# **Denial Defender**

Denial Defender is available in both Practice Management (<u>Charge Entry</u>) and EHR (<u>Procedure Coding</u>). Denial Defender scrubs claims against a robust database of standards and a claim  $\epsilon$  rules. Many payers follow Medicare's lead regarding claim edits, rejections, and denials; therefore, this level of claim scrubbing is helpful with most payers.

Denial Defender provides recommendations on the use of billing codes and modifiers, helping billing staff maximize reimbursements. Any desired changes must be entered manually.

Factors that may affect results include:

- Provider information
- Payer information CPT and ICD codes
- Patient DOB and gender

Note: Denial Defender is a premium service. Contact your sales representative to subscribe.

### To navigate to the Denial Defender feature

Page	Navigation Path					
Charge Entry	Navigate to the <u>Charge Entry</u> page.     Click the <b>Service Lines</b> tab.					
Procedure Coding	From the encounter, click P from the SOAP menu and click Procedure Coding.					

## From Charge Entry

Denial Defender is available to billing staff on the Charge Entry page from the Service Lines tab.

1. Complete the service line(s).

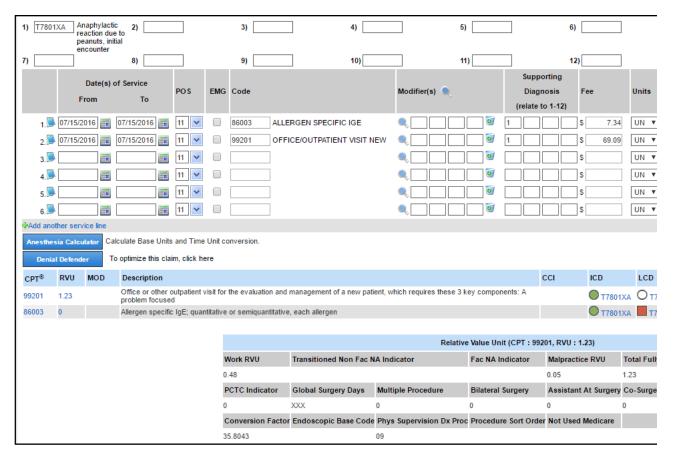
Note: You must have a procedure code, a diagnosis pointer, and a unit to perform Denial Defender.

2. Click Denial Defender.

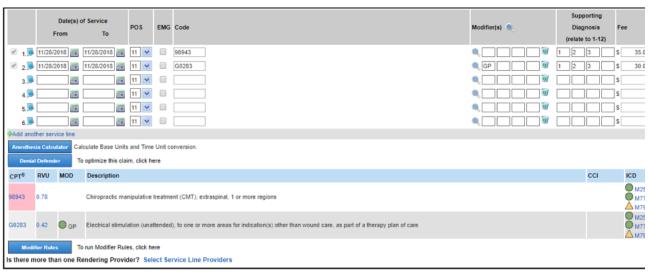


Denial Defender's claim optimization results display below.

3. For more information about the results, click or hover your cursor over the hyperlinks. Additional information displays either in a table below or in a tooltip that hovers below the hyperl



CPT codes highlighted in pink mean that the code is not covered by Medicare.

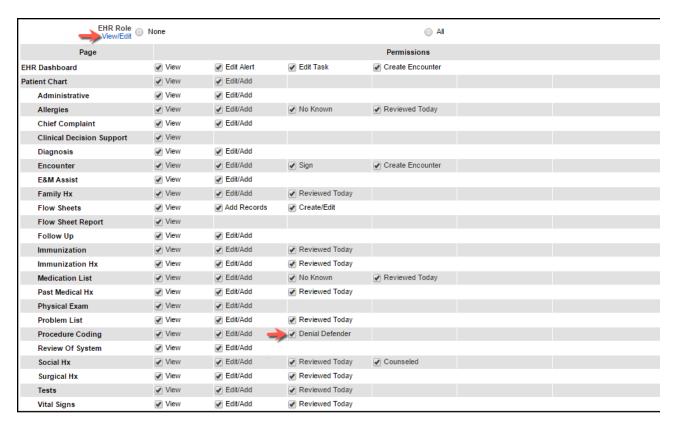


# **Procedure Coding**

## **EHR Role Permissions**

Prior to using Denial Defender, you must set up your Denial Defender user permission on the Administration: User Maintenance page. The Denial Defender button is not displayed for user permission selected.

- 1. Click Admin.
- 2. Under Practice and Users, click User Maintenance.
- Scroll down to EHR Role and click View/Edit to display all of the EHR permissions.
   Select the Denial Defender check box.



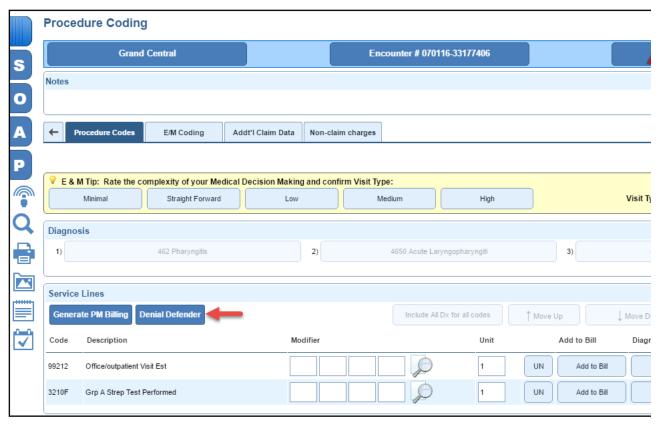
### **Perform Denial Defender**

Denial Defender is available to providers on the Procedure Coding page while they are documenting encounters and creating user hold claims.

- 1. Navigate to the Procedure Coding page.
- 2. Complete the service line.

Note: You must have a procedure code, a diagnosis pointer, and a unit to perform Denial Defender.

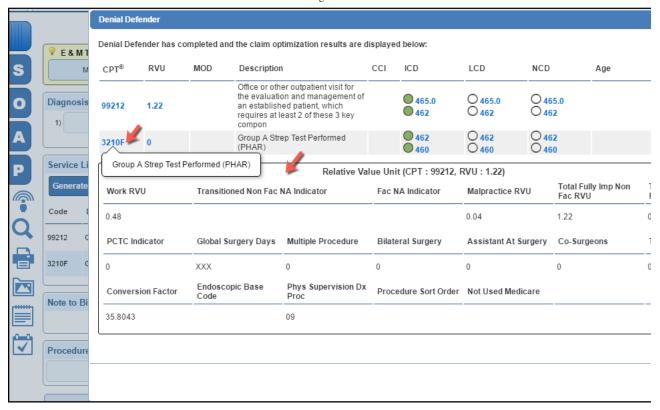
3. Click Denial Defender.



Denial Defender's claim optimization results display in a window.

4. For more information about the results, click or hover your cursor over the hyperlinks. Additional information displays either in a table below or in a tooltip that hovers below the hyperl Note for iPad users: You must click the hyperlinks.

### Knowledge Article



# **Claim Optimization Results**

- CPT: CPT code
- RVU: The RVU for each CPT code in order from highest to lowest.
  - Displays either facility or nonfacility values depending on the place of service.
  - Follow this order when billing the claim to maximize reimbursement.
- MOD: Any modifiers you have entered.
- Description: Procedure description
- CCI: Displays as blank or a list of codes on the claim that invoke CCI edits for this procedure.
- ICD: Diagnosis code(s)
- LCD: Any Local Coverage Determiniation matches from your Carrier or FI for this CPT/HCPCS-ICD-10 combination.
- NCD: Any National Coverage Determination policy matches for this CPT/HCPSC-ICD-10 combination.

  Age: Displays an indicator when a CPT/HCPCS or ICD-10 code has an age edit and the patient's age is either outside the covered period (red square too young or too old) or the age Gender: Displays an indicator when a CPT/HCPCS or ICD-10 has an gender edit and there is a gender conflict (red square) or the gender is unspecified (yellow triangle).
- ABN: Indicates whether an Advance Beneficiary Notice is required or advisable for this procedure/diagnosis combination.

	M Denial Defender has completed and the claim optimization results are displayed below:										
Diagnosis	CPT®	RVU	MOD	Description	CCI	ICD	LCD	NCD	Age		
1) 4)	28090	13.59		Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot		D803 ▲ S0000XA N412 N402	O D803 O S0000XA O N412 O N402	O D803 O S0000XA O N412 O N402			
Service Li	99215	4.07		Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key compon	20550 98929 98925 28090	D803 △ S0000XA ○ N412 ○ N402	O D803 O S0000XA O N412 O N402	O D803 O S0000XA O N412 O N402			
Generate Code [	98929	2.45		Osteopathic manipulative treatment (OMT); 9-10 body regions involved		D803 △ S0000XA ○ N412 ○ N402	O D803 O \$0000XA O N412 O N402	O D803 O S0000XA O N412 O N402			
99215 C	20550	1.67	33	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	28090	D803 △ S0000XA ○ N412 ○ N402	D803 L S0000XA L N412 L N402 L	O D803 O S0000XA O N412 O N402			
98929 C	98925	0.89		Osteopathic manipulative treatment (OMT); 1-2 body regions involved	98929	D803 ▲ S0000XA N412 N402	O D803 O S0000XA O N412 O N402	O D803 O S0000XA O N412 O N402			
011F C	4011F	0		Oral antiplatelet therapy		D803 △ S0000XA	O D803 O S0000XA	O D803 O S0000XA			