

**Supplemental Policy Release**

## Claims Denied by Medicare

This document explains what providers should do when Medicare denies a claim as the primary payer and the Ohio Department of Job and Family Services (ODJFS) denies the claim on the grounds that the individual is covered by Medicare (reflected in EOB code 0720, 'Medicare coverage is present'). It is important to note that **a claim that is denied by Medicare is not a Medicare crossover claim.**

If Medicare issues a denial and indicates that the patient is responsible for the payment of the denied claim or denied detail, then submit the claim to ODJFS as a Medicaid claim by following these four steps:

1. Make a copy of the Medicare explanation of benefits (EOB) that shows the denied services, the corresponding Adjustment Reason Codes (ARCs), and the descriptions of the ARCs that explain the denials.

If you plan to upload the EOB as an electronic attachment through the Web Portal, then the copy of the EOB should be in an electronic format (such as a scanner produces). If you plan to submit the EOB by mail, then the copy of the EOB must be printed out on paper.

2. Complete form JFS 06653, "Medical Claim Review Request" (rev. 05/2010), which can be downloaded from the ODJFS Forms Central website, <http://www.odjfs.state.oh.us/forms/inter.asp>. Fill out a separate JFS 06653 for each denied claim. An example of a completed JFS 06653 is included at the end of this information release.

Note that instead of *transaction control numbers* (TCNs), the new Medicaid Information Technology System (MITS) uses *internal control numbers* (ICNs), which have 13 digits.

If you plan to upload the JFS 06653 as an electronic attachment, then it must be in an electronic format. The JFS 06653 is available as a fillable PDF or a Word document. If you plan to submit the JFS 06653 by mail, then the form must be printed out on paper. If you decide to complete the form by hand, make sure that it is legible.

3. Complete the applicable claim type (professional or institutional) in the appropriate format (Web Portal, electronic data interchange, or paper) in accordance with rule 5101:3-1-19 of the Ohio Administrative Code.

If Medicare denied the entire claim, then submit the entire claim as though Medicaid were the primary payer; do not report any Medicare information in the 'Other Payer' panel (Web Portal) or Coordination of Benefits loop 2320 (EDI). If Medicare paid part of the claim but denied some of the services as non-covered, then submit a claim to Medicaid only for the denied services. In either case, report any applicable third-party payer (TPP) information if the claim was submitted to an insurance carrier other than Medicare.

Note: Medicaid will not make payment if Medicare as the primary payer denies a claim for billing errors or on any other grounds not related to coverage. For example, Medicaid will not pay a claim that has been denied by Medicare for any of these reasons:

- The authorization number is missing, is invalid, or does not apply to the services or provider.
- The claim or service is a duplicate.
- The charges are covered by a Medicaid managed care plan (MCP).
- Payment for the service is included in the payment or allowance for another service that has already been made.

4. Send the claim to ODJFS. The procedure depends on which method of claim submission you use.

#### Web Portal

- Enter the claim information.
- In the 'Attachments' panel, click the 'add' button.
- In the 'Type of Document' field, select 'REFERRAL FORM (OHIO 6653)' from the drop-down list. In the 'Transmission Type' field, select either 'MAIL' or 'UPLOAD' from the drop-down list. Click the display row for the document (highlighted in light blue) to record the information selected from the drop-down lists.
- In the 'Attachments' panel, click the 'add' button.
- In the 'Type of Document' field, select 'EXPLANATION OF BENEFITS' from the drop-down list. In the 'Transmission Type' field, select either 'MAIL' or 'UPLOAD' from the drop-down list. Click the display row for the document (highlighted in light blue) to record the information selected from the drop-down lists.
- Click 'submit'. Your claim will be placed in suspension.
- Follow these steps to send the attachments:
  - If you are submitting the attachments electronically, then in the 'Attachments' panel, click the 'upload' button. An 'Attachment Upload' panel will open. Click the display row (highlighted in light blue) for the document you are uploading. The 'Type of Document' field will be populated automatically, and the Web Portal will generate a unique number for the 'Reference' field. In the 'File to Upload' field, click the 'Browse' button to find and select the document. Click the 'upload attachment' button. Click the display row for the next document and repeat the process.

*Note: No more than ten documents can be uploaded as attachments to a single claim. Each electronic document can be no more than 50 megabytes (50MB) in size and must be in one of ten formats: BMP, DOC, GIF, JPG, MDI, PDF, PPT, TIFF, TXT, or XLS. Attachments found to have viruses will be discarded without notification to providers.*

*The Web Portal does not currently support the DOCX format introduced in Word 2007 for Windows and Word 2008 for the Macintosh. Save a DOCX file in DOC format before uploading it.*
  - If you are submitting the attachments by mail, then in the 'Attachments' panel, click the 'cover page' button. Complete and print out the cover page in accordance with the instructions given. Send the cover page, the JFS 06653, and the copy of the EOB to the address shown when the 'address button' is clicked.

#### Electronic Data Interchange (EDI)

- Complete the 837 transaction as you would for any other non-crossover claim. Enter information into the PWK segment of loop 2300 to indicate that an attachment is forthcoming.
  - In PWK01, specify the type of attachment. For the JFS 06653, enter 'B4' (Referral Form).
  - In PWK02, specify the method of transmission. For the Web Portal, enter 'EL' (Electronic Only). For mail, enter 'BM' (By Mail).
- Once an ICN has been assigned and the claim has been placed in suspension, use the ICN to find the suspended claim in the Web Portal.
- In the 'Attachments' panel, click the 'add' button if another attachment is needed. Select appropriate information for the 'Type of Document' and 'Transmission Type' field.
- In the 'Attachments' panel, click on a display row (highlighted in light blue). Follow the steps for sending attachments listed in the preceding 'Web Portal' section.

#### Paper Form

Use the JFS 06653 as a cover page for the paper claim form and the Medicare EOB. Mail the packet to: ODJFS Provider Relations Section, P.O. Box 1461, Columbus, OH 43216-1461.

An illustrated, step-by-step guide to submitting claim attachments has been published separately. Go to [http://jfs.ohio.gov/mits/Attachments\\_for\\_Electronic\\_Claims.pdf](http://jfs.ohio.gov/mits/Attachments_for_Electronic_Claims.pdf).

All Ohio Medicaid resources for providers can be found at <http://jfs.ohio.gov/ohp/>.

