



HEALTHCARE **FINANCE** NEWS

February 10, 2009

Bloodhound Technology's ConVergence Point refines the payment process

By Eric Wicklund, Managing Editor

DURHAM, NC – Imagine a medical bill that can be accurately rendered before the patient leaves the doctor's office.

Bloodhound Technologies is working toward that ideal with ConVergence Point, its newly released claims editing platform that aims to process single or multiple claims against a patient's history, complete payer policy customizations and millions of sourced clinical edits in less than a second.

"This allows us to take a process that used to be in the claims transaction system ... and move it up to the front," said Gary Twigg, CEO and president of the Durham, N.C.-based claims editing services and analytics provider. "It's more robust, more sophisticated."

"The technology now exists to have a completely adjudicated claim even before the patient leaves the office," he added. "That's in the future. We'll be there someday."

Developed with \$14 million in financing, ConVergence Point draws upon a patient's complete medical history, payer rules and reimbursement policies and Bloodhound's 16 million sourced clinical edits to process claims in 350 milliseconds. The company also offers a pre-adjudication editing platform, allowing providers to identify operational efficiencies as well as identify overpayments and correct miscoded claims before submission.

Among the beta-testers for ConVergence Point was Senior Whole Health, a voluntary healthcare plan for low-income seniors in Massachusetts and New York.

"From the get-go, Bloodhound Technologies was able to take our data and immediately respond with a comprehensive analysis," said Mike Levoshko, the group's CTO, in a press release prepared by Bloodhound. "What's more, ConVergence Point is a three-dimensional system that lets you turn its edit rules on and off at any point. The fact that ConVergence Point can control and archive these rules dynamically is worth its weight in gold."

Twigg says ConVergence Point should not only help providers and their patients establish a proper medical bill in real time, but improve communications between providers and payers.

“Real time adjudication processes are important to support the emerging consumerism market, providing clear payment liability information to both providers and consumers,” said Janice Young, program manager for payer research with Health Industry Insights. “Solutions that improve the consistency, transparency and timeliness of claims processing deliver a new level of accuracy that will lead to improved relationships among payers, providers and consumers.”

Healthcare IT News

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February 11, 2009

Ask the Experts: Feb. 11, 2009

Q: I have two questions. **No.1:** How do you code back pain with radiculopathy? **No. 2:** Do you code a pulmonary nodule as an abnormal radiological finding or the ICD-9 for pulmonary nodule, which I believe comes out to be respiratory disease?

A: No.1: How do you code back pain with radiculopathy? If the radiculopathy is affecting the upper limbs, the ICD-9 code is 723.4. If it is affecting the lower limbs, you would use 724.4. If the location is unknown, the code to use is 729.2.

No. 2: Do you code a pulmonary nodule as an abnormal radiological finding or the ICD-9 for pulmonary nodule, which I believe comes out to be respiratory disease?

The correct ICD-9 code for a pulmonary nodule is 518.89. See this Coding Clinic article, AHA Coding Clinic for ICD-9-CM, Volume 7: 1990. "Codes from section 790-796, Nonspecific abnormal findings, should be assigned only when the physician has not been able to arrive at a diagnosis based on an abnormal finding, but considers it clinically significant enough to list in the final diagnostic statement."

Amy Hodges, CPC, CPC-I

Amy Hodges, CPC, CPC-I, is director of content development for Bloodhound Technologies, an ASP-based claims editing and analytics provider. She has more than 13 years of health care experience with extensive background in fraud detection and clinical editing, and has been a certified professional coder since 1999 and a certified professional coding instructor with the AAPC since 2008.



February 12, 2009

App Checks Claims Before Adjudication

HDM Breaking News—Joseph Goedert

Bloodhound Technologies Inc. has introduced a claims editing application that assesses claims for completeness and accuracy prior to adjudication.

The Durham, N.C.-based vendor is marketing its ConVergence Point product to provider and payer organizations. The company spent \$14 million developing the application.

ConVergence Point processes claims in real-time against patient histories, customized insurer policies, and 16 million edits representing code sets and terminologies. Providers can use the software to reduce their volume of denied or pended claims, according to the vendor. Payers can use the software to ease customization of edits and increase auto-adjudication rates.

The software is fully loaded with the ICD-10 code sets, according to the vendor. That will ease migration to the new diagnostic and treatment codes, and enable the temporary running of both ICD-9 and ICD-10 in parallel during the transition period.

Senior Whole Health, a health plan covering low-income senior citizens in Massachusetts and New York, is an early adopter of the software. More information is available at bloodhoundinc.com.

HealthData Management

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February 25, 2009

Industry Buzz

New Products: Bloodhound Unveils Claims Editing Platform

Bloodhound Technologies Inc. has launched its ConVergence Point claims editing platform, which aims to contain costs, increase auto-adjudication rates and improve payer-provider relations.

ConVergence Point can process a claim or multiple claims simultaneously against patient history, payer policy customizations and 16 million sourced clinical edits in less than 1 second. The platform also offers pre-adjudication editing to identify overpayments, integrates with claims adjudication systems and clearinghouses, includes open sourced edits from CMS and the American Medical Association and is ICD-10 enabled.

February 23, 2009

Checking claims upfront helps maximize provider payments

The economy has forced health care providers to take a hard look at cash flow and maximize the efficiency of their claims policies. Experts say one way to do that is to aggressively check claims before sending them off to payers. Other tips include automating insurance eligibility confirmation processes to determine eligibility before the patient arrives and filing claims directly to payers using Web portals.

Linked to full *Health Data Management* article.