5 tips to improve denials recovery

Providers must account for all denials with overturn potential, including complex clinical denials that need special expertise and low-value secondary commercial claims whose high volume impacts revenue. Third parties can provide additional resources or expertise to round out your appeal strategy.

Intelligent workflow-based platforms help prioritize and route denials, based on payer-specific business rules, to the proper resource for follow-up and resolution. The same number of staff members can manage a larger number of denials. Better efficiency helps providers convert more denials into recovered revenue.

Many providers struggle to overturn concurrent denials because they rely on overburdened attending physicians. Having physician advisors conduct peer-to-peer reviews improves the chances of successfully overturning them and clarifying documentation and coding to reflect payer guidelines.

Providers need to apply lessons learned from current denial appeals to future ones. Maintaining a database of successful arguments, payer-specific lessons and effective appeal strategies — and knowing when to apply them — can prevent you from starting over with each appeal.

A broad base of evidence-based clinical knowledge, regulatory and payer guideline knowledge, and clinical expertise can improve the medical arguments in your clinical appeals. This foundation can also elevate your utilization review process by using a qualified physician advisor to address medical necessity.

Optum Denial Recovery Service
Optum Denial Recovery Service combines leave-behind, configurable technology, clinical expertise and a platform of evidence-based medical research to help you develop a long-term denial strategy and recover more revenue for all kinds of denials.

inform@optum.com • 1-800-765-6705 • optum360.com