Medicare Program Integrity Manual Chapter 5 – Items and Services Having Special DME Review Considerations

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Denials Management & Appeals Reference

Guide - First Edition AAPC,2020-03-17 Recoup lost time and revenue with denials management and appeals know how Claim denials can sink a profit margin And given the cost of appeals roughly 118 per claim not all denials can be reworked A practice submitting 50 claims a day at an average reimbursement rate of 200 per claim should bring in 10 000 in daily revenue But if 10% of those claims are denied and the practice can only appeal one they lose 800 per day upwards of 200K annually Your medical claims are the lifeblood of operations Don t compromise your financial health Learn how to preempt denials with the Denials Management Appeals Reference Guide This vital resource will equip you to get ahead of payers by simplifying the leading causes of denials and showing you how to address insufficient documentation failing to establish medical necessity coding and billing errors coverage stipulations and untimely filing Rely on AAPC to walk you through the appeal process We ll help you establish protocols to avoid an appeals backlog and teach you how to identify and prioritize denials likely to win an appeal What s more you ll learn when a claim can be reopened to fix a problem Collect the revenue your practice deserves with effective denials and appeals solutions Know how to analyze your denials Defeat documentation and compliance issues for successful claims success Utilize payer policy for coverage clues Lock in revenue with face to face reimbursement guidance Refine efforts to avoid E M claim denials Ace ICD 10 coding for optimum reimbursement Put an end to modifier confusion Stave off denials with CCI edits advice Navigate the appeals process like a pro And much more

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