MedClaims International

Ensure that your claims get filed on time

Filing Limitations

Each payor has a timely filing limit to submit appeals or provide additional information. These limits are strictly adhered to by the health plans. Unfortunately, we are unable to appeal claims that have exceeded filing limits.

Appeal Acceptance

Additionally, payors limit the number of appeals that they will accept from a provider. Once appeal options are exhausted, the next option for the provider is arbitration.

Timely Filing

To prevent an inability to appeal your claims, please submit claims requiring appeal prior to the final appeal option available and within 30 days of the appeal timely filing limit.

Types of Denials Worked by MedClaims

- DRG Downgrades
- Level of Care Downgrades
- Medical Necessity Denials
- Timely Filing - must have proof of timely filing
- Pre-Existing
- Eligibility
- Billing Errors
- Coding Errors
- Behavioral Health
- Incarcerations
- Additional info. Needed
- Payment sent to Member
- Out of Network
- Motor Vehicle Accidents
- Lack of Pre-Certification
- Coordination of Benefits
- Worker's Compensation
- Infusion Therapy
- Benefits Exhausted/Terminated - with proof that the patient was eligible for benefits at the time of service

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