



UPDATES OF REPORTED CLAIMS PAYMENT SYSTEMIC ERRORS

Updated: February 15th, 2025

Listed below are current Claims Payment Systemic Errors (CPSE). The issues are reported in ascending order with the most recently identified issue listed last. This log is updated monthly. Buckeye Health Plan encourages you to review this log often and prior to contacting Buckeye Health Plan Provider Contact Center. If you still have questions, please call 866-296-8731 to speak to a Buckeye Health Plan Provider Claims Assistance Representative.

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
Confirmed Issue 399: CIA-6474 MyCare Medicaid Part B therapy claims are applying incorrect coordination of benefits.	Medicaid & MyCare	01/22/24	86-Nursing Facility	System fix completed on 03/06/24.	Manual work-around in place as of 01/22/2024. Claim adjustments were partially completed between 03/27/24 - 05/15/24. Upon review of the adjusted claims, it was discovered that a portion of the claims applied an authorization denial in error. The impacted claims from this issue will require an additional reprocessing to appropriately coordinate with primary Medicare claims. Claim readjustments were partially completed between 05/23/24 - 02/15/25. We estimate remaining fallout claim adjustments to be completed between 02/15/25 - 03/15/25.	Fix is complete and claim adjustments are in process.

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<p>Confirmed Issue 434: CIA-6862 MyCare Medicaid claims billing part B therapy in nursing facility setting are pricing at incorrect rates.</p>	<p>MyCare</p>	<p>04/23/24</p>	<p>86-Nursing Facility</p>	<p>System fix completed on 05/01/24.</p>	<p>Impacted claims related to this issue will be reprocessed with the impacted claims from Issue 399. Claim adjustments were partially completed between 05/23/24 - 02/15/25. We estimate remaining adjustments to be completed between 02/15/25 - 03/15/25</p>	<p>Fix is complete and claim adjustments are in process.</p>
<p>Updated Description: Confirmed Issue 457: CIA-7043 A portion of claims are paying \$0.00 on VFC eligible vaccines for providers that are non-VFC participating providers. Also, VFC participating providers are being paid for VFC-eligible vaccines in error.</p>	<p>Medicaid</p>	<p>08/09/24</p>	<p>20-Physician/Osteopath, Individual; 72-Nurse Practitioner, Individual; 24-Physician Assistant; 21-Professional Medical Group</p>	<p>System fix completed on 10/14/24.</p>	<p>Due to the notification period required for certain providers' contracts, we estimate recoupments to be completed between 04/15/25 - 05/15/25.</p>	<p>Fix is complete and claim adjustments are in process.</p>

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<p>Confirmed Issue 462: CIA-7214 Multiple overlapping Medicare records sent on the 834 are causing claims to apply incorrect coordination of benefits errors.</p>	<p>MyCare</p>	<p>08/20/24</p>	<p>00-All provider types</p>	<p>System fix will originate from ODM on the 834. Until corrected, Buckeye Health Plan will manually update the members' Medicare records to appropriately reflect the correct eligibility. The members' statuses are being manually updated as the discrepant records are being found. This process has been in place since issue was identified on 08/20/24. The initial set of impacted member record updates were completed on 12/27/24. We will continue to update discrepant records as they are identified.</p>	<p>Issue has been added back to CPSE report. The adjustment process has been in place since 08/20/24 where impacted claims are reprocessed as individual members' eligibility has been verified and updated. Claim adjustments will continue as member's eligibility is verified and updated. Adjustments occurred between 11/15/24 - 02/14/25. Adjustments spanned over 30 days as adjustments were completed as individual member records were updated. This issue is resolved and will be removed from the March, 2025 submission.</p>	<p>Resolved</p>
<p>Confirmed Issue 465: CIA-7362 MyCare claims billing CPT G0480 - G0483 in place of service codes 11, 20, 49, 50, 72, and 81, are bypassing Medicare processing in error.</p>	<p>MyCare</p>	<p>09/30/24</p>	<p>80-Independent Laboratory; 20-Physician/Osteopath, Individual; 24-Physician Assistant</p>	<p>System fix completed on 10/16/24.</p>	<p>Claim adjustments were partially completed between 10/29/24 - 01/28/25. Adjustments spanned over 30 days due to the identification and remediation of fallout claims. This issue is resolved and will be removed from the March, 2025 submission.</p>	<p>Resolved</p>

CPSE Report – Updated 02/15/2025 (continued)



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Confirmed Issue 470: CIA-7506 Claims billing CPT E0260 are underpaying in error.	Medicaid & MyCare	11/08/2024	76-Durable Medical Equipment Supplier	System fix completed on 12/02/24.	Claim adjustments were completed between 12/16/24 - 01/17/25. Adjustments spanned over 30 days due to the identification and remediation of fallout claims. This issue is resolved and will be removed from the March, 2025 submission.	Resolved
Confirmed Issue 471: CIA-7548 Claims billing CPT 81513 and 87481 are denying for not being reimbursable per plan in error.	Medicaid	11/18/2024	01-Hospital (Outpatient); 80-Independent Laboratory; 72-Nurse Practitioner, Individual; 24-Physician Assistant; 50-Clinic	We estimate the system fix to be completed on 03/15/25.	Manual work-around in place as of 12/02/24. Due to the additional time required for the system fix, we estimate adjustments to be completed between 04/15/25 - 05/15/25.	Fix in process.
Confirmed Issue 472: CIA-7564 Claims billing the professional component for multiple radiology and imaging services on the same claim are underpaying. Updated Description: Confirmed Issue 472: CIA-7564 Claims billing CPT 76801 and 76856 are underpaying in error.	Medicaid	12/10/24	20-Physician/Osteopath, Individual; 72-Nurse Practitioner, Individual; 24-Physician Assistant; 21-Professional Medical Group	It was communicated to the Health Plan on 01/23/25 that the system fix was completed by our Payment Integrity vendor on 01/09/25.	The description has been updated to better describe the issue. Claim adjustments are in process and estimated to be complete between 02/15/25 - 03/15/25.	Fix is complete and claim adjustments are in process.

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Confirmed Issue 473: CIA-7640 Acupuncture services are denying in error when under the 30 visit threshold.	Medicaid & MyCare	12/20/24	23-Acupuncturist	The system fix was completed on 02/11/25.	Impacted claims are currently being identified for adjustment. We estimate adjustments to be completed between 03/15/25 - 04/15/25.	Fix is complete and claim adjustments are in process.
Confirmed Issue 475: CIA-7696 Claims billing CPT code G0108 or G0109 are underpaying in error.	Medicaid	01/10/25	07-Dietitian; 20-Physician/Osteopath, Individual; 72-Nurse Practitioner, Individual; 24-Physician Assistant; 21-Professional Medical Group; 01-Hospital (Outpatient)	The system fix was completed on 02/11/25.	Claim adjustments were initiated while the system fix was in process. Claim adjustments were partially completed between 01/28/25 - 02/15/25. We estimate remaining adjustments to be completed between 02/15/25 - 03/15/25.	Fix is complete and claim adjustments are in process.

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Confirmed Issue 476: CIA-7498 Claims billing CPT code 90673 are denying as non-covered in error.	Medicaid	01/09/25	20-Physician/Osteopath, Individual; 72-Nurse Practitioner, Individual; 24-Physician Assistant; 21-Professional Medical Group	System fix completed on 01/09/25.	Claim adjustments were completed between 01/24/25 - 01/28/25. This issue is resolved and will be removed from the March, 2025 submission.	Resolved
Confirmed Issue 477: CIA-7610 Claims billing CPT 99459 are denying for add-on code cannot be billed without primary code in error.	Medicaid	01/17/2025	72-Nurse Practitioner, Individual; 20-Physician/Osteopath, Individual; 71-Nurse Midwife Individual; 24-Physician Assistant	System fix completed on 01/23/25.	Claim adjustments were completed between 01/28/25 - 02/03/25. This issue is resolved and will be removed from the March, 2025 submission.	Resolved
Confirmed Issue 478: CIA-7717 Claims billing for preventive pediatric services are denying for needing primary EOP in error when the member has active other primary coverage.	Medicaid	02/04/2025	20-Physician/Osteopath, Individual; 72-Nurse Practitioner, Individual; 01-Hospital (Outpatient); 24-Physician Assistant; 50-Clinic; 65-Clinical Nurse Specialist, Individual	System fix in process and estimated to be complete by 05/01/25.	Manual work-around in place as of 02/06/25. Claim adjustment project will be submitted with 60 days of system fix implementation. We estimate adjustments to be completed between 04/01/25 - 04/30/25.	Fix in process.