# Understanding and Correcting Common Denials



Re-Submit

Claim Status Information

Claim Status: Denied
Claim ICN: 2210230600007 ← **ICN**
Paid Date:
Adjudicated Date:
Adjusted Claim ICN:
Patient Liability:
Spenddown Amount:
Copay Amount: 0.00
Total Allowed Amount:
Stop Loss Amount:
Encounter Amount: 0.00

**Error Codes**

| Header | EOB | Description |
|---|---|---|
| | 3127 | CANNOT PRIORITIZE RECIPIENT'S PROGRAMS |

| Detail #1 | OB | Description |
|---|---|---|
| | | ONE YEAR TIMELY FILING DEADLINE EXCEEDED-FED REG |
| | 9998 | CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT OKLAHOMA HEALTH COVERAGE PROGRAM POLICIES. |

If you have a header error, it means you have something in the top section of the claim that is stopping the claim from paying

The claim engine will **STOP** when it reaches an error in the "HEADER"

rade Files | ODMHSAS | Account | Mailbox | Help | Log Off
Wednesday 18 August 2010 4:47 pm

## Professional Claim

**Billing Information**

NPI: 4512347897
ZIP: ___ - ___
Taxonomy: 261QM0801X
Contract Code:
SC Provider: 100635250 D
Member ID*: ████████
Member Count:
Last Name: WA
First Name: TAM
Patient Account #:
Referring NPI:

**Service Information**

Claim Type: Professional
From Date: 07/05/2010
To Date: 07/05/2010
Expected Delivery Date:
Accident Related To:
Diagnosis: Principle 305

**Charges**

Total Charges: 100.00
TPL Amount: 0.00
Carrier Denied: No
Co-Pay Amount: 0.00
CLIA Number:
CLIA Number:
CLIA Number:

**Re-Submit**

**Claim Status Information**

| | |
|---|---|
| Claim Status | Denied |
| Claim ICN | 2210230600007 |
| Paid Date | |
| Adjudicated Date | |
| Adjusted Claim ICN | |
| Patient Liability | |
| Spenddown Amount | |
| Copay Amount | 0.00 |
| Total Allowed Amount | |
| Stop Loss Amount | |
| Encounter Amount | 0.00 |
| Allow | |

**ICN** ← ICN

**Error Codes**

| Header | EOB | Description |
|---|---|---|
| | 4127 | CANNOT PRIORITIZE RECIPIENT'S PROGRAMS |

| Detail #1 | EOB | Description |
|---|---|---|
| | 125 | ONE YEAR TIMELY FILING DEADLINE EXCEEDED-FED REG |
| | 9998 | CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT OKLAHOMA HEALTH COVERAGE PROGRAM POLICIES. |

If you have a Detail error, it means you have something in the bottom section of the claim that is stopping the claim from paying

Detail #1 means your error is in the first line of the claim.

**Detail Information**

| | | | |
|---|---|---|---|
| Item | 1 | From DOS* 07/05/2010 | To DOS* 07/05/2010 |
| POS* | 11 - Office | | |
| Procedure* | H0004 | Modifiers HF HO | |
| Diag. Cross-Ref * | 1 | Units* 4 | Charges* 100.00 |
| NDC Code | | NDC Qty 0.000 | NDC UOM |
| | ☐ Pregnancy? | ☐ Emergency? | |
| EPSDT | | | CLIA Number |
| DMH Contract Source | 20AA | | |
| Rendering NPI | 4512347897 | Contract Code N/A | |
| Rendering Taxonomy | 261QM0801X | Rendering Zip | |
| SC Rendering Phys | | | |
| Status | | Allowed Amount . | Co-Pay Amount 0.00 |

# Follow Your
# Error Messages

# Understanding and Correcting Common Denials

## 4021 - Procedure code vs program indicator

Procedure code billed is not covered under the members eligibility coverage.

**Consumers without MCD must have the "Mental Health and  Substance  Abuse" indicator and be eligible for the date of service.**

Instructions on how to get a Member ID for ODMHSAS-contracted  providers (PDF) on the ARC website.

**Medicaid consumers must have the Title 19 indicator and be eligible for the date of service.**

If this doesn't solve the problem. Check to see if the procedure code is listed in the PA Group.

See PA Groups on the ARC website.
http://www.odmhsas.org/arc.htm

## Adult Recovery Collaborative / Consolidation Claims Process Projects

Instructions on how to get a Member ID for ODMHSAS-contracted providers (PDF)

Monthly CCP webinar colloquies, register at:

https://www1.gotomeeting.com/register/910959161

Q & A board for the CCP

NEW! Here are two documents to help with denied claims:

- Behavioral Health Top Denials
- ODMHSAS Specific Error Codes

Instructions for ODMHSAS contractors related to (Powerpoint or PDF)

- How to identify which customers have received a Grandfathered PA
- How to identify Customers and CDCs which have been transferred and those not transferred to APS
- How to identify which CDCs an agency needs to move to APS

PA Groups

Rates

Contract Source by Service

# 5001 - Exact Duplicate

A claim has already been paid to your billing provider # for this date of service.
Check your member ID and Date of Service under "Claims Inquiry".



If you do not find a duplicate, you will want to call the OHCA Helpdesk

# 2003  - Recipient Ineligible on date(s) of service

Check eligibility to see if member is eligible on date of service

**Consumers without MCD must have the "Mental Health and  Substance  Abuse" indicator and be eligible for the date of service.**
[Instructions on how to get a Member ID for ODMHSAS-contracted  providers (PDF) on the ARC website.](#)
**Medicaid consumers must have the Title 19 indicator and be eligible for the date of service.**
MCD's on-line enrollment is available at
[http://www.okhca.org/individuals.aspx?id=11698&menu=40&parts=7453](http://www.okhca.org/individuals.aspx?id=11698&menu=40&parts=7453)

These will frequently be your "**SUSPENDED**" claims.  Suspended claims will recycle and pay when the consumer becomes eligible.

# 3006 - P.A. Dollars Exhausted

The PA for this date of service has no funds remaining.

Check PA for the Member on the OHCA secure site under "Prior Authorization".

# 3003 – Service Code requires a PA

The PA for this date of service does not contain this procedure code.
Check PA for the Member on the OHCA secure site under "Prior Authorization".



Be sure the PA is for the correct level of care. An OP claim may not pay out of a IP PA.

List of a Procedure Codes and Modifiers in the PG group

Be sure the Procedure Code and Modifier listed under the PA group and that the modifiers are in the correct order.

# 4244 - DIAGNOSIS NOT IN SCOPE OF PROGRAM

This error is most often seen when billing Generic Consumers.

Use 79990, 7999 Diagnosis Deferred or

V7109 No Diagnosis

See the Service Manual revised on 10/11/2010 on ARC website
http://www.odmhsas.org/arc.htm

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- CDC Training Presentation

- CDC Data Entry Training

Service Manual revised on 10/11/2010. Questions? Contact Jacki Millspaugh at jmillspaugh@odmhsas.org

# 1003 - BILLING PROV NOT ELIG AT SERVICE LOCATION FOR PROGRAM BILLED

Assure your Provider ID and Location Code are correct and that you are eligible to provide Medicaid and/or DMHSAS services at that location on the "Date of Service".



| Primary Specialty | Contract | Dates | Signee |
|---|---|---|---|
| DMHSAS Contracted | Medicaid Program | 1/1/2009 - 12/31/2012 | not available |
| | DMH Program Only | 1/1/2009 - 12/31/2299 | not available |

# DMHSAS Only Errors

## ERROR 4300 - Insufficient DMH Funds

The funds in your DMH contract (budget) are exhausted for the current month and the claim is denied. This claim will automatically process the first of the next month, generating a new, PAID ICN.



## ERROR 4901 - PAYMENT PENDING MONTHLY DRUG COURT CYCLE  (OP only)

Drug court claims **PAID** at a Zero amount will post 4901 which is essentially the same as the 4300.  The difference is you can't currently check it on your budget page.

# ERROR 4303, 4304 – Contract Source Invalid

Billing services must be covered under the submitted contract source code.

Check the budgets screen as in the prior slide.

See your agencies contract or visit Contract Source by Service on the ARC website for a list of all of the procedures available under your CS.



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Contract Source by Service

# ERROR 4301– DMH PROVIDER BUDGET ERROR

When the claim engine is verifying funds are available for claims processing, if an active budget line is not found on the claim, header level, a 4301 will deny the entire claim.

Check your contract source for accuracy.

# Error 4310 - SERVICES REPORTED BUT NOT PAID

DMH Services that pay using a provider budget detail that has zero dollars allocated will post this informational edit.

This "error" code is for contract services that must be reported, but are not paid. The budget line will be ZERO.

Errors where the person entering the claim just missed a field.

0223 - MISSING DIAGNOSIS INDICATOR

0268 - BILLED AMOUNT MISSING

0234 - PROCEDURE CODE MISSING

0248 - PLACE OF SERVICE IS MISSING

Review your claim for blank fields, correct and resubmit.

Medicaid's new on-line  member enrollment is available at:

My Soonercare.org

http://www.okhca.org/individuals.aspx?id=11698&menu=40&parts=7453

If you can't successfully troubleshoot and correct a claim, don't feel bad it can be a complicated puzzle, particularly when you are new to the process.

Claim troubleshooters need an **I**nternal**C**laim**N**umber.  From an ICN, we can get all the info we need.  So, please identify the ICN for your problem claim and have your Provider ID and location code readily available, then…

<div style="text-align:center; color:red">

## Call the
## OHCA Helpdesk
## 800-522-0114 option 1

</div>

Remember there are many useful documents and reports available at the ARC website and on ICIS.
http://www.odmhsas.org/arc.htm