

Post-Payment Review AUDIT (PRA)

FACT: If you have ever been stopped for a traffic violation, you know the police officer will ask you for your ***driver's license*** and ***proof of insurance***.

PROBLEM: If you do not provide police officer with your ***driver's license*** and ***proof of insurance***, there are many questions, and ***the investigation begins***.

INSURANCE PROBLEM: If you do not provide the insurance companies with the ***significant objective deficits*** that are required to document ***medical necessity***, they too will have many questions, and ***their investigation begins***.

WHAT TRIGGERS A PRA: The insurance company's consultants will review the documentation you have submitted, and they will conclude... **this doesn't come close to documenting medical necessity. How far back this lack of documentation go? I recommend we audit this provider. It's that simple.**

POST-PAYMENT REVIEW AUDIT: The insurance companies have the right to request random samples of your patient files (i.e. 20 files over a 2-4 year period). They will analyze your recorded documentation of ***medical necessity***.

Upon careful review of your patient treatment records, their "***consultants***" will discover a certain percentage (i.e. 35%) of services that do not have the proper documentation in the patient record.

This percentage of inadequate documentation (35%), will be multiplied against the total amount paid to you for the review period (2-4 years), ***and that amount has to be repaid to the insurance company.***

EXAMPLE: The insurance company paid you \$60,000 over the past 2 years.

$\$60,000 \times 35\% = \underline{\$21,000}$ that must be repaid. (a conservative estimate)

The *Functional Diagnostix, Inc. Functional Assessment Muscle Testing* system is ***guaranteed effective*** in documenting the ***significant objective deficits*** that are required for documenting ***Medical Necessity***, providing eligibility for insurance reimbursement, and protecting you against a ***PRA***.