

## **Claims Payment Systemic Errors**

## September 2025

Unique ID and Description of CPSE	Line of Business	Date CPSE was First Identified	Billing Provider Type(s) impacted by CPSE	Timeline for fixing CPSE	Dates and/or date spans(s) of Corrected Claims Adjustments	CPSE status
250604R000272 CONFIRMED CPSE: Anthem denied claims billing service code 41874 for non-covered incorrectly. Impacted claims were reprocessed.	Medicaid	6/4/2025	21-Professional Medical Group	6/15/2025	7/22/2025	complete
000034176 CONFIRMED CPSE: Anthem's BH supervising claims logic discounted the claims at 72.25% or 85% depending on the providers modifier at the allowed amount. Anthem is working to correct the logic for historical claims and beginning 10/1/25 will adopt Ohio Medicaid's billing requirements of the HT and HP modifiers for supervised and unsupervised BH services.  Impacted providers were notified by Anthem's provider experience team. This project contains a mix of recoupments and payments, Anthem will allow providers to review the identified claims before reprocessing. All claims are expected to be reprocessed by 11/1/25 unless given approval to reprocess on an alternative schedule.	Medicaid	6/30/2025	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95- ODADAS Certified/Licensed (SUD) Treatment Program	10/1/2025	11/1/2025	in progress
250701R000197 CONFIRMED CPSE: Anthem was incorrectly paying VFC toxoids when billed on professional claims, resulting in overpayments. The benefit configuration was updated and claims will be recouped. Anthem's program integrity team is working to notify providers who have impacted claims and will allow providers to dispute or resubmit claims before the recoupment occurs, 90 days from the initial notification.  Initial notifications have been sent to impacted providers, non-disputed recoupments will occur in 90 days.	Medicaid	7/15/2025	21-Professional Medical Group	8/5/2025	11/5/2025	in progress

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If you have any questions, please contact Provider Experience by phone at 844-912-1226 or email us at Ohiomedicaidprovider@anthem.com

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250716R000248 CONFIRMED CPSE: Anthem incorrectly denied claims for Attending providers in enrollment status K on the PMF for not being registered with the state. Anthem is working to correct the front end claims logic and will reprocess impacted claims.	Medicaid	8/12/2025	00-All Provider Types (applicable to attending providers in enrollment status K on the provider master file)	9/5/2025	9/30/2025	in progress
250516R000142 POTENTIAL CPSE-System error causing claims to process as out of network for in network providers resulting in incorrect claim denials for no authorization. Anthem is working on correcting the claims system and determining the impacted providers and claims.  Anthem has identified 3 impacted providers but suspects additional providers are impacted. Analysis is still in progress, reporting as a potential CPSE until 5 or more providers are identified.	Medicaid	8/13/2025	00-All Provider Types (error is not specific to a provider type)	9/12/2025	10/12/2025	in progress
CECR-3412 Potential CPSE- Anthem was incorrectly denying lab claims with disallow reason code i53 requiring primary procedure code 80050 to be billed. 80050 is non-covered, the edit will be turned off in the October release and claims will be reprocessed. Anthem is working to identify impacted providers and claims.	Medicaid	9/15/2025	80 - Independent Laboratory	10/26/2025	11/26/2025	in progress