

5 Tips to Avoid Rejections for In-Office Care

1. The Basics

- Ensure the age of your patient matches the age-appropriate category of the fee code submitted to Teleplan.
- Check your patient demographic information - are the date of birth and PHN correct?
- Some fee codes, such as [14033](#), [14050-53](#), and [14043](#), require specific diagnostic code(s) to be used.
- Include start and stop times when required for all time-based fees
- Keep adequate corresponding chart notes.

2. Fee Note Criteria

- Take the time to review the fee note criteria and associated part of the General Preamble before billing.
- Often rejections will occur when one or more of the criteria outlined in the billing details or Preamble is not fulfilled.
- You can review the most common Preamble Excerpts in the [Simplified Fee Guide](#).

3. Complete Examinations

- A complete physical examination must be medically indicated. Medically indicated means that the patient's symptoms or underlying medical condition(s) warrant a complete physical examination as defined in the [0101-series fee details](#).
- MSP will not pay for a second complete physical unless a minimum of six months has elapsed since the previous billing for a complete physical exam.

4. Procedures

- When performing multiple procedures at the same sitting, the procedure/service with the largest fee may be claimed in full and the remaining procedures at 50% unless otherwise indicated in the [Payment Schedule](#).
- A subsequent visit fee will be paid in addition to the procedure if more than 30 days have elapsed between the initial visit or service and the diagnostic procedure

5. Newborn Care

- Newborns are billable under their mother's PHN with dependent "00" for the first 3 months including the month of birth. (e.g., For a baby born on Jan 15, coverage is for Jan, Feb & March, not to April 15.) After that, all baby care must be billed under their own PHN.
- All newborns have a complete physical examination at birth, so it would be appropriate to bill [12101](#) at 6, 12 and 18 months of age if you do a complete examination of all appropriate systems for that infant in addition to milestone monitoring. You must document everything, including the results of the physical exam.

Re-submitting claims for reassessment of payment

The most effective way to have the claim reassessed is to re-submit the claim with a note record that indicates that you are requesting a reassessment and a brief explanation.

Questions about interpreting your remittance statement or determining what led to a rejection? [Send Us a Billing Question](#) to access our physician billing experts.