Tips for Avoiding Claim Rejections

We want to help you get paid as fast as possible, so we've developed a few claim tips you can use to help avoid rejections. The tips outlined here represent the most common reasons we're seeing for claim rejections right now. Use this information to adjust your claims to help them get to the payors faster.

1- Follow All Special Enrollment Steps

Some payors require practices to complete special enrollment forms before we can submit claims or receive electronic remittance advice (ERA) on your behalf. You can take steps to make sure this enrollment goes as quickly as possible.

IMPORTANT: You'll need to complete a separate enrollment form for claims and ERAs.

- **For claims**: Visit this page to download the special enrollment forms. If you submit claims to any of these payors, download the form(s) for the payor(s) you work with and follow the instructions in each form.

- **For ERAs**: Visit this page to download the special enrollment forms. If you receive ERAs from any of these payors, download the form(s) for the payor(s) you work with and follow the instructions in each form.

2- Verify the ZIP Code on All Addresses on the Claim

Claim processors do validation against the USPS, so you need to make sure all addresses are correct and complete. Before you submit claims, check that the ZIP codes match the city and state for all addresses on the claim. This includes the billing provider, rendering provider, patient, and subscriber.

If your practice management software allows you to enter the ZIP + 4 format, make sure you're including the ZIP + 4 information for the billing and rendering providers to comply with payor requirements.

If you receive an error stating that the treating address requires the ZIP + 4 and your practice management software doesn't allow you to enter that information, please email support@edsedi.com so we can update the information for you.

3- Exclude Procedures with a Zero Balance

You may see a claim error indicating that a procedure code cannot be blank or zero. You can fix this by not including procedures with a zero fee on the claim. To fix this, delete the claim and recreate it without including the zero-balance procedure. Then resubmit the claim.

4- Ensure Patient Subscriber ID and Group Number are Accurate

Claims will be rejected if the subscriber ID is the same as the group policy number. This often happens when the same number is entered in both fields in your practice management software.

Verify each patient's insurance information at each visit and make sure the correct numbers are entered in their patient file.

5- Include Line-Level Adjustments and Total Amount Billed on Secondary Claims

We have seen some claim rejections for incomplete information on secondary claims. When you submit secondary claims, include the line-level adjustments and total amount billed from the primary claim.

Additional Resources

- Check our status page often for the most recent updates and information.

- You may experience a short-term delay in cash flow during this time. Visit our financial services page for information about the financing options and links to apply.