

Understanding and Correcting Common Denials

Re-Submit

Claim Status Information

Claim Status **Denied** ← **ICN**

Claim ICN 2210230600007

Paid Date

Adjudicated Date

Adjusted Claim ICN

Patient Liability

Spenddown Amount

Copay Amount 0.00

Total Allowed Amount

Stop Loss Amount

Encumbrance Amount 0.00

Allocated Amount

Error Codes

Header	EOB	Description
127		CANNOT PRIORITIZE RECIPIENT'S PROGRAMS
12		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

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

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

Re-Submit

Claim Status Information

Claim Status **Denied** ← **ICN**
Claim ICN 2210230600007
Paid Date
Adjudicated Date
Adjusted Claim ICN
Patient Liability
Spended Amount
Copoly Amount 0.00
Total Allowed Amount
Stop Loss Amount
Encounter Amount 0.00
Allocation

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

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.

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	
	<input type="checkbox"/> Pregnancy?		<input type="checkbox"/> 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.

Thursday 1 October 2009 3

Member Eligibility Verification

Select Lookup Type:

Member Lookup

Member Id:

From Date of Service: To Date of Service:

Verification No. 0927400003 - 10/1/2009 - Status: A

EFFECTIVE/END dates are shown only for the period of time requested

Member

I.D. 045359933 Last Name SOONERCARE First Name SUSIE

Medicare A -

Medicare B -

Eligibility

Benefit Plan	Effective	End
Title 19	10/01/2009	10/31/2009
SoonerCare Choice	10/01/2009	10/31/2009
PERINATAL DENTAL ACCESS	10/01/2009	10/31/2009
Mental Health and Substance Abuse	10/01/2009	10/31/2009

Managed Care

Provider Name	Provider Phone	Health Plan Name	Health Plan Phone



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>

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[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".

Monday 29 November 2010 10:30 am

Claim Inquiry: 100635250D

Criteria

Member ID: 0000 [REDACTED] Claim Status: Any Status Claim Type: Any

Patient Acct. #: [REDACTED] Date Type: Date of Service Warrant Date

ICN: [REDACTED] From Date: 06/01/2009 Thru Date: 06/01/2009

Search

ICN	Member ID	Patient Acct. #	Claim Type	From Date	Thru Date	Warrant Date	Billed Amount	Warrant Amount	Status
2210230600006	000002150		Professional	20090601	20090601	20100831	200.00	0	Denied
2210230600007	000002150		Professional	20090601	20090601	20100831	200.00	0	Denied
2209296600010	000002150		Professional	20090601	20090601	20091103	200.00	0	Denied

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>

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

Thursday 1 October 2009 3

Member Eligibility Verification

Select Lookup Type: Member ID Lookup

Member Lookup: [REDACTED]

Member Id: [REDACTED]

From Date of Service: 10/01/2009 To Date of Service: 10/31/2009

Search

Verification No. 0927400003 - 10/1/2009 - Status: A

EFFECTIVE/END dates are shown only for the period of time requested

Member

ID: 045359933 Last Name SOONERCARE First Name SUSIE

Medicare A -

Medicare B -

Eligibility

Benefit Plan	Effective	End
Title 19	10/01/2009	10/31/2009
SoonerCare Choice	10/01/2009	10/31/2009
PERINATAL DENTAL ACCESS	10/01/2009	10/31/2009
Mental Health and Substance Abuse	10/01/2009	10/31/2009

Managed Care

Provider Name	Provider Phone	Health Plan Name	Health Plan Phone
THOMPSON, SUSANNE	(918) 587-5100		

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".

oklahoma health care authority

Main Claims Eligibility Pricing Prior Auth Budgets Trade Files ODMHSAS Account Mailbox Help Log Off

Morday 29 November 2010 10:39 am

Prior Authorization Inquiry

To inquire about a PA that has been requested either by web submission or through first class mail: Enter PA Number or a Member ID. Click the Search button to Submit your search. You may narrow your search by indicating an Assignment Code and optionally, an NDC or Start Date. If an NDC or Start Date is used, an Assignment Code Must be supplied.

PA Number or Member ID 00:

Assignment Code Behavioral Health Services NDC Start Date

P.A. Number	Member ID	Assignment Code	NPI	Zip+4	Contract Code	Taxonomy	Servicing Provider
4010103001	000002150	BEHAVIORAL HEALTH SERVICES					100635250

Previous Next

Line Items

Notes

Link	Status	Procedure	Drug	Revenue Code	Procedure Group
Go To	Approved				PG003

Line Item Number Status Service Type

Procedure Code Group* Procedure Code Group Thru

[Procedure Codes and Modifiers](#)

	Effective Date	End Date	Units	Dollars
Requested*	02/01/2010	02/01/2010	10	0.00
Authorized	02/01/2010	02/01/2010	0	50.00
Used			20	50

Payment Method

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”.

Line Items
Notes

Link	Status	Procedure	Drug	Revenue Code	Procedure Group
Go To	Approved				PG003

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

Line Item Number: A
Status: Approved
Service Type Code: Procedure Code Group

Procedure Code Group*: PG003
Procedure Code Group Thru: []

	Effective Date	End Date	Units	Dollars
Requested*	02/01/2010	02/01/2010	10	0.00
Authorized	02/01/2010	02/01/2010	0	50.00
Used			20	50

Payment Method: Cap Amount

[Procedure Codes and Modifiers](#)

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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- [ODMHSAS Specific Error Codes](#)

- [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”.



The screenshot shows the top navigation bar of the Oklahoma Health Care Authority website. The header includes the logo and the text "oklahoma health care authority". Below the header is a menu with the following items: Main, Claims, Eligibility, Pricing, Prior Auth, Budgets, Trade Files, ODMHSAS, Account, Mailbox, Help, and Log Off. The date and time "Monday 29 2010 11:17 am" are displayed. A dropdown menu is open under "Account", showing "Maintenance", "Update", and "Provider File". A red triangle points to the "Update" option.



The banner features the Oklahoma Health Care Authority logo on the left, a row of photos of diverse people in the center, and the text "oklahoma health care authority" on the right. Below the banner are the links "Contact Us" and "Exit Provider File".

SoonerCare Provider Enrollment

Today is November 29, 2010

My Profile Home	Practice	Address & Contacts	Financial	Ownership	
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.



The screenshot shows the Oklahoma Health Care Authority website interface. At the top, there is a green header with the logo and the text "oklahoma health care authority". Below the header is a navigation menu with buttons for Main, Claims, Eligibility, Pricing, Prior Auth, Budgets, Trade Files, ODMHSAS, Account, Mailbox, Help, and Log Off. A red triangle points to the "Budgets" button. To the right of the navigation menu, the date and time "Monday 29 November 2010 10:39 am" are displayed. Below the navigation menu, there is a light blue banner with the text "health care authority" and a link "Return to Provider Main". On the left side, there is a section titled "Provider Budgets" with a list of budget codes and a "Budget Period:" dropdown menu. The list of budget codes includes: 2010 - 39AA - MHSystemsOfCare, 2010 - 42AN - MHCommLiving(RedRock), 2010 - 43AA - MHPACT, 2010 - 43AB - MHPACTCommLiving, 2010 - 45AA - MHCourtTreatment, 2010 - 53AA - MHCBSAAdults, 2010 - 55AA - MHChildBasic, 2010 - 57AA - MHMobileCrisisChild, 2010 - 58AA - MHSchoolBased, 2010 - 58AB - MHSQESchoolBased, 2010 - 59AA - MHRRegionalCrisisChild, 2010 - 83AA - MHChildCareConsultation, 2010 - 85AA - SALGBT, 2011 - Totals, and 2011 - 01AA - MHAdultBasic. The "Budget Period:" dropdown menu is set to "2010 - Totals". Below the dropdown menu is a "Select" button.

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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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)

<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...

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

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