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Maximizing Reimbursement: How Reticle Optimized Billing for Testosterone Pellet Injections in a Family Medicine Group

Executive Summary

Problem: The family medicine group faced issues with insurance denials related to testosterone pellet injections due to codes being listed as invalid by payers. This resulted in significant reimbursement challenges.

Outcome: Reticle's intervention led to the identification of appropriate coding practices, resulting in a significant increase in reimbursement per claim, from \$661 to \$1,776.

Introduction

The primary objective of this case study is to demonstrate how Reticle can help clients offering boutique services, such as testosterone pellet injections, to ensure they are appropriately compensated for those services.

Background

This family medicine group, located in North DFW, consists of six nurse practitioners. The group was encountering frequent insurance denials for testosterone pellet injections, which severely impacted their reimbursement rates.

Approach and Methodology

We identified that the codes being used for testosterone pellet injections were being denied by insurance because they were listed as invalid by the payer. To address this, Reticle conducted industry best practice research on billing these services, including the utilization of NDC information for testosterone. We then recommended a different set of codes to allow the client to bill testosterone services to insurance without experiencing denials and rejections.

1. Customized Billing Guidelines

Reticle provided a detailed breakdown of the old and new coding practices, showing the impact of the changes. For example:

Old Coding: 99213, 11980, S0189, 96372

Total Claim Charge: \$11,531.00

Claim Payment Amount: \$613.00

Patient Responsibility: \$48.20

Claim Amount Allowed: \$661.20

New Coding Recommendations: 11980, S0189 Total Claim Charge: \$9,531.00 Claim Payment Amount: \$1,728.28 Patient Responsibility: \$48.20 Claim Amount Allowed: \$1,776.48

2. Clinician Collaboration and Education

The nurse practitioners reacted positively to our ability to provide specific examples and insights into why they were seeing so many issues with reimbursement. This education helped them understand the coding issues and the necessary adjustments.

3. Implementation and Support

Although no changes in payer contracts or policies were necessary, the shift in coding practices alone resulted in a significant increase in claim reimbursement.

Results

Starting Reimbursement Per Claim: \$661.20 Reimbursement Per Claim After Intervention: \$1,776.48 Increase in Collections Efficiency: 168.7%

Conclusion

Reticle's expertise in identifying appropriate coding practices and providing tailored education to the nurse practitioners led to a dramatic improvement in the reimbursement rate for testosterone pellet injections. This case study highlights our ability to optimize billing for specialized services and ensure clients are fairly compensated.

For a consultation or more information on how we can help optimize your practice's billing processes, please contact us at [contact information].