



Sybrid  MD
Empowering Medical Practices

MEDICAL BILLING

Training Manual

www.sybridmd.com

INTRODUCTION TO MEDICAL BILLING

- Medical billing is process in which medical claims are submitted to insurance companies and/or patients. So that medical providers can receive payments for providing health care services
 - Medical Claims – These are the bills that healthcare providers submit to patient's insurance.
 - Insurance companies – Medical claim payers that cover the cost of medical services in return for fees and costs.
 - Medical Provider – A Medical provider is a medical professional or a facility that provides medical services

INTRODUCTION TO MEDICAL BILLING

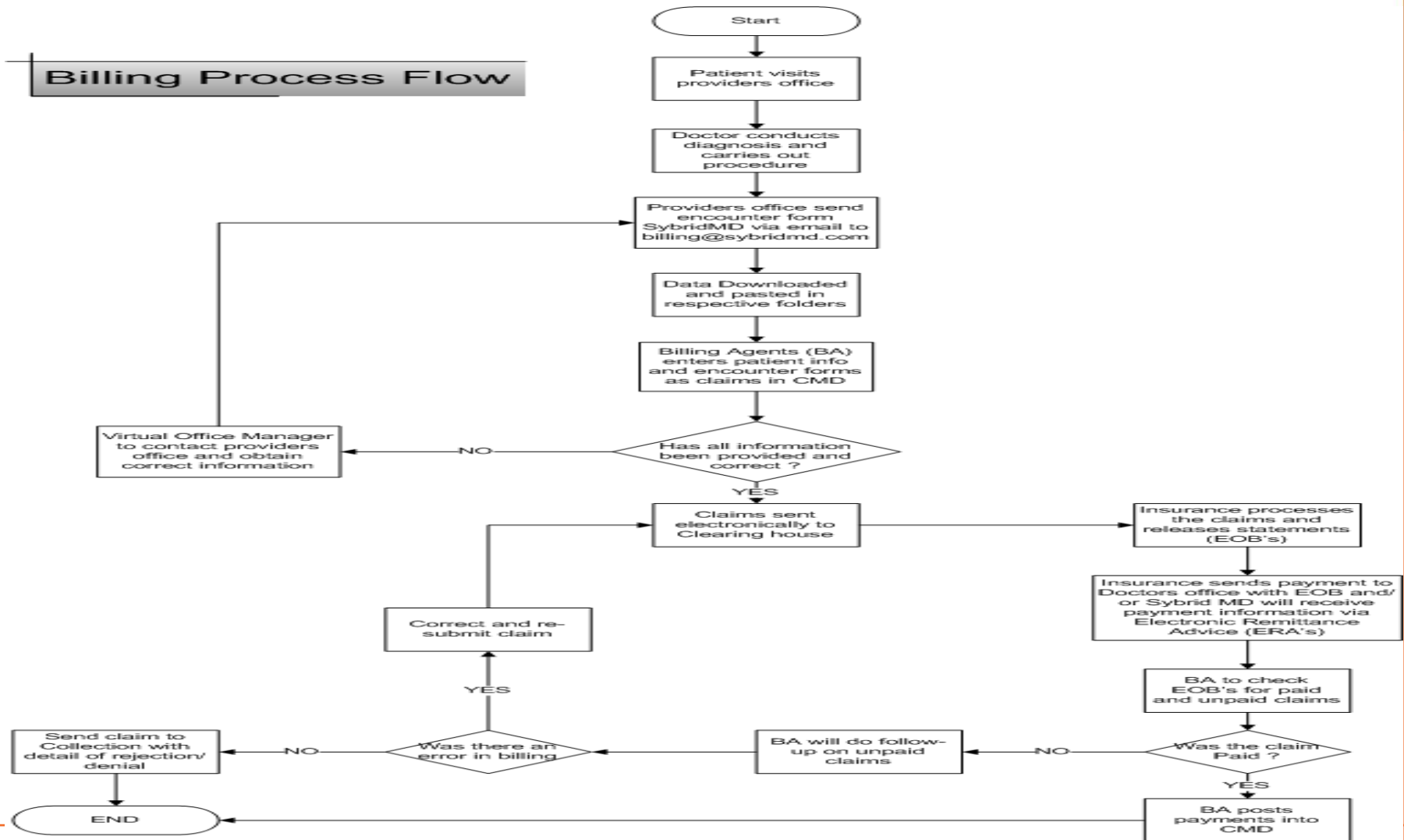
- How is medical billing done?
 - In-house billing – Doctor or his staff prepare medical claims in their office. If not done correctly, it can cost a doctor his/her medical practice
 - Outsourced billing – An outside organization prepares medical claims on the doctor's behalf. Cash flow is much better when proper billing is performed.
- What is Sybrid MD's billing process?
 - Patient visits provider
 - New patients fill out medical history and registration forms prior to receiving medical services
 - Provider gives his/her diagnosis and provides appropriate medical services
 - Provider sends information to Sybrid-MD
 - Sybrid-MD generates claims to be filed electronically to insurance companies
 - Claim is followed up to maximize payments
 - Payment summaries are provided to providers

MEDICAL BILLING LIFE CYCLE



MEDICAL BILLING PROCESS FLOW

Billing Process Flow



- What is it ?
 - It is the medical attention that one receives from a medical professional. Medical care can be provided without the presence of a medical condition.
- When is it provided ?
 - When a patient requires a regular physical exam and no medical condition is present
 - When a patient has a medical condition, and can be treated by the medical professional
 - When a patient requires a specialized treatment by a medical specialist.
 - When a patient needs to be hospitalized
- What are the types of medical care ?
 - Preventive/Preventative or Routine Care
 - For early detection and treatment
 - For prevention
 - No immediate attention is required
 - Example: physical exam for regular checkup, surgeries to treat particular conditions
 - Urgent Care
 - For treating an unexpected injury or illness that is not life threatening but does require prompt attention
 - For avoiding complications and unnecessary suffering
 - Example: Urinary tract infection, which, if left untreated (urgent!), can lead to kidney damage (emergency!)
 - Emergency Care
 - For treating a sudden injury that is life threatening
 - Example: Uncontrolled bleeding, chest pain, poisoning/drug overdoses

- What is it ?
 - It's a form that is provided to a patient by a doctors office for the purpose of creating or modifying his or her file.
- When is it used ?
 - When a new patient visits for a initial consultation
 - When an existing patient needs to update previously provided information.
- What information is given on it ?
 - Personal Data
 - Name
 - Gender
 - Date of Birth
 - Social Security No.
 - Marital Status
 - Demographical Data
 - Address
 - Home Phone no.
 - Business Phone no.
 - Insurance Information
 - Insurance name and address
 - Insurance ID
 - Group No.
 - Subscriber Information
 - Financial guarantor information
 - Patient's Signature
 - By signing the registration form the patient authorizes his/her Dr to submit medical claims on his/her behalf.

- Social Security No.

- It's a unique nine digit ID assigned to each individual who is a legal resident of the US
- Everyone must apply for it, it is a mandatory requirement that must be fulfilled for people who are 18 and over before they engage in any type of employment
- SSN is composed of three parts **123 – 45 – 6789**
 - The first three digits are the area numbers and are based upon the zip code in the applicants mailing address on the original application form
 - The second two digits are the group no's ranging from 01 to 99 which serve to break the SSN's with the same area no's into more manageable blocks.
 - The last four digits are the serial no's run in order from 0001 to 9999 within each group designation.
- The date of birth is entered in mm/dd/yyyy format e.g. 21st Feb 1999 is entered as 02/21/1999

- Medical Insurance
 - Primary insurance ID no. and Group no.
 - Insurance ID no. is unique for each policy and group no. may not be unique, as it is assigned to a company to group together employees
- Registration Form Checklist
 - For each new registration form received be sure to check that :-
 - The patient does not already exist in CMD/TCMS
 - This can be checked by the patients first and last name, their SSN no. or by DOB.
 - If the patient already exists then verify that what is on the registration form matches what is in CMD/TCMS. Update any new information that may appear on the registration form.
 - If it is a new patient create a new account in CMD/TCMS
- Creating a new patient account in CMD/TCMS
 - Enter the patients name
 - A name has three components first name, middle initial, last name.
 - When a comma is inserted in a name it is to indicate the last name, first name format
 - Enter patients gender
 - Enter patients DOB
 - Enter SSN No.
 - Enter Marital Status
 - Enter patients address
 - There are four important parts to a patients address
 - Street address (House no. Appt No. Street No. Avenue, Road, Drive etc...)
 - City Name
 - State
 - Zip Code

- ZIP Code
 - ZIP stands for Zone Improvement Plan. ZIP codes are not only used for tracking of mail but for gathering geographical statistics in the US.
 - The first digits represent a certain group of states, the second and third digits together represent the region in that group or perhaps a large city. The fourth and fifth digits represent more specific areas, such as small towns, regions in that city. E.g. 1-23-45. written as "12345"
- Enter the home phone no. which in the US is always a 10 digit no. E.g. 123-456-7890
- Enter insurance name and address
 - Always check the insurance card if address is not mentioned on the insurance card always use a common address
 - Enter the insurance ID
 - Enter the subscriber information
 - Subscriber is the default policy holder

REGISTRATION FORM

Primary Care Physician: Dr. K. Hughes Account # 812727

Name: [Redacted] A [Redacted]
First Middle Last

Address: 351 N. 12 St.

City: NEWARK State: NJ Zip: 07107

Home Phone: 973-484-6474 Cell Phone: 973-615-8377

Birth Date: [Redacted] Age: 52 Social Security #: [Redacted]

Employer: NATIONAL MACHINE TOOL EXCH. Occupation: SALES

Address Street: 158 PARIS ST. City: NEWARK

State: N.J. Zip: 07105 Phone: 973-3446100

NAME OF INSURANCE:

Plan1: Horizon

Subscriber 1: Self

(Policy Holder)

Subscriber Social Security # [Redacted]

Birth Date: [Redacted] Sex: (M) F

NAME OF INSURANCE:

Plan2: _____

Subscriber 2: _____

(Policy Holder)

Subscriber Social Security # _____

Birth Date: _____ Sex: M F

Employer 1: NATIONAL MACHINE TOOL EXCH. Employer 2: _____

Street: 158 PARIS ST. Street: _____

City: NEWARK State: N.J. City: _____ State: _____

CollaborateMD 8.3.7 --- PSYCHIATRIC CENTER LLC- 241408, 249301 <<< RANDALL, BRIANA -- #19851204 DOB: 12-29-90 [F] >>>

Save Close Review

1 Patient 2 Insured 3 Other Insured 4 Misc. Info. 5 Activity 6 Eligibility 7 Appointments 8 Documents

Account# Complete Yes

Account Type Insurance

Last Name First MI Copy Insured Address

Address

City State Zipcode

Home# Work# Ext Cell#

Birthdate Sex Female SS# Dup.Check

Info

Email

Drivers Lic.

Defaults History Notepad Alerts Referring/PCP Facility Emergency Contact Statements Custom Fields

General

Marital Status Unknown Student Status Not a student

Employed Status Unknown Residence Type Private Home

Meaningful Use

Ethnicity Language English

Race

Set Provider AFZAL, ANEETA #10044149

Office PSYCHIATRIC CENTER LLC 324 W. HALE ST

Default ICD

Default CPT

*The above fields and codes are defaults. You must use the Claim Section to enter the actual claim.
 *ICD codes 9 through 12 only apply to ANSI 5010 claims.

- Super-bill
 - What is it ?
 - It's a form that is generated at the Dr's office for each patient visit.
 - It serves to communicate confirmation about the number and type of services provided by a medical provider
 - The provider's signature on this form will make it a legal document and attest to the fact that services were performed and may be billed for.
 - A super-bill is also known as an encounter form or a charge slip.
 - When is it used ?
 - When a medical provider wants to bill for services provided to a patient (new or existing)
 - How many types of Super-bills are there ?
 - Office Super-bill
 - Hospital Super-bill
 - Nursing Home/Custodial Care Super-bill

TYPES OF MEDICAL BILLS

Walk-In Medical Center
1001 Route 130 South North Brunswick, NJ 08902

Patient name: ORFID, AHMEDULDEIN DOB: 02-12-1991 Age: 18 Phone: (732)297-8001		Physician name: AT YASADDEEM Insurance: HORIZON BCBS NJ Appt type: GENERAL CHECKUP		Copay: \$ 15.00 Previous balance: \$ 0.00 Time of service: 10:30 Date of service: 01-18-2018	
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Office Visit	Immunizations	Newborn
99202 New Pt. Low to Moderate	90709 DTaP	87797 Newborn Counseling
99203 New Pt. Moderate	90710 HIB v3/c	86277 Pulse Oximetry
99204 New Pt. Moderate-High	90721 DTaP/ Hib Combo	86207 Newborn Hearing Screen
99205 New Pt. High Comp	90727 MMR	85136 Trigger Point Rx
99211 Establish Initial	90733 IPV	85118 Pain Crn
99212 Establish 1-3 mos	90739 Polio	85142 Anal
99213 Establish 3-11 mos	90739 Varicella (Chicken Pox)	85125 Typh/Medication
99214 Establish 11-17 yrs	90734 Tetanus 5d y.o.	
99215 Establish 18-44 yrs	90735 Tdap, 11-16 y.o.	
99217 NP Prev Age 0-3 yrs	90734 Hepatitis B Prod/Adol	
99222 NP Prev Age 3-4 yrs	90746 Hepatitis B Adol	
99223 NP Prev Age 5-11 yrs	90758 Influenza Vaccine	
99224 NP Prev Age 12-17 yrs	90759 Pneumococcal	
99225 NP Prev Age 18-39 yrs	90760 RPD	
99226 NP Prev Age 40-64 yrs	90774 Menactra (1-55 y.o.)	
99227 NP Prev Age 65+	90733 Menomune (65+ y.o.)	
99231 EP Prev Age Initial		
99232 EP Prev Age 1-4 yrs	90711 Anal	
99233 EP Prev Age 5-11 yrs		
99234 EP Prev Age 12-17 yrs	90715 Allergy Test	
99235 EP Prev Age 18-39 yrs	90759 Anesthesia	
99236 EP Prev Age 40-64 yrs	90710 Ear Lavage	
99237 EP Prev Age 65+	90750 EKG with Interpret	
V70.0 Annual Physical	90709 General Exam	85970 Hematocrit
V72.0 Vaginal Exam	90709 Cervical Exam	45575 Hemo. Tests
V72.1 Vaginal Exam with Pap	90709 GYN	401.1 HTN
V72.84 Medical Clearance	90730 Conjunctivitis	272.4 Hypertension
V72.9 Vaginal Exam	90730 Gonorrhea	244.9 Hypertension
V79.0 School Sports Exam	90730 Gonorrhea	250.3 IDDM
789.07 Abdominal Pain	498.0 OCE	564.1 Irritable Bowel
905.8 Allergic Reaction	31.1 Dermatitis	723.9 Myocardial Cerv.
477.8 Allergic Rhinitis	292.9 Dermatitis	724.8 Myocardial Inf. Sp
300.00 Anxiety	326.8 OUP	715.98 Osteoarthritis
427.8 Arrhythmia	709.09 Fatigue	733.00 Osteoporosis
493.90 Asthma	619.5 Fibrocystic Breast	380.10 Otitis Externa
481.22 Asthma Exacerbation	228.1 Fibromyalgia	382.00 Otitis Media
600.00 BPH	535.9 Gastroenteritis	482.0 Pharyngitis
465.0 Bronchitis Acute	530.31 GYN	466.0 Pneumonia
727.3 Bursitis	278.9 GI Bleeds	535.90 PUD
414.00 Cyst	703.0 Headache	443.09 PVD
613.10 Vaginitis	268.2 Vitamin D Deficiency	300.9 Acute Mental Disorder
774.00 Over Weight	270.00 Urinary	720.35 Seizure of Muscle
487.1 Influenza Respiratory	487.3 Influenza Other	732.1 Skin Non-Specific Skin

Payments: ☐ Cash ☐ Credit Card Total Charge: \$ 15.00 Balance:	Return In / Follow Up: ☐ Day(s) ☐ Week(s) ☐ Month(s)	Comments / Notes: Physician's Signature:
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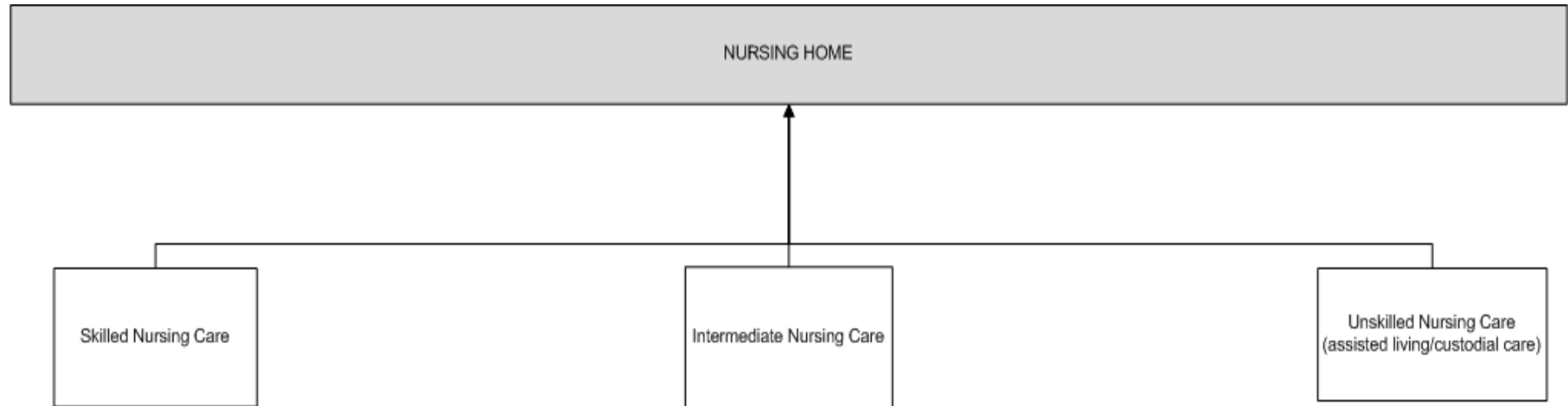
- Patient Name
- Insurance
- Date of Service – Date when patient visited provider
- Previous balance – Outstanding amount patient is responsible for
- **Co-Pay** (Co-Payment) – It is a fee paid by the patient at the time of visit. Co-pay is always specified by the insurance company and usually ranges between \$5 - \$30
- **CPT** – stands for Current Procedural Terminology, these are procedure codes that define the services delivered by a provider to a patient. Just as ICD or DX codes identify medical problems CPT codes identify services that are rendered to resolve the identified medical problems. A CPT code must match and ICD code. For your information, CPT codes are divided into 3 main subsystem, level 1, 2 & 3 each designated for a specified purpose.

- Level 1 codes
 - These are CPT-4, 5 digit numerical codes as devised by the American Medical Association (AMA)
- Level 2 codes
 - These codes identify products, supplies, materials and services which are not included in level 1. These include ambulance services, medical equipment and supplies that are used outside of a medical office. These codes are alphanumeric as they consist of 1 letter followed by 4 numeric digits
- Level 3 codes
 - These codes are developed by Medicaid state agencies, Medicare contractors and private insurers for use in specific programs. These codes are also called local codes and identify services for which level 1 or 2 codes have yet not been established.

- Name of referring physician
 - A physician who sends a patient to another provider for specialty care or services is called a referring physician it is usually the patients primary care physician (PCP)
- Referral Number
 - It is an approval no. that a PCP gets from an insurance company to allow a medical specialist to see his patient. It is the PCP's responsibility to obtain a referral no. from insurance companies whenever his patient requires specialized treatment.
- How is a Referral Number obtained and used
 - Contact insurance company by phone
 - Use Availity website
 - Use insurers website
 - Use Navinet website

- Hospital Superbill
 - What is it
 - It is a form that is generated by a providers office when hospital care is provided to a patient. This form serves to communicate information about specific hospital services provided by the medical provider.
 - Superbill attributes
 - Billing providers name and address
 - Hospital name
 - Patient name
 - DOB
 - Referring physician
 - Pre-authorization no.
 - Hospitalization date – Discharge Date
 - ICD-10 codes & CPT Codes
 - Note
 - Inpatient hospital visit – If a patient visits a hospital and his/her stay is more than 24 hours then it will be considered as an inpatient hospital visit (IH)
 - Outpatient hospital visit – If a patient stays in a hospital less than 24 hours then it will be considered an outpatient hospital visit (OH)

- **Nursing Home Superbill**
 - It is a form that is generated by a providers office when nursing home care is provided to a patient. This form serves to communicate information about specific nursing home services provided by the medical provider
- **What is a Nursing Home**
 - A nursing home is a licensed registered facility that provides care to people who do not need to be hospitalized or who have already been hospitalized and are now being rehabilitated.
 - Rehabilitating patients are those patients who are physically recovering from surgeries or injuries.



Points to Note on Nursing Homes

- Care provided is round the clock, day and night
- Nursing Homes also known as long term care facilities (a patients stay in a nursing can be permanent to temporary.
- Majority of the patients are the elderly
- Patients needing nursing care can also be younger patients suffering from functional disabilities (function disabilities can consist of developmental disabilities

- What types of care do nursing homes provide
 - *Skilled nursing care* – This type of nursing care is provided by trained, licensed nurses to patient, requiring regular medical care, as prescribed by their medical provider. This can include rehabilitation care after a major surgery or a speech therapy after an accident. This type of care help to significantly improve a medical condition to produce medically desired results.
 - *Intermediate Nursing Care* – This type of nursing care also requires supervision by a trained nurse, as determined by a medical provider. However, this care need not be provided on a daily basis. Patients requiring injections usually avail themselves of intermediate nursing care.
 - *Unskilled or Custodial Care* – This type of care provides assistance to patients in daily activities such as bathing, toileting, eating and dressing. While custodial care must be supervised by a doctor, it need not be provided by a skilled nurse; usually, nurse aides are enough to carry out custodial care.

MEDICAL INSURANCE (PART – I)

- What is it ?
 - It is a method of funding during treatment. This funding is provided by a medical insurance company under a health plan, which is simply a contract between an insurance company and a subscriber.
- When is it used ?
 - When a patient received costly medical treatment, which is too expensive to be paid from pocket.
 - When a medical provider wants to bill for the medical services provided to the patient
- What are the benefits of medical insurance ?
 - Peace of mind that one will receive proper medical attention when a need arises.
 - Peace of mind that one is covered from the impact of large medical bills
 - Peace of mind that the insurance company will make all administrative arrangement for medical treatment

MEDICAL INSURANCE (PART – I)

- How does one choose a medical insurance health plan ?
 - Choosing a specific medical health plan requires a subscriber to take into account the following points:
 - Doctor (PCP)
 - Location
 - Availability
 - Part of the network or not
 - Specialist
 - Location
 - Availability
 - Part of the network
 - Is approval from a PCP always required to see the specialist ?
 - Pre-existing condition coverage
 - A condition for which a patient has received treatment or experienced symptoms before applying for a medical insurance
 - NOTE: HIPAA ensures coverage for preexisting conditions if one is joining a new group plan from his/her employer and was insured during the previous twelve months
 - Is PCP's approval required before getting emergency care ?

MEDICAL INSURANCE (PART – I)

- Hospital and emergency care
 - NOTE: “Emergency” needs to be defined, as insurance may have a different definition
 - Is PCP’s approval required before getting emergency care ?
- Regular physical exams
- Prescription drug coverage
 - Complete coverage/no coverage at all
- OB-GYN Exams
- Additional Services
 - Drug and Alcohol Rehabilitation
 - Mental health Care
 - Counseling
 - Nursing home care, etc

MEDICAL INSURANCE (PART – I)

- Costs
 - How much premium?
 - Definition: A premium is the monthly fee (can be bi-monthly or as agreed upon with the insurance) that a subscriber pays to the Insurance company. Premium depends on how wide the health coverage is and how high/low the yearly deductible is.
 - How much deductible ?
 - Definition: A deductible is the amount that a subscriber needs to pay to the provider before the insurance company begins to pay for the services. Deductible is paid annually.
 - Notes on deductible:
 - Can be individual and/or family
 - Can be in-network and/or out-of-network
 - Higher deductible usually implies lower premium

MEDICAL INSURANCE (PART – I)

- Definition: Co-insurance is a percentage amount that a patient pays on pre-set 80/20 basis. That is, the health plan pays 80% of the allowed amount and the patient pays the remaining 20%. Co-insurance amount comes into play after deductible has been met. Co-insurance, like co-payment, is the subscriber's share of the medical costs.
 - Example:
 - Deductible has been met
 - Coinsurance provision is 80/20
 - Total billed amount of the claim: \$300
 - Co-Pay: \$20
 - Insurance allowed: \$200
 - Insurance paid: $80\% \times \$200 = \160
 - Charges Paid: $\$20 + \$160 = \$180$
 - Co-Insurance responsibility $\$200 \text{ allowed} - (80\% \times \$200) - \$20 = \20
 - Notes on Co-Insurance
 - It is the most misunderstood term
 - Can be set at 80/20, 70/30 or 90/10 basis
 - Once a specified maximum has been met, all eligible expenses over the co-insurance amount are paid in full

MEDICAL INSURANCE (PART – I)

- How much Co-Payment ?
- Note: Co-payment is a fixed amount a patient pays upon visiting the doctor's office, a hospital, or an emergency room. Paying co-pay does not reduce the deductible or the co-insurance. Co-payment can be considered as "fixed sharing of medical costs"
- Exclusions
- What services are not covered.

MEDICAL INSURANCE (PART – I)

Top Medical Insurance Carriers:

- Medicare
- Medicaid
- Blue Cross Blue Shield
- United Healthcare
- Aetna Healthcare
- Cigna Healthcare
- Oxford Health Plans
- Humana
- Worker Compensation
- MVA

THANK YOU

