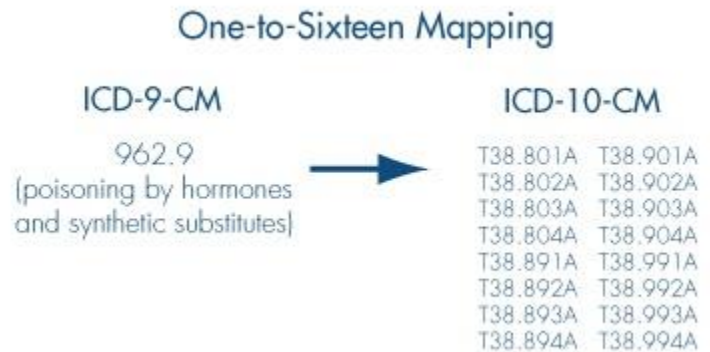


What Does Coding have to do with Cash Flow?

In a word: **Everything.**

When a medical billing practice enters the wrong code on a bill, it sets off a whole chain of events that not only cause unnecessary work and productivity loss, but it impacts monthly cash flow, when you get paid and how much you are paid.



Improper medical coding can also raise red flags leading to audits and penalties, a headache no practice wants. For all these reasons it's wise to get a checkup of your medical coding procedures by a professional, especially if it's been a couple of years since your last medical coding checkup. And with the transition from ICD-9 to ICD-10, there has never been a better time to review coding practices.

Process and Deliverables

Clinic Service Certified Professional Coders® will sample and review your codes using a proprietary **5-step process and methodology**. We ensure that the areas in which you are most vulnerable to **audit, penalty, and revenue loss are carefully analyzed**.

1. Lost Revenue Identification

One of the important reasons for a coding audit is to identify lost revenue from under-coding. Today's environment causes many providers concern about over-coding, and habits are formed costing medical providers significant revenue.

2. Code Use and Risk Reporting

CSC processes more than \$200 million of charges every year across 20 different specialties, translating into approximately \$10 million of payments per month. With this database, we are able to produce local benchmarks for CPT code use and average reimbursement per code by specialty.

3. Reporting of Results and Recommendations

Results of the review will be reported in a simple manner, with coding variances explained in full. These notes are used to coach providers on proper coding practices. In addition, we will determine whether or not the claim was paid in accordance with your payer contract to identify other potential issues with a payer.

4. Recommendations for Compliance

After the review, Clinic Service will present compliance plan options based on the following key components:

- Conducting internal monitoring and review
- Implementing practice standards and guidance
- Designating a coding champion
- Conducting appropriate training and education
- Responding appropriately to detected variances
- Developing open lines of communication
- Enforcing corrective action standards

5. Code Mapping

Provide your practice with crosswalk mapping of your practices' most essential codes.

- Crosswalk mapping of your top 50 codes
- Useful in education of providers
- Enables an intuitive process for coding
- Increases adoption pace
- Improves Revenue Cycle turnover

Final Presentation of Results and Review of Findings

Our highly experienced consultants complete the assessment quickly with very little disruption to your daily practice. Upon completion of the coding audit, Clinic Service will present your practice with the findings and review opportunities for improved processes and results. You will receive a complete report of your results and recommended actions to take, and why.

- Full review of processes, standards, and results
- Discussion with all staff involved in the Revenue Cycle
- Review of proper coding standards and opportunities for improved coding
- Code mapping tutorial
- Consideration of any audit risks discovered
-

Price: A low \$2,500 flat fee covers the assessment, report, and recommendations. We expect the results you receive will more than cover the cost of the coding audit.

Get a Proactive Coding Audit.

Reduce the Risk of Getting the *Other* Type of Audit.

Stop Revenue Loss and Improve Cash Flow.

Price: \$2,500 flat fee covers the assessment, report, and recommendations.

[Request a Meeting or Webinar Presentation](#)

Contact Michael Kuehn Phone: 720-348-3444 or email: mkuehn@clinicservice.com