It's a Wonderful Life When You Reduce Denials with Pre-Bill Audits

Kim Carr, RHIT, CCS, CDIP, CCDS,
AHIMA-Approved ICD-10-CM/PCS Trainer
Director, Clinical Documentation Improvement

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Retrospective vs. Pre-Bill Auditing

Retrospective Audit

- Claim has already been billed
- Discharge date is weeks/month past
- Error in practice has been repeated
- If rebilled, there is a cost
- If rebilled, there is a revenue delay
- Concurrent education opportunity missed
- Missed Core Measure/Quality documentation

Pre-Bill Audit

- Claim is still in-house
- Discharge date is hours/days ago
- Opportunity to prevent repeated errors
- Reduce likelihood of rebills
- Avoid revenue delays
- Great opportunity for “on-the-go” education
- Promote Core Measure/Quality documentation

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Did You Know?

1 in 5 claims are denied

- Coding errors
- Documentation of clinical indicators does not support high risk single CCs/MCCs assigned
  - Acute renal failure
  - Acute respiratory failure
  - Congestive heart failure

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Criteria for Acute Renal Failure/Acute Kidney Injury

- AKIN criteria published in 2007
  - Cr change of 0.3 mg/dl after hydration
- RIFLE criteria published in 2004
  - Cr up 2 times for injury
  - Cr up 3 times for failure
- KDIGO published in 2012
  - Cr change of 0.3 mg/dl without mention of rehydration

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Criteria for Acute Heart Failure

Framingham Criteria for Heart Failure Exacerbation diagnosis

Major

- Acute pulmonary Edema
- Cardiomegaly on CXR
- Hepatojugular reflex
- JVD
- PND or orthopnea
- Rales
- Third Heart Sound (S3)

Minor

- Ankle Edema
- Dyspnea on exertion (DOE)
- Hepatomegaly
- Noctural cough
- Pleural effusion
- Tachycardia
- Elevated BNP

*Heart Failure exacerbation is diagnosed when 2 major criteria or 1 major and 2 minor criteria are met

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Reference: http//www.aafp.org

Criteria for Acute Respiratory Failure

History

- Failed outpatient treatment
- High frequency of Nebs outpatient
- Worsening dyspnea

Physical Exam findings –should demonstrate Respiratory distress

- Retractions or tripoding
- Accessory muscle use
- Fragmented sentences, dyspnea
- BIPAP is always supportive of Respiratory distress

Room Air ABG

- Extremely important to support hypoxia and/or hypercapnia

3 Day rule

- Key to supporting admission to the hospital in a patient who improved via therapy in the ER

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AV Block with AKI Case Study

A 40 year old is admitted to the hospital with a diagnosis of 3rd degree AV block (I44.2). The provider also assigns a diagnosis of "AKI" (N17.9) as a secondary diagnosis.

- The patient's serum creatinine ranged between 2.5-2.9mg/dL with documentation that "creatinine fell to 2.5 with gentle hydration, which is around baseline".
- GFR was measured to be between 19-23 during the hospitalization
- The is no documented decrease in urine output
- The patient carried a diagnosis of chronic kidney disease, stage III.

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Code Comparison

Billed	Third Party Recommendation
MS-DRG 309 R.W. 0.7851 GLOS 2.6 PAYMENT: $3,577	MS-DRG 310 R.W. 0.5608 GLOS 2.0 PAYMENT: $2,555
PDX: I44.2, Atrioventricular block, Complete SDX: N17.9, Acute kidney failure, unspecified (CC) SDX: N18.3, Chronic Kidney Disease, stage 3	PDX: I44.2, Atrioventricular block, complete SDX: N18.3, Chronic Kidney Disease, stage 3

Note: The hospital was asked to pay back $1,022.00

Pre-Bill Audits

- High Dollar Claims
- No CC/MCC
- Long length of stay with low weighted DRG
- Short stay, high-weighted DRG
- Red Flags for third-party audits
- OIG/RAC “hit list”

Extending the Value of Pre-Bill Auditing

- Establish defined facility specific criteria for target diagnosis
- Physician education
- Coder education
- CDIS education

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Bottom Line

Your organization is exposed to potential risk without a solid pre-bill auditing program in place…

QUESTION:

Can your organization afford not to be right the first time?

Conclusion

Incorporating a pre-bill audit process ensures timely:

- Documentation to support coded and billed services
- Reduction in your organization's regulatory exposure
- Securing appropriate reimbursement for your facility

❖ Now is the time to initiate!

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Questions and Answers

Kim Carr
RHIT, CCS, CDIP, CCDS,
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Director, Clinical Documentation Improvement

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CODING ELEVATED

1777 Reisterstown Road, Suite #330
Baltimore, Maryland 21208

Phone (410) 653-0194
Kim.Carr@HRScoding.com