

The claim form, in an over simplified way -- is a short story about a healthcare encounter. But the story unfolds using myriad coding systems rather than narrative. The claim form's many data fields accommodate interesting sidelines that helps embellish the story for the reader and most importantly, the payer. Oftentimes it is these embellishments or lack thereof, that affect payment for services.

Fundamental to the story is a description of just what the episode is about, namely -- it's diagnosis. But it is expressed using an ICD-9 code to explain the story theme; whatever the medical condition is. A procedure code, also expressed in ICD-9 format explains just what medical intervention was performed to employee.

what medical intervention was performed to ameliorate this medical problem.

The encounter is embellished by completing other data fields on the claim form that an insurer may require. They provide context. And of course payment may be dependent upon these related service details. The coding schemes for these data elements are several. They may be issued by professional medical societies (i.e. CPT Codes), governmental agencies (i.e. provider numbers, locator codes) and unique internal Finance department (i.e. chargemaster) service codes. Advancements in

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medicine and new technology result in new and modified coding schema. These coding schemes require annual updates to maintain current and accurate codes for the provider entity. Accuracy and completeness improve cash flow!

Rest assured -- the insurer databases and coding tables are updated. Software edits will locate any coding conflicts between provider and insurer and almost certainly result in payment denial. Coding conflicts or incomplete coding can be prevented by the periodic updating of all database and reviews with knowledgeable clinical staff. The introduction of new medical technology may result in a slight code adjustments to delineate subtitle distinctions about medical tests and procedures. Payment denials can be for many reasons; procedures unrelated to the physician specialty will quickly be suspect, procedures performed at a location not certified for those services will be denied.

While The Claim Form may not be the most compelling story ever told, it is the logic and completeness denoted in its many data elements that make it a logical story -- and one deemed worthy of payment.