



ExdionACE

# How Changing **Coding Practices** **Helped Urgent Care Centers** Through The **COVID-19 Crisis**



## Technology has helped the medical world fight the COVID-19 pandemic

Technology – particularly cloud-based artificial intelligence (AI) and complex rules-based decision platforms – are now being leveraged by providers to keep their medical practices open. ExdionRCM is leading the way through AI-led innovations, particularly in the critical urgent care space.



Many physicians saw a steep drop in patient walk-ins during the early days of the pandemic. Urgent care practices, long touted as alternatives to hospital emergency rooms, were most affected as they do not have a regular roster of returning patients. They were also not equipped to quickly make a transition to telemedicine services. That forced them initially into performing high volumes of COVID-19 tests and then vaccine administration in an attempt to stay open.

Today, as COVID-19 moves from a pandemic in the U.S. to an endemic, medical practices have to grapple with changes that will remain for the long-term. That not only includes the use of telemedicine, but also identifying patients who may have “long COVID” or other associated medical issues, and simply rebuilding their practices to what they were prior to the pandemic.



One thing medical practices can do immediately is to address deficient medical coding and billing. This can be particularly crucial for smaller practices in niche parts of medicine, such as urgent care clinics.

## Deficient coding leads to money being left on the table by medical practices, a sum that reaches into the billions of dollars a year in the U.S.

There are a variety of reasons deficient coding occurs.



### Inaccurate charting notes

Doctors who see numerous patients in a short period may get distracted, leading them to forgo charting notes.



### Illegible medical coding

When chart notes are taken, they're written in a way that doesn't take specific codes into account.



### Imprecise medical coding

Doctors & other clinicians may not be aware that a single procedure—such as putting a cast on a patient's arm—can include multiple codes and modifiers.



### Sub-optimal medical coding

Concerns among providers that overly aggressive coding may trigger an audit by an insurer or recovery audit contractors (RACs), prompting them to be overly conservative when coding.

**Multiply these issues by 20 or 30 patient encounters per day with deficient coding, and the clinicians can lose a significant amount of potential revenue.**

Another challenge is that medical coding is extremely fluid. Codes and coding practices are often changed by the American Medical Association (AMA), which oversees much of the U.S. coding protocols for medical practices. In 2021, the AMA ushered in some fundamental changes in coding for evaluation and management (E/M) – the backbone to any initial patient encounter. In 2020 alone it made changes to more than a dozen codes (CPT 99202–99215).

The AMA's intent behind the coding changes is to provide more clarity regarding reporting whether a test was considered rather than ordered; what constituted a discussion between physicians, other healthcare professionals and patients; and how test results are analyzed, among other changes. They stressed the importance that physicians and clinicians should place on recognizing all patient problems whether they are acute or chronic, and document them in more specific detail.

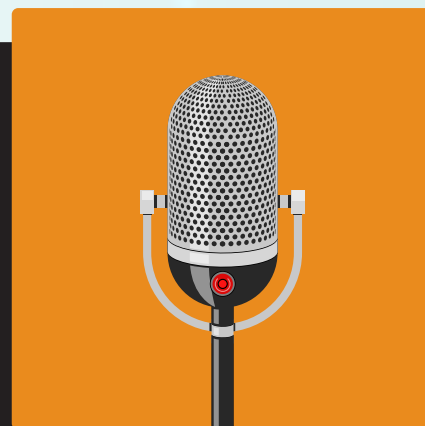
## Urgent care centers were struggling with these coding changes when COVID-19 struck.

Given that most urgent care practices tend to be small operations with just a handful of doctors and support staff at each location, many do not have the resources to take one major hit to their bottom lines, let alone two.

“Most urgent care centers saw a 60% to 70% hit in patient volume when the pandemic began, as people stopped going out and exposing themselves to whatever was out there,” said Randy Giles, interim administrative director of urgent care at Pardee UNC Health Care who also runs an urgent care consulting firm in Houston.

**Randy Giles**

Pardee UNC Health Care, Interim Administrative Director



Many urgent care centers quickly took on COVID-19 testing and vaccine distribution, which helped provide a temporary fix to their finances. Those coming in for tests and vaccinations could also be turned into regular patients: Giles estimates that Pardee UNC Health Care was able to retain up to 18% of such visitors as regular urgent care patients.



“That opened up a whole different demographic and a whole subset of the population that had never taken advantage of urgent care before,” Giles said.

## But coding challenges continue to remain an issue.

Urgent care centers operating outside of large cities also often have trouble recruiting enough coders, which can be key to optimizing both coding and billing practices. And there is a general shortage of healthcare workers: UNC Health Care currently has five job openings in its urgent care division. It has received only two applications over a four month period.



## CareXpress, which operates five urgent care centers in and around Amarillo, Texas, was hit hard by both issues.

“There was a good bit of revenue that was being left on the table,” said CareXpress Chief Financial Officer, Trent Limb. “That issue was being further exacerbated by the COVID-19 pandemic.”

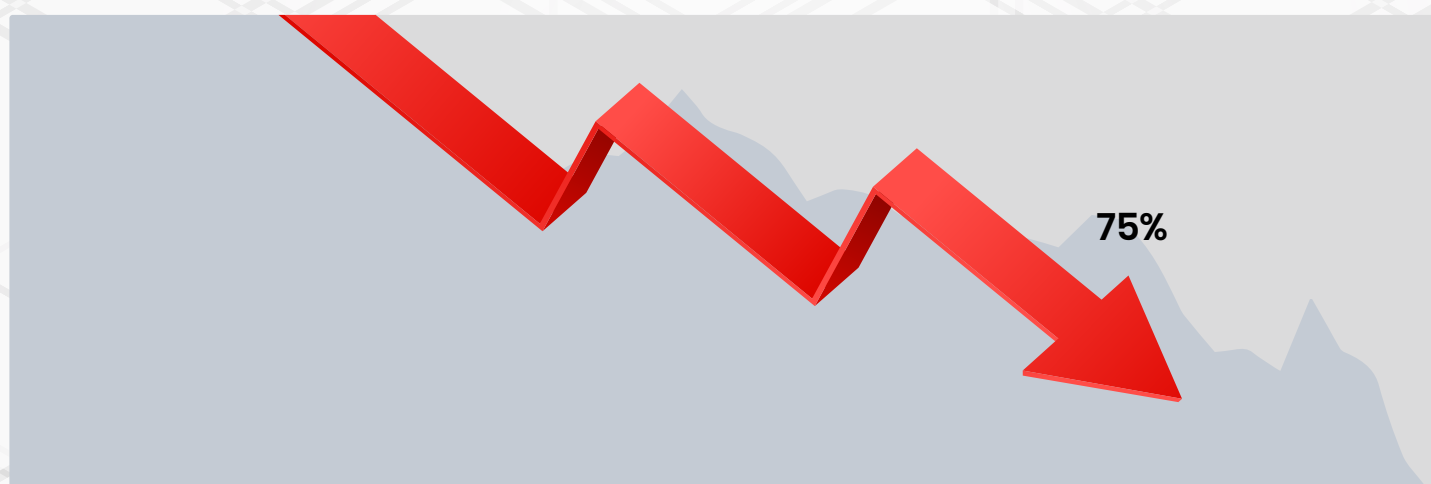
“We needed more coders and we couldn’t hire more coders,” Limb said. “We needed to look for an outsourcing solution just to be able to deal with the volume of coding we needed to do just to keep up with billing.”

**Trent Limb**

CareXpress, Chief Financial Officer



Another urgent care practice hit hard by COVID-19 was the American Family Clinic (AFC) Urgent Care Center in Memphis, Tenn. At the height of the pandemic in 2020, revenue dropped by 75%.

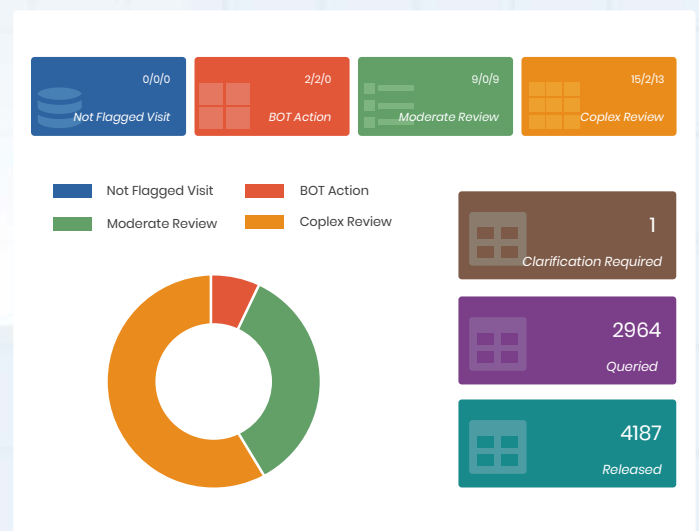
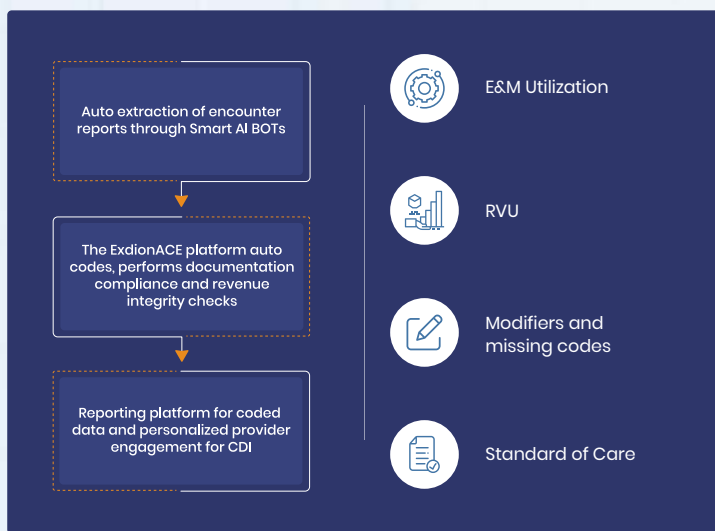


The clinic, which offered Memphis residents a lower-cost alternative to hospital emergency rooms for more than a decade, was in danger of shutting its doors permanently.

## Both practices began to seek outside help.

## Both CareXpress and AFC Urgent Care Center Memphis turned to ExdionRCM.

ExdionRCM pioneers the all-in-one platform; ExdionACE. ExdionACE is a Computer Aided Provider Documentation (CAPD), Revenue Integrity, Compliance and CDI platform, exclusively for the urgent care center. The Artificial Intelligence (AI) platform helps capture accurate, complete and compliant code relationships (ICD/CPT) according to typical Standard of Care. It instantly recognizes physician documentation improvement areas while considering clinical decision-making, missing codes, E&M levels, modifier usage and much more. It can operate as a standalone application or can easily be integrated with the practice’s electronic health records (EHR) systems.



ExdionACE can analyze thousands of patient encounters within a few minutes and flag them for possible coding, revenue and compliance gaps. As a modular solution, practices can choose from Auto Coding, Revenue Integrity and CAPD/CDI or bundle all of them together.

In the case of CareXpress, ExdionACE instantly-concluded that 18% of its patient Evaluation and Management (E&M) were being insufficiently coded. The corrections translated to a 40% increase in revenue from E&M coding alone.



Prior to retaining ExdionRCM, the average claim per patient per visit by CareXpress was \$320. That rose to \$375 per visit within 90 days of retaining ExdionRCM to review billing and coding. Limb expects that number to continue to rise in the coming months.

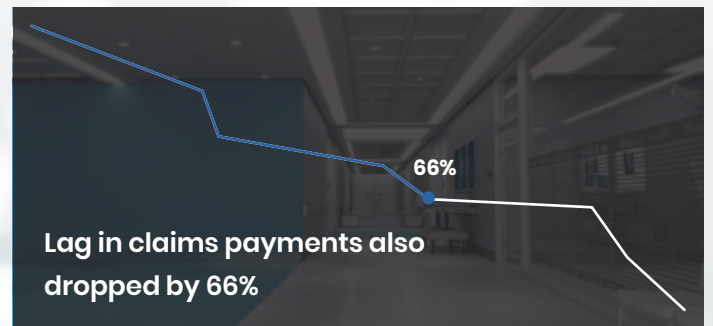
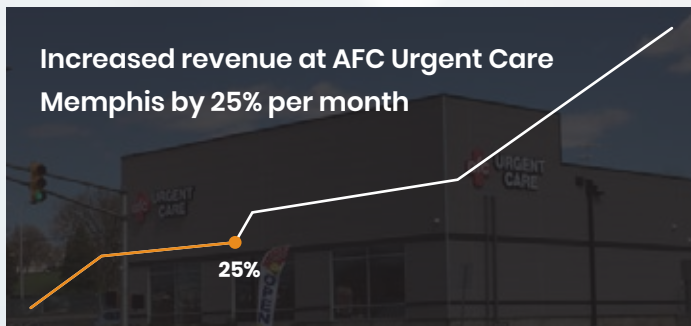
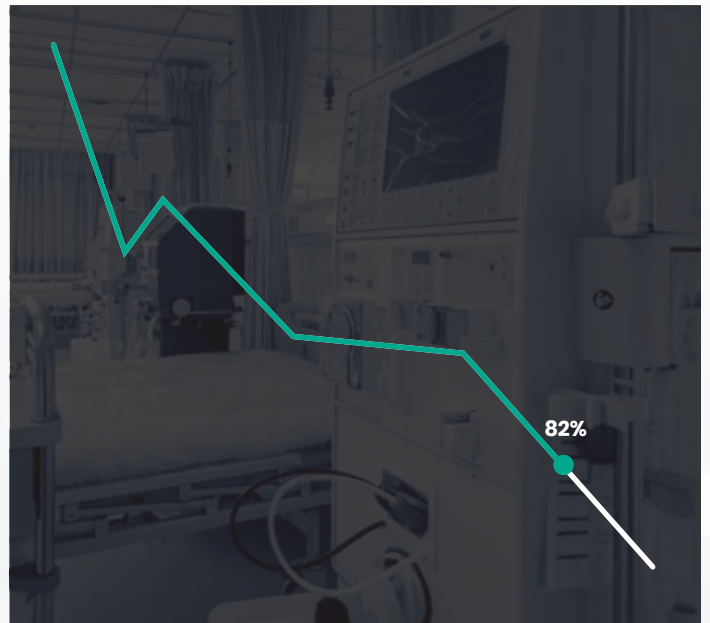


At AFC Urgent Care Memphis, an analysis of 937 patient encounters resulted in nearly 98% being automatically flagged by the AI technology as having a coding improvement area.

It was estimated that AFC Memphis' deficient coding cost it nearly \$44,000 in December 2020 – a sum that represents about 25% of the practice's total monthly revenue. Of that total, \$27,000 came from E&M codes below level 4. By March of this year, this loss of revenue from coding issues was reduced by 82%.

## Loss of revenue from coding issues reduced by 82%

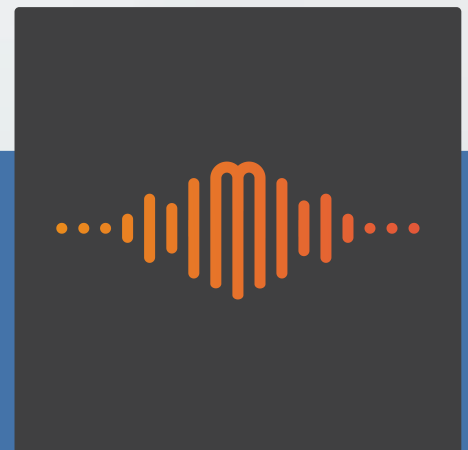
As a result of ExdionACE, revenue almost immediately increased at AFC Urgent Care Memphis by 25% per month. The lag in claims payments also dropped by 66%, increasing cash flow even further. ExdionRCM also helped prepare AFC Urgent Care Memphis' staff deal with dramatic changes in the evaluation and management (EM) billing codes that were introduced in January of this year.



AFC Urgent Care Memphis also did other things that helped bolster their business, specifically focusing on COVID-19 testing and vaccine distribution. But it is the changes it made to its coding practices that will make the difference over the longer term.

“Exdion has knowledge of charting and billing that makes them extremely valuable. They definitely helped us keep the doors open,” said AFC Urgent Care Memphis CEO Jim Harper.

**Jim Harper**  
AFC Urgent Care Memphis, CEO



**EXDION**

### Exdion Solutions, Inc

7700 Windrose Ave, Suite G 300, Plano TX, 75024 USA

469-277-8184

info@exdionrcm.com

www.exdionrcm.com

