

Bayou Health Implementation

Identifying Frequent Billing Errors A Coordinated Effort

Tuesday, March 27, 2012

Bayou Health Implementation

A Transition from Legacy Medicaid to Medicaid Managed Care

- Transition Began February 1, 2012.
- Approximately 800,000 Medicaid recipients are being transitioned from the existing legacy Medicaid Program to Medicaid Managed Care operated by private insurance companies.
- Pre-Paid Plans – Responsible for all aspects of program, including claims payment.
- Shared Plans – Responsibilities are shared; claims are pre-processed by the shared plans, then transmitted to Molina for final processing and payment.

This webinar addresses billing issues identified with claims processed for shared plan members.



Billing Shared Plan Claims for Medicaid

All claims submitted to the Shared Plans will continue to follow the guidelines set by legacy Medicaid Program.

Examples:

- NPIs – Billing/Attending
- Claim data
- Modifiers

Providers should bill as previously required by Medicaid.



Medicaid vs. Private Insurance Guidelines

DO NOT change your system to accommodate billing guidelines for private insurance. Bill claims as previously billed to Medicaid.

Examples of Identified Errors:

- Denial/Edit 079 – Hospitals not submitting PRSO (C1)
Condition code
- Denial/Edit 202 – Home Health Agencies billing claims on a professional vs. institutional claim causing a Provider-Claim Type Conflict
- Denial/Edit 232 and 299 – Billing procedures that are not covered by LA Medicaid



Current Billing Instructions

Please refer to the Medicaid website below for current billing instructions.

www.lamedicaid.com

Links:

- Provider Manuals
- or
- Billing information



Common Denials

Denial/ Edit 209 – Group Must Bill for Provider

- Provider groups must continue to bill as a group and not as an individual physician(s).
- The group NPI that is on the Medicaid file should be entered as the billing number on the claim.
- The individual provider NPI that is on the Medicaid file should be entered as the attending provider number.

Claims should match the same format as previously billed to legacy Medicaid.



Common Denials

Denial/Edit 187 – Recipient Not Enrolled in a Bayou Health Plan.

- Provider should verify eligibility on every recipient for every visit to insure claims are being submitted to the appropriate plan.
- If the recipient is not enrolled in a Bayou Health Plan on the date of service, the claims should be submitted directly to Molina Medicaid



Common Denials

Denial/Edit 092 – Invalid or Missing Modifier

- Medicaid policy has not changed with regard to acceptable modifiers for each program.

Examples of Invalid Modifiers Identified:

- P1 – A normal healthy patient
- P2 – A patient with mild systemic disease
- TC – Technical component

Common Denials

Denial/Edit 273 – Third Party Code Missing

Refer to the Carrier Code Listing

- The TPL 6-digit carrier code must continue to be listed in the appropriate field as required by legacy Medicaid.
- The carrier code is returned as a part of the e-MEVS eligibility response- Plan Network Identification Number
- Refer to the TPL listing found on www.lamedicaid.com for the correct carrier code.

Links:

Forms/Files/User Manuals

Online Forms



Common Denials

Denial/Edit 127 – NDC Code Missing or Incorrect

- NDC and accompanying HCPCS are still required when billing for physician administered drugs in the appropriate field of the claim as required by legacy Medicaid.

NDC Format with J codes:

N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7 J1000



Common Denials

Denial/Edit 299 – Procedure/Drug Not Covered by Medicaid

Denial/Edit 232 – Procedure/Type of Service Not Covered by Program

Examples of Errors Identified:

- 36415-36416: Venipuncture for physicians and independent labs – specimen collection (routine venipuncture) will be considered integral/incidental to the laboratory procedures performed (RA Message May 18, 2010) This may also cause a 210 denial.
- HR940 – Therapeutic Services - General Classification
- 99000 – Specimen Handling

Refer to the policy and fee schedules listed online at

www.lamedicaid.com



Claim Check/NCCI Edits

Where applicable claims will continue to process through ClaimCheck and NCCI editing.

Examples of Denials/Edits Identified:

- 567 – Procedure incidental to procedure on current claim
- 573 – Procedure incidental to procedure in history
- 759 – CCI: Procedure incidental to procedure in history



Contact Information

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Questions

