



## Outpatient Hospital - Coding and Documentation Audits

To ensure full and accurate reimbursement for outpatient services rendered by your hospital, coding should always be driven by well documented patient care. Unfortunately, it is all too common for pertinent clinical information to be absent from a patient's chart.

While incomplete documentation has always put hospitals at financial risk, it is becoming an increasing concern due to the implementation of accountable care, pay-for-performance, ICD-10, and value-based purchasing initiatives. We will:

- Monitor the hospital's compliance with established and impending coding and documentation standards.
- Conduct a quality review of each chart's documentation, coding and billing by certified coding professionals.
- Summarize identified issues and opportunities in an exit meeting.
- Provide a detailed report of our findings along with key opportunities for improvement that are anchored in regulatory determinations and coding guidelines.
- Follow up our review with focused education and training to hospital staff on report findings.

Correct medical coding by physicians is critical to getting paid for what you do and for avoiding external audits by Medicare, Medicaid and other payers. The only way to determine whether medical coding is appropriate is to compare it against the actual clinical documentation you recorded in the medical record. A medical record chart review and coding audit can reveal whether the hospital is not capturing reimbursement or may be exposed to compliance issues.

Such a medical audit can serve two main purposes:

- Help you make corrections before payers challenge any inappropriate coding
- Provide you the confidence to fully code the more intense encounters

Blue Consulting Services' (BCS's) professional team of certified coding and Clinical Documentation Improvement (CDI) consultants have extensive experience performing independent coding reviews in both the inpatient and outpatient settings. We review not only Evaluation and Management Services but ancillary services, surgical procedure, physical therapy services, anesthesia and more.

Appropriate documentation is the hospital's best defense against a contractor audit. Let BCS help you identify charge capture opportunities while reducing your coding and documentation risks.

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