

Institutional System Errors For Hospital, Hospice, ASTC, and Birth Center Claims

*All claims past 180 days timely filing will need a G55 override in addition to any other overrides noted.

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code R10 - Service Not Covered for Recipient Category</p> <p>Inpatient and outpatient claims for customers who have <i>RENAL DIALYSIS ONLY</i> eligibility and <i>MEDICAID ELIGIBLE, FULL COVERAGE</i> eligibility on the same date of service are rejecting incorrectly.</p>	Hospitals	9/1/20	The issue is not yet fixed.

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code R03 – Recipient Not Eligible on Date of Service</p> <p>The system is not reading eligibility information correctly for non-citizen customers. When claims are received, the system does not identify the customer as eligible and is inaccurately denying the claim. Eligibility on MEDI is correct.</p>	Hospitals and Hospice	9/1/2020 begin date of eligibility.	The issue is not fixed. It is anticipated the system will be fixed by the end of May 2021. Please continue to check this page for updates.

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code H30 – Missing/Invalid Amount for Covered Days (Related to the E84 Edit)</p> <p>Problem: Edit currently failing to set on the paper claims where the Value Codes Amount (FL 39-41) is present, but not being picked up by the scanner and is reading as blank.</p>	Hospitals	12/21/16	<p>03/24/17</p> <p>Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code E84 – Incorrect Covered Days (Related to the H30 Edit)</p> <p>Problem: Edit currently failing to set on the paper claims where the Value Codes Amount (FL 39-41) is present, but not being picked up by the scanner and is reading as blank.</p>	Hospitals	10/28/16	<p>03/24/17</p> <p>Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code C68 – Illogical Patient Status</p> <p>Problem: Even if the Patient Status (FL17) is correct, the claim is still rejecting.</p>	All Institutional Providers	10/01/16	<p>03/24/17</p> <p>Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code – C88 – Prepayment Review</p> <p>Problem: Claims are rejecting even before they go to eQHealth.</p>	Hospitals	01/01/16	<p>TBD</p> <p>Resolution: In the interim, providers should rebill the claim with an HFS 1624A UB-04 Override Request Form requesting the A88 override, which will allow the claim to suspend again for review by eQHealth.</p>

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<p>Error Code X41 – Prepay Review</p> <p>Problem: When eQHealth sends the return file to HFS indicating whether the claim has been approved or denied, the system should automatically update and release the claim from a hold status, but this is not occurring.</p>	Hospitals	01/01/16	<p>TBD</p> <p>Resolution: In the interim, if eQ Health has completed the review, the provider should rebill with the appropriate documentation to an HFS billing consultant with the HFS 1624A Override Request Form indicating an X41 (and G55 if necessary) override is needed.</p>

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<p>No Specific Error Code</p> <p>Problem: HFS currently cannot price claims with a date range over 365 days through the processing system.</p>	Hospitals Billing Claims with a Date Range over 365 Days	07/01/14	<p>TBD</p> <p>Resolution: In the interim, these claims must be billed on a UB-04 and sent to a billing consultant at: Illinois Department of Healthcare and Family Services, P.O Box 19128, Springfield, IL 62794-9128. Currently, claims are being priced and paid by a C13 payment voucher.</p>

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<p>Error Code X75 – Missing HCPCS Code for Observation</p> <p>Problem: All outpatient claims rejected even if they were not observation claims.</p>	Hospitals	12/23/16	<p>01/03/17</p> <p>Resolution: HFS sent a listserv to providers regarding this problem. It affects claims with DCN dates within the dates range listed above. Providers should be rebilling electronically if possible.</p>

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code A39 - APL HCPCS Code Required on Outpatient Claim.</p> <p>Problem: Although outpatient claims are no longer paid based on the highest-paying APL code, claims still require an APL code on each date of service with the exception of ER/Observation which may span more than one day and is considered one episode of care. The system error contains several components including rejecting a claim when the ER or Observation is coded correctly. Also, the HCPCS codes are not scanning correctly; therefore the system cannot read the code as valid. In addition, MMIS (Department's system) is not looking at the code's history.</p>	Hospitals and ASTCs	01/01/16	<p>01/01/17</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code K02– ECI Code not from ICD-10</p> <p>Problem: System not editing correctly on the ICD-10 External Cause Codes.</p>	Hospitals	10/01/15	<p>12/27/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code K03– Diagnosis Not from ICD-10</p> <p>Error Code K06 – ICD Indicator/Code Invalid for Date</p> <p>Error Code – K10 – Admitting Diagnosis not from ICD-10</p> <p>Problem: System not editing correctly on the ICD-10 coding.</p>	Hospitals	10/01/15	<p>12/27/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code D06 – Procedure Date Outside Per Diem Range</p> <p>Problem: The D06 is occurring erroneously in some instances. HFS does not follow Medicare’s 72-hour “bundling” rule; therefore, any inpatient claims submitted cannot have a procedure prior to admission.</p>	Hospitals	10/01/15	<p>11/24/16</p> <p>Resolution: The consultants are able to override the G55 error as long as the procedure code is not prior to or after the From and Through dates on the claim. Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code U31 – Series Billable Revenue Code Required</p> <p>Problem: Non-series claims such as ER and hospice were rejecting.</p>	Hospitals, ASTCs, and Hospices	05/01/16	<p>10/31/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code P59 – Care Not Appropriate for Children’s Hospital</p> <p>Problem: Erroneous rejections are occurring as a result of incorrect language in the edit. The edit currently looks at all diagnosis codes instead of just the principle diagnosis.</p>	Children’s hospitals	11/01/15	<p>10/12/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code R90 – Diagnosis Inappropriate for Hysterectomy</p> <p>Problem: Claims were rejecting for missing hysterectomy diagnosis even though a diagnosis was on the claim.</p>	Hospitals and ASTCs	01/01/16	<p>10/05/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

HFS System Issue	Providers Impacted	Problem Begin Date	Problem Fix Date
<p>Error Code C19 - Missing or Invalid Sterilization/Hysterectomy Form</p> <p>Problem: 28 procedures were coded as sterilization procedures in error. Procedures beginning with alpha letters OUL ending in 5OZZ, 53CZ, 53DZ, 54ZZ, 60ZZ, OUT ending in OOZZ, O4ZZ, 07ZZ, 08ZZ, OFZZ, 10ZZ, 14ZZ, 17ZZ, 18ZZ, 50ZZ, 54ZZ, 57ZZ, 58ZZ, 5FZZ, 60ZZ, 64ZZ, 67ZZ, 68ZZ and 6FZZ were affected.</p>	Hospitals and ASTCs	01/01/16	<p>08/09/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p> <p>*Please note – if a provider receives the C19 error code and it does not include one of the codes listed in the system issue, the sterilization/hysterectomy form may be incomplete. Please review the form to determine all the necessary information was completed.</p>

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<p>Error Code U92 – Provider Not Authorized for DCFS Screening</p> <p>Problem: The edit was not setting correctly and caused the claims to reject in error.</p>	Hospital and ASTC	10/19/15	<p>07/28/16</p> <p>Resolution: This was an old error prior to Rate Reform in July of 2014. Since all outpatient claims now go through the EAPG grouper, the edit no longer applies to any claims and was made obsolete on 07/26/16. Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code U29 – Outpatient Claims Cannot Contain More than 1 APL Group</p> <p>Problem: Claims cannot have multiple APL Codes from different groups on one claim.</p>	Hospitals and ASTCs	05/01/16	<p>07/26/16</p> <p>Resolution: This was an old error prior to Rate Reform in July of 2014. Since all outpatient claims now go through the EAPG grouper, the edit no longer applies to any claims and was made obsolete on 07/26/16. Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>

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<p>Error Code C16 – Procedure Not Covered By Medicaid</p> <p>In error, ICD-10 Codes 3EOP7GC and OUQ00ZZ were coded as non-covered. 45388, 45390, 45393 and 45398 were coded incorrectly on MMIS.</p>	Hospitals and ASTCs	10/01/15	<p>05/16/16</p> <p>Resolution: Providers should rebill the claims with an HFS 1624A UB-04 Override Request Form requesting the G55 (timely filing) override. The Department must receive the rebilled claims within 180 days from the system resolution date.</p>