

# Basic Medicaid and NC Health Choice Dental Claims

October/November 2011

Presented by: HP Enterprise Services



# Objectives

- Review remaining sections of the Billing Guide

Section 8. Electronic Commerce Services

Section 9. Submitting Claims

Section 10. Remittance and Status Report

Section 11. Resolving Denied Claims

Section 12. NC Health Choice Program

# Provider Types Billing Dental Claims

- Dentist
- Orthodontist
- Federally qualified health center (dental services only)
- Health department dental clinic (dental services only)
- Rural health clinic (dental services only)

# SFY 2011-2012 Budget Changes

- Effective November 1, 2011, across the board rate reduction of 2.67% for many Medicaid provider types including dentists
- Excludes Health Departments, FQHC, and RHC providers

# Section 8

---

## Electronic Commerce Services

# Electronic Requirement

- The N.C. Medicaid Program requires all providers to file claims electronically
- Exceptions list

<http://www.ncdhhs.gov/dma/provider/ECSExceptions.htm>



DMA HOME

Medicaid Providers

A-Z Provider Topics

Calendars

Claims and Billing

Community Care (CCNC/CA)

Contacts for Providers

Enrollment

EPSDT and Health Check

Fee Schedules/Cost Reports

Forms

Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

ABOUT DMA

DHHS > DMA > Medicaid Providers > Claims and Billing > Claims > Electronic Claim Exceptions

## Electronic Claim Exceptions

The following list outlines some of the situations in which a claim must be billed on paper. Only claims that comply with the exceptions listed below may be submitted on paper. All other claims are required to be submitted electronically. Providers will be notified of updates to the list through the Medicaid Bulletin.

### List of Claims that May Be Filed on Paper (revised July 27, 2009)

- Medicare HMO (Part C) primary claims
- Medicare Part A inpatient claims submitted directly to Medicaid
- Nursing home crossovers submitted directly to Medicaid
- Services that require an invoice to be submitted with the claim including, but not limited to
  - Hearing aids and related items
  - Some visual aids
  - Unclassified and unlisted procedures
  - Undelivered dentures
  - Radiopharmaceuticals
  - Compounded injectable drugs billed with an unclassified HCPCS procedure code (for example, J3490)

- Any dental claim billed with one of the following ADA procedure codes:
  - D0340
  - D0470
  - D8680
- Dental claims for special consideration tooth number reviews
- Dental assistant surgeon claims with records
- Dental ambulatory surgical claims denoting total surgical time in field 24
- Visual field exams requiring medical justification billed with CPT procedure code 92081, 92082, or 92083 without one of the diagnosis codes listed in the table below:

Diagnosis Code List # 1			Diagnosis Code List # 2	
094.84	362.74	365.65	225.1	379.33
191.2	362.75	365.81	227.3	379.34
191.6	362.81	365.82	307.81	379.39
191.9	362.83	365.89	346.90	379.41
192.1	363.11	365.9	349.9	379.53
239.6	363.2	366.11	352.9	379.91
250	363.20	366.14	364.00	381.4
250.00	363.30	366.16	364.01	386.01
250.01	364.1	368.41	364.02	386.10
250.02	364.10	368.43	364.03	462
250.03	364.11	368.44	364.04	465.9
250.50	364.21	368.46	364.05	473.9
250.51	364.22	368.47	364.24	716.90
250.52	364.23	369	364.41	743.9
250.53	364.3	369.00	367.0	747.8
323.9	364.42	369.01	367.1	784.0
340	364.51	369.2	367.2	791.0
343	364.52	369.20	367.4	850.9

# Electronic Claims Submission

- HP Enterprise Services transmission methods
- Electronic Data Interchange (EDI) Support
  - Modem
  - Secure File Transfer Protocol (SFTP)
  - NCECSWeb Tool

1-800-688-6696 or 919-851-8888,  
option 1

# Electronic Claims Requirements

- Electronic Claims Submission Agreement Form
  - Separate agreement required for each MPN
  - New agreement must be submitted each time an individual is added to the group

<http://www.nctracks.nc.gov/provider/form>

- Trading Partner Agreement (TPA)
  - HP Enterprise Services

<http://www.ncdhhs.gov/dma/hipaa/>

# HIPAA 5010 Implementation

- Modifications to HIPAA required standard transactions
- Effective 01/01/2012, HP will only process HIPAA 5010 compliant transactions
- Vendors/Trading Partners must update Appendix A of Trading Partner Agreement (TPA)

# HIPAA 5010 Implementation

- Dual processing begins in November
- Providers will see:
  - Updated fields on NCECS Web Tool
  - Both 4010 and 5010 versions of 835 transaction (electronic RA) if TPA is updated
- Check monthly bulletins for implementation updates

# Electronic Funds Transfer

- The N.C. Medicaid Program no longer issues paper checks for claims payment
- EFT Authorization Agreement  
<http://www.ncdhhs.gov/dma/provider/forms.htm>
- HPES Financial Unit
  - Fax: 919-816-3186
  - E-mail: [NCXIXEFT@hp.com](mailto:NCXIXEFT@hp.com)

# Electronic Availability of Remittance and Status Report

- To view RAs via the NCECSWeb Tool, complete the Remittance and Status Reports in PDF Format and Correct Coding Initiative Information Request Form

<http://www.ncdhhs.gov/dma/provider/forms.htm>

- RAs available for 10 checkwrites
  - Save or print each version for your records

# NCECSWeb Tool

- Claim Submission
- Electronic Adjustments
- Recipient Eligibility Verification
- PDF RA
- CCI and MUE Denial Explanations

<https://webclaims.ncmedicaid.com/ncecs>



# Electronic Verification of Recipient Eligibility

- NCECSWeb Tool Interface
- Value Added Networks
- Interactive Recipient Eligibility Verification

# Electronic Remittance Advices (835 Transaction)

- Health Care Payment/Advice 835
- List of approved vendors
  - Call ECS Unit  
1-800-688-6696 or 919-851-8888, menu option 1

# Section 9

---

## Submitting Claims

# Submitting Claims Electronically

## 2011 Checkwrite Schedule

The following table lists the cut-off dates, checkwrite dates, and the electronic deposit dates for 2011.

Month	Checkwrite Cycle Cutoff Date	Checkwrite Date	EFT Effective Date
January	01/06/11	01/11/11	01/12/11
	01/13/11	01/19/11	01/20/11
	01/20/11	01/27/11	01/28/11
February	01/27/11	02/01/11	02/02/11
	02/03/11	02/09/11	02/09/11
	02/10/11	02/15/11	02/16/11
	02/17/11	02/24/11	02/25/11
March	02/24/11	03/01/11	03/02/11
	03/03/11	03/08/11	03/09/11
	03/10/11	03/15/11	03/16/11
	03/17/11	03/24/11	03/25/11
April	03/31/11	04/05/11	04/06/11
	04/07/11	04/12/11	04/13/11
	04/14/11	04/21/11	04/22/11
May	04/28/11	05/03/11	05/04/11
	05/05/11	05/10/11	05/11/11
	05/12/11	05/17/11	05/18/11
	05/19/11	05/26/11	05/27/11
June	06/02/11	06/07/11	06/08/11

**5:00 PM Cut Off**

# Submitting Claims on Paper

---

# Guidelines

- Refer to Clinical Coverage Policy
  - 4A, Dental Services
  - 4B, Orthodontic Services
- Definitions
  - MPN
  - NPI
  - Taxonomy

# Paper Claims

- Only claims that comply with the electronic exceptions list
- Optical Character Recognition (OCR)
  - Standardized Claim Forms
  - Dental Manual - ADA Form





# New Addresses for Health Choice

- For Paper Claims:

HP Enterprise Services

P.O. Box 30100

Raleigh, NC 27622

- For Prior Approvals processed by HPES:

P.O. Box 3222490

Raleigh NC 27622

# NC Health Choice Claims

- Effective with dates of service on and after October 1, 2011, submit claims to HPES
- For dates of service prior to the transition date of October 1, 2011, providers will continue to submit claims to BCBSNC
- For dates of service through September 30, 2011 the run-out period with BCBSNC is February 29, 2012

# NCHC will Mirror Medicaid Policy with a Few Exceptions

- Prior approval is required for the extraction of symptomatic third molars (wisdom teeth)
- Orthodontic coverage is allowed for severe malocclusions caused by craniofacial anomalies like cleft lip and palate and other syndromic conditions
- No coverage for pre-prosthetic surgeries (alveoloplasty, tori removal, exostoses removal, and vestibuloplasty)
- EPSDT does not apply

# EPSDT/Non-covered Services

- D7999
- Unlisted

# NCECSWeb Tool

---

*September 2009 Special Bulletin, North Carolina Electronic Claims Submission / Recipient Eligibility Verification Web Tool Instruction Guide*

<http://www.ncdhhs.gov/dma/bulletin/>



# List Management

- Allows providers to create and modify list of frequently used billing information
- Expedites claim entry and submission

- [Main Menu](#)
- [Claims Entry](#)
- [List Management](#)
  - [Condition Codes](#)
  - [Diagnosis Codes](#)
  - [HCPCS/CPT Codes](#)
  - [Insured](#)
  - [Modifier](#)
  - [Occurrence Codes](#)
  - [Payers](#)
  - [Procedure Codes](#)
  - [Provider Codes](#)
  - [Recipient](#)
  - [Value Codes](#)
  - [Taxonomy Codes](#)

- [Reports](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)

## Recipient List - Add/View

### Selection Criteria

#### Add New Code and Description

Recipient Last Name:

Recipient First Name:

Recipient Medicaid ID Number:

Patient Account Number:

Medical Record Number:

#### Recipient Information: (38 records)

Recipient Last Name	Recipient First Name	Recipient Medicaid ID Number	Recipient Account Number	Medical Record Number	Status	Edit
					A	<input type="button" value="Edit"/>
					A	<input type="button" value="Edit"/>
					A	<input type="button" value="Edit"/>

- Electronic Claims Sub
- Recipient Eligibility V
- Main Menu
- Claims Entry
- List Management
  - Condition Codes
  - Diagnosis Codes
  - HCPCS/CPT Co
  - Insured
  - Modifier
  - Occurrence Code
  - Payers
  - Procedure Codes
  - Provider Codes
  - Recipient
  - Value Codes
  - Taxonomy Code
- Reports
- Claim Submission
- Reference Materia
- Recipient Eligibilit
  - Eligibility

## Selection Criteria

### Add New Code and Description

Recipient Last Name: 
 Recipient First Name:

Recipient Medicaid ID Number:

Patient Account Number: 
 Medical Record Number:



### Recipient Information: (1 record)

Recipient Last Name	Recipient First Name	Recipient Medicaid ID Number	Recipient Account Number	Medical Record Number	Status	Edit
Doe	John	123456789a	100JD		A	<input type="button" value="Edit"/>

- Main Menu
- Claims Entry
  - Dental
  - CMS-1500
  - UB
- List Management
- Reports
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

## Dental Results

### Selection Criteria

Claim Type: Dental File: Current

**Add** Edit Copy View All History Delete

View

### Dental Information: (0 records)

RecipientLastName	RecipientFirstName	Recipient Account Number	Recipient Medicaid ID Number	Total Claim Charge	Balance Due
No data found					

# Claims Entry

## Dental

### Selection Criteria

Claim Type: Dental    Claim ID: New

Save    Cancel  
Delete



### Recipient Information

Recipient Last Name:	<input type="text"/>	<input type="button" value="..."/>	Recipient First Name:	<input type="text"/>	Medicaid ID:	<input type="text"/>
Medical Record Number:	<input type="text"/>		Patient Account Number:	<input type="text"/>	Prior Authorization Number:	<input type="text"/>

### Provider Information

Provider Last

## Provider Information

Provider Last  
Name or  
Organization  
Name:



Provider  
First  
Name:

National  
Provider  
ID:

Medicaid  
Provider  
Number:

Billing  
Taxonomy:



Billing  
Address:

Billing  
City:

Billing  
State:

Billing  
ZIP:

## Miscellaneous Claim Information

EPSDT:  Follow-up  No

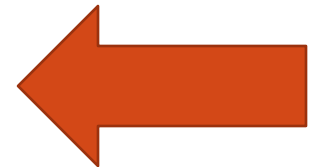
Release of  
Information:  Yes  No

# Field Modifications Effective 11/4/11

- Dental Provider Information Section
  - Change field name from Billing Zip to Billing Pay-To Zip
  - Add field name Billing Street Zip:
  - Delete field Paperwork on file:

## Provider Information

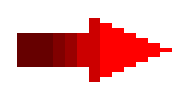
Provider Last Name or Organization Name:	XXXXXXXXXXXXXXXXXXXX	Provider First Name:	XXXXXXXXXXXXXXXXXXXX
		National Provider ID:	9999999999
Medicaid Provider Number:	XXXXXX	Billing Taxonomy:	XXX
Billing Address:	XXXXXXXXXXXXXXXXXXXX	Billing City:	XXXXXXXXXXXXXXXXXXXX
Billing State:	XX	Billing Pay-To ZIP:	99999
		Billing Street ZIP:	99999



- North Carolina
- Electronic Claims Submission
- Recipient Eligibility Verification
- Main Menu
- Claims Entry
- Dental
- CMS-1500
- UB
- List Management
- Reports
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

**Provider Information**

<p><b>Provider Last Name or Organization Name:</b></p> <input type="text"/>	<p><b>Provider First Name:</b></p> <input type="text"/>
<p><b>Medicaid Provider Number:</b></p> <input type="text"/>	<p><b>National Provider ID:</b></p> <input type="text"/>
<p><b>Billing Address:</b></p> <input type="text"/>	<p><b>Billing Taxonomy:</b></p> <input type="text"/>
<p><b>Billing State:</b></p> <input type="text"/>	<p><b>Billing City:</b></p> <input type="text"/>
<p><b>Referring Physician Provider No: (Carolina Access Physician Number)</b></p> <input type="text"/>	<p><b>Billing Pay-To Zip and Billing Street Zip</b></p> <input type="text"/>
<p><b>Referring Physician NPI: (Carolina Access Physician NPI)</b></p> <input type="text"/>	<p><b>CLIA Number:</b></p> <input type="text"/>
<p><b>Service Facility Location:</b></p> <input type="text"/>	<p><b>Referring Taxonomy:</b></p> <input type="text"/>
	<p><b>Service Facility NPI:</b></p> <input type="text"/>



Miscellaneous Claim Information

EPSDT:  Follow-up  No

Release of Information:  Yes  No


Related Causes:

- Auto Accident
- Employment Accident
- Other Accidental Injury

State of Auto Accident:

Date of Accident:

Original ICN:

 Place of Service Facility Type Code:

Claim Submission Reason Code:

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number:

R/A NPI:

R/A Taxonomy:

Dental Insurance Detail

Add/Edit Other Insurance

No Other Insurance

Dental Detail

Add/Edit Details

## Information

R/A Provider First  
Name:

R/A  
Provider  
Last  
Name:

R/A Medicaid  
Provider Number:

R/A  
NPI:

R/A Taxonomy:



## Dental Insurance Detail

Add/Edit Other Insurance

No Other Insurance

## Dental Detail

Add/Edit Details

No Dental Detail

# Other Insurance Payment

## Dental Insurance Add/Edit Details

Please complete the following form to create/edit Dental insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: DENTAL Claim ID: 905020101550374B74

## Recipient Information

Last Name: Campbell Medicaid ID: 947249979L

## Dental Detail

#	Other Insurance Responsibility Sequence	Recipient Relationship to Insured	Other Insurance Claim Filing Indicator	Other Insurance Paid Amount	Other Insured Last Name	Other Insured First Name	Other Insured Member ID	Other Insured Name
<input type="button" value="Add"/> <input type="button" value="Clear"/>	P-Primary	18-Self	CI-Commercial Insurance Co.	120.00	Doe	John	4567	My Insura

## Dental Add/Edit Details

Please complete the following form to create/edit Dental detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type:

DENTAL

Claim ID:

Save

Cancel

### Recipient Information

Last  
Name:

Medicaid  
ID:

### Dental Detail



Add

Clear

#	ADA Procedure	Detail Charge	Place of Service	Prodecure Unit	Oral Cav
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Saved Claim

## Dental Results



## Selection Criteria

Claim Type

Dental

File:

Current

[Add](#)

[Edit](#)

[Copy](#)

[View All](#)

[History](#)

[Delete](#)

[View](#)

## Dental Information: (1 record)

	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID Number	Total Claim Charge	Balance Due
<input type="radio"/>	doe	john	bft	123456789a	\$100.00	\$100.00

# Submitting Completed Claims

North Carolina  
Electronic Claims Submission  
Recipient Eligibility Verification

- [Main Menu](#)
- [Claims Entry](#)
  - [Dental](#)
  - [CMS-1500](#)
  - [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
  - [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

## Claim Submission

### Selection Criteria

### Contact Information

Name:

Address:

City:  State:  Zip:

Phone:

### Claim Submission Information: (1 record)

	Claim Type	Number of Claims	Total of Claims
<input type="radio"/>	Dental	1	\$100.00

- Main Menu
- Claims Entry
  - Dental
  - CMS-1500
  - UB
- List Management
- Reports
- Claim Submission
  - Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN


## Claim Submission

### Selection Criteria

### Contact Information

Name:

**Microsoft Internet Explorer** [X]

 This will submit all active Dental claims. Do you wish to Continue?

### Claim Submission Information: (1 record)

	Claim Type	Number of Claims	Total of Claims
<input checked="" type="radio"/>	Dental	1	\$100.00

# Batch ID Number

- Automatically archives submitted data
- Validates claim submissions
- Can access data for future use

The batch has been submitted. Click on the batch id to view the details.



BATCH ID [15390510000](#)

# Resubmitting a Claim

North Carolina  
Electronic Claims Submission  
Recipient Eligibility Verification

- [Main Menu](#)
- [Claims Entry](#)
  - [Dental](#)
  - [CMS-1500](#)
  - [UB](#)
- [List Management](#)
- [Reports](#)
  - [Dental Submitted Batches](#)
  - [CMS-1500 Submitted Batches](#)
  - [UB Submitted Batches](#)
- [Claim Submission](#)
  - [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

## Dental Submitted Batches

### Selection Criteria

From Date:  Through Date:

Claim Type: Dental

### Dental Submitted Batches: (1 to 50 of 59 records)

	Batch ID	Date Submitted	Submitted By	Number of Claims	Total Amount of All Claims
<input checked="" type="radio"/>	15590500431	06/04/2010	sub less than 100	7	\$106.00
<input type="radio"/>	15590500430	06/04/2010	sub over 100 dental	100	\$13357.32
<input type="radio"/>	13190500425	05/11/2010	aa	10	\$554.00
<input type="radio"/>	05390500421	02/22/2010	dental forsyth	1	\$100.00
<input type="radio"/>	05390500416	02/22/2010	dentak	1	\$100.00
<input type="radio"/>	05090500413	02/19/2010	new mpn npj	1	\$100.00
<input type="radio"/>	05090500411	02/19/2010	den mpn npj	1	\$100.00
<input type="radio"/>	07890500405	03/19/2009	TC10	1	\$100.00
<input type="radio"/>	08090500390	03/20/2008	a	2	\$12.00

- [Main Menu](#)
- [Claims Entry](#)
- [List Management](#)
- [Reports](#)
  - [Dental Submitted Batches](#)
  - [CMS-1500 Submitted Batches](#)
  - [UB Submitted Batches](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

## Dental Batch Details

### Selection Criteria

Claim Type: Dental

[Copy](#) [Current](#) [View All](#) [Detail](#)

Batch ID: 08290500441

Submitted Date: 03/23/2011

Num Claims: 1

Batch Total: \$200.00

Submitted By: aa

### Dental Information: (1 record)

	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
<a href="#">0</a>	Doe	John	MCR-Deny	123456789A	\$200.00	\$200.00

- [Main Menu](#)
- [Claims Entry](#)
  - [Dental](#)
  - [CMS-1500](#)
  - [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

## Dental Results

### Selection Criteria

Claim Type: Dental    File: Current    **Add**   Edit   Copy   View All   History   Delete   View

### Dental Information: (108 records)

	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID Number	Total Claim Charge
<input type="radio"/>	Doe	John	Override-Pay	123456789A	\$200.00

# Section 10

---

## Remittance and Status Report

# What Is the Remittance and Status Report?

- Detailed breakdown of payment
- Status of all claims submitted to HPES, including NCHC claims
- Available on the NCECSWeb Tool in PDF format
- Most recent ten checkwrites

# Remittance and Status Report Sections and Subsections

- Paid Claims
- Adjusted Claims
- Informational Adjustment Claims
- Denied Claims
- Claims in Process
- Financial Items
- Claims Summary
- Claims Payment Summary

# Tax Information

- Displayed on Claims Payment Summary page
- Changed at any time prior to October 31 of each calendar year
- Report to CSC
  - Change requirement, Section 3
  - NCTracks

<http://www.nctracks.nc.gov/provider/cis.htm>

# Internal Control Number (ICN)

25|2011|0234|56789|NCXIX

First 2 digits,  
Region

Next 4 digits,  
Year

Next 3 digits,  
Julian Date

Next 3 digits,  
Batch

Payer Code

Last 3 digits,  
Number  
assigned to  
each claim in  
the batch

# Explanation of Benefit Codes (EOB)

EOB	MEDICAID EOB DESCRIPTION	HIPAA ADJUSTMENT REASON CODE DESCRIPTION	HIPAA REMARK CODE DESCRIPTION	HIPAA CLAIM STATUS CODE DESCRIPTION
1	FEE ADJUSTED TO MAXIMUM ALLOWABLE.	45 Charge exceeds fee schedule-maximum allowable or contracted-legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	N381 Consult our contractual agreement for restrictions-billing-payment information related to these charges.	65 Claim-line has been paid.
1	FEE ADJUSTED TO MAXIMUM ALLOWABLE.	45 Charge exceeds fee schedule-maximum allowable or contracted-legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	N381 Consult our contractual agreement for restrictions-billing-payment information related to these charges.	483 Maximum coverage amount met or exceeded for benefit period
2	PRE-ADMISSION NOT OBTAINED.	197 Precertification-authorization-notification absent.	N54 Claim information is inconsistent with pre-certified-authorized services.	435 Notice of Admission
3	Consecutive dates of service cannot be billed. List each date separately and resubmit.	125 Submission-billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N63 Rebill services on separate claims.	187 Date(s) of service.

# Population Group Payer Code

†

Code	Name	Description
CA-I	Carolina ACCESS	All recipients enrolled in Medicaid's Community Care of North Carolina/Carolina ACCESS (CCNC/CA) program
CA-II	ACCESS II	All recipients enrolled in Medicaid's ACCESS II [Community Care of North Carolina (CCNC)] program
NCXIX	Medicaid	All recipients not enrolled in any of the above-noted population payer programs. Any recipient not identified with CCNC/CA or ACCESS II (CCNC) will be assigned the NCXIX population payer code to identify them with the Medicaid fee-for-service program.
SCHIP	NC Health Choice	All recipients enrolled in the NC Health Choice program







## North Carolina Medicaid - Remittance and Status Advice

NH

Provider Number:

Date: 02/15/2011

Page: 3

Name Recipient ID	Service Dates From To	Days/ Units	Procedure/Accommodation/ DrugCode and Description	Total Billed	Non Allow	Total Allowed	Payable Cutoff	Payable Charge	Other DedChg	Paid Amount	Exp Codes
CLAIMS PAYMENT SUMMARY		EFT NUMBER									
	A	B	C	D	E	F	G	H	I		
CLAIMS PAID	PAID CLAIMS AMOUNT	WITHHELD AMOUNT (*)	NET PAY AMOUNT (A-B)	CREDIT AMOUNT	NET 1099 AMOUNT (C-D)	IRS WITHHELD AMOUNT	POS & EDI	OTHER W/E	ADJUSTED NET PAY (C-E-G-H)		
CURRENT	1	138.09	.00	138.09	.00	138.09	.00	.00	.00	138.09	
YTD TOTAL	909	41863.94	.00	41863.94	.00	41863.94	.00	.08	.00	41863.86	
1099 INFORMATION 2011 - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE											
PROVIDER TAX ID:											
PAYER ID: HP ENTERPRISE SERVICES , LLC, PO BOX 30968 RALEIGH, NC 27622 #											
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:											
HP PO BOX 300009 RALEIGH, NORTH CAROLINA 27622 ATTENTION: PROVIDER ENROLLMENT											
CLIA - DEA -											
FOR BILLING QUESTIONS/INQUIRIES CALL HP PROVIDER SERVICES 1-800-688-6696 OR AUTOMATED VOICE RESPONSE (AVR) SYSTEM 1-800-723-4337											

# Break



# Section 11

---

## Resolving Denied Claims

# Paper Adjustments

- Adjust a previously paid claim or claim requiring further review
- One adjustment – One ICN - One claim
- Always attach a copy of the RA



# EOB Denials That Do Not Require Filing an Adjustment

- EOB 9600
  - Claim does not require adjustment processing, resubmit claim with corrections as a new day claim
  - Copy of RA  
(835 transaction copies are not accepted)

# Electronic Adjustments

- Voids and replacements can only be submitted on claims that have paid in history
- If no payment has been made, resubmit as a new day claim

# Electronic Adjustments

- Providers can file two types of electronic adjustments
  - **Void**
    - Claim will be recouped
  - **Replacement**
    - Claim will be recouped and reprocessed

# Electronic Adjustments NCECSWeb Tool

## Miscellaneous Claim Information

EPSDT:  Follow-up  No

Release of Information:  Yes  No

EPSDT referral given to Patient?:  Yes  No

EPSDT Referral Type:

Paperwork on file at Provider Site for Medicare  
Override?:  Yes  No

## Related Causes:

Auto Accident

State of Auto Accident:

Employment Accident

Date of Accident:

Other Accident Injury

Original ICN:

Place of Service Facility Type Code:

Claim Submission Reason Code:

Adjustment Payer:

1-Original  
7-Replacement  
8-Void

## Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

# Resolution Inquiries

- Medicaid Resolution Inquiry Form
  - Time Limit Overrides
  - Medicare Overrides
  - Third-party Overrides
  - Medicare HMO (Part C) CMS-1500 claims

<http://www.ncdhhs.gov/dma/provider/forms.htm>

- Attach
  - Claim
  - Copy of the RA
  - Other information

# Resolution Inquiry Form

## MEDICAID RESOLUTION INQUIRY

MAIL TO:  
HP ENTERPRISE SERVICES  
P O BOX 300009  
RALEIGH, NC 27622

Please Check:  Medicare Override  Time Limit Override  Third Party Override  Medicare HMO

NOTE: PLEASE USE THIS FORM FOR OVERRIDES AND INQUIRIES ONLY.  
CLAIM, RA's, AND ALL RELATED INFORMATION MUST BE ATTACHED.  
*ADJUSTMENTS WILL NOT BE PROCESSED FROM THIS FORM.*

Provider Number: \_\_\_\_\_

Provider Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Patient's Name: \_\_\_\_\_ Recipient ID: \_\_\_\_\_

Date of Service: From: / / to / / Claim Number: \_\_\_\_\_

Billed Amount: \_\_\_\_\_ Paid Amount: \_\_\_\_\_ RA Date: \_\_\_\_\_

Please Specify Reason for Inquiry Request: \_\_\_\_\_

**Processing  
Request**

**Claim  
Specific  
Data**

**Additional  
Information**

# Time Limit Overrides

- Claims must be submitted within 365 days from the date of service
- 18 months from the date of the denied RA to refile
- No EOB 18 or 8918 = Time limit denials

# Health Choice Resolution Inquiry

- Time Limit Override only

- Mail to:

HP Enterprise Services

Attn: Health Choice

PO Box 300001

Raleigh, NC 27622

Q&A

**Thank You!!**

