BHP Portal Claim Dispute Filing Instructions

To be utilized for claim(s) with dates of service on or after 02/01/23

Follow the step-by-step guidance below on how to file a claim Dispute on the portal for Medicaid and Behavioral Health Medicaid claims:

- **Required Timely Filing:** Disputes must be filed within 12 months from the date of service or 60 calendar days after the last payment, denial, or partial denial of a timely claim submission/dispute, whichever is later.

Step 1: Go to Provider Portal Login.
New users can create new account to establish portal access. Go to the **Create Account** page.

Step 2: Once logged into the portal, select the "Claims" tab at the top of the page.
The "Claims' tab allows you to search the claim number you want to dispute in the search window. Find your claim in the search results and click on the claim number to see more details.

- If the claim status is "Pending", then you will have "Copy Claim" button and "Void/Recoup Claim" button options.
- If the claim status is "Paid" or "Denied", then you will have "Dispute" button option.

Step 3: If "Dispute" button is clicked, then select "Option 1: Dispute the Claim".
Check "Medical Necessity / Level of Care Denial Codes" found on the next page to ensure the claim/EOP does not contain one of the listed EX/CARC/RARC codes. If the claim/EOP does contain one of the codes listed in the table, please proceed with Option 2.

Step 4: Upload any supporting documentation.
As part of the review process, supporting documentation may be or required to be included on the dispute submission. These documents help us evaluate your claim dispute.

1. Files must be in one of these formats: PDF, JPG, JPEG, TIF, and TIFF.
2. Click on the 'Browse' button.
3. Find the document(s) you want to upload and attach.
4. Select 'Attachment Type' from the drop down. (See types listed above.)
5. Select 'Attach.' This will attach the document to your request.
6. Continue the same process for all documentation you want to attach.
7. Select the 'Next' button to complete the process.

Step 5: Review the claim information to ensure it is correct.

Step 6: Select the "Submit" button.
You will receive a successful submission notice with Confirmation ID#. This unique number applies to your specific dispute case. On the main Claims screen, click on the "Submitted" tab to confirm the submission of the claim dispute. **NOTE:** If a dispute has already been submitted for a claim, you will see a message notification that "Claims Adjustment has been previously submitted and no further adjustment can be made today."

Step 8: Check the status of your dispute case.
Log in to Provider Portal account. The status is viewable within the disputed claim details.

Step 9: Receive a decision.
Upon completion of the dispute review, a resolution letter will be sent advising of the outcome. For information on resolution and processing times, please refer to Buckeye Health Plan Provider Manual.

Medical Necessity / Level of Care (LOC) Denial Codes

PROVIDER: If the claim or explanation of payment contains once of the following EX/CARC/RARC codes, **Option 2: Medical Necessity / Level of Care (LOC) Claim Review** should be selected via the Provider Portal.

Standard Medicaid

EX Code	Type of EX	EX Description	CARC	RARC
5L	DENY	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	273	N362
A1	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	197	N/A
A8	DENY	DENY: NO AUTHORIZATION ON FILE	197	N/A
AB	DENY	DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	197	N/A
AC	DENY	DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	197	N/A
Am	DENY	DENY: ADMINISTRATIVE DENIAL	197	N/A
aM	DENY	DENY: SERVICES PROVIDED WERE NOT AUTHORIZED	197	N/A
DZ	DENY	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	198	N54
EB	DENY	DENY: BASED ON MEDICAL REVIEW, THIS SERVICE WAS NOT MEDICALLY NECESSARY	A1	N10
FH	DENY	DENY: LEVEL OF CARE BILLED IS DIFFERENT THAN AUTHORIZED	A1	N54
hf	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	197	N/A
mg	DENY	NO AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION.	197	N/A
mh	DENY	NO APPROVED AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION	16	M62
mt	DENY	NOT MEDICALLY NECESSARY DUE TO ADVANCE BENEFICIARY NOTICE NOT ISSUED	50	N/A
Ns	DENY	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK	243	N130
TA	DENY	DENY: NO AUTHORIZATION ON FILE	197	N/A
y1	DENY	DENY: SERVIES RENDERED BY NON-AUTHORIZED NON PLAN PROVIDER	B7	N665
YE	DENY	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE	A1	M60
Z4	DENY	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECCESSITY	A1	M60
6X	DENY	ENTIRE STAY DENIED BY MEDICAL SERVICES	39	N627

Behavioral Health Medicaid

Code	Type of EX Code	EX Description	CARC	RARC
2L	DENY	DENY: NO AUTH OBTAINED FOR LOCATION BILLED SUBMITTED	16	M62
5L	DENY	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	273	N362
A1	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
A8	DENY	DENY: NO AUTHORIZATION ON FILE	197	N/A
AB	DENY	DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	197	N/A
AC	DENY	DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	197	N/A
Am	DENY	ADMIN DENIAL	197	N/A
DZ	DENY	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	198	N54
EB	DENY	DENY: DENIED BY MEDICAL SERVICES	A1	N10
FH	DENY	DENY: LEVEL OF CARE BILLED IS DIFFERENT THAN AUTHORIZED	A1	N54
HB	PEND	PEND: CLAIM AND AUTH DATES OF ADMISSION NOT MATCHING	133	N/A
HC	PAY	AUTH PROCEDURE CLASS NOT MATCHING	45	N/A
HF	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HG	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HL	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HP	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HS	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HT	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HU	DENY	DENY: CLAIM TYPE DOES NOT MATCH CLAIM TYPE ON THE AUTHORIZATION	16	N54
Hc	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
Hf	PEND	PEND: PROCEDURE DOES NOT MATCH AUTHORIZATION	133	N/A
Hn	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
Mt	DENY	DENY-NOT MEDICALLY NECESSARY SERVICES	50	N661
Nk	DENY	DENY: DATE OF SERVICE DOES NOT MATCH AUTHORIZED DATE SPAN	16	M52
Ns	DENY	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK	243	N130
TA	PAY	DENY: NO AUTHORIZATION ON FILE	16	M62
UE	PEND	PEND TO UR - MEDICAL REVIEW	133	N/A
UJ	PEND	PEND: UR REVIEWING DOCUMENTATION	133	N/A
Z4	DENY	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECCESSITY	A1	M60
aM	DENY	ADMIN DENIAL	197	N/A
mg	DENY	NO AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION.	197	N/A
mh	DENY	NO APPROVED AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION	16	M62