

# Claims Denial Management

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# Common Reasons for Denials/ Rejections

- ▶ Invalid/ Inactive Insurance Coverage
- ▶ Coordination of Benefits
- ▶ Missing Prior-Authorization or Referral
- ▶ Additional Information/ Notes Requested
- ▶ Not a Covered Service/ Procedure
- ▶ Medical Necessity
- ▶ Incorrect Coding
- ▶ Timely Filing



# What happens next?



## 3 Easy Steps:

Eligibility  
and Medical  
Coverage  
Verification

Data Entry  
Validation

Coding  
Education  
and Training



# Eligibility and Medical Coverage Verification- What to check?

Verify eligibility and benefits prior to the appointment!

- Check for the specific date of service.
- Check the co-payment and deductible amount.
- Check if the referral/ prior authorization is needed.
- Check how often the service in question can be performed.
- Check the address for the claim submission (electronic and paper).
- Check the appropriate time frame for the claim submission.
- Check the Secondary insurance coverage (20% of Medicare allowed amount).



# Eligibility and Medical Coverage Verification- Birthday Rule



The National Association of Insurance Commissioners states:

For a dependent child **whose parents are married or are living together**, whether or not they have ever been married: (1) The plan of the parent whose birthday falls earlier in a calendar year is the primary plan; or (2) If both parents have the same birthday, the plan that has covered the parent longest is the primary plan.

For a dependent child **whose parents are divorced or separated or not living together**, whether or not they have ever been married: The plan of the parent with custody of the child is the primary plan.



# Data Entry Validation

## Pay Attention!



# Coding Education and Training- Medical Necessity

## Utilize Online Tools:

- ▶ Local Coverage Determination Policies
- ▶ Insurance Websites

## Check with Insurance carrier, if any claim attachments are needed:

- ▶ Letter of Medical Necessity
- ▶ Plan of Treatment
- ▶ Medical Notes for complicated procedures





# Coding Education and Training- Incorrect Coding

## Medicare vs Commercial Payer coding:

- ▶ Preventive Exams
- ▶ Vaccines and Vaccine Administration

## Modifiers:

- ▶ 24 and 25 for Evaluation and Management
- ▶ 59 and 79 for Unbundling Services
- ▶ Anatomical Modifiers

## Location:

- ▶ 11 (office) or 22 (outpatient hospital)



# Coding Education and Training- Incorrect Coding

## Documentation Guidelines:

- ▶ Do you document everything that was performed and billed to insurance?
- ▶ Do you bill for everything that was documented?
- ▶ Do you meet the requirements for the level of service that was billed?
- ▶ Do you perform chart audits in your practice?

**Prepare for the change so you could succeed now and in the future!**



# Questions



# Contact Info

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