

LINE LEVEL – CONTINUED

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A 1	10/01/2017	0.00	\$0.00	\$0.00								

Select row above to update -or- click add an item button below.

delete | **add an item** | copy

Item 1

*From DOS 10/01/2017

To DOS 10/01/2017

*Units 1.00

*Charges \$50.00

Medicaid Allowed Amount \$0.00

Rendering Provider 1234567890

Submitted EAPG

Initial EAPG

Status

*Place Of Service 12 [Search]

*Procedure Code A5500 [Search]

Emergency

Referred EPSDT Service/
Family Planning

Diagnosis Code Pointer 01

Modifiers LT [Search] [Search] [Search] [Search]

Final EAPG Pay Action

NDC | Detail - Other Payer | Additional Provider Information

5. In the Detail panel complete the appropriate fields for the detail/line.

6. Click the appropriate light blue bar at the top of the Detail panel so the information populates the line.

7. If you need to add additional lines, click the “add an item” button, and complete the appropriate fields for the detail/line. After the information is entered for each line, click the line at the top of the Details panel so the information populates the line.

Detail

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A 1	10/01/2017	0.00	\$0.00	\$0.00								

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Final EAPG Pay Action

NDC | **Detail - Other Payer** | Additional Provider Information

8. Click the “Detail-Other Payer” button.

LINE LEVEL – CONTINUED

Detail - Other Payer *** No rows found ***

Select row above to update -or- click add an item button below.

delete **add an item**

Detail - Other Payer Amounts and Adjustment Reason Codes

9. Click the “add an item” button.

Detail Item	Electronic Payer ID	Paid Date	Paid Amount
A 1	43210	10/01/2017	\$27.50

Select row above to update -or- click add an item button below.

delete **add an item**

LINE LEVEL ADJUSTMENT REASON CODES AND AMOUNTS

*Detail Item 1

*Electronic Payer ID 43210

*Paid Date 10/01/2017

*Paid Amount \$27.50

Allowed Amount \$0.00

Detail - Other Payer Amounts and Adjustment Reason Codes

10. Complete the Detail Item, Electronic Payer ID, Paid Date and Paid Amount fields.
(MITS will calculate the Allowed Amount)

11. Click the light blue bar at the top of the Detail-Other Payer Panel so the information populates the line.

12. Repeat steps 9, 10, and 11 until all Detail Item, Electronic Payer ID, Paid Date, and Paid Amount fields are completed for each line.

Detail - Other Payer

Detail Item	Electronic Payer ID	Paid Date	Paid Amount
A 1	43210	10/01/2017	\$27.50

Select row above to update -or- click add an item button below.

delete **add an item**

LINE LEVEL ADJUSTMENT REASON CODES AND AMOUNTS

*Detail Item 1

*Electronic Payer ID 43210

*Paid Date 10/01/2017

*Paid Amount \$27.50

Allowed Amount \$0.00

Detail - Other Payer Amounts and Adjustment Reason Codes

13. Click the “Detail-Other Payer Amounts and Adjustment Reason Codes” Button.

LINE LEVEL – CONTINUED

Detail - Other Payer Amounts and Adjustment Reason Codes
*** No rows found ***

Select row above to update -or- click add an item button below.

14. Click the “add an item” button.

Detail - Other Payer Amounts and Adjustment Reason Codes

Detail Item/Electronic Payer ID	CAS Group Code	ARC	Amount
A 1/43210	CO-Contractual Obligations	45	\$21.50
A 1/43210	PR-Patient Responsibility	2	\$1.00

Select row above to update -or- click add an item button below.

*Detail Item/Electronic Payer ID

*CAS Group Code

*ARC

*Amount

Payer Line Level Adjustment Reason Codes(ARC) and Amounts

15. Enter the appropriate Electronic Payer ID, CAS Group Code, ARC, and ARC Amount.

16. Click the light blue bar at the top of the panel so the information populates the line.

17. Repeat steps 14, 15, and 16 until all of the Electronic Payer ID, CAS Group Code, ARC, and ARC amounts have been completed for this line. In this example, there is one Electronic Payer ID and two sets of CAS Group codes, ARCs, and ARC amounts.

HELPFUL HINTS FOR SUBMITTING CLAIMS WITH OTHER PAYER INFORMATION

Providers should access the ARCs and ARC amounts from the other payers' remittance advice notices and enter that information in the appropriate fields. If the ARCs and ARC amounts do not appear on the remittance advice notice, then providers will need to refer to the information noted below for example ARCs, the Washington Publishing Company website, and the ARC calculations.

EXAMPLE ADJUSTMENT REASON CODES (ARCs):

- 1 - Deductible
- 2 - Coinsurance
- 3 - Co-payment
- 45 - Contractual Obligation/Write Off
- 96 - Non-Covered Services

Refer to the Washington Publishing Company's website for more ARCs (<http://www.x12.org/codes/claim-adjustment-reason-codes/>).

CALCULATIONS:

Commercial Payer

- Paid Amount + ARC Amounts = Total Charges (**Claim/Header level only**)
 - If the commercial payer paid or denied the claim at the header level, submit the CAS Group Codes, ARC Amounts, and ARCs at the header level.
 - If the commercial payer paid or denied the claim at the line level, submit the CAS Group Codes, ARC Amounts, and ARCs at the line level.
- MITS will calculate the allowed amount.

Medicare Payer (Traditional/Managed Care)

- Paid Amounts + ARC Amounts = Line Item Charges (**Claim/Header Level Only**)
 - Submit the CAS Group Codes, ARC Amounts, and ARCs at the line level.
- MITS will calculate the allowed amount.

CLAIMS DENIED BY MEDICARE:

If a claim is denied by Medicare **for reasons other than lack of medical necessity**, the claim has to be submitted via the 6653 process through MITS. In this situation, providers **SHOULD NOT** denote any Medicare information at header or line level. Providers should also attach the following information to the claim and submit the claim via MITS:

- Attach a completed 6653 form;
- Attach the portion of the Medicare remittance advice notice that clearly indicates why Medicare didn't pay the claim; and
- Include any other attachments that support payment by Medicaid.

RESOURCES FOR CLAIMS THAT INCLUDE OTHER PAYER INFORMATION

- Access questions and answers regarding Coordination of Benefits (COB) via the MITS website.
 - <http://medicaid.ohio.gov/PROVIDERS/MITS/MITSInformationReleases.aspx>
- Refer to the Information Release dated October 25, 2011 for more information regarding claims denied by Medicare.
 - <http://medicaid.ohio.gov/PROVIDERS/MITS/MITSInformationReleases.aspx>
- Access the Health Insurance Fact Request form (ODM06614) via the Form Central website to correct “other payer” information for a Medicaid recipient.
 - <http://medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx>
- Access the Ohio Administrative Code (OAC) rules and policy updates.
 - <http://medicaid.ohio.gov/RESOURCES/LegalandContracts/Rules.aspx>
- For Adjustment Reasons Codes (ARCs), access the Washington Publishing Company’s website.
 - <http://www.x12.org/codes/claim-adjustment-reason-codes/>
- Your trading partner/clearinghouse should contact the EDI Help Desk regarding problems related to EDI transactions.
 - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>
- For Payer IDs, refer to the payer’s electronic remittance advice or contact the payer directly.
- For Provider Assistance, call 1-800-686-1516.