

Part B Insider (Multispecialty) Coding Alert

Divide and Conquer Carriers to Solve Your Denial Woes

3 expert tips help you eliminate the root causes of your rejections

Denial management is a mammoth task, but billing education and carrier networking can help you take down the beast.

Once you've compiled your most-common denials list (as explained on page 89) and identified the underlying causes, it's time to take action.

Try these three denial-busting tips:

1. Assign denials to your billers based on carrier. Think of this as the "divide and conquer" approach, which allows each of your billers or billing teams to specialize in dealing with certain carriers.

You might have one staff member who strictly works Medicare, one that works commercial, and then one that only works HMOs. This system allows billers to develop a close relationship with the claims rep at each carrier, so the reps will be more helpful than if a different biller calls each time.

2. Maintain a carrier contact database. Whether you choose a Rolodex, paper file or computer spreadsheet, the important thing is to know your claim rep for each payer so you have a personal contact to go to with questions. Networking is a key to making denial management work.

3. Arrange regular billing meetings for both physicians and billing staff to attend. Sharing your current "Top 10" denials list can help guide a discussion on ways to improve.

Meet with your doctors at least every quarter to discuss the top reasons for denials. Denial management is a team effort, and it only works if everyone is on board together and on the same page.

Personal attention: If a particular physician or biller is causing a denial problem, direct one-on-one education regarding the denial is the best way to nip the problem in the bud.