



**RANNSOLVE**

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## Quality & Audit

Medical Audits ensure that you provide efficient and better delivery of care. They also determine the areas which need improvement and correction. Medical audits help evaluate and target procedural and diagnosis code selection determined by physician documentation.

At Rannsolve we provide medical coding and audit services to help practices mitigate risk by achieving and maintaining regulatory coding compliance. Our experts make sure to stay current on regulatory changes so we can help you mitigate risk and gain compliance. Comprehensive reviews and charge capture audits are performed by our highly skilled team so that they can identify any billing issue to improve overall billing accuracy and integrity.

Quality health care is based on accurate and complete clinical documentation in the medical record. The best way to improve your clinical documentation and the livelihood of your health care organization is through medical record audits. They are necessary to determine areas that require improvements and corrections.

The goals of an audit are to provide efficient and better delivery of care and to improve the financial health of your medical provider. Medical record audits specifically target and evaluate procedural and diagnosis code selection as determined by physician documentation. Once areas of weakness are revealed through an audit, you can present the audit findings and identify opportunities for training in your health care organization.

### **WHAT IS MEDICAL AUDITING AND WHY PERFORM ONE?**

Medical auditing entails conducting internal or external reviews of coding accuracy, policies, and procedures to ensure you are running an efficient and hopefully liability-free operation

There are many reasons to perform medical audits:

- To determine outliers before large payers find them in their claims software and request an internal audit be done.
- To protect against fraudulent claims and billing activity
- To reveal whether there is variation from national averages due to inappropriate coding, insufficient documentation, or lost revenue.
- To help identify and correct problem areas before insurance or government payers challenge inappropriate coding
- To help prevent governmental investigational auditors like recovery audit contractors (RACs) or zone program integrity contractors (ZPICs) from knocking at your door
- To remedy under coding, bad unbundling habits, and code overuse and to bill appropriately for documented procedures

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- To identify reimbursement deficiencies and opportunities for appropriate reimbursement.
- To stop the use of outdated or incorrect codes for procedures
- To verify ICD-10-CM and electronic health record (EHR) meaningful use readiness

Our services include managing and reporting the daily deposits, EFT payments, Patient cash receipts and credit card payments. A daily and MTD reconciliation is reconciled at the batch and deposit level to ensure that all the payments received are posted. Additionally, the team prepares the secondary paper claims, write-offs and adjustments.

Many coders struggle with coding operative reports because there are so many guidelines and policies that affect code selection. The process is easier when you break it into seven steps:

- Review the header of the report.
- Review the CPT® codebook (start in the Index).
- Review the report/documentation.
- Make a preliminary code selection.
- Review the guidelines (for the preliminary codes).
- Review policies and eliminate the extras.
- Add any needed modifiers.

### METHODOLOGY/Our Process

#### Planning

#### Define Audit Objectives and Methodology

1. Signed NDA
2. Gather Background Information for Assessment
3. Identify (Point of Contact)- POC

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## **Implementation**

Gather evidence to accomplish audit objectives

1. Conduct Interview
2. Systems Orientation – EMR Platform, etc.
3. Initiate Audit Review

## **Analysis**

Audit- Analysis

1. Gap Analysis
2. Audit Feedback and Reports Creation – Customized as per audit findings

## **Reporting**

Communicate Audit Results

1. Distribute Final Report to appropriate and required individuals
2. Discuss Findings, Solutions and Recommendations

Key Ransolve contacts

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