# IHCP *bulletin*

## System enhancements improve claim processing for MRT-eligible services

The Office of Medicaid Policy and Planning (OMPP) recognizes that providers have experienced a high claim denial rate for Medical Review Team (MRT) member eligibility. Beginning April 1, 2010, system enhancements were made to improve how information for potential MRT members is received and stored in Indiana*AIM*. These changes improve claims processing for MRT-eligible services and result in fewer claim denials. Eligibility information now comes directly from the Division of Family Resources (DFR) to HP. Eliminating the extra step in the process minimizes delays in transferring information from the DFR to HP.

The Indiana*AIM* processing system has been enhanced to determine a more accurate match on MRT members, as well as expand existing eligibility segments, when appropriate.

For additional information regarding the MRT program, please see *Chapter 8* of the *IHCP Provider Manual*.

**Important billing information**

This section provides billing and claim processing procedures for MRT services. Listed are some suggestions that may aid when billing for MRT services:

- MRT services must be billed utilizing the MRT member identification number (RID), which is a prefix of 850 followed by the member's Social Security number (SSN).

- MRT claims must be submitted via Web interChange, the 837P transaction, or CMS-1500 claim form within one year of the date of service.

- MRT services cannot be combined on the same claim with other Medicaid services.

- The date of service must be the date the medical records were copied.

- The applicant is not responsible for any charges for an MRT service when the services are requested by the MRT Unit or a caseworker.

- MRT claims are eligible for payment even when the disability application is denied.

- The rendering and the billing provider must be enrolled in the MRT program.

- The Indiana Health Coverage Programs (IHCP) is not responsible for processing claims for determination of disability by the Social Security Administration.

**Top MRT claim denials**

Analysis of the MRT program's top five claim denials reflects the following explanation of benefit (EOB) codes. The EOB codes listed provide the error description, appropriate billing guidelines, and method of correction.

**EOB Code 2037**

*Description*: Member with Non-IHCP Program ID is not on file. Please verify and resubmit.

*Resolution*: Verify that the MRT member's identification (ID) number was submitted correctly, and the numbers are not transposed. The MRT member ID must consist of the prefix 850 followed by the member's Social Security number. If an applicant's Social Security number is incorrect, contact the HP Customer Assistance Unit with your provider number, and the member's name and date of birth to obtain accurate information. You can reach the HP Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278 to obtain the correct MRT identification number. The Customer Assistance Unit is available Monday through Friday, 8 a.m. – 6 p.m. Eastern Time.

**EOB Code 4021**

*Description*: This procedure code is not covered for the dates of service for the program billed. Please verify and resubmit.

*Resolution*: Verify that the correct MRT procedure codes and applicable modifiers were submitted on the claim. Contact HP Customer Assistance to confirm that the eligibility segment dates are within the dates billed. Confirm that

the dates billed on the claims are the dates the claims were copied.

## EOB Code 513

*Description*: Recipient name and number disagree.

*Resolution*: The applicant's name and/or Social Security number is not on file. Validate the applicant's name and Social Security number. Call Customer Assistance to ensure that the correct Social Security number has been entered. Ensure that the 850 prefix precedes the Social Security number on the claim.

## EOB Code 2029

*Description*: Non-IHCP member ineligible for dates of service.

*Resolution*: Verify the accuracy of the MRT member ID number. Confirm that the dates of service are in line with the dates of service on the service request letter from the DFR.

## EOB Code 1004

*Description*: Rendering provider not enrolled in the program billed for the date of service. Please verify provider number and resubmit.

*Resolution*: If you experience this denial, call Customer Assistance to verify enrollment status. If the profile does not indicate an MRT status, you must complete the IHCP Rendering Provider Application and Maintenance Form, and mail it to the address indicated on the form. The IHCP Provider Application and Maintenance Forms are available on the IHCP Web site – or go to the IHCP Web site and select **Become a Provider** > **Enroll as a Provider** > **Launch Enrollment Tool**.

Mail enrollment forms to the following address:

HP Provider Enrollment Unit
P.O. Box 7263
Indianapolis, IN 46207-7263

You must indicate MRT 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 you need the effective date to be greater than one year, a copy of the oldest claim must be included with the enrollment form. This will ensure that the effective date is entered appropriately.

When the provider receives a confirmation letter regarding the completed update, you can resubmit the previously denied claim. Providers have one year from the date they receive the enrollment confirmation letter to submit the claims.

HP encourages providers to resubmit denied claims via Web interChange by copying the claim and correcting information. For further information on using Web interChange, access the IHCP Web site and click **Web interChange** under Quick Links.

## Contact information

If you have questions, contact Customer Assistance at (317) 655-3240 or toll-free at 1-800-577-1278.