



Revenue Integrity Audits: Uncover Hidden Risks and Opportunities

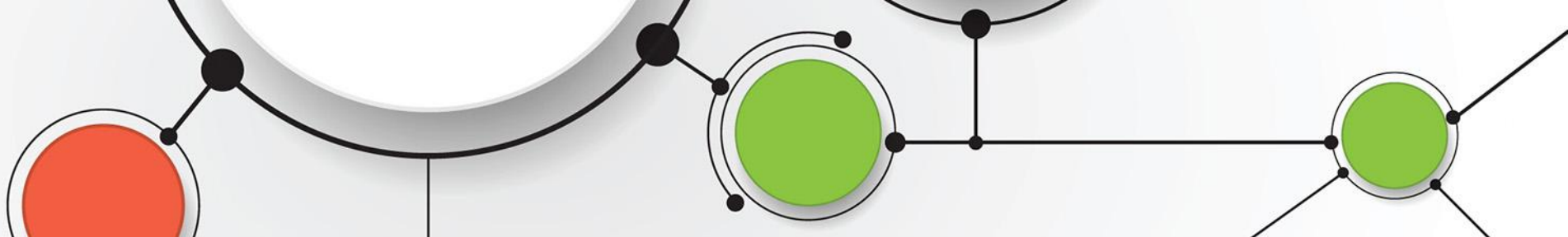


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Audit Purpose

- To ensure the **completeness, appropriateness** and **accuracy** of charges captured in all clinical areas
- Did you charge for everything that you should have?
- Are all charges which were captured appropriate?
- Do the charges accurately represent the services that were performed and are documented in the medical record?



Audit Scope

The audit should consist of a detailed review of:

- Chart documentation
- Charge capture
- Claim form(s) and itemized charges
- Third party remittance advice

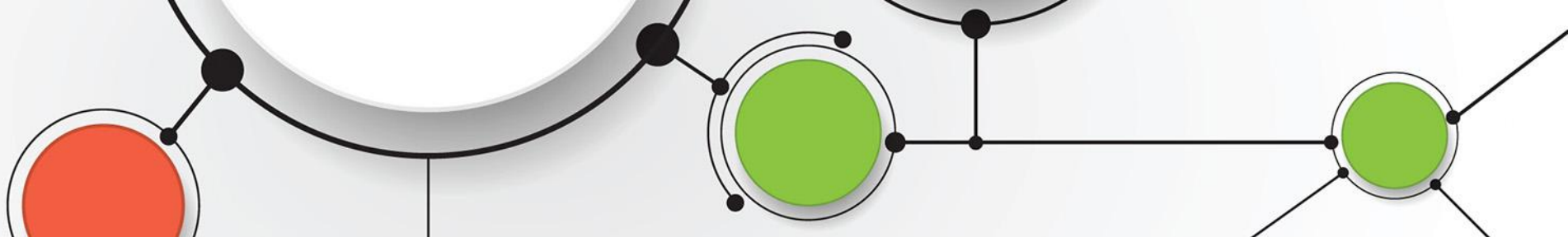
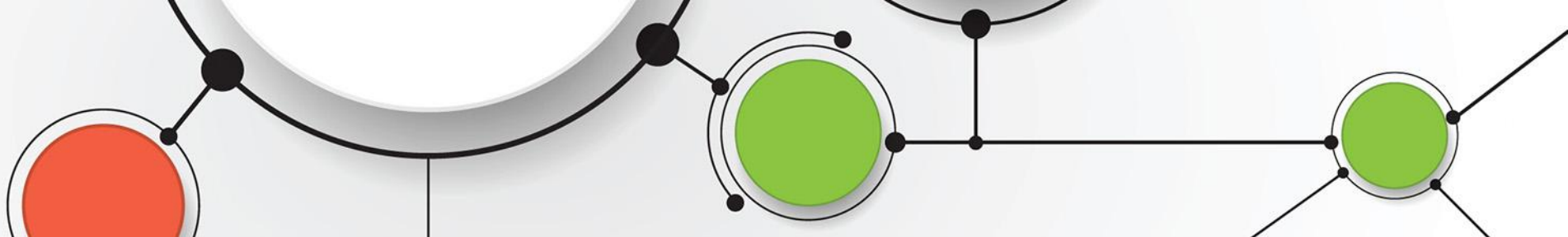


Chart Documentation

- The driver of all charges is a valid physician order

Definition:

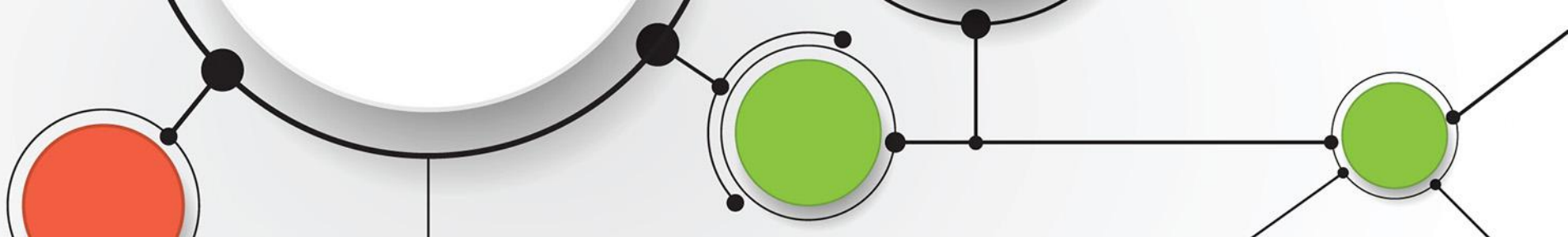
An “order” is a communication from the treating physician/practitioner requesting that a diagnostic test be performed for a beneficiary. The order may conditionally request an additional diagnostic test for a particular beneficiary if the result of the initial diagnostic test ordered yields to a certain value determined by the treating physician/practitioner (e.g., if test X is negative, then perform test Y).



Physician Order

What to look for:

- Is it signed and dated?
 - Signature not required on orders for laboratory tests paid via CLFS or pathology services
- Is the signature legible?
 - If not, is there a signature log?
 - Provider or organization may also submit attestation statement
- Telephone orders must be documented in physician chart and facility record



Physician Order

- Does the order support the test performed and reported on claim?
 - Diagnosis/reason for testing
 - Medical necessity
- Was diagnostic test changed/different? If so, is this supported?
 - Cannot perform unordered test until new order is obtained
- Example problem areas: OB Triage (NSTs), observation, POC testing, CBCs



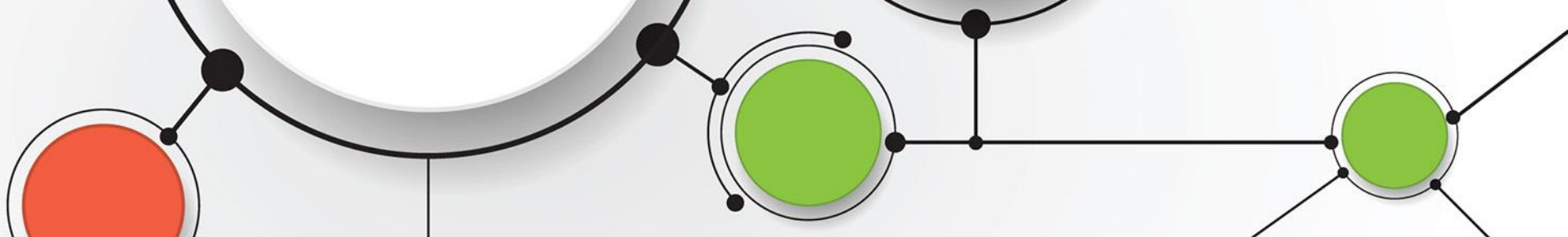
Supporting Documentation

- Is every charge that is reported supported by documentation in the record?
 - Copy of requisition/order
 - Written reports/test results
 - Progress notes - physician and nursing
 - Physician interpretations
- Where is the documentation kept?
 - EHR, paper chart, external system (e.g. PACS, TraceView, iHeal), combination of each



Supporting Documentation

- “If It isn’t documented, it wasn’t done”
- Example problem areas: Missing or invalid orders, infusion start/stop times and other timed services, limited versus complete exams, vague notes/missing details, missing clinical significance/medical necessity



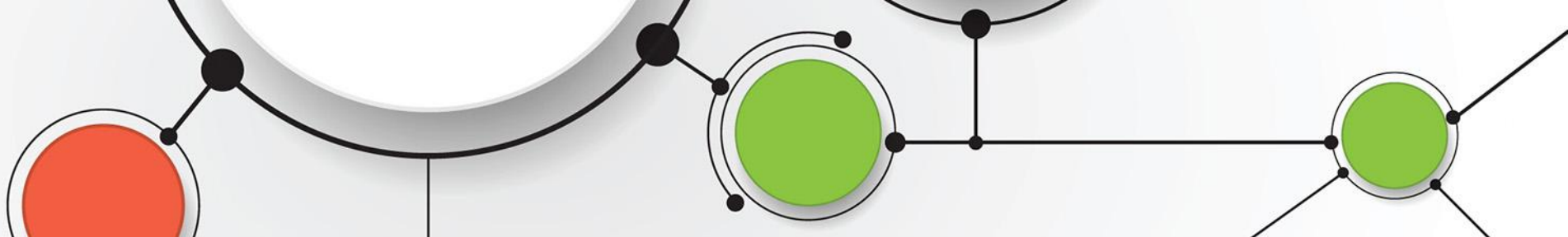
Charge Capture

- Can be a very complex process
- How are charges being captured?
 - Upon order/completion
 - Via manual charge entry
 - Upon documentation
 - Coding
 - Billers? – hopefully not



Charge Capture

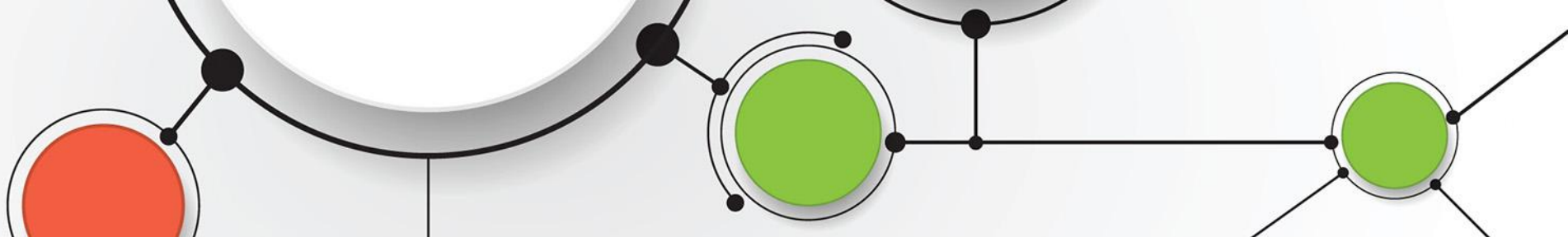
- Does each party understand their charge capture responsibilities?
- Audits can help identify when additional training/education is needed.
- Example problem areas: outdated charge tickets, lack of coverage, lack of training, systems issues



Charge Capture

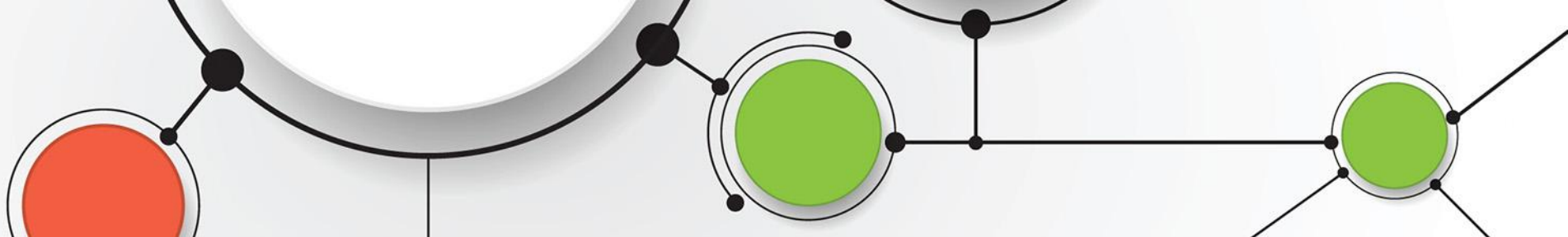
Keep an eye open for:

- Change in practices
 - New staff
 - New providers
 - New system
 - New equipment
 - New location
 - New services



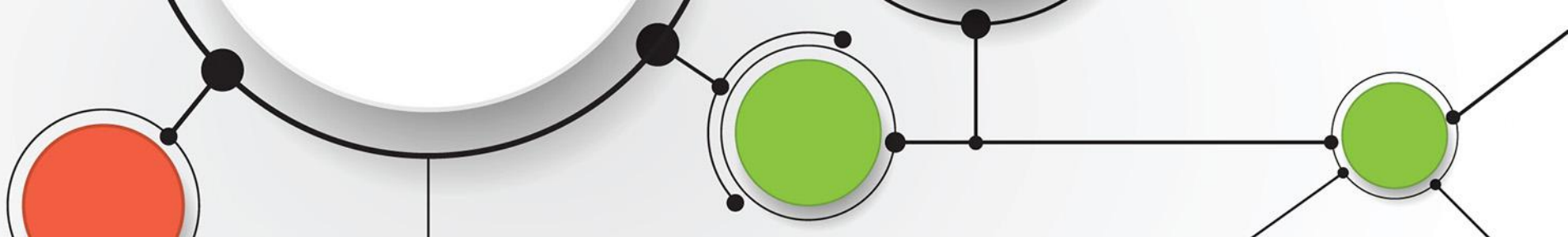
Charge Capture

- Engage clinical departments in the process
- Open communication of audit results
 - The good and the bad
 - Share information
- Track and trend



Charge Capture

- Daily reconciliation – catch issues up front
- Did every patient receive their charges for services performed?
- Ensure reconciliation process is appropriate (looking at correct data, more than just “one registration = one charge”)



Claim Form/Itemized Charges

- CPT/HCPCS assignment
 - Do they match the services documented?
- Billing units
 - Are services being properly reported in units defined by HCPCS descriptions (per ml, per 5 mg, per 15 minutes, per specimen, etc.)
 - Multipliers (usually Pharmacy, Laboratory)
- Missing charges
- Occurrence/Value/Condition Codes



Claim Form/Itemized Charges

- Service dates
- Rolling together charges
 - Potential to lose reimbursement by rolling together separately payable lines
- Unbundling
 - Inappropriately reporting services which are inherent components of other services
- Charge explosions/Panels
 - Radiology, Laboratory



Claim Form/Itemized Charges

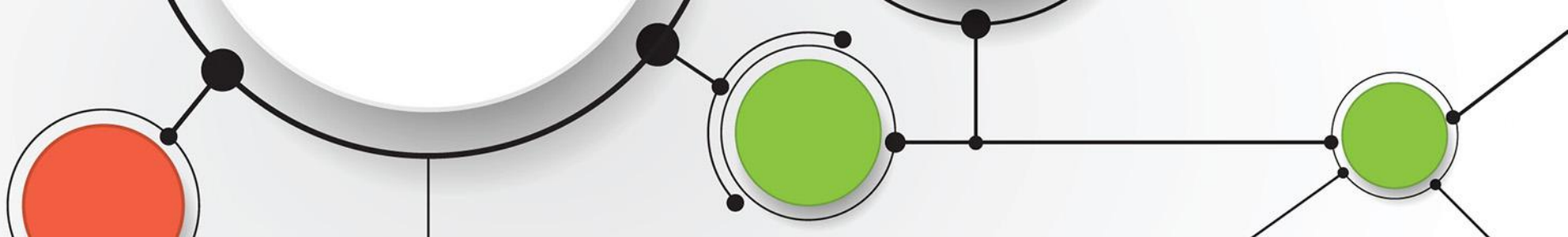
Modifiers

- Where are they coming from?
- Hard coded or soft coded?
 - Should only be hard-coded if applicable 100% of the time
 - Staff that add modifiers must understand their significance
- Laboratory (59,91)
- ED and Clinics (25, 59, 76)
- Ancillary services (52, 59)
- New X-EPSU modifiers (XE, XP, XS, XU)
 - Commonly used incorrectly



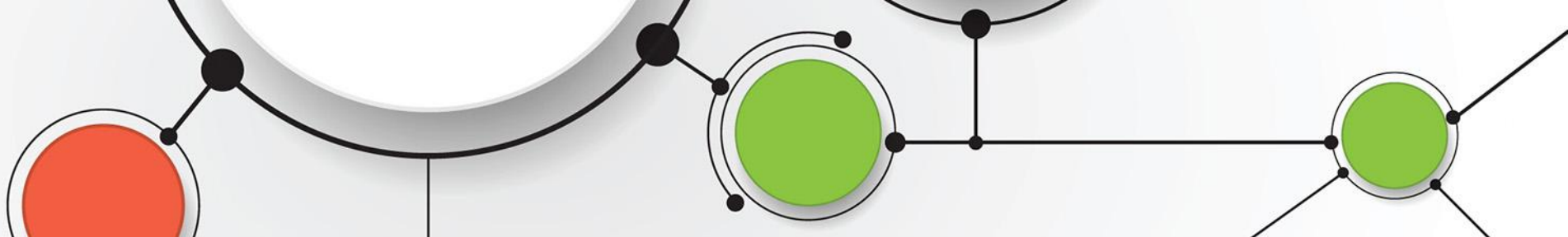
Claim Form/Itemized Charges

- Revenue code assignment
 - Reimbursement may be driven by these!
 - Fee schedule versus case rate, etc.
 - Be specific
 - e.g., 335 “Chemotherapy-IV” vs. 280 “Oncology”



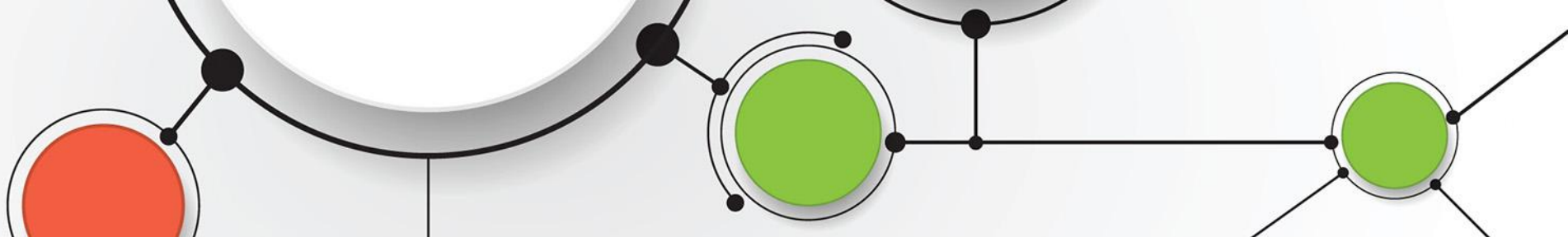
Remittance Advice

- Denials - Where do they stem from? Front end? CDM? Coding?
- NCCI and MUE edits
 - Medically appropriate scenarios, or due to incorrect charging?
 - Research causes and correct at the source



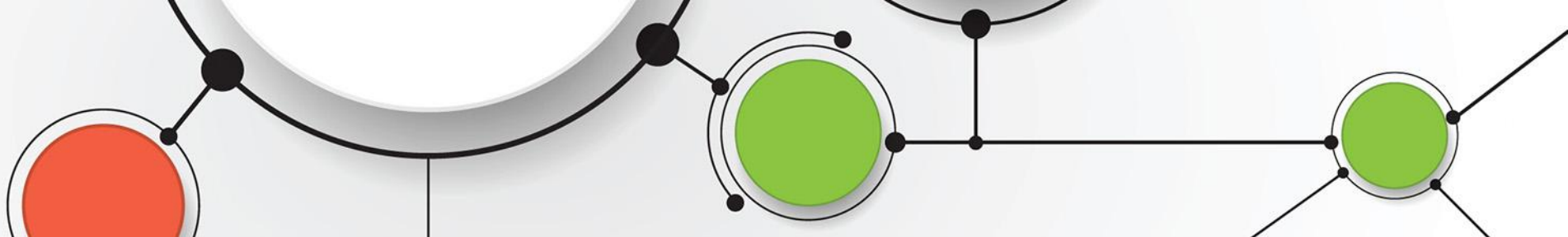
Remittance Advice

- Medical necessity
- Did the order support the service?
- Were all diagnosis codes captured?
 - Signs/symptoms versus definitive results
 - Coded based on report or off of order
- Trends with particular providers?



Remittance Advice

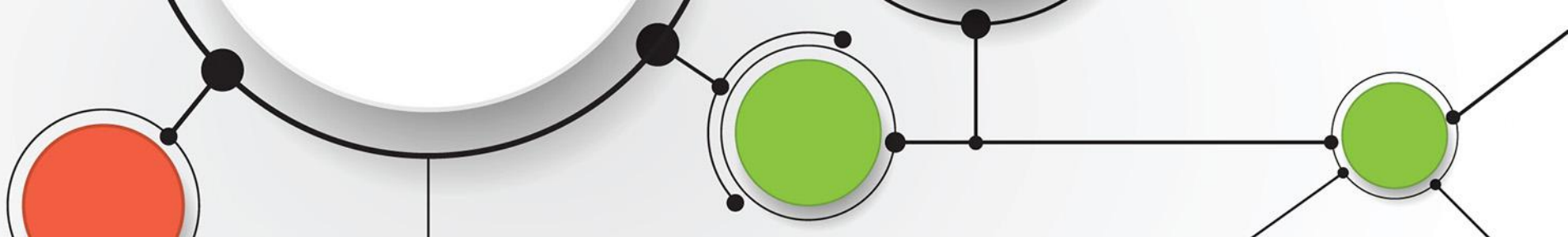
- Prior authorization
 - Payer specific
 - Out of network provider
 - Service line specific
 - Chemotherapy, Advanced imaging, Level of care
 - Who is responsible for obtaining?
 - Written policy and procedure
- Frequency thresholds
 - e.g., preventive benefits (Annual wellness visits, mammograms, screening lab tests, etc.)



Payment Reconciliation

- Review remittance advice to uncover potential payment errors
- Underpayments
- Review payer's average PAF to specific claims
- Review service line accounts and look for low PAF
- Review contract language and confirm claim has processed correctly

Go after the money \$\$\$!



Conclusion

- Healthcare charge capture and reimbursement are very complex
- There are many areas throughout the process where deficiencies can occur
- Many times these problems are masked, and can be uncovered by routine performance of audits
- Revenue integrity audits help uncover opportunities to maximize reimbursement, and mitigate compliance risks



Questions?

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