



# MedTech Billing Services, Inc.

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## Our Code of Ethics

- *Perform all responsibilities with the highest sense of integrity.*
- *Continually strive to improve the quality and competence of services performed.*
- *Undertake only those services that can be completed with professional competence.*
- *Exercise care, diligence, and careful supervision in providing services.*
- *Maintain confidentiality of patient and client information.*

## Introduction

Over the past 23 years, MedTech, Inc. has adapted to the ever-changing medical billing environment, modifying and adding to our services to proactively meet the needs of our clients, both informational and educational. Our mission and philosophy has essentially remained the same: “to provide our clients with the highest quality of coding, billing and collection services, tailoring our services to meet their unique needs.” A focus on employee education and comprehensive management reporting has positioned MedTech and our clients to operate successfully in a climate of increased governmental regulations and third party contracting.

MedTech’s team of professionals are qualified and ready to respond to your needs. This team includes billing specialists, dedicated solely to the needs of your practice, as well as a highly skilled and experienced administrative staff that oversees the operation, ensuring your practice receives billing and collection services of the highest degree.

Our educational program consists of a formalized new employee training program, coupled with client education. To make certain that our clients are in compliance with governmental guidelines, MedTech has become an active participant in the *American Academy of Professional Coders*, a nationwide organization dedicated to medical coding education.

MedTech, Inc. offers state-of-the-art patient processing systems, a progressive management team, an impressive client base, and a variety of services.



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## The MedTech Advantages

It is not economically feasible for our clients to invest hundreds of thousands of dollars in computer equipment and sophisticated software necessary to meet the demands of today's complicated patient billing and reimbursement system.

MedTech processes your billing and offers:

- Increased Revenue
- Cost Reduction
- Practice Evaluation and Management
- Market and Demographic Analysis
- Comparative Fee Analysis
- State-of-the-Art Accounts Receivable Management Software
- Electronic Media Billing and Remittance
- Access to Quality Information: Quantitative/Statistical Reports, Queries, Graphical Representations
- Legal Consultation Services
- Contractual Evaluation and Consultation Services
- Geographical Pricing Surveys and Fee Analysis

Our highly skilled technical staff and certified medical coders are trained to maximize reimbursement. Our software has a built in feature, which allows monitoring of contracted arrangements, assuring compliance to contracted payment schedules.



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# MedTech ORGANIZATIONAL CHART

## "THE TEAM CONNECTION"

### President

Oversees the total operations of the organization to assure maximum client satisfaction.

### Business Office Manager/Compliance Officer

Responsible for month-end reports; quarterly analysis; client presentations; and any additional client concerns regarding patient accounts. Assists divisional managers and team managers with any questions and problems. Serves as the Compliance Officer and Chairperson of the Compliance Committee.

### Administrative Assistant Systems Coordinator

Responsible for payroll operations and financial reporting including month-end extractions for physician clients. Transcribes data from source documents into reporting formats. Oversees, monitors and maintains internal computers processing system and telephone system.

### Human Resource Director

Responsible for personnel recruitment and oversees all functions of human resources. Serves as a liaison between management and non-management personnel.

### Administrative Assistant/Systems Specialist

Provides administrative and clerical support to administration and the teams. Is cross-trained and flexible. Responsible for the training of team medical billers.

### Administrative Assistant/Quality Assurance

Provides administrative and clerical support to administration. Responsible for quality compliance; develops processes and strategies; audits, monitors and maintains compliance standards. Serves as a quality assurance advisor to team management to maximize reimbursement.

### Credentialing Specialist

Responsible for client credentialing and maintaining current client profiles. Handles processing of insurance contracts for client participation.

### CPC Instructor/Physician Education Director

Responsible for training of the medical coding specialists. Stays current and provides Medical Coding Expertise.

### Divisional Manager

Supervises and assures the medical billing teams are operating effectively and efficiently.

### Team Manager

Responsible for the daily billing and processing activities of the medical billing team and secures the team's effectiveness. Works closely with the client to ensure accurate and successful billing.

### Medical Coding Specialist

Assigns diagnostic and procedure codes and identifies missed charges.

### Cash Posting/Reimbursement Specialist

Posts payments, verifying compliance of third party payer to contract terms. Appeals unjustly denied or downcoded charges for additional reimbursement. Reviews Medicare and Medicaid billing and follow-up.

### Insurance Class & Inskey Specialist

Determines and assigns the appropriate insurance payer information to the patient medical ledger. Initiates calls to determine worker's compensation and auto insurance payers and follows up.

### Collection Specialist

Works with managed care and indemnity insurance accounts, calls patient with delinquent account status and initiates payment arrangements.

### Data Entry Technician

Reviews and inputs patient demographics, charges and insurance information, with balance and auditing techniques.



## MedTech Monthly Management Reports

MedTech's monthly management reports provide pertinent information in an easy-to-read format. In developing monthly reports, our information systems personnel rely on the feedback of our client. Continuous feedback ensures that we provide the information that is most important to our clients – we encourage participation.

MedTech's standard monthly reports are:

- Month-end Report (Beginning A/R, Charges, Payments, Adjustments and Closing A/R)
- Payment and Charge Analysis by Payer
- Contracted Payer and Payment Mix
- A/R Aging by Category
- Contracted A/R Aging
- Contracted Charges and Payments
- Billing Patterns by Category – 6-Month Average
- Analysis of Evaluation and Management Billing Patterns
- Services by Physician – 3-Month Average
- Average Charge & Payment per Patient by Physician - 3-Month Average
- Executive Summary Year-to-Date Analysis
- Payer Profile Report – Year-to-Date Analysis (Self-Pay)
- Payer Profile Report – Year-to-Date Analysis (Non-Contracted)
- Payer Profile Report – Year-to-Date Analysis (Medicare)
- Payer Profile Report – Year-to-Date Analysis (Medicaid)
- Payer Profile Report – Year-to-Date Analysis (Contracted)
- Payer Profile Report – Year-to-Date Analysis (Workers' Compensation)

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## Compliance with Government Regulations

**M**edTech, Inc.'s comprehensive compliance program offers assurance that all efforts are being made to provide for accurate CPT and ICD-9-CM code selection. It is MedTech's philosophy that quality medical billing starts with quality coding. We feel there are three (3) key components that make up our compliance program – **employee education, client documentation education and evaluation, and auditing** (all of equal importance).

### Employee Education

MedTech has incorporated our in-house diagnostic and procedural coding instruction with curriculum provided by the American Academy of Professional Coders (AAPC), to create a complete employee educational program. Our coders are trained to assign and prioritize diagnostic codes, conduct documentation reviews of every chart, identify missed charges, and assess the appropriateness of evaluation and management codes. Upon completion of our in-house educational program, coders are then tested and certified by the AAPC.

### Client Documentation Education and Evaluation

The quality and precision of MedTech's coding are dependent upon thorough client documentation. Consequently, MedTech has designed a client education program that involves on-site documentation training seminars with ongoing feedback. MedTech coders review each chart to ensure documentation is in compliance with government guidelines. Upon identification of any documentation deficiencies, the coder completes a Turn-Around-Document (TAD) form, indicating the area(s) of deficits. This process allows the client the opportunity to provide an addendum to original documentation if appropriate; but more importantly, serves as a valuable learning tool.

### Auditing

The final component of MedTech's compliance program is auditing. As part of our continuing educational process, MedTech coding instructors perform regular audits of our coding personnel. Physician documentation and TAD forms are studied to assess the need for additional client education; the results can be used to customize future seminars to the specific needs of the client. This auditing process maintains continuity and compliance with MedTech's quality coding procedures.

