DENIALS: should be under 4.2 (worklist)

COMMERCIAL/ MEDICARE:

- No authorization
    - Could mean there are no out of network benefits
    - Could really mean no auth was obtained when it is in fact required
        - Contact office to see if they did obtain and have reference #
- Additional documentation needed
    - Read denial to see if specific documents are requested (xrays, MRI's, op reports, etc.,)
        - Send that to the address on the request (do NOT just send to claims address)
    - If not specific, send op report or office note for that particular date service
- Not medically necessary
    - Appeal per guidelines with supporting documentation
    - Possibly send corrected claim
        - More specific diagnosis code?
        - Modifier missing?
    - Frequency / units not allowed (i.e., limit on series of injections; 3 were done a 4th is not allowed under the plan OR 30 PT visits per year has been exceeded)
- Under payment
    - If claim is an out of network claim and is paid under 50% of billed charges needs to be examined.
    - If claim is in network and not paid at correct rate, needs to be appealed
- Unpaid codes- if there are codes on claim are not paid which should be, must appeal
- No out of network benefits
    - Contact office (client specific) they can write off or bill patient (their choice)
- Subscriber not found- double check ID# and also run through Navinet or MedEvolve eligibility
- Patient received check BCBS (OA100)
    - Follow guidelines for patients with checks 4.8
- Coordination of benefits
    - Other insurance could be primary
    - Might need questionnaire in case of accident

PIP (supply link to PIP Appeals 4.3.1 which lists denials and processes)

WC

- Not related to work injury
    - Appeal per 4.3.3
- Not authorized (in NJ MUST have authorization or it will not be paid)
    - If no auth- reach out to office
    - If auth on file, contact adjuster follow instructions (if any)
- Case closed/ settled

- Send to secondary health insurance
- If no other insurance BILL PATIENT
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