

You Don't Know What You Don't Know: The Ten Commandments of Dental Billing

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One key area where there is the least overall guidance and understanding in the dental industry is dental billing. Providers generally have minimal training in business management and billing, and as a result their staff is poorly trained. Co-workers learn weak practices on the job and pass this faulty knowledge on to others, in turn. Availability of standardized training in the day to day operations of the dental business—understanding of accounting practices, insurance coverage and practices, coding, billing—is limited at best; there are no schools and few associations one can turn to for guidance based on experience implementing protocols that work. It's straightforward but complicated and constantly evolving due to changes in various regulations. Few really know the basics, let alone being truly efficient, proactive, and skilled at generating and maintaining the revenue stream which allows the practice to thrive and serve patients successfully.

How can we blame the team for not knowing what they don't even know that they don't know?

How does this impact the practice? At the forefront it is the provider's responsibility, and it is the provider who pays the price because poor practices affect cash flow and the bottom line. When money that should be coming in every day is mired in unresolved claims and unpaid patient balances, there is a low prudent reserve for business operations. For many, the obvious answer is to work harder and increase production. While it is good to work hard and to help your staff become more productive and efficient, it is usually not the solution because it doesn't address the real problem. And when you put in more hours, see more patients, sell more products, and get more done, what good is it when all this extra productivity goes into an inefficient billing system that doesn't get you paid?

The problem isn't about making more money by growing the patient base, performing more procedures, growing and expanding, and/or hiring more staff, it's about getting the money that's already there, or should be. Practices with high accounts receivable in claims and balances need to look at their operations and patient management and make positive changes, or have experts do the job for them. Evaluation of current operations protocols (or lack thereof) will reveal the specific areas where improvement will have the greatest impact on the business, and training of staff in new protocols that will promote success on the business end will help get things up to speed.

Follow the ten commandments of dental billing to strengthen your revenue stream:

- 1) Thou shalt verify benefits every time:** This is a daily consumption of valuable time and resources but a necessary evil. It gives you and the patient the best idea of everyone's financial responsibilities BEFORE a treatment agreement is signed. It reduces potential financial conflict with patients. Establish effective protocols, use e-services and software whenever possible, and make no guarantees to patients—you're not responsible for the insurance company—but do your best to inform the patient so they can make the right decisions.
- 2) Thou shalt obtain supporting documentation during every visit:** Whatever you see, document it. Pictures, x-rays, and complete chart notes help paint a picture for patients and insurance companies. An effective treatment plan, supported by pictures and other thorough documentation, makes sure you're covered regardless of the circumstances.

- 3) **Thou shalt provide a treatment plan estimate:** If you expect patients to make an informed buying decision, you must inform them. They have the right to make their own choices and anything you do to educate them will help avoid conflict most of the time. You don't want to schedule patients who do not think they can pay or who feel forced into it because regardless of the circumstances, this creates animosity.
- 4) **Thou shalt use a financial agreement:** The purpose of a financial agreement is to collect and present the key financial information patients need to accept treatment. This gives you something to stand on if issues arise. It also states plainly what the charges are, what insurance is expected to pay, and what will be due from the patient (and when).
- 5) **Thou shalt collect a fee at the time of service:** This is good for everyone. Patients may be reticent to pay, but in the end, they'll be happy to have a reduced balance afterward; you get something before you work, and the revenue stream continues to flow.
- 6) **Thou shalt submit insurance claims thoroughly and regularly:** Claim submission sounds simple, and it is, which is the danger; overlooking anything holds up the process, which creates headaches for your staff as well as patients. A little more work and diligence on the front end saves time and hassle later. Claims for completed procedures must be created and batched. Each procedure needs supporting documentation. Rejected claims must be reviewed, corrected, and resubmitted. Electronic remittance must be carefully reviewed, managed, and cleared.
- 7) **Thou shalt keep accurate and thorough accounting of EOBs and EFTs:** What was done, and what was collected? If your staff is diligent and thorough, following solid procedures that keep things moving forward efficiently, everyone is properly informed and the money coming in from insurance is accounted for.
- 8) **Thou shalt properly manage patient balances in a timely manner:** This flows from 7 above and prevents unnecessary strain for patients and staff that arises when things aren't as they should be. Mistakes happen, but it's much better to have all your ducks in a row when the patient calls with questions. If the patient has paid some up front and insurance claims have been dealt with, the patient is responsible for what's left-or they receive a credit if the insurance coverage was greater than anticipated. In the end, timely and accurate accounting of this saves trouble for everyone.
- 9) **Thou shalt not forget unresolved claims:** Once the dust has settled it's easy to lay things aside and forget them. Lackadaisical follow-up allows patients' issues to fall through the cracks, and revenue to go uncollected. It costs money and creates potential for bad will with patients. Staying on target keeps the issues up front until all is resolved and everyone can move on.
- 10) **Thou shalt handle collections in a pleasant but fair manner:** Nobody likes having to owe money; most patients really want to pay, and you certainly don't want to lose patients because you lost patience. But if a patient won't pay, it may be time to send them to collections. Nobody wants this. Fear of backlash from social media and unfavorable reviews, mistakes on the part of their staff, or hits to one's reputation should not deter you from doing what you must. To prevent or mitigate potential problems, keep in place a fair and firm billing policy where everything has been detailed up front and documented.

By following this basic plan, a dental office can implement practices that enhance cash flow, harnessing the income already in the practice rather than trying to generate more income. Proper procedures carried out by well-trained staff can be the difference between a practice that thrives and one that just survives. Often, it helps to outsource the training of staff and the maintenance of some protocols and accounting. This keeps staff focused on their jobs, and keeps you doing YOUR job: taking care of patients!

The 10 Commandments of Dental Billing (read more in my articles and on our website):

- 1) Benefits verification
- 2) Obtaining supporting documents during visits
- 3) Treatment plan estimate

- 4) Financial agreement
- 5) Collection at time of service
- 6) Claim submission
- 7) EOB/EFT accounting accuracy
- 8) Patient balance management
- 9) Unresolved claims management
- 10) Send to collections.

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