**Rules change constantly – Research carefully and choose a billing company that is familiar with anesthesia guidelines and maintains continuing education. Research your preferences and ask for references, specific to your practice. Start a spreadsheet to compare differences – this is not a casual decision!**

**The following are issues that should be addressed before making decisions:**

1. **Is there a process to ensure no charges are missed? The surgery schedule should be checked for each date of service. Add on cases are not listed on the surgery schedule, so capturing these services usually requires working with the OR scheduling department. All add on obstetric cases must also be captured. Charges should be balanced upon entry.**
2. **How long is the process from receipt to charge entry? (1 to 3 days is reasonable for "in-house" billing) A billing company may need longer, however, it should not normally be more than two weeks. Who does the coding, and how do they get the charges? Offer to be available to them if they have coding questions.**

**Note – There are companies that may routinely hold claims to avoid deductibles. This should be disclosed in advance and approved by the physicians or anesthesia providers.**

1. **Are claims filed electronically? If yes, what percentage. Do they have a claims-edit process in place that will catch errors before the claim is filed?**
2. **How many claims are filed on behalf of the patient? Do they automatically re-bill if no response to the first claim? You do NOT want automatic rebilling. How quickly do they follow up on claims – it should be 30 to 45 days after a claim is filed. At what point does the billing company make the bill patient responsibility? Don’t let claims or charges sit in the system indefinitely!**
3. **What is the billing cycle? How often do they bill? A reasonable cycle is two bills to the patient, at least one letter (some may choose to send two letters), and at least one phone call or automated phone call attempt to the patient or guarantor. This cycle may take anywhere from three to five months.**
4. **Are ALL payments checked for accuracy? All contracted rates should be provided to the billing company so they know exactly which payer your agreements are with and what payment or contracted rate to expect. Do they appeal underpayments? What dollar amount? Payments should be balanced upon entry.**
5. **Are adjustments (outside of agreed upon contractual adjustments, such as Medicare, Medicaid, Work Comp, etc.) given to you for approval? Same with accounts ready for collections. You should personally review and sign off ALL ADJUSTMENTS and check to see the accounts have been properly worked. Ask for a notes page with all accounts that are being reviewed. Do they use an outside agency for collections? Is the account reported to one of the three major credit bureaus? When accounts are turned over to collections, do they still expect a percentage? Typically, collection agencies charge from 25% to 40% for their services. You want to use an agency that charges a contingency fee - not a company charges a flat or fixed amount per account, regardless of payment received. Also, be make sure you are not double paying on accounts that are turned over to collections (paying a % to both the billing company AND the collection agency).**
6. **Are their coders certified and insured? Do they maintain continuing education? Do they have internal audits or a compliance plan in place for their billing company? Do they allow external audits and provide information or access to your patient accounts? Will this delay collection of your receivable? IT SHOULD NOT!**
7. **Where do they keep the records and for how long? Do they turn the records back over to you in the event you terminate your agreement?**
8. **How often do they check credit balances? Are refunds credited back to reduce the percentage paid to the billing company? How do they handle payments that do not belong to you? How often are refund checks sent? Are unclaimed funds turned over to the state (see local escheat laws by state)? Some billing companies post money in "unresolved" accounts. I DO NOT LIKE OR RECOMMEND UNRESOLVED ACCOUNTS!**
9. **Who handles provider enrollment issues? Do they charge extra? If they have problems obtaining provider numbers, who is responsible for the lost revenue? Allow sufficient time to obtain provider numbers for all payers! Revenue is often lost due to provider number issues.**
10. **What reports are standard? Will they review their reports with you to ensure you understand? Do they charge extra for "custom" reports? Will they assume billing responsibility for all your patient accounts? The negotiation stage is a good place to ask. If they do, you want to know how the conversion will be handled. Balance forward or full key-in of all activity on accounts? Balance forward is common, although it does not show detailed information on your old receivables.**
11. Does the billing company have or will they develop the capability of accessing the facility's systems for patient demographic/insurance information and will it be verified for accuracy? Also, can it interface with the hospital to either view or print operative reports? What are the approximate costs involved?
12. Does the billing company review managed care contracts on your behalf or monitor when the contracts are ready for review?
13. Will the billing company ask questions or seek clarification, if they are not sure the documentation is sufficient to capture the highest based service or meet compliance expectations? Does the billing company pay for a compliance review either annually or biannually?

You may have more questions to address, it is important to ask questions BEFORE making your final decision. Claims are filed in YOUR name – make it a point to follow up periodically to ensure claims are filed accurately.

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