



# Staying Compliant with Advantum Health Coding Audits

## A Small Error; A Big Impact

Regardless of the amount of training, experience, and education— mistakes are bound to happen as the healthcare industry continues to evolve. Whether it's the shift to ICD-11, the implementation of a new EHR, an outdated chargemaster, or just human-error, one incorrect code can cause your practice many lost hours in paperwork and thousands of dollars in fines or underpayments.

According to a study by the Office of the Inspector General (OIG), nearly 42% of Medicare E/M services are coded incorrectly. In addition, the report found that Medicare inappropriately paid \$6.7 billion for claims with incorrect coding and/or documentation. The Centers for Medicare and Medicaid Services (CMS) encourages providers to educate their staff on proper coding and perform proactive audits to ensure compliance.

## The Imperfection of Coding

It is inevitable — any practice seeing an increasing number of patients and providing more services each year will eventually have a flaw in its coding processes. It is difficult for technology or your staff to catch each potential error. Often it requires an external, unbiased review of operational processes, clinical documentation, payer contracts, and a random selection of historical claims and payments. While periodic audits not only help you avoid financial and legal ramifications, they identify opportunities where the practice is undercoding and not receiving the true value for the services it offers.

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# Advantum Health Helps You Maintain Compliance

## Advantum Health's Coding Audit Services

- ▶ Proactive claim and document reviews identify coding and modifier errors with suggested best practices for future compliance
- ▶ Expert and highly experienced certified coders - and most importantly - coders with CPMA (Certified Professional Medical Auditor) certification
- ▶ Independent, unbiased reviews prepare you for OIG and/or RAC audits allowing you to successfully self-report in a timely manner
- ▶ Reviews contracts, claim submissions, and payments to find potential underpayments and areas where you may be undercoding
- ▶ Keeps your staff focused on your practice while receiving the additional education and training required for future growth

## Advantum Health Helps you Avoid Fines and Maximize Payments

Advantum Health's team of over 60 certified coders have helped hundreds of providers remain compliant with CMS rules and regulations while maximizing payments.

We understand how busy you and your staff are in caring for your patients. It's very easy to misread documentation, select or input the wrong codes or even unintentionally overcode or undercode. While this may not impact your practice if it happens one time, repeated errors could cost you thousands of dollars in fines and legal penalties. Additionally, you could be missing out on reimbursements for services that you performed.

It's important to review your coding processes both proactively and retroactively. Advantum Health gives you the reassurance that you are meeting existing rules and regulations and that you are prepared for any changes that may be coming in the near future.

For more information:  
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### About Advantum Health

Advantum Health provides comprehensive revenue cycle management (RCM) services through a robust, innovative technology suite. By integrating RCM with population health and care coordination services, Advantum Health can help hospitals and physicians increase their existing revenue stream, uncover new payment opportunities and elevate RCM performance.

