



BILLERS ROUNDTABLE

ruralMED Billers

Disclaimer

This document/presentation is not to convey or constitute legal advice; it is not a substitute for obtaining legal advice from a qualified attorney of choice. Nothing herein should convey any specialization or certification by a relevant regulatory body unless proof of such certification is specifically provided. Any information given regarding particular regulations or laws is ruralMED's interpretation and is for educational purposes only. Regulations, guidance, and interpretations change. You should consult with appropriate regulatory, statutory, or other guidance to ensure accuracy and completeness.

Payer Websites

- **WPS- DDE**
- **WPS-GHA**
- **TriWest VACCN Authorizations**
- **United Healthcare Smart Edits / Claims Search**
- **Navinet – Denials/ Documents**
- **Availity –Workflows / Available payers**
- **UMR- Chat**
- **Nebraska Medicaid – NE Total Care/ State**

WPS – DDE

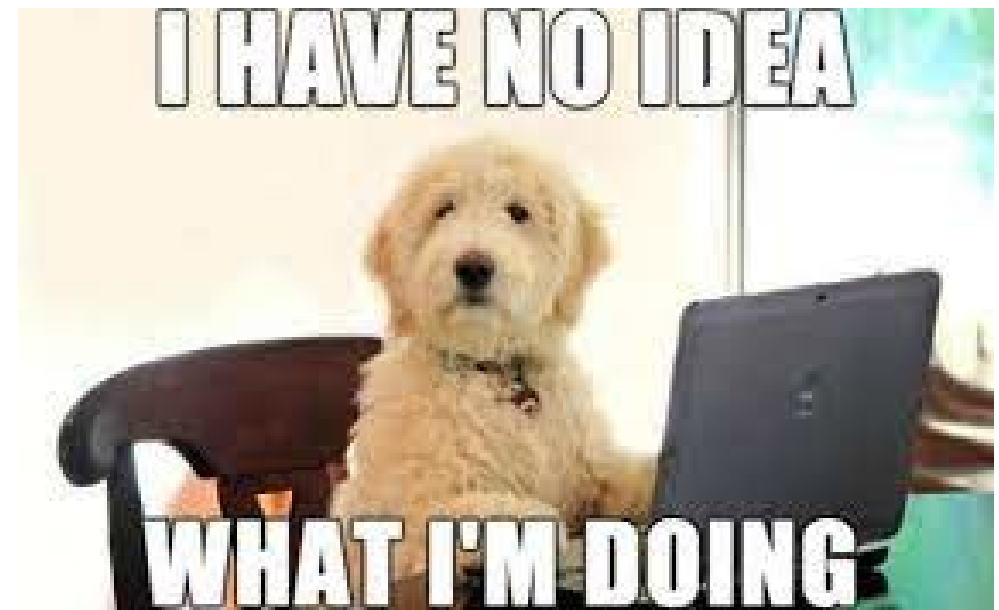
- Working common charge line edits in DDE

To delete an entire line, add the letter “D” in the revenue code line, press the home key, and then enter .

```
6 D761 96365 0000000001 0000000001 400.00 030124
```

To edit a line item, delete the entire revenue code line and press enter you are then able to manipulate all fields.

```
6 96365 0000000001 0000000001 400.00 030124
```



WPS-GHA

- Portal will give more information on vague Denials/Rejections

WPS | GOVERNMENT HEALTH ADMINISTRATORS

Topic Center My Account Contact Us Logout Search

Claims

Claim Search Actions

[Submit New Claim](#) [Claim Entry Registration](#)

Claim Search

The WPS Government Health Administrators Portal will return claim information currently available on the Medicare Part A and Part B claims processing systems. No more than 50 claims will be returned for an individual search request.

Required fields are marked with an asterisk (*).

Service Location (NPI)*

Patient's Medicare Number*:

Date of Service Start*:

Date of Service End*:

My Account
NPI Administrator
My Account Tools
My Dashboard
My Profile
My Service Locations
User Administration
My Correspondence
Message Center
Letter Search
Prior Authorization
My Transactions
Eligibility Check
MBI Lookup
Claims
Claim Inquiry/Entry



WPS-GHA

WPS GHA - MAC J5 PART B
 1717 W BROADWAY
 P.O. BOX 7238
 MADISON WI 53708-7238
 866-518-3285

MEDICARE
 REMITTANCE
 ADVICE

NPI:
 PAGE #: 1 OF 1
 DATE:
 CHECK/EFT #:

Claim Actions

Add Documentation

Download Remit

Reopen (Clerical Error)

Report Overpayment

Request Redetermination

Check Patient's Eligibility

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT
NAME				MID			ACNT			ICN	ASG Y MOA
				1.0				0.00	0.00	0.00	CO-16
REM:											
PT RESP		0.00					CLAIM TOTALS	0.00	0.00	0.00	NET

NAME				MID			ACNT			ICN	ASG Y MOA
				1.0				0.00	0.00	0.00	CO-16
REM:											
PT RESP		0.00					CLAIM TOTALS	0.00	0.00	0.00	NET

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT
	2		0.00	0.00	0.00		0.00	0.00

Claim Details

This table displays the lines submitted on the claim, with extra information like DOS, amount billed, amount paid, etc.

If your submission relates to secondary insurance coverage or benefits exhausted, do not use the Appeals form. Situations involving secondary insurance coverage or benefits exhausted are required to be identified on the Overpayment Inquiry Form (link below). This form along with additional documentation must be faxed or mailed for expedited resolution.

[Overpayment Inquiry Form](#)

Show All entries

Filter:

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes
CO Contractual Obligation. Amount for which the provider is financially liable. The patient not be billed for this amount.
16 Claim/service lacks information or has submission/billing error(s). Refer to the 835 H Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

#	Date	POS	CPT	Mod	Units	Billed	Allowed	Paid	Reason & Remark	More Info
1					1.0	\$199.00	\$0.00		CO 16 N290	



WPS-GHA



#	Date	POS	CPT	Mod	Units	Billed	Allowed	Paid	Reason & Remark
1					1.0		\$0.00		CO 16 N290 Close (x)

More information about this item ⊘ Denied Line

Rendering Provider:
Rendering NPI:

ANSI Reason & Remark Codes applied to this item

CO	CONTRACTUAL OBLIGATIONS (PATIENT MAY NOT BE BILLED FOR THESE AMOUNTS).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT (LOOP 2110 SERVICE PAYMENT INFORMATION REF), IF PRESENT.
N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

Denied, Billing and/or Rendering NPI Missing or do not Match

You claim rejected because of an issue with the Billing or Rendering provider NPI. The claim rejected for one of the following reasons:

- The Billing or Rendering NPI was missing/blank
- The Billing or Rendering NPI is not on file
- The Billing and Rendering NPIs do not have a billing relationship
- The Billing NPI is a group option but the Rendering NPI is not a group member/not associated with the group
- The Billing NPI was submitted with a group member number
- The Rendering NPI was submitted with a group number
- The Rendering NPI is suspended

Do you need to correct your claim?

If you submitted an incorrect Billing and/or Rendering NPI, you can submit a new claim.

[Resubmit Claim \(New\)](#)

WPS-GHA

- Ability to check what supplement insurance Medicare has on file

My Account

NPI Administrator

My Account Tools

My Dashboard

My Profile

My Service Locations

User Administration

My Correspondence

Message Center

Letter Search

Prior Authorization

My Transactions

Eligibility Check

If you receive the message "An error has happened, please try again" make sure that your NPI is active/valid. If it is no longer active/valid, you will not be able to use the Eligibility and MBI Lookup tools.

Eligibility Check

Eligibility Check Actions

Refine Search New Search **Supplemental Insurance**

The WPS Government Health Administrators Portal utilizes the HIPAA Eligibility Transaction System (HETS), as required by the Centers for Medicare & Medicaid Services (CMS), as the authoritative source for all eligibility inquiries. Although the data from HETS is real time, the data available in the HETS 270, 271, and 272 files from many different sources that may take up to two weeks to update. As soon as data is available in the HETS 270, 271, and 272 files, the portal are able to view it. View more information about HETS on the CMS website.

For a list of procedure codes that require Prior Authorization, click here.

Real-time Information available for:

Summary	Part A Deductible	Part B Deductible	Preventive Services	Therapy Caps	MDPP	Additional Coverage
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No Information available for:

MSP	MA	ESRD	Home Health	Hospice	PDP	QMB	Part E
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If you receive the message "An error has happened, please try again" make sure that your NPI is active/valid. If it is no longer active/valid, you will not be able to use the Eligibility and MBI Lookup tools.

Insurance Supplemental to Medicare

<- Back to the previous page

"Crossover Information" is provided for information purposes and is submitted and maintained by Medicare crossover trading partners. This is not a comprehensive list of any/all Medicare supplemental coverage. It is only a list of Medicare crossover trading partners. This means a beneficiary may have other supplemental coverage not specified here. Obtain supplemental insurer information from the beneficiary.

To determine if a specific claim has crossed over, refer to your remittance advise.

Patient Name: Medicare Number.	Date of Birth: Start DOS: NPI: Gender:	Date of Death: End DOS: Patient Address:
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Insurer Name	Address	Insurer Effective Date	Insurer Term Date	COBA Number
BLUECROSS BLUESHIELD OF NEBRASKA	1919 AKSARBEN DR.	01/01/2024		
BLUECROSS BLUESHIELD OF NEBRASKA	1919 AKSARBEN DR.	01/01/2024		
IOWA MEDICAID QUALITY PROJECT	1305 E. WALNUT			

TriWest-VACCN

- Instant Authorization Validation w/ online chat tool
 - [Claims Guidelines \(triwest.com\)](https://www.triwest.com/en/provider/claims-guidelines/) (<https://www.triwest.com/en/provider/claims-guidelines/>)
 - You can search by SS# or ICN. Tricare will give you the ICN number for any member if you do not have all you need is name and DOB.

VA Referral Number Required – Avoid Common Errors

The VA referral number is required on all VA claims except urgent care. Claims without the VA referral number will be denied.

Avoid the top 3 most common errors in VA claims processing.

Don't know the VA referral number?

Use this VA Referral Number Lookup Tool to find it.

Launch Tool



TriWest-VACCN

- Online Chat Tool

Referral

To look up a referral number, you will need one of the following pieces of information for the veteran: ICN, SSN, or EDIPI and the beginning date of service.

If you do not know any of those identification numbers, you can look for the referral number using the Veteran's last name, last four digits of the SSN, date of birth, and the beginning date of service.

How would you like to search for a referral number?

How would you like to search for a referral number?

What is the veteran's SSN?

.....

Next, what is the veteran's beginning date of service?

Lastly, was the veteran seen through the ER?

Yes

I'm sorry, but I wasn't able to find any referrals matching the criteria entered. Please check your entry and try again.

TriWest Provider Portal Chat

Lastly, was the veteran seen through the ER?

No

I found one referral matching this information:

Referral # VA00349 [REDACTED]
Validity Dates: 01/23/24 - 03/15/25
CoC/SEOC: Primary Care 1 Year-SEOC
Provider Data: [REDACTED]
Diagnosis: Encntr other general examination

United Healthcare

• UHC Smart Edits

- <https://www.uhcprovider.com/content/dam/provider/docs/public/resources/edi/EDI-ACE-Smart-Edits.pdf>
- CTRL+F on the website
 - Use the letters/numbers listed in parenthesis
 - This will give you the information you need to correct the claim and resubmit

⚠ Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system. (A3) Missing or invalid information. Usage: At least one other status code is required to identify the missing or invalid information. (21) [P4999PRMIN SmartEdit (PRMIN) Preventive 99396 and E/M 99212 may be submitted on same date of service when the other E/M code represents significant, separately identifiable service and submitted with appropriate modifier. P4999INFO SmartEdit (INFO) (Pattern 28487) For additional information regarding this edit, refer to our Smart Edits Guide at UHCprovider.com/SmartEdits.]

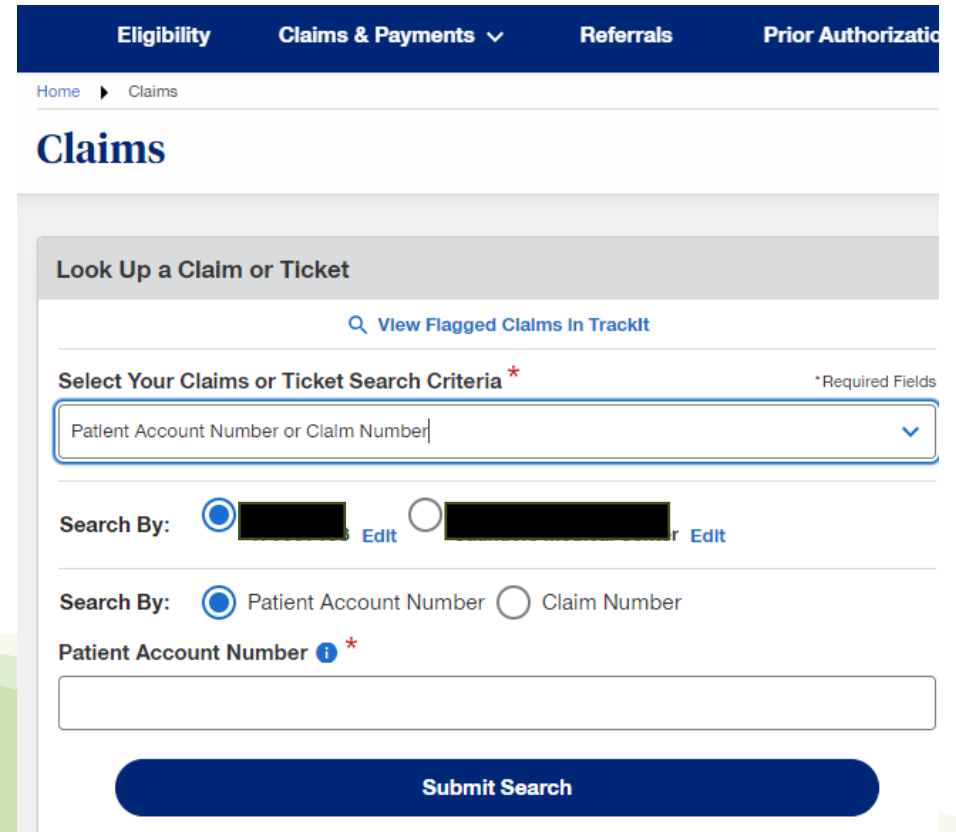
Edit type	Smart edit	Message	Description	Effective date	Market	Claim type
Return Edit	PRMIN	Preventive procedure code <1> and E/M procedure code <1> may be submitted on same date of service when the other E/M code represents significant, separately identifiable service and submitted with appropriate modifier.	<p><u>Preventative Service Included in Primary Procedure</u> UnitedHealthcare will reimburse the preventive medicine service plus 50% of the Problem-Oriented E/M service code when that code is appended with modifier 25. If the Problem-Oriented service is minor, or if the code is not submitted with modifier 25 appended, it will not be reimbursed. When a Preventive Medicine service and Other E/M services are provided during the same visit, only the Preventive Medicine service will be reimbursed.</p> <p>Please review the Preventative Medicine and Screening Reimbursement Policy on UHCprovider.com for further information.</p>	10/4/2018	Commercial	Professional

United Healthcare

- **UHC Claim Search**-Multiple Ways to Search for Claims

- You can change the Select your Claims or Ticket Search Criteria

- Member ID & Date of Birth
- Member ID & Member Name
- Member Name & Date of Birth
- Patient Account Number or Claim Number
- Provider Information
- Claims Reconsideration
- Pended Claim Ticket
- Appeal Status



The screenshot shows the UHC Claims Search interface. At the top, there is a navigation bar with links for Eligibility, Claims & Payments (selected), Referrals, and Prior Authorization. Below this is a breadcrumb trail: Home > Claims. The main heading is "Claims". The search section is titled "Look Up a Claim or Ticket" and includes a link to "View Flagged Claims in TrackIt". The search criteria are selected from a dropdown menu labeled "Select Your Claims or Ticket Search Criteria *", with "Patient Account Number or Claim Number" chosen. Below this, there are two "Search By:" sections. The first has two radio buttons, both of which are selected and have redacted values with "Edit" links. The second has two radio buttons, with "Patient Account Number" selected. A "Patient Account Number" field with an information icon and asterisk is present below. A large blue "Submit Search" button is at the bottom.

Navinet

- **Denials / Documents**

Once you find a claim, you can do an appeal from here.

Claim Status Details [Redacted]

[Appeal](#) [Investigate](#) [History](#) [View/Print](#)

Denied (Claim Status as of 01/25/2024) Claim ID: [Redacted] Service Dates: 10/19/2023 to 10/19/2023

The claim/line has been denied. Accepted for processing.

ADDITIONAL DETAILS Patient a/c: [Redacted] Clearinghouse 0037761039 Trace Number:	Total Billed: \$320.90
INSURANCE DETAILS Blue Cross and Blue Shield of Nebraska Member ID: [Redacted] View Eligibility and Benefits	Total Paid: --

Payment Number: 51167736 (Paid on 01/30/2024) [Remittance Details](#)

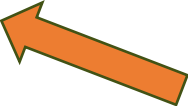
To submit an Appeal, Reconsideration or a Claim Timely Filing Dispute, use the Appeal button. For Medicare Advantage (Y2MN or YMAN) Appeals, Reconsiderations, or Claim Timely Filing Disputes, do not submit via Navinet. Please reach out to Medicare Advantage directly by calling 1-888-505-2022.

Lines: 1,2 - No benefits are provided for services which are considered experimental or investigative. This amount is not your responsibility

- File appeals and view any letters that were received

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Workflows

- Drug Authorizations
- Patient Documents 
- Practice Documents

- View or start new reconsiderations


Investigation List

[Status Details](#) [Start New Investigation](#)

YNN100074197	Claim ID: [Redacted]	Billed Amount: 320.9	Denied
Date of Service: 10/19/2023 to 10/19/2023			

Reconsideration Inquiry or Status
Claim Investigation
Raised on Reference

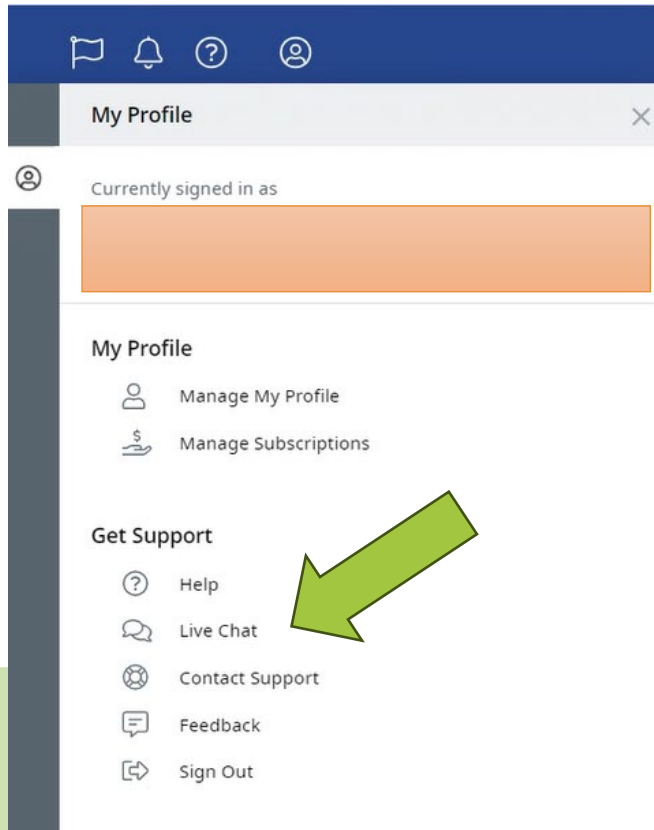
- See complete history of claim data sent or received

History (5) 

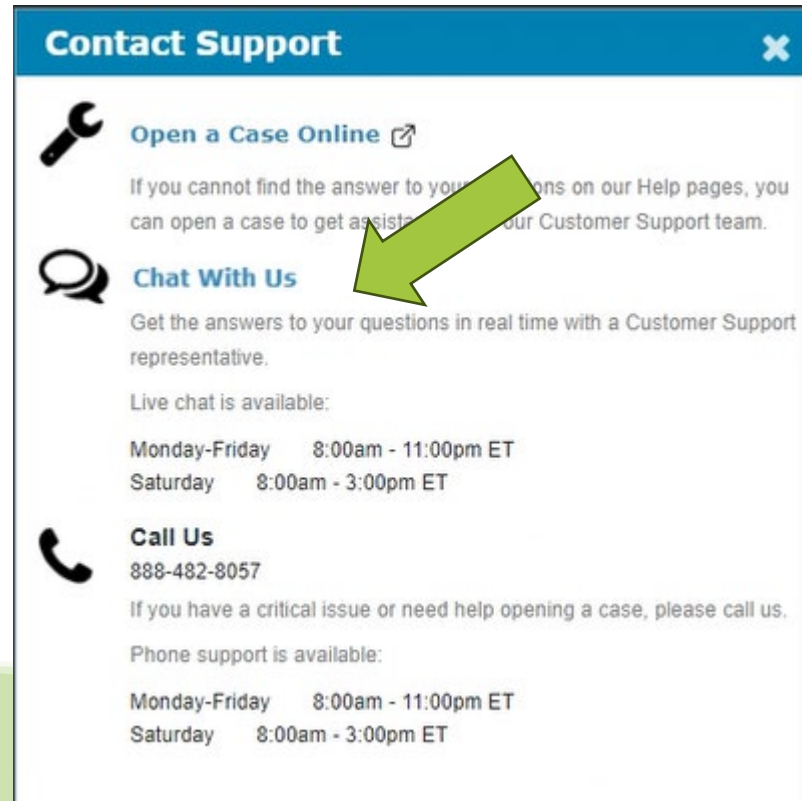
- Attached [NE_AppealDecisionLetter_20233240026599](#)
by Health Plan Feb 26, 2024 4:40am
- Attached [NE_AppealDecisionLetter_20233240026599](#)

Navinet

- **Online Chat- is only for website issues**



A screenshot of the Navinet user profile menu. At the top, there is a dark blue header with icons for a flag, a bell, a question mark, and a user profile. Below this is a grey bar labeled "My Profile" with a close button. Underneath, it says "Currently signed in as" followed by an orange rectangular placeholder. The main menu is titled "My Profile" and includes "Manage My Profile" (with a person icon) and "Manage Subscriptions" (with a dollar sign icon). Below that is a "Get Support" section with a list of options: "Help" (with a question mark icon), "Live Chat" (with a speech bubble icon), "Contact Support" (with a gear icon), "Feedback" (with a speech bubble icon), and "Sign Out" (with a door icon). A large green arrow points to the "Live Chat" option.



A screenshot of the Navinet "Contact Support" page. The header is blue with the text "Contact Support" and a close button. The page is divided into three main sections: "Open a Case Online" (with a wrench icon), "Chat With Us" (with a speech bubble icon), and "Call Us" (with a telephone icon). The "Open a Case Online" section explains that if a user cannot find an answer on the Help pages, they can open a case. The "Chat With Us" section states that users can get answers in real time with a Customer Support representative. Below this, it lists live chat availability: Monday-Friday 8:00am - 11:00pm ET and Saturday 8:00am - 3:00pm ET. The "Call Us" section provides the phone number 888-482-8057 and lists phone support availability: Monday-Friday 8:00am - 11:00pm ET and Saturday 8:00am - 3:00pm ET. A large green arrow points to the "Chat With Us" section.



Availity

Patient Registration – Eligibility and Benefit and authorizations/referrals.

The screenshot displays the Availity web application interface. At the top, there is a navigation bar with the Availity logo and several menu items: essentials, Home, Notifications (with a '1' badge), and My Favorites. Below this is a secondary navigation bar with dropdown menus for Patient Registration, Claims & Payments, Clinical, My Providers, Payer Spaces, More, and Reporting. A green arrow points to the Patient Registration dropdown. On the left side, there is a sidebar with four main categories: EB (Eligibility and Benefits Inquiry), A&R (Authorizations & Referrals), EP (View Essentials Plans), and PCS (Patient Care Summary Inquiry). Below the sidebar is a feedback section titled 'Tell us what you think.' with three smiley face icons. The main content area is divided into three columns: Claim Status & Payments, EDI Clearinghouse, and Patient Payments. The Claim Status & Payments column includes items like CS (Claim Status), RV (Remittance Viewer), A (Appeals), and OP (Overpayments). The EDI Clearinghouse column includes EDI (Send and Receive EDI Files), FR (File Restore), EDI (EDI Reporting Preferences), FTP (FTP and EDI Connection Services), EDI (View EDI Plans), and Payer List. The Patient Payments column includes RSA (RevSpring - Administration) and RSP (RevSpring - Payments & Reporting). A green arrow points to the 'Claims & Payments' dropdown menu in the secondary navigation bar.

View Claim Status, Payments, and Appeals

Available Payers



Availity

cs Claim Status

Give Feedback

Customer ID 559436 Exchange Date April 30, 2024 1:38 PM
Transaction ID 00b3a2ff-c4c1-43b8-b183-2a6143006b9a

Export to CSV Print this Page Return to Results [New Search](#) Edit Search

Verify Eligibility Secure Messaging Remittance Viewer [Chat with Payer](#) [Dispute Claim](#)

P.O. Box 5747
Denver, CO 80217-5747

Patient Information

Patient		Subscriber Relationship	SELF
DOB		Subscriber	
Member ID		Subscriber Member ID	
Patient Account Number		Group Number	

Claim Information

Claim Number		Adjusted	N	Billed Amount	\$4,171.00
Claim Status	FINALIZED	Authorization Number		Allowed Amount	\$823.00
Claim Type	INSTITUTIONAL	Original SCCF Number		Coinsurance Amount	\$0.00
Effective Date	02/09/2024	Adjusted SCCF Number		Copayment Amount	\$0.00
Finalized Date	02/09/2024	Reimbursement Method		Deductible Amount	\$0.00
Received Date	02/02/2024	Remark Codes		Paid Amount	\$823.00
Service Dates	12/29/2023 - 12/29/2023			Ineligible Amount	\$3,348.00
Bill Type	0851 - Special Facility Intermediate Care Level 1 Admit through Discharge Claim			Discount Amount	\$0.00
Line of Business	CO Plan F Mod. (2/1/13-12/31/19) Att/Non Dis-ODMS			Patient Responsibility Amount	\$0.00
Facility Type	085 - Special Facility Intermediate Care Level 1			Interest Total Amount	\$0.00
Frequency Type	4 - Admit through Discharge Claim			Other Insurance Paid Amount	\$0.00
				Other Insurance Deductible Amount	\$0.00
				Other Insurance Coinsurance Amount	\$0.00

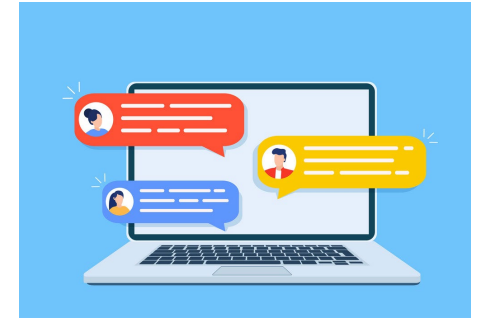
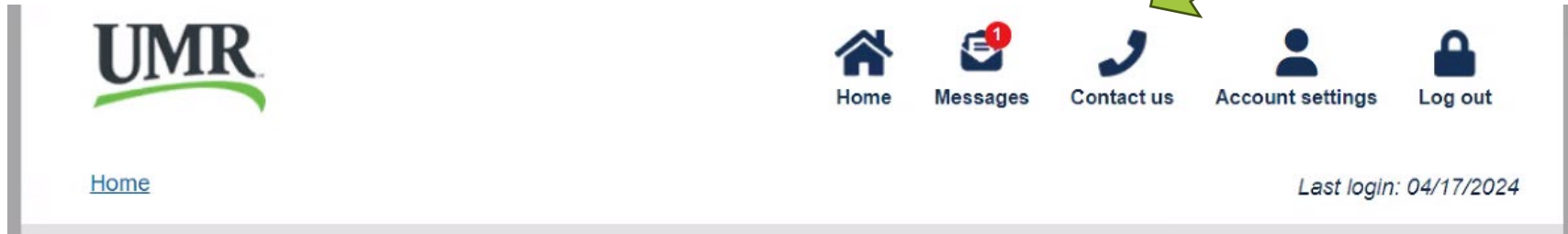


You can file a dispute through this link and attach documents.



UMR

- Chat lines now available!



Contact us



Search for a member to contact us about

Member ID:

Search

Select correct member

Then click this icon to begin the chat



NE Total Care

- Search by claim number (no need to update the date).

Claims Search

Search by one or more of the following...

Member Details: Last Name or ID number

Note: Last Name searches are more effective when DOB is included

Member Date of Birth

Provider Details: NPI

Claim Number

Reconsideration Number

Date Range
From to

NE State Medicaid

- Claims Search



NEBRASKA
Good Life. Great Mission.


DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration & Support Divisions & Offices Licensing & Regulations Assistance Programs Children, Families & Seniors Publ Dat

Internet Access


Share    

Medicaid claim status inquiry (MCCS):

<https://cicsppr1.ecs.nebraska.gov:3113/MCCS> 



Medicaid client eligibility verification (RFS6)

<https://cicsppr1.ecs.nebraska.gov:3113/RFS6> 

Providers have two choices for viewing client and claim information on the internet. Providers must enroll in these services.

What tips are up your sleeve?

