

## E-Z REPORT REQUEST FORM INFORMATION

To assist you in determining what type of report you need, the following information is being provided:

Each of the reports can provide the requested information for the Division as a whole, or any Billing Area in the Division, any or all providers, any or all procedure codes, any or all payers, any or all diagnosis codes, or any combination of the above. Just select the boxes, on the report request form, for the information you wish to have included in the report.

Reimbursement Analysis – this report will give you an average reimbursement, or payment, made by the insurance for procedure codes billed to the insurance companies. The number of times a procedure was charged and payment was received, is automatically included in the final report provided to the requestor.

Top Denial Reasons - this report will provide a listing of the actual denial reasons for claims submitted to the insurance companies. You can also request a report of denial categories, such as, included in, registration, diagnosis code, etc., by selecting “ALL DENIALS”, and indicate in the free text field at the bottom of the form, that you would like the denials to be reported by category.

Denial Write-offs – this report will give a listing of the denial write-offs by Payment Code. A Payment Code is what a charge was written off to, such as no referral or authorization, included in, timely filing, etc.

Volumes – this report will show the number of times something was charged, written off or used.

Other – this should be used if the information being requested is not contained in any of the reports above. Consideration should be made to use the other report request form if it would be more applicable to your needs.