Avoiding Administrative Claim Denials

Tufts Health Plan wants to help you avoid administrative claim denials. To prevent denials from occurring, a list of administrative claim denials that providers may receive has been created, along with tips on how to avoid them.

### Administrative Claim Denials and Tips to Avoid Them

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<tr>
<th>Denial Reason</th>
<th>Tips</th>
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| **No Referral** | - Confirm that the referral was made prior to services being rendered via the following resources:  
  - Referral inquiry on the secure Provider website  
  - POS device or Change Healthcare™  
  - NEHEN  
  - NEHENNet  
  - PCP’s office  
  - Contact Provider Services (Commercial members) or Provider Relations (Tufts Medicare Preferred HMO or Tufts Health Plan SCO members)  
  - Refer to the Authorization Policy for additional information.  
  - Ask members to sign a waiver if they have not obtained a referral.  
  - Refer to the referral waiver form for Commercial members or the referral waiver requirements for Tufts Medicare Preferred HMO members. |
| **Duplicate** | - Refer to the Provider Payment Dispute Policy 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.  
  - To submit late charges electronically for facility claims, include the original reference number (Tufts Health Plan claim number) and the bill type. The bill type should indicate a third digit frequency ending in 5.  
  - To check claim status:  
    - Claim inquiry on the secure Provider website  
    - NEHEN  
    - NEHENNet  
    - Contact Provider Services (Commercial members) or Provider Relations (Tufts Medicare Preferred HMO or Tufts Health Plan SCO members)  
  - For more information, refer to the following:  
    - Claims Requirements chapter of the Commercial Provider Manual  
    - Claims Requirements and Dispute Guidelines chapter of the Tufts Medicare Preferred HMO Provider Manual  
    - Claims Requirements and Dispute Guidelines chapter of the Tufts Health Plan SCO Provider Manual. |
| **Filing Deadline** | - EDI claim submissions:  
  - Check the electronic summary reports to make sure the claim was accepted by Tufts Health Plan.  
  - For claims submitted through MD On-line, review acceptance and rejection reports in your LinkMail Box.  
  - Review the rejection, correct the claim, and re-submit the claim within the filing deadline.  
  - Paper claim submissions:  
    - Ensure all of the information is correct on the paper claim.  
    - Verify the correct address for paper claims submission.  
    - Check the claim status on the explanation of payment (EOP).  
  - Refer to the Claims Submission Policy for additional information.  
  - 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).  
  - 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). |

For additional information, see the Tufts Medicare Preferred HMO Provider Manual, Claims Requirements and Dispute Guidelines.
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| **No Inpatient Notification** | Tufts Health Plan requires an inpatient notification for all members who are admitted for inpatient care, regardless of whether Tufts Health Plan is the primary or secondary insurer. Admitting providers and hospital admitting departments are responsible for notifying Tufts Health Plan within the following timelines:  
  - 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**.  
  Use one of the following options to obtain an inpatient notification:  
  - Inpatient notification inquiry on the secure Provider [website](#)  
  - NEHEN  
  - NEHENNet  
  - Fax an [Inpatient Notification Form](#) to the Precertification Operations Department  
  **Note:** At this time, SCO inpatient notifications cannot be submitted via the secure Provider [website](#). Refer to the [Authorization Policy](#) for additional information. |
| **No Authorization**      | Tufts Health Plan requires providers to obtain prior authorization for certain services, drugs, devices and equipment in order to be covered.  
  Refer to the [Clinical Resources](#) section of the Tufts Health Plan website to determine which services require prior authorization and the process for review.  
  **Commercial members only:**  
  - Submit requests for a Behavioral Health authorization via the [website](#) or by calling the Behavioral Health Department at 800.208.9565.  
  - Submit requests for high-tech imaging authorizations via NIA’s [website](#) or by calling directly at 866.642.9703. |

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