1 CLAIM NOT ON FILE
Conditions - If we are within/crossed the timely filing limit and policy is active for Dos

1. What's the Patient's policy effective date and termed date?
   Could you verify the mailing address (paper) of the Insurance company or if the claim sent electronic than please verify the payer Id .
2. What's the timely filing limit of the claim?
3. Calculate if we are within the time limit /crossed (calculate from dos till today date)
4. What kind of proof do they accept EDI(Electronic data interchange)/ Screenshot (software), mail acknowledgement
5. Call Reference #

2 CLAIM NOT ON FILE
Conditions If the pt policy is not active for Dos.

1. What's the Patient's policy effective date and termed date?
2 Does the pt has any other policy with their insurance If yes could they provide policy id, TFL, mailing address or payer id ,Could we submit the claim through fax ,fax#, attention, Call Ref#
3 Does the pt has another Insurance could provide me the name of the Insurance , telephone and address ,
4 Call Ref#

3 PATIENT NOT IDENTIFIED /DOES NOT EXIST

1. Could you search the patient with SSN
2. Could you search the patient with DOB
3. Could you search with patient name first name and last name
4. Could you search with patient address
5. If with any of the details they are able to pull the patient than take the correct policy id ,eligibility, whether they are primary or secondary for the patient , check the claim status and go according the scenario
6. Call Reference

4 CLAIM DENIED FOR INVALID PATIENT ID#
Condition- if the rep has the correct id# submit the claim with the ID#

1. Claim denial date
2. What was the id# under which the claim was received
3. What is the patient's correct ID# under which claim needs to be submitted
4. What is the time frame to submit the corrected claim
5. What is the Address in which the corrected claim needs to be submitted
6. Do you accept the document through fax, fax#, Att
7. Claim#
8. Call Ref#

5 **CLAIM DENIED FOR INVALID PATIENT ID#**
Condition - If the rep does not have correct id# we need to contact pt

1. Claim denial date
2. What was the id# under which the claim was received
3. What is the patient's correct ID# under which claim needs to be submitted (If the rep does not have correct id# then we need to contact pt)
4. What is the time frame to submit the claim
5. What is the address need to submit the claim
6. Fax#, att
7. Claim#
8. Call reference

6 **CLAIM IN PROCESS**
 Condition -If we have called within the time frame
1 When was the claim received?
2.What's the normal processing time for the claim?
3. Calculate through Recd date till today date ?
4. Call back once Tat is over to check the claim status?
5 What is the claim#
6 Call Ref #.

7 **CLAIM IN PROCESS**
 Condition-Delay
1 When was the claim received?
2. What's the normal processing time for the claim?
3. Calculate from Received date till today current date, if it is delay than verify the reason for delay ?
5 Do they require any assistance from our side .
6 time frame
7 Address or
 8 Do the accept the document thru Fax#
 9 Fax#   and Att details
10 What is the claim#
11 Call Ref #

8 **CLAIM IN PROCESS -CLAIM APPROVED FOR PAYMENT**

1. When was the claim received ?.
2. Process date
3. How much amt was approved for payment?.
4. When we could expect the check?.
5. Could you verify the check mailing address they have in their system?
6. Claim#
7. Call ref#

9 **CLAIM DENIED FOR ADDITIONAL INFO**
Condition - If additional is needed from the pt

1. Claim denial date
2. What sort of additional information do they need
3. Do they need the information from the provider or the patient
4. Where can the information be updated
5. Is there any time frame to update the info
6. Claim#
7. Call Ref#.

10 **CLAIM DENIED FOR ADDITIONAL INFO**
Condition- If additional is needed from the provider

1. Claim denial date
2. What sort of additional information do they need
3. Do they need the information from the provider or the patient
4. Where can the information be updated
5. Is there any time frame to update the info
6. Claim#
7. Call Ref#.

11 **PAYMENT APPLIED TO DEDUCTIBLE**
 Condition -Pt has not met his Yearly/ Lifetime Deductible

1. What's the processing date?
2. What is the allowed amt of the claim? Is the amt partially applied or fully applied towards deductible?
3. Which type of deductible whether its yearly /lifetime deductible?
4 What was the total deductible?
5. How much pt has met including/excluding this claim ?
6 Calculate it
7 If the pt has not met , claim, call ref#,
 8 If the pt has met, ask the Insurance Rep to reprocess the claim, reprocess #, timeframe, claim#, call ref#

12 CLAIM APPLIED TOWARDS CAPITATION

1. What's the processing date?
2. Verify the start date and end date of the capitation period
3. If the DOS lies between than capitation period , take claim#, call reference #
4. If the DOS lies before or after the capitation period, than ask the claim to be reprocess the claim, Reprocess time frame, claim#, call reference #.

   If the provider is specialist than it could not be capitation , ask the Insurance Representative to Reprocess the claim. Reprocess #, time frame ,claim ,call reference

13 CLM PAID (provider)
   Condition- EFT

1. Process date
2. What is the Allowed amt and Pd amt ,Co-ins , pt resp (take indiviual break up in case of multiple line).
3. Verify whether paid thru check or EFT
4. If EFT , verify the EFT# transaction ID,
5. Request for ERA , provide fax# and Att detials
6. Claim# ,
7. Call Ref#

14 CLM PAID (provider)
   Condition- Check

1. Process date
2. What is the Alwd amt and Pd amt ,Co-ins , pt resp (take indiviual break up in case of multiple line).
3. Verify whether paid thru check either single check or bulk , if bulk verify the bulk amt
4. Verify check mailing address
5. Verify check cashed----If it is cashed ,verify encashment date, Request for Eob , more than 30 days front and back side of the check , Clm#, Call Ref# . If the check is still outstanding verify check
6. or Verify check uncashed--stop the check and request for reissue of check
   Provide fax# and Att detials
7. Clm# ,
8. Call Ref#

15 CLM PAID TO PATIENT

1. What is process date?.
2. How much is alwd and pd to the member?
3 Why was it paid to the member?
4 Verify whether we can bill the member. Request for EOB, provide fax# and att to details
5. Claim #
6. Call Ref#

16 CLAIM PAID TO WRONG ADDRESS

1. What is the process date?
2. What is the Alwd amt and Pd amt, pt resp ?(take individual break up in case of multiple line).
3. Was it a check or EFT, If EFT , verify the EFT# transaction ID, Request for ERA , provide fax# and Att detials
4. Verify whether paid thru check either single check or bulk , if bulk verify the bulk amt
5. Verify check mailing address
6. Verify check cashed----If it is cashed ,verify encashment date, Request for Eob , more than 30 days front and back side of the check , Clm#, Call Ref# . If the check is still outstanding verify check
7. or Verify check uncashed--stop the check and request for reissue of check
   Provide fax# and Att detials
8. Clm# ,
9. Call Ref#

17 CLAIM DENIED FOR COB INFO

1 Claim denial date
2 When was the last letter/correspondence sent to the patient? When and how many times?
3 Is there any response received from the patient
4 Address in which patient can update the info.
5.Could this document be send through fax, fax#, att to?
6 Claim#
7 Call Ref#

18 CLAIM DENIED MAXIMUM BENEFIT MET
1. Claim denial date
2. In which terms has the Maximum benefits has been met (In terms of visits or Dollar value)
3. How much is the total Maximum benefit (In terms of dollar or visits)
4. How much pt has met till date ?
5 Calculate
6 If still benefits are pending than Reprocess the clm, rep#, timeframe, Clm#, Call Ref#
7 If benefits are met than clm#, call ref#

19 CLAIM DENIED AS PATIENT'S COVERAGE TERMINATED/NOT ELIGIBLE FOR DATE OF SERVICE/Policy Is Lapse
1 What is the denial date?
2. What is the effective date and termination date?
3. Does the pt has any other policy information for the patient within their Insurane?
   If yes could they provide the policy details
4. Claim#
5. Call Ref#

20 CLAIM DENIED FOR NO AUTH
1 What is the denied date?
2 Verify whether have they processed any hospital claim for the patient before?,
 if yes then get the Auth #, what they found in the claim & ask whether they can make correction in the claim and reprocess,
Reprocess#, Time frame to process the claim, Clm#, Call Reference. If they are not ready to mention auth# in current claim than take time frame, address , clm#, call reference.
3 If no than does your provider has taken any auth # for this dos, if yes then get the Auth #, & ask whether they can make correction in the claim and reprocess the claim ,Reprocess#, Time frame to process the claim, Clm#, Call Reference. If they are not ready to mention auth# in current claim than take time frame, address , clm#, call reference
4 if no provider has not taken any auth#, could we go for retro auth. Utilization Dept who provides for retro auth#
Could you connect to the utilization dept , provide the entire details of your dos , if yes take the retro auth.
If no than take the appeal limit ,appeal address, time frame ,clm#, call reference#

21 CLAIM DENIED FOR PRIMARY EOB

1Claim denial date
2 What is the time frame to submit the Primary EOB
3.Address in which the EOB needs to be submitted
4. Claim#
5. Call Ref#

22 CLAIM DENIED FOR INVALID CPT

1. Claim denial Date
2. Which CPT was denied as invalid
3. What is the Valid CPT.
4. Time frame to submit the corrected claim along with the valid CPT
5. Address to submit the corrected claim.
6. Claim#.
7. Call Ref. #.

23 CLAIM DENIED MODIFIER MISSING

1. Claim denial date
2. Which CPT code was denied for Missing Modifier
3. What is the Modifier that needs to be added
4. What is the time frame to submit the corrected claim along with the Modifier
5. Address to submit the corrected claim
6. Claim#
7. Call Reference#

24 CLAIM DENIED FOR STUDENT QUESTIONER

1. Claim denial date
2. Was there any letter sent to the pt regarding this (if yes take the date).
3. Have you received any response from the patient regarding this
4. Where can the patient update this information, time frame, address, fax Att,
5. Claim#
6. Call Ref#

25 CLAIM DENIED FOR ACCIDENT DETAILS

1. Claim denial date
2. Was there any letter sent to the patient regarding this?. When and how many times?
3 Have you received any response from the patient regarding this letter.
4 Where can the patient update this information, time frame, address, fax Att,
5. Claim#
6. Call Ref#

26 CLAIM DENIED FOR MEDICAL RECORDS

1. Claim denial date
2. Which type of Medical records to they require.
3. Have they send any letter to the provider for informing this
4. Address
5. What is the time frame to submit the documents
6. Claim#
7. Call Ref#

27 CLAIM DENIED AS PRIMARY PAID MORE THAN SECONDARY ALLOWED

1. Claim denial date
2. What is the primary ins pd amt as per their info(if the payment details are there in system no need)
3. How much is the secondary insurance allowed amt
4 Will the patient be responsible for the balance
5. Claim#
6.Call Ref#

28 CLAIM DENIED AS PAYMENT INCLUDED IN GLOBAL SURGERY PERIOD

1 Claim denial date
2. When was the surgery performed?.
3. What is the global period?.
4. Ask rep can we appeal on this clm or need to take write off.
5. Claim#
6. Call Ref#.

29 CLAIM DENIED AS INCLUSIVE

1 Claim denial date
2. To which proc code it is inclusive to?
3. Can we submit the clm along with a 1?.
4. What is time frame to submit the corrected clm.
5.What is addr to submit this info?.
6. Claim#.
7. Call Ref#

30 CLAIM DENIED AS DUPLICATE

1. What is the denied date?
2. Could you verify some of the information's from the original claim
   Procedure code, diagnosis code, modifier, provider name
3. If same could you provide the status of the original claim processed? Go according to the status

4. if information are different than ask the Insurance Rep to process the claim,
   Reprocess #, timeframe, clm#, call Reference#

31 CLAIM DENIED FOR MEDICALLY NECESSITY

1. Claim denial date
2. What sort of document do they need to Prove Medical necessity
3. What is the time frame to submit the document
4. What is the address in which the document needs to be submitted
5. Claim#
6. Call Ref#

32 CLAIM DENIED AS NOT RELATED TRUE EMERGENCY

1. Claim denial date
2. What sort of document do we need to submit to prove true emergency
3. Where do we need to submit the document
4. What is the time frame to submit the information
5. Claim#
6. Call Ref#.

33 CLAIM PENDING
CLAIM PENDING OR SUSPENDED

Sometimes the claims are suspended due 2 lack of information such as Primary EOB, Additional Medical documents or COB?
1. When was the claim suspended? OR
2. Since, when the claim is pending? Or pending date
3. What's the reason for suspended or pended?
4. Time frame, Address, fax Att, Clm#, Call Ref#

34 PAYMENT OFFSET/ADJUSTMENT

Payment offset mean insurance has processed the claim but ck was not issued or ck may be zero bal OR Less because they had already made an excess amt to the diff patient or same pt.

1. Process date
2. Payment details of the current claim (AA,PA,CO-INS,COPAY,DED)Offset Amt
3. Could you provide the account details for which excessive payment was done
4. Pt name ,policy id ,pt a/c ,dos ,billed amt ,allowed amt and paid .
5. Could you verify the mode of payment
6. Check mailing address
7. Send an Eob/ERA for the current a/c as well as for excessive account
8. Give your fax , att to details
9. Clm#
10. Call Reference #

35 CLAIM DENIED AS NON COVERED
Condition- Denied as per provider plan

1   What is the denied date?
2   Was it denied as per the Patient's plan or the Providers contract?
      If they say it was as per the Provider 's contract
3   Could we submit any document which proves service was necessary
4   Time frame
5   Address
6   Claim#
7   Call Reference#.

36 CLAIM DENIED AS NON COVERED
Dnd per patients plan
1. What is the denied date?
2. Was it denied as per the Patient's plan or the Providers contract?
3. If they say it was as per the Pt Plan, then ask What's the pt.s plan
4. Ask rep do we need to write off or can appeal.
5. Claim #
6. Call Ref#.

37 CLAIM DENIED CPT INCONSISTENT WITH DX
1. Denial date.
2. Ask them do they have any idea about the CPT code which should be mentioned,
3. If yes get the CPT code and ask whether they can take the clm for reprocess.
4. If not submit the clm with valid CPT or Diagnosis code,
5. Claim#
6. Call

38 CLAIM DENIED FOR INCORRECT PLACE OF SERVICE
1 Denial date.
2. Ask them what is the pos they find in the claim,
3. Ask them do they have any idea about the pos which should be mentioned,
if yes get the pos and ask whether they can make correction and send the claim for reprocess.
4..If no, take the timeframe to submit the corrected claim
5 Address, Fax#,Att
6 Claim#
7 Call Reference#

39 **CLAIM DENIED AS INSRUANCE DON'T PAY FOR PA (PHYSICIAN ASSISTANT)**
1. What is the denied date?
2. Was it denied as per the Patient's plan or the Providers contract?
3. (If they say it was as per the Patient's plan, then ask What was patient's plan or If they say it was as per the Provider's contract.
4. If they need any documents which proves that he is authorize to provide the service
5. Timeframe
6. Address, FAX # Att
7. Claim#
8. Call Reference

40 **CLAIM DENIED AS PA WAS NOT MEDICALLY NECESSARY**

1. Claim denial date
2. What sort of document do they need to Prove Medical necessity
3. What is the time frame to submit the above said document
4. What is the address to which the document needs to be submitted
5. Get the Claim#
6. Call Ref#.

41 **CLAIM DENIED FOR UNTIMELY FILING LIMIT**
1.Claim received date?.
2. Claim denial date:?
3.What is timely filing limit from dos?.If within ask them to Reprocess the clm, Reprocess #,time frame, Claim# ,Call Reference .
4. If we have crossed timely filing limit than could we submit the claim with proof
What kind of proof they accept EDI/Screen shot
6 .What is appeal limit?.
7 Claim#
8 Call Ref#

42 **CLM DENIED FOR PRE-EXISTING CONDITION**
1. Claim denial date?
2. What was the pre- existing condition?.
3. Was there any waiting period, check if any prior Dos was paid by the Insurance company , If yes than ask them to Reprocess the claim, time frame to reprocess the claim, claim#, call reference #
4. When was the letter sent to the pt?. if yes how many times and when?
5. Was there any response received from the pt.?
6. Could you provide me the timeframe and address on which we have to update this letter
7. Do they accept the document through fax,Att
8. Claim
9. Call Ref#.