

ENHANCED SERVICES “FORCED CLAIMS”

The phrase “forced claims” is used to describe claims for enhanced services for which all the criteria are met but previous data entered in patients records suggests that the claim may not be valid. Practices are required to check these claims .If practices are of the opinion that the claim is valid the claim can be submitted with an explanation. The report to the CHPs would identify claims which are “forced claims”.

This idea is perhaps best expressed by use of an example. If a coil fitting was recorded in a patients file twice in a month it is unlikely that a coil will have been fitted twice in a month but more likely that there has been a double entry of data. The claim verification tool would flag up the second coil fitting so that practices could check that claim, if it transpired that the data entry was inaccurate this could be corrected or if there had been two coil fittings the second fitting claim could be submitted. The practices would require inserting an explanation when submitting the claim as well as actively choose to submit the second claim.

Below are listed the circumstances in which claims would require to be forced:

IUCD Fitting

A claim for IUCD fitting or re-fitting would require to be “forced” if there had been a previous IUCD fitting or re-fitting after the 1st April 2007 or within the previous four years, whichever time period is shorter.

Implanon Insertion

A claim for Implanon insertion would require to be “forced” if there is a previous claim for Implanon insertion after the 1st April 2007 or in the previous two and a half years, whichever time period is shorter.

Minor Injury Services

A claim for minor injury service would require to be “forced” if there were a claim for that patient for a minor injury service within the previous six weeks.

Minor Surgery

A claim for minor surgery would require to be “forced” if there had been a claim for the same procedure within the previous three weeks.