

Insurance verification and billing

This workflow automates insurance verification and billing for addiction treatment services, reducing manual processing time and ensuring accurate claims submission while maintaining HIPAA compliance.

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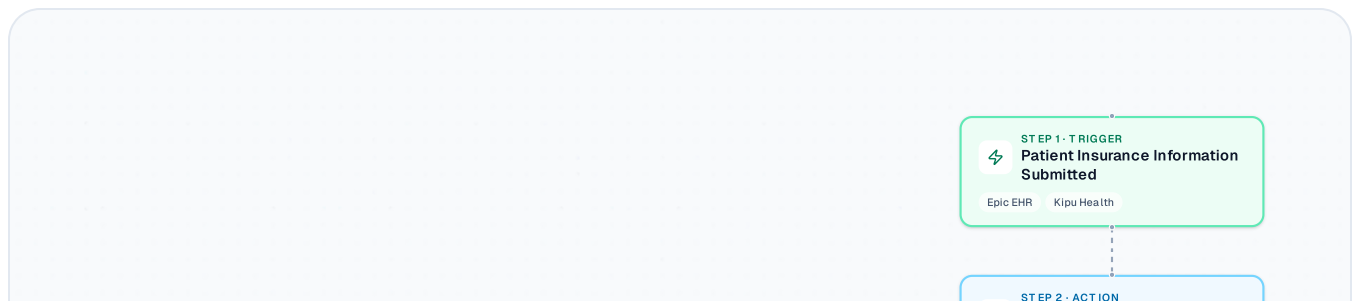
WORKFLOW TRIGGER

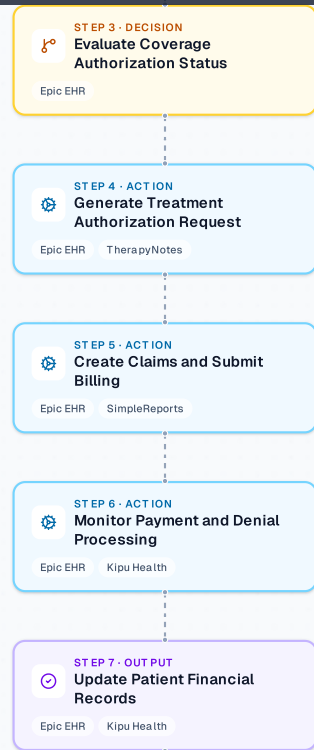


Patient completes intake forms and provides insurance information in the treatment facility system.

Visual Flow

Each node represents an automated step. Connections show how data and decisions move through the workflow.





Step-by-Step Breakdown

Detailed explanation of each automated stage in the workflow.

1

⚡ TRIGGER

Patient Insurance Information Submitted

Patient submits insurance details and treatment authorization through the intake portal. System captures insurance ID, group number, and relevant policy information.

2

 ACTION

Verify Insurance Coverage Eligibility

System automatically queries insurance provider databases to verify active coverage, benefits, and pre-authorization requirements for addiction treatment services. Real-time eligibility check confirms coverage details.

Epic EHR

SimpleReports

3

 DECISION

Evaluate Coverage Authorization Status

System determines if insurance covers requested addiction treatment services and whether pre-authorization is required. Routes workflow based on approval status and coverage limitations.

Epic EHR

4

 ACTION

Generate Treatment Authorization Request

For cases requiring pre-authorization, system automatically creates and submits prior authorization requests with clinical documentation to insurance providers. Tracks submission status and response timelines.

Epic EHR

TherapyNotes

5

 ACTION

Create Claims and Submit Billing

System generates accurate billing claims with appropriate addiction treatment CPT codes and submits to insurance providers electronically. Ensures HIPAA-compliant data transmission and proper documentation.

Epic EHR

SimpleReports

6

 ACTION

Monitor Payment and Denial Processing

System tracks claim status, processes insurance payments, and identifies denied claims for review. Automatically updates patient accounts and flags items requiring manual intervention.

Epic EHR

Kipu Health

7

 OUTPUT

Update Patient Financial Records

System finalizes patient billing records with insurance payments, remaining balances, and generates patient statements. Compliance documentation is archived securely.

Epic EHR

Kipu Health



Outputs

- Verified insurance coverage status

AI Business OS

- Submitted billing claims
- Updated patient financial records
- Compliance audit trail



Key Metrics

- Claims processing time
- Insurance verification accuracy rate
- First-pass claims approval rate
- Revenue cycle days



Tools & Integrations

- Epic EHR
- Kipu Health
- SimpleReports
- TherapyNotes

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