Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

Improve Communication, Patient Retention and Cash Flow

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Is your goal to improve communications between the doctor and the front desk; the front desk and patients; see more patients; and have a check-and-balance system for the financial aspect of the practice? If so, the "routing slip" is an easy system that, when used and followed, will allow you to meet these objectives. The routing slip consists of sections that communicate nonverbally specific information from the doctor to the patient, the office to the insurance carrier, etc. Here is a list of the various sections, what they contain, the purpose of each section, and instructions for use:

Identification: Contains the patient's name, date of appointment and account number.

Name:_____
Date:_____
Account Number:_____

Prior to sending the patient back to see the doctor, the front-desk CA completes this section to ensure that all charges, payments and adjustments are applied to the correct account. In most cases, the routing slip will be sent back with the treatment card or file with the patient to the front desk.

Next Appointment: The doctor indicates a program of care or when the patient is to be seen.

Next Appointment:
M T W TH F _____
__ Daily for ___# of days
__ x per week for ___# of weeks
__ x per month for ___# of months
__ Other____

When the patient arrives at the front desk, they will hand the treatment card and routing slip to the CA, who will then look the patient in the eye with confidence and use proper scheduling scripts. There should be no doubt when the next visit is to be scheduled, as the doctor has written it on the routing slip and confirmed it with the patient.

Services Received: The doctor indicates which procedures, services, and/or supplies the patient received.

__ 98940 CMT 1-2 Spinal Regions (cmt)
__ E0190 Cervical Pillow (cp)
__ 97035 Ultrasound (us)

After the patient has finished their treatment, the doctor checks the items the patient received and, after confirming the next appointment, will hand the travel card and routing slip to the patient to return to the front desk. The doctor will then go on to the next treatment room and treat the next patient.

When the patient gives the routing slip and travel card to the front-desk CA, the CA will now be able to itemize the services the patient received. Even though the fees are not written on the routing slip, the front desk will have a copy of the slip with the fees on it so they can itemize the services and fees for each item. It is not recommended that the fees appear on the routing slip, as it can be a distraction to both the doctor and patient. At one of my recent seminars, a doctor stated that he likes the patient to see what services they received and, in some cases, which ones they might not be charged for. All too often, the patients are given services at no charge and are not aware that there normally is a fee for the item or that they received a separately identifiable service because we bundled the services and fees. This can present problems down the road when the doctor decides to charge for a service for which they may not have charged in the past.

The front desk will enter all charges into the computer using the quick codes. Quick codes typically consist of one to five characters that are assigned to all services, supports and supplies. When the quick code is entered in place of a procedure or supply code, the computer automatically will pull up the correct CPT and HCPCS codes and required modifiers. Many offices have several fee schedules to prevent the use of incorrect codes or modifiers a particular carrier doesn't recognize. Usually, there are a minimum of three fee schedules: one for cash, insurance and personal injury cases; a second one for workers' compensation; and a third for Medicare. Each procedure has the same quick code, but depending on the fee schedule assigned to the patient, the computer will pull up the correct procedure codes, fees and modifiers, again minimizing the chance of claims being denied or returned due to improper coding.

Diagnostic Changes: Indicates diagnosis changes due to condition changes, as well as the date of onset.

New Diagnosis:_____
Date of Onset:_____
__ Illness __ Injury

One of the biggest challenges we have in our profession is communicating the patient's correct and current diagnosis. In my experience, the doctor has no problem communicating the diagnosis when the patient is seen for the first time. The problem is that they don't take the time to communicate to the insurance carriers when the condition changes and they eventually receive notices denying care because it was not "medically necessary" when, in fact, it was. A simple solution to this ongoing challenge is to have the doctor indicate that there is a new condition in this section, when they are first aware of it. The CA will then enter into the computer the new diagnosis and date of onset and whether it is an illness or an injury, ensuring that any related claims are submitted correctly.

Financial Accountability: Contains financial checks and balances for accounting purposes and accurate stats.

Previous Balance: $_____
Total Charges: $_____
Total Payment: $_____

__ Cash o Check #_____
__ CC Total Adjustment $_____
New Balance $_____
Posted to Ledger Card_____
Posted to Computer_____
CA_____

After the patient sees the doctor and the CA itemizes the charges and collects any fees due at that time, the totals are entered in this section. At the end of the shift, the CA will total up the number of patients seen during the shift and count the number of routing slips. They should be identical. If they are not the same, something has fallen through the cracks and must be fixed before the CA can proceed.

At the end of the shift and after everything is entered, the CA will run three adding machine tapes, totaling the charges, payments and financial adjustments indicated in this section. They will then run a day sheet. The day sheet itemized the charges, payments and adjustments for that shift/day. The three totals must match the totals on the day sheets. If they do not, each slip must be compared to the data entry in the computer until the discrepancy is found. Compare this to the process a bank teller goes through at the end of their shift. They must account for all money, both deposits and withdrawals, and they don't leave until it is reconciled. Whenever possible, the deposit should match the day sheet exactly.

Section F: Patient's Signature: The patient's signature is placed after the visit.

> I have received these services and I understand that I am responsible for services such as my deductible, co-insurance and any other non-covered services. I am satisfied with today's treatment and services.
>
> Signature:_____
> Date:_____

This section is optional and doesn't require much instruction, other than to state that it is completed after the patient has completed their visit. I have found this helpful when a patient stated they were not seen on that day or did not receive the services. I have used this in place of a sign-in sheet when an attorney or insurance carrier asks for a copy of the sign-in sheet. Finally, the routing slips are not kept in the patient's folders. They are kept in a batch, sorted by date. They usually are kept in storage, organized by date, for quick retrieval.

I know that for many, the thought of another form is overwhelming. However, when this slip is used, you will have improved patient compliance and fewer recalls; fewer denied claims due to medical necessity or incorrect coding; and improved control over the cash flow. In my opinion, these elements far outweigh the loss of patients not scheduling appointments because the front desk asked them when they need to be seen again; reports having to be written to explain medical necessity because you did not update the patient's claim when the conditions changed; and loss of income because you did not have checks and balances in place to ensure the flow of income.

If you would like a sample of a routing slip, please e-mail me at lisa_bilodeau@hotmail.com and place "RS" in the subject line.