


## Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

**New York Department of Health  
Bureau of Early Intervention  
State Fiscal Agent**

**Claim Denial and Rejection Management**  
*My Claim Didn't Pay! Now what?*



www.pcgumanservices.com

[neyitraining@pcgus.com](mailto:neyitraining@pcgus.com)

We will be using  
**Webex**  
for this Webinar





**Duration: 60 minutes**




**Prerequisites**

- Understand the Life Cycle of an Insurance Claim
- Understand an EOB
- Understand the Importance of Prompt Claim Submission

**We have 6 Learning Objectives to complete today:**


1. Review "Life Cycle of an Insurance Claim", "All About the Explanation of Benefits", and "The Importance of Prompt Claim Submission" tutorials
2. Discuss Non-Workable and Workable Claims
3. Reducing the Occurrence of Denials and Rejections
4. Where to Find Your Denials and Rejections
5. The Follow-up Process
6. Resubmission of Claims



<https://support.eibilling.com/KB/a245/additional-courses-to-complement-claim-denial-rejection.aspx>

**We will also discuss:**

1. Available Resources
2. Best Practices
3. Brief Review



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## Objective One:

Review "Life Cycle of a Claim"

"All About the Explanation of Benefits"

"The Importance of Prompt Claim Submission"

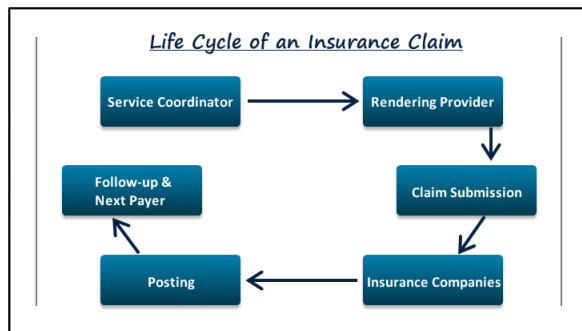
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Processed Claim												
Patient Name: Patient, Male			ACIP Member ID: 474585636			Acct:CS00000001			State/Alt Member ID: 474581412			
Claim Number: 00988776655			Serving Provider: Provider, Female			Serving NPI: 1234123456			DRC#: 00000000			
Chain Comment:												
#	Date of Service	IC	Org #	Rev	Proc/Mod	Day/Cut	Charge	Allowed	Disallowed	Co Pay	TPP	Payee/Explanation Code
1	01/14/14 - 01/14/14	12	3154		071321	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GUP
2	01/14/14 - 01/14/14	12	3154		071321	1	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PSN
3	12/10/13 - 12/10/13	12	3154		071321	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GUP
4	12/10/13 - 12/10/13	12	3154		071321	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/Y41
5	12/11/13 - 12/11/13	12	3154		071321	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GUP
6	12/11/13 - 12/11/13	12	3154		071321	1	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PSN
Service Line(s) Sub Total(s):							\$225.00	\$35.74	\$189.26	\$0.00	\$0.00	\$35.74
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00				Claim Total: \$35.74	

Explain Code Descriptions		Group Code: CAIC: RARC	
Q197	The subsequent code is disallowed because the procedure is non-reimbursable.	CO	96 N431
PSN	Paid per your contract or Out Of Network rates	CO	45 N381
Y41	Deny no authorization on file	CO	197

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- The difference between a Rejection and a Denial
- Best Practices for when to enter Claim Information so it is submitted to the SFA for their Monday submission to Emdeon
- How any type of delay in claim information data entry delays or prevents payment from occurring
- How to follow-up on your claims and when

Key Points

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## Objective Two:

Non-Workable and Workable Claims

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There are 13 Error Categories

Some categories are **Non-Workable**, some are **Workable**, and some are **Both**.



**Non-Workable**

**Both**

**Workable**

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## X Non-Workable

- X Not Payable by the Primary (or Secondary) Insurance
- X Moves to the Next Payer
- X No further action needed from the Provider

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## ✓ Workable

- ✓ Likely Payable
- ✓ Requires different or additional information
- ✓ Needs to be resubmitted

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## Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

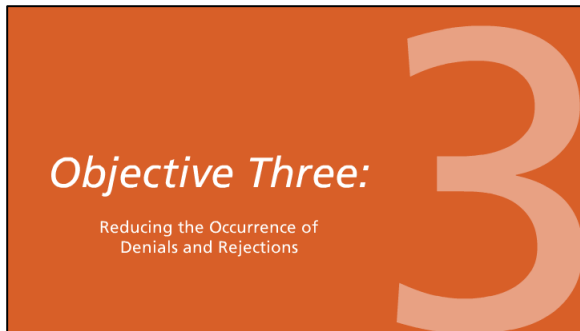
Non-Workable	Both	Workable
<ul style="list-style-type: none"><li>• Insurance Contractual Adjustment</li><li>• Patient Responsibility</li><li>• Out of Network (OON)</li><li>• Benefits</li></ul>	<ul style="list-style-type: none"><li>• Eligibility</li><li>• Authorization</li><li>• Miscellaneous</li></ul>	<ul style="list-style-type: none"><li>• CPT Code</li><li>• Diagnosis Code</li><li>• Medicaid Code 35</li><li>• Provider Medicaid Enrollment</li><li>• Billing</li><li>• Demographic</li></ul>

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"An ounce of prevention is worth a pound of claim denials, rejections, and lost payments." \*



\* Alright, Benjamin Franklin didn't say that, *exactly*.

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### **Rejected Claims:**

Unprocessable due to missing or invalid information required by the Payer

1. Policy/Subscriber ID is missing or invalid
2. Provider Setup issues
3. Claim was sent to the wrong Payer



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### **Policy/Subscriber ID is missing or invalid**

Contacting the insurance company to verify ID number and effective dates

Contacting families to verify current insurance information

Updating information in NYEIS (or KIDS)

Resubmitting claims once information has been verified and/or updated

CAR Codes:  
27, 30, 32, 33, and 88

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### **Provider Setup Issues**

W-9

Copy of Rendering Provider's license

Linking Rendering Providers  
to Billing agencies

CAR Code:  
26

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### **Claim sent to the wrong Payer Address**

Contacting the insurance to verify the Policy # and  
effective dates, claims mailing address, and Payer ID

Any new information will need to be updated in NYEIS/KIDS

Once the information is updated in NYEIS/KIDS,  
the claims will need to be resubmitted

CAR Codes:  
28 and 116

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### Denied Claims:

Adjudicated claims that were deemed unpayable by the insurance

CO 97:M86- Service denied because payment already made for same/similar procedure within set time frame

CO 200: - Expenses incurred during lapse in coverage

CO 18: - Duplicate claim/service or Exact duplicate claim/service

CO 22: - This care may be covered by another payer per coordination of benefits

CO 27: - Expenses incurred after coverage terminated

CO 96:N30- Code 35 Non-covered charge(s).  
At least one Remark Code must be provided.  
Patient ineligible for this service.

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CO 96: - Non-covered charge(s)

CO 16: - Claim/service lacks information which is needed for adjudication

CO 45: - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

CO 197: -Pre-certification/authorization/notification absent

CO A1: - Claim/service denied

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Let's pause for Questions



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## Objective Four:

Where to Find Your  
Denials and Rejections

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## Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

**EI BILLING PORTAL**

Home • KIDS Billing • Claiming • Maintenance • Reports • Help • Account

**Welcome to EI Billing**

**Claiming and Billing Status Alerts**  
This box will provide timely alerts as needed.

**Medicaid Annual Recertification Reminder**  
For those billing agencies that are required to bill for Medicaid, please submit forms by the due date to ensure that your Medicaid ID is active and individual service providers are properly certified. Billing agencies that are not required to bill for Medicaid are not required to submit forms. Please call the Medicaid Call Center at 1 (800) 343-8800 with any questions.

**Claiming Problems**

[Medicaid Claims Need Attention \( Details \)](#)

[Pending Medicaid Claims \( Details \)](#)

**In Progress Claims Status**

Agency	Country	State	# Claims	Amount
1001	New York	1000000	46	\$4,400.00
1002	New York	1000000	28	\$12,270.00
1003	New York	1000000	87	\$75,710.00
1004	New York	10000	2	\$2,000.00

**Payment Profile**

Agency	State	Pay	Payable
1001	NY	\$4,400.00	\$12,270.00
1002	NY	\$12,270.00	\$75,710.00
1003	NY	\$75,710.00	\$2,000.00
1004	NY	\$2,000.00	\$2,000.00

Total: \$94,380.00  
Payable: \$94,380.00

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1002	New York	1000000	28	\$12,270.00
1003	New York	1000000	87	\$75,710.00
1004	New York	10000	2	\$2,000.00

**Payment Profile**

Agency	State	Pay	Payable
1001	NY	\$4,400.00	\$12,270.00
1002	NY	\$12,270.00	\$75,710.00
1003	NY	\$75,710.00	\$2,000.00
1004	NY	\$2,000.00	\$2,000.00

Total: \$94,380.00  
Payable: \$94,380.00

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**EI BILLING PORTAL**

Home • KIDS Billing • Claiming • Maintenance • Reports • Help • Account

**Medicaid Claims Needing Attention**

**Medicaid Claims Needing Attention**

Child IDN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	KIDS Diagnosis Code
01	Speech/Lang	Speech/Lang	CO-22	98004	1907		10/20/2014	14104	315.5
02	Speech/Lang	Speech/Lang	CO-22	98004	1907		10/18/2014	14104	315.5
03	Speech/Lang	Speech/Lang	CO-22	98004	1907		10/17/2014	14104	315.5
04	Speech/Lang	Speech/Lang	CO-22	98004	1907		10/16/2014	14104	315.5
05	Speech/Lang	Speech/Lang	CO-22	98004	1907		11/20/2013	14102	315.5
06	Speech/Lang	Speech/Lang	CO-22	98004	1907		11/20/2013	14102	315.5
07	Speech/Lang	Speech/Lang	CO-22	98004	1907		11/20/2013	14102	315.5
08	Speech/Lang	Speech/Lang	CO-22	98004	1907		11/20/2013	14102	315.5
09	Speech/Lang	Speech/Lang	CO-22	98004	1907		11/20/2013	14102	315.5
10	Speech/Lang	Speech/Lang	CO-22	98004	1907		11/20/2013	14102	315.5

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**EI BILLING PORTAL**

Home • KIDS Billing • Claiming • Maintenance • Reports • Help • Account

**Insurance**

**View Status**

**Workable Claims**

**Insurance Medicaid**

**Medicaid Annual Recertification Reminder**  
For those billing agencies that are required to bill for Medicaid, please submit forms by the due date to ensure that your Medicaid ID is active and individual service providers are properly certified. Billing agencies that are not required to bill for Medicaid are not required to submit forms. Please call the Medicaid Call Center at 1 (800) 343-8800 with any questions.

**Claiming Problems**

[Medicaid Claims Need Attention \( Details \)](#)

[Pending Medicaid Claims \( Details \)](#)

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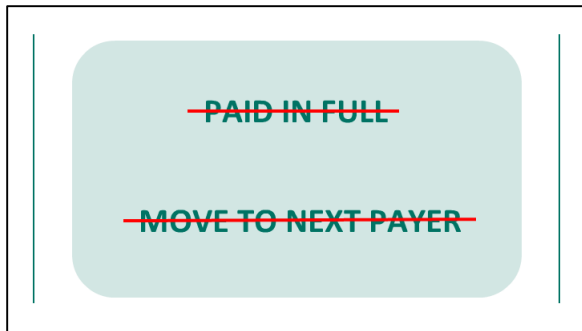


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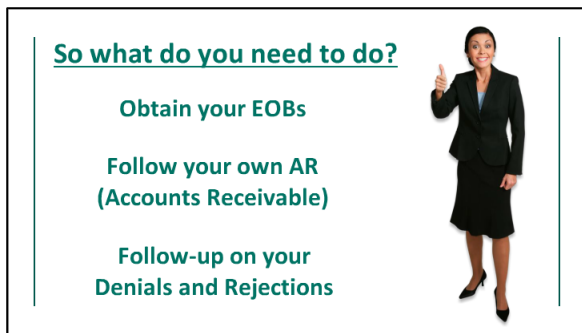


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## Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

**EI BILLING PORTAL**

Home • Kids Billing • Clearing • Maintenance • Reports • Help • Account

**Medicaid Claims Needing Attention**

Child Last Name: [ ] Child First Name: [ ] Authorization: [ ] Service Date From: [ ] To: [ ] Filter

Category 1 - Problems detected by Fiscal Agent Category 2 - 277 Rejections Category 3 - 835 Errors

(Adjustment Reason Code Mapping)

Child ID	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code
00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000

Resubmit Selected Claims

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**EI BILLING PORTAL**

Home • Kids Billing • Clearing • Maintenance • Reports • Help • Account

**Medicaid Claims Needing Attention**

Child Last Name: [ ] Child First Name: [ ] Authorization: [ ] Service Date From: [ ] To: [ ] Filter

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(Adjustment Reason Code Mapping)

Child ID	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code
00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000

Resubmit Selected Claims

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**Claim(s) resubmitted successfully.**

Child Last Name: [ ] Child First Name: [ ] Authorization: [ ] Service Date From: [ ] To: [ ] Filter

Category 1 - Problems detected by Fiscal Agent Category 2 - 277 Rejections Category 3 - 835 Errors

(Adjustment Reason Code Mapping)

Child ID	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code
00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000

Resubmit Selected Claims

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**Insurance Claims Needing Attention**

Provider: [ ] (Provider Agency)

Child Last Name: [ ] Child First Name: [ ] Authorization: [ ] Service Date From: [ ] To: [ ] Filter

Category 1 - Problems detected by Fiscal Agent Category 2 - 277 Rejections Category 3 - 835 Errors

Child ID	Policy Number	Group Number	Service Category	Service Type	County	e277 Information	Authorization Number	Service Date	CPT Code	ICD9 Diagnosis Code
00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000

Resubmit Selected Claims

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## Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

**Fix Insurance Claim**

Child	DOB	Child City	Child State	Child Zip
Child Address 1	Child Address 2	Child City	Child State	Child Zip
Policy Number	Group Number	Member ID		
Provider	Provider NPI	Provider Tax ID		
Provider Agency	Provider Address 1	Provider Address 2	Provider City	Provider State
Provider Address 1	Provider Address 2	Provider City	Provider State	Provider Zip

**REMEMBER!**  
DO NOT click 'resubmit' if nothing has been fixed or updated.  
It will resubmit the SAME information that was originally submitted.

Delay Reason:

Therapist:

CPT Code:  Units:

Save Changes and Resubmit Claim

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**EI BILLING**  
Children's Insurance Billing Center  
Call 1-800-545-2367  
Fax 1-800-545-2367

Home KIDS Billing Claiming Maintenance Insurance View Status Workable Claims Insurance Medicaid

7/2/20

KIDS Billing

Number of Claims

This Workable Problems report is divided into three tabs: Category 1 - Problems detected by Fiscal Agent, Category 2 - 277 Rejections, and Category 3 - 835 Errors. Please note that each tab can be exported to Excel by clicking 'Excel' at the bottom of the page.

<https://support.eibilling.com/KB/a86/insurance-claims-needing-attention.aspx?KBSearchID=17573>

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### Article # 86:

<https://support.eibilling.com/KB/a86/insurance-claims-needing-attention.aspx?KBSearchID=17573>

**WPC** Washington Publishing Company

1 Deductible Amount  
Start: 01/01/1995

2 Coinsurance Amount  
Start: 01/01/1995

3 Co-payment Amount  
Start: 01/01/1995

4 The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  
Start: 01/01/1995 | Last Modified: 09/20/2009

5 The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  
Start: 01/01/1995 | Last Modified: 09/20/2009

<http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/>

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<http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/>

## Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

WPC Washington Publishing Company

Code	Description	Start Date
M1	X-ray not taken within the past 12 months or near enough to the start of treatment.	Start: 01/01/1997
M2	Not paid separately when the patient is an inpatient.	Start: 01/01/1997
M3	Equipment is the same or similar to equipment already being used.	Start: 01/01/1997
M4	<b>Alert:</b> This is the last monthly installment payment for this durable medical equipment.	Start: 01/01/1997   Last Modified: 04/01/2007 Notes: (Modified 4/1/07)
M5	Monthly rental payments can continue until the earlier of the 15th month from the first rental month, or the month when the equipment is no longer needed.	Start: 01/01/1997

<<http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>>

<http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>

Home / Knowledge Base / Provider / Service Coordinator Tool Kit / Service Coordinator Training 103 Part 1 Documents

Service Coordinator Training 103 Part 1 Documents

Click the links below to access supplemental documents for Service Coordinator Training, Part 1: Accurate Insurance Information Collection. The training webinar is also available on the EIBilling.com Training page.

- [Training 103, Part 1: Accurate Insurance Information Collection](#)
- [Training 103, Part 1: Accurate Insurance Information Collection Handout](#)

Article ID: 179, Created On: 7/30/2014, Modified: 7/30/2014

<<https://support.eibilling.com/KB/a179/service-coordinator-training-103-part-1-documents.aspx?KBSearchID=19045>>

Article # 179:  
<https://support.eibilling.com/KB/a179/service-coordinator-training-103-part-1-documents.aspx?KBSearchID=19045>

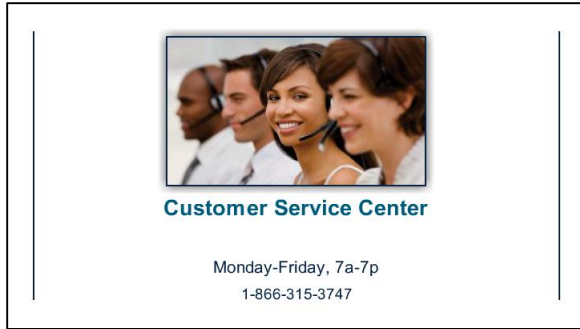
Adjustment Group Code	Description
CO	Contractual Obligation
CR	Corrections and Reversal
OA	Other Adjustment
PI	Payer Initiated Reductions
PR	Patient Responsibility

1	Deductible Amount
2	Coinsurance Amount
3	Co-payment Amount
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.
5	The procedure code/bill type is inconsistent with the place of service.
6	The procedure/revenue code is inconsistent with the patient's age.
7	The procedure/revenue code is inconsistent with the patient's gender.
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).
9	The diagnosis is inconsistent with the patient's age.

<[http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/AZ-Provider-Information/AZ\\_Health\\_Care\\_Claim\\_Reason\\_and\\_Adjustment\\_Group\\_List.pdf](http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/AZ-Provider-Information/AZ_Health_Care_Claim_Reason_and_Adjustment_Group_List.pdf)>

[http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/AZ-Provider-Information/AZ\\_Health\\_Care\\_Claim\\_Reason\\_and\\_Adjustment\\_Group\\_List.pdf](http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/AZ-Provider-Information/AZ_Health_Care_Claim_Reason_and_Adjustment_Group_List.pdf)



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Article # 107:  
<https://support.eibilling.com/KB/a107/insurance-277-codes.aspx?KBSearchID=19049>



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**A Workable claim denial means that the claim requires different or additional information and then resubmittal to the insurance.**

- ☐ True
- ☐ False

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**A denied claim is a claim that...**

- ☐ A. Was accepted into the claims processing system but was determined to be unpayable for any number of reasons
- ☐ B. Was never even accepted into the claims processing system
- ☐ C. Requires no further action from the Provider

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**Which of the following options will take you to your claims requiring attention?**

- ☐ A. EIBilling Dashboard
- ☐ B. EIBilling> Claiming> Workable Claims
- ☐ C. EIBilling> Reports
- ☐ D. EIBilling> Maintenance
- ☐ E. The PCG Call Center Representative
- ☐ F. The Insurance Company

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**Which of the following is PCG's (the State Fiscal Agent) responsibility in regard to the Follow-up Process?**

- ☐ A. Ensure Provider NPI numbers are on file with the insurance
- ☐ B. Help with Medicaid setup
- ☐ C. Print claims
- ☐ D. Register Providers with Emdeon
- ☐ E. Update information in NYEIS
- ☐ F. Resubmit claims for you through EIBilling

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**It is your responsibility as a Provider to print and mail any claims that need to be resubmitted on paper.**

- ☐ True
- ☐ False

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**When asking the PCG Customer Service Center for assistance, it is best to provide them with a Call Reference Number from the insurance.**

- ☐ True
- ☐ False

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**Which of the following options are considered BEST PRACTICES?**

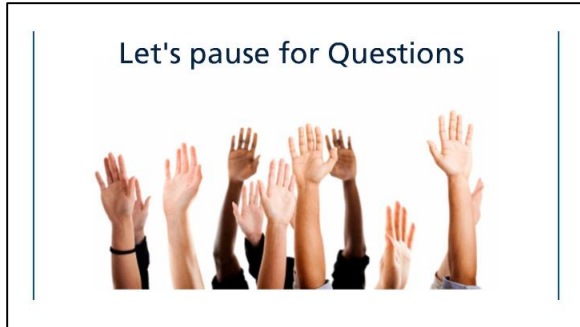
- ☐ A. Verbally verifying the benefits covered under the plan as well as asking for the Summary of Benefits be sent to you
- ☐ B. Requesting a "Call Reference Number" when speaking with an insurance representative
- ☐ C. Working your Rejections in a timely manner
- ☐ D. The Service Coordinator verifying insurance information with the family, as well as with the insurance company, on a frequent basis
- ☐ E. Asking the Call Center Representative to work claims or call the insurance companies for you
- ☐ F. Calling the Insurance Company and explaining why a claim should be paid

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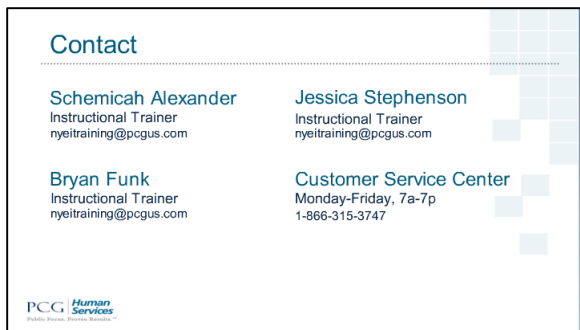


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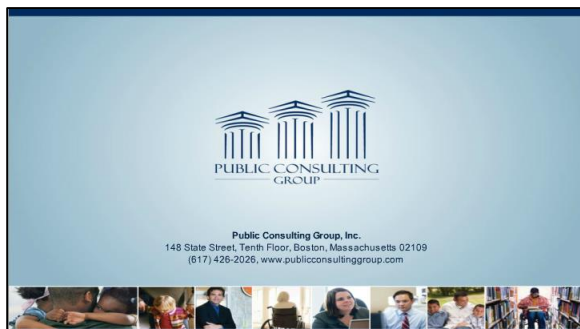
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