

**To:** AmeriHealth Caritas Louisiana Providers

**Date:** August 2, 2019

**Subject:** Important Billing and Claims Processing Updates

**Summary:** Important updates that may affect billing and claims processing.

**Important Note:** All claims submitted to AmeriHealth Caritas Louisiana must comply with applicable state and federal guidelines, state contract requirements, reimbursement policies, and submission requirements. For the most current information on claims submission procedures and health plan policies, please visit the claims and billing section of our provider website and refer to the Claims Filing Instructions.

**Top Reasons for Denials** – Denied claims are registered in the claim processing system but **do not meet requirements for payment** under AmeriHealth Caritas Louisiana guidelines. They should be **resubmitted as a corrected claim** within 365 calendar days from the date of service if the error is a repairable edit. AmeriHealth Caritas Louisiana has identified common mistakes submitted by our providers that result in denials. In an effort to prevent some of these denials, below you will find a list of the top denials, why the claims was denied, and how you can resolve them.

| Remit Denial Code/Description                         | Why and How to resolve   |
|---|--|
| <b>X01 – No Precert/Preauth/Notification/Referral</b> | <ul style="list-style-type: none"> <li>• <b>Why:</b> Services required preauthorization</li> <li>• <b>How to Resolve:</b> <ul style="list-style-type: none"> <li>○ CPT code on claim must match CPT code authorized.</li> <li>○ If services are emergent, file services with correct place of service</li> <li>○ If provider status is out of network request pre-service authorization</li> <li>○ If provider is in network and service does not require authorization, contact Network Management @ <a href="mailto:network@amerihealthcaritasla.com">network@amerihealthcaritasla.com</a> to update practitioner/facility record</li> </ul> </li> </ul> |
| <b>Z60 - Invalid Billing</b>                          | <ul style="list-style-type: none"> <li>• <b>Why:</b> (Hospital) UB 04 billed with both Value Codes 80 and 81</li> <li>• <b>How to resolve:</b> <ul style="list-style-type: none"> <li>○ Split bill services for Covered (Value Code 80) and Non covered ( Value Code 81) on separate UB04 claim forms</li> </ul> </li> </ul>   |
| <b>Z98 – Code not covered by MA</b>                   | <ul style="list-style-type: none"> <li>• <b>Why:</b> CPT/HCPC codes billed are not payable by Medicaid according to LDH Fee Schedule</li> <li>• <b>How to resolve:</b></li> </ul>  |

| Remit Denial Code/Description                         | Why and How to resolve   |
|---|--|
|   | <ul style="list-style-type: none"> <li>○ Verify CPT code/HCPC code/Revenue Code is on the Fee Schedule for date of service</li> <li>● <b>Why:</b> CPT code/Revenue code combination is not acceptable per LDH policy</li> <li>● <b>How to Resolve:</b> <ul style="list-style-type: none"> <li>○ Verify valid CPT code/Revenue Code combination</li> </ul> </li> </ul>                          |
| <b>Z11 – Clm Pend: EOB from prim carrier req</b>      | <ul style="list-style-type: none"> <li>● <b>Why:</b> Member has another primary insurance policy. Medicaid is payor of last resort</li> <li>● <b>How to Resolve:</b> <ul style="list-style-type: none"> <li>○ Resubmit claim with primary payment from primary carrier via EDI or hardcopy with EOB attached to claim form.</li> </ul> </li> </ul>   |
| <b>CDD – Definite Duplicate Claim</b>                 | <ul style="list-style-type: none"> <li>● <b>Why:</b> Claim paid on a prior remittance advice.</li> <li>● <b>How to resolve:</b> <ul style="list-style-type: none"> <li>○ Log into Navinet, Claims Inquiry tool and search prior payment.</li> </ul> </li> </ul>  |
| <b>Q45 – NDC Data Missing/Incomplete/inva</b>         | <ul style="list-style-type: none"> <li>● <b>Why:</b> NDC is missing and or invalid on claim form</li> <li>● <b>How to resolve:</b> <ul style="list-style-type: none"> <li>○ Submit with valid NDC on claim line</li> </ul> </li> </ul>   |
| <b>N01 – Subset Procedure Disallow</b>                | <ul style="list-style-type: none"> <li>● <b>Why:</b> Service billed is an integral part of another service billed and paid</li> <li>● <b>How to resolve:</b> <ul style="list-style-type: none"> <li>○ Verify if service is considered integral to a primary service, if so, cannot bill separately</li> <li>○ Verify if a modifier is needed to prevent subset disallow</li> </ul> </li> </ul> |
| <b>X07 – Not a cov bene under members plan</b>        | <ul style="list-style-type: none"> <li>● <b>Why:</b> Member eligibility does not cover these services</li> <li>● <b>How to resolve:</b> <ul style="list-style-type: none"> <li>○ Check member’s eligibility to verify coverage type and correct carrier for services rendered. May need to submit to Fiscal Intermediary (DXC) for payment</li> </ul> </li> </ul>                              |
| <b>XB3 – Members Birthdate Submitted is not valid</b> | <ul style="list-style-type: none"> <li>● <b>Why:</b> Birth date on claim is invalid</li> <li>● <b>How to resolve:</b> <ul style="list-style-type: none"> <li>○ Verify date of birth entered on claim</li> </ul> </li> </ul>  |

**CPT Code 92570 Allowance** – AmeriHealth Caritas Louisiana would like to inform you of a system update. In accordance with Louisiana Department of Health’s (LDH) Fee Schedule, the following CPT code is being set to only allow one every 180 days. Claims submitted that do not follow these guidelines will be denied.

| CPT/HCPCS | Description   |
|-----------|---|
| 92570     | Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing. |

**DME providers must include a description when billing CPT Code E1399 – Effective September 2, 2019,** AmeriHealth Caritas Louisiana will deny claims with denial code 5BC “Code description required” when procedure code E1399 is billed without a description.

**Questions:**

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana’s Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

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