

CHAMPS Provider Update Table

Last Updated [2]	Originally Posted Date [3]	Invoice Type [1]	Affected Provider Type [1]	Title	Description	Expectation	Status
Updates							
11/29/2010	11/29/2010	All	All Providers	Invoice Date of Adjustments on RA	The invoice date of the original TCN is reported twice on MSA Remittance Advice for adjustment/void claims. The invoice date should only be reported once and it should belong to the adjustment/void claim, not the original TCN.	The invoice date of the original TCN will not appear on MSA Remittance Advice for the adjustment/void claim. The Inquire Claim filters can be used to find the original TCN's remittance advice where its invoice date was originally reported.	Fixed November 24, 2010
11/29/2010	11/29/2010	All	All Providers	Void Claims on RA	Void claims appearing on MSA Remittance Advice with a status of Paid with a negative dollar amount.	Void claims will now appear with a status of Credited.	Fixed November 24, 2010
11/29/2010	11/29/2010	All	All Providers	CARC 16 and RARC M47 on adjustment but TCN is valid	Extra spaces following Original TCN on electronic adjustment/void claims causes denial with CARC 16, RARC M47	Extra spaces allowed in the Original TCN loop 2300 segment REF02 up to HIPAA allowable length	Fixed November 24, 2010
11/29/2010	11/29/2010	All	All Providers	Timely filing of adjustments	CARC 29, RARC N59 - Timely filing error code setting in error on some adjustment claims.	If claims have denied in error providers are encouraged to resubmit.	Fixed November 24, 2010
11/29/2010	11/29/2010	All	All Providers	Age calculation	CHAMPS has been calculating beneficiary age for date of service incorrectly on some claims causing errors and innapropriate payments.	MDCH continues to mass adjust affected claims to correct the age.	Fixed November 24, 2010
11/29/2010	11/29/2010	All	All Providers	Benefit limits by age	Benefit limits involving ages (CARC B5, RARC N30; CARC B5, RARC N10) - Some services are allowed more frequently or less frequently for certain age groups but CHAMPS was using the most restrictive benefit limit for all ages in some cases.	CHAMPS will now limit benefits by age more accurately. Providers are encouraged to resubmit or adjust affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	All	All Providers	VO and DO policy conflicts	If beneficiary has only a Vision-Only (VO) or Dental-Only (DO) policy on file and a medical claim did not reflect that insurance, the claim was being denied with CARC 22 and RARC MA04.	Medical claims do not need VO and DO policies reported. Providers are encouraged to resubmit affected claims.	Fixed November 24, 2010
11/29/2010	7/29/2010	Inst	Hospice	Physician Visits-Co Pay taken out	Currently, the Medicaid co-pay is being taken out of Hospice claims for physician visits. Medicaid co-pays should not be deducted from Hospice Physician visit HCPCS codes.	MDCH will reprocess the affected claims as soon as possible.	Fixed in November 24, 2010
11/29/2010	11/29/2010	Inst/Prof	Multiple	National Drug Code (NDC) associated to HCPCS	CARC 181, RARC M119 - HCPCS/NDC-combination edit denying rebate-exempt HCPCS like immunizations.	Providers must continue to report NDCs. CHAMPS will not deny HCPCS/NDC combinations that are rebate-exempt. Providers are encouraged to resubmit or adjust affected claims.	Fixed November 24, 2010

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11/29/2010	11/29/2010	Inst/Prof	Multiple	National Drug Code (NDC) Rebates	Immunizations should not be denied with CARC 211, RARC M119 because they are rebate-exempt.	Providers must continue to report NDCs. CHAMPS will not deny HCPCS/NDC combinations that are rebate-exempt. Providers are encouraged to resubmit or adjust affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst/Prof	Multiple	LT/RT Modifiers	LT/RT modifier not being read on claim causing benefit limit editing and/or payment reduction.	Providers are encouraged to resubmit or adjust affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst/Prof	Multiple	CCI conflict and modifiers	CCI editing - claims require review with CARC B5 and RARC N10 delaying payment.	Fewer claims will be delayed by CCI editing.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst/Prof	Multiple	Modifier 25 on E/M codes	New Edit (CARC 4, RARC N20)- Procedure cannot be billed with Modifier 25 - Only certain E/M codes can be billed with modifier 25 - based on CPT guidelines and industry standards.	Only certain E/M codes can be billed with modifier 25. Claims previously paid with modifier 25 on an innappropriate HCPCS/CPT may be denied/adjusted/voided by MDCH.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst/Prof	Multiple	Duplicate editing recognizing certain modifiers	Duplicate Editing (CARC 18, RARC N30; CARC 18, RARC M86) denying innappropriately despite appropriate modifiers - AS, JW, GP, GO, GN	CHAMPS will consider appropriate modifiers when identifying duplicate claims/services. Providers are encouraged to resubmit or adjust affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst	Ambulance	Institutional ambulance claims and APC editing/pricing	Claims with Type of Bill 013x and ambulance revenue code 054x were only sending outpatient portion through APC pricing.	Providers are encouraged to adjust affected claims.	Fixed November 24, 2010
11/29/2010	9/21/2010	Inst	Home Health	Home Health	An error has occurred with visit codes causing incorrect payments.	MDCH will adjust these claims after the cause of the error has been resolved.	Scheduled to be fixed January 21, 2011
11/29/2010	11/29/2010	Inst	Inpatient	PACER numbers not stored	Institutional Claims - Not recognizing PACER number when billed appropriately with G4 qualifier in HIPAA 837 format	CHAMPS will now recognize the PACER number when reported with either qualifier G1 or G4 in the HIPAA 837 format. Providers are encouraged to resubmit the affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst	Inpatient	Blanket Prior Authorization	Inpatient hospital claims not applying blanket PA correctly causing denials.	Providers are encouraged to resubmit affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Inst	Inpatient	DRG Mapper	DRG Mapper Software - Oct 2010 Updates - Inpatient claims for dates of service after 10/1/2010 may have denied innappropriately for invalid diagnosis code.	Providers are encouraged to resubmit affected claims.	Fixed November 24, 2010

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11/29/2010	11/29/2010	Inst	Multiple	Physician Co-pay	Institutional claims physician visits - co-pay taken out.	Physician visit co-pay will not be taken out of institutional claims when E/M CPTs are billed on any rev code other than clinic or non-emergency. Providers are encouraged to resubmit affected claims.	Fixed November 24, 2010
12/7/2010	12/7/2010	Inst	Outpatient	October APC Software Update	Quarterly APC software update for October was not complete. Claims with newly added diagnosis codes may have been denied with reason codes 146 or A8 and remark codes MA130 or MA63.	Providers are encouraged to resubmit affected claims. MDCH will soon attempt to reprocess as many affected claims as possible.	Fixed November 24, 2010
11/29/2010	11/29/2010	Prof	Multiple	Bi-lateral editing/pricing	Bilateral Pricing Updates - Additional Fixes - Modifiers 50, LT, and RT (CARC 59, RARC MA125; CARC 4, RARC M69)	Providers are encouraged to adjust affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Prof	Multiple	Other insurance payment applied incorrectly	Other insurance payment being applied to incorrect line causing underpayment on some services.	CHAMPS will now apply the other insurance payments to the appropriate lines. Providers are encouraged to adjust affected claims.	Fixed November 24, 2010
11/29/2010	11/29/2010	Prof	Multiple	POS not reported on RA	Place of Service not reported on RA because 835 only allows place of service at header. Paper and DDE Claim Submission only allows place of service at line. Affects sorting of claims on MSA Remittance Advice and 835.	The place of service code from the first line of claim will be reported at header on MSA Remittance Advice and 835 so that claims are sorted appropriately.	Fixed November 24, 2010
11/29/2010	11/29/2010	Prof	Physicians	Multiple-surgery pricing reducing non-surgical codes	Multiple Surgery pricing used on non-surgical codes causing reduced allowed amount.	CHAMPS will only apply multiple surgery pricing to surgical procedure codes. Providers are encouraged to adjust affected claims.	Fixed November 24, 2010
Previously resolved issues can be viewed in the CHAMPS Provider Update Table Archive.							