Claims/Payment Decision Tree for Behavioral Health Providers

1. You submitted a claim and received a rejection
2. You have not received a payment or other correspondence for services provided to a CCW member
3. You have questions about the way your approved (not denied) claim was paid
4. You received notice that your claim(s) were denied
5. You have noticed a concerning claims denial trend (e.g., Claims denying out of network if you have a contract in place with CCW, 10 or more claims denying with the same denial code, etc.)
6. You have a claims issue you have already reported to Coordinated Care, and would like a update

You submitted a claim and received a rejection

Rejections occur when required data elements are missing or are invalid. Rejections must be corrected and re-submitted as a first time claim

- For EDI claims, rejections happen through one of our EDI clearinghouses if the appropriate information is not contained on the claim.
- For paper claims, rejections happen prior to the claims being received in the claims adjudication

If the rejected reason is unclear please review the following to determine if any below is the root cause of the denial

Is your claim for professional services?

Yes

Verify claim was billed on correct claim form **HCFA-1500 (CMS 1500)**

- Individual practices
- Professionals including therapists and out-patient clinics

No

Verify claim was billed on correct claim form **UB-04 (CMS 1450)**

- Facility providers

If provider has verified claim is billed on correct claim form, provider can reference the link below to determine all required claim elements are on the claim form here.

If it is still unclear, you may contact a Coordinated Care Provider Services Representative at 1-877-644-4613 for further guidance

You have not received a payment or other correspondence for services provided to a CCW member

Have you submitted a clean claim AND **allowed 30 days for processing**?

Yes

Check the Provider Portal for the status of your claims

OR

Call Provider Services: 1-877-644-4613. Press "2" to be directed to the Provider Menu and then "3" to hear the status of your claim. You will be asked to enter your NPI and claim # into the automated system

No

1. Please submit a claim. Instructions can be found here

2. Please allow a minimum of 30 business days for claims to be processed

You have questions about the way your *approved* (not denied) claim was paid

Please review all relevant resources to determine if payment processed appropriately:

- The Provider FAQ
- Provider Manual
- Coordinated Care Payment Policies
- HCA Billing Guides
- Your Coordinated Care Contract

If you still have questions/feel there was an error in your payment, please call Provider Services for review 1-877-644-4613

You received notice that your claim(s) were denied

Please review:

• Your Explanation of Payment (EOP) for information on why your claim was denied.
If you cannot locate your EOP, you can download a copy from PaySpan (if you are enrolled) or the Secure Provider Web Portal

For additional information and guidance, please review:

- Top Behavioral Health Denial Tip Sheet
- Coordinated Care's Provider Manual & Payment and Policies and/or
- HCA Billing Guides and Fee schedules and/or
- SERI Guide
- HCA's Provider Identify Payer Table

If you:

1. Have information and can submit a corrected claim **and/or**

2. Have additional documentation to demonstrate medical necessity of services rendered/your reasoning for billing outside of the national coding standards **then**

Please file a first level reconsideration via the Provider Portal or by filling out and returning a Reconsideration/Dispute form

Was your first level reconsideration upheld or overturned?

Overturned

You will receive payment via EFT or check

If you haven't received payment within 30 days, please call Provider Services

Upheld

If you:

Have additional documentation to demonstrate medical necessity of services rendered/your reasoning for billing outside of the national coding standards **then**

Please file a Dispute via the Provider Portal or by filling out and returning a Reconsideration/Dispute form

Was your dispute upheld or overturned?

Overturned

Upheld

You have exhausted the Claims Reconsideration Process

1. Please contact your Provider Network Specialist (PNS) to discuss any additional questions or concerns, or file a formal complaint

2. If you don't know who your PNS is, please call Provider Services 1-877-644-4613

You have noticed a concerning claims denial trend (e.g., Claims denying out of network if you have a contract in place with CCW, 10 or more claims denying with the same denial code, etc.)

Please download the "**Claims Trend Form**" PDF from the Coordinated Care Website, follow instructions for completing, and send to Provider Services Email box, CoordinatedCareProvi@centene.com

You have a claims issue you have already reported to Coordinated Care, and would like an update

Please gather all relevant existing claims project #, claims inquiry reference number (I# or S#), and the rendering NPI and call Provider Services *1-877-644-4613* to receive an update on your inquiry or project. Provider Services will escalate the inquiry/project to your Provider Network Specialist (PNS) if required