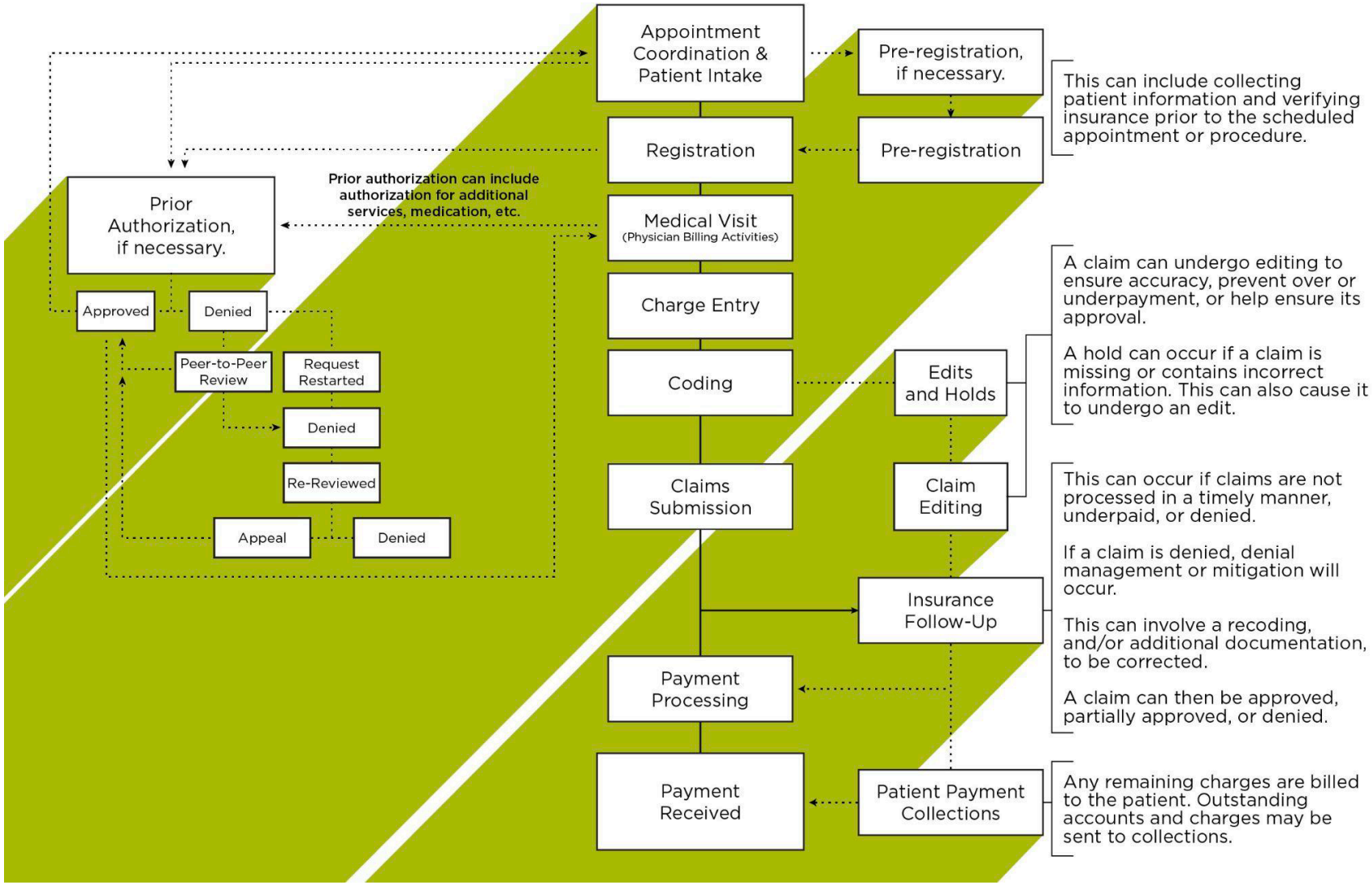
Appointment Coordination & Patient Intake
Pre-registration, if necessary.
This can include collecting patient information and verifying insurance prior to the scheduled appointment or procedure.
Registration
Pre-registration
Prior Authorization, if necessary.
Prior authorization can include authorization for additional services, medication, etc.
Medical Visit
(Physician Billing Activities)
Approved
Denied
Charge Entry
Peer-to-Peer Review
Request Restarted
Coding
Edits and Holds
A claim can undergo editing to ensure accuracy, prevent over or underpayment, or help ensure its approval.
A hold can occur if a claim is missing or contains incorrect information. This can also cause it to undergo an edit.
Denied
Re-Reviewed
Claims Submission
Claim Editing
Appeal
Denied
Insurance Follow-Up
This can occur if claims are not processed in a timely manner, underpaid, or denied.
If a claim is denied, denial management or mitigation will occur.
This can involve a recoding, and/or additional documentation, to be corrected.
A claim can then be approved, partially approved, or denied.
Payment Processing
Payment Received
Patient Payment Collections
Any remaining charges are billed to the patient. Outstanding accounts and charges may be sent to collections.