NEWS & INSIGHTS

Join NAHRI in celebrating 2025 Revenue Integrity Week

June 4, 2025
News & Insights

NAHRI is currently celebrating the eighth annual Revenue Integrity Week (June 2-6) to acknowledge and raise awareness of revenue integrity professionals' incredible contributions to the healthcare industry.

Revenue integrity professionals focus on a variety of processes, including chargemaster maintenance, compliant charge capture, auditing, and more. As an increased emphasis is placed on compliance in the revenue cycle, the need for expertise in these roles is growing. Throughout the week, NAHRI will continue to release news, case studies, and resources to help these individuals excel in their roles and elevate their profession.

A panel of revenue integrity leaders joined NAHRI for a free webinar on June 4 to analyze data from the 2025 State of the Revenue Integrity Industry Survey. During the webinar, experts discussed current and upcoming trends in revenue integrity program structure, priorities, and responsibilities. Attendees gained insights into how organizations across the country are tackling denials management, charge reconciliation, chargemaster management, program structure, and more! Stream the free webinar here. Download the *2025 State of the Revenue Integrity Industry Report* here.

NAHRI has made available a Revenue Integrity Week toolkit to help you plan a celebration at your facility. The toolkit includes a sample press release, logo, and poster to help you increase awareness of your facility's celebration, as well as activities to engage your team during the event. Share photos of your team's celebration on social media with #RevenueIntegrityWeek.

Study: Higher upcoding rates seen across outpatient settings

June 11, 2025
News & Insights

Upcoding is becoming a more common practice across all outpatient settings, according to a recent Trilliant Health report.

Outpatient facilities can bill for evaluation and management (E/M) services by using a range of Current Procedural Terminology (CPT®) codes that reflect the time spent, medical decision-making, and other factors that impact the complexity of the visit. Trilliant Health analyzed a sample of E/M claims billed at the following facilities:

- Emergency departments (ED) (CPT codes 99281–99285)
- Urgent care centers (CPT codes 99202–99205)
- Primary care/physician offices (CPT codes 99211–99215)

The data revealed a trend toward higher acuity procedure codes across all care settings. In the ED setting, the share of visits billed with CPT code 99284 grew from 32.5% in 2018 to 39.6% in 2023. Urgent care centers displayed a 6.6% increase in their use of higher acuity codes, such as CPT code 99204, as well as a 6.6% decrease in their use of lower acuity codes, such as CPT code 99202. In the physician office setting, the use of CPT code 99214 increased from 38.5% of volume to 45.0%.

Researchers also determined that the share of visits billed with high-acuity CPT codes increased across all diagnosis chapters for all three settings. The largest observed increase in the ED was linked to diseases of the eye and adnexa, jumping from 28.1% in 2018 to 46.7% in 2023. Urgent care centers experienced an 18.9% increase in high-acuity coding for diseases of the blood and immune disorders, and physician offices showed a 12.5% increase for mental and behavioral health claims.

The report also included high-acuity coding data on the most commonly treated diagnoses in the ED setting. Within the study timeframe, the largest increases were observed for rashes and other non-specific skin eruptions (19.7%), enlarged lymph nodes (15.9%), and hemorrhage not elsewhere classified (14.9%).

Researchers have already identified and raised concerns over the increasing rates of upcoding in the outpatient setting, but this recent report reinforces the need to re-evaluate current reimbursement models.

“The way in which this trend impacts nearly every diagnosis category suggests that it is not isolated to specific clinical areas but instead reflects a broader evolution in healthcare delivery and administration,” according to the report.

While the researchers attributed some of the coding behavior changes to patient acuity, they acknowledged the impact of certain systemic incentives, such as the following:

- Documentation templates that encourage more detailed coding
- Revenue cycle strategies designed to optimize reimbursement
- Increased familiarity with the nuances of E/M billing guidelines

In response to the upcoding trend in the outpatient setting, payers are becoming stricter in their claims review processes, deploying algorithms to identify questionable bills, and introducing additional prior authorization requirements, according to the report. With additional scrutiny on these claims, organizations must ensure they are coding visits at the correct complexity level. Review E/M claim guidelines and conduct internal audits to identify inappropriate coding and billing practices.

Editor's note: *A version of this article originally appeared in* Revenue Integrity Insider*, NAHRI's weekly e-newsletter*

Related Topics:
Coding, OPPS

Gain insights on the top RCM trends for 2025

June 18, 2025
News & Insights

The healthcare revenue cycle is always changing. As organizations navigate challenges like higher denial rates, payer changes, and data security risks, staying ahead of industry trends is crucial.

In a recent report, Waystar compiled exclusive insights from 600 healthcare revenue cycle leaders on their top investment priorities and strategic focus areas. More specifically, the report highlights the top six revenue cycle management (RCM) trends in 2025, which are as follows:

1. Expanding artificial intelligence (AI) and generative AI investments to streamline RCM operations
2. Ensuring a strong return on investment from RCM software investments
3. Safeguarding data against cybersecurity breaches
4. Adopting end-to-end platforms over point solutions
5. Enhancing patient access to boost precision and prevent denials
6. Strengthening cash flow with error-free claim submissions

Revenue cycle leaders can use the information in the report to proactively address industry shifts while learning where their own teams may want to focus over the next year and beyond. Click here to download the report.

Related Topics:
Auditing and monitoring, Billing and reimbursement, Denials and appeals, HIM/HIPAA

Connecting the dots through SDOH capture

June 25, 2025
News & Insights

by Nicole Nodal-Rodriguez, MSN, RN, CCDS

The term “social determinants of health” (SDOH) has become a buzzword in the CDI space over the last several years. There has been increased interest in, and emphasis on, capturing a holistic picture of the patient’s life and how such capture can impact health outcomes. When clinical teams have had the opportunity to deep dive into these discussions with their patients, we have found that there is so much value to what is often thought to be a mere simple assessment.

SDOH connects the dots between an individual’s medical, economic, environmental, and social status. Through identifying and documenting this information in the patient record, there is a trickle-down effect on treatment plans, identification of health disparities, and community services. When formulating treatment plans, providers can use this information to obtain a patient’s healthcare literacy and to determine if they have a safe environment to return to post-discharge. It is also used to determine if patients can afford their medications, follow-up care, and necessary treatments.

When a patient is underfunded or doesn’t have transport, social workers and/or case managers (in some organizations) can provide patients with a 30-day supply of medication, help them apply for assistance, schedule their follow-up appointments, and arrange transportation; all of which is integral to preventing unnecessary readmissions and/or poor outcomes.

Not only do providers use this information when formulating their own treatment plans, but, with the adoption of widespread electronic medical records, this information continues to follow the patient from provider to provider through various clinical settings.

Social issues often get left out of the conversation when providers/caregivers/patients are busy, stressed, and focused on the immediate problem that occasioned a visit or admission; however, having SDOH carried through the record ensures that all providers with access to the electronic health record can use this information to care for their patients and further determine if any special needs or considerations need to be met.

SDOH data also has a significant community impact when it comes to addressing health disparities. Documenting things like income, level of education, race, ethnicity, illicit drug use, and homelessness translates into data used for preventative care, early intervention, and necessitating community resources to address potential obstacles. This information also helps with local advocacy, policy development, and interventions to decrease healthcare inequities.

In short, capturing SDOH literally entails so much more than documenting a few ICD-10 codes.

With the recent proposal from CMS to remove the Hospital Commitment to Health Equity measure, a question emerges as to how this will impact the reduction of health disparities and equitable care delivery. This release comes on the heels of the 2024 CMS proposed change regarding homelessness, which stated:

After review of our data analysis of the impact on resource use generated using claims data, CMS is proposing to change the severity designation of the seven ICD-10-CM diagnosis codes that describe inadequate housing and housing instability from non-complication or comorbidity (NonCC) to complication or comorbidity (CC), based on the higher average resource costs of cases with these diagnosis codes compared to similar cases without these codes

Given CMS' acknowledgement that social issues increase the complexity of care and resource use, is the proposed removal of this measure aligned with the same thought process?

Nevertheless, whether CMS removes this measure or not, from a CDI perspective, we still have work to do. Our role remains the same: we should continue to scour the record, looking for instances of incomplete or missing documentation, while ensuring that the overall patient’s picture, in all its detail and nuance, is crystal clear.

We should continue to support the clinical teams by providing education on the importance of capturing social determinants of health and how they impact health equity and patient outcomes. All of these are examples of how we can continue to live out the “integrity” part of our role despite ever-changing rules and guidance.

Editor’s note: *Nodal-Rodriguez is a CDI education specialist for ACDIS/HCPro. This article originally appeared in* CDI Strategies*, ACDIS’ weekly e-newsletter.*

Related Topics:
Coding, Documentation improvement, IPPS, Medicare news

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