

Dermatology Coding Alert

READER QUESTIONS: Avoid Automatic Resends

Question: When we know that the carrier has made a mistake in denying a claim, can I just resend the original claim again, or is it just going to be denied again?

North Dakota Subscriber

Answer: While simply resending a claim that the carrier erroneously denied sounds like a logical, easy answer, in the end it may cost you more time and effort. The carrier denied the claim for a particular reason during the first round of submission. If you don't address that reason, your claim will likely just come back to you as a denial again.

Possibilities: Many things can go wrong that will result in an erroneous denial. Problems with patient pre-authorization, physician credential with the carrier, an oversight on your part on the claim, or problems with the insurance carrier's processing systems could all cause an incorrect denial.

Good practice: Rather than automatically resending the claim, contact your carrier representative. Discuss the denial with the representative and figure out why the claim was denied. A short phone call could save you much more time in the long run.

Bonus: You should look to your appeals process when dealing with this sort of denial. Keep an eye out for future articles on the appeals process in Medical Office Billing & Collections Alert.