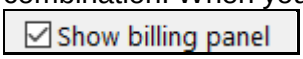
Scrubbing Superbills & Common Modifiers

Quick Reference Guide for RCM Clients

What does it mean to “scrub” a superbill?

Superbills are automatically generated through the charting process in OP. Specific processes, including completing labs and surveys and administering vaccines, generate charges to be attached to a superbill for that day. Before a superbill is converted into a claim, it is critical that they are reviewed for missing or invalid information. Once converted to a claim, this will be what gets sent to the insurance payer.

How should I review my superbills?

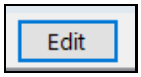
From the tracking screen, you can easily see all of the superbills for a specific day and provider combination. When you are on the tracking screen, you will want to select 

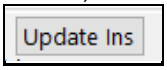
to be able to see all of the charges associated with each visit. Once you have done this, you will see options on the far right panel that you can utilize to review the superbill.

What should I be reviewing for?

The following items should be reviewed on each superbill. This may require that you check the chart notes to confirm what services the provider has performed.

- Correct Patient Insurance (confirm that this was validated for the patient)
- Correct Date of Service on each CPT
- Correct CPT Codes
- Correct Diagnosis Codes (associated with correct CPTs if applicable)
- Correct Rendering Provider (based on who actually saw the patient)
- Correct Copay/Deductible/Coinsurance amount or balance amount entered
- Correct Location

As you are reviewing, you may find that there are items that need to be corrected. Most of these items can be corrected by clicking on the 

button on the right hand side panel. Here, you can correct the rendering provider, supervising provider, DOS, CPT codes, diagnosis codes, and location. To correct the patient’s insurance, you will want to click the 

button and make any changes in the patient’s chart.

What about modifiers?

RCM will add most modifiers to your claims. There are specific modifiers that may need to be added by your office, as RCM will be unaware they are needed. The following modifiers are the only ones that you need to consider adding to your claim(s):

- Modifier 24: Unrelated E&M service performed by the same physician during the postoperative period
  - Most often used to indicate a secondary sick/well service performed within the global period of a small procedure (IE: wart removal)
- Modifier 50: Bilateral procedure
  - Most often used to indicate that a procedure was performed bilaterally for a CPT that normally indicates a one-sided procedure
- Modifier 52: Reduced services
  - Most often used to indicate a bilateral CPT that was performed only on one-side, but can be used for any sort of reduced services
- Modifier LT and RT: LT = Left Side and RT = Right Side
  - Used to indicate which side a procedure was performed on
- Modifier 76: Repeat procedure performed by the same physician
  - Most often used to indicate the same procedure performed on the same day by the same physician
- Modifier ET: Emergency services
  - Most often used to indicate procedure was performed on an emergency basis
- Modifier HA: Child/Adolescent Program
  - Most often used to indicate that this procedure was a “catch up” service because it was not done during the normal age bracket for the child. To note: this modifier can also be required by payers. When it is required by a payer for all/most claims, RCM will apply that modifier. The office should only apply this if it is a unique situation for the child.

When you have completed reviewing your superbill, you will want to mark it Ready to Bill so that the RCM team is aware that this claim is ready to be submitted. Please see our Ready to Bill QRG for information on how this can be accomplished.