

Avoiding Administrative Claim Denials

The following is a list of administrative claim denials that Tufts Health Plan providers may receive when submitting claims, along with tips on how to correct/avoid them. Refer to the [Professional Services and Facilities Payment Policy](#) for additional guidelines.

Administrative Claim Denials and Tips to Avoid Them	
Denial Reason	Tips
<p>No referral on file: HMO, EPO, TMC, Tufts Medicare Preferred HMO members are required to have electronic or paper referrals from their PCP for most specialty care services.</p> <p>The PCP is responsible for coordinating and submitting referrals to Tufts Health Plan prior to services being rendered.</p> <p>Referrals can be submitted via:</p> <ul style="list-style-type: none"> • The secure Provider portal • NEHEN • NEHENNet • POS device or Change Healthcare™ • Paper referral 	<ul style="list-style-type: none"> • Confirm that the referral was made prior to services being rendered via the following resources: <ul style="list-style-type: none"> • Referral inquiry on the secure Provider portal • POS device or Change Healthcare™ • NEHEN or NEHENNet • PCP's office • Contact Commercial Provider Services, Senior Products Provider Relations. • Refer to the Referral, Authorization and Notification Policy for additional information. • Ask members to sign a waiver if they have not obtained a referral. <ul style="list-style-type: none"> • Refer to the referral waiver form for Commercial members or the Providers Chapter of the Senior Products Provider Manual for Tufts Medicare Preferred HMO members.
<p>No referral on file: Tufts Health Public Plans products¹</p> <p>Members who have PCPs in certain provider networks require referrals for specialty services. You can check which Members require a referral and the status of referrals when you check eligibility in the following ways:</p> <ul style="list-style-type: none"> • The secure Provider portal • A Member's ID card (in some cases) • By calling Provider Services at 888.257.1985 	<ul style="list-style-type: none"> • Confirm that the referral was made prior to services being rendered via the following resources: <ul style="list-style-type: none"> • Referral inquiry on the secure Provider portal • Contact Tufts Health Public Plans Provider Services. • Before providing care, specialists should check which members require referral, or the status of an existing referral request, via the secure Provider portal. Specialists can also determine whether to request a referral by checking for "PCP referral required" on the member's ID card or by calling Provider Services at 888.257.1985.
<p>No supporting documentation provided:</p> <p>Claims requiring supporting documentation (e.g. invoices, medical records, primary carrier's EOP) deny if submitted electronically.</p>	<ul style="list-style-type: none"> • Use industry-standard red paper claim forms. • Mail the paper claim to the appropriate address outlined in the following: <ul style="list-style-type: none"> • Claim Requirements, Coordination of Benefits and Payment Disputes chapter of the Commercial, Senior Products or the Tufts Health Public Plans Provider Manuals • Commercial Provider Resource Guide

¹ Tufts Health Public Plans products include Tufts Health Direct, Tufts Health Together (including MassHealth MCO Plan and Accountable Care Partnership Plans), Tufts Health Unify, and Tufts Health Rhode Island Together.

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<p>Duplicate A claim might deny as duplicate if:</p> <ul style="list-style-type: none"> • The same claim is submitted multiple times • A 'corrected claim' is submitted without the required corrections made • Late charges are submitted on a facility claim without the original claim number and/or correct bill type 	<ul style="list-style-type: none"> • Refer to the appropriate Provider Payment Dispute Policy for <ul style="list-style-type: none"> – Commercial members – Tufts Medicare Preferred HMO or Tufts Health Plan SCO members – Tufts Health Public Plans members <p>and Request for Claim Review Form (v1.1) to submit a corrected claim. Corrected claims sent to Tufts Health Plan without the form will result in a duplicate denial.</p> <ul style="list-style-type: none"> • To submit late charges electronically for facility claims, include the original reference number (Tufts Health Plan claim number) and the bill type. The third digit of the bill type should be '5' to indicate late charges. • To check claim status: <ul style="list-style-type: none"> – Claim inquiry on the secure Provider portal – NEHEN or NEHENet – Contact Commercial Provider Services, Senior Products Provider Relations, or Tufts Health Public Plans Provider Services. <p>For more information, refer to the Claims chapter of the applicable Provider Manual:</p> <ul style="list-style-type: none"> • Commercial • Senior Products • Tufts Health Public Plans
<p>Timely Filing of Claims Claims for Commercial members must be received by Tufts Health Plan within 90 days from the date of service (for professional/ outpatient claims) or the date of discharge (for inpatient/institutional claims).</p> <p>Claims for Tufts Medicare Preferred HMO and Tufts Health Plan SCO members must be received by Tufts Health Plan within 60 days from the date of service (for professional/ outpatient claims) or the date of discharge (for inpatient/institutional claims).</p> <p>Claims for Tufts Health Public Plans members must be received by Tufts Health Plan within 90 days from the date of service (for professional/outpatient claims) or the date of discharge (for inpatient/institutional claims).</p>	<p>EDI claim submissions (Commercial/Senior Products):</p> <ul style="list-style-type: none"> – Check the electronic summary reports to verify the claim was accepted by Tufts Health Plan. – For claims submitted through MD On-line, review acceptance and rejection reports in your LinkMail Box (Commercial/Senior Products). – Make the necessary corrections to the claim and re-submit within the filing deadline <p>Paper claim submissions:</p> <ul style="list-style-type: none"> • Ensure all of the information is correct on the claim • Verify the correct address for paper claims submission • Check the claim status on the explanation of payment (EOP) <p>For more information, refer to the Claims chapter of the applicable Provider Manual:</p> <ul style="list-style-type: none"> • Commercial • Senior Products • Tufts Health Public Plans

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<p>No Inpatient Admission Notification Inpatient admission notification is required for all members who are admitted for inpatient care, regardless of whether Tufts Health Plan is the primary or secondary insurer.</p> <p>Admitting providers and hospital admitting departments must notify Tufts Health Plan within the following timelines:</p> <ul style="list-style-type: none"> • Elective admissions must be reported no later than 5 business days prior to admission. • Urgent or emergency admissions must be reported within 1 business day. 	<p>Use one of the following options to obtain an inpatient notification:</p> <p>Commercial Products:</p> <ul style="list-style-type: none"> • Inpatient notification inquiry on the secure Provider portal • Fax an Inpatient Notification Form to the Precertification Operations Department 617.972.9590 or 800.843.3553 • 278 batch transaction: Contact EDI Operations at 888.880.8699 ext. 54649 or EDI_Operations@tufts-health.com for more information <p>Senior Products: At this time, inpatient notifications cannot be submitted via the secure Provider website. Refer to the Referral, Authorization and Notification Policy for additional information.</p> <p>Tufts Health Public Plans Products: Providers should submit inpatient notifications through the following channels:</p> <ul style="list-style-type: none"> • Secure Provider portal. For more information refer to the Inpatient Admission Notification Instructions. • Fax a complete Standardized Prior Authorization Request Form to the following: <ul style="list-style-type: none"> - Tufts Health Direct and Tufts Health Together: 888.415.9055 - Tufts Health Unify: 857.304.0304 Tufts Health RITogether: 857.304.6404
<p>No Prior Authorization on File Tufts Health Plan requires providers to obtain prior authorization for certain services, drugs, devices and/or equipment in order to be covered</p>	<p>Refer to the following to determine which services require prior authorization and the process for review:</p> <ul style="list-style-type: none"> • Referral, Authorization and Notification Policy for Commercial and Senior Products • Utilization Management chapter of the Tufts Health Public Plans Provider Manual. <p>BEHAVIORAL HEALTH</p> <p>Commercial products:</p> <ul style="list-style-type: none"> • Inpatient and Intermediate BH/SUD Facility Payment Policy • Outpatient BH/SUD Professional Payment Policy <p>Senior Products:</p> <ul style="list-style-type: none"> • Inpatient and Intermediate BH/SUD Payment Policy (SP) • Outpatient BH/SUD Professional Payment Policy (SP) <p>Tufts Health Public Plans products (Behavioral Health admissions):</p> <ul style="list-style-type: none"> • Call 888.257.1985 by the next business day (required). • For an Emergency Services Notification: Fax notification to 888.977.0776. • For Detox Admissions: Fax notification to 888.977.0776 • For more information refer to the Behavioral Health chapter of the Tufts Health Public Plans Provider Manual.

Register to use the Tufts Health Plan website by logging into the secure Provider [portal](#).