
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 #62:

A claim was received by ARGUS from a Non-PPO ambulatory surgical center (ASC) for a charge of \$66,222.04.

Due to the size of the claim received, it was immediately flagged for ARGUS Claim Review to examine. An internal review of the claim was done comparing it to what the Centers of Medicare and Medicaid Services (CMS) would allow nationally and adjusted for the county's Core Based Statistical Area (CBSA). Based on the analysis that was done, an amount was determined which was substantially less than the billed amount.

ARGUS contacted the facility to negotiate payment of the claim. Included in the negotiation was a substantial discount of the dollar amount, prompt payment of the claim, and protection for the patient against any balance billing. After discussion with the facility, an amount of \$30,049.40 was agreed upon for payment.

Overall, the comprehensive ARGUS review and negotiation of the claim produced a \$36,172.64 savings to the client and protection for the patient of no balance billing due to the reduction.

