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MMP Dialysis Billing Tips for EXEs Denials

Some dialysis providers may have experienced an increase in denials from IlliniCare Health due to billing issues. Please see below about some common billing errors that will generate a denial reason code of EXEs (INVALID OR MISSING REQUIRED ESRD OR HHA \CLAIMS DATA).

Common reasons for EXEs denial:

1. The provider did not bill a required “G modifier” G1-G6 to report the most recent URR with HCPCS 90999/REV 821.
2. The provider did not bill a required “V modifier” to report the type of vascular access used for the delivery of hemodialysis. This modifier is required to be billed on the latest line item date of service billing for REV code 821.
3. When value code 48 is reported on the claim to indicate hemoglobin reading: All outpatient claims for erythropoiesis stimulating agents (HCPCS J0882) a modifier of EA-EE must be appended to the HCPCS code.

Additional guidance from CMS is available at the link below:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c08.pdf>

If you have any questions, please contact your IlliniCare Health Provider Relations representative.