



ODM uses the following bill types for adjustment claims:

Bill type xx8 - this type of claim is used to cancel an original paid claim. It consists of one action: to void (**reverse**) the original claim. Use xx8 to accomplish the following:

- cancel an entire payment made on a paid claim
- correct the pay-to provider number submitted on the original paid claim
- correct the Medicaid consumer ID submitted on the original paid claim
- correct the bill type submitted on the original paid claim

Bill type xx7 - this type of claim is used to revise information on a previously paid claim. It consists of two actions: the reversal of an original claim and a replacement of that claim. Use xx7 to revise information for any field EXCEPT the following:

- pay-to provider number submitted in error on the original paid claim
- Medicaid consumer ID submitted in error on the original paid claim
- bill type submitted in error on the original paid claim

Key fields used in adjustment claims

The key fields used in the 5010X22x 837 for adjustments are:

1. CLM05-3 Frequency code (last digit) of the Bill type
The data in this field will always be 'xx7' or 'xx8'
2. 2300 REF=F8 Original Reference Number
REF01=F8
REF02=internal control number (ICN) for the original claim that is being voided or replaced
 - a. ICN must be 13 digits.
 - b. If the ICN is not found in the MITS system, the adjustment will be rejected.

NOTE: Previously adjusted *original* claims cannot be adjusted using the EDI process. Adjusted claims can be re-adjusted using the *adjusted* claim's ICN, NOT the *original* claim's ICN.

U277/835 Remittance Advice/Paper Remit

The successful replacement of an original paid claim can be identified by the assignment of one internal control number (ICN).

New ICN for the void or replacement claim will begin with: 5nnnnnnnnnnnn

835 CLP02=1, 2, or 3 if the replacement claim is paid

835 CLP02=4 if the replacement claim is denied

Please refer to the Final 5010 U277 and 835 Companion Guides found on the ODM Trading Partner website:
<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

For EDI questions, please call the EDI Support phone at 1-844-324-7089 or send an email to
DAS-EDI-Support@das.ohio.gov