

MHS Health Wisconsin Claims denying for Rendering Provider

pr

DENY: STATE ENCOUNTER REJECTION DUE TO A RENDERING PROVIDER ERROR

Claims denying with a “pr” denial code are due to rendering 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 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) Contact Forward Health (FH) to confirm:
 - a. the rendering 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
- 5) Ensure the appropriate modifier is in box 24I
- 6) Confirm that box 31 signature is completed with the rendering provider’s name

*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 ***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.

24. A. DATES OF SERVICE						
From		To			PL	
MM	DD	YY	MM	DD	YY	SE
DATE						

H. EPBDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	ER INFORMATION
	NPI	Taxonomy	
	NPI	Rendering NPI	
		MODIFIER	

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.nucc.com



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.

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: [] Taxonomy: 2 - X - Pathology - Anatomic Pathology 10/30/2015-12/31/2299

Address: 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 Managed Care: No

State/Zip: WI 12345-1234 Reval Date: 10/30/2021

Phone: 920- On Payment Hold: No

Fax: []

EXAMPLE

Contract must be active

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Wisconsin Department of Health Services

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