MHS Health Wisconsin Claims denying for Billing Provider

BP DENY: STATE ENCOUNTER REJECTION DUE TO A BILLING PROVIDER ERROR

Claims denying with a "BP" denial code are due to billing 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 Billing Provider (BP) Denials

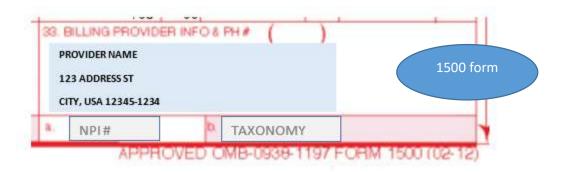
- 1) Look at the claim details and/or image in the billing provider box (33 on a 1500 form, 56 & 81CC on a UB-04/1450 form)
- 2) If submitted on paper, confirm that there is no handwriting, and that all information landed within the box completely.
- 3) Identify the NPI and Taxonomy combination as submitted
- 4) Contact Forward Health (FH) to confirm:
 - a. the billing taxonomy billed is certified under the NPI billed
 - b. the taxonomy and NPI combination on file with FH match what you entered on the claim
 - c. the dates allowed for each match the date of service on your claim
 - d. the address listed in Forward Health matches the address on the claim. It will need to match all the way down to the detail of the zip+4

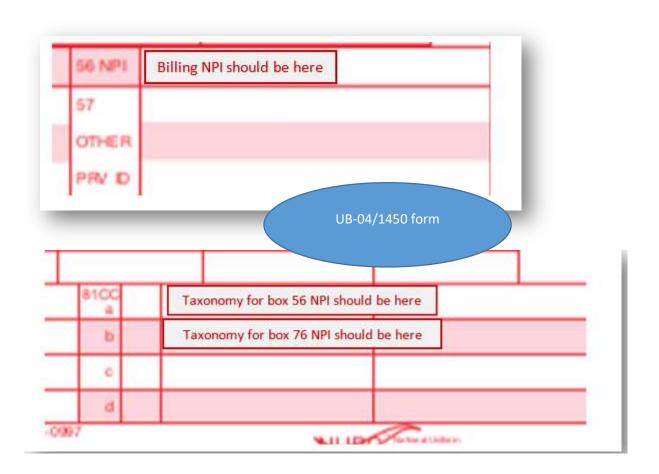
*If any of the above steps lead you to an inconsistency, you should take one of two steps, depending on which source (claim or FH) is incorrect:

- 1) Contact Forward Health to get their information corrected. Once it is showing correctly on FH, submit a reconsideration with MHS Health <u>OR</u>
- 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.

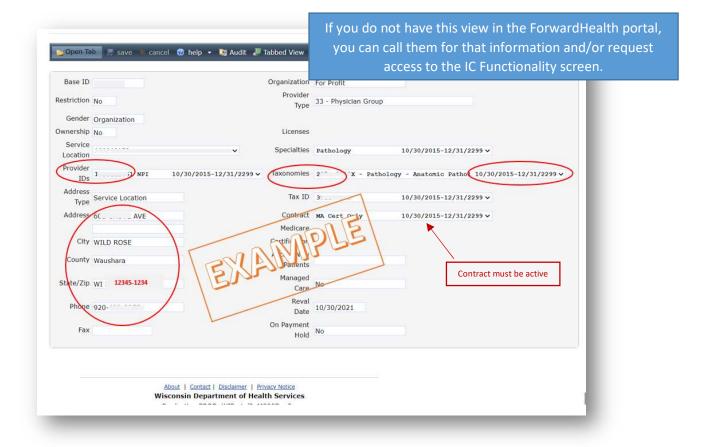
Images showing examples are on the next page.





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