The Answer Key #1

Ohio Department of Medicaid Billing Guidelines

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

Inpatient Claims

For Dates of Discharge and Dates of Service on or Before 7/31/17

For Dates of Discharge and Dates of Service on or After 8/1/17

Ambulatory Surgery Center Billing Guidelines for Dates of Service on or After 8/1/17

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

- 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.
- Also view the Web Portal Billing Guide for Institutional Claims.

The individual is enrolled in a Medicaid managed care plan (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.
- 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 2312, 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.
- Also see The Uniform Language of Code Sets (a MITS Supplemental Policy Release).
- And check Appendix A of Ohio Administrative Code rule 5101:3-2-07.4.

The ARC used to report prior payment information is invalid or incorrectly submitted.

Error 2531/EOB 2531 and Error 2532/EOB 2511

- 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)
- For information on how to submit claims, see the EDI Companion Guide for Institutional Claims in MITS.
- Also view the Web Portal Billing Guide for Institutional Claims.

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

- The recipient is not eligible for the specific service on the billed date of service. For example, if a waiver service was billed but the recipient did not have a benefit plan for that waiver (ie: not enrolled in waiver).