April 27, 2018

Weekly Auditing and Compliance Tip

National Alliance of Medical Auditing Specialists | 877-418-5564 | namas.co | namas@namas.co

Payor Denials Based on ICD 10-CM Rules

Coders, auditors, and billers have heard rumblings since ICD 10 went live that insurance companies would start denying claims based on unspecific diagnosis codes. Some payors are denying claims due to ICD 10-CM rules not being followed. For example, excludes 1 codes that require a primary code, and Z23 linked to an E/M, are just a few that I have seen.

Click Here to Listen to This Week's Audit Tip

- Excludes 1 denial reason- Dx is not consistent with Px
  - Example: N20.1 (Calculus of ureter) reported with E83.50 (Unspecified disorder of calcium metabolism)
- Missing primary Dx code- Incomplete/Invalid principal Dx
  - Example: B95.8 (Unspecified staphylococcus as the cause of diseases classified elsewhere) reported with no infection or location diagnosis as primary
  - Example: Sequela injury codes require a primary dx code(s) that identifies the late effect(s)
- Z23 linked to an E/M visit- Unexpected Dx for this Px
-
  - Example: The 4th linked diagnosis

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to 99213 was Z23 (Encounter for immunization), in which the patient did receive multiple immunizations

As auditors, we cannot teach the providers every ICD 10-CM rule, nor should they be responsible for knowing this information. However, we can teach the providers some broad rules, such as, when a definitive diagnosis has been reached, signs and/or symptoms should no longer be reported, and that the late effect of an injury must be coder first, then the sequela code. With that said, it is paramount that ICD 10-CM education continue.

Diagnosis codes and their rules need to be audited when conducting any type of internal audit. When discrepancies are identified, clear and concise educational comments must be added to the audit report. The provider should receive a copy of the audit report, and if necessary,meet with the auditor/educator to review the findings.

Trending these discrepancies will enhance any ongoing educational efforts. If it is found that there are a high number of sequela ICD 10-CM code being reported without the primary late effect code, then the appropriate department can draft educational material specifically geared to this reason, and disseminate to the correct providers.

Most healthcare practices and facilities utilize some form of Electronic Medical Records (EMR). These systems need to work for us, and not the other way around. Edits can be created that will capture all claims that bump up against an ICD 10-CM rule. These claims would then be routed to work queues (WQ) assigned to the coding department. The coders would review each of these claims by reviewing, communicate with the rendering provider, and making any necessary change prior to submitting the claim to the payor.

The coding, billing, auditing, revenue integrity, and clinical documentation improvement departments cannot work in silos, but must work together to ensure the revenue cycles moves without a hitch. Utilizing information received on payor denials will help to create appropriate coding edits in the EMR as well as pinpoint areas for provider education.

Our **Medical Auditing Bootcamp** will train you to become a medial auditor. Learn the principles of auditing, compliance regulations, and how to perform the daily duties of an auditor.

Our next online session, scheduled as a **5 week LIVE ONLINE Saturday course,** begins on July 7, 2018!

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June 5, 6, 7: Online (1pm - 5pm each day)
June 19 & 20: Denver, CO
July 17 & 18: Minneapolis, MN
July 24 & 25: Portland, ME

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Weekly Tip Sponsor

BarCharts has been publishing **QuickStudy**

This Week's Audit Tip Written By:

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NAMAS Calendar of Events

Click the image above to view our monthly calendar.

Complimentary Tip of the Week

Our weekly auditing & compliance tip emails are available to anyone who could benefit from this information.
If you know someone who would like to receive these emails, invite them to sign.

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You're Invited to Help Us Celebrate Our
10th Conference Anniversary!

Pre-Conference: Sunday, Nov. 11, 2018
Conference: Monday, Nov. 12 - Wednesday, Nov. 14, 2018
Venue: Wyndham Grand Clearwater
Clearwater Beach, FL

Click Here to View the Conference Agenda

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NAMAS is proud to offer the following webinars in May:

Auditing Dermatology Records: Biopsy, Destruction & Removal
(Auditing Webinar Series)
May 1, 2018
2pm EST
Speaker: Kelley Larkins

Unbundling Modifiers: What You Need to Know
(What you Need to Know Webinar Series)
May 8, 2018
2pm EST
Speaker: Aimee Wilcox

Overpayments, Clawbacks, Identified Billing Errors & Voluntary Refunds
(Compliance Webinar Series)
May 15, 2018
2pm EST
Speaker: David Glaser, JD

Hands On: Orthopedic Surgery
(Hands on Webinar Series)
May 22, 2018
2pm EST
Speaker: Pam Vanderbilt

If you are interested in registering for the webinars above, please email us at namas@namas.co.

your registration to our shopping cart and select the PayPal Credit option at checkout!

Registration Information
NAMAS Member Registration (Through May 31, 2018)
Conference Only: $995
Pre-Conference & Conference: $1295

Non-Member Registration (Through May 31, 2018)
Conference Only: $1195
Pre-Conference & Conference: $1495

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