San Mateo County MHP Procedure Manual

Procedure: MHP 2011-04	TITLE: Processing Denied MHP	Effective Date:
Attachment D	Claims	April 2011
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Approval By:	Date:
Scott Gruendl, Assistant Director	August 2022
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Annual Review Date:	August 2023

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 processing claims that adjudicate to be denied.

Scope

This procedure has been developed in accordance with all applicable CMS guidance and applies to the MHP line of business.

Responsibility and Authority

The Billing Manager is responsible for overseeing distribution/mailing of denial notices via the Explanation of Payment.

1.0 Identifying Reason for Denial

- 1.1 The MSO computer system identifies a denial reason for each denied claim.
- 1.2 The pend/denial codes and their description are listed in Appendix A MHP EOP Denial Codes

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2.0 Provider and Member Notification

- 2.1 GOAL: MHP denies all non-payable claims within 60 calendar days from the date of receipt. Currently our system does not have the automatic capability to do this.
- 2.2 MHP provides notice of its denial decisions to providers whenever an EOP is run approximately every two weeks.

3.0 Addendum

3.1 Appendix A: MHP EOP Denial Codes

4.0 Related Documents

4.1 MHP 2011-04, Attachment A: Explanation of Payment (EOP) Procedure

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APPENDIX A

MSO EOP DENIAL REASON CODES

Non reimbursable CPT Code

Admin Denial call provider relations

Auth # on claim does not match Plan auth

Auth end date req for inpatients

Claim rec after 180 days billing limit (Applies to Contract Providers)

Client not Eligible for Claim month/year

Client not eligible

Client registration record not found

Exceeds maximum authorized services

Invalid CPT code

Medi-Cal maximum paid by other payer

Member not eligibility w/o proof pay/denial

No authorization on file

Not a San Mateo County Resident

Provider not auth for this procedure

Restricted to pregnancy and emergency svc

Same service previously paid to another provider

Service date not authorized

Service date after service auth end date

Service date prior to auth start date

Service exact supplicate of paid claim

Service not authorized