

Denial Codes

The Ohio Department of Developmental Disabilities [DODD] submits all I/O, LV1, and SELF waiver claims to the Ohio Department of Medicaid [ODM] for final approval or denial through the Medicaid Information Technology System [MITS]. Any claim denied by ODM cannot be paid by DODD.

Claims are pulled into production by DODD every Wednesday. The second Monday after the Wednesday production date, reports are available to providers through the Medicaid Billing System [eMBS] indicating whether claims have been approved or denied [adjudicated] by ODM.

A complete list of denial codes is not available, as the majority of denial codes do not affect the waiver provider community. The most common denials are listed below.

For assistance with denials please contact the DODD Provider Support Unit at 1.800.617.6733 or at dodd.support@dodd.ohio.gov.

102 DUPLICATE CLAIM DENIAL

This indicates that the claim is a duplicate of a previously paid claim.

120 CLAIM EXCEEDS 365 DAY FILING LIMIT

Pursuant to OAC 5101:3-1-19, claims must be received by ODM in a timely manner. Claims that cannot be adjudicated within 365 days of the service date will be denied.

169 STAFF AND/OR GROUP SIZE INVALID

The staff or group size exceeds the maximum allowed by MITS.

218 3RD PARTY LIABILITY DENIAL

MITS records show 3rd party liability [insurance]. Resubmit the denied claims with an 'S' in the Other Source Code field.

244 RECIPIENT WAS NOT ELIGIBLE ON DATE OF SERVICE

Waiver eligibility is contingent upon Medicaid eligibility. If a waiver recipient is ineligible for Medicaid, or has a break in eligibility, claims cannot be paid.

278 RECIPIENT ELIGIBILITY DENIAL

The waiver recipient is classified as a Qualified Medicare Beneficiary. Medicaid will only pay Medicare deductibles and cross-overs for these individuals.

301 PROVIDER LISTED AS INACTIVE IN MITS

Your Medicaid provider number has been made inactive in MITS by ODM. Contact DODD support to request a reinstatement.

308 RECIPIENT SERVICES COVERED BY HMO PLAN

This indicates that the individual had a managed care plan listed in MITS that covered the dates of service, and prevented MITS from correctly prioritizing funding sources.

473 RECIPIENT ELIGIBILITY DENIAL

There is no waiver plan listed for the individual in MITS.

686 PROVIDER LISTED AS INACTIVE IN MITS

Your Medicaid provider number has been made inactive in MITS by ODM. Contact DODD support to request a reinstatement.

689 HPC AND MUTUALLY EXCLUSIVE SERVICE BILLED ON SAME DATE

A daily unit such as Adult Foster Care or Adult Family Living and other Homemaker/Personal Care services cannot be billed on the same day, whether by the same or by multiple providers.

763 SERVICE LIMITED TO NO MORE THAN 1 UNIT PER DAY

Services that are billed using a daily unit, such as Adult Foster Care or Adult Family Living cannot be billed more than once per day, whether by the same or by multiple providers.

999 MISCELLANEOUS ODM DENIAL

This indicates that the error received in MITS does not map back to a 3-digit MMIS denial code, and will need to be investigated by DODD.

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