

# Physician Billing for a Large Health System

## THE CHALLENGE

The physician coding team for a large health system was seeking a way to improve their coding workflow and understand the root causes of their claim denials. They were using edits from their clearinghouse, but were not able to manage the configurations and received a report with thousands of edits a day to review. This caused a serious delay in A/R as the coding staff was working through multiple steps to correct claims and were often duplicating efforts. In addition, the coders were relying on coding books to stay current on guideline updates and they had no metrics or documentation that could be used to educate the staff.

## THE SOLUTION

At Aptarro, personalized customer service is one of our core values. Our management team went onsite to review their processes and develop an implementation plan. While the site transitioned to our partner's integrated solution, Aptarro offered our web-based Easy Coder solution to assist with coding and editing. Post implementation, the client began using ClaimStaker and enabled only a small number of coding-related edits at a time, with full edit configuration completed in eight months. Within three months, the coding team significantly reduced their workload to 150- 200 claims per day and saw a 4% percent increase in clean claim rate.

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\*Total billed errors refer to denial intervention including claim and line level errors, rejections, and other revenue loss from 5/1/22-5/31/23

## THE RESULTS

In less than 12 months of the ClaimStaker implementation, the client saw a four-day reduction of A/R days. The compliance manager uses ClaimStaker's metrics to educate the doctors at the clinics on topics like E&M and medical necessity documentation and the coding team is becoming stronger at avoiding claim denials by learning from our detailed edit messages.



**\$405.6B**  
total billed  
claims



**\$22.3M**  
total billed errors\*  
identified



**5.49%**  
total services billed  
with errors