

CARDIOLOGY

ARE YOU GETTING **PAID FOR YOUR EXPERTISE?**

With the everchanging government mandates, new and changing cardiology technology, complex ICD, & CPT requirements, physicians of all cardiology subspecialties are left with a major burden of handling their billing operations & obtaining reimbursement. Practices of all sizes have chosen to outsource these billing complexities to experts who can manage their operations, while they focus on their patients. Our goal is to solve a problem, not just sell a service, as billing is not a 'one size fits all' solution. Physicians are often not aware of the billing issues they may have such as:

1. Global surgery guidelines and classification
2. Reimbursement for surgical procedures includes payment for all related services and supplies that are routine and necessary to perform the procedure.
3. Not understanding the complex contractual adjustments on claims with multiple procedures billed
4. Inability to send effective appeals to substantiate medical necessity

Billed
200+ MILLION in 2020



DAYS
IN AR 24

TAT
Hours 48

TAT for
Payment 26 DAYS

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✉ info@billedright.com

5. Inaccurate modifier 25, 57, 24 usage, leading to non-compliance
6. New codes added or old codes deleted with little physician awareness
7. Lack of analysis in billing reports, halting the ability to grow
8. Performing ultrasound, PET, Stress test procedures that are not cost-effective, with no return after upfront cost

These are just the common pain areas we are able to successfully solve for cardiology practices. Whether your specialty is general cardiology or has a subspecialty of echo-cardiology, interventional cardiology, nuclear cardiology, surgical cardiology, or transplant cardiology we know how to assist you throughout the entire billing cycle.

THE **BILLED RIGHT** EXPERIENCE

Partnering with an outsourced Revenue Cycle company has many more benefits, but one of ours stands out the most to our clients. Feasibility studies... we help physicians do these on all procedures performed as knowing your cost vs. the reimbursement is critical. Obtaining the correct reimbursement requires a review of your contract, analyzing the payer's Explanation of Benefit (EOB) to ensure you are paid correctly. Submitting the right procedure code for correct reimbursement requires specialty experience. Our team of certified AAPC Cardiology coders and appeal specialists are key players on our RCM team making this process successful for our providers. We have helped our physicians to effectively code and understand the many nuances of medical encounter documentation, to capture primary and comorbidities. All the above seems to be too complex for many RCM companies, but it is just one of our unique solutions that have helped save thousands of dollars for our clients.

WHAT WE **SPECIALIZE IN**



MULTIPLE PROCEDURE BILLING,
MODIFIER USAGE, AND ADVANCED
PAYMENT ANALYSIS



LATEST UPDATES ON BILLING &
CODING TRENDS TO MAXIMIZE
REIMBURSEMENT



INCREASE IN
COLLECTIONS UP TO 97%



ACCURATE CODING RESULTING
IN >98% FIRST PASS RATE



APPEAL EXPERTISE
BASED ON TYPE OF DENIAL



REDUCTION IN
DAYS IN AR TO < 30 DAYS