SPECIAL CLAIMS PROCESS
(UB-04 INSTITUTIONAL)
DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of October 2020.

• Stay informed with current information found on the OHCA public website: www.okhca.org by signing up for web alerts.
CLASS DESCRIPTION

This class is an overview of the recent ‘Special Process’ feature now included on the Provider Portal. As OHCA continues the “Going Green” initiative, if a claim requires Special Processing using the HCA-17, this action can now be completed and submitted on the Sooner Care Provider Portal. We will discuss and demonstrate the process of completing a claim for Special Processing via the Provider Portal. This class will not cover policy or other types of claim submission.
AGENDA

• Special processing defined
• Important notes
• Special processed claim examples
• Claims that don’t require special processing
• Special process submission
• Reminders
• Questions
SPECIAL PROCESSING DEFINED
SPECIAL PROCESSING DEFINED

• A Special Processed claim is a claim that has been previously submitted but all or a portion of the claim has been denied.

• Certain claim denials can be appealed using the special processing feature through the provider portal.

• Additional documentation must be submitted to support the appeal. This includes the HCA-17A form.
IMPORTANT NOTES
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• Beginning Nov. 2, 2020, special processed claims will be accepted through the OHCA secure provider portal using the HCA-17A function.

• Paper claims that require special processing will no longer be accepted as of Dec. 31, 2020.

• Effective Jan. 1, 2021, special processed claims must be submitted using the provider portal HCA-17A function.
IMPORTANT NOTES

• Special processed claims are reviewed on an individual basis and are not guaranteed payment.

• Supporting documentation is required for all special processed claims. This includes the HCA-17A form.

• Documentation must be uploaded. Faxed or mailed attachments for the HCA-17A process will not be accepted.
IMPORTANT NOTES

• Claims must be filed within the first six months from the date of service to establish timely filing.

• Timely filing proof is considered a claim from the OHCA secure provider portal that reflects the ICN and line item details or a copy of an OHCA Remittance Advice with the same information.

• Examples provided in the presentation are not an all-inclusive list.
SPECIAL PROCESSED CLAIM EXAMPLES
UB-04 INSTITUTIONAL CLAIMS

• Service dates not in the same month.

• Multiple outpatient visits on the same day.
  • Documentation for both visits are required.
  • Must include admission times.
UB-04 INSTITUTIONAL MEDICARE CROSSOVER CLAIMS

• Multiple Medicare Crossover claims on the same day:
  • Same billing group.
  • Same CPT/HCPC code.

• Medicare non-covered services:
  • Only payable if Medicare denial is appropriate and service is covered under OHCA policy.
UB-04 INSTITUTIONAL MEDICARE CROSSOVER CLAIMS

• No Part A Medicare Coverage:
  • Part B charges must be billed to Medicare and Medicaid.

• Medicare exhausted days:
  • Medicare Part A EOB denial indicating days are exhausted.
  • Medicare Part B charges must be paid by Medicaid prior to submitting for exhausted days.
  • Medicare Part B EOB required.
OTHER EXAMPLES

• A claim past the timely filing limit can be submitted for special processing if it meets one of the four following criteria:

  • Administrative agency corrective action or action taken to resolve a dispute.

  • Reversal of the eligibility determination.

  • Investigation for fraud or abuse of the provider.

  • Court order or hearing decision.
CLAIMS THAT DON’T REQUIRE SPECIAL PROCESSING
CLAIMS THAT DON’T REQUIRE SPECIAL PROCESSING

• Split Eligibility.
• Third Party Liability.
• Soon-to-be-Sooners.
• Claims within standard timely limit.
• Medicare crossovers (covered services).
• Claims filed with incomplete supporting documentation.
• Claims where a procedure is performed prior to admit date.
SPECIAL PROCESS
SUBMISSION
SPECIAL PROCESS SUBMISSION

Select the **Claims** tab then **Submit Claim Inst.**
Select the **Claim Type** based on the services rendered.
SPECIAL PROCESS SUBMISSION

Select the **HCA-17** drop down and choose ‘Yes’.
SPECIAL PROCESS SUBMISSION

Please note, the claim will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.
**SPECIAL PROCESS SUBMISSION**

**Provider Information** – Enter the provider information if required based on the service provided.

<table>
<thead>
<tr>
<th>Provider ID Type</th>
<th>ID Type</th>
<th>NPI</th>
<th>Name</th>
<th>SC Provider Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider ID</td>
<td>Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional Provider ID</td>
<td>Contract Code</td>
<td>ID Type</td>
<td>NPI</td>
<td></td>
</tr>
<tr>
<td>Attending Provider ID</td>
<td></td>
<td>ID Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Provider ID</td>
<td></td>
<td>ID Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring Provider ID</td>
<td></td>
<td>ID Type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SPECIAL PROCESS SUBMISSION

### Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

- **Member ID**
- Last Name
- First Name
- Birth Date

**Member ID** – Enter the member’s SoonerCare ID number.
**SPECIAL PROCESS SUBMISSION**

**Claim Information** - Complete required fields, if applicable. Click **Continue** to proceed to Step 2.
**SPECIAL PROCESS SUBMISSION**

### Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

<table>
<thead>
<tr>
<th>#</th>
<th>ICD Version</th>
<th>Diagnosis Code</th>
<th>POA</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>*ICD Version</td>
<td>ICD-10-CM</td>
<td>*Diagnosis Code</td>
<td></td>
</tr>
</tbody>
</table>

**Present on Admission**

[Add button highlighted]

### Emergency Diagnosis Code

Only one emergency diagnosis code is allowed per claim.

<table>
<thead>
<tr>
<th>ICD Version</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis Codes** – Enter the ICD-10 diagnosis code without the decimal point then click **Add**. Repeat the same step to add additional diagnosis codes if needed.
**SPECIAL PROCESS SUBMISSION**

### Condition Codes

<table>
<thead>
<tr>
<th>#</th>
<th>Condition Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the **Remove** link to remove the entire row.

#### Add

### Occurrence Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

<table>
<thead>
<tr>
<th>#</th>
<th>Occurrence Code</th>
<th>From Date</th>
<th>To Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Occurrence Code**
2. **From Date**
3. **To Date**

- **Add**

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**Condition Codes & Occurrence Codes** – Enter if applicable.
SPECIAL PROCESS SUBMISSION

Value Codes – Required, if applicable. Click Add and select Continue to proceed to Step 3.
SPECIAL PROCESS SUBMISSION

**Service Details** – Enter line items of the services. Click **Add**.
• **Attachments** – Required attachments to be uploaded:
  • Completed HCA-17A Form.
  • All Supporting documentation for review.
**HCA-17A**

- The HCA-17A form must be uploaded as an attachment.
- Provider Number, Member Demographics, Date of Service must match the claim submission.
- Related ICN must reflect a previously submitted claim.

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**TABLE**

<table>
<thead>
<tr>
<th>Claim Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
</tr>
</tbody>
</table>

**INQUIRY:** (Please list specific reasons why claim needs/requires special processing.)

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Internal Use Only**

**THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT**
• **Provider Name & Address** – Group or individual provider.

• **Provider Number** – Rendering provider SoonerCare ID.

• **Group Number** – Billing group SoonerCare ID.

• **Telephone** – Telephone number.
SPECIAL PROCESS SUBMISSION

- **Member Name & ID Number and Date of Service** – Must match claim submission.
- **Related ICN** – Must reflect a claim was previously submitted.
SPECIAL PROCESS SUBMISSION

**Inquiry** – List specific reasons why the claim needs or requires special processing.

**CLAIM INFORMATION**

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member ID Number</th>
<th>Date of Service</th>
<th>Related ICN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzie SoonerCare</td>
<td>0123456789</td>
<td>10/5/2020</td>
<td>230123456789</td>
</tr>
</tbody>
</table>

**INQUIRY:** (Please list specific reasons why claim needs/requires special processing.)

Two ambulance runs on the same day - See attached documentation that supports both runs
SPECIAL PROCESS SUBMISSION

- **Contact Name, Phone Number & E-mail Address** – Must belong to the person submitting the special processed claim.
- **Date** – When the special processed claim is submitted.
- **For Internal Use Only** – Leave blank.
SPECIAL PROCESS SUBMISSION

• Supporting documentation examples may contain, but are not limited to:
  • HCA-17A form.
  • Proof of timely filing.
  • Explanation of Medicare benefits (EOMB).
  • DHS Letter of retro-eligibility determination.
  • Documentation that supports medical necessity.
• **Attachments** – Indicators **MUST** include:
  • Transmission Method: File Transfer.
  • Attachment Type: 77-Support Documentation for Verification.
  • Description: *e.g. Duplicate services on same day or Medicare non-covered services.*
SPECIAL PROCESS SUBMISSION

Click the + sign to add attachments.
### Transmission Method –
- FT-File Transfer (electronic upload).
- Up to 10 MB.
- Accepted file types: JPEG, PDF, TIF, XPS.
SPECIAL PROCESS SUBMISSION

- **Attachment Type** – 77-Support Documentation for Verification.
- **Description** – Duplicate services on same day or Medicare non-covered services.
SPECIAL PROCESS SUBMISSION

Click **Add** to attach the documentation.
SPECIAL PROCESS SUBMISSION

Multiple attachments can be added to the claim but must be the same file type.
# SPECIAL PROCESS SUBMISSION

<table>
<thead>
<tr>
<th></th>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FT-File Transfer</td>
<td>medical record.pdf</td>
<td>20201016801075</td>
<td>77-Support Data for Verification</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>FT-File Transfer</td>
<td>HCA-17A Cover Sheet Form.pdf</td>
<td>20201016691153</td>
<td>77-Support Data for Verification</td>
<td>Remove</td>
</tr>
</tbody>
</table>

Click **Submit** once all documentation is added.
Claim suspends for review with a ‘93’ region code.

Claim is sent through a queue and assigned to a reviewer.

Reviewer determines if claim requires special processing.

If claim requires further review, it will remain in suspend status until a decision has been made.

After determination, claim will cycle through the financial process and appropriate claim edits.
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