

Notice Date: February 15, 2024
To: Ohio Medicaid Providers
From: CareSource
Subject: EDI Billing Updates
Effective Date: January 23, 2024

Summary

Ohio Department of Medicaid (ODM) performed an update to the Ohio Medicaid Enterprise System (OMES) to improve the processing of Electronic Data Interchange (EDI) submitted fee-for-service (FFS) claims with covered and non-covered days. OMES will now properly deduct share of cost (SOC)/patient liability (PL) from claims for members with a monthly payment obligation toward their cost of facility care. With these changes, ODM would like to inform and remind trading partners of a few important items.

Importance

Covered/non- covered days

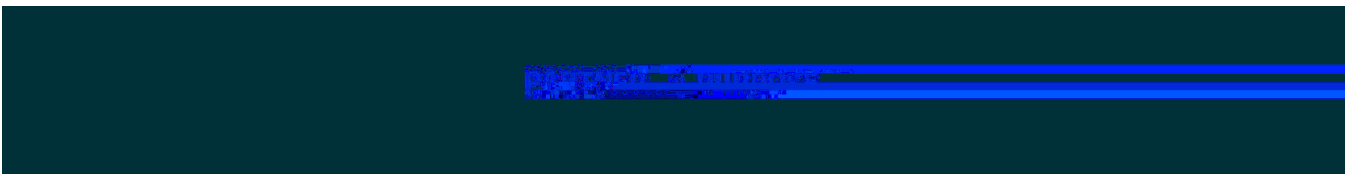
Fee-for-service claims for covered and non-covered days must be billed with the corresponding value codes and must match the information billed at the detail of the claim. While this has been a requirement since Feb. 1, 2022, it has not been enforced. Going forward, claims without this information or with a data mismatch will be denied for payment.

What do trading partners need to do about billing covered/non- covered days?

Submit all new and adjustment claims with the correct covered/non-covered value codes. Claims denied due to incorrect value codes must resubmitted as a new claim. Trading partners should verify that appropriate claim submissions include the following value codes:

- x 80 - covered days
- x 81 - non-covered days

ODM is reprocessing EDI submitted claims recently paid for non-covered days on behalf of providers. We anticipate this to be completed in January. No additional provider action is needed. Additional important information for covered/non-covered billing guidance can be found in the table below. This information is also included in the [837 Institutional Fee-For-Service Claims Companion Guide](#).



What do trading partners need to do about billing Share of Cost/Patient Liability?

ODM is reprocessing EDI submitted claims recently paid without deducting SOC/PL on behalf of