News & Updates

Questions or need support?

Contact your CCHA behavioral health provider experience representative.

Claims Denial Issue Fixed

The claims denial issue we communicated on February 10 is now resolved.

As a follow up to our <u>February 10 notification regarding CCHA's claim processing issues for CPT codes 90832, 90834, 90837, 90846, and 90847</u>, we'd like to communicate the actions CCHA has taken to address this issue and reprocess claims.

CCHA has been working diligently with our claims and benefits teams to address this issue after receiving reports from providers experiencing high rates of erroneous denials for these services. We were able to determine this issue was caused by an unrelated update to CCHA's benefit configuration that started erroneously denying these codes on February 3, 2022. This issue has impacted approximately 7,030 claims.

Actions taken:

- A claims pend was put in place to hold claims on February 17, meaning that claims were accepted and held rather than having them deny.
- A temporary fix was put in place on February 21 to process new claims correctly.
- The benefit configuration was updated on February 22 and is processing claims correctly. This correction has been tested and verified.
- A project to reprocess claims that were denied between February 3 and February 18 is currently underway. As of February 24, approximately 19% of the impacted claims have been successfully reprocessed.
- Any claims that are not automatically reprocessed will be manually reprocessed next week.

Providers should begin seeing payments for reprocessed claims on or before March 2.

General Billing Reminder

- Modifier HT should only be used on claims for members 21 and older engaged in Prevention/Early Intervention Activities. For more information on using the HT modifier review page 255 of the <u>Uniform Service Coding Standards Manual</u>.
- When billing HCPCS codes H0001, H0005 and H0006, please review the diagnosis code to
 insure the diagnosis code supports the use of these codes. These codes are for use with
 substance use disorder and there are other more appropriate codes for members with a primary
 mental health diagnosis. For more information on billing these codes please review the coding
 page for each code in the Uniform Services Coding Standards Manual.

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