ralba/85

4. No Authorizotron: Box No:-23 [co-197].

Authorization: Which takes an approval from the payer. inalized the provider The a lo digit number. Extralmost stants with A

Dre Authorization: - Which takes an approval from the payer by the provider before starts the service.

from the payer Retro Authorization: - Which takes an approval by the provider After starts the Service.

- (i) check CMS1500 BOX23, & software wethere the Author 18 ovailable or not.
- THE Author is available call to kep & Asix for viersocess.
- I'm Auth# 98 not available then check patient place of seguice.
- Note: It in any Emergency Cases there is no need to Authal No.
- (in) If patient place of service is 23 then its emergency Service so no need pre forthat ax to Reprocess.

- the any another post means ask to slep seletro is possible or not in the la not possible then appear with medical
- Kidmun old another STANIA TO THE ANALYSIS AND STANIAN SOUTH TO THE PARTY OF specords.
- (vii) Take Call number | Ref number.
- rodound issi prodonen ilas solot Referral: [0-288] [BOX NO: - 23 ON (C
- wethere the oley number is prophylls (1) check CMS 1500 BOX # 23 [10 11:00 - 2001] [150 D] ; ballogue Ask forward (15 available or not.
- (11) De opeterral is available then call to kep & 108 200 boo gos of- Vos
- The referral is not available then check patient plan. reprocess.
- De patient belong, to ppo (or) Epo" so for no ref vieg any the content to the second of the second then ask to vep for eleprocus.
- (v) It patient belongs to timo (or pos then ask to orgo that and Thibon The lay pepmane & pep contact numbers. publicant of most
- (vi) For sending Corrected claim Ask to step corrected mailing of addien fax number & TFL. " Willihoon - Dano)
- (vii) Take call Number | Ref number : sliphon without the
 - 3) TFL: Timely Filing kimit [co-29]. Primer throughth 1 of energy)
 - Ensurance company will give a cortain time submit a claim the time period is called as TFL: kvery period to "TFL"
 - * Call to Rep and Ask what its claim exercised date?
 - * Ask to evep what by TEL for this Claim.
 - * The we send a claim with Pn TFL then Ask to step for oreprocess
- It we send a claim After TFL then check we have any potte available (proof of timely filing limit).

- * I'm potter is available then appeal with potter.
- * For rending Corrected claim Ask to one corrected mailing address, fox number & TEL.
- * Dy potte is not available then Adjust the balance. Selfand for leadour 100
- * Take Call number Ref number.

- H) Inclusive Bundled: [Co-97] [BOX:-24(D)]
- of Call to Rep and Ask that denied CPT is forcuded with same claim (or) diffusent claim
- It Rep hard name claim then check CMS: 1506 BOX 24(D) whether the correct modifics is applied on not
- * It modifies is not available then forward a claim to Coding team for providing correct modifier training
- * For sending Corrected Claim Ask to step C.C. mailing address, Correct modifici, tax number, TFL.
- * It modition is available then appear with medical second (Appear TEI, different mailing address).

- lingua of hold

* Take call number [Ref number.

intelly traverses,

I would like to tell

- 5) Flobal Inclusive: [Co-97] | MANAGE
- * call to Rep and Ask what is Global puried.
- * Call to help of survice by not they In Alphan ported and Explain that one wask to one process.
- * Dy date of sprvice is lies in global pession then check CMS 1500 BOX &4 (D).
- * wethere the correct modifical in applied (or) not.
- * It modifies to not available then forward a claim to coding -team for providing correct modification.
- mailing address, Correct modifier. * Ask to Rep C-C. modelling mailing address, Correct modition, in formation problems. If fax number, T.F.L.

 * Ask to Rep C-C. modelling mailing address, Correct modition, problems. If fax number, T.F.L.

 ** Ask to Rep C-C. modelling mailing address, Correct modition, problems. If the modifical reports. If the modifical reports. If
- * We can use only one modifies ay then forward to coding team. * Take call number | Ref number.
 - + 24 un related Elm code performed in Global period.
- 6) Maximum Benefits Exhauted: May un 10 hing planting
- =) (Call-to Rep and Ask that 1945 deried interms of dollers wise)
- (O1) visits wise then ask how many visits allowed form to this patient annually. The patient have the hours of how the
- =) Then check how many wishs met by patient
- =) So 94 Still visits 98 there means ask to one reprocess.
- =) It visits completed then check pathent have secondary insurance as available or not.
- =) : It secondary Ps available to contact the secondary insurpunce.
- -) The patient don't have the secondary insurance then will be pay patient.
- -) Take call number | Ref number.

4) Non-covered Insurance: [Co-96]

* * Ask to rep. it is non-covered under, patient plan (on provided contract.

1) patient contract :- 10 kging

18) * It rep said its patient plan then check yending

Services covered (or) non-convered -for that payer.

* It its non-contered by primary inswrance then bill to

Secondary Physurance.

If For that view GOB then bill to secondary Proswiance.

* I'm patient don't have secondary inscriptives then bill to

(i) provider contract:

* It was sold its provider contract then check some CPT 33 previously paid or not paid.

* It not part then do a formal appeal.

* Then appling appelling pulpose ask to nep mailing address, Fox number, TFL. (Or)

* We need to work as peal client instructions

of It we paid then and to nep for uternoces, the claim because already done that type of scrivics.

(8) Not medically necessity: [Co-50]. (8) (3) : 9/03/1907 (19)

* It services not followed, by ICD & NCD guidelines then

claimed because of not medically necessity.

* UCD-hocal conterage determination.

LOWICD- Mational Coverage determination and a first the

* Check patient previous history wether the same cpt & dx Cock Complication previously paid (or) not

* It its previously paid then call to Rep & Explain that and &

* It the previously part not pard then forward a claim to

coding team for providing correct dx code. It has to coding team for providing correct in Correct mailing address, to rep Correct mailing address, to rep Correct mailing address, to rep Correct mailing address, and the sending corrected mailing ask to rep Correct mailing address, and the sending correct and the sending address.

For number, TEL... por some por most some * The again claim denied then appear with medical reports to be

show the medical necessity. and elgitum ballid top amos and

* It apples upheld then check insurance type.

(i) It it medicate then check ABN.

(11) It patient signs in ABN then Bill to patient

iii) I'm patient not sign in ABN adjust the balance.

* The any other insurance then work asper client instructions.

* (9) Duplicate: [CD-18]. Claim duplications many claims you received for that & date of Services. * 14 up sold one claim then ask to step for steprocess * It rep said a claims or multiple claims then check 181 records able same or not. 109 (00) Hay claim states of what * gre same other ask the original * We need asper Original Claim stateurs CPT Puplication :- navanot agit biog to * First we need to check cms 1500 box sold) that mo * De modifier not available means ex 2+ Same Cpt billed avoilable or nothing of the on multiple time same claim by same day same doctor we add 76 modifier and send corrected claim. * It same Cpt billed multiple time on same chain same day

different doctor 77 modiffer and send

corrected claim

resided of 94 that about the contraction of the second of

to insurance Company. Lista 1990 (1911- 300) home (4) The

SCENTARIOS.

- 4) claim not on file:
- the common not on tile:

 * Prosk to call to kep and ask what as policy Essective in the call to kep and ask what as policy essective in the call to kep and ask what as policy as the continue minimum to the continue of the

The state of the state of

bro liber topy

House Don't found

date & term date.

- # Then check patient policy is fative (01) not for the (reduct rotus)
- * ny patient policy is active then ask to Rep that mailing address, fax number, payer Pd, TEL for Resending a claim.
- It patient policy is inactive then check patient have Secondary Insulances are available or not
- secondary available then bill to secondary
- It Secondary 9s not available then bill to patient

a) claim in process: : committee more of toxoner miles and call to Rep and ask that what 95 claim received data. * Ask to ever what is normal processing days for this claim? (30 to 40 days). at still processing days is there then allow some days. The processing days completed then ask to sep reason for "1" 192 90 9 96 W imappy stobays us delay. * Ask to ever when can P call you back for claim update. * Take claim number | Call Ref number point librar I PP - 10] Le & colors of Parthos on 19 claim paid i mod- levery call to Rep and Ask what is claim process date & paid date. How much allowed amount & paid amount and pathent repossibility. =) 14 claim paid through check: 1) Ask to step what is check number it with a matter that It is single check on bulk check. (ti) what is pay to address number 3 was an anaism what is check encounted date. Request EOB through fax rupdating the payment. =) It claim paid EFT? and and allegate in the diagrams Ask to rep what is EFT Jd. Pisk to rep & 24 single EFT (on bulk CFT. Eleased date. What is EFT Request COB through fax updates updates the payment.

(H) Claim processed to words capitation:

* Call to Rep and Osk what is processed date?

* Then Ask to Rep Capitation period.

* I'll date it not lies in capitation period then ask

to slep for reprocess.

* I'll date of service is lies in Capitation then Req EoB

through fax for upadate payment