

Claims Payment Systemic Errors (CPSE) Update Report Confidential and Proprietary

As of: March 15, 2023

Listed below are current Claims Payment Systemic Errors (CPSE). This log is updated monthly. Please review this log for CPSE updates on status, target dates for reprocessing and resolutions. If you still have questions after reviewing the log, please call Provider Services at 1-800-488-0134.

Unique ID and Description of CPSE	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
Unique ID CS00221562: Confirmed CPSE Claims were denying incorrectly with denial reason code 7LR (Primary carrier required) and should not deny when the claim is submitted with the secondary adjustment code that was provided by the primary carrier.	8/28/2022	00-All provider types	10/6/2022	Target claims reprocessing date 12/7/2022 12/14/2022 Target claims reprocessing date 1/31/2023 2/8/2023 Target claims reprocessing date 3/8/2023 - 3/17/2023 Claims reprocessed on 3/14/2023	Completed
Unique ID CS00246158: Confirmed CPSE Claims billed with procedure code 90999 (Unlisted dialysis procedure) should pay at a per diem rate, but it is paying the billed charges. This is a potential overpayment.	10/17/2022	59-End-Stage Renal Disease (Dialysis) Clinic	11/3/2022	Target claims reprocessing date 1/11/2023 - 1/18/2023 Target claims reprocessing date 2/15/2023 -2/22/2023 Claims reprocessed on 1/19/2023	Completed
Unique ID CS000238103: Confirmed CPSE Claims are denying in error with denial code UM1 (Unit exceeded), when there are enough units left to cover the services.	10/27/2022	00-All provider types	12/1/2022	Target claims reprocessing date 2/3/2023 - 2/10/2023 Claims reprocessed 1/27/2023	Completed
Unique ID CS00249047: Confirmed CPSE Claims are pricing incorrectly for the Avastin NDC (50242-0061-01 and 50242-0060-01) when billed with J3490 or J3590.	11/11/2022	20-Physician/osteopath, individual	12/1/2022	Target claims reprocessing date 2/3/2023 - 2/10/2023 Claims reprocessed 1/16/2023	Completed
Unique ID CS00259575: Confirmed CPSE Outpatient therapy treatment claims are denying with U04 (Invalid Diagnosis combination) when claims are billed with Rev Codes 0450 and 0760, 0761, 0762, 0769 and should not deny since members are seen through the ER and kept for observation resulting in therapy the following days.	11/16/2022	01-Hospital (Outpatient)	12/16/2022	Target claims reprocessing date 2/15/2023 - 2/22/2023 Claims reprocessed on 2/27/2023	Completed
Unique ID CSO0262153: Confirmed CPSE Claims billed with A0434 (Specialty care transport) are denying for prior authorization in error and should not deny when a prior authorization is not required for both in and out of network providers.	11/28/2022	82-Ambulance	12/21/2022	Target claims reprocessing date 2/22/2023 - 3/1/2023 Claims reprocessed on 1/27/2023	Completed
Unique ID CS00259161: Confirmed CPSE When ODM changed provider types on the PNM and use the same type for both Waiver and Non-Waiver, CareSource system did not differentiate the provider type and the claims matched to the incorrect provider record and denied. The CareSource system has updated the matching logic to use the program ID.	11/28/2022	45-Waivered Services Organization 55-Waivered Services Individual	12/19/2022	Target claims reprocessing date 2/22/2023 - 3/1/2023 Claims reprocessed on 2/17/2023	Completed
Unique ID CS00267722: Confirmed CPSE Physical Therapy claims are being denied incorrectly for no authorization and paying incorrectly due to the authorization encounter counts not working properly.	12/13/2022	39-Physical Therapist, Individual	1/5/2023	Target claims reprocessing date 3/8/2023 - 3/15/2023 Claims reprocessed on 2/20/2023	Completed
Unique ID CS00270875: Confirmed CPSE The following immunization codes are denying in error for P02 (Age or gender conflict with p. or dx) and should not deny if submitted with Place of Service 72: 90632, 90656, 90656, 90658, 90666, 90703, 90707, 90714, 90715, 90716, 90718, 90732, 90740, 90746 or 90747.	12/19/2022	05-Rural Health Clinic	1/18/2023	Target claims reprocessing date 3/22/2023 - 3/29/2023 Claims reprocessed on 2/16/2023	Completed
Unique ID CS00266163: Confirmed CPSE OH MCD & MyCare vent claims were paid at incorrect rates based on vent rate updates effective 7/1/2022.	12/29/2022	86-Nursing Facility	1/12/2023	Target claims reprocessing date 3/15/2023 - 3/22/2023 Claims reprocessed on 2/14/2023	Completed

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Unique ID TFS 830314: Confirmed CPSE Claims billed with A0428 (Ambulance service) are denying for prior authorization in error and should not deny when a prior authorization is not required for both in and out of network providers.	1/2/2023	82-Ambulance	1/20/2023 2/15/2023	Target claims reprocessing date 4/5/2023 - 4/12/2023 Claims reprocessed on 3/10/2023	Completed
Unique ID TFS 826814: Confirmed CPSE HCPCS codes E0730 and E0720 (Transcutaneous electrical nerve stimulation) are denying with denial code 181 (Disallow exceeds maximum number of units) in error and should not deny since there are no limit restrictions.	1/3/2023	76-Durable Médical Equipment Supplier	2/9/2023	Target claims reprocessing date 4/12/2023 - 4/14/2023 Claims reprocessed on 2/27/2023	Completed
Unique ID CS00271654: Confirmed CPSE Procedure code 86780 (Antibody; Treponema Pallidum) is denying X99 as noncovered and should not deny if billed with revenue code 0300,0302, 0309 and diagnosis codes below: 200.00, 200.01, 200.110, 200.111, 200.121, 200.129, 211.2, 211.3, 211.4, 211.59, 211.9, 220.0, 220.6, 222.4, 233.1, 224.00, 224.01, 224.02, 224.03, 224.80, 224.81, 224.82, 234.83, 244.09, 234.91, 234.92, 234.93, 272.51, 272.52, 272.53, 272.89, 009.90, 009.91, 009.92, 009.93	1/13/2023	01-Hospital (Outpatient) 80-Indpendent Laboratory	2/20/2023	Target claims reprocessing date 3/22/2023 - 3/29/2023	In Process
Unique ID CS00276480: Confirmed CPSE Prior authorization is required for behavloral health codes below that were rendered by an out-of-network provider. Claims was paying without the prerequisite authorization. This is a potential overpayment to providers. BH1 codes: 90785, 90791, 90832, 90834, 90837, 90839, 90846, 90849, 90853, 90833, 90354, 90837, 90849, 90846, 90847, 90832, 90834, 90358, 90791	1/25/2023	54-Licensed Independent Chemical Dependency Counselor	2/23/2023	Target claims reprocessing date 3/29/2023 - 4/5/2023	In Process
Unique ID CS00278913: Confirmed CPS Claims billed with procedure code 92310 (Prescription of optical and physical characteristics of and fitting of contact lens), should not deny for prior authorization when billed with dx codes H52.00, H52.01, H52.03, H52.03, H52.04, H52.12, H52.12, H52.12, H52.20; H52.20, H52.21, H52.22, H52.22, H52.22, H52.22, H52.22, H52.23, H52.32, H52.34, H52.52,	1/25/2023	35-Optometrist Individual	3/1/2023	Target claims reprocessing date 4/5/2023 - 4/12/2023	In Process
Unique ID TFS847921: Confirmed CPSE Claims were denying incorrectly for AV6 (Procedure cannot be performed with another procedure on same date of service). This issue was due to an incorrect implementation of the edit by Avalon. This impacted the following codes: T2015 (G0480, G0481, G0482) G2002 (87623) G2174 (U001, U002, U003)	1/27/2023	80-Indepedendent Laboratory	2/2/2023	Target claims reprocessing date 3/8/2023 - 3/15/2023 Claims reprocessed on 2/2/2023	Completed
Unique ID CS00283974: Confirmed CPSE Claims billed with Revenue code 0948 are currently denying with denial RCN (Rev code not recognized by Medicaid) in error. According to ODM Hospital Billing Guidelines, Revenue code 0948 is a payable revenue code.	1/30/2023	01-Hospital (IP & OP)	3/6/2023	Target claims reprocessing date 4/12/2023 - 4/19/2023 Claims reprocessed on 3/14/2023	Completed

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Unique ID CS00284120: Confirmed CPSE 2022 claims billed with HCPCS code S5001 (Buprenorphine 1mg/Naloxone 0.25mg brand) were processed using the previous rate and should pay at the new rate effective 1/1/2022.	2/1/2023	20-Physician/osteopath, individual 72-Nurse Practitioner Individual 84-Ohio Department of Mental Health (Community Mental Health) Provider	2/23/2023	Target claims reprocessing date 3/29/2023 - 4/5/2023	In Process
Unique ID CSO0299142: Confirmed CPSE	2/9/2023	00-All provider types	2/22/2023	Target claims reprocessing date 3/29/2023 - 4/5/2023	In Process
Claims billed with PO or PN modifiers were rejected for invalid code.					
Unique ID CS00282602: Confirmed CPSE Claim line billed with H2017 (Psychosocial rehabilitation services) and H2019 (Therapeutic behavioral services) with Place of Service 17 or 53 should not take a 50% reduction if the number of units is greater than 6.	2/10/2023	37-Licensed Independent Social Worker (LISW) 42-Psychologist, Individual 47-Professional Clinical Counselor 54-Licensed Independent Chemical Dependency Counselor	3/2/2023	Target claims reprocessing date 4/7/2023 - 4/14/2023	In Process
Unique ID CS00245103: Confirmed CPSE	2/10/2023	21-Professional Medical Group	3/15/2023	Target claims reprocessing date 4/19/2023 - 4/26/2023	In Process
Claims for providers with specialty code PA (Anatomic Pathology) were pricing at 100% of allowed charges instead of the providers' contracted rate.					
Unique ID CS00282529: Confirmed CPSE	2/10/2023	00-All Provider Types	3/2/2023	Target claims reprocessing date 4/5/2023 - 4/12/2023	In Process
Claims billed with H2017 by an LPN and H2019 billed by an RN should not deny for prior authorization. All other provider types require a prior authorization.					
Unique ID TFS859880: Confirmed CPSE	2/13/2023	01-Hospital (Outpatient)	2/22/2023	Target claims reprocessing date 3/22/2023 - 3/29/2023	In Process
CMS MUE rule was incorrectly identifying codes that do not have an MUE value as having a value of zero. This leads to a denial for exceeding MUE values within MyCare Opt-in Facility claims.					
Unique ID CS00287567: Confirmed CPSE	2/15/2023	72-Nurse Practitioner Individual 20-Physician/osteopath, individual	3/22/2023	Target claims reprocessing date 4/26/2023 - 5/3/2023	In Process
As of 1/1/23 E&M codes are now payable as inpatient or observation. Prior to 1/1/23 these codes were payable as inpatient only.					
This applies to the following codes: 99221-99223 99231-99236 99238-99239 99252-99255					
Unique ID CS00282200: Confirmed CPSE	2/15/2023	00-All Provider Types	3/23/2023	Target claims reprocessing date 4/26/2023 - 5/3/2023	In Process
As of 1/1/22, place of service code 10 will reimburse at facility rates					
Unique ID CS00275050: Confirmed CPSE	2/21/2023	01-Hospital (Outpatient) 59-End-Stage Renal Disease (Dialysis) Clinic	2/24/2023	Target claims reprocessing date 3/29/2023 - 4/5/2023	In Process
Dialysis claims for OH MyCare Opt Out members with Medicare primary submitted electronically are not processing the full patient liability.					

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Unique ID TFS858284: Confirmed CPSE Effective 1/1/2021 Physician services billed in POS 31,32, and 33 do not require a prior authorization for PAR and Non-PAR providers. This impacts the following codes:10140, 11104, 11307, 15272, 20605, 28005, 36589, 51102, 64455, 64615, 6522, 66984, 68761, 77263, 77290, 77334, 86580, 88738, 90677, 90694, 90785, 90792, 90935, 92552, 92556, 93010, 96372, 97597, 99324, 99325, 11030, 11100, Q4159, 45385, 99491.	2/23/2023	72-Nurse Practitioner Individual 43-Audiologist, Individual 42-Psychologist, Individual	4/5/2023	Target claims reprocessing date 5/5/2023 - 5/12/2023	in Process
Unique ID CS00284778: Confirmed CPSE Currently sleep study codes 95800 & 95801 are denying XNC - Invalid procedure code. Effective 1/1/22 - CPT codes 95800 and 95801 are valid codes for medical claims.	2/24/2023	20-Physician/osteopath, individual	3./22/2023	Target claims reprocessing date 4/26/2023 - 5/3/2023	In Process
Unique ID TFS858285: Confirmed CPSE Effective 1/1/2021 DME services billed in POS 31,32, and 33 do not require a prior authorization for PAR and Non-PAR providers. This impacts the following codes: A4221, A4223, A4311, A4344, A4390, A4406, A4407, A4409, A4414, A5061, A5063, A5514, A6011, A6022, A6204, A6211, A6237, A6233, A6254, A6217, A6407, A6438, A7032, A7034, A7035, A7037, A7038, B4034, B4035, B4087, E0950, E0951, E0954, E0955, E0956, E0961, E0971, E0973, E0974, E0975, E0974, E0973, E0974, E0973, E0974, E0973, E0974, E0973, E0974, E0973, E0974, E0973, E0974, E0974	2/24/2023	76-Durable Medical Equipment Supplier	4/3/2023	Target claims reprocessing date 5/3/2023 - 5/10/2023	In Process
Unique ID TFS863556: Confirmed CPSE Claims billed with A0425 (Ambulance service) are denying for prior authorization in error and should not deny when a prior authorization is not required for both in and out of network providers.	3/3/2023	82-Ambulance	4/10/2023	Target claims reprocessing date 5/10/2023 - 5/17/2023	In Process
Unique ID TFS857953: Confirmed CPSE Claims that are billed with Q1 2023 new codes are denying incorrectly.	3/3/2023	00-All provider types	3/27/2023	Target claims reprocessing date 5/3/2023 - 5/10/2023	In Process
Unique ID CS00292170: Confirmed CPSE Adjusted claims are denying for Z15 (Duplicate Line by Provider) and should not deny when it has two different NDC.	3/13/2023	16 & 60-Home Health Agency 20-Physician/Osteopath, individual 21-Professional Medical Group 72-Nurse Practitioner Individual	3/23/2023	Target claims reprocessing date 4/26/2023 - 5/3/2023	In Process

OH-MED-P-1935402