



Going For the Gold

In case you haven't noticed, we live in a twisted world. What we always thought of as right has now become wrong. Freedoms are being reasoned away under the guise of political correctness. Insurance companies dictate your healthcare and doctors will not get paid unless I do my job correctly.

A doctor goes to school for 8 and more years. They spend a quarter of a million dollars on their education but they cannot get paid unless a clerk that they have hired does a good job with the billing. How is it possible that a person can go to school for 8 years but he cannot make any money unless his employee who went to school for maybe 6 months or less does his/her job right? I cannot answer that loaded question but I would like to discuss how that biller can do the job better.

When I went to medical billing school, all they taught me was coding and the rules that went with it. I learned anatomy, insurance rules and I learned how to get the information onto the billing form. It did not seem like brain surgery. But when I actually began to put all that theory into practice, I soon learned that there was much more to getting the claims paid than just putting information on a form. Yes, it is of the utmost importance to put the correct information onto the form and send it out quickly; however, over 10% of the clean claims are sent out of my office are not paid. What can I do about it?

This is where the training is incomplete. If 10% of all claims are left unpaid, they can pile up into a very large sum of money. Think about it. An aging report generally only goes to 120 days. That means that after a claim reaches that column, it will sit there and bask in the presence of all the other unpaid claims that are even older. Only 10% of all claims should make it past 60 days unless your doctor has a great many attorney liens or workers compensation claims. If these AR buckets are growing, this should tell you that there is a problem that needs to be reviewed.

When we speak to practices about their billing, the first thing I look at is the aging report. It is shocking what has become the norm for an aging report. A doctor will look at his aging and see 20-50% of his aging sitting in the 120 day old column. He knows that he is starving for income but what is he to do? He went to school to be a doctor. There were no classes in accounts receivable. .

A good biller will not let this happen. A proficient biller is a person who not only bills out a clean compliant claim but he also does that one thing that separates the bad from the good. He follows up. He calls on the claims. He picks up the phone and calls the insurance companies to find out where the payment is. It is interesting to note that over 50% of the claims that are

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called on have not been paid because the insurance companies state they have not received the claim. I wish I had a dollar for every time this has been said to me. I would be as rich as Donald Trump. I have spent a good amount of my career arguing with the person on the phone who tells me they did not receive the claim that was sent to them in a packet that contained other claims that got paid. Of course now that most claims are billed electronically, this makes even less sense but it has not decreased the use of that same excuse. When an insurance company continues to state this to you, looking at the electronic set-up could be the answer. Otherwise, drop that claim to paper if possible.

I tried to reason with a Blue Cross executive regarding this issue. That argument was on crossover claims sent to them by Medicare but never received by Blue Cross. The typical response to me was to just re-bill it but I stated to this executive that it was easier to say that than to do it. I educated this gentleman on the expense of sending out secondary claims more than once. The fact is that time is money and then there is the paper, stamp and envelope. And I argued on and on but in the end after all my diatribe, I simply rebilled it. Why? They did not have the claim and they would not have the claim until I resent it. So whether I was right or wrong did not matter. I just wanted the claim paid.

This fight is ongoing with every insurance company and the war will continue to rage as we send in the claim and they find a way not to pay it. It is my job to fight the fight. I cannot fight every battle but I choose my battles and I win. There are some insurance companies that have a very small window for billing before that claim is stale dated. A sixty-day window of time is pitiful and it does not make allowance for errors that come in getting the correct information from the patient. I have a standard letter of appeal for these claims. I attach my proof of timely filing and I win almost every time.

The purpose in this article is not to address every reason behind denials and how to win each battle. The purpose is to incite you, the biller, to want to fight for the money that your doctor has earned. It is my purpose to stir you with a passion to fight the battle for your doctor who has gone to school for so long and does his best for the patient. All he wants is to make a living and grow his practice so that more patients can be seen. The battle is yours to fight. If you do not wish to battle the insurance companies then perhaps a different profession would be better suited for you. Billing is more than putting information into a computer and onto a form. Billing is a profession that assists the physician in making their dreams come true and in so doing your own dreams can become a reality. A good biller is worth their weight in gold and if you bring in all the money your doctor deserves, there is the gold. And what is the Golden Rule? He who has the gold, rules. Go for the gold.

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