

Behavioral Health Claims Submission and Resolution

3rd Annual Collaborative Behavioral
Health Provider Training

June 10-11, 2010

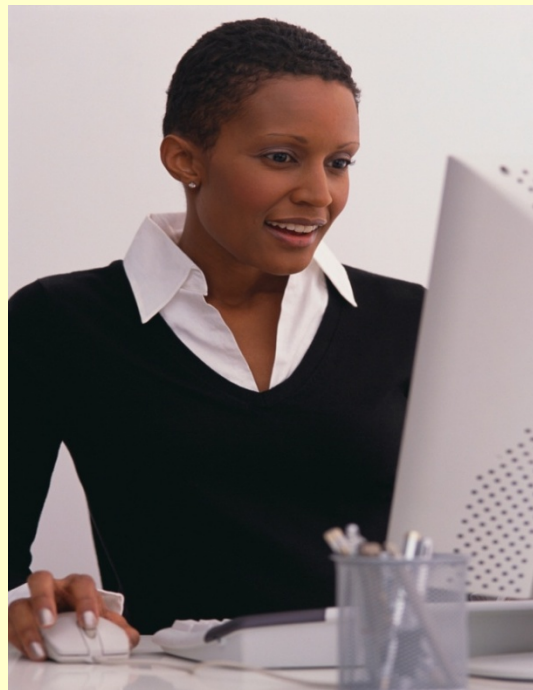


Behavioral Health Claims Submission and Resolution

- Agenda
 - Eligibility
 - Prior Authorization
 - Claim Submission
 - Claim Resolution
 - Resources
 - Questions



Behavioral Health Claims Submission and Resolution Eligibility



Behavioral Health Claims Submission and Resolution

– How do I check eligibility?

- SoonerCare Secure Site
- EVS/AVR
- Call Center
- Swipe Machine
- Electronic Data Interchange (EDI)



Behavioral Health Claims Submission and Resolution

- Eligibility (cont)
 - SoonerCare Secure Site
 - Member ID number
 - Member name and date of birth
 - Member social security number and date of birth
 - Case number
 - What am I looking for?
 - Title 19
 - Pub
 - OKDMHSAS





Member Eligibility Verification

Select Lookup Type:

- Select -
- Select -
Member ID Lookup
SSN Lookup
Name Lookup
Case Number Lookup

Search

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**

THOMPSON, SUSANNE (918) 587-5100



Client Eligibility Verification

Select Lookup Type:

Client ID Lookup

Client Lookup

Client Id:

From Date of Service:

11/01/2008



To Date of Service:

11/30/2008



Search

Verification No. 0830200Q1L - 10/28/2008 - Status: A

^{***}EFFECTIVE/END dates are shown only for the period of time requested^{***}

Client

I.D.

Last Name

First Name

Medicare A -

Medicare B -

The recipient is not eligible for the date(s) of service requested.

Behavioral Health Claims Submission and Resolution

- Eligibility (cont)
 - EVS/AVR
 - Must have 4 digit PIN number
 - Internet Help Desk (PIN letter)
 - Call
 - Fax back
 - Claim status
 - Prior Authorization status



Behavioral Health Claims Submission and Resolution

- Eligibility (cont)
 - Call Center
 - 4 requests per phone call
 - 800-522-0114 or 405-522-6205
 - » Option 1



Behavioral Health

Claims Submission and Resolution

- Electronic Data Interchange (EDI)
 - ASC X12N 270 - an electronic transaction request to verify eligibility
 - ASC X12N 271 - an electronic transaction response for numerous members from one transaction request



Behavioral Health Claims Submission and Resolution

- Eligibility (cont)
 - Swipe Machine
 - Vendor required
 - Fees apply



Behavioral Health

Claims Submission and Resolution

- Eligibility
 - What if the client doesn't have a SoonerCare/DMHSAS number?
 - Provider can request a number for the client on the SoonerCare Secure Site
 - “Add” button on screen
 - » Name
 - » Date of Birth
 - » Social Security Number





Monday 26 October 2009 09:04 am

New Recipient

Base Information

Name (Last, First MI)*

Maiden Name

Sex Code*

SSN*

Birth Date*

Submit

Behavioral Health Claims Submission and Resolution

Prior Authorizations



Behavioral Health Claims Submission and Resolution

- Prior Authorization
 - Care Connection
 - The APS Secure Site
 - Submit prior authorization requests
 - SoonerCare Secure Site
 - Check status of prior authorizations
 - Verify balance remaining on prior authorizations





Monday 24 May 2010 08:12 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 Client 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

Client ID

Assignment Code

NDC

Start Date

Line Items



Line Items

Link	Status	Procedure	Drug	Revenue Code	Procedure Group
Go To	Approved				PG008
Go To	Approved				PG008
Go To	Approved				PG008
Go To	Approved				PG008
Go To	Approved				PG008
Go To	Approved				PG008

Print View

Line Item Number: Status: Service Type Code:

Procedure Code Group: Procedure Code Group Thru: [Procedure Codes and Modifiers](#)

	Effective Date	End Date	Units	Dollars
Requested*	<input type="text" value="02/12/2010"/>	<input type="text" value="03/11/2010"/>	<input type="text" value="0"/>	<input type="text" value="1171.00"/>
Authorized	<input type="text" value="02/12/2010"/>	<input type="text" value="03/11/2010"/>	<input type="text" value="0"/>	<input type="text" value="1171.00"/>
Used			<input type="text" value="90"/>	<input type="text" value="1097.1"/>

Payment Method:

Line Item Number Status Service Type Code

Procedure Code Group* Procedure Code Group Thru [Procedure Codes and Modifiers](#)

	Effective Date	End Date	Units	Dollars
Requested*	<input type="text" value="02/12/2010"/>	<input type="text" value="03/11/2010"/>	<input type="text" value="0"/>	<input type="text" value="1171.00"/>
Authorized	<input type="text" value="02/12/2010"/>	<input type="text" value="03/11/2010"/>	<input type="text" value="0"/>	<input type="text" value="1171.00"/>
Used			<input type="text" value="90"/>	<input type="text" value="1097.1"/>

Payment Method

Line Item Number Status Service Type Code

Procedure Code Group* Procedure Code Group Thru [Procedure Codes and Modifiers](#)

	Effective Date	End Date	Units	Dollars
Requested*	<input type="text" value="03/12/2010"/>	<input type="text" value="04/11/2010"/>	<input type="text" value="0"/>	<input type="text" value="1171.00"/>
Authorized	<input type="text" value="03/12/2010"/>	<input type="text" value="04/11/2010"/>	<input type="text" value="0"/>	<input type="text" value="1171.00"/>
Used			<input type="text" value="96"/>	<input type="text" value="1163.43999999"/>

Payment Method





Monday 24 May 2010 09:09 am

PA Procedure Groups

Procedure Group Description

PG008	Level 4 OP
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PG008 Level 4 OP

Procedure Codes:

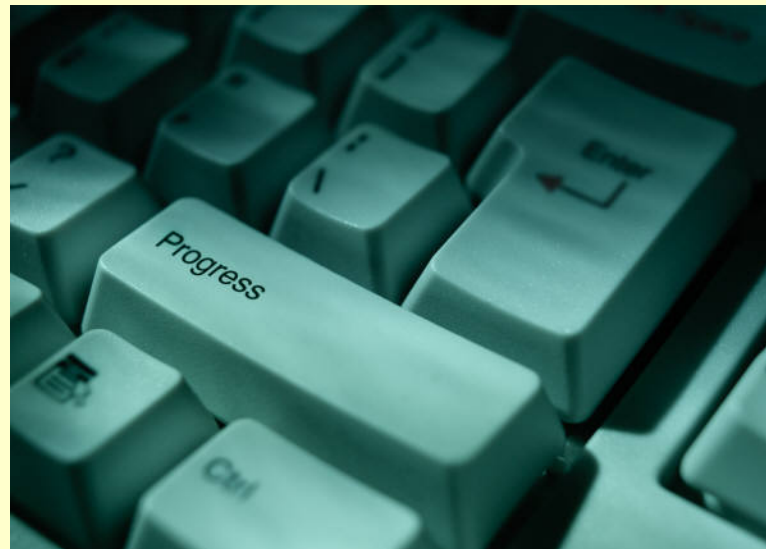
Modifiers:

Procedure Group	Procedure From	Procedure Thru	Effective Date	End Date	Procedure Group	Modifier	Effective Date	End Date
PG008	H2014	H2014	04/02/2009	12/31/2299	PG008	GT	02/01/2010	12/31/2299
PG008	T1016	T1016	04/01/2009	12/31/2299	PG008	H9	02/01/2010	12/31/2299
PG008	H0038	H0038	04/01/2009	12/31/2299	PG008	HE	04/01/2009	12/31/2299
PG008	H2019	H2019	04/01/2009	12/31/2299	PG008	HF	04/01/2009	12/31/2299
PG008	96101	96103	04/01/2009	12/31/2299	PG008	HL	04/01/2009	12/31/2299
PG008	96118	96120	04/01/2009	12/31/2299	PG008	HM	04/01/2009	12/31/2299
PG008	90887	90887	04/01/2009	12/31/2299	PG008	HN	04/01/2009	12/31/2299
PG008	H0004	H0004	04/01/2009	12/31/2299	PG008	HO	04/01/2009	12/31/2299

Close

Behavioral Health Claims Submission and Resolution

Claims Submission



Behavioral Health

Claims Submission and Resolution

- Claim Submission
 - All claims for a specific date of service must be submitted on one claim.
 - Example: member has an individual session and a group session on the same day. Both sessions must be submitted on the same claim.
 - If individual session is submitted and paid, it must be voided and resubmitted with the group session for both to pay



Behavioral Health

Claims Submission and Resolution

- Claim Submission
 - DDE (Direct Data Entry) on SoonerCare Secure Site
 - Medicaid on the Web Training Guide
 - Internet Help Desk
 - 800-522-0114 or 405-522-6205, Option 2, 1
 - EDI (Electronic Data Interchange)
 - EDI Helpdesk
 - 800-522-0114 or 405-522-6205, Option 2, 2
 - Paper
 - Chapter 6 – Billing & Procedures Manual



Behavioral Health Claims Submission and Resolution

- Claim Submission
 - Direct Data Entry (DDE)
 - SoonerCare Secure Site
 - PIN number required for initial logon
 - Create employees as clerks and grant them access to the roles they need. Keep the Provider level access at the administrative level.
 - All claims submitted and in a paid status by noon on Wednesday should pay the next financial cycle.





Professional Claim

Billing Information

NPI:

ZIP: -

Taxonomy:

Contract Code:

SC Provider:

Member ID*:

Member Count:

Last Name:

First Name:

Patient Account #:

Referring NPI:

Service Information

Claim Type: Professional

From Date:

To Date:

Expected Delivery Date:

Accident Related To:

Diagnosis: Principle

Charges

Total Charges:

TPL Amount:

Carrier Denied: No

Amount: 0.00

Number:

Enter the members 9-digit ID number

Enter the diagnosis code with no decimal point

Item	Procedure	Modifiers				Units	Charges	Status	Allowed Amount
		1	2	3	4				
1						0.00	0.00		0.00

Add
Remove

Item	Procedure	Modifiers	Units	Charges	Status	Allowed Amount
		1 2 3 4				
1			0.00	0.00		0.00

Choose the place of service from the dropdown list

Enter the from and to dates of service

Type in procedure code

Type in appropriate modifiers

Detail Information

Item: From DOS*: To DOS*:

POS*:

Procedure*: Modifiers:

Diag. Cross-Ref*: Charges*:

NDC Code: NDC UOM:

Pregnancy? Emergency?

EPSDT:

DMH Contract Source:

Rendering NPI: Contract Code:

Rendering Taxonomy: Rendering Zip:

SC Rendering Phys:

Status: Allowed Amount: Co-Pay Amount:

Claim Status Information
Not Submitted yet.

Item: Procedure Modifiers Units Charges Status Allowed Amount:

Item	Procedure	Modifiers	Units	Charges	Status	Allowed Amount
1			0.00	0.00		0.00

Add
Remove

Type in diagnosis cross reference

Type in number of units billed

Enter charges for this line. If units are more than 1, you must do the math

Detail Information

Item: From DOS*:

POS*:

Procedure*: Modifiers:

Diag. Cross-Ref*: Units*: Charges*:

NDC Code: NDC Qty: NDC UOM:

Pregn Emergency?

EPSDT:

DMH Contract Source:

Rendering NPI: Contract Code:

Rendering Taxonomy: Rendering Zip:

SC Rendering Phys:

Status: Allowed Amount: Co-Pay Amount:

Type the DMH Contract Source

Hard-Copy Attachments

Submit

Claim Status Information
Not Submitted yet.

Item: Procedure Modifiers 1 2 3 4 Units Charges Status Allowed Amount:

Item	Procedure	Modifiers	1	2	3	4	Units	Charges	Status	Allowed Amount
1							0.00	0.00		0.00

Add

Remove

Click the "add" button to add another line of service

Detail Information

Item: From DOS*: To DOS*:

POS*:

Procedure*: Modifiers:

Diag. Cross-Ref*: Units*: Charges*:

NDC Code: NDC Qty:

Pregnancy? Emergency?

EPSDT:

DMH Contract Source:

Rendering NPI: Contract Code:

Rendering Taxonomy: Rendering Zip:

SC Rendering Phys:

Status: Allowed Amount: Co-Pay Amount:

Type in rendering provider's NPI number

Choose appropriate contract code from dropdown

Click "submit" button to process the claim

Hard-Copy Attachments

Submit

Claim Status Information
Not Submitted yet.

Behavioral Health

Claims Submission and Resolution

- Resolution
 - 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



Behavioral Health Claims Submission and Resolution

- Resolution (cont)
 - 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



Behavioral Health Claims Submission and Resolution

- Resolution (cont)
 - 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
 - Claim check processing
 - If your claim denies for claim check processing, contact Provider Services at the OHCA – 1-877-823-4529, option 2



Behavioral Health Claims Submission and Resolution

- Resources
 - OHCA Call Center
 - 1-800-522-0114 or 405-522-6205, option 1
 - Representatives will answer up to 4 claims questions per phone call
 - HP Field Consultants
 - Quick reference guide
 - OHCA Provider Services
 - 877-823-4529, option 2
 - APS Healthcare
 - 1-800-762-1560 or 405-556-9700
 - Prior Authorization issues only



Behavioral Health Claims Submission and Resolution

- Questions and Answers

