

The Department of Developmental Disabilities submits all I/O and LV1 waiver claims to the Ohio Department of Job and Family Services for final adjudication (approval or denial). All claims that are approved by ODJFS will be processed by for payment. Any claim denied by ODJFS will not be paid by DODD.

Claims are pulled into production by DODD every Wednesday. The second Monday after the Wednesday production date a reimbursed approved and reimbursed denied report is available. This lists all of the claims processed by ODJFS.

A complete list of denial codes is not available, as most of the codes do not affect the waiver provider community; however, here are some of the more common ones.

Unless otherwise specified, contact Provider Support Services by phone 1-800-617-6733 or email at provider.support@list.dodd.ohio.gov for further assistance with denied claims.

101 This claim is an exact duplicate submission for a claim that has already paid.

120 365-DAY-OLD CLAIMS

The department received this claim after the 365-day claim filing limitation was exceeded. The claim requires documentation (I.E. transaction control number) to support a timely submission effort within the 365-day timeframe.

218 TPL CASE MASTER RECORD INDICATES THIRD PARTY COVERAGE

TPL stands for Third Party Liability. This denial indicates that ODJFS records show that the individual has health insurance. As a Medicaid is always the payer of the last resort, this “other source” of coverage must be addressed in order for the claim to be approved for payment.

You would enter “S” in the other source code and then resubmit the billing for payment.

244 GAP IN WAIVER COVERAGE

Waiver eligibility is contingent upon Medicaid eligibility. If a Medicaid eligible individual has a break in Medicaid eligibility due to a change in resources or circumstances, their eligibility for Waiver services may be suspended. Waiver claims cannot be reimbursed for any Date(s) of Service on which the individual was not Medicaid eligible.

It is important to check the individual's Medicaid card monthly to confirm that Medicaid eligibility has not been interrupted. Contact the client's SSA at the county board of developmental disabilities.

271 SERVICE DATES FALL OUTSIDE OF ELIGIBILITY SPAN

Waiver eligibility is contingent upon Medicaid eligibility. If a Medicaid eligible individual has a break in Medicaid eligibility due to a change in resources or circumstances, their eligibility for Waiver services may be suspended. Waiver claims cannot be reimbursed for any Date(s) of Service on which the individual was not Medicaid eligible.

It is important to check the individual's Medicaid card monthly to confirm that Medicaid eligibility has not been interrupted. Contact the client's SSA at the county board of developmental disabilities.

289 TAPE SUBMITTER NOT AUTHORIZED TO SUBMIT CLAIMS FOR THIS PROVIDER

This denial usually only affects new Providers or Providers that have not billed during the past year. As DODD acts as the “middle man” between I/O and LV1 waiver providers and ODJFS, DODD must submit an ODHS Form 6301 to ODJFS for each Provider who provides waiver services. This form is signed by the Provider and authorizes DODD to act as an intermediary.

If the Provider has not signed a 6301 form (Electronic Media Notification), claims will be denied. Once the 6301 form is signed and filed with ODJFS, claims must then be resubmitted to DODD for processing. This form is part of the Certification packet.

Contact DODD Provider Certification at 1-877-289-3636.

301 PROVIDER MEDICAID MASTER DISPLAY SCREEN

This denial occurs when the category of service code is not entered and this code is needed for the billed procedure and service dates entered on the claim.

473 Waiver services cannot be billed on non-waiver consumers. It is an indication that the Medicaid Recipient File is incorrect and must be updated by the local county Department of Job and Family Services.

598 Service date for claims occurred after the date of death listed on the recipient master file.

652 ELIGIBILITY ENDED NO LEVEL OF CARE

The individual is no longer enrolled and their eligibility has ended on the waiver.

689 Affects billing codes ADL and billing that is submitted at 15-minute increments [APC, AMW, AMX, AMY, AMZ] for an individual for each day of service. A provider cannot bill both ADL and 15-minute increment codes for the same day of service. Go to the county board and have the PAWS revised to reflect the correct service codes before payment can be re-submitted.

708 Medicaid Recipient File at ODJFS does not reflect that the individual being served is enrolled on an HCBS waiver. It is an indication that the Medicaid Recipient File is incorrect and must be updated by the local county Department of Job and Family Services.

914 PROVIDER STATUS

This denial means your Medicaid Provider number (ODJFS) has been placed in VOLUNTARY TERMINATION STATUS. The Provider needs to fill out a “Re-Instatement Packet.

Contact Provider Certification for further instructions.
1-800-289-3636 or certification.support@list.dodd.ohio.gov.