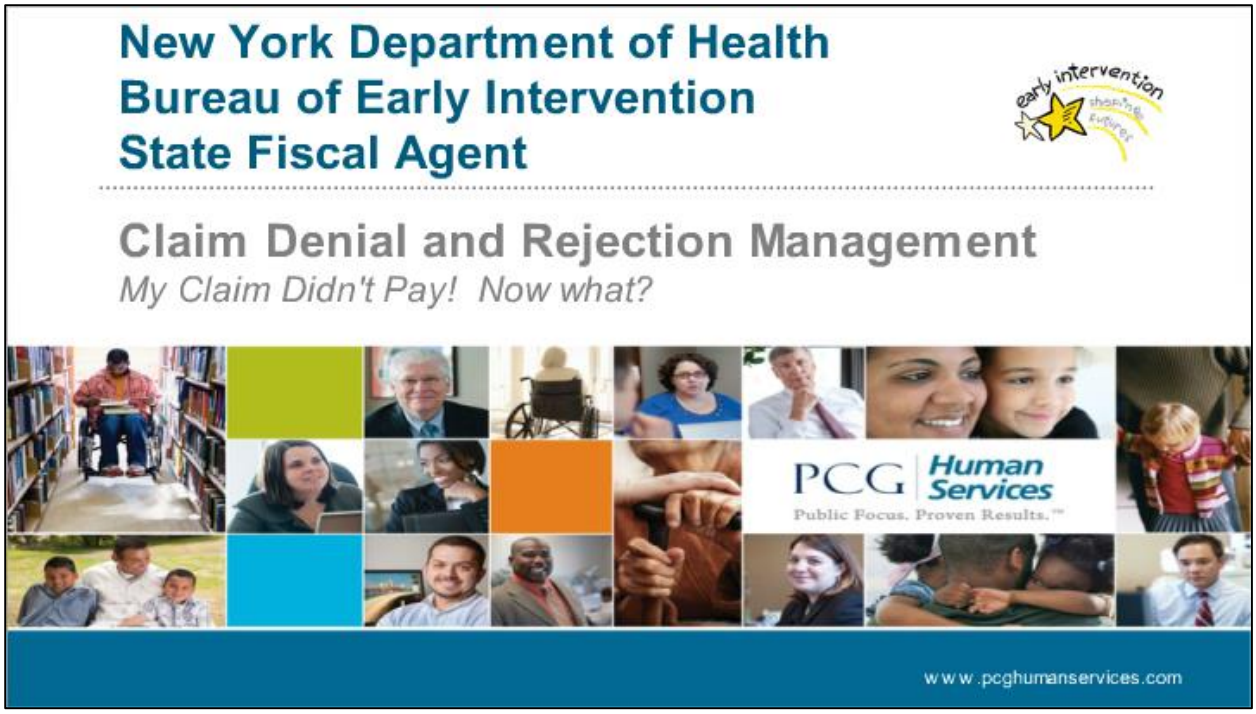


nyeitraining@pcgus.com

We will be using
Webex
for this Webinar

webex

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

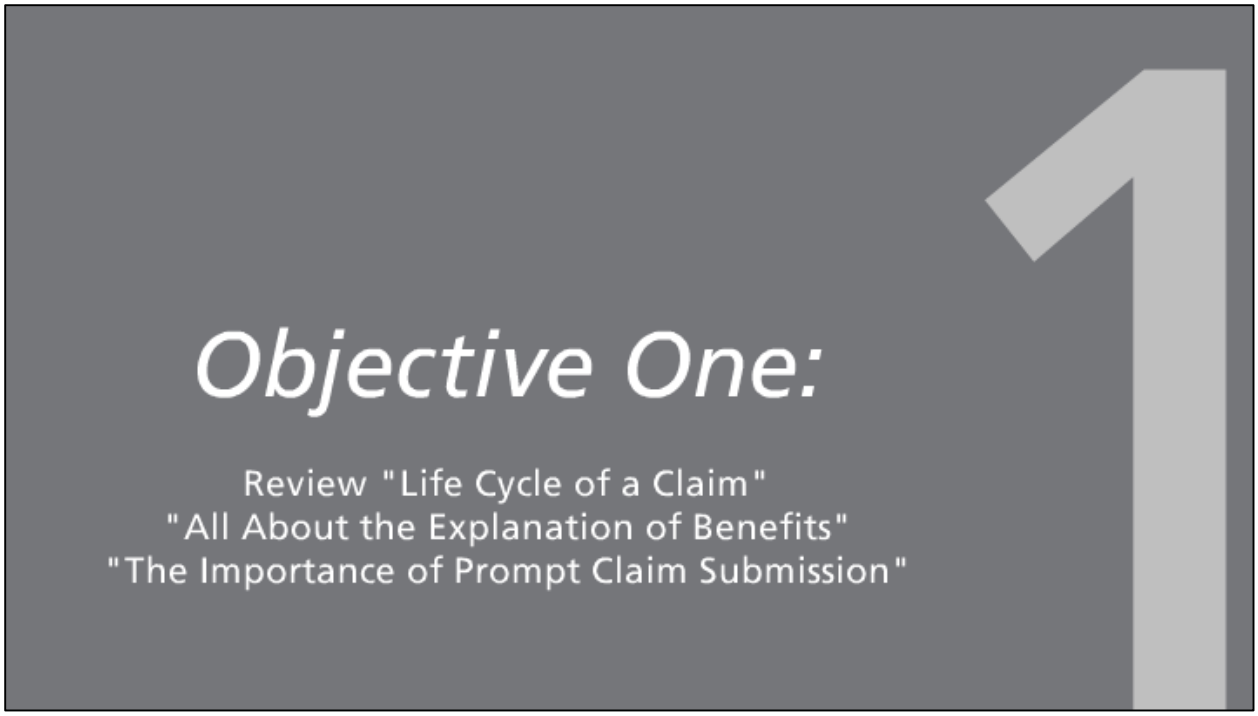
https://support.eibilling.com/KB/a245/additional-courses-to-complement-claim-denial-rejection.aspx

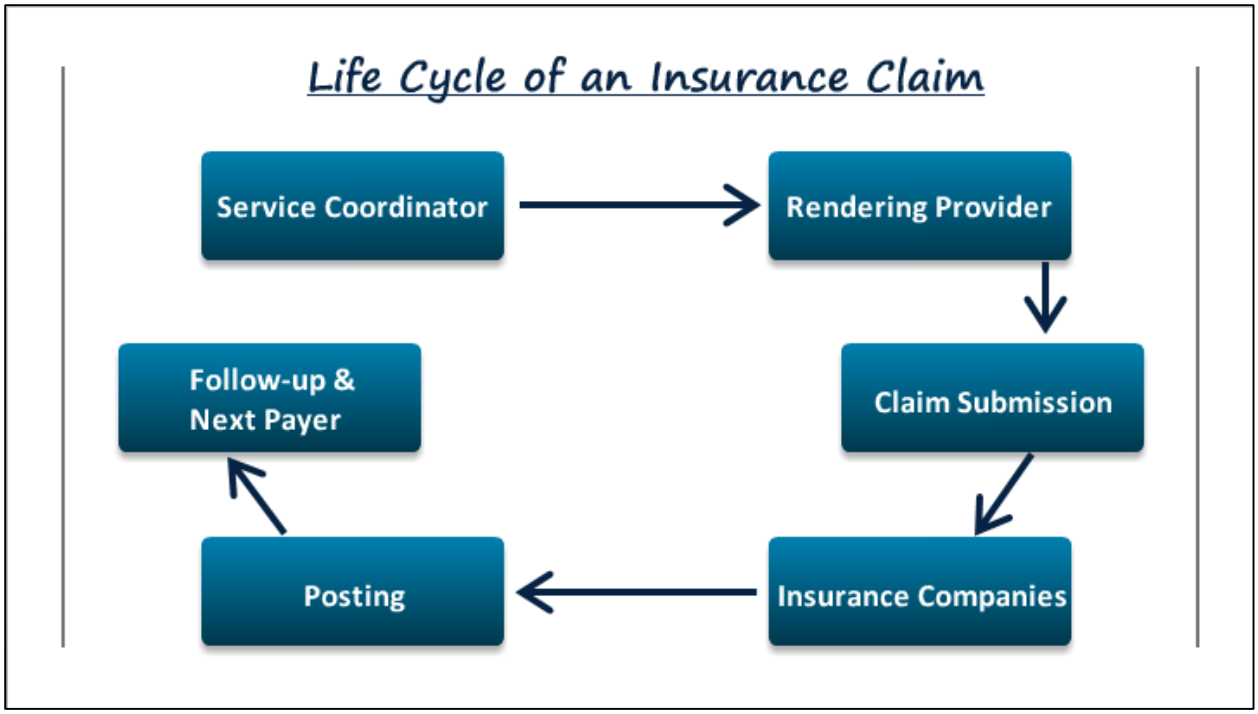
We will also discuss:

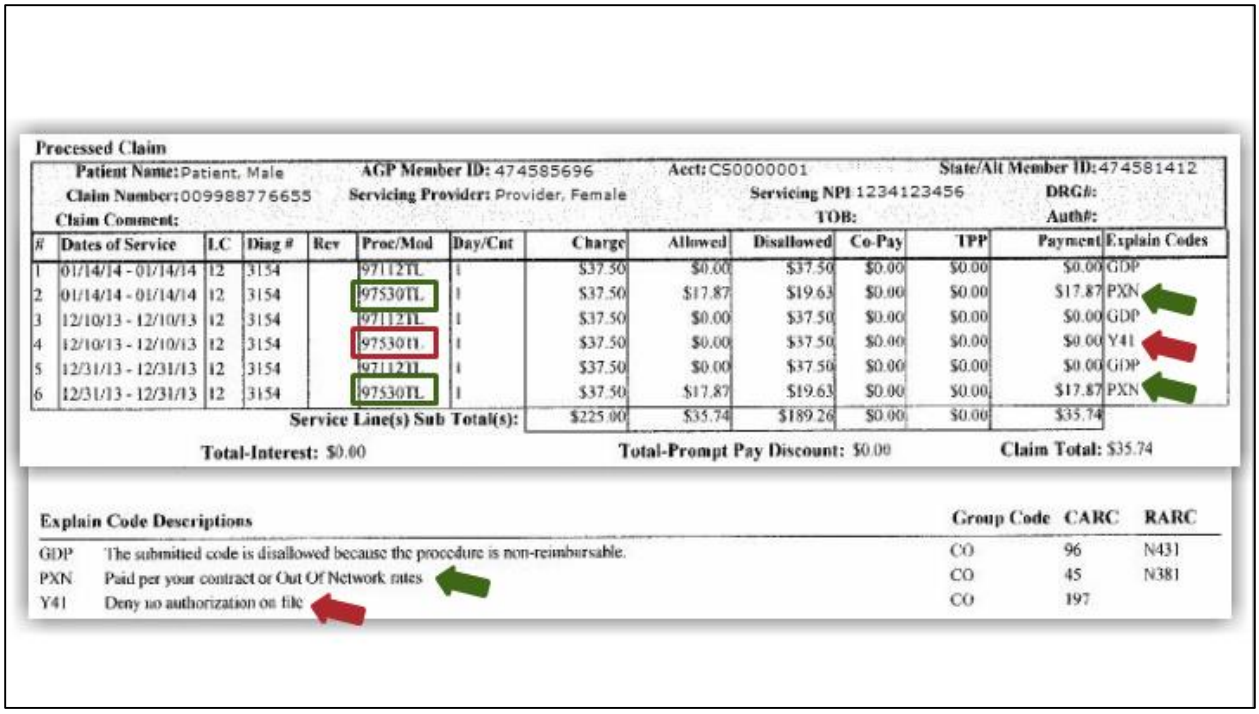
1. Available Resources

2. Best Practices

3. Brief Review


Objective One:
Review "Life Cycle of a Claim"
"All About the Explanation of Benefits"
"The Importance of Prompt Claim Submission"
1


Life Cycle of an Insurance Claim
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer



Processed Claim

Patient Name: Patient, Male **AGP Member ID:** 474585696 **Acct:** CS0000001 **State/Alt Member ID:** 474581412
Claim Number: 009988776655 **Servicing Provider:** Provider, Female **Servicing NPI** 1234123456 **DRG#:**
Claim Comment: **TOB:** **Auth#:**

#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	01/14/14 - 01/14/14	12	3154		97112TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	GDP
2	01/14/14 - 01/14/14	12	3154		97530TL	1	$37.50	$17.87	$19.63	$0.00	$0.00	$17.87	PXN
3	12/10/13 - 12/10/13	12	3154		97112TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	GDP
4	12/10/13 - 12/10/13	12	3154		97530TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	Y41
5	12/31/13 - 12/31/13	12	3154		97112TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	GDP
6	12/31/13 - 12/31/13	12	3154		97530TL	1	$37.50	$17.87	$19.63	$0.00	$0.00	$17.87	PXN
					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	CARC	RARC
GDP	The submitted code is disallowed because the procedure is non-reimbursable.	CO	96	N431
PXN	Paid per your contract or Out Of Network rates	CO	45	N381
Y41	Deny no authorization on file	CO	197	

Key Points

- 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

Objective Two:
Non-Workable and Workable Claims
2

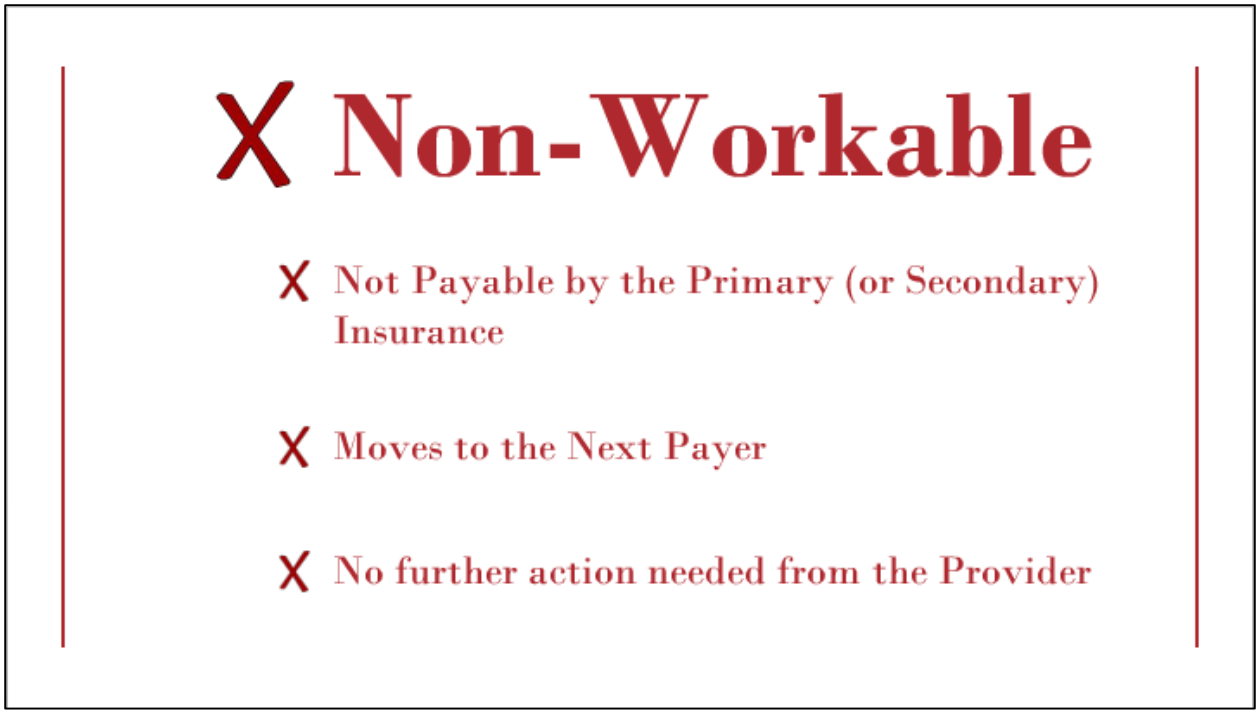
There are 13 Error Categories

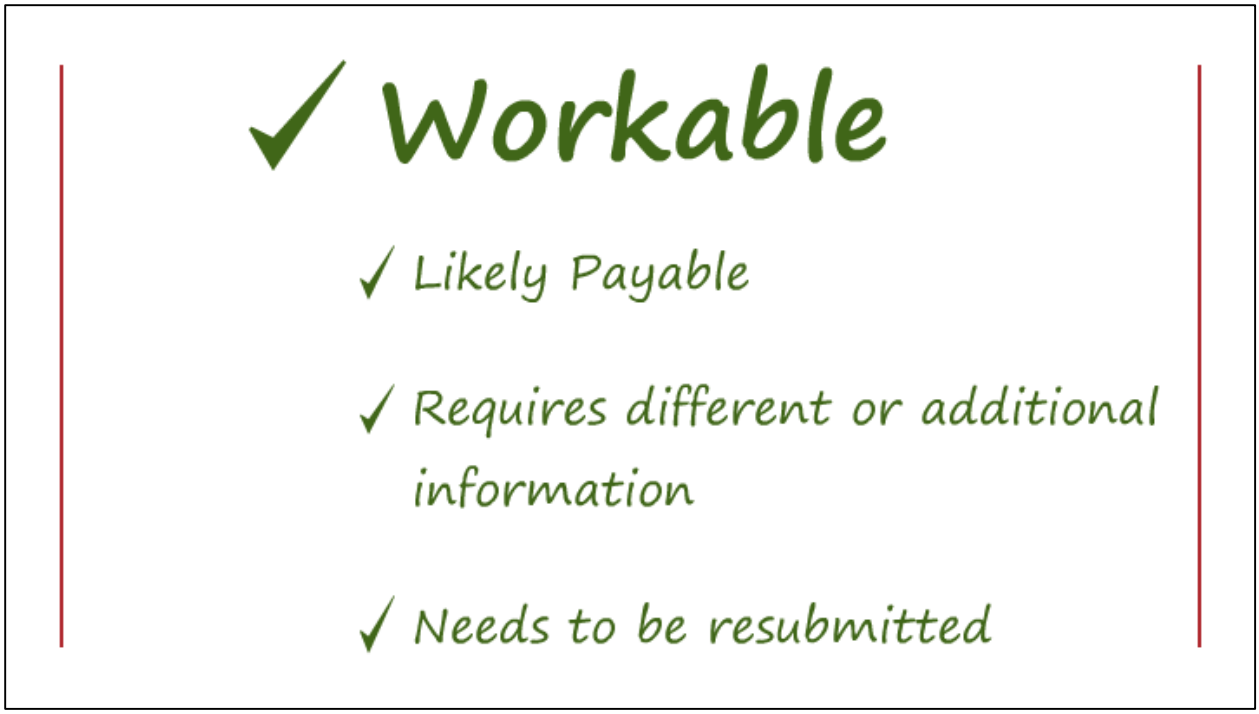
Some categories are **Non-Workable**, some are **Workable**, and some are **Both**.

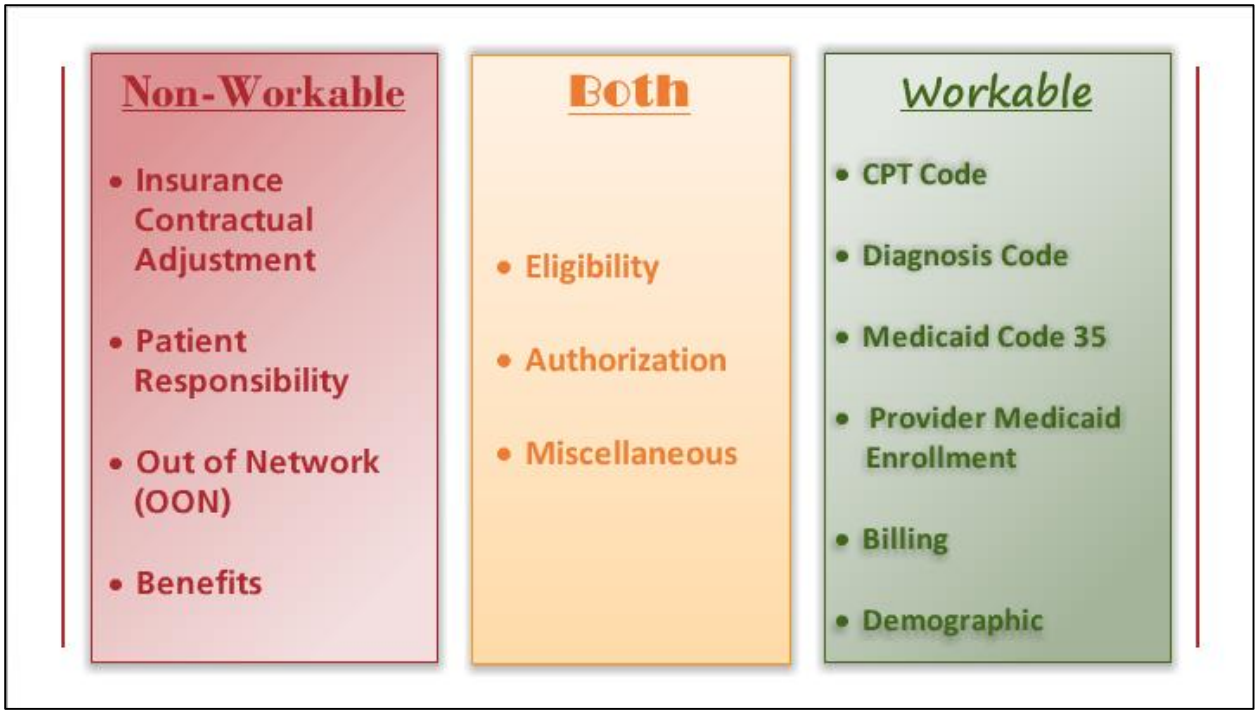
Non-Workable

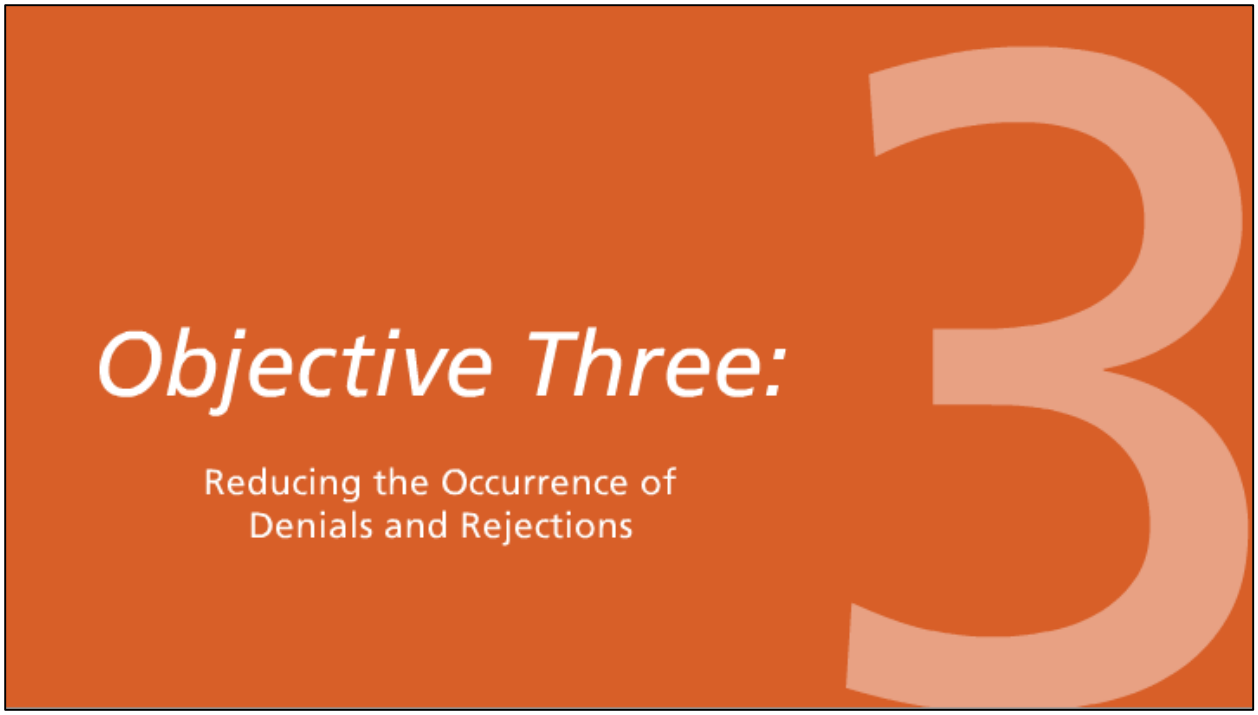
Both

Workable


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


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


Non-Workable
• Insurance Contractual Adjustment
• Patient Responsibility
• Out of Network (OON)
• Benefits
Both
• Eligibility
• Authorization
• Miscellaneous
Workable
• CPT Code
• Diagnosis Code
• Medicaid Code 35
• Provider Medicaid Enrollment
• Billing
• Demographic


Objective Three:
Reducing the Occurrence of Denials and Rejections
3

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

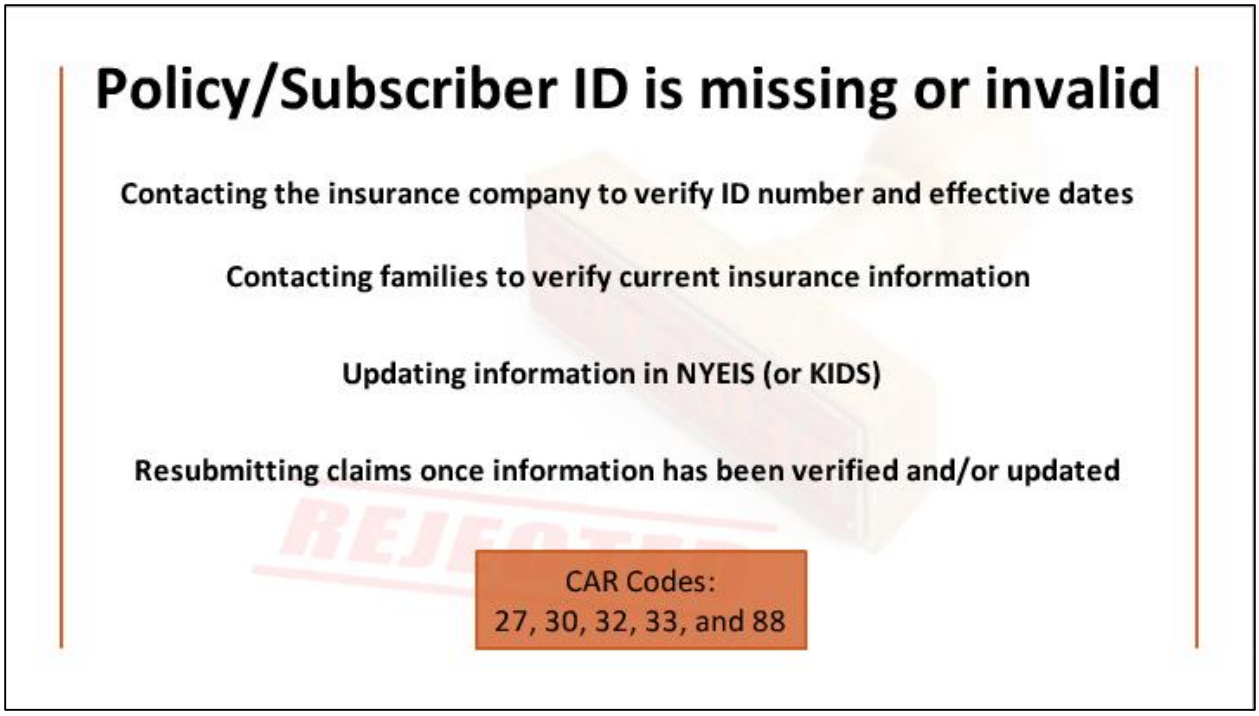
* Alright, Benjamin Franklin didn't say that, *exactly*.

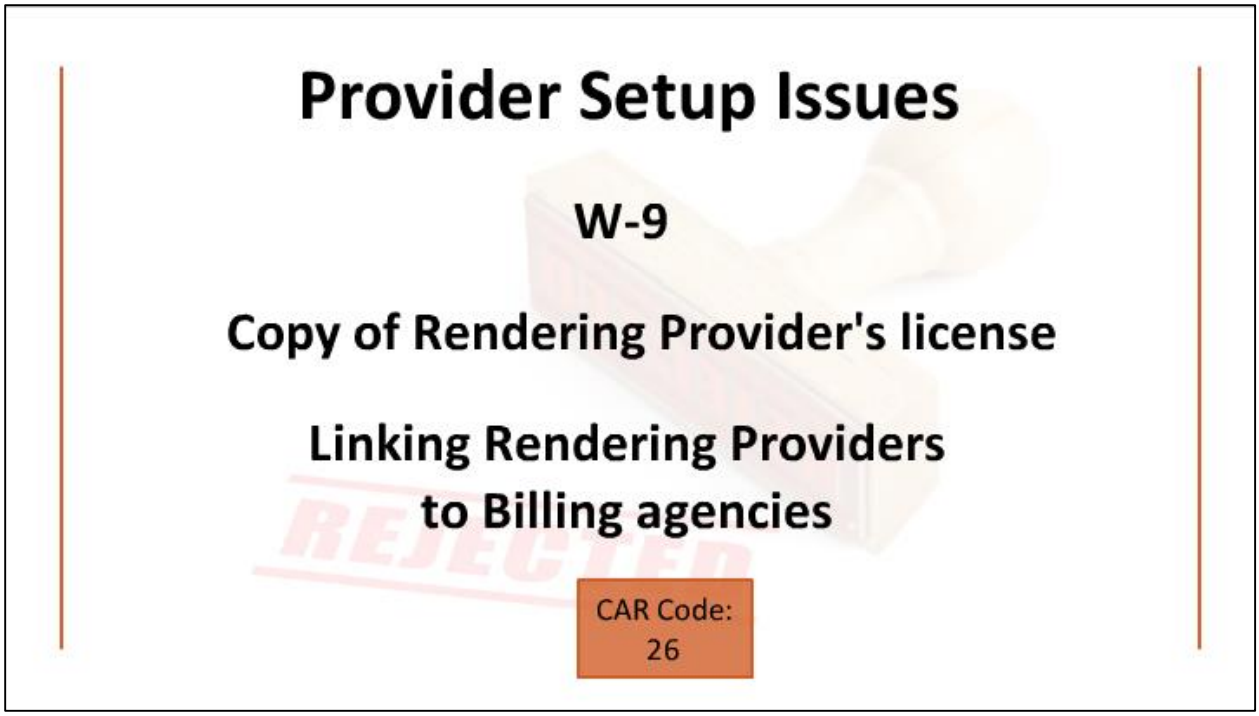
It begins with
YOU!

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**


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


Provider Setup Issues
W-9
Copy of Rendering Provider's license
Linking Rendering Providers to Billing agencies
CAR Code: 26

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

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.

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

Let's pause for Questions

Objective Four:
Where to Find Your
Denials and Rejections
4

EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
Maintenance
Reports
Help
Account
Welcome to EI Billing
Claiming and Billing Issues Alerts
This box will provide timely alerts as needed.
Medicaid Annual Recertification Reminder
Claiming Problems
KIDS Billing
In-Process Claims Status
Source
County
Status
Claims
Amount
NYEIS
New York
ESCROW
49
$4,180.00
NYEIS
New York
INSURANCE
378
$32,272.00
NYEIS
New York
MEDICAID
813
$79,778.00
NYEIS
New York
VOID
2
$160.00
Payment Profile
Submitted
Paid
Pending
Insurance
N/A
$145,816.74
$32,272.00
Medicaid
N/A
$8,972,995.20
$79,778.00
Escrow
N/A
$13,379,295.04
$4,190.00
Total
$22,614,105.00
$22,498,106.98
$115,968.02
% Paid 99.49%
% Pending 0.51%

EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
Maintenance
Reports
Help
Account
Welcome to EI Billing
Claiming and Billing Issues Alerts
This box will provide timely alerts as needed.
Medicaid Annual Recertification Reminder
Claiming Problems
Medicaid Claims Need Attention [Details]
Pending Medicaid Claims [Details]
In-Process Claims Status
Source
County
Status
Claims
Amount
NYEIS
New York
ESCROW
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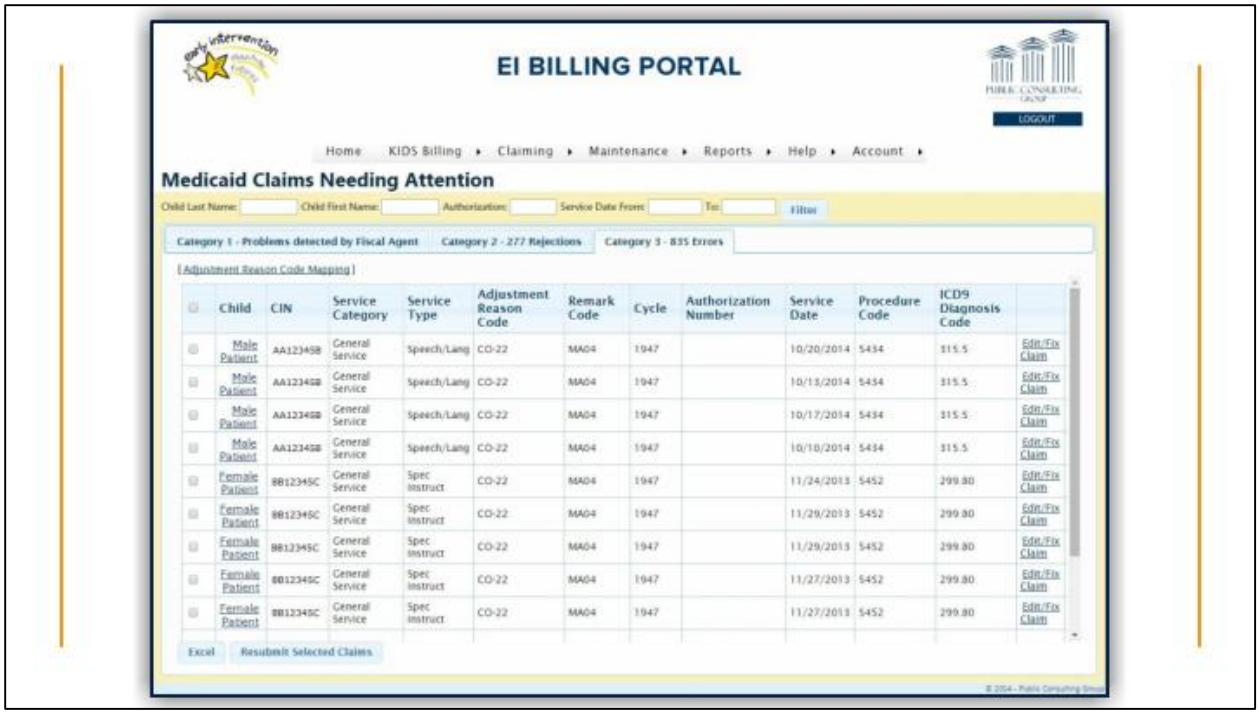
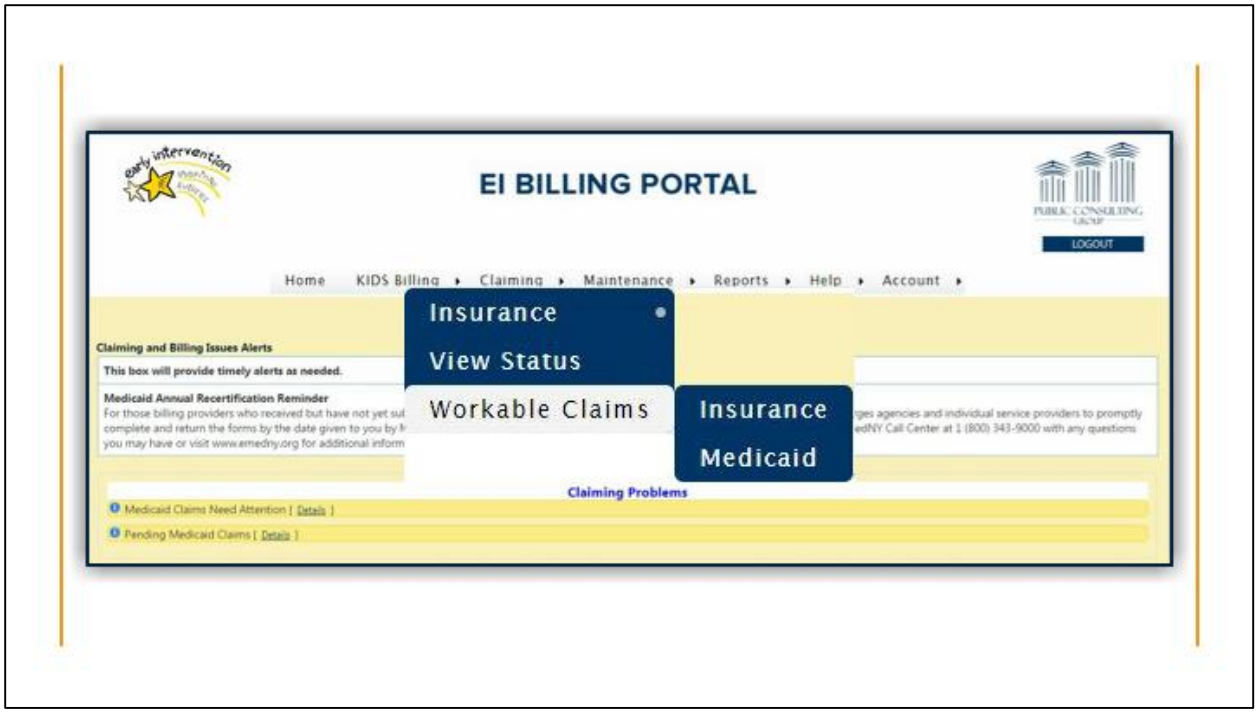
% Pending 0.51%


EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
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
CIN
Service Category
Service Type
Adjustment Reason Code
Remark Code
Cycle
Authorization Number
Service Date
Procedure Code
ICD9 Diagnosis Code
Male Patient
AA12345B
General Service
Speech/Lang
CO-22
MA04
1947
10/20/2014
10/13/2014
10/17/2014
10/10/2014
5434
315.5
Female Patient
BB12345C
Spec Instruct
11/24/2013
11/29/2013
11/27/2013
5452
299.80
Edit/Fix Claim
Excel
Resubmit Selected Claims


EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
Maintenance
Reports
Help
Account
Insurance
View Status
Workable Claims
Insurance
Medicaid
Claiming and Billing Issues Alerts
This box will provide timely alerts as needed.
Medicaid Annual Recertification Reminder
Claiming Problems
Medicaid Claims Need Attention [Details]
Pending Medicaid Claims [Details]

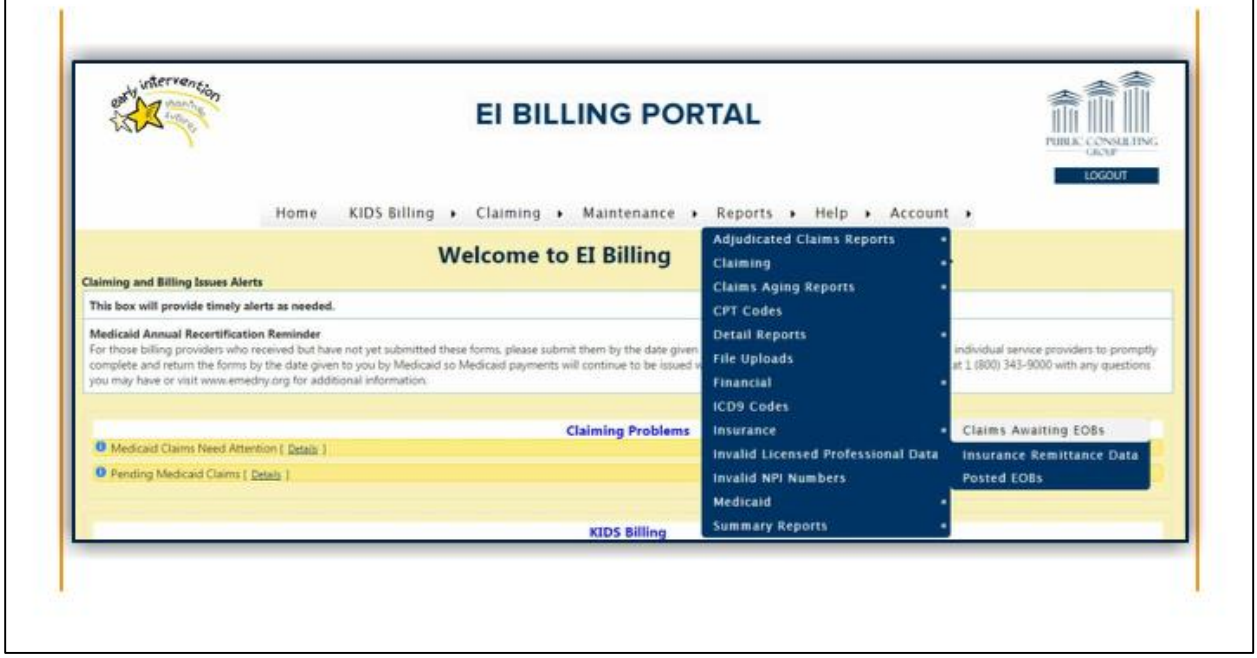
Insurance Claims Needing Attention

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	Policy Number	Group Number	Service Category	Service Type	County	e277 Information	Authorization Number	Service Date	CPT Code	ICD9 Diagnosis Code		
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/07/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/11/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/13/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/22/2014	97533	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/06/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/21/2014	97530	783.40	Edit/Fix Claim	Billing History


EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
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Maintenance
Reports
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Welcome to EI Billing
Claiming and Billing Issues Alerts
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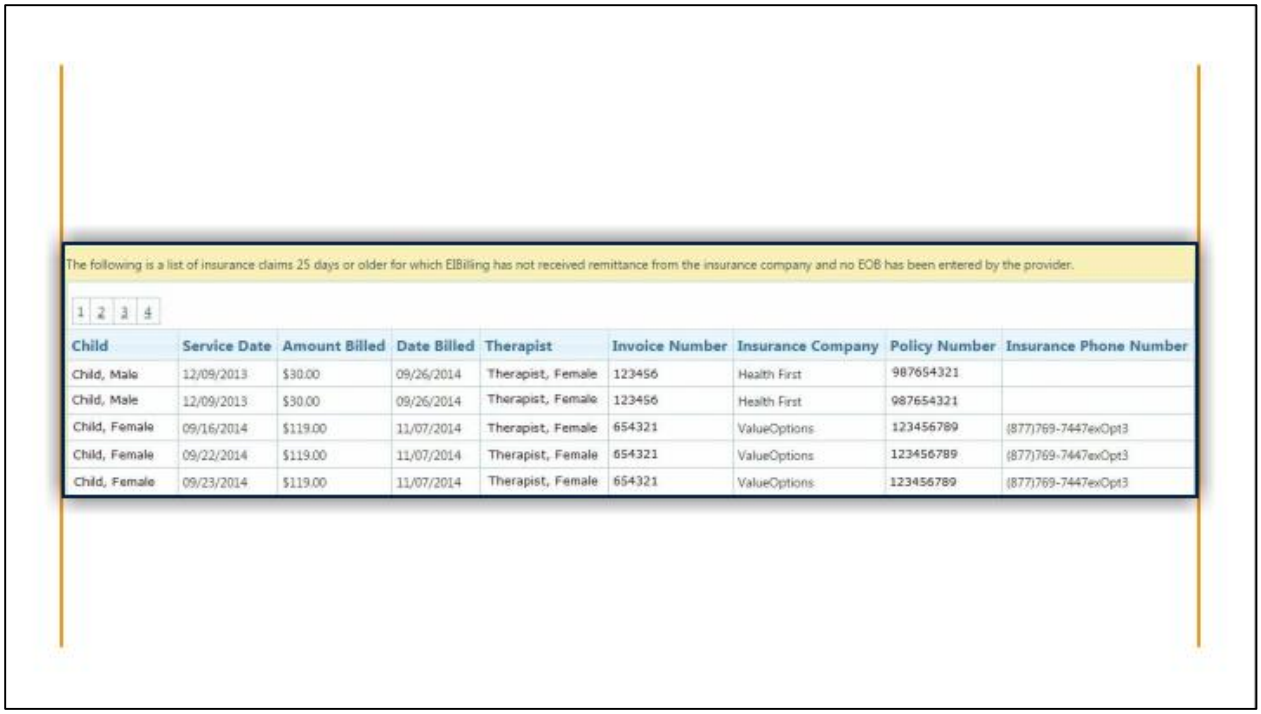
Medicaid Annual Recertification Reminder
Claiming Problems
Medicaid Claims Need Attention [Details]
Pending Medicaid Claims [Details]
KIDS Billing
Adjudicated Claims Reports
Claiming
Claims Aging Reports
CPT Codes
Detail Reports
File Uploads
Financial
ICD9 Codes
Insurance
Invalid Licensed Professional Data
Invalid NPI Numbers
Medicaid
Summary Reports
Claims Awaiting EOBs
Insurance Remittance Data
Posted EOBs

EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
Maintenance
Reports
Help
Account
Claims Awaiting EOBs
The following is a list of insurance claims 25 days or older for which EIBilling has not received remittance from the insurance company and no EOB has been entered by the provider.
1 2 3 4
Child
Service Date
Amount Billed
Date Billed
Therapist
Invoice Number
Insurance Company
Policy Number
Insurance Phone Number
Child, Male 12/09/2013 $30.00 09/26/2014 Therapist, Female 123456 Health First 987654321
Child, Male 12/09/2013 $30.00 09/26/2014 Therapist, Female 123456 Health First 987654321
Child, Female 09/16/2014 $119.00 11/07/2014 Therapist, Female 654321 ValueOptions 123456789 (877)769-7447exOpt3
Child, Female 09/22/2014 $119.00 11/07/2014 Therapist, Female 654321 ValueOptions 123456789 (877)769-7447exOpt3
Child, Female 09/23/2014 $119.00 11/07/2014 Therapist, Female 654321 ValueOptions 123456789 (877)769-7447exOpt3

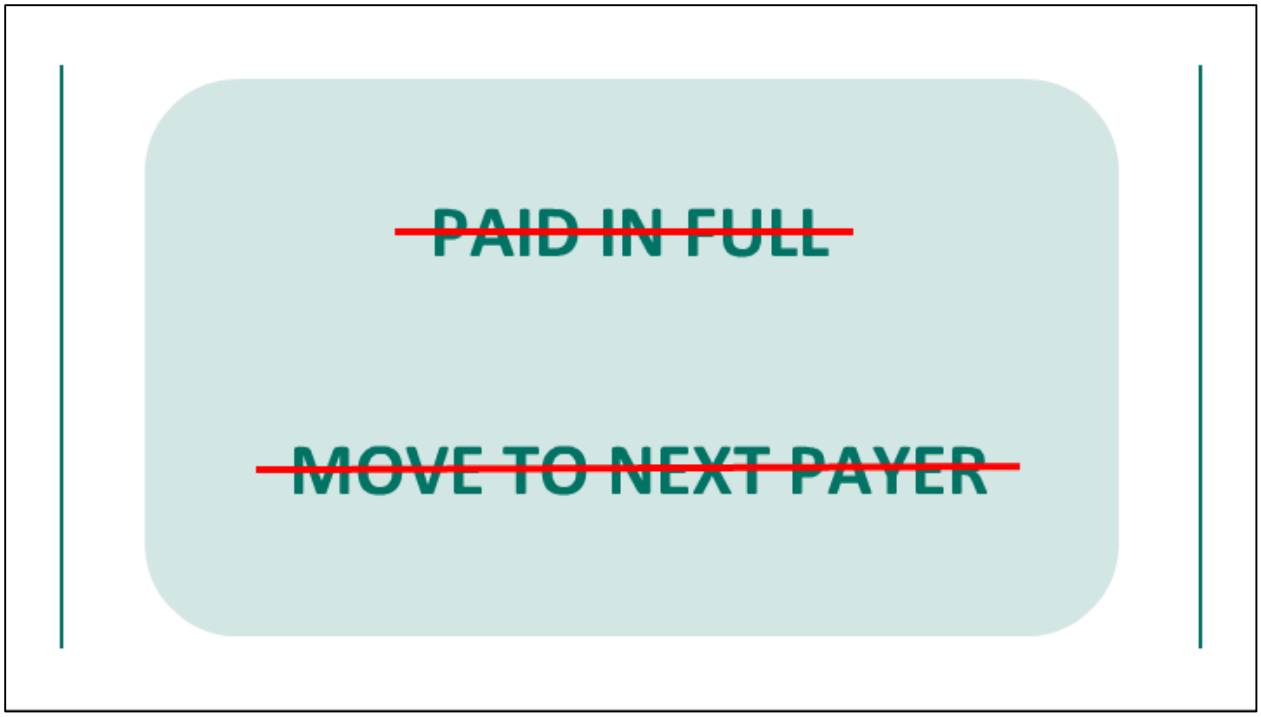


The following is a list of insurance claims 25 days or older for which EIBilling has not received remittance from the insurance company and no EOB has been entered by the provider.

1 2 3 4

Child	Service Date	Amount Billed	Date Billed	Therapist	Invoice Number	Insurance Company	Policy Number	Insurance Phone Number
Child, Male	12/09/2013	$30.00	09/26/2014	Therapist, Female	123456	Health First	987654321	
Child, Male	12/09/2013	$30.00	09/26/2014	Therapist, Female	123456	Health First	987654321	
Child, Female	09/16/2014	$119.00	11/07/2014	Therapist, Female	654321	ValueOptions	123456789	(877)769-7447exOpt3
Child, Female	09/22/2014	$119.00	11/07/2014	Therapist, Female	654321	ValueOptions	123456789	(877)769-7447exOpt3
Child, Female	09/23/2014	$119.00	11/07/2014	Therapist, Female	654321	ValueOptions	123456789	(877)769-7447exOpt3

Objective Five:
The Follow-up Process
5


~~PAID IN FULL~~
~~MOVE TO NEXT PAYER~~

So what do you need to do?

Obtain your EOBs

Follow your own AR (Accounts Receivable)

Follow-up on your Denials and Rejections

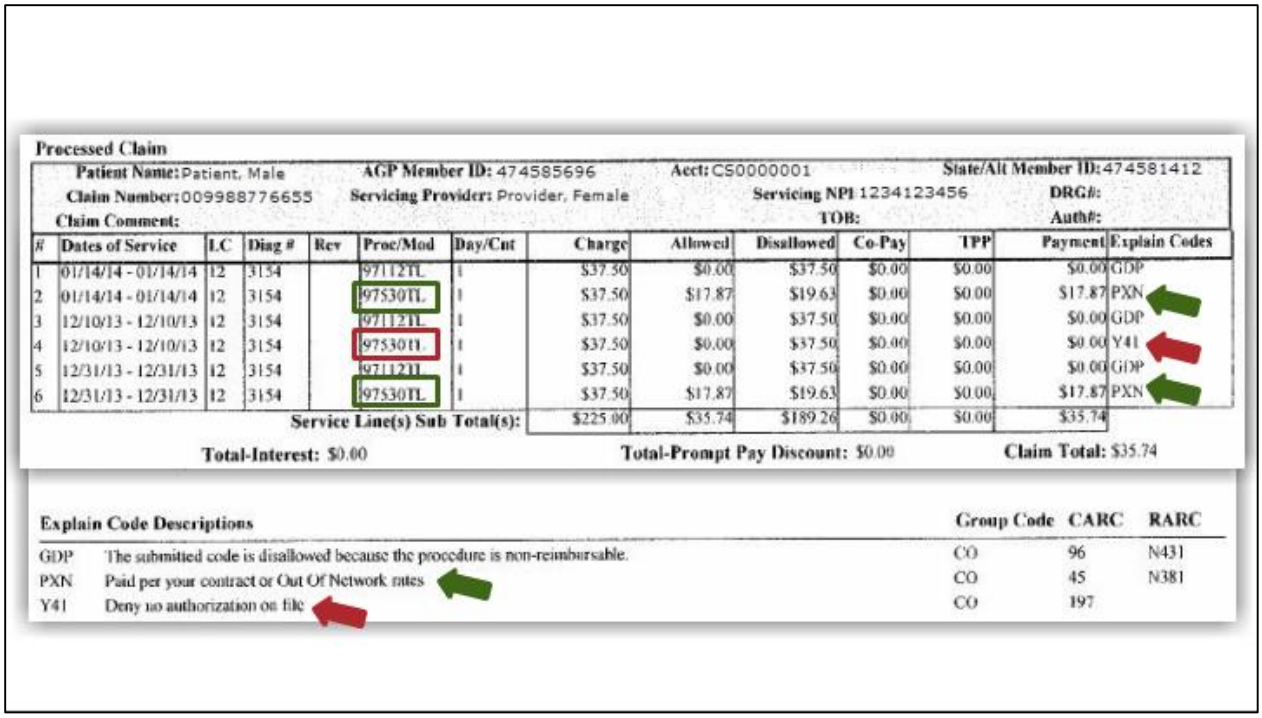
1-866-315-3747

Ensure Provider NPI Numbers are on file with the insurance

Help with Medicaid Setup

Print Claims

Register Providers with Emdeon



Processed Claim

Patient Name: Patient, Male **AGP Member ID:** 474585696 **Acct:** CS0000001 **State/Alt Member ID:** 474581412
Claim Number: 009988776655 **Servicing Provider:** Provider, Female **Servicing NPI** 1234123456 **DRG#:**
Claim Comment: **TOB:** **Auth#:**

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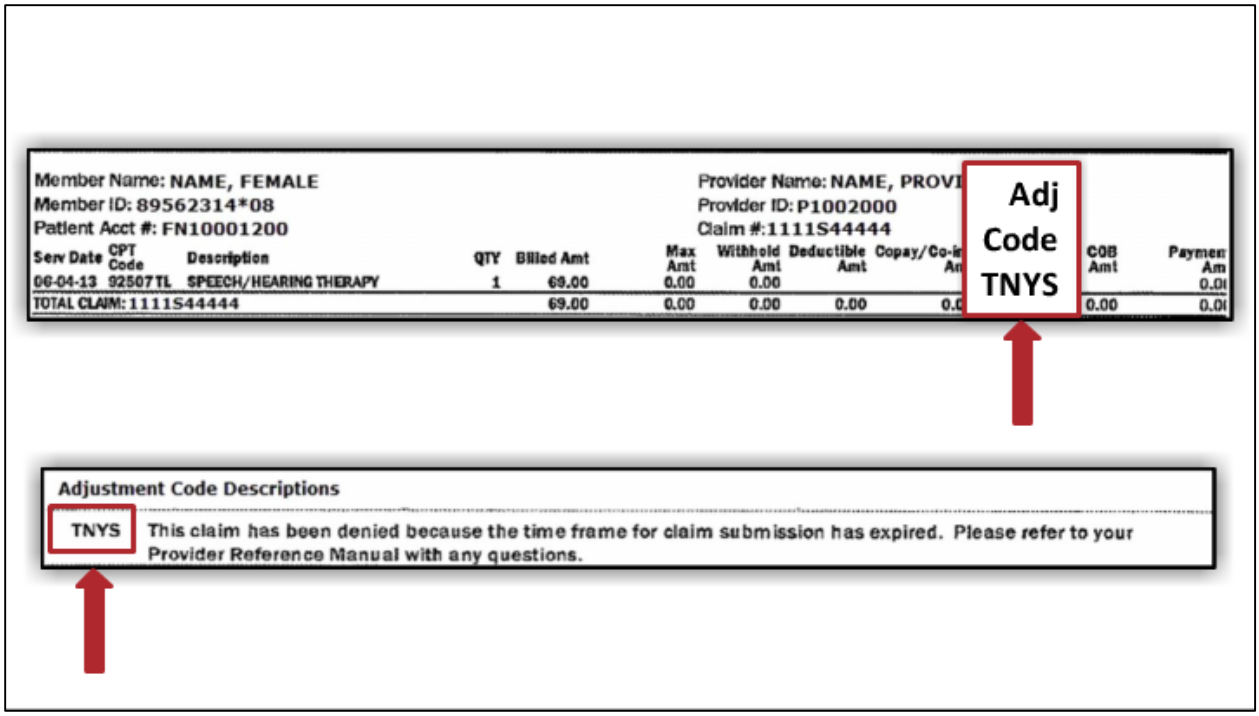
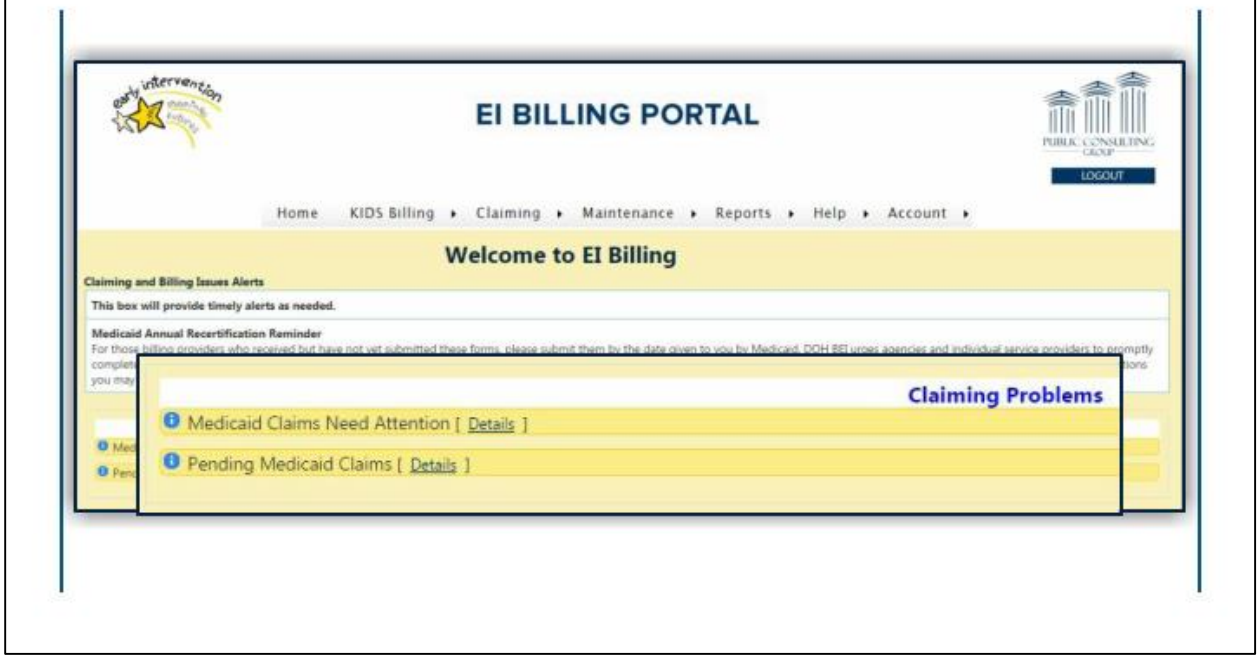
1	01/14/14 - 01/14/14	12	3154		97112TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	GDP
2	01/14/14 - 01/14/14	12	3154		97530TL	1	$37.50	$17.87	$19.63	$0.00	$0.00	$17.87	PXN
3	12/10/13 - 12/10/13	12	3154		97112TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	GDP
4	12/10/13 - 12/10/13	12	3154		97530TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	Y41
5	12/31/13 - 12/31/13	12	3154		97112TL	1	$37.50	$0.00	$37.50	$0.00	$0.00	$0.00	GDP
6	12/31/13 - 12/31/13	12	3154		97530TL	1	$37.50	$17.87	$19.63	$0.00	$0.00	$17.87	PXN
					Service Line(s) Sub Total(s):		$225.00	$35.74	$189.26	$0.00	$0.00	$35.74	

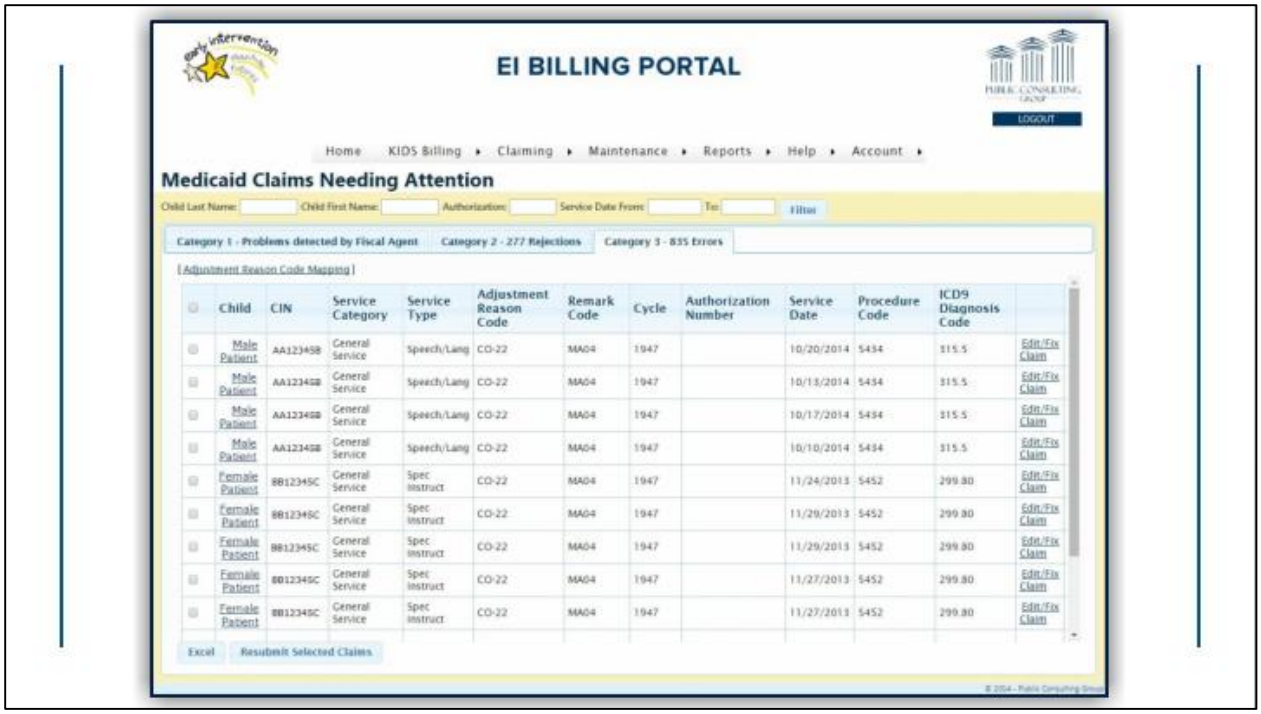
Total-Interest: $0.00 **Total-Prompt Pay Discount:** $0.00 **Claim Total:** $35.74

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

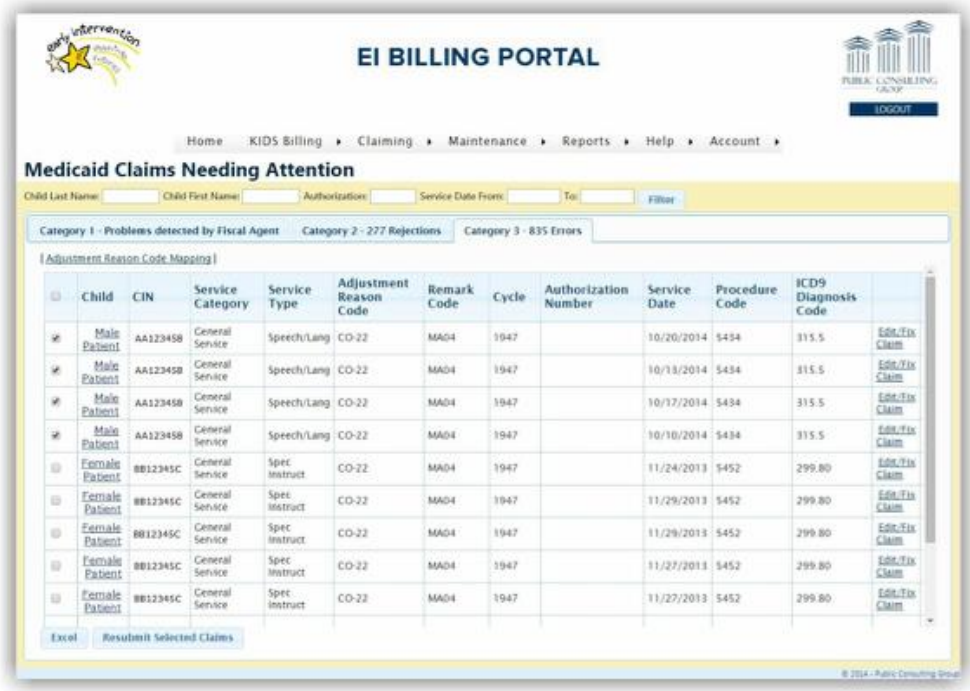

Member Name: NAME, FEMALE
Member ID: 89562314*08
Patient Acct #: FN10001200
Provider Name: NAME, PROVI
Provider ID: P1002000
Claim #:1111S44444
Adj Code TNYS
Serv Date
CPT Code
Description
QTY
Billed Amt
Max Amt
Withhold Amt
Deductible Amt
Copay/Co-i
COB Amt
Paymen Am
06-04-13 92507 TL SPEECH/HEARING THERAPY 1 69.00 0.00 0.00 0.00
TOTAL CLAIM: 1111S44444 69.00 0.00 0.00 0.00 0.00
Adjustment Code Descriptions
TNYS
This claim has been denied because the time frame for claim submission has expired. Please refer to your Provider Reference Manual with any questions.

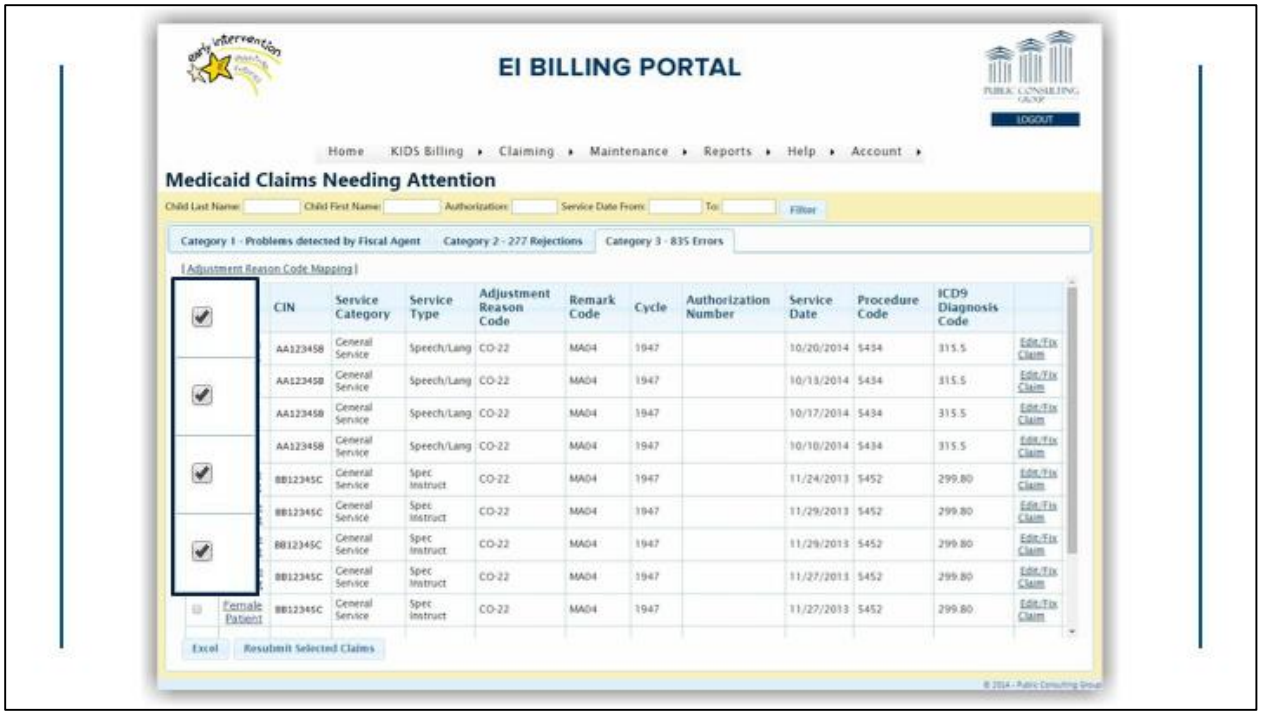
Objective Six:
Resubmission of Claims
6

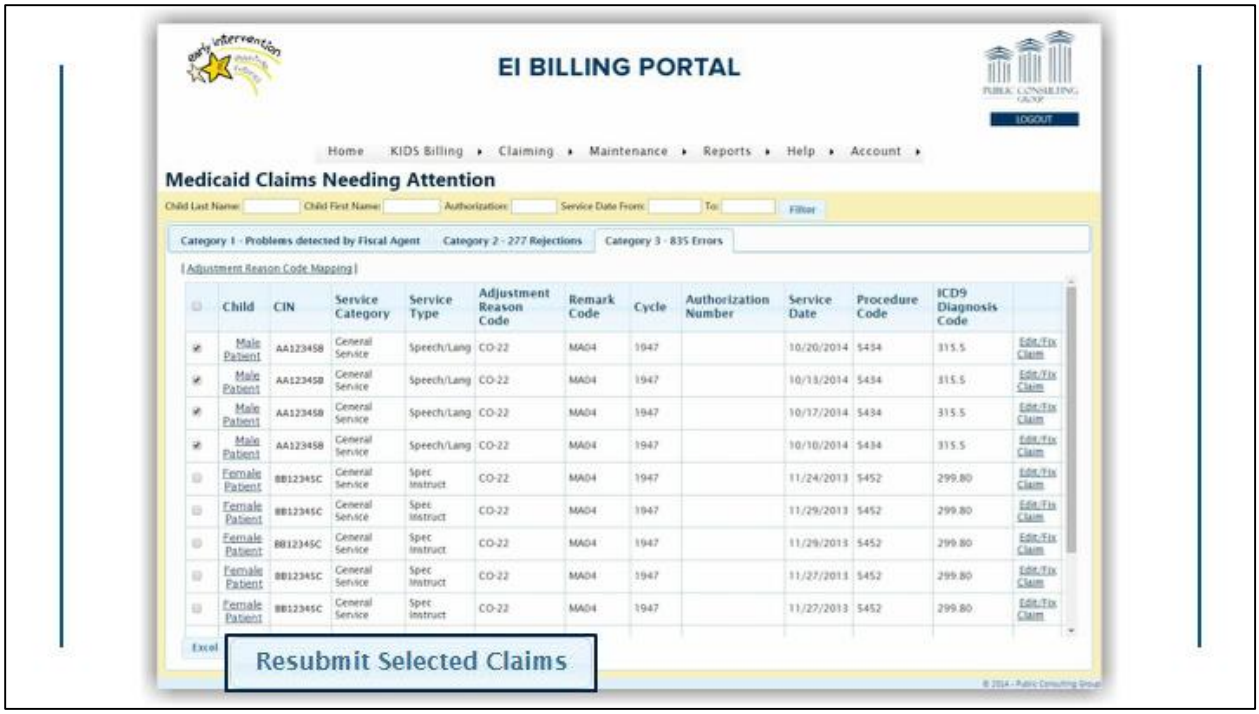

EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
Maintenance
Reports
Help
Account
Welcome to EI Billing
Claiming and Billing Issues Alerts
This box will provide timely alerts as needed.
Medicaid Annual Recertification Reminder
Claiming Problems
Medicaid Claims Need Attention [Details]
Pending Medicaid Claims [Details]

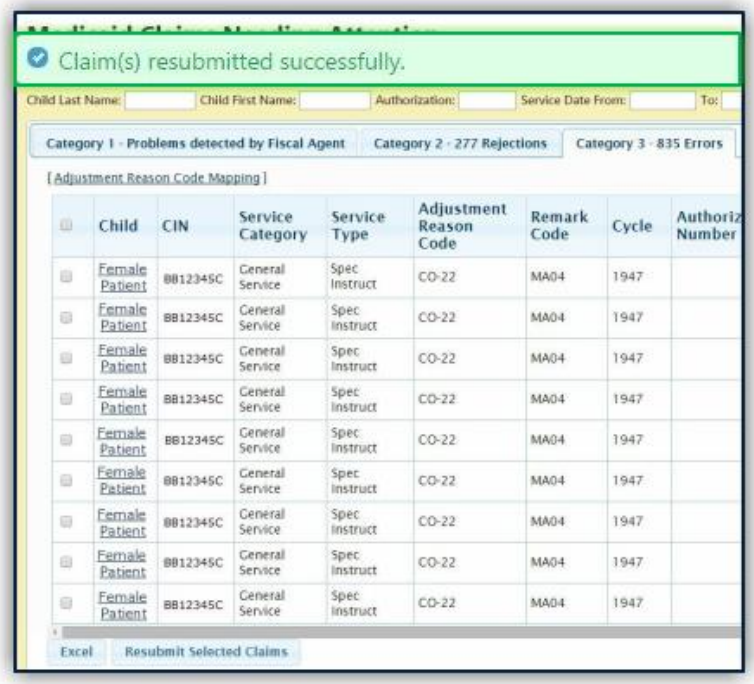

EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
Maintenance
Reports
Help
Account
Medicaid Claims Needing Attention
Child Last Name:
Child First Name:
Authorization:
Service Date From:
To:
Filter
Category 1 - Problems detected by Fiscal Agent
Category 2 - 277 Rejections
Category 3 - 835 Errors
[Adjustment Reason Code Mapping]
Child
CIN
Service Category
Service Type
Adjustment Reason Code
Remark Code
Cycle
Authorization Number
Service Date
Procedure Code
ICD9 Diagnosis Code
Male Patient
AA12345B
General Service
Speech/Lang
CO-22
MA04
1947
10/20/2014
S434
315.5
Edit/Fix Claim
Male Patient
AA12345B
General Service
Speech/Lang
CO-22
MA04
1947
10/13/2014
S434
315.5
Edit/Fix Claim
Male Patient
AA12345B
General Service
Speech/Lang
CO-22
MA04
1947
10/17/2014
S434
315.5
Edit/Fix Claim
Male Patient
AA12345B
General Service
Speech/Lang
CO-22
MA04
1947
10/10/2014
S434
315.5
Edit/Fix Claim
Female Patient
BB12345C
General Service
Spec Instruct
CO-22
MA04
1947
11/24/2013
S452
299.80
Edit/Fix Claim
Female Patient
BB12345C
General Service
Spec Instruct
CO-22
MA04
1947
11/29/2013
S452
299.80
Edit/Fix Claim
Female Patient
BB12345C
General Service
Spec Instruct
CO-22
MA04
1947
11/29/2013
S452
299.80
Edit/Fix Claim
Female Patient
BB12345C
General Service
Spec Instruct
CO-22
MA04
1947
11/27/2013
S452
299.80
Edit/Fix Claim
Female Patient
BB12345C
General Service
Spec Instruct
CO-22
MA04
1947
11/27/2013
S452
299.80
Edit/Fix Claim
Excel
Resubmit Selected Claims

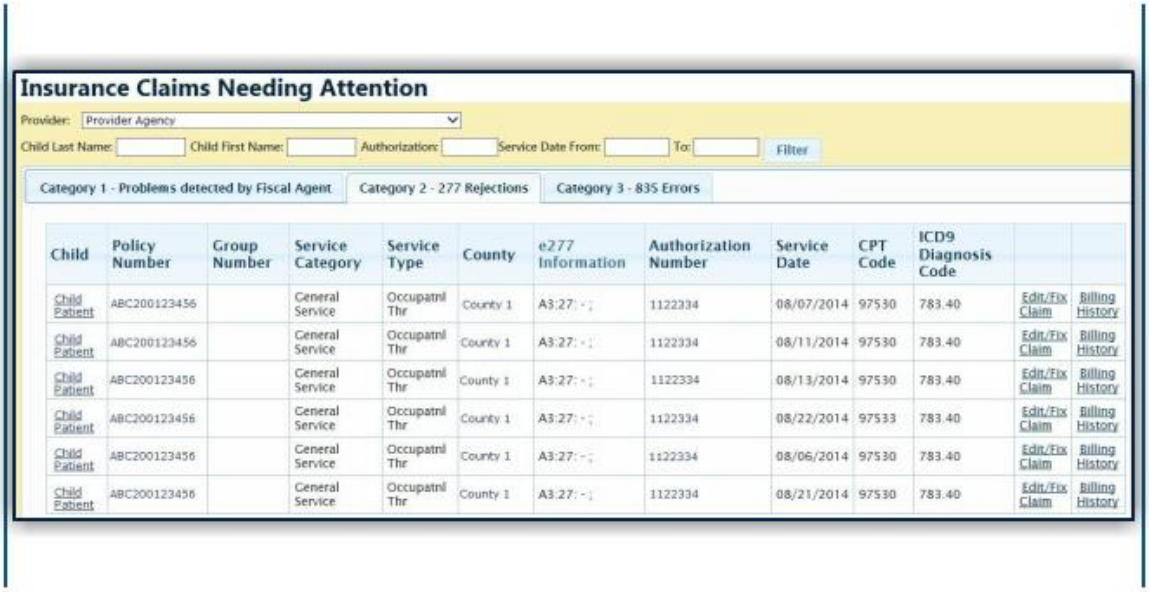
Fix Medicaid Claim
Child
Patient, Male
DOB
4/22/2013
CIN
AA12345B
Child Address 1:
123 Main St
Child Address 2:
Child City:
Anywhere
Child State:
NY
Child Zip:
11111
Procedure Code
5434
Service Date
10/20/2014
County
New York
Amount Billed
$75.00
Provider:
AAA Providers
Provider NPI:
1234567890
Provider Tax ID:
98-7654321
Provider Address 1:
789 Center St
Provider Address 2:
Provider City:
Anywhere
Provider State:
NY
Provider Zip:
11111
Therapist:
Female Therapist
Therapist NPI:
4561234561
Therapist Address 1:
100 Therapy Dr
Therapist Address 2:
Therapist City:
Anywhere
Therapist State:
NY
Therapist Zip:
11111
ICD9
315.5
Delay Reason
Therapist
4561234561- Female Therapist
Save Changes and Resubmit Claim


EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
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
CIN
Service Category
Service Type
Adjustment Reason Code
Remark Code
Cycle
Authorization Number
Service Date
Procedure Code
ICD9 Diagnosis Code
Male Patient AA12345B General Service Speech/Lang CO-22 MA04 1947 10/20/2014 S434 315.5 Edit/Fix Claim
Male Patient AA12345B General Service Speech/Lang CO-22 MA04 1947 10/13/2014 S434 315.5 Edit/Fix Claim
Male Patient AA12345B General Service Speech/Lang CO-22 MA04 1947 10/17/2014 S434 315.5 Edit/Fix Claim
Male Patient AA12345B General Service Speech/Lang CO-22 MA04 1947 10/10/2014 S434 315.5 Edit/Fix Claim
Female Patient BB12345C General Service Spec Instruct CO-22 MA04 1947 11/24/2013 S452 299.80 Edit/Fix Claim
Female Patient BB12345C General Service Spec Instruct CO-22 MA04 1947 11/29/2013 S452 299.80 Edit/Fix Claim
Female Patient BB12345C General Service Spec Instruct CO-22 MA04 1947 11/29/2013 S452 299.80 Edit/Fix Claim
Female Patient BB12345C General Service Spec Instruct CO-22 MA04 1947 11/27/2013 S452 299.80 Edit/Fix Claim
Female Patient BB12345C General Service Spec Instruct CO-22 MA04 1947 11/27/2013 S452 299.80 Edit/Fix Claim
Excel
Resubmit Selected Claims


EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
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]
CIN
Service Category
Service Type
Adjustment Reason Code
Remark Code
Cycle
Authorization Number
Service Date
Procedure Code
ICD9 Diagnosis Code
AA12345B
BB12345C
Female Patient
Excel
Resubmit Selected Claims


EI BILLING PORTAL
LOGOUT
Home
KIDS Billing
Claiming
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
CIN
Service Category
Service Type
Adjustment Reason Code
Remark Code
Cycle
Authorization Number
Service Date
Procedure Code
ICD9 Diagnosis Code
Male Patient
AA12345B
General Service
Speech/Lang
CO-22
MA04
1947
10/20/2014
S434
315.5
Edit/Fix Claim
10/13/2014
10/17/2014
10/10/2014
Female Patient
BB12345C
Spec Instruct
11/24/2013
S452
299.80
11/29/2013
11/27/2013
Excel
Resubmit Selected Claims


Claim(s) resubmitted successfully.
Child Last Name:
Child First Name:
Authorization:
Service Date From:
To:
Category 1 - Problems detected by Fiscal Agent
Category 2 - 277 Rejections
Category 3 - 835 Errors
[Adjustment Reason Code Mapping]
Child
CIN
Service Category
Service Type
Adjustment Reason Code
Remark Code
Cycle
Authoriz Number
Female Patient
BB12345C
General Service
Spec Instruct
CO-22
MA04
1947
Excel
Resubmit Selected Claims



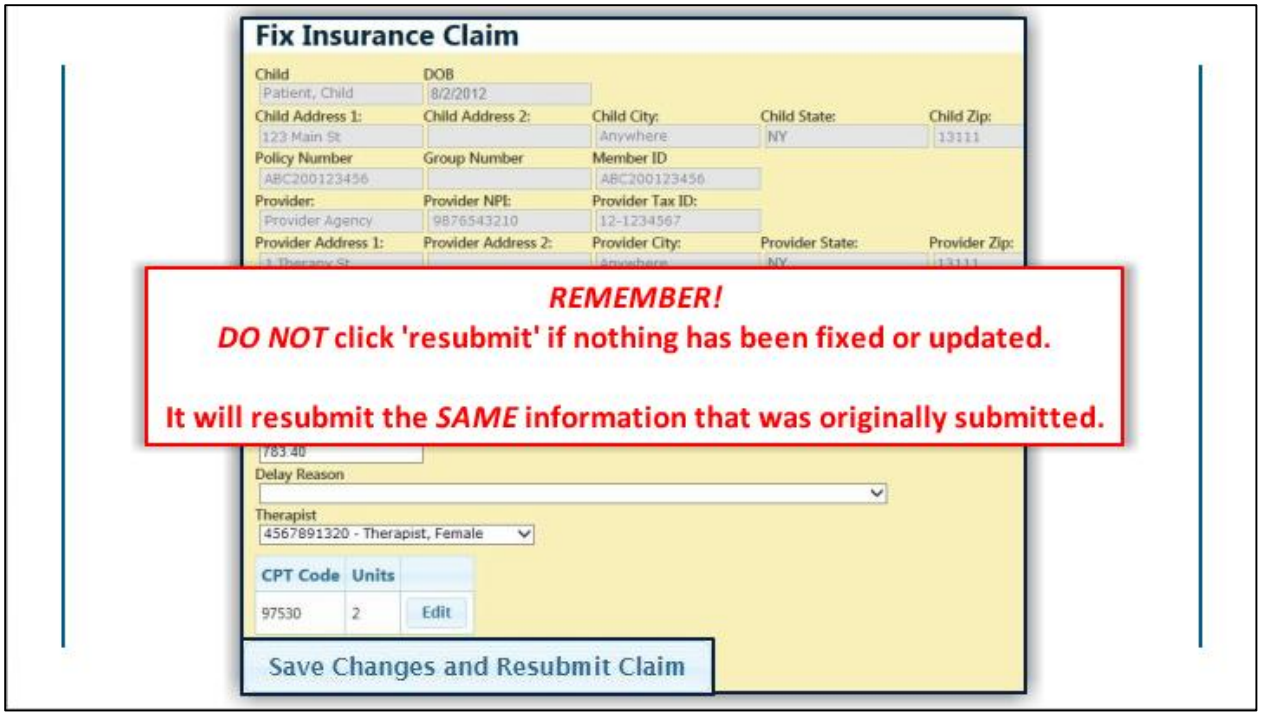
Insurance Claims Needing Attention

Provider: Provider Agency

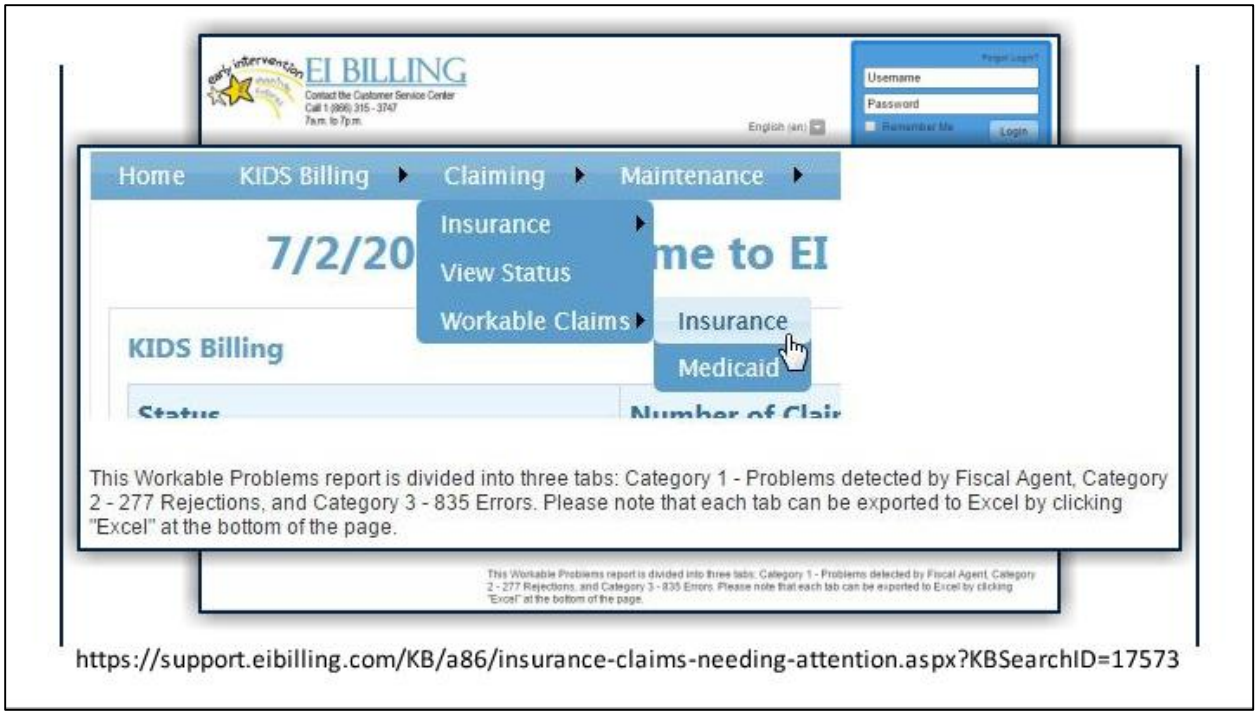
Child Last Name: Child First Name: Authorization: Service Date From: To: Filter

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

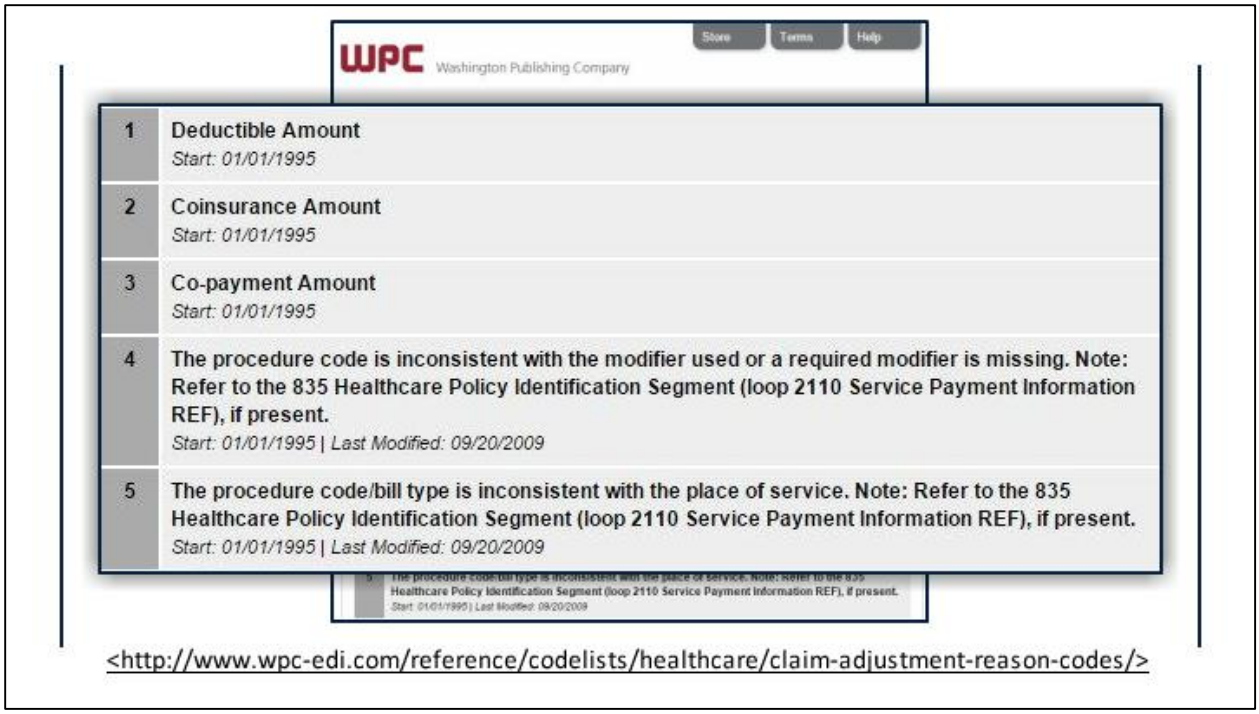
Child	Policy Number	Group Number	Service Category	Service Type	County	e277 Information	Authorization Number	Service Date	CPT Code	ICD9 Diagnosis Code		
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/07/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/11/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/13/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/22/2014	97533	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/06/2014	97530	783.40	Edit/Fix Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: - ;	1122334	08/21/2014	97530	783.40	Edit/Fix Claim	Billing History


Fix Insurance Claim
Child
Patient, Child
DOB
8/2/2012
Child Address 1:
123 Main St
Child Address 2:
Child City:
Anywhere
Child State:
NY
Child Zip:
13111
Policy Number
ABC200123456
Group Number
Member ID
ABC200123456
Provider:
Provider Agency
Provider NPI:
9876543210
Provider Tax ID:
12-1234567
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.
783.40
Delay Reason
Therapist
4567891320 - Therapist, Female
CPT Code
Units
97530
2
Edit
Save Changes and Resubmit Claim

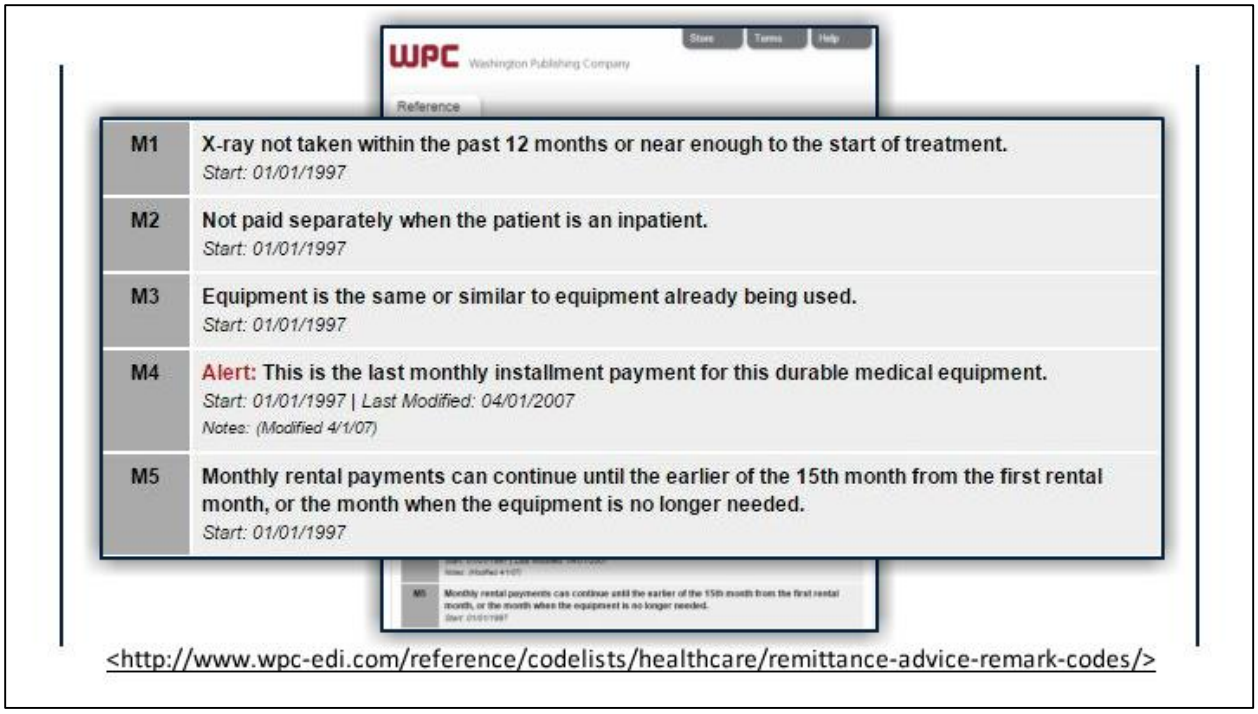
Available
Resources
A



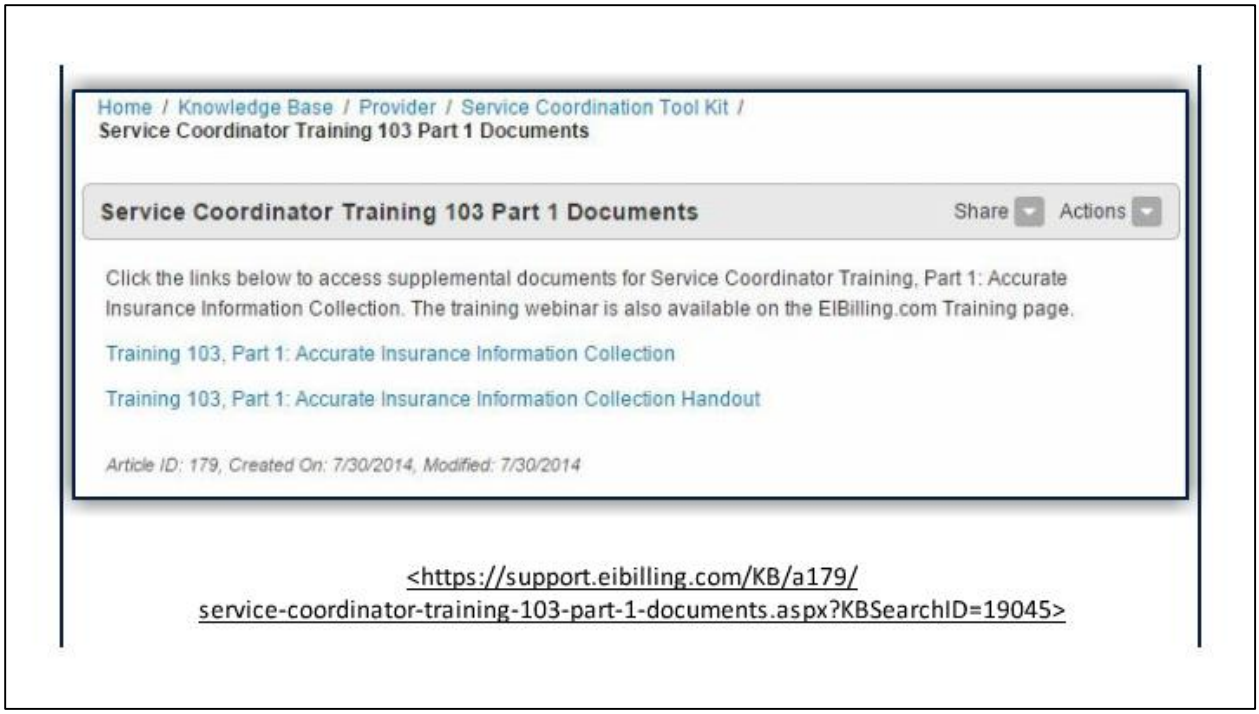
Article # 86:
https://support.eibilling.com/KB/a86/insurance-claims-needing-attention.aspx?KBSearchID=17573



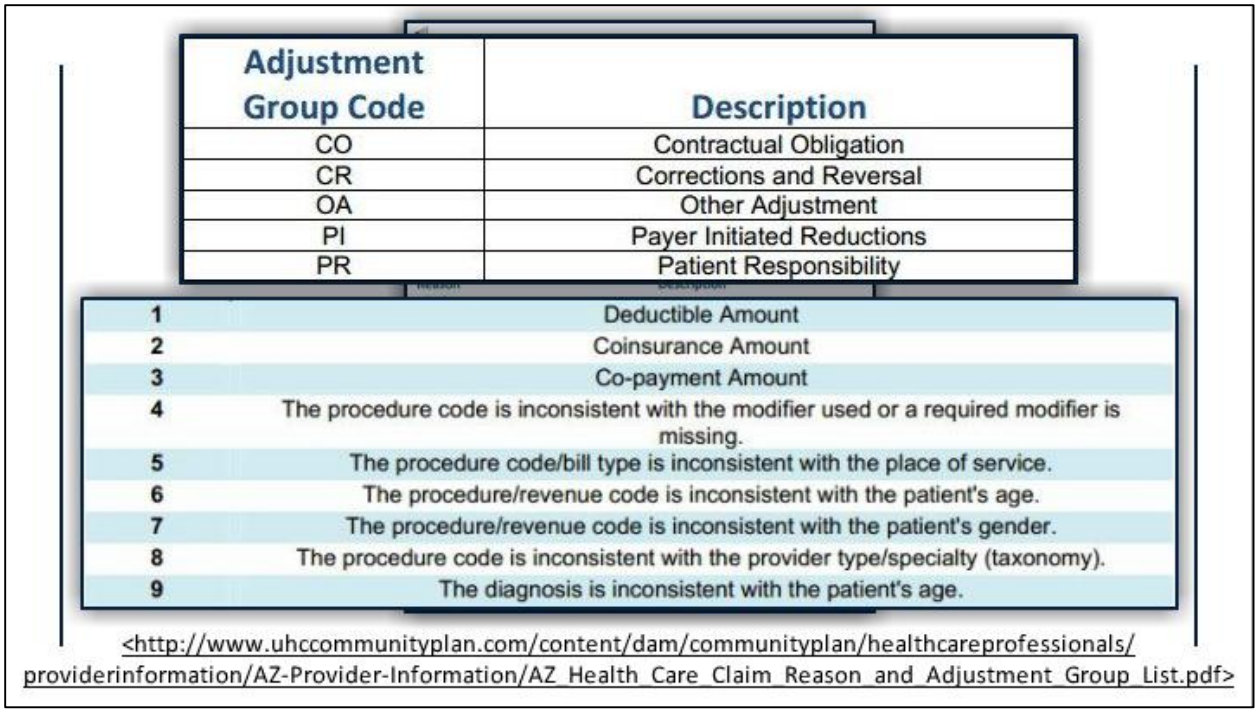
http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/



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



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

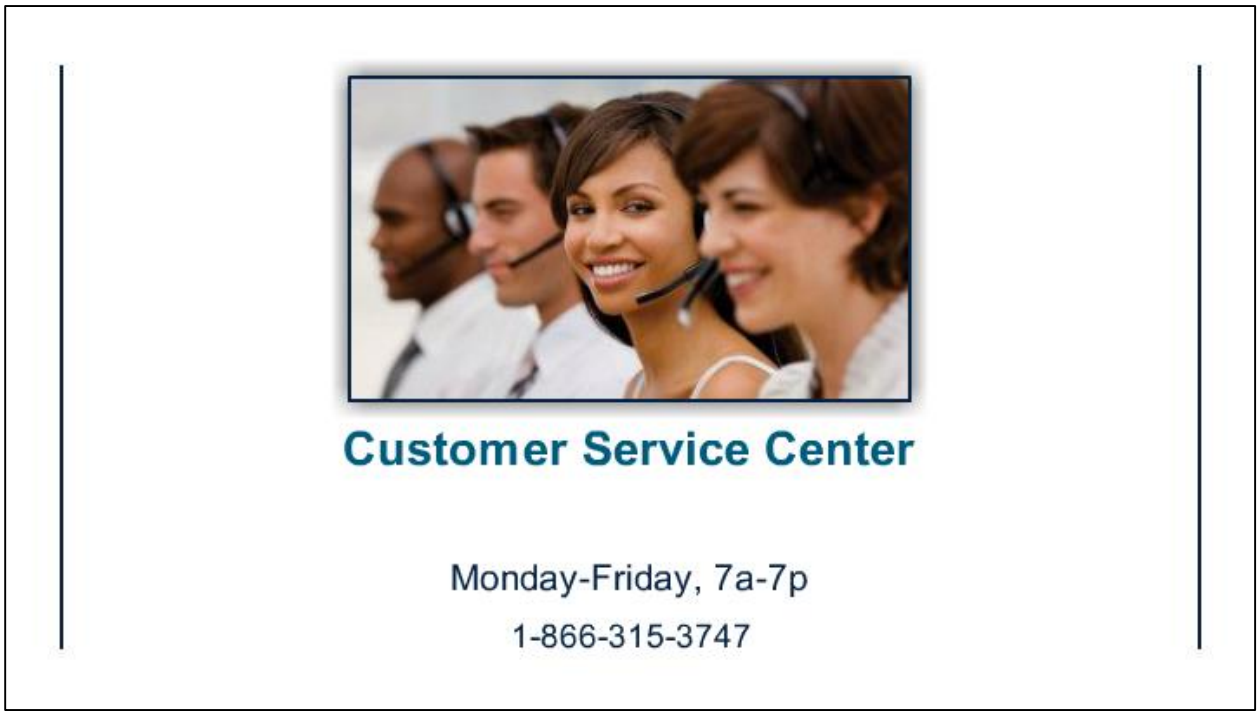


Adjustment Group Code	Description
CO	Contractual Obligation
CR	Corrections and Reversal
OA	Other Adjustment
PI	Payer Initiated Reductions
PR	Patient Responsibility

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



1-866-315-3747

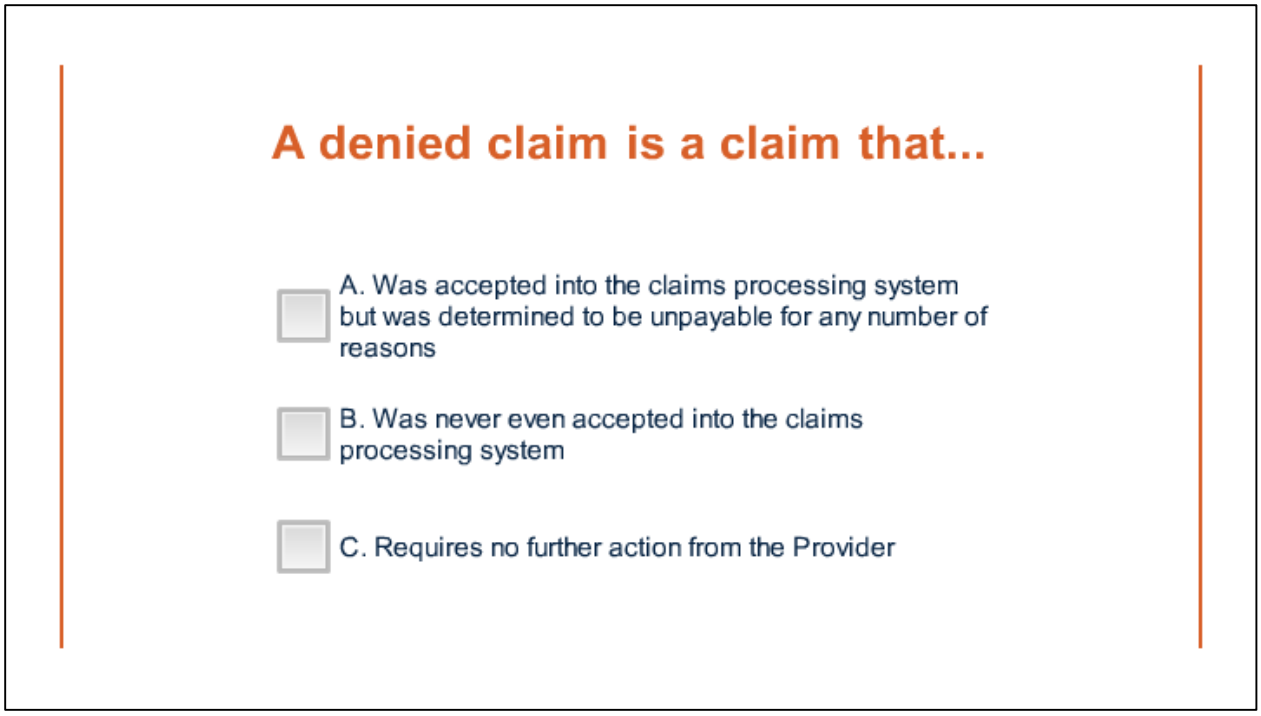
Best
Practices
B

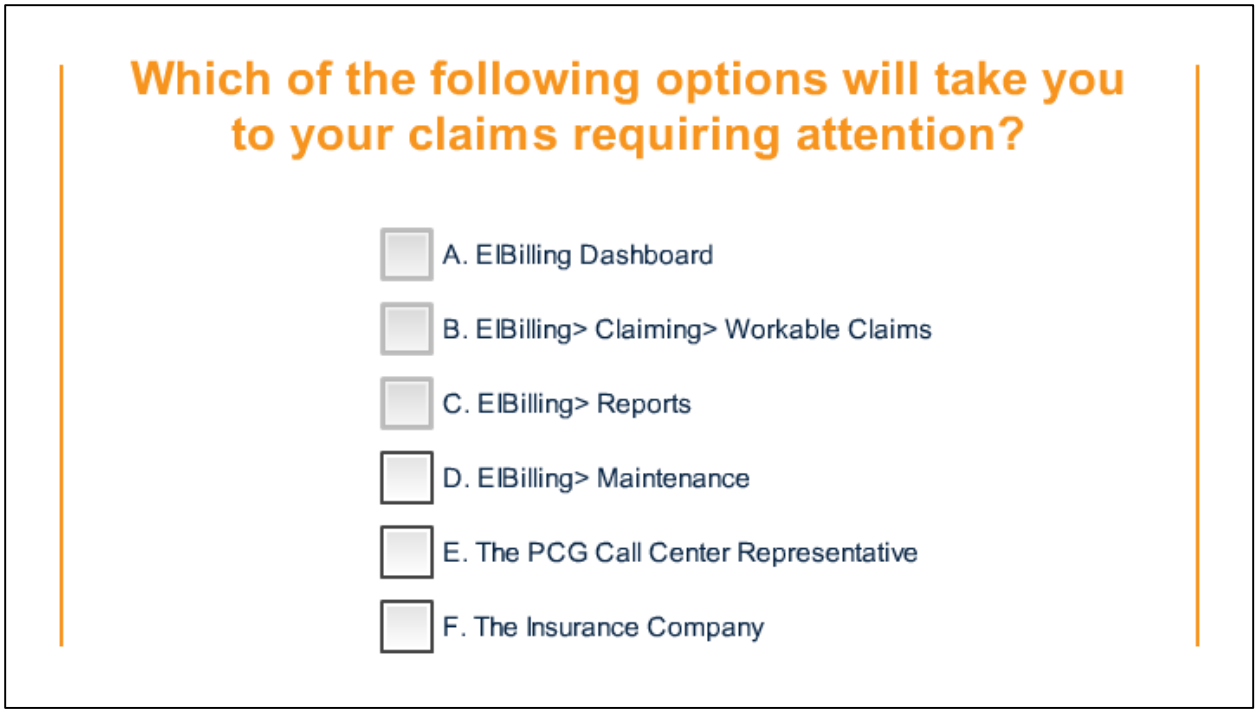
Article # 107:
https://support.eibilling.com/KB/a107/insurance-277-codes.aspx?KBSearchID=19049

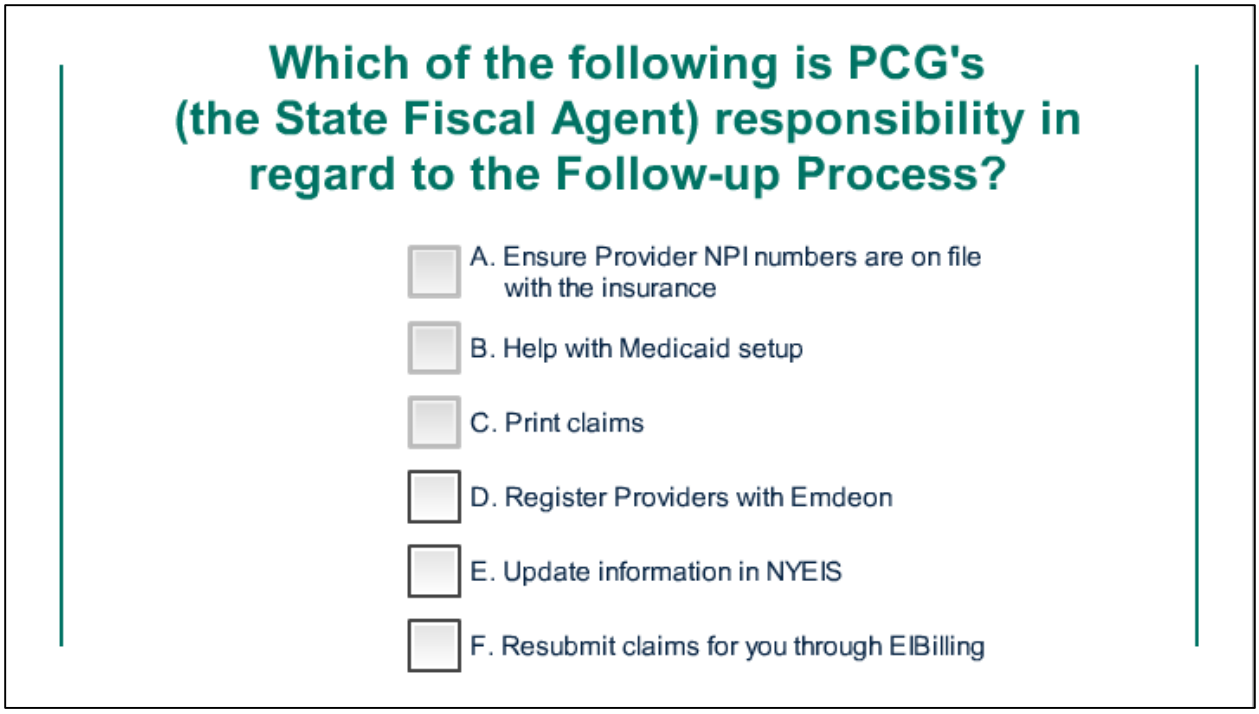
REVIEW

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

- ○ True
- ○ False


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


Which of the following options will take you to your claims requiring attention?
A. ElBilling Dashboard
B. ElBilling> Claiming> Workable Claims
C. ElBilling> Reports
D. ElBilling> Maintenance
E. The PCG Call Center Representative
F. The Insurance Company

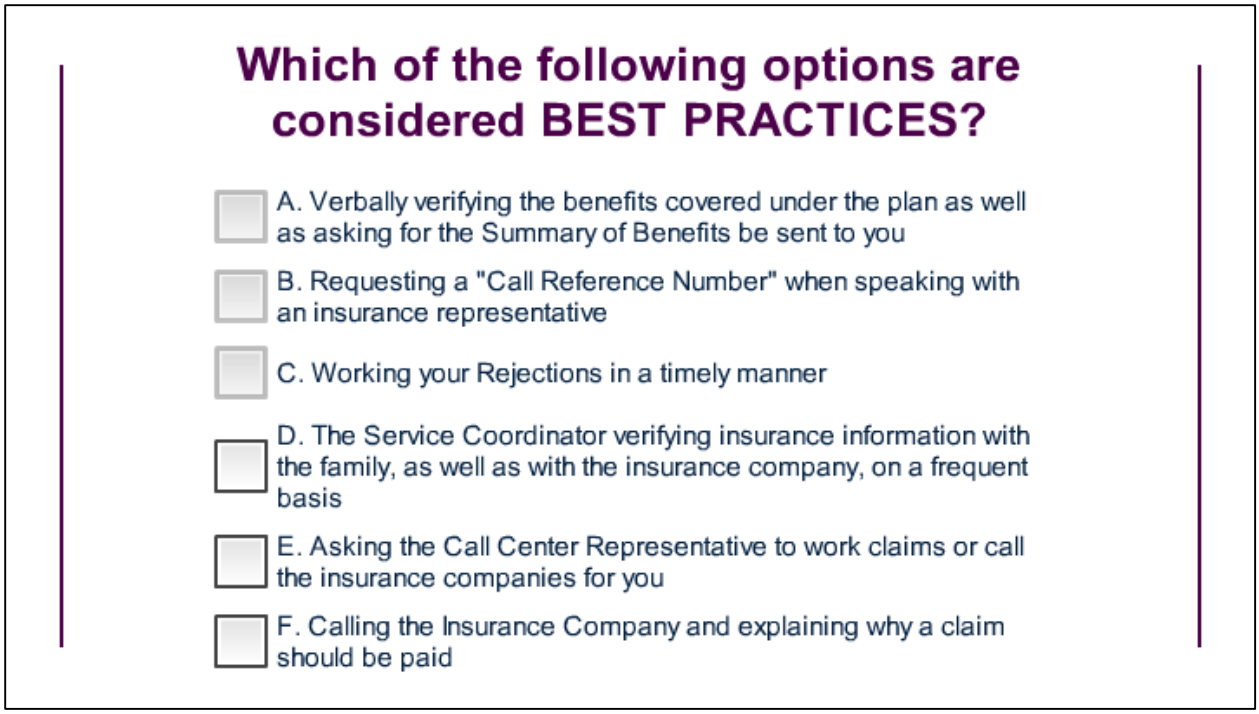

Which of the following is PCG's (the State Fiscal Agent) responsibility in regard to the Follow-up Process?
A. Ensure Provider NPI numbers are on file with the insurance
B. Help with Medicaid setup
C. Print claims
D. Register Providers with Emdeon
E. Update information in NYEIS
F. Resubmit claims for you through EIBilling

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

- ○ True
- ○ False

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


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

Let's pause for Questions

Thank You!

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1-866-315-3747

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