Why is this Claim Being Rejected?

07/24/2024 11:07 pm EDT

Claim rejections from DrChrono's billing system, the clearinghouse, or the payer will be displayed in your Live Claims Feed (LCF) for review, correction, and resubmission.

Here's how to identify them:

1. Hover over **Billing** and select Live Claims Feed.

Billing
BILLING
Billing Summary
Live Claims Feed
Patient Payments
Day Sheet
Transactions
Remittance Reports
Unmatched ERAs
Insurance Credit Card Payments
Accounts Receivable
Patient Statements
Product/Procedure
Patient Balance Ledger
Fee Schedule
Underpaid Items
Adjustment Master
Sales Tax
Billing Log

2. You will first want to update the date range to ensure you are capturing all claims. The system will default to the past month, but it can be updated by clicking on the date boxes.

06/3	0/202	20] –	- 07/31/2020							
0	Jun		• 2	2020	*	0					
Su	Мо	Tu	We	Th	Fr	Sa					
	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	D				
28	29	30					2				
Тос	day				Do	one					

3. Next, click on the blue **Calculate Counts** in the middle of the screen. This will have the system count the number of claims you have in each status, making it easier to identify those that need attention.



4. Click on **Claim St** (*Dropdown*), you will need to uncheck **All Statuses** and choose any (or all) of the 3 denial/rejected statues: Rejected, ERA Denied, or Missing Information. Click on **Update Filter**.

elect All Offices Select None	1	۹ nursing I	home All -	B Ass	isted Livi	ng <mark>All</mark>	• 0	C new o	ffice /	JI 👻	D Inpatie	ent Hos	oital All	•	patien	nt sta	tement r	emit a	ddress	All 👻	
rimary Office All 👻 Primary C	ffice	All 👻	Telehealth Al	•																	
Claim St 🛛 🛈 🕕 🔍 All 🗸	В	illing St: A	dl 🕶 🛛 Appt F	Profiles:	All 🗸	Calcu	late Co	unts	ð Wha	at's this	? TFL W	/arning									
0 All Statuses	ne		Payer ID		drc claim	#	06/30	/2020		07/31	/2020	Clinical	Note			~					
ERA Received																				1 Instate	1710
0 In Process at Clearinghouse																_	Check A		lear	Update	Filter
0 In Process at Payer 0 Payer Acknowledged	to I	File 🔻	Custom E	xport	Displa	y -	+ Sch	edule	¢ li	iternal	•										PAGE
Coordination of Benefits			Supervising				Ins 1 Paid	Ins 2 Paid	Pt Paid	ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	Ins 2	Ins 2 Status	First EDI	Last EDI	Service Notes	Billin
0 Other	ice	Drouidor	Provider	Billed	Allowed																

5. The system will display the claims that match your status and date range parameters.

6. Click on the blue **Date of service** to go into the billing details screen.

Info	Claim ID	Patient	Date of Service	Office	Billed	Allowed	Adjmt		Ins 2 Paid		ins Bal	Pt Bal	Claim Bal	Exp Reimbr	ins 1	Ins 1 Status			Last EDI	Service Notes	Billing Notes
				Totals:	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00	\$0.00							
	22580077		9/28/2015 02:30PM	Seattle	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00	\$0.00	Washington L&I	Rejected iHCFA		Sep 29, 2015	Feb 29, 2016		
				Totals:	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00	\$0.00							

7. In the Billing Detail screen, click on the link that reads **Rejected/Missing Information/ERA Denied**.

Code/Check Date	Mods/Posted Date	Service Date 📀	Date 🥹 Qty/Min		Dx Pointers Price		Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type		
				Totals:		\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	A Rejected iHCFA		
C		From date To date	1.00	1234	60.00	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00	0.00	\$60.00	\$0.00	Rejected	=	+
C		From date To date	1.00	1234	40.00 /	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00	0.00	\$40.00	\$0.00	Rejected		+
+ Add Line Item	X Delete Selecte	1							Resubmi	t Claim				✓ Verify	& Sav	ve

This will display a pop-up window that will provide details of the rejection reason. Once the rejection reason is known, you will be able to make the appropriate corrections and resubmit the claim, if needed.

To resubmit the claim, just check the box **Resubmit claim** and then click on **Verify and Save**.



✓ Verify & Save

The best practice is to review for denials each day. A claim that is sitting in one of these statuses is not being processed by a payer, which means that your reimbursement will be delayed.

We want to make sure you are promptly paid for the great services you provide to patients!