Comply with US Health and Human Services OIG (Office of Inspector General) recommendations for external coding reviews and see the quality of code assignment of ICD-10 at your facility.

- Has your organization performed a coding assessment since the transition to ICD-10?
- Does your Corporate Compliance Plan require an external review?
- Does your facility require a periodic review and reporting of coding audits?
- Have you recently added new coders who require monitoring and assessment?
- When was your last coding review?

Your organization’s coding practices and trends demand serious attention on a regular basis. In fact, the US Health and Human Services OIG recommends that hospitals, physician practices and other healthcare providers conduct an external review of coding practices at least once a year.

If the questions above have you concerned, we can put your mind at ease. M*Modal Coding Audit Services are a single-source solution for everything you’ll need to comply with US Health and Human Services OIG recommendations and meet all your internal quality review requirements for periodic auditing and monitoring.

**COMPREHENSIVE, PROVEN SERVICES FROM A TRUSTED PARTNER**

For nearly 20 years, CFOs, HIM Directors and Quality Assurance Managers have relied on M*Modal’s knowledgeable, AHIMA-credentialed auditors to be their trusted partners for a wide variety of auditing services.
AUDITING SERVICES

• Coding and charge capture audits.
• Objective, external review of coding practices and trends to help organizations meet federal and internal compliance requirements, for example:
  – Coding accuracy for MS-DRG (Diagnosis Related Groups) assignment
  – Coding data quality reviews
• Documentation integrity assessments following EMR implementations.
• Baseline audits to prepare for Clinical Documentation Improvement (CDI) programs.
• Comprehensive assessment of the skill levels of current coding personnel and their current coding knowledge of ICD-10 coding rules and guidelines.
• Educational offerings based on audit findings.

THE M*MODAL DIFFERENCE

• AHIMA-credentialed auditors with deep experience for a diverse range of healthcare providers.
• Remote audit capabilities.
• Thorough, expert reports with actionable intelligence, such as:
  – Recommendations based on nationally accepted authoritative guidelines
  – Case-by-case summary analyses
  – Executive summaries for use in internal compliance reporting

HUNDREDS OF SATISFIED CUSTOMERS

More than 200 organizations have taken advantage of coding services offered by M*Modal, including:

• Multi-facility health systems
• Individual acute care hospitals
• Physician practices
• Free-standing ambulatory centers
• Urgent care facilities
BENEFITS SUMMARY

- Ensure compliance with US Health and Human Services OIG recommendations for annual external reviews.
- Meet your organization's internal quality review requirements for periodic auditing and monitoring.
- Gain the knowledge to:
  - Address gaps or inadequacies in the current coding staff.
  - Improve coding practices and workflow management.
- Support CDI and EMR initiatives by enhancing documentation integrity.
- Be better prepared for RAC (Recovery Audit Contractor) reviews and ICD-10 compliance.

M*MODAL: SOLUTIONS FOR ALL YOUR CLINICAL DOCUMENTATION NEEDS

M*Modal is a leading provider of clinical transcription and coding services; clinical documentation workflow solutions; advanced, cloud-based Speech Understanding™ technology; and advanced, unstructured data analytics. For organizations that prefer to keep coding in-house but have outdated coding technology, M*Modal Fluency for Coding™ is available to support highly efficient coding workflows. It enables a remote workforce, HIM analytics, self-auditing and produces significant productivity gains resulting in reduced overhead and increased cash flow.

To find out more, visit our website at mmodal.com or contact us at 866-542-7253.