



ADVANCED MEDICAL BILLING  
SYSTEMS, INC  
18 WOODHAVEN DRIVE  
NEW CITY, NEW YORK 10956  
914-643-7318

- Chart Audits
- EMR/PM setup and implementation
- Billing Assessment
- Billing Staff Training
- Provider Coding and Documentation Training

## **BILLING ASSESSMENT**

Efficient billing is essential to the success or failure of any Healthcare Organization. Even an organization with strong executive, clinical, and financial teams, would likely experience cash flow challenges if its billing department is less than effective.

AMBS has assembled a team of experienced billing staff that can quickly detect and solve any inconsistencies or inefficiencies in the coding, billing and reimbursement process, regardless of the software that your organization utilizes or the State in which you operate.

AMBS has successfully educated our staff on all of the latest billing platforms. This helps to maintain strict compliance with the current and proposed regulations, provide the best solutions to our clients and assist in identifying all billing obstacles.

Numerous work hours are devoted to correcting billing errors. These wasted hours translate into fewer or delayed collections, inflated A/R balances and constant struggles to manage cash flow. AMBS can create an efficient process for your facility that will drastically improve the overall financial performance of your health center.

Nationwide, Federally Qualified Health Centers and FQHC Look-A-Likes are losing millions of dollars in poor coding by providers, credentialing issues, incorrect practice management setup, wrongful submission, unbilled claims, inaccurate reporting and the misuse of technology. Bringing AMBS on board, prevents and corrects these problems and gives clients the financial leverage to focus entirely on the fulfillment of their mission.



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## **ICD-10/CPT COMPLIANCE**

On October 2015 the Centers for Medicare and Medicaid Services (CMS) announced the mandatory implementation of the ICD-10-CM code set. In order for your facility to be in compliance with HIPAA regulations, all Health Institutions (including Federally Qualified Health Centers) should be operating fully under this new diagnostic coding system and thereby utilize codes to highest specificity in order to attain Quality Incentives/Value Base payments. The ICD10 codes improve every clinical aspect of the claim analysis and expedite the remittance process while simultaneously making the claim easier to understand for payers.

We can audit your claims to ensure your CPT coding under the new 2021 documentation guidelines are in compliance.

AMBS trains/educates health center staff in order to successfully and seamlessly transition to accurate coding without sacrificing productivity or HIPAA compliance. We will work with your existing billing department or provide our professional coders, if necessary, in order to prevent delays through effectively managed implementation plans.



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## **PROVIDER TRAINING**

Health centers lose millions of dollars each year through rejected claims due to improper billing and ineffective coding training. An otherwise productive clinical operation will experience poor or less than optimal financial results if flaws exist in the billing interface between coders and providers.

We have specifically selected professional and experienced trainers with clinical backgrounds to educate and instruct providers in the technical aspects of the billing cycle. We ensure that you are current with any relevant modifications of the coding system.

A clean and clear claim starts at the provider's office. With a few training sessions, your providers will have the necessary tools to minimize mistakes and regain lost efficiencies, thereby paving the way for further practice growth.

AMBS has over 30 years of experience in all of the above mentioned areas and successfully assisted many satisfied clients to meet their billing concerns and organizational challenges.