

# CASE STUDY

## The Challenge

A multi-modality, multi-location pain clinic with over a dozen clinicians faced extensive concerns in managing the revenue for their practice. Inaccurate coding and documentation practices led to E&M visits and extended time visits being reimbursed at lower than appropriate rates, major joint injections, ultrasound exams, and other neurological procedures being denied in bulk, and key components were missed to properly bill Workers Comp, all of which resulted in a severe depletion of incoming revenue. They needed a partner with experience in a multi-modality approach to pain to repair the broken processes. This is where Cosentus stepped in.

## THE Cosentus Solution

- Providers were given documentation education to meet the very specific aspects of properly documenting the multiple levels of E&M visits, qualifying, where appropriate, to bill for high level E&Ms with solid and supported information
- Instruction was provided for appropriate use of ultrasound guidance codes for all major joint injections – 20610 for injections without US guidance, 20611 for injections with US guidance

- Newly provided reference materials guide physicians through the charting requirements for extended-time billing, in which a complex case requires extensive face to face time over and above the regularly scheduled visit time
- Our certified coders provided suggestions for clinical documentation improvements to clearly identify not only the use of ultrasound guidance in injections, but the retention of that image in the medical record to successfully overturn potential denied claims
- Our experience coding team is able to dissect procedure reports to ensure high value injections such as Orthovisc, Synovisc and Monovisc injections are captured and properly coded per fee schedules for successful billing
- We helped to provider care teams build an FRP program from the ground up with focus on how to obtain proper authorizations, how to appropriately code, proper identification of charge amounts based on payer requirements, appropriately increasing the FRP charge amount to 10% over the standard market charges
- Custom new patient reports provided monthly gives geographic information regarding new patients to assist in marketing strategies
- Custom dashboards were created to offer insight of income into each modality

## Results

- 26% increase in overall revenue
- High success rate for reimbursement of Level IV E&M visits on returning patients
- Halted revenue loss on high-cost injections
- Ultrasound Guidance reimbursement reached consistency
- The introduction of electronic Workers Comp claim submission significantly shortened the time it previously took for reimbursement

## Client Testimonial

Most organizational leaders in the physician practice industry will agree that a dependable and competent billing/collections process serves as the life-line of any medical enterprise and the spring-board for its success. Given the high stakes, finding a suitable billing partner is equal parts a daunting task and a vital decision. This is where Cosentus Medical Billing comes in. At Allied Pain & Spine Institute, we have been working with Cosentus for approximately one year to date. Month after month, our assigned team has surpassed our expectations and

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delivered increased collections on physician visits, therapy services, surgical procedures, etc. Systematically, they have analyzed, organized, and mastered our complex account, making our revenue cycle more productive at every turn. Without reservation, they have earned my highest recommendation as a high-caliber full spectrum billing service. For organizations searching for top-tier medical billing, where collaboration, resourcefulness, efficiency, communication, accessibility, support, and strategic partnerships matter, Cosentus Medical Billing deserves very close consideration.

- **James Petros, M.D.**  
Founder/CEO, Allied Pain & Spine Institute  
San Jose, CA

“The **Cosentus** team shortened reimbursement time with the implementation of an electronic Workers Comp claim submission method.”