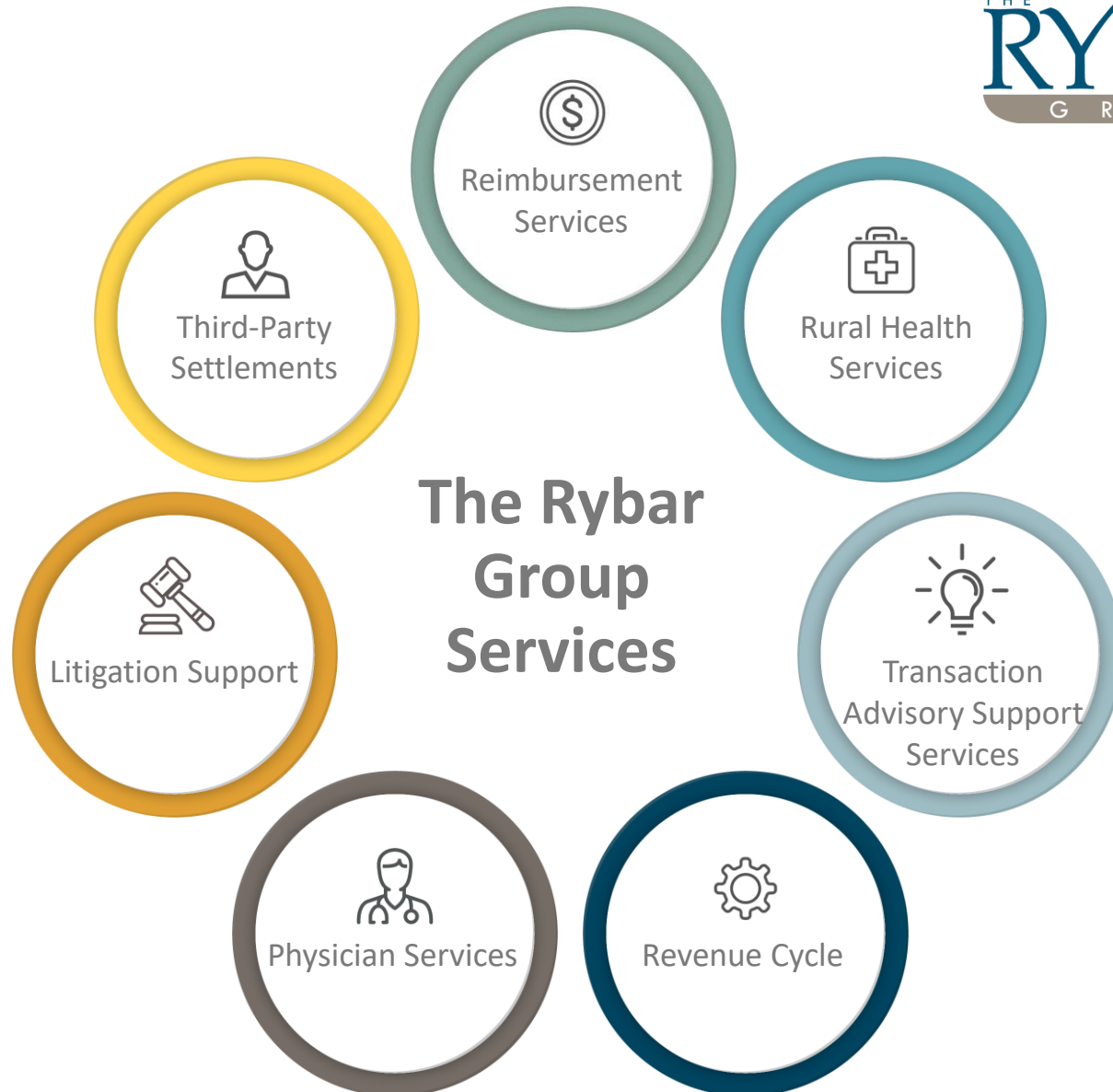
- Objectivity and validation
- Support for payer or government audits
- Industry-wide perspective
- Targeted reviews of high-risk areas
- Specialty-specific knowledge
- Deeper bench of auditors



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# Questions?



# Contact Us

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