

SPECIAL CLAIMS PROCESS (ADA DENTAL)



DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of November 2020.
- Stay informed with current information found on the OHCA public website: www.okhca.org by signing up for web alerts.

CLASS DESCRIPTION

This class is an overview of the recent Special Process feature now included on the provider portal. As OHCA continues the Going Green initiative, if a claim requires special processing using the HCA-17, this action can now be completed and submitted on the SoonerCare provider portal.

We will discuss and demonstrate the process of completing a claim for special processing via the provider portal. This class will not cover policy or other types of claim submission.

AGENDA

- Special processing defined
- Important notes
- Special processed claim examples
- Claims that don't require special processing
- Special process submission
- Reminders
- Questions

SPECIAL PROCESSING DEFINED

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- A special processed claim is a claim that has been previously submitted but all or a portion of the claim has been denied.
- Certain claim denials can be appealed using the Special Processing feature through the provider portal.
- Additional documentation must be submitted to support the appeal. This includes the HCA-17A form.

IMPORTANT NOTES

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- Beginning Nov. 2, 2020, special processed claims started being accepted through the OHCA secure provider portal using the HCA-17A function.
- Paper claims that require special processing will no longer be accepted as of Dec. 31, 2020.
- Effective Jan. 1, 2021, special processed claims must be submitted using the provider portal HCA-17A function.

IMPORTANT NOTES

- Special processed claims are reviewed on an individual basis and are not guaranteed payment.
- Supporting documentation is required for all special processed claims. This includes the HCA-17A form.
- Documentation must be uploaded. Faxed or mailed attachments for the HCA-17A process will not be accepted.

IMPORTANT NOTES

- Claims must be filed within the first six months from the date of service to establish timely filing.
- Timely filing proof is considered a claim from the OHCA secure provider portal that reflects the ICN and line-item details or a copy of an OHCA remittance advice with the same information.
- Examples provided in the presentation are not an all-inclusive list.

SPECIAL PROCESSED CLAIM EXAMPLES

ADA DENTAL CLAIMS

- Tooth extraction denial:
 - Tooth is still retained in the mouth.
- Prior authorized service:
 - Claim denied due to frequency.

OTHER EXAMPLES

- A claim past the timely filing limit can be submitted for special processing if it meets one of the four following criteria:
 - Administrative agency corrective action or action taken to resolve a dispute.
 - Reversal of the eligibility determination.
 - Investigation for fraud or abuse of the provider.
 - Court order or hearing decision.

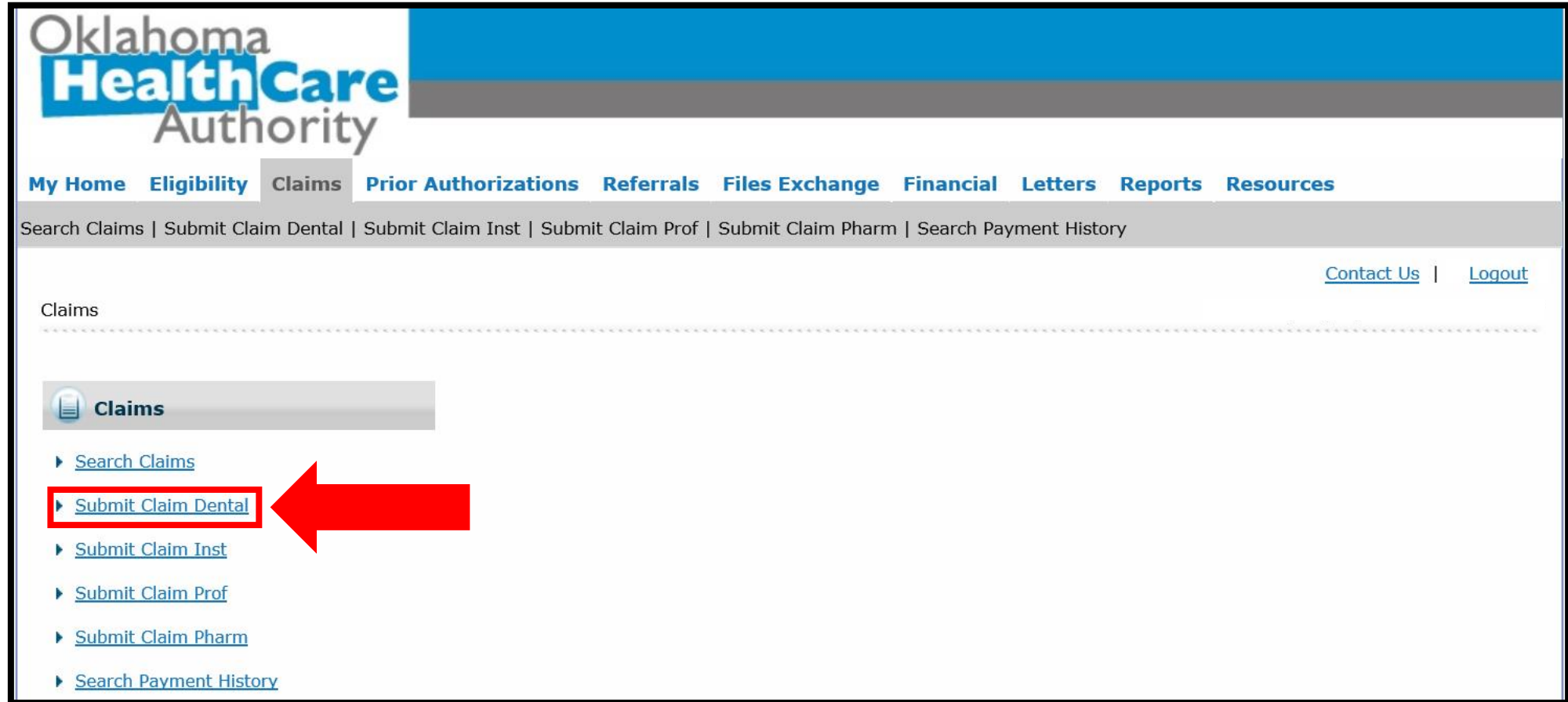
**CLAIMS THAT DO NOT
REQUIRE SPECIAL
PROCESSING**

CLAIMS THAT DO NOT REQUIRE SPECIAL PROCESSING

- Third Party Liability
- Soon-to-be-Sooners
- Claims filed with incomplete supporting documentation
- Claims within standard timely filing limit

SPECIAL PROCESS SUBMISSION

SPECIAL PROCESS SUBMISSION




The screenshot shows the Oklahoma Health Care Authority website. The header includes the logo and a navigation menu with the following items: My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation menu is a search bar with the text "Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Submit Claim Pharm | Search Payment History". On the right side of the page, there are links for "Contact Us" and "Logout". The main content area is titled "Claims" and contains a list of links: Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, Submit Claim Pharm, and Search Payment History. A red box highlights the "Submit Claim Dental" link, and a red arrow points to it from the right.

Select the Claims tab then Submit Claim Dental.

SPECIAL PROCESS SUBMISSION

Submit Dental Claim: Step 1 ?

* Indicates a required field.

 HCA-17 ▾

These claims will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.

- Select the **HCA-17** drop down and choose **Yes**.
- Please note, the claim will require a **completed** HCA-17A and applicable attachments to be uploaded upon submission.

SPECIAL PROCESS SUBMISSION

Provider Information			
This panel contains provider information.			
Billing Provider ID	2000000000A	ID Type	NPI
Zip Code		Name	Dental Office
Referring Provider ID	<input type="text"/>	SC Provider	
		ID Type	<input type="text" value="v"/>
Patient Information			
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.			
*Member ID	<input type="text"/>	First Name	Middle
Last Name			
Birth Date			

- Provider Information – Enter the provider information if required based on the service provided.
- Member ID – Enter the member’s SoonerCare ID number.

SPECIAL PROCESS SUBMISSION

Claim Information

Enter information applicable to the claim. If a TPL Amount needs to be entered, then Include should be selected in the Other Insurance dropdown. A TPL Amount can be entered on Submit Step 2.

Accident Related	<input type="text" value=""/>	Emergency	<input type="text" value=""/>
*Place of Treatment	<input type="text" value="11-Office"/>	Patient Account Number	<input type="text" value=""/>
Other Insurance	<input type="text" value="None"/>		

Total Charged Amount \$0.00

Claim Information - Complete required fields, if applicable. Click **Continue** to proceed to Step 2.

SPECIAL PROCESS SUBMISSION

Diagnosis Codes

Diagnosis Code is Optional. If a diagnosis is included, both the ICD Version and the Diagnosis Code need to be entered.
Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
1			

1 *ICD Version *Diagnosis Code

[Add](#) [Reset](#)

[Back to Step 1](#) [Continue](#) [Cancel](#)

[Go to Top](#)

Diagnosis Codes – If applicable, enter the ICD-10 diagnosis code without the decimal point then click [Add](#). Repeat the same step to add additional diagnosis codes, if needed. Click **Continue**.


SPECIAL PROCESS SUBMISSION

[Expand All](#) | [Collapse All](#)

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1							

1 ***Svc Date**  **Oral Cavity Area** **Tooth Number**

Tooth Surface **Prosthesis**

Cavity Code

***Procedure Code** **Modifiers**

Diagnosis Pointers

***Units** **Charge Amount**

Rendering Provider ID **ID Type** **Zip Code** **SC Provider Number**

[Add](#)

Service Details – Only submit the line item(s) that require special processing.

SPECIAL PROCESS SUBMISSION


Attachments

Click the **Remove** link to remove the entire row.

Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.

Required Attachments to be uploaded MUST include:

- Completed [HCA-17A Form](#)
- All Supporting documentation for review



Attachment Indicators(below) MUST include:

- Transmission Method: File Transfer
- Attachment Type: 77-Support Documentation for Verification
- Description: **e.g. Duplicate services on same day or Medicare non - covered services**

Attachments – Required attachments to be uploaded:

- Completed HCA-17A form.
- All supporting documentation for review.

SPECIAL PROCESS SUBMISSION

- Supporting documentation examples may contain, but are not limited to:
 - HCA-17A form
 - Proof of timely filing
 - DHS Letter of retro-eligibility determination
 - Documentation that supports medical necessity

HCA-17A

- The HCA-17A form must be uploaded as an attachment.
- Provider Number, Member Demographics and Date of Service must match the claim submission.
- Related ICN must reflect a previously submitted claim.

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
PROVIDER PORTAL CLAIM APPEAL AND REVIEW COVER SHEET

THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT

This cover sheet is **ONLY** for claim appeals sent via the Provider Portal. Please include original information and **ANY** additional documentation to support your request along with this cover sheet. A completed cover sheet and supporting documentation is required for each appeal.

PROVIDER INFORMATION

Provider Name and Address:	Provider Number:
	Group Number: <i>(if applicable)</i>
	Telephone:

CLAIM INFORMATION

Member Name	Member ID Number	Date of Service	Related ICN

INQUIRY: (Please list specific reasons why claim needs/requires special processing.)

Contact Name <i>(printed)</i> :	Date:
Phone Number:	
Email Address:	

For Internal Use Only	THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT
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OKLA HCA Revised: 8/20/20 HCA-17A

SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION	
Provider Name and Address: SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105	Provider Number: 100000000A Group Number: 200000000A <i>(if applicable)</i> Telephone: (405) 867-5309

- Provider Name and Address – Group or individual provider
- Provider Number – Rendering provider SoonerCare ID
- Group Number – Billing group SoonerCare ID
- Telephone – Telephone number

SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION			
Provider Name and Address: SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105		Provider Number: 100000000A	
		Group Number: 200000000A <i>(if applicable)</i>	
		Telephone: (405) 867-5309	
CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789

- Member Name and ID Number and Date of Service – Must match claim submission
- Related ICN – Must reflect a claim was previously submitted

SPECIAL PROCESS SUBMISSION

CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789
INQUIRY: (Please list specific reasons why claim needs/requires special processing.) Two ambulance runs on the same day - See attached documentation that supports both runs			

Inquiry – List specific reasons why the claim needs or requires special processing.

SPECIAL PROCESS SUBMISSION

Contact Name <i>(printed)</i> : James Bond	Date:
Phone Number: (405) 867-5309 xt. 123	10/5/2020
Email Address: jamesbond@okhca.org	
For Internal Use Only LEAVE BLANK	THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT
OKLA HCA Revised: 8/20/20	HCA-17A

- Contact Name, Phone Number and E-mail Address – Must belong to the person submitting the special processed claim
- Date – When the special processed claim is submitted
- For Internal Use Only – Leave blank

SPECIAL PROCESS SUBMISSION

Attachments

Click the **Remove** link to remove the entire row.


Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.

Required Attachments to be uploaded MUST include:

- Completed [HCA-17 Form](#)
- All Supporting documentation for review

Attachment Indicators(below) MUST include:

- Transmission Method: File Transfer
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- **Attachments** – Indicators MUST include:
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- Description: **e.g. Duplicate services on same day or Medicare non - covered services**

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="+"/>	Click to add attachment.				

Click the + sign to add attachments

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer ▾			
	*Upload File	<input type="text"/>			Browse...
	*Attachment Type	<input type="text"/>			
	Description	<input type="text"/>			
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>			

- Transmission Method:
 - FT-File Transfer (electronic upload)
 - Up to 10 MB
 - Accepted file types: JPEG, PDF, TIF, XPS

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer ▼			
	*Upload File	<input type="text"/>			Browse...
	*Attachment Type	<input type="text"/>			
	Description	<input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

- Attachment Type – 77-Support Documentation for Verification
- Description – Duplicate services on same day or Medicare non – covered services

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer			
	*Upload File	C:\Users\ \medicalrecord.pdf			Browse...
	*Attachment Type	77-Support Data for Verification			
	Description	Duplicate services on same day			
	Add				
	Back to Step 1	Back to Step 2		Submit	Cancel

Click Add to attach the documentation.

SPECIAL PROCESS SUBMISSION


#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	Remove
2	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	Remove

Click to add attachment.

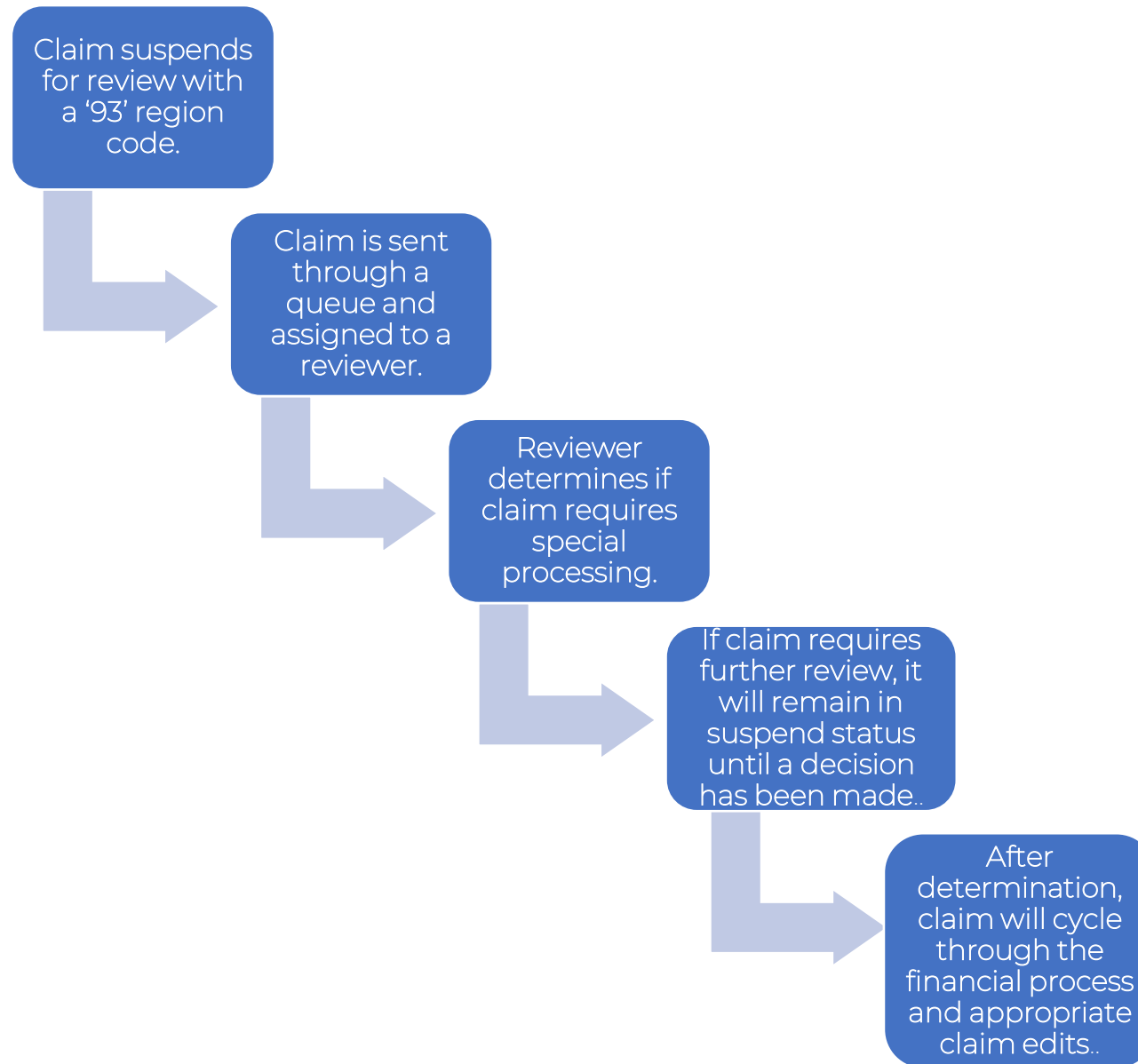
Multiple attachments can be added to the claim but must be the same file type.

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	Remove
2	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	Remove
<input type="checkbox"/> Click to add attachment.					
Back to Step 1		Back to Step 2		Submit	



Click **Submit** once all documentation is added.



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OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

