



Business Health Care Group

Driving Meaningful Change

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Learn More – Module 2

Medical Claim Process

It starts when you receive care. The doctor writes notes in your chart

Then, the doctor or office staff will take a routing slip full of service codes, and check off the codes of the services you received.

Medical claims are all about the codes. A billing person puts those codes into a claim form and sends it electronically to the insurance company or claims administrator. They're the ones who figure out how much your plan will pay, based on those codes. Then they send you this EOB. Accuracy of the codes really matters.

For example, some plans pay a higher percentage for preventive care than for other types of care. So if you go in for a preventive checkup, but the exam is mistakenly coded as "problem-focused," then the claim won't be paid right. You could pay more than you have to.

There are thousands of codes, and someone could easily check the wrong one, or misread what someone else wrote. And if the claim is coded wrong, the benefits won't be right.