

# PROVIDER Update



CONTRACTUAL | JUNE 30, 2022 | UPDATE 22-512m | 4 PAGES

## Use the New Invoice Claim Form to Reduce Errors and Improve Accuracy

### Submit Enhanced Care Management (ECM) and Community Supports services on new form

ECM and Community Supports providers are encouraged to use the ECM and Community Supports Invoice Claim Form for ECM-related and Community Supports services. However, no other type of services should be submitted on the invoice form.

Providers may also submit paper claims using CMS-1500 or EDI 837 professional forms. For the fastest turnaround and to ensure claims accuracy, submit medical claims electronically.

#### ECM and Community Supports Invoice Claim Form

The invoice form is fillable. When possible, values are provided to improve accuracy and minimize risk of errors on submission. Providers can submit an invoice to Health Net\* with a minimum set of data elements necessary for Health Net to convert the invoice to an encounter.

Claims missing the necessary requirements are not considered clean claims and will be returned to providers with a written notice describing the reason for return. Refer to the table beginning on page 2 for some claims rejection reasons, challenges and possible resolutions.

#### Additional information

For more information on how to submit claims and to download the ECM and Community Supports Invoice Claim Form, go to [provider.healthnet.com](http://provider.healthnet.com) > Resources For You > *Submit Claims > Medi-Cal & Cal Medi-Connect Enhanced Care Management (ECM) & Community Service Billing (CS) billing procedures for all Providers.*

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center at 800-675-6110.

#### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### LINES OF BUSINESS:

- IFP (Ambetter from Health Net)
  - HMO/HSP
  - EPO
  - PPO
- Employer Group
  - HMO/POS/HSP
  - EPO
  - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
  - Kern
  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

#### PROVIDER SERVICES

800-675-6110

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

#### PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

#### Go to the online COVID-19 alerts page for info about COVID-19 vaccines!

At [provider.healthnet.com](http://provider.healthnet.com) > *COVID-19 Updates > Health Net Alerts*, you will find information about COVID-19 vaccines. This includes COVID-19 vaccine coverage details, how to enroll to administer the COVID-19 vaccine, and COVID-19 vaccine reporting and coding requirements. Also, access key tips you can use to help talk with and answer questions from your patients about the COVID-19 vaccine, especially those who are hesitant to receive it.

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## Claims rejection reasons and resolutions

Reject code	Reject reason	Requirements	CMS-1500 or UB-04	ECM and Community Supports Invoice Claim Form
01	Member's DOB is missing or invalid	Enter the member's 8-digit date of birth (MM/DD/YYYY)	CMS-1500 box 3 UB-04 box 10	Section 2 <sup>1</sup> Non-standard submission or equivalent
02	Incomplete or invalid member information	Enter the member's Health Plan member identification (ID) for Commercial and Medicare or Client Identification Number (CIN) for Medi-Cal. Social Security number (SSN) should not be used. Check eligibility online, electronically, or refer to the member's current ID card to determine ID numbers	CMS-1500 box 1a UB-04 box 60	Section 2 <sup>1</sup> Non-standard submission or equivalent
06	Missing/invalid tax ID	Include complete 9-character tax identification number (TIN)	CMS-1500 box 25 UB-04 box 5	Section 1a <sup>1</sup> Non-standard submission or equivalent
17	Diagnosis indicator is missing POA indicator is not valid DRG code is not valid	Ensure 9/0 ("9" for ICD-9 or "0" for ICD-10) appears in field 66 for all claims. Ensure present on admission (POA) indicators are valid when billed. Ensure a valid DRG code is used in field 71. POA valid values are: Y – Diagnosis was present at time of inpatient admission. N – Diagnosis was not present at time of inpatient admission. Leave blank if cannot be determined	UB-04 box 66-70 UB-04 box 71	Section 3 <sup>1</sup> Non-standard submission or equivalent
75	The claim(s) submitted has missing, illegible or invalid value for anesthesia minutes	When box 24 is completed, then box 24G must be completed as well	CMS-1500 box 24D and 24G	N/A
76	Original claim number and frequency code required	When submitting a corrected claim, for UB-04 box 64 and CMS-1500 box 22, you must reference the original claim. Claim numbers can be found on your Remittance Advice (RA)/Explanation of Payment (EOP) or check claims status online. Do not include punctuation, words or special characters before or after the claim number. Submission ID from a reject letter is not a valid claim number. If not using frequency codes 7 or 8 leave boxes 64 and 22 blank	CMS-1500 box 22 UB-04 box 4 and 64	Section 4 <sup>1</sup> Non-standard submission or equivalent

<b>Reject code</b>	<b>Reject reason</b>	<b>Requirements</b>	<b>CMS-1500 or UB-04</b>	<b>ECM and Community Supports Invoice Claim Form</b>
77	Type of bill or place of service invalid or missing	Enter the appropriate type of bill (TOB) code as specified by the NUBC UB-04 Uniform Billing Manual minus the leading "0" (zero). A leading "0" is not needed. Digits should be reflected as follows:  1st digit – Indicating the type of facility 2nd digit – Indicating the type of care 3rd digit – Indicating the bill sequence (frequency code)	UB-04 box 4	N/A
87	One or more of the REV codes submitted is invalid or missing	Include complete 4-digit revenue code	UB-04 box 42	N/A
92	Missing or invalid NPI	Enter provider's 10-character National Provider Identifier (NPI) ID	CMS-1500 box 24J and 33A UB-04 box 56	Section 1b <sup>1</sup> Non-standard submission or equivalent
A5	NDC or UPIN information missing/invalid	Providers must bill the UPIN qualifier, number, quantity, and type or National Drug Code (NDC) qualifier, number, quantity, and unit/basis of measure. If any of these elements are missing, the claim will reject	CMS-1500 box 24D UB-04 box 43	N/A
A7	Invalid/missing ambulance point of pick- up ZIP Code	When box 24 D is completed, include the pickup/drop off address in attachments	CMS-1500 box 24 or box 32.  Medicare claims require a point of pickup (POP) ZIP in box 23 in addition to the addresses in 24 shaded area or box 32	N/A
A9	Provider name and address required at all levels	Include complete provider billing address including city, state and ZIP Code	CMS-1500 box 33 UB-04 box 1	Section 1a <sup>1</sup> Non-standard submission or equivalent
AK	Original claim number sent when the claim is not an adjustment	When submitting an initial claim, leave CMS 1500 box 22 and UB-04 box 64 blank. Any values entered in these boxes will cause a claim to reject.	CMS-1500 box 22 UB-04 box 64	Section 4 <sup>1</sup> Non-standard submission or equivalent
C8	Valid POA required for all DX fields	Do not include the POA of 1. The valid values for this field are Y or N or blank. (for description see Reject code 17)	UB-04 box 67– 67Q and 72A– 72C	N/A

<b>Reject code</b>	<b>Reject reason</b>	<b>Requirements</b>	<b>CMS-1500 or UB-04</b>	<b>ECM and Community Supports Invoice Claim Form</b>
B7	Review NUCC guidelines for proper billing of the CMS-1500 versions (08/05) and (02/12). Claims will be rejected if data is not submitted and/or formatted appropriately	Only CMS-1500 02/12 version is accepted	N/A	N/A
C6	Other Insurance fields 9, 9a, 9d, and 11d are missing appropriate data	If the member has other health insurance, box 9, 9a and 9d must be populated, and box 11d must be marked as yes. If this is not provided, the claim will be rejected	CMS-1500 box 9, 9a, 9d and 11d	N/A
AV	Patient's reason for visit should not be used when claim does not involve outpatient visits	Include patient reason for visit for bill type 013x, 078x, and 085x (outpatient) when Type of Admission/Visit (Box 14) is 1 (emergency), 2 (urgent) or 5 (trauma) and revenue code 045x, 0516 or 0762 are reported. Otherwise, do not populate	UB-04 box 70a, b, c	N/A
HP	ICD-10 is mandated for this date of service	Submit with the ICD indicator of 9/0 on both UB-04 and CMS-1500 claim forms according to the 5010 Guidelines requirement to bill this information. (for description see Reject code 17)	CMS-1500 box 21 UB-04 box 66	N/A
RE	Black/white, handwriting or nonstandard format	Use proper CMS-1500 or UB-04 form typed in black ink in 10 or 12 point Times New Roman font	N/A	N/A

<sup>1</sup>This is not a standard claim form like the CMS-1500 or the UB-04 claim forms; used to bill ECM and Community Supports services only.