



UnitedHealthcare Community Plan of Missouri: Open Issues

Last updated: 7/30/2018

PLEASE NOTE: To assist with identification of new entries, issues and updates for this week can be found in **red font**.

Item Ref #	Date Added	Impacted Area	Question/Issue	Response/Resolution	Status	Reprocessing Plans (if necessary)	Date Revised or Resolved	Issue Tracking #
1	10/16/2017	Outpatient Hospitals	Claims are denying outpatient services with Remark Code CO-256 (Non Contracted) in error.	The claims system has been updated to allow these services correctly as of 9/28/17.	Completed	Claims project has been completed and impacted claims adjusted	12/11/2017	363531
2	10/16/2017	HCFA-1500 Claims	Lab and Radiology charges are denying with Remark Code CO-96 (Non Covered charges) in error.	The claims system has been updated to allow these services correctly as of 9/14/17.	Completed	Claims project has been completed and impacted claims adjusted	11/6/2017	N/A
3	10/16/2017	Independent Rural Health Clinics	Claims are limiting the allowable amount on visits to the billed charges of the T1015 line, when the billed charges were less than the RHC Encounter rate.	Letters were sent to contracted providers on 10/9/17 to reflect the removal of Lesser of Logic language in the contracts. The claims system has been updated to allow the correct rate as of 10/3/17.	Completed	Claims project has been completed and impacted claims adjusted	11/6/2017	N/A
4	10/16/2017	Global	Ultrasounds are limited to 3 ultrasounds per member according to state policy, with medical necessity required for any ultrasounds over 3. Claims are denying with Remark Code PR-96 (Over benefit limit) for ultrasounds received over this limit.	Providers may submit medical records with a reconsideration request for claims that denied to review for medical necessity.	Completed	N/A	10/16/2017	N/A
5	10/16/2017	Outpatient Hospitals and Urgent Care Centers	Claims are denying Observation and Urgent Care services provided by Out of Network providers with multiple Remark Codes for authorization.	System configuration was updated on 10/16/17 to remove authorization requirements for these services.	Completed	Claims project has been completed and impacted claims adjusted	12/11/2017	390340
6	10/16/2017	Health Departments	Case Management services for Health Departments are being denied with Remark Code CO-96 (Non Covered).	The denials are valid. Codes H1000, H1001, H1004, and G9012 will not be reimbursed to Health Departments, as this is a duplicative service to the Case Management services provided by UHC currently.	Completed	N/A	10/16/2017	N/A
7	11/27/2017	Home Health	Home Health Visits are applying the benefit limit incorrectly. Claims are denying with Remark Code PI-151 (Frequency of Service).	System configuration is in progress, current ETA is 1/5/18. Once completed, all claims impacted will be submitted for adjustment as needed.	Completed	Claims project has been completed and impacted claims adjusted	1/22/2018	SR00004210

8	12/4/2017	Health Departments	Claims are processing under the incorrect provider record, causing claims to pay at incorrect rates.	System configuration is completed, and impacted claims has been adjusted	Completed	Claims project has been completed and impacted claims adjusted	1/29/2018	416480
9	12/4/2017	RHC	Services that are typically inclusive to global Obstetrical services are denying CO-97 (Inclusive to other services) in error for RHC providers.	System configuration is completed, and impacted claims has been adjusted	Completed	Claims project has been completed and impacted claims adjusted	1/29/2018	409912
10	12/4/2017	Provider Based RHC	All services for Provider Based RHC claims are denying unless they are billed under Revenue Codes 521, Lab Code Ranges, and Radiology code ranges with CO-256 (Non Contracted) in error.	System configuration completed on 12/14/17. All impacted claims have been adjusted	Completed	Claims project has been completed and impacted claims adjusted	1/29/2018	416786
11	12/4/2017	Outpatient Hospitals	For codes G0480-G0483, G0306, G0307, and G0328 there are multiple denials in error.	Configuration has been completed. A claims project has been submitted for all impacted claims.	Completed	Claims project has been completed and impacted claims adjusted	2/20/2018	434026
12	12/11/2017	Outpatient Hospitals	Claims are denying outpatient services with Remark Code CO-16/MA30 (Invalid Bill Type) in error for Facility Bill Type Bill Type Class 13/14/71/72/7981/82/85.	System confirmation was completed on 11/27/17. A claims project has been submitted for all impacted claims.	Completed	Claims project has been completed and impacted claims adjusted	1/22/2018	366249
13	12/18/2017	All Providers	CMS has released the new code additions for 2018. Claims received with the new codes will deny until the codes are updated in the states fee schedule.	State has released codes for 2018, and system has been updated to allow new codes.	Completed	Claims project has been completed and impacted claims adjusted	2/14/2018	N/A
14	1/29/2018	Air Ambulance	Claims are denying codes A0398, A0422, A0394, A0999, and 93040 with remark code CO-97 (inclusive to A0430 and A0431), which is not in line with state policy.	System configuration is completed, and impacted claims has been adjusted	Completed	Claims project has been completed and impacted claims adjusted	3/2/2018	N/A
15	2/14/2018	Ground Ambulance	Ambulance codes for transfers from hospital to hospital are denying with remark code CO-109 (services not covered by payer) in error.	System configuration is in progress, and a claims process will be submitted once completed.	Completed	Claims project has been completed and impacted claims adjusted	7/30/2018	N/A
16	2/14/2018	Radiologists	The professional portion of radiology services (billed with a 26 modifier) are denying Out of Network for authorization on services that would typically not require an authorization.	System configuration is completed, and a claims process has been submitted.	In Progress	A claims project has been initiated to adjust claims impacted.	7/9/2018	473096
17	3/2/2018	Outpatient Hospitals	Claims are denying codes 80047, G0027, G0103, G0143, G0144, G0145, G0147, G0148, G0659 in error for revenue code combinations.	System configuration is completed, and impacted claims has been adjusted	Completed	9	3/19/2018	N/A

18	4/23/2018	All Providers, excluding RHC and FQHC	Claims were processed incorrectly when a primary carrier (COB) was involved, resulting in overpayments. Overpayments are being identified to be in line with "Lesser Of" processing with a primary carrier.	System configuration is completed, and impacted claims has been identified/lettered.	Completed	Letters have been sent for impacted claims to identify the overpayments.	4/23/2018	N/A
19	7/2/2018	OBGYN	Claims were denying ultrasounds when billed with more than 1 per day with remark code CO-96 (Not covered when performed during the same session/date as a previously processed service for the patient).	The system has been updated to remove this denial, and a claims project is in progress to adjust impacted claims.	In Progress	A claims project has been initiate to adjust impacted claims	7/2/2018	588197
20	7/9/2018	Lab Services	Code 80050 is being denied CO-256 (Services not payable per managed care contract) correctly. Services billed must be split into the individual codes, and not bundled for payment.	Corrected claims must be submitted to bill for the individual services for DOS 1/1/18 and forward.	Completed	N/A	7/9/2018	N/A