NEXACC

Billing, Books, and Payroll for Ambulatory Surgery Centers

Phoenix, Arizona - serving healthcare clients nationwide since 2021

Implant cost recovery, prior authorization, and case-level margin you can actually see.

An ASC lives on case margin, and case margin dies on two things: implants and devices billed below acquisition cost, and prior authorizations that did not cover the procedure actually performed. Both are knowable before the case, which is where we put the controls.

BENCHMARKS

Clean claim rate target: 96%+

Case volume is low, so each denial matters more

Days in A/R target: Under 40

Commercial-heavy centers should settle faster

Implant margin: Positive per case

Acquisition cost against expected reimbursement

Where the money leaks

Implant and device carve-outs

High-cost implants bundled into a rate that does not cover acquisition. We track invoice cost to reimbursement per case.

Prior authorization mismatch

Authorization obtained for the planned CPT, then a different procedure performed. The claim denies for a covered service.

Out-of-network balance handling

No Surprises Act rules changed the process. Mishandled disputes forfeit the amount entirely.

How we run it

01 Pre-case financial clearance

Benefits, authorization, and patient responsibility confirmed before scheduling the case.

02 Implant cost tracking

Invoice cost matched to expected reimbursement so negative-margin cases are flagged before, not after.

03 Case-level coding

Coded from the operative note, with authorization reverified against the procedure actually performed.

04 Payer dispute handling

Independent dispute resolution timelines tracked to the day.

05 Case margin reporting

Margin by procedure, surgeon, and payer, updated with the monthly close.

Payers we bill every month

- Commercial PPO plans
- Medicare
- Workers' compensation carriers
- Medicare Advantage
- Self-pay and package pricing

State rules we work under

Medicaid programs, payer portals, and payroll rules change at the state line.

Arizona (AZ)

AHCCCS (Arizona Health Care Cost Containment System) - AHCCCS

Metros: Phoenix, Scottsdale, Mesa, Tempe

Maine (ME)

MaineCare - Maine Department of Health and Human Services (DHHS)

Metros: Portland, Bangor, Lewiston-Auburn, Augusta

New Jersey (NJ)

NJ FamilyCare - New Jersey Department of Human Services

Metros: Newark, Jersey City, Princeton, Cherry Hill

North Dakota (ND)

North Dakota Medicaid - North Dakota Health and Human Services (ND HHS)

Metros: Fargo, Bismarck, Grand Forks, Minot

Oregon (OR)

Oregon Health Plan (OHP) - Oregon Health Authority (OHA)

Metros: Portland, Salem, Eugene, Bend

Washington (WA)

Apple Health - Washington State Health Care Authority (HCA)

Metros: Seattle, Bellevue, Tacoma, Spokane

Texas (TX)

Texas Medicaid - Texas Health and Human Services Commission (HHSC)

Metros: Houston, Dallas-Fort Worth, Austin, San Antonio

Questions we get

Can you track implant costs against reimbursement?

Yes. We match invoice cost to expected reimbursement per case so negative-margin procedures are

visible before the next one is scheduled.

How do you handle prior authorization for changed procedures?

We reverify the authorization against the procedure documented in the operative note before the claim goes out, which is the most common ASC denial we see.

Do you handle No Surprises Act disputes?

We track independent dispute resolution deadlines to the day, because missing a window forfeits the disputed amount outright.

Can you report margin by surgeon and payer?

Yes. Case margin by procedure, surgeon, and payer comes with the monthly close, so block time decisions rest on contribution rather than volume.

Run your own numbers

Estimate recoverable revenue for your ambulatory surgery center at https://www.nexacc.com/estimators/healthcare?facility=surgical-center

Book a free 30-minute consultation: https://www.nexacc.com/schedule

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