Compliant Billing Solutions

We are a compliant billing solutions company; we are not a billing company. We partner with our clients to ensure your practice is compliant first and foremost to reduce risk. In today's healthcare environment, if you don't have this in place, the fines and penalties are too high to ignore. Simple online solutions will provide you with the tools you need to ensure you meet current requirements for HIPAA, Risk Assessment, Coding, Billing and Documentation. CS EYE's scope of work is traditionally limited to medical claims and claims that we can process electronically.

We use a secure HIPAA compliant connection to provide elite medical billing services on your practice management or EHR system, typically generating 25-30% savings from in-house billing teams. This creates an easy, seamless path for working with CS EYE's certified professional coders and industry experts and keeps all the data and payments in your control.   We pick up the billing after the doctor has ended the encounter. In most cases, our service picks up after the doctor has coded the exam, but we have a coding team that can code the exams as well (additional fee). We connect to your system daily, so need to have access to a licensed seat to your EHR as if we are sitting in your office, ideally 24/7 as we have teams that work claims scrubbing and submission, payment posting and accounts receivables.

CS EYE's definition of scrubbing includes reviewing the claim to ensure all appropriate boxes are filled, but more specifically, is the correct ICD-10 in place linked to the correct CPT code to ensure you get paid.

CS EYE will then batch the claims daily and submit from clients practice management or EHR system to their Clearinghouse. Claims submitted are balanced daily to show that the same number of claims sent are also received.

CS EYE payment posting team members will daily review and post payments for all EOBs/ERAs that are available electronically. Payment posting team members will review all zero payments as if they are denials, double checking to ensure that the claim was submitted properly, double checking the adjudication to ensure that the claim is indeed processed properly to the correct insurance. Prior to transferring to patient, payment poster team members will check to see if there is an additional insurance or secondary that may be utilized to re-submit for payment or coordination of benefits to best utilize the patient's insurance for payment. If zero pay is truly due to patient deductible, then the balance will be transferred to patient. CS EYE does not write off balances without prior approval or formal policy in place with/from Client.

Statements and patient telephone calls are typically handled by the Client to retain the personal touch and relationships with your patients; however, CS EYE can process statements and establish a call line for patient calls that is identified as your clinic and answered as "your clinic name" billing department, how can we help you.

To ensure quality of service and transparency, CS EYE will provide Clients with monthly reports that show the following:

Claims Submission Report
Claims available for processing compared to claims processed from PM system compared to claims received by clearinghouse. These should balance and if not are reconciled to ensure no claims are missed.

Claims Payment Posting Report
EOBs (Explanation of Benefits-paper) and ERAs (Electronic Remittance Advice) are noted with the claims and dollar amounts posted.

Denials and Claims Reworked Report
Reason for denials are noted with action plans to address repeated errors – frequently related to insurance verification or demographics being entered by the office. Number of denials, denials reworked and status of denials are tracked here.

Accounts Receivables Report
Shows summary of accounts receivables claims. CS EYE's commitment and goal is that the only claims that are still in the over 60 days are patient balances and claims that CS EYE is waiting on information from the office that is necessary to correct the claim.