

Common Denials: How Do I Fix This?

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

Jennifer McNeel
Revenue Recovery Assistant
Bureau of Information Technology
Alabama Department of Public Health

Working EOPs = Working a Puzzle

Be Alert and Focused

Count the Money

Step 1: Check Paid Claims

- **Gather all encounter forms and / or other documentation showing services provided**
- **Copy and print your EOPs from Medicaid's web portal**
- **Check claims paid against services coded on the encounter forms and / or other documentation showing services provided**

Step 1: Check Paid Claims

- * Verify that the services provided were paid at the correct payment rate
- If more than 1 unit of service is provided (i.e. birth control pills), then multiply the number of units provided by the payment rate to ensure the correct amount was paid

Step 1: Check Paid Claims

- If the claims paid are equal to the services provided, then no further actions are needed

Problems with Paid Claims

- If the claims are paid in excess of the services provided
- If the claims are paid for a patient that did not receive services in your clinic
- If the claims are paid at an amount different from the correct payment rate

Problems with Paid Claims

- Enter on the Billing Inquiry Spreadsheet

Problems with Paid Claims

- Monitor future EOPs to ensure adjustments have been made, and the correct amount has been paid

Step 2: Check Denied Claims

- Why was this denied?

Clinic Denial Code List

All Programs		
<u>CLAIMS Code</u>	<u>EOB Code</u>	<u>Code Description</u>
7	4035 and 4256	BPA-RP-PROC – Gender Restriction/BPA-RP-PROC – Modifier Restriction
9	4030, 4034, 4256	BPA-RP-DIAG – Age Restrict/BPA-RP-PROC – Age Restrict/BPA-RP-PROC – Modifier Restrict
9, M51	4030, 4034, 4524	BPA-RP-DIAG – Age Restrict/BPA-RP-PROC – Age Restrict/BPA-RP-PROC – Bill Prov All PT/PS Restrict
18	5000	Our Records Show This Service Has Already Been Paid for the Date of Service Billed
22, N4	2504	File Shows Other Insurance, Submit to Other Carrier
26, N30	2003	Itemized Service Date Not In Eligibility Span

Clinic Denial Code List

All Programs		
<u>CLAIMS Code</u>	<u>EOB Code</u>	<u>Code Description</u>
29, M100	0555	Service(s) Past The Maximum Medicaid Filing Limit
38, N286	1820	Patient 1 st Claim Requires a Referral
96, M51	4021	BPA-RP-PROC – No Coverage
96, M76	4244	BPA-RP-DIAG – No Coverage
109	2502	Recipient Covered by Medicare (No Attachment)
109, N4	2502, 2504, 2507	Recipient Covered by Mcare B (No Atch)/File Shows Other Ins, Submit to Other Carrier/Pt has 2 Coverage Types

Clinic Denial Code List

All Programs		
<u>CLAIMS Code</u>	<u>EOB Code</u>	<u>Code Description</u>
A1, M100, M59	2001 and 9990	Recipient Is Not On eligibility File/Claim Denied. Correct and Resubmit.
A1, N59	0824 and 9990	Unborn Recipient Pending Eligibility Verification/Claim Denied. Correct and Resubmit.
N20	5488	Components of a CBC May Not Be Billed on the Same Day as a Complete CBC

Clinic Denial Code List

Birth Control		
<u>CLAIMS Code</u>	<u>EOB Code</u>	<u>Code Description</u>
Not Generated	4508	BPA-PC-PROC – PerfProv All PT/PS Restriction
Not Generated	4714	BPA-PC-PROC – Age Restriction
Not Generated	4755	BPA-PC-PROC – Current Benefit Plan Restriction
Not Generated	6200	This Procedure is Limited to 16 Units Per Calendar Year
Not Generated	6208	Procedure is Limited to 1 Service Every 70 Days
Not Generated	6999	Units on this Claim Have Been Systematically reduced to Meet Benefit Limit
Not Generated	8516	This Claim Denied Due to a Provider Void Request

Clinic Denial Code List

EPSDT		
<u>CLAIMS Code</u>	<u>EOB Code</u>	<u>Code Description</u>
16, M76, MA63	4040 and 0223	Primary Diagnosis Code Not on File/Missing Diagnosis Indicator
18	5404	EPSDT Visit Has Been Paid for this Recipient for the same Date of Service
18, N20	5000 and 5403	Rec Show Svc Prev Pd for DOS/Screening Provider May Not Bill Screening Exam and Inclusive Medical Service
18, N59	5000, 5404, 6155	Rec Show Svc Prev Pd for DOS/EPSDT Visit Prev Pd for Recipient for DOS/EPSDT Screening Limit Exceeded
119, N59	6155	EPSDT Screening Limit has been Exceeded
B5, N20	5438	Comprehensive EPSDT Screening and FP Visit May Not Be Billed on the Same Day

Clinic Denial Code List

Family Planning		
<u>CLAIMS Code</u>	<u>EOB Code</u>	<u>Code Description</u>
16, M81	4226	Diagnosis Must Be Billed At Highest Subdivision
18, N59	5000 and 6202	Records Show This Service Already Paid for the DOS Billed/Yearly Limit for This Procedure Has Been Exceeded
18, N59	5000 and 6204	Records Show Service Already Paid for the DOS Billed/Initial Visit Limited to 1 per Recipient/Provider/Lifetime
18, N59	5000 and 6205	Records Show Service Already Paid for the DOS Billed/This Procedure Code Limited to 1 Every Calendar Year
97, N20	5656	This Procedure is Part of Another Procedure Performed on the Same Day
119	6201	Family Planning Periodic Limited to 4 Visits Per Year
119	5434	Procedure Limited to 1 Service During 60 Day Post Partum Period

Clinic Denial Code List

Family Planning		
CLAIMS Code	EOB Code	Code Description
119, N59	6201 and 5656	Family Planning Periodic Limited to 4 Visits Per Year/Procedure is Part of Another Procedure Performed on the Same Day
119, N59	6202	Yearly Limit for This Procedure Has Been Exceeded
119, N59	6204	Initial Visit Limited to 1 per Recipient/Provider/Lifetime
119, N59	6205	This Procedure Code Limited to 1 Every Calendar Year
B5, N20	5439	Comprehensive EPSDT Screening and FP Visit May Not Be Billed on Same Day
B5, N59	5440	Family Planning Visit Not Payable After Sterilization

Clinic Denial Code List

Immunization/VFC		
CLAIMS Code	EOB Code	Code Description
6	4034	BPA-RP-PROC – Age Restriction
16, MA63	4514 and 4580	BPA-RP-PROC – Perf Prod All PT/PS Restrict/BPA-RP-PROC – Diagnosis Restriction – Group
45	5910	NCCI – This procedure Should Not Be Billed in Conjunction with Another Procedure
140	5910	NCCI – This procedure Should Not Be Billed in Conjunction with Another Procedure
B5	5216 and 5910	Combined Vaccines/Single Component Contra/NCCI – Procedure Not to be Billed in Conjunction with Another Proc

Don't Become Overwhelmed

Clinical Denial Codes



Denial Code 18 (5000 or 5404)

- Medicaid shows this service has already been paid for the DOS billed.
- No actions needed.



Denial Code 22,N4 (2504)

- Medicaid shows this patient has other insurance.
- All 22,N4 denials for Family Planning visits are worked by Revenue Recovery.



Denial Code 119,N59 (6201, 6202, 6204, or 6205)

- Medicaid shows patient exceeded the allowed limit for this service.
- 119,N59 denials for Family Planning visits worked by Revenue Recovery.

Other Common Clinical Denial Codes

- B5, N59 (5440) – Family Planning visit not payable after sterilization
- 96, M51 (4021, 4257, or 4755) – Not covered for procedure billed
- 45 (1808) – Referring provider is missing

Denials?

- Enter any invalid denials onto the Billing Inquiry Spreadsheet
- * Remember that Denial Codes 5000 or 5404 for any program and Denial Codes 2504, 6201, 6202, 6204, and 6205 for FP should not be entered on the Billing Inquiry Spreadsheet

Denials?

- Enter any denials that you are unable to decipher onto the Billing Inquiry Spreadsheet

Encounter Form in PHALCON

- Utilize the Billing Inquiry Spreadsheet to indicate any coding changes that need to be made on the PHALCON Encounter Form
- Do NOT make any additions, deletions, or coding changes to the PHALCON Encounter Form prior to receiving authorization from Revenue Recovery

Step 3: Monitor Claims Not Paid or Denied**Claims Not Paid / Denied:
Where Are They?****Mismatch List**

- Information from ADPH is compared to Medicaid information, and possible patient matches are identified
- “Matches” are reviewed by Revenue Recovery after each check write date

Mismatch List

- Correct “matches” are noted, and the CLAIMS Division submits the claims using the Medicaid information

Pending Eligibility Report

- Information from ADPH is sent to Medicaid, but Medicaid indicates that the patient is not eligible for the date of service submitted or that the patient has no record on file
- Information for “pending eligible” patients is sent to Medicaid on a quarterly basis by the CLAIMS Division

Pending Eligibility Report

- Patients remain “pending eligible” until their claim is paid or one year from the date of service has passed

Medicaid Hold

- At times, Medicaid will “hold” payments
 - These payments are normally released on the following check write date

Mismatch List

Mismatch List

Mismatch Example

ADPH Data						Medicaid Data					
CHL #	Medicaid #	SSN	DOB	First Name	Last Name	Medicaid #	SSN	DOB	First Name	Last Name	Same Person?
269017123	50000660295	43960751	09-14-1979	QUANTINA	BOZEMAN	50000660295	43960751	09-14-1979	QUANTINA	BOZEMAN	(Select)
646128137	50000660295	43960751	09-14-1979	JANETICA	GAUCHA	50000660295	43960751	09-14-1979	JANETICA	GAUCHA	(Select)

- ## **Pending Eligibility Report**
- Eligibility is checked for each individual listed on the FP and Lab Pending Reports**
 - PHALCON data is compared to data from Medicaid**
 - PHALCON data that needs to be updated will be relayed by Revenue Recovery via email**

- # Pending Eligibility Report
- Monday, October 26, 2015
- ALABAMA DEPARTMENT OF PUBLIC HEALTH
PHYSICIAN SUPPORT DIVISION
NURSING / PHYSICIAN ASSISTANT
FAMILY PRACTICE
- PRG#: 2-2
- CLINIC: BAYVIEW (BAYVIEWHIT)
- STATUS: (1) STATUS: 01 - Pending Eligibility - Not eligible for service date
- | NAME | MEDICARE NBR | CMR NBR | SSN | DATE OF BIRTH | DATE OF SERVICE |
|-------------------|---------------|-----------|-----------|---------------|-----------------|
| ADAMS DENTINE | | 021011573 | 410454225 | 9/10/1955 | 4/14/2011 |
| ANDREWS EUGENE | | 020700969 | 420700969 | 5/10/1955 | 3/24/2011 |
| ANDREWS KEVIN | | 021009661 | 420438889 | 11/30/1969 | 4/21/2011 |
| ANDREWS TERRY | | 021009674 | 421010656 | 11/10/1965 | 6/20/2011 |
| ARANT BRITNEY | 50000107937 | 021009674 | 410717753 | 12/01/1990 | 4/21/2011 |
| BELL CYNTHIA | 50000104050 | 021010030 | 413714138 | 12/20/1969 | 3/10/2011 |
| BISHOP PHOENIX | | 021008828 | 420861687 | 9/18/1970 | 4/14/2011 |
| BRADLEY CHRISTINE | | 021008807 | 421008808 | 8/21/1984 | 4/14/2011 |
| CONDREY ANANDA | 500001543556 | 021014617 | 500661121 | 9/11/1987 | 3/20/11 |
| COOK LAUREN | 5000017006111 | 021007006 | 502713315 | 1/29/1991 | 2/26/11 |
| COOK LAUREN | 5000017006111 | 021007006 | 421014754 | 12/8/1993 | 8/20/2011 |
| COOK LAUREN | 5000017006111 | 021007006 | 421014754 | 12/8/1993 | 7/12/2011 |
| COOPER MELISSA | 500000111556 | 021017205 | 411548650 | 3/28/1962 | 6/6/2011 |
| DEFFEY CARRA | | 021007948 | 410419759 | 9/13/1969 | 6/16/2011 |
| EGGERT ORGIST | 0001212150663 | 021074910 | 421215055 | 3/10/1951 | 3/16/2011 |
| EGGERT ORGIST | 0001212150663 | 021074910 | 421215056 | 3/10/1951 | 6/9/2011 |
| FOX BARI | 5000012726426 | 021076124 | 410060460 | 5/17/1962 | 1/26/2011 |
| FOX BARI | 5000012726426 | 021076124 | 410060470 | 4/15/1962 | 3/16/2011 |
| GREEN STACY | | 021001038 | 410886111 | 2/9/1975 | 3/24/2011 |

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Monitor Claims Not Paid / Denied

- * Eligible claims are claims for patients with verified Medicaid coverage for the date the service was provided and for the type of service that was provided

Monitor Claims Not Paid / Denied

- WIC services (BF ED – Breastfeeding Education, PNE- Primary Nutrition Education, SNE – Secondary Nutrition Education) are not directly reimbursed and will not appear on an EOP

Monitor Claims Not Paid / Denied

- Visit type 36-GYN Prob / Lab / Couns is not a billable visit type
 - We are not directly reimbursed for any services rendered when the encounter is coded to visit type 36

What Is the Billing Inquiry Spreadsheet?

Billing Inquiry Spreadsheet

Requestor	Step 1	Jeffrey McNeil	Phone No.	Step 2	354.284.5887	Walker	Step 3	Renee Freeman
Patient/Client	County	Medicaid Number	CSR #	Provider Number/ Program	YOS	Paid EOP Date	Denied EOP Date	Accession Needed
Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	
James Wood	Orange	50862601254	20145214	42301	11/11/11	12/15/11		Direct coverage of other insurance
Jack Stone	Orange	50894673228	20146886	Family Planning	11/9/11	12/21/11		Source of reason denied
Blake Pope	Orange	50895452221	20115281	Immunization	11/11/11	12/15/11		Indisputable
Carrie Dean	Orange	50842052134	20101779	Birth Control	11/10/11	12/15/11		Overpaid
Frances Ford	Orange	50801054521	20133462	Family Planning	11/11/11			Not paid or denied
Laura Jones	DeKalb	52087052892	25197885	Family Planning	11/10/11	12/15/11		Source of reason denied
Sally Mills	DeKalb	50805447731	20104424	Family Planning	11/11/11			Not paid or denied
Pamela Smith	DeKalb	50896214191	20104212	Family Planning	11/11/11	12/21/11		Denied because of wrong coding

Billing Inquiry Spreadsheet Instructions

- Step 1: Requestor
 - This is the person who is submitting the Billing Inquiry Spreadsheet
- Step 2: Phone Number
 - This is the phone number of the requestor

Billing Inquiry Spreadsheet Instructions

- **Step 3: Worker**
 - This is the worker who completed the services that have a billing problem / concern
 - A new Billing Inquiry Spreadsheet should be completed for each worker

Billing Inquiry Spreadsheet Instructions

- **Step 4: Enter the Patient / Client with the billing problem / concern**
 - List all of the billing problems / concerns related to this patient / client
- **Step 5: Indicate the county where the Patient / Client received services**

Billing Inquiry Spreadsheet Instructions

- **Step 6: Enter the Medicaid Number or Recipient Identification Number (RIN) for the Patient/Client**
- **Step 7: Enter the CHR # for the Patient/Client**
- **Step 8: Indicate Provider Number / Program related to the billing problem / concern**

Billing Inquiry Spreadsheet Instructions

- **Step 9: Indicate the Date(s) of Service (DOS) that have a billing problem / concern**
- **Step 10: Enter the Paid or Denied EOP Date (if applicable)**
- **Step 11: Enter your findings related to the billing problem / concern**

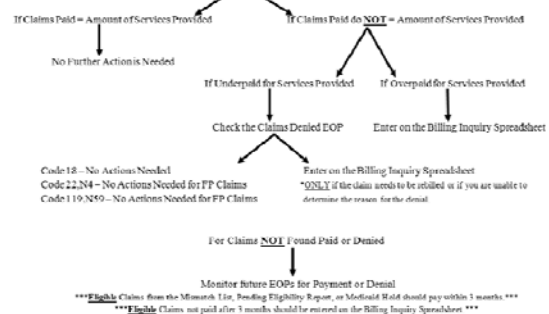
Billing Inquiry Spreadsheet Instructions

- **Step 12: Email the Billing Inquiry Spreadsheet to Jennifer McNeel**
- * **Please do not submit billing problems / concerns multiple times**

How to Check EOPs for Clinical Programs

Check the Claims Paid EOP against Encounter Forms and/or Other Documentation of Services Provided

**Multiply the number of units provided by the payment rate to ensure that the correct amount was paid.*



Reminders: What to Do

- Know the check-write schedule and claims cycle
- Develop a tracking system
- Check paid EOPs
- Research denied EOPs

Reminders: What to Do

- Send Billing Inquiry Spreadsheets via email with a meaningful subject
 - i.e., February 2012 FP Claims
- Monitor future EOPs for payments or denials of “missing”, pending, rebilled, and / or corrected claims

Reminders: What NOT to Do

- Avoid making changes to the encounter form in PHALCON prior to receiving approval from Revenue Recovery
- Avoid submitting valid denials on the BIS
 - A valid / correct denial cannot be fixed

Reminders: What NOT to Do

- Avoid submitting claims multiple times on the BIS
 - Utilize a tracking system

Reminders: What NOT to Do

- Avoid submitting claims “not paid” / “not denied” on the BIS until at least 3 months of subsequent checkwrites have processed without payment or denial of the claims
 - Utilize a tracking system

Reminders: What NOT to Do

- NOTE: Services provided under FP Service Type 36 are not directly reimbursed and will not appear on any EOPs

Contact Information

Jennifer McNeel

Alabama Department of Public Health

Revenue Recovery Assistant

**Bureau of Information Technology /
Revenue Recovery Division**

RSA Tower, Suite 1000

Phone: 334 – 206 – 5667

Fax: 334 – 206 – 0333

Jennifer.McNeel@adph.state.al.us