

All UCare Providers: Updates on 2019 Claim Rejection Edits

UCare continues to analyze issues with submitted claims that could be addressed earlier in the submission process, allowing providers the opportunity to address the errors and resubmit for processing.

Rejection Edits Affecting All UCare Plans

Zero Units Code Edit: Beginning Jan. 15, 2019, service lines that are billed with a UN qualifier must be billed with the appropriate units. If the units are missing or equal to zero (0), claims will reject back to the submitter on a 277ca.

Zero Anesthesia Minutes Edit: Beginning Jan. 15, 2019, service lines that are billed with a MJ qualifier must be billed with the appropriate minutes. If the minutes are missing or equal to zero (0), claims will reject back to the submitter on a 277ca.

Reminder of Rejection Edits Affecting Individual & Family Plans ONLY

UCare is also observing providers submitting claims to the new Payer ID for products other than Individual & Family Plans (formerly known as UCare Choices and Fairview UCare Choices). These claims will reject as described in the [Oct. 24, 2018, bulletin](#). Specifically, providers will need to consider the following:

Scenario	277ca Reject Message	Message Description	Resolution
Provider submitted claims to Payer ID 55413 for UCare plans other than UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview	A3:33:40	Acknowledgement/Returned as unprocessable claim - The claim/encounter has been rejected and has not been entered into the adjudication system: Subscriber and subscriber ID not found.	For Prepaid Medical Assistance Program, MinnesotaCare, UCare Medicare Plans, UCare Medicare Plans with Fairview & North Memorial, EssentiaCare, Minnesota Senior Health Options, UCare Connect + Medicare, UCare Connect and Minnesota Senior Care Plus, resubmit claims using Payer ID 52629
Provider submitted claims to Payer ID 55413 for claims with dates of service in 2018	A3:21:40	Acknowledgement/Returned as unprocessable claim - The claim/encounter has been rejected and has not been entered into the adjudication system:	For all plans with a date of service in 2018, resubmit claims using Payer ID 52629

		Missing or invalid information. Usage: At least one other status code is required to identify the missing or invalid information.	
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Claims received with a date of service in 2019 for eligible members in the Individual & Family Plans, but containing the member's legacy ID (11-digits, begins with leading zeros), will be matched to the new 2019 member IDs and processed.

Lastly, as described in the [Nov. 29, 2018, Provider Bulletin](#), providers may see variations in rejections for claims processed in our legacy claims platform and our new claims platform. These edits are specifically tied to Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Validation edits consistent with industry standards. At this time, these additional SNIP edits only apply to the Individual & Family Plans.