San Mateo County MHP
Procedure Manual

Procedure: MHP 07-04
Attachment E

Effective Date: April 2011

Revision: 1
Dept: Claims
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TITLE: Investigating Pended Claims before Final EOP Run

Approved By: Scott Gruendl, Assistant Director
Doreen Avery, Billing Manager

Date: July 2018

Next Annual Review Date: July 2019

Authored By: Billing Manager

Pursuant To: Medicare Managed Care Manual Chapter 13

Departments Impacted: Claims, MIS, Administrative Services

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.
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.
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