Resolve Your Claim Denials

When your claim is denied, please check ALL of the following information before you contact Barnestorm, as 99% of claim denials are due to basic information incorrect or missing.

Where to Look	**What to Check and Correct**
Referral > Demographics	Make sure patient **Gender** is marked
Referral > Demographics	Patient **date of birth** should NOT be 1/1/1900
Referral > Dr + Pharmacy	Make sure **Primary Physician** is noted and has a valid NPI number
Referral > Start	Make sure the **County** is indicated (CBSA denial is always county)
Referral > Payers	Make sure the **HIC#** is valid for the payer
Codes > Other Basic Codes > Doctors	Check the **NPI** for the doctor, and the **CA** as needed.
Correct the Doctor NPI	This article tells how: http://kb.barnestorm.us/KnowledgebaseArticle50694.aspx
Cross Reference NPI to CA	This article tells how: http://kb.barnestorm.us/KnowledgebaseArticle50172.aspx
Codes > Rates > Job Codes	Check the job code used on the visits for the correct **HCPCS** code
Billing > PPS Billing > Edit PPS Episodes	Check all of the information on your RAP: - Has it been cancelled or put on hold? - Is the **from** date correct? - Is the **admission** date correct? - Does the **HIPPS** code match?
OASIS Correction	To correct a HIPPS code, you follow the instructions in our KB article, **OASIS Correction**, for correcting a KEY FIELD. http://kb.barnestorm.us/KnowledgebaseArticle50435.aspx
OASIS Correction	The from and thru dates and admission date on the initial RAP are the same. Therefore, the 0023 line item service date must also match. http://kb.barnestorm.us/KnowledgebaseArticle50435.aspx
OASIS Correction	Check the **from** and **thru** dates and total cert period days. http://kb.barnestorm.us/KnowledgebaseArticle50435.aspx
OASIS Correction	Therapy need--correct as needed and resubmit. http://kb.barnestorm.us/KnowledgebaseArticle50435.aspx
Referral > Payers > Extra Billing Info	If the error code indicates that you need a condition code, include the appropriate condition code and make sure that there are no other codes listed for that claim set date. D0 - changes to service dates D1 - changes in charges D2 - changes in revenue code/HCPC D3 - second or subsequent interim PPS bill D4 - change in grouper input (DRG) D5 - cancel only to correct a hic or provider number D6 - cancel only - duplicate payment, outpatient to inpatient overlap, OIG overpayment D7 - change to make Medicare secondary payer D8 - change to make Medicare primary payer D9 - any other changes. EO- change in patient status note: if you are having trouble getting E0 change in patient status. Note: if you are having trouble getting E0 to process and it is correctly applied to the claim please contact call center. If D9 code is missing: - Look up the patient in **Referral** and go to **Payers** > **Extra Billing Info**. - Remove any old billing dates and any other condition codes, such as D7. - Add a new date set to cover the current claims and make sure **D9** is the only condition code listed.