



New Claim Denial Explanation Codes When Your Medicaid ID is Missing or Not Current

Starting Sept. 1, 2018, UnitedHealthcare Community Plan includes reasons that are more descriptive when a TennCare claim is denied because of an inactive or missing Tennessee Medicaid ID.

What’s new?

You’ll see these new explanation codes when you sign in to the claimsLink app to view your processed claims. To sign in to Link, go to **UHCprovider.com** and click on the Link button in the top right corner.

The following chart shows the denial explanation codes that will be viewable through Link along with the Health Insurance Portability and Accountability Act (HIPAA) adjustment reasons and remit codes that will be listed in your provider remittance advice (PRA).

Viewable in Link		Viewable on the PRA	
Explanation Code	Description	HIPAA Adjustment Reason/Remit Codes	Adjustment Code
ZG1	Not registered with State Medicaid - Servicing NPI	B7	CO
ZG6	Not registered with State Medicaid - Billing NPI	B7	CO

“Servicing” in the description refers to the rendering or attending care provider on the claim.

Why am I seeing these codes for denied claims?

These codes mean that we denied the claim because we were unable to locate a valid Medicaid ID on TennCare’s Provider Enrollment file for either the servicing or billing care provider for the entire claim dates of service.

Starting in 2017, secondary care providers – for instance, those who were listed as the referring, ordering, or operating care provider – saw claim rejections when they had an inactive or missing Tennessee Medicaid ID. These care providers will continue to see claim rejections in those cases.

Do I need a Medicaid ID?

Yes, Tennessee requires that all health care providers involved in the claim have an active Medicaid ID for the entire claim dates of service. If you need to apply for a Medicaid ID, please visit tn.gov/tenncare > Providers > [Provider Registration](#) for instructions.

What if my practice or facility is changing ownership (CHOW)?

UnitedHealthcare won’t reimburse claims associated with CHOWs until the new owner has a valid Medicaid ID. Once we receive the Medicaid ID information, we’ll follow state requirements when making retroactive payment adjustments.

What if I'm seeing these codes, but I have a valid Medicaid ID?

Your Medicaid ID must be valid for the entire claim dates of service. This means that if there's even one date of service on the claim where your Medicaid ID isn't valid, the entire claim will be denied. We receive weekly updates of the Provider Enrollment File with the list of valid Medicaid IDs from the state, so there may be a slight delay from the time your Medicaid ID is issued and when it's updated in our system. If you have a Medicaid ID issued more than a week before your claim was denied, you'll have to contact TennCare and validate your registration.

If I have questions, who should I contact?

For information about your Medicaid ID application, please contact TennCare at **800-852-2683** or Provider.Registration@tn.gov. If you have questions about your claims, please contact us at **800-690-1606**. Thank you.