

Part 2: Consequences of Inaccurate Coding and Incorrect Billing



Medical coding is the most critical stage in the medical billing process. Maintaining accuracy is imperative in this step to avoid denial of claims. Most of the time errors in coding happen due to several reasons – from improper knowledge to common mix-ups. No matter what the reason is, the consequences of wrong coding are always severe.

Some of them include:

Affecting Reimbursements

Coding errors would lead to claim denials and hence, directly affect the process of [revenue cycle management](#). Over time, the denied claims would stack up till they are corrected and resubmitted. This delay in submission of clean claims would cause financial instability for the medical practice.

Dwindles Quality Patient Care

Improper billing can pile up the administrative tasks for medical practitioners. It would affect their focus on the primary responsibility of rendering quality patient care. With the increasing burden of handling medical billing damages, medical staff would fail to provide patient satisfaction.

Inaccurate coding can lead to the wrong procedure

If wrong diagnoses are entered, then it can prove to be risky for that patient. Even a problem in the modifier can change the location of the procedure performed. Sometimes, extra CPT codes can lead to an increase in the bill which the patient does not expect. Inaccuracy in coding and billing is not only bad for the care providers but is also hazardous for the patients.

Costly follow-ups

Flawed medical coding and billing add extra administrative costs. Faulty payment claims come back to medical practice with objections, and which requires extra time and resources to eliminate those errors and submit the bills again. It only delays the payment process but also adds additional follow-up costs.

Prevention of Medical Billing and Coding Errors:

The severe consequences of incorrect coding can be prevented by:

- Hiring [experienced medical billing and coding staff](#) and training them regularly to keep their coding knowledge up to date.
- Performing quality checks to verify the medical data collected and entered in the claims.
- Following an end-to-end, streamlined and robust [medical billing and coding process](#) to decrease coding errors.
- [Outsourcing medical billing services](#) to experienced medical billing companies, enabling healthcare providers to leverage on their experience and expertise to maximize revenues.

As preventing inaccurate billing and coding leads to improved reimbursements, medical practices must leave no stones unturned to make medical coding accurate.

