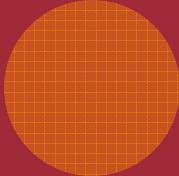




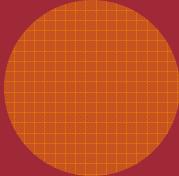
INTRODUCTION TO CLAIMS

Customer Service Training



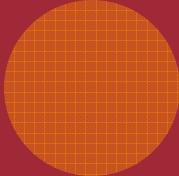
CLAIMS BILLING TERMINOLOGY

- ◎ ICD-9 Codes
 - ◎ The International Classification of Diseases, Ninth Revision
 - ◎ The official system of assigning codes to diagnoses and procedures
- ◎ CPT Codes
 - ◎ Current Procedural Terminology
 - ◎ Accurately describes medical, surgical, and diagnostic services and is designed to communicate uniform information
- ◎ EOB Codes
 - ◎ Explanation of Benefit Codes
 - ◎ Describes why there was a payment reduction made on a claim



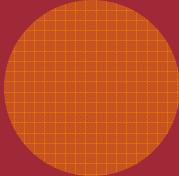
PRE-AUTHORIZATIONS

- ◎ Medically Necessary Contact Lenses
 - ◎ No set amount paid for medically necessary contacts from a preferred provider
 - Member only required to pay applicable co-payment
 - ◎ Out of Network – member reimbursed up to Out of Network Allowance
- ◎ Specialty Lenses
 - ◎ Avesis does not cover specialty lenses due to a medical condition
 - ◎ Lenses would be considered an upgrade and billed accordingly



TYPES OF CLAIMS

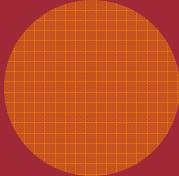
- ◎ Preferred Provider Claims
 - ◎ Claims originating from an Avesis contracted provider
- ◎ Direct Reimbursement Claims
 - ◎ Claims originating from members
 - ◎ Claims originating from Out of Network Providers are not accepted



WAYS TO FILE A CLAIM

- ◎ Electronic Claims – Clearinghouse Claims
 - ◎ Avesis does not accept clearing house claims for commercial lines of business – the provider must utilize one of the other options of filing
- ◎ Mail
 - ◎ Members and Providers may mail a claim to:

Avesis
PO BOX 7777
Phoenix, AZ 85011
- ◎ Avesis Website
 - ◎ Providers may log into the website and file a claim



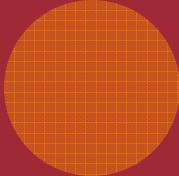
TIMELY FILING DEADLINES

Medicaid

ACTION	DAYS TO FILE	FROM DATE
Provider to file a claim	180 Days	DOS
Provider to correct a claim	180 Days	EOB DATE
Provider to appeal a claim	30 Days	EOB DATE
To pay a clean claim	15 Days	DOS
Members to file claim	N/A	N/A

Medicare

ACTION	DAYS TO FILE	FROM DATE
Provider to file a claim	90 Days	DOS
Provider to correct a claim	90 Days	EOB DATE
Provider to appeal a claim	60 Days	EOB DATE
To pay a clean claim	30 Days/GA 15 Days	DOS
Members to file claim/OON Providers	12 months	DOS



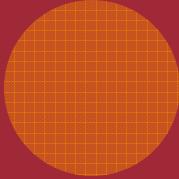
CLAIMS PROCESS

Mailed Claims

- ◎ Claims are received via mail
- ◎ Claim is date stamped
- ◎ Claim is entered into administrative system by triage
- ◎ Claim is auto adjudicated or manually processed
- ◎ Original claim is scanned into administrative system
- ◎ 1 out of 15 claims are reviewed for accuracy

Web Claims

- ◎ Claims are received by IT
- ◎ Claim is uploaded into administrative system
- ◎ Claim is auto adjudicated or manually processed
- ◎ 1 out of 15 claims are reviewed for accuracy



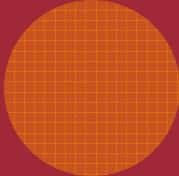
CLAIM/CHECK STATUS

Claim Status

- ◉ PASS
- ◉ PAID
- ◉ REJECTED
- ◉ FAIL

Check Status

- ◉ For status of a check payment – a claim status of “PAID” must be in the system
- ◉ If the check is not received after **45** days of issue, a check trace can be issued
- ◉ NO EXCEPTIONS to the 45 day rule on original trace



CORRECTING CLAIMS

Claim Reversals

- ◎ The process of taking back payment from a member or provider when services have already been rendered
- ◎ Change in how benefits are applied
- ◎ Benefits never received

Corrected Claims

- ◎ Changing information that was submitted incorrectly from a provider
- ◎ Incorrect CPT code
- ◎ Filed under the wrong member
- ◎ Avesis will only change any data entry error caused by an Avesis staff member