

**San Mateo County MHP  
Procedure Manual**

<b>Procedure: MHP 07-04 Attachment E</b>	<b>TITLE: Investigating Pended Claims before Final EOP Run</b>	<b>Effective Date: April 2011</b>
<b>Revision: 1</b>	<b>Dept: Claims</b>	<b>Page 1 of 3</b>

<b>Approval By:</b>	<b>Date:</b>
<b>Scott Gruendl, Assistant Director</b>	<b>July 2018</b>
<b>Doreen Avery, Billing Manager</b>	<b>July 2018</b>
<b>Next Annual Review Date:</b>	<b>July 2019</b>

<b>Authored By: Billing Manager</b>
<b>Pursuant To: Medicare Managed Care Manual Chapter 13</b>
<b>Departments Impacted: Claims, MIS, Administrative Services</b>

**Purpose**

To document San Mateo County Mental Health Plan’s (MHP) procedure for investigating claims pended for adjudication.

**1.0 Pended Paper Claims**

- 1.1 Processed Claims. The Claims Specialist will investigate each pended claim at the time of claims adjudication to determine reason for pend and opportunities to make corrections to enable the MSO to adjudicate the claim. The Claims Specialist makes the corrections as appropriate. The MSO will make a determination on whether the claim will pay or deny. NOTE: MSO will automatically pend claims with a service date that exceeds 180 days. If the claim is from a contract provider, the Claims Specialist will deny the claim if it exceeds 180 days. If the claim is from a noncontract provider, the Claims Specialist will override the pend to allow the claim to be paid up to one year.
- 1.2 Unprocessed Claims: Certain claims cannot be processed by the MSO system because a portion of the required data is missing. For claims that fall into this category, the Claims Specialist will return the claim to the provider along with the Addendum I.

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**ADDENDUM I**

Dear Provider:

Date: \_\_\_\_\_

The Mental Health Plan is unable to process the attached claim(s) for payment for the following reason(s):

\_\_\_\_\_ No authorization for services provided.

\_\_\_\_\_ This claim was redirected to Health Plan of San Mateo at 801 Gateway Blvd, Suite 100, South San Francisco, CA 94080.

\_\_\_\_\_ No record of inpatient stay, please check with your providing facility.

\_\_\_\_\_ Not clear if services were provided by a Mental Health Professional. Please select one of the following: \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Psychologist \_\_\_\_\_ LCSW/MFT

\_\_\_\_\_ Other (Specify.)

\_\_\_\_\_ No W-9 on file. Please complete attached form and return.

\_\_\_\_\_ CPT/HCPC code is a non-reimbursable service.

\_\_\_\_\_ Client was not Medi-Cal eligible at the time of service.

\_\_\_\_\_ Client is not a San Mateo County Medi-Cal recipient at the time of service.

\_\_\_\_\_ This non Mental Health service is not covered in the Mental Health Plan's contract with your facility.

\_\_\_\_\_ This service is not included in the Mental Health Plan's benefits package.

\_\_\_\_\_ Due to reason for Medicare denial, we are unable to process your claim for reimbursement. Please resubmit to Medicare with requested information.

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\_\_\_\_\_ Acute Psychiatric Hospital costs for Medicare (Part A)/Medi-Cal crossover clients are not reimbursable, unless Medicare benefits have been exhausted

\_\_\_\_\_ A free-standing psychiatric hospital or psychiatric health facility that is larger than sixteen (16) beds may only be reimbursed for beneficiaries 65 years of age and over and for persons under 21 years of age.

\_\_\_\_\_ Other: \_\_\_\_\_

**If correcting the claim, please return the original claim with corrections. Do not submit a new claim form.**

If you have any questions, please call Provider Relations at 650-573-2068.

Sincerely,

\_\_\_\_\_  
Elvira Gomez, Provider Relations

Mail to:

San Mateo County Behavioral Health and Recovery Services  
Attention: Provider Billing  
2000 Alameda de Las Pulgas Suite 280  
San Mateo, CA 94403