

A photograph of an operating room with several anesthesiologists in green scrubs and masks. One anesthesiologist in the foreground is holding a large, clear, inflated oxygen reservoir. The scene is brightly lit by overhead surgical lamps.

**How an Underpaid
Anesthesiologist
Increased Cash Flow!**

**See how an Anesthesiologist
eliminated underpayments
and increased net revenue
after working with us...**





THE BACKSTORY

Jason is an anesthesiologist practicing in the rather isolated Green Mountains area of Vermont. He called AnesthesiaBillingBridge earlier this year and inquired if we could handle his billing process. He was unhappy with his current biller. “I’m not happy with my collections. It remains abysmal no matter how many hours I work” he complained.

But there was a catch, before passing on the mantle of responsibility he wanted us to find out why he had been reimbursed rather anemically by the various insurance companies or payers over the past year.

And since anesthesia billing was not a hospital's headache; he had been utilizing the services of a small medical billing company in Rutland. Being a nature-lover, he preferred living in the upper reaches of Appalachian Trail, and usually went without modern age conveniences like the Internet. He routinely couriered patient demographics and other information to this service in Rutland or even relayed the data over the phone many a time.

Analysis of Jason's Revenue Cycle



AnesthesiaBillingBridge took up the case and analyzed the physical EOBs that he had been receiving from his billing company over the past one year and also studied the patient demographics over the same period of time.

We immediately found a pattern; the cases he attended to were usually the elderly with mild or severe systemic diseases. Our experienced coders sensed that the low reimbursements could have possibly been due to wrong physical status modifiers being utilized by the other service. We gave forth our findings and the anesthesiologist was happy enough to let us don the biller's role.

The above analysis stood confirmed when in the forthcoming months his average earnings increased considerably. We were using the modifier P3 (A patient with severe systemic disease) a lot for his claims and knew that if his service in Rutland had been using P2 (A patient with mild systemic disease); there could have been a considerable difference in the reimbursement rates.

It is easily possible for someone not that well-versed in Anesthesia Coding to classify conditions such as "poorly controlled hypertension" or "morbid obesity" with the modifier P2. The higher reimbursement when you transition from P2 to P3 is due to the fact that there are a lot of risk factors associated with treating these patients, and there is considerably a lot more effort involved in making sure these patients survive a surgery. The insurance companies know this.

TESTIMONIAL

“I think I’ve finally found the right biller”

When all of the above was brought to the anaesthesiologist's attention later on during one of our tete-a-tete over the phone with him, we were quite positive that his chuckling could be heard over the entire length of the Appalachian Trail. He was happy with our thorough revenue cycle analysis and is now one of our most beloved clients.

“**running from pillar to post looking for a biller who understood my needs, I’ve finally found the best solution. It shocked me that I was being repeatedly underpaid all these years. I’m really happy with your services, he smiled.**”

ACTIONABLE FINANCIAL DATA : IN A FEW TAPS !

theBillingBridge is realtime financial KPI reporting app. We asked Emily to install the app and she was more than happy with the analytical reports our app offers. theBillingBridge helped Emily track her claims cycle and receive highly insightful revenue cycle reports. Detailed information on collection KPIs and charge capture KPIs were provided.

**Call us at 1-(713)-893-6202 &
Join our happy family!**

