

Looking Back and Moving Forward with IP Auditing for 2019

Have you ever heard the phrases *“The past is behind you”* and *“I wish I knew then what I know now.”* Or how about, *“Life can only be understood backwards; but it must be lived forwards.”* — Søren Kierkegaard.

Both of these hold true to most aspects of life, but who would imagine that philosophy could intertwine with the task of medical claim auditing? Well, we must look back to understand much of where we have come, what to expect today and where we are going in the future.

Auditing is no different than any other learning moment in life. Looking at the past gives us insight into the future. Take payer denials as an example; what a payer denied yesterday can proactively be avoided in the future with targeted concurrent reviews, CDI education, physician communication and coder feedback. Much of what we look at on a day-to-day basis is consistently the same, however, by focusing on key areas we can alter tomorrow’s outcome.

Let VitalWare’s experience across diverse hospital systems, with various specialties and a full array of departments from Revenue Integrity to CDI with IP auditing help your facility anticipate the future.

VitalWare will provide you with the details regarding ICD-10-CM/PCS code assignment difficulties based on our extensive experience with inpatient claim auditing.

Tune in to see what MS-DRGs were the focus of VitalWare’s auditing services in 2018/2019 based on our proprietary case selection as well as our clients’ requests. The findings might be a little surprising and some may just be familiar to what you are experiencing. Like, could you imagine seeing a \$21,000 increase by moving an MS-DRG from MS-DRG 983 (Extensive O.R. Procedure Unrelated to Principal Diagnosis without CC/MCC) to a 221 MS-DRG (Cardiac Valve & Other Major Cardiothoracic Procedure without Cardiac Cath without CC/MC) just by revising the site of the neoplasm from thoracic to heart in ICD-10-CM. Isn’t it interesting and enlightening to know how much affect such a small portion of the coding had on that claim? This is just one example of how important reviews of the 981-983 MS-DRGs can be to a facility. Although, these DRGs usually reimburse much higher than others and create huge risks for facility overpayment, this case was an exception and a great learning moment for future cases.

Or do you struggle with denials for validating the clinical relevance of sepsis, encephalopathy, or acute renal failure and so on. Well you are not alone. Do your CDI team and Coding staff work together to process denials and create an atmosphere that can proactively work to reduce these? Join us to learn more about some of these common areas of concern for facilities by [registering to attend our 60-minute web session](#) on April 16th at 12pm CST.