SPECIAL CLAIMS PROCESS
(1500 PROFESSIONAL)
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
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• 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.
1500 PROFESSIONAL CLAIMS

• Multiple physician visits on the same day:
  • Different group & rendering provider,
  • Different rendering provider specialty,
  • Different group but same rendering provider or
  • Same CPT/HCPC code.

• Multiple ER visits on the same day.
1500 PROFESSIONAL CLAIMS

• Ambulance – two transports on the same day.
  • Run sheets for both transports are required.

• Air ambulance transport paid as ground mileage instead of air.

• Services that are incidental or mutually exclusive.
1500 PROFESSIONAL CLAIMS

MEDICARE CROSSOVER CLAIMS

• Multiple Medicare Crossover claims on the same day:
  • Same billing group,
  • Different rendering provider, or
  • Same CPT/HCPC code.

• Medicare non-covered services:
  • Only payable if Medicare denial is appropriate and service is covered under OHCA policy.
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

• Third Party Liability.
• Soon-to-be-Sooners.
• Claims billed with a modifier that requires review but no attachments were sent.
• Claims filed with incomplete supporting documentation.
• Claims within standard timely filing limit.
• Medicare crossovers (covered services).
SPECIAL PROCESS SUBMISSION
Select the **Claims** tab then **Submit Claim Prof**.
Select the Claim Type based on the services rendered.
Leave the drop-down for **EVV SERVICES ONLY timely filing** as ‘No’ when filing an HCA-17A special processed claim.
If ‘Yes’ is selected for EVV SERVICES ONLY timely filing and HCA-17, an error message will display after the Continue button is clicked.
Select the HCA-17 drop down and choose ‘Yes’.
Please note, the claim will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.
## Provider Information

This panel contains provider information.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Code</th>
<th>ID Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring Provider ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordering Provider ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Facility ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxonomy</td>
<td>ID Type</td>
<td>✔️</td>
</tr>
<tr>
<td>SC Provider Number</td>
<td>ID Type</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Provider Information – Enter the provider information if required based on the service provided.
SPECIAL PROCESS SUBMISSION

Member ID – Enter the member’s SoonerCare ID number.
Claim Information – Complete required fields, if applicable. Click **Continue** to proceed to Step 2.
SPECIAL PROCESS SUBMISSION

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. Click **Continue**.
**SPECIAL PROCESS SUBMISSION**

Service Details – Only submit the line item(s) that require special processing.
## SPECIAL PROCESS SUBMISSION

### Service Details

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

<table>
<thead>
<tr>
<th>Svc #</th>
<th>From Date</th>
<th>To Date</th>
<th>Place of Service</th>
<th>Procedure Code</th>
<th>Charge Amount</th>
<th>Units</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/05/2020</td>
<td>10/05/2020</td>
<td>41-Ambulance-Land</td>
<td>A0426-ALS 1</td>
<td>$400.00</td>
<td>1.00 Unit</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>10/05/2020</td>
<td>10/05/2020</td>
<td>41-Ambulance-Land</td>
<td>A0425-GROUND MI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes

- **Charge Amount**: 996
- **Procedure Code**: A0425-GROUND MI
- **Modifiers**: NP-FROM SN
- **Place of Service**: 41-Ambulance-Land
- **Units**: 83
- **Unit Type**: Unit Type
- **Document Type**: EPSDT
- **Contract Source**: DMH Contract Source
- **ID Type**: ID Type
- **Zip Code**: Zip Code
- **Contract Code**: Contract Code
- **Diagnosis Pointers**: 1

**Service Details** – Enter additional line items, if applicable.
Attachments

Click the Remove link to remove the entire row.

Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.

Required Attachments to be uploaded MUST include:
- Completed HCA-17A Form
- All Supporting documentation for review

Attachment Indicators (below) 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

• Attachments – Required attachments to be uploaded:
  • Completed HCA-17A Form.
  • All Supporting documentation for review.
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.
SPECIAL PROCESS SUBMISSION

**PROVIDER INFORMATION**

Provider Name and Address:
SoonerCare Provider
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Provider Number: 100000000A

Group Number: 200000000A
(if applicable)

Telephone: (405) 867-5309

- **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.

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**

<table>
<thead>
<tr>
<th>Contact Name <em>(printed)</em>: James Bond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number: (405) 867-5309 xt. 123</td>
</tr>
<tr>
<td>Email Address: <a href="mailto:jamesbond@okhca.org">jamesbond@okhca.org</a></td>
</tr>
<tr>
<td>Date: 10/5/2020</td>
</tr>
</tbody>
</table>

- **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.
  • Ambulance transportation run sheets.
  • Explanation of Medicare benefits (EOMB).
  • DHS Letter of retro-eligibility determination.
  • Documentation that supports medical necessity.
**SPECIAL PROCESS SUBMISSION**

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- Completed [HCA-17 Form](#)
- All Supporting documentation for review

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SPECIAL PROCESS SUBMISSION

Click the + sign to add attachments.

Click to add attachment.
SPECIAL PROCESS SUBMISSION

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<th>#</th>
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<tr>
<td></td>
<td><strong>Transmission Method</strong></td>
<td>FT-File Transfer</td>
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- 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.
Click **Add** to attach the documentation.
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<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>
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Click to add attachment.

Multiple attachments can be added to the claim but must be the same file type.
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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.
REMINDEERS
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GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767