

Appendix A.3: Claim Exception Codes and Claim Status

Critical Exceptions

Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected.

Code	Exception	Definition	What do I need to do?
A1	Authorize	There is no authorization in AuthentiCare for the service, date, client, and/or provider.	Wait for authorization to be provided from New Mexico Centennial Care MCO staff. AuthentiCare will automatically recalculate when a valid authorization is entered.
A2	Authorization Exhausted on Claim	Indicates the authorization was exhausted (authorized units used up) <i>while</i> this claim was being calculated.	There are not enough authorized units to cover the claim. If additional authorized units are provided by New Mexico Centennial Care MCO staff, the system will recalculate and remove this exception. If no more units are available, the provider may edit the claim (change the check in or check out time) to match the authorized units so the claim can be submitted for payment.
A3	Authorization Exhausted Before Claim	All authorized units were used <i>before</i> this claim was calculated.	Contact the Case Manager to see if additional units can be added to the authorization. If so, this update will be reflected in AuthentiCare once approved. AuthentiCare will automatically recalculate once the new authorization information is entered.

Code	Exception	Definition	What do I need to do?
C1	Billing Confirmation	The claim has not been confirmed for billing.	Complete billing confirmation. See Section 12.6 and 12.7 for instructions.
C2	Duplicate Claim	The claim data already exists in the AuthentiCare system.	As a duplicate, it cannot be submitted for payment. Refer to Section 12.2, claims corrections, for the steps needed to have this claim deleted.
C3	Missing Activity Codes	The claim is for a service that requires the selection of an activity code but no code was entered	Add appropriate activity code(s).
C5	Calculate	All data needed to calculate the claim is not available. Usually means that the check-in time or check-out time is missing. If an Authorize exception occurs, it will trigger the Calculate exception as well.	Verify what information is missing. If the check-in or check-out time is missing, see Section 12.2 for claims correction instructions.
C11	Payer Review Required	The provider has saved a web-entered claim for service T1019, 99509V, G9006U1 or G9006U2.	Watch for the Payer to either Accept or Deny the claim.
C12	Payer Review Denied	The Payer has denied a web-entered claim for service T1019, 99509V, G9006U1 or G9006U2.	A Payer denied claim will automatically inactivate in 60 days from the end date of the claim. Providers can inactivate a denied claim sooner, then recreate the information on a new claim that can be saved and submitted for Payer review.
C15	Invalid Client Enrollment	The claim was filed with an ineligible Payer.	Providers can confirm the claim after the client enrollment with the correct Payer is completed.

Code	Exception	Definition	What do I need to do?
R1	Extra Claim Review Needed	The provider has selected the Claim Review Needed checkbox on the Provider Entity Settings page. The claim is ready for its first review.	Review the claim. Select Save following the review. The claim is now ready for final confirmation.
I1	Ineligible Provider	The provider is designated as inactive	If you verify that this information is correct, the claim cannot be submitted. If corrected information is provided by the MCOs, AuthentiCare will automatically recalculate.
I2	Ineligible Worker	The worker is not eligible to deliver services based on his/her start- and end- dates or active/inactive/suspend status.	If you verify that this information is correct, the claim cannot be submitted. If the information is incorrect and the provider corrects it, AuthentiCare will automatically recalculate if the worker's eligibility status changes.
I4	Unenrolled Provider Service	The claim has been filed for a service that this provider does not provide.	This only occurs with claims entered via the web if the incorrect service is erroneously entered. To correct this claim exception, either correct the service entered for the claim or, when the provider's authorized service list is updated by New Mexico Centennial Care MCOs, AuthentiCare will automatically recalculate the claim.

Informational (Non-Critical) Exceptions

Informational Exceptions or non-Critical exceptions do not prevent a claim from being processed, i.e. there is no action required in order to confirm the claim. This informational exception does serve as a notice of some problem associated with the claim creation which may warrant further investigation.

Code	Exception	Definition	What do I need to do?
C6	EVV Not Used	A claim was created on the Web through AuthentiCare for T1019, 99509V, G9006U1 or G9006U2	Place a Reason Code on the Claim along with a Note describing the Reason Code.
C13	Payer Review Accepted	A web-entered claim was approved by a Payer for service T1019, 99509V, G9006U1 or G9006U2.	The claim is now ready for your review and confirmation for export.
E1	Event Matching	The does not match an event scheduled in the system.	No action required. You cannot enter an event for a date in the past.
G1	Unauthorized phone number – No Match – Check in	The claim was filed by checking in from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client’s phone was not used. Double check the client’s phone number to make sure it is correct.
G2	Unauthorized phone number – No match – Check Out	The claim was filed by checking out from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client’s phone was not used. Double check the client’s phone number to make sure it is correct.

Code	Exception	Definition	What do I need to do?
G3	Unauthorized phone number – Other Match – Check in	The claim was filed by checking in from a phone number that exists in the system, but isn't the phone number on record for the client named in the claim.	No action required. You may want to check with the worker to understand why the client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
G4	Unauthorized phone number – Other Match – Check out	The claim was filed by checking out from a phone number that exists in the system, but isn't the phone number on record for the client for which the claim is being filed.	No action required. You may want to check with the worker to understand why the client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
I5	Unenrolled Worker Service	The claim is for a service the worker is not authorized to provide.	No action required. Verify that the service on the claim is correct. If it is, then verify the services entered for the worker on the Worker page and modify as needed. Refer to Section 6.3 for further information.
L1	Location Mismatch – Check In	The check in location does not match the client's location.	No action required. Verify that the location where the check-in occurred is the client's location. If it is, then verify the client's location has changed. Refer to Section 11 for further information.

Code	Exception	Definition	What do I need to do?
L2	Location Mismatch – Check Out	The check-out location does not match the client’s location.	No action required. Verify that the location where the check-out occurred is the client’s location. If it is, then verify the client’s check-out location has changed. Refer to section 11 for further information.
Q1	No QR card available	This identifies a claim where QR code scan was required, but it was indicated that there was no card available.	No action required. Verify that a QR card has been delivered to the client so that the QR card can be scanned for subsequent claims.
Q2	QR card scanned by invalid or expired	This identifies a claim where QR code scan occurred, but the card is either invalid or expired.	No action required. Verify the need for a QR card and if needed, order a new QR card for the client.
Q3	QR card data does not match the client.	This identifies a claim where QR code scan occurred, but the data returned does not match the QR card data for the client on the claim.	No action needed. Verify the QR the client hands for worker for scanning belongs to the client.
E4	Early Exception	The claim was created before the early visit threshold. This new informational exception is used only when client thresholds are set by the provider.	No action required. Check the event to see if it needs modified to meet the client’s needs.
E5	Late Exception	The claim was created past the late visit threshold. This new informational exception is used only when client thresholds are set by the provider.	No action required. Check the event to see if it needs modified to meet the client’s needs.