

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 #88:

ARGUS received a claim for an out-of-network facility emergency room visit.

A patient went to an out-of-network facility for an emergency room visit. The facility billed a total of \$6,701.50 in charges. A detailed review of the claim showed \$186.00 of the charges should have been included as a bundled service and, therefore, were not allowable.

As is typically done for non-PPO network charges, the claim was also reviewed against the Centers for Medicare and Medicaid Services (CMS) Outpatient Coding Edits for outpatient facility bills and was compared against 200% of the CMS allowed rate for the local wage index of the charges billed by the facility. The results showed that the facility billed roughly **803%** of the amount CMS would have paid them for the same services.

Because of the ARGUS review, the claim was reduced by an additional \$5,033.74 (the dollar amount that was over 200% of the CMS allowed amount) for **a total savings of \$5,219.74.**

For more details about CMS Guidelines, read our **ARGUS Advantage Series** article: [**Understanding More About CMS Guidelines.**](#)

If you have any questions about CMS Guidelines or other benchmarks used by ARGUS Claim Review, feel free to contact us – we're happy to answer any questions you have.

