

Outpatient Facility Coding Alert

Billing: Is Your Patient Registration Desk an Untapped Revenue Source? Find Out

Warning: If your front desk staffers are asking this question, they are potentially sabotaging your bottom line.

"A few years ago I would have said that coding" is the most important revenue driver, "but now I'd say the front desk," remarked **Lisa Rock**, president of National Medical Billing Services in St. Louis, Missouri, who spoke at the Ambulatory Surgery Center Association's recent annual meeting.

And what's true for ASCs is just as true for hospital outpatient departments (HOPDs). Patient registration desks in both settings aren't always set up to optimize revenue.

Often, the least experienced employees end up checking in patients at the registration desk. These unseasoned employees make mistakes because they lack training and don't have any policies and procedures to refer to. As a result, the business office lacks the information it needs to file clean claims.

At the Ambulatory Surgery Center Association (ASCA) annual conference in May 2017, **Cristina Bentin, CPPM, CPCO, CCS-P, CMA**, President of Coding Compliance Management in Baton Rouge, Louisiana, laid out the patient registration problems she most typically sees. These problems hinder the billing office's ability to submit clean claims and prevent denials:

- Insurance verification and pre-certification is not performed consistently.
- Patient information is missing or entered into the system incorrectly. To prevent this problem, have the patient review the face sheet, Bentin suggests.
- There is no copy of the insurance card. Don't rely on the age-old front desk insurance question and ask "Has anything changed?" Bentin urges. Scan, swipe, or copy the card and keep it on file.

What's Your Co-Pays and Deductibles Collection Rate?

In the old days, lost front desk collection opportunities were not as big a deal as they are today. But in the age of high-deductible health plans and higher out-of-pocket financial responsibility for patients, front desk failures are becoming more and more costly.

Up-front collections should be as close to 100 percent as possible, Bentin says.

The way staff are phrasing their verbal communications with patients could be a big part of this pitfall, Bentin notes. She often hears staff asking, "Are you going to be able to pay today?" Instead, staff should say, "Your responsibility today is ..." or "We accept [insert forms of payment here] ..." It can help to review the chart or notes from the financial orientation interview to remind patients about their out-of-pocket obligations.

Routinely waiving co-payments is not simply a financial weakness, but a potential compliance problem as well, Bentin stresses. Not collecting deductibles or copayments from Medicare beneficiaries, for example, puts your ASC or HOPD at risk running afoul of the anti-kickback statute (AKS).

Reason: Under AKS, routinely giving Medicare beneficiaries an out-of-pocket financial break can be construed as giving them "remuneration" □ or something of value □ in return for bringing their Medicare business to your ASC.

