



# CASE STUDY

## The Challenge

An ambulatory surgery center with 15 surgeons onboard was struggling with underpayments and denial issues. They had a billing company working their coding, billing, and collections that lacked ASC-specific knowledge and experience. As a result, there were suboptimal reimbursements and denials due to inaccurate coding and lack of complete charge capture during coding and billing. The denials were also not being worked appropriately and timely. The clean claim submission rate was meagre at 83%. All of this was translating into loss of revenue. They were looking for a partner with ASC-focused knowledge and experience and someone adept at making best use of technology. They found Cosentus!

## THE Cosentus Solution

In our 360 degree analysis of their processes, we found gaps in their documentation, provider education initiatives were taken to improve incomplete documentation of medical necessity and procedures performed to bring about compliance with coding rules and regulations and thus help towards improved reimbursements.

- Our 100 % certified coders with ASC-specific knowledge & experience took no time in turning the situation around and inaccurate claims became a distant trend.
- With our highly effective claims scrubber with built in edits, the denials were just a couple and ALL denials were being worked within 48 hours.
- A highly sophisticated charge reconciliation process was introduced to ensure there is no charge leakage.
- ALL accounts that qualified for AR follow-up was being worked at 30 days, there was no delinquency in claims follow-up.
- Providers were given insightful dashboards to both their charges and collections, so they could see the change for themselves.

## Results

- Coding accuracy went up to 98.6% and coding denials were no more a common sight
- Clean Claims submission boosted to 98% from the unacceptable 83 %
- Outstanding AR reduced by 25% in first 30 days
- AR over 120 reduced from 30% to a mere 13% in 90 days

- Days in AR reduced from 75 to 37 in 120 days
- Average per case reimbursement improved by 31%
- The overall collection went up by 129%

## Client Testimonial

"Our collection has doubled from last year after switching to Cosentus. It is one of the best things we have done for our medical practice and surgery center."

// With **Cosentus'** highly effective claims scrubber, the denials were few and far between and all denials were worked on within 48 hours. //