MC BILLING ACADEMY

Quick-Reference Cheat Sheet Pack

Medical Billing • Claims • Denials • Payments • Insurance • Revenue Cycle

Premium 2026 Edition

1. Claim Lifecycle

Registration → Eligibility → Authorization → Charge Capture → Coding → Claim Scrub → Submission → Acceptance → Adjudication → Payment/Adjustment → Denial Follow-Up → Patient Responsibility → Account Resolution

Claim Status Essentials

Term / Step	Meaning / Action
Rejected	Not accepted for adjudication because of a submission/data issue.
Denied	Adjudicated but not payable as billed.
Corrected Claim	Replacement claim used to correct previously reported information when permitted.
Clean Claim	Claim containing required information without known processing defects.

Insurance Essentials

Term / Step	Meaning / Action
Deductible	Amount the member may pay before specified plan benefits begin paying.
Copayment	Fixed member cost-sharing amount.
Coinsurance	Percentage of an allowed amount assigned to the member.
COB	Rules determining payer order when multiple plans may cover a claim.
Prior Authorization	Advance approval requirement for specified services.

Payment Essentials

Term / Step	Meaning / Action
Billed Charge	Amount submitted by the provider.
Allowed Amount	Amount recognized by the payer under applicable rules.
Contractual Adjustment	Difference associated with contracted reimbursement when applicable.
ERA / 835	Electronic remittance information.
EFT	Electronic transfer of payment funds.

Denial Research Checklist

Term / Step	Meaning / Action
1	Read EOB/ERA and CARC/RARC.
2	Confirm claim status and payer claim number.
3	Validate demographics, eligibility, provider, codes, modifiers, units and authorization.
4	Check filing and appeal deadlines.
5	Choose correction, resubmission, records, reconsideration, appeal or escalation.
6	Document action and follow-up date.
7	Assign root cause for prevention.

Common Abbreviations

Term / Step	Meaning / Action
A/R	Accounts Receivable
CARC	Claim Adjustment Reason Code
COB	Coordination of Benefits
DOS	Date of Service
EOB	Explanation of Benefits
ERA	Electronic Remittance Advice
HCPCS	Healthcare Common Procedure Coding System
NPI	National Provider Identifier
PHI	Protected Health Information
RARC	Remittance Advice Remark Code
RCM	Revenue Cycle Management
TIN	Taxpayer Identification Number

Revenue Cycle KPI Snapshot

Days in A/R

Average age of receivables.

A/R Aging

Outstanding balances grouped by age.

Clean Claim Rate

Share meeting defined clean-claim criteria.

Denial Rate

Share of claims or dollars denied under a defined method.

Charge Lag

Time from service to charge entry or claim-ready status.

Net Collection Rate

Collections compared with collectible allowed revenue after specified adjustments.

Reminder: Always verify current payer policies, code-set guidance, contracts, and applicable regulations before applying a rule to a live claim.