



## Molina Healthcare of Ohio Claim Payment Systemic Errors

**September  
2020**

The current Claim Payment Systemic Errors (CPSEs) are listed below. Resolved issues will be removed from this log after one month, and may be found in archived reports. Please review the log for updates prior to contacting Provider Services at (855) 322-4079.

Description of Identified CPSE	Date CPSE Identified	Provider Type(s) Impacted by CPSE (select all that apply)	Projected Timeline for Fixing CPSE	Date of Corrected Payment/Adjustment to Providers	Status Update	Resolution of Issue
Claims are denying requiring an ordering provider for RN and LPN who also have a higher specialty (example Psychologist, CNS, CNP, or PA) which does not require an ordering provider.	5/17/2019	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	4/23/2020	Workaround started 07/23/2019 Project completed 08/06/2020-09/11/2020 Adjustments outside of 30 days, due to fall -out of claims.	Completed	Fix is complete.
When the supervising provider is reported at claim header and the rendering provider is reported at claim line then the rendering is not being replaced by the supervising provider.	5/23/2019	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	5/01/2020 and 5/21/2020	Project completed 08/03/2020 - 09/11/2020 Adjustments outside of 30 days, due to fall -out of claims.	Completed	Fix is complete.
Rev code 410 was added by ODM to be used for Vent weaning Room and Board services for NFs effective 1/1/2019. It has been discovered that Medicare also uses rev code 410 on NF claims for respiratory services. Rev code 410 is included as a room and board service in MHO's covered/non-covered days billing validation and is causing incorrect denials for MMP Medicare claims when 410 is used for respiratory services and not room and board.	2/12/2020	86-Nursing Facility	8/6/2020	Project assigned 09/08/2020 ETA 09/08/2020 -10/03/2020	Ongoing remediation	Fix is complete.
Imaging and DME authorizations on file did not load into the system correctly causing incorrect denials on claims. All authorizations have been corrected and claims are being reprocessed. <b>Impact Outpatient Hospital</b>	3/13/2020	82-Ambulance 76-Durable Medical Equipment Supplier 01-Hospital (specify Inpatient or Outpatient) 80-Independent Laboratory 21-Professional Medical Group	3/16/2020	Project Completed 07/17/2020 - 08/12/2020 Fallout Completed 08/13/2020-08/21/2020 Adjustments outside of 30 days, due to fall -out of claims.	Completed	Fix is complete.
Professional claims are denying when billed with LARC insertion codes that do not include the LARC device J code. Per ODM billing guidelines, if services performed inpatient, the hospital can bill a separate OP claim with the LARC Device code to receive additional payment.	4/20/2020	20-Physician/osteopath, individual 21-Professional Medical Group	6/30/2020	Workaround started 05/12/2020 Project completed 08/17/2020 - 09/11/2020	Completed	Fix is complete.
Rental for some wheelchair codes denied as benefit limit exceeded when 10 rentals were not previously paid.	4/20/2020	76-Durable Medical Equipment Supplier	5/28/2020	Adjustments completed 07/27/2020 -08/19/2020 Recovery letters completed 07/28/2020	Completed	Fix is complete.
Internal Audit identified MMP Medicare claims that underpaid due to incomplete non physician specialty configuration. Non physician practitioner specialties were not configured to drive the reduced reimbursement at 85% of the Medicare Physician Fee Schedule. This allowed some MD specialties to hit the reduced rate terms incorrectly. Due to COB, there is potential impact to MMP Medicaid.	4/28/2020	21-Professional Medical Group	5/1/2020	Project completed 06/16/2020 - 09/01/2020 Adjustments outside of 30 days, due to fall -out of claims.	Completed	Fix is complete.

Services on the DME fee schedule without a fee should price based on the manufacturers invoice when provided but were sometimes priced at the default rate of 30% of billed charge.	5/18/2020	76-Durable Medical Equipment Supplier	7/12/2020	Project assigned 09/14/2020 ETA 09/14/2020 - 10/09/2020	Ongoing remediation	Fix is complete.
Some claims are paying in error when the rendering provider is a LPN and there is no ordering provider present when a certain scenario occurs.	5/20/2020	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	ETA 11/19/2020	Workaround started 05/21/2020. ETA 12/30/2020	Ongoing remediation	Fix in progress.
The incorrect rates for the smoking cessation codes 99406 and 99407 have underpaid for PA, CNP and CNS provider specialties since 8/1/2019 and after for Community Mental Health and SUD providers.	6/16/2020	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	7/7/2020	Project completed 08/03/2020 -09/02/2020	Completed	Fix is complete.
Applied Behavioral Analysis (ABA) skilled therapy services are being reduced by the multiple procedure reduction in error causing claim underpayments.	6/17/2020	50-Clinic 21-Professional Medical Group	ETA 10/15/2020	After further review, ABA services are not being reduced for multiple procedure reduction therefore not a CPSE.	Completed	Fix is complete.
Several codes are hitting a code edit for incorrect or invalid place of service causing incorrect denials. <b>Other (provider type is missing) Impact Urgent Care Center</b>	7/2/2020	21-Professional Medical Group	7/16/2020	Adjustments completed 08/03/2020-08/21/2020	Completed	Fix is complete.
Several inpatient claims are not properly translating back to Webstrat and paying claims incorrectly at \$0.00. <b>Impact Inpatient Hospital</b>	7/8/2020	01-Hospital (specify Inpatient or Outpatient)	7/28/2020	ETA 01/04/2021	Ongoing remediation	Fix is complete.
Several outpatient hospital claims have paid at billed charges in error causing overpayments. <b>Impact Outpatient Hospital</b>	7/20/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 11/17/2020	ETA 01/16/2021	Ongoing remediation	Fix in progress.
Claims are incorrectly denying for a prior authorization due to examiner error. <b>Impact Outpatient Hospital</b>	7/22/2020	50-Clinic 76-Durable Medical Equipment Supplier 01-Hospital (specify Inpatient or Outpatient) 80-Independent Laboratory 16 & 60-Home Health Agency 84-Ohio Department of Mental Health (Community Mental Health) Provider 81-Portable X-Ray Supplier 21-Professional Medical Group 02-Psychiatric Hospital 45-Waivered Services Organization	8/17/2020	ETA 01/18/2021	Ongoing remediation	Fix in progress.
The 7.1.20 Hospital Rate file was received from ODM on 6/25/2020. Optum advised updated 08/20/2020. This is beyond 30 calendars days of receipt. <b>Impact Inpatient &amp; Outpatient Hospital</b>	7/24/2020	01-Hospital (specify Inpatient or Outpatient)	08/20/2020	ETA 01/20/2021	Ongoing remediation	Fix is complete.
Claims are denying in error for a code edit "Procedure code 5A1955Z should not be reported when the patient's length of stay is less than or equal to four days." causing underpayments. <b>Impact Inpatient Hospital</b>	7/30/2020	01-Hospital (specify Inpatient or Outpatient)	8/22/2020	After final report reviewed only 4 providers impacted, therefore not a CPSE.	Completed	Fix is complete.
Personal Care (T1019) and Assisted Living (T2031) for dates of service 1/1/20 and after underpaid for providers contracted with ODA.	7/28/2020	45-Waivered Services Organization	9/2/2020	ETA 01/24/2021	Ongoing remediation	Fix is complete.
COVID 19 testing codes did not pay one hundred percent (100%) of the rate established in ODM Clinical Diagnostic and Pathology Fee Schedule when the provider had a contracted rate with Molina less than one hundred percent (100%).	8/12/2020	80-Independent Laboratory 21-Professional Medical Group	ETA 12/10/2020	ETA 02/08/2021	Ongoing remediation	Fix in progress.
Federally Qualified Health Center claims are denying services for CPT codes 90832, 90834 and 90837 with modifier HO and place of service 50.	8/24/2020	12-Federally Qualified Health Center	9/9/2020	ETA 02/20/2021	New	Fix is complete.
Certain products were coded as non-preferred in error, so pharmacy claims rejected in error for PA required.	8/3/2020	70-Pharmacy	8/4/2020	8/14/2020	New	Fix is complete.
Several codes were configured correctly to require a prior authorization but were not posted on the quarter 2 Molina Website MyCare Ohio Medicare prior authorization codification list.	9/3/2020	76-Durable Medical Equipment Supplier 21-Professional Medical Group	9/10/2020	ETA 03/02/2021	New	Fix is complete.
There are several oral NDC numbers that were not configured which caused claims to incorrectly deny. <b>Impact Inpatient &amp; Outpatient Hospital</b>	8/17/2020	01-Hospital (specify Inpatient or Outpatient) 21-Professional Medical Group	Partial fix 09/01/2020 Overall fix TBD	ETA 02/13/2021	New	Fix in progress.