# *Network Notification*

**Notice Date:** **December 1, 2019**
**To:** **Ohio Medicaid Providers**
**From:** **CareSource**
**Subject:** **Claim Coding Edits**
**Effective Date:** **January 1, 2020**

**Summary**
CareSource performs ongoing review of claim data to ensure claims are processed accurately and efficiently, and to be consistent with the Ohio Department of Medicaid (ODM), Centers for Medicare and Medicaid Services (CMS) and national commercial standards regarding the acceptance, adjudication and payment of claims.

The additional claim coding edits below have been identified as necessary to comply with correct coding and industry standard guidelines. Please ensure your claim submissions are in compliance with the edits to avoid delays of claims processing.

| Rule | Description | Source/Reference |
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| Inappropriate Specification of Bilateral Procedure Different Claim | The HCPCS code on this line was also billed in a duplicate for the same date of service. This code is inherently bilateral and should not be billed more than once for the same date of service. | Integrated OCE (IOCE) CMS Specifications |
| Interim Claims with Frequency Code 2 and 3 Requires Patient Discharge Status Code 30 - Outpatient | Per Medicare guidelines, the patient discharge status code must be 30 [still patient] when the frequency digit is the type of bill 2 [Interim - First Claim] or the frequency digit is the type of bill 3 [Interim - Continuing Claim]. | National Uniform Billing Committee (NUBC), Official UB-04 Data Specifications Manual 2015, CMS MLN Matters Article SE0801, CMS Claim Processing Manual Chapter 1 Section 50.2, CMS Transmittal R2578CP |
| Patient Reason for Visit Required | A 'patient reason for visit' diagnosis code is required. | National Uniform Billing Committee (NUBC), Official UB-04 Data Specifications Manual 2017 |
| Invalid Occurrence Code | The occurrence code on the claim is invalid. | UB04 Data Specifications Manual 2017, CMS Claims Processing Manual, Chapter 25, section 75.3 |

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| Medical Visit on Same Day as a Type T or S Procedure Without Modifier 25 - History Claim | Medical visit on claim ID line ID is on the same day as a procedure with a status indicator of T or S without modifier 25. | Integrated Outpatient Code Editor, Version 15.3, pp. 15, 22, Medicare Claims Processing Manual 100-04, Chapter 4, Section 20.6 |
| Clinical Facility - 99385 and 99395 Age Requirement | Per Medicaid guidelines, the patient's age does not meet policy requirements for the procedure code and/or a diagnosis code. | Ohio Administrative Code/5160 Medicaid/Chapter 5160-2 Hospital Services |
| Outpatient Hospital Services - Revenue Codes Requiring CPT/HCPCS | Per Medicaid guidelines, the required HCPCS, CPT, or ICD procedure code is missing or inappropriate. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Rev Codes IP/OP - Room & Board | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0115, 0125, 0135, 0155). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Hospital – Non-covered Revenue Codes OP - Multiple 4th Digit | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP - Pharmacy | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0253, 0256, 0631, 0632, 0633). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |

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| Non-covered Revenue Codes IP - Pharmacy | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev code 0636). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP - Medical /Surgical Supplies | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0273, 0277, 0624). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Hospital – Non-covered Revenue Codes OP - Medical/Surgical Supplies | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Hospital – Non-covered Revenue Codes IP/OP - Laboratory | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Hospital – Non-covered Revenue Codes OP - Operating Room Services | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Hospital – Non-covered Revenue Codes IP/OP - Hemodialysis Outpatient or Home | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |

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| Non-covered Revenue Codes IP - Hemodialysis OP or Home | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Hospital – Non-covered Revenue Codes IP/OP - Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home | Per Medicaid guidelines, this procedure is considered a non-covered service. | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP - Continuous Ambulatory Peritoneal | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0840, 0841, 0849). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Rev Codes IP - Continuous Cycling Peritoneal Dialysis | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0850, 0851, 0859). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP - Behavioral Health | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0901, 0902, 0903, 0904, 0905, 0906, 0907). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP - Behavioral Health Ext | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0912, 0913, 0917). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |

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| Non-covered Rev Codes IP/OP - Other Therapeutic Svcs (Athletic) | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Code 0951, 0953, 0954-0959). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Type of Admission Frequency | Type of Admission Code 4 (newborn), cannot be billed more than once in a lifetime. | **Nationally Sourced MEDICAID Rule -** UB-04 Data Specifications Manual 2018/Point of Origin for Admission or Visit |
| Non-covered Revenue Codes IP/OP - All Inclusive Rate | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev code 0101). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP - Other Therapeutic Services | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Codes 0820, 0821, 0829). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Non-covered Revenue Codes IP/OP - DME | Per Medicaid guidelines, this procedure is considered a non-covered service (Rev Codes 0290, 0292, 0293, 0284, 0299). | OH Medicaid/Resources/Publications/ODM Guidance/Provider Billing Instructions/Institutional or Facility-Based Claims/ODM Hospital Billing Guidelines |
| Interim Claim with Frequency Code 2 and 3 Requires Patient Discharge Status Code 30 - Inpatient | Per Medicare guidelines, the patient discharge status code must be 30 [still patient] when the frequency digit is the type of bill 2 [Interim - First Claim] or the frequency digit is the type of bill 3 [Interim - Continuing Claim]. | **Nationally Sourced MEDICAID Rule -** National Uniform Billing Committee (NUBC), Official UB-04 Data Specifications Manual 2015, CMS MLN Matters Article SE0801, CMS Claim Processing Manual Chapter 1 Section 50.2, CMS Transmittal R2578CP |

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| Inpatient Admitting Diagnosis Code Is Required | The admitting diagnosis code is missing. | **Nationally Sourced MEDICAID Rule -** Official UB-04 Data Specifications Manual 2017 |

**Questions?**
If you have questions regarding this notice, please contact Provider Services at **1-800-488-0134**. We are open Monday through Friday from 8 a.m. to 6 p.m., Eastern Time (ET).