

The current Claims Payment Systemic Errors (CPSEs) for Paramount Advantage Medicaid are reported below. If you have any questions, please contact your Provider Relations Representative or call Provider Relations at 800-891-2542.

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	Number of Claims Impacted	CPSE Status
CONFIRMED CPSE. In ODM BH Redesign, SUD Residential H2034, H2036 the Authorization Requirement is as follows: In a Calendar year, Up to 30 consecutive days without prior authorization. Prior authorization then must support the medical necessity of continued stay, if not, only the initial 30 consecutive days are reimbursed. Applies to first two stays; any stays after that would be subject to full prior authorization. Paramount does not have configuration to monitor this, so claims have been reviewed retrospectively, and identified for take back and denial for no prior authorization.	12/23/19	95-ODADAS Certified/Licensed (SUD) Treatment Program	Due to system limitations, this will continue to be a manual process, with claims reviewed on a weekly basis. Effective with dates of service 6/1/21, this issue may be resolved with implementation of new claims processing application. Final testing has not been completed at this time. Paramount will monitor claim denials through dates of service 5/31/21.	Claims will be monitored on a weekly basis and adjustments processed manually. Initial adjustments were completed 2/20/20. The most recent adjustments were completed 1/12/21, 2/2/21, 2/19/21 and 3/9/21.		Ongoing
CONFIRMED CPSE: A provider was put on review to deny claims for medical record review (EM denial). If a practitioner who affiliated with this provider also practices elsewhere, those claims are also denying.	2/19/20	95-ODADAS Certified/Licensed (SUD) Treatment Program	Effective with dates of service 6/1/21, we expect this issue to be resolved with implementation of new claims processing application. Paramount will monitor claim denials through dates of service prior to 6/1/21 on a weekly basis. On 3/2/21 it was confirmed that fix installed on 11/16/20 resolved this issue for new claims. All claims that were received prior to the fix date have now been adjusted.	This issue has been finalized. Claims were reviewed and adjusted on a weekly basis. Final adjustment timeline is 2/24/20-1/4/21.	4124	Complete
CONFIRMED CPSE: Some providers were not updated correctly in the claims processing system to show their participating status. This caused some claims to deny based on Reimbursement Policy RM-001, which requires prior authorization from non-participating providers. Multi-departmental team is working on a network analysis to compare the provider status in the credentialing application with provider status in the claims system. As provider status is updated in the claims processing system, claims denied in error will be adjusted.	4/3/20	46-Ambulatory Surgery Center 20-Physician/osteopath, individual 24-Physician Assistant 36-Podiatrist Individual 35-Optometrist Individual 01-Hospital (IP & OP) 21-Professional Medical Group	Project to review and update providers was completed on 7/27/20.	This project has been finalized. Claims were reviewed and adjusted on a weekly basis. Final adjustment timeline is 4/30/20-2/5/21.	560	Complete
CONFIRMED CPSE: COVID-19 telehealth claims billed with modifier 95, GT, and GQ denied in error.	5/21/20	50-Clinic 12-Federally Qualified Health Center 01-Hospital (Outpatient) 37-Licensed Independent Social Worker (LISW) 41-Occupational Therapist, Individual 39-Physical Therapist, Individual 24-Physician Assistant 20-Physician/osteopath, individual 36-Podiatrist Individual 42-Psychologist, Individual 21-Professional Medical Group	System configuration was updated on 6/1/20. Additional configuration updates were made for institutional claims on 10/15/20.	Final adjustments were completed 2/4/21-2/5/21. Entire adjustment timeline is 6/26/20-2/25/21.	8349	Complete

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CONFIRMED CPSE: A provider was put on ODM's sanctioned list. (HQ denial). If a practitioner who works at that provider practices elsewhere, those claims also deny.	6/15/20	95-ODADAS Certified/Licensed (SUD) Treatment Program	The implementation date for the new system has been updated to 6/1/21. Paramount will continue to monitor claim denials for all dates of service prior to the system changeover.	Adjustments will be ongoing and processed manually on a weekly basis. Timeline for adjustment project is 7/16/20 - until all claims are received for dates of service through 5/31/21 in old system. Most recent adjustments were processed 2/3/21 and 2/19/21.		Ongoing
CONFIRMED CPSE: A programming job is unlocking some claims allowing them to pay before vendor edits are returned and applied to claim.	7/21/20	70-Pharmacy 20-Physician/osteopath, individual 24-Physician Assistant 76-Durable Medical Equipment Supplier 21-Professional Medical Group	This project is now in the final testing phase with IT. Expected to be moved into production the week of 3/22/21.	Refunds requests from initial report were sent 7/28/20-9/18/20.		In Process
PROVIDER NOTIFICATION: There is a software issue with EAPG version 3.14. Lower leg diagnosis codes incorrectly assign to the wrong EAPG when billed as the principal diagnosis.	8/20/20	01-Hospital (Outpatient)	At the earliest, this issue is expected to be addressed/fixd with the release of EAPG Grouper 3.16 in 2021.	Adjustment project will be initiated after final updates have been received.	n/a	In Process
CONFIRMED CPSE from RX vendor CVS: Tresiba, Tacrolimus, Pimecrolimus, and Symlin prescription step therapy claims were paying in error for members whom had no historical fills	Correct date is 9/29/2020. January report had incorrect date.	70-Pharmacy	Corrected on 10/06/20	Further analysis determined the impact was much smaller than originally believed due to PA's or transition fill logic applying to many of previously identified claims. Number of claims updated. Invoice credits were applied to client's March month-end admin fee invoice.	1060 Updated to 155	Complete
POTENTIAL CPSE: On 6/11/20 MUE edits were moved into production. This update caused duplicate edits to be turned off in bundling software. NOT CPSE: This was determined not to be a CPSE. Duplicate edits were applied.	10/5/20	00-All provider types	n/a	No claims required adjustment.	n/a	Complete
CONFIRMED CPSE: Effective 3/9/20, ODM Behavioral Health providers cannot bill place of service 02 for telehealth services. Some claims paid when they should have denied.	12/1/20	84-Ohio Department of Mental Health (Community Mental Health) Provider 95-ODADAS Certified/Licensed (SUD) Treatment Program	System updates were completed 12/30/20.	Adjustments were completed on 1/13/21. Refund requests were sent 1/18/21.	3642	Complete
CONFIRMED CPSE: Effective 11/15/20, ODM Telehealth Guidelines state the GT modifier must be included on telehealth claims. Place of service 02 no longer accepted, except on home health claims. Claims were paid when they should have denied.	9/16/20	21-Professional Medical Group 12-Federally Qualified Health Center 37-Licensed Independent Social Worker (LISW) 05-Rural Health Clinic	System updates completed 12/30/20.	Adjustments were completed 2/17/21. Refund requests were sent 2/26/21.	5156	Complete
CONFIRMED CPSE - Some coding vendor denial codes were not reapplied to claims that were processed through batch adjustment.	11/19/20	82-Ambulance 01-Hospital (Inpatient) 12-Federally Qualified Health Center 21-Professional Medical Group	System update completed 11/23/20.	Adjustments were completed on 1/25/21.	94	Complete
CONFIRMED CPSE - From 3/9/20-11/25/20 CPT code 97110 was mapping to telehealth benefits for services delivered by chiropractors. Some claims paid that should have denied.	11/25/20	27-Chiropractor Individual	Configuration was updated on 11/25/20.	Adjustments were completed on 1/12/21. Refund requests were sent 1/15/21.	180	Complete
POTENTIAL CPSE: Claims approved on an exception basis after medical record review re-deny due to Medical Policy programming edits.	10/14/20	21-Professional Medical Group	IT is scheduled to begin the testing phase for this project the week of 3/15/21.	Adjustment project will be completed within 60 days of system updates.		In Process

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POTENTIAL CPSE - Some claims for dialysis services billed with CPT 90989 were not paid at the correct rate. NOT CPSE: This was determined not to be a CPSE - only 6 claims.	11/11/20	59-End-Stage Renal Disease (Dialysis) Clinic	Fee schedule was updated on 12/16/20.	Adjustments were completed on 1/21/21.	6	Complete
POTENTIAL CPSE - Some Behavioral Health services that should have paid under EAPG pricing methodology were denied. NOT CPSE: This was determined not to be a CPSE- only 6 providers impacted. Investigation determined the issue is that some CPT codes on the 7/1/20 covered code listing were retroactive to 1/1/20. These codes were not included in Optum update until 9/28/20.	12/8/20	01-Hospital (Outpatient)	Optum update was moved into production on 9/28/20.	Adjustments are expected to be completed 3/15/21-3/19/21.		In Process
CONFIRMED CPSE: Beginning 1/5/21, claims from the COVID-19 emergency period from non-par providers denied for no pre-certification upon adjustment.	1/21/21	21-Professional Medical Group 59-End-Stage Renal Disease (Dialysis) Clinic 44-Hospice	Completed 1/25/21.	Adjustments were completed on 1/26/21.	38	Complete
CONFIRMED CPSE: Immunization claims processed 11/5/20-2/3/21 mapped to an incorrect fee schedule causing overpayments.	2/3/21	21-Professional Medical Group	Completed 2/3/21.	Adjustments were completed 2/9/21. Refund requests were sent 2/26/21.	2706	Complete
CONFIRMED CPSE: Some claims to denied KN due to MUE edits set to 0 in Claim Check. 3/15/21 REOPENED PRIOR CPSE: There was a subset of codes that still denied after 9/3/20 system update.	7/28/20 10/16/20	12-Federally Qualified Health Center 21-Professional Medical Group 05-Rural Health Clinic	Configuration was updated on 8/4/20. Additional configuration updates were moved to production on 9/3/20. <b>3/15/21 update:</b> Configuration update was completed on 11/24/20 for the subset of codes still denying and final testing was completed on 1/26/21.	Adjustments for initial project were completed 9/9/20-9/10/20. Adjustments for updated subset of codes were completed on 3/1/21-3/2/21.	5594 in 2020 124 in 2021 5718 total	Complete
CONFIRMED CPSE: Claims billed for CPT 90785 denied for invalid place of service (FO) when they should have paid.	2/8/21	84-Ohio Department of Mental Health (Community Mental Health) Provider 95-ODADAS Certified/Licensed (SUD) Treatment Program 01-Hospital (Outpatient) 21-Professional Medical Group	Completed 2/8/21.	Adjustments expected to be completed between 3/18/21-4/15/21		In Process
CONFIRMED CPSE: Claims billed for CPT 90785 with modifier GT after date of service 11/15/20 denied as service not appropriate with video service (IE) when they should have paid.	2/8/21	84-Ohio Department of Mental Health (Community Mental Health) Provider 95-ODADAS Certified/Licensed (SUD) Treatment Program 37-Licensed Independent Social Worker (LISW) 21-Professional Medical Group	Projected date is 3/19/21.	Adjustment project will be completed within 60 days of system updates.		In Process
CONFIRMED CPSE - Telehealth office visit claims for non-par providers were paid without prior authorization for dates of service 7/1/20 and after.	1/8/21	21-Professional Medical Group	Completed 2/1/21	Refund requests are estimated to be sent 3/25/21-5/25/21.		In Process
CONFIRMED CPSE: Optum updates for the 2021 Covered Codes Listing (including COVID testing U0005) were not moved into production until 2/2/21.	1/14/21	01-Hospital (Outpatient)	Completed 2/2/2021	Adjustments are estimated to be completed 3/15/21-4/2/21.		In Process

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CONFIRMED CPSE: 2020 professional and technical rates were reversed for some CPT codes when loaded into the system.	1/25/21	21-Professional Medical Group	Completed 2/12/21	Adjustments are estimated to be completed 3/25/21-4/13/21.		In Process
POTENTIAL CPSE: Claims billed with modifiers were underpaid for Nurse Practitioners due to a qualifier setting in the Medicaid pay class.	1/27/21	72-Nurse Practitioner Individual 21-Professional Medical Group	Completed 1/27/21	Adjustments are expected to be completed 3/25/21-4/25/21.		In Process
POTENTIAL CPSE: Codes 0047U, 0097U, G0480-G0483, and V2531 were on the 2021 ODM covered code list. Denial explain codes were not removed from code set up when fees were loaded which caused claims to deny.	3/10/21	21-Professional Medical Group 80-Independent Laboratory	Completed 3/10/21	Adjustments are expected to be completed 3/25/21-4/25/21.		In Process