Ohio | Medicaid Information Technology System

#9

08/26/2011

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.

Information in this document covers:

1. Diagnosis Codes for State Plan Home Health, Private Duty Nursing and ODJFS-Administered Waivers
2. Payment for Multiple Visits to the Same Consumer on the Same Day

Diagnosis Codes for State Plan Home Health, Private Duty Nursing and ODJFS-Administered Waivers

Providers that are billing a State Plan Home Health, Private Duty Nursing or ODJFS-administered waiver services procedure code in the following list are **not required** to use a diagnosis code on their claim at this time. This requirement will be reinstituted in the future. We will notify you when this requirement will resume.

G0151, G0152, G0153, G0154, G0156,
T1000, T1002, T1003, S5125, T1019,
H0045, S0215, S5101, S5102, S5160,
S5161, S5165, S5170, T2029

Payment for Multiple Visits to the Same Consumer on the Same Day

If your initial visit (the unmodified claim line for that date or service) for a consumer is denied, any subsequent visits (lines with U2 and U3 modifiers) to that same consumer for the same procedure will be denied also. Therefore, if your initial visit is denied, you must resubmit all denied lines for that day of service.

The same is true if billing for a third (fourth, fifth, etc.) visit when a second visit is denied.