

Medical Billing Software Setup Guide

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SET UP YOUR MEDICAL BILLING SOFTWARE FOR MAXIMUM EFFICIENCY

Choosing and configuring the right practice management and billing software can reduce claim denials by 30-40% and cut administrative time in half.

MODULE 1: SOFTWARE SELECTION

Types of Medical Billing Software

Practice Management Software (PMS): Handles scheduling, patient records, and billing workflow **Electronic Health Records (EHR):** Clinical documentation with billing integration **Standalone Billing Software:** Billing only, connects to separate EHR **Clearinghouse Integration:** The bridge between your software and payers

Top Medical Billing Software Platforms

Platform	Best For	Starting Price
Kareo	Small practices	\$110/mo
DrChrono	Multi-specialty	\$199/mo
AdvancedMD	Larger practices	\$429/mo
Athenahealth	Revenue cycle focus	Custom
Tebra (Kareo + PatientPop)	Growth-focused practices	Custom

Evaluation Criteria

- Clean claim rate capability
- Denial management tools

- Clearinghouse partnerships
- Reporting and analytics depth
- Support quality and availability
- Training resources
- EHR integration (if separate)
- Patient payment portal

MODULE 2: INITIAL SETUP

Provider Setup

For each provider, enter: - Full legal name (exactly as on license) - National Provider Identifier (NPI) - Tax ID / EIN - State license number(s) - DEA number (if applicable) - Specialty codes - Taxonomy codes

Payer Setup

For each insurance payer: - Payer ID (for electronic claim submission) - Payer address (for paper claims) - Filing limits (timely filing deadlines) - Coordination of benefits rules - Authorization requirements - Fee schedule (if available)

Clearinghouse Configuration

Your clearinghouse routes electronic claims to payers.

Top clearinghouses: Availity, Change Healthcare, Office Ally (free)

Setup checklist: - Provider enrollment with clearinghouse - Testing transmission with each payer - 835 ERA (electronic remittance advice) setup - 277 claim status setup

MODULE 3: WORKFLOW CONFIGURATION

The Optimal Billing Workflow

1. Patient check-in → Verify insurance automatically
2. Service delivery → Provider completes documentation
3. Coding → Automated code suggestions from documentation
4. Charge capture → Review and approve charges

5. Claim creation → System generates 837 EDI claim
6. Scrubbing → Edit checks catch errors before submission
7. Submission → Clearinghouse routes to payer
8. Acknowledgment → Confirm claim received by payer
9. ERA posting → Automatic payment posting
10. Denial queue → Work denials systematically

Setting Up Your Denial Workflow

Configure denial categories and automated routing: - Authorization denials → Prior auth team - Eligibility denials → Front desk - Coding denials → Coder review - Duplicate claims → Billing team review - Timely filing → Management escalation

MODULE 4: REPORTING SETUP

Essential Daily Reports

- Charges posted
- Claims submitted
- Payments posted
- Denial count by reason
- Accounts receivable aging

Key Performance Indicators (KPIs)

- First Pass Resolution Rate: Target 95%+
- Days in AR: Target under 30 days
- Denial Rate: Target under 5%
- Net Collection Rate: Target 95%+
- Clean Claim Rate: Target 98%+

Review KPIs weekly. Address outliers immediately.

Educational purposes only. Not professional advice. Results vary.