



# UPDATES OF REPORTED CLAIMS PAYMENT SYSTEMIC ERRORS

Updated: June 15, 2020

Listed below are current Claims Payment Systemic Errors (CPSE). Issues are shown by date reported with the most recently reported issue listed first. This log is updated frequently every 30 days. Buckeye Health Plan encourages you to review this log often and **prior to contacting Buckeye Health Plan Provider Contact Center**. A list of resolved issues is also available at the end of this list. If you still have questions, please call at **866-296-8731** to speak to a Buckeye Health Plan Provider Claims Assistance Representative.

Description of the Issue	Date Reported	Provider Type Impacted	Status Updates	Resolved Date	Updates/Resolution	Estimated Date of Fix	Estimated Date of Adjustment Project
Incorrect provider class assigned to a portion of 84/95 provider types causing claims to underpay or deny in error.	6/1/2020	Behavioral Health	New	N/A	Fix is in process	7/1/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Behavioral Health Claims billed with multiple units of CPT H0004 & H0005 are partially denying EX35.	5/18/2020	Behavioral Health	New	6/5/2020	Fix is complete	N/A	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Behavioral Health telehealth claims denying or underpaying in error.	5/18/2020	Behavioral Health	New	N/A	Fix is in process	7/3/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
RHC claims are incorrectly paying when billed on institutional form type.	5/11/2020	Medical	New	6/9/2020	Fix is complete	N/A	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Non-DRG Inpatient claims are incorrectly priced based upon discharge date.	4/21/2020	Medical	New	N/A	Fix is in process	7/31/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
EAPG version 3.14 is incorrectly pricing claims with a diagnosis code for lower extremities.	4/29/2020	Medical	Ongoing remediation	N/A	Awaiting fix updates from Optum	N/A	Claims adjustment project will be submitted once updates have been received.

Buckeye Health Plan CPSE Report – Updated 6/15/2020 (continued)



Description of the Issue	Date Reported	Provider Type Impacted	Status Updates	Resolved Date	Updates/Resolution	Estimated Date of Fix	Estimated Date of Adjustment Project
Procedure Code K0108 is incorrectly denying due to an HCI edit.	2/21/2020	Medical	Ongoing remediation	N/A	Fix in progress	7/31/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Codes A4223, A4230, A4232, and A4305 are not paying correctly after bypassing Medicare.	1/23/2020	Medical	Ongoing remediation	N/A	Fix in progress	6/30/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Dialysis claims with bill type 721 are paying incorrectly.	1/22/2020	Medical	Ongoing remediation	N/A	Fix in progress	6/30/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
E&M claims incorrectly paying during global surgery payment periods.	1/21/2020	Medical	Ongoing remediation	N/A	Fix in progress	8/31/2020	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Transportation services are paying incorrect rates for 2020 dates of service.	4/15/2020	Medical	Ongoing remediation	4/17/2020	Fix is complete	N/A	Claims adjustment project will be submitted and completed within 60 days of fix implementation.
Some claims with code H0011 are denying erroneously for a limit exceeded.	3/9/2020	Behavioral Health	Resolved	4/21/2020	Fix is complete, adjustment project in progress	N/A	6/21/2020
When observation code G0378/762 hours billed are over 24 and the claim involves 2 or 3 dates of service, claim denies services incorrectly.	2/19/2020	Medical	Resolved	3/16/2020	Fix is complete, adjustment project in progress	N/A	7/31/2020
Procedure code 93656 is incorrectly denied for missing modifier.	2/18/2020	Medical	Resolved	5/28/2020	Fix is complete, adjustment project in progress	N/A	7/31/2020

Buckeye Health Plan CPSE Report – Updated 6/15/2020 (continued)



Description of the Issue	Date Reported	Provider Type Impacted	Status Updates	Resolved Date	Updates/Resolution	Estimated Date of Fix	Estimated Date of Adjustment Project
Some 2020 newly effective procedure codes on the EAPG Covered Codes list are not yet installed and this is causing improper denials.	2/18/2020	Medical	Resolved	3/16/2020	Adjustment project complete	N/A	6/10/2020
Out of state hospitals were not paying correct 2020 rates for EAPG.	2/11/2020	Medical	Resolved	2/24/2020	Adjustment project complete	N/A	4/20/2020
Procedure code Q4081 incorrectly denying for EAPG claims.	2/3/2020	Medical	Resolved	4/30/2020	This was determined not to be a CPSE issue as denials were valid	N/A	N/A
Home health services are not correctly paying the base rate for each visit, resulting in an underpayment.	1/24/2020	Medical	Resolved	3/19/2020	Adjustment project complete	N/A	4/20/2020
Invalid NDC denials for code J1050.	1/22/2020	Medical	Resolved	12/4/2019	Adjustment project complete	N/A	4/14/2020
Definitive urine drug screening codes are incorrectly requiring an authorization before the annual limit.	1/15/2020	Medical	Resolved	3/24/2020	Fix is complete, adjustment project in progress	N/A	9/30/2020
MyCare home health claims are denying incorrectly with reason: "DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB" (EXL6) under Medicaid when billed on a 1500 form.	1/13/2020	Behavioral Health	Resolved	3/25/2020	Adjustment project complete	N/A	5/20/2020
Procedure codes 96150 and 96154 are incorrectly denying for EAPG claims.	1/8/2020	Medical	Resolved	3/4/2020	Adjustment project complete	N/A	5/25/2020
Vent claims for REV 410 & 419 which are supposed to pay as primary under Medicaid and denying EXce, L6, and LR.	12/26/2019	Medical	Resolved	2/29/2020	Adjustment project complete	N/A	6/1/2020

Buckeye Health Plan CPSE Report – Updated 6/15/2020 (continued)



Description of the Issue	Date Reported	Provider Type Impacted	Status Updates	Resolved Date	Updates/Resolution	Estimated Date of Fix	Estimated Date of Adjustment Project
Codes T1001, T1002, and T1019 paid at incorrect rate percentage.	12/24/2019	Medical	Resolved	2/10/2020	Adjustment project complete	N/A	5/31/2020
Procedure code 96372 is inconsistently underpaying when billed under the opioid treatment program.	12/3/2019	Behavioral Health	Resolved	1/29/2020	Adjustment project is complete	N/A	4/30/2020
Dialysis claims for J0606 and J0604 are failing to pay coinsurance and deductible.	11/22/2019	Medical	Resolved	1/31/2020	Fix is complete, adjustment project in progress	N/A	6/30/2020
ISNFs are incorrectly receiving room and board payments when hospice providers already received payment under procedure code T2046.	11/5/2019	Medical	Resolved	2/10/2020	Fix is complete, adjustment project in process	N/A	9/30/2020
Skilled Nursing Rates: Claims for dates of service 07/18/19 underpaid and did not pay the updated rate per ODM effective for split claims billed after 07/18/19. Per ODM, claims for July 2019 were to be split into multiple lines and not to overlap date of service 07/18/19. Claims required adjustment for correct pricing. Updated 07/18/19 rates have already been loaded, but impacted claims still need to be submitted on project.	10/30/2019	Medical	Resolved	12/30/2019	Fix is complete, adjustment project in process	N/A	6/30/2020
SNF claims for dates of service 10/17/19 and after were underpaid and did not pay the updated rate per ODM effective for split claims billed after 10/17/19.	10/30/2019	Medical	Resolved	N/A	Fix is complete, Adjustment project in progress	No configuration fix necessary. This was a manual processing procedural error.	6/30/2020
Professional claims are denying incorrectly for missing or invalid NDCs.	10/15/2019	Medical	Resolved	11/22/2019	Adjustment project is complete	N/A	4/15/2020

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Description of the Issue	Date Reported	Provider Type Impacted	Status Updates	Resolved Date	Updates/Resolution	Estimated Date of Fix	Estimated Date of Adjustment Project
Behavioral health claims were set to EX92 pay but the claim paid zero dollars.	10/9/2019	Behavioral Health	Resolved	11/30/2019	Fix is complete, adjustment project in process	N/A	7/10/2020
Codes 99251-99255 are denying incorrectly in POS 21.	8/16/2019	Medical	Resolved	8/21/2019	Adjustment project complete	N/A	6/2/2020
Claims for revenue code 637 are incorrectly denying for invalid NDC.	7/3/2019	Medical	Resolved	10/11/2019	Fix is complete, adjustment project in process	N/A	7/31/2020
HCI maximum unit allowance for hydration services (96360 and 96361) are causing incorrect payments for EAPG claims.	6/18/2019	Medical	Resolved	10/10/2019	Adjustment project complete	N/A	5/31/2020
The EAPG processor is incorrectly denying some MyCare claims where Medicare billing procedures conflict with EAPG hierarchy.	5/6/2019	Medical	Resolved	2/10/2020	Fix is complete, adjustment project in process	N/A	7/31/2020