

The following are a list of tips, which will expedite payment of claims.

1. Submit claims electronically through Office Ally

Office Ally is a full service clearinghouse offering a web-based service to providers for FREE. They are in their 9th year of business and have over 232,000 providers who use their services. If you can print a claim you can use the Office Ally services. Basically you send the claims to a file instead of the printer. Then you log into the Office Ally website, four mouse clicks and the file is in their hands. You will receive a confirmation e-mail immediately, and then approximately one hour later Office Ally will notify you that your file has completed processing. Office Ally pre-scrubs all fields on the claim. You are able to correct the claims online and send back to the insurance company. For more information, call **(866) 575-4120** or send an e-mail to info@officeally.com.

2. Pre-Register All Services

While some accounts and services do not require pre-authorization (e.g., psychiatry), pre-registration is recommended. Claims matching a pre-registration or authorization form are processed more quickly. To pre-register and/or pre-authorize services call CHIPA at 800-779-3825. Select Option 6 and then Option 2 for assistance.

3. Avoid the Top Five Claims Errors

The majority of claims denied for payment fall into one of the five following categories. These denials are easily prevented through a quick claim review prior to sending. Listed below are questions to ask when reviewing claims.

The CPT Code is Missing, or Invalid

- Is the CPT Code on the claim?
- Does the CPT Code match services registered or authorized?

The Diagnosis is Missing, or Invalid

- Is the Diagnosis Code on the claim?
- Is the Diagnosis Code found in the DSM-IV or ICD-9?
- Is the Diagnosis Code for a mental health or substance abuse disorder?

The TIN on Claim Does Not Match TIN on File With CHIPA

- Does CHIPA have your current TIN on file?
- Is the TIN typed correctly on your claim form?

Patient's Benefits Have Terminated

- Have you recently checked patient's eligibility?

There is No Current Authorization on File

- Is pre-authorization of services required?
- Do you have an authorization or registration letter in your file?
- Is the date of service within the effective and end date of the authorization?