Process for Submitting NF Claims using ODM 6653 Form for Claim Spanning Months (Edit 6166):

June 10, 2025

ODM has become aware of some claims that denied when older dates of service (DOS) were recently reprocessed. These claim denials resulted from a system modification that was made to the related claims edit 6166 after the original claim was processed and paid. ODM has always required NF and ICF-IID providers to bill one claim per calendar month for fee for service (FFS) residents where Medicaid is billed as primary payer. Claims billed for dates that overlap months cannot be properly paid and therefore, should be denied. Although these misbilled claims originally paid in OMES:FI, when those claims were reprocessed, they appropriately denied due to the billing error Edit 6166 **"**Claim Span Months".

Because the claims previously paid and did not originally deny for the billing error, providers did not have an opportunity to correct and rebill these claims before the timely filing edits were reactivated. An exception will be allowed for the claims affected by this issue. To receive payment, providers must complete and submit the ODM 6653 Medical Claim Review Request Form with a new electronically filed claim. See form at ODM06653fillx.pdf and instructions at ODM06653i.pdf.

 When completing the ODM 6653 Form, please be sure to include in **Box 4** the ICN claim IDs of both the original claim that paid and the adjusted claim that subsequently denied. The form must also include adequate information in **Box 5: Explanation of Request**: to support manual processing of these claims. We suggest using the following language:

"Due to a system modification since the original claim was processed, the previously paid claim denied when recently system-adjusted. An existing billing error on the claim caused Edit 6166 to post and deny the claim that had been billed incorrectly. In order to correct the billing error, we have submitted new claims with dates of service that do not overlap months. One 6653 Form is being submitted per claim, as required. We have been informed that Policy approval is required to bypass timely filing for this claim. Please contact NFpolicy@medicaid.ohio.gov for approval."

For instructions on how to submit claim attachments, please review the billing instructions found online at PowerPoint Presentation.

For additional assistance, providers may contact the Integrated Help Desk (IHD) at 1-800-686-1516 or email at ihd@medicaid.ohio.gov.