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BURDA ON HEALTHCARE

Somebody Owes Someone $1,233.33

By David Burda
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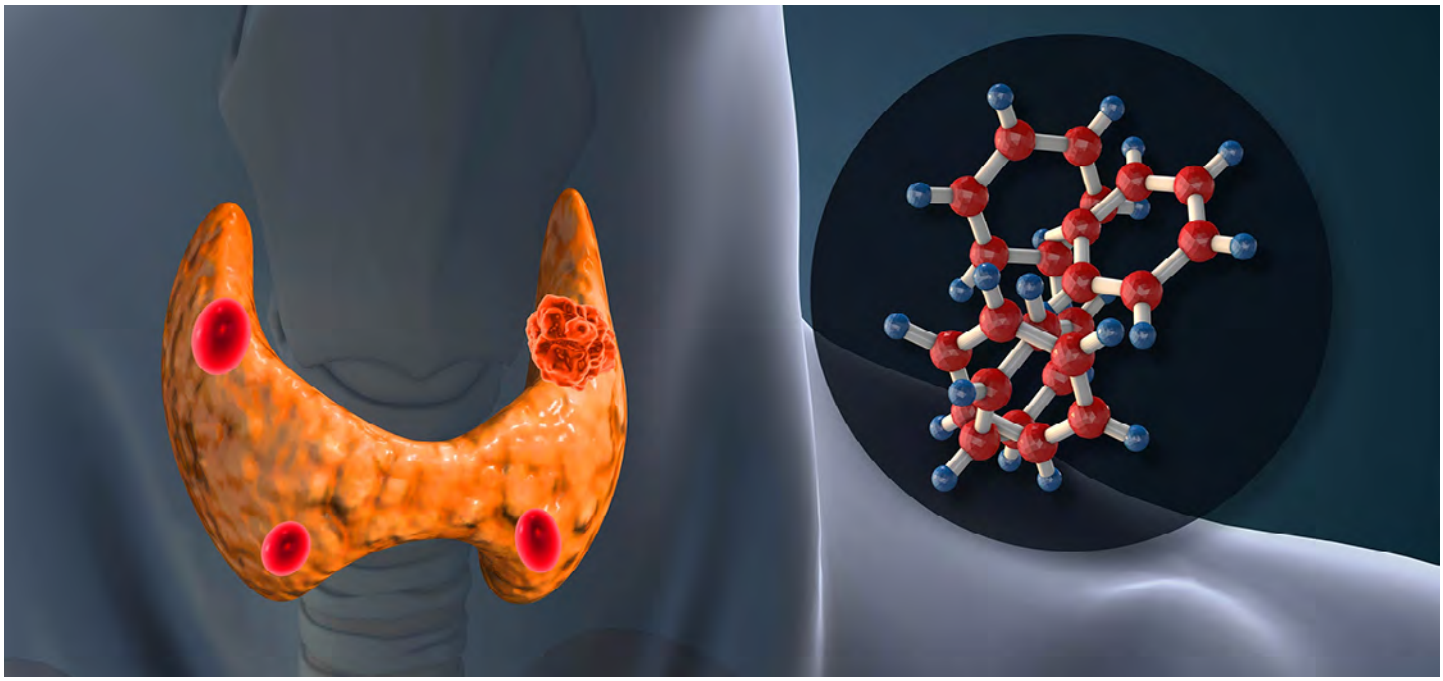
There's an old TV police drama called Naked City about detectives in New York. Each episode ended with the narrator saying, "There are eight million stories in the naked city. This has been one of them."

I never saw an episode. I was three when the series ended in 1963. But somehow, I remember that catchphrase. Who knows why? Maybe my dad said that to me sarcastically after I whined about doing a chore or running an errand or something.

That phrase popped into my head when I was deciding whether to write this monthly column. Do people want to hear another story about how dysfunctional the healthcare revenue cycle is? You be the judge.



TOO MUCH CALCIUM IN THE BLOOD

Last fall — Oct. 10, 2025, to be exact — I had a parathyroidectomy. One of my four parathyroid glands blew a gasket and was telling my body to make more calcium. Think of it like an air-pressure sensor in your car telling you to continuously inflate one of your tires until something bad happens. Like a smart mechanic, my primary care physician picked up on my elevated calcium levels and sent me to a specialist/surgeon. He confirmed the diagnosis and removed the bum gland. Calcium levels back to normal. Future medical problems like kidney stones and osteoporosis averted.

The clinical experience was phenomenal. I was fortunate to have a primary care doc who knew to check for hyperparathyroidism. I was fortunate to have access to a specialist/surgeon who was as nice as he was skilled in his profession.

Here's his website, if you ever need him.

Of course, there's nothing like the healthcare revenue cycle to ruin a wonderful patient experience.

CODING ERROR NOT IN MY FAVOR

The total claim for the surgery was $39,955.27. Medicare approved the full amount — $39,955.27 — but Medicare Part B didn't cover $1,233.33 of that total per a Medicare Part B explanation of benefits (EOB) dated Nov. 18, 2025. That specific $1,233.33 charge, per the Medicare Part B EOB, was for the "removal or exploration of parathyroid glands." Medicare Part B then sent the uncovered amount — $1,233.33 — to my Medicare supplemental health plan, which is BlueCross BlueShield of Illinois.

BlueCross Blue Shield of Illinois sends me its itemized EOB for the surgery. Everything is covered except for a $1,233.33 charge. According to the BlueCross Blue Shield EOB dated Nov. 3, 2025, that charge is a "recovery room" charge, not a charge for the "removal or exploration of parathyroid glands." Why would the BlueCross Blue Shield EOB come two weeks earlier than the Medicare Part B EOB? That's a mystery. You'd think it would be just the opposite. Whatever.

TWO KINDS OF BILLS — PAPER AND ELECTRONIC!

Then, of course, the bills from the hospital start coming. By paper mail. Every time I log into my portal. Every time at patient registration before an office visit. Yes, I have an unpaid balance of $1,233.33. Do I want to pay it now? No, I do not want to pay it now.

Here's why I do not want to pay it now. Medicare covers hospital recovery room charges. I looked it up in my Medicare benefits handbook. Hospital recovery room charges are a covered benefit. So, I filed an appeal with Medicare, well before the March 23, 2026, appeal deadline. Crickets since then.

I called the hospital's billing office on March 9, 2026, to inform them that I had appealed the denied claim to Medicare and to stop sending me bills until then. The hospital billing office graciously gave me a 60-day extension before I had to pay. That would be mid-May.

The paper bills keep coming. The portal messages keep appearing. Patient registrants keep asking me if I want to put that unpaid balance on the credit card that the hospital has on file. No thanks.

That's when things get really weird.

CALLING A FALSE START ON DEBT COLLECTION

The last paper bill I got is dated May 29, 2026. It says my due date to pay the $1,233.33 is June 19, 2026. I knew I had my annual wellness visit with my primary care doc on June 17. I thought it would be a good idea to square up with the hospital before my visit. (If you're from Minnesota, you'd say "true up.") She's been great to me. I don't want an unpaid bill between me and her employer to spoil our relationship.

On June 10, a week before my appointment and nine days before my final deadline to pay, I logged on to my patient portal to pay. To my surprise, all my account balances are $0. Nothing to the hospital. Nothing to the health system. Nothing to the medical practice. Nothing to the lab. The slate is wiped clean.

On June 16, three days before final payment is due to the hospital, I get an email from Harris & Harris, a Chicago-based debt collection agency. I owe them $1,233.33. That explains all the zero balance accounts in my patient portal. The hospital sent my unpaid balance to a debt collection agency at least three days before my final payment was due to the hospital.

Do I pay the debt collection agency? Do I pay the hospital? Do I wait for Medicare to rule on my appeal?

HANGING ON TO THE MONEY FOR NOW

I have the money. I'm fortunate enough to afford to pay it. I was ready to pay on June 10. Now I'm kind of pissed. The hospital sent me to a debt collection agency before my payment deadline. Medicare and BlueCross and BlueShield of Illinois? They can't even agree on what the $1,233.33 charge was for.

Somebody owes someone $1,233.33. All I know is, it's not me. Not now.

There were nearly 36 million hospital discharges in the U.S. in 2024, according to the latest data from the American Hospital Association. Thirty-six million revenue cycle stories. This has been one of them.

AUTHOR

David Burda began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers — patients — are king. If you do what's right for patients, good business results will follow.

Dave's personal experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 40 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 40 years and his three children, none of whom want to be journalists or lobster fishermen.

Visit 4sight.com/insights to read more from David Burda.