Enhance Collections and Leverage Patient care with Outsourced Prior Authorization Services

Patient verification for benefits and prior authorization stands as a vital point in successfully running a medicinal practice. Inconsistent pay-outs, delayed A/R days and claims denials are some of the prominent hurdles that physician's face, which in-turn lowers their monthly bottom-line and hampers financial benefits.

When you are in a medical industry, your approach ought to be extremely thorough. When you miss a single strand of information, your business may go under the scanner and comparably, it might prompt to budgetary pitfalls. Managing *Prior Authorization* in the physician facility shows profitability. Industry experts in the particular field are of the view that outsourced prior authorization services is suggested as a crucial part in giving prominent patient care, without the hesitation that the doctors providing the procedures are not on the losing side.

Prior Authorization is the way toward getting an assertion from the payer to cover particular administrations—before the procedure is performed. Typically, a payer that approves a service before an encounter allocates an authorization number that you, have to incorporate on the claim when you submit it for reimbursement.

Providing healthcare services to a patient:

Pre-requisite metrics play an important part with prior authorization to accurately judge the amount of claim, or to find out look if the claims fall in the FWA category. To process clean claims that are precise at the first time, and submitted to payer, removes in-house workload. This brings a seamless perfection in claims correction process, with in-depth efficiency to boost income cycle.

Here are some imperative Benefits of Outsourcing Prior Authorization Services:

1. Current Procedural Terminology (CPT) codes are a key to achieve prior authorization. It is compulsory to provide mandatory CPT codes. Regularly, it has been observed that, recognizing right procedural codes before the administration is a tough assignment. To decide the right code, checking with the doctor is a wise decision.

2. It is advisable to approve treatment not conveyed than to be denied payment for non-approval. At the point when a procedure has been approved, however, is not completed, no penalty is incurred.

3. To ensure that individuals be given maximum benefits accessible under the strategy. Likewise, it will also ensure that procedures being given or being asked for are medically suitable for the condition and covered for reimbursement.

Verification and Authorization

As an *__Outsourced Verification and Prior Authorization Service Provider__* we will thoroughly verify patient and the insurance provider. We will get in contact with the designated insurance carrier, to get prior authorization for any approval, if necessary. In the process complete criteria sheets and prior authorization forms are taken care of and submitted, if required. We will verify the following information for the physician facility:

• Payable Benefits

• Co-Pays

• Co-Insurances

• Deductibles

• Policy Status

• Out of Pocket

• Effective Date

• Authorization Requirements

• Benefits Exclusions and Limitations

Timely Services

Once the data is received through fax or email, a 24-48 hour turnaround time is ensured as a rule and most work should be possible on the same day. We handle most STAT requests within 60 minutes.

Status Checks

Every day status checks are accessible for any pending solicitation, and we speak with your office until the approval is obtained. Once the verification procedure is finished and approval is gotten, we inform the doctor's office immediately.

Is your facility is falling short on finding the correctly authorized patients? Let the tedious and administrative work handled by experts at an outsourced prior-authorization agency. *__Outsourcing Prior Authorization__* will upgrade the benefit levels and will result in quick claims processing and on-time payments.

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