INFINX

Streamlined ICD-10 Coding And Charge Entry Procedures Speed Claims Submissions For A Regional Multi-Specialty Hospital

Staffing Shortage Slows Prior Authorization Submissions

One of the Midwest's largest multi-specialty hospitals and group practices was experiencing significant revenue shortfalls brought about by unforeseen challenges and a significant backlog in charge capture procedures. With a team of over 70 board-certified physicians and advanced practice providers (APP) across 12 regional locations, the hospital found itself with a massive inventory of claims that needed to be coded, entered, and submitted for reimbursement.

With timely filing concerns of paramount importance, the hospital enlisted us to implement a recovery plan.

Two-Pronged Solution Rolled Out

Coding Solution

We deployed three highly experienced cardiology coding specialists to assist the practice in executing all necessary coding procedures and provided round the clock support to clear the entire inventory of unprocessed claims. With a client service manager heading up the team, codes were assigned, and documentation verified, leading to a 99% acceptance rate by the practice's insurance payers and reducing claim denials substantially.

Charge Capture Solution

With skilled EPIC-trained specialists, the entire backlog of over 500 claims was

readied and submitted within 12 hours. Once systematized and distributed, we were able to maintain the workflow and continued to see improvement in charge capture and submission rate.

Benefits Recognized By The Hospital

With our assistance, the hospital quickly met and exceeded their productivity goals.

Further, we substantially expedited the entire inventory of uncoded and unprocessed claims. We submitted them electronically to their respective third-party insurance payers for reimbursement. This seamless and organized process lessened the chance of rejection or denial for timely filing or missing information while maintaining quality and adding directly to the hospital bottom-line.

Working with us, the hospital was able to:

✔️ increase claims submission by 20% in the first two weeks

✔️ save time and resources on hiring and training qualified coders with ready knowledge and experience on the EPIC system

The client is satisfied with our work and regularly shares the positive staff comments about the ease and efficiency of our solutions.

Is your clinic or hospital risking patient dissatisfaction by delaying credit balance refunds? Is your accounting team aggravated with delayed payment posting? See how you can clean up these important revenue cycle tasks quickly and affordably:

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