HOW TO MITIGATE YOUR ED REIMBURSEMENT RISK

6 Tips to Automate and Improve Emergency Services Billing and Coding Workflow

LightSpeed Technology Group

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Emergency Reimbursement in the Crosshairs

As health plans and government payors announce more rigorous requirements for Emergency Department (ED) claims, practice executives must be proactive if they expect to be paid properly for services provided. A new level of revenue integrity diligence is essential for all involved in the ED revenue cycle: emergency medicine practices, emergency billing companies and health system executives.

In 2019, several factors will contribute to ED reimbursement risk:

- Payor coverage cutbacks for specific diagnosis, procedures and treatments in the ED
- First-billed ED claims become patient responsibility under high deductible plans
- Emergency medicine often yields an unspecified, nonreimbursable diagnosis

To mitigate reimbursement risk, emergency practices should increase their focus on correct documentation, coding and billing of ED claims. New levels of cooperation between emergency medicine groups, billing partners and the hospital revenue cycle are also required to eliminate inefficiencies and ensure proper payment.

This ebook provides six essential steps to improve billing and coding workflow as an effective precursor to securing the right reimbursement for emergency care.

Ensure Prompt and Proper Data Transfers

Emergency practices generally receive ADT demographic data from hospitals via an HL7 message. Best practice is to then pass the information to insurance verification partners to run up-front demographic and insurance checks with full integration into the practice's billing system. This type of secure information handshake is common practice for Zoll Data and their most recent integration partner, Payor Logic.

But demographics and insurance data are only the first step.

Emergency groups and billing companies also need clinical documentation, reports, chart addendums and other ED notes gathered during the emergency encounter to:

- Ensure accurate coding
- Expedite the billing process
- Pass along clean claims to the payor

LightSpeed Technology Group coordinates with hospital and practice IT departments to establish a secure data capture process across dozens of EHRs, EMRs and emergency practice billing systems–gathering all the ED information required for proper coding and billing.

THE BENEFIT

Clean data and valid information early in the process ensures accurate coding and greatly reduces denials.

Correct CPT, E&M and ICD-10 codes combined with accurate demographic and insurance information is uploaded to the practice management system to drive quick and accurate billing. Redundant, manual steps are eliminated and proper reimbursement is received.

Assess Self-Pay Up Front

The numerous laws and regulations surrounding emergency medicine bring additional challenges, especially when dealing with self-pay patients.

- Up to 35 percent of emergency practice patients per week have no insurance on file
- Millions of patients are now primary payor due to rise in high deductible health plans
- Emergency claims are often first-in the claims cycle, falling within the patient's deductible

Providing staff with technology and data before the case is coded and billed diminishes billing and collection issues. A proactive method includes real-time assessment, on-demand insurance discovery and incorporation of all chart information to make optimal ED coding and billing decisions.

- Conduct a financial assessment before cases are coded and billed
- Perform on-demand insurance discovery for patients presenting with no insurance or HDHPs
- Get immediate results from online search of billable insurance options
- Upload insurance discovery results directly into the emergency provider's billing service to save time and reduce data entry errors
- Change payor status promptly if new insurance coverage is found

THE BENEFIT

Converting a self-pay patient to billable insurance coverage can mean the difference between a smooth billing experience and a protracted self-pay collection process.

Measure Payability

Determining the patient's propensity to pay should be top priority on the list of care. If emergency billing staff can determine a patient's ability to pay early on, they can segment accounts and assign their focus accordingly.

- Segment accounts based on propensity to pay
- Prioritize patients most likely to pay or eligible for a payment plan
- Move patients unlikely to afford care to charity care, Medicaid or write-offs

This practice leaves the billing staff with fewer accounts to manage and reduces the number of accounts sent to a collection agency, effectively streamlining their work. By using an integrated, on-demand payability scoring service, lists, batches, searching websites, and waiting for results are all eliminated.

THE BENEFIT

Understanding the likelihood to pay helps shape how much time and expense emergency practices and billing companies spend trying to code, bill and collect.

Boost Coder Productivity

According to a recent Health Affairs survey, doctors spend about three hours per week on billing-related matters, including clinical coding. And for every 10 physicians providing care, almost seven additional people work on billing-related work. For emergency practices or billing companies dealing with these challenges, decreasing time and cost through boosted coder productivity should be a strategic goal.

For example, a large, multi-location specialty medical group using LightSpeed's technology, successfully reduced its cost to code by achieving a 100 percent increase in coder productivity. Emergency practices can do the same by incorporating technology-supported capabilities.

- Bring all documents needed for coding together into one coding platform
- Use special work queues for deficiencies, discrepancies, unbillable cases or those requiring additional validations
- Communicate with physicians for missing documentation, address coding audits and check compliance all within the single coding workflow
- Measure productivity as an automatic by-product of the coding process

THE BENEFIT

Advanced coding technology ensures all steps are accurately and thoroughly completed. Fewer claims are rejected, less denials are received, coders are more productive, and the entire revenue cycle team saves time and money.

Protect the Revenue You Earn

Physicians, coders and billers should also know specific codes that should never be included in ED claims. Correct use of modifiers, coder education and physician documentation training are all essential components for decreasing claim rejections and payor denials. Here are three knowledge points to share with your team:

1. Cite a high-quality differential diagnosis that justifies the medical decision-making and the patient's severity whenever possible
2. Be specific with the final impression and avoid unspecified codes (sometimes difficult to do in emergency care)
3. Support emergency physicians by expanding clinical documentation improvement programs into the ED care setting

THE BENEFIT

By complying with national, uniform guidelines for coding ED visits, practices and billing companies reduce risk of payor audits, fines and takebacks.

Breaking News for Practices and Billing Companies

On March 7, 2019, The Medicare Payment Advisory Commission (MedPAC), drafted a recommendation to HHS to revisit national ED coding by 2022. The panel will likely vote on the recommendation during its April meeting and forward a formal document to HSS. Stay tuned and keep informed as Medicare ED coding guidelines may change.

Report Bad Payor Behavior

Recent reports cite systematic practices of unfair payment for emergency services. With such bad payor behavior on the rise, it is advisable to challenge or appeal unfair denials to the Emergency Department Practice Management Association (EDPMA) Quality, Coding, and Documentation Committee and the American College of Emergency Physicians (ACEP) Coding and Nomenclature Advisory Committee.

A concerted effort among providers is needed nationwide to curb the enthusiasm of overzealous payors trying to trim costs and minimize provider reimbursements. Other proven strategies include:

- Be proactive and aware of payor coverage changes for emergency medicine
- Know payors' discretionary policies that limit certain conditions covered in the ED
- Educate physicians, coders and billers to bad payor behavior

THE BENEFIT

Squeaky wheels get the grease and there is strength in numbers. By expressing concerns and raising voices, emergency medicine professionals can make a difference.

Conclusion

ED accounts are managed more effectively by taking fewer and more logical steps. Addressing the rise in higher deductibles requires a shift in revenue cycle management strategies and tactics. Instead of raising the level of complexity required to manage patient pay receivables, emergency practices and billing companies should first try the simplest efforts. Work smarter, not harder.

Rely on the six steps provided in this ebook to help automate billing and coding processes while easing the complexity and challenges facing emergency practices today.

For more information, visit www.lightspeedinc.com or www.payorlogic.com.

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