

BILL RESOLUTION REFERRAL SHEET

BILL ID: _____

BILL/COPY ATTACHED:

SENDER: _____

DATE: _____

 YES NO

LOCATION: _____

SYS MGR	<input type="checkbox"/> PROVIDER NOT ON FILE (023) <input type="checkbox"/> PROVIDER ADDRESS NOT ON FILE <input type="checkbox"/> PROVIDER TYPE CORRECTION/INPUT (016) <input type="checkbox"/> NAME/ADDRESS CORRECTION (020) <input type="checkbox"/> PROVIDER STATE/ZIP CORRECTION (206) <input type="checkbox"/> OTHER:	INITIALS: _____ DATE: _____ <input type="checkbox"/> FILE DATA UPDATED BILL CAN BE PROCESSED OTHER ACTIONS/COMMENTS: _____ _____ _____ _____
CE	<input type="checkbox"/> REVIEW SERVICES FOR RELATIONSHIP TO ACCEPTED CONDITION(S) <input type="checkbox"/> AUTHORIZATION FOR SURGERY <input type="checkbox"/> AUTHORIZATION FOR PHYSICAL THERAPY/CHIROPRACTOR <input type="checkbox"/> NON-PAYABLE ADJUDICATION STATUS <input type="checkbox"/> SERVICE DATE(S) MORE THAN 120 DAYS FROM DATE OF CLOSURE (012) <input type="checkbox"/> ICD-9 ACCEPTED CONDITION IN CMF MISSING OR INVALID (107) <input type="checkbox"/> PAYMENTS EXCEED \$1000 MAX FOR AUTOMATIC CLOSURE (109) <input type="checkbox"/> PROVIDER UNDER REVIEW (202) <input type="checkbox"/> BILL SUSPENSE FLAG (112) <input type="checkbox"/> OTHER	INITIALS: _____ DATE: _____ <input type="checkbox"/> DENY BILL/LINE <input type="checkbox"/> BILL/LINE PAYABLE <input type="checkbox"/> BILL/LINE REFERRED TO DMA/DMD OTHER ACTIONS/COMMENTS: _____ _____ _____ _____
DMD/DMA	<input type="checkbox"/> PROCEDURE REQUIRES MEDICAL REVIEW (306) <input type="checkbox"/> PROCEDURE/ACCEPTED CONDITION REQUIRES MEDICAL REVIEW (707) <input type="checkbox"/> IS SERVICE RELATED TO THE ACCEPTED CONDITION? <input type="checkbox"/> IS THIS SERVICE AN APPROPRIATE TREATMENT? <input type="checkbox"/> IS THE COST OF THIS SERVICE REIMBURSABLE? <input type="checkbox"/> OTHER	INITIALS: _____ DATE: _____ <input type="checkbox"/> SERVICE RELATED TO ACCEPTED CONDITION <input type="checkbox"/> SERVICES NOT RELATED TO ACCEPTED CONDITION <input type="checkbox"/> SERVICES ARE APPROPRIATE <input type="checkbox"/> SERVICE IS NOT APPROPRIATE <input type="checkbox"/> COST OF SERVICE REASONABLE <input type="checkbox"/> COST OF SERVICE EXCESSIVE OTHER ACTIONS/COMMENTS _____ _____ _____
OTHERS	<input type="checkbox"/>	INITIALS: _____ DATE: _____ ACTIONS TAKEN/COMMENTS: _____