

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
187 - Fully Confirmed - System is applying the incorrect rate when the provider is registered with multiple specialties under the same NPI and the primary specialty is not listed first.	Medicaid	08/19/2024	84 - Ohio Department of Mental Health (Community Mental Health) Provider, 95 - ODADAS Certified/Licensed (SUD) Treatment Program	01/10/2026	Claims are estimated to be reprocessed by 4/30/2026.	In Progress
215 - Fully Confirmed - Claims billed with H0005 and H0006 are being denied in error if the unit billed is greater than 1.	Medicaid	12/30/2024	05 - Rural Health Clinic, 12 - Federally Qualified Health Center, 21 - Professional Medical Group, 24 - Physician Assistant, 37 - Licensed Independent Social Worker (LISW), 38 - Private Duty Non-Agency RN or LPN, 42 - Psychologist, Individual, 47 - Professional Clinical Counselor, 50 - Clinic, 52 - Independent Marriage and Family Therapist, 54 - Licensed Independent Chemical Dependency Counselor, 65 - Clinical Nurse Specialist Individual, 72 - Nurse Practitioner Individual, 84 - Ohio Department of Mental Health (Community Mental Health) Provider, 95 - ODADAS Certified/Licensed (SUD) Treatment Program	2/2/2025	Claims are estimated to be reprocessed by 4/30/2026 additional claims were found during rework quality check process	In Progress
232 - Fully Confirmed - 834 Retro Term Issue - ODM and Humana are actively collaborating to address the data discrepancies of member eligibility, which has caused incorrect claim denials	Medicaid	02/28/2025	00 - All provider types	02/28/2026	Claims are estimated to be reprocessed by 04/30/2026. Additional claims will need to be reprocessed as a result of continuous 834 file data discrepancies clean up. System fix is still in progress.	In Progress
279 - Fully Confirmed - An edit is in place that is preventing the payment of vaccine administration codes separate from a well visit, sick visit, or both.	Medicaid	08/25/2025	01-Hospital (Outpatient) 21-Professional Medical Group 24-Physician Assistant 65-Clinical Nurse Specialist, Individual 72-Nurse Practitioner, Individual	10/09/2025	All claims reprocessed as of 3/24/2026	Completed
2939 - Fully Confirmed - Unacceptable primary diagnosis Code Edit rule is denying professional claims inappropriately.	Medicaid	01/15/2026	00 - All provider types	01/30/2026	All claims reprocessed as of 4/1/2026	Completed
3130 - Fully Confirmed - System paid for lens add-ons when base lens code was not allowed	Medicaid	10/13/2025	35-Optometrist, Individual	01/31/2026	Claims estimated to be reprocessed by 4/17/2026.	In Progress
3182 - Fully Confirmed - Claims were incorrectly underpaid due to a process error in system configuration that failed to recognize services with fee schedule rates already loaded.	Medicaid	10/16/2025	00-All provider types	10/31/2025	Claims are estimated to be reprocessed by 5/01/2026 additional claims were found during rework quality check process	In Progress
3293 - Fully Confirmed - Claims billed with revenue code 419, representing Room & Board, are being linked to incorrect referrals for the same provider(s), resulting incorrect claim denials even when an approved authorization is on file.	Medicaid	12/03/2025	01-Hospital (Inpatient) 01-Hospital (Outpatient) 76-Durable Medical Equipment Supplier 86-Nursing Facility	01/12/2026	Claims are estimated to be reprocessed by 4/30/2026.	In Progress
3308 - Fully Confirmed - Claims billed with Diagnosis Codes E66.811, E66.812, E66.813, or Z87.891 are denying ZY3 in error, when the diagnosis code is billed in the first position at the line-level for physician claims, or when the diagnosis is the primary diagnosis at the claim-level for facility claims.	Medicaid	12/08/2025	01-Hospital (Outpatient) 04-Outpatient Health Facility 05-Rural Health Clinic 12-Federally Qualified Health Center 20-Physician/Osteopath, Individual 21-Professional Medical Group 50-Clinic 72-Nurse Practitioner, Individual 80-Independent Laboratory	02/14/2026	All claims reprocessed as of 3/18/2026.	Completed
3349 - Fully Confirmed - JZ modifier is used to signify that there is no drug wastage. The resource used was for Medicare and not an Ohio Medicaid resource. Therefore, we are turning this rule off.	Medicaid	12/16/2025	04-Outpatient Health Facility 20-Physician/Osteopath, Individual 21-Professional Medical Group 50-Clinic 70-Pharmacy 72-Nurse Practitioner, Individual 95-ODADAS Certified/Licensed (SUD) Treatment Program	01/27/2026	All claims have been reprocessed as of 3/30/26	Completed
3426 - Fully Confirmed - Request sent to update the rule bypassing HCPCS codes that do not require a LT/RT modifier.	Medicaid	01/13/2026	76-Durable Medical Equipment Supplier	02/23/2026	All claims have been reprocessed as of 4/2/26	Completed
3492 - Fully Confirmed - IT coding defect caused claims to deny in error to a 3rd party vendor.	Medicaid	01/21/2026	00-All provider types	01/29/2026	All claim have been reprocessed as of 3/30/26	Completed
3481 - Fully Confirmed -The claims system is undoing the overrides for room and board codes, which is causing the claims to be denied incorrectly.	Medicaid	01/28/2026	01-Hospital (Inpatient) 74-Assisted Living Facilities 86-Nursing Facility	01/30/2026	Claims estimated to be reprocessed by 04/15/26.	In Progress
3533 - Fully Confirmed - Rev code 185 is being denied in error for Precertification/authorization/notification/pre-treatment absent	Medicaid	02/12/2026	01-Hospital (Inpatient) 74-Assisted Living Facilities 86-Nursing Facility	05/12/2026	Claims estimated to be reprocessed by 7/12/2026. System fix still in progress	In Progress