



COUNTY OF SANTA CLARA
Behavioral Health Services

FAST SERVICE ENTRY SUBMISSION DENIALS

06/27/2022

FAST SERVICE ENTRY SUBMISSION DENIALS

The Fast Service Entry Submission form provides an Explanation of Coverage in a gray box. This box shows why a claim would be denied before submitting the batch.

This guide lists common denial reasons and the steps on how to resolve it. If steps were taken, but the error message does not go away (with a few exceptions), reach out to BHSD_HER_Info@hhs.sccgov.org.

COMMON FAST SERVICE ENTRY SUBMISSION DENIALS

- Authorization is invalid.
 - Check P-Auth Number is correct by selecting Display Valid Authorizations button or check Service Crosswalk.
- Authorized amounts differs from billed amount.
 - The Total Charge differs from Total Fee Table Amount. Change the amount to match the Total Fee Table Amount.
- Contracting Provider Program Not Valid for Authorization.
 - Verify the P-Auth matches the Contracting Provider Program. Check Service Crosswalk.
- CPT Code Invalid for Service Duration.
 - Some CPT codes are associated with the duration of service. Review duration falls into
- Payments and Adjustments for Third Party Payor do not total the billed amount.
 - Review Third Party information entered equals to Billed Amount.
- Performing Provider does not have any License Types that match the CPT Code's allowed License Type.
 - The Performing Provider selected does not have the credentials to perform the service code chosen.

COMMON FAST SERVICE ENTRY SUBMISSION DENIALS

- Performing Provider is blank.
 - The Performing Provider is located in the subsection below the Explanation of Coverage gray box, scroll passed the gray box to provide the Performing Provider.
- Performing Provider is not registered on date of service
 - Run the BHSD 7521 Provider Credentialing Report and review Provider's start date.
- Place of Service Is Invalid For Procedure Code.
 - Review the Service Code Crosswalk to verify if the Location is valid for the service code.
- Procedure Code Not Covered.
 - See page 6.
- Provider funding plan (P-Auth) is missing /invalid.
 - The P-Auth is associated with the Provider, but not the Contracting Provider Program. Check Service Crosswalk.
- There is no Episode in place for this date of service.
 - Verify client is admitted in episode for that Date of Service.
 - Verify client is admitted into correct program.

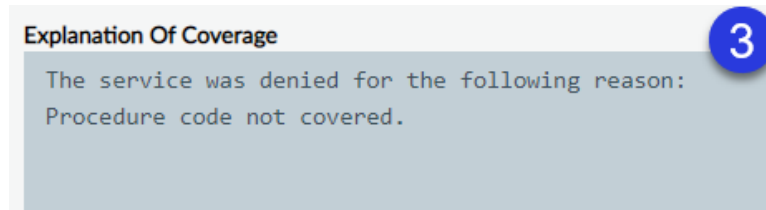
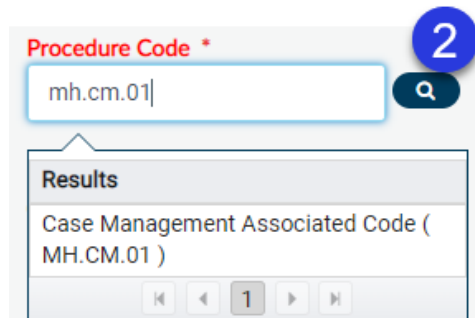
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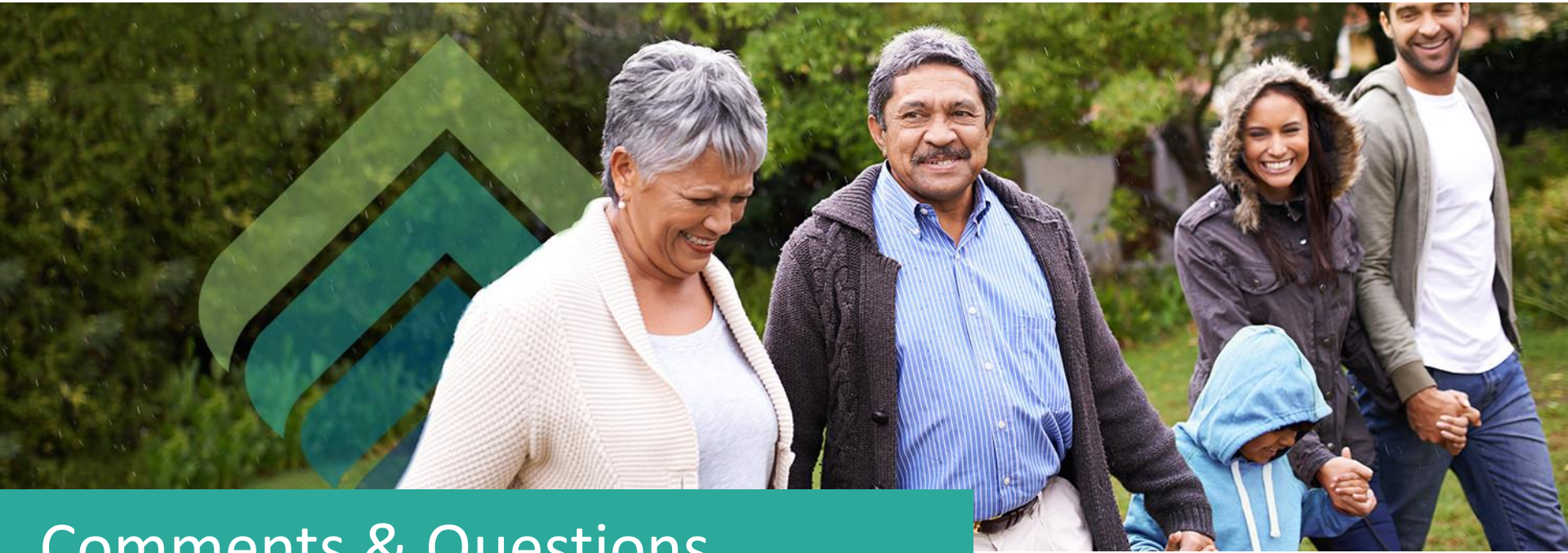
- Third Party Coverage Found.
 - This is not a denial. It is stating there is a third party coverage entered. This message will not need a correction and will remain in the gray box.
- This client is not eligible for this service. Avatar Financial Eligibility Record check failed. Changing claim status to Denied.
 - Check Funding Source on the Fast Service Entry Form to ensure it matches with the Guarantor inputted in the Financial Eligibility form.
 - Check CIN is inputted in Subscriber Client Index field in the Financial Eligibility form.
- The Rendering Provider on the claim is not associated to the Legal Entity/Fee-For-Service provider
 - The P-Auth number is not associated with this provider. Check Service Crosswalk.

GENERIC ASSOCIATED MSO CODE ERROR

Avatar requires that the Grouping (title of each sheet) is an Associated Code option. Unfortunately, this would appear in the search in the Procedure Code in the Fast Service Entry Submission form. If Grouping Code is selected, this will produce an error message. Grouping codes are the codes associated with a bucket of services shown on the Service Code Crosswalk (1). Searching the Grouping Codes in the FSES form would yield results (2) but would also produce an error (3). Do not select the Grouping Codes, but select the codes listed below the Grouping Codes in the crosswalk.

C=CPT R=Revenue DSM or ICD*	Valid Funding Source Registration ID	Group Description will be the same for codes associated to each other	Code description	Valid CPT, Revenue or Diagnosis Code in respective dictionaries	Groupings for Authorizations
Code Type	Funding Source ID	Associated Group Code Description		Associated MSO Code	Group
C	DMH Medi-Cal (2)	Case Management		MH.CM.01	CM
C	DMH Medi-Cal (2)	Case Management	Case Management /Brokerage	T1017:HE	CM
C	DMH Medi-Cal (2)	Case Management	Case Management /Brokerage	T1017:HE:59	CM
C	DMH Medi-Cal (2)	Case Management	Case Management /Brokerage	T1017:HE:76	CM
C	DMH Medi-Cal (2)	Case Management	Case Management /Brokerage	T1017:HE:77	CM
C	DMH Medi-Cal (2)	Case Management	No Show-MH	Y0001NS	CM
C	DMH Medi-Cal (2)	Case Management	Staff Canceled-MH	Y0002SC	CM
C	DMH Medi-Cal (2)	Case Management	Client Canceled-MH	Y0003CC	CM





Comments & Questions