Medical Billing Software

There are multiple software systems available that are essential for successful medical billing. The purpose and roles of each one of the software systems listed below will be discussed in this section:

- **Practice Management System (PMS)**
- **Electronic Health Record (EHR) / Electronic Medical Record (EMR)**
- **Clearinghouse**
- **Appointment and Recall Reminder Systems**
- **Insurance Eligibility Verification Systems**
- **ImmuNet**

These systems can be fully integrated or interfaced to communicate with each other or the can function independently of each other.

Practice Management Systems (PMS) Software

The primary function of a PMS is to organize a practice's/clinic administrative functions and revenue cycle functions, such as:

- Appointment scheduling
- Capturing and maintaining the patient demographic and insurance information
- Maintaining CPT and ICD codes and fee schedules
- Maintaining a list of insurance payers for claims submission
- Performing billing functions
    - Charge capture and reconciliation
    - Electronic and paper claims processing and submission
    - Accounts receivable management
    - Electronic and paper patient statements
    - Administrative reports

Electronic Health Record (EHR)

Primary function is to replace the paper medical chart, improve patient outcomes, track and report data.

Clearinghouse

A clearinghouse is an intermediary company that formats and forwards medical claims to payers and is best known for its claim management features. Most clearinghouses have the ability to "scrub" a claim for missing or inaccurate billing codes, missing data, and payer specific requirements. Clearinghouse software can be fully integrated into some PM systems so claim and payer denials can come back directly into the PM system.