

Case Study – Radiology billing - II

Substantial growth in collections after gaining full control over the fluctuating revenue parameters

Specialty	Radiology
Service offering	Full service Billing
Practice management software	MISYS PM

Client : **Billing Company based out of Louisiana.**

Account handed over to ecare : **March 2007**

We started working for this client in the month of March'07 and set up a new database for them.

Business Challenges:

Set up:

Being a new location added to an existing group, we had to start everything including the group formation with various federal carriers, individual participation of providers and EDI setups for almost all the carriers from scratch.

The average charges per month which we enter for this client is 750K, which comprises of 9000 encounters. However, we have maintained the 90+ AR in this client at 100K, which is less than 9%, which is an excellent score for a Radiology client. The below table for April to May 2009 provides the value of different parameters.

Month	Charges	Collections	AR	90+AR	90+AR%	Coll Rate
Mar'09	671,377	279,981	967,689	99,091	10.24%	42.20%
Apr'09	763,082	348,819	944,425	93,962	9.95%	44.23%
May'09	896,152	353,633	1,090,472	97,464	8.94%	45.85%

Issues Encountered and Rectified

We came across many interesting and intricate challenges in the process of stabilizing this account.

Demographics is done through interface for this client. Initially there were major issues with having the interface set. Since the carriers were wrongly routed, incorrect insurance was being picked up at the time

of demo interface. We identified this issue and escalated to the technical support team of the hospital, which readily took our suggestions and got it rectified.

Charges are placed in FTP for this client. Initially these were placed as one charge per file, which caused extra work on our side. So we had the Parcer Program set, which helped in clubbing all files into one single file. This also helped in reconciliation of charges.

Concept of Q6 Billing

Being a Hospital based Tele-radiology client, there are many locum providers reading the reports. So the concept of Q6 billing was adapted in the initial stage, which is being followed until this date. Locum billing also helped saves time.

MCR issue

After obtaining the Medicare group number, we started filing claims using the same. We submit claims for three different locations in this group. However, we observed claims pertaining to a certain location being rejected. Upon extensive research with Medicare, we identified that, since the locality for this particular location was different from the other two, we need to get a separate group number for that particular location. Therefore, we submitted an 855B and got a new group number. After filing claims pertaining to this location under the new group, we started receiving payments.

PHO

PHO is a joint venture between a hospital and many or all of its admitting physicians whose primary purpose is contract negotiations with MCOs and marketing. Being a hospital-based client, contracting ourselves with such PHO was a beneficial process. This way we became par with many of the carriers which falls under the umbrella of a single PHO. For instance by contracting with Choicecare PHO, we were able to address Humana, BCBS, LWCC, PPOplus, Wellcare, PPO USA and Beechstreet.

Electronic Services

We emphasized the benefits of having the Electronic Services (EDI, EFT, ERA and Remits), set-up to the Client. They readily accepted and approved for the same. Currently we are enrolled with ALL the carriers that have this facility. This has enhanced both the flow of money and accuracy. Also we have made necessary changes to our master files so that secondary claims go out electronically. We worked towards making the process as paperless as possible.

Resolved Coding Issues

Since we are handling coding for this specialty, we've resolved many coding related issues too. For instance we came across denials from MCD LA stating procedure code is inconsistent with the provider type/specialty (taxonomy) for CPT 76811. As per the State guidelines, CPT 76811 and 76812 should be performed by maternal fetal specialist only and radiologists are not authorized to read this ultrasound procedure. So we had re-billed all affected codes with 76801 and 76805 according to the date of pregnancy and got them paid.

Benefits:

We faced a lot of challenges initially with this client. Not only did we cope with them but also took steps to address them. The client benefited because he didn't have to worry about handling the database set-up and getting the providers enrolled. Also, meticulous planning and problem resolution capability of our team ensured consistent cash flows and an aging that is better than Industry standards.