

Claim Scrubbing | Product Summary

Reducing Denials and Maximizing Reimbursement

For most practices, keeping up with changes in coding requirements is a constant challenge that can result in lost money on denied or delayed claims. Sage offers a comprehensive, web-based Claim Scrubbing service that keeps track of complex claim coding regulatory requirements, and provides a method for validating professional claims against one of the industry's most comprehensive medical necessity database.

By “scrubbing” and cleaning claims before submission, you can:

- Reduce claim denials and improve cash flow to maximize revenue
- Improve claim validity using a comprehensive rules database
- Isolate coding errors prior to payer submission with reports that provide information to fix claims before being submitted
- Enhance likelihood of first time claim adjudication which can dramatically reduce days in A/R
- Demonstrate clinical defensibility through improved regulatory compliance

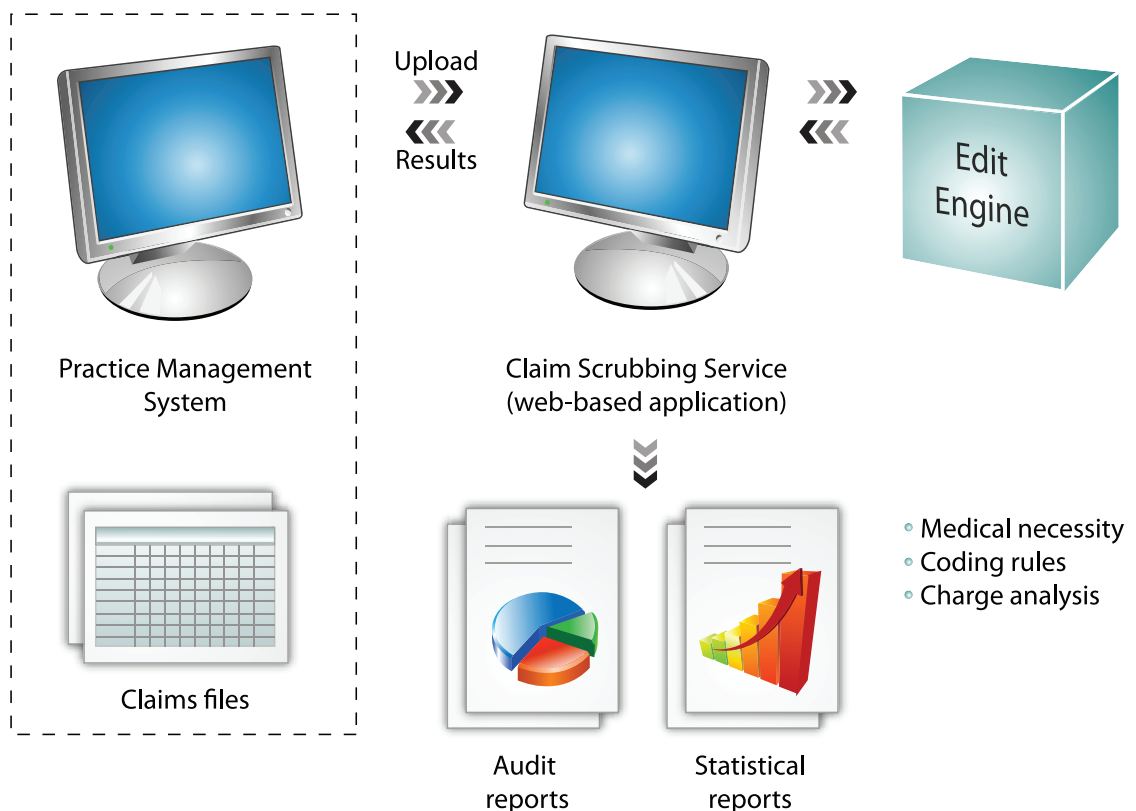
How Does Claim Scrubbing Work?

Sage delivers a feature-rich, web-based claim scrubbing service that works with your existing practice management system. You simply generate a claim batch from within your practice management system¹, then take the file and send it to the Claim Scrubbing portal to be analyzed prior to submission to your clearinghouse. By utilizing the claims analysis report, you can fix errors before they are submitted saving you time and ultimately money.

Will Claim Scrubbing Work for My Specialized Practice Needs?

Regardless of practice size or specialty, the Claim Scrubbing service can help your practice achieve cleaner claims. With options for Standard or Customizable Edits, you have the flexibility to use a set of standard edits that can be enabled or disabled for specific claim types or payers with the click of a check box. If you need to create your own specialized edits, an “edit wizard” guides you through the process of creating edits based on a set of parameters that trigger customized messages.

CLAIM SCRUBBING



Claim Scrubbing from Sage puts you in control with standard and customizable edit functions including:

Diagnosis code edits

- ICD-9 validity
 - Medical Necessity
 - Ultimate specificity
 - Secondary code suitability
- Patient gender and age accuracy
- ICD E-codes and ICD V-codes

Procedure code edits

- CPT validity, including patient gender and age
- Correct Coding Initiative (CCI) Bundling
- HCPCS validity
- Modifier usage

Claim-level technical edits

- Policy number and group number validity
- NPI (provider number) validity
- Accident indicators / date accuracy
- Location of service appropriateness
- Charge versus allowance analysis
- Overall proper claim completion

File format edits

- Situational segment and data element evaluation
- Maximum / minimum field lengths
- Proper qualifier usage
- Data content accuracy

E & M edits

A unique feature of the Claim Scrubbing service is that it applies an acuity level to each ICD-9 code in a claim. With it, you can more reliably avoid the risk of over-coding and prevent under-coding for E&M services.

Contact Sage today
to find out how your
practice can get
cleaner claims fast!
877-932-6301.

