How Do I Indicate A Denial For Payment?

These steps are performed when billing a secondary payer, and you need to indicate the primary payer denied the claim.

A denial for payment occurs when an insurance company or other payer refuses to pay for healthcare services that have been billed to them. This can happen for various reasons, such as the service not being covered by the plan, the patient exceeding their benefits, or incorrect billing information etc. When billing the secondary payer, the claim would need to include information on the primary payer's payment information. See steps below on how to indicate a denial for payment on the claim.

Steps to Indicate a Denial for Payment

1. Barnestorm Office: Click on the **Referral** tab, then click the **Payers** tab.
2. Select the payer that you will be billing secondary.
3. Click on the the **Extra Billing Info** tab.
4. Type in the denial code in the **Occurrence Code** field. Under the code, enter the date the denial occurred. For example: Occurrence code 24 means **Date Insurance Denied** . You would enter 24 in the **Occurrence Code** field, and you would enter the date of the denial

in the **Occurrence Dates** field.

5. Click **Save**.
6. Exit the Referral.

Last updated: 8/07/2025

Need help? Contact Barnestorm Support

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50478.aspx