

**Denials Management
OCMS Practice Manager Meeting
May 7, 2019**

8-Step Approach

- Eight areas in the revenue cycle for management of the bottom line

Policies

- Common policy denials
 - Make sure they are accessible to staff
 - Monitor to confirm adherence
 - Report changes promptly

Staff

- To encourage transparency in your office everyone must understand all goals and objectives
- Allow each person to exchange ideas, or identify new issues

Provider Enrollment

- Common enrollment denials
 - The provider is not eligible to perform the services billed
 - The services were performed/billed by the incorrect provider type
 - The services were provided by network primary care providers

Patient Scheduling

- Denials common with scheduling
 - The authorization number is missing or invalid
 - Lack of precertification/authorization/ notification
 - The services are not provided/authorized by designated providers

Patient Registration

- Common eligibility and registration denials
 - Not covered by payor
 - Sent to incorrect payor
 - Services rendered prior to coverage
 - Patient cannot be identified
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Coding

- Common coding denials
 - A procedure code is invalid on the date of service
 - The diagnosis is inconsistent with the procedure
 - The diagnosis is inconsistent with the patient's age
 - Medical Necessity

Clean Claims

- Common claims data denials
 - Denied or received electronic claims submission
 - Billing errors
 - NPI not matched
 - Prior processing information is incorrect

Correct Follow Up

- A/R write-off policy
 - What is a contractual adjustment?
 - Why does it matter

Appeals

1. First Level of Appeal:
 - Medicare Administrative Contractor (MAC)
2. Second Level of Appeal:
 - Qualified Independent Contractors (QIC)
3. Third Level of Appeal:
 - Office of Medicare Hearings and Appeals (OMHA)
4. Fourth Level of Appeal:
 - Review by the Medicare Appeals Council
5. Fifth Level of Appeal:
 - Judicial Review in Federal District Court

Monitoring Days in A/R

- Timeframes
- How long is too long for days in A/R???

Things to Remember

- Patient registration/insurance verification
- Procedure precertification
- Proper documentation and coding
- Patient collections