

## Claim Accuracy

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Providers are reminded that all components or sections of a claim must accurately reflect the service rendered. As a Medicaid payer, all services paid by CBH are subject to the [Federal False Claims Act \(FCA\)](#). The FCA states, in part, that any person or entity who submits or who causes to submit a false claim is subject to damage recoveries. The following are common areas where errors can be made, identified either through prepayment claim edits or post payment reviews.

### Place of Service Code

Providers are required to utilize the most appropriate place of service code on the claim to accurately reflect the service provided. Available codes for each service are listed on your agency's Schedule A. In some cases, a level of care may have several potential billing sentences. Please take care to ensure that the [place of service code](#) is appropriate for the specific sentence.

Please note that providers must ensure that the place of service code best matches the service location and is allowable under current Commonwealth guidance. If you have questions about the most appropriate place of service code to use and/or believe that a code(s) may be missing from your Schedule A, please contact your Provider Relations Representative. Please do not 'guess' the best code to use.

### Incorrect/Discrepant Diagnosis

Claims must contain an accurate diagnosis. Providers are asked to denote the primary diagnosis 'treated' as part of the service in the first diagnosis field on the claim. For professional services, this can be completed by designating the diagnosis "pointer" (24.E on 1500 form) to designate the primary diagnosis treated. For institutional claims, this is accomplished by ensuring that the diagnosis treated is listed in the first field on line 66 of a UB-04. In general, care should be taken to ensure that the service provided was appropriate for the members and their diagnoses. For instance, a claim submitted for detoxification but lacking an appropriate AOD diagnosis may be rejected, or payment may be recouped via audit. Current available diagnosis codes are attached to this notice. Commonwealth defined permissible codes can change. Please ensure that you are aware of changes to current coding.

### Incorrect/Discrepant Billing Code

Each claim requires an appropriate CPT or revenue code for each service billed. Care should be given to ensure that the code used accurately reflects the service provided. During a CBH record review, should the code billed appear to not match the service provided, the amount paid will be recouped with no ability to rebill for the accurate service.