

Completing the Claim Appeal and Review Cover Sheet (HCA-17)

Disclaimer

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of September of 2018.

Agenda

- When to use the Claim Appeal and Review Cover Sheet (HCA-17)
- When not to use the Claim Appeal and Review Cover Sheet (HCA-17)
- Submission Instructions
- Provider Information
- Claim Information
- Questions

When To Use the Claim Appeal and Review Cover Sheet (HCA-17)

When To Use the Claim Appeal and Review Coversheet: Professional Claims Requiring Special Processing

- Same billing provider, different rendering, same CPT/HCPCS
- Medicare non-covered services
- Medicare HMOs with copay more than allowed amount
- Physician claim with multiple visits on the same day
- Ambulance claim with two (2) runs on the same day
- Physician claim with multiple ER visits on the same day

When To Use the Claim Appeal and Review Cover Sheet: Institutional Claims Requiring Special Processing

- Outpatient hospital claim with services not in the same month
- Hospital claim with procedure prior to admit date
- Hospital claim with multiple visits on the same day
- Medicare exhausted days
- No Part A Medicare coverage
- Medicare non-covered services

When To Use the Claim Appeal and Review Cover Sheet: Claims Requiring Special Processing

A claim past normal timely filing limit can be billed 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

When Not To Use the Claim Appeal and Review Cover Sheet (HCA-17)

When Not To Use the Claim Appeal and Review Cover Sheet: Do Not Special Process

- Claims within standard timely limit
- TPL (claims with primary insurance)
- Medicare crossovers (covered services)
- Claims with attachments
- C-section Quality Initiative
- Soon-to-be-Sooners
- Claims with modifiers

Submission Instructions

Claim Appeal and Review Cover Sheet (HCA-17)

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

Attach a red & white, one-page claim form and any applicable documentation. If you have previously sent a claim for review, please be sure to include additional documentation not previously sent to support your request along with this cover sheet. Please include detailed processing instructions in the Inquiry field. A completed cover sheet, claim form and documentation is required for each appeal.

SEND COMPLETED COVER SHEET AND CLAIM FORM TO:
Attn: Provider Services
Oklahoma Health Care Authority
PO Box 18506, Oklahoma City, OK 73154

COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM

PROVIDER INFORMATION

Name & Address:	Provider Number:
	Group Number (if applicable):
	Telephone:
	Contact Name:
<small>Please print.</small>	

CLAIM INFORMATION

Member Name	Member ID Number	Date of Service	Related ICN
INQUIRY: (Please list specific reasons why claim needs/requires special processing.)			

Printed Name: _____ Date: _____
Signature: _____

For Internal Use Only

COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM

OKLA HCA Revised: 3/12/18 HCA-17



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Submission Instructions

- HCA-17 must be placed on top of claim
- Red and white claim form must be attached with each submission
- Every submission should have applicable documentation attached behind the claim
- A complete form is required for each submitted claim

Submission Instructions

- **Only** claims with an appeal or requiring a review are mailed with the HCA-17 to:

Attn: Provider Services
Oklahoma Health Care Authority
PO Box 18506
Oklahoma City, OK 73154

Provider Information

PROVIDER INFORMATION

Name & Address: Dr. Spock 100 Starfleet Command San Francisco, CA 94016	Provider Number: <u>200000000A</u>
	Group Number (if applicable): _____
	Telephone: <u>415-555-5555</u>
	Contact Name: <u>Amanda Grayson</u> <small>Please print.</small>

Claim Information

CLAIM INFORMATION

Member Name	Member ID Number	Date of Service	Related ICN
James T Kirk	B01153909	04/27/18	2217117123456
INQUIRY: (Please list specific reasons why claim needs/requires special processing.) <ul style="list-style-type: none"> • Be specific and brief as to the reason for special process • Please list the reason for denial 			
Printed Name: <u>Amanda Grayson</u>		Date: <u>05/11/2018</u>	
Signature: _____		_____	
For Internal Use Only		COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM	

Prior to Submission

- Make sure your claim needs special processing
- Make sure your HCA-17 is on **top** of a red and white claim form
- If you are sending a crossover claim and it does not require special processing, your claim will not be processed
- Send all necessary documentation with every submission
- Make sure your SoonerCare provider number is on the claim

Provider Number: 1500 Form

T?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
	\$	\$	
33. BILLING PROVIDER INFO & PH # (415) 555-5555			
Dr. Spock 100 Starfleet Command San Francisco, CA 94016			
a.	NPI		b. 200000000A
CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)			

- Missing Provider Number is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.

Provider Number: UB Form

56 NPI		
57	200000000A	A
OTHER		B
PRV ID		C

- Missing Provider Number is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.

Questions?