

Process for NFs to submit claims denied with Waiver Enrollment Edit 6027 using ODM 6653 Form

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 6027 since the original claim was processed and paid. ODM has for several years required NFs to bill for Medicaid individuals enrolled in a home and community-based (HCBS) waiver with Revenue Center Code 0160 instead of 0101 (or 0169 instead of 0220). Although these misbilled claims originally paid in OMES:FI, when the claims were recently reprocessed they appropriately denied due to the billing error Edit 6027 “Active Waiver Denial for NF Claims”.

Because the claims originally paid and did not 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 with the ODM 6653 Form. 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 the following explanation in **Box 5: Explanation of Request**:

“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 6027 post and deny the claim that had been billed with the wrong Revenue Center Code for this Medicaid recipient enrolled in a home and community-based (HCBS) waiver. In order to correct the billing error, we have submitted a new claim with the correct Revenue Center Code for dates billed during the resident’s waiver enrollment. 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.