

## Claims Denying for Rendering Provider

pr

DENY: STATE ENCOUNTER REJECTION DUE TO A RENDERING PROVIDER ERROR

Claims denying with a “pr” denial code are because the rendering provider billed does not match what is on the state file. This contradiction either has or will cause a rejection at the state encounter level.

### How to address Rendering Provider (pr) Denials

- 1) Look at the claim details and/or image in the rendering provider box (24j on a 1500 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 in box 24j (taxonomy in 24Ja, NPI in 24Jb)
- 4) Go to ForwardHealth (FH) website and look up the NPI
- 5) Ensure the rendering taxonomy billed is certified under the NPI billed per the FH portal
- 6) If the taxonomy and NPI combination in FH match what you entered on the claim, confirm the dates allowed for each match the date of service on your claim
- 7) Ensure the appropriate modifier is in box 24I
- 8) Confirm that box 31 signature is completed with the rendering provider’s name

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

- 1) Contact ForwardHealth to get their information corrected. Once it is showing correctly on FH, submit a reconsideration with MHS Health, **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 shown in FH, submit a request for reconsideration within our secure provider portal or reach out to your provider rep for further assistance.

*Refer to the example images on the next page.*

24. A. DATE(S) OF SERVICE  
From To  
MM DD YY MM DD YY

1

2

DATE

H. EP/SOT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
		Taxonomy
	NPI	Rendering NPI
	NPI	MODIFIER

RED INFORMATION

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS  
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Rendering Provider

SIGNED DATE

NUCC Instruction Manual available at: www.r



Open Tab save cancel help Audit Tabbed View

Base ID: \_\_\_\_\_ Organization: For Profit

Restriction: No Provider Type: 33 - Physician Group

Gender: Organization Licenses:

Ownership: No Specialties: Pathology 10/30/2015-12/31/2299

Service Location: \_\_\_\_\_

Provider IDs: 1: \_\_\_\_\_ NPI 10/30/2015-12/31/2299 Taxonomies: 2: \_\_\_\_\_ X - Pathology - Anatomic Patho 10/30/2015-12/31/2299

Address Type: Service Location Tax ID: 3: \_\_\_\_\_ 10/30/2015-12/31/2299

Address: 60: \_\_\_\_\_ AVE Contract: MA Cert Only 10/30/2015-12/31/2299

City: WILD ROSE Medicare Certification: \_\_\_\_\_

County: Waushara Patients: \_\_\_\_\_

State/Zip: WI: 12345-1234 Managed Care: No

Phone: 920: \_\_\_\_\_ Reval Date: 10/30/2021

Fax: \_\_\_\_\_ On Payment Hold: No

**EXAMPLE**

Contract must be active

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