

Part B Insider (Multispecialty) Coding Alert

Billing: How to Read an EOB - and Improve Your Billing

5 tips that could save your practice money

When you receive an EOB with a payment amount on it, that shouldn't be the end of your process for dealing with these crucial documents.

All too often, practices receive an EOB for which they've only been paid for some of the services billed, and they fail to follow up the services denied, billing experts say. Either the person who looks at the EOBs doesn't notice the line-item denials, or the practice is in the habit of writing off these bundled or partially denied services.

Consultant **Elizabeth Woodcock** with Physicians Practice Inc. in Glen Burnie, Md., and others offer these tips on how to deal with EOBs:

Get out of the fatalistic mindset. "The biggest mistake people make is, if they see any payment on an EOB they write everything else due to contractual adjustment," Woodcock says. Practices need to get out of the habit of filing away EOBs as long as they have "a dollar amount on the remit."

Move quickly. The sooner you address these denials, the better your chances of overturning them, says **Karen Jeghers**, manager at Compliant Billing Services in Carver, Mass. Sometimes you need to make a phone request for review, for example if you provided a visit during a global period but forgot to include the correct modifier.

Get in touch with your systems vendor and ask for a way to codify the message codes on your EOB so you can generate a report, Woodcock says.

At least once a quarter, look at your denial statistics. See how many claims Medicare denied for timely filing, and for which procedures. You may discover that one surgeon's charge entry person went on vacation for a month, causing a rash of timely filing denials because nobody took over entering that surgeon's claims, Woodcock says.

Look for explanations. There may be a simple reason for a pattern of denials, says **Laura Talbert** with Shore Billing and Management in Allen, Md. It could be a patient ID number that changed slightly, but your practice is still billing the old number.

Also, you may routinely be leaving off the UPIN of the referring physician for services that require that information, Jeghers says.