

SECTION 6: CLAIMS REJECTED AS ERRORS

The Error Report (Weekly Service Delivery input errors for billing cycle JAN08A) is a computer-generated report of all errors detected by DODD's claims processing system for the billing cycle indicated. This report may be viewed in MBS.

**** The claims identified on an Error Report must be resubmitted to DODD with corrections before the claims can be submitted to ODJFS for payment approval.**

Below each Submitted Data Line is one or more **Error Codes** with **error messages** that **describe the reason the claim was rejected**. If errors indicated are in the LAST NAME or INITIAL fields, the last and first names from the current ODJFS Recipient File are printed as an aid in correction.

Contact Provider Support Services if further assistance is needed.

ERROR CODES AND DESCRIPTIONS: The following outlines Error Codes and Descriptions for each error code identified. Refer to the corresponding Error Code Description in this section for assistance in understanding and correcting each error.

(1) DATE OF SERVICE IS MISSING OR INVALID. The Billing Period and the Day of Service are combined to produce the Date of Service. If this Error Code is indicated, it means an invalid date was entered, or some or all of the date was omitted. An invalid date could be a month or day out of range (such as month "13" or day "30" in February), or a single-digit entry without a leading zero. To correct, enter the Billing Period and/or Day of Service in the correct format with corrected date.

(2) DATE OF SERVICE EXCEEDS PROCESSING DATE. The Date of Service was later than the date the computer processed the claim, which means the claim was for a future date. To correct, enter the Billing Period and/or Day of Service in the correct format with corrected date.

(3) DATE OF SERVICE PROCEEDS START-UP DATE. The Date of Service was entered wrong. To correct, enter the Billing Period and/or Day of Service in the correct format with corrected date.

(4) SERVICE CLAIM IS ONE YEAR OLD. The service date, prior to the processing date, is at least 365 days old. Claims over 365 days old are invalid. To correct, confirm that the Billing Period and/or Day of Service were entered correctly. If incorrect information was entered, re-enter the corrected information.

(5) SERVICE AVAILABILITY HAS EXPIRED. Occasionally, services may only be available through a specific date span. This Error Code indicates that the Date of Service was after the date the Service Code billed and the service was no longer allowable. To

address this you should confirm that the Billing Period and/or Day of Service has been entered correctly. If incorrect information was entered, re-enter the corrected data.

(6) INVOICE DATE IS MISSING OR INVALID. The Invoice Date contained wrong date information or was omitted. To correct, enter the corrected format with the correct date.

(7) INVOICE DATE EXCEEDS PROCESSING DATE. The Invoice Date is later than the date the claim was processed. To correct, enter the correct date.

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(9) CLAIM DOES NOT MATCH USEABLE PAWS RECORD. The eligible individual being served may not have an active PAWS record. The Provider should have an DODD approved PAWS confirmation before submitting claims. You may receive this error if any of the following information has been entered incorrectly into the system: the billing period, the individual's Medicaid recipient number, their first initial, contract number, day of service, service code, group size, county of service or UCR. Review the DODD approved PAWS confirmation for accurate information. If the Provider has an authorized PAWS confirmation, contact the County Board of the service county for assistance.

If the Provider does not have an approved DODD PAWS confirmation, contact the individual's Case Manager at the local County Board of MRDD or Council of Government (COG) then resubmit the claim once the DODD confirmation has been received.

(10) RECIPIENT NUMBER IS MISSING OR INVALID. The individual's Medicaid Recipient Billing Number contained non-numeric data or was omitted. To correct, review the submitted information and re-enter the correct data.

(11) RECIPIENT NUMBER CHECK DIGIT IS INVALID. The individual's Medicaid Recipient Billing Number could not be located by ODJFS. Review the number found on the Ohio Medicaid card. A common cause of this error is a transposition of numbers when entering the number into the system. If this is not the problem, the number could be invalid and Provider Support Services should be contacted.

(12) PAWS DAILY UNIT LIMIT IS EXCEEDED. If Waiver services have been authorized through the PAWS process at a Daily Frequency Period, claims must be submitted for a number of units less than or equal to the maximum number of units of service approved for each day.

(13) CAFS CNTRTYPE DATA NOT AVAILABLE. All CAFS providers must have a contractor type designation from a Form 3 record.

(14) TCM SERVICE IS INAPPROPRIATE. This error is most commonly caused by service coordination being received at an ICFMR facility, or that the service was age-inappropriate.

(15) RECIPIENT LAST NAME IS MISSING. The individual receiving services last name is missing. To correct insert the last name in the field (First 5 alpha letters of the last name, See Section 4-E).

(16) RECIPIENT LAST NAME IS INVALID. The individual's Last Name contained non-alpha data (such as dashes or apostrophes). The Last Name field is incorrect; the current ODJFS Recipient File is printed below the error to help you correct this error.

(17) RECIPIENT INITIAL IS MISSING OR INVALID. The individual's Initial contained non-alpha data or was not included. The Legal First Name field is incorrect; the current ODJFS Recipient File is printed below the error to help you correct this error.

(18) HOMEMAKER/PERSONAL CARE EXCEEDS 24 HOURS IN A DAY. HPC service authorized for the eligible individual shall not exceed twenty-four (24) hourly billing units, ninety-six (96) fifteen minute billing units, one (1) daily billing unit, or a combination of **all** units billed by **all** service providers that would total more than twenty-four (24) hours of service on the same day.

(19) CONTRACT NUMBER IS MISSING OR INVALID. The Provider's Contract Number contained non-numeric data or was not included. To correct, enter the correct number (See Section 4-E)

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(20) DIFFERENT HOMEMAKER/PERSONAL CARE SERVICES ON SAME DAY. HPC service shall not be based on a day billing unit when the eligible individual receives this service's from more than one waiver service provider on the same day.

(21) CONTRACT NUMBER CHECK DIGIT IS INVALID. The check digit could not be computed by DODD. The most likely cause of this error is the rearrangement of numbers entered on the claim.

(22) PAWS TOTAL UNIT LIMIT IS EXCEEDED. The PAWS process sets the maximum units of service that are approved. This error indicates that all approved units have been depleted. Refer to the DODD approved PAWS confirmation for total authorization of units for the fiscal year.

(23) SERVICE CODE IS MISSING OR INVALID. The Service Code was not entered correctly or left blank. Refer to Section 6 of these instructions for a listing of valid Service Codes or approved PAWS confirmation.

(24) UNITS DELIVERED ARE MISSING OR INVALID. The Units of Service Delivered were not entered or the information entered could not be processed. Check this field; make the necessary corrections and resubmit.

(25) PAWS TOTAL COST LIMIT IS EXCEEDED. The PAWS process establishes the maximum dollar amount approved for each individual receiving services. This error indicates that all approved funds have been spent. Refer to the DODD approved PAWS confirmation for total dollar amount authorized.

(26) UNITS DELIVERED ARE EXCESSIVE. Claims for any Service Code with quarter-hour (15 minutes) units are restricted to 96 units per day. Claims for any Service Code with hourly units are restricted to 24 units per day. Daily rate codes are restricted to one (1) unit per day. Refer to the DODD approved PAWS confirmation for total units authorized.

(27) OTHER SOURCE OF PAYMENT IS INVALID. Values for this field must be one of the following: 1 or 2 or 3 or 4 or 5 or R or P or F or L or S or X or E or blank. The field is left blank only if the individual receiving services does not have patient liability or third party insurance.

(28) SERVICE DUPLICATED FOR RECIPIENT AND DATE. If one Provider for the individual receiving services inputs two or more claims during the same billing cycle, duplicating the Service Codes and Dates of Service, this error occurs. The first claim will not error, but all duplicate claims will error.

To correct verify that the entries causing this error are correct and resubmit the corrected claims.

(29) OTHER SOURCE CODE AND PAYMENT AMOUNT DISAGREE. If the Other Source field is blank or contains a letter character (R or P or F or L or S or X or E), the Other Source Amount field must be blank. If the situation is reversed and the Other Source field contains a number, (1, 2, 3, 4 or 5) which indicates payment has been received, the Other Source Amount field must contain a dollar amount. These fields **must be** corrected or these claims **will not** be processed (See Section 4-K & L).

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(30) PAWS MONTH UNIT LIMIT IS EXCEEDED. The PAWS process could establish the maximum Monthly Frequency Period approved for eligible individual receiving services. This error indicates that all approved monthly units have been exceeded. To correct this error the claims must be for a number of units less than or equal to the maximum number of allowable units on the PAWS approved for each month. Refer to the DODD approved PAWS confirmation for the total number of authorized units per month.

(31) ATTEMPT TO ADJUST ANOTHER PROVIDER'S CLAIMS. If Provider "A" enters a claim into the system then zeros out that claim, and Provider "B" re-enters the same claim into the system, and Provider "A" attempts to adjust this claim, Provider "A" would receive this error. According to DODD's system that claim now belongs to Provider "B".

(32) SERVICE IS IDENTICAL TO PRIOR BILLING. If a claim is submitted for an eligible individual, Service Code, Date of Service, and Number of Units of Service as a prior paid claim, this error will result.

If the Units of Service differed between the two (2) claims, the new claim is considered to be an adjustment and if no errors are discovered, the claim will be stored for later use in the adjustment process. Refer to section (9) for the adjustment process.

(33) SERVICE IS INAPPROPRIATELY DELIVERED. Certain combinations of services are inappropriate. For example HPC service shall not be based on a day billing unit when the eligible individual receives HPC service from more than one waiver service provider on the same date of service.

(34) PAWS WEEK UNIT LIMIT IS EXCEEDED. If Waiver services have been authorized through the PAWS process at a Weekly Frequency Period, claims must be for a number of units less than or equal to the maximum number of units of service approved for each week.

(35) LAST NAME DIFFERS FROM ODJFS RECIPIENT FILE. The first five letters of the last name entered on the claim must be an exact match to the ODJFS Recipient File. If this error occurs, the Last Name as it appears in the ODJFS Recipient File will be printed on the Error Report as an aid for correction.

(36) INITIAL DIFFERS FROM ODJFS RECIPIENT FILE. The First Initial of the Legal First Name entered on the claim must be an exact match to the ODJFS Recipient File. If this error occurs, the First Initial as it appears in the ODJFS Recipient File will be printed on the Error Report as an aid for correction. Please use the First Initial exactly as it appears on the individual's Ohio Medicaid Card.

(37) RECIPIENT NOT FOUND ON ODJFS RECIPIENT FILE. A claim for a recipient who does not have a Recipient check digit error and is not found on the ODJFS Recipient File will receive this error. It is necessary to confirm that the twelve-digit Medicaid Recipient Billing Number on the claim is correct and entered on the ODJFS Recipient File

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- (39) LEVEL ONE SERVICE EXCEEDS PLAN SPAN LIMIT.** HPC, Respite & Transportation, where the amount billed within the Paws plan exceeds \$5,000.00
- (40) LEVEL ONE SERVICE EXCEEDS WAIVER SPAN LIMIT.** LV1 errors when specialized medical equip-emergency response system costs exceed \$2,000.00 in the waiver span or when environmental adapt (FAA, FVN) is greater than \$2,000.00 and associated services are greater and \$6,000.00 during the waiver span or emergency services exceeds \$8,000.00 during waiver span.
- (41) GROUP SIZE IS MISSING OR INVALID.** This error occurs when the group size is missing or zero has been placed into this field.
- (42) ICD-9 CODE IS MISSING (837 FORMAT).** Contact EDI Support for assistance at: edi.support@list.dodd.ohio.gov
- (43) SERVICE DATE NOT FOUND IN ELIGIBILITY SPAN.** The date of service for CAFS claims does not fall within the ODJFS eligibility span.
- (44) SERVICE COUNTY IS MISSING OR INVALID.** This is the specific numeric code used to identify a county in which the eligible individual received service(s). If the service date is after July 1, 2005 and the “new” transition codes are being used on the Paws, the Provider must include the Service County code in the claims submission(s). County of Service is identified as 01 to 88. These county codes are in the drop down box by field on the single line entry screen.
- (45) STAFF SIZE IS MISSING OR INVALID.** This error occurs when the staff size is missing or zero has been placed into this field.
- (46) STAFF SIZE AND SERVICE CODE DISAGREE.** This error occurs when the staff size and the coordinating services code that goes with a certain staff size doesn't match (see section 6).
- (47) STAFF SIZE EXCEEDS MAXIMUM ALLOWED.** This error occurs when the provider bills for more than 5 staff members for one claims line.
- (48) INPUT RATE IS MISSING OR INVALID.** This error occurs when the rate of claim(s) (the UCR) is missing or non-numeric data was entered into this field.
- (49) SERVICE DATE EXCEEDS ALLOWED ADJUSTMENT SPAN.** Any claim preceding the adjustment cut off date (currently 8/1/06) will receive this error designation. Claims being adjusted may not precede this date of service.

(50) INDIVIDUAL AGE INAPPROPRIATE FOR FOSTER CARE. An Individual receiving adult foster care services (AFA or AFO) must be 18 years of age or older.

(51) SERVICE CODE AND PROVIDER TYPE DISAGREE. Contact Provider Support Provider.Support@list.dodd.ohio.gov to have our IT department correct your provider type in the PAWS record.

(52) HOMEMAKER/PERSONAL CARE AND FOSTER CARE CONFLICT. An individual may not receive homemaker/personal care services on the same day as adult foster care services. In the event of simultaneous submissions, adult foster care services will receive precedent.

(53) HIPAA BILLING CODE RECEIVED IS INVALID. Resubmit using the appropriate billing code.

(54) NET CLAIM AMOUNT IS LESS THAN ZERO. Other source amount entered exceeds the amount billed for the individual claim. Resubmit, making certain the amount entered into the other source amount is *equal to or less than* the total claim. If necessary, report the remainder of the patient liability on the following day(s) claim.

(55) DBU CLAIM OVER CEILING REJECTED BY MRDD. This error occurs when a daily billing unit claim submitted at a rate exceeding the established ceiling is rejected by DODD before submission to ODJFS.

(56) CLAIM NOT MATCHED WITH ACUITY TABLE. The claim did not match against the current acuity table, and the billing rate could not be calculated without an acuity value. The claim will be automatically re-submitted until a successful match is made with the acuity table.

(57) INDIV SUSPENDED FROM PAWS ON THIS DATE. The service was delivered on a date when the individual was temporarily suspended from PAWS, and thus ineligible for billing.

CONTACT PROVIDER SUPPORT SERVICES IF FURTHER ASSISTANCE IS NEEDED. The toll free telephone number is: (800) 617-6733 or email address is Provider.Support@list.dodd.ohio.gov