



Provider update

Outpatient code edits reminders and clarifications

Summary of update

Amerigroup Iowa, Inc., in accordance with both state and CMS regulations, utilizes the outpatient code editor (OCE) system to edit outpatient hospital claims. The intention of these edits is to deny entirely or in part where there are claims submissions errors in accordance with CMS maintained I/OCE edits. This provider guidance is being developed to help our network to better understand when these denials occur.

OCE edit dispositions

Return to provider (RTP): The claim, as submitted, has one or more errors that is triggering the entire claim to be denied or returned to the provider. The provider must re-submit the claim, correcting the claim to receive payment.

Line-item denials

The claim, as submitted, has one or more errors that is triggering one or more individual lines to be denied. The provider must re-submit the claim with those specific lines revised and corrected. It would not be appropriate for the provider claims reconsiderations/disputes in these instances.

Crosswalk

If one claim line is denied with this Explanation Code...	CARC	RARC	Corresponding OCE Edit Number	Entire Claim or just line denial (All other lines will be P60/P62 ex code)
H01 - Invalid diagnosis	16	M76	1	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H02-Diagnosis/age conflict	9	N/A	2	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H03-Diagnosis/age conflict	10	N/A	3	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H06 - Invalid CPT/HCPCS code	16	M20	6	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H08 - Procedure/sex conflict	7	N/A	8	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HA1 - Ncov for reasons other than statute	96	N130	9	Line Item Denial
HA0-Svcs submitted for denial verification	96	N130	10	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HA3 - Separate pymt not provided by Medicare	97	N390	13	Line Item Denial
H13 - Service units out of range	273	N640	15	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H15 - Inappropriate specification of bilateral	4	N/A	17	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H16 - Inpatient procedure, paystatus C	5	N/A	18	Line Item Denial
H18 - Code 2 or a code 1/ code 2 pair	236	N/A	20	Line Item Denial
H19 - Med visit not separately reimbursable	97	N19	21	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H20 - Invalid modifier	4	N/A	22	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H72 - Only incidental services reported	97	N19	27	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)

If one claim line is denied with this Explanation Code...	CARC	RARC	Corresponding OCE Edit Number	Entire Claim or just line denial (All other lines will be P60/P62 ex code)
H22 - Code not recognized by Medicare	16	M76	28	Line Item Denial
H23 - Terminated bilateral procedure	16	M53	37	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H26 - Code 2 of a code 1/code 2 pair	4	N/A	40	Line Item Denial
H27 - Invalid revenue code	16	M50	41	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H28 - Multiple medical visits	16	M44	42	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HA8 - Tranfusion/blood exchg w/o blood product	B15	N/A	43	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H30 - Observation room revenue code	199	N657	44	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H32 - Service is not separately payable	97	M15	47	Line Item Denial
H33 - Revenue code requires HCPCS code	199	N657	48	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H34 - Service on same day as inpatient proc	97	M2	49	Line Item Denial
H35 - Non covered service based on stat	96	N425	50	Line Item Denial
H36 - Multiple observations overlap in time	249	N/A	51	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HA5 - G0378/G0379 only with 13x bill type	16	MA30	53	Line Item Denial
H40 - Non-reportable for this site of service	16	M77	55	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HA7 - G0379 only allowed with G0378	16	M51	58	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H46 - Service must be billed to the DMERC	109	N/A	61	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H47 - Code not recognized by OPPS	96	N56	62	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H50 - Revenue code not recognized by Medicare	16	M50	65	Line Item Denial
H75 - Service not billable to intermediary	109	N/A	72	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HB0 - Units > 1 for bilateral proc w/ mod 50	16	M53	74	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HA2 - CC Code w/o rev 068x and CPT 99291	16	M50	76	Line Item Denial
H3A - MH code not approved for partial Hosp	96	N428	80	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H4A - MH services not payable outside PHP	96	N428	81	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HB7 - Skin substitute application procedure	107	N/A	87	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HC2 - Device-dependent procedure reported	107	N/A	92	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
HC9 - Claim with pass-through	107	MA66	99	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H1B - Modifiers PO/PN not allowed same line	16	N519	102	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H1I - Code not allowed as principal diagnosis	16	MA63	113	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H1J - Service not allowed with modifier CS	4	N519	114	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)
H1K - COVID add-on billed w/o primary procedure	16	M20	115	Line Item Denial
H1M - Token charge less than \$1.01	246	N/A	117	Line Item Denial
H1N - Invalid bill type	16	MA30	118	Entire Claim; even for 1 invalid/error line . "RTP" (Return to Provider)

Helpful resources

CMS information on OCE edits: <https://www.cms.gov/Medicare/Coding/OutpatientCodeEdi>

Medicaid OCE edits information: https://dhs.iowa.gov/sites/default/files/OCE_Edits-For_Website_4.21.22.pdf

Provider education: [Explanation of Payment](#)

Provider education: [Corrected Claims](#)

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relationship Management representative or call Provider Services at **800-454-3730**.