Provider Bulletin

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News and Information

January 6, 2022

UCare Claims Rejection Analysis, Reminders and Requests

UCare began transitioning to a <u>new claims system</u> in January 2019. Throughout the implementation cycle of each product into the new claims system, UCare analyzed common reasons for claims rejections, claims denials and claims appeals. As UCare begins processing claims for the largest segment of our business – Prepaid Medical Assistance Plans, Minnesota Care, UCare Connect, Minnesota Senior Care Plus, UCare's Minnesota Senior Health Options and UCare Connect + Medicare, there is a greater likelihood provider groups will see an increase in claims rejections.

Recent claims analysis and implementation testing show some common billing errors that result in claims rejections are occurring. Most of these errors are associated with industry standard Strategic National Implementation Process (SNIP) claim validation and edits and other X12 standards for electronic billing. Many are also detailed in UCare's Provider Manual and past bulletins. UCare has summarized the errors, specific reject messages and paths to resolution in the following table.

Common Reasons for Claims Rejections	277ca Reject Message	Applicable Claim Scenarios	Provider Resolution Path
The Admission Date (Loop 2300, DTP) is required on all <u>Inpatient</u> Claims and not allowed on other claim types.	A3:21:40 The Admission Date (Loop 2300, DTP) is required on all inpatient Claims. If not required by this Implementation guide, do not send.	Provider submitted Inpatient claim without admission date or noninpatient claim with admission date.	If you are submitting an inpatient claim, please include the admission date and resubmit the claim. If you are not submitting an inpatient claim, please remove the admission date and resubmit the claim.
The Admission Date Time Qualifier (Loop 2300, DTP02) must be equal to D8, when the Facility Type Code (Loop 2300, CLM05.01) equals 32, 33, 34, 81 or 82.	A3:21:40 The Admission Date Time Qualifier (Loop 2300, DTP02) must be equal to D8, when the Facility Type Code (Loop 2300, CLM05.01) equals 32, 33, 34, 81 or 82.	Provider submitted Inpatient claim with Facility Type Code of 32, 33, 34, 81 or 82.	If you are submitting a claim that has a Facility Type Code of 32, 33, 34, 81 or 82, please correct the Admission Date Time Qualifier to D8 and resubmit the claim.



Common Reasons for	277ca Reject Message	Applicable	Provider Resolution Path
Claims Rejections	277 ca neject wessage	Claim	Trovider Resolution Fath
Claims Rejections		Scenarios	
The Admitting Diagnosis	A3:21:40	Provider	If you are submitting any
(Loop 2300, HI) is only	The Admitting Diagnosis	submitted	claim type other than
required on Inpatient	(Loop 2300, HI) is only	Inpatient claim	inpatient, please remove
claims.	required on Inpatient	without the	the admitting diagnosis and
	claims.	admitting	resubmit the claim.
		diagnosis or an	resubilit the claim.
		outpatient	
		claim with an	
		admitting	
		diagnosis.	
The Rendering Provider	A3:21:40	Provider	If you are submitting a
Secondary Identification	The Rendering Provider	submitted	claim with a NPI in the
(2420A REF) information	Secondary Identification	claim with a	Render Provider
may not be used when	(2420A REF) information	rendering NPI	Identification Code
the Rendering Provider	may not be used when	and a	segment, please remove
Identification Code	the Rendering Provider	rendering	the secondary rendering
(2420A NM109) is	Identification Code	provider	provider identifier and
present.	(2420A NM109) is	secondary	resubmit the claim.
	present.	identifier.	
The Attending Provider	A3:21:40	Provider	If you are submitting an
Secondary Identification	The Attending Provider	submitted	attending provider NPI,
(2310A, REF) is not	Secondary Identification	claim with an	please remove the
allowed when the	(2310A, REF) is not	attending NPI	attending provider
Attending Provider NPI	allowed when the	and an	secondary identification
Number (2310A, NM109)	Attending Provider NPI	attending	and resubmit the claim.
is present.	Number (2310A, NM109)	provider	
	is present.	secondary	
The DW or Dec Mark	A 2 24 40	identifier.	If a super backling
The Billing Provider	A3:21:40	Provider	If you are submitting a
Secondary Identification	The Billing Provider	submitted	claim with a billing NPI,
(2010BB, REF) is only	Secondary Identification	claims with	please remove the
required when the	(2010BB, REF) is only	billing NPI and a billing	secondary identifier and resubmit the claim.
NM109 in Loop 2010AA is not used and an	required when the		resubilit the Clafff.
identification number	NM109 in Loop 2010AA is not used and an	provider secondary	
other than the NPI is	identification number	identifier.	
necessary for the	other than the NPI is	identinel.	
receiver to identify the	necessary for the receiver		
provider; otherwise, do	to identify the provider,		
not send.	otherwise, do not send.		
not send.	otherwise, ao not sena.		<u> </u>



Common Reasons for	277ca Reject Message	Applicable	Provider Resolution Path
Claims Rejections		Claim	
		Scenarios	
The Referring Provider	A3:21:40	Provider	If you are submitting a
Identification Code	The Referring Provider	submitted	claim with a referring
(2420F NM109) cannot	Identification Code	claims with the	provider identification
be the same as the	(2420F NM109) cannot	same referring	code in 2310A NM109,
Referring Provider	be the same as the	provider	please remove the code
Identification Code	Referring Provider	identification	from 2420F NM109 and
(2310A NM109).	Identification Code	code in 2420F	resubmit the claim.
	(2310A NM109).	NM109 and	
		2310A NM109.	
The Service level	A3:21:40	Provider	If you are submitting
Rendering Provider	The Service level	submitted	rendering provider data
(2420A NM1) is only	Rendering Provider	claims with	that is the same as the
required when it is	(2420A NM1) is only	rendering	billing provider, please
different from the Billing	required when it is	provider that is	remove the rendering
Provider (2010AA NM1).	different from the Billing	the same as	provider and resubmit the
	Provider (2010AA NM1).	the billing	claim.
		provider.	
The Service Facility	A3:21:40	Provider	If you are submitting
Location (2420C NM1)	The Service Facility	submitted	service facility data at the
information is only	Location (2420C NM1)	service facility	line level that is the same
required when the	information is only	location	as the service facility data
location of the health care service is different	required when the location of the health	information at the line level	at the claim level, please remove the data from the
than that of the Service	care service is different	that is the	line level loop and
Facility Location Address	than that of the Service	same as the	resubmit the claim.
(2310C N3 and N4).	Facility Location Address	service facility	resubilit the claim.
(2310C N3 and N4).	(2310C N3 and N4). If not	location	
	required by this	information at	
	implementation guide, do	the claim level.	
	not send.	the claim level.	
Most common in January	A3:33:40	Provider	For all Medicaid and Dual
for Implementation	Missing Subscription	submitted	plans with a date of service
Medicaid and Dual claims	- U	claims with	in 2021, please resubmit
with a Legacy UCare		dates of	claims using Payer ID
Member ID and a date of		service in 2021	52629 with the member's
service (DOS) occurring		for Medicaid	2021 Member ID.
in 2021 submitted using		and Dual plans	
Payer ID 55413.		to Payer ID 55313.	
NOTE: Providers may		22212.	
also see denials if using			
the new UCare member			
ID and DOS in 2021			
submitted to Payer ID			
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Common Reasons for	277ca Reject Message	Applicable	Provider Resolution Path
Claims Rejections		Claim	
		Scenarios	
Providers bill with UCare	A3:26:85	Provider	UCare's new claims
Group Practice Numbers	Missing Supplier	submitted	processing system will
(GPN) or Legacy ID	i wissing supplie.	claims to payer	recognize industry
numbers for services		ID with IDs	standard code sets. Please
rendered on or after		only used for	resubmit using your NPI or
January 1, 2022, to the		UCare's legacy	UMPI as appropriate for
new UCare Payer ID.		claim system.	the service you are
		, , , , , , , , , , , , , , , , , , , ,	providing.
Paper claim submitted	N/A	Provider in	Submit an electronic claim
by a Minnesota provider		Minnesota	through your current
whether contracted or		submitted a	clearinghouse of register at
non-contracted.		paper claim	MN E-Connect/Health EC
		rather than an	for a free, AUC-compliant
		electronic	web-based claims data
		claim.	entry tool.
Provider submits a billing	A6:145:85	Provider	In December 2021, UCare
or rendering NPI without	The claim/encounter is	submitted	published a reminder
the appropriate	missing the information	claim with	bulletin on taxonomy
taxonomy code.	specified in the status	taxonomy code	requirements. Please be
	details and has been	that doesn't	sure to submit billing and
	rejected: Entity's	apply to	rendering taxonomy if
	specialty/taxonomy code	services billed.	submitting a billing and
			rendering NPI.
The Ambulance	A3:21:40	Provider	If you are submitting a
Transport Information	The Ambulance Transport	submitted	claim for non-emergency
(2300, CR1) is only	Information (2300, CR1)	claims for non-	transportation services,
required on ambulance	is only required on	emergency	please remove the
claims.	ambulance claims.	transportation	ambulance transport
	Otherwise, do not send.	and included	information and resubmit
		information in	the claim.
		2300, CR1.	
The Ambulance	A3:21:40	Provider	If you are submitting a
Certification (2300, CRC)	The Ambulance	submitted	claim for non-emergency
is only required on	Certification (2300, CRC)	claims for non-	transportation services,
ambulance claims.	is only required on	emergency	please remove the
	ambulance claims.	transportation	ambulance certification
	Otherwise, do not send.	and included	and resubmit the claim.
		information in	
		2300, CRC.	



Common Reasons for Claims Rejections	277ca Reject Message	Applicable Claim Scenarios	Provider Resolution Path
UCare Missing Line Rendering Provider Taxonomy code.	A6:145:82 Deny Missing Rendering Provider Taxonomy Code	Provider submitted claims with rendering provider information at the line level but did not include the taxonomy code.	Please resubmit the claim with the taxonomy code for the rendering provider at the service line level, rather than claim level.
The Taxonomy Code is not found or the Taxonomy Code was not valid on the transaction date.	A3:21:40 The Taxonomy Code was not valid in the version effective on transaction date YYYYMMDD. Or The Taxonomy Code is not found in Code Table Taxonomy Codes.	Provider submitted claim with invalid taxonomy code.	Please resubmit the claim with a valid taxonomy code.
The Zip code was not valid.	A3:21:40 The Zip code number was not valid.	Provider submitted a claim with an invalid zip code under the subscriber, provider, or payer address.	Please resubmit the claim with a valid zip code for the subscriber, provider or payer address.

