

Behavioral Health

Web Claim Submission and Resolution

- Top Denials and How to Correct Them
 - Procedure code vs program indicator
 - Procedure code billed is not covered under the members eligibility coverage
 - Check members eligibility to see if they have coverage for services billed
 - » DMH providers – member must have Mental Health and Substance Abuse
 - » SoonerCare Providers – member must have Title 19

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- Top Denials and How to Correct Them
 - Recipient Ineligible on date(s) of service
 - Check eligibility to see if member is eligible on date of service
 - Dates of service not on PA database
 - Make sure you have requested a PA for services rendered
 - Exact Duplicate
 - A claim has already been paid to your billing provider number for the date of service on this claim

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- Top Denials and How to Correct Them
 - P.A. Dollars exhausted
 - The PA for this date of service has no funds remaining
 - Recipient covered by private insurance
 - Member has private insurance. SoonerCare is the payer of last resort. Claim must be submitted to primary insurance

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- Top Denials and How to Correct Them
 - Edit 4300 - Insufficient DMH Funds
 - The funds in your DMH contract (budget) are exhausted for the current month. This claim will automatically process the first of the next month
 - Edit 4303, 4304 – Contract Source Invalid
 - Billing services must be covered under the submitted contract source code. Valid services can be found in the service/contract source maintenance panel. Example: AA20

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- Resolution (cont)
 - Edit 4310 – Services Reported but not Paid
 - DMH Services that pay using a provider budget detail that has zero dollars allocated will post this information edit.