

## Common Billing Errors

In preparation for upcoming changes for Institutional providers, APC's, UB04 and CHAMPS, MDCH would like to help identify common issues so providers can resolve outstanding claims. The Provider Inquiry area has been working with the claims processing staff and they are finding common billing errors reported on claims.

Please find the most common errors and resolutions below:

### Featured Articles

#### Page 1:

- ❖ Common Billing Errors

#### Page 2:

- ❖ The CHAMPS Corner: Web Design Changes

#### Page 3:

- ❖ NPI Countdown Column

#### Page 4:

- ❖ Continued: NPI Countdown Column
- ❖ Provider Training Sessions

- **ERROR:** Non-emergency diagnosis codes are reported for emergency room services.  
**RESOLUTION:** Revenue code 450 is allowed if the diagnosis reflects an emergency situation. The principal diagnosis code field must reflect the emergency diagnosis resulting from the EMTALA screen. The admitting diagnosis code field should reflect the beneficiary's reason for the emergency room visit.
  - **ERROR:** Providers are receiving edits 422P, 727R and resubmitting the claim exactly as the original.  
**RESOLUTION:** When general anesthesia is administered, the claim should be resubmitted with documentation supporting that anesthesia was used and the reason anesthesia was required.
  - **ERROR:** Hospitals are reporting a diagnosis code for an induced abortion when the service is related to a spontaneous or missed abortion.  
**RESOLUTION:** The appropriate diagnosis code should be reported. Diagnosis codes specific to spontaneous and missed abortions are listed in the ICD-9-CM.
- **ERROR:** Providers are resubmitting rejected claims with all of the same information as the original including documentation.  
**RESOLUTION:** A rejected claim may be resubmitted if the reason for denial can be

# PROVIDER INQUIRER

April 1<sup>st</sup>, 2007

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

corrected. If the reason for denial isn't corrected, resubmission with documentation requires review by processing and will eventually result in rejection.

- **ERROR:** Providers are billing Medicaid when the primary payer denies as not medically necessary or guidelines were not met.  
**RESOLUTION:** Do not submit the claim to Medicaid because Medicaid will follow the primary payer's denial and reject the claim.

It is important for providers to identify, make necessary corrections and submit all outstanding claims. Please make sure to review the edits that are posted for each claim. If you have any questions on the edit that is posted with a claim, please contact Provider Inquiry at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). The Provider Inquiry area will help you with any billing questions that you have. When you contact them, please make sure to have the Claim Reference Number (CRN) of the claim and any additional information that is associated to the claim for reference.



## THE CORNER

Community Health Automated Medicaid Processing System

### Web Design Changes

The changes to the MDCH website are still under construction. MDCH is working on making the appropriate changes so the website is easily accessible and will allow providers to navigate to the specific areas of interest. A date is still not set as to when the changes will be available to providers. MDCH staff are working on some minor changes and finalizing layouts for the new design.



Is there something about **CHAMPS** you want to know about but we haven't mentioned? Please let us know. MDCH is always looking for input from the provider community, so please submit any suggestions or comments to [CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov).

# PROVIDER INQUIRER

April 1<sup>st</sup>, 2007

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)



## NPI Countdown Column



### The NPI will be implemented next month! Are you ready?

A new Medicaid Policy Bulletin (MSA 07-18) has been issued regarding the release of the new CMS 1500 claim form. This Policy Bulletin refers to the change made by CMS regarding the implementation and release date of the CMS 1500 to June 1<sup>st</sup>. All paper claim forms have been revised in order to accommodate the changes necessary for reporting the NPI. The MDCH Implementation dates are listed below. MDCH will only accept the new paper versions on these dates:

- **March 1<sup>st</sup>:** Dental claim form, ADA-2006
- **May 23<sup>rd</sup>:** Institutional claim form, UB-04, (Please follow CMS guidelines for Taxonomy Codes)
- **June 1<sup>st</sup>:** Professional claim form, CMS-1500

Another follow-up Policy Bulletin will be issued in mid-April. The new Policy Bulletin will address issues with primary providers, the paper Remittance Advice, new edits with Reason and Remark Codes, and Taxonomy.

#### NPI Collection Update:

Letters will be sent out this month to providers who have not reported their NPI's to Medicaid. If you receive one of these letters, please contact MDCH as soon as possible, so we can match your NPI number to your Legacy ID(s) prior to May 23<sup>rd</sup>. This collection process also includes Group NPI's (Type 2 NPI). In the past, Medicaid did not recognize groups within the billing process. With the implementation of the NPI, Medicaid will accept claims that are billed with a group NPI. If you have a group NPI number, and have not reported it to Medicaid, please do so as soon as possible.

It is important that you report your NPI number(s) to Medicaid as soon as possible. Without your NPI number(s) on file, Medicaid may not be able to crosswalk your claims back to your Medicaid Provider ID number. This could cause a potential lapse in payment.

Please log onto [www.michigan.gov/mdch](http://www.michigan.gov/mdch)  
>> Providers >> National Provider

# PROVIDER INQUIRER

April 1<sup>st</sup>, 2007

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

Identifier, for ways to report your NPI to Medicaid.

If you have not already applied for an NPI number, please do so today.

You can apply for your NPI with NPPES online at <https://nppes.cms.hhs.gov/> or call toll free at 1-800-465-3203. You may also contact NPPES for NPI questions regarding the status of an application, forgotten or lost NPI numbers, lost NPI

notification letters, trouble accessing NPPES, forgotten NPPES password/user ID or if you need to request a NPI paper application.

Please continue to watch our website for frequent updates with NPI information. Any questions may be directed to the Provider Inquiry Unit at 1-800-292-2550 or you can email your NPI questions to [npi@michigan.gov](mailto:npi@michigan.gov).

---

## NPI Testing Coming Soon...

MDCH is currently finalizing the last stages of our internal testing to make testing available to all providers soon. MDCH is on the final steps of reviewing test files from start to finish to ensure a smooth transition for providers that are ready to test.

Providers and billing agents that wish to test their incoming 837 electronic claims can currently submit these claims into production as long as the legacy Medicaid ID is reported as a secondary ID on the claim. Medicaid is now allowing testing in production for all invoice types, Professional, Institutional and Dental.

Once the final updates have been made to the current B2B Testing System, providers will be able to submit the 837 electronic claims with only the NPI reported and the 835 electronic remittance advice will be sent back with only the NPI. This will only be available in the B2B Testing System and will not be allowed in production until MDCH mandates the NPI.

Keep watching the website for more details: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).