

6 Best Practices to Prevent Denials

1. Educate and communicate

- Front office, doctors, and back office staff all need to know their role in the practice and operations.
- All need to know the insurances accepted, services available and services not provided by the practice.

2. Verify insurance prior to service

- Check each and every time!

3. Know your payers

- Each payer has various rules for what services they allow and what they will reimburse.
- Each provider must be enrolled in each plan to be reimbursed.
- Know your local representative for each payer.

4. Document appropriately and clearly

5. Take advantage of technology

- Having a database to refer to is faster than having to pull patient folders from a filing cabinet.
- Allows all to have access to the same information at the same time.
- Some systems have built in edits that review claims before they get sent to payer.
- Immediate notification by the system prevents denials by pushing the edit and review tasks earlier in the revenue cycle process, saving days and even weeks.

6. Monitor, analyze, revise

- Review denials and make appropriate changes – learn from your mistakes and implement changes to correct.