

Next Step Work Denials

Last Modified on 08/29/2024 9:48 am EDT

Path: Navigation Form > 835 Form > Working Queue tab

Path: File > Billing > Line Items

About

When importing an 835 file in the HIPAA 835 Inbound Form, by default, the **Do Not Post Denied** checkbox is selected. When clicking the **Post** button, the system will post the remittance lines in Records To Post to their matching Line Items. At the same time, the Post column checkboxes for lines that are denied become unchecked, and those lines can be moved to the Working Queue along with the records listed under Records Unable To Post. Follow the steps below to work on your claims that were denied.



Warning: If you **do not** have the Do Not Post Denied checkbox selected, the denial is posted as an adjustment in full, and the Line Item will be closed.

Denial Workflow

1. Navigate to the Line Items Filters Form by using the path above.
2. In the **Denied (Y/N)** field, type Y.

Line Item Filters Form - (LINFILF)

Agency ID: ALL

Case No.: Enter a Case No. or leave blank for all

Clinician ID: ALL

Event Date Range: Beginning / / Ending / /

Billing Date Range: Beginning / / Ending / /

Control Date Range: Beginning / / Ending / /

User ID: Enter a User ID (case sensitive) or leave blank for all

Activity Code ID: ALL

Site ID: ALL

Insurance ID: ALL

Party Type: ALL

Procedure Code: ALL

Billing Group: ALL

Print Status (Y / N / S / R): Enter a Print Status or leave blank for all

Ignore Private Pay:

Closed (Y / N): Enter a Y for closed, N for not closed, or leave blank for both

Transaction Set Control #: Enter a Transaction Set Control # (case sensitive) or leave blank for all

Line Item Status: ALL

Denied (Y / N): Y Enter a Y for denied, N for not denied, or leave blank for both

Denied Date Range: Beginning / / Ending / /

Service ID: / /

Click OK to set filters or click Cancel to revert to previous filters.

Ok Cancel



Note: Use any other fields in this form as necessary to narrow your search.

3. Click the **Ok** button. The Lines Item List is displayed.
4. Click on the Line Item you want to work on and click the **Ok** button to open the Line Item Form. As shown in the screenshot below, the Denied checkbox is selected and the Denied Date, Denial Reason Code, and Description are displayed.



NS Line Item Form - (LINITML)

Line Item Type: S Case No.: 4420 Patient: Test, Molly Event Date: 05/21/2024 Start Time: 09:00 AM End Time: 10:00 AM Elapsed Time: 01:00 Agency ID: 1 Program ID: 1

Service ID: 5710 Discipline code: 1 MD Physician / CSW: Insurance ID: 2-33 Party Type: 4 Medicaid

Activity Code ID: 90832 Staff ID: 0159 In/Outpatient: O Billing Group: Diagnosis 1: F40.298 ICD Number in Group: 1 Subscriber No.: 1234567800 Medicaid Status Codes Resource Code: 6

Billing Date: 05/21/2024 Prior Authorization: 12345789 Procedure Code ID: 90832 Diagnosis 2: ICD Diagnosis 3: ICD Assignment Accepted: 222222222 Provider ID: 222222222 Medicare Status Code: 6

Modifiers: Additional Modifier: Override Group Modifiers Activity: Diagnosis 4: ICD Line Item Closed: 05/21/2024 Invoice Date: 05/21/2024 Other Ins Code: Private Pay: Print Status: (Y/N/S/R) N

Remarks: Place of Contact/Service: 11 Site ID: 111 Living Arrangement: Private Pay Printed: Date Posted to A/R: Claim Frequency Code: 1 Original Reference Number:

Quantity	Billed Amount	Screen Amount	Paid Amount	Adjusted Amount	Current Balance	Approved Amount	Deductible Amount	Co-Pay Amount	Patient Pay Amount
4.00	\$440.00	\$440.00	\$0.00	\$0.00	\$440.00	\$440.00	\$0.00	\$0.00	\$0.00

Denied: Denied Date: 05/30/2024 Denied Reason 1: 15 The authorization number is missing Denied Reason 2: Denied Reason 3: Referring Physician Override:

Notes: Claim Reference: L18011C4420167 NDC: NDC Units: 0.00 Unit Of Measure: Reverse Charge Date: Transaction Set Control #: Submission #: Send As Primary: Send Notes on 837 in 2400 NTE: Send Notes on 837 in 2400 SV101-7: Submission History: 1 Record(s) found Invoice Date Trans Set Control # Sub #: 05/21/2024

Agency: 1 Test Agency Line Item Status: 1 Program: 1 Crisis Physician / CSW: User Id: mzanley Control Date/Time: 08/29/2024 09:41:36 AM Post Resubmit

Buttons: Add Edit Delete Exit (Esc) Transactions Transactions Hist Line Item List

5. Click the **Edit** button to re-work the claim and prepare it for resubmission, according to the reason for the denial.
6. Once you've made your changes, deselect the **Denied** checkbox.
7. Change the **Print Status** to a **Y** so that it will be picked up in a batch of claims to be sent out.
8. If you are sending a replacement to the same payer, select a **Claim Frequency Code** to reflect the reason for resubmission. If the **Original Reference Number** did not auto-fill, fill that in from the ERA or EOB.
9. Click the **Save** button.

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Modifiers: Additional Modifier: Override Group Modifiers Activity: Diagnosis 4: ICD Line Item Closed: 05/21/2024 Invoice Date: 05/21/2024 Other Ins Code: Private Pay: Print Status: (Y/N/S/R) Y

Remarks: Place of Contact/Service: 11 Site ID: 111 Living Arrangement: Private Pay Printed: Date Posted to A/R: Claim Frequency Code: 7 Original Reference Number: ICNL291C258717

Quantity	Billed Amount	Screen Amount	Paid Amount	Adjusted Amount	Current Balance	Approved Amount	Deductible Amount	Co-Pay Amount	Patient Pay Amount
4.00	\$440.00	\$440.00	\$0.00	\$0.00	\$440.00	\$440.00	\$0.00	\$0.00	\$0.00

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Buttons: Save Revert Delete Exit (Esc) Transactions Transactions Hist Line Item List

10. Lastly, if this denial was from an ERA, to remove it from the Working Queue list, select the **Delete** checkbox from the Working Queue window and click the **Delete Selected** button.



Note: You should be checking your Clearinghouse after sending out an 837 file, for front-end clearinghouse rejections.

Those rejections do not make it to the payer and do not come back as a remit. The Line Items for those rejections can be worked similarly, except they will not have denial information or an original reference number since they did not make it to the payer.