

INPATIENT DRG REVIEW & AR RECOVERY



Client	Hospital
Services Provided by RMB	Inpatient DRG Review and AR Recovery

Client's Profile:

A **Hospital**, located in Texas, providing inpatient and outpatient emergency care to all patients with onsite cutting edge emergency medical technology, in-house ER Physicians, and in-house billing including a patient advocate.

RMB's Approach:

The hospital was having billing and inpatient DRG-related issues because of which most of the inpatient claims were either getting underpaid or not getting paid at all. So a complete analysis was done by RMB's Coding and RCM teams to line up the critical issues.

Issues and Challenges Identified by RMB:

- All inpatient claims submitted to Medicare were denied because of incorrect room and board units, institutional coding, and missing value codes in UB-04.
- Few of the inpatient claims were paid by the commercial payers but still, they were underpaid because of the incorrect diagnosis and DRG with less prospective payment.

Solutions:

i- Medicare UB-04 requirements for Hospital Inpatient Billing

RMB's RCM team worked with Medicare to verify the complete coding and billing requirements for Hospital inpatient claims submitted through UB-04. All the denied claims were sent back to Medicare after correcting the room and board units and required value codes on UB-04, due to which the Hospital received more than **\$500,000**.

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ii- Incorrect diagnosis and DRG with less prospective payment

RMB's Coding team reviewed all the previous inpatient claims and their charts for DRG analysis. Claims were being submitted without considering the POA conditions and coding clinics for inpatient admissions due to which the inpatient claims were underpaid based on the DRGs with less prospective payment.

Example...

For an inpatient claim, the diagnosis provided in the charts were suggesting **DRG code 189** with a **Federal Prospective Payment of \$7,872.29**. After reviewing the complete charts, our coding team sent a question to the Hospital to confirm the POA status of Sepsis because it was present during inpatient admission.

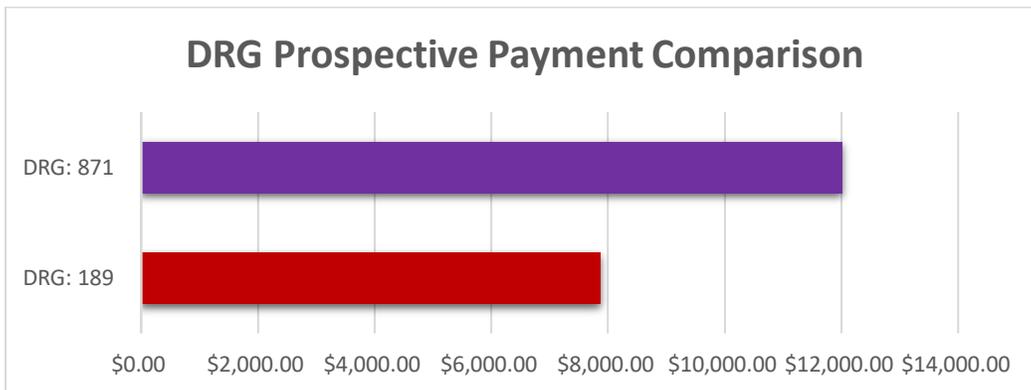
Based on the POA status confirmation the DRG was changed from 189 to 871.

DRG: 189 - PULMONARY EDEMA AND RESPIRATORY FAILURE

Federal Prospective Payment: \$7,872.29

DRG: 871 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC

Estimated Federal Prospective Payment: \$12,007.89



Speak to our team of experts for Inpatient DRG review. Address your concerns and share your vision for your revenue goals.

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