



BENEFITS

- Ensures correct and compliant coding
- Improves revenue processes
- Decreases external audit risk

“An external coding audit should be conducted at least once a year by all healthcare provider organizations.”

—AHIMA e-HIM Coding Benchmark Workgroup

Audit Services

In-depth audits and coding compliance monitoring

Achieving revenue goals without jeopardizing regulatory compliance is a critical challenge for provider organizations. Successful outcomes require revenue cycle diligence alongside a corporate commitment to coding accuracy. It is a fine balance to achieve—and an even tougher one to maintain.

In addition, RACs, MACs and other external auditors place undue pressure on coded data and revenue recognition. Recoupment and take-backs have become commonplace. Your revenue is at risk!

For decades, TrustHCS experts have partnered with provider organizations to improve coding, billing and documentation by assessing coding practices, validating past claims and identifying areas for improvement. We work alongside your internal team to continually analyze and monitor all processes that impact revenue recognition. Your organization receives improved coding accuracy and a solid cornerstone for ongoing compliance success.

Whether your organization chooses TrustHCS for an annual audit or ongoing compliance services, you benefit from our proven reputation and consistent performance in three key areas:

- Clinical coding and reimbursement audits
- Revenue cycle compliance monitoring
- Clinical documentation improvement programs

Specifically, our services include:

- APC & DRG validation audits
- Case mix index analysis
- Charge to code reconciliation
- Review of evaluation & management (E&M) assignment
- Education and documentation improvement
- Compliance with applicable laws, regulations, policies, and practice standards