



**Hospital Handbook Transmittal Letter (HHTL) No. 3352-16-02**

February 8, 2016

**TO: All Hospital Providers  
 Directors, County Departments of Job and Family Services**

**FROM: John B. McCarthy, Director**

**SUBJECT: New Explanation of Benefits Codes for Hospitals effective January 2016**

**Summary**

This Hospital Handbook Transmittal Letter (HHTL) provides information regarding new explanation of benefit (EOB) codes for hospital claims that will start being utilized in January 2016.

**POST PAYMENT REVIEW EXPLANATION OF BENEFITS CODES**

As part of the post payment/ retrospective review process completed for hospital utilization and third party liability, the Department has created seven new EOBs codes that will enforce the final decision of the claim review. Starting in January 2016, the Department’s Adjustment Unit will assign one of these new codes when a claim review has been finalized and it’s been determined the payment will need taken back/ recouped from the provider. Providers will see the new EOBs on the remittance advice when the payment has been recouped by the Department. (Remittance advices are available electronically through the Department’s provider web-portal.)

**Utilization Review Post Payment Recoupment/ Adjustments (Permedion)**

For hospital claims selected for utilization review, the utilization review vender (Permedion) determines if an inpatient (or outpatient) claim can be resubmitted as inpatient, outpatient, or not resubmitted. The new codes will be assigned accordingly, and will only allow claims to be resubmitted as indicated.

Explanation of Benefits (EOB)	Decision of Claim Review
8008	Provider is allowed to resubmit the claim at the same level of care as originally submitted with proper corrections (inpatient as inpatient OR outpatient as outpatient).

8010	Provider is never allowed to resubmit the claim.
8012	Provider is only allowed to resubmit the claim as outpatient.

**Note: When a claim is allowed to be resubmitted, and EOB 8008 or 8012 has been assigned, the resubmitted claims MUST include Condition Code ‘C3’ or the ICN of the recoupment claim. The resubmitted claim will deny for timely filing if one of these is not included on the resubmitted claim.**

### **Third Party Liability Post Payment Review Recoupment/ Adjustments (HMS)**

For all claims, including hospital, that are reviewed for another primary payer, the third party liability vender (HMS) determines if a provider is allowed to resubmit a claim to the Department for payment. The new codes will be assigned accordingly, and will only allow claims to be resubmitted as indicated.

Explanation of Benefits (EOB)	Definition
8200	TPL Contractor recovery because Medicare is primary. Provider is not able to adjust claim and must contact TPL Contractor.
8201	TPL Contractor recovery because a Commercial Insurance is primary. Provider is not able to adjust claim and must contact TPL Contractor.
8210	TPL Contractor take reversal – Provider able to resubmit for Medicare Cost Sharing.
8211	TPL Contractor take reversal – Provider able to resubmit for Commercial Insurance Cost Sharing.

**Note: When a claim is allowed to be resubmitted, and EOB 8210 or 8211 has been assigned, the resubmitted claims MUST include the ICN of the recoupment claim in the REF Segment P4. The resubmitted claim will deny for timely filing if this is not included.**

### **Access to Rules and Related Material**

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM webpage: <http://www.medicaid.ohio.gov> .

- Stakeholders who want to receive notification when ODM original or final files a rule package may visit JCARR's RuleWatch at [www.rulewatchohio.gov](http://www.rulewatchohio.gov) where an account can be created to be notified of rule actions by rule number or department.
- Stakeholders can subscribe to receive notification when a clearance or BIA is posted for public comment on the Ohio Business Gateway here:  
<http://business.ohio.gov/reform/enotify/subscription.aspx>

Information about hospital payment policies is available on the 'Fee Schedule and Rates' web page, which may be accessed through the main ODM web page (Providers > Fee Schedule and Rates).

**Additional Information**

Questions pertaining to this letter should be addressed to:

[hospital\\_policy@medicaid.ohio.gov](mailto:hospital_policy@medicaid.ohio.gov)

or

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Bureau of Health Plan Policy  
Hospital Services  
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