

A day in the life of a Medical Biller

Being a Medical Biller is both a challenging and rewarding career. If you enjoy putting together the pieces of a puzzle then this is the right career for you. As a Medical Biller you will perform tasks ranging from patient intake or verification of insurance benefits to performing collection duties. One thing is for sure the financial success of modern healthcare is dependent on well trained Medical Billers.

A typical day begins with gathering the list of the previous day's visits and preparing the charts for data abstracting and coding. When we apply codes to a medical visit we tell the story of what happened during that patient encounter which is why accuracy is important here. When I am finished pulling the various data from the medical record I will place the diagnosis and procedure codes on a routing slip so that they can be entered into the data base for billing. Wow, I've finished that large task and I'm on to the data entry process which seems like it would be easy but I wish I could say so. First I must verify that nothing has changed with the patient's insurance benefits and verify the payment policy for the services provided to ensure that the claim goes out clean the first time. Did you know that a clean insurance claim is usually paid within 15 business days? It's because of this that I want to be careful to enter the claim information correctly the first time to ensure a healthy accounts receivable balance.

Now that I have verified everything with the insurance companies and have entered the new claims into the billing data base system I am ready to do some follow up on my previous work. I begin by checking with our electronic claims vendor for any rejections on previously claims; I find some and quickly and work to resolve the issues so that I can get the claim back out to the insurance company before the claim filing deadline. I also want to pull down any electronic remittances from this site so that the payments can be posted along with any checks coming in the regular mail today.

Now it's time to post any payments received. I carefully review each payment and post the payments, adjustments and patient portions to the accounts. When finished I review anything that I have flagged for appeal. I carefully review the flagged items with the payment policy for that insurance to see if the claim was paid correctly, if not I will prepare an appeal and send it in to the insurance company. After all payments are

applied and appeals have been sent, I will file everything away in it's proper place and put the appeals in my tickler file for follow-up.

Speaking of follow-up I have to do that as well, but first let's go to lunch. When I return I pull out my daily tickler file and review everything due for follow-up today. I see I have some for Blue Cross Blue Shield and United Healthcare and decide to tackle Blue Cross Blue Shield first. Well it looks like almost everything was paid, except one claim so I will need to file a second level for that claim send it off once again. When I have finished I place it in the tickler file for next months follow-up. Are you beginning to see the pattern here? Proper follow-up is super important to a Medical Biller to ensure that no claim slips through the cracks and causes a financial loss to the organization. It also ensures a health accounts receivable balance which is important to the financial and business managers making budgeting decisions.

It's time to check my messages and I see I have several patients calling with questions about the recent statements we sent out. I will review each account and return the calls. Mrs. Smith is such a nice woman but she doesn't understand her Medicare benefits and with no family to help her sort things out so I offer to have her come in so I can give her some extra help in understanding her bills. We plan to meet at her next appointment so I put a note in the scheduling system so the receptionist is aware of the meeting and I add an entry to my outlook calendar so I don't forget to prepare.

Wow, my day is almost finished, but I need to hurry up if I am going to get out of here on time. This is my favorite time of the day because I sit most of the day and now I get to move about a bit. First I take my charts from the days billing and file them away in the chart room. I do the same with any billing files that I have pulled during my phone calls and clean up my desk. It is now off to the shredder with my box of confidential shred, to maintain a HIPAA compliant workspace I need to shred anything with protected health information on it.

Almost done, I'm on the home stretch now cleaning up my desk and workspace, pulling anything to the top of the pile I must get done in the morning and distributing anything in my outbox to the intended recipients. One last thing before I leave, the most important step of the day, I prepare the new electronic billing file in the database and log

into the clearinghouse to send any new insurance claims. All done, a glance at my calendar to see what's on the agenda for tomorrow, I turn off the lights and head home.