

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 4/30/2025. Claims must be manually reprocessed.	In Progress
156-Fully Confirmed-Allow presumptive drug test (CPT code 80307) to follow a calendar year not a rolling year or past 365 days. - Allow presumptive drug test (CPT code 80307) to follow a calendar year.	Medicaid	04/16/24	01 - Hospital (Inpatient)	6/27/2024	Claims are estimated to be reprocessed by 4/11/2025.	In Progress
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
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	Claims estimated to be completed by 5/31/2025. We found additional claims that needed reprocessing after previously completing this on our last report.	In Progress
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	5/31/2025	Claims are estimated to be reprocessed by 9/30/2025. System solution is still in progress.	In Progress
174 - Fully Confirmed - When a claim is submitted with a procedure to procedure combination, and the support line has a charge of less than \$1 is being exclude from CXT editing in error.	Medicaid	06/24/24	00 - All provider types	8/24/2024	All claims reprocessed as of 2/07/2025. This was originally missed as fully confirmed until last month.	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 05/1/2025. Additional data pull required pushing this out a bit from the original shared date.	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	All claims reprocessed as of 2/14/2025	Claims Re-adjudication Completed
185 - Fully Confirmed - Claims Denying for Member being a Active OhioRise Member in Error	Medicaid	06/14/24	00 - All provider types	5/25/2025	Claims are estimated to be reprocessed by 09/25/2025. Change in dated due to system resolution still being resolved.	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 06/15/2025. System resolution still in process.	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	05/30/2025	Claims are estimated to be reprocessed by 8/30/2025. System resolution is still in progress.	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 5/1/2025	In Progress

203 - 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
206 - Fully Confirmed - Professional claims billed with CPT 99078 are denying in error, when billed on the same date of service, by the same provider TIN/provider ID/NPI as CPT codes 99211, 99212, or 99213.	Medicaid	11/18/24	71 - Nurse Midwife Individual, 72 - Nurse Practitioner Individual	3/22/2025	Claims are estimated to be reprocessed by 5/1/2025.	In Progress
208 - Fully Confirmed - Ohio Medicaid claims billed with certain global days are denying in error. Global days represents the period of time during which all necessary services normally furnished by a physician (before, during, and after the procedure) are included in the reimbursement for the procedure performed. Ohio Medicaid has their own list of global days for CPT/HCPCS codes, that does not match the CMS list of global days.	Medicaid	12/04/24	21-Professional Medical Group	12/18/2024	Claims are estimated to be reprocessed by 5/1/2025	In Progress
210 - Fully Confirmed-Professional claims with a date of service on or after 10/1/2024 are denying in error "Excludes 1" edit when the claim line is pointing to a diagnosis code in the MAIN DIAGNOSIS category (column A) AND also pointing to a diagnosis code in the EXCLUDE DIAGNOSIS category (column B)	Medicaid	12/10/24	00-All provider types	2/22/2025	Not found to be a CPSE after data pull completed. Only 3 claims and 3 providers were impacted.	Completed
212 - Fully Confirmed - The provider administered pharmaceutical fee schedule was updated to incorporate age requirements for influenza vaccine -Code update - influenza age restrictions	Medicaid	11/18/25	01-Hospital (Outpatient)	12/12/2024	Claims are estimated to be reprocessed by 5/30/2025	In Progress
213 - Fully Confirmed - Humana was calculating the base rate incorrectly when claim lines billed with G0299, G0300, G0156, G0151, G0152, G0153, T1000 modifier TD, and T1000 with modifier TE were billed.	Medicaid	09/22/24	16 & 60-Home Health Agency	12/12/2024	Claims are estimated to be reprocessed 3/31/2025.	In Progress
217 - Fully Confirmed - Ohio Medicaid state representatives have clarified that "same provider" means exact same human being and not same specialty from the same practice. Therefore, claims billed by 2 different providers with the same specialty are denying inappropriately.	Medicaid	01/21/25	00-All provider types	4/26/2025	Claims are estimated to be reprocessed 08/25/2025.	In Progress
219 - Fully Confirmed - Ohio Medicaid claims may be denying inappropriately for unit limitations. Claims are denying for excess units billed because the logic is using the National Medicaid NCCI Medically Unlikely Edit (MUE) Edits table and not the specific state fee schedules and policies. Ohio Medicaid has their own unit values for CPT/HCPCS codes listed on their fee schedules and throughout their policies. They allow different MUE values than the National Medicaid NCCI MUE table on CMS.gov which is what the logic uses to deny claims.	Medicaid	01/24/25	00-All provider types	2/5/2025	Claims are estimated to be reprocessed by 7/31/2025.	In Progress
223 - Fully Confirmed - CPT code H2020 is listed on the PAL. According to the Adult Associate Guide, only one service per day is allowed. If an additional per diem service is needed for the same client on the same day by a different billing agency, prior authorization is required. For CPT code H0015 without the TG modifier, it is considered IOP and does not require prior authorization per the PAL. However, if billed with the TG modifier, a clinical review is required; otherwise, no prior authorization is needed.	Medicaid	02/05/25	40 - Speech Language Pathologist, Individual, 47 - Professional Clinical Counselor	6/30/2025	Claims are estimated to be reprocessed by 10/30/2025. System Resolution is still in progress.	In Progress
224 - Fully Confirmed - Codes listed on the 3rd tab of the TPL Bypass list are being denied incorrectly.	Medicaid	01/01/24	00-All provider types	5/30/2025	Claims are estimated to be reprocessed by 10/30/2025. System Resolution is still in progress.	In Progress
225 - Fully Confirmed - Value code 80 is billed on the claim to represent the Covered days for uniform bill UB-04. A change was made to Humana's system that caused us to deny 92P in some instances beginning in November 2024.	Medicaid	12/31/24	01 - Hospital (IP & OP); 86 - Nursing Facility; 44 - Hospice	7/30/2025	Claims are estimated to be reprocessed by 12/30/2025. System resolution is still in progress.	In Progress
226 - Fully Confirmed - System issue causing adjusted/corrected claims to drop NDC invoking Inappropriate denial for NDC.	Medicaid	01/07/25	00-All provider types	5/30/2025	Claims are estimated to be reprocessed by 10/30/2025. System resolution is still in progress.	In Progress
227 - Fully Confirmed On February 6, 2025, an issue in Humana's system caused the same claim payment files to be sent resulting in duplicate payments being issued to providers.	Medicaid	02/17/25	00-All provider types	2/17/2025	Recoupments of duplicate payments are estimated to be recouped by 6/30/2025.	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	02/28/25	00-All provider types	2/28/2025	Claims are estimated to be reprocessed by 8/31/25.	In progress

FOR QUESTIONS REGARDING CPSE ITEMS, PLEASE CONTACT PROVIDER RELATIONS AT OHMedicaidProviderRelations@humana.com