

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

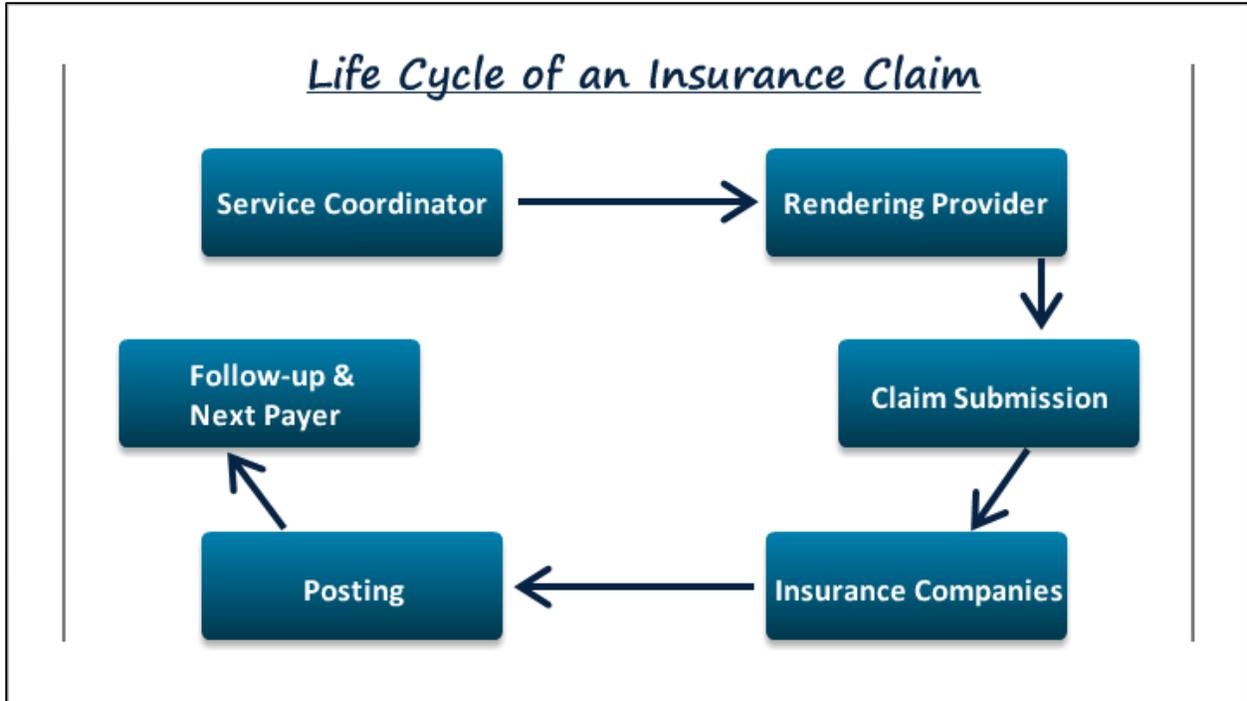
2. Best Practices

3. Brief Review



Objective One:

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



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

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		9753011	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	

- 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



There are 13 Error Categories

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



Non-Workable

Both

Workable

X Non-Workable

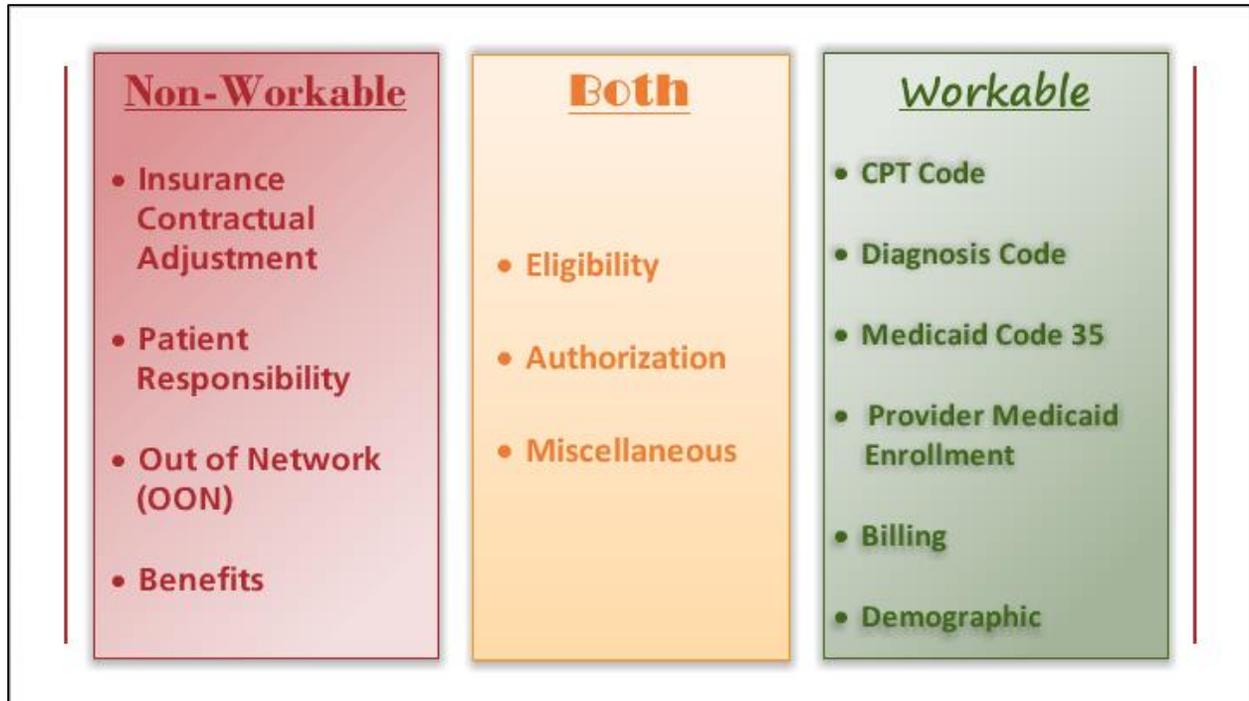
- X Not Payable by the Primary (or Secondary) Insurance**
- X Moves to the Next Payer**
- X No further action needed from the Provider**

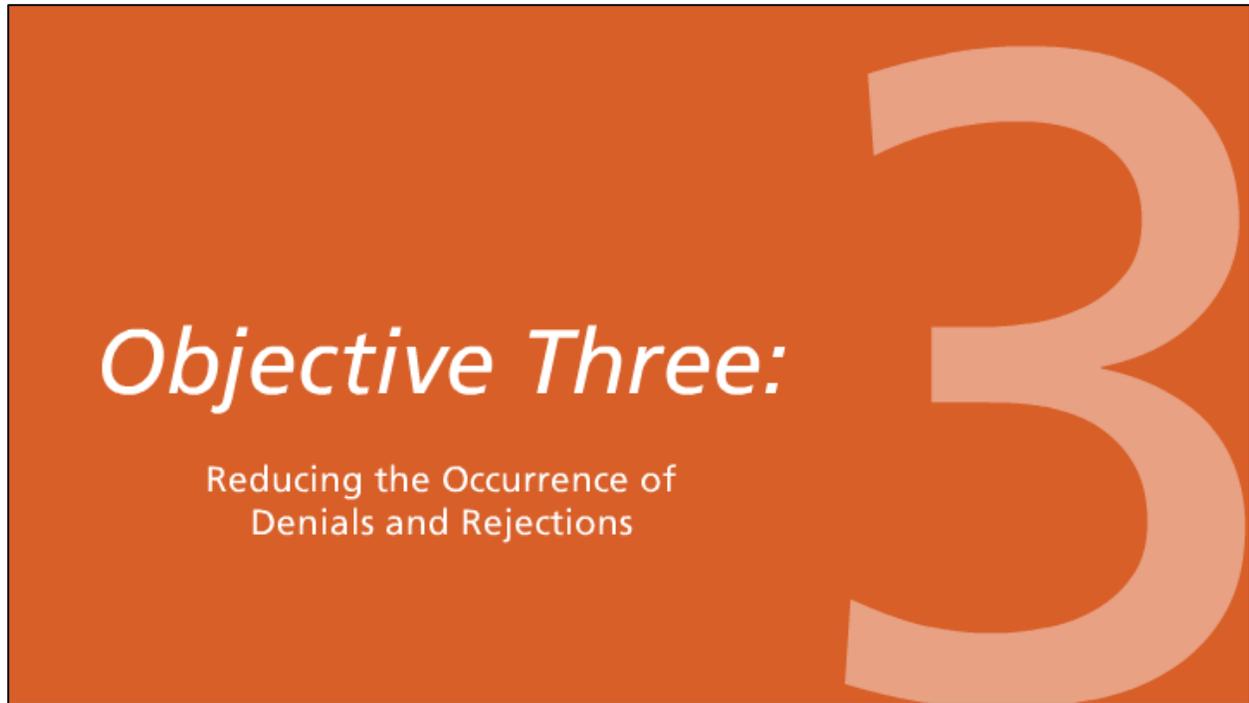
✓ *Workable*

✓ *Likely Payable*

✓ *Requires different or additional information*

✓ *Needs to be resubmitted*



A large orange rectangular graphic with a white border. On the right side, there is a large, semi-transparent number '3'. To the left of the '3', the text 'Objective Three:' is written in a white, italicized serif font. Below this, the text 'Reducing the Occurrence of Denials and Rejections' is written in a smaller, white, sans-serif font.

Objective Three:

Reducing the Occurrence of
Denials and Rejections

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



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



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



A large orange rectangular graphic with a thin black border. On the left side, the text "Objective Four:" is written in a white, italicized serif font. Below it, the subtitle "Where to Find Your Denials and Rejections" is written in a smaller, white, sans-serif font. On the right side of the graphic, a large, light-orange number "4" is displayed in a bold, sans-serif font, partially overlapping the orange background.

Objective Four:

Where to Find Your
Denials and Rejections

Early Intervention **EI BILLING PORTAL** **Public Health Dept.** **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
 For those billing providers who received but have not yet submitted these forms, please submit them by the date given to you by Medicaid. OOH BC urgent agencies and individual service providers to promptly complete and return the forms by the date given to you by Medicaid as Medicaid payments will continue to be issued without delay. Please call the eMedNY Call Center at 1 (800) 345-9000 with any questions you may have or visit www.nyedny.org for additional information.

Claiming Problems

- Medicaid Claims Need Attention (2 tabs)
- Pending Medicaid Claims (2 tabs)

KIDS Billing

All entered KIDS billing has been submitted and processed. View the status here: [View Status](#)

In-Process Claims Status

Source	County	Status	# Claims	Amount
NYSD	New York	ESCROW	49	\$4,180.00
NYSD	New York	INSURANCE	978	\$82,272.00
NYSD	New York	MEDICAID	813	\$79,776.00
NYSD	New York	VOID	2	\$160.00

Payment Profile

	Submitted	PAID	Pending
Insurance	N/A	\$145,816.74	\$32,272.00
Medicaid	N/A	\$83,172,995.20	\$79,779.00
Revenue	N/A	\$13,179,295.96	\$4,190.00
Total	\$23,014,105.00	\$122,496,108.90	\$115,981.00

% Paid: 89.49%
 % Pending: 0.83%

The screenshot shows the 'EI BILLING PORTAL' website. At the top, there is a navigation menu with links for Home, KIDS Billing, Claiming, Maintenance, Reports, Help, and Account. Below the navigation is a 'Welcome to EI Billing' message. A 'Claiming and Billing Issues Alerts' section contains a 'Medicaid Annual Recertification Reminder' with instructions for providers. A yellow 'Claiming Problems' overlay box is positioned in the center, containing two items: 'Medicaid Claims Need Attention [Details]' and 'Pending Medicaid Claims [Details]'. Below the overlay is an 'In-Process Claims Status' table and a 'Payment Profile' table.

In-Process Claims Status

Source	County	Status	# Claims	Amount
NYSES	New York	ESCROW	40	\$4,180.00
NYSES	New York	INSURANCE	378	\$82,272.00
NYSES	New York	MEDICAID	813	\$78,378.00
NYSES	New York	VOID	2	\$180.00

Payment Profile

	Submitted	Paid	Pending
Insurance	AgA	\$145,818.74	\$32,272.00
Medicaid	AgA	\$83,32,995.20	\$78,778.00
Escrow	AgA	\$13,175,235.88	\$4,180.00
Total		\$102,014,109.00	\$115,988.00

% Paid: 99.88%
 % Pending: 0.12%

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

EI BILLING PORTAL

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]

<input type="checkbox"/>	Child	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code	
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/20/2014	S434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/18/2014	S434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/17/2014	S434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/10/2014	S434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/24/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/29/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/29/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/27/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/27/2013	S452	299.80	Edit/Fix Claim

Excel Resubmit Selected Claims

© 2014 - Public Consulting Group



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

Insurance Claims Needing Attention												
Provider: <input type="text" value="Provider Agency"/>												
Child Last Name: <input type="text"/> Child First Name: <input type="text"/> Authorizations: <input type="text"/> Service Date From: <input type="text"/> To: <input type="text"/> <input type="button" value="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/Ex Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: -;	1122334	08/11/2014	97530	783.40	Edit/Ex Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: -;	1122334	08/13/2014	97530	783.40	Edit/Ex Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: -;	1122334	08/22/2014	97533	783.40	Edit/Ex Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: -;	1122334	08/06/2014	97530	783.40	Edit/Ex Claim	Billing History
Child Patient	ABC200123456		General Service	Occupatnl Thr	County 1	A3:27: -;	1122334	08/21/2014	97530	783.40	Edit/Ex Claim	Billing History

The screenshot displays the 'EI BILLING PORTAL' interface. At the top left is a logo for 'early intervention' with a star and the text 'early intervention' and 'enrollment assistance'. At the top right is the 'PUBLIC CONSULTING GROUP' logo with a 'LOGOUT' button. A navigation bar contains links for Home, KIDS Billing, Claiming, Maintenance, Reports, Help, and Account. The main content area is titled 'Welcome to EI Billing' and includes a 'Claiming and Billing Issues Alerts' section with a 'Medicaid Annual Recertification Reminder'. A 'Claiming Problems' section lists 'Medicaid Claims Need Attention' and 'Pending Medicaid Claims'. A 'KIDS Billing' section is also visible. A dark blue sidebar menu on the right lists various reports and data management options: 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, and Summary Reports. A sub-menu for 'Insurance' is open, showing 'Claims Awaiting EOBs' and 'Insurance Remittance Data Posted EOBs'.

The screenshot shows the 'EI BILLING PORTAL' interface. At the top left is the 'early intervention' logo with a star and the text 'with the support of parents'. At the top right is the 'PUBLIC CONSULTING GROUP' logo with a building icon and a 'LOGOUT' button. Below the logos is a navigation menu: Home, KIDS Billing, Claiming, Maintenance, Reports, Help, Account. The main heading is 'Claims Awaiting EOBs'. Below this heading is a yellow banner with the text: 'The following is a list of insurance claims 25 days or older for which EBilling has not received remittance from the insurance company and no EOB has been entered by the provider.' Below the banner is a table with 9 columns: Child, Service Date, Amount Billed, Date Billed, Therapist, Invoice Number, Insurance Company, Policy Number, and Insurance Phone Number. The table contains 5 rows of data.

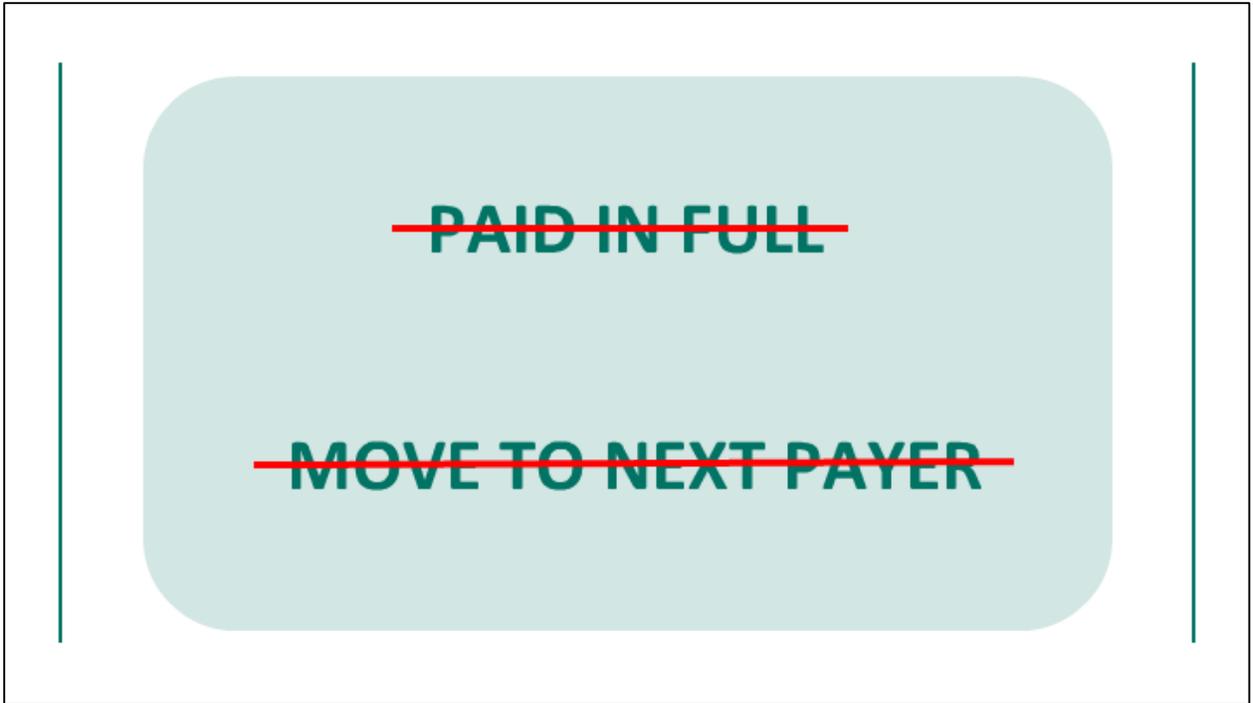
Child	Service Date	Amount Billed	Date Billed	Therapist	Invoice Number	Insurance Company	Policy Number	Insurance Phone Number
Child, Male	12/09/2013	\$30.00	09/26/2014	Therapist, Female	123456	Health First	987654321	
Child, Male	12/09/2013	\$30.00	09/26/2014	Therapist, Female	123456	Health First	987654321	
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

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

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.

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





So what do you need to do?

Obtain your EOBs

**Follow your own AR
(Accounts Receivable)**

**Follow-up on your
Denials and Rejections**



Call the Insurance Companies



IMPORTANT!

**Please contact PCG's Customer Service Center
when claims are pending adjudication over 45 days.**

**Call PCG's Customer Service Center
M-F, 7a-7p
1-866-315-3747**

1-866-315-3747

**Ensure Provider NPI Numbers
are on file with the insurance**

Help with Medicaid Setup

Print Claims

Register Providers with Emdeon

GROUP

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

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	

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

Member Name: NAME, FEMALE		Provider Name: NAME, PROVIDER		Adj Code TNYS						
Member ID: 89562314*08		Provider ID: P1002000		COB Amt						
Patient Acct #: FN10001200		Claim #: 1111S44444		Payment Amt						
Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	COB Amt	Payment Amt
06-04-13	92507 TL	SPEECH/HEARING THERAPY	1	69.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CLAIM: 1111S44444				69.00	0.00	0.00	0.00	0.00	0.00	0.00

Adj Code TNYS

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.
-------------	--



The screenshot displays the 'EI BILLING PORTAL' interface. At the top left is the 'early intervention' logo, and at the top right is the 'PUBLIC CONSULTING GROUP' logo with a 'LOGOUT' button. A navigation menu includes 'Home', 'KIDS Billing', 'Claiming', 'Maintenance', 'Reports', 'Help', and 'Account'. The main heading is 'Welcome to EI Billing'. Below this, there is a 'Claiming and Billing Issues Alerts' section with a sub-heading 'This box will provide timely alerts as needed.' and a 'Medicaid Annual Recertification Reminder' section. A 'Claiming Problems' section is highlighted with a yellow background and contains two items: 'Medicaid Claims Need Attention [Details]' and 'Pending Medicaid Claims [Details]'. On the left side of the 'Claiming Problems' section, there are radio buttons for 'Med' and 'Perm'.



EI BILLING PORTAL



[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](#)

[\[Adjustment Reason Code Mapping \]](#)

<input type="checkbox"/>	Child	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code	
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/20/2014	5434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/18/2014	5434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/17/2014	5434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Male Patient	AA12345B	General Service	Speech/Lang	CO-22	MA04	1947		10/10/2014	5434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/24/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/29/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/29/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/27/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec instruct	CO-22	MA04	1947		11/27/2013	5452	299.80	Edit/Fix Claim

[Excel](#) [Resubmit Selected Claims](#)

© 2014 - Public Consulting Group

Fix Medicaid Claim

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

[Save Changes and Resubmit Claim](#)

Early Intervention

EI BILLING PORTAL

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)

<input type="checkbox"/>	Child	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code	
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/20/2014	S434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/13/2014	S434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/17/2014	S434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/10/2014	S434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/24/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/29/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/29/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/27/2013	S452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/27/2013	S452	299.80	Edit/Fix Claim

Excel Resubmit Selected Claims

© 2014 - Public Consulting Group

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

early intervention

EI BILLING PORTAL

Public Consulting Group

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

<input checked="" type="checkbox"/>	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code	
<input checked="" type="checkbox"/>	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/20/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/13/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/17/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/10/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/24/2013	5452	299.80	Edit/Fix Claim
<input checked="" type="checkbox"/>	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/29/2013	5452	299.80	Edit/Fix Claim
<input checked="" type="checkbox"/>	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/29/2013	5452	299.80	Edit/Fix Claim
<input checked="" type="checkbox"/>	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/27/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	General Service	Spec Instruct	CO-22	MA04	1947		11/27/2013	5452	299.80	Edit/Fix Claim

Excel Resubmit Selected Claims

© 2014 - Public Consulting Group

Early Intervention
EI BILLING PORTAL
 PUBLIC CONSULTING GROUP
 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)

<input type="checkbox"/>	Child	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authorization Number	Service Date	Procedure Code	ICD9 Diagnosis Code	
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/20/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/13/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/17/2014	5434	315.5	Edit/Fix Claim
<input checked="" type="checkbox"/>	Male Patient	AA123458	General Service	Speech/Lang	CO-22	MA04	1947		10/10/2014	5434	315.5	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/24/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/29/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/29/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/27/2013	5452	299.80	Edit/Fix Claim
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947		11/27/2013	5452	299.80	Edit/Fix Claim

Excel **Resubmit Selected Claims**

© 2014 - Public Consulting Group

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

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]

<input type="checkbox"/>	Child	CIN	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Authoriz Number
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	
<input type="checkbox"/>	Female Patient	BB12345C	General Service	Spec Instruct	CO-22	MA04	1947	

Excel Resubmit Selected Claims

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

Insurance Claims Needing Attention												
Provider: <input type="text" value="Provider Agency"/>												
Child Last Name: <input type="text"/> Child First Name: <input type="text"/> Authorizations: <input type="text"/> Service Date From: <input type="text"/> To: <input type="text"/> <input type="button" value="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

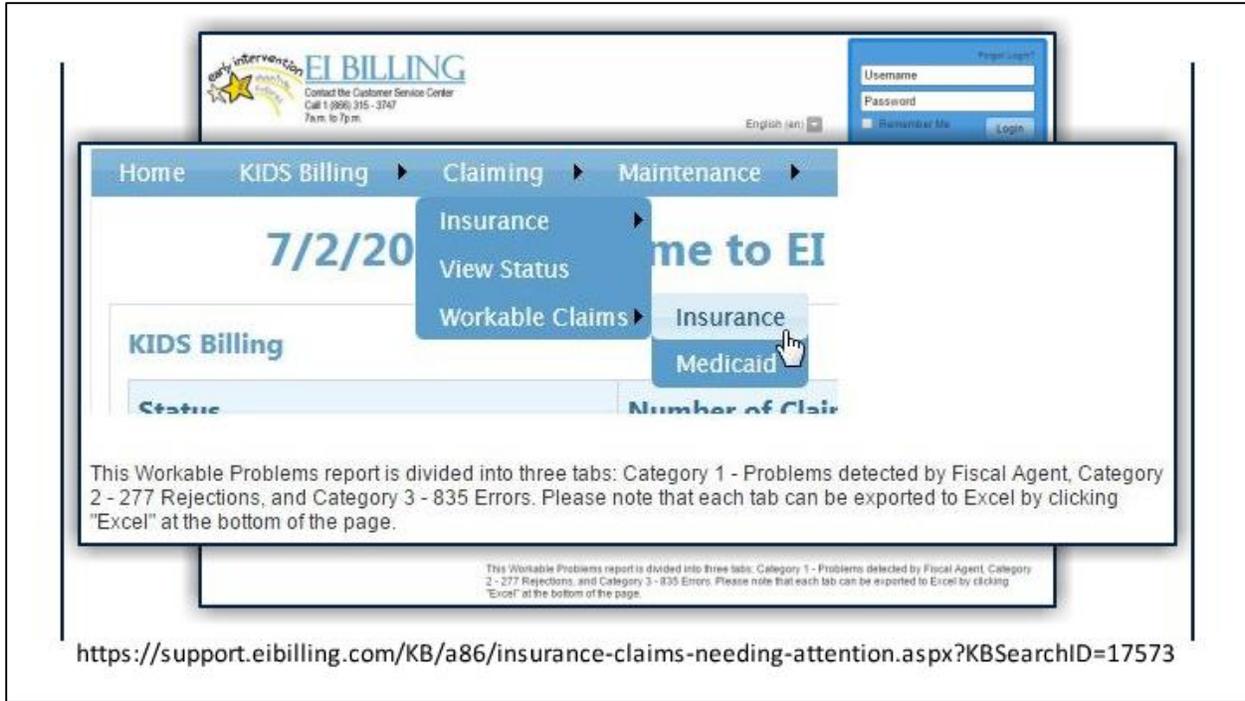
Child Patient, Child	DOB			
	8/2/2012			
Child Address 1:	Child Address 2:	Child City:	Child State:	Child Zip:
123 Main St		Anywhere	NY	13111
Policy Number	Group Number	Member ID		
ABC200123456		ABC200123456		
Provider:	Provider NPI:	Provider Tax ID:		
Provider Agency	9876543210	12-1234567		
Provider Address 1:	Provider Address 2:	Provider City:	Provider State:	Provider Zip:
T. Therapy St		Anywhere	NY	13111

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





The screenshot shows the EI BILLING website interface. At the top left is the logo for 'early intervention EI BILLING' with contact information: 'Contact the Customer Service Center Call 1 (800) 315-3747 7am to 7pm'. To the right is a login box with fields for 'Username' and 'Password', a 'Remember Me' checkbox, and a 'Login' button. Below the logo is a navigation menu with 'Home', 'KIDS Billing', 'Claiming', and 'Maintenance'. A date '7/2/20' is displayed. A dropdown menu is open under 'Claiming', showing 'Insurance', 'View Status', and 'Workable Claims'. The 'Workable Claims' dropdown is further open, showing 'Insurance' and 'Medicaid'. Below the navigation is a section titled 'KIDS Billing' with a table header showing 'Status' and 'Number of Claim'. A text box explains: '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.' A URL is provided at the bottom: <https://support.eibilling.com/KB/a86/insurance-claims-needing-attention.aspx?KBSearchID=17573>

Article # 86:

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

The screenshot shows the WPC (Washington Publishing Company) website header with 'Store', 'Terms', and 'Help' buttons. Below the header is a table of claim adjustment reason codes. The table has five rows, each with a number in a grey box, a title, and a start date. Row 4 and 5 contain detailed error messages. Below the table is a small box with a partially visible error message. At the bottom of the screenshot is a URL in angle brackets.

Code	Description	Start Date
1	Deductible Amount	01/01/1995
2	Coinsurance Amount	01/01/1995
3	Co-payment Amount	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.	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.	01/01/1995 Last Modified: 09/20/2009

9 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/>>

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

The screenshot shows the WPC (Washington Publishing Company) Reference page. It features a table with five rows of Remittance Advice Remark Codes (M1-M5). Each row includes a code, a description, and a start date. Row M4 includes an alert and a note. Below the table is a smaller version of the M5 code description. At the bottom of the screenshot is a URL: <http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>

Code	Description	Start Date
M1	X-ray not taken within the past 12 months or near enough to the start of treatment.	01/01/1997
M2	Not paid separately when the patient is an inpatient.	01/01/1997
M3	Equipment is the same or similar to equipment already being used.	01/01/1997
M4	Alert: This is the last monthly installment payment for this durable medical equipment. <i>Note:</i> (Modified 4/1/07)	01/01/1997 Last Modified: 04/01/2007
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.	01/01/1997

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 Coordination Tool Kit / Service Coordinator Training 103 Part 1 Documents

Service Coordinator Training 103 Part 1 Documents Share Actions

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.uhcommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/AZ-Provider-Information/AZ_Health_Care_Claim_Reason_and_Adjustment_Group_List.pdf>

http://www.uhcommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/AZ-Provider-Information/AZ_Health_Care_Claim_Reason_and_Adjustment_Group_List.pdf



Customer Service Center

Monday-Friday, 7a-7p

1-866-315-3747

1-866-315-3747



Best Practices

- While you are on the phone with the insurance, ask for that plan's Summary Plan Description and Policy or Plan Document.
- Ask for a "Call Reference Number" and provide this to the PCG Customer Service Center.
- Service Coordinators need to ask the parents for specific information on a regular basis and then verify it with the insurance.

WORK YOUR REJECTIONS!

Article # 107:

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



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. EIBilling Dashboard
- B. EIBilling> Claiming> Workable Claims
- C. EIBilling> Reports
- D. EIBilling> 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







Contact

Schemicah Alexander
Instructional Trainer
nyeitraining@pcgus.com

Jessica Stephenson
Instructional Trainer
nyeitraining@pcgus.com

Bryan Funk
Instructional Trainer
nyeitraining@pcgus.com

Customer Service Center
Monday-Friday, 7a-7p
1-866-315-3747

PCG | Human Services
Public Focus. Proven Results.™

nyeitraining@pcgus.com

1-866-315-3747



Public Consulting Group, Inc.
148 State Street, Tenth Floor, Boston, Massachusetts 02109
(617) 426-2026, www.publicconsultinggroup.com

