

Steps in medical billing process essay sample

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There are ten basic steps in the medical billing process. Each step has certain things which must be done to correctly complete the entire process. In order to complete your duties as a medical biller efficiently, you must follow the medical billing process. Following this process leads to maximum and appropriate payments in a timely fashion. These steps range from the pre registration of the patient to the collection of the payment. In this paper each step will be describe with a brief outline of what each step entails.

1. The first step is the pre registration of the patient. This involves scheduling the appointment and obtaining any insurance information.

Finding out the reason for the visit so that the proper length of the appointment can be made and getting the personal information for the patient along with the insurance information.

2. Step number two is determining the financial responsibility for the visit. Finding out if the services are needed and if the patient is covered for the service is the first part of this step. Next would be explaining to the patient the facilitie's policy on financial matters.

3. Checking in the Patient is step number three. This is where the patient would fill out all the medical history form, financial forms, and personal information. Copies would be made of the medical insurance card and if co pays would be due before the visit they would be given then. 4. Step number four is the check out procedure. This takes place after the visit. The first thing is to record the medical codes for the visit. All procedures done in the office are coded correctly, dates are filled in, and the doctor makes sure that the diagnosis code is correct. The transaction codes are also entered, such

as any payment made on that visit. Follow up visits are also scheduled at this time.

5. Review coding compliance is the fifth step. This means that all official regulations are followed for the coding of the medical procedures. After all the codes are selected, they must be double checked to look for mistakes. Everything must also be in chronological order so that the payee can understand the bill.

6. Step six is the billing compliance. This is where a medical biller would use their knowledge of the payers guidelines to ensure that each procedure which is billable is coded properly and billed properly. Most providers have a schedule of fees and codes for each procedure. Some procedures may not be billable this is up to the payers guidelines.

7. Step seven is to prepare and transmit claims. This is where accuracy and timing is important. Most facilities have set schedules as to how often they do this either daily or every other day. These are transmitted usually electronically; they include the diagnosis, procedures, and charges. They are sent to the insurance company for reimbursement for the visit.

8. Monitor Payer Adjudication is step number eight. This is how the provider is paid and the practice gets its money to operate. When the claims are sent to the insurance companies the insurance company will review the claim and decide what and how much they will pay to the provider. The insurance company will send the payment back to the provider with an explanation of what they paid and why they did not pay the outstanding balance. If the

patient has more than one insurance the remaining balance is sent to the next insurance company.

9. Step number nine is to generate patient statements. After the payments have been made from the insurance company a statement is prepared and sent to the patient showing this. This statement will show what and how much the insurance paid and the outstanding amount which the patient is responsible for. The patient is then expected to pay the remaining balance directly to the provider.

10. The last step is to follow up patient payments and handle collections. This is where the patient bills are monitored for payments and if they are past due attempt is made to collect the balance. All of this information is also retained according to laws for a set standard amount of time. If payments are not made proper measure are made to send this information to a collection agency to get their money due from the patient. During this process all regulations regarding this information are followed to ensure no federal laws are broken.