

Steps in the Medical Billing Process

Claims Preparation I

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The medical billing process is a series of steps done by a medical insurance specialist. The medical billing process consists of 10 steps, which include preregistering patients, establishing financial responsibility for the patients visit, checking in patients, checking out patients, reviewing the coding compliance, checking billing compliance, preparing and transmitting claims, monitoring payer adjudication, generating patient statements, and following up on patient payments and handling collections. These 10 of the medical bill process guarantees the highest quality assurance for timely and appropriate payments for patients' medical services. (Bayes Valerius,, Newby, & Valerius, 2008).

Step one; Pre-Register Patients

When scheduling an appointment the new patient will be asked to give personal information concerning him or herself, and his or her insurance providers. Both the new and prior patient will be asked the medical reason an appointment is needed. Knowing this information will allow the suitable visit to be scheduled. (Bayes Valerius,, Newby, & Valerius, 2008).

Step two; Establish Financial Responsibility for Visits

Financial liability for the visit will be made. For patients who have an insurance plan many important answers concerning the plan must be established. Both the services covered and services not covered under the plan must be verified. Medical conditions, which are medically necessary for services according to the insurance plan, must be established. Billing rules that apply to the plan and the amount that the patient is responsible for paying must also be determined. (Bayes Valerius,, Newby, & Valerius, 2008).

Step three: Check-In Patients

New patients supply medical information and demographics at the front desk. Previous patients review information on file for accuracy and financial records are reviewed for balances due. Insurance cards, driver's licenses, identification cards, are scanned and filed in patient's records. Co-payments are collected if required, additional forms are completed for clinical information, and giving permission for procedures and costs to the practice from the health plan. (Bayes Valerius,, Newby, & Valerius, 2008).

Step four; Check-out patient

After the patient visit with the health care provider the check-out procedure takes place. A medical code is recorded for the visit. To bill a patient for the visit, the medical diagnoses and procedures done must be assigned medical or diagnosis code. (Bayes Valerius,, Newby, & Valerius, 2008).

Step five; Review Coding Compliance

In medical billing and coding compliance is to follow the certified guidelines of assigned codes. Diagnostic and procedure codes are selected and checked for errors. The diagnosis and medical services documented in a patient's medical record must be sensibly linked in a way the payer identifies the medical necessity for the fee. (Bayes Valerius,, Newby, & Valerius, 2008).

Step six; Check Billing Compliance

The fee, for a visit is linked to a procedure code. The healthcare provider's fees are listed on the medical practice's fee schedule. Whether a code can be billed is subject to the payer's rules. Billing compliance means following these rules when preparing claims. (Bayes Valerius,, Newby, & Valerius, 2008).