



HOW TO ACHIEVE  
**SAME-DAY**  
**MEDICAL BILLING**  
IN ASCs?



Accelerate revenue cycles and reduce claims errors in Ambulatory Surgery Centers

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## INTRODUCTION

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Elective procedures at Ambulatory Surgery Centers (ASCs) are in great demand. The no-frills approach to surgery helps patients get back on their feet at a lower cost than at a hospital. The business model for these outpatient procedures has demonstrated success - this is evident from the growing number of ASCs all over the country.

But since ASCs offer cost-effective procedures, the bottom line depends on performing more surgeries safely and keeping costs low. The entire revenue cycle management is heavily impacted if payments are delayed or denied.

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***This guide discusses how ASCs can save time, reduce costs, and become hyper-efficient at patient data collection, billing and claims submissions.***

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# 01

## Getting to error-free patient data the first time: What can ASCs do?

Only **58%** of healthcare providers are confident that their patient data is accurate. (TransUnion Survey, 2021)

Missing or wrong information about insurance, referrals and patient demographics can add significant delays to the billing, claims and overall revenue management cycle.

Patient data errors can lead to:

- Delayed claims submissions
- Higher rejection rates from payers
- Incomplete data to evaluate patient-reported outcomes measures (PROM)
- Delayed research when having to resubmit IRB paperwork
- Higher costs and wasted time for staff

**Inefficiency and errors in medical billing are not news to anyone in healthcare, but the stakes are higher when it comes to ASCs.**

### ▶ **ASCs face huge hurdles when collecting patient data**

ASCs are transforming how healthcare works. By offering routine surgeries at cost-effective prices, patient demand for surgery is through the roof. The only way to satisfy demand and manage costs is to run hyper-streamlined surgery centers.

However, compared to hospitals, ASCs face several unique issues when it comes to collecting patient data without delays or errors.

## *These challenges include:*

### **1. Limited in-person time with patients**

An ASCs biggest strength is also a disadvantage when it comes to patient data collection.

Patients prefer ASCs because they can get outpatient procedures and avoid being admitted into a hospital. This way, they save costs and recover in the comfort of their own homes. The issue with this care model is that since patients get discharged the same day, there is very little time for ASC staff to verify or validate information with a patient directly.

To overcome this limitation, staff members have to call or message ahead to gather patient demographics insurance information, and more. For ASCs already struggling with staff shortages and limited resources, it can be hard to track patients down and ensure all information is filled out and accurate before a procedure.

### **2. When timing and technology do not work well**

As the number of ASCs increase, so does the competition. And with this growing competition, it's not uncommon for patients to shop around before making a choice. Your patients may reschedule or cancel surgery altogether, if other priorities get in the way of their elective procedures.

Collecting data too soon may be a wasted effort — a patient may not commit to surgery at your center. Waiting until it's too late may inconvenience the patient, result in missing information, and increase the chances of claims denials.

Plus, patient communication technology is often woefully inadequate:

- **More errors with paper forms and EMRs:** As ASCs scale, it becomes much harder to collect patient data on paper forms and then have staff members enter the information manually into an EHR or EMR. This process is more prone to manual errors and EMRs are notoriously difficult to use.
- **Tech not user-friendly:** Many platforms in the market are clunky and difficult to use and are often built without the end user in mind. This type of technology can frustrate staff members and patients, resulting in wasted time and effort, more errors, and lower response rates.
- **No brand recognition:** The average person gets hundreds of emails and messages a day. It's easy for patients to miss responding to an email or SMS, or avoid communications from a source they do not recognize, like that of the technology solutions provider.

### ▶ 3. **Difficulty with post-surgery data reconciliation**

Another reason for why claims may get delayed or even denied is when the details of a procedure differ from the approved payer package for that surgery.

Sure, ASCs collect each patient's insurance information before surgery, but the entire process cannot be completed beforehand. Sometimes, surgeons may deviate from a surgical plan based on intraoperative assessment of bone and soft tissue quality, and modifiers like obesity, comorbidities, and more. Correlating insurance information can be difficult post-surgery when different teams and software platforms are involved.

Often, your staff may have to keep following up with patients and their insurance companies (or Medicare) to validate and verify critical data holding up payments. This can be a huge drain on resources in ASCs, where every penny counts. Having to contact patients multiple times after surgery can risk antagonizing them, resulting in lower satisfaction levels. When patients disengage, this can adversely affect PROM data collection as well.

## ▶ ***How can ASCs save time, reduce errors, and improve efficiency in patient data collection?***

### ▶ 1. **Collect patient details during registration**

Collect data, including patient demographics in the waiting room just before surgery. At this stage, patient engagement is high. They are more willing to give you the information you need. Using this time may also benefit your staff as the data collection process can also be a welcome distraction for patients worrying about their upcoming surgeries.

If you use a digital solution like PRO-MAPP that is designed to improve efficiency in ASCs, you can also scan insurance documents and any other vital information at this stage and store it all in one handy location.

### ▶ 2. **Use an 'anti-EMR'**

Let's face it, many software platforms solutions like EMRs and EHRs were made to store information, but not help capture it. They can be difficult to use and do not always offer streamlined workflows. To make data collection simpler for staff and patients, many ASCs resign themselves to using paper forms. Unfortunately, all data will then have to be manually entered into an EMR. It's double the work with a greater likelihood of errors.



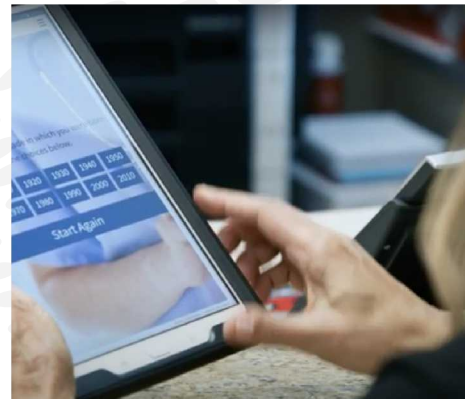
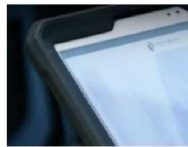
**A user-friendly digital platform designed with ASCs in mind can be a game changer, like PRO-MAPP.**

With PRO-MAPP, you can hand a tablet over to your patient while they wait for surgery. One click and they see the friendly image of their surgeon and a personalized welcome letter. The platform will display all the questions that your center needs the answers to.

PRO-MAPP also comes pre-loaded with hundreds of templates, even payer-specific ones to improve your chances of getting your claims approved the first time.

*And the best part?*

**PRO-MAPP integrates with EMRs and EHRs for a hassle-free, automatic data transfer, leaving your staff free to focus on other high priority tasks.**



### **▶ 3. Add a personal touch to improve response rates**

People connect with people, and not through impersonal forms or emails. Infuse all your patient communication with your personal touch to engage your patients through their surgery journey.

**Platforms like PRO-MAPP can help you boost engagement with enhanced digital communication.**

With PRO-MAPP, you can personalize all your communication with your surgery center's branding, a warm image of their physician, and much more. This way, your center and surgeons can engage with each patient whether they're in your waiting room or at home.

# 02

## **Same-day billing:** Finalize claims and billing packages before patient discharge

Accelerating revenue cycle management is a top priority for ASCs. The success of a surgery center rests on shortening the revenue cycle by eliminating errors and minimizing the potential for claims denials. Since ASCs are already run with tight budget constraints and limited resources, any missed payments or rejections from payers can deeply impact the bottom line.

While the issue is complex, one of the biggest bottlenecks is the act of gathering the right information and submitting it to payers for reimbursement. The process is, collectively, a giant migraine for surgeons and OR staff, medical transcription specialists, coding teams, accounts receivable, and even front-desk staff.

Here are some of the key areas that lengthen the claims process in ASCs.

### **▶ Key challenges preventing ASCs from timely claims submissions**

#### **▶ 1. Using the wrong templates**

Whether it's Medicare or a private insurer, each payer has their own preference for how a claim is presented to them for review and approval. But plans often change and it is often impossible for busy ASC staff to keep up with all of them. As a result, ASCs often use boilerplate templates to submit the details of each surgical procedure for reimbursement.

Unfortunately, any information deemed missing or incorrect may result in a claims denial or request for resubmission. In these cases, surgery centers may experience a big hit to their revenue.



## ▶ 2. Incorrect coding for procedures

Incorrect coding is one of the leading reasons for claims denials. There is a long list of CPT and ICD codes to comb through, and it can be a struggle for coding teams to get it right for every surgery. This is a bigger challenge when patient modifiers are involved.

There may be some relief when third-party vendors are involved, but the process is still largely manual and may need additional verification by the surgery center. Additionally, ASC codes must match the codes that a provider submits for the same procedure. This matching adds another step to the overall process.

## ▶ 3. Errors in dictation and transcription for operative notes

Operative notes or “op notes” are critical to an ASC's claim submission. The operating surgeon will have to convey his thoughts on:

- Each patient's medical history and clinical presentation
- Why a specific procedure was chosen
- What implants were chosen and why
- Deviations or modifications from a standard surgical procedure based on medical needs

Surgeons usually dictate their op notes directly to a medical transcriber or send them voice memos. More recently, many surgeons use speech-to-text apps to help them transcribe their words. These methods have been tolerated as a necessary 'evil' in lieu of a better alternative.

### 2018 STUDY OF TWO HEALTHCARE ORGANIZATIONS RESULTS OF ERROR RATE FOR SPEECH RECOGNITION DICTATIONS

**7.4%**

ERROR RATE  
AFTER INITIAL  
DICTATION

**0.4%**

ERROR RATE  
AFTER  
TRANSCRIPTIONIST  
REVIEW

**0.3%**

ERROR RATE  
AFTER  
FINAL, SIGNED  
VERSION

▶ AT EACH STAGE, **15.8%** OF ERRORS INVOLVED CLINICAL INFORMATION.

Manual medical transcription relies on the skill, expertise, and accuracy of each transcriber. If they cannot interpret the surgeon's words accurately, multiple rounds of edits may follow before final approval.

Text-to-speech software can help speed up the process a little because surgeons can step out between surgeries to dictate into a phone and share with the transcription team. However, speech-to-text software can result in inaccuracies based on how well the technology understands a specific surgeon's notes, medical terms, accent, and more. The software can also be less efficient in noisy environments. Busy surgeons rushing to the next surgery may forget to mention a modifier or provide more detail about a procedure, which can cause further delays in finalizing the op notes.

## **4. Wrong or missing implant information**

Billing a patient and filing a claim for reimbursement needs an accurate list of the implants used in the surgery. Whenever a procedure is completed, OR staff note down or scan barcodes for each implant on their packaging. This data is stored on a centralized database, usually integrated with an EMR or EHR.

With surgery volumes on the rise, there is greater pressure on staff to improve turnaround times and ready each OR for the next surgery. Without a simpler system in place, there is the possibility of forgetting to write down or scan all the implants, and later, not attaching the right list of implants to the op notes and claims submission.

## **5. Compiling information from fragmented sources**

Filing a claim for a surgical procedure often involves teams of people putting information together from various sources. Patient data, for example, may be located on a manual form or entered into an EMR. Surgical op notes may be on speech-to-text software or have many versions floating around for review via email. Implant information is barcoded and stored in a centralized database. The coding team has access to all ICD and CPT codes and templates for billing and reimbursement may be located in accounts receivable (AR). Juggling all these various sources of information can result in delays and errors.

▶ **ASCs need a streamlined solution to help submit claims and receive payments faster**

ASCs need a high-quality and easy way to accurately digitize all data required for claims — like PRO-MAPP. **Using PRO-MAPP, it's common to see surgery centers reduce time from service to billing by 68%.**

PRO-MAPP is a digital platform that takes the struggle out of creating a claims package for each surgery.



WITH PRO-MAPP  
YOU GET:

- ▶ Hundreds of preloaded templates for you to customize according to your center's needs
- ▶ An automated workflow with a user-friendly interface that can be accessed on a computer, tablet, or smartphone
- ▶ Automatic coding for all procedures based on your center and surgeons' preferences
- ▶ Almost-final op notes generated automatically after surgery based on intraoperative surgical decisions — surgeons never have to dictate again! You can also add modifiers and other relevant information
- ▶ The ability to scan implant barcodes right from the same app
- ▶ All your claims documents stored in one convenient app

# BONUS

## Take care of DVTs without worrying about billing

After implementing the PRO-MAPP platform, customers have access to seamless DVT pump billing experts to produce claims automatically. This arrangement is exclusive between PRO-MAPP and Compression Solutions.

Your patients are most vulnerable to DVTs (Deep Vein Thrombosis) as they recover at home after surgery. With Compression Solutions, you get a wide range of cold and compression solutions to help prevent DVT at home.

Patients who have had DVTs may be at a higher risk for heart attack and stroke<sup>2</sup>. At Compression Solutions, we provide technology that is accessible, compact, and simple.

The **Triple Play Knee Compression Wrap**, for example, delivers cold and intermittent compression therapy. The device conforms to the knee with rigid support and an adjustable range of motion hinges for just the right fit.

Cold compression therapy has several benefits including reduction of pain and swelling<sup>3,4</sup>, maximizing comfort, and accelerating recovery<sup>5</sup>. The Triple Play VT combines the benefits of cold compression while helping prevent DVT/PE<sup>6</sup>.



## ***We take care of paperwork so you can focus on your patients***

When you use Compression Solutions, our team of experts help facilitate the medical billing for our devices. We work with insurance companies so you spend less time on paperwork, and more time on caring for your patients.

All you have to do is place your order. Our medical billing folks work with insurance companies on behalf of your patients to cover costs, when eligible. Depending on their plan, some patients may have to bear minimal out-of-pocket costs. This means, you can help patients prevent DVT at home with no cost to the center and without additional paperwork.

Here are more benefits of the PRO-MAPP partnership with Compression Solutions:

- Through PRO-MAPP you can access full medical billing for DVT prevention products
- Full integrations with PRO-MAPP saving your staff time and money
- Everything is conducted digitally therefore less paper
- The most efficient DVT billing platform on the market

[Click here to learn more](#)

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