Optometry Coding & Billing Alert

Billing Basics: Check Your Optometry Billing Skills

12 skills every billing manager should hone

Being a great billing manager means wearing many hats. To wear all those hats well, you must constantly work to develop the skills that make a good billing manager a great one. Here's how.

Perhaps one of the biggest ongoing areas for development for any billing manager is coding expertise, says **Adrienne Rabinowitz, CPC**, billing manager for Western Monmouth Orthopedic Associates in Freehold, N.J. "As a CPC, I have taught ... my staff to sharpen their skills at overseeing the front office, so that we have an extremely high rate of clean claims," which of course translates into more money for the practice, Rabinowitz says. "With the training, [staff] are highly skilled at doing telephone appeals and explaining situations to patients, and they do quite a few written appeals with a high success rate of additional payments."

Another important skill set to stay on top of is computer skills, Rabinowitz says. The billing manager must be able to ensure that the computer system is set up with "good billing capabilities," and stays that way, she says. A billing manager's exact role will, of course, depend on the practice's needs.

However, there are certain skills and activities that any billing manager should pay special attention to, such as weekly staff meetings and training sessions, says **Catherine Brink, CMM, CPC**, president of HealthCare Resource Management Inc. in Spring Lake, N.J. Check yourself against this list of skills and essential functions, offered by **Joan Elfeld, CCP**, president of Medical Practice Support Services Inc. in Denver:

1. Organize and present monthly educational workshops in which you bring in provider reps, discuss system issues, review payer and/or practice updates, and implement new procedures.

2. Develop an internal collection procedure. This should include billing procedures, Brink says.

3. Perform periodic chart audits to ensure that documentation supports billed charges.

4. Implement a process to review all denied charges, and appeal as appropriate.

5. Implement a tracking system for activity relating to appeals, collections, pending claims and administrative write-offs.

6. Generate management reports that provide the physicians/owners with user-friendly, understandable and accurate financial information.

7. Implement a system to follow up all unprocessed charges in the greater-than-55-day category.

8. Review unprocessed charges before automatically rebilling them. Correct any demographic or coding issues at that time.

9. Determine the percent of payer mix as it pertains to active patients.

10. Generate reports to include the number of new patients (monthly), the number of patients, the name of the referring physician for patients referred to the practice, and the number of patients referred from the practice to other physicians.

11. Implement the use of documents designated by each payer (e.g., Medicare's advance beneficiary notice, noncovered-service forms, referral and/or authorization forms, etc.).

12. Reconcile accounts consistently.