

Quick Guide to Identifying Denials

LOCAL/LEVEL 1 DENIALS

To identify local denials (non-State) providers may use Provider Connect, MSO KPI Dashboard 2.0, EOB Remittance Advice, and/or 835 file (for secondary users only).

Primary and Secondary Users:

Provider Connect (PCONN) – Use the Services Denied in MSO report and/or Patient specific Treatment History

Services Denied in MSO					
Agency	Member ID	Service Date	Reason for Denial	Service	Amount
Recovery, Inc.	125928	9/10/2018	The service was denied for the following reason: Procedure not on fee schedule.	Medication Services (H2010:U7:HA)	\$ 0.00
Recovery, Inc.	125928	9/10/2018	The service was denied for the following reason: Procedure not on fee schedule.	Treatment Plan (T1007:U7:HA)	\$ 0.00
Recovery, Inc.	125928	9/12/2018	The service was denied for the following reason: Procedure not on fee schedule.	Family Therapy (90846:U7:HA)	\$ 0.00
Recovery, Inc.	125928	9/18/2018	The service was denied for the following reason: Procedure not on fee schedule.	Family Therapy (90846:U7:HA)	\$ 0.00

Treatment History									
Agency	Tx Date <small>click to view details</small>	Status	Therapist	Procedure Code	Units	Duration	Bill Date	Billing Status	Expected Disbursement
Recovery, Inc.	9/18/2018 Void	Complete	SMITH,JOHN	90846:U7:HA	1	60	9/21/2018	Denied	\$ 0.00
Auth #: 88620 CP Program: Recovery Facility Bill Enum: 92120181049095 Check # 234231 Date: 9/21/2018									
Recovery, Inc.	9/18/2018 Void	Complete	SMITH,JOHN	90846:U7:HA	1	60	9/21/2018	Denied	\$ 0.00
Auth #: 88620 CP Program: Recovery Facility Bill Enum: 92120181049095 Check # 234231 Date: 9/21/2018									
Recovery, Inc.	9/12/2018 Void	Complete	SMITH,JOHN	90846:U7:HA	4	60	9/21/2018	Denied	\$ 0.00
Auth #: 88620 CP Program: Recovery Facility Bill Enum: 92120181049095 Check # 234231 Date: 9/21/2018									
Recovery, Inc.	9/10/2018 Void	Complete	SMITH,JOHN	H2010:U7:HA	1	60	9/21/2018	Denied	\$ 0.00
Auth #: 88620 CP Program: Recovery Facility Bill Enum: 92120181049095 Check # 234231 Date: 9/21/2018									

Field	Value
Procedure Code	90846:U7:HA (C) - Family Therapy
Revenue Code	
Units	1
Approved Units	0
Service Date	9/18/2018
Start Time	
End Time	
Funding Source	Drug Medi-Cal
Authorization Number	88620
Claim Status	Denied
Claim Status Reason	
Explanation of Coverage	The service was denied for the following reason: Procedure not on fee schedule.
Duration	60
Private Pay Amount Add/Edit	\$ 0.00
Billed Amount	\$ 0.00
Expected Disbursement	\$ 0.00
Fee Table Amount	\$ 0.00
Check Number	234231
Check Date	9/21/2018
Check Amount	\$ 0.00
Comments	
Service Comments	
Voided	No

Once the denied procedure is found, find the Claim Status Reason or Explanation of Coverage. Look up the Explanation of Coverage on the Denial Crosswalk. Follow resolution steps for resubmission and/or replacement.

MSO KPI Dashboard 2.0- Use the Payment Reconciliation and/or Claim Denial View

Payment Reconciliation View												
Procedure Overview												
Procedure ID	Provider Name	Contracting Provider Program	Client Name	DOS	Performing Provider Name	Procedure	Auth #	Claim Status	Total Charge	Total Take...	Total Disb...	
Totals									\$0.00	\$0.00	\$0.00	
2956661	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-10	SMITH,JOHN	Treatment Plan (T1007:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956660	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-10	SMITH,JOHN	Medication Services (H2010:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956664	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-12	SMITH,JOHN	Family Therapy (90846:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956663	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-18	SMITH,JOHN	Family Therapy (90846:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956662	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-18	SMITH,JOHN	Family Therapy (90846:U7:HA)	88620	Denied	\$0.00	-	\$0.00	

Claim Denial View								
Procedure Overview (5)								
Claim ID/#	Client Name/ID	DOS	Procedure	Auth #	Claim Status	Claim Status Reason	Explanation of Coverage	
2956661	TEST,MIKE S (125928)	2018-09-10	Treatment Plan (T1007:U7:HA)	88620	Denied	No Entry	Procedure not on fee schedule.	
2956660	TEST,MIKE S (125928)	2018-09-10	Medication Services (H2010:U7:HA)	88620	Denied	No Entry	Procedure not on fee schedule.	
2956664	TEST,MIKE S (125928)	2018-09-12	Family Therapy (90846:U7:HA)	88620	Denied	No Entry	Procedure not on fee schedule.	
2956663	TEST,MIKE S (125928)	2018-09-18	Family Therapy (90846:U7:HA)	88620	Denied	No Entry	Procedure not on fee schedule.	
2956662	TEST,MIKE S (125928)	2018-09-18	Family Therapy (90846:U7:HA)	88620	Denied	No Entry	Procedure not on fee schedule.	

EOB Remittance Advice

The EOB Remittance Advice is provided by SAPC to providers. Denied services will have a D under Status and will list a Denial Reason or Explanation of Coverage both of which are denoted in the red boxes.

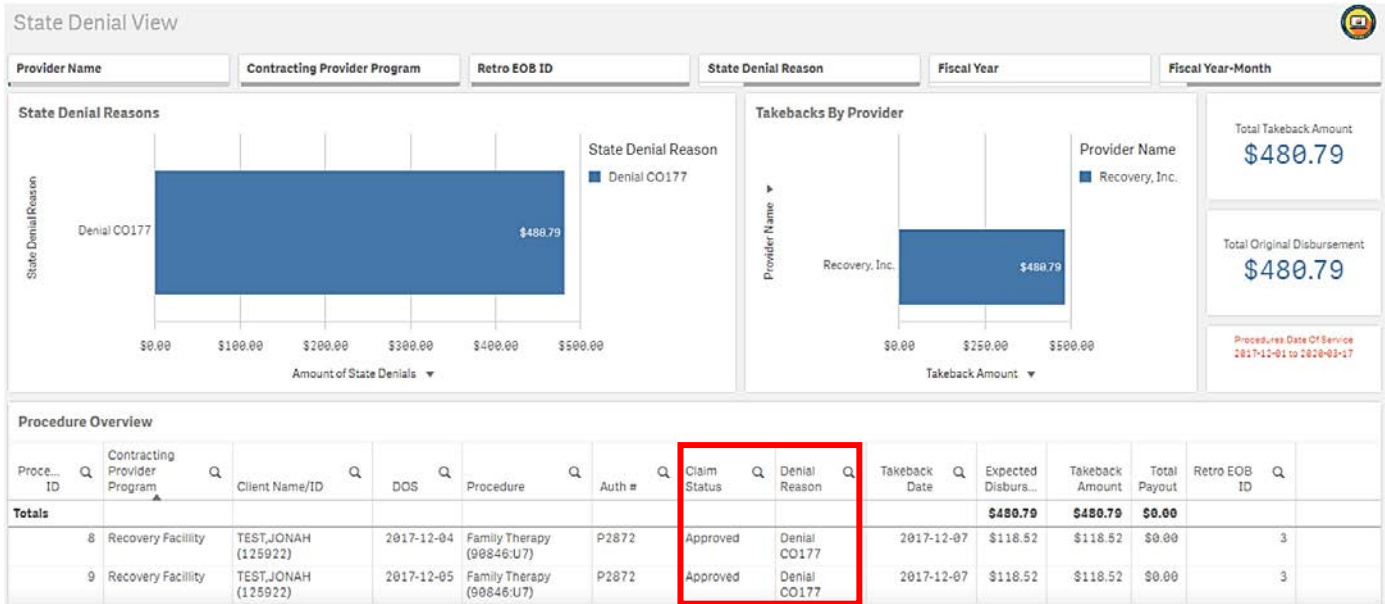
Date Claim Received:											
Batch,SvcRef#	Auth #	Contract #	Contract Type	Date of Service	CPT Code	Status	Claimed Amount	Allowed Amount	Denied/ Adjusted	Member Co-pay	Amount Paid
####	####		Non-DMC		H0004	D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
The service was denied for the following reason: Performing Provider is blank.											

Once the denied procedure is found, locate the Denial Reason or Explanation of Coverage directly underneath the claim. Look up that reason on the Denial Crosswalk. Follow resolution steps for resubmission and/or replacement.

STATE/LEVEL 2 DENIALS

Primary and Secondary Users:

State Denial View in MSO KPI Dashboard 2.0



This view will only show services that were denied by the state and SAPC initiated a takeback. If money was not taken back from the provider, the State denied claim will not populate in this view. Again, “Claim Status” will continue to show as “Approved” because the claim was initially approved by SAPC prior to being denied by the State. Use the Claim Denial Resolution Crosswalk to fix and replace these claims.

EOB Remittance Advice

State denials resulting in a retro will be listed on the EOB Remittance Advice. The EOB will begin with an “Adjustment Notice,” the adjustment amount and adjusted EOB total on the first page of the EOB. This will only show State denied claims that were automatically retro’d by the system. However, Finance may also manually retro denials, which will then show on a subsequent retro EOB.

Adjustment Notice
An adjustment of \$ -1257.16 has been applied to this payment.

Current Claims:
Adjustment: -1257.16
Adjusted EOB Total: -1257.16

Detail Adjustment Information for EOB Number: #####

Original Service Information
Orig EOB
#####

The EOB will then list each service that was denied by the State.

Posting codes for State denials follow the same naming convention for each State denial: “Denial [CARC group, CARC code, RARC Code] directly matching the state code on the state 835, i.e. Denial CO B7 N570 or Denial CO 177. Additionally, this posting code is set as the ‘Adjustment Reason’ on the EOB. The status for State denied claims will remain “A” as they were originally approved by SAPC.

BatchID	SvcRef	DOS	Proc	PatID	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
####	####	####	H0004:UA	####	A	78.70	78.70	1/29/2020	\$-78.70	Denial Co177

Once the State denied procedure is found under the Adjustment Reason, identify the Denial Code. Look up the Denial Code on the Claim Denial Resolution Crosswalk. Follow the resolution steps for resubmission and/or replacement.

Provider Connect- Treatment History

Claims that have been denied by the State, voided by the provider, or taken back by SAPC will all show as “Void” under claim status.

Treatment History										
Agency	Tx Date click to view details	Status	Therapist	Procedure Code	Units	Duration	Billing			Expected Disbursement
							Bill Date	Status	Expected Disbursement	
Recovery, Inc.	9/10/2018	Complete	SMITH,JOHN	H0019:U3:HA	1	1	9/20/2018	Void		\$0.00
Auth # 88864 CP Program: Recovery Facility Bill Enum: 920201814262795										

When clicking on the treatment date for more detailed information, you will notice the claim status is ‘Approved.’ This is because the original claim was approved, however it was later voided which is reflected on the last line of the snip.

Field	Value
Procedure Code	H0019:U3:HA (C) - Residential -Alcohol and/or Drug Service
Revenue Code	
Units	1
Approved Units	1
Service Date	9/10/2018
Start Time	
End Time	
Funding Source	Drug Medi-Cal
Authorization Number	
Claim Status	Approved
Claim Status Reason	
Explanation of Coverage	
Duration	1
Private Pay Amount Add/Edit	\$0.00
Billed Amount	\$125.23
Expected Disbursement	\$125.23
Fee Table Amount	\$125.23
Comments	
Service Comments	
Voided	Yes

All takebacks and provider voids will show as voided on the treatment details and history. However, only provider-initiated voids will be shown as voided on Provider Connect reports and the Submitted Bills section of the Billing screen.

Secondary Users Only:

Secondary Sage Users will primarily utilize the 835 for the most efficient visibility, which is generated after the state denials are triggered in MSO.

State denials that result in a retro will generate on the 835, as will manual retros completed by Finance. The 835 with the state denials will have particular markers that will identify it as a state denial 835. Guidance can be found on the last page of the companion guide.

The BPR segment listed on the first page of the 835 will show \$0 for the 835 (example provided below) and “NON” to indicate no payment as well. These two items if shown together will indicate this 835 file contains state denials. The PLB segment on the last page of the 835 shows the total denied amount. Additionally, each denied service will be shown in two CLP segments back to back. The first segment shows the denial amount and the second shows the CAS segment with denial reason. Once the denied procedure is found, identify the Denial Code. Look up the Denial Code on the Claim Denial Resolution Crosswalk. Follow the resolution steps for resubmission and/or replacement.

HIPAA 837P Companion Guide

State Denial and Takeback

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ISA*00*-----*00*-----*ZZ*680290013-----*ZZ*951234567-----*171019*2205*!*00501*0000000055*0*P*:-
GS*HP*951234567*680290013*20171019*220515*1*X*005010X221A1~
ST*835*0137~
BPR*I*0*C*NON*****20171019~
TRN*1*34_DENIED_137*1953893470~
REF*F2*AVATAR MSC 2017~
DTM*405*20171019~
N1*PR*COUNTY OF LOS ANGELES SAPC~
N3*1000 S FREMONT AVE~
N4*ALHAMBRA*CA*91803~
PER*CX*RICHARD LUGO*TE*8008751850*EM*RLUGO@PH.LACOUNTY.GOV~
PER*BL*LA SAPC EDI HELP DESK~
N1*PE*RECOVERING, INC..*XX*1751934005~
REF*TJ*951234567~
LX*1~
CLP*3048*21*-28*-28*HM*288*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*12~
REF*F8*288~
DTM*232*20170904~
DTM*233*20170904~
SVC*HC:90846:U8*-28*-28**1~
DTM*472*20170904~
REF*BB*P1136~
AMT*B6*-28~
CLP*3048*1*28*0*HM*288*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*12~
REF*F8*288~
DTM*232*20170904~
DTM*233*20170904~
SVC*HC:90846:U8*28*0**0**1~
DTM*472*20170904~
CAS*CO*177*28*1~
REF*BB*P1136~
PLB*1619008380*20180630*FB:34_DENIED_137*-28~
SE*33*0137~
GE*1*1~
IEA*1*0000000055~
    
```

This 835 only contains a takeback due to a State Denial and is processed as a \$0.00 payment with a future deduction listed in the PLB segment

The first loop of 2100 – 2110 segments contains a negative transaction to takeback funds previously paid for this claim. The CLP and SVC segments contain a negative payment of -\$28.00

The second loop of 2100 – 2110 segments contains the denial of the claim. The CAS segment contains the CARC from Drug Medi-Cal

PLB Segment shows the amount of a future takeback. This amount will be deducted from the next 835(s) until full amount has been consumed.

