

# *CareSource MyCare Ohio*

Tips from Practice Insight:

*Common Reasons for Behavioral  
Health Provider Claims Rejections*

August, 2014



# *Common Reasons for Claims Rejections*



- **PO Box is not allowed in the Billing Provider Address. The address must be the physical site address. PO Box and Lockbox addresses are allowed for Pay-To Providers.**
- **Billing Provider requires an NPI number as the primary identification number (not Tax ID# and not blank).**
- **Billing Provider requires Tax ID# as the secondary identification number (Federal EIN or SSN).**
- **Rendering Provider (if present) requires an NPI number as the primary identification number.**

# *Common Reasons for Claims Rejections*



- **If a claim to CareSource as the primary payer, and another insurance policy is indicated, there should be no payment information whatsoever from the Secondary or Other Insurance plan. If the other insurance plan has processed this claim, then by definition that plan is the Primary Payer and not CareSource MyCare.**
- **If a claim is submitted to CareSource as a Secondary payer for coordination of benefits (COB), and the Primary Payer (Medicare) is indicated as the Other Insurance, the claim must satisfy basic ANSI 5010 standards for COB claim balancing. That is, the claim must report: Medicare Payment \$Amount, Payment Date, and Adjustment amounts that balance to the Total Claim Charges.**

# *Common Reasons for Claims Rejections*



- **Claims that are submitted & rejected due to the confusion of the “S” code in the CAS field – primary payer info missing.**
- **Any claim that is being submitted to Practice Insight should not have an indicator that there is a primary payer other than CareSource, regardless if the member is an Opt-Out member.**

