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THE ANSWER KEY

A COMPENDIUM OF SOLUTIONS TO PROBLEMS ENCOUNTERED BY PROVIDERS IN SUBMITTING MEDICAID CLAIMS

Note: All information was current at the time of publication but is subject to change.

Carrier Codes and Payer Identification

On a professional, institutional, or dental claim involving coordination of benefits (COB), all non-Medicaid payers must be identified. On the 'Other Payer' panel in the MITS Web Portal, one of the required identifying fields is 'Carrier Code'. The name of this field has caused some confusion, and the Ohio Department of Job and Family Services (ODJFS) plans to address this problem in the near future.

The information that must be entered in the 'Carrier Code' field is simply the Payer Identification (ID) code of the Medicare plan or insurance company. It is not the carrier code on the Medicaid card, the individual's Medicaid number, or any other number. Each payer defines its own Payer ID code. ODJFS does not maintain a list of Payer ID codes, so the best source for this information is the payer itself. You can locate the Payer ID code in several ways:

- Look at the individual's Medicare or insurance card (not the Medicaid card).
- Check the Explanation of Benefits (EOB) issued by the other payer.
- Examine the Electronic Remittance Advice (ERA) issued by the other payer.
- Contact the other payer, either by phone or through the payer's provider services website.

Web Portal Billing Guides are available through the ODJFS "electronic manuals" webpage:

1. Browse to <http://emanuals.odjfs.state.oh.us/emanuals>.
2. Within the 'Ohio Health Plans – Provider' collection, select the 'Billing Instructions' manual.
3. Select the 'Billing Instructions' link.

For more information, see the MITS Information Supplemental Release on Coordination of Benefits:

http://www.jfs.ohio.gov/mits/Supplemental_Policy_Release-Coordination_of_Benefits.pdf