Webinar Billing Training:
DENIAL TROUBLESHOOTING & REPLACEMENT CLAIMS SUBMISSION WEBINAR TRAINING

Los Angeles County's Substance Use Disorder Information System

Thursday, April 19, 2018

Outline

- **Diagnosis and Denial**
- **Where to find the Denial Code/Reason**
- **Denial Reasons, Translations and Troubleshooting**
- **Claim Replacement Submission Process**
- **Summary**
- **Q & A**

Reasons for Claim Denials

- **Claims may be denied for multiple reasons, including:**
  - Incorrect/missing information (Financial Eligibility Form info, Provider Diagnosis (ICD-10) Form)
    - *See prior All Provider Meeting slides from 2/8/18 and 3/8/18 for additional details*
  - Patient not eligible (e.g., income too high, non-County resident)
  - Service authorization denial
  - Lack of funds in contract (provider would just need to request an increase in adjustable contract cap)

Current average denial rate across SAPC providers is 17 – 20%, but this number can/should be reduced with time as providers and staff get accustomed to using and billing on Sage

A certain proportion of denials are unavoidable in managed care systems
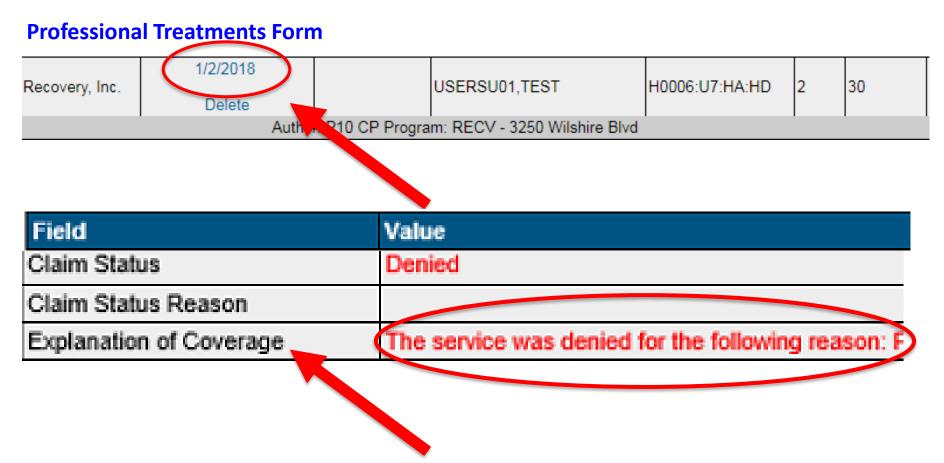
Dealing with Denial(s)

Advantage:
- You are all trained SUD treatment professionals.
- You are experts at identifying and confronting denial.

Goal is to:
- Provide practical understanding of denial reason codes and what they mean.
- Identify next steps that are needed to address the denial reason codes.
- Learn to distinguish between fixable denial codes and those that not fixable (e.g., appropriate denials).
- Learn how to submit replacement claims.

DECODING Your Denials:
Understanding What You Are Dealing With

Professional Treatments Form

Recovery, Inc.	1/2/2018 Delete		USERSU01,TEST	H0006:U7:HA:HD	2	30
	Auth: P10 CP Program: RECV - 3250 Wilshire Blvd					

Field	Value
Claim Status	Denied
Claim Status Reason	
Explanation of Coverage	The service was denied for the following reason: F

Denial Reason #1:
Eligibility not found/verified in Cal PM

Translation: There is one or more eligibility elements with missing information.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 177	Denied	Eligibility not found/verified in CalPM	Blank

REQUEST DENIED

Denial Reason #1:
Eligibility Not Found/Verified in Cal PM

What to do if you are a Primary Sage User (Provider Connect)?	Forms to check: 1. Financial Eligibility Form 2. Provider Diagnosis (ICD-10) Form

	Troubleshooting steps:
	1. Does the client have a financial eligibility form completed?
	2. If the client has a Financial Eligibility defined as Drug MediCal as the primary guarantor, are the following fields filled in:
	    a. Subscriber Client Index #
	    b. Subscriber Birth Date
	    c. Subscriber Address Line 1: State, City, Zip Code
	    d. Eligibility Verified set to 'Yes'
	3. Does the client have an Admission Diagnosis in the Provider Diagnosis (ICD-10) form?

What to do if you are a Secondary Sage User?	Troubleshooting steps: 1. Ensure that you have completed all required fields for Financial Eligibility as specified above. 2. Ensure you have a admission diagnosis entered. 3. Contact Help Desk if not resolved.

Denial Reason #2:

Diagnosis For Authorization is Not Found On Claim

Translation: There is a diagnosis on the Authorization Request Form that does not perfectly match what is on the Provider Diagnosis (ICD-10) Form.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 197	Denied	Blank	Diagnosis For Authorization Is Not Specified On Claim

Denial Reason #2:

Diagnosis For Authorization is not Found On Claim

What to do if you are a <u>Primary Sage User (Provider Connect)</u>**?**	**Forms to check:** 1. Authorization Request Form 2. Professional Treatment Form
	Troubleshooting steps: 1. Does the Authorization Request Form have a diagnosis? • If you find a diagnosis on this form, please contact SAPC QI & UM Staff Member who assisted with your authorization who will assist in removing the diagnosis from the Authorization Request Form. • Resubmit your claim. 2. Does the Professional Treatment form contain a diagnosis? • If Yes, then remove diagnosis and resubmit your claim.
What to do if you are a <u>Secondary Sage User</u>**?**	**Troubleshooting steps:** 1. Ensure that you have completed admission diagnosis. 2. Contact Help Desk if not resolved.

Authorization Request Form

- **Do <u>NOT</u> enter a diagnosis on the Authorization Request Form.**
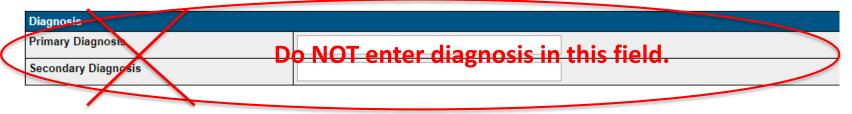
Authorization Request

Client Information		
CLIENT NAME Monster Child	**MEMBER ID** 11	**PROVIDER NAME** Recovery, Inc.

Authorization Dates			
Authorization Requested Start Date:		Set authorization for	days [Set]
Authorization Requested End Date:			

Care Manager	
CARE MANAGER ASSIGNED:	**DATE ASSIGNED:**

Authorization Information		
AUTHORIZATION NUMBER:	**CURRENT AUTHORIZATION STATUS:**	**CURRENT AUTHORIZATION STATUS REASON:**
AUTHORIZED LEVEL OF CARE:	**TYPE OF AUTHORIZATION:**	**PERFORMING PROVIDER TYPE:**
PLANNED ADMIT DATE:	**INITIAL OR CONTINUING AUTH:**	**NEXT REVIEW DATE:**

Diagnosis	
Primary Diagnosis	**Do NOT enter diagnosis in this field.**
Secondary Diagnosis	

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Professional Treatment Form

- **Do NOT enter a diagnosis on the Professional Treatment Form → may cause billing errors.**

Treatment Details		Additional Information	
Funding Source:	Drug Medi-Cal	**Start Time:**	**End Time:**
CPT Code:	H0004:U7:HA:HD - Individual Counseling	**Duration** (minutes per service): 60	
Num of Days:	1	**Location:** Office ▼	
Units/Day:	4		
Total Units:	4		
Cost/Unit:	$0.00		
Cost/Day:	$0.00		
Total Cost:	$0.00		
Treatment Date(s): 03/07/2018			

Diagnosis Details

Primary Diagnosis:

Second Diagnosis:

Third Diagnosis:

Fourth Diagnosis:

Denial Reason #3:
Invalid Authorization Number

Translation: Professional treatment was submitted using an incorrect authorization number. This can be a "Member Authorization" or "Provider Authorization" (Denial Reason experienced only by Secondary Sage Users).

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 15	Denied	Blank	Invalid Authorization Number

REQUEST DENIED

Denial Reason #3:
Invalid Authorization Number

What to do if you are a <u>Primary Sage User (Provider Connect)</u>?	**<u>Forms to check:</u>** None.
	<u>Troubleshooting steps:</u> Not Applicable. This is an denial reason that applies to secondary providers.
What to do if you are a <u>Secondary Sage User</u>?	**<u>Troubleshooting steps:</u>** 1. Confirm that you have an authorization number for your client 2. Confirm that you have a Provider Authorization number for your site. 3. Confirm that you are using the correct Authorization Number or Provider Authorization number and resubmit billing. 4. Contact Help Desk if not resolved.

Denial Reason #4:
Contracting Provider Program Not Valid For Authorization

<u>Translation</u>: Treatment/claim was submitted under a program that is not specified on the authorization that was selected.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 185	Denied	Blank	Contracted Provider Program Not Valid For Authorization

REQUEST DENIED

Denial Reason #4:
Contracting Provider Program Not Valid For Authorization

What to do if you are a **Primary Sage User (Provider Connect)?**	**Forms to check:** 1. Professional Treatment Form (Authorization Field) 2. Service Authorization Form (if applicable, to verify Authorization #)
	Troubleshooting steps: 1. Was your member authorization ***submitted*** and ***approved*** ? 2. Did you select the correct ***program (e.g. location)*** on the Service Authorization Form? • If not, you need to contact your SAPC QI/UM staff member to rescind this authorization and re-submit with Service Authorization Form with correct location 3. When completing the Professional Treatment Form, did you: • Select the correct ***authorization number*** for your client? • Select the appropriate **Member Auth number**? **PAuth Number?** • Select the correct ***program (e.g. location)?*** • If no, then resubmit claim after selecting correct info above.
What to do if you are a **Secondary Sage User?**	**Troubleshooting steps:** 1. Verify the correct program is specified on the authorization number referenced in the claim. 2. Contact Help Desk if not resolved.

Authorization Request Form
Program Selection

- **The program on the Authorization request form corresponds to the provider agency where treatment is being delivered.**
  - **If an agency has multiple sites, be sure to select the correct program where this patient is being treated.**

Professional Treatment Form

- Each Auth # corresponds to a **Funding Source**, **Dates of Service, Age Group**, **ASAM LOC**, and **Treatment Location**.
  - Many agencies have multiple Treatment Locations, with different locations having different provider authorizations to select from when entering a Professional Treatment
  - Any authorization number that begins with a "P" (e.g. Provider Authorizations) corresponds to Non-Authorized Levels of Care
  - Authorization numbers that that DO NOT start with a "P" correspond to an Authorized Service (e.g. Member Authorizations).

| Authorization: | Auth #, Funding Source, Valid Dates : [Auth Grouping Name], up to 3 sets Procedure Code - Description from Auth |
| | Select Authorization to filter CPT Codes |

Select Authorization to filter CPT Codes

Auth #: 2765 FS: Drug Medi-Cal 1/24/2018 - 3/24/2018 : Recovery Facility : ASAM 3.1 - Over 21/Perinatal - 90846:U1:HD - Family Therapy, 99203:U1:HD - Physical Exam, D

Auth #: P2897 FS: Drug Medi-Cal 3/1/2018 - 3/31/2018 : Recovery Facility : ASAM 1-OTP - Over 21 - 90846:UA:HG - Medical Psychotherapy, 99203:UA:HG - Physical Exam,

Auth #: P2878 FS: Non-Drug Medi-Cal 7/1/2017 - 1/31/2018 : Recovery Facility : ASAM 1-OTP - Over 21 - 90846:UA:HG - Medical Psychotherapy, 99203:UA:HG - Physical E

Auth #: P2895 FS: Non-Drug Medi-Cal 2/1/2018 - 2/28/2018 : : ASAM 1.0 - Over 21 - 90846:U7 - Family Therapy, 99203:U7 - Physical Exam, D0001:U7 - Discharge Services

Performing Provider

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Denial Reason #5:
Service Occurs During a Claims Blackout

Translation: The service you are attempting to bill for occurs during a period where a claims blackout is actively in place.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
OA 133	Denied	Blank	This service occurs during a claim processing blackout.

REQUEST DENIED

Denial Reason #5:
Service Occurs During a Claims Blackout

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Client Eligibility Verification Report

	Troubleshooting steps:
	1. Run the Client Eligibility Verification Report.
	2. Does the client have their eligibility established for the dates of service that you are requesting?
	• If Yes, contact the help desk to determine if a claims blackout in in place.
	• If No, then:
	    1. Verify all needed medical necessity components are in the chart.
	    2. Contact your SAPC UM Staff Person or SAPC UM 626-299-3531.

What to do if you are a Secondary Sage User?	**Troubleshooting steps:**
	1) Does the client have their eligibility established for the dates of service that you are requesting?
	• If Yes, contact help desk to determine if a claims blackout in in place.
	• If No, then:
	    1. Verify all needed medical necessity components are in the chart.
	    2. Contact your SAPC UM Staff Person or SAPC UM 626-299-3531.

Common Denial Reason #6:
Group time on Treatment is more than 90 minutes

Translation: You are attempting to bill for a group service that is more than 90 minutes in length.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 177	Denied	Eligibility and/or Standards not Met	Claim Status has been set to Denied because of Claim Adjudication Rule 16 - Limit group/pt 90 min.

REQUEST DENIED

Denial Reason #6:
Group time on Treatment is more than 90 minutes

What to do if you are a Primary Sage User (Provider Connect)?	**Forms to check:** 1. Clinical Documentation 2. Professional Treatment Entry
	Troubleshooting steps: 1. Verify duration of group on the clinical documentation. • If group lasted longer than 90 minutes, you can only bill for a maximum of 90 minutes of service. 2. Resubmit claim using corrected duration of group, as specified in 1.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Verify the group duration. • If group lasted longer than 90 minutes, you can only bill for a maximum of 90 minutes of service. 2. Resubmit claim using correct duration of group, as specified in 1.

Denial Reason #7:

Claim Level Adjustment was submitted without a corresponding Service Level Adjustment

Translation: The claim on an 837 is formatted incorrectly. Identified a previous payment/adjustment and the service did not.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
OA 23	Denied	Blank	Claim Level Payment/Adjustment Information Found and No Service Level Payment/Adjustment Found.

REQUEST DENIED

Denial Reason #7:

Claim Level Adjustment was submitted without a corresponding Service Level Adjustment

What to do if you are a Primary Sage User (Provider Connect)?	**Forms to check:** 1. None
	Troubleshooting steps: 1. Not Applicable. This is an denial reason that applies to secondary providers
What to do if you are a Secondary Sage User?	**Forms to Check:** 1. None.
	Troubleshooting steps: 1. Resend 837 with Service Level Adjustment.

Denial Reason #8:

Contracting Provider Program Not Active

Translation: Program you are attempting to bill to is not currently active in the SAGE system.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 147	Denied	Blank	Contracting Provider Program is Not Active.

REQUEST DENIED

Denial Reason #8:
Contracting Provider Program Not Active

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. None.
	Troubleshooting steps: 1. Contact Help Desk to confirm that the treatment program and location you are attempting to bill to is active in Sage. 2. If program is not active, Help Desk will escalate ticket to SAPC-Contracts Services Division (CSD). 3. Follow-up with SAPC-CSD as needed.
What to do if you are a Secondary Sage User?	**Forms to Check:** 1. None.
	Troubleshooting steps: Same as above.

Denial Reason #9:
Denied Authorization

Translation: You are attempting to bill on an authorization that has been denied

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 15	Denied	Blank	Authorization is denied.

REQUEST DENIED

Common Denial Reason #9:
Denied Authorization

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Authorization Status Report
	Troubleshooting steps: 1. Run the Authorization Status Report 2. Confirm that the Authorization number that you used on your billing has the "Request Status" of "Denied". 3. If the authorization status (e.g. Member Authorization or Provider Authorization "PAuth") is submitted and approved, they may not have been active or approved for the time period that you are attempting to bill for or at the time of billing. 4. If you submitted using a denied Authorization number, resubmit using a correct/authorized number. 5. If not resolved, Contact Help Desk.
What to do if you are a Secondary Sage User**?**	**Troubleshooting steps:** 1. Verify an authorization was approved or a PAuth is active. If they are active currently, they may not have been active or approved for the time period that you are attempting to bill for or at the time of billing. 2. Contact Help Desk. NOTE: More likely to be a Secondary Provider issue due to billing timing.

Denial Reason #10:
Exceeded Number of Days to Bill

Translation: You are attempting to bill for services that occurred greater than 365 days prior to billing date.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 29	Denied	Blank	Service Exceeded Allowed Number Of Days Prior to Date Of Claim.

REQUEST DENIED

Denial Reason #10:
Exceeded Number of Days to Bill

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Billing
	Troubleshooting steps: 1 Confirm in the Submitted Bill that the Date of Service is not more than 365 days before the Bill Date. NOTE: Typically this is a typo error (ex: 2015 vs. 2017). 2. If date of service was less than 365 days before the billing date, resubmit with correct dates. * If this does not resolve issue, contact Help Desk. 3. If date of service was more than 365 days before the billing date, you will not be permitted to bill for these services.
What to do if you are a Secondary Sage User**?**	**Troubleshooting steps:** 1. Confirm the Date of Service is correct. 2. If date of service was less than 365 days before the billing date, resubmit with correct dates. * If this does not resolve issue, contact Help Desk. 3. If date of service was more than 365 days before the billing date, you will not be permitted to bill for these services.

Denial Reason #11:
Group Time is Too Short and Outside Minimum Limit

Translation: You are attempting to bill for a group that too short (e.g. <60 mins).

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 177	Denied	Eligibility and/or Standards not Met	Claim Status has been set to Denied because of Claim Adjudication Rule 15 - Limits Groups/Patient Education.

REQUEST DENIED

Denial Reason #11:
Group Time is Too Short and Outside Minimum Limit

What to do if you are a Primary Sage User (Provider Connect)?	**Forms to check:** 1. Clinical Documentation 2. Professional Treatment Entry
	Troubleshooting steps: 1. Verify duration of group on the clinical documentation. • If group lasted less than 60 minutes, you cannot bill for the group. 2. Correct Group duration of 60+ mins (if applicable) and resubmit claim using correct duration of group, as specified in 1.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Verify the group duration. • If group lasted less than 60 minutes, you cannot bill for the group. 2. Correct Group duration of 60+ mins (if applicable) and resubmit claim using correct duration of group, as specified in 1.

Denial Reason #12:
Missing Episode for Date of Service

Translation: Your are attempting to bill for a service that occurred before the admission date.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO A1 MA40	Denied	Blank	Missing Episode for DOS

Denial Reason #12:
Missing Episode for Date of Service

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Provider Admission Form
	Troubleshooting steps: 1. Verify that the date you are attempting to bill for services on falls on or after the date of admission on Provider Admission Form. 2. If you discover the admission date is incorrect, contact the help desk to request assistance for options in adjusting this date. 3. If the date of service occurred on or after the admission date, resubmit billing with this correct date. 4. Contact Help Desk if not resolved.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Date of Service is before admission date. 2. Correct Date of Service or admission date. 3. Resubmit claims. 4. Contact Help Desk if not resolved.

Denial Reason #13:
Group Duration Limit

Translation: Historical error and should no longer be encountered

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 177	Denied	Eligibility and/or Standards not Met	Claim Status has been set to D because of Claim Adjudication Rule 4 - H0005:U1 Group Counseling 90 min limit.

REQUEST DENIED

Denial Reason #13:
Group Duration Limit

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Clinical Documentation 2. Professional Treatment Entry
	Troubleshooting steps: 1. Verify the duration of group you are attempting to bill for is between 60 and 90 minutes in duration. 2. This is a historical error. Should not be encountered if you resubmit your billing. 2. If not resolved with resubmission, contact Help Desk.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Same as above.

Denial Reason #14:

Incorrect Authorization Number on 837 Submission

Translation: You have submitted an 837 electronic claim with an incorrect authorization number.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 15	Denied	Blank	This member does not have this authorization number.

Denial Reason #14:
No Authorization Number on 837 Submission

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. None.
	Troubleshooting steps: 1. Not Applicable. This denial reason applies only to secondary Sage users submitting billing via the 837 process.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Include the correct authorization on your billing submission. 2. Resubmit claims. 3. Contact Help Desk if not resolved.

Denial Reason #15:

Number of Services per Claim Allowed Exceeded

Translation: You have attempted to submit a claim on an 837 with too many services associated with it.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 16	Denied	Blank	Number of services per claim allowed exceeded

REQUEST DENIED

Denial Reason #15:
Number of Services per Claim Allowed Exceeded

What to do if you are a Primary Sage User (Provider Connect)?	**Forms to check:** 1. None.
	Troubleshooting steps: 1. Not Applicable. This denial reason applies only to secondary Sage users submitting billing via the 837 process.
What to do if you are a **Secondary Sage User**?	**Troubleshooting steps:** 1. Resubmit claims with correct formats. 1. There should only be one service per claim 2. Contact Help Desk if not resolved.

Denial Reason #16:
No Coverage Level Found

Translation: The particular type of service that you are attempting to bill for may not be associated with this benefit plan

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 181	Denied	Blank	No coverage level found.

REQUEST DENIED

Denial Reason #16:
No Coverage Level Found

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Professional Treatment
	Troubleshooting steps: 1. Review HCPC code you were using to ensure it is part of the benefit plan, as indicated by the SAPC Rates & Standards Matrix. 2. If you have confirmed HCPC code is correct, contact Help Desk for assistance.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Review HCPC code you were using to ensure it is part of the benefit plan, as indicated by the SAPC Rates & Standards Matrix. 2. If you have confirmed HCPC code is correct, contact Help Desk for assistance.

Denial Reason #17:
Procedure not on Fee schedule.

Translation: You may have entered an incorrect HCPC code or one that is not associated with that level of care.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 181	Denied	Blank	Procedure not on fee schedule.

REQUEST DENIED

Denial Reason #17:
Procedure not on Fee schedule.

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Authorization Form
	Troubleshooting steps: 1. Review the SAPC Rates & Standards Matrix to confirm the procedure code and modifier are listed for the level of care you are attempting to bill for. 2. If you discover that you attempted to use incorrect code or code with incorrect modifier, resubmit using correct code and modifier. 3. If unable to resolve, contact Help Desk.
What to do if you are a Secondary Sage User**?**	**Troubleshooting steps:** 1. Same as above

Denial Reason #18:

Funding source not eligible on date of service for member.

Translation: Date of Service is before the admission date.

Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO 166	Denied	Blank	Funding source not eligible on date of service for member.

REQUEST DENIED

Denial Reason #18:
Funding source not eligible on date of service for member.

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Provider Admission Form
	Troubleshooting steps: 1. Verify that the date you are attempting to bill for services on falls on or after the date of admission on Provider Admission Form. 2. If you discover the admission date is incorrect, contact the help desk to request assistance for options in adjusting this date. 3. If the date of service occurred on or after the admission date, resubmit billing with this correct date. 4. Contact Help Desk if not resolved.
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Date of Service is before admission date. 2. Correct Date of Service or admission date. 3. Resubmit claims. 4. Contact Help Desk if not resolved.

Denial Reason #19:
Performing Provider Is Not Registered On Date of Service

Translation: Clinician who provided the service has an enrollment date in Sage after the date of service.

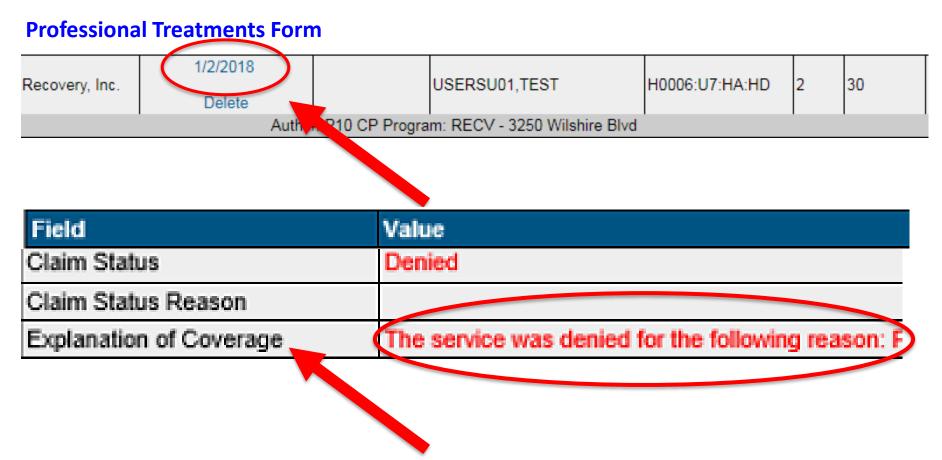| Denial Code	Claim Status	Claim Status Reason	Explanation of Coverage
CO B7	Denied	Blank	Performing provider is not registered on date of service.

REQUEST DENIED

Denial Reason #19:
Performing Provider Is Not Registered On Date of Service

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. SAGE HelpDesk User Creation Form
	Troubleshooting steps: 1. Verify the date of hire on newest version of form (registration date on older version). 2. Verify if date of hire (registration date on older version) is before or after service delivery date 3. Contact Help Desk
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Same as above

DECODING Your Denials:
Understanding What You Are Dealing With

Professional Treatments Form

Recovery, Inc.	1/2/2018 Delete		USERSU01,TEST	H0006:U7:HA:HD	2	30
	Auth: P10 CP Program: RECV - 3250 Wilshire Blvd					

Field	Value
Claim Status	Denied
Claim Status Reason	
Explanation of Coverage	The service was denied for the following reason: F

The Take Away

Initial Troubleshooting Steps Prior to Resubmission of Denied Claims

What to do if you are a Primary Sage User (Provider Connect)**?**	**Forms to check:** 1. Professional Treatments Form
	Troubleshooting steps: 1. Search for Patient treatments that were denied 2. Click on "Tx Date" to view details of claim/treatment 3. View Explanation of Coverage for details of denial reason 4. Follow steps for that specific Explanation from following slides
What to do if you are a Secondary Sage User?	**Troubleshooting steps:** 1. Review 835 for denial codes.

Sage Denial Decoder Ring

CLAIM REPLACEMENT SUBMISSION with CARLA!

"Big Picture" – Billing Status

- SAPC & Netsmart are acutely aware of billing challenges providers are experiencing and have been working with urgency to reduce denial rates... and will need your help as well!

- **Key Interventions**
  - Internal dashboard to help track various Sage-related metrics and progress.
  - Identification and contacting of providers with high rate of denials to assist with resolution.
  - **Detailed billing trainings**
    - **Billing overview with highlights** (2/8/18 All Provider Meeting slides)
    - **Step-by-step billing instructions** (3/8/18 All Provider Meeting slides)
    - **Billing denial reasons** (4/5/18 All Provider Meeting slides).
    - **Expanded review of denial reasons and Claim Resubmission Process** (4/18/2018)
  - **Need providers to communicate this information to staff!**

Summary

- Reviewed where to find reasons for denied claims
- Translated Reasons for denied claims
- Provided direction for both primary and secondary Sage users on how to troubleshoot and correct denied claims
- Provided an overview of the Claim Replacement Submission Process.

Questions?