

# Identify High Dollar Procedures



## Challenge

Providers need a way to identify high-dollar procedures that may be impacting their bottom line and causing them to stand out to payers.

## Scenario

A practice that performs procedures billed in excess of \$1,000 faces scrutiny from payers. As such, they need a method to ensure that each procedure billed on a regular basis is reviewed internally, and that each claim includes the required documentation before it is submitted. Reviewing procedures prior to submission could reduce the number of denials, in turn saving the practice time and money.

## Solution

By leveraging comparative data along with the practice's internal practice management systems, the provider now has a checks and balances system to reduce the risk of denials.

### Specifically, within eSolutions' service, the practice now can:

- Review the Remittance Dollar Overview report for its service lines, and narrow down results to procedure codes where the average dollar amount billed is greater than \$1,000.
- Provide a list of the impacted service lines to internal billing staff to review the outbound claim in the practice management system.
- Ensure all documentation is acquired and submitted with the original claim.

 **Contact us today to learn more about the benefits of comparative analytics and the steps necessary to reduce the risk of denials.**