Part B Insider (Multispecialty) Coding Alert

Reimbursement: Bill Faster, Send Cleaner Claims

Expert Strategies for Creating a Super Billing Department

Your coders are under constant pressure to bill correctly the first time. But they're only part of the process of billing Medicare. And if you educate every employee in your office, you can turn him or her into part of a "super billing department" that will send out claims faster and reduce denials.

Western Monmouth Orthopedic Associates in Freehold, N.J., has one dedicated coder who eyeballs each claim for common errors before it goes out the door, says billing manager **Adrienne Rabinowitz**. Her practice bills three times a week, and that person spends almost the whole day scrubbing the claims on those days. "But if you had to do it on the back-end because they weren't clean, it would take three times longer or more," she says.

Western Monmouth typically bills for a patient encounter within 48 hours and gets paid within 14 days after that, Rabinowitz says. The key to quicker, cleaner claims: Educate the whole staff. Rabinowitz is a certified professional coder, and everyone in her practice has some coding education, including the doctors.

Accountability is essential to making claims move quickly, says consultant **Owen Dahl** with New Orleans-based SALCO. Everyone in the practice should have a defined task and take responsibility for completing it so claims don't get bogged down in no-man's land. The front- desk staff must take responsibility for capturing demographic and insurance information, and the physician must be responsible for getting paperwork to the clinical staff, which in turn must pass it on to the billing department.

 The best way to improve communication between the back-end and the front-end is to "make them one," says **Elizabeth Woodcock**, director of knowledge management with Physician Practice Inc. in Atlanta. "This is a real cultural shift." Instead of thinking of receptionists as lesser than billing staff, make them the same staff. After all, "in the revenue cycle, the front office is just as important as the billing office."

Copayments and deductibles have gone up for many insurers, and advance beneficiary notices have become more prevalent in Medicare. Yet many practices underinvest in their front offices, which means they end up spending much more money later for follow-up people to figure out what went wrong with denied claims. Instead, some practices make sure "their front office and their back office are fully cross-trained." In those cases, all employees understand the practice's revenue cycle and can even switch between coding and reception, "because those are equally important." Woodcock advocates replacing the term "receptionist" with "super-registrationist."