

## Introduction

The **Denial Reporting System – HCFA 1500 (DRS)** is an application designed to provide analyses of denied charges on HCFA 1500 claims for Medicare and any other third-party payors, such as Medicaid or Blue Shield, from whom electronic remittance can be received. **DRS** can be an important component of the increasingly critical denial management process.

Developed by Information Advantage Associates, the key features of **DRS** include:

- Produce denial reports for any third-party payor for which electronic remittance data can be received
- Detail denial reports that can be produced for any selected weekly time period
- Summary denial reports that compile fiscal year-to-date statistics by month
- Support for multiple corporate entities within the organization
- User-defined reporting centers within each corporate entity
- Assignment of physicians into reporting centers
- User-defined report groupings for denial codes by payor
- Send reports to a printer, .PDF file, or spreadsheet file
- Distribute reports via email and/or fax

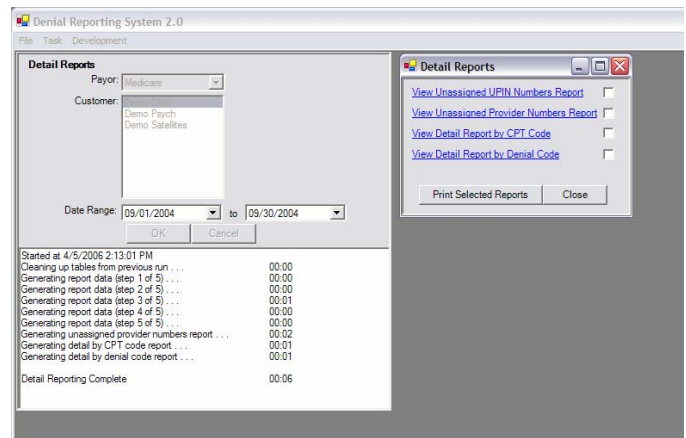
## Reporting Overview

### **Detail Denial Reports**

Two detail reports, each grouped by performing physician within reporting center, can be produced upon request. If claim information is available for **DRS** to query, another set of detail reports can be produced based on groupings by referring physician. The referring physician is determined using the UPIN found on the claim detail line. The available detail reports are:

- Detail Report by CPT Code
- Detail Report by Denial Code

Key features of each detail report include:



- Produced for selected weekly period
- Selects all non-zero detail lines for which no remittance amount was approved
- Includes denial code, CPT code, patient name, case number, service date, modifiers, billed units, billed amount, check number, and check date
- Provides summary totals by grouping and for total report
- Includes percentage comparisons in the Detail Report by CPT Code. These comparisons are based on the following calculation:

Report Line	Percentage Calculated Against
CPT code summary line	Total billings for CPT code within reporting center
Physician summary line	Total billings for the physician
Center summary line	Total billings for the reporting center
Report total line	Total clinic billings

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**Detail Report by CPT Code**  
for 09/01/2004 to 09/30/2004 Denial Reporting System

Payor: Medicare  
Customer: Demo Clinic  
Center: 52-Arthritis  
Physician: 52100-MICKELSON, THEODORE DO

Denial Code	Patient Name	Check Date	Appeal Date	Claim No	Dates of Service	M1	M2	Billed Amount	% of Total
<b>CPT Code: 82040</b>									
CO109	DAVIS, DORIS L	09/29/2004	01/07/2005	999942775	08/05/2004-08/05/2004			\$25.00	
<b>Totals for CPT Code 82040</b>								\$25.00	17
<b>CPT Code: 82310</b>									
CO109	DAVIS, DORIS L	09/29/2004	01/07/2005	999942775	08/05/2004-08/05/2004			\$15.00	
<b>Totals for CPT Code 82310</b>								\$15.00	50
<b>CPT Code: 82565</b>									
CO109	DAVIS, DORIS L	09/29/2004	01/07/2005	999942775	08/05/2004-08/05/2004			\$15.00	
<b>Totals for CPT Code 82565</b>								\$15.00	13
<b>CPT Code: 84100</b>									
CO109	DAVIS, DORIS L	09/29/2004	01/07/2005	999942775	08/05/2004-08/05/2004			\$15.00	
<b>Totals for CPT Code 84100</b>								\$15.00	13
<b>CPT Code: 84450</b>									
CO109	DAVIS, DO	09/29/2004	01/07/2005						
<b>Totals for CPT Code 84450</b>									

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**Detail Report by Denial Code**  
for 09/01/2004 to 09/30/2004 Denial Reporting System

Payor: Medicare  
Customer: Demo Clinic  
Center: 29-Indian Wells East  
Physician: 29100-PROST, BEN DO  
Denial Code: CO50-NOT MEDICALLY NEC

Patient Name	Check Date	Appeal Date	Claim No	Dates of Service	CPT Code	M1	M2	Billed Amount
LAYTON, CAROL D	09/08/2004	12/17/2004	999939890	8/21/2004-8/21/2004	Q0136			\$600.00

Other Denial Codes

M25-PAYMENT HAS BEEN (DENIED FOR THE/MADE ONLY FOR A LESS EXTENSIVE) SERVICE BECAUSE THE INFORMATION FURNISHED DOES NOT SUBSTANTIATE THE NEED FOR THE (MORE EXTENSIVE) SERVICE. SEE 4B ON BACK OF ORIG EOMB.

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<b>Totals for Denial Code CO50</b>	\$600.00
<b>Totals for Physician 29100-PROST, BEN DO</b>	\$600.00
<b>Totals for Center 29-Indian Wells East</b>	\$600.00

Patient # \_\_\_\_\_ Clinic Staff # \_\_\_\_\_

Change Request Reason

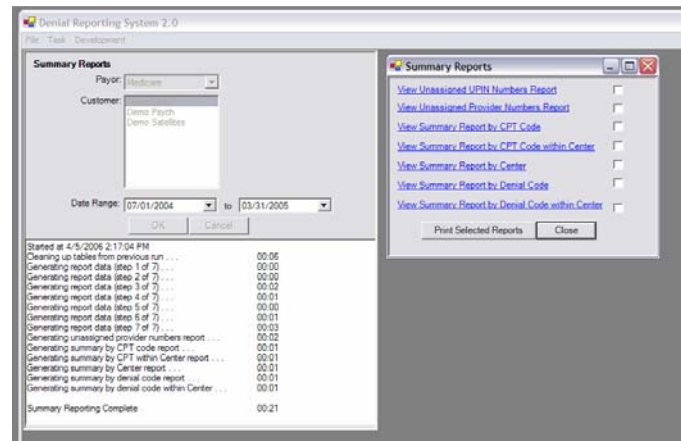
Bill Payment

4/24/2008

- An Administrative Denials Report can also be produced that provides claim level detail by physician within reporting center. This report includes only those claims that contain denial codes that have been assigned to an administrative denial code grouping.

### Summary Denial Reports.

Several summary reports, each grouped by reporting center based on performing physician, are produced upon request. As with the detail reports, if claim information is available for **DRS** to query, a second set of reports can be produced based on groupings by referring physician.



The available summary reports include:

- Summary Report by CPT Code within Center
- Summary Report by CPT Code – Total Clinic
- Summary Report by Denial Code within Center
- Summary Report by Denial Code – Total Clinic.
- Summary Report by Center

Key features of each summary report include:

- Produced for selected month, including year-to-date information
- Selects all non-zero detail lines for which no remittance amount was approved
- Provides summary totals of denied amounts by month
- Provides summary totals by grouping and for total report
- Includes percentage comparisons in the Summary Report by CPT Code within Center, Summary Report by CPT Code – Total Clinic, and Summary Report by Center. These comparisons are based on the following calculation:

Report Name	Report Line	Percentage Calculated Against
Summary Report by CPT Code within Center	CPT code summary line	Total billings for CPT code within reporting center
	Center summary line	Total billings for reporting center
	Report total line	Total clinic billings
Summary Report by CPT Code – Total Clinic	CPT code summary line	Total clinic billings for CPT code
	Report total line	Total clinic billings
Summary Report by Center	Center summary line	Total billings for reporting center
	Report total line	Total clinic billings

04/05/2006		Summary Report by CPT Code within Center												Page 7	
		for 07/01/2004 to 03/31/2005												Denial Reporting System	
Payor: Medicare															
Customer: Demo Clinic															
Center: 52.Arthritis															
CPT Code	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total		
71020	0	0	0	0	62 100.0	0	0	0	0	0	0	0	62 19.3		
81003	0	8 100.0	0	0	0	0	0	0	0	0	0	0	8 12.5		
82040	0	25 33.3	25 16.7	0	0	0	0	0	25 50.0	0	0	0	0		
82310	0	15 33.3	15 90.0	0	0	0	0	0	0	0	0	0	0		
82565	0	15 20.0	15 12.8	0	0	0	0	0	15 20.0	0	0	0	0		
84075	0	15 26.0	0	15 12.6	0	0	0	0	0	0	0	0	0		
84100	0	0	14 100.0	0	0	0	0	0	0	0	0	0	0		
84450	0	15 20.0	15 14.3	0	0	0	0	0	0	0	0	0	0		
84460	0	15 20.0	15 14.3	0	0	0	0	0	0	0	0	0	0		
95027	0	19 33.3	19 44.3	0	0	0	0	0	0	0	0	0	0		

04/05/2006		Summary Report by CPT Code - Total Clinic												Page 1	
		for 07/01/2004 to 03/31/2005												Denial Reporting System	
Payor: Medicare															
Customer: Demo Clinic															
CPT Code	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total		
71020	0	0	0	0	0	0	0	0	0	0	0	0	128	5.4	
73510	0	0	0	59	100.0	0	0	0	0	0	0	0	59	32.8	
80053	0	0	0	20	25.0	0	0	0	40	100.0	0	0	60	16.7	
81001	0	0	10	26.3	0	0	0	0	0	0	0	0	10	3.4	
81003	0	8	20.0	0	0	0	8	11.1	0	0	0	0	16	3.6	
82040	0	25	16.7	25	16.7	0	0	0	25	50.0	0	0	75	6.7	
82270	0	0	0	12	50.0	0	0	0	0	0	0	0	12	16.7	
82310	0	15	16.7	15	50.0	0	0	0	0	0	0	0	30	6.0	
82585	0	15	6.3	15	10.0	0	0	0	15	20.0	0	0	45	3.7	
82748	0	0	0	0	0	0	0	41	0	0	0	0	41	100.0	
83038	0	27	50.0	0	0	27	33.3	0	0	0	0	0	54		
84075	0	15	16.7	0	15	12.5	0	0	0	0	0	0	30		
84100	0	0	14	100.0	0	0	0	0	0	0	0	0	14		
84153	0	0	0	0	0	0	0	5.1	0	0	0	0	5.1		
84450	0	15	11.1	15	12.5	0	0	0	0	0	0	0	30		
84490	0	15	12.5	0	0	0	0	0	0	0	0	0	15		

- An Administrative Denials Trending Report can also be produced that provides claim level information by physician within reporting center for each administrative denial code. This report includes only those denial codes that have been assigned to an administrative denial code grouping.
- Remittance Statistics can also be produced that summarizes number of claims, total billings, and total approved charges by check date within corporate entity.

### Technical Considerations

The user interface for **DRS** has been developed using Microsoft's VB.Net development toolset. Data for the application can be stored in either a Microsoft Access or SQL Server relational database. If desired, the application can be configured to use other relational databases such as MySQL or Oracle.

Like the entire suite of our healthcare products, **DRS** is easy to learn, easy to manage, and priced to accommodate our client's budgetary requirements. All of our products provide flexible, scalable solutions that can be easily and quickly adapted to keep up with the constantly changing healthcare regulatory environment.

### Key Data Structures

#### **Remittance Data**

The denial reports are driven by information retained in the remittance tables:

- Remittance detail (one record for each claim detail line)

- Remittance denial codes (one or more codes for each detail record)

Information is loaded into these tables by importing the electronic remittance file received from the payor or its intermediary. **DRS** is designed to import data using the HIPAA standard EDI transaction set: ANSI ASCX12N 835 Version 004010.A1.

After each import, the following reports are produced:

- Error report listing all unknown provider numbers found in the remittance file
- Error report listing all unknown UPIN numbers found in the remittance file
- Error report listing all unknown denial codes found in the remittance file
- Import statistics report.

## **System Table Maintenance Screens and Reports**

There are several system tables that are used to produce the denial reports. They include:

- Denial Codes by Payor
  - Provides the denial description
  - User-defined report groupings
- CPT Codes
  - Identifies CPT code ranges to use on the referring physician set of reports
- Corporate Entities
  - Definition for corporate entities for reporting purposes
- Reporting Centers
  - Provides the reporting center description
- Physicians
  - Provides the physician name, UPIN, and identifies reporting center
  - Provides one or more provider numbers for each physician

## **About Us**

Information Advantage Associates is a Houston, Texas-based consulting firm that has been providing business solutions to clients since 1989. Other products in our healthcare portfolio include:

- EOB Generator – HCFA 1500 and UB92
- Denial Reporting – UB92
- Supplemental Billing – HCFA 1500 and UB92
- A/R Ledger Document Repository
- Document Management
- Refund Tracking
- All Payor Log
- Rotation Tracking

For more information about this or any of our other products do not hesitate to contact:

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