How Provider Documentation Impacts Coding and Reimbursement

nThrive Speakers Bureau // Sample Presentation

Agenda

- What is a Health Information Management Coder
- How coding impacts reimbursement
- How Coders determine what codes to assign
- Opportunities for poor documentation
- Common coding struggles based on poor documentation
- How to monitor documentation and coding

Available Codes from a Financial Perspective

68,000 ICD-10-CM (diagnosis) codes used for all patient types	• Have the greatest financial impact in the inpatient setting • Support medical necessity for other patient types
87,000 ICD-10-PCS (procedure) codes used primarily for inpatient	• Many have financial impact
71,932 CPT (Current Procedural Terminology) codes used for outpatient and professional fee patient types	• Usually drive financial impact
71,932 CPT (Healthcare Common Procedural Coding System) codes used for outpatient and profession fee patient types	• Usually drive financial impact

Financial Impact
Examples by Inpatient Audit

Audit 1
Large Annual Audit

- Over coding ($71,954.25)
- Under coding $39,722.25
- Net impact ($32,232.00)

Audit 2
Large bi-annual audit

- Over coding ($1,423.50)
- Under coding $8,658.00
- Net impact $7,234.50

Audit 3
Small quarterly audit

- Over coding ($37,609.50)
- Under coding $9,601.50
- Net impact ($28,008.00)

Impact of Auditing

Improved coder accuracy

- Better understanding of coding guidelines, anatomy for procedure codes, and disease processes/progression
- Help with identifying incomplete, contradictory, ambiguous or unclear documentation

Improved documentation

- Supports coding accuracy
- Improves legal validity of the record

Realization of problem areas that may bring scrutiny from

- CMS
- Commercial Payers
- OIG

From Patient-to-Payment,℠ nThrive empowers health care for every one in every community.®

To secure nThrive speakers, please contact speakers@nthrive.com