Tips for Discussing Medical Coding with Patients

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Many times you will receive calls from your patients regarding claims not paid by their insurance and may even hear the following; "But my insurance says they'll pay for it if you change the code!"

That's probably not what the payer said, but it's what the patient heard. Patients' out-of-pocket expenses are at an all-time high, causing them to scrutinize their medical bills closer than ever. At the same time, medical insurances often provide minimal information in their explanation of benefits (EOB). As a result, patients may ask you for clarification about their statement.

For example, most patients understand their insurance covers a visit to an podiatrist and that they must pay a specialist copay, but they won't know the nail debridement during that visit is an outpatient procedure, which applies to their deductible. Their EOB might refer to the debridement as "outpatient surgery." Unaware that CPT codes (and their values) are unique for each situation, they are surprised by such additional charges.

While these everyday situations might warrant a coding review, in most cases they require a conversation with the patient about coding and insurance coverage. Here are a few tips to help you talk to patients about their medical bills.

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1. Identify the Patient's Real Question

Misunderstandings often arise when a patient isn't knowledgeable about their insurance plan. Take time to ask the patient basic questions about their insurance plan and coverage to determine how much they know. While a patient might question the coding, you might find the real source of their confusion lies with their insurance coverage. Establish the intention behind their question to eliminate a lot of unnecessary follow-up calls and questions.

2. Avoid Acronyms

When you're wrapped up in medical records and coding books, it's easy to forget that not everyone knows the meaning of the acronyms our industry uses such as ICD-10, CPT, HCPCS and E/M. Using these terms can frustrate and confuse a patient. Each of these terms can result in an unexpected fee, so patients need to know what they really mean when you talk about them.

Help patients understand by using terms they know. For example, instead of "ICD-10 code," say "your condition." Instead of "E/M code," say "your visit with your provider."

3. Show Empathy

Show empathy to make the patient feel you are genuinely listening.

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Sometimes that alone will diffuse a tense conversation. Use phrases such as "I understand why this is frustrating for you," or "Tell me what questions you have so I can help." Assure the patient that your goal is to help. If a straightforward answer on your part can quickly address their concerns, give them specific information to resolve the problem.

If you don't know the answer to their question, ask if you can call them back after you have reviewed their information. Tell them when you will call back and be sure to call them back at the designated time. This allows you to familiarize yourself with their records and consider what the patient has asked you. It also helps the patient feel you're taking their question seriously.

4. Build Trust

Help the patient understand the "why" behind your explanations so they feel satisfied and confident that you're giving them accurate information. A discussion about coding nearly always relates to money, which can trigger an array of emotions, and nearly always brings up the issue of trust. You must be able to speak with confidence, not just about the codes and how they were derived, but also the dollar amounts associated with each code and how their insurance responded. In the end, if the patient trusts you, they are much more likely to be satisfied.