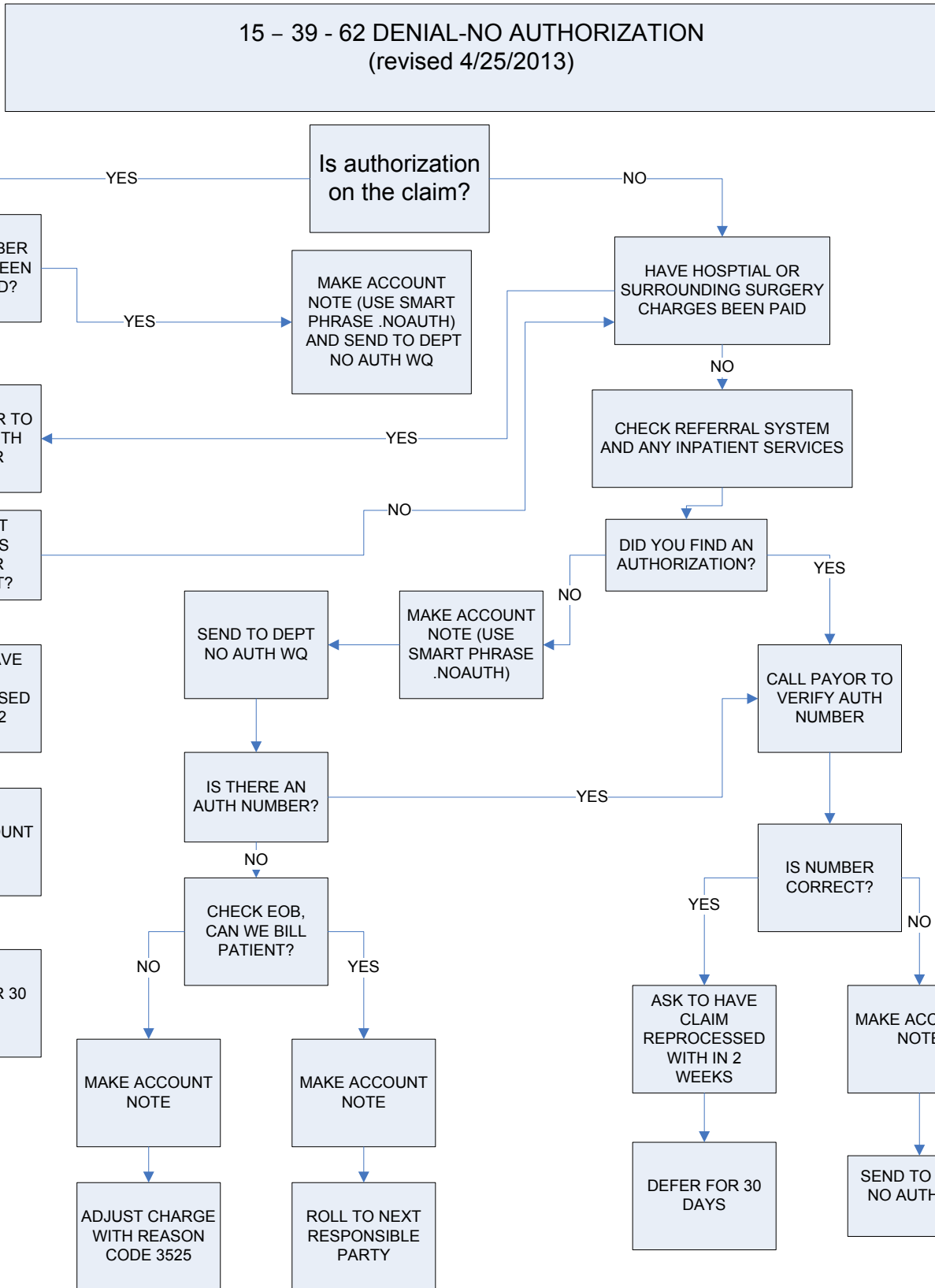


Denial Flow Chart for Physician/Professional Billing Offices

This flow chart outlines the steps for handling claims denied because of lack of pre-authorization.



****PLEASE USE SMART PHRASE: .NOAUTH

Transaction #*** denied as *** responsibility because insurance states that there is no valid referral/authorization on file for this service. No authorization # found in Epic, EARL, Document Imaging or any other available source. This carrier *** (does/does not) allow retro authorizations to be obtained. Per EOB, patient *** be billed. Referred to department to provide a valid authorization number for this service. If an authorization number was not obtained, did the patient sign a non-covered charges form? In order to ensure timely reprocessing of this claim, this will need to be returned to a UMG WQ no later than ***.