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| |  | | --- | | **SOP – 105 Non-Insurance Credits** | | Standard Operating Procedure | | |  |  | | --- | --- | | **Department:** | Audit | | **SOP ID:** | [2024.03.105] | | **Date:** | [2/28/2025] | | **Sign Off:** | [Natalia Udroiu] | |

### **Overview**

To resolve Non-Insurance Credits.

### **Definitions**

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| **Explanation of Benefits**  **Non-Insurance Credits**  **Fee Schedule/Plan** | *Aka EOB. A paper or electronic statement provided by the patient dental insurance company, which breaks down any dental treatments or services that have been billed.*  *Insurance payment not applied to the services.*  *The insurance allowed amount, copay amount, or contracted rate.* |
| **Payer** | *The insuring entity* |
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| **Refund** | *An amount of money given back to insurance, especially because an overpayment.* |
| **Offset** | *When an insurance company inaccurately makes an excess or wrong payment to its provider, it would adjust the amount in its successive claims.* |
| **Subscriber** | *Primary policy holder on the insurance coverage.* |
| **Member/ Dependent** | *The patient who the insurance covers.* |
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| **Dental Eligibility** | *Aka DE. Dental Eligibility, a form used to verify patient eligibility.* |
| **Financial Arrangement**  **Retro Process**  **Out of Network**  **Duplicate Payment**  **Payer Contractual Allowance**  **Provider Level Adjustment /Offset**  **Reversal of Payment**  **Remittance Tracker** | *Aka FA. patient financial agreement or a patient financial responsibility form, is a legal document that outlines the financial obligations and responsibilities of a patient for the healthcare services they receive.*  *A process utilized when the filling order needs to be changed / FA requires update.*  *Aka OON. Payment received due to provider not contracted.*  *Insurance paid twice with different check numbers; Payment posted twice for same check number.*  *Aka PCA. The amount of discount from standard charges that is allowed by a particular payer for that service*  AKA PLB/Recoupment - When an insurance company inaccurately makes an excess or wrong payment to its provider, it would adjust the amount in its successive claims  *Insurance adjustment of a prior payment.*  *A tool used to verify the status of the checks in our system.* |

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### **Prerequisite: Non-negotiable process (Must do)**

* Review the EOB for payment discrepancies.
* Verify the insurance website for paper EOB, or benefit information.
* Review Epic notes (History notes, line-item history notes, WQ notes)
* Verify the status of the checks using the Remittance Tracker.
* Verify the date of service for the Non-Insurance Credit.
* Review Resolve Non-Insurance Credits SRG for Epic steps.
* Review Additional Scenarios - Resolve Non-Insurance Credits SRG for Epic steps.

### **Required Operations Software**

* OnBase
* CyberArk
* EPIC Access
* Credentialing Grid
* Fresh Service
* Box
* Fee finder
* Remittance Tracker

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| |  | | --- | | **Overview of Steps** | |

**Step 1** – Invoice/services voided and not reposted.

* 1.1 Invoice/part of the services voided by the office as treatment not completed.

**Step 2** - Invoice/service voided and reposted.

* 2.1 Invoice voided due to Financial Arrangement update.
* 2.2 Invoice voided due to retro process.
* 2.3 Invoice/services voided and reposted only under the visit, charge amount for the services is $0.00.
* 2.4. Services voided and reposted to the delivery date visit (crowns, bridges)

**Step 3** – Duplicate Insurance payment posted.

* 3.1 Duplicate insurance payment - Same check number
* 3.2 Duplicate insurance payment - Different check number

**Step 4** – Unapplied insurance payment due to Treatment not Done.

* 4.1 TX not Completed adjustment has been taken, the insurance payment for that service is undistributed.

**Step 5** - Unapplied insurance payment due to Unsatisfactory Outcome

* 5.1 Unsatisfactory Outcome adjustment has been taken, the insurance payment for that service is undistributed.

**Step 6** – Undistributed Payer Contractual Allowance

* 6.1 Payer Contractual Allowance is undistributed.

**Step 7** - Undistributed Adjustments

* 7.1 Credit in Charge Review
* 7.2 Credit not in Charge Review

**Step 8** – Unapplied Insurance Recoupment/Notification

* 8.1. Recoupment/Notification posted
* 8.2. Recoupment posted. Insurance refund already submitted for the overpayment

**Step 9** – Unapplied insurance overpayment

* 9.1 Insurance processed and paid the claim Out of Network
* 9.2 Insurance paid for Ortho services
* 9.3 Medical payment
* 9.4. Insurance additional payment – patient maximum rollover amount
* 9.5.Insurance refund returned
* 9.6. Capitation payment
* 9.7. Interest paid by the insurance

**Step 10** – Unapplied insurance payment; Part of the payment is applied incorrectly

* 10.1 Part of the payment is applied incorrectly to different services, or incorrect amount applied – same date of service
* 10.2 Part of the payment is applied incorrectly to different date of service

**Step 11** - Balancing the account

* 11.1.Incorrect patient balance
* 11.2. Charge Error adjustment – end of month
* 11.3. Adjustment done before payment received
* 11.4. Incorrect Payer Contractual Allowance

**Step 12** – Payment posted with incorrect payor name

* 12.1. Insurance payment posted has incorrect payor name – does not match the EOB

**Step 13** – Workers Comp Payment

* 13.1. Workers Comp payment received, dental payment unapplied
* 13.2. Workers Comp payment unapplied
* 13.3. Workers Comp treatment billed and not paid yet

**Step 14** – Patient not found

* 14.1. Patient found under a different account
* 14.2. Patient not found in Epic
* 14.3. No visit found for the patient
* 14.4 Claim billed for the dependent. Insurance payment received for the dependent and for the subscriber
* 14.5. Claim billed for the dependent. Insurance payment received only for the subscriber

Step 15 – Ortho account

· 15.1. Unapplied ortho payment is in patient’s ortho account

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| |  | | --- | | **Action Step 1 - Invoice/services voided and not reposted** | |

**BEFORE YOU START:**

Review: Remittance Image for date of service, History notes and patient chart for notes regarding the voided reason; ; patient chart for procedure’s status; Insurance Refund Process SRG for refund Epic steps. Payments tab/Transaction tab for Payments, Reversals, Refunds.~~.~~

* 1.1 Invoice/part of services voided by the office.
* 1.1.1 If there are notes in patient chart (progress notes, addendum confirming the treatment was not completed, process a refund to the insurance.
* 1.1.2 If there are no notes in patient chart transfer to Request for Information WQ for the office to add an addendum in patient chart confirming that services were not completed and insurance refund is required, or to repost the services. Enter a complete note in the Comment box including the date of service, the amount paid, and services paid and voided.

Note template for RI (tx voided, not completed): Per the EOB insurance paid $\_ for D\_ DOS\_, payment is undistributed. Invoice/services are voided. Unable to apply payment to voided services Please repost the services, so that we may apply the payment and adjust. If services not completed, please add an addendum in patient chart regarding services not completed, so that we may refund the payment. Thank you.

* 1.1.3 If there are notes (history notes, patient chart) that corrected claim has been submitted to the insurance, transfer to ICS Inquiry to confirm corrected claim received and claim will be reprocessed /refund letter send/insurance will offset.
* If corrected claim not received, request refund to the insurance for the services not completed.
* If corrected claim has been submitted and denied as a duplicate or due to additional information, request refund to the insurance for the services not completed.
* 1.1.4 If there is a change in patient treatment plan and services voided have been replaced and billed same DOS
* 1.1.4.1 If no expects for replaced services (new claim) or there is already insurance payment, proceed with the refund for voided services payment (there are office notes in patient chart confirming the change in treatment plan).
* 1.14.2 If there are insurance expects for replaced services and claim not yet processed or processed by the insurance and denied
  + Transfer to Request for Information WQ for the office to open help ticket requesting corrected claim. If the office will transfer the invoice to Request Complete as help ticket has been opened, defer for 60 days with reason Other.
* Note template for RI (tx voided and replaced): Please open help ticket for billing requesting corrected claim for services replaced as payment received from the insurance. Please add an addendum in patient chart regarding the replacement. Please specify the services involved and the reason for replacement. Thank you.
  + 1.1.4.3 if invoice is in a Follow-up WQ, route to Paper Resubmission [592] requesting corrected claim.Enter a detailed note including the payment for the voided services.
* 1.1.4.4 If services are reposted to the visit with the delivery date (for crowns, bridges, etc.), apply the payment to the delivery visit.
* 1.1.4.5. If services paid on delivery date and services billed on prep date - apply the payment to the DOS with services billed

**BEFORE YOU MOVE ON: :** Verify if all actions have been completed and your notes are complete and clear.

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| |  | | --- | | **Action Step 2 - Invoice/services voided and reposted** | |

**BEFORE YOU START:**

Review: Remittance Image for date of service, Coverage tab for current Filing Order, Claims submitted for Filing Order changes; Financial Arrangement, Insurance fee schedule for insurance fees: Splitting an Insurance Credit Between Doctor and Patient SRG, Resolve Overposted Insurance Credits SRG for adjudication Epic steps. COB -Dual Insurance document. Payments tab/Transaction tab for Payments, Reversals, Refunds.

* 2.1 Invoice/services voided due to Financial Arrangement update.
* Apply the payment to the invoice/visit and adjust accordingly with the EOB.
* 2.2 Invoice voided due to retro process that caused change in filing order. Insurance paid as primary.
* 2.2.1 Per current Filling Order, insurance is primary.
* Apply the payment to the invoice/visit and audit/adjust accordingly with the EOB.
* 2.2.2 Per current Filling Order, insurance is secondary. Corrected claim needs to be resubmitted for the insurance to reprocess as secondary. ~~Apply the payment~~.
* 2.2.2.1 If the invoice is in a Follow-up WQ, route to Paper Resubmission [592] for corrected claim. Defer the invoice in Non-Insurance Credits WQ with the reason Other for 30 days Enter a complete note.
* 2.2.2.2 If the invoice is not in a Follow-up WQ, open a help ticket to have the corrected claim sent to the insurance following the path: *Roc – Insurance Billing Operations*, Billing, Request Corrected Claim. Defer the invoice with the reason Other for 60 days and leave a complete note.
* 2.2.2.3 If corrected claim has been sent and the invoice is not in a Follow-up WQ, please route to ICS Inquiry to follow-up.
* 2.2.3. Per current Filling Order, insurance is secondary. Claim submitted as primary, EOB received has primary insurance payment estimated, or secondary insurance paid as expected
* 2.2.3.1. Apply the payment and adjust accordingly
* 2.3. Invoice/services voided and reposted only under the visit; charge amount for the service is $0.00Transfer to Request for Information for the office to confirm if services performed and to correct the charges.

2.4. Services voided and reposted to the delivery date visit (crowns, bridges)

* o Apply the payment to the delivery date

**BEFORE YOU MOVE ON:**

Verify if all actions have been completed and your notes are complete and clear.

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| |  | | --- | | **Action Step 3 -** Duplicate insurance payment posted | |

**BEFORE YOU START:**

Review: Payments tab for payments posted and Check numbers, Remittance Image for date of service and claim info, insurance website to confirm payments posted; Insurance Refund process SRG - Payments tab/Transaction tab for Payments, Reversals, Refunds.

* 3.1 Duplicate insurance payment - Same check number, same services paid, same DOS
* Transfer to Duplicate Payment Review with reason Duplicate Payment Posted [132] Enter a complete note in the Comment box including the date of service, the duplicate amount, the checks numbers.
* If insurance paid twice with same check number for different insurance claims numbers, transfer to ICS Inquiry to confirm the duplicate and obtain claim number for the duplicate payment. Enter a complete note.
* 3.2 Duplicate insurance payment - Different check number
* 3.2.1 Stop and reissue a new check.
* If per notes, one check is Stopped and reissued, transfer to Duplicate Payment Review WQ with reason Duplicate Payment Posted [132]
* 3.2.2 Both checks cashed
* If per notes, both checks are cashed, Refund the duplicate check obtained by ICS from insurance.
* 3.2.3 No notes stating the reason for insurance paying twice. Verify Remittance Tracker.
  + 3.2.3.1If check status is Match, route to ICS Inquiry to obtain check number for the duplicate payment
  + 3.2.3.2 If check status is Mismatch, route to Duplicate Payment Review WQ with reason Duplicate Payment Posted [132], to review payment posted.
  + 3.2.3.3 If check status is Missing, defer WQ for 30 days from issue or deposit date of payment, then route to Duplicate Payment Review WQ with reason Duplicate Payment Posted [132] to verify payment validity after wait period times have elapsed

**BEFORE YOU MOVE ON:**

Verify if all actions have been completed and your notes are complete and clear.

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| |  | | --- | | **Action Step 4 -** Unapplied insurance payment due to Treatment not Done Adjustment | |

**BEFORE YOU START:**

Review: History notes and patient chart for notes regarding the adjustment; Insurance Refund Process SRG.

* 4.1 TX not Completed adjustment has been taken for the service, the insurance payment is undistributed.
* 4.1.1 If there are office notes confirming the treatment was not completed, process a refund to the insurance.
* 4.1.2 If there are no office notes transfer to open a Request for Information WQ for the office to confirm treatment not completed. Enter a complete note in the Comment box including the date of service and services paid and voided.

**BEFORE YOU MOVE ON:**

Verify if all actions have been completed and your notes are complete and clear.

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| |  | | --- | | **Action Step 5 -** Unapplied insurance payment due to Unsatisfactory Outcome | |

**BEFORE YOU START:**

Review: History notes and patient chart for notes regarding the adjustment; Insurance Refund Process SRG for refund Epic steps.

* 5.1 Unsatisfactory Outcome adjustment has been taken for the service; the insurance payment is undistributed.
* 5.1.1 If there are office notes confirming the unsatisfactory outcome, process a refund to the insurance.
* 5.1.2 If there are no office notes transfer to open a Request for Information WQ for the office to confirm that insurance refund is required. Enter a complete note in the Comment box including the date of service and the service for which the adjustment has been taken.

**BEFORE YOU MOVE ON:**

Verify if all actions have been completed and your notes are complete and clear.

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| |  | | --- | | **Action Step 6 -** Undistributed Payer Contractual Allowance | |

**BEFORE YOU START:**

Review: Payer Contractual Allowance line-item Details from the Undistributed section to identify the date of service; Review Splitting an Insurance Credit Between Doctor and Patient SRG; Review Resolve Overposted Insurance Credits SRG

* 6.1 Payer Contractual Allowance is undistributed.
* Void/Reverse the PCA. Enter a detailed note including the reason for the reversal. Audit the account and add the PCA if missing. Adjust accordingly with the EOB if any insurance balance.

**BEFORE YOU MOVE ON:**

Verify if all actions have been completed and your notes are complete and clear.

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| |  |  | | --- | --- | | |  | | --- | | **Action Step 7 -** Undistributed Adjustments (Estimate Correction, Charge Error) | |   **BEFORE YOU START:**  Review: Adjustment line-item Details from the Undistributed section to identify the date of service: If there is an undistributed insurance payment for our date of service and the charges are in Charge Review WQ for the office to update the financial arrangement; Splitting an Insurance Credit Between Doctor and Patient SRG; Resolve Overposted Insurance Credits SRG   * 7.1 Credit in Charge Review * Reverse the Adjustment; Transfer the unapplied insurance payment to Request for Information WQ for the office to update the financial arrangement. * 7.2 Credit not in Charge Review * Reverse the Adjustment; Audit the account for our date of service and adjust accordingly if any insurance balance.   **BEFORE YOU MOVE ON:**  Verify if all actions have been completed and your notes are complete and clear   |  |  | | --- | --- | | |  | | --- | | **Action Step 8 -** Unapplied Insurance Recoupment/Notification | |   **BEFORE YOU START:**  Review: Payments tab for refunds submitted, payments/recoupments/notifications posted for our and Check numbers, Remittance Image for date of service and claim info, insurance website to confirm payments posted if needed, Remittance tracker for check status; Action Step 3-Duplicate insurance payment for check status and action; Paper EOB (check number for recoupment or refund returned) for recoupment info, insurance Website for Provider auto-recoupment (Delta Dental Enterprise), EOB with recoupment information, if the case.   * 8.1. Recoupment/Notification posted   § Defer the invoice with reason Other [1011] for 30 days and escalate the invoice     * 8 .2. Recoupment posted. Insurance refund already submitted for the overpayment. * Transfer to ICS Inquiry to confirm with insurance that the refund check has been received and cashed, as insurance started to use the overpayment for other claims (recoupment info on the paper EOB).   **Note** when transferring to ICS Inquiry: Please confirm with insurance refund check#\_, amount $\_ has been received and cashed, as recoupment in the amount of $\_ has been received. If the refund check has been cashed, please clarify whether the refund will be returned or the amount will be adjusted.    **BEFORE YOU MOVE ON:**  Verify if all actions have been completed and your notes are complete and clear.   |  |  | | --- | --- | | |  | | --- | | **Action Step 9 -** Unapplied insurance overpayment | |   **BEFORE YOU START:**  Review: Coverage tab for patient coverages, OnBase for OON Refund Packet and for refund letter; Credentialing grid for provider status; Insurance fee schedule; History notes regarding offset; Payments posted for duplicate payments or offsets applied; Insurance Refund Process SRG for refund Epic steps; Resolve Overposted Insurance Credits SRG for adjudication Epic steps. Payments tab/Transaction tab for Payments, Reversals, Refunds   * 9.1 Insurance processed and paid the claim Out of Network * 9.1.1 Insurance paid Out of Network; provider is in network on credentialing grid.   + 9.1.1.1 If refund letter not received, transfer the invoice to ICS Inquiry requesting the insurance to process the claim in network/to obtain refund letter   + 9.1.1.2 If refund letter received, proceed with the insurance refund   + 9.1.1.3 If Final Notice received (Anthem, Metlife), defer the invoice for 90 days with reason Offset [98043], and a note stating waiting for insurance to offset.   + 9.1.1.4For Metlife, if overpayment is less than $100.00, defer the invoice for 90 days with reason Offset [98043], waiting for the insurance to refund   + 9.1.1.5 If there are notes stating that the insurance overpayment has been undistributed to process future offsets, defer the invoice with reason Offset [98043] for 90 days. Enter a note stating waiting for insurance to offset      * 9.1.2 Insurance paid Out of Network, provider is Out of network on credentialing grid, yes/no OON Refund Packet created. * 9.2.1.1Defer the claim for 14 days with reason Escalation. Enter a detailed note and escalate the account to OON team.   9.2 Insurance paid for Ortho services.   * 9.2.1 If there are notes stating that the insurance overpayment has been undistributed to process future offsets.   + 9.2.1.1 Defer the invoice with reason Offset [98043] for 90 days. Enter a note stating waiting for insurance to offset.   + 9.2.2 If the insurance has not been contacted regarding the overpayment   + 9.2.2.1 For Anthem and Metlife, GP (General Practice) processed as ortho, and the patient does not have an Ortho account - apply the payment and write off insurance credit using write-off code Estimate Correction-Insurance Credit [7919] with notes stating that the credit can be used for future offsets.   + 9.2.2.2 For any other insurances/scenarios (patient has an ortho account), send additional information via NEA (chart notes, EOB) with mention to reprocess for GP (General Practice) purposes, not for ortho purposes. Defer the claim for 30 days with reason Additional Information Sent Via NEA. * 9.2.3 If the insurance has been contacted Insurance letter received - proceed with the insurance refund.   + Insurance letter not received – transfer to ICS Inquiry to obtain the refund letter * 9.2.4 If the insurance is Anthem BCBS, Metlife PPO   + 9.2.4.1 If Final Notice received, defer the invoice for 90 days with reason Offset/Refund and a note stating waiting for insurance to offset.   + 9.2.4.2 If Final Notice not received, and insurance has not started to offset the overpayment, proceed with the insurance refund.   + 9.2.4.3 For Metlife, if overpayment is less than $100.00, defer the invoice for 90 days with reason Offset [98043], waiting for the insurance to refund * 9.3**Medical payment** .   + 9.3.1 If unapplied medical payment (commercial insurance), transfer to Duplicate Payment Review with reason Other [225]   + 9.3.2 If there is shadow visit (medical visit) for DOS, and procedure code paid by medical plan is missing from medical visit, Open help ticket following the path: *Roc – Insurance Billing Operation*, under Area select *Audit*, under Level 1 Category select *Medical-Dental.* Defer the claim for 14 days with reason Other [225]   + 9.3.3 If unapplied medical payment (commercial insurance) is posted under dental insurance name (the payer name for medical payment shows dental insurance name), transfer to Insurance Undistributed WQ to correct the payer name. * Note: $ payment received from payer \_ (name) with check#\_ is posted under payer name \_. Please correct payer name. * 9.3.4. Medical payment is posted correctly to medical visit/medical invoice, but the invoice is still in Non Insurance Credits WQ → transfer to Dental-Medical Review Credits WQ as dental and medical payment received for the services. * 9.3.5. Unapplied medical payment, shadow visit is voided → transfer to Request for Information for the office to repost the visit * 9.3.6. Unapplied dental payment. Dental payment was refunded as unexpected medical payment received. Refund returned by the insurance.   + 9.3.6.1. Apply the payment accordingly with the EOB, and if the invoice is still in the WQ, transfer to Dental-Medical Review Credits WQ to review the credit as dental and medical payment received for the services, dental insurance refund returned.   + 9.3.7. Unapplied medical payment; non-shadow visit for DOS; the service paid is not posted under the visit/invoice; the service is billed under the medical (see medical invoice paper image) * o 9.3.7.1. Transfer to Request for Information WQ for the office to post the service * 9.4 Insurance additional payment – patient maximum rollover amount   + 9.4.1. If per insurance call notes the additional payment represent patient maximum rollover amount: Apply the payment to one line item and transfer the credit to Self-Pay. Enter a complete note * 9.5. Insurance refund returned   + 9.5.1. If insurance refund returned as overpayment was used/will be used for other claims, defer the invoice for 90 days with reason Offset [98043]   + 9.5.2 If insurance refund returned as the refund check has incorrect insurance name/address - review the insurance information and resubmit the refund request to the correct payer   + § 9.5.3. If OON refund returned – defer the invoice with reason Escalation [1812]. Add the invoice on OON Escalation sheet   + 9.5.4. If insurance payment refunded as unexpected medical payment received and refund returned by the insurance as claim is paid correctly - Apply the payment per the EOB, and if the invoice is still in the WQ, transfer to Dental Medical Review Credits WQ to review the credit for dental-medical adjudication as dental and medical payment received for the services, dental insurance refund returned   + 9.5.5. If insurance refund returned as requested in error or claim paid correctly (returned reason on the insurance letter) – apply the payment and adjust accordingly   + 9.5.6. If insurance refund for treatment not completed has been returned as refund reason not clear – review the refund     - If there are notes in the patient chart regarding treatment not completed - resubmit refund request with a complete and detailed comment.     - If there are not any notes in the patient chart regarding treatment not completed, transfer to Request for Information WQ for the office to add the addendum.   + 9.5.7. If insurance refund is returned without a reason, or there is an unclear reason – transfer to ICS Inquiry to clarify the returned reason. * 9.6. Capitation Payment   + If the amount is greater than $25.00, transfer to Duplicate Payment Review with reason Other [225], requesting to post the payment to the correct account.   + ~~§~~ If the amount is less than $25.00, apply the payment and write off insurance credit using write-off code Estimate Correction-Insurance Credit [7919]. Enter a detailed note. * 9.7. Interest paid by insurance   + Transfer to Duplicate Payment Review with reason Other [225] requesting to post the payment to the correct account.   **BEFORE YOU MOVE ON:**  Verify if all actions have been completed and your notes are complete and clear.   |  |  | | --- | --- | | |  | | --- | | **Action Step 10 -** Unapplied insurance payment; Part of the payment is applied incorrectly – not according with the EOB | |   **BEFORE YOU START:**  Review: Payments tab to identify to what services and date of service the payment was applied.   * 10.1 Part of the payment is applied incorrectly to different services, or incorrect amount applied – same date of service * Undistribute the payment and apply it accordingly with the EOB. Audit and adjust accordingly. * 10.2 Part of the payment is applied to different date of service * If there are notes or EOB regarding insurance offset, defer the invoice for 90 days with reason Offset/Refund. Enter a detailed note. * If no notes or EOB, regarding insurance offset - undistribute and distribute the payment accordingly with the EOB. Audit and adjust accordingly. Escalate the account.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **BEFORE YOU MOVE ON:**    Verify if all actions have been completed and your notes are complete and clear   |  |  | | --- | --- | | |  | | --- | | **Action Step 11 –** Balancing the Account | |   **BEFORE YOU START:** Find appropriate action that needs to be taken.  Review: Previous adjustments taken and history for balance transfer.   * 11.1. Incorrect patient balance * If there is patient balance due to previously wrong transfer from insurance, use Transfer to Insurance action to balance the account. * 11.2. Charge Error adjustment – end of month * If a Charge Error adj has been done previously and we received an insurance payment, void the adjustment and adjust as needed. * 11.3. Adjustment done before payment received. * If an adjustment has been done previously and we received an insurance payment, void the adjustment, and adjust as needed. * 11.4. Incorrect Payer Contractual Allowance * If there is credit due to incorrect Payer Contractual Allowance amount posted, use write off code Estimate Correction - Insurance Credit [7919] for the difference. Include in your note the reason for the correction.   § If duplicate Payer Contractual Allowance posted, void the duplicate.  **BEFORE YOU MOVE ON:**    Verify if all actions have been completed and your notes are complete and clear.  **Action Step 12 –** Payment posted with incorrect payer name    **BEFORE YOU START**    Review the EOBs with the payments to verify if payer name in Epic matches the payer name on the EOB   * 12.1 Insurance payment posted has incorrect payer name – does not match the EOB * Transfer to Insurance Undistributed WQ with reason *Payment posted incorrectly (133)*, to correct the payer’s name     Note: Please correct payer name for $\_ payment from \_(name) to \_(name) as payer name on the EOB is \_(name).    **BEFORE YOU MOVE ON:**    Verify if all actions have been completed and your notes are complete and clear.  **Action Step 13 – Workers Comp Payment**    **BEFORE YOU START**    Review: Patient Workers Comp account; Workers Comp EOB to confirm DOS; Dental insurance EOB to confirm dental payment posted   * 13.1. Workers Comp treatment billed and paid (office notes or EOB); dental payment unapplied.   § Refund dental insurance as Workers Comp claim billed and paid. Enter a detailed note.   * 13.2. Workers Comp payment unapplied * 13.2.1 Workers Comp payment posted on Workers Comp. Verify if dental payment received/posted * If dental payment received/posted, refund dental insurance as Workers Comp claim billed and paid. Apply Workers Comp payment and audit/adjust accordingly. * If dental payment not received/posted, apply Workers Comp payment and audit/adjust accordingly. * 13.2.2. Workers Comp payment unapplied posted on Personal/Family account * Transfer to Insurance Undistribute WQ with reason Other, to correct. * 13.2.3. No Workers Comp account * Transfer to Request for Information WQ with reason Other for the office to open account * 13.3. Workers Comp treatment billed and not paid yet   § Do not refund dental payment. Defer the invoice with dental payment for 30 days with reason *Other*, waiting for Workers Comp claim to be finalized.      **BEFORE YOU MOVE ON:**  Verify if all actions have been completed and your notes are complete and clear.   |  |  | | --- | --- | | |  | | --- | | **Action Step 14** – **Patient not found** | |     **BEFORE YOU START:**  Review**:** Patient name, DOS, office name on the EOB to compare with Epic visits; patient name and subscriber information on the ADA claim image;Epic patient/guarantor search, to find patient account.     * 14.1. Patient found under a different account * 14.1.1. Transfer to Duplicate Payment Review WQ with reason Other [225], requesting to post the payment to the correct account * 14.2. Patient not found in Epic * 14.2.1. Transfer the insurance payment to the office Default Clearing account. ~~with~~ Enter note: *Patient not found in Epic.* * 14.3. No visit found for the patient * 14.3.1. If patient’s account is found, but there is no visit/encounter for the DOS that is showing on the EOB, transfer to Request for Information WQ. Use the note below.   **Note**: Please confirm there is no visit/encounter for the patient on this DOS and insurance payment refund is needed; if services paid were completed on DOS, please post the services.   * 14.4. Claim billed for the dependent. Insurance payment received for the dependent and for the subscriber * 14.4.1. Transfer to ICS Inquiry to confirm with insurance payment for the dependent and the subscribe as claim was sent only under the dependent; to inquire if a refund letter will be sent or the incorrect payment will be applied to other claims (offset * 14.5. Claim billed for the dependent. Insurance payment received only for the subscriber   § Open help ticket to Billing requesting corrected claim as claim was billed for the dependent and payment received for the subscriber.      **BEFORE YOU MOVE ON:**  Verify if all actions have been completed and your notes are complete and clear     |  |  | | --- | --- | | |  | | --- | | **Action Step 15** – **Ortho Account** | |     **BEFORE YOU START**  Review: EOB to confirm payment is for ortho visit     * 15.1. Unapplied ortho payment is in patient’s ortho account * Transfer to Orthodontic Insurance Undistributed.   With the following note: Please review as transferred to audit WQ in error, transferring to Ortho WQ for review            **BEFORE YOU MOVE ON:**  Verify if all actions have been completed and your notes are complete and clear |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Conclusion** | |  | |   List any post-procedure actions that can be taken. For example:  Send comments on the procedure to [mail@example.com](mailto:mail@example.com) |
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| **Date** | **Version** | **Description** | **Approved** |
| [date] | 1.0.0 | Initial document created | [initials] |
| 03.13.2025 |  | SOP update | Natilia Udroiu |
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