

5 Ways to Pass Your Next Medicare Audit



A medical practice can pass a Medicare audit easily if they have the right information. One of the consequences of treating Medicare patients is that the practice is then subject to Medicare audits. These can lead to the suspension of payments and Medicare fees. For a practice with lots of Medicare patient accounts, this can cause a financial crisis

Unfortunately, Medicare audits are a necessary part of the system. Healthcare waste, fraud, and abuse lead CMS (the Centers for Medicare and Medicaid Services) to be diligent in recovering as much federal money as possible. This places a burden on facilities that follow the rules. Even when there is no intent to be dishonest, the practice can still face penalties if found guilty of improper Medicare billing..

While there is no way to avoid facing a Medicare audit, there are ways to prepare that will help reduce any negative outcomes.

Here are five ways to pass your next Medicare audit:

1. **Avoid coding mistakes:**

Coding facilitates the billing process by bringing uniformity to the procedures through recognizable codes. Using standard diagnosis codes and procedure codes, the medical coder ensures that Medicare will recognize the billed item and how the diagnosis warrants that procedure, test, or treatment. When the coding on the claim does not meet the Medicare requirements and Medicare pays the claim anyway, the audit may discover this mistake. To prevent coding mistakes, make sure the most current coding books are on hand and use appropriate modifiers according to Medicare guidelines.

2. **Accurately document patient charts:**

Proper documentation is essential for not only providing quality patient care but also for accurately billing for services. The services billed must match the documentation on the patient's chart. If the services and diagnosis do not support the claim filed with Medicare, this can be discovered during an audit.

3. **Perform random mock audits:**

Perform your own random mock audits based on the same criteria as a Medicare auditor to uncover what they would find, before they show up at your door. While there is no exact method of determining what an auditor would find, there are a few things that can be done to create a checklist of sorts.

Visit the [CMS website](#) for the most up-to-date information on submitting claims that comply with Medicare guidelines.

Monitor denied claims for patterns that violate Medicare guidelines.

4. **Prepare and implement policies and procedures:**

Medical office managers should prepare and implement policies based on Medicare guidelines to have a unified process in place for staff to go by. Providing documented methods of performing tasks is an effective way of preventing errors that can lead to Medicare refunds.

5. **Review and investigate audited claims:**

Although it rarely occurs, Medicare auditors can make mistakes which can lead to incorrect refund payments. To prevent this from happening, take the time to perform a self-audit. Not only does this protect your office, more importantly, the audit is the best learning experience to gain knowledge of how Medicare audits are done and what to expect in the future.

For help in preparing for a Medicare Audit or if you have any questions please contact Tower Physicians Solutions at 630-243-5731 or email us at info@TowerPS.com