buckeye health plan

# Medical Necessity / Level of Care (LOC) Claim Dispute Form

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

**Provider:** Please complete all sections of this form to dispute a claim that requires medical necessity or level of care review. When submitting the form, include clinical documentation which supports the claim dispute. Incomplete submissions will be returned.

- **Required Timely Filing:** Dispute must be filed in writing 12 months from the date of service or 60 calendar days after the last payment, denial, or partial denial of a timely claim submission, whichever is later.
- **Online Filing Option**: For step-by-step guidance, review the **"BHP Portal Filing Instructions"** on page 2. For other methods of submission, refer to Buckeye Health Plan Provider Manual.
- **Tip:** Check **"Medical Necessity / Level of Care (LOC) Denial Codes"** for any of the listed EX/CARC/RARC codes located on the claim or explanation of payment/denial letter. Please see page 3.

## Please complete all required fields below.

| | |
|---|---|
| Date of Request: | |
| Provider Name: | |
| Provider Number: | |
| Claim Number: | |
| Date(s): | |
| Member Name: | |
| Member Number: | |

**Reason for Medical Necessity Claim Dispute:**

Services are covered and were medically necessary

Denied for no authorization; authorization # ____________________________________________ obtained

Other (please explain below):

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# BHP Portal 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 Medical Necessity / Level of Care (LOC) Claims Dispute on the portal:

**Step 1: Complete all sections of Medical Necessity / Level of Care (LOC) Claim Dispute Form.**
Save the completed form to your computer and have all your supporting clinical documents ready to upload to the portal.

> **Downloading the Form:** To download the form, use the latest version of Adobe Reader, which can be downloaded for free. To use the form, we suggest downloading the form directly to your computer, instead of completing them through your web browser. **Warning:** In some circumstances, using older forms may result in us denying or delaying your request. The latest version of this form is always available at www.buckeyehealthplan.com/forms.

**Step 2: Go to Provider Portal Login.**
New users can create new account to establish portal access. Go to the **Create Account** page.

**Step 3: 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 4: If "Dispute" button is clicked, then select "Option 2: Medical Necessity / Level of Care (LOC) Claim Review".**
Check "Medical Necessity / Level of Care Denial Codes" for any of the listed EX/CARC/RARC codes located on the claim or explanation of payment/denial letter. Please see page 3.

**Step 5: Upload the completed form and supporting clinical documentation.**
As part of the review process, you must provide clinical documentation along with the form. These documents help us evaluate your claim dispute form.

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

**Step 6: Review the claim information to ensure it is correct.**

**Step 7: 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 notifying you 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, refer to Buckeye Health Plan Provider Manual.

# Medical Necessity / Level of Care (LOC) Denial Codes

**PROVIDER:** Confirm the claim is eligible for Medical Necessity / Level of Care (LOC) Review. If the claim, explanation of payment or denial letter contains one of the below EX/CARC/RARC codes then the claim dispute must be submitted using **Option 2: Medical Necessity / Level of Care (LOC) Claim Review** via the Provider Portal. Otherwise, please use Option 1: Dispute the Claim.

**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 |

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## 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 |