Completing the Claim Appeal and Review Cover Sheet (HCA-17)

Disclaimer

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of September of 2018.

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Agenda

- When to use the Claim Appeal and Review Cover Sheet (HCA-17)
- When not to use the Claim Appeal and Review Cover Sheet (HCA-17)
- Submission Instructions
- Provider Information
- Claim Information
- Questions

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When To Use the Claim Appeal and Review Cover Sheet (HCA-17)

When To Use the Claim Appeal and Review Coversheet: Professional Claims Requiring Special Processing

- Same billing provider, different rendering, same CPT/HCPCS
- Medicare noncovered services
- Medicare HMOs with copay more than allowed amount

- Physician claim with multiple visits on the same day
- Ambulance claim with two (2) runs on the same day
- Physician claim with multiple ER visits on the same day







When To Use the Claim Appeal and Review Cover Sheet: Institutional Claims <u>Requiring</u> Special Processing

- Outpatient hospital claim with services not in the same month
- Hospital claim with procedure prior to admit date
- Hospital claim with multiple visits on the same day

- Medicare exhausted days
- No Part A Medicare coverage
- Medicare noncovered services

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When To Use the Claim Appeal and Review Cover Sheet: Claims Requiring Special Processing

A claim past normal timely filing limit can be billed 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

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When Not To Use the Claim Appeal and Review Cover Sheet (HCA-17)

When Not To Use the Claim Appeal and Review Cover Sheet: Do Not Special Process

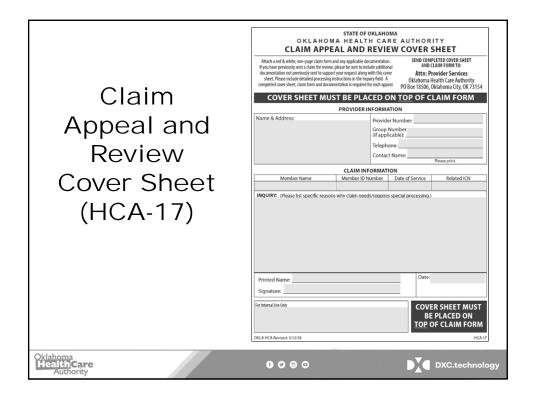
- · Claims within standard timely limit
- TPL (claims with primary insurance)
- Medicare crossovers (covered services)
- Claims with attachments
- C-section Quality Initiative
- Soon-to-be-Sooners
- Claims with modifiers

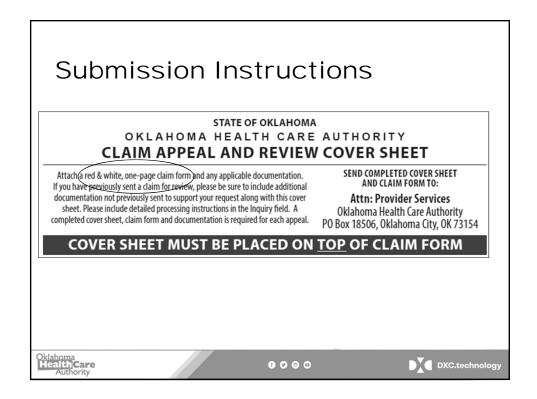






Submission Instructions





Submission Instructions

- HCA-17 must be placed on top of claim
- Red and white claim form must be attached with each submission
- Every submission should have applicable documentation attached behind the claim
- A complete form is required for each submitted claim

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Submission Instructions

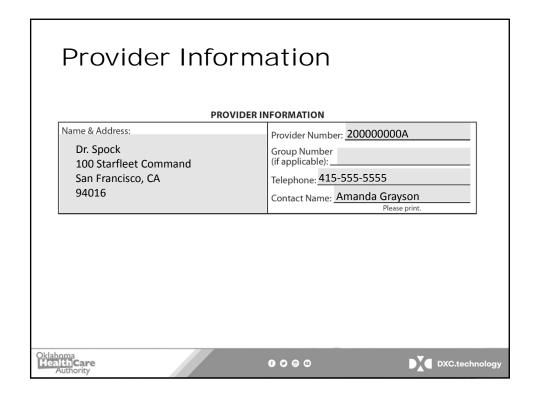
 Only claims with an appeal or requiring a review are mailed with the HCA-17 to:

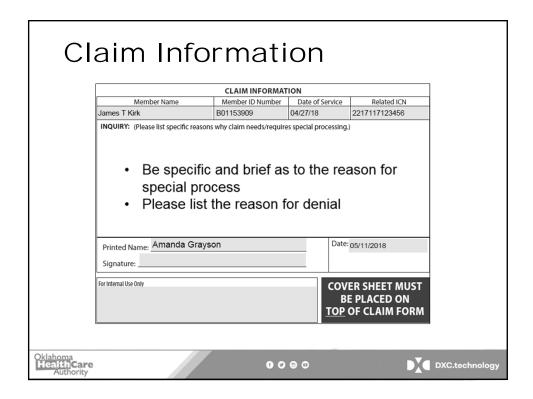
Attn: Provider Services
Oklahoma Health Care Authority
PO Box 18506
Oklahoma City, OK 73154

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Prior to Submission

- Make sure your claim needs special processing
- Make sure your HCA-17 is on top of a red and white claim form
- If you are sending a crossover claim and it does not require special processing, your claim will not be processed
- Send all necessary documentation with every submission
- Make sure your SoonerCare provider number is on the claim

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Provider Number: 1500 Form



- Missing Provider Number is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.

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Provider Number: UB Form 200000000A • Missing Provider Number is the main reason claims are returned back to the provider/billing agency. • Claims with no provider id can NOT be processed.

