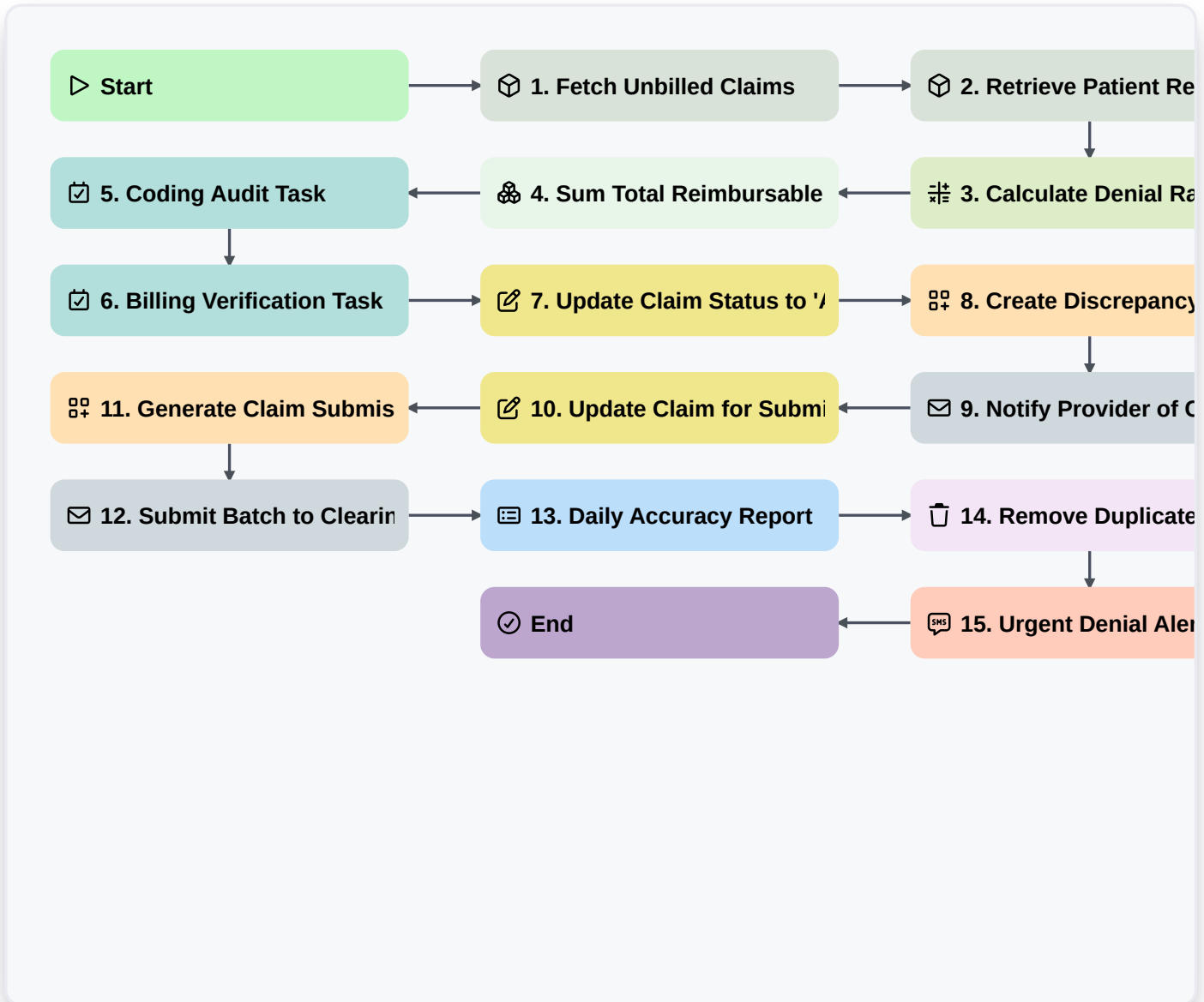


Medical Coding And Billing Accuracy Process



Start

Start of the Workflow/Process.

1. Fetch Unbilled Claims

Retrieve all entries from the 'Claims' data model where status is 'Encoded' and billing status is 'Pending'.

2. Retrieve Patient Records

Get patient demographic and encounter details from the 'Patient' and 'Encounters' data models to verify coding accuracy.

3. Calculate Denial Rate

Calculate the percentage of denied claims versus total claims submitted in the current period.

4. Sum Total Reimbursable Value

Aggregate the 'Expected Reimbursement' field from all selected claims to calculate total revenue potential.

5. Coding Audit Task

Create a task for a Senior Medical Coder to review the ICD-10 and CPT codes for accuracy against the clinical documentation.



6. Billing Verification Task

Create a task for the Billing Specialist to verify that all modifiers and insurance identifiers are correctly applied.

7. Update Claim Status to 'Audited'

Update the status of the processed claims in the 'Claims' data model to indicate the audit phase is complete.

8. Create Discrepancy Log

Create a new entry in the 'Audit Discrepancies' data model whenever a coding error is identified during the task.

9. Notify Provider of Coding Error

Send an email to the attending physician if a discrepancy is found that requires documentation clarification.

10. Update Claim for Submission

Update the 'Claims' data model entry to change status from 'Audited' to 'Ready for Submission'.

11. Generate Claim Submission Batch

Create a new entry in the 'Billing Batches' data model to group all verified claims for the day.

12. Submit Batch to Clearinghouse

Send an automated email notification to the clearinghouse service with the batch details.

13. Daily Accuracy Report

Create a summary report containing the total claims processed, error rate, and total value audited for the day.

14. Remove Duplicate Entries

Delete any duplicate claim entries identified during the reconciliation process.

15. Urgent Denial Alert

Send an SMS to the Billing Manager if a high-value claim is flagged with a critical rejection error.

End

End of the Workflow/Process.