

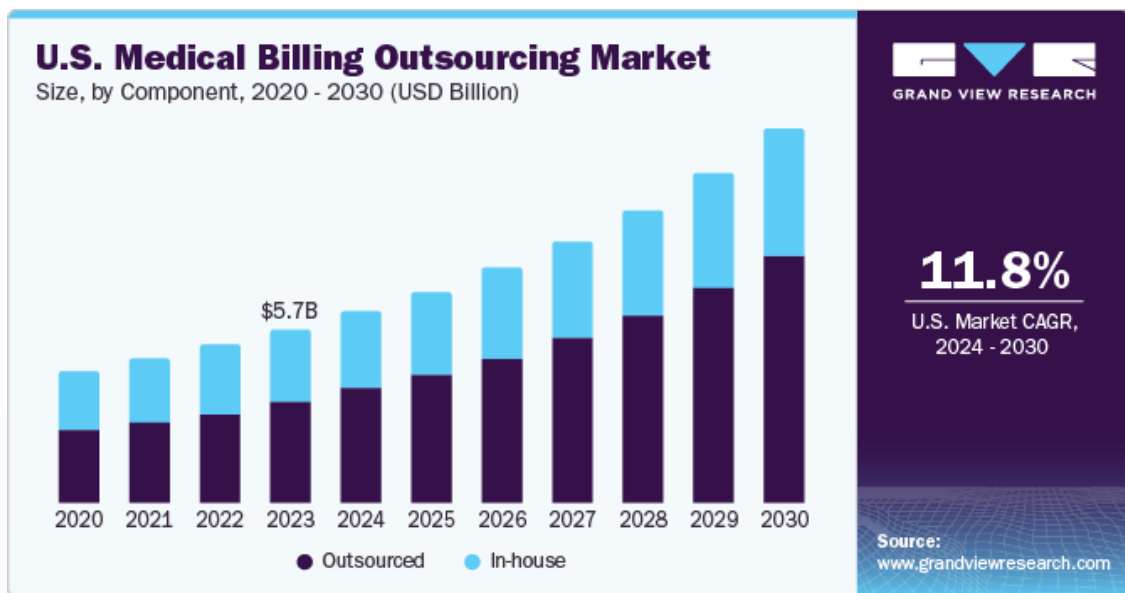
# U.S Medical Billing Outsourcing

## TRENDS AND FORECASTS 2024–2030

The U.S. medical billing outsourcing market was valued at USD \$5.7 billion in 2023 and is expected to reach a value of around USD \$12.3 billion by 2030 at a CAGR of 11.78% from 2024 to 2030. Increase in stringent government regulatory requirements and debt & uncollectible accounts have resulted in the rise in preference for medical billing outsourcing by healthcare providers. Rising need for optimization of organizational workflow coupled with growing innovation in synchronized management software and systems is anticipated to promote medical billing outsourcing market growth.

The market by component is segmented into in-house and outsourced billing. Outsourcing activity significantly reduces costs, which is beneficial for small and medium practices, hence, outsourced billing segment has surpassed in-house medical billing

## Outsourced medical billing has surpassed in-house medical billing



RCM practices involve high technological sophistication, coupled with trained expertise. Large medical groups with high claim volume are experiencing significant revenue growth due to outsourcing. Increasing implementation of several healthcare IT platforms has been positively influencing the growth of the market. Hassle-free process of settling claims with features such as accounts receivable management, denied claims management, and availability of professionals acquainted with latest medical codes are the primary driving forces behind practices opting to outsource their billing services.

## Increasing usage of outsourcing services by physicians will ensure lucrative growth opportunities for physician office end-use segment

- Advantages associated with outsourcing of medical billing services include improvement in billing process by decreasing errors, swift turnaround time, and smooth administrations for hospitals and other medical institutes
- Outsourced medical billing is likely to witness the highest growth during the forecast period owing to growing focus on minimizing the cost of healthcare delivery and improving patient & physician relationship
- The rising number of claim denials due to inefficient claim management and the increasing burden on the front-end service providers is likely to propel the demand for back-end services. According to the report of the advisory board of RevCycle Intelligence, around 90% of denials of claims can be prevented and can be corrected for payment but are never resubmitted to payers due to lack of focus.

