P R O V I D E R   B U L L E T I N

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To: Community Mental Health Centers (CMHCs) and Diagnostic and Evaluation (D&E) Teams

Subject: Pre-Admission Screening and Resident Review

Overview

The purpose of this bulletin is to provide information about Pre-Admission Screening and Resident Review (PASRR) claims processing for community mental health centers (CMHC) and diagnostic and evaluation (D&E) teams.

This bulletin provides additional assistance to educate providers and expedite claim adjudication. The Office of Medicaid Policy and Planning (OMPP) recognizes that providers have experienced a high claim denial rate for PASRR member eligibility. Therefore, in an effort to streamline eligibility issues, the Indiana*AIM* claims processing system that adjudicates claims has been enhanced to determine more accurate matches on PASRR members, as well as expand existing eligibility segments, when appropriate, based on when PASRR screenings are conducted.

For information about the overall PASRR program and the pre-admission process and guidelines, refer to *Indiana Health Coverage Programs (IHCP) Provider Manual, Chapter 14 – Long Term Care* – or IHCP Provider Bulletin *BT200513*, dated June 3, 2005. Subsequent information regarding mental health screenings can be found in IHCP Provider Bulletin *BT200904*, dated February 17, 2009.

Applicant and Member Eligibility

The following steps must be completed to ensure that the eligibility file for nursing facility referrals is loaded into Indiana*AIM*:

• Nursing facility initiates referral to the CMHC or D&E team

• CMHC enters data on the Roeing Web site

• HP receives the updated eligibility segment based on the data entered on the Roeing Web site

PASRR applicants or members may be dually eligible in the IHCP. However, when a provider submits claims for PASRR, the provider must use the PASRR member identification number that consists of **800** and the member's **Social Security number** (for example, 800123456789). If an applicant does not have or refuses to provide a Social Security number, providers should contact HP Customer Assistance with their provider number, and the member's name and date of birth to obtain a PASRR identification number. HP Customer Assistance may be reached Monday through Friday, 8 a.m. – 6 p.m., Eastern Standard Time, at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

> *Note: Please allow two weeks for the eligibility process to be completed.*

Top PASRR Claim Denials

HP monitors claim activity for providers submitting PASRR claims. Analysis of the PASRR program's top five claim denials shows that the following explanation of benefit (EOB) codes are the most common in claim denials. The EOB codes are shown with their error descriptions and appropriate billing guidelines, as well as information about how to correct claim denials or resubmit claims for reimbursement consideration.

EOB Code 4209 – *No Pricing Segment for Procedure/Modifier Combination*
The procedure code is not covered for the dates of service for the program billed.

Resolution: Verify that the PASRR procedure codes and modifiers that were submitted on the claim are appropriately billed, as identified in IHCP bulletin *BT200513*. Providers should correct the claim errors and resubmit the claim for reimbursement consideration.

Providers can modify their denied claim via Web interChange by copying the claim, correcting incorrectly keyed information, and submitting the claim for reimbursement. For more information about Web interChange, access Web interChange from the IHCP Website at https://interChange.indianamedicaid.com.

EOB Code 2037 – *Member with Non-IHCP Program ID is not on file. Please verify and resubmit.*
Currently, claims for this edit are set to suspend. Providers may see claims suspend for this edit because the IHCP is waiting to receive eligibility information from Roeing to load a new PASRR member or update the existing PASRR eligibility date segments. HP recycles claims each week to ensure that claims are adjudicated in a timely manner.

Resolution: Verify that the PASRR member ID number submitted on the claim is correct, and that the numbers are not transposed and have been indicated appropriately on the claim form. If there are no errors in the information submitted on the claim, contact HP Customer Assistance to validate that the PASRR member ID is correct. Providers are also encouraged to verify that the CMHC has completed the certification online though the Roeing Web site, or verify that the Area Agency on Aging (AAA) has entered the information into INsite, so claims can be adjudicated accordingly.

Providers can modify their denied claims via Web interChange by copying the claim, correcting incorrectly keyed information, and submitting the claim for reimbursement. For more information about Web interChange, access Web interChange from the IHCP Web site at https://interChange.indianamedicaid.com.

EOB Code 4021 – *This procedure code is not covered for the dates of service for the program billed. Please verify and resubmit.*
Providers must use the procedure codes listed in IHCP bulletin *BT200513* to submit claims for PASRR services. Providers should verify that the submitted claim includes the procedure code and applicable modifiers, and is covered for the PASRR program for the dates of service billed.

Resolution: Verify the PASRR procedure codes and modifiers submitted on the claim. Verify that the eligibility segment dates are within the dates being billed and are keyed correctly.

Providers can modify their denied claim via Web interChange by copying the claim, correcting incorrectly keyed information, and submitting the claim for reimbursement. For more information

about Web interChange, access Web interChange from the IHCP Web site at
https://interChange.indianamedicaid.com.

EOB Code 2029 – *Non-IHCP member ineligible for dates of service*
If a claim is submitted with the member's ID consisting of 800 plus the member's Social Security number, indicating that this is a PASRR member and the PASRR eligibility information is on file, but the eligibility date is different from the date of service on the claim, the claim will deny with edit 2029 – *Non-IHCP member ineligible for dates of service*.

Resolution: Verify that the PASRR number that was submitted on the claim is formatted with "800" plus the member's Social Security number. Providers are also encouraged to verify with the CMHC that the dates of service submitted on the claim match the dates of services submitted through the Roeing Web site, or verify that the AAA has entered the information into INsite, so claims can be adjudicated accordingly. Providers can also contact HP Customer Service to validate the member's ID.

Providers can modify their denied claims via Web interChange by copying the claim, correcting incorrectly keyed information, and submitting the claim for reimbursement. For more information about Web interChange, access Web interChange from the IHCP Web site at
https://interChange.indianamedicaid.com.

EOB Code 1004 – *Rendering provider not enrolled in the program billed for the date of service. Please verify provider number and resubmit.*
All providers must be valid participants in the PASRR program. This includes both billing and rendering providers linked to the billing group.

Resolution: A provider experiencing this denial must complete, sign, and date the IHCP Rendering Provider Application and Maintenance Form, and mail it to the address indicated on the form. These forms are available on the IHCP Web site at
http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment_provider.asp.

Providers must indicate PASRR program coverage in the rendering provider information on the enrollment form. The effective date is retroactive one year from the signature date on the form. If providers need the effective date to be greater than one year from the signature date on the form, they must attach a copy of the oldest claim to the enrollment form. This will ensure that the effective date is entered appropriately.

When providers receive a confirmation letter stating that the update is complete, they can resubmit any previously denied claims for reimbursement consideration to:

HP Provider Enrollment Department
P.O. Box 7263
Indianapolis, Indiana 46207-7263

Claim Submission

PASRR claims must be submitted via a paper CMS-1500 claim form, Web interChange, or the 837P transaction within one year of the date of service. Providers must properly identify and itemize all services rendered. Providers should submit paper claims on standard Centers for Medicare & Medicaid Services (CMS)-approved paper CMS-1500 claim forms to the following address:

- HP Enterprise Services CMS 1500-Claims
- P.O. Box 7269
- Indianapolis, In 46207-7269

For more information about billing procedures, see the *IHCP Provider Manual, Chapter 8*, located at http://www.indianamedicaid.com. In addition, if providers disagree with the IHCP determination of payment, their right of recourse is to file an administrative review and appeal. Follow these procedures, as outlined in the *IHCP Provider Manual, Chapter 10*, *Section 6*.

Contact Information

If you have questions regarding this bulletin, call HP Customer Assistance at (317) 655-3240 or toll-free at 1-800-577-1278.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.