



Claims Breakout Session

**ICE Annual Conference
December 2007**

AGENDA

- ICE Anti Trust Statement
- ICE Web Site Review
- Audit Adjustment Tools
- Revised PDR Letters
- New Commercial ER Denial Letter

ANTI TRUST STATEMENT

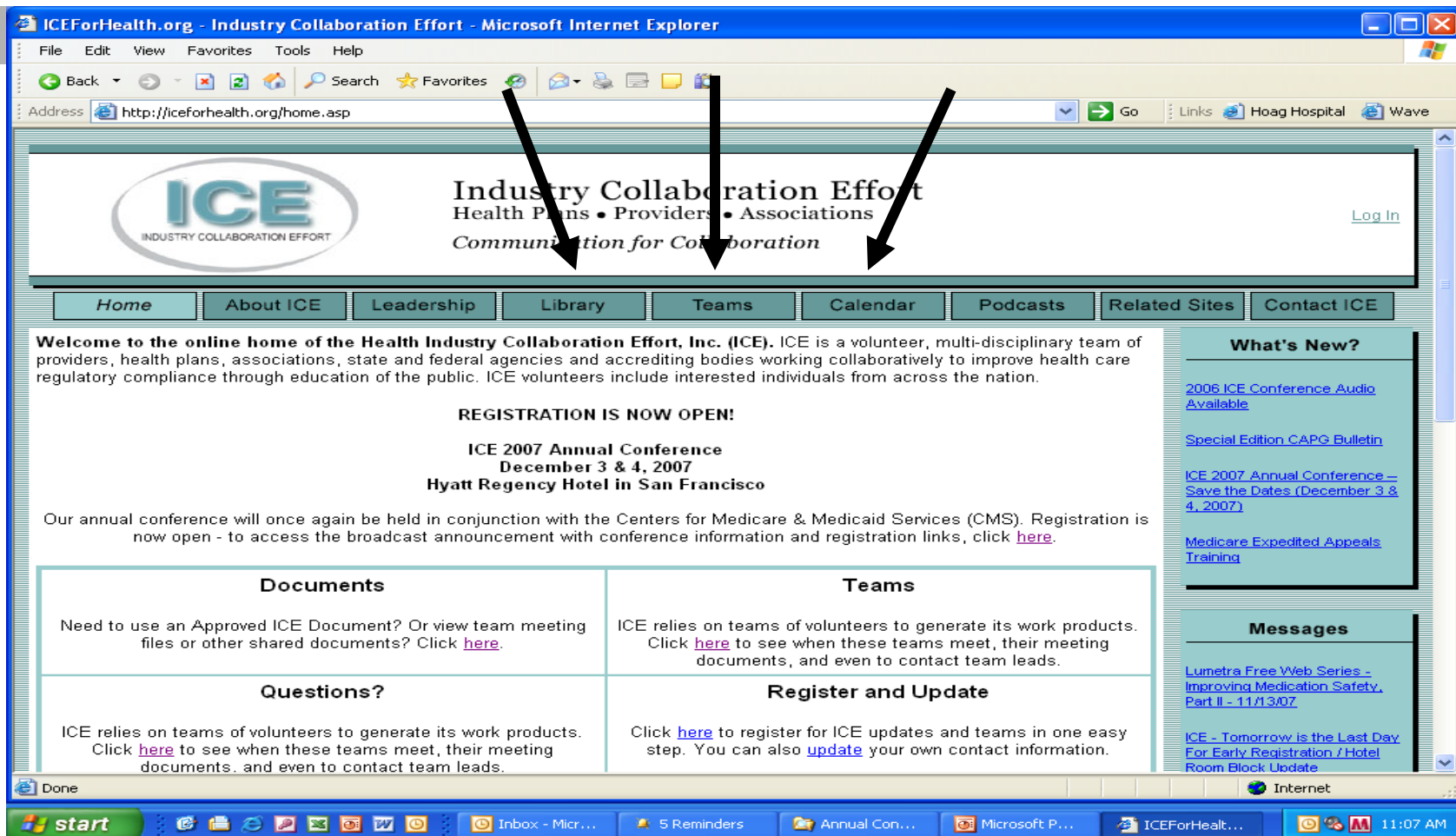
This meeting is for the specific purpose described in the agenda and not for the purpose of reaching any agreement that affects the competitive business activities of companies represented.

1. ICE meetings are conducted in accordance with the Antitrust Guidelines;
2. All participants should have the Guidelines and should be familiar with them;
3. Participation in ICE and ICE meetings is completely voluntary; and
4. Any questions or concerns about antitrust or any other legal matter should be directed to the Chair.

ICE WEB SITE REVIEW

- Approved Documents for Claims Team
- Teams
- Calendar

Home page of the ICE web site ICEFORHEALTH.ORG



ICEForHealth.org - Industry Collaboration Effort - Microsoft Internet Explorer

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ICE
INDUSTRY COLLABORATION EFFORT

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Welcome to the online home of the Health Industry Collaboration Effort, Inc. (ICE). ICE is a volunteer, multi-disciplinary team of providers, health plans, associations, state and federal agencies and accrediting bodies working collaboratively to improve health care regulatory compliance through education of the public. ICE volunteers include interested individuals from across the nation.

REGISTRATION IS NOW OPEN!

ICE 2007 Annual Conference
December 3 & 4, 2007
Hyatt Regency Hotel in San Francisco

Our annual conference will once again be held in conjunction with the Centers for Medicare & Medicaid Services (CMS). Registration is now open - to access the broadcast announcement with conference information and registration links, click [here](#).

<p>Documents</p> <p>Need to use an Approved ICE Document? Or view team meeting files or other shared documents? Click here.</p>	<p>Teams</p> <p>ICE relies on teams of volunteers to generate its work products. Click here to see when these teams meet, their meeting documents, and even to contact team leads.</p>
<p>Questions?</p> <p>ICE relies on teams of volunteers to generate its work products. Click here to see when these teams meet, their meeting documents, and even to contact team leads.</p>	<p>Register and Update</p> <p>Click here to register for ICE updates and teams in one easy step. You can also update your own contact information.</p>

What's New?

- [2006 ICE Conference Audio Available](#)
- [Special Edition CAPG Bulletin](#)
- [ICE 2007 Annual Conference - Save the Dates \(December 3 & 4, 2007\)](#)
- [Medicare Expedited Appeals Training](#)

Messages

- [Lumetra Free Web Series - Improving Medication Safety, Part II - 11/13/07](#)
- [ICE - Tomorrow is the Last Day For Early Registration / Hotel Room Block Update](#)

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Select a document section to view categories within the section.


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Teams Not Currently Active

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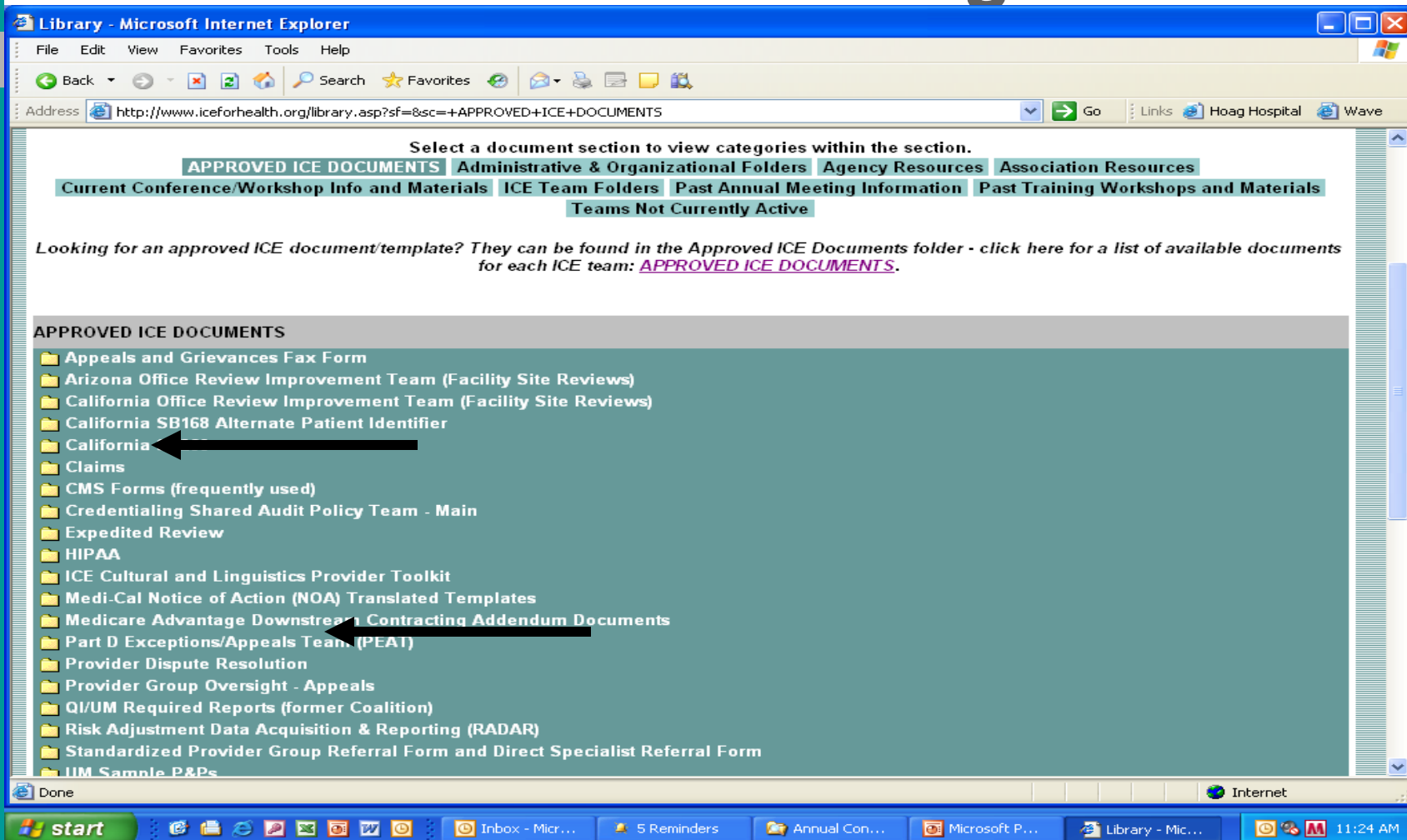
Many Library documents are in Adobe Acrobat format. If you do not have Acrobat you may download it [here](#).



To download a document, right-click the document title and select "Save Target As..." (or the equivalent). You may left-click a document to open it in your browser. Note: Opening a Microsoft Office document in your browser may trigger a known issue that causes a password prompt to appear for non-password protected documents. Information from Microsoft about how to resolve this issue on your computer is available [here](#), [here](#), and [here](#).

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Approved Documents Page



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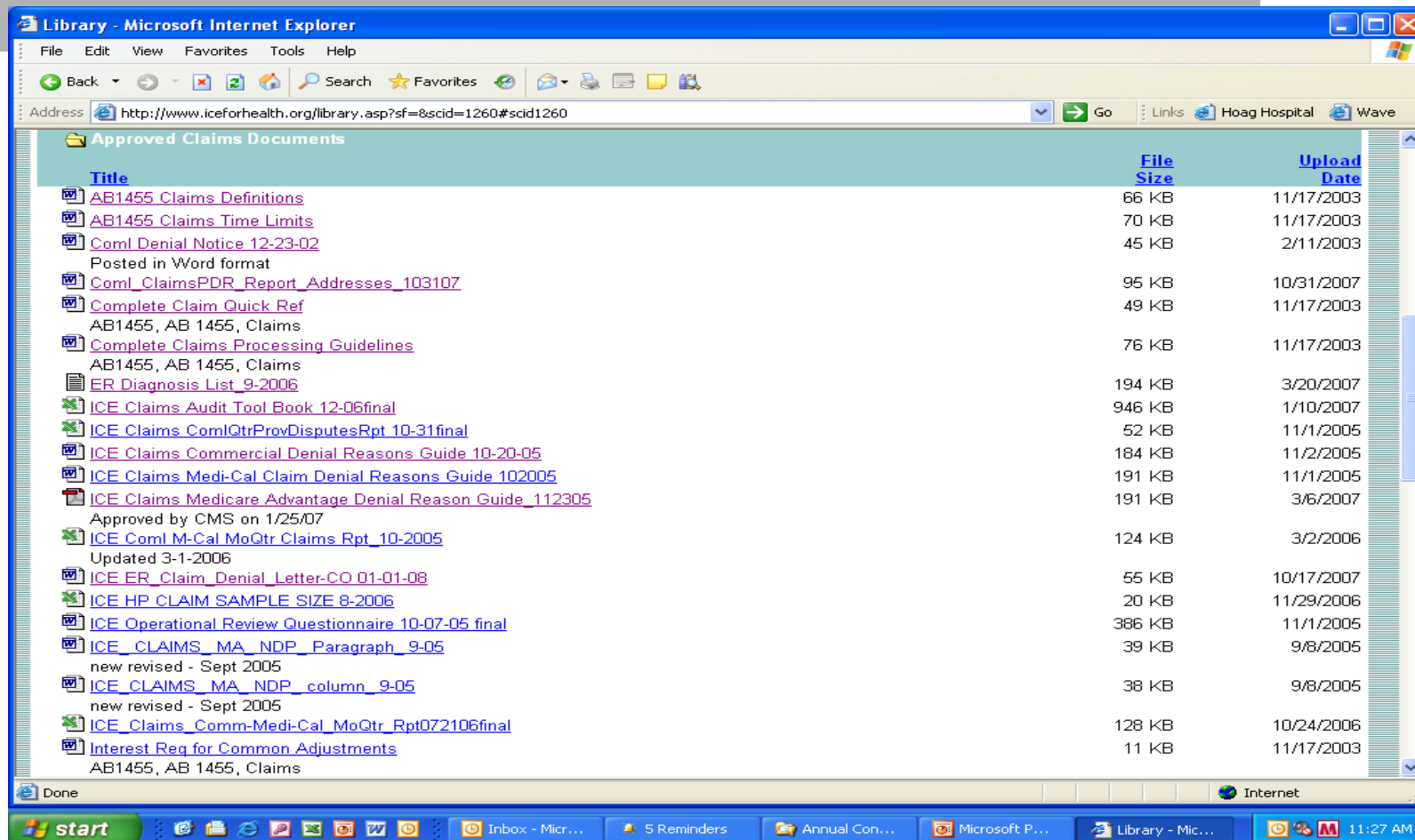
APPROVED ICE DOCUMENTS

- Appeals and Grievances Fax Form
- Arizona Office Review Improvement Team (Facility Site Reviews)
- California Office Review Improvement Team (Facility Site Reviews)
- California SB168 Alternate Patient Identifier
- California
- Claims
- CMS Forms (frequently used)
- Credentialing Shared Audit Policy Team - Main
- Expedited Review
- HIPAA
- ICE Cultural and Linguistics Provider Toolkit
- Medi-Cal Notice of Action (NOA) Translated Templates
- Medicare Advantage Downstream Contracting Addendum Documents
- Part D Exceptions/Appeals Team (PEAT)
- Provider Dispute Resolution
- Provider Group Oversight - Appeals
- QI/UM Required Reports (former Coalition)
- Risk Adjustment Data Acquisition & Reporting (RADAR)
- Standardized Provider Group Referral Form and Direct Specialist Referral Form
- UM Sample P&Ps

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Approved Documents Claims Page

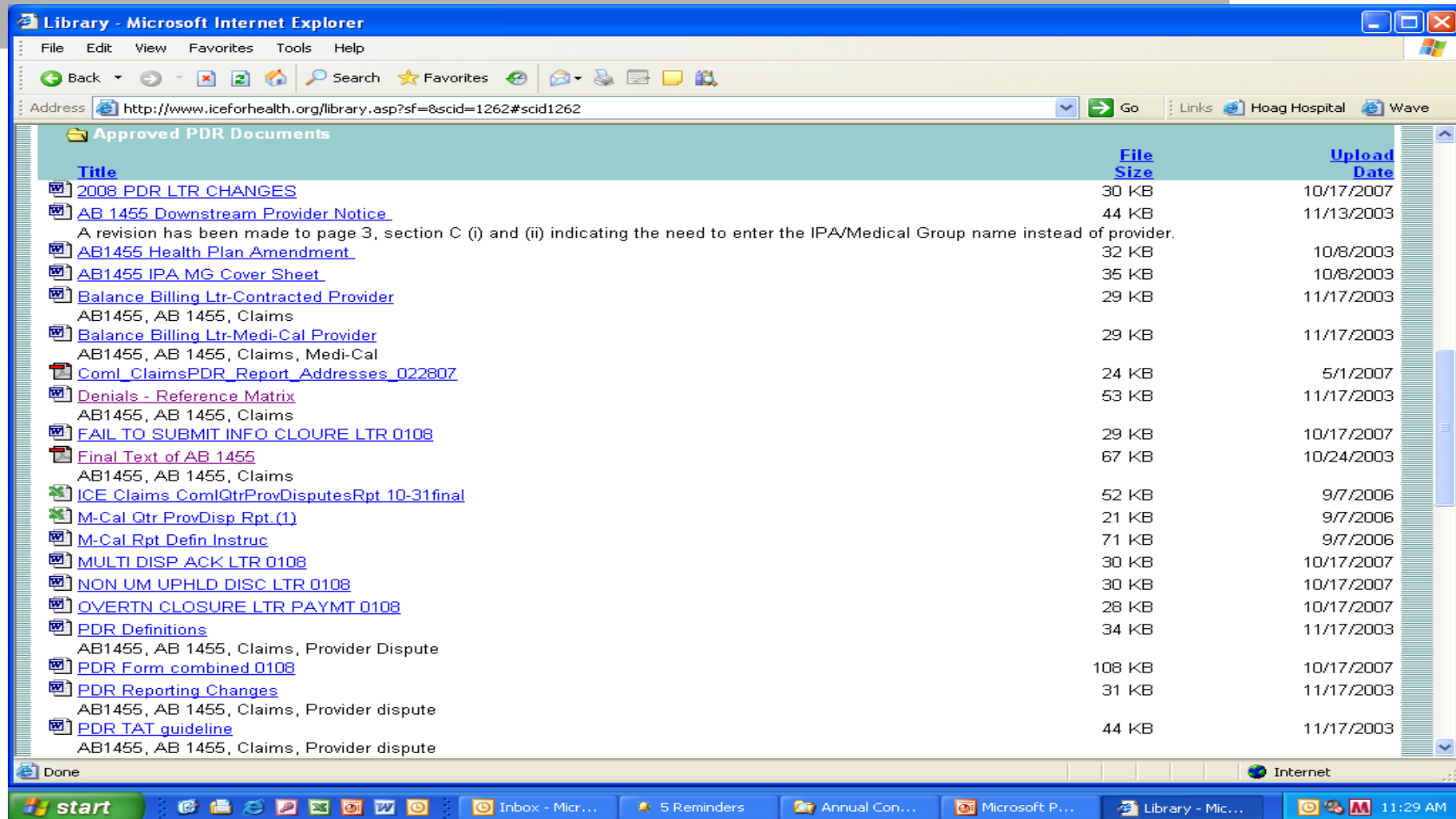


The screenshot shows a Microsoft Internet Explorer browser window titled "Library - Microsoft Internet Explorer". The address bar displays the URL: <http://www.iceforhealth.org/library.asp?sf=8scid=1260#scid1260>. The page content is titled "Approved Claims Documents" and displays a table of documents with columns for Title, File Size, and Upload Date.

Title	File Size	Upload Date
AB1455 Claims Definitions	66 KB	11/17/2003
AB1455 Claims Time Limits	70 KB	11/17/2003
Coml Denial Notice 12-23-02	45 KB	2/11/2003
Posted in Word format		
Coml_ClaimsPDR_Report_Addresses_103107	95 KB	10/31/2007
Complete Claim Quick Ref	49 KB	11/17/2003
AB1455, AB 1455, Claims		
Complete Claims Processing Guidelines	76 KB	11/17/2003
AB1455, AB 1455, Claims		
ER Diagnosis List_9-2006	194 KB	3/20/2007
ICE Claims Audit Tool Book 12-06final	946 KB	1/10/2007
ICE Claims ComlQtrProvDisputesRpt 10-31final	52 KB	11/1/2005
ICE Claims Commercial Denial Reasons Guide 10-20-05	184 KB	11/2/2005
ICE Claims Medi-Cal Claim Denial Reasons Guide 102005	191 KB	11/1/2005
ICE Claims Medicare Advantage Denial Reason Guide_112305	191 KB	3/6/2007
Approved by CMS on 1/25/07		
ICE Coml M-Cal MoQtr Claims Rpt 10-2005	124 KB	3/2/2006
Updated 3-1-2006		
ICE ER Claim Denial Letter-CO 01-01-08	55 KB	10/17/2007
ICE HP CLAIM SAMPLE SIZE 8-2006	20 KB	11/29/2006
ICE Operational Review Questionnaire 10-07-05 final	386 KB	11/1/2005
ICE CLAIMS_MA_NDP_Paragraph_9-05	39 KB	9/8/2005
new revised - Sept 2005		
ICE CLAIMS_MA_NDP_column_9-05	38 KB	9/8/2005
new revised - Sept 2005		
ICE_Claims_Comm-Medi-Cal_MoQtr_Rpt072106final	128 KB	10/24/2006
Interest Req for Common Adjustments	11 KB	11/17/2003
AB1455, AB 1455, Claims		

The browser's taskbar at the bottom shows the Start button, several application icons, and the system tray with the time 11:27 AM.

Approved Documents Provider Dispute Resolution Page



Library - Microsoft Internet Explorer

Address: <http://www.iceforhealth.org/library.asp?sf=8&scid=1262#scid1262>

Approved PDR Documents

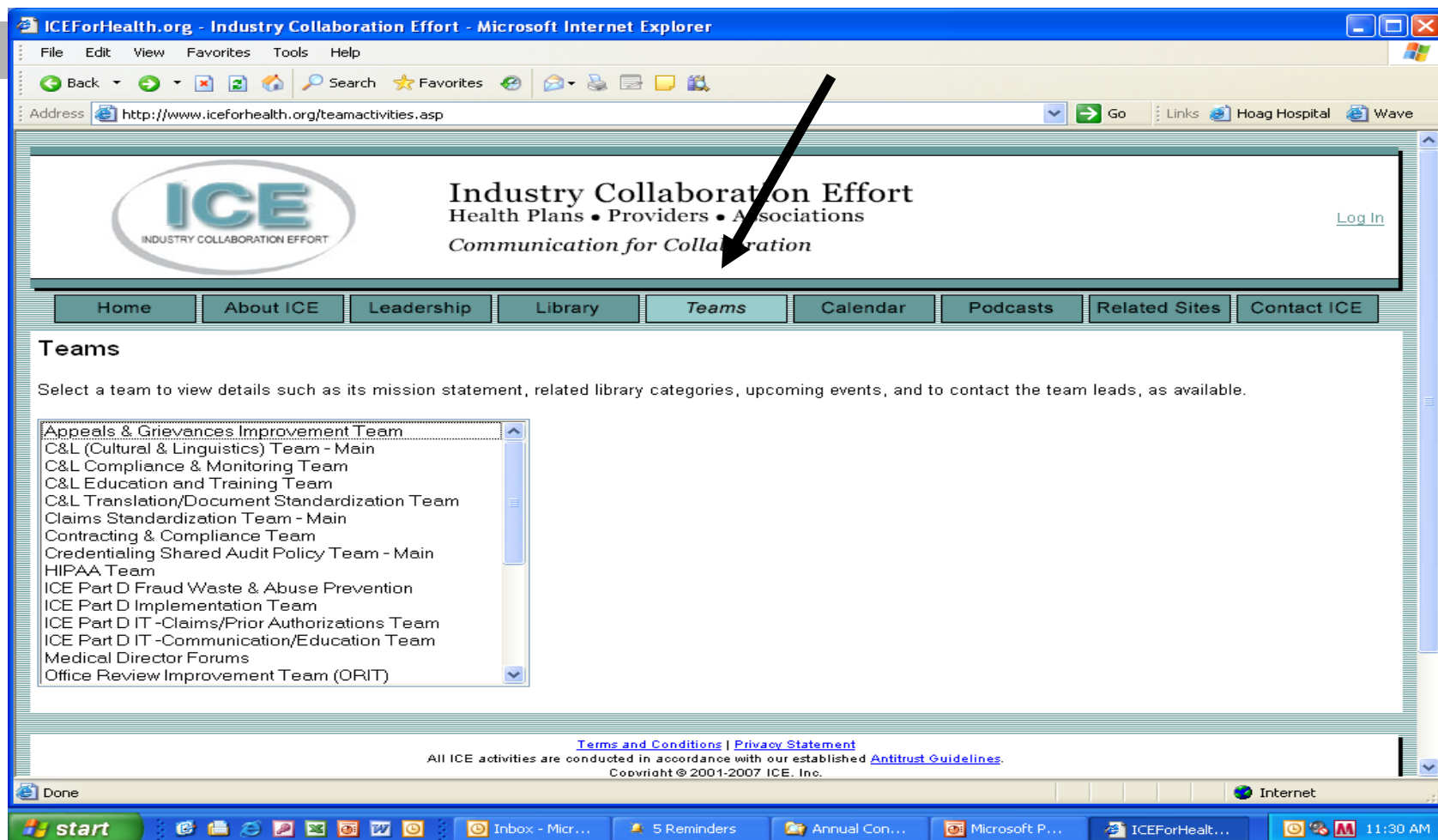
Title	File Size	Upload Date
2008_PDR_LTR_CHANGES	30 KB	10/17/2007
AB 1455 Downstream Provider Notice	44 KB	11/13/2003
A revision has been made to page 3, section C (i) and (ii) indicating the need to enter the IPA/Medical Group name instead of provider.		
AB1455 Health Plan Amendment	32 KB	10/8/2003
AB1455 IPA MG Cover Sheet	35 KB	10/8/2003
Balance Billing Ltr-Contracted Provider	29 KB	11/17/2003
AB1455, AB 1455, Claims		
Balance Billing Ltr-Medi-Cal Provider	29 KB	11/17/2003
AB1455, AB 1455, Claims, Medi-Cal		
Coml_ClaimsPDR_Report_Addresses_022807	24 KB	5/1/2007
Denials - Reference Matrix	53 KB	11/17/2003
AB1455, AB 1455, Claims		
FAIL TO SUBMIT INFO CLOURE LTR 0108	29 KB	10/17/2007
Final Text of AB 1455	67 KB	10/24/2003
AB1455, AB 1455, Claims		
ICE Claims ComlQtrProvDisputesRpt 10-31final	52 KB	9/7/2006
M-Cal Qtr ProvDisp Rpt (1)	21 KB	9/7/2006
M-Cal Rpt Defn Instruc	71 KB	9/7/2006
MULTI DISP ACK LTR 0108	30 KB	10/17/2007
NON UM UPHLD DISC LTR 0108	30 KB	10/17/2007
OVERTN CLOSURE LTR PAYMT 0108	28 KB	10/17/2007
PDR Definitions	34 KB	11/17/2003
AB1455, AB 1455, Claims, Provider Dispute		
PDR Form combined 0108	108 KB	10/17/2007
PDR Reporting Changes	31 KB	11/17/2003
AB1455, AB 1455, Claims, Provider dispute		
PDR TAT guideline	44 KB	11/17/2003
AB1455, AB 1455, Claims, Provider dispute		

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Teams Page




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Teams

Select a team to view details such as its mission statement, related library categories, upcoming events, and to contact the team leads, as available.

- Appeals & Grievances Improvement Team
- C&L (Cultural & Linguistics) Team - Main
- C&L Compliance & Monitoring Team
- C&L Education and Training Team
- C&L Translation/Document Standardization Team
- Claims Standardization Team - Main
- Contracting & Compliance Team
- Credentialing Shared Audit Policy Team - Main
- HIPAA Team
- ICE Part D Fraud Waste & Abuse Prevention
- ICE Part D Implementation Team
- ICE Part D IT -Claims/Prior Authorizations Team
- ICE Part D IT -Communication/Education Team
- Medical Director Forums
- Office Review Improvement Team (ORIT)

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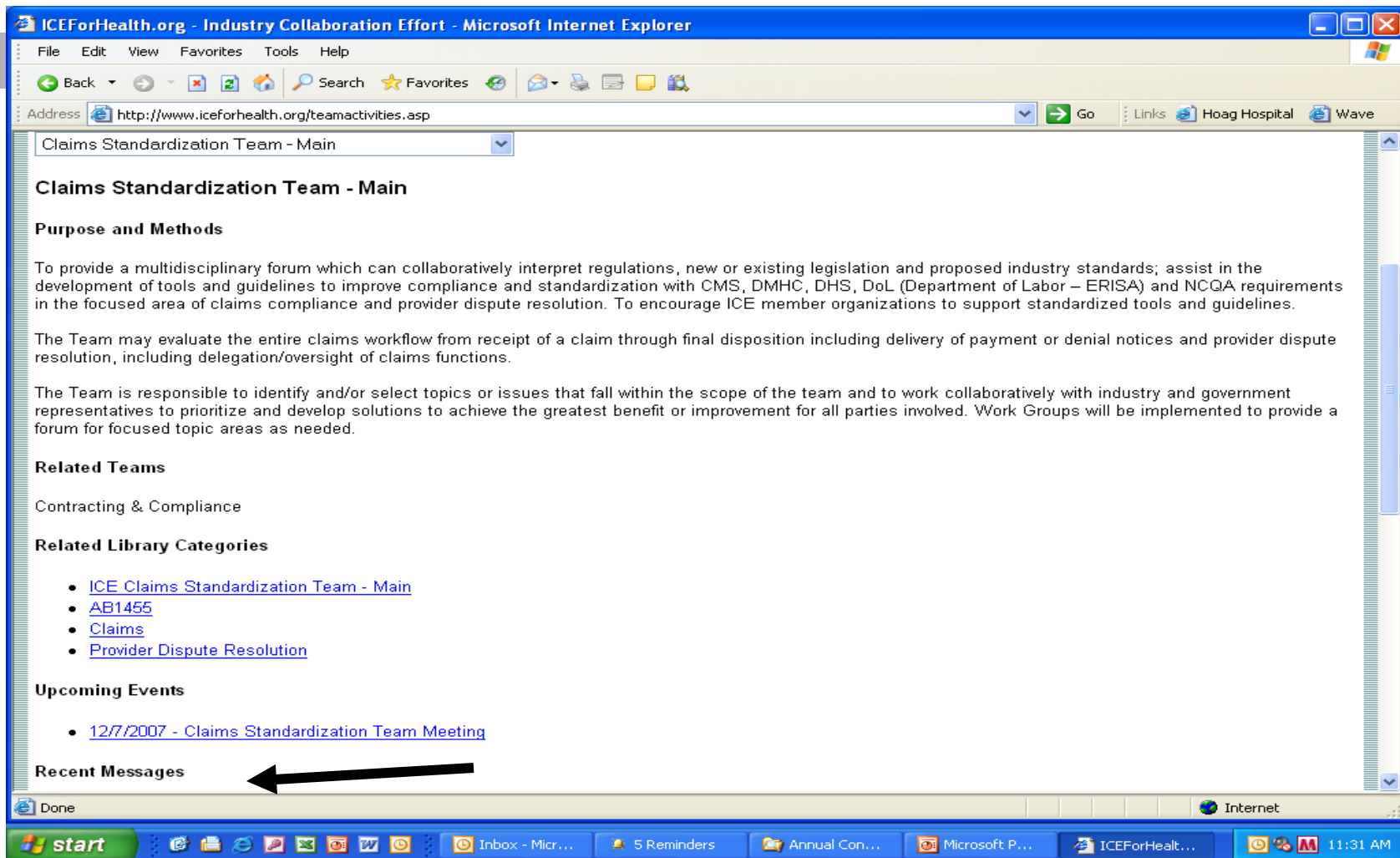
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Claims Standardization Team Page



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Claims Standardization Team - Main

Claims Standardization Team - Main

Purpose and Methods

To provide a multidisciplinary forum which can collaboratively interpret regulations, new or existing legislation and proposed industry standards; assist in the development of tools and guidelines to improve compliance and standardization with CMS, DMHC, DHS, DoL (Department of Labor – ERISA) and NCQA requirements in the focused area of claims compliance and provider dispute resolution. To encourage ICE member organizations to support standardized tools and guidelines.

The Team may evaluate the entire claims workflow from receipt of a claim through final disposition including delivery of payment or denial notices and provider dispute resolution, including delegation/oversight of claims functions.

The Team is responsible to identify and/or select topics or issues that fall within the scope of the team and to work collaboratively with industry and government representatives to prioritize and develop solutions to achieve the greatest benefit or improvement for all parties involved. Work Groups will be implemented to provide a forum for focused topic areas as needed.

Related Teams

Contracting & Compliance


Related Library Categories

- [ICE Claims Standardization Team - Main](#)
- [AB1455](#)
- [Claims](#)
- [Provider Dispute Resolution](#)

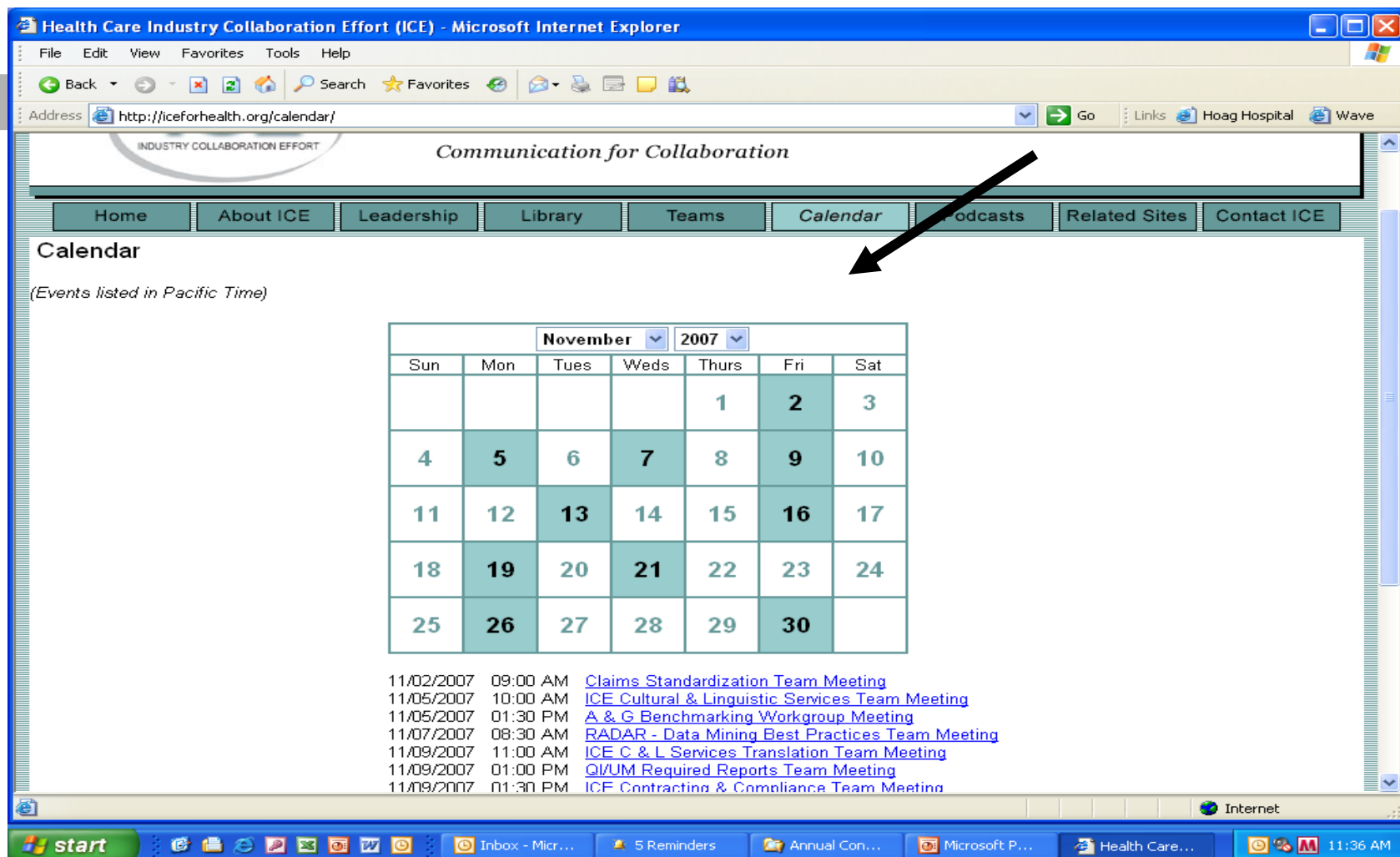
Upcoming Events

- [12/7/2007 - Claims Standardization Team Meeting](#)

Recent Messages



Calendar Page



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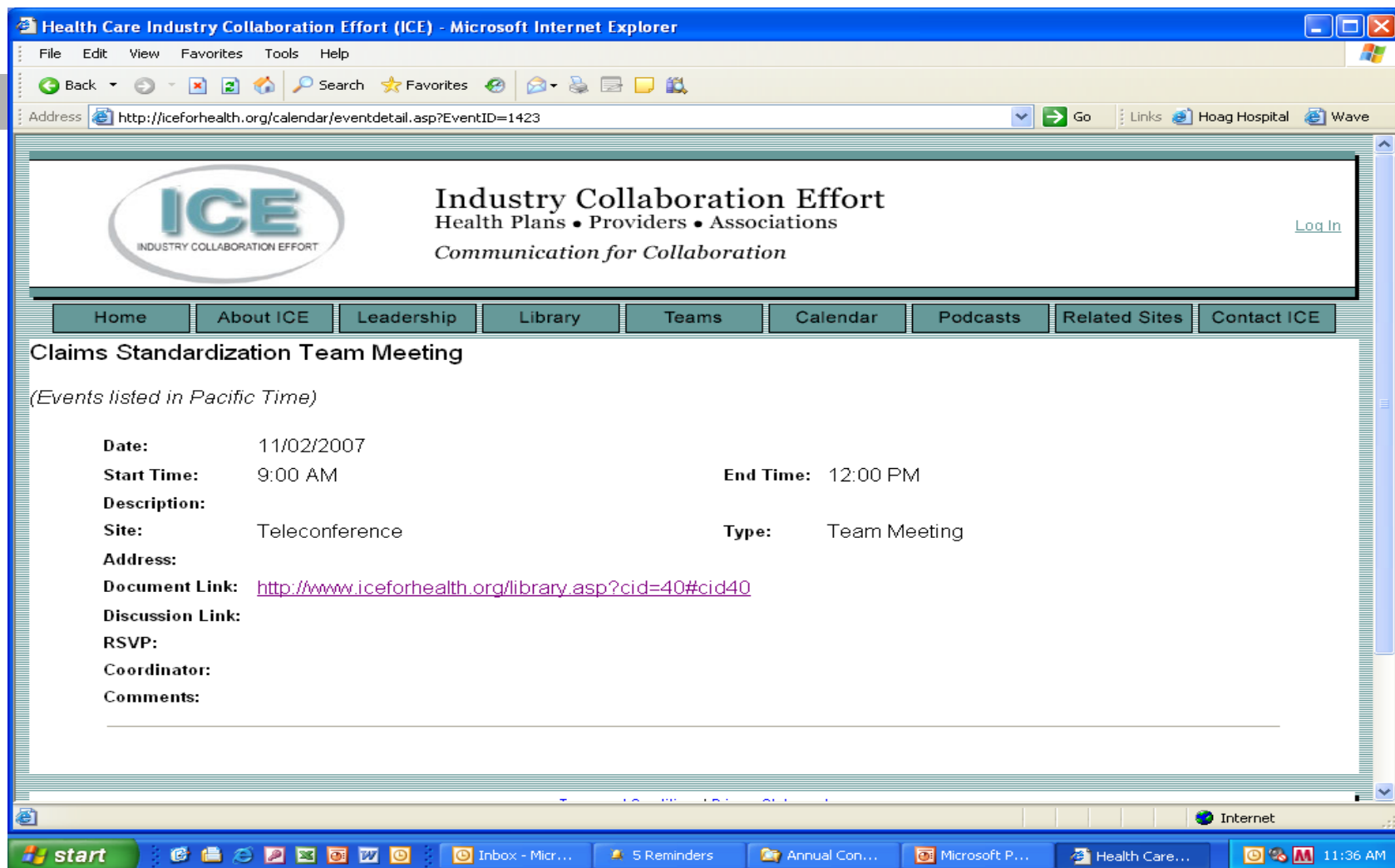
(Events listed in Pacific Time)

November 2007						
Sun	Mon	Tues	Weds	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- 11/02/2007 09:00 AM [Claims Standardization Team Meeting](#)
- 11/05/2007 10:00 AM [ICE Cultural & Linguistic Services Team Meeting](#)
- 11/05/2007 01:30 PM [A & G Benchmarking Workgroup Meeting](#)
- 11/07/2007 08:30 AM [RADAR - Data Mining Best Practices Team Meeting](#)
- 11/09/2007 11:00 AM [ICE C & L Services Translation Team Meeting](#)
- 11/09/2007 01:00 PM [QI/UM Required Reports Team Meeting](#)
- 11/09/2007 01:30 PM [ICF Contracting & Compliance Team Meeting](#)

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Specific Calendar Date




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Claims Standardization Team Meeting

(Events listed in Pacific Time)

Date:	11/02/2007	End Time:	12:00 PM
Start Time:	9:00 AM		
Description:		Type:	Team Meeting
Site:	Teleconference		
Address:			
Document Link:	http://www.iceforhealth.org/library.asp?cid=40#cid40		
Discussion Link:			
RSVP:			
Coordinator:			
Comments:	<hr/>		

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CLAIMS WORK GROUPS

- Auditing and Reporting
 - Audit Adjustment Tools
- PDR Letter Review
- Commercial ER Denial Letter

Auditing and Reporting Workgroup

- Audit Adjustment Tools

Adjustment Workflow Sheet

Adjustment Prep Audit Flowsheet.doc - Microsoft Word

File Edit View Insert Format Tools Table Window Help

Normal + 14 pt Times New Roman 14

100% Read

Task Pane

Type a question for help

Adjustment Workflow Sheet

Member Name: _____

Original Date of Receipt: _____

Original Pay Date: _____

Type of Adjustment: _____
 (Examples: Provider request, Member Request, Internal Audit finding, etc.)

Adjustment Received Date: _____

Adjustment Requirement: _____
 (Example: Incorrect Co-pay, incorrect contract amount, retro fee schedule change, etc.)

Reprocess Date: _____

New Pay Date: _____

Interest/Penalty Required: YES _____ NO _____

Attachments include any correspondence, copy of original claim and original EOP supporting documentation and final EOP.

Page 1 Sec 1 1/1 At 1" Ln 1 Col 1 REC TRK EXT OVR

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Health Plan Requirements for Adjustment Review

Health Plan Claim Adjustment Requirments.doc - Microsoft Word

File Edit View Insert Format Tools Table Window Help

Type a question for help

Normal + Arial, Arial 14

Health Plan Requirements for Adjustments

Commercial Adjustment Claims for Contracted and Non-Contracted Providers

The following elements should be included in the report:

1. → Member name
2. → Member number
3. → Provider name
4. → Provider Status (Contracted or Non-contracted)
5. → Claim number — original and adjusted claim
6. → Date of service
7. → Date claim received
8. → Check date or date denial letter was sent
9. → Acknowledgement Entry Date
10. → Denial reason (if applicable)
11. → Place of service

It is helpful if the Groups/IPA has the following documents available with each Adjusted claim selected for audit:

1. → Original claim showing original claim receive date (*scanned or imaged document is acceptable — original is defined by first claim submitted*)
2. → Original EOB or a replica of original data
3. → Discovery documentation showing receive date
4. → Documentation from the provider (*print screens if telephone inquiry*)
5. → Screen prints of internal customer service or claim notes if applicable
6. → Finalized EOB with interest payment if applicable
7. → Acknowledgment and finalization letters (For PDR's only)

"Health Plan Claim Adjustment Requirments.doc": 875 characters (an approximate value).

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PDR Letter Review Workgroup

Marty Astor
Director, Claims Department
Bristol Park Medical Group



Summary of Changes to PDR Letters & Forms

Optional Fields

- Health Plan ID and Patient Account Number can be added to the heading of the form letter.
- If you choose not to complete the optional fields you can delete them from your letter.

Billed Amount vs. Amount in Dispute

- The heading has been changed from:
“Amount in Dispute” to “Total Billed Amount.”

Date Received vs. PDR Date Received

- The heading has been changed from:
“Date Received” to “PDR Date Received.”

Letter Headings

All letters have the same headers with the following information:

- Member Name:
- Date of Service:
- Total Billed Amount:
- (Claim, Tracking, Document)#:
- PDR Date Received:
- Health Plan ID# (optional)
- Patient Account# (optional)

Letter Name Changes

- All letters have been renamed and T #'s removed. ICE approved date of letter changes and revision date is listed on each letter.

Updates to Forms

- In the Instructions at the top of the PDR Request form a definition for “Like Disputes” was added.
 - Multiple “LIKE” claims are for the same provider and dispute but different members and dates of service.
- At the top of the attached page to list multiple Like Disputes a definition for “Like” claims was added.
 - For use with multiple “LIKE” claims (claims disputed for the same reason)

Added & Changed Fields to Forms

- A field for Provider ID & NPI was added to both forms.
- Patient Name fields were resized and the Expected Outcome Column was removed.

The Dispute Type options are updated on both forms to list the same options.

● **DISPUTE TYPE**

- Claim
- Seeking Resolution Of A Billing Determination
- Appeal of Medical Necessity / Utilization Management Decision
- Contract Dispute
- Disputing Request For Reimbursement Of Overpayment
- Other

On Section F2 of the Tracking Form a check box for “Other” was added.

http://www.iceforhealth.org/library/documents/PDR_Form_combined_0108.doc - Microsoft Internet Explorer

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Final Showing Markup

1 2 3 4 5 6 7

TRACKING NUMBER:	PROVIDER ID or NPI#:
a. PROVIDER NAME:	b. CONTRACTED PROVIDER: ___ YES ___ NO
c. DATE DISPUTE RECEIVED (Date Stamped):	d. DATE OF INITIAL PAYMENT OR ACTION:
e. WAS DISPUTE RECEIVED WITHIN TIMEFRAME? (c – d) ___ YES ___ NO (If NO, should be returned to provider without action)	
f.1. DISPUTE TYPE: <input type="checkbox"/> CLAIM <input type="checkbox"/> APPEAL OF MEDICAL NECESSITY/UM DECISION <input type="checkbox"/> BILLING DETERMINATION	
<input type="checkbox"/> OVERPAYMENT DISPUTE <input type="checkbox"/> CONTRACT DISPUTE <input type="checkbox"/> OTHER _____ (Please specify type of "other")	
f.2. PROVIDER TYPE: <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> OTHER	
g. DATE DISPUTE ACKNOWLEDGED:	h. TURNAROUND TIME (g – c):

TYPE OF LETTER SENT: (List the various ICE letters as applicable)

IF NO ADDITIONAL INFORMATION REQUESTED:

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Type of Action options in Box L & S have been updated to list the same options.

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Arial 10 B I U

Final Showing Markup

g. DATE DISPUTE ACKNOWLEDGED:		h. TURNAROUND TIME (g - c):	
TYPE OF LETTER SENT: (List the various ICE letters as applicable)			
IF NO ADDITIONAL INFORMATION REQUESTED:			
j. DATE OF ACTION:	k. ACTION TURNAROUND TIME (j - c):	l. TYPE OF ACTION <input type="checkbox"/> UPHELD <input type="checkbox"/> OVERTURNED <input type="checkbox"/> OTHER	
IF ADDITIONAL INFORMATION REQUESTED:			
m. DATE ADDITIONAL INFO REQUESTED:		n. TURNAROUND TIME (m - c):	
o. DATE ADDITIONAL INFO RECEIVED:		p. RECEIPT TURNAROUND TIME (o - m):	
q. DATE OF ACTION:	r. ACTION TURNAROUND TIME (q - o):	s. TYPE OF ACTION <input type="checkbox"/> UPHELD <input type="checkbox"/> OVERTURNED <input type="checkbox"/> OTHER	

Unknown Zone

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Questions regarding PDR Letter updates





Commercial ER Denial Letter Workgroup

Phyllis Kerk
Director, Provider Audit
PacifiCare, A United Healthcare Company

Commercial Emergency Room (ER) Denials

Historically:

- Member ER Denial Letters come from Claims Department
- Department of Managed Health Care (DMHC) reviews ER Denial Letters as part of Medical Survey and Claims Survey

Commercial ER Member Denial Letter

- The DMHC does not make a distinction between the requirements for a denial reason used in a UM pre-service denial letter and an ER claim denial letter
- An additional Claims Denial Letter Template was needed to meet DMHC requirements for ER medical necessity denials

NEW COMMERCIAL ER DENIAL LETTER

- The DMHC requires that ALL medical necessity denial letters include the criteria used to make the decision to deny and the member's specific medical information
- An ICE work group was formed to allow claims staff and clinical staff to collaborate in the development of a letter which would meet the DMHC's requirements

California Health & Safety Code Section 1317.01.1 (b) (1), 1317.01.1 (b) (2), 1317.01.1 (b) (3)

- Emergency Medical Condition: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected by the member, as a “Prudent Layperson”, to result in any of the following:
 - Placing the member’s health in serious jeopardy
 - Serious impairment to his or her bodily functions
 - A serious dysfunction of any bodily organ or part
 - Active labor, meaning labor at a time that either of the following would occur: there is inadequate time to effect a safe transfer to another hospital prior to delivery or transfer poses a threat to the health and safety of the member or unborn child.

California Health & Safety Code Section 1367.01 (H) (4)

1367.01 (h) In determining whether to approve, modify, or deny requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees, based in whole or in part on medical necessity, a health care service plan subject to this section shall meet the following requirements:

(4) Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees shall specify the specific health care service approved. Responses regarding decisions to deny, delay, or modify health care services requested by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees shall be communicated to the enrollee in writing, and to providers initially by telephone or facsimile, except with regard to decisions rendered retrospectively, and then in writing, and shall include a clear and concise explanation of the reasons for the plan's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. Any written communication to a physician or other health care provider of a denial, delay, or modification of a request shall include the name and telephone number of the health care professional responsible for the denial, delay, or modification.....

New/Revised Paragraphs in the ER Denial Letter

Dear {member name}:

- 1) We have received your claim regarding the above referenced provider. The Plan/provider group evaluates the facts and circumstances involved in the emergency services rendered to determine whether the patient reasonably believed that their medical condition was an emergency medical condition. The reported facts include:
- 2) {INSERT member specific medical information including presenting symptoms, duration of symptoms}

New/Revised Paragraphs in the ER Denial Letter (continued)

- 3) The clinical facts referenced above do not support a reasonable belief that an emergency existed, therefore the claim is denied.

- 4) An emergency medical condition is a condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in any of the following: (1) placing your health as the patient in serious jeopardy; (2) serious impairment to your bodily functions; or (3) serious dysfunction to any of your bodily organs or parts.

ER Medical Necessity Denial Letter Example 1

Dear Ms. Jones:

We have received your claim regarding the above referenced provider. The Plan/provider group evaluates the facts and circumstances involved in the emergency services rendered to determine whether the patient reasonably believed that their medical condition was an emergency medical condition. The reported facts include:

You presented to the Emergency Room after stepping on a nail. The ER notes did not indicate redness, swelling, or pain. The ER provided a tetanus vaccine which could have been provided by your primary care physician.

ER Medical Necessity Denial Letter Example 1 (continued)

The clinical facts referenced above do not support a reasonable belief that an emergency existed, therefore the claim is denied.

An emergency medical condition is a condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in any of the following: (1) placing your health as the patient in serious jeopardy; (2) serious impairment to your bodily functions; or (3) serious dysfunction to any of your bodily organs or parts.

You are responsible for payment of this denied charge.....

ER Medical Necessity Denial Letter Example 2

Dear Mr. Smith:

We have received your claim regarding the above referenced provider. The Plan/provider group evaluates the facts and circumstances involved in the emergency services rendered to determine whether the patient reasonably believed that their medical condition was an emergency medical condition. The reported facts include:

You presented to the Emergency Room with a one week history of leg pain. The ER records indicate there was no evidence of difficulty walking, and the pain was controlled with over the counter medication.

ER Medical Necessity Denial Letter Example 2 (continued)

The clinical facts referenced above do not support a reasonable belief that an emergency existed, therefore the claim is denied.

An emergency medical condition is a condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in any of the following: (1) placing your health as the patient in serious jeopardy; (2) serious impairment to your bodily functions; or (3) serious dysfunction to any of your bodily organs or parts.

You are responsible for payment of this denied charge.....

Auditing for Commercial ER Member Denials

In addition to already established denial letter guidelines, auditors will review the letters to:

- determine if the appropriate Commercial ER Denial template was utilized
- verify the Plan/Medical Group/IPA has clearly documented the reason for the ER denial, including utilization review criteria and the clinical reason for the decision. This information must come from UM/clinical staff based upon their review.
- verify the letter includes member health condition, including presenting symptoms

Sample Corrective Action Plan (CAP)

- Demonstrate in Commercial ER denial files the clear documentation of the reason for the denial in the written notification to the member, including specific utilization review criteria used in the determination.
- Denial language must include:
 - specific criteria used to make decision or criteria not met (i.e., not the name of the criteria),
 - specific member health condition
 - rationale to support decision

Questions regarding Commercial ER Denial Letter



Tentative Projects for the Claims Standardization Team - 2008

- Revision of the monthly timeliness form – Seniors
- Revision of the Claims Commercial Denial Reasons Guide
- Review and revise the Claims Audit Tool Book
- Auditing for Usual and Customary – Commercial
- Suggestions -- Please submit to the ICE Claims Team Leads.

Thank you!!!!

To access any of the documents referenced in this presentation, they can be located on the ICE web site by cutting and pasting the following link into your web browser:

<http://www.iceforhealth.org/library.asp?sf=&sc=+APPROVED+ICE+DOCUMENTS>