

# Holding Superbills

## Quick Reference Guide for RCM Clients

### You may have noticed....

We have begun using one of the newer features of OP, which allows you to group superbills by the reason that they have not yet been converted. We find that grouping and labeling the superbills allows both our team and your team to know where things stand and highlights items that may need to be worked.

### What does this mean for my office?

When we receive a claim that looks ready to go out the door (and marked ready to go out the door by your office), we are doing a few additional checks for things like active insurance and coding for age. If we find that the superbill is missing something that would otherwise cause it to reject or deny, we are going to move it to one of the HOLD buckets for your team to review. Once your team has reviewed it, you can move it back to READY which signifies to our team that you have fixed it.

The goal is to reduce the number of claims that we receive rejections and denials on, which could have been caught earlier in the process. While we don't expect to eliminate rejections and denials, this should help to reduce them. Additionally, it will decrease your pay cycle, meaning you get paid more quickly!

### So how does it work?

When our team finds a superbill that is not ready for conversion or when we receive a first level rejection, we will move the superbill for that patient to the appropriate HOLD status. We will also message you on each superbill that is moved to the hold status so that you know where to look for it. When you receive a message from us about a patient on HOLD, you should navigate to the superbill to find and correct the issue. Our team will add comments to the superbills to help you determine what the problem is whenever possible.

There are two ways to find the patient's superbill:

#### Option 1: Billing → Patient Chart → Account → Charges

SUPERBILL (UNPOSTED) CHARGES													
Claim #	Date	CPT	Mod	CPT Description	Units	Revd	Serv	ICD10 1	ICD10 2	ICD10 3	ICD10 4	NDC ID	Couns?
2	8/19/2019	87880		STREP A ASSAY	1								<input type="checkbox"/>
2	8/19/2019	99202		OFFICE/OUTPATIENT	1			J02.0					<input type="checkbox"/>
2	8/19/2019	87430		STREP A AG, EIA	1								<input type="checkbox"/>

#### Option 2: Billing → Billing → Superbill → Choose radio button for "HOLD"

Patient Name :													
2	08/19/2019	87880		STREP A ASSAY W/OPTIC									Ready
2	08/19/2019	99202		OFFICE/OUTPATIENT VISIT, NEW				J02.0					Ready
2	08/19/2019	87430		STREP A AG, EIA									Ready

Once you have located the patient's charges, determine and correct the problem. Once the problem has been corrected, move to the superbill stage field and change to "READY".

You will notice that all superbill charges associated with the encounter will automatically change to Ready. If you are unable to correct the issue with the superbill, please message us back to discuss next steps.

The below are some common examples of issues you may see:

- If the patient's charges are in **Hold - Missing Insurance**, they are likely not eligible with the insurance marked "Active" and "Primary" in the patient's chart. Once you have updated the patient's insurance, please change back to ready. If you are unable to find an issue with insurance, make sure you confirm demographics as well (patient name, DOB, subscriber info).
- If the patient's charges are in **Hold - Missing Information** or **Hold - Other Reason**, it is likely that there is a coding issue with the patient's claim. Make sure that your office visit and all associated codes are included. Also ensure that the diagnoses and CPTs chosen match the patient's age.
- If the patient's charges are in **Hold - Missing Credentials**, it is likely that we do not have you listed as a credentialed provider with the insurance or that there is another issue with credentialing (recertification, NPI, Tax ID, etc). Once updated, we will submit all of these claims.

## What else?

- If you want to review all superbills on HOLD, you can do so using Option 2 listed above.
- At some point, we would like to get to the point where we can message you once a day to let you know how many are on hold. If you would prefer that we start doing that now (instead of one message per patient), feel free to let your biller know!
- Other Resources:
  - Reviewing, sorting, commenting on superbills: <https://op.knowledgeowl.com/help/reviewing-open-superbills>
  - Billing Center: Superbills: <https://op.knowledgeowl.com/help/electronic-billing-center-superbills>
  - Auto-populating superbill charges: <https://op.knowledgeowl.com/help/how-charges-get-to-the-superbill>