



TO: Medicaid Managed Care Organizations
MyCare Ohio Plans
OhioRISE Plan

FROM: Jim Tassie, Deputy Director
Office of Managed Care

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SUBJECT: EPSDT, Third Party Liability (TPL), Cost Avoidance, and Post-Payment Recovery

The Ohio Department of Medicaid (ODM) is issuing this memo to provide Managed Care Entities (MCEs) with guidance on how the fee-for-service (FFS) program implements third party liability (TPL) requirements (cost avoidance and pay-chase) and provisions for coordination of benefit (COB) claims including those related to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. MCEs should follow these processes as well.

MCEs can access the latest version of the "Third Party Liability (TPL) cost avoidance and post payment recovery" spreadsheet and its accompanying instructions, on the DAS MCD ODM MCE Collaboration Microsoft Teams channel. The path to the spreadsheet is: Documents > General > Reference Documents > Financial Management & Program Integrity > TPL

This spreadsheet contains the following tabs:

1. "Overview" - reference to Administrative Code rules and overview of all tabs contained in the spreadsheet.
2. "Eligibility Aid Codes" - The four-digit eligibility aid codes listed on this tab represent children in the custody of Ohio county Public Children's Services Agency (PCSA). The Centers for Medicare and Medicaid Services (CMS) granted a blanket good cause exception from all TPL activities for these children which will be documented in the state plan Section 4.22. All children with a SACWIS eligibility aid code identified on this tab designating them as a child in the custody of an Ohio county PCSA without a medical support order will need to be excluded from all TPL cost avoidance as well as post-payment recovery activities.
3. "Prenatal Diagnosis Codes" - The diagnosis codes listed in this tab are used to identify prenatal services. When one of these diagnosis codes is listed as primary (first) or secondary diagnosis code, the services are to have TPL cost avoidance applied and/or post-payment recovery activities applied.
4. "Medicare" - The CPT/HCPCS codes listed are never covered by Medicare and are excluded from Medicare TPL cost avoidance and paid as primary. ODM fee-for-service allows TPL edits to bypass for these Medicare codes and MCEs should follow this process as well. MCEs may move forward with applying a TPL bypass to any pending claims with these Medicare codes. Post-payment recovery is not required because the services are never covered by Medicare.

5. "Medicare Nursing Home, Lab, Pharmacy" - The CPT/HCPCS/J-codes listed should be excluded from Medicare TPL cost avoidance and paid as primary. However, after the services have been paid, post-payment recovery activities are required.

6. "Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)" procedure code tabs - The procedure codes listed in these tabs are used to identify services that should be paid as primary when the member is under age 21. The services are to be excluded from TPL cost avoidance. However, once a claim is paid, post-payment recovery activities are allowed.

This is not a static list; as procedure codes and diagnosis codes are added or modified, the contents of these lists may change. ODM reviews yearly coding updates and may add or remove procedure codes in these groups for FFS claim processing.

Questions related to this communication may be directed to ODM's Policy Management and Development section within the Bureau of Health Plan Policy: GeneralPolicy@medicaid.ohio.gov