

## **Abstract**

**TITLE:** DRG: Establishing and strengthening a robust medical coding auditing program in Greece.

### **Introduction**

The implementation of a DRG system in a country raise concerns about the accuracy of medical coding. Since the quality of hospital discharge data has a significant impact on the allocation of cases to DRG, it is crucial to elucidate the relationship between case mix and accurate medical coding.

### **Methods**

This study, which co-founded by the EU & the Greek Government, examined the already grouped DRG cases from the first year of implementation in the region of Crete. A sample of 130,000 cases out of the total 200,000 cases were analyzed and audited. The audit process consisted of the following stages:

*Digitalisation:* The Greek DRG Institute developed a digital platform to support auditing, which resulted in the establishment and strengthening of medical coding control mechanisms. This intervention aimed to identify and address any discrepancies between the coding of a patient's medical record and the allocated DRG, based on the Greek Coding Guidelines.

*Auditors training:* A team of highly skilled auditors underwent specialized training in medical coding according to DRG, conducted by experts from the Greek DRG Institute.

*Control & consultation:* The control and consultation of medical coding was performed by specialized and trained auditors, on a randomly selected sample of cases. The objectives of the control and consultation were as follows:

- to verify the accuracy of the classification of incidents in DRG,
- to ensure the completeness, in accordance with the information obtained from the patient's medical file,
- to assess whether the coding adheres to the Greek Coding Guidelines.
- to promptly address the phenomena of undercoding and overcoding, which are identified in the international literature and are addressed through ongoing training for coders.

## **Greek DRG Institute**

**DRG: Establishing and strengthening a robust medical coding auditing program in Greece.**

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- to enhance and streamline the process of medical recordkeeping, objectively showcasing the work performed by each hospital to promote fair resource allocation within the healthcare system.

### **Results**

Results indicated that a significant proportion of DRG, with a length of stay greater than one day, were reclassified from the auditors into different DRG. This reassignment was not primarily due to errors in the selection of the principal diagnosis, but rather resulted of various coding errors, including omitting the coding of secondary diagnoses and medical procedures that should have been included and utilizing less specific codes.

### **Discussion**

These findings indicate that the provision of medical coding control and consulting services can be instrumental in the proper implementation of the DRG by fostering accurate medical coding and ensuring transparent allocation of resources within hospitals. As an ultimate goal, this approach could potentially shorten the duration of undercoding occurrences from the four to five years typically observed in international literature to a more manageable two years.