



To: ADAMH Provider Network CEOs, CFOs and SmartCare enrollment and claims leads
From: Justin N. Curtis, Director of Enterprise Services
CC: ADAMH Senior Staff, ADAMH business units
Date: March 25, 2022
Re: SmartCare Update Memo #5 – March 25 Update

This memo provides guidance regarding resolution of two claim denial reasons that have been identified in KY22 claims submitted by providers.

Claim Denials due to Rendering Provider Not Credentialed

This denial reason occurs when a rendering provider name and National Provider Identifier (NPI) are listed on a claim, but the provider is not found on Ohio Department of Medicaid’s (ODM) latest Community Behavioral Health Center (CBHC) Practitioner Enrollment File for Provider Type 84 and Provider Type 95 report which is generated by ODM on a weekly basis. ADAMH uses the 84 and 95 reports in SmartCare in order to build the rendering provider credentialing record in SmartCare.

If your organization has rendering providers who are not yet fully credentialed with ODM, please hold those claims and submit once their Medicaid Provider Enrollment is complete. Denied claims will need to be resubmitted or corrected in SmartCare once the provider appears on the 84 or 95 report and the credentialing record is built in SmartCare.

Claim Denials due to Diagnosis Code Not Entered on Claim

SmartCare requires that at least one diagnosis code (ICD-10 Dx code) be submitted on each claim and allows for up to three Dx codes to be included. Providers may receive this denial reason for one of two reasons – either no diagnosis has been submitted on the claim or the Dx Code is not in position 1, 2 or 3 as required. If you receive the denial reason ‘Diagnosis Code Not Entered on Claim’, please revert the incorrect claim, open the claim form and select “Dx Pointer 1,2,3” from the dropdown menu. Once you modify and save, the claim will process correctly (voiding or resubmitting the claim will not be necessary).