

Denials and Delays in Your Medical Billing Claims

Are you wary about fighting a denial on your medical billing claim? Don't be. Sometimes medical billing claims are denied for legitimate reasons and other times a claim that should have been approved might be denied payment. Once in a great while your staff may miscode an item because they simply are not up to date on the CPT and ICD-9-CM rules and just plain old human error will factor in now and again.

Appealing a claim you feel should have been reimbursed is the way to maximize the revenue into your practice. Many practices lose great sums of income every year because they don't appeal denied claims due to either staff constraints or they simply didn't do it. Sometimes those claims get filed away by your staff with the good intention of handling them later but with day to day goings on, later just seems to be pushed further and further away and then your window for appealing a claim denial is gone.

Most denials can be grouped into a few categories:

*recording errors - simple mistakes like an incorrect insurance number or a mistyped date of birth can be all it takes to get a claim kicked back.

*coding errors - these will sneak through now and then even with all the checks and balances.

*processing errors such as incompatible edits.

Delays in medical billing are another issue that will cost your practice a lot of money. Delays can happen due to not getting a preapproval on a procedure or DME item. It also can happen when you forget to include documentation such as time line or medical necessity. Delays in payment due to errors are frustrating. They cost time and money in the form of someone on your staff will have put whatever they are doing aside and research the claim, pull files and resubmit.

If this is happening frequently in your practice, it may be time to consider outsourcing your medical billing. Your medical billing partner will pursue any denials in payment for you. If you get a claim denied for any reason, let your medical billing vendor look into the reason. In many cases they can go over the claim, find the error and/or recode if necessary and re-submit to the carrier and clearinghouse. When you consider claims submitted by professional medical billing firms have a less than 1% error rate, you can look forward to seeing your rate of denials and delays due to errors in coding decrease dramatically. This equals more revenue for you practice and also more time to run your practice and service patients instead of chasing paperwork.

Denials and delays are a fact of dealing with medical billing but you can make the incidence of this occurrence much less if you outsource your claims filing.

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