

# Report on billing and coding for health services

[Business](#), [Strategy](#)



## **Management of Payment Systems in a Healthcare Facility**

There exist several systems of paying medical bills. The type of payment systems employed in any healthcare facility largely depend on its operational strategies. Moreover, it depends on the financial capability of the hospital and its general customers. In this essay, the main type of payment system that will occur includes insurance. Several individuals tend to apply for medical insurance coverage for their medical needs. This step occurs fundamental in the payment of hospital bills during emergencies. However, the payment claims may get rejected in the process of submitting payments to the healthcare facility after services have been rendered to a patient or client (Sanbar, 2007).

Several reasons may cause the subsequent rejection of a payment claim. Payment claims may tend to appear rejected in case they lack some vital information required during payment. Some of this data includes missing codes and member ID numbers. The payment claims may also occur rejected when their fields of claim occur illegible. In addition, this occurs when the codes appear rather invalid on the claims.

In cases where the patient is supposed to use emergency room services, payment claims may occur rejected under various circumstances. For instance, when the client is not allowed to benefit from the claim at the particular date of service. Other claims are accepted for corrections depending on the type of corrections that should occur on the claims. For instance, if the payment indicated occurs incorrect, the alterations may occur over the phone or online.

In order for a healthcare provider to avoid payment rejections, the following

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procedures should occur in place. A healthcare provider should first appear well- equipped with the knowledge pertaining to insurance payment strategies. Secondly, he or she should identify all the legible methods of payment submissions. Furthermore, all the services that get offered to a patient or client should appear in well documented records. This step provides proof for all the services offered. Thus, payments will be made accordingly and with less friction between the healthcare provider and the patient. All the claims made in the healthcare facility should appear well generated. In addition, these claims should occur reviewed in good time. Apart from those fundamental procedures, the healthcare provider should ensure that all the unpaid services occur in compiled records. There should also occur a clear record of all the payments made. The necessary contractual agreements should also appear in accordance with the payment terms. For instance, in case the healthcare provider offered deductions on the total payments, these should occur clearly on the final bill. In the event of an incorrect bill, the healthcare provider should always consider an appeal. This provides reconsideration for the initial payment claims. This avoids overpayments or underpayments that may occur in the final bill (Gray, 1986).

Human beings appear immensely susceptible to error. This mainly occurs when digits are involved. However, in a healthcare scenario, a number of strategies can occur in place to evade errors and ensure payments. First, the mechanisms used in handling payment strategies should occur accurate. This occurs fundamental since most of the mishaps that occur in the payment systems are caused by faulty machinery. The healthcare facility

should ensure that the system employs payment methods that appear more accurate. This would occur to the advantage of both the patient and the healthcare facility.

Next, the healthcare personnel should encounter a continuous process of education. This would enlighten them on better methods of handling payment and billing strategies. All the best payment strategies should occur in order to enable the patients to select the most suitable one.

In conclusion, a healthcare facility should employ an accommodative payment system. This would allow it to ensure a perfect management of its billing strategies. Moreover, this would avoid cases of unpaid bills and other related scandals (Abbey, 2010).

## **References**

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Gray, B. H. (1986). For-Profit Enterprise in Health Care. National Academies Press.

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