

Balancing Patient Care and Family Practice Billing Services

Are you billing for each treatment you have provided? Forgetting to bill for rendered services could prove to be an expensive blunder for family practices. For instance, injecting a patient with 10 units of drug but billing for just one unit or missing out on noting down major as well as minor surgical procedures on encounter forms can cost the practice thousands of dollars by the end of the year.

Therefore, it is important for family physicians to conduct an audit to understand how well charges are being captured for all services, how well the billing team is following up on denied claims and whether or not charge entry, claims submission and code selection is being done with accuracy. This audit will also help them identify loopholes in the revenue cycle. Denials caused by coding errors, patients' eligibility status and delayed claim submission need to be tackled in order to get timely payments.

- According to Merritt Hawkins, median compensation of family medicine physicians was \$229,607 in 2014. This was 2.6% less than the compensation they received in 2013

Medical billing, coding and payment hurdles don't seem to lessen for family physicians. Operating costs and the struggle to keep up with the changes in CPT codes have always been the top concern for this specialty and now with the ICD-10 approaching, challenges are going to increase for all medical specialties, including family practices that are struggling with a slim profit margin.

Family practice medical billing involves an array of unique challenges. Physicians need trained billers and coders who know how to code specific courses of action be it minor surgical procedures or ancillary procedures. Once ICD-10 is implemented, family physicians will have to invest sufficient time in improving their documentation, technology and workflow.

How to handle the balancing act?

- In order to make more revenue, it is important for family physicians to review their appointment scheduling process. Attending an extra patient at the end of the day or over the lunch hour shouldn't be much of a problem if the physician is working smart
- Efficiency needs to be improved at the practice for instance, a short meeting every morning with the clinical and office staff will help lay down the day's schedule and prevent slow downs, if any
- If a certain patient care related work doesn't require a physician, that work should be delegated to someone from the medical team who can handle it. Physicians should focus on patient care, attending a good number of patients to make more revenue at the end of the day
- Family practices should ensure that they have well-trained, experienced coders and billers who are capable of handling error-free coding, timely claims submissions, effective denial management and AR management. Considering the lack of time, trained resources or even monetary constraints, many family physicians have started outsourcing their billing and medical coding needs to a third party. [Family practice billing services](http://www.medicalbillersandcoders.com) have helped them get maximum payments along with ample time to focus on patient care