

Bulletin ID: No. 12 - Denied Claims Work

During its September 25 Provider Retreat, the Department of Mental Health (DMH) outlined two work efforts focused on resolving authorization issues and processing certain denied claims. Correctable denied claims fell into one of two categories – those that DMH can correct and those that the provider must correct. DMH officials promised to provide the list of reason codes for denied claims that DMH would correct and the list of reason codes for the denied claims that the provider must correct.

As promised, please find attached two tables. Table number one (1) identifies denied claims with reason codes that DMH's claims processing staff will correct. Note: Providers should not re-submit claims that fall into this category. Those claims that the DMH claims processing staff corrects and adjudicates for payment will appear on the provider's remittance advice. Table number two (2) identifies those denied claims with reason codes that only the provider can correct. In addition, Table number two (2) identifies the action steps the provider must take correct provider correctable denied claims. After the claims have been corrected, they must be re-submitted for claims processing and adjudicated. Once adjudicated for payment, the claim will appear on the provider's remittance advice.

If you have additional questions after reviewing the two tables, please contact your Provider Relations Representative.