

Optometry Coding & Billing Alert

Build a Better Business: Verify Coverage Even After Rendering Service

Adopt the 'better late than never' policy rather than not verifying at all

Most experts will agree: The absolute best practice is to verify a patient's insurance coverage before you see the patient. But what if you didn't verify benefits before the patient came to your office? You should still verify the patient's benefits before you submit your claim.

"Not verifying coverage at all, no matter when, is very costly to the practice or billing agent," says **Steve Verno, NREMT, CMBSI**, director of reimbursement at EMS in Hollywood, Fla. "Yes, the service has already been provided, but if you verify coverage and the insurance company says there are no benefits, then you aren't wasting time and money sending a claim which will later be denied for no coverage."

How it works: One example of how verifying insurance benefits before you submit the claim can save you time and money is if the patient's insurance carrier changed from the last time your provider saw the patient. You may find that the insurance information that you have on file or that the patient provided is incorrect, so verifying coverage may take you to that new insurance company or coverage policy.

If the patient no longer has insurance coverage, by verifying benefits before you submit the claim you'll be able to bill the patient closer to the date of service rather than weeks or months later once your claim comes back.

Example: "The billing company I once worked for, before sending claims, would stop everyone from working and we would call the insurance company to verify coverage; or if we saw no insurance, we would check Medicaid eligibility and nine times out of 10, we found the patient was covered under Medicaid," Verno says. "We would also call the patient to ask him if he had insurance coverage. This is because the patient forgot to provide this information at the time of registration."

The benefits: "By verifying and calling the uninsured patient, we saved so much money because we didn't have to send statements and we sent claims which were paid," Verno adds.

Bottom line: "We should never have a 'give up' attitude when there is the slightest chance that information is available that will get our doctor paid and that allows us to cut back on our administrative expenses," Verno says.