Case Study: DRG Validation

CHALLENGE

Medical coding quality is crucial to ensuring claims get out the door quickly and reimbursements come back complete. Undercoding claims can result in lost revenue while overcoding could create compliance problems.

The VP of Revenue Cycle at a Level I adult and pediatric trauma center and safety net hospital in the Midwest felt that post-bill review was an area opportunity for improving revenue capture and compliance.

DRG Validation led to recovered revenue, enhanced compliance, and coder education for a midwestern hospital.

SOLUTION

BESLER initiated a DRG Validation program that was complimentary to the hospital's existing workflow, quality programs and technology. The engagement was customized based on the coding policies of the hospital.

Suspect claims were identified using BESLER's proprietary Revenue Integrity platform and certified coders made recommendations to the hospital for claim adjustments. The hospital approved or denied these suggested adjustments before claim refiling occurred.

BUSINESS BENEFITS

• **Revenue Recovery**

In just over 1 ½ years, BESLER identified $1,275,734 in potential favorable claim adjustments.

• **Education**

Engagement findings and advice around coding guidelines were wrapped into education provided to the hospital's coding team to enhance their accuracy moving forward.

BESLER

Smart about revenue.
Tenacious about results.