

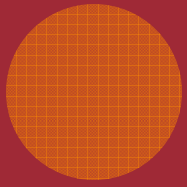


# Avēsis

*A National Vision, Dental and Hearing Company*

## 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



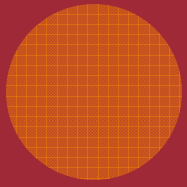
# PRE-AUTHORIZATIONS

## ⊙ 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

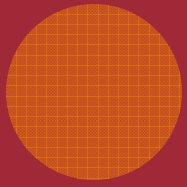
## ⊙ Specialty Lenses

- ⊙ 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



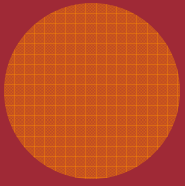
# TIMELY FILING DEADLINES

## 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



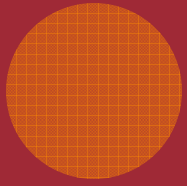
# CLAIMS PROCESS

## 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

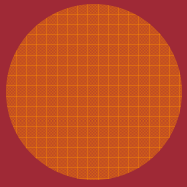
## Claim Status

- ⦿ 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