

Unique ID and Description of CPSE	Line of Business	Date CPSE was First Identified	Billing Provider Type(s) Impacted by CPSE (select all that apply)	Timeline for Fixing CPSE	Date(s) and/or Date Span(s) of Corrected Claims Adjustments	CPSE Status
89 - Fully Confirmed-The administration fees are being denied in error. They are denying off of the free vaccination code. The administration fees should be paid. - VFC Admins bundling with EAPG codes not paying \$10 admin fee	Medicaid	8/4/2023	00 - All provider types	9/20/2024	Claims estimated to be reprocessed by 03/15/2025. Claims must be manually reprocessed.	In Progress
117 - Fully Confirmed-The Ohio Department of Medicaid (ODM) has shared January 1, 2024, updates for outpatient hospital rates along with updated relative weights for EAPG 3.17. - Updates to Hospital Rates and Relative Weights	Medicaid	12/6/2023	01 - Hospital (Inpatient);#01 - Hospital (Outpatient)	1/29/2024	All claims reprocessed as of 12/30/2024.	Claims Re-adjudication Completed
119 - Fully Confirmed-Behavioral health services are now reimbursed using the EAPG (Enhanced Ambulatory Patient Grouping) methodology. Previously, these services were paid based on the Ohio Behavioral Health Fee Schedule. - Ohio Medicaid's Behavioral Health rates and code updates effective 1/1/2024	Medicaid	12/4/2023	01 - Hospital (Outpatient)	1/29/2024	All claims reprocessed as of 12/30/2024.	Claims Re-adjudication Completed
121 - Fully Confirmed-Excluding behavioral health codes Alcohol and/or drug services, group counseling by a clinician (H0005), Alcohol and/or drug services; case management (H0006), which are billed in 15-minute increments, and Alcohol and/or drug services; ambulatory detoxification (H0014), which is billed in hour increments. Rule currently only allows 1 unit for each code, and this could cause claims to be denied in error. We want to allow multiple units. This was resolved in June 2023, but was reverted by the vendor in error in November 2023. Added 06/25: There are certain SUD services that are being consistently being underpaid. H2036, paid at \$98.09, but the correct reimbursement is \$213.70; H001, paid at \$180.32, but the correct reimbursement is \$392.86; H0010, paid at \$117.66, but the correct reimbursement is \$256.33; and H0015, paid at \$103.19, but the correct reimbursement is \$224.82. REimbursement issue identified 05/21/2024. - Max units for H0005, H0006 - Duplicate to CPSE 19; additional SUD services reimbursed incorrectly	Medicaid	12/1/2023	01 - Hospital (Outpatient), 21 - Professional Medical Group, 24 - Ohio Department of Mental Health (Community Mental Health), 95 - ODADAS Certified/Licensed (SUD) Treatment Program	1/15/2024	All claims reprocessed as of 1/8/2025.	Claims Re-adjudication Completed
122 - Fully Confirmed - ICD-10-CM coding guidelines for Excludes 1 indicates that 2 conditions may not be reported together for the same service as these conditions are mutually exclusive and would not be expected to occur at the same time. The code edit vendor editing is applying the logic to all diagnoses billed on the same date of service regardless of if the diagnoses are billed for different services. This is not the intent for Excludes 1. Note guidelines as it is possible to perform different services for different conditions. This could cause claims to be denied in error.	Medicaid	01/08/24	21 - Professional Medical Group,01 - Hospital (Outpatient)	4/21/2024	Claims estimated to be reprocessed by 1/15/2025. Claims must be manually reprocessed.	In Progress
136 - Fully Confirmed-The Ohio Department of Medicaid (ODM) has shared an updated Provider Administered Pharmaceutical Fee Schedule which incorporates CMS average sales price (ASP) rate updates for January 2024. Impacted claims may have experienced underpayment, overpayment, or denials. - Update to Ohio's Provider Administered Pharmaceutical Fee Schedule	Medicaid	02/19/24	01 - Hospital (Outpatient)	2/27/2024	All claims reprocessed as of 12/27/2024.	Claims Re-adjudication Completed
140 - Fully Confirmed - Effective January 01, 2024, the Ohio Department of Medicaid (ODM) implemented per diem payments for free-standing psychiatric hospitals. The payment for services provided in free-standing psychiatric hospitals is calculated as follows: Psychiatric Per Diem Payment = Psychiatric Per Diem Rate * Length of Stay. Impacted claims may have experienced underpayment or overpayment.	Medicaid	03/07/24	01 - Hospital (Inpatient)	4/1/2024	Claims estimated to be reprocessed by 1/30/2025. Claims must be manually processed.	In Progress
142 - Fully Confirmed - Remove HCPCS code pair H2019 and H2020 from edit because of modifiers used, so the H2019 does not deny when billed on same day as H2020.	Medicaid	03/11/24	01 - Hospital (Outpatient),21 - Professional Medical Group	4/28/2024	All claims reprocessed as of 12/17/2024.	Claims Re-adjudication Completed
162 - Fully Confirmed - Due to a system logic issue, claims are denying incorrectly for the CMS owned NCCI edit code K43: Procedure not allowed as it was processed on another claim. This issue is causing claims to process inappropriately under the billing provider and not acknowledging separate providers are rendering different services to the member on the same date of service.	Medicaid	04/24/24	00 - All provider types	11/30/2024	Claims estimated to be reprocessed by 03/31/2025. Claim count changed once data pulled. The new date matches our updated processing timelines.	In Progress

164 - Fully Confirmed - The system cannot classify what ODM has for community place of services. The place of service codes 03, 04, 11, 16, 18, 2, and 57 cannot be mapped to the the community place of services. They are mapped to 001 in CIS and those are the POS are mapped to community rates. But we have them listed as office. They will have to pend to manual adjudication. 06/24: This is related to HealthTrack complaint C7877877 and provider type 95	Medicaid	04/19/24	21 - Professional Medical Group,95 - ODADAS Certified/Licensed (SUD) Treatment Program	10/31/2024	Claims estimated to be reprocessed by 1/31/2025. Date has been changed due to the claim count being over 7K claims. The new date matches our updated reprocessing timelines.	In Progress
169 - Fully Confirmed - Due to providers not able to submit claims, ODM is waving timely filing from 02/01/2023-09/30/2024.Although ODM is issuing a limited exception to timely filing requirements, claims submitted after the standard 365-day limit are still subject to post payment review.	Medicaid	03/01/24	00 - All provider types	6/7/2024	All claims reprocessed as of 12/10/2024.	Claims Re-adjudication Completed
171 - Fully Confirmed - On 12/6/23, we received LRR-2023-MCD-6783504 regarding OhioRISE mixed services protocol. A claims report found 847 claims, POT 23 (ER) denied with 682 (OH rise member). Per further review of ODM, Humana is responsible for payment of emergency services. For billed code H2000, is our system loaded to allow this service if the date of service is the same day the member was enrolled in Ohio Rise. We are also wanting to know if our claims logic is aligned to carved out sections for ABA services. Per ODM, The ABA services are in EAPG category 16, which is OhioRISE responsibility, so the MCO denials lined up with the Mixed Services Protocol; however, now that this update has been made, we need to redirect our ABA claims back to the MCOs.	Medicaid	05/07/24	00 - All provider types	11/30/2024	Claims are estimated to be reprocessed by 02/28/2025.	In Progress
177 - Fully Confirmed - Per maintenance review of this edit, J16.8 is not appropriate for this rule and should be removed.	Medicaid	06/26/24	01 - Hospital (Outpatient),21 - Professional Medical Group	9/21/2024	All claims reprocessed as of 1/3/2025.	Claims Re-adjudication Completed
182 - Fully Confirmed - H0033, H0034 and H0036 are paying with 1 unit when the provider is billing multiple units. The codes were housed in a 1 unit table that has a project to become obsolete.	Medicaid	05/24/24	00 - All provider types	10/31/2024	Claims are estimated to be reprocessed by 03/31/2025.	In Progress
183 - Fully Confirmed - Observation claims are denying instead of paying a partial payment until the 24 hour max is reached. Billing guidance for providers will advise to bill 24 hours or less per day, as the system is denying all units. Humana are currently in the process of updating system logic to allow for 24 units within a day and 48 hours within a span of 3 consecutive days.	Medicaid	04/10/24	01 - Hospital (Outpatient),05 - Rural Health Clinic,12 - Federally Qualified Health Center,50 - Clinic	10/31/2024	Claims are estimated to be reprocessed by 02/28/2025	In Progress
185 - Fully Confirmed - Claims Denying for Member being a Active OhioRise Member in Error	Medicaid	06/14/24	00 - All provider types	11/30/2024	Claims are estimated to be reprocessed by 03/31/2025.	In Progress
187 - Fully Confirmed - System is pulling incorrect rates based on provider types.	Medicaid	08/19/24	84 - Ohio Department of Mental Health (Community Mental Health) Provider,95 - ODADAS Certified/Licensed (SUD) Treatment Program	11/19/2024	Claims are estimated to be reprocessed by 03/01/2025.	In Progress
188 - Fully Confirmed-Claims are denying as duplicate in error. System is not comparing modifiers, when processing claims. - OH & OK Medicaid Claims Denied as Duplicate in Error	Medicaid	08/30/24	00 - All provider types	11/30/2024	Claims are estimated to be reprocessed by 03/02/2025.	In Progress
189 - Fully Confirmed-Per Hospice Quality Reporting for FFY2023, hospice claims should be priced based on the member's county of the residence. Currently, Humana only is able to price by the provider's county, that the service was billed under. A system enhancement is currently underway to correct current system logic. Claims will continue to be priced and paid by provider location, until the project is completed. - Hospice, home health services are being priced by provider zip code instead of member zip code	Medicaid	09/10/24	44-Hospice	2/28/2025	Claims are estimated to be reprocessed by 05/02/2025. System resolution is still in progress.	In Progress
192 - Fully Confirmed- Humana denied LARC claims during inpatient stays incorrectly. Humana is not processing claims under ODM policy. - OH LARC devices implanted during inpatient hospital stay	Medicaid	09/27/24	01-Hospital (Inpatient)	5/30/2025	Claims are estimated to be reprocessed by 08/31/2025. Dates changed due to change in system fix.	In Progress
201 - Fully Confirmed-Diagnosis code that are allowed in the primary position were added to this rule in error and are currently denying when billed in the primary position on claims. We need to remove these codes from the edit	Medicaid	10/29/24	00-All provider types	12/15/2024	Claims are estimated to be reprocessed by 3/31/2025	In Progress
203 - Medicaid-Fully Confirmed - Ohio Medicaid, Medicine, Surgery, Radiology and Imaging, and Additional Procedures (Non-Institutional Services) Fee Schedule has a list of codes that are allowed in place of service 3 for a school. We have found that the list is not inclusive of the behavioral health manual.	Medicaid	11/04/24	20 - Physician/osteopath, individual, 21 - Professional Medical Group	11/5/2024	Claims are estimated to be reprocessed by 3/31/2025	In Progress