



Claims Payment Systemic Errors October 2023

The current Claims Payment Systemic Errors (CPSEs) for Anthem Blue Cross and Blue Shield Medicaid are reported below. If you have any questions, please contact your Provider Relationship Management representative or call Provider Services at **844-912-1226**.

Description of CPSE	Date CPSE was 1st identified	Billing Provider Type(s) impacted by CPSE	Timeline for fixing CPSE	Dates and/or date spans(s) of Corrected Claims Adjustments	Number of claims impacted	CPSE status
230626R000056-CONFIRMED CPSE: A system update reverted logic to bypass authorization requirements for therapy and chiropractic procedure codes that do not require authorization for the first 15 or 30 visits, depending on the members age per calendar year. This caused claims to deny for no authorization incorrectly. Impacted providers have been outreached and claims will be reprocessed.	6/22/2023	27-Chiropractor Individual, 21-Professional Medical Group	7/5/2023	Chiropractic service codes were reprocessed on 7/7/2023. All other therapy codes 10/31/2023	1,536	CPSE fixed claims remediation in process
230811R000172-CONFIRMED CPSE: Anthem denied outpatient claims when billed with the GT modifier incorrectly. The configuration is in progress and impacted claims will be reprocessed.	8/11/2023	01-Hospital (Outpatient)	9/30/2023	10/10/2023	96	complete
230814R000015-POTENTIAL CPSE: Anthem was configured to require the QW modifier for lab tests listed on the Medicaid fee schedule as CLIA waived. Per additional guidance from the state the QW modifier is only applicable to providers who hold a CLIA certificate of waiver or certificate of PPMP. Anthem is correcting the configuration and reviewing impacted claims. 230814R000015-CONFIRMED CPSE: Anthem is continuing to solution for a long term exclusion for providers who hold a CLIA certificate above a Certificate of Waiver or a Certificate of PPMP from the QW modifier requirement. Anthem has implemented a short term solution for providers who have been vocal about receiving denials. If you are a provider who holds a CLIA certificate above a COW or PPMP please reach out to your provider experience representative to be included in the short term solution.	8/14/2023	01-Hospital (Inpatient and Outpatient IP & OP) 21-Professional Medical Group, 80-Independent Laboratory, 46-Ambulatory Surgery Center	11/30/2023 – Anthem is continuing to develop a long term solution.	11/30/2023 – Please work with Provider Experience if you are a provider with a CLIA certificate above a COW or PPMP and are receiving claim denials for missing QW modifier.	TBD	in progress

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<p>231012R000173-POTENTIAL CPSE: Anthem is researching EAPG claims subject to multiple-procedure payment reduction for double reductions</p> <p>231012R000173-CONFIRMED CPSE: Internal claims editing applied the multiple-procedure payment reduction causing double reductions. The configuration to exclude outpatient hospital and Ambulatory surgery center claims from clinical editing was released on 9/26/23. Anthem has identified impacted claim to be reprocessed.</p>	8/14/2023	01-Hospital (Outpatient), 46-Ambulatory Surgery Center	9/26/2023	11/15/2023	10,482	CPSE fixed claims remediation in process
230816R000044 and 230905R000154-CONFIRMED CPSE: Service codes 11720 and 11721 were configured to require prior authorization. The denial reason codes were Y3Z, Y40 and Y41. Anthem has removed the authorization requirements, impacted providers were notified and identified claims were reprocessed.	8/14/2023	36-Podiatrist Individual, 21-Professional Medical Group	8/17/2023	366 claims (230816R000044) reprocessed on 8/31/2023. 155 claims (230905R000154) reprocessed on 9/14/2023	521	complete
230823R000122-CONFIRMED CPSE Urgent Care claims billed in POS 20 were denying for no authorization Y3Z, Anthem will allow both in and out of network providers to bill in POS 20-Urgent Care without requesting prior authorization. Impacted providers were notified and identified claims were reprocessed. Configuration is expected to be completed in October, any additional claims will be reprocessed.	8/23/2023	01-Hospital (Outpatient)	10/23/2023	Identified claims (1,636) were reprocessed on 9/14/2023 any additional claims will be reprocessed upon configuration completion.	1,636	in progress
230901R000023-CONFIRMED CPSE: Service code H0038 was configured to require authorization after 4 hours (16 units) per plan year instead of per day. Anthem has corrected the authorization requirement. Impacted providers were notified and identified claims were reprocessed.	9/1/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	9/16/2023	9/19/2023	994	complete

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230913R000009-CONFIRMED CPSE: Claims for service codes T4527 and T4528 were denying for exceeding units. The unit allowable is 200 units per month for members 21 years & older and 300 units per month for members ages 3-20 years old. Anthem has updated the benefit and will reprocess claims.	9/13/2023	76-Durable Medical Equipment Supplier	10/1/2023	10/30/2023	168	CPSE fixed claims remediation in process
230926R000210-CONFIRMED CPSE: Nursing Facility claims denied Rev code 0160 with NC03 services are not covered incorrectly. Anthem has corrected the benefit configuration and impacted claims have been reprocessed.	9/26/2023	86-Nursing Facility	10/1/2023	10/30/2023	21	CPSE fixed claims remediation in process
231009R000005-CONFIRMED CPSE: Configuration error caused service code 98941 to deny for PS0-Not a covered service. The benefit has been corrected and impacted providers were notified. Claims will be reprocessed.	10/9/2023	21-Professional Medical Group	10/13/2023	10/31/2023	579	CPSE fixed claims remediation in process
231009R000034-POTENTIAL CPSE: Anthem is researching claim denials for enteral supplies. The denial reason is for frequency limit exceeded. Anthem has notified potentially impacted providers and will have more details upon further research.	10/9/2023	76-Durable Medical Equipment Supplier	10/30/2023	10/30/2023	1563	in progress
POTENTIAL CPSE: Anthem is reviewing duplicate denials for service codes S5000 and S5001	10/9/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	10/30/2023	11/30/2023	TBD	in progress
231012R000156-POTENTIAL CPSE: Anthem is reviewing overpayments made on claims billing E&M codes 99202-99499, excluding BH provider type 84/95.	10/12/2023	21-Professional Medical Group	10/30/2023	10/30/2023	TBD	in progress