Ohio | Medicaid Information Technology System

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THE ANSWER KEY

A COMPENDIUM OF SOLUTIONS TO PROBLEMS ENCOUNTERED BY PROVIDERS IN SUBMITTING MEDICAID CLAIMS

Note: All information was current at the time of publication but is subject to change.

Items of Note on Hospital Claims

- **Inpatient Claims**
  - Covered and non-covered days reported at the header level must correspond with room and board units reported at the detail level.
  - Units reported at the detail level must be greater than zero.
  - Birth weight must be reported on all claims involving newborns.
- **Outpatient claims**
  - Do not report multiple units as separate details; the claim will be denied for duplication. Instead, report all units for a single code in the same detail. Denied claims can be corrected and resubmitted.
  - The Patient Status Code is required on all hospital claims, outpatient included.
  - Late charges can be reported on bill type 135 only for laboratory, radiology and pregnancy-related services. There must also be a paid bill type 131 for the same date of service.
  - Units reported at the detail level must be greater than zero.

Common Denials of Hospital Claims

- **Another payer is listed on the individual's eligibility file.**
  Error 2504 / EOB 2504, Error 2265 / EOB 0720, Error 2264 / EOB 0720, Error 4314 / EOB 4314, Error 4371 / EOB 4371

  Submit the claim first to the primary payer. Report the Adjustment Reason Code (ARC) returned by the primary payer to explain why the services were denied or paid at $0.00.

  For information on how to submit claims, see the EDI Companion Guide for Institutional Claims in MITS:

  http://jfs.ohio.gov/ohp/tradingpartners/pdfs/mits_837i_ffs_cg.pdf

Also view the Web Portal Billing Guide for Institutional Claims:

http://emanuals.odjfs.state.oh.us/emanuals/DataImages.srv/emanuals/pdf/pdf_form/INSTITUTEBILLGUIDES.PDF

- **The individual is enrolled in a Medicaid Managed Care Plan (MCP, also referred to as an HMO).**
  Error 2017 / EOB 2091

  Check the individual's eligibility to determine the appropriate MCP for the dates of service.

  For information on how to verify eligibility, see the EDI Companion Guide for Institutional Claims in MITS:

  http://jfs.ohio.gov/ohp/tradingpartners/pdfs/mits_837i_ffs_cg.pdf

  In unusual circumstances (such as deferred enrollment because of a hospital stay), contact the individual's MCP.

- **An invalid Occurrence Code, Diagnosis Code, Procedure Code, Revenue Center Code or other code was used on the claim.**
  Error 0291 / EOB 2242, Error 0292 / EOB 2255, Error 0293 / EOB 2256, Error 0294 / EOB 0294, Error 4052 / EOB 2013, Error 4040 / EOB 0872

  Resubmit the claim with a valid code.

  For information on codes, see the EDI Companion Guide for Institutional Claims in MITS:

  http://jfs.ohio.gov/ohp/tradingpartners/pdfs/mits_837i_ffs_cg.pdf

  Also see "The Uniform Language of Code Sets" (a MITS Supplemental Policy Release):

  http://jfs.ohio.gov/mits/Code%20Sets%2003.11.pdf

  And check Appendix A of Ohio Administrative Code rule 5101:3-2-02:

  http://emanuals.odjfs.state.oh.us/emanuals/DataImages.srv/emanuals/pdf/pdf_forms/3-2-02-APXA.PDF

- **The ARC used to report prior payment information is invalid or incorrectly submitted.**
  Error 2400 / EOB 7400, Error 2531 / EOB 2531

  Resubmit the claim with the appropriate ARC. Do not include a leading zero on an ARC for deductible (1), co-insurance (2) or co-payment (3).

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Common Denials of Professional Claims

- **There is no contract for the procedure.**
  Error 4801 / EOB 4801

  The procedure code is not in the "provider contract" for a particular provider type. For example, a psychologist cannot be reimbursed for the service represented by procedure code 97532, although certain other providers can.

- **The procedure is not covered.**
  Error 4021 / EOB 0260

  Ohio Medicaid does not cover the service represented by a particular code (for example, G0127).