

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

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

Early Intervention
New York State

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



www.pcgumanservices.com

neyetraining@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.ebilling.com/KB/a245/additional-courses-to-complement-claim-denial-rejection.aspx>

We will also discuss:

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

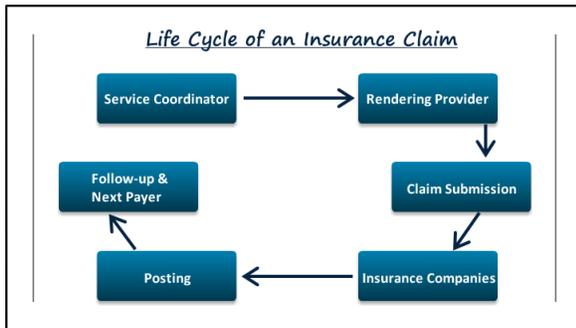


Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*

1

Objective One:

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



Processed Claim												
Patient Name: Patient, Male		ACIP Member ID: 474585636		Acct: CS00000001		Stat/Alt Member ID: 474581412						
Chain Number: 009988776655		Servicing Provider: Provider, Female		Servicing NPI: 1234123456		DRG: 0						
Chain Comment:												
Line	Date of Service	IC	Org #	Rev	Proc/Mod	Days/Cut	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment/Update Codes
1	01/14/14 - 01/14/14	12	3154		0211211		\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/COUP
2	01/14/14 - 01/14/14	12	3154		0213071		\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PSN
3	12/10/13 - 12/10/13	12	3154		0213171		\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/COUP
4	12/10/13 - 12/10/13	12	3154		0213071		\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/Y41
5	12/31/13 - 12/31/13	12	3154		0213171		\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/COUP
6	12/31/13 - 12/31/13	12	3154		0213071		\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PSN
Service Line(s) Sub Total(s):							\$225.00	\$37.74	\$187.26	\$0.00	\$0.00	\$37.74
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00		Claim Total: \$37.74			

Explain Code Description	Group Code	CAIC	RARC
01P The subsequent code is disallowed because the procedure is non-reimbursable.	CO	56	N431
PSN 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

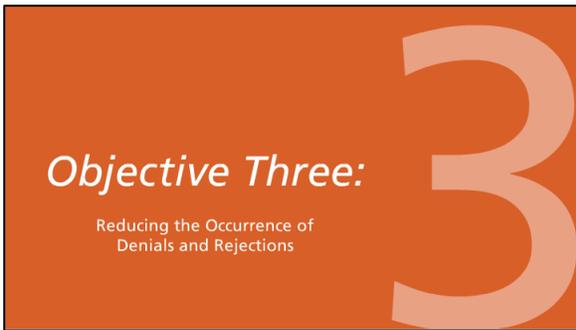
- X Not Payable by the Primary (or Secondary) Insurance
- X Moves to the Next Payer
- X No further action needed from the Provider

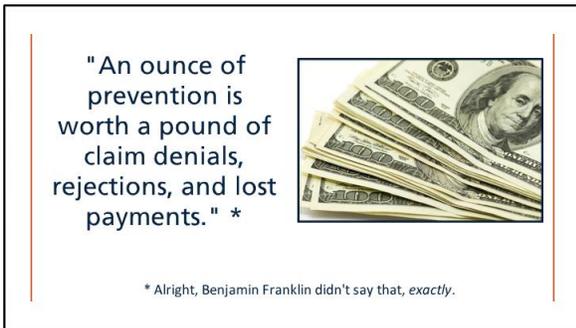
✓ Workable

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

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

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







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:

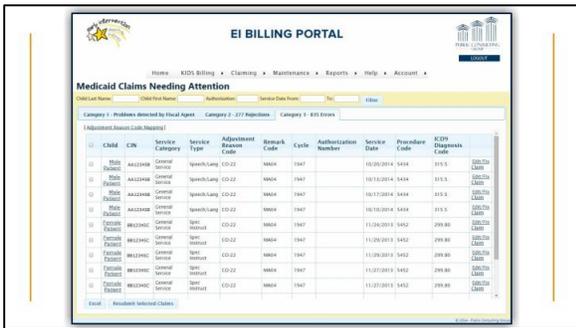
Where to Find Your Denials and Rejections

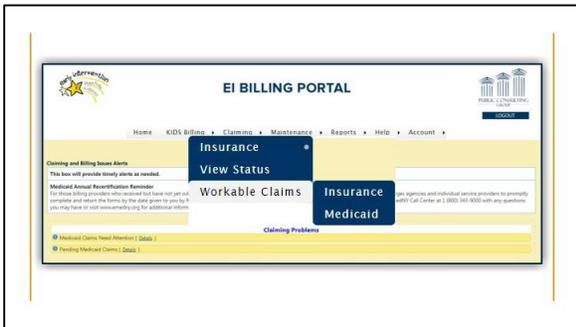


Claim Denial and Rejection Management: *My Claim Didn't Pay! Now what?*









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

Insurance Claims Needing Attention

Provider: (Provider Agency)

Child Last Name: Date First Name: Authorizer: 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	4777 Information	Authorization Number	Service Date	CPT Code	ICD9 Diagnosis Code	Edc/Clm	Billing Status
CHIL Female	ABC28123456		General Service	Occupational Ther	County 1	A927--	1122334	06/07/2014	97530	783.40	Edc/Clm	Billing Status
CHIL Female	ABC28123456		General Service	Occupational Ther	County 1	A927--	1122334	06/11/2014	97530	783.40	Edc/Clm	Billing Status
CHIL Female	ABC28123456		General Service	Occupational Ther	County 1	A927--	1122334	06/13/2014	97530	783.40	Edc/Clm	Billing Status
CHIL Female	ABC28123456		General Service	Occupational Ther	County 1	A927--	1122334	06/23/2014	97533	783.40	Edc/Clm	Billing Status
CHIL Female	ABC28123456		General Service	Occupational Ther	County 1	A927--	1122334	06/06/2014	97530	783.40	Edc/Clm	Billing Status
CHIL Female	ABC28123456		General Service	Occupational Ther	County 1	A927--	1122334	06/21/2014	97530	783.40	Edc/Clm	Billing Status

EI BILLING PORTAL

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.

Medical Annual Reauthorization Reminder

For those billing providers who required to have not yet submitted these forms, please submit them by the date given to complete and return the form by the date given to you by Medicaid so Medicaid payments will continue to be issued. Any more time is not recommended for additional information.

Medical Claims Need Attention (200)

Pending Medical Claims (200)

Claiming Problems

- Adjudicated Claims Reports
- Claiming
- Claims Agency Reports
- CPT Codes
- Default Appays
- File Reports
- Financial
- ICD9 Codes
- Insurance
- Medical Licensure Professional Data
- Medical NPI Numbers
- Medicaid
- Statutory Reports
- Claims Awaiting EOBs
- Insurance Reimbursement Data
- Printed EOBs

KIDS Billing

EI BILLING PORTAL

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 EBilling 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
CHIL Male	12/09/2013	\$30.00	09/26/2014	Therapist, Female	122950	Health First	987654321	
CHIL Male	12/09/2013	\$30.00	09/26/2014	Therapist, Female	122950	Health First	987654321	
CHIL Female	09/16/2014	\$119.00	11/07/2014	Therapist, Female	454321	ValueOptions	123456789	(877)769-7447ext303
CHIL Female	09/22/2014	\$119.00	11/07/2014	Therapist, Female	454321	ValueOptions	123456789	(877)769-7447ext303
CHIL Female	09/22/2014	\$119.00	11/07/2014	Therapist, Female	454321	ValueOptions	123456789	(877)769-7447ext303

EI BILLING PORTAL

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

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CHIL Male	12/09/2013	\$30.00	09/26/2014	Therapist, Female	122950	Health First	987654321	
CHIL Female	09/16/2014	\$119.00	11/07/2014	Therapist, Female	454321	ValueOptions	123456789	(877)769-7447ext303
CHIL Female	09/22/2014	\$119.00	11/07/2014	Therapist, Female	454321	ValueOptions	123456789	(877)769-7447ext303
CHIL Female	09/22/2014	\$119.00	11/07/2014	Therapist, Female	454321	ValueOptions	123456789	(877)769-7447ext303

Objective Five:
The Follow-up Process



~~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



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

Processed Claim											
Patient Name/Address: Male		ACIP Member ID: 474585636		Acct#: CS0000001		State/Alt Member ID: 474581412					
Chain Number: 009988776655		Servicing Provider: Provider, Female		Servicing NPI: 1224123456		DOB: 06/06/					
Chain Comments:											
Date of Service	IC	Org #	Rev	Proc Mod	Days/Cat	Charge	Allowed	Disallowed	Co-Pay	TPP	Paymen/Explain Codes
01/14/04 - 01/14/04	12	3154		0211221	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GUP
01/14/04 - 01/14/04	12	3154		0753071	1	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PN
12/20/03 - 12/20/03	12	3154		0211221	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GUP
12/20/03 - 12/20/03	12	3154		0753071	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/Y41
12/21/03 - 12/21/03	12	3154		0211221	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GUP
12/21/03 - 12/21/03	12	3154		0753071	1	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PN
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		

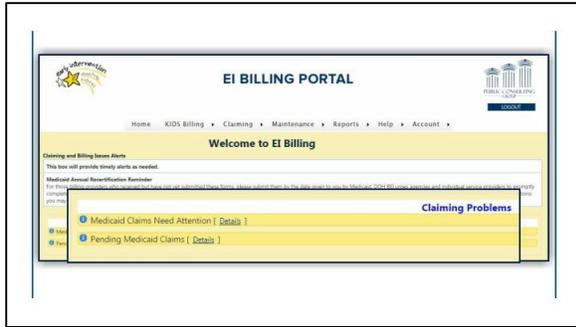
Explain Code Descriptions	Group Code	CAIC	RARC
QTP - The submitted code is disallowed because the procedure is non-reimbursable.	CO	96	N431
PN - Paid per your contract or Out Of Network rates.	CO	45	N381
Y41 - Deny as authorization on file.	CO	197	

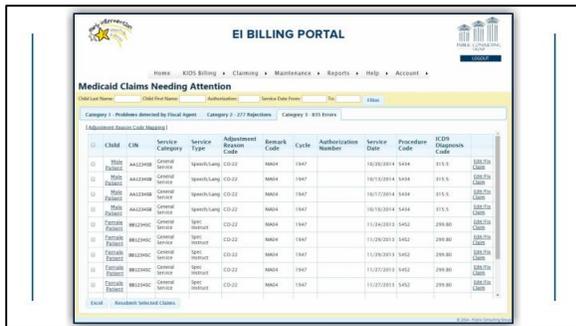
Member Name: NAME, FEMALE	Provider Name: NAME, PROVIDER	Adj Code	CO	Paymen
Member ID: 09362314*08	Provider ID: P10020100	TNYS	CO	0.00
Patient Acct #: FN10001200	Claim #: 1.111544444			
Save Date: 01/04/04	QTY	Billed Amt	Mat Amt	Withhold Deductible
01-04-04 025071L SPEECH/HEARING THERAPY	1	69.00	0.00	6.00
TOTAL CLAIM: 1.111544444		69.00	0.00	6.00

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.

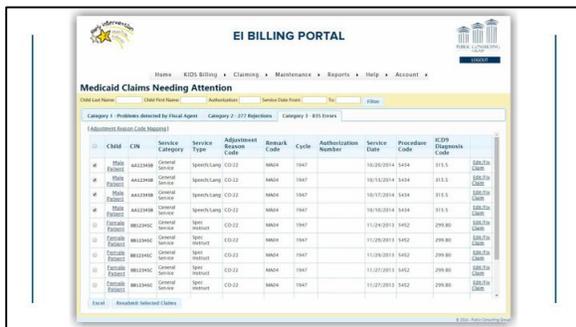
Objective Six:
 Resubmission of Claims

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









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

WPC Reference

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	Alert: 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 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.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



Customer Service Center

Monday-Friday, 7a-7p
1-866-315-3747

1-866-315-3747



Best Practices

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.ebilling.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





Contact

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PCG Human Services
Public Policy. Private Solutions.

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PUBLIC CONSULTING GROUP

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(617) 426-2026, www.publicconsultinggroup.com

A row of small photos showing various people in professional settings, including a woman in a white lab coat, a man in a suit, and several other individuals in different work environments.
