

# MedValue Charge-Entry™

MedValue offers Billing Support Services to successful third-party medical billing companies. MedValue Charge-Entry™ is a cost-effective solution that is uniquely customized to improve your profits and relieve you of the pressures of hiring, training and motivating ineffective employees.

## MedValue Charge-Entry™ Features

- A completely seamless solution that minimizes data-entry while utilizing your coding guidelines and billing software.
- Rapid and seamless transition to MedValue's Operations Center in India in 30 days or less
- Complete HIPAA Compliant process and remote access solution keeps data in your control.
- Proficient and highly trained medical billing personnel and AAPC Certified Coders
- Audit teams enforce strict quality control
- 24x7 work shifts process all activities with aggressive schedules.

## MedValue Charge-Entry™ Process

1. Scan: Documents are scanned in your office and are seamlessly and securely accessed by our offshore center.
2. Verify: Documents are split into batches and reviewed for completeness, quality and readability
3. Code: Diagnosis, Procedure Codes and modifiers are assigned as per descriptions and guidelines of the billing agency. We use the following industry coding standards:
  - Diagnosis Codes (ICD-9: International Classification of Diseases)
  - Procedure Codes (CPT-4: Current Procedural Terminology)
  - Coding for Inpatient Services (ICD-9)
  - Drug Codes (NDC: National Drug Codes)
  - Dental Procedure Codes (CDT: Current Dental Terminology)
4. Audit: Quality Control department audits the entered charge sheets.
5. Process Demographics: Our team processes, validate and enters demographic information of patient.
6. Analyze: The charges are entered into your unique software package, using a HIPAA compliant remote access solution, in compliance with the specific carrier and billing company rules.

7. Validate: Enter and validate all other information required to complete the claim.
8. Submit: Claims to be submitted electronically to the payer using a clearinghouse. Paper claims are handled at your office.
9. Process Denied Claims: Denied claims are processed, analyzed, corrected, updated and prepared for re-submission.
10. Report: Regular reporting enables you to closely monitor performance and provide feedback to improve the process.

## Key Benefits:

- You focus your time on bringing in new physician accounts and not on hiring, training, and motivating ineffective staff
- Our billing experts assist your staff in charge-entry while your billing staff focus on negotiating payments with payers and on improving collections for your physician customers



*More Freedom. More Flexibility. More Profits.*

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