Troubleshooting Claims in SmartCare MCO

This document lists the most common Denial Reasons as well as the most common Unprocessed Reasons in SmartCareMCO and outlines the most likely cause(s) of the error.

1. Common Denial Reasons

These are the most common denial reasons in SmartCareMCO:

a.) Add-On Code: no corresponding base claim line found

- All add-on codes must be billed in conjunction with a corresponding base code. In addition, a base code should always immediately precede the add-on code on a claim; an add-on code should never appear on a claim before a base code

b.) Claim line submitted with partial units

- All claims billed with partial units (e.g., 1.5 units) will deny in SmartCareMCO.

c.) Invalid Diagnosis Code For Billing Code

- The claim was billed with a diagnosis code that is invalid for that billing code. An *Allowable ICD-10 Diagnosis Codes* spreadsheet containing all allowable diagnosis codes and their associated billing codes in SmartCare MCO can be downloaded at https://starkmhar.org/partner-solutions/smartcareresources/.

- Allowable diagnosis codes must be included in the first, second, or third positions on a claim. However, if an allowable diagnosis code is populated in the second or third positions, a diagnostic pointer will need to be set up in the claim file so that the claim line is pointing to the appropriate allowable diagnosis.

d.) Invalid Service For Same Member on Same Date (NCCI MUE, NCCI PTP, or ODM PTP Edits)

- All National Correct Coding Initiative edits, as well as the additional edits put in place by the Ohio Department of Medicaid, are operational in SmartCareMCO. It is strongly encouraged for all agency billing staff to become familiar with these rules if they have not already.

- A *SmartCareMCO NCCI Edits* spreadsheet containing all NCCI MUE and NCCI PTP Edits can be downloaded at https://starkmhar.org/partner-solutions/smartcareresources/. A *Services Crosswalk* spreadsheet containing Ohio Department of Medicaid Edits can be downloaded at http://www.bh.medicaid.ohio.gov/manuals.

- This denial reason also may accompany the denial reason "Same claimline exists" which simply indicates that the service is a duplicate service and has already been previously approved, partially approved, and/or paid.

e.) LPN/RN as rendering provider requires ordering provider

- All Medicaid-reimbursable services rendered by an LPN must also include a valid ordering medical provider on the claim. (Note: This is no longer required for services rendered by an RN.)

f.) No rate can be found for this claim line

- The claim has been submitted using the wrong billing NPI number for agencies that provide both mental health and substance use disorder services. Like with MITS, MH and SUD claims in SmartCareMCO need to be billed under their appropriate billing NPI numbers (Loop 2010AA:NM109), as this is the "glue" that links a claim to an agency's MH and SUD contracts in the system. For example, if an SUD claim is billed using an agency's MH NPI, it will be routed to that agency's MH contract, where it will subsequently deny because no rate can be found for it there.

- The claim does not include a modifier when one is required. In addition, some boards require program modifiers to be used to indicate that a claim is associated with a specific clinical program. If this is the case for a specific service, it will be indicated within the agency's rate sheet with its local board.

- There is no rendering provider or practitioner modifier included on the claim when one is required, or the rendering provider or practitioner modifier included on the claim is invalid for that service.

- The claim's place of service is invalid. All of the Ohio Department of Medicaid's POS restrictions are mirrored in SmartCareMCO unless a board specifies otherwise. For instance, many boards may pay for certain services in a jail/prison or state psychiatric hospital setting. If this is the case for a specific service, it will be indicated within the agency's rate sheet with its local board.

- The claim is for a service that is not included within the agency's rate sheet and thus is not built into the agency's contract in the system. If a provider believes a service is "missing" from its rate sheet, or if the provider wishes to request that a service be added to it, the provider should contact the appropriate person at its local board.

g.) Pended claim was reviewed then denied

- The claim was pended due to an existing reason determined by the individual board (e.g., the claim was for an out-of-county provider, the service exceeded a unit limit, the place of service requires approval.) Then, the claim was reviewed by a board staff member and determined to deny. Providers with questions should contact the appropriate local board regarding the nature of the denial.

h.) Third Party Plan is fully responsible

- The claim is for a Medicaid-reimbursable service for a client who was enrolled in Medicaid on the claim's date of service. The service should instead be billed to Medicaid.

2. Common Unprocessed Reasons

Processing errors are SmartCareMCO's equivalent to critical errors in MACSIS.

837 Import

Sender	△	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
Test Agency		07/01/2...	No	837_File_Name_000123...	07/01/2...	$100.00	100	10	0001234...	1

1. To view any unprocessed claims, which can be viewed immediately after uploading a file, users can click on the desired hyperlink under the UnProcessed column while on the 837 Import screen:

837 Import Claim Lines (10)

ID	Provider	Client	DOS	Revenue Code	Procedure Code	Charges	Processed	File	Batch	Error Description
12345...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$270.00	No	12345	67890	Claim renderi...
12346...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$360.00	No	12345	67890	Claim renderi...
12347...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...
12348...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...
12349...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...
12350...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...
12351...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...
12352...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...
12353...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$472.50	No	12345	67890	Claim renderi...
12354...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	$180.00	No	12345	67890	Claim renderi...

2. Unprocessed reasons will be listed within the final column titled Error Description:

These are the most common unprocessed reasons in SmartCareMCO:

a.) Claim ordering/rendering/supervising provider not found

- This means that the NPI number of the ordering/rendering/supervising provider on the claim does not exist in the system. In most cases, this is because the practitioner's registration with the Ohio Department of Medicaid is not yet finalized. When their registration is complete and they then exist as a practitioner in SmartCareMCO, the submitting provider may re-bill services.

b.) Client is not authorized for this provider

- This means that the client-to-provider linkage that is required for a claim to process in SmartCareMCO does not exist. Normally this happens when an enrollment is completed and signed in SmartCareMCO; however, for many clients in the system that were brought over from MACSIS during the initial migration, this provider-to-client linkage was artificially created based on what agencies submitted claims that paid for those clients in MACSIS. Because many clients brought over in the migration never actually had claims pay in MACSIS, this client-to-

provider linkage was not able to be created. A new enrollment will need to be submitted to the appropriate board.

- This message may also mean that the board enrollment staff entered incorrect information within the client enrollment or assigned the client to the inappropriate board or provider agency. If this is the case, the provider should contact the appropriate board enrollment staff. (Please see table below.)

c.) Client not found

- The client on the claim does not exist in SmartCareMCO and will need enrolled or the claim was billed using information that fails a validation, such as the ClientID (UCI Number) or name spelling included in the claim not matching what is in the system. In some cases, this error means that the client was not brought over in the initial data migration of clients from MACSIS and will need to be re-enrolled.

- Many claims for pseudo and organizational clients may fail to process because they were billed using their old MACSIS UCIs and/or names. All agencies with pseudo clients in SmartCareMCO should see a complete list of pseudo client names and UCI's within the agency's rate sheet with its local board.

d.) Insurer not found

- This means that the client was not enrolled in SmartCareMCO on the claim's date of service. Providers with questions regarding the effective date of a client's enrollment should contact the appropriate board enrollment staff. (Please see table below.)

Board(s)	Name	Phone No(s).	Fax No.	Email Address
Ashland	Patty Walton	(419) 281-3139 ext. 1228	(419) 281-4988	pwalton@ashlandmhrb.org
Ashtabula, Delaware-Morrow, Hancock, Mahoning, Mercer-Van Wert-Paulding, Portage, Stark, Trumbull, Union, Warren-Clinton, Wayne-Holmes	Cindy Hamrick Kelli Whitted	(330) 430-3966 (330) 430-3993	(330) 454-2484	cindy.hamrick@starkmhar.org kelli.whitted@starkmhar.org
Belmont-Harrison-Monroe	Lisa Jones Rachel Scott Wendy McKivitz	(740) 695-9998	(740) 695-1607	lisaj@bhmboard.org rachels@bhmboard.org wendym@bhmboard.org
Columbiana	Shirley Carter	(330) 424-0195	(330) 424-8033	scarter@ccmhrsb.org
Jefferson	Marianne Madzia	(740) 282-1300	(740) 282-6353	madziam@jcprb.org
Mahoning	Alicia Saulsberry	(330) 746-2959 ext. 7662	(330) 746-1052	saulsberry.alicia@mahoningcountyoh.gov