Troubleshooting Denied Claims

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Why was the claim denied?

Due to Contract Language

Patient's plan contractually excludes the denied service.

Encourage patient to contact Employee Benefits Manager.

Employee Benefits Manager may be able to override self-funded plan exclusions and/or lobby for coverage in the future.

Due to Lack of Medical Necessity

Patient's plan covers service but plan criteria has not been met.

Send copy of denied EOB "Requesting Second Review."

Attach additional information (narrative, drawing, photograph, chart notes) to explain what could not be seen (or was not obvious) on the initial claim.