

The Industry's Guide to Private Medical Billing



HCISMKT-100 v1

Experts in Online Solutions for Smarter Healthcare... 'code for Success

This document contains information about industry guidelines to medical billing in the private health sector.

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Contents

| The Industry's Guide to Billing | 4 |
|---|---|
| Billing Guidelines | 5 |
| | _ |
| About the Invoice | 5 |
| About You | 5 |
| About the Patient | 5 |
| About the Treatment | 5 |
| Invoice Template for Paying Organisations | 6 |
| | |
| Invoice Template for Self Pay Patients | 7 |
| More Information | 8 |
| | |

The Industry's Guide to Billing

To help medical professionals, particularly those new to private practice, Healthcode has put together medical billing best practice guidelines. The Industry's Guide to Billing encourages medical professionals to bill to a standard using a set of common information to ensure the payor has sufficient information to settle the invoice on receipt.

- About the Invoice
- About You
- About the Patient
- About the Treatment



"At PruHealth we are committed to making invoice submission as simple as possible. Healthcode's billing and validation tools provide a safe and efficient way to submit your invoices with confidence that you have included all the information we need to assess and settle your bills quickly, while also saving you the time and cost of paper administration." Luke Mcclaran

Consultant Relationship Manager, PruHealth

"Aviva actively encourage our registered Healthcare professionals to use Healthcode and enjoy the benefits of electronic billing, bringing simplicity and clarity to the process and ultimately improving cash flow with faster payments." Caroline Whillock

Senior Procurement Manager – Specialists, Aviva

"As acknowledged experts in private healthcare billing, Healthcode are ideally qualified to produce these industry standards. By following this guide, independent practitioners can ensure their submitted bills are complete, correct and ready for payment. Leigh Dulake Technical Developer, AXA PPP healthcare



Billing Guidelines

To ensure the payment process is seamless, the following key information should be included on a private medical invoice:

About the Invoice

- Invoice number
- Invoice date

About You

- Full name
- Provider number or professional number
- Specialty
- Billing address
- Payment details

About the Patient

- Patient name
- Date of birth
- Insurance company or paying organisation
- Patient policy number if insured
- Patient address
- Diagnosis code and description
- If you are not the lead consultant, you will need to provide the name of the consultant in charge of the overall patient care including their provider / professional number.

About the Treatment

The following information is required for each treatment being invoiced:

- The type of care delivered e.g. in-patient, out-patient, day case, consulting room or other
- Date of treatment
- Service delivered
- Procedure code and description if applicable
- Total amount

The above is the industry <u>standard</u> required for private medical billing. However, some insurers may not require diagnosis information.

To assist you, we have produced two medical billing templates available for you to download:

- Invoice template for organisations
- Invoice template for billing direct to the patient

Invoice Template for Paying Organisations

| ddress ddress ddress OSTCO | Line 2 Line 3 | | | | | | | | |
|--|------------------|-------------------|---|----------------|---|-----------------------|----------------|--------------------|--|
| 55100 | UE | | | | | | | | |
| voice [voice | | | | | | | | | |
| CONSU | JLTANT INFO | RMATION | | | | | | | |
| Title: | | Surname: | | | | Firstname(s): | | | |
| the insurer issued with number. O | | | professional | Specialty: | | | | | |
| Telephone no: | | | Email: | | | | | | |
| Billing address: | | | | PaymentDe | Payment Details: | | | | |
| | | | | BACS Trans | | | | | |
| | | | Accountno: Sortcode: | | | | | | |
| | | | | Cheque: | | | | | |
| PATIEN | | ΓΙΟΝ | | | | | | | |
| Title: | | Surname: | | | Firstna | me(s): | | | |
| Paying Organisation: | | | | Policyr | Policy no: (If applicable) This is the number issued to t patient by the insurer. | | | | |
| Patient | Address: | | | | D.O.B: | | | | |
| | | | | | Authori | sation no: (If availa | able) | | |
| | | | | | The pre from the | | le obtained by | you or the patient | |
| lfyou ai | re not the lead | consultant, pleas | e provide the | name of the c | onsultant | in charge of ove | rall patient c | are. | |
| Name o | flead consulta | nt: | | Provider / p | rofession | ial no: | | | |
| TREAT | MENT DETAI | LS | | | | | | | |
| location of treatment: | | | icate when treatment was carried out. The admission and discharge dates are r inpatient care | | | | | | |
| Diagnosis code / description: (If applicable) | | | | | | | | | |
| | MENT CHAR | GES&FEES | | | | | | | |
| Pleasei | include code ar | nd description of | procedure wh | ere the treatm | nent was p | procedural. | | | |
| DATE OF TREATMENT | | | DESCRIPTION / PROCEDURES | | | TREATMENT SETTING | | FEE | |
| Description of the service procedure information if th procedural. Procedure of the CCSD website or the website. | | | hetreatmentw odescan be fo | as und on | Where the treats carried out (i.e. i outpatient, day o consulting room | npatient, ase or | | | |
| | | | | | | | | | |
| | | | | | | TOTA | LAMOUNT: | £0.00 | |

Visit **<link>** to download a private medical billing invoice template.

Invoice Template for Self Pay Patients

For self-pay patients, the below template can be used to directly bill the patient.

| Address Line Address Line | | | | | | | |
|--|--|--|--------------|--|--|--|--|
| | | Addre | ess Line | | | | |
| | | | OSTCOL | | | | |
| | | Phon | e Numb Em | | | | |
| Att: | | | | | | | |
| Address Line 1 Address Line 2 Address Line 3 POSTCODE | | | | | | | |
| Invoice Number: Invoice Date: | | | | | | | |
| | INVOI | CE | | | | | |
| Patient Title: | itient Surname: | | | | | | |
| Patient First Name(s): D.O.B: | | | | | | | |
| | Treatment | Details | | | | | |
| Date of Treatment | Description/ Procedures | Treatment setting | F | | | | |
| Should indicate when the treatment was carried out. | Description of the service carried out and procedure information if the treatment was procedural. | Whether the care is delivered as an inpatient, outpatient, day case, or consulting room. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Amount due: | £0 | | | | |
| Cheques must be payab transferred to [your nam | le to [payee name] and posted | t payment terms] by cheque or BACS to the above address. BACS payments Account number [insert account num] me: [insert account name]. | s must be | | | | |
| REMITTANCE: Plea | se return with cheque or t | o notify of BACS payments to [yo | our nam | | | | |
| Invoice Number | Na | ame | | | | | |
| Chaque enclosed 6 | | | | | | | |
| Cheque enclosed £. | | | | | | | |

Visit **<link>** to download a private medical billing invoice template for direct patient billing.

More Information

More information about procedure codes and descriptions can be found on the CCSD website and insurer fee schedules can be found on the respective insurer website.





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