carecentrix

Provider Newsflash October 2018

Bill for Denial Process

Purpose of this communication:

- To provide direction to providers on the new process for submitting Bill for Denial claims to CareCentrix. A Bill for Denial claim is a claim that is not covered by the primary payor but may be covered by a secondary funding source. The provider is seeking to obtain a benefit denial from the primary payor in order to file the claim with the secondary funding source.

What do I need to know?

- Effective immediately, add a GA modifier to the HCPC/Modifier when submitting a Bill for Denial claim to CareCentrix.
- Add the GA as the last modifier on every claim line submitted as Bill for Denial.
- All claim lines on a Bill for Denial claim must contain the GA modifier. If billed with other claims lines not containing a GA modifier, the claim will be rejected.
- Include one of the following notes in the Claims Header Level NTE segment indicating the reason the primary payer will deny:
  - Deny for Medical Necessity
  - Deny for Benefit Maximum
  - Deny for Non Covered Benefit
- **NOTE: CareCentrix will reject the claim if one of the above notes is not included in the NTE segment <u>EXACTLY</u> as written.**
- The new process applies to all Bill for Denial claims submitted to CareCentrix on or after October 18, 2018 regardless of the date of service.

What else do I need to know?

- For additional information, please visit our Provider Portal at:
  - www.carecentrixportal.com
- If you have any questions, please reach out to your assigned Network Management contact.

Thank you in advance for your cooperation and continued partnership.