Coding & Reimbursement in Sychronization

Incorrect coding as applied to contractual reimbursement methodologies often results in overpaid claims

Exela's proactive measures maximize cash, reduce rework and enhance provider and member satisfaction.

Call us to discuss how we may help you *Get It Right The First Time, All The Time.*

Exela Process:

1

Receive Claim Data

837 claim data

2

Evaluate key coding risk areas

Medical Conditions & Coding Guidelines

3

Review Third Party Payer Agreements

Calculate Financial Impact of coding correction

6

Analyze Outpatient Claims

Procedure coding & Reimbursement impact

5

Analyze Inpatient Claims

DRG impact & Reimbursement impact

4

Request Medical Record as Required

Documentation Review

7

Flag future occurrences

Prior to payment to prevent errors

8

Request Provider correct "Prior To" claim submission

Future systemic improper coding

9

Calculate Net Financial Impact

Initial Payment vs. New Payment due to coding correction