CODING AUDIT SERVICES
Comply with US Health and Human Services OIG (Office of Inspector General) recommendations for external reviews and be better prepared for ICD-10.

- Has your organization performed a coding assessment to prepare for 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 two decades, 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
- Root cause assessments for important revenue cycle business metrics (e.g., case mix index).
- 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 to help organizations prepare for the transition to ICD-10.
- 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 also provides prompts to reinforce coders’ knowledge of the ICD-9 and facilitate their transition to ICD-10.

To find out more, visit our website at [mmodal.com](http://mmodal.com) or contact us at 866-542-7253.