



NETWORK *Notification*

Notice Date: January 12, 2024
To: Ohio Medicaid Providers
From: CareSource
Subject: CANS (H2000) Claim Denial Trend and Resolution Guidance

Summary

CareSource would like to provide the following clarifications on Community Behavioral Health Center (CBHC) claim denial trend and resolution guidance.

CareSource has noticed specific trends surrounding billing denials tied to CANS (H2000) for invalid primary diagnosis coding. The current Behavioral Health billing instructions on H2000, available for CBHCs, states: "Diagnosis code is required – any valid ICD-10 diagnosis code may be used, including 'Z-codes.'"

While some Z-codes are valid primary diagnoses for certain applicable procedures, current ICD-10CM coding guidelines indicate the SDOH codes should not be used as first-listed diagnosis codes. As the national coding standards continuously change, it is the responsibility of the rendering provider to review and ultimately select the appropriate, and allowable, diagnosis for any service rendered.

Importance

If you have experienced claims denials tied to this, we ask you to review your clinical documentation, select an appropriate and allowable primary diagnosis, and submitted corrected claims for those which may have denied appropriately. Timely filing will apply to all submitted corrected claims.

Questions?

If you have questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8a.m. to 6 p.m. Eastern Time).

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