

CLAIMS REJECTED AS ERRORS

The Error Report [Weekly Service Delivery input errors for billing cycle ___] is a computer-generated report of all errors detected by ODMR/DD's claims processing system for the billing cycle indicated. This report may be viewed in MBS under the OUTPUT files link.

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

The Error Report form is organized by Contractor Number. Each entry consists of a submitted data line, which contains the data as submitted, listed in alphabetical order by recipient, then by date of service, by service code, group size.

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.

The following section 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.

Contact Provider Support Services if further assistance is needed.

• ERROR CODES AND DESCRIPTIONS

(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 that invalid data was entered, or some or all of the date was omitted. Invalid data 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 correct data.

(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 correct data.

(3) DATE OF SERVICE PROCEEDS START-UP DATE. The Date of Service was prior to July 1, 1991 for IO Waiver claims, or prior to July 1, 1997 for the Residential Facility Waiver claims. Level One Claim (start date).

To correct, enter the Billing Period and/or Day of Service in the correct format with correct data.

(4) SERVICE CLAIM IS ONE YEAR OLD. The service date was more than 365 days prior to the processing date. Claims more than one year old are invalid.

To correct, enter the Billing Period and/or Day of Service in the correct format with correct data.

(5) SERVICE AVAILABILITY HAS EXPIRED. Services may sometimes only be available through a specific date. This Error Code indicates that the Date of Service was after the date the Service Code billed was terminated.

(6) INVOICE DATE IS MISSING OR INVALID. The Invoice Date contained invalid date information (see Error Reason Code (1) above) or was omitted.

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

(8) FORM NUMBER IS MISSING OR INVALID. The Form Number must be "2".

(9) CLAIM DOES NOT MATCH USEABLE PAWS RECORD. The recipient may not have an active Payment Authorization for Waiver Services (PAWS) record. The Contractor should have an ODMRDD approved PAWS confirmation before submitting claims. If the Contractor has an authorized PAWS confirmation, contact Provider Support Services for assistance.

If the Contractor does not have an approved ODMRDD PAWS confirmation, contact the recipients Case Manager at the local County Board of MR/DD or Council of Government (COG) then resubmit the claim upon receipt of the ODMRDD confirmation.

Note: You may receive this error if billing period, Medicaid recipient number, recipients first initial, contract number, day of service, service code, group size, county of service or UCR are incorrect. Review the ODMRDD approved PAWS confirmation for accurate information.

(10) RECIPIENT NUMBER IS MISSING OR INVALID. The Medicaid Recipient Billing Number contained non-numeric data or was omitted.

(11) RECIPIENT NUMBER CHECK DIGIT IS INVALID. The Medicaid Recipient Billing Number could not be computed from the formula used by ODJFS. The most likely cause of this error is a transposition of digits when entering the number. If this is not the problem, then the number is possibly 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 for a number of units less than or equal to the maximum number of units of service approved for each day.

(15) RECIPIENT LAST NAME IS MISSING. Self-explanatory.

(16) RECIPIENT LAST NAME IS INVALID. The recipient'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 as an aid in correction.

(17) RECIPIENT INITIAL IS MISSING OR INVALID. The recipient's Initial contained non-alpha data or was omitted. The Legal First Name field is incorrect; the current ODJFS Recipient File is printed as an aid in correction.

(18) HOMEMAKER/PERSONAL CARE EXCEEDS 24 HOURS IN A DAY. Homemaker/Personal Care service authorized for an 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 Contractor Number contained non-numeric data or was omitted.

(20) DIFFERENT HOMEMAKER/PERSONAL CARE SERVICES ON SAME DAY. Homemaker/Personal Care service shall not be based on a day billing unit when the eligible individual receives homemaker/personal care service from more than one HCBS waiver service provider on the same day.

(21) CONTRACT NUMBER CHECK DIGIT IS INVALID. The check digit could not be computed according to the formula used by ODMR/DD. The most likely cause of this error is transposition of digits when entering the number on the form.

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

(23) SERVICE CODE IS MISSING OR INVALID. The Service Code was invalid or was omitted. 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 omitted or the data was converted to a missing value by the software because of non-numeric entries.

(25) PAWS TOTAL COST LIMIT IS EXCEEDED. The Payment Authorization for Waiver Services (PAWS) process establishes the maximum dollar amount, which is approved for each individual. This error indicates that all approved funds have been depleted. Refer to the ODMRDD approved PAWS confirmation for total authorization of units for the fiscal year. (FY __ Dollar Amount).

(26) UNITS DELIVERED ARE EXCESSIVE. Claims for any Service Code with quarter-hour (15 minute) unit measures are restricted to 96 units per day. Claims for any Service Code with hour unit measures are restricted to 24 units per day. Daily rate codes are restricted to 1 unit per day.

(27) OTHER SOURCE OF PAYMENT IS INVALID. Values for this field must be 1,2,3,4,5, R, P, F, L, S, X, E, or blank.

(28) SERVICE DUPLICATED FOR RECIPIENT AND DATE. If the same Contractor for the same recipient input two or more claims during the same billing cycle, Service Code and Date of Service, this error will occur. The first such claim is not flagged as an error; all subsequent claims are errors. Verify one or more of the fields causing this error and resubmit if necessary.

(29) OTHER SOURCE CODE AND PAYMENT AMOUNT DISAGREE. If the Other Source field is blank or contains an alpha character (R, P, F, L, S, X or E), the Other Source Amount field must be blank. Conversely, if the Other Source field contains a numeric (which indicates payment has been received), the Other Source Amount field must contain a positive value. Either or both fields must be corrected to obtain agreement.

(30) PAWS MONTH UNIT LIMIT IS EXCEEDED. If Waiver services have been authorized through the PAWS process at a Monthly 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 month.

(31) ATTEMPT TO ADJUST ANOTHER CONTRACTOR'S CLAIMS. If Contractor "A" put in a claim, and then reversed it out. Then Contractor "B" re-inputs the same claim. If Contractor "A" tries to adjust the claim, they get the ERR31, because the claim now belongs to the other Contractor (B).

(32) SERVICE IS IDENTICAL TO PRIOR BILLING. If a claim was submitted for the same recipient, 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 claims, the new claim is considered to be an adjustment and, if it contained no errors, is 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 homemaker/ personal care service shall not be based on a day billing unit when the eligible individual receives homemaker/personal care service from more than one HCBS 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.

(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 where specialized medical equip-emergency response system costs exceed \$2,000.00 in the waiver span or where 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. Where group size is missing or zero

(42) ICD-9 CODE IS MISSING (837 FORMAT). Contact EDI. Support for assistance. at: EDI.Support@odmrdd.state.oh.us

(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 county in which the recipient receives the service. If the service date is after July 1, 2005 and the “new” transition codes are being used on Paws, then the Contractor must use the Service County in claims submissions. County of Service delivery must be a value from 01 to 88.

(45) STAFF SIZE IS MISSING OR INVALID. For services requiring a staff size, this field must be a numeric value other than zero or missing.

(46) STAFF SIZE AND SERVICE CODE DISAGREE. Certain service codes must have specific staff size values. Services defined as being delivered by one, two, three, four, or five staff persons must have a corresponding staff size value.

(47) STAFF SIZE EXCEEDS MAXIMUM ALLOWED. The staff size value may not exceed five.

(48) INPUT RATE IS MISSING OR INVALID. For services requiring a staff size, this field must be a numeric value other than zero or missing.

(49) SVC DATE EXCEEDS ALLOWED ADJUSTMENT SPAN. Any claim preceding the adjustment cut off date (currently 1/1/07) will receive this error designation. Claims being adjusted may not precede this date of service.

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

(51) FOSTER CARE AND PROVIDER TYPE DISAGREE. Service AFA must be delivered by an agency provider; service AFO must be delivered by an individual provider.

(52) HOME/PER 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.

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