

Proactive Medical Billing Tips to Maximize Revenue

Are you doing enough to make sure you're always paid what you deserve? Here is a quick and easy medical billing tip to get your practice paid in full more efficiently. We will uncover more ways to maximize revenue in the next blog!



Manage Medical Claims Properly

Approximately 80% of all medical bills contain errors, and because of how strict insurance companies are about correct medical billing and coding practices, they'll likely be rejected. The cycle of submission, rejection, editing, and resubmission can take weeks, often resulting in providers waiting for months before receiving payment for their services.

Because of the wasted time and effort involved in editing and resubmitting claims, it's important that claims are accurate and complete the first time. This involves inputting the information correctly and double-checking claims for any possible errors before submitting them.

Some of the most common sources of error include:

- Incorrect patient information: Name, date of birth, insurance ID number, etc.
- Incorrect provider information: Address, name, contact information, etc.
- Incorrect insurance information: Policy number, address, electronic payer ID, etc.
- Duplicate billing: Failure to verify that a service has already been reported or reimbursed.
- Poor documentation: The provider submitted incorrect, illegible, or incomplete documentation of a procedure or visit, making it more difficult to verify and complete the claim. In these cases, the biller should contact the provider for more information.
- No EOB on a denied claim: For insurers still requiring physical claims, they may fail to attach the Explanation of Benefits (EOB) to a denied claim, making it more difficult to spot and correct the error.
- Missing or unclear denial codes or claim number references on a denied claim: Many insurers allow electronic or online submissions of appeals and corrected claims. Instead of an EOB, these claims are returned with a claim number and denial codes to explain the source of error. If these codes are missing or unclear, it can be more difficult to spot and correct the error.

To minimize billing problems, be sure to double-check claims before submitting them and communicate with the rendering provider if any information is inconsistent, incomplete, or unclear. After submitting the claim, follow up with a representative of the insurance company and keep up-to-date on any errors they may have encountered.

When resubmitting a denied claim, make sure to check the attached Explanation of Benefits (EOB) in addition to the possible errors listed above. It's possible that an insurance company will return a claim without an EOB or denial code attached, which makes it more difficult to identify and correct any errors. If this occurs, contact a representative of the company to ask if they can clarify which portions of the claim were problematic or if they can send the EOB.

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!](#)