

List of Fee-For-Service Issues Related to Clinic Institutional Billing
July 2, 2018

Number	Situation	Status	Resolution If Resolved	Notes
1	Other payers (except Medicare) not accounted for when adjudicating FFS claims, causing overpayments	Under Review		System enhancement required (CQ 92029). Payments by other insurers are not being taken into account.
2	Claims for office visits with behavioral health primary diagnosis denying	Resolved	System fixed implemented 6/29/2018. Working on any effected claims back to 08/01/2017.	
4	Dental APM payment inconsistencies	Fix Requested	Defect fix in place 09/01/2018.	Dental APM rate not always being applied to APM qualifying codes.
9	Therapy Codes	Fix Requested	Request to implement Therapy Database as Qualifying Visits submitted, retroactive to 01/01/2018.	Codes will be added to Billing and Reimbursement Website. Any effected claims back to 01/01/2018 will be resurrected.
10	T1015 (RHCs) billed and being paid PPS without any Qualifying Visit on the claim	Fix Requested	System fix has been requested. Must have a Qualifying Visit with T1015 to maintain PPS payment.	Biller "B" Aware issued 06/28/2018 on topic. Will void PPS payments made on T1015 without a Qualifying Visit.