



Activ News

May 15, 2023

Are you maximizing your claim reimbursements?

After reviewing about six months of Ambetter claims data, we noticed many claim denials could have been avoided or resolved quickly. Effective use of the ActivHealthCare and Ambetter Provider Portals and training tools within the office can significantly reduce the amount of lost revenue.

The list below is not all inclusive, but it provides some opportunities for improvement in billing and coverage verification. This list represents approximately \$1,000,000 in lost revenue for Providers

Number of claims denied	Reason for denial	How to reduce/prevent the denials.
1085	Ambetter Select network denial. Provider is non-par.	Verify what type of plan patient has prior to treatment. Verify network participation. Both can be done online.
160	Provider is not a member of ActivHealthCare	Credential all chiropractors who are working in the office. It does not cost to credential. In the case of Select plans, the patient should only see a Select Network Provider.
266	Patient ID number or Date of Birth is incorrect	The ID number is on the patient's insurance ID card. Use the full number. Be careful of typos. Verify the date of birth from a photo ID.
1600	Maximum benefit is exhausted	Determine when verifying benefits, the number of visits used is available on the Ambetter Provider Portal. Also, the patient should know if they see another PT or DC.
1400	Patient's coverage is terminated or non-payment of premium.	Verifying benefits on the Ambetter Provider Portal will show if the premium is paid or if coverage is terminated.
4000	Timely filing	This is usually due to improper claims submission the first time. Claims must be submitted promptly as instructed by ActivHealthCare. Instructions on How to File Claims are available on our website.

4880	Improper modifier	This has been covered in newsletters in the past. All Physical Medicine CPT codes require the GP modifier. If you receive a denial for this reason you need to submit a Corrected Claim. See How to File Claims instructions.
------	-------------------	---

Below are four steps your office should implement to make sure anyone involved in billing or coverage verification can help your office maximize profits:

1. Complete the ActivHealthCare Provider Staff Training. This short presentation provides a fundamental understanding of the network. The link to it is <https://www.activhealthcare.com/network-resources/training>
2. Make sure the How to File Claims instructions are carefully followed. If you do not use Office Ally, you must submit paper claims to ActivHealthCare. Become familiar with instructions for Virtual Access and Corrected Claims. They are at the link above.
3. Everyone should read the newsletters.
4. When an office changes personnel or hires a new billing service, make sure the new people are trained and please notify ActivHealthCare so we can update our contact list.

If you have questions or are not getting paid for claims, please contact our office. The best way is through our website at <https://www.activhealthcare.com/contact-us> but you are welcome to call us. We would prefer to help you before the claims are too old to be resolved.

[Website](#)

[About Us](#)

[Provider Portal](#)

[Credentialing](#)

[News](#)

[Contact Us](#)



ActivHealthCare

1926 Northlake Parkway, Suite 100
Tucker, GA 30084

Phone 770.455.0040
Fax 770.455.6188