

Claims Submission Helps

Box 33 – Billing Name and Address

is *vital* to the proper payment of claims. The information in Box 33 *must* match what is indicated on your physician's (or other provider's) W-9 form on file with UMMH and its TPA's. Our TPA's correlate tax identification information in their files and on file with the IRS with what appears in Box 33. Changes to a provider's tax identification number and/or billing address are *not* acceptable if communicated via a claim form. *Please fax any changes on a revised W-9 form to UMMH's Provider Relations Department at (314) 729-4636.*

Provider Identification Number

One of the most common claim rejection reasons for both paper and electronic claims relates to a missing or incorrect provider number. Mercy Health Plans does not generally assign plan-generated provider identification numbers. Rather, we ask physicians and other health care providers to use their UPIN (Uniform Provider Identification Number) as their provider number. The treating physician's UPIN is billed in addition to the physician's tax identification number which is also required. For the small percentage of physicians and therapists who are not required to have a Medicare UPIN, please contact Mercy Health Plans' Provider Relations Department at (314) 214-8137 or (800) 596-4315 for assistance. The UPIN belongs where indicated in Box 33 on the HCFA "PIN#".

Potential Penalty for Non-Electronic Submissions

Mercy Health Plans and some of the other health plans are considering implementation of a penalty (\$1.00 per claim) for all claims not submitted electronically. UMMH encourages you to pursue electronic billing if you are not doing so currently.

Authorization Numbers

Please use authorization numbers on all claims! This will help with prompt payment on claims. **Authorization numbers must be in Box 23 on the HCFA form and Box 63 on UB-92 form.**

Electronic Filing

Mercy Health Plans and some of our other health plan partners are encouraging electronic filing of claims for the following reasons:

- ❖ Dramatically improves the exchange of information
- ❖ Increases the acceptance rate of claims
- ❖ Reduces opportunities for error
- ❖ Decreases the turnaround time for claims payment
- ❖ HIPAA compliance

If you are currently filing paper claims you may wish to investigate electronic filing. The following vendors are currently working with some of our health plans:

- ❖ Gateway EDI at (314) 961-2720 or (800) 969-3666 or via the Internet at www.gatewayedi.com
- ❖ WebMD at (877)-469-3263
- ❖ SSI at (800) 880-3032 x 1246 Contact person is Jon Boake

For assistance with setting up electronic billing for your office, you may wish to contact these vendors.

Handling Rejection (and Avoiding a Phone Call)

For those who bill electronically, there are occasions where you may receive certain front-end rejections. Please keep the following chart at hand to assist you in determining the nature of the rejection as well as how to correct the claim prior to calling Provider Relations or resubmitting the claim. In doing so, you can save yourself valuable time by not having to make a phone call. While it does not include all rejection reasons, it does address the most common ones. As a reminder, providers may initiate electronic claims filing through Gateway EDI or WebMD.

Professional Claims

ANSI Reject Code	ANSI Reject Text	Explanation of Correction Required
MA06	Incomplete beginning and/or ending date(s) on claim	Verify that the date(s) on the claim is/are valid (e.g., claim is not post-dated or for an impossible date of service)
31- Member # MA38 – DOB MA39 – Sex	31 -- Claim denied as patient cannot be identified as our insured MA38 – Incomplete/invalid patient's birthdate MA39 – Incomplete/invalid patient's sex	Information either does not perfectly match a single record, or multiple records exist; Verify that all three elements (excluding person number) are accurate*
28	Coverage not in effect at the time service was provided	Member was not eligible for coverage on the date of service filed; Verify insurance information and file with the appropriate carrier
M57	Incomplete/invalid provider number	The field was either left blank, or an invalid UPIN or Diamond ID was indicated; Include or verify information. See "Provider Identification Number" on other side
M77	Incomplete/invalid place of service(s)	Field was either left blank or an invalid code was used; Include or verify information
M81	Patient's diagnosis code is truncated, incorrect or missing	Primary diagnosis code was left blank or existing diagnosis code(s) is/are not carried out to the specific number of digits as indicated in the ICD9 manual
M54	Did not complete or enter the correct total charges for services rendered	Total Charges were either left blank or did not match the total for the detail lines of the claim
M51	Incomplete/invalid procedure code(s) and/or rates	CPT code was either excluded or incorrect based on the <i>current year's</i> CPT4 Manual OR the Medicaid Type of Service code was omitted or incorrect
6	The procedure code is inconsistent with the patient's age	The CPT4 code is not valid for the member's age; Verify that the preventive care code exactly matches the member's date of birth *
7	The procedure code is inconsistent with the patient's sex	The CPT4 code is not valid for the member's sex: Verify correct code in the CPT4 Manual
M78	Did not complete or enter accurately an appropriate HCPCS modifier	An invalid HCPCS modifier was used; Verify correct modifier as identified in HCPCS Manual
MHP004	Include other insurance coverage information	This code appears only when other insurance was indicated but no company name was provided

*May require a correction of the member's information on file with the Plan.