



MS-DRG Compliance Analysis

Every dollar counts and multiple agencies are looking to recoup those dollars. How do MS-DRG assignments affect a hospital's bottom line? Let the experts at Blue & Co. identify the effects of coding and clinical documentation by performing an MS-DRG Compliance Analysis. The Final Rule for fiscal year (FY) 2013 issued by the Centers for Medicare and Medicaid (CMS) indicates that the RAC now have a 5-year look back period to evaluate payments for fraud and abuse. Compliance and optimization are the focus in the revenue cycle in hospitals today. Our inpatient medical records review focuses on compliance with all government regulations, and includes accuracy and reimbursement issues as well.

These complex audits will require extensive review of documentation including history and physical, discharge summary, physician orders and progress notes, prescriptions, lab reports, radiology reports, pathology reports, and operative or procedure reports. Blue & Co. is able to work with both electronic and paper records.

Let the experienced team of professionals at Blue & Co. assess the reimbursement impact and compliance with the CMS guidelines by performing MS-DRG validation audits. Our analysis includes the review of:

- ICD-9-CM diagnosis and procedure coding
- Complications and comorbidities which impact reimbursement (CC, MCC)
- POA accuracy
- Discharge disposition
- UB-04 completeness
- Physician query appropriateness
- Clinical documentation quality

We provide a comprehensive final report incorporating the scope of the analysis, significant findings and a summary of review in addition to a closing meeting, which can be performed onsite or offsite. If requested, we are available to perform group or individual coding training to monitor the improvement customized solution provides, we can help.

Please contact Lynette Thom, RHIT, CDIP and AHIMA Approved ICD-10-CM/PCS Trainer at 317-713-7926 or lthom@blueandco.com to discover how Blue & Co., LLC can help your organization.