



## Claims Payment Systemic Errors September 2023

The current Claims Payment Systemic Errors (CPSEs) for Anthem Blue Cross and Blue Shield 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
<p>230313R000056-POTENTIAL CPSE: Based on provider feedback Anthem is researching the rates Behavioral Health providers who <b>are not</b> associated with a CMHC and/or SUD entity are receiving for discrepancies.</p> <p>230405R000210-CONFIRMED CPSE: Updated ticket due to CPSE confirmation. Anthem identified 116,992 individual providers who were internally flagged as affiliated with a 84/95 provider type incorrectly and were receiving the BH redesign rates causing a mixture of overpayments and underpayments. Anthem has removed the incorrect internal flags and are working to identify and reprocess impacted claims. Due to the volume of providers this has impacted Anthem is working to pull our overpayments from underpayments to prevent processing delays.</p> <p>Underpaid claims were reprocessed and are completed.</p> <p>Providers with overpayments received initial notification on 6/28/2023, unless the overpayment was disputed, offsetting began on 9/1/2023. Please contact Anthem's provider experience team for any questions or concerns.</p>	3/10/2023	21-Professional Medical Group	Provider internal flags were removed on 3/19/2023 and 3/24/2023	9/1/2023	9,579 claims were overpaid	complete
<p>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.</p>	6/22/2023	27-Chiropractor Individual, 21-Professional Medical Group	7/7/2023	Chiropractic service codes were reprocessed all other therapy codes are in process, 9/30/2023	519	in process

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230803R000003-CONFIRMED CPSE: Anthem incorrectly denied add on procedure codes for primary procedure not billed. These denials occurred when the primary procedure code was packaged into EAPG pricing, appearing as a 0.00 payment. Anthem has completed the system configuration, impacted providers were notified and claims were reprocessed.	7/28/2023	01-Hospital (Outpatient), 46-Ambulatory Surgery Center	7/28/2023	8/27/2023	2,909	complete
230731R000177-CONFIRMED CPSE: Behavioral Health claims for service code 90791 were manually priced at the incorrect rate. Impacted providers were notified and claims were reprocessed.	7/28/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider	Analyst education no system fix was needed	8/25/2023	487	complete
230807R000146-CONFIRMED CPSE: Internal system update removed tiered pricing logic that reduced the payment for BH codes that are discounted after a certain number of units are billed, causing incorrect 0.00 payments. Anthem has implemented a short term pricing correction until the system release in October. Impacted providers have been notified and claims were reprocessed.	8/7/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	10/1/2023	8/31/2023	958	complete
230808R000013-POTENTIAL CPSE: Anthem is reviewing claim denials for H69-Invalid from and through dates  230808R000013-CONFIRMED CPSE: Claims denied for H69-Invalid from and through dates incorrectly during a down period for system updates. The impacted providers were notified and identified claims were reprocessed.	8/8/2023	01-Hospital (Inpatient and Outpatient IP & OP)	8/20/2023	8/28/2023	14	complete
230811R000006 and 230831R000099-CONFIRMED CPSE: Internal benefit migration defaulted K0001 to the purchase allowable of 1 per 5 years when billed with the rental modifier. The benefit has been corrected, impacted providers were notified and claims were reprocessed.	8/9/2023	76-Durable Medical Equipment Supplier	8/31/2023	9/12/2023	209	complete

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<p>230802R000186-POTENTIAL CPSE: Anthem is reviewing claim denials for no authorization when billing CPT codes 96127, 90791 and 99309</p> <p>230802R000186-CONFIRMED CPSE: Claims identified were incorrectly denied for no authorization and have been reprocessed.</p>	8/10/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	8/12/2023	8/24/2023	62	complete
<p>230802R000217-POTENTIAL CPSE: Anthem is reviewing claim denials for no authorization when billing CPT codes 96127, 90791 and 99309</p> <p>230802R000217-NON CPSE: Claims were billed in the BH Outpatient setting with a Revenue code the requires authorization.</p>	8/10/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	8/15/2023	Claims will not be reprocessed	234	complete
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	9/30/2023	78	in process
<p>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.</p> <p>230814R000015-CONFIRMED CPSE: Anthem is continuing to solution for an exclusion for providers who hold a CLIA certificate above a Certificate of Waiver or a Certificate of PPMP from the requirement to bill the QW modifier.</p>	8/14/2023	01-Hospital (Inpatient and Outpatient IP & OP), 21-Professional Medical Group, 80-Independent Laboratory, 46-Ambulatory Surgery Center	10/30/2023-Anthem is solutioning for the configuration	10/30/2023-Anthem is solutioning for the configuration	TBD	in process

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<p>POTENTIAL CPSE: Anthem is researching EAPG claims subject to multiple-procedure payment reduction for double reductions</p> <p>CONFIRMED CPSE: Internal claims editing applied the multiple-procedure payment reduction causing double reductions. The release to exclude outpatient hospital and ASC claims from this editing is set to release on 9/15/2023. Anthem will run an impact report after the release to identify claims that will need to be reprocessed.</p>	08/14/2023	01-Hospital (Outpatient), 46-Ambulatory Surgery Center	9/30/2023	9/30/2023	TBD	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 will be reprocessed.	8/14/2023	36-Podiatrist Individual, 21-Professional Medical Group	8/17/2023	366 claims (230816R000044) reprocessed on 8/31/2023 141 claims (230905R000154) 10/5/2023	507	in process
230823R000122-CONFIRMED CPSE Urgent Care claims billed in POS 04 are denying for no authorization Y3Z, Anthem will allow in and out of network providers to bill in POS 20-Urgent Care without requesting prior authorization. Impacted providers were notified and claims will be reprocessed once the configuration is completed.	8/23/2023	01-Hospital (Outpatient)	10/23/2023	10/23/2023	1,542	in process
230901R000023-CONFIRMED CPSE: Service code H0038 is configured to require authorization after 4 hours (16 units) per plan year instead of per day. Anthem is correcting the authorization requirement. Impacted providers were notified and identified claims will be reprocessed.	9/1/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	10/1/2023	10/1/2023	995	in process

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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	10/1/2013	10/13/2023	168	in process