



Optimized Reimbursement with Top-Level Coding Services for a Major Medical Business Organization

The Background

Entering the market as a physician billing company in 1981, our client quickly expanded their focus to include a wide range of practice management functions that encompassed operations, facilities management, human resources, and revenue cycle management. Based in Augusta, Georgia, the client provides services throughout Georgia and South Carolina.

In 2015, the client engaged Infix to provide coding services for five of their large radiology groups with terms that included a 24- to 48-hour turnaround time and exemplary quality and accuracy. The scope of coding expertise focused on radiology and wound care and included:

- Diagnostic radiology
- Interventional radiology, including vascular & non-vascular services
- Wound care, including Evaluation & Management coding and coding denials processing

The Challenge

The client wanted a one-stop solution for their growing medical coding business where they would use a trusted third-party partner to process, code, and prepare to submit claims from five industry-leading specialty client groups with some of the following concerns:

- **PET Scans** – As an advanced diagnostic testing procedure, PET Scans are expensive and attract extra scrutiny when billed. Modifier incompatibility created an excessive amount of denied claims where Modifier PI and/or PS (PET Scan modifiers specific to initial or restaging events) were used inconsistently.
- **High Denial Rates for Chest X-rays** – Chest x-rays for pre-admission and pre-operative procedures were being rejected. Due to a lack of specific symptoms or diagnoses related to pulmonary or cardiac disease, these claims needed to define chest-specific involvement, i.e. heart, lungs, to be coded correctly. This was leading to a high rate of denials and lost revenue.





- **Surgery, including Abdominal Aortic Aneurysm (AAA) Repair or Surgery** – Surgery charges were being denied due to incomplete documentation with a routine lack of specifics.
- **Co-Surgeon Reporting** – Reimbursement was being delayed or denied on co-surgeon submissions due to a delay in uploading documentation.

The Implementation

Using eight full-time employees, Infix initiated coding services utilizing a coding assistance and validation tool while offering the full breadth of coding, auditing, and education for the five specialty groups.

Infix's coding team utilizes the most accurate coding methods to ensure the coding is compliant with current medical coding policies and guidelines, and adherence to HIPAA standards. After an initial review, each claim is checked for documentation completeness. Then all appropriate CPT, ICD-10 CM, and HCPCS codes are selected while assigning and sequencing all codes for services rendered by the provider.



Internal Audit Process & Methodology

An ongoing audit process concentrates on performing daily in-depth audits to ensure coding integrity. All the errors are tracked as part of each coder's performance. Every week, an Infix auditor meets with coders to discuss the trend analysis and fill any knowledge gaps. Ongoing team training is also conducted based on audit findings.

Coding Refresher Assessment & Training

On a continual basis, root cause analysis informs the preventive action plan.

Monthly In-House Coding Training:

- Share healthcare & coding updates such as ICD-10-CM, CPT, and HCPCS changes
- Cover healthcare industry topics relevant to coding
- Discuss rejected diagnosis codes and further action
- Gather and disperse information from the regional AAPC local chapter meeting

Client-Specific Coding Training:

- Weekly or biweekly client updates
- Support with new providers
- Discussion on error category and error trend analysis report



The Results

Throughout our engagement, Infix has met or exceeded the client's service-level agreement (SLA) metrics each month. As defined by the SLA:



350 charges (diagnostic radiology), 60 charges (vascular & non-vascular / ENM / denials) per coder per day performed accurately and precisely



<1% reported errors per audit review



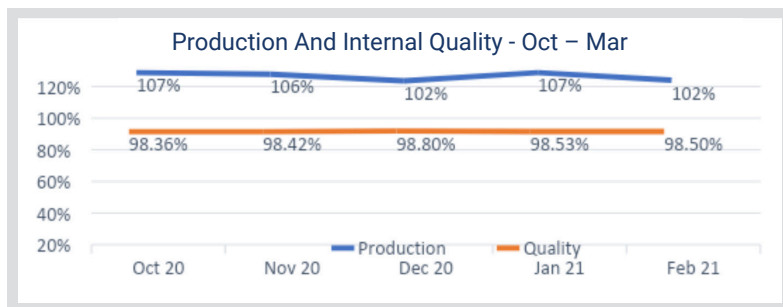
24–48 hour turnaround time



Expert coding professionals and audits using advanced automation to review and correct codes with precision



Significantly reduced denials due to missing or incorrect information or codes



Continuously meets and exceeds SLA metrics.

By offering top-level coding expertise, Infix can improve revenue by reducing denials and days outstanding in accounts receivable. All Infix coders are college graduates and have educational backgrounds that include life science and pharmacy programs. Each of the coders is certified with CPC, CIRCC, and CCS coding credentials.

Contact Infix to [learn more](#) about their state-of-the-art solutions for coding, billing, prior authorizations, insurance discovery, and A/R management.