

## **Communication Release**

5/8/2020

## **Claim Denial Resolution Crosswalk Updates**

SAPC is excited to announce the release of an updated Claim Denial Resolution Crosswalk which includes details on State denial codes as well as new denial codes for the 837I 3.7-WM and 4.0-WM claiming process. Additionally, the accompanying Guide to Claim Denial Resolution and Crosswalk has been updated to include additional information on resolving claim denials. To further support providers in resolving claim denials, SAPC has created a *Quick Guide to Identifying Denials* which provides details on where providers can view denials in ProviderConnect, KPI, and 835 files. The three documents mentioned are attached to this communication. SAPC is continuously working to improve resources for providers to offer easier identification and resolution of denials. If there is a denial code received by your agency that is not on the crosswalk, please reach out to your SAPC-Finance Analyst for addition in future versions and assistance to resolve the denial.

## New State Denial View for KPI Dashboards

To further support providers in resolving claim denials, SAPC has created a new view in the MSO KPI Dashboards 2.0 – the **State Denial View** – to increase visibility for providers of their State claim denials. The State Denial View is available as of Thursday, 5/7/2020 in KPI. A screenshot of the sheet is provided below with example data. For information on how to read and assess the data provided in the sheet, please refer to page 3 of the attached Quick Guide to Identifying Denials. Please note that this sheet only reflects claims for which SAPC has taken back funds due to a State denial.



## **Termination of Weekly Notes for Day Rate-based LOCs**

Starting July 1, 2020 SAPC will no longer allow weekly notes for day rate-based LOCs – 3.1, 3.3, 3.5, 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4.0-WM. This planned change in standard was previously announced prior to the beginning of the fiscal year and can be found in Information Notice 19-03, on page 6. Providers who offer these levels of care and are encouraged to begin to evaluate their workflow to prepare for this change to their practice and make accommodations as necessary to meet this policy requirement as of 7/1/2020.