

Top RAC Target Areas

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If you bill fee-for-service programs, your claims will be subject to review by the Recovery Audit Contractor Program (RAC). That was the promise made by the Centers for Medicare and Medicaid Services when it expanded its once-experimental program to all 50 states in 2010. The RAC's mission is to reduce improper Medicare payments through the efficient detection and collection of overpayments and underpayments made to providers. Not surprisingly, the RACs typically find more overpayments made to providers than underpayments.

In the first quarter of 2012 alone, the four regional RACs combined to identify more than \$588 million in overpayments to healthcare providers. Below, Kim Felix, RHIA, CCS, an AHIMA-approved ICD-10 trainer and the director of education and training, coding/HIM consulting, EMR, Abstraction Division at consulting firm IOD, offers the top RAC target claim areas providers should examine before the auditor knocks on their door.

What are RACs looking at these days?

Vent Time: RACs have been focusing on claims with the code 96.72, Mechanical ventilation greater than 96 hours, in cases where patient stays were less than 96 hours. Beware incorrect coding; depending on the principal diagnosis, changing the procedure to 96.72 from 96.71 could dramatically change the MS-DRG.

Stroke As Principal Diagnosis: The RACs are searching for confirmation of a stroke or CVA on a CT or MRI of the brain. Be acutely aware of those patients with differential diagnosis of stroke/TIA. If a stroke was coded, make certain the LOS is relative to stroke ALOS and GLOS for the MS-DRG assigned; confirm the documentation supports a stroke, such as deficits and nothing "transient."

AIDS As Principal Diagnosis: The code for AIDS, 042, should only be coded for people who are HIV positive and have had an HIV-related condition or opportunistic infection. This must be documented in the record by the physician either as a current condition or in the past medical history.

Acute Renal Failure: RACs are looking for elevated creatinine levels, not necessarily a "jump" in creatinine level. The abbreviation "AKI" remains a concern since it could technically mean acute kidney INJURY or acute kidney INSUFFICIENCY, changing the code from 584.9 to 593.9. Add AKI as acute kidney insufficiency to the official hospital abbreviation list.

Article citation:

AHIMA. "Top RAC Target Areas" *Journal of AHIMA* 83, no.7 (July 2012): 88.

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