

**SPECIAL NOTICE REGARDING  
EVALUATION AND MANAGEMENT SERVICES DENIALS**

ATTENTION: professional providers, physicians and advanced practice nurses

When billing Evaluation and Management (E/M) Services on a professional claim, you may have received a denial for E/M services for explanation of benefit (EOB) codes:

260: SERVICE NOT ALLOWED ON BENEFIT PLAN FOR DATE OF SERVICE (ARC 204)

4257: INVALID PROCEDURE CODE MODIFIER (ARC 4)

4316: PROVIDER CONTRACT/DETAIL DIAGNOSIS CODE RESTRICTION (ARC 96)

Unless the patient was only eligible under the new ODJFS Family Planning Eligibility Group, these claims should not have denied. ODJFS identified this problem and it was resolved on January 31, 2012. Please resubmit any claims with E/M services that denied for these reasons on or before January 30, 2012.

Note: If the claim *partially* paid because there were other services on the claim that paid, please adjust the claim.

Please see more information about the ODJFS Family Planning Eligibility Group at <http://emanuals.odjfs.state.oh.us/emanuals/>. The information in **Medicaid Eligibility Manual Transmittal Letter (MEMTL) 79 (Medicaid: Covered Group Eligibility for Family Planning Services)** will describe the ODJFS Family Planning Eligibility Group and how you will know if your patient is eligible and the services covered.

To receive eMail notifications of policy updates, go to the ODJFS eMail Subscriptions site at <http://www.odjfs.state.oh.us/subscribe/> and subscribe to the type of communications in which you are interested. eMail notifications are sent as updates and are posted to the eManuals site.

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