

Revenue Cycle Management – Billing Office:

Billing Office Processes

The medical billing process is extremely important to the financial well-being of the clinic. Medical billing can be complex and challenging at times. Staff is encouraged to plan and implement processes that will help things run smoothly. Workflow for the billing office should be similar to the following:

- **Compile and organize Encounter Forms/Superbills and any other paperwork needed for charge entry**
- **Key charges into the Practice Management (PM) system, unless this function is assigned to check-out staff**
- **Review and correct claims prior to submission, verify:**
 - Patient demographics and payer data
 - CPT and ICD Codes
 - Check for missing charges, missing modifiers, NDC, NPI numbers, etcetera
- **After submitting electronic claims**
 - Verify that the electronic claim file was received by the clearinghouse
 - Review the clearinghouse report for any claim that did not pass their editing software*
 - Check the clearinghouse for any claim that did not pass *payer denial reports**
- **Print and send paper claims when required by insurance**
 - Paper claims should be printed and mailed on a daily or weekly basis
 - Secondary insurance claims should be processed immediately (after primary carrier claims been resolved and patient accounts have been updated)
- **Patient statements**
 - Set-up cycle billing so that statements can be sent on a weekly or bi-weekly basis (if possible, patients should receive a statement every 28-30 days)
 - Electronic patient statements should be set-up with the clearinghouse if possible
 - LHD should follow CCU policies for collections
- **Account Receivables / Insurance payment posting**
 - Payments from insurance should be set-up for electronic fund transfers (EFT) and electronic remittance advice (ERA) when possible
 - EFT payments should be reconciled to ERA files and posted to patient accounts
 - Paper checks received in the mail should be reconciled to the paper remittance advice (RA) and posted to patient accounts
 - All insurance balances greater than 45 days should be worked every month.
- **Administrative reports**
 - Working with reports is an integral part of successful billing practices. Various administrative reports will help staff track and manage the revenue cycle in an effective manner.

****All claim denials should be addressed immediately upon receipt. Denied claims should be corrected, appealed and refiled.***