

## CHAMPS Provider Update Table

Updated	Title	Description	Release	Release Date
12/1/2011	Outpatient claim	Claims denying in error with CARC A8 , 9 and RARC MA130, N129 for DRG/APC Code Ungroupable and Dx not valid for age in error.	R7-3.10	9/9/2011
12/1/2011	Endoscopy Claim	POS pricing was not being used on claims where we had a global vs. facility pricing on Endoscopy Claims only.	R7-3.10	9/9/2011
12/1/2011	Third Party Liability	When reporting Claim filing indicators OF-Other Federal Program and TV- Title V, claims were not paying correctly.	R7-3.10	9/9/2011
12/1/2011	SED and CW holiday Pay	Holiday Pay for PDN providers was not reimbursed properly for codes H2015 and T1005.	R7-3.10	9/9/2011
12/1/2011	Negative Medicare Payments	Negative medicare payments are being subtracted from the approved amount on claims, causing overpayments. When subtracting the negative amount, the system is adding twice the positive amount of the payment to the approved amount and approving that full amount.	R7-3.10	9/9/2011
12/1/2011	Nursing Facility- Total Patient Pay	Rev. Codes 0183 and 0185 paying \$0.00 incorrectly.	R7-3.10	9/9/2011
12/1/2011	Home Health Adj Quantity Overpayments	Adjustment attempts on paid TCN's (of previous adjustments) are posting the original TCN from the first payment in erroneous data and causing the CARC 125 RARC M47 to deny in error	R7-3.10	9/9/2011
12/1/2011	Dental Duplicate Criteria	Dental claims denying in error for DUPLICATES when they are not.	R7-3.10	9/9/2011
12/1/2011	Nursing Facility	Nursing Facility claims deriving the incorrect specialty/sub specialty. When the provider has Nursing Facility/County Medical Care (inpatient) and Nursing Facility/County Medical Care ( outpatient). Champs is populating Outpatient, should not be when the room and board revenue codes are billed.	R7-3.10	9/9/2011
12/1/2011	Eligibility	Patient has MA ESO with a CSHCS or MOMS Benefit plan. Claims were not looking to additional benefit plans for coverage therefore denying incorrectly	R7-3.10	9/9/2011
12/1/2011	Bilateral logic missing	When surgery performed by more than one rendering claims were paying incorrectly.	R7-3.10	9/9/2011
12/1/2011	Third Party Liability	When a beneficiary has multiple insurance's listed CHAMPS is not adding the amounts correctly, therefore paying lines incorrectly.If Medicare and Non Medicare Ins reported and both have co-ins reported then adjudication used to ignore the Non Medicare Co-ins. Pricing logic now will go thru the Non Medicare Pricing logic as well.	R7-3.10	9/9/2011

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12/1/2011	Prior Authorization	If a provider obtains a PA for over qty and the providers claim with the PA pays before the claim that is using the normal limits set-up we are denying CARC B5 RARC N130 inappropriatly.	R7-3.10	9/9/2011
12/1/2011	Inpatient claims	Inpatient claims were paid incorrectly when the Medicare deductible that was reported on the claim exceeds the Part A deductible amount for the calendar year for the date of service.	R7-3.10	9/9/2011
12/1/2011	Prior Authorization	PA units used are attaching to the wrong line. Provider is billing with PA that has 2 lines, one with modifier and one without. Provider billed with modifier, but PA showing units used towards PA Line 2 that doesn't have modifier.	R7-3.10	9/9/2011
12/1/2011	Diagnosis pointers	Provider is reporting 8 dx codes and the cooresponding pointers. CHAMPS is not recognizing all the codes and pointers.	R7-3.9	6/17/2011
12/1/2011	Prior Authorization	Problem was with all claim types where first line of PA had been deleted or has no action taken and the second line is the approved line.	R7-3.9	6/17/2011
12/1/2011	Dental Providers	Dental Providers getting rejection that Tooth number and Letter Combo invalid in error.	R7-3.9	6/17/2011
12/1/2011	Plan First!	Plan First Codes denying in error	R7-3.9	6/17/2011
12/1/2011	Prior Authorization	Claims are approving to pay \$0.00 when the procedure is PA'd and priced. PA should price claim.	R7-3.9	6/17/2011
12/1/2011	Nursing Facility Hospice	When Nursing facility claims are billing Room and Board and Respiratory services the claim is incorrectly denying with CARC 18 duplicate edit	R7-3.9	6/17/2011
12/1/2011	Modifier 54	Modifier 54 claims not paying correct percentage	R7-3.9	6/17/2011
12/1/2011	Dental Claims	Dental claims Denying for needing Medicare Info.	R7-3.9	6/17/2011
12/1/2011	POA	Some Inpatient claims were denying for POA missing where is not required for Rehab, State Psych or ICF/MR claim	R7-3.9	6/17/2011
12/1/2011	Prior Authorization	Claims denying CARC 15 RARC M62 in error when Blanket PA is obtained and listed on claim.	R7-3.9	6/17/2011

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12/1/2011	Medicare Part A Exh not properly MIP suppressed	The payment for Medicare/ Medicaid claims where Medicare Part A was reported as exhausted were not properly MIP suppressed when provider is a MIP provider.	R7-3.9	6/17/2011
12/1/2011	PDN Prior Authorizations	PDN claims with Prior Authorizations were paying over PA'd approved units in error	R7-3.9	6/17/2011
12/1/2011	Patient Pay claims Paying incorrectly	Remaining of Patient pay balance was not deducting correctly	R7-3.9	6/17/2011
12/1/2011	Submitted Modifiers	Submitted modifiers not moving up to modifier field on original claims and adjustments	R7-3.9	6/17/2011
12/1/2011	Inpatient claims	Inpatient claims were not processing correctly based on admit date when eligibility changes during hospital stay	R7-3.9.1	7/10/2011
12/1/2011	Limit Rejections	Limit edit setting incorrectly against different rendering and Billing NPI's	R7-3.9.2	7/23/2011
12/1/2011	Dental Providers	CARC 8 and RARC N65 setting incorrectly for Dental Providers	R7-3.9.2	7/23/2011