Top Claim Denials

Correction or Process Instructions:

Claim Edit	Denial	Correction/Process
The diagnosis is inconsistent with the procedure.	Provider is billing Diagnosis Code (DX) outside of the allowed DX code group for service billed.	Providers should utilize all resources made available by the Department of Medicaid (ODM) and the Managed Care Plans (MCP's). Please visit http://bh.medicaid.ohio.gov/manuals for the most up to date information in coding and billing requirements and check out the "The DX Code Groups Behavioral Health (BH) Redesign" under "Billing and IT Resources." Corrected Claim Is Required. For additional information see the "Additional Resources" at the bottom of this document.
Consult plan benefit documents/guidelines for information about restrictions for this service.	Provider is billing a BH Redesign services, prior to the Medicaid go live date of 7/1/2018.	Providers must submit billing for a DOS between January 1 and June 30th 2018 for Medicaid eligible recipients to Fee for Service (FFS). MCPs can receive dates of service July 1, 2018 and after for the BH Redesign services. For additional information see the "Additional Resources" at the bottom of this document.
Duplicate Mem/DOS/Service code/Pay To/Modifier.	There is another claim on file that matches this claim exactly.	UB-04 claims should be submitted with the appropriate resubmission code in the third digit of the bill type (for corrected claims this will be 7) and the original claim number in Box 64 of the paper claim.

		CMS-1500 claims should be submitted with the appropriate resubmission code (value of 7) in Box 22 of the paper claim with the original claim number of the corrected claim. **By utilizing the Molina Healthcare Provider Portal, a provider can choose the claim to be corrected by** **1. Selecting the "Correct Claim" radio button from the "Create a Professional Claim" tab.** **2. Selecting the claim to be corrected by the "Claim Status" inquiry field.** **For additional information on correcting claims, including through EDI transactions, see the "Additional Resources" at the bottom of this document.**
The procedure code is inconsistent with the modifier used or a required modifier is missing. **Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.**	**Incorrect Modifier Billed.**	**Provider is required to bill this service with a NPI for the Rendering Practitioner and Procedure Modifier HQ.** **Modifier HQ has been omitted from this claim.** **Corrected Claim Is Required.** **For additional information see the "Additional Resources" at the bottom of this document.**
Per Medicaid National Correct Coding Initiative (NCCI) edits, Procedure Code 80362 has an unbundle relationship with history Procedure Code 80363.	**Provider is not contracted to provide the services billed on line(s).** **Additional Line(s) hit a NCCI denial.**	**Per Medicaid NCCI edits, Procedure Code 80362 has an unbundle relationship with history Procedure Code 80363.** **Provider must be contracted to provide the services billed, and then the provider can submit an appeal/reconsideration with clinical documentation to support the medical need for the unbundled service.**

		For additional information see the "Additional Resources" at the bottom of this document.
This provider type/provider specialty may not bill this service; Missing/incomplete/invalid Healthcare Common Procedure Coding System (HCPCS). This provider was not certified/eligible to be paid for this procedure/service on this date of service.	Provider is non-par, which makes services not payable without a Prior Authorization (PA) and/or no PA is on file to cover services billed on any of these claims.	All services require a Prior Authorization PA when the provider is not contracted with Molina Healthcare as of January 1, 2019. A provider may request a contract on our website at www.MolinaHealthcare.com/OhioProviders by selecting the Non-Participating Provider Contract Request Form under the "Forms" tab. Non Participating providers may also be able to provide services under a Single Case Agreement (SCA) or a Prior Authorization. There are some services that require a PA when the provider is contracted such as Assertive Community Treatment, Intensive Home-Based Treatment, SUD Partial Hospitalization and SUD Residential (after the annual limit is reached). Please see the uniform Ohio Medicaid/MyCare PA Form – Community Behavioral Health Services located www.MolinaHealthcare.com under the "Forms" tab or at http://bh.medicaid.ohio.gov/manuals. For additional information see the "Additional Resources" at the bottom of this document.

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This provider type/provider specialty may not bill this service.	Provider is billing SUD services with the National Provider Identifier (NPI) for the registered Community Mental Health Center (CMHC).	The provider would need to submit the claim with the NPI registered with Ohio Medicaid for the SUD provider type (95) to receive payment for services billed. Corrected Claim Is Required. For additional information see the "Additional Resources" at the bottom of this document.
Consult plan benefit documents/guidelines for information about restrictions for this service. This provider type/provider specialty may not bill this service.	The NPI billed on this claim image does not match the NPI for the CMHC. The NPI billed on this claim matches the Federally Qualified Health Centers (FQHC). Please review.	The provider would need to submit the claim with the NPI for the CMHC record to receive payment for services billed. Corrected Claim Is Required. For additional information see the "Additional Resources" at the bottom of this document.
Missing/incomplete/invalid/ inappropriate place of service.	Provider is billing an invalid place of service.	Per the Molina Healthcare Provider Manual, Current Procedural Terminology Codes (CPT) 99214 allows Place of Service (POS) codes 11, 13, 31, 32; Mental Health (MH) also has 53; Substance Abuse Disorder (SUD) also has 57. Corrected Claim Is Required. For additional information see the "Additional Resources" at the bottom of this document.

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Missing/incomplete/invalid/ inappropriate place of service.	Per BH Redesign, POS 12 is not an appropriate POS code for CPT 99212.	Acceptable POS codes are 11, 13, 31, 32; MH also has 53; SUD also has 57. Corrected Claim Is Required. For additional information see the "Additional Resources" at the bottom of this document.
Missing/incomplete/invalid/ inappropriate place of service.	Provider is billing inappropriate POS codes (21) for service billed (H2019).	Allowed POS codes are 03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99. Corrected Claim Is Required. For additional information see the "Additional Resources" at the bottom of this document.

Additional Resources

- Claim Features Training
- Provider Manual
- Corrected Claim Billing Guide
- Request For Claim Reconsideration Form
- Prior Authorization Request Form and Instructions
- Non-Participating Provider Contract Request Form
- Non-Contracted Provider Billing Guidelines

If you have questions or concerns Provider Services is available from 8 a.m. to 6 p.m. for MyCare Ohio and from 8 a.m. to 5 p.m. for all other lines of business at (855) 322-4079 or email our BH Provider Representative at BHProviderServices@MolinaHealthcare.com.