

Internal Medicine Coding Alert

Run These 4 Billing Reports for Success in Fighting Denials

Our experts show you how to make the most of your monthly reports

Reviewing your EOBs is a great way to pinpoint the causes of your denials - but the best billers know you can't stop there. Monthly billing reports should be the second line of attack in denial management.

In this month's issue, we listed some billing reports that can help identify denial problems before they explode (see "Spearhead Your Denial Management Efforts With a 'Top 10' Rejections List" on the cover). Now here are the details - from the experts - on the best billing reports to run and how you can use them efficiently to manage your practice's denials.

Get to Know 4 Monthly Reports

1. Aged trial balance by insurer. Most billers are already familiar with an aged trial balance report (also known as an A/R aging summary) as a way to identify past-due accounts and unpaid claims. But an aged trial balance is also a great place to start identifying denial trends that can indicate a billing problem in your office, says **Pat Suhr, RN, CPC**, billing manager at Maternal Fetal Medicine in Harrisburg, Pa.

2. 120-day A/R report. When you're running your monthly aged trial balance, go ahead and also run a report of just the accounts that are 120 days or greater, Suhr says. Go through this report and make sure you've worked on each account recently and know the cause of the hold-up, she says. Many times you will find a rogue account or two that has been overlooked - and may represent a denied claim that needs to be appealed.

Note: You could also do the same review of all accounts at 90 days.

3. Procedure analysis report. This report should include charges, payments and amounts still owed on your most frequently billed procedures, says **Mike Edmonds**, owner and executive director of Physicians Financial & Management Services LLC in Cordova, Tenn. If your office is suffering denials because you're reporting a certain procedure code inappropriately, this report will highlight the problem.

4. Payer mix report. This report shows you the volume of revenue from each payer. Formatting this report as a pie graph can help you to visualize your monthly norms and quickly spot any unexpected changes, Edmonds says.

For instance, if Medicare normally makes up 35 percent of your monthly revenue and then suddenly Medicare drops to only 20 percent, you know to investigate whether unresolved denials are the source of this change.