



# Medical Billing + Compliance

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Photo Credit: Isaac Singleton

# Medical Billing + Compliance

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Registration

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Charge Entry & Medical Coding

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Claim Submission (Electronic)

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Insurance Follow-up

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Denials/Appeals

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Accounts Receivables (A/R)

# Registration

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COLLECTION OF  
DEMOGRAPHICAL  
INFORMATION



VERIFICATION OF INSURANCE  
COVERAGE

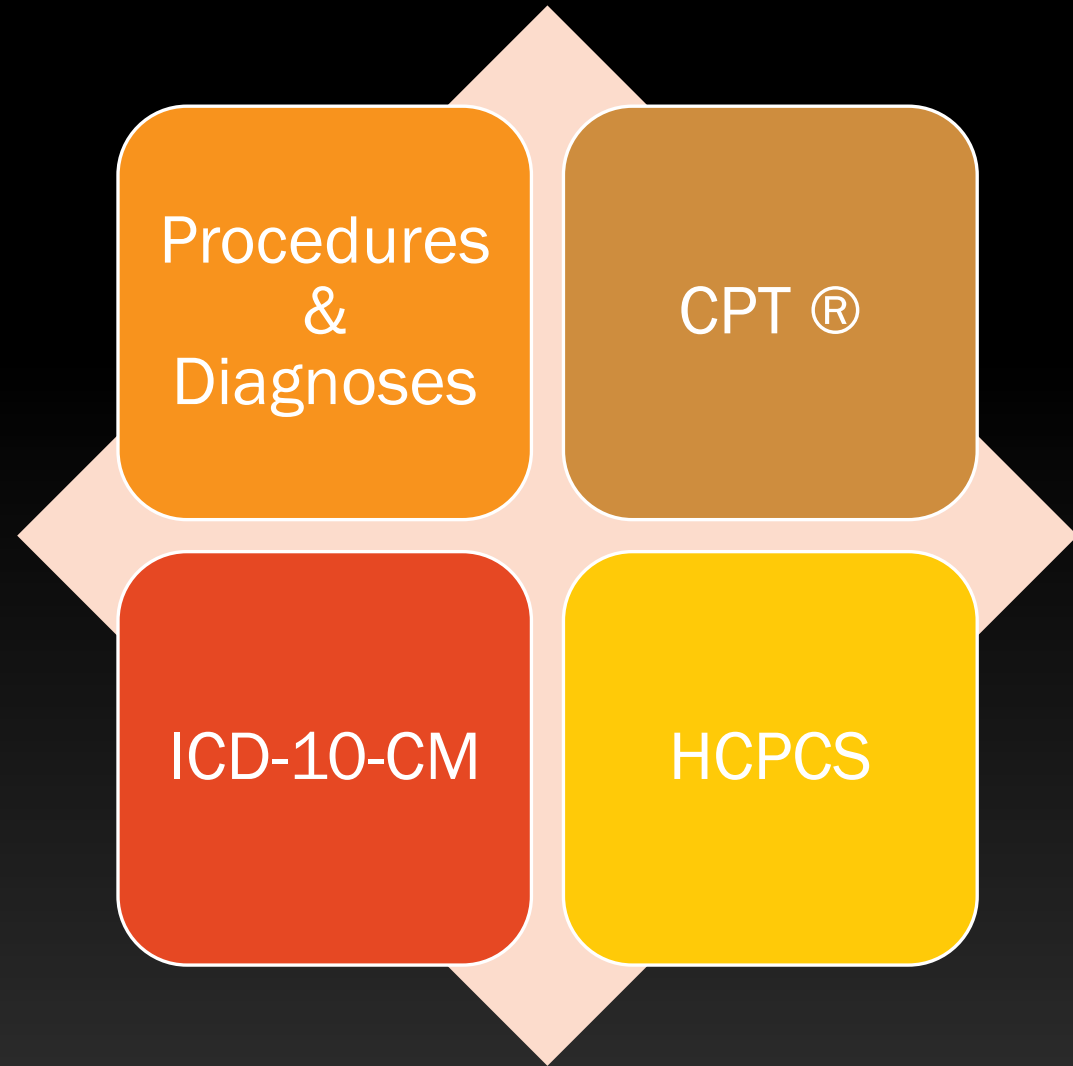


COLLECTION OF CO-PAYS AND  
DEDUCTIBLES



# Medical Coding

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## Electronic Medical Record (EMR)

## Electronic Health Record (HER)

# Claim Form Submission

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American Medical Association (AMA)

Electronic

- 837 - Professional
- 837 – Institutional

# Claim Form

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Electronic version (loops and segments)

Paper version (33 blocks)





# Clean Claim

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No errors

Required information

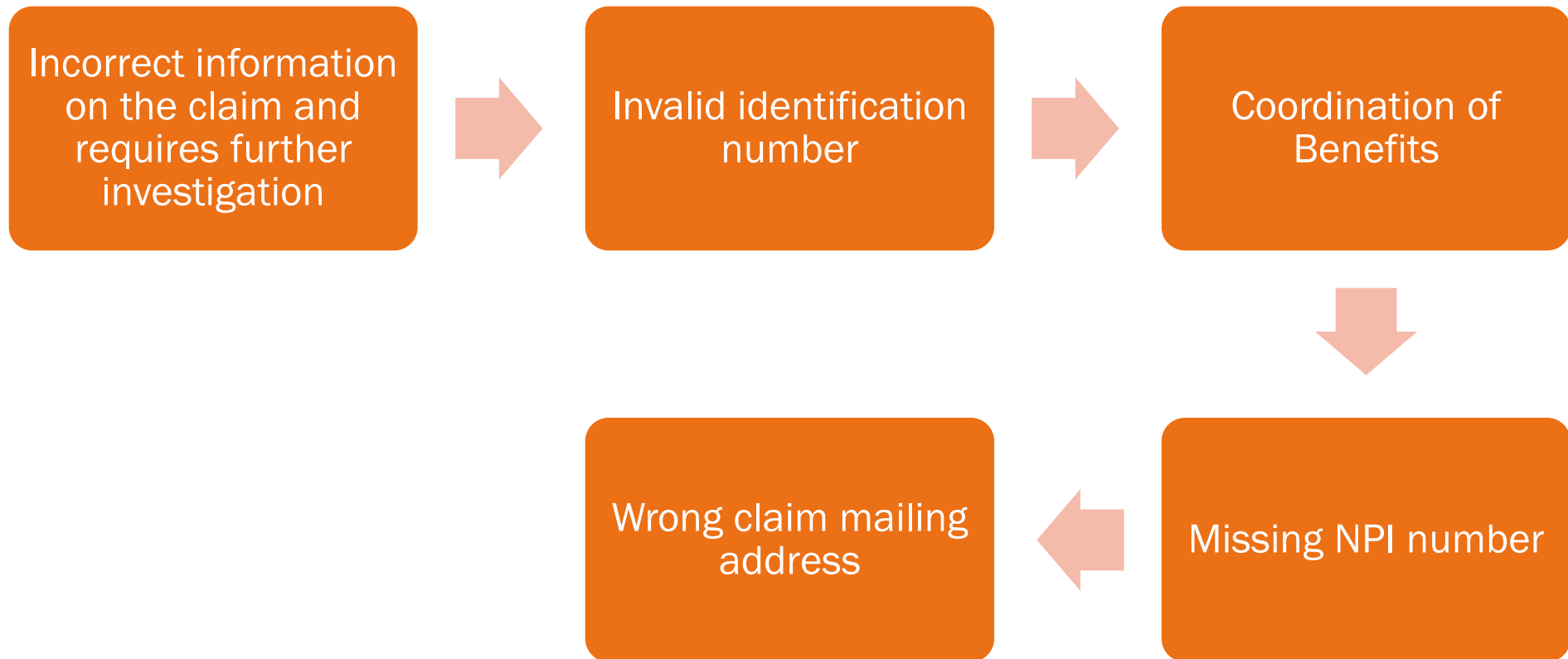
Filed within the time limit

Accuracy for before filing electronically

Operative reports, progress notes and lab results

# Rejected Claim

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# Insurance Follow-up

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Researching unpaid or rejected claims

Automated claim status inquiries

Internet resources

Live customer service representative



# Follow-Up

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Electronic claims 16 – 31 days

Sort follow-up by financial payors

Research denials within in 15 days of receipt

Write appeal letters if necessary



# Accounts Receivables (A/R)

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Insurance carrier payments

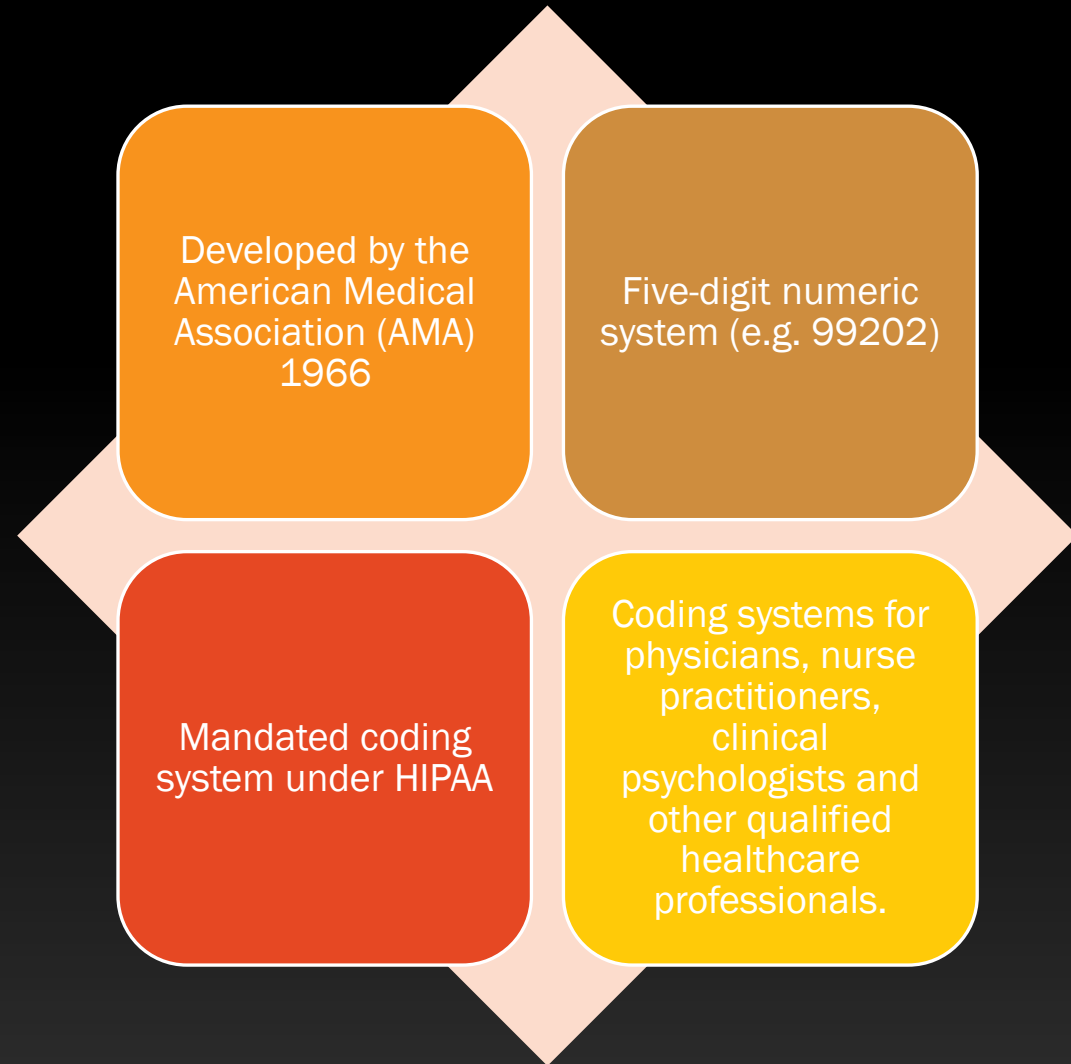
Manual check

Electronic Funds Transfer

Electronic Funds Transfer (EFT)

Electronic Payment (835)

# CPT® Coding





# Category I



EVALUATION +  
MANAGEMENT



ANESTHESIA



SURGERY



RADIOLOGY



PATHOLOGY AND  
LABORATORY



MEDICINE

## Coding examples

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Chest x-ray (2 views)

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Breast Biopsy

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Complete Blood Count  
(CBC)

# CPT Modifiers

-25

-50

-51

-52

-58

-59

# ICD-10-CM Coding System

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International  
Classification of  
Diseases 10<sup>th</sup>  
edition

World Health  
Organization  
(WHO)

HIPAA mandated  
coding system

# Medical Necessity

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Justification of procedures  
performed based on the patient  
medical diagnosis



# National Correct Coding Initiative (NCCI)

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To establish  
medical billing  
standards

To prevent fraud  
and abuse

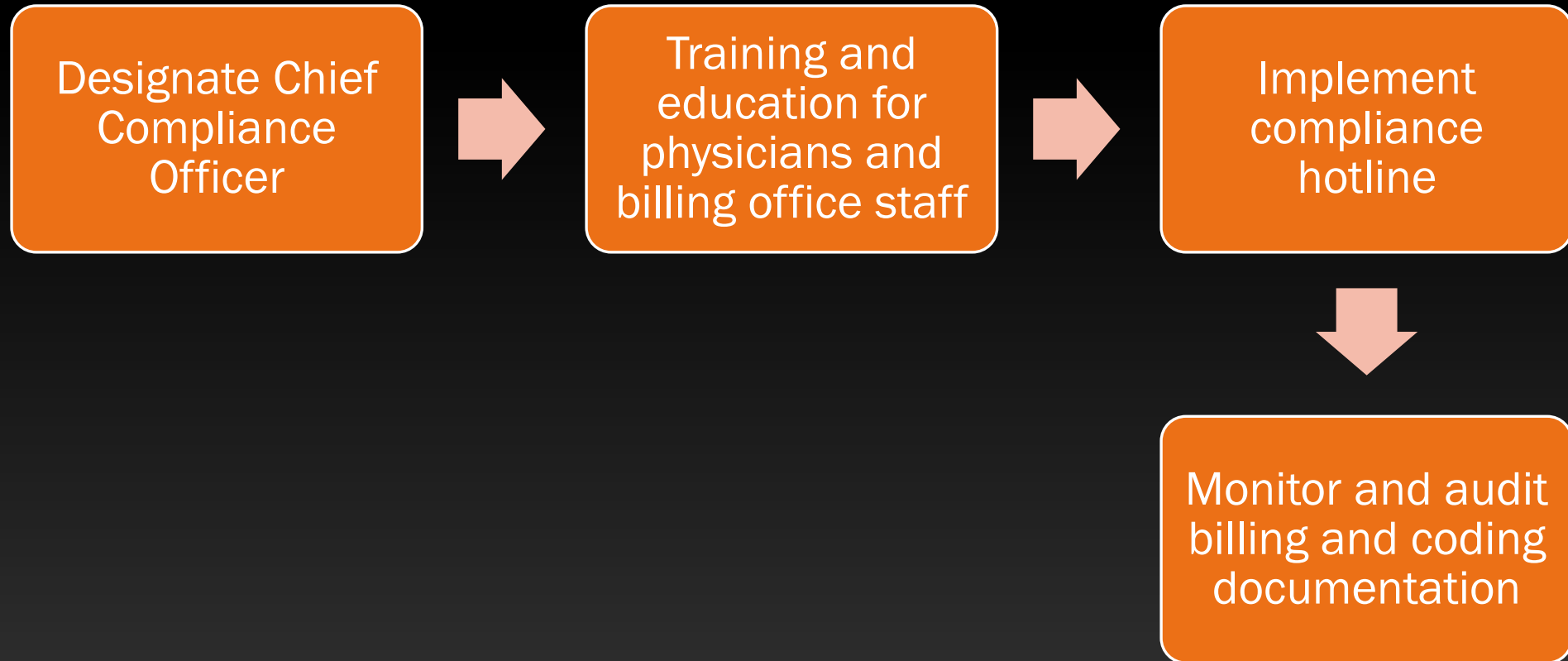
To monitor coding  
relationships

- Bundled procedures
- Mutually exclusive procedures



# Healthcare Compliance

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# Health Insurance Portability and Accountability Act (HIPAA)

Providers

Clearinghouses

Health Plans

# Advanced Beneficiary Notice

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Non-covered  
services before  
rendering

Patient  
medical record

HCPCS  
Modifier - GA

# EMTALA

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Emergency Medical  
Active Labor and  
Treatment Act (EMTALA)

Stabilize patients in  
emergency situations

Ensure appropriate  
transfer

# Compliance

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# False Claims Act (FCA)

Enacted March 2,  
1863

Lincoln Law

Qui Tam



# Occupational Safety and Health Act (OSHA)

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Safe and healthful  
working conditions  
for working men  
and women

Created under the  
Nixon  
administration

# Federal Anti-Kickback Law

Penalties for individuals or entities that knowingly and willfully offer, pay or solicit and receive remuneration to induce or reward the referral of business under any federal healthcare program

Source: <https://oig.hhs.gov/compliance/physician-education/i-physician-relationships-with-payers/>

# Privacy Act of 1974

Provides safeguards against an invasion of privacy through the misuse of records by federal agencies.

System of records

# Fraud

Wrongful or criminal deception intended to result in financial or personal gain.

Source:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244.pdf>

# Abuse

Inconsistent practices with sound fiscal business or medical practices

Failure to meet professionally recognized standards for healthcare

# Physicians at Teaching Hospital

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Created under  
the Clinton  
Administration

Physician v.  
Resident



## References

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Centers for Medicare and Medicaid Services

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U.S. Department of Health and Human Services

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Office of Inspector General (OIG)

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U.S. Department of Justice

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Tennessee Occupational Safety and Health Administration



Question | Answer

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## Contact Information

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