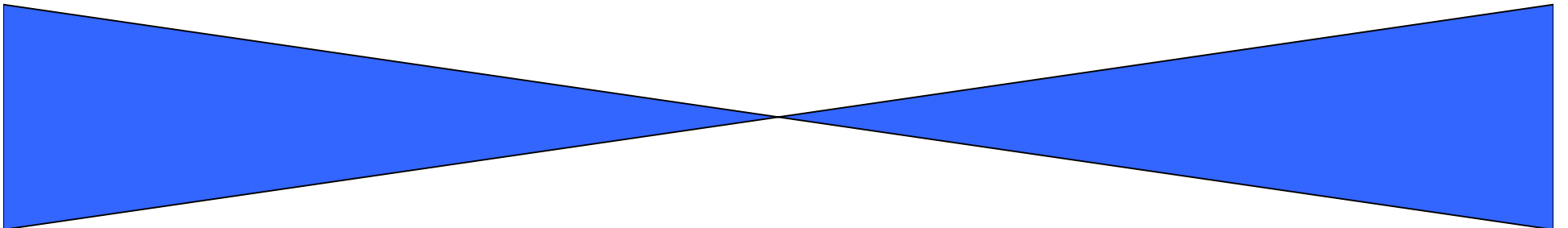


Inpatient Common Denials

Presented by Susan Volmer

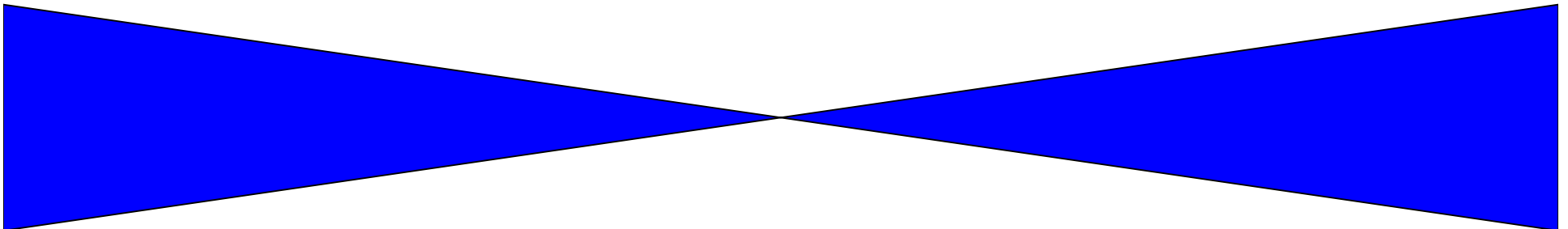
EDS Medi-Cal

Regional Representative



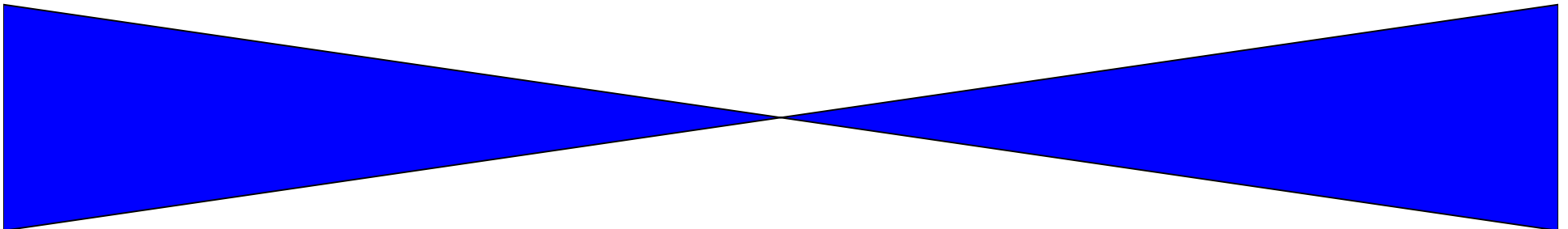
Purpose

This presentation will familiarize participants with an overview of the most common denial messages when billing on the *UB-04* claim form for Inpatient services, provide billing advice and appropriate follow-up procedures for these denials.



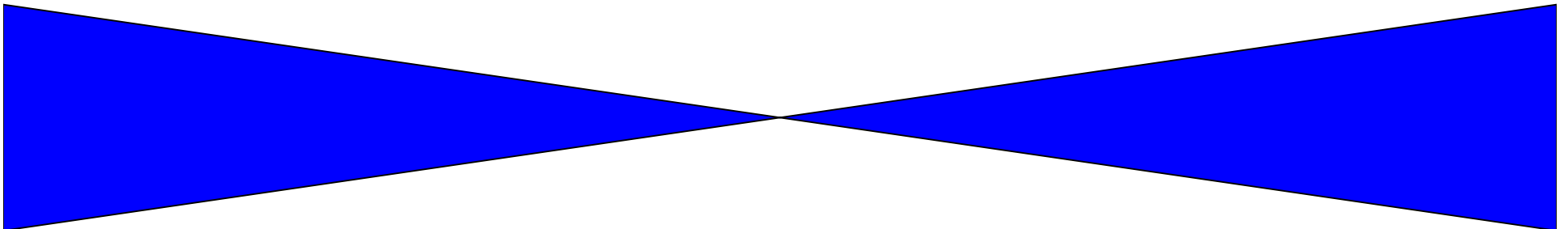
Objectives

- Identify the 10 most common claim denial messages
- Show common billing errors that cause denials
- Offer billing tips to prevent claim denials



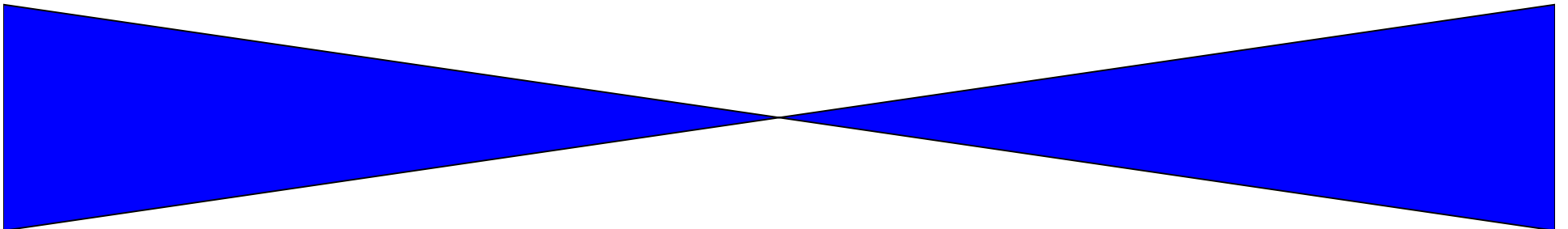
Objectives cont.

- Give the appropriate follow-up procedures for listed claim denials
- Highlight the correct Provider Manual section for each denial



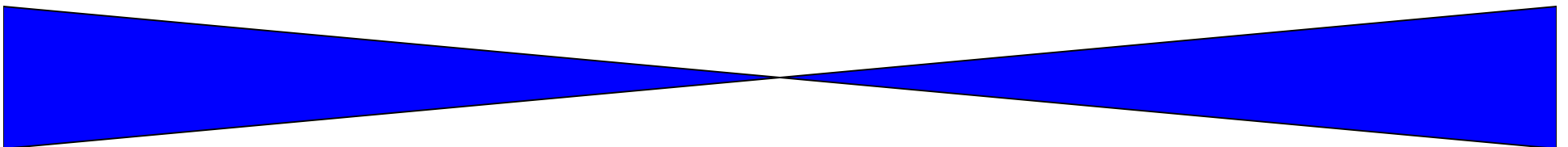
Denial follow-up methods

1. Re-bill the claim
2. Submit a *Claims Inquiry Form* (CIF)
3. Submit an Appeal



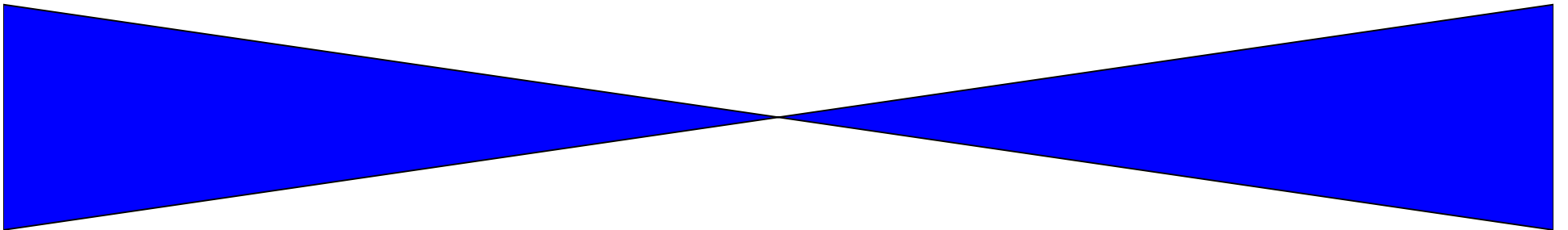
Claim Submission Timeliness

- 6 months from the month of service to rebill a claim
- 6 months from the denial date on the RAD to submit a CIF
- 90 days from the denial date on the RAD an appeal



#1 RAD code 010:

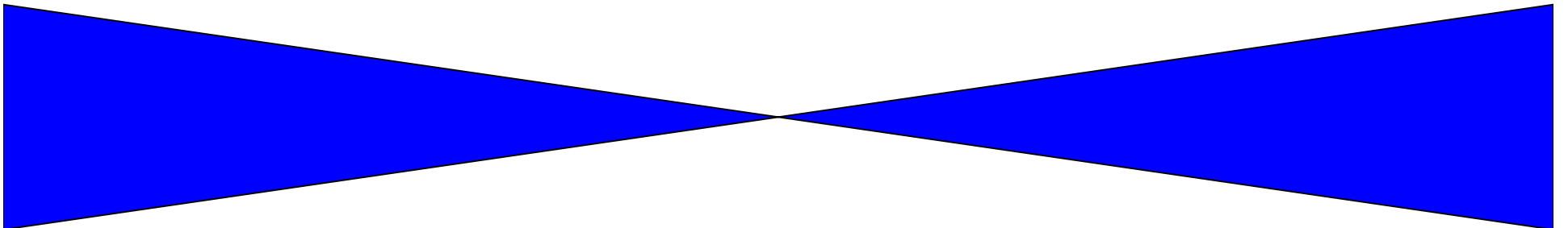
This service is a duplicate of a
previously paid claim.



Prevention Tips

Verify:

- Provider number/NPI
- Recipient's ID number
- “From – thru” dates



Follow-up

The appropriate follow-up procedure for a 010 RAD code is to :

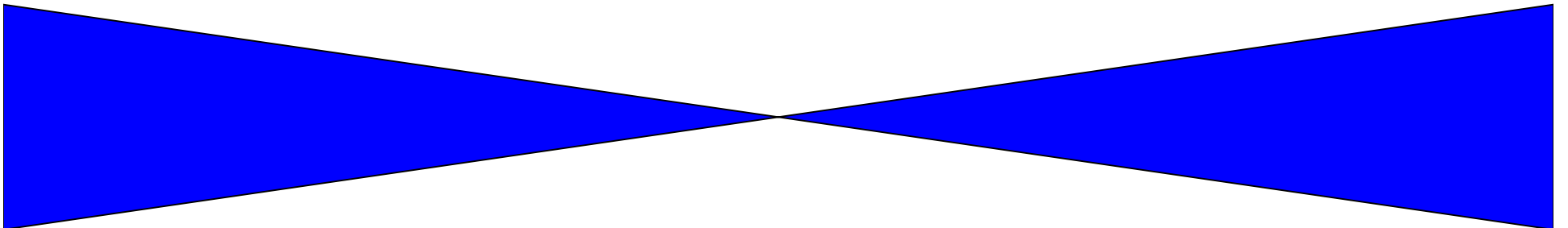
- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days**

Part 1, Page remit cd001 2



#2 RAD code 008:

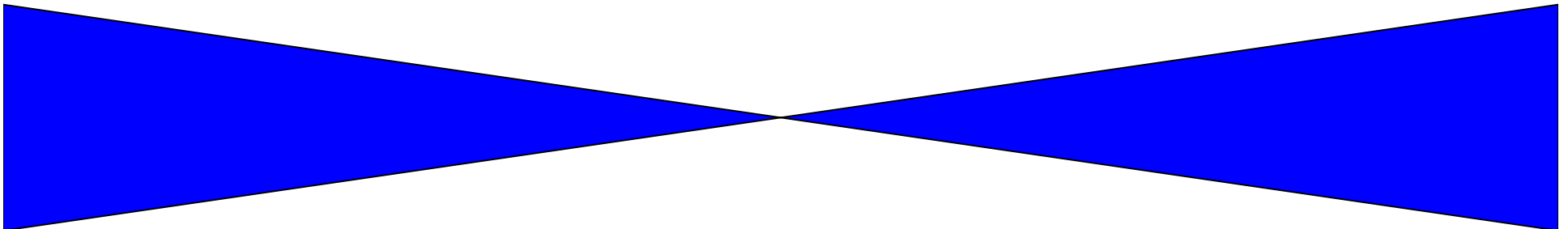
The provider of service is not eligible for the type of services billed.



Prevention Tips

Verify:

- Provider number/NPI
- Billing with a valid Medi-Cal provider number/NPI



Follow-up

The appropriate follow-up procedure for a 008 RAD code is to :

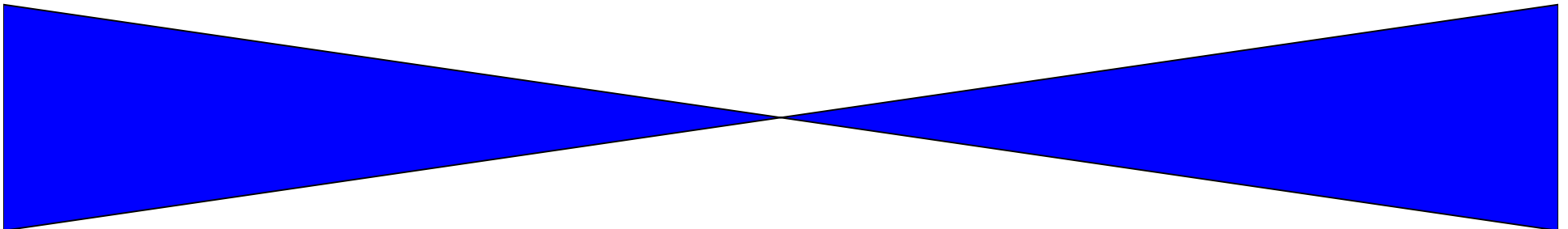
- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd001 2



#3 RAD code 036:

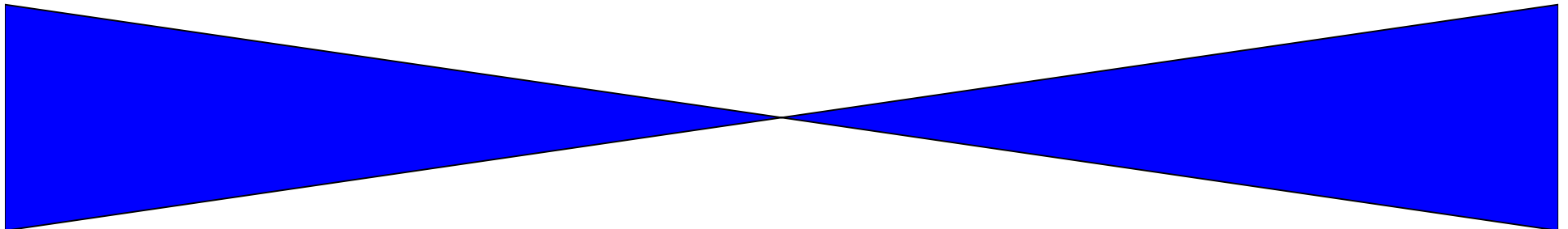
RTD (Resubmission Turnaround Document) was either not returned or was returned uncorrected; therefore, your claim is formally denied.



Prevention Tips

Verify:

- Return the RTD by the date indicated at the top of RTD
- If claim was resubmitted, disregard the denial



Follow-up

The appropriate follow-up procedure for a 036 RAD code is to :

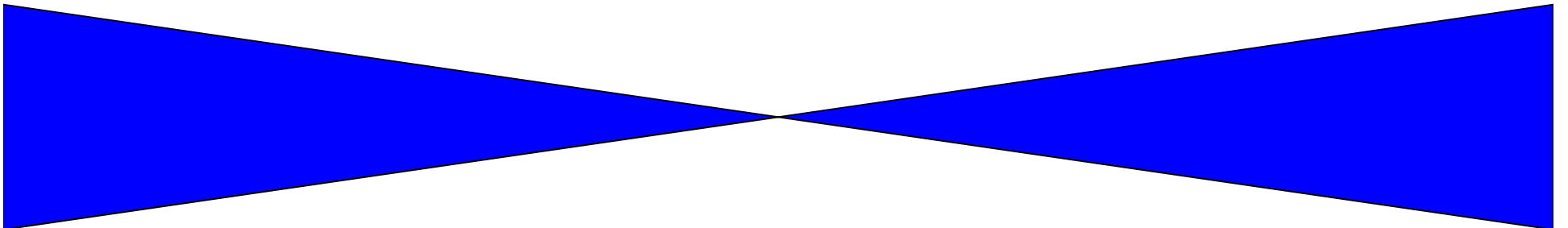
- A.** Rebill the claim
- B.** Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd001 2



#4 RAD code 314:

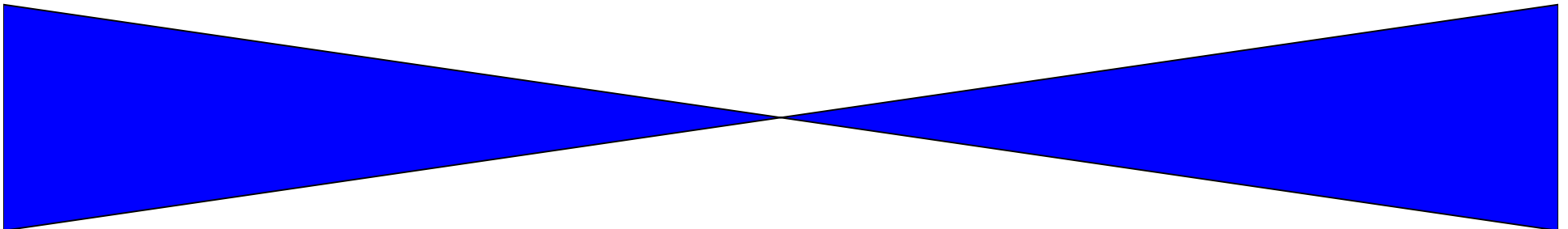
Recipient is not eligible for the month of service billed.



Prevention Tips

Verify:

- Recipient's ID number **Prior** to rendering service
- SOC and is eligible for the month of service



Follow-up

The appropriate follow-up procedure for a 314 RAD code is to :

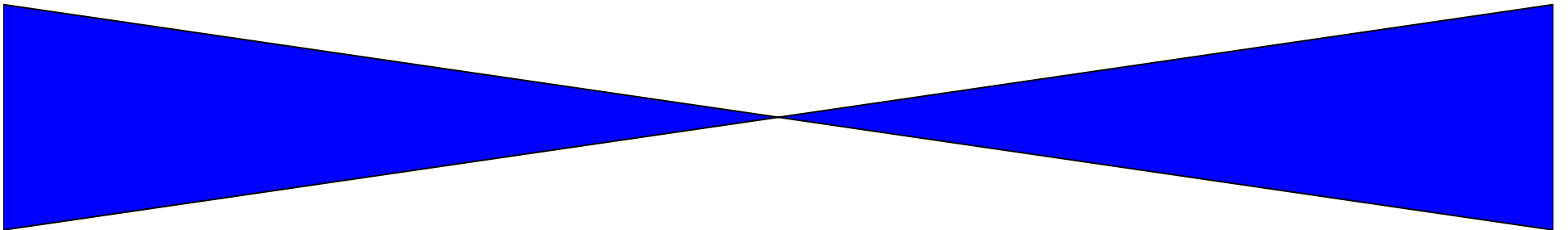
- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd300 2



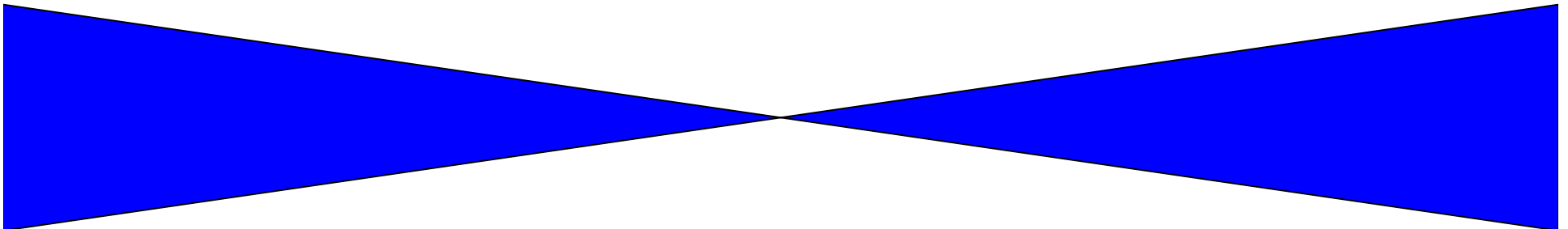
#5 RAD code 037:

Health Care Plan enrollee, capitated
service not billable to Medi-Cal.



Prevention Tips

- Always verify the recipient's eligibility **Prior** to rendering service.
 - *Exception: an emergency*
- Determine the Health Care Plan to be billed
- Bill the appropriate Health Care Plan



Follow-up

The appropriate follow-up procedure for a 037 RAD code is to :

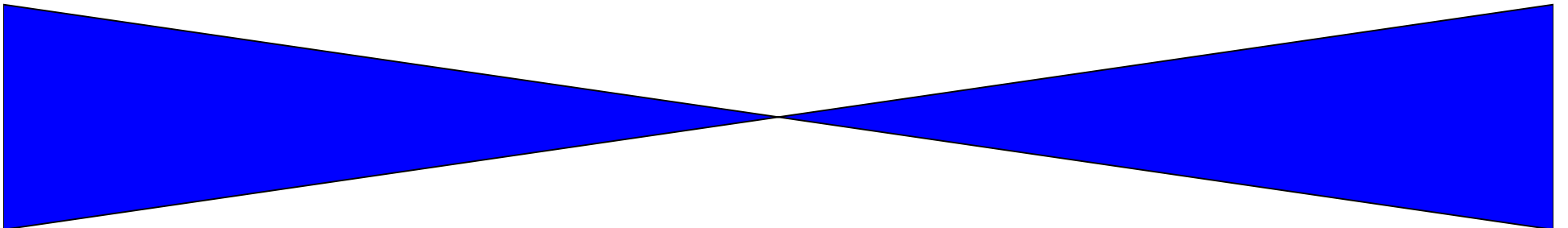
- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days
- D. Bill the Health Care Plan

Part 1, Page remit cd001 5



#6 RAD code 002:

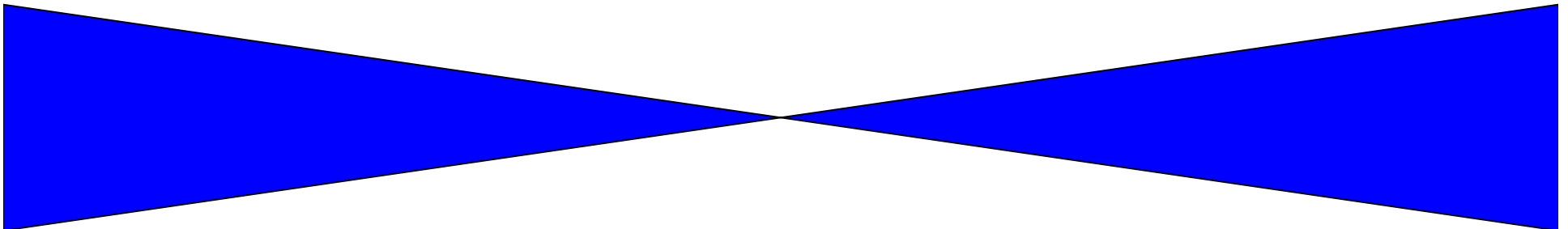
Recipient is not eligible for benefits under the Medi-Cal program or other special programs.



Prevention Tips

Verify:

- Recipient's 14-character ID number
Prior to rendering service
 - *Exception: an Emergency*
- Eligibility on the POS Network



Follow-up

The appropriate follow-up procedure for a 002 RAD code is to :

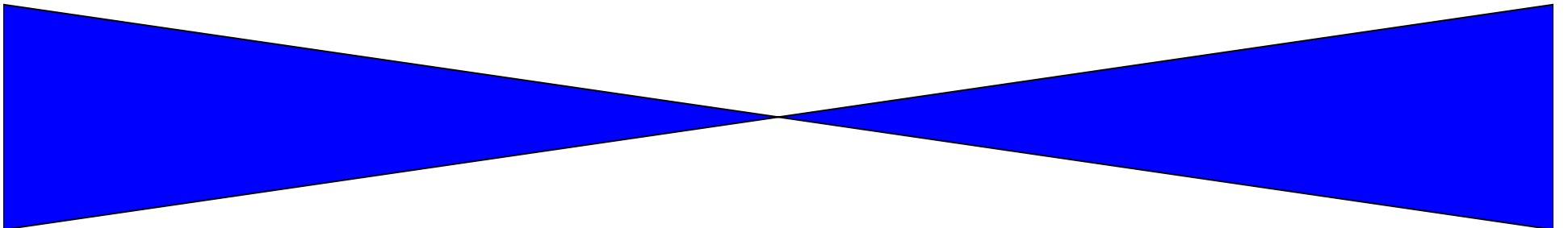
- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd001 2



#7 RAD code 341:

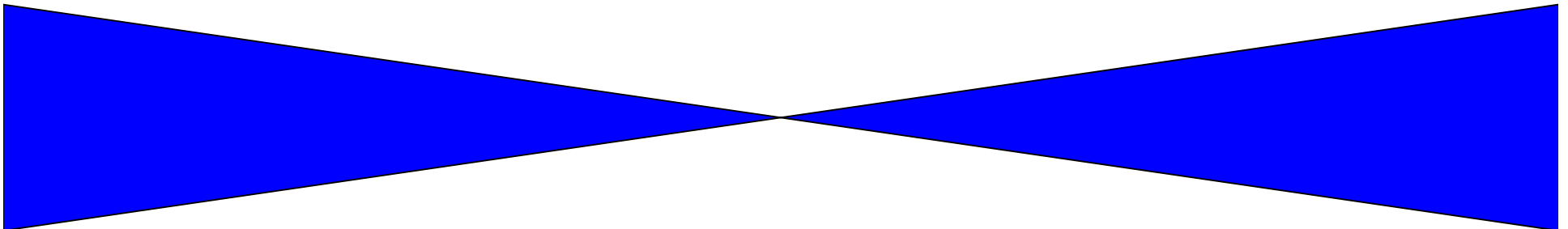
Units of service billed exceed the TAR (Treatment Authorization Request) authorized days. Submit with new TAR Control Number.



Prevention Tips

Verify:

- Correct units requested on TAR. If incorrect, request corrected TAR in writing from the TAR field office
- Resubmit with corrected TAR



Follow-up

The appropriate follow-up procedure for a 341 RAD code is to :

- A.** Rebill the claim
- B.** Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd300 4

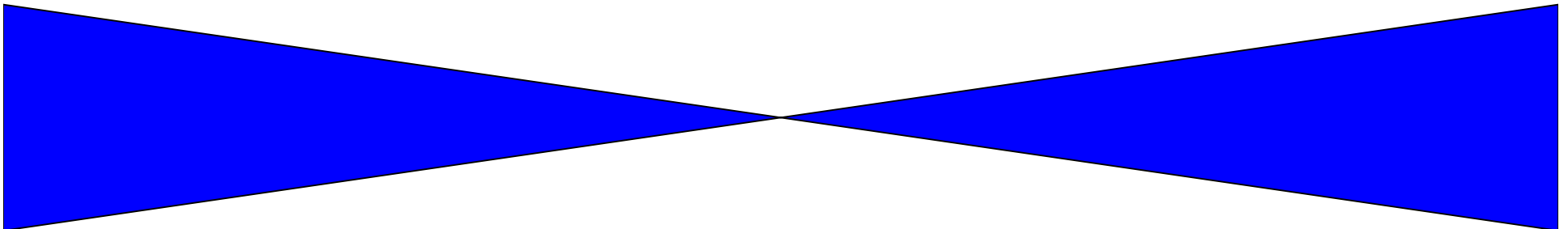


#8 RAD code 243:

The TAR Control Number submitted on the claim is not found on the TAR master file.

Prevention Tip

- Verify the TAR information

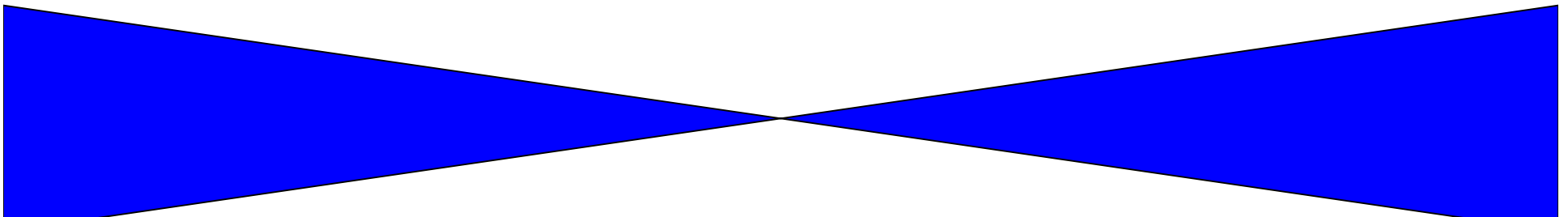


Follow-up

The appropriate follow-up procedure for a 243 RAD code is to :

- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd200 5

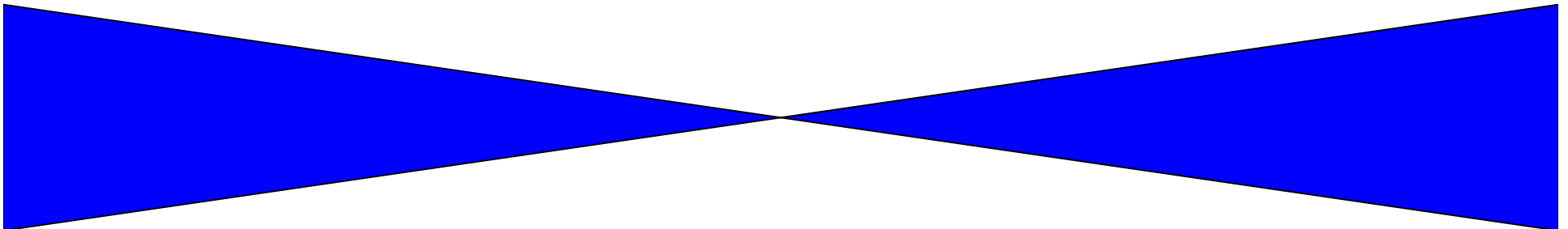


#9 RAD code 202:

The primary ICD-9 diagnosis code is invalid for the age of recipient.

Prevention Tip

- Verify Patient's age and diagnosis code



Follow-up

The appropriate follow-up procedure for a 202 RAD code is to :

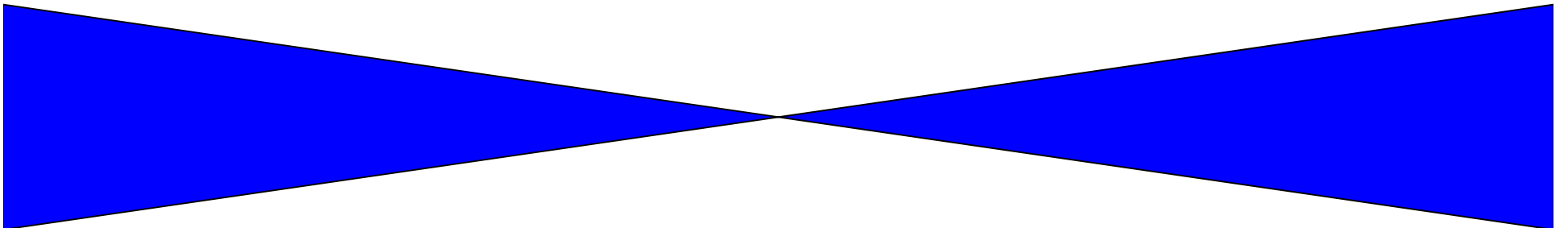
- A.** Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days

Part 1, Page remit cd200 1



#10 RAD code 334:

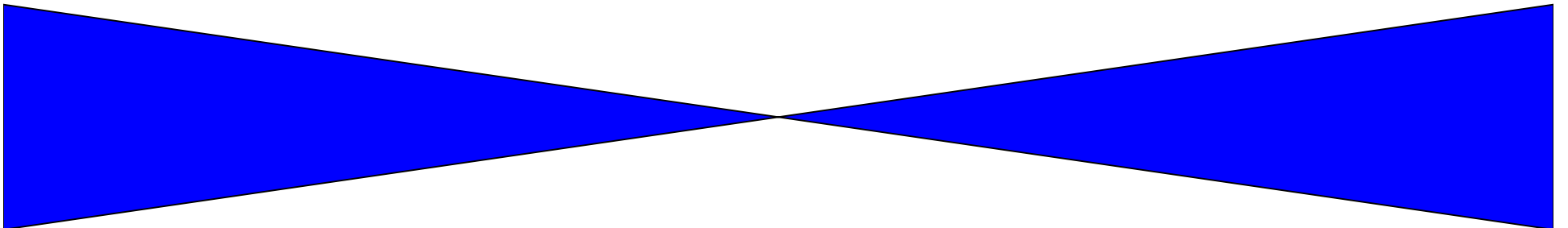
Valid rate not on file for claim period of service. Contact Provider Enrollment



Prevention Tips

Verify:

- The dates of service on the Claim
- Revenue codes on the Claim



Follow-up

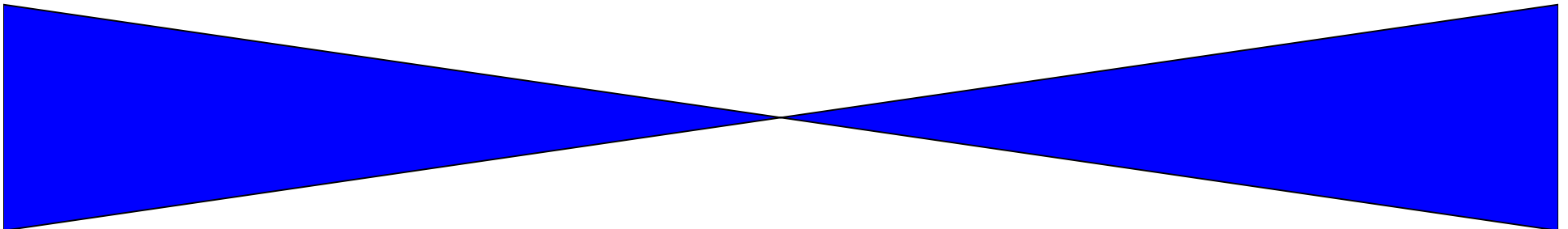
The appropriate follow-up procedure for a 334 RAD code is to :

- A. Rebill the claim
- B. Submit a CIF within 6 Months
- C. Submit an appeal within 90 days**

Part 1, Page remit cd300 4

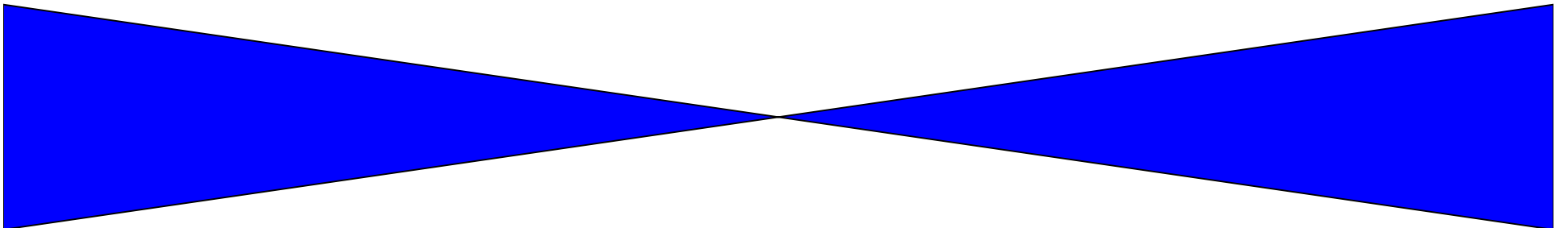
Summary

- Identified the 10 most common claim denial messages
- Showed common billing errors that cause denials
- Offered billing tips to prevent claim denials



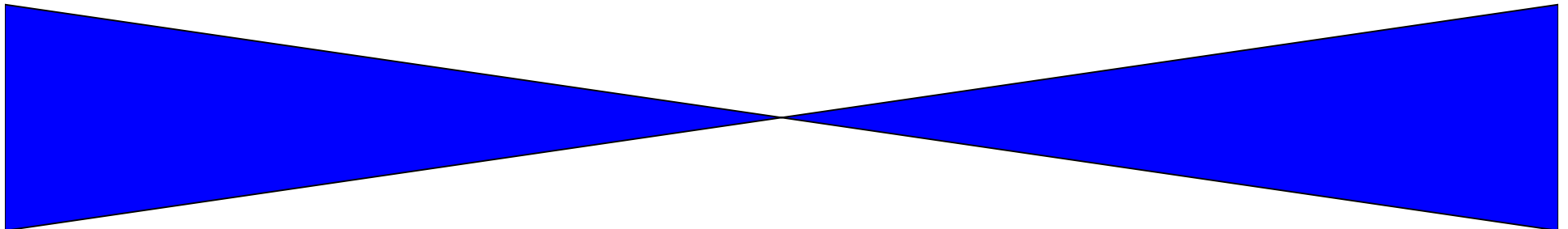
Summary cont.

- Gave the appropriate follow-up procedures for listed claim denials
- Highlighted the correct Provider Manual section for each denial



Resources

- Telephone Service Center (TSC)
1 800 541-5555
- Claims Assistance Room (CAR)
- Regional Representative
- www.medi-cal.ca.gov
- Medi-Cal Manual & Bulletins



Thank You!

Please Complete Your Course
Evaluation and Include Any
Comments on the back

Have A Great Day!

Presented by Susan Volmer

EDS Medi-Cal

Regional Representative

