Effective Denial Management and Rejection Prevention

- The average cost to rework a claim is $25
- Better performing practices have denial rates below 5%
- Medicare penalties can reach $10K per service for non-medically necessary claims

PRACTICE® MANAGEMENT INSTITUTE

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Improving the business of medicine through education

25-30% of healthcare costs in the U.S. are direct transaction costs and inefficiencies associated with the claims management revenue cycle, according to the AMA.

5 Reasons to Attend

1. Participants will return to the office equipped to handle inadequate payments, denials, rejections, and other claims management issues
2. Reduce the risk of claim rejection and/or denial due to lack of specificity or erroneous billing
3. Learn strategies for educating providers on the necessary documentation requirements that support medical necessity
4. Distinguish the differences between a rejection and a denial and implement effective strategies for both
5. Eliminate exposure for lost revenue and audits by government and private payers due to inappropriate billing

Can't Attend the Live Class?
Self-Paced format is available at pmiMD.com/onlinetraining

CMS audits are on the rise! Protect your practice's bottom line with specialized training for your billing staff.

When correctly-submitted claims are inappropriately reduced, delayed or denied, it is imperative to appeal claims in a timely manner with as much supporting documentation as possible. This class will explain your rights and responsibilities when appealing claim denials and instruct on best practices for preventing claims rejections and managing denials.

Participants will receive tools and expert guidance on how to second-guess denials and recoup dollars rightfully due to the provider. The instructor will address questions and provide new insight, expert guidance, and tools to help billing staff successfully manage all your claims rejections and denials.

Class Highlights:

- Review Medicare non-covered service requirements
- Understand the top reasons claims are delayed/denied
- Learn each step of a proper denial tracking system
- Learn protocols to eliminate rejections
- Identify efficient methods for denial resolution
- Discuss how to make determinations of medical necessity that must adhere to the standard of care
- Modifiers, bundling, downcoding, and other situations that cause a claim to be rejected
- Working within claim guidelines to avoid further delays
- Handling payment inconsistencies
- State and Federal Guidelines for refunds/recoupments
- Guidance on Prompt-Pay laws
- Accessing legal guidance if needed

Who Should Attend

This class is ideal for billing and claims processors, managers, providers, consultants and anyone seeking solutions and for claim rejections and denials.

Prerequisites

The content covered in this course assumes basic to intermediate knowledge of outpatient billing and carrier reimbursement.

What to Bring

A course manual will be supplied. No supplementary materials are required for this course.

Continuing Education

+ CEUs

Continuing Education credits are awarded for attendance at this program. See PMI's web site for further details.

Practice Management Institute

Practice Management Institute® (PMI) teaches physicians and their staffs how to properly navigate complex health care issues and secure every dollar rightfully due. PMI programs focus on solutions for coding, reimbursement, compliance and practice productivity. These training programs have been hosted in leading hospitals, medical societies and colleges across the U.S. for more than 30 years.

PMI awards certification by exam in four administrative areas:

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- Certified Medical Insurance Specialist (CMIS)®
- Certified Medical Office Manager (CMOM)®
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