Ohio | Department of Developmental Disabilities

John Kasich, Governor
John L. Martin, Director

To: **SSA Directors, COG Directors, Superintendents, Waiver Managers, Business Managers, Providers**

From: **Lori Horvath**

Date: **October 2, 2013**

Subject: **Transitions DD Waiver and State Plan Claims**

The purpose of this communication is to share information regarding the process for addressing issues related to claims for the Transitions DD (TDD) Waiver or state plan home health services.

If a claim is denied as a result of exceeding a cost cap for waiver services, providers should first review claims to make sure what was billed is consistent with the number of units and dollars for each service authorized in the individual's service plan. If the claims are consistent with the service plan, the provider may contact TDDinbox@dodd.ohio.gov for assistance. Requests for assistance should only be submitted to TDDinbox after ensuring billing is consistent with the plan and ONLY for claims denied as a result of exceeding the cost cap.

All other claims issues related to the TDD Waiver and/or state plan home health or private duty nursing services must initially be directed to the Ohio Department of Medicaid (ODM). Providers should contact ODM's hotline for assistance at 1-800-686-1516. When calling the provider hotline, please remember:

- Depending upon the call volume, a provider may be placed on hold for an extended period of time. It is important to wait for assistance from an ODM representative.
- When speaking with an ODM representative, be sure to emphasize that the issue pertains to a claim billed directly through MITS and not related to a claim submitted through DODD's Medicaid Billing System (MBS).

If the claim issue is not resolved within three business days, the provider may request assistance from DODD by submitting an e-mail to TDDinbox@dodd.ohio.gov.

All e-mails submitted to TDDinbox must include the following information:

- Provider name and billing number
- Name and Medicaid number of individual served
- Procedure code and/or type of claim denied
- Date of service

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- Date claim was submitted through MITS
- Error code and description received on the claim denial
- Date of contact to the Ohio Department of Medicaid for assistance (Required for all claims denied for reasons other than exceeding the waiver cost cap)
- Summary of guidance provided by the Ohio Department of Medicaid to resolve the issue (Required for all claims denied for reasons other than exceeding the waiver cost cap)

Below is guidance related to common claims denial issues identified by DODD:

- Only providers with a contract for ODJFS/ODM Waivers (Ohio Home Care Waiver, Transitions Carve-Out (TCOW) Waiver and Transitions DD Waiver) may bill for Transitions DD Waiver services.
    - Providers who are only certified by DODD to provide services under Level One, Individual Options, or SELF Waivers cannot bill for Transitions DD Waiver services.
    - Providers who only have a contract for Medicaid state plan cannot bill for Transitions DD Waiver services.

- A diagnosis code is not required when submitting claims for TDD Waiver services. However, if a diagnosis code is entered into MITS, it must be correct. If an incorrect diagnosis code is used, the claim may be denied.

- Providers are responsible for obtaining either payment or denials from third party payors, such as private insurance, prior to requesting Medicaid payment.

- Incorrect modifiers are submitted with claims:
    - A U2 modifier to bill for a second visit may only be used if the provider bills for an initial visit for the same individual on that date.
    - U5 and U6 are no longer required for Private Duty Nursing (T1000) claims.

Additional resources related to billing through MITS are located on the Ohio Department of Medicaid's web page at http://www.medicaid.ohio.gov/PROVIDERS/Training.aspx.

Thank you.