Increase revenue with intelligent charge capture at the point of care

Appropriate and complete reimbursement hinges on coding accuracy. Data shows interventional radiology, cardiology, vascular, and other highly specialized practices experience high rates of under-reimbursement. There is an immediate opportunity to maximize financial performance simply by capturing the full value of every procedure performed.

Current coding practices leave money on the table

Interventional radiology, cardiology, vascular, and other highly specialized practices are particularly challenging to translate into accurate reimbursement codes. Factors such as variation in presentation, pathology, and procedure strategy, along with inherent anatomical complexity, frequent changes to coding structure, and the skillsets of coders contribute to a general coding error rate of nearly 78% among complex cases within these specialties. Errors can lead to unclaimed funds, denied claims, audits, and expensive rework

Under-coding is a specific category of coding error characterized by the unintentional failure to sufficiently code all the care that was provided. Clinical information is typically omitted due to unfamiliarity with the details of a procedure, breakdown in communication between coding and clinical staff, information that is simply forgotten, complexity of multiple vessel interventions with multiple interventional techniques, or simply the clinical staff's inability of understanding all of the complex procedure charge capture rules to unbundle/bundle the procedures accurately. No matter the reason, under-coded cases do not reflect the full treatment a patient received, and therefore lead to practices missing out on the full revenue potential for a case. Analysis of complex interventional procedures suggest 68% of cases are under-coded, with an average revenue shortfall of $2,302 per case. When multiplied a cross the case load of a practice this can quickly equate to a six- or seven-figure dilemma

Complex interventional cases are at high risk of under-coding

Cardiology

Peripheral Vascular

Electrophysiology

Barriers to complete coding

- Complexity of interventional cases
- Timing of charge capture
- Financial vs clinical focus of coding software
- Requisite knowledge of coding guidelines
- Omissions and errors propagate downstream workflows

Analysis: the cost of errors in complex cases

From 2018 through 2020, 48 hospitals provided 1,416 cases across multiple specialties, including Cardiovascular, Electrophysiology, and Peripheral Vascular for a reimbursement audit. Case requests focused on complex procedure types, which are more challenging to code and more likely to produce errors. Information used for these audits included final billing documents and supporting clinical documentation. All data was managed according to the requirements of Business Associate Agreements (BAA).

Cases were reviewed by American Health Information Management Association (AHIMA) and American Academy of Professional Coders (AAPC) Certified Interventional Coders. The audit documents consisted of a Dictated Physician Report, an Itemized Hospital Billing Document, a Final UB-04 Billing Document, and a Physician 1500 Claim Form. Each case was flagged as either accurate or adjusted. Within the adjusted cases, the dollar impact was determined for each over-coded and under-coded case. Hospitals received verbal and written reports that outlined the audit results.

When analyzing the 1,416 cases, 1,097 were coded incorrectly resulting in a 77.5% error rate. Over-coded cases comprised 9.3% (132) of the overall cases. These over-coded cases resulted in an average over-payment of $1,581. Under-coded cases comprised 68.1% (965) of the overall cases. These under-coded cases resulted in an average under-payment of $3,593. Looking at this across total cases, the average over-reimbursement per case is $147 per case and the average under-reimbursement per case is $2,449, for a net under-reimbursement per case of $2,302.

1,416	319	1,097
Total Cases	Accurate (22.5%)	Adjusted (77.5%)

Financial Impact of Adjusted Cases

132
(9.3%) Over-Coded

$208,709
Total Dollar Impact

$1,581
Per Adjusted Case

$147
Per Total Cases

965
(68.1%) Under-Coded

$3,467,653
Total Dollar Impact

$3,593
Per Adjusted Case

$2,449
Per Total Cases

Net Impact Per Case
$2,302
under-coded

An opportunity to increase revenue through more intuitive and complete coding at the point of care

Interventional practices can make enhancements to their charge capture workflow and methodology to thwart the root causes of under-coding and curb its costly impact. First, complex cases warrant a charge capture solution with programmed clinical intelligence that understands the intricacies of procedures. Were all the vessels, branches, or discrete mechanisms that interventions were performed on captured? Were additional procedure add-ons that were performed captured? Were all the different access points capture? This is an approach that prompts clinicians to do what they know best: describe their interventional strategy. It changes the experience of charge capture for the end-user by walking them through a series of smart clinical questions to appropriately capture all the procedure details and, on the back-end, mapping selections to billing codes that are compliant with the latest payor regulations and guidelines. The experience is similar to how the average taxpayer can file a complex income tax return with TurboTax® with no knowledge of the tax code. Programmed intelligence ensures no aspect of a service or therapy is omitted from the coding process.

Next, where charge capture is positioned in the overall coding workflow can have a significant impact on accuracy. For complex cases, strongly consider implementing charge capture at the point of care, where it can be utilized during or directly after a procedure is performed. This workflow shift significantly reduces reliance on individuals' memories or notes which inevitably introduce the opportunity for unintentional omissions that can lead to under-coding. Positioning charge capture earlier in the process will require a few minutes of a clinicians' time—typically less than three minutes—but the value of getting the information correct on the first attempt will reduce the need for their time later.

Realize the full value of every procedure—and create new efficiency

When complete and accurate information populates coding workflows from the onset your practice can begin to see an uptick in reimbursement simply by submitting better quality claims. Your physicians will be compensated for every detail of their interventional strategy, no matter how complex. Beyond preventing under-coding, increased accuracy also supports the financial health of your practice by optimizing workflows and mitigating the risk of costly and time-consuming audits

In addition to providing peace of mind that your practice is compensated accurately, introducing programmed intelligence into charge capture can have several significant workflow benefits. Most importantly: driving efficiency across your coding operations. Common charge capture and claim submission workflows can take 14-28 days to complete. This includes the initial charge capture as well as all the rework needed to get the codes ready to submit to the payor. This process turns into a Tornado Effect causing inefficiencies and adding expense. Preventing errors and omissions from entering coding workflows reduces rework which supports condensed coding timelines—coding can be completed in days, not weeks. Reducing the length of this process can generate efficiency savings. Administrative and medical coding staff can spend less time reworking and correcting claims, and medical staff gain additional time to focus on patients versus billing-related documentation.

Research shows under-coding costs

$2,302
per case

Curb the under-coding that leads to under-reimbursement

Charge capture with programmed clinical intelligence can prevent errors and omissions from impacting your bottom line. Learn more about capturing your practice's full reimbursement potential.

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