MCO Name:	Wellpoint (formerly Amerigroup)	
Last Date Updated:	SFY 7-1-2021 through 6-30-2022	

Status	Provider Specialty	Claims Project Title	Date Issues Identified	Identified by whom?	New or Repeat Issue?	Issue Description	Resolution Description	Number of Providers Affected	Number of Claims Affected	Estimated Dollar Impact	Expected Close Date	Closed Date
Closed	Invalid “k85” denials- HCBS and Habilitation claims	Invalid “k85” denials	6/8/2022	MCO	New	While updating claims logic in compliance with Info Letter 2313- MC-FFS; there were unintended edits made that are direct impacting S5170 (HDM) and S5150 (Respite). Additionally, any HCBS/Habilitation claim billed with the modifier 95 is also impacted. This issue may be prompting invalid “k85 denials- Invalid Procedure Modifier Combination”	Update claims edits to allow for all modifiers allowed for S5150, S5170, and additionally allow for modifier 95	123	3,731	$ 1,203,090	8/18/2022	8/18/2022
Closed	Invalid non-covered benefit denials chiropractic x-rays, codes: 72070 and 72100	codes: 72070 and 72100	6/23/2022	MCO	New	Due to updates between manual and fee schedules for chiropractors, certain Xray codes were denying as non-covered benefits in error.	Configuration completed 7/8/22 and in process impacted claims rework.	47	159	$ 4,956	8/6/2022	8/6/2022
Closed	Lab	Incidental to current procedure e27 denials - 36415 with COVID testing codes	4/22/2022	MCO	New	Presently when “U” Covid Testing procedures are also being billed with 36415 & 36416, ex code e27 - Incidental to current procedure denials are occurring. Amerigroup has received guidance that these codes should be part of IA Medicaid specific exemption, allowing the separate payment of the U code and 36415.	Update current configuration based on the Iowa (CMS) Medicare Learning Network article MM 12080 to allow procedure code 36415 when billed with Covid Testing Codes. Exclude procedure code 36415 from denying when billed with any procedure code starting with “U” (to include any future additional procedure codes)	19	25	$ 11,000	6/13/2022	6/13/2022
Closed	Health Home Group Issue	Health Home Group Issue	3/17/2022	MCO	New	There was a change in or around January 18, 2022 that impacted IHH and CCHH claims, impacting claims NOT submitted with 99490 (IHH) or S0280 (CCHH) and modifiers to route to the group record vs facility record. This is in some cases prompting denials with G18 or GDV on non IHH and CCHH claims.	Routine updates with unintended configuration errors	78	8,900	$ 176,147	5/2/2022	5/2/2022
Closed	Physician Administered Drugs, NDC required	NDC Denials- Medspan Updates	1/28/2022	MCO	New	It was identified there was a lapse in a Medspan file, from April 1,2021 to December 7,2021 that may have in some instances prompted invalid NDC type denials. Specifically, Ex Code: YPF- NDC, UOM, or quantity missing, dates of service. Please note, not every claim denied with this indication during this time frame was an invalid denial. Amerigroup working to reprocess the impacted, inappropriately denied claims.	Routine updates identified matter	203	TBD	$ 924,992	3/28/2022	3/28/2022
Closed	All	ea4 (laterality diagnosis required) Denials	1/13/2022	MCO	New	Overapplication of existing edit that is prompting ea4 denials for an unspecified unilateral DX code on the claim.	Overapplication of routine update	2,958	2,958	TBD	3/4/2022	3/4/2022
Closed	HCBS - Supported Employment	Place of Service 18	12/14/2021	MCO	New	Invalid denials are occurring when Place of Service 18 (Place of Employment) is billed for a subset of HCBS Supported Employment Codes, H2025 and T2018 with respective modifiers. The denial that is prompting is B43 - Not Covered for Place of Service. The matter has been identified and in progress to update to allow the place of service to render payment submitted claims.	Routine updates identified matter	4	114	$ 48,000	2/1/2022	2/1/2022

Closed	Hospital facilities	Condition Code 86	12/17/2021	MCO	New	Page 89 of the Iowa Medicaid Acute Hospital Services handbook, indicates that Non-Inpatient Programs (NIPs) require condition codes on claims submissions. Per the National Uniform Billing Committee (NUBC), some of these condition codes are no longer considered HIPAA compliant, which is prompting subsequent claims rejections. AGP is working toward a long-term solution that meets both the IA Medicaid and NUBC requirement. In the meantime we're asking providers to cease billing condition code 86 for these procedures: S9480, H2012, H0046. This would also include the re-submission and correction of any previously rejected claim. *Condition codes 84, 85, 87, 88, 89, and 90 are also being evaluated with updated guidance to come in future updates.	Routine updates identified matter	10	706	$ 319,157	1/5/2022	1/5/2022
Closed	COBA file process	COBA file process	9/10/2021	MCO	New	Amerigroup has identified a defect within the COBA file process. This flaw is impacting some members crossover claims, where Medicare coverage is effective prior to 2013. Our IT and eligibility teams are working to ensure the file we're receiving from the BCRC has the complete details required to adequately process these crossover claims. In the meantime, providers can submit their claims to Amerigroup with the appropriate "Other Subscriber" details in the claims submitted to Amerigroup as referenced in IL 1693.	Limitation in the lookback data received from BCRC (CMS contractor) that requires modification.	unknown	unknown	unknown	11/14/2021	11/14/2021
Closed	Lifetime Maximum Denials- ASC	Lifetime Maximum Denials- ASC	8/25/2021	MCO	New	Amerigroup IA edits for certain procedures that are only ever indicated as once in a lifetime (i.e. Tonsillectomy, Adenoidectomy). There was an over application of these edits that did not make an exception for Ambulatory Surgical Centers, who do submit more than 1 claim on the CMS-1500 (one for facility AND practitioner). This is resulting in one claim to be denied with ex code ee0 - Lifetime Maximum Exceeded.	Routine update with unintended negative configuration errors.	19	118	TBD	10/17/2021	10/17/2021