Practice Management Software: Reducing Medical Billing Dilemmas

by James Guertin

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Medical billing is a headache for both patients and encoders alike. It is the medical billerâ€™s dilemma when patients ask for the updated billing grants from their providers. Unfortunately, most of them are delayed in action, leading to a backlog of thousands of billing statements.

The billing process or cycle is the interaction between a health care provider and an insurance company. The patientâ€™s medical record, on the other hand, contains basic information and a summary of treatments and medications. This obtained medical information from the patient is then evaluated to determine the correct level of service that will be used to bill the insurance provider. Additionally, the verbal diagnosis is translated into a code that is entered by qualified staff. This code is received by a medical biller who transmits the claim to the insurance company.

A rejected request is sent back to the health provider which will then be processed by the patient for resolution with the insurance company. This process may be repeated dozens of times until the bill is paid in full. The occurrence of rejections and denials happens almost 50 percent of the timeâ€”a high rate that can be blamed on processing errors.

However, there is a difference between denied and rejected claims. A denied claim is a claim that has been processed and is not payable by the insurer, but is usually appealed for reconsideration. On the other hand, a rejected claim refers to a claim that has not been processed by the insurer due to a fatal error in the information. Rejected claims cannot be appealed; it is instead corrected and resubmitted.

Electronic health records or EHR is the systematic collection of electronic health information about individual patients. It is a record that can be shared across different health care providers. This is privatized by the Health Insurance Portability and Accountability Act (HIPAA), and there are standard restrictions for electronic records such as these.

Electronic medical records or EMR are computerized medical records that are created within an organization that delivers care. This stand-alone health information system allows storage, retrieval, and modification of records. The difference between an EHR and EMR is that EHRs focus more on the total health of the patientâ€”which goes beyond the standard clinical data collected from the provider with a broader view of a patientâ€™s care.

EHR and EMR are both correlated and integrated with the practice management software or PMS which records the day-to-day operations of a medical practice. Designed for use by third-party medical billing companies, it makes the billing and coding process easier, thereby preventing problems in insurance grants and claims. You may learn more about PMS, EMR, and EHR at healthit.gov/buzz-blog/electronic-health-and-medical-records/emr-vs-ehr-difference/.

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James Guertin - About Author:
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