

# 10 Steps towards Efficient Medical Electronic Billing Claims Submission

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Medical Claim Care – Physician Services Group  
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Electronic billing can be a good alternative for shortening reimbursement times. Specifically the average processing time electronically is within 72 hours, compared to paper billing which normally requires up to three weeks. It also can reduce errors and lost claims. Transmission is completely secure being encrypted and compliant with HIPAA requirements.

Here are the steps that can help get you paid faster:

- 1) Assuming you already have billing software capable to transmitting electronically, the first step would be to sign up with a clearinghouse. While fees may vary it usually involves a reasonable monthly fee. It might be a good idea to check with your software vendor as to which clearinghouse they recommend.
- 2) Make sure you have an updated list of payer insurance normally bill. claims numbers with the companies you appropriate payment. It is route through the clearinghouse to the company for
- 3) It is important to have “clean” claim forms, especially a patient’s insurance ID number. It is often better to submit these numbers dashes since without asterisk or rejection. a
- 4) If you software doesn’t offer eligibility verification, some clearinghouse offer this service. Obviously, it is always better to get pre-authorization prior to the date of service.
- 5) It is also important to have current ICD and CPT codes to avoid rejections. Make sure the diagnosis codes (primary, secondary or tertiary) do not require a 5<sup>th</sup> digit.
- 6) Always use proper modifiers, most electronic billing systems are intelligent enough to detect errors.
- 7) Once you’ve built a file, you frequently have the option to edit it prior to submission. By taking a few moments to review claims prior to submitting them help to avoid unnecessary time being spent later resubmitting claims.
- 8) Generate reports after you have completed each submission. Claims usually will display “accepted”, if not you may want to review to see if any display “rejected”. If so, correct immediately to avoid rejections.
- 9) Keep track of claims. Most software contains a tracer tool which is helpful in reviewing pending/waiting and unpaid claims. Remember, persistent follow up on previously denied claims always means more money.
- 10) Last but not least, generate a report to reconcile bills to appointments. This way you know which appointment dates was not billed and no superbills were generated.



A recent trend among private physician practices is out sourcing their billing to a professional billing company. Not only does it save a lot of time and expense managing personnel but it help to ensure professionals who stay current with changes in the industry handle your claims.

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