

## Avoid Medical Billing & Coding Errors Part 3



Medical billing and coding can be challenging to get right, especially for a small practice with limited time and resources. Since insurance billing is often the lifeblood for an organization's revenue stream, any situation that contributes to an increase in medical billing errors needs to be identified and addressed as quickly as possible. That's why having an experienced medical billing partner is a tremendous asset for any healthcare practice.

### Why Minimizing Medical Billing Errors is Essential for Your Medical Practice

Medical billing errors can have a negative impact on your practice. The most obvious problem is the increased denial rates. If your practice continues to have claims turned down, your insurance reimbursements will obviously decline. Given that many practices operate on relatively small margins,

even a slight increase in claim denials could put your business at risk. A bill that's initially rejected due to an error typically takes twice as much time to process, and the work required to follow up on it takes away from time that could be spent building up a practice or delivering better services to patients.

## 6 Ways to Prevent Medical Billing Errors in Your Practice

Every successful medical practice needs a steady flow of incoming revenue to sustain business and growth. Part of that includes ensuring there aren't any billing errors causing damage to the bottom line. Here are six tips for avoiding medical insurance billing errors.

### 1. Keep up with medical billing and coding trends.

Medical billing codes are constantly changing due to the many modifications in healthcare regulations, newly discovered illnesses, and newfound treatments. Therefore, it's important to keep up to date with new billing codes and procedures as they arise.

### 2. Avoid duplicate billing.

Another way to avoid errors is to be careful not to bill for services more than once. Although this may seem like a pretty self-explanatory task, it can happen very easily if more than one person is inputting information. It's crucial to be thorough in verifying each patient's billing to avoid future complications.

### 3. Be careful of inadvertent upcoding or undercoding.

Upcoding and undercoding (both illegal and can result in fines or criminal prosecution) are often done deliberately to financially benefit a practice in some way. Upcoding occurs when codes are entered into a patient's bill for services that were not received—often to inflate the total amount owed to a provider. Undercoding is when codes are left out of a patient's bill—often for the purposes of avoiding an audit.

However, there are times when this can also happen accidentally, not deliberately. This is common for anyone who is inexperienced with medical billing and coding, is overwhelmed with the amount of claims they're handling, or hasn't kept up with the most recent changes within the industry.

#### **4. Make sure insurance has been verified.**

Issues with insurance are almost always the main source of denied claims. Oftentimes, when a patient comes in regularly, a staff member will assume that there haven't been any changes to their insurance. But if it has changed and no one checks their eligibility, then you may be in trouble.

By implementing a step in your billing workflow that [verifies the patient's insurance](#) at every visit, you're ensuring there are no insurance-related issues, including terminated coverage, services not authorized, services not covered by plan, or maximum benefits reached.

#### **5. File medical claims within designated deadlines.**

When it comes to filing claims by their designated deadlines, there's not much you can do if they're late. Timely filing denials are the most difficult to appeal.

One way to avoid missing these deadlines is to keep a running list of the most common ones needed and set up time-sensitive tasks for your staff to audit unfiled claims. A recurring reminder or calendar event can also serve as a helpful way of resolving this problem.

#### **6. Double-check that information has been entered correctly.**

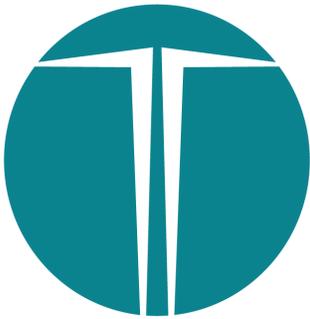
When you're heavily involved in medical billing and coding—especially if you have other responsibilities, it's easy to make a general error. Here are a few of the most common ones to avoid if possible:

- Submitting wrong information for insurance, patient or provider (i.e. name, address, date of birth, policy numbers, etc.)
- Entering ICD-10-CM codes with too many or too few digits
- Not entering codes at all in a given claim
- Submitting incorrect CPT codes

### **Improve Your Billing and Coding Accuracy with the Help of Tower Physician Solutions!**

Using these tips on avoiding medical billing errors, you're sure to make the most of your practice's revenue in the future. However, these tips definitely require time and effort to do it successfully. If

you're in need of expert medical billing services, let Tower be your go-to source for an error-free billing solution. To schedule a free practice assessment [please contact us!](#)



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