

List of Fee-For-Service Issues Related to Clinic Institutional Billing
October 30, 2018

<u>Number</u>	<u>Situation</u>	<u>Status</u>	<u>Resolution If Resolved</u>	<u>Notes</u>
1	Other payers (except Medicare) not accounted for when adjudicating FFS claims, causing overpayments	Fix Requested		System enhancement required (CQ 92029). Payments by other insurers are not being taken into account. Fix in March 2019 release.
2	Claims for office visits with behavioral health primary diagnosis denying (SUD)	Resolved	System fix implemented 6/29/2018. Impacted claims have been adjusted to reflect proper payment.	
4	Dental APM payment inconsistencies	Resolved	System fixed 9/21/2018. Claim resurrection to correct payments projected November 2018.	
9	Therapy Codes	Resolved	Codes added to Clinic Qualifying Visit List and claims resurrected in August 2018 pay cycles.	
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.	Billers "B" Aware issued 06/28/2018 on topic. Will void PPS payments made on T1015 without a Qualifying Visit. Fix projected in March 2019 release.