



Learn The Best Ways To Get Paid

by David Klein

It is part of our industry now, and it's a shame that we have to get used to it. Carriers continue to increase audits, reduce fees paid, complicate the claims process, and often just simply refuse to pay – even when we do everything by the book. Adding insult to injury, and while they continue to pay us less and make us jump through hoops, audits are on the rise and if you're not in perfect compliance you could end up losing a ton of money through recoupment.

This “billing bullying” shouldn't be tolerated, and while you may feel somewhat helpless to change how carriers boss you around, there are a few things you can do as a chiropractor and business owner to get paid for all of your hard work.

Identify Your Biggest Areas Of Billing Weakness

Of course you're an excellent doctor and respected for the work you do from your patients and community, but it's worth looking at the brass tacks of the business to discover

if there are any spots that can be improved. When consulting for most practices I most frequently find that fixing the following areas can make a big difference in profitability:

- Fee Schedules
- Coding
- Claims Submissions
- Compliance
- Billing Software

While each of these areas are interconnected, let's look at each one separately.

Fee Schedules

Fee schedules may seem like a simple thing but if these are not set up properly and/or updated you could be losing a lot in revenue and profitability. Do you simply accept the fees that are given? Have you checked to make sure the codes you are using are properly matched to set fees? Is your EHR software updated with your latest fees?

Maintaining all of this can be a

hassle, especially when you'd prefer to be seeing patients; however, it's vital if you're to succeed in getting paid for your efforts and continue to help more patients in need. Find an expert in fee management and carrier protocols to review your fee schedules and the CPT codes that you use. There may be several areas that can be quickly fixed to get you back on track, and paid for the work you've performed.

Coding

Often times there's a big difference in how you've treated, and what your staff is billing out. The wrong codes may be entered, modifiers are missed, et al, most times due to the disconnect between your treatment documentation and billing processes. This is why I always say that “Documentation has to drive your billing,” and not the other way around. There have been too many cases where billing services add a modifier “just in case” so they can make sure the claim won't be denied – only to eventually get your practice red-flagged for audit.

Proper coding and use of modifiers that is strictly based on your documentation might take a little more time but you're more likely to get paid, and avoid having to give it back if you're audited. It's worth it a few times a year to attend webinars on proper coding to make sure you get paid, and stay compliant in the process. As well, it's prudent to periodically review how billing is submitting your claims – and if it correctly matches up to the treatments provided in your documentation.

Claims Submissions

Insurance companies love making things so complex that you lose time, and money, and likely the joy of owning your own business, just trying to get claims completed and submitted properly in order to get paid. And if you don't get it right you have to do it all over again, and then have to wait another several months hoping to receive the revenue you need.

There are two main aspects of the claim that typically cause it to fail:

1) Incorrect or incomplete data and/or 2) Improper coding for services rendered.

Fixing the incorrect or incomplete data aspect can be easy – or difficult – to fix. Much of this often depends on the chiropractic software you use to produce and submit the claim. The easy fix is to make sure you're using fully-integrated software that minimizes or eliminates the need for additional data entry. This is where most mistakes occur. If your software automatically populates patient information, notes, codes, and all relevant data for you then you have a distinct advantage.

If your software isn't automating the claims generation for you (including appending modifiers) then the fix should be switching to newer/updated software or writing out every step of the process needed as a checklist for each claim, so that your staff doesn't miss a step and you're likely to get fewer denials. This can be time-consuming, but getting claims right the first time is key to saving

time and getting paid.

Compliance

Yes, the dreaded "compliance" bit of it all. It's not fun to think about when you just want to treat more patients; however, not following the regulations that have been bestowed on you as a doctor can turn into a real mess down the road. The one thing you never want to have to deal with is an audit – and if you're not paying attention to the compliance aspect of documentation you could get hit with a huge recoupment from the payer.

I have two suggestions that should be followed. First of all, keep yourself educated on compliance issues and trends. Keep current with CPT and ICD-10 code books; sign up for webinars on Compliance, Documentation, and Billing practices; and of course, read the latest news from your Medical Board, State Association, and Medicare. Having a general understanding of it all will help you incorporate what you need into your practice, and also ease the changes needed as new regulations evolve.

Do You Need To Change Your Software?

New EHR software migration? No fun, we know, so here are some of the best steps you can take to make it easy, and hopefully avoid having to deal with it again.

Make sure your new software provider has been around for a while. In this new era of constantly changing technology it takes many years and many customers to pass the test of time. Make sure your new software selection has been in business, providing the services you need, for at least 8 years. If they're still around, they must be doing something right.

Does your new selection help protect you, and get you paid?

There are many systems out there that will perform the functions you want, but do they help you create a more profitable practice? There's a lot to consider here, i.e. it's not just about keeping patient records and billing them. Your new software selection should:

1. Be fully integrated to reduce administration time and risk of errors repeating data entry.
2. Offer the highest security available to protect patient information and satisfy all HIPAA requirements.
3. Be fully Cloud-based with automatic software and security updates.
4. Be designed for compliance to help protect in the case of audit/risk of recoupment.
5. Allow patients to enter their intake information securely without need for actual paperwork and/or staff doing data entry.
6. Offer integrated financial services, such as credit card processing, that tie to patient ledger and treatment plans.
7. Have a clear and well-planned migration process so you can keep all existing patient information, so there's less downtime and it's easier to pick up right where you left off.
8. Have efficient yet effective documentation. You should be able to quickly do up your notes; however, they need to tell a compelling story.

Do some demos. While doing your due diligence make sure to do some demos. See how the software works, how integrations work, and how it can help improve your practice. The right software provider should offer multiple live-meetings to show you how the software would work according to how you run your practice. And be sure to ask a lot of questions, don't forget to "measure twice and cut once" and follow the requirements outlined above.

All Support Belts Are Not Created Equal!



We have three patents to back you up!

Contour Support Belt

- PATENTED hip and rib contour for extra comfort
- PATENTED one way velcro closure for exact fit
- PATENTED downward angle design
- Wide in front for extra abdominal support
- 2 year warranty
- Custom sizes available
- Suspenders and BIOFLEX® magnet available on any model



Model 4006
with lumbo/sacral pad

Covered under US Patents
No. 5,046,488, 5,053,883 and 5,316,022

\$69.95

Sacroiliac Belt

- Non-slip webbing interior
- 3" Woven cotton shell
- Dual closure tension straps



\$39.95

Elastic Back Support Belt



- Hip and rib contour for extra comfort
- Detachable suspenders
- Dual closure tension straps
- Sizes XS - XXL

\$29.95



Get more referrals
with our
Custom Logo Program



1-800-772-4435

(920) 426-2676

Fax: (920) 426-2691

E-Mail: info@schiek.com

Website: www.schiek.com

Secondly, find chiropractic software that is designed to keep you compliant from the beginning. There are some platforms that make it easy to care for your patients efficiently, while guiding you through documentation in a way that automatically improves your compliance. If you have software that gives you enough rope to hang yourself, so to speak, contact your software provider and ask if they have recommendations on how to use the software in the most compliant way to protect as best as possible should you get audited. There are steps you can take – and if you can make a routine out of compliant documentation and coding then you're likely to not only make more money but also hopefully keep it if an audit comes along.

The Right Software

As already mentioned several times in this article, having the "right" chiropractic software is vital in our new and ever-changing environment. However, finding a single "Billing Software" system doesn't really apply anymore. Due to the changes over the last several years we're all paperless, and many software systems now offer seemingly "all-in-one" capability for most of your needs. This typically includes Billing, Clearinghouse, and Patient Profile, and some even include Integration With Credit Card processors so that you can manage and track cash/co-pay transactions directly to each patient.

It's never easy to find the right software, and it's often even more difficult to change the software you already have. Keeping our focus on the Billing side of it, and as above-mentioned, it is well-worth making sure you have software that easily allows you to update your fee schedules; has maps to proper coding from your treatment plans; and produces claims easily or automatically – without high denials from payers.

What's The Upshot?

Fundamentally, "billing" can mean so many different things, but at the end of the day what it really means is making sure that we get paid as much as possible for the work we provide. Depending on your practice, some simple changes to your process and set-up could make a big difference in your revenue stream. Carriers are going to continue the bullying but that doesn't mean you have to sit and take it. Find a compliance, coding or audit expert to consult with you. If they're good, they'll be able to offer excellent and actionable advice after the first meeting. Then, make sure your software is able to help improve how you get paid, or even automate much of it. Stay educated, and if you're able to tie up just a few loose ends, soon enough you may find yourself much less bullied and much more in control.

About The Author: David Klein, CPC, CPMA, CHC, co-founder and COO of PayDC Chiropractic Software, is a well-known speaker and educator at chiropractic conferences. He is a certified coder and auditor and Healthcare Compliance expert, and is also the founder and president of DK Coding & Compliance, Inc., a healthcare consulting firm that focuses on audit defense, education, compliance and reimbursement issues.