

## INSTRUCTIONS FOR COMPLETING ODM 06653, MEDICAL CLAIM REVIEW REQUEST

**Instructions for completing this form:** This form is not to be used for routine claim submission and/or to request an adjustment to a paid claim. Complete the ODM 06653 Medical Claim Review Request Form (Sections 1, 2, 3, 4, 5, AND 6) when submitting an unpaid claim with a service date of more than one year due to one of the following reasons:

- A delay due to an administrative hearing decision by the Department of Job and Family Services
- A delay in eligibility determination by a county department of job and family services
- Coordination of benefits with Medicare and/or a third party payer

**A claim form must be attached to the ODM 06653 Medical Claim Review Request Form, for review and processing purposes.** Please include information to document your previous claim submission or the event which delayed your claim submission such as a county letter demonstrating a delay in eligibility and/or a third party payer or Medicare explanation of benefits.

A written response to the ODM 06653 Medical Claim Review Request Form will not be provided when the claim is approved and forwarded for processing. A written response to the ODM 06653 Medical Review Request Form will be provided for those claims which are returned to the provider as not approved for processing.

**Please mail the completed ODM 06653 Medical Claim Review Request Form to: Ohio Department of Medicaid, Provider Relations Section, P.O. Box 1461, Columbus, Ohio, 43216-1461.** For your convenience the ODM 06653 Medical Claim Review Request Form can be downloaded from our web site at [www.medicaid.ohio.gov/resources](http://www.medicaid.ohio.gov/resources) or ordered from the Business Services Section by emailing [ODM\\_Business\\_Services@medicaid.ohio.gov](mailto:ODM_Business_Services@medicaid.ohio.gov).

1. **Provider Information:** Enter the provider's name, street address, city, state, and zip code and contact person.
2. **Submission date to Medicaid:** Enter the date, the 06653 Medical Claim Review Request Form is being submitted to the department. Enter the numerical seven digit Ohio Medicaid individual provider number, and the numerical seven digit Ohio Medicaid group provider number, when appropriate, and phone number including the area code.
3. **Claim Inquiry Information:** Enter the recipient name, the 12 digit billing number, and the service or discharge date.
4. **Claims History Information:** Enter **each** of the 17 digit transaction control number(s) (TCN) along with the remittance advice for the claim review requested. Timely filing and timely resubmission of your claim will assist the department with the review of your claim.
5. **EOB Code Information:** Enter the Explanation of Benefits (EOB) codes from the department's remittance advice that pertain to the claim.
6. **Explanation of Request:** Enter an explanation why you are requesting a review of this claim.

### **IMPORTANT INFORMATION!**

**Briefly this rule states:** Your initial claim submission must comply with Ohio Administrative Code, Rule 5101:3-1-1 9.3. Initial claims must be received by the department within three-hundred-sixty-five days of the date the service was provided, or from the date of discharge. The date of **receipt** for purposes of this rule is the date the department receives a claim and assigns a transaction control number. Initial claims received beyond the three-hundred-sixty five day time limit should not be processed for payment by the department unless the claim submittal is delayed due to the pendency of either an administrative hearing decision by the department or an eligibility determination by a county department of job and family services, or coordination of benefits with a third party payer or Medicare explanation of benefits. Consideration of payment will be made if the claim is received within one-hundred-eighty days of the date of the administrative decision by the department, eligibility determination by the county department of job and family services, or coordination of benefits with a third party payer or Medicare explanation of benefits.