

Billing Education Article By Dr. Rhonda Church

ON THE IMPORTANCE OF BILLING ACCURATELY

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As physicians, the care of our patients is foremost in our mind. While there are occasional physicians who do their own billing, most of us delegate this responsibility to a billing clerk.

Great billing clerks – like the ones I’ve had – are a huge asset to a busy practice. In previous columns, I’ve advocated for regular brief meetings with your billing clerk. Now I’d like to pass along fodder for these meetings based on recent activity at MSI.

Avoiding common clerical errors can go a long way in avoiding audit headaches down the road.

Facility number for each service

Be sure the correct facility number is used for each service. Each locale where physicians see patients is given by MSI a facility number which is included in the claim for payment. This means if you see patients in your office, outpatient clinics, the emergency department, the inpatient ward and/or in a number of different communities, each claim must contain the correct facility number.

At the time of an audit, MSI staff use the facility number to locate the patient chart and retrieve the appropriate clinical record. If the facility number is incorrect, the clinical record may not be able to be found. We have seen instances in which submitted claims indicated the service was performed hundreds of kilometres from where the patient was actually seen.

Date of services billed

It’s important to bill the service on the date it was provided to the patient. At the time of an audit, the only information available to MSI is the patient name, health card number, facility, health service code(s) claimed, and the date of service.

Minor date inaccuracies in private physician offices where MSI has access to the entire chart usually don’t pose a big problem, but in a large hospital with an EMR it can create a nightmare. MSI has become aware of some physician groups which submit the claim on one date but perform the service on another, or perform the service and submit the claim on one date but electronically file the chart note on the EMR on another.

When the MSI audit staff asks health records staff for a record of the service, they can only ask for the record of the claim as it has been submitted. At the present time, health records staff at some institutions won’t permit MSI to review the health record in its entirety; they instead provide the record for the patient for the date indicated on the MSI claim. If a wrong date of service was used, this mean MSI comes up empty with no clinical record to support the service that was billed.

While MSI gives physicians an opportunity to retrieve missing documentation in the instances listed above, this can be a very time-consuming process for a busy physician.

Next month, I’ll talk about the three other most common clerical errors all of which revolve around health service code claims.

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