



## Ohio Administrative Code

### Rule 5160-1-19.9 Inquiries regarding the status of claims [except for services provided through a medicaid managed care program].

Effective: March 22, 2015

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(A) The following options may be used to inquire about the status of claims:

- (1) The Ohio department of medicaid provider call center;
- (2) Interactive voice response (IVR) system;
- (3) Electronic data interchange (EDI) submitted as a 276/277 health care claim status request and response transaction format; or
- (4) The Ohio medicaid information technology system (MITS) web portal.

(B) All of the following conditions must be met prior to submitting written inquiries regarding the status of claims to the department:

- (1) The provider's accounts receivable have been properly reconciled using the department's medicaid remittance advice statement;
  - (2) The claim meets claim submission requirements;
  - (3) The services provided were medicaid covered services; and
  - (4) Medicaid eligibility of the recipient is verified. Eligibility may be verified by using the Ohio MITS web portal or the 270/271 health care eligibility benefit inquiry and response transaction formats.
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