ER Downgrade High Level Draft

Launch Epic

Log in to Epic

Select WQ (Collectors WQ 8251/8305)

open account

Emergency pt class/99285-99281 CPT exist?

No → Next Account

Yes

Does balance match PR?

Yes → NRP to patient

No

Review Claim Status results

Account can be identified with emergency patient class but even further from 837/835 perspective. All account where we bill 99825 on 837 data and we see return 835 with 99284 we know there was a downgrade - but they will exist in the collector work queues

Claim status would be on all payers, but examples reviewed were for UHC/Cigna

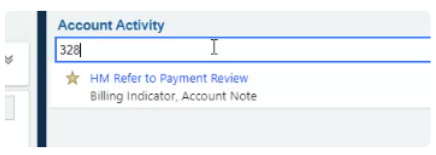
Review expected reimbursement from epic and allowed from claim status result. If payer adjudicates the difference as PR, NRP. If the payer adjudicates with a lower expected, that amount is to be wrote off or escalated.

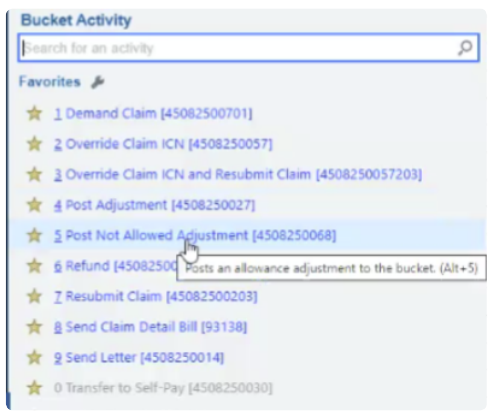
if we have expected of 8k and the payer pays 7k and leaves the rest to PR then we NRP. If we have expected of 8k and the payer pays 7k and the remaining amount is not to expected, write off 1k (minus PR)

Current balance - expected reimburesment - PR = >$1,499?

Yes → Account Activity 328

No → Account Activity post not allowed adj

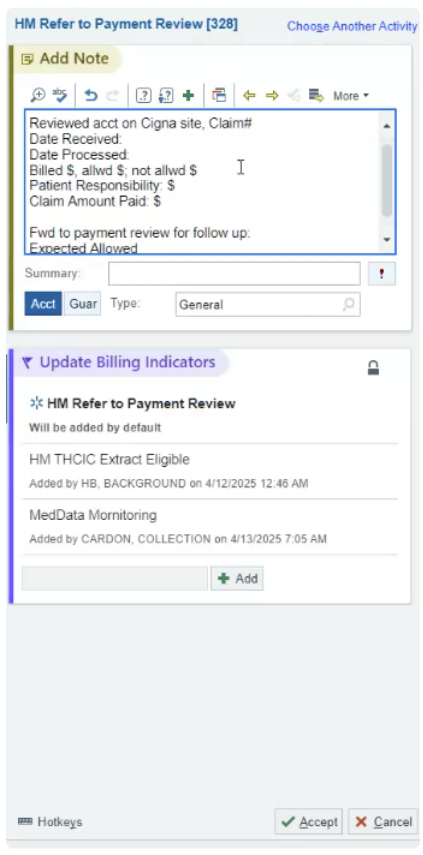




Account Activity 328

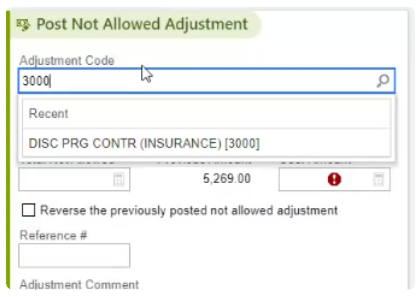
Populate note indicating reason for transfer

Click Accept

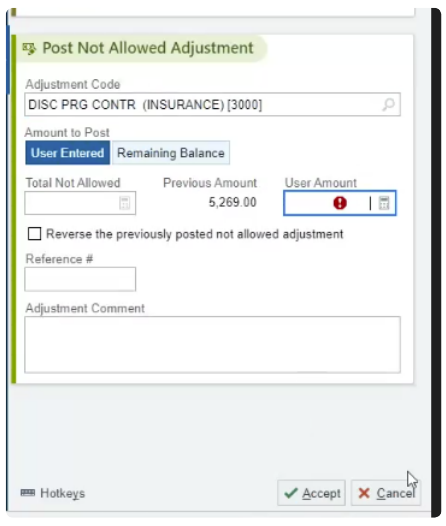


Next Account

Adj Code = 3000



Enter Amount (difference of billed code expected and adjudicated code allowed)



Account activity (2000)

account type = NRP/Adjustment

Fill out note details

Claim#
Date Received:
Date Processed:
Billed $, allwd $; not allwd $
Patient Responsibility: $
Claim Amount Paid: $

Bal is pt resp.

Accept

HCPCS	Mods	Svc Date	Qty	Billed	Expected Allowed
73560 (CPT®)	LT	[redacted]	1	1,329.00	0.00
99284 (CPT®)	25		1	3,813.00	5,142.00
				5,142.00	5,142.00

Service Dates From / To	Procedure Code	Billed Amount	Allowed Amount	Remarks	Provider Discount	Copay	Deduct.	Co-Insur.	Other Insurance	Not Covered	Other Adjustment Amount	Other Adjustment Reason	Benefit Amount
[redacted]	HC 99283 25 0450	523.00	0.00								523.00	97	0.00
	HC 99283 25 0450	3813.00	4013.00			250.00					-200.00	94	3763.00

General Claim Adjustments MA15

Total Billed Amount: 4336.00 Patient Responsibility: 250.00 Total Benefit Amount: 3763.00