

## Denial Resolution Training

There are many reasons why an insurance company denies a claim submitted.

Here are some steps that will assist you in a resolution:

1. Review explanation of benefits to determine denial code and definition (sometimes listed on the second page)
2. Call customer service phone number on the explanation of benefits to discuss denial reason and ask questions to provider representative.

Common denials with troubleshooting ideas:

Denial Reason	Troubleshooting Ideas	Action to take
Place of service incorrect	Check medical record to see if patient was seen in office or virtually	Resubmit corrected claim with correct place of service
Patient not eligible	Review patient insurance card and confirm identification number and group number are correct in EMR	Verify coverage eligibility of patient through current sources used Contact patient to ask if plan has changed Resubmit claim if correction was needed
Provider not eligible	Contact insurance company to connect with credentialing department to confirm provider and clinic eligibility	If this was denied in error, a request to a customer service representative to have claim reprocessed If credentialing issue, ascertain how to correct from credentialing representative
No prior authorization obtained	Verify if prior authorization was done by checking benefit verification notes	If instructed that a prior authorization was not needed when verifying benefits, submit an appeal to the insurance company If prior authorization was not obtained but necessary, attempt to obtain a backdated prior authorization
Lack Of Medical Necessity	Check medical record	Review medical records to determine what is missing, if anything. Correct and resubmit medical records to payor.

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DenialResolutionTraining\_201221\_Rev 1.0