

Part B Insider (Multispecialty) Coding Alert

Part B Revenue Booster: 4 Steps Keep Your Practice's Reimbursement Flowing

Front desk processes lacking? You could be kissing dollars goodbye.

Collecting your due from Medicare and other payers can be a challenge, but if you've got your processes running smoothly, you can collect faster and more efficiently. Check out the following four tips that may help your practice bring in the deserved dollars.

1. Realize Your Mid-level Provider's Potential to Boost Productivity

If you're not using your mid-level providers (MLPs) properly, then your practice could be letting go of precious reimbursement.

You can improve your revenue drastically by integrating MLPs, such as physician assistants (PAs) and nurse practitioners (NPs), into your practice properly. MLPs can be indirect and direct revenue boosters if integrated properly. Here are the steps to NPP success:

Step 1: Figure out your practice's objectives in adding MLPs. You might add them to your practice for any of the following reasons:

- increase numbers of patient visits;
- gain more support for your practice;
- give your physicians additional free time;
- increase patient satisfaction as well as access;
- offer more services to your patients and decrease wait times; and
- control and monitor utilization, and provide feedback to the community.

Do the math: PAs and NPs can allow your practice to see an average of three new patients per day, gaining an extra approximately \$88 per 99203 visit. With 15 extra patients per week, this adds up to an extra \$68,640.00 per year. Also, the MLP may see on average 18 to 26 established patients per day, netting \$59 per 99213.

Note: The approximate \$88 per 99203 noted above is based on the MLP's charge (which is 15 percent less than a physician would collect). That's because you can't collect 100 percent of the fee schedule for patients who haven't first seen the physician, and therefore you can't bill incident-to in these cases.

2. If It's In Your Log, It Should Be In Your Charge Sheet

If your equipment creates a log of everything that happens, make sure you check it against your charge sheet -- or you could be losing cash.

Many practices perform charge verification checks by perusing various logs that are available, to see if they are missing revenue. For example, a cardiologist's pacer/defib system can create a log of events.

If the log on the pacer or other systems shows events that didn't show up on your posted charges, you should make sure you're capturing all revenue. If you find discrepancies, take the charge issues back to those who are responsible for processing charges for any appropriate changes in process to ensure revenue capture.

3. Avoid Resubmitting Claims

Your practice could be wasting money and administrative resources by re-filing and re-billing bounced claims. Make sure claims go through the first time by paying attention to these issues:

- Enter the correct **place of service** (POS) on the claim. Medicare reimbursement may be different for some codes, depending on whether the POS is code 11 (Office) or code 22 (Hospital outpatient).
- Keep track of **remittance notices** and watch out for remark codes that may point to a problem that's holding up claims or causing denials. Be poised to submit reconsiderations or appeals whenever applicable - and within the time frame.
- Make sure your **front desk** is obtaining a copy of the patient's insurance card. That way, you can be sure to list the correct health insurance claim (HIC) number and name on the claim (See below for more on front desk processes).
- Keep on top of **Correct Coding Initiative** (CCI) edits so that you're not submitting forbidden code pairs. Remind staff about how to use modifiers to override these edits where appropriate.

4. Ensure That Your Front Desk is On the Front Lines of Capturing Reimbursement

Improving your practice's financial picture starts with the information your practice collects from patients at the beginning. So you need to focus on both your front desk and your back office to improve your revenue.

Your practice will be sunk without clear-cut policies and procedures spelling out who does what. Revenue maximization starts from the time your patient calls to make the appointment. Your front-desk people should be checking on insurance information and whether your physician participates with that payer, plus whether the claim is related to motor-vehicle or workers' compensation insurance.

At the visit, your staff should be examining a photo ID to make sure the patient is who he says he is, as well as obtaining a copy of the patient's insurance card. For motor-vehicle or workers' compensation claims, you'll need to collect a whole set of documents from the patient up front. And of course, there's the copayment and deductible, if any.