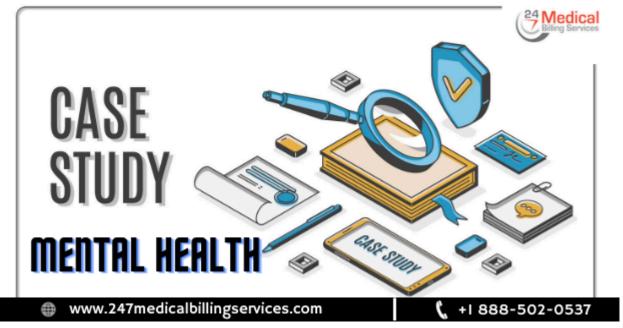


A case study on Mental Health Billing Services

Mental health professionals and specialty clinics have a major impact on society, with people getting aware of mental health and spending more on psychiatry over the past decade, mental health consultants and clinics are growing exponentially. Although the necessity of mental health services is increasing, it is also getting extremely difficult for service providers to get full reimbursement for their work.



Here's a quick look out from 24/7 Medical Billing Services on how we helped one of our clients in mental/behavioral health practice experienced a shift in its operations within just 6 months. Before we jump into how our client experienced sudden growth in their operations, here's a snap into how mental health billing works.

In the mental health industry, so many professions provide various but specific services. Common mental health roles are psychiatrists, counsellors, psychologists, clinicians, therapists, primary care physicians, and clinical social workers.

Considering the service that a mental health professional offers, they might have different billing processes. Some of the most popular mental health billing consists:

- Behavioural health billing
- · Psychotherapy billing
- Psychologist billing
- · Psychiatric billing
- · A non-profit mental health billing
- Therapist billing

A client at 24/7 Medical Billing Services is providing mental health service and here's a brief case study about its experience with us. We are keeping track of all the insurance guidelines and CPT codes. Changes are always important in every stage of revenue cycle management and medical billing.

The Challenges

When our mental health client, based out of Cleveland, Ohio, started its practice back in March 2015, they used to handle their whole RCM process with the internal team in the beginning but after 2 years, they realized that they were not collecting revenue compared to the volume of patients. Their goal for the first 6 months was \$100,000 but they could only generate about \$35,000.

The major issues with denials were:

- **Issues with credentialing:** Incomplete credentialing with multiple payers which they thought was already handled with their internal team.
- Insufficient Eligibility & Benefits Checks: The demographics of the patients and their insurance information was not recorded correctly or they never verified the coverage/benefits with the payers.
- Coding Issues: The client failed to follow the most current and accurate billing and coding guidelines while filing the claims. For instance, they were coding the CPTs discontinued and replaced recently.
- **Issues with filing:** The client fell behind in billing out the claims to the payers in needed time because of the constant problems in their billing functions and resolving patient issues.

The practice was unable to find the way out to deal with the crisis of catching up with its current billing and handling its patients at the same time.

The Solution from 24/7 Medical Billing Services

The manager at the client side found <u>24/7 Medical Billing Services</u> through a Google Search; particularly our blog about mental healthcare service medical billing. On the first call with us, the manager spoke with one of our consultants about her billing problems. She asked our consultant if 24 Medical Billing Services could help her team and we offered her to do a sample audit and offer some recommendations based on our findings.

After a week and a few days, we shared the data of the sample audit with the practice manager and then the team came to know about various problems and risks in their medical billing functions.

After a few days, the client asked us to provide complete solutions to their problems with billing services. We recommended trying out 24/7 Medical Billing Services' complete package and without wasting much of her time, our client side manager handed over their entire process to 24/7 Medical Billing Services.

The Results

Based on our finding if the initial audit, we were already aware of their medical billing process and issues with it. 24/7 Medical Billing Services team started the operations and in the first six months, we met our \$100,000 revenue goal." Right after, the client exceeded the goal up to \$125,000 after just a few months. Our continuous efforts assisted our client to reduce the average AR over 90-120 days to most claims being paid under 30 to 35 days. We don't have any AR for commercial payers over 30 days, except for a few cases.

Are you struggling with your <u>medical billing of the mental health practice</u>? It's time to get in touch with the 24/7 Medical Billing Services.

We are a standalone service provider to multiple areas of the healthcare industry. Contact us and we will schedule a free consultation call with your team to discuss what can be improved with your practice.

Read more: https://www.247medicalbillingservices.com/blog/a-case-study-on-mental-health-billing-services/