

MHS Health Wisconsin Claims denying for Attending Provider

aP

DENY: ATTENDING PROVIDER RECORD CANNOT MATCH TO STATE FILE

Claims denying with an “aP” denial code are due to attending provider billed not matching what is on the state file, and either has or will cause a rejection at the state encounter level.

How to address Attending Provider (aP) Denials

- 1) Look at the claim details and/or image in the attending provider (box 76) and attending provider box (81CC) on a UB-04 CMS-1450 form
- 2) Confirm the boxes have the necessary information
 - Box 76 needs the Attending Provider NPI, with corresponding taxonomy in box 81CCb.
- 3) If submitted on paper, confirm that there is no handwriting, and that all information landed within the box completely
- 4) Contact Forward Health (FH) to confirm:
 - the NPI(s) from box 76 is(are) allowed to use the corresponding taxonomy(s) you listed on the claim in 81CC
 - If the taxonomy and NPI combination with FH match what you entered on the claim, confirm the dates allowed for each match the date of service on your claim

*If any of the above steps lead you to an inconsistency, you should take one of two steps, depending on which source (claim or FH) is incorrect:

- 1) Contact Forward Health to get their information corrected **OR**
- 2) Correct or resubmit the claim to MHS Health Wisconsin, and be sure to correct the way you submit all future claims

*If all of the above steps confirm that you submitted details on the claim exactly as what is on file with FH, submit a request for reconsideration within our secure provider portal, or reach out to your provider rep for further assistance.

Images showing examples are on the next page.

56 NPI	Billing NPI should be here
57	
OTHER	
PRV D	

75 ATTENDING	NPI	Attending NPI should be here	QUAL
LAST		FIRST	
76 OPERATING	NPI		QUAL

81CC			
a			
b		Taxonomy for box 76 NPI should be here	
c			
d			

1-0307

WV IDEX For the Love of Medicine

Continued on next page



If you do not have this view in the ForwardHealth portal, you can call them for that information and/or request access to the IC Functionality screen.

The screenshot shows a provider information form with the following fields and values:

- Base ID: []
- Restriction: No
- Gender: Organization
- Ownership: No
- Service Location: []
- Provider IDs: 1 [] NPI 10/30/2015-12/31/2299
- Address Type: Service Location
- Address: 6 [] AVE
- City: WILD ROSE
- County: Waushara
- State/Zip: WI 12345-1234
- Phone: 920- []
- Fax: []
- Organization: For Profit
- Provider Type: 33 - Physician Group
- Licenses: []
- Specialties: Pathology 10/30/2015-12/31/2299
- Taxonomies: 2 [] X - Pathology - Anatomic Pathol 10/30/2015-12/31/2299
- Tax ID: 3 [] 10/30/2015-12/31/2299
- Contract: MA Cert [] 10/30/2015-12/31/2299
- Medicare Certification: []
- Managed Care: No
- Reval Date: 10/30/2021
- On Payment Hold: No

Annotations include red circles around the Provider IDs, Taxonomies, and Contract fields. A large orange 'EXAMPLE' stamp is overlaid on the form. A red box with the text 'Contract must be active' has an arrow pointing to the Contract field.

Check NPI and taxonomy combinations and dates, address information, and contract certification.