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Medical Billing Workflow Readiness Checklist

Turning Pharmacy Services Into Revenue With Medical Billing

Successful medical billing starts before the claim is submitted. Use this guide to choose one service, identify where revenue or audit risk may occur across the workflow, and select one practical change to strengthen billing reliability without disrupting pharmacy operations.

Start with one billable service.

Confirm the service aligns with:

- Patient need
- Pharmacist scope of practice
- Pharmacy space/staffing/equipment
- Payer/contract coverage
- Medical necessity requirements
- Documentation and coding expectations
- Follow-up/payment reconciliation processes

1. Pre-Visit

Goal: Prevent non-payment before the service happens.

- Eligibility screening
- Scheduling vs. walk-in triage
- Coverage under the contract
- Consistent capture of eligible patients

Common risk: Service provided but not covered = no payment.

2. Visit

Goal: Deliver care while protecting dispensing workflow and documentation quality.

- Technician intake or triage
- Pharmacist service delivery
- Real-time or structured documentation
- Plan for overlap with vaccines, walk-ins, and staffing limits

Common risk: Efficient service with incomplete documentation = coding and audit risk.

3. Post-Visit

Goal: Finalize documentation while details are still accurate and before coding decisions are made.

- Documentation finalized and checked
- CPT and ICD-10 selected
- Codes match the documented service
- Follow-up tasks assigned

Common risk: Documentation does not support medical necessity, the level of care, or code submitted.

4. Claim Submission and Follow-Up

Goal: Track the claim until payment is received and reconciled.

- Claim entry, claim review/scrubbing, and submission
- Rejection correction and resubmission
- Denial management or appeals
- Expected vs. actual payment reconciliation

Common risk: No tracking system = lost claims, missed appeals, or delayed payment.

5. Audit Readiness

Goal: Make sure records can defend the service if reviewed later.

- Service occurred
- Medical necessity is documented
- Level of care is supported
- Records can be retrieved when requested

Common risk: Clinically appropriate care may still fail review if documentation is incomplete.

6. Strategy Check

Goal: Confirm the service still fits your contracts, workflow, and patient population.

- The right services are being offered
- Low-value services are reviewed
- Billing processes are optimized
- Opportunities for new or expanded services are assessed

Common risk: No review = missed opportunities or continued low-value work.

Choose one workflow change to make first:

- Create a pre-visit eligibility checklist
- Add technician-driven intake or triage
- Convert some walk-ins to same-day scheduled visits
- Standardize a shorter documentation template
- Define who verifies billing codes
- Create a claim tracking spreadsheet or dashboard
- Assign responsibility for rejections/denials
- Review a small sample of billed encounters monthly

Take back to your pharmacy:

One service to review:

_____

One weak point to fix:

_____

Owner:

_____

How we will know it worked:

_____

Bottom line: Medical billing does not behave like pharmacy billing. Reliable revenue depends on reliable workflow - from eligibility checks and documentation quality to coding accuracy, claim tracking, payment reconciliation, and audit readiness.