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# Tips to Improve Productivity & Cash Flow

Keep these five tips top-of-mind for efficient revenue cycle management, high-quality clinical results and greater patient satisfaction.

## 1

### Know the Codes

Continuously educate staff to keep up with the level of specificity, addition, and deletion of ICD-10 codes. Periodic updates will occur, so make ongoing training opportunities a priority.

## 2

### Take Pride in Accuracy

Stay laser focused on getting the code right the first time. Avoiding errors ensures that the correct procedure is appropriately coded and documented for faster, smoother reimbursements.

## 3

### Be Precise

Pay close attention to documentation to ensure a high level of quality and population health management. Detailed documentation is the key to faster reimbursements and more efficient relations with payers.

## 4

### Monitor ICD-10 status and revisions

Stay current with payer and government rules and regulations. Remain in close communication with payers to pinpoint areas of risk and potential coding issues that are beyond the organization's control.

## 5

### Audit coding accuracy and denials

No coding guidelines can be ignored. Increases in denials may occur as new codes are regularly introduced. Be ready with a plan of action to assist with denial prevention.

## Coding Across the Care Continuum

From data management and billing and reimbursements to quality reporting and population health management, coding touches virtually every aspect of healthcare delivery. ICD-10 brought with it a level of required specificity that was previously unprecedented in the U.S. healthcare system. Now the focus shifts to remaining compliant with new regulations and ensuring coding accuracy to capture revenue and achieve better patient outcomes.