Wyoming Medicaid – Tired of Holding for the Next Available Representative?

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The changes outlined below are being implemented to allow providers to view the same error codes the call center representatives see. These are Medicaid specific which should reduce the need to call on every claim denial. The Member Eligibility enhancements give providers the capability to search on codes, claim history, and limits, just to mention a few.

In addition to this bulletin, the Wyoming Medicaid Field Representatives will be offering provider workshops the last week of September through the second week of October 2022. The workshops' focus will be on a complete review of these three enhancements which will give providers more resources within the secure Provider Portal to troubleshoot and avoid claim denials.

There will also be updates to both the 'Retrieving Paper RA' Quick Reference Guide (QRG) and the 'Member Eligibility, Code Review/Service Limits, Historical Claim Searches' QRG, formerly called "Provider Member Eligibility Search." QRGs are located on the Provider Training, Tutorials and Workshops web page.

If providers need assistance with these changes or have questions about how to register for a provider workshop, please contact the Provider Services Call Center (1-888-WYO-MCAD or 1-888-996-6223).

Enhancement – Error Codes will display on Provider Portal

Effective September 5, 2022, the provider view of claims in the secure Provider Portal will include Medicaid-specific error codes. This will assist providers in determining claim or line denial reasons.

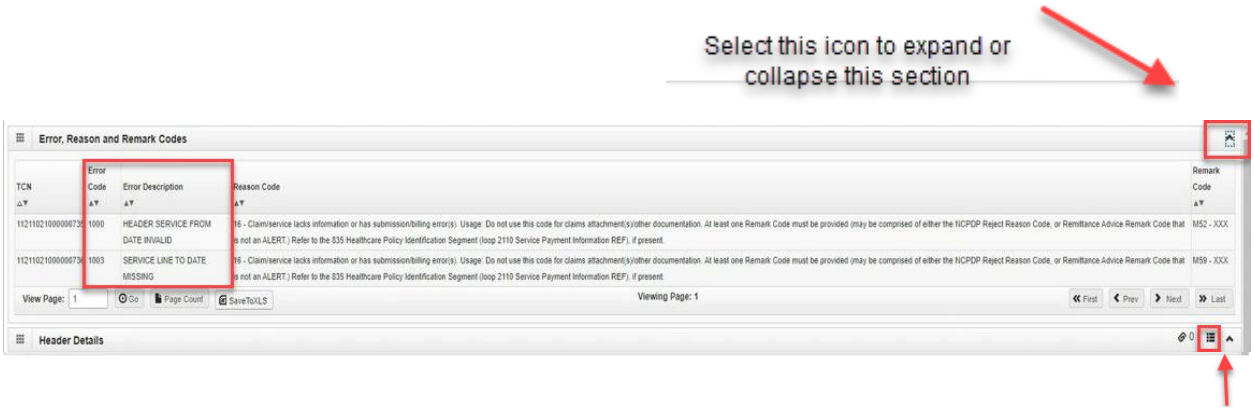
To see these error codes in claims on the secure Provider Portal, providers will need to sign into the Wyoming Medicaid Provider Portal, select 'Claims Access' as the profile, then select the Claim dropdown menu, and then select 'Claim Inquiry.'

Note: Providers can search for claims by TCN or other filter options.

First, select the TCN hyperlink of the claim that is to be viewed.

After selecting the TCN hyperlink, the claim will open and providers will be able to view the Medicaid error codes and their corresponding description, along with the Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) that are currently available.

Next, select the notebook icon to view line item information



There will be provider workshops coming soon that will offer additional details on claim inquiry searches using the 'Filter By' options, how to download claim search results, and more.

Enhancement – Paper Remittance Advice (RA) Enhancement

Effective September 9, 2022, providers will experience an enhancement to paper Remittance Advices (RAs). This paper RA enhancement allows providers to see Medicaid-specific error codes. CARCs and RARCs that are currently visible will continue to display on all RAs.

Billing Provider ID: 999999999
Billing Provider NPI: 1234567890
Name: Test LLC
Pay Cycle: 19
RA Number: 23232323
RA Date: 05/06/2022

Beneficiary Name / Beneficiary ID / Patient Account # / Gross Adj ID	Original TCN / Type of Bill	Rendering Provider ID/NPI /Name	Invoice Date / Service Date(s)	Revenue / Procedure / Modifier	PPS / DRG / APC	Qty	Billed Amount	Approved Amount	TPL and Medicare Amount	Member Responsible Amount	Category	Error Code
Test1,Test2 000001234 FUSD0000	55555555555555000 02	999999999 1114080660 John Doe	04/28/2022 01/06/2022-01/06/2022				$99.21	$0.00		$0.00	D	1001
	55555555555555001		01/06/2022-01/06/2022	90837		0	$99.21	$0.00	$0.00	$0.00	D	1002
Test1,Test2 000001234 FUSD0000	44444444444444000 02	999999999 1114080660 John Doe	04/28/2022 01/12/2022-01/12/2022				$99.21	$0.00		$0.00	D	1001
	44444444444444001		01/12/2022-01/12/2022	90837		0	$99.21	$0.00	$0.00	$0.00	D	1002

GLOSSARY

Error Code

Error Code	Error Description	Claim Adjustment Reason Codes (CARC)	Remittance Advice Remark Codes (RARC)
1001	Timely Filing Missing	25	M455
1002	Invalid Billing Provider	45	

Claim Adjustment Reason Codes (CARC)

Claim Adjustment Reason Codes (CARC)	Claim Adjustment Reason Codes (CARC) Description
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).
25	Payment denied. Your Stop loss deductible has not been met.

Remittance Advice Remark Codes (RARC)

Remittance Advice Remark Codes (RARC)	Remittance Advice Remark Codes (RARC) Description
M455	Missing Physician Order.

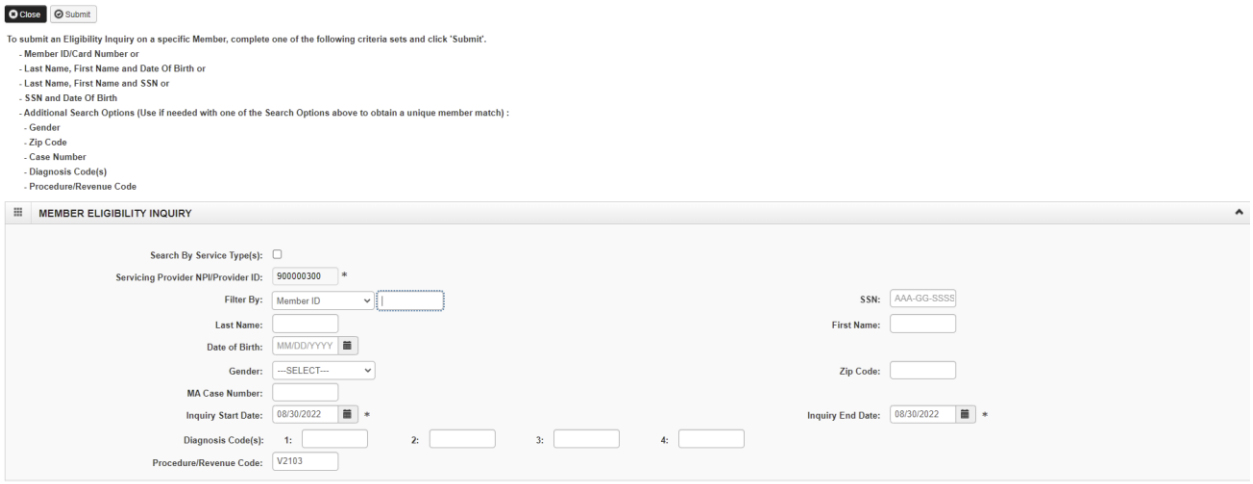
Member Eligibility Enhancement

Effective September 5, 2022, Member Eligibility Search screens have been expanded to provide information without having to visit several places. It is designed to save you time when planning services for a member. With this new eligibility enhancement, there will be fields where you can specify the procedure and diagnosis codes you plan to use. The result will have details as to whether or not those codes are valid and if a Prior Authorization (PA) is required for the member for the service you plan.

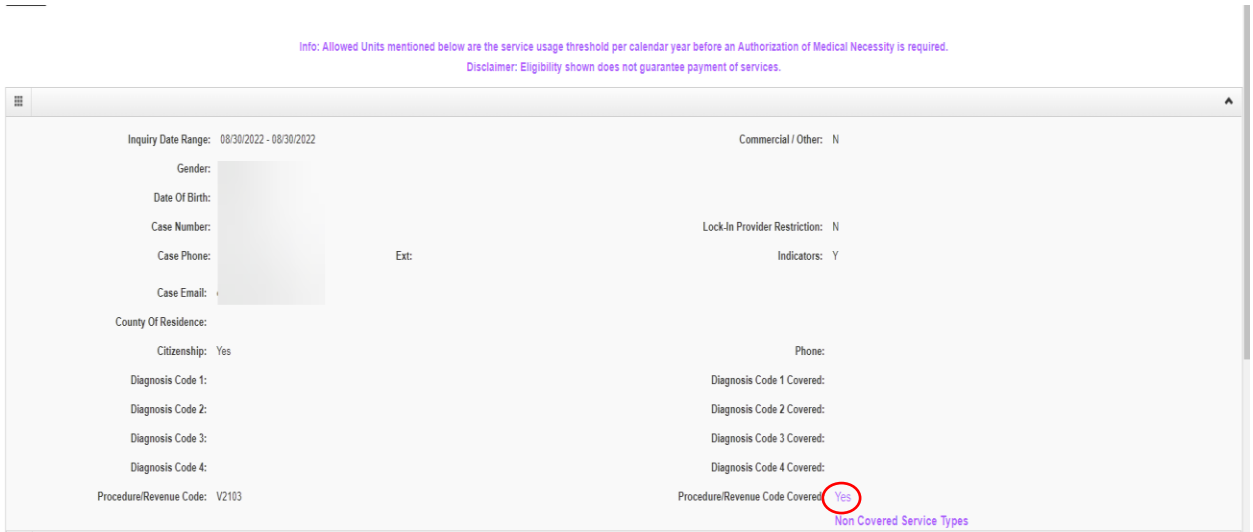
Utilization for such things as vision and dental will also display so you know if the member has utilized those services. This will give accurate information to help determine what is available to the member before you see them. For example:

- The member calls to schedule an eye exam
- A Search is complete on the Enhanced Eligibility page
- The result shows that the member had an eye exam 6 months ago conducted by a different Vision provider
- Medical necessity needs to be assessed prior to the appointment so you know what can be billed to Wyoming Medicaid.

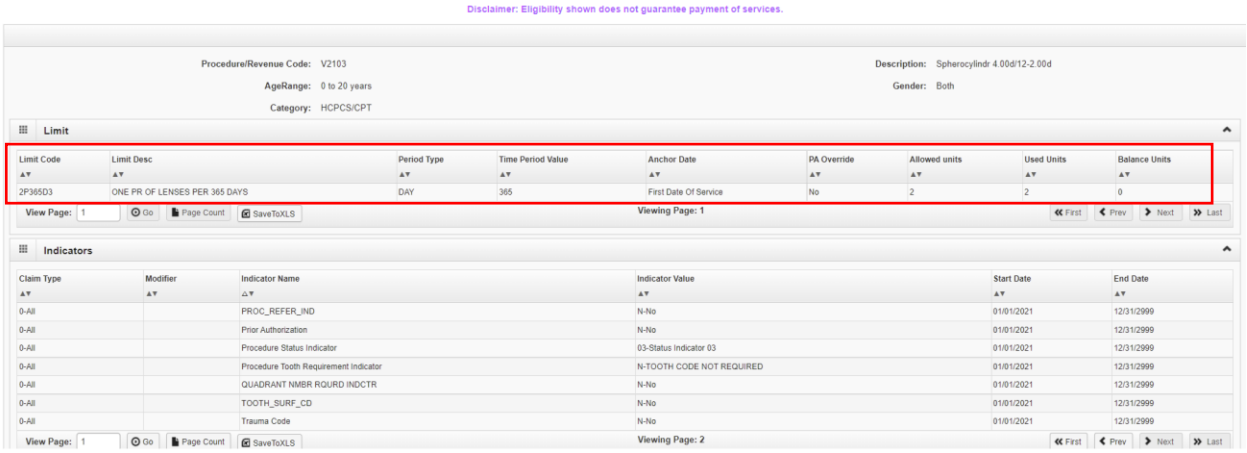
Inquiry Detail page



View of what Providers will see when they enter info in the Eligibility Search



The result from the inquiry shows a “Yes” for the Procedure Code. Clicking on the “Yes” will take you to additional information.



The procedure code shows that this member is allowed 2 units per 365 days and that they have already used their units for the current 365-day period.

Note: The disclaimer is at the top of each page. Eligibility shown does not always result in a payment of services.