

Supplemental Billing Instructions Regarding Co-payments for the Dental, Professional and Institutional Claim

The following ODJFS document is a supplement to the Medicaid provider billing instructions currently used by providers that render Medicaid services. This supplemental document should be used as a guide for billing ODJFS when a co-payment exclusion (consumer is excluded from co-payment) applies, unless the service is a non-emergency emergency room service and the co-payment will apply (see table provided). Below are three tables (one for Dental claims, one for Professional claims and one for Institutional claims) that should help Medicaid providers when billing ODJFS paper claims, tape cartridges or 837 transactions. Each table identifies the claim fields and/or transaction loops where the appropriate co-payment information should be supplied. **NOTE:** In the tables below, RMF stands for ODJFS' internal Recipient Master File.

Please note this information is a guide and should be used in conjunction with current Medicaid provider billing instructions. For a copy of the ODJFS provider billing instructions for the CMS 1500 claim or UB-92 claim, visit the ODJFS website <http://emanuals.odjfs.state.oh.us/emanuals>

Technical Letters for billing tape cartridge and/or ODJFS Companion Guides for sending 837 transactions for providers and trading partners can be found at <http://hipaa.oh.gov/odjfs/>.

This supplemental document does not include information for pharmacy providers regarding the billing of Medicaid co-payments for prescription drugs. For billing instructions about Medicaid co-payments for prescription drugs, please visit <http://jfs.ohio.gov/ohp/bhpp/meddrug.stm>.

Formats on Paper, Tape or 837 Transactions

NOTES:

- 1) No matter what billing format is used, the 10-digit exclusion/inclusion code must be the **first item** listed in the remarks field. No other information may precede this code.
- 2) When a claim is being sent in with the exclusion/inclusion field populated, the word COPAY **must always have a single (one key stroke) space** between it and the 4-digit alpha exclusion/inclusion for all exclusions/inclusions on all claim types.
- 3) For 837 transactions, when a co-payment indicator is used, the 2300 NTE01 segment must be populated with the qualifier ADD.

INSTITUTIONAL CLAIMS

Inclusion Description	Inclusion Code – Denotes a Co-payment Should Be Taken	Paper Field	Tape Field	837 Loop
All non-emergency emergency services received in an emergency department.	COPAY NEMR ^ Important: this caret denotes a space between the word copay and nemr.	Remarks Field 84	Flat File Version 4, Record Type 90, Field #17 titled Co-payment Remarks. Flat File Version 6, Record Type 90, Field #17 titled Co-payment Remarks.	Claim Note Text 2300 loop NTE02

DENTAL CLAIMS

Exclusion Description	Exclusion Code – Denotes a Co-payment Should Not Be Taken	Paper Field	Tape Field	837 Loop
Under age 21	None Needed...will use RMF fields	N/A	N/A	N/A
Living in a NH or ICF-MR	None Needed...will use RMF fields	N/A	N/A	N/A
If Receiving Family Planning Services	None Needed...will use ODJFS claims adjudication system to determine	N/A	N/A	N/A
Pregnant or pregnancy ended recently (up to 90 days ago)	COPAY PREG ^	Remarks Field 61	NSF HA0-05.0	Claim Note Text 2300 loop NTE02
If Receiving Hospice Services	COPAY HSPC ^	Remarks Field 61	NSF HA0-05.0	Claim Note Text 2300 loop NTE02
Dental Services Rendered on Emergency Basis	COPAY EMER ^	Remarks Field 61	NSF HA0-05.0	Claim Note Text 2300 loop NTE02

PROFESSIONAL CLAIMS

Exclusion Description	Exclusion Code – Denotes a Co-payment Should Not Be Taken	Paper Field	Tape Field	837 Loop
Under age 21	None Needed...will use RMF fields	N/A	N/A	N/A
Living in a NH or ICF-MR	None Needed...will use RMF fields	N/A	N/A	N/A
If Receiving Family Planning Services	None Needed...will use ODJFS claims adjudication system to determine	N/A	N/A	N/A
Pregnant or pregnancy ended recently (up to 90 days ago)	COPAY PREG ^	Remarks Field 19	NSF HA0-05.0	Claim Note Text 2300 loop NTE02
If Receiving Hospice Services	COPAY HSPC ^	Remarks Field 19	NSF HA0-05.0	Claim Note Text 2300 loop NTE02
Vision or Dental Services Rendered on an Emergency Basis	COPAY EMER ^	Remarks Field 19	NSF HA0-05.0	Claim Note Text 2300 loop NTE02