

Claim Status Inquiry

iTech has introduced a "[Seamless Claim Status Inquiry](#)" feature in its expEDlum Medical Billing (eMB) product to make seamless inquiries from the original claims submitted through eMB. It is seamless in the sense that the inquiries can be driven from the aging claims, originally sent from eMB on few button clicks, perform the inquiries and all the responses are received in real-time, reconciled with the original claims and results presented in readable fashion. Note that the inquiries can be performed one at a time or in "bulk" for a given set of claims for a given payer or for a given set of ageing claims across multiple payers. Clinics can take further appropriate action after reviewing the claim status responses. We currently use [Exchange EDI®](#) as our preferred clearinghouse for performing claim status inquiries. We use [Exchange EDI®](#) as our preferred clearinghouse for [Insurance Eligibility Verification](#) too.

For a biller to handle aged / denied claims, they must first know the current status of the claims. Making calls to the Payers regarding the claim payment can be time-consuming and costly for the clinics. So, eMB's Seamless claim Status Inquiry (CSI) makes the process easier & less expensive. Please note using this feature would incur transactional charges on inquiries performed.



	Claim ID	Batch ID	DOS
	0434004514	1626423870	2020-11-19
		0856841305	2020-11-12
		1638970526	2020-11-06
P	0893163868	1775108310	2020-11-11
P	1175137025	1696583219	2020-11-11



State	Description
Pending	
Created	
Bundled	
Sent	
Failed	
Error	
Status Unavailable	
101 - Unexpected data found	
102 - Error	
103 - Requested for additional information	
104 - Acknowledged, In Adjudication system	
105 - Pending - For Payer Review, In adjudication, On Hold	
106 - Adjudicated - Denied/Rejected/Not Found	
107 - Finalized/Adjudicated/Paid	

Some of the key aspects of CSI are -

- Can make claim status inquiries one at a time or in bulk. Both are performed in real time.
- Increase productivity and efficiency of billers with respect to ageing and denied claims.
- Have fewer manual and administrative tasks.
- Decrease duplicate claim submission.
- Increase on-time revenue flow.
- Have color-coded inquiry responses for a better understanding of the denials.