
Case Studies

ARGUS Claim Review:

A powerful system to guard against errors and fraudulent billing

At ARGUS Claim Review, we are continually on the lookout for ways to save our clients money on their medical costs. This is done by using the industry's most all-encompassing claims management system, complete with fraud protection and medical code editing. Our clients have experienced significant savings generated by ARGUS. Following is just one example:

CASE #53:

Two claims were received for newborn twins admitted to the NICU (Neonatal Intensive Care Unit) in the amounts of \$42,008.60 and \$49,062.70.

Each claim was recognized and referred to ARGUS Claim Review for further examination and analysis. While all claims are under constant review for additional savings as they stream through the ARGUS adjudication system, claims of over \$10,000 are automatically pulled for an in-depth bill audit.

A thorough review by ARGUS of the itemization of the billings was done for detection of possible errors, duplicate charges, and coding irregularities. The claims were examined to ensure the provider is compensated appropriately for the services that have been documented. As part of the ARGUS standard process, identification of unbundled charges was also included in this review.

Overall, the comprehensive ARGUS review of the two claims produced a \$6,052.56 and \$6,264.76 savings for each bill, respectively.

