

Provider Bulletin

News and Information



January 18, 2022

Updates and Reminders to Avoid Claim and Claim Line Denials

In preparation for the final stage of our [new claims system](#) implementation, UCare analyzed claim submission patterns against published billing standards and guidance, as well as UCare-specific requirements published in the Provider Manual. The new claims system automates a greater portion of billing-related edits than UCare's legacy system. As a result, providers may see much more consistency in their claim and claim line denials beginning in 2022. Below are some of the areas UCare has identified where providers may see greater consistency in the application of claim and claim line denials:

- **Annual Claims Editing System (CES) updates:** UCare uses the Optum CES to manage industry standard and regulatory required claims edits. These edits apply to all UCare plans, and the greatest volume of changes are seen with services rendered on or after Jan. 1, 2022. Providers can expect to see additional edits aligned with standards and published guidance.
- **Standard facility billing errors:** UCare is automating facility edits using the Optum CES Facility Editor for Medicaid plans. This editor has been in place for all other lines of business.
- **Early Intensive Dialectical Behavioral Intervention (EIDBI) claims must be submitted in compliance with member unit limits, provider unit limits and UCare's applicable authorization requirements:** If a provider submits a claim line with service units that exceed either the provider or member limits, UCare will deny the entire claim line. In the past, UCare manually split these lines to approve payment on the remaining units, but with increased automation, that approach is no longer viable. Providers should review the authorization requirements for EIDBI services and submit the authorization request prior to filing the claim to avoid any issues with payment.
- **Application of Minnesota Department of Human Services (DHS) billing requirements, thresholds and limits through CES:** In UCare's legacy system, many of these claims were edited manually. This led to inconsistent applications and the need to make claims adjustments. UCare is leveraging the CES editing system to quickly identify these items and to make denials occur faster and earlier in the adjudication process. This will allow providers to make any required changes and get their payments sooner.
- **Denials for "Member Not Eligible" due to inappropriate claim submissions:** With all UCare's membership loaded into the new claims system, if providers submit claims with dates of services before Jan. 1, 2022, to the new Payer ID (55413) using the new 2022 member ID, claims will deny indicating the member was not eligible. This will be a Patient Responsibility (PR) denial, but can easily be corrected by resubmitting the claim using the legacy member ID and payer ID. Claims with dates of service before Jan. 1, 2022, must be submitted to the appropriate legacy Payer ID.

- **Durable Medical Equipment (DME) denials due to missing modifier when modifier(s) are required:** When submitting claims for DME/Supplies and a modifier(s) is required, providers must submit the applicable modifier to indicate rental, repair or replacement of part, or purchase. Additional modifiers may be appropriate depending on the item or service. Failure to indicate whether the DME is rental, repair or purchase could result in claim line denials.
- **Outpatient Medication Assisted Therapy (MAT) denials for “Maximum Frequency”:** Providers billing nonresidential (outpatient) MAT and MAT Plus services must report the appropriate place of service to distinguish on-site dosage(s) from take-home dosage(s) and itemize dosages by listing **each date of service on a separate service line**. Providers who continue to bill a span of dates where the units do not match (e.g., a date span of six days but with units greater than expected) on a single line will see their claims deny with a “maximum frequency” edit.