



# CASE STUDY

## CHERRY TREE MEDICAL ASSOCIATES

**PROVIDER PROFILE** | **TYPE:** *For-Profit* | **SIZE:** *Five Physicians, One Provider*

### SITUATION

Cherry Tree Medical Associates, a busy medical practice near Pittsburgh that treats up to 600 patients a week, invested in a practice management system that features a Web-based automatic code-checking tool and hasn't had a claim denied for medical necessity in more than a year.

Before using Accuro, a MedAssets company's, Integrated CodeCheck, a component of the GE Centricity Practice Management system, Cherry Tree experienced about \$75,000 in denials and \$1.5 million in accounts receivable annually. Today, any denials that do occur result from Medicare errors that are easily cleared, and A/R has been reduced to approximately \$300,000.

The practice includes two physicians, an urgent care walk-in clinic, a physical therapy clinic and diagnostics such as labs, x-ray, ultrasound, open MRI and mammogram. Patients include walk-ins and those referred by other physicians. Unless a valid diagnosis indicates that each procedure performed is medically necessary, insurers won't pay. But most of the practice's denials were due to a lack of medical necessity verification.

"We struggled with denials for so long. So many claims were denied and most of them were for the same reason – medical necessity verification," Marti L. Bezell, billing manager, said.

Bezell, an experienced medical biller, knew there had to be a solution. She found it in the GE Centricity Practice Management system, which features Integrated CodeCheck.

### SOLUTION

Before Integrated CodeCheck, cash flow was a concern, largely due to denials as a result of the lack of medical necessity verification and inaccurate or outdated codes. However, the practice hasn't had a claim denied in more than a year since implementing Integrated CodeCheck. The reason? Inaccurate, or "failed," claims simply never go out the door. Integrated CodeCheck identifies errors and provides the opportunity to make corrections, ensuring that claims are accurate before they are submitted.

In addition, employees are no longer spending time investigating denials and resubmitting claims. Productivity has increased, administrative costs have decreased and administrative flexibility has been enhanced. For example, the billing process has been simplified so that medical assistants, radiology technicians and the office staff are comfortable with billing tasks and able to pitch in when needed.

*continued...*

## CASE STUDY

The level of detail found within the Web-based Integrated CodeCheck tool offers another advantage for billers who previously relied on cumbersome and confusing coding manuals as their only resource. The diagnosis codes and procedure codes, which must be compatible, are listed in separate books and frequent modifications in coding protocol mean the printed information is often outdated. Integrated CodeCheck, on the other hand, is very user-friendly and provides up-to-date information and guidance to users at every level of the billing process. The site gives users immediate access to coding expertise, guidelines and recommendations that result in clean claims – and optimal reimbursement.

The system also keeps physicians informed of coding compliance issues and the frequent changes in diagnostic and procedural requirements, resulting in improved physician coding. And physicians know that submitting clean claims significantly impacts cash flow, making it possible for them to pay the staff, purchase supplies and manage revenue to run their practice effectively.

Integrated CodeCheck has also initiated a change in employee mindset. “Everyone now understands that a failed claim won’t pay,” Bezell said. “Before, when an EOB would state ‘incorrect diagnosis’ as the reason for denial, some people would ask me to override it manually or merely resubmit the claim without making the correction. Now we send clean claims out and we get paid. That’s the name of the game.”

### **ABOUT ACCURO, A MEDASSETS COMPANY**

Accuro’s revenue management solutions help providers achieve optimal financial results in an era of diminishing resources and expanding regulatory complexities. Our Web-based tools help maintain an accurate chargemaster to improve reimbursement and ensure compliance; calculate expected payment; address transparent pricing issues with rational, yet optimum prices; monitor and manage payor performance, and deliver pioneering business analytics, including denials management.