

risk management  
guidelines  
laws adherence  
process mitigation  
regulations  
**COMPLIANCE**  
CONSISTENCY  
PARITY



# COMPLIANCE DOCUMENTATION AUDIT

*Independent audits help you find ways to enhance clinical efficiency and can help protect the financial position of your medical practice.*

- *Protect against fraud. Coding must match the services for the claims paid by the insurance company.*
- *Find variances due to incorrect coding or incomplete documentation*
- *Identify and correct the coding and documentation problems before you are challenged by insurance or government payers.*
- *Ultimately find new opportunities for reimbursement.*
- *Correct providers' use of outdated or incorrect codes.*

## YOUR ICD-10 CONSULTANT

*Deena Wojtowski, CPC, CEMC, CCP*

*A true leading expert in coding and revenue cycle management with over 25 years of experience. She is a Certified Professional Coder (CPC), Certified Evaluation and Management Specialist (CEMS) and a Certified Compliance Professional – Physician based (CCP-P)*

## COMPLIANCE SHOULD BE A MAJOR CONCERN FOR HEALTHCARE PROVIDERS AND THEIR STAFF.

It is estimated that for every dollar the government spends auditing providers, the return is twenty-seven dollars. In order to control rising healthcare costs, the government has allocated new funding for auditing and enforcement projects. Fines can be substantial, as much as \$22,000 per year.

It is important to realize that a medical record audit will focus on procedural and diagnosis code selection as determined by the physician documentation.

Here are three important reasons to do regular Coding and Documentation Audits:

1. Coding must match the services for the claims paid by the insurance company. Therefore, the OIG Compliance requires regular independent Audits.
2. Coding and Documentation Audits can identify problems. An audit will objectively analyze and detect holes in the coding process or uncover deficiencies.
3. Coding and Documentation Audits focus on the documentation and code training providers need to improve their coding habits.

### Benefits of an Audit

- Proper documentation in your medical records means less fear of third-party audits, recoupments, and other penalties.
- Aid in preparing claims accurately the first time, and prevent delays and denials.
- Avoid triggering a compliance audit for inappropriate coding. Incorrect coding can affect your Medicare payments and trigger audit liability.
- Confidence that your medical records are clear, accurate and up-to-date, and will support the claim you submitted to third-party payer.

### Physician Education

When requested, our staff will meet one-on-one with the physicians or in a group setting to deliver effective documentation training. The overall goal of our training program is to combine sound documentation principles and implement the use of well-documented comprehensive coding policies to:

- Provide consistency, accuracy and reliability of the coded data in a provider's database ensuring greater compliance with government regulations.
- Assure sound and ethical coding practices resulting in enhanced reimbursement.
- Provide back up if coding practices are questioned by the government, or other third-party payers ensuring confidence with your coding policies.

6400 Industrial Loop • Greendale • WI • 53129 • Phone (414)423-4100 • Fax (414)423-4134

[www.ebixinc.com](http://www.ebixinc.com)

[sales@ebixinc.com](mailto:sales@ebixinc.com)

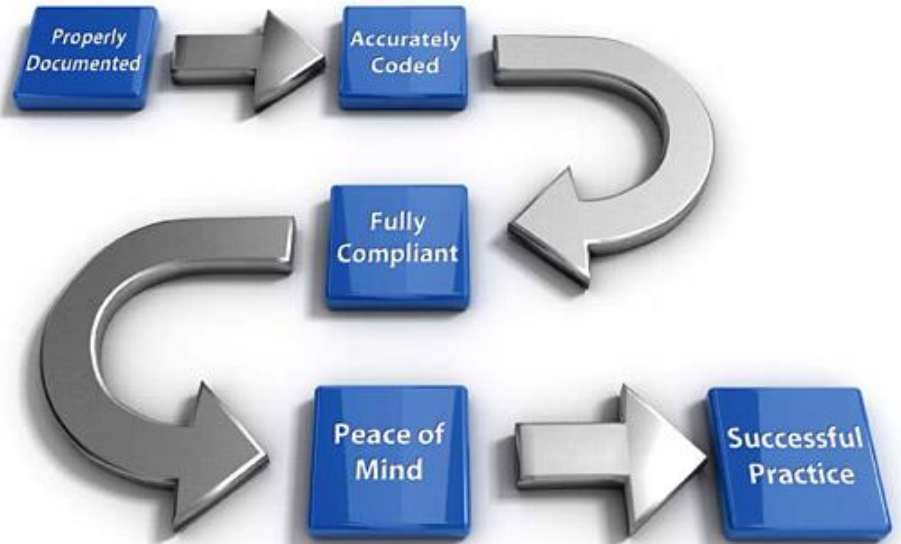
# Benefits of Choosing a Medical Coding Service.

### CERTIFIED MEDICAL CODING EXPERTS

*Ensure higher reimbursement by properly aligning services with medical diagnosis.*

There are so many benefits of choosing a medical coding service. Ultimately too many physicians are chronically under coding for their services. Unfortunately, they don't interpret the rules to Evaluation and Management Services.

Providers outsource their medical billing for a number of reasons. But most importantly, to increase the efficiency, revenue, and ultimately the income of their practice. Therefore, outsourcing of your medical claims billing process is solely designed to speed the process, reduce your business expenses, and increase the efficiency of your revenue cycle system.



1. Outsourcing your coding work lets your independent medical practice focus on what it does best: providing quality health care.
2. Choosing a medical coding company, like ebix, Inc., ensures that employees are qualified and possess the necessary qualifications.
3. Eliminate the administrative work associated with training and employing medical coders, permitting your medical practice to focus its resources elsewhere.
4. Outsourcing your medical coding work to the ebix certified coding team is a simple. As a result, outsourcing is a way for your independent medical practice to complete coding work in a timely manner.
5. You can reduce expenses associated with employing coding employees by choosing the ebix certified coding team.

### Our Certified Medical Coding Service includes:

- HCPCS, CPT and ICD-10 Coding for professional, global and technical billing.
- Compliantly maximize coding.
- Team of dedicated coders; accessible for complex coding situations.
- Coders trained in dictation best practices.
- Sophisticated coding audit capabilities to support coding decisions.
- Work closely with A/R managers on medical necessity challenges and payer coding requirements.



**ebix, Inc.**  
6400 Industrial Loop  
Greendale, WI 53129  
Phone: 414.423.4100  
Fax: 414.423.4134  
www.ebixinc.com  
email: sales@ebixinc.com