
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 #71:

ARGUS received a claim from a facility for a dermatology procedure for \$14,419.70.

Two pieces of information identified this claim for additional review by ARGUS Claim Review:

- The size of the claim is an automatic review by ARGUS;
- And it was also discovered that the same procedure was billed on two subsequent dates of service at a lower charge of \$300.35.

Review of facility bills are not always limited to unbundled or undocumented procedures; when a charge seems out of line in comparison to similar charges, it will be questioned since billing errors sometimes occur.

Notification was sent to the facility pointing out the discrepancy in the charges and that payment could not be made until there was a clear understanding of the billed amount. After a few months with no response, a follow-up was done by ARGUS for clarification.

A new bill was submitted by the provider and received by ARGUS with the charge reduced from \$14,419.70 to \$300.35. The savings to the client, after taking into consideration the PPO discount on both charges, was \$9,318.77.

