



Ohio Early Intervention System of Payments: POLR Claims Submission

Payments on behalf of Early Intervention to providers of services are regulated by relevant sections of the Ohio Revised Code, the Ohio Administrative Code, and The Department of Developmental Disabilities (DODD) Early Intervention Provider Contract. This document describes the requirements that providers must observe to receive payment.

Guidelines for Submitting Claims to POLR

- Claims must be received within 90 days of the date the service was provided. *Claims may be rejected if they are not submitted within this time frame.*
- Claims will only be paid for services or goods that have been authorized for payment by POLR as outlined in the Letter of Approval (LOA) given to the family, have been included on the child's Individualized Family Service Plan (IFSP), and were provided by an approved POLR Early Intervention provider.
- Providers may bill no more than the provider customarily charges other patients for the same goods and services.
- Providers must submit claims only on the CMS 1500.
- Claims submitted that are incomplete or not properly completed will be returned to the provider for correction.
- Providers will be paid through the Ohio Department of Health (ODH) on behalf of the Ohio Department of Developmental Disabilities Early Intervention POLR Program in accordance with reasonable cost principles established by the Medicare program and for all other goods or services in accordance with the fee schedule set forth in the CMH (Children with Medical Handicaps) manual of operational procedures and guidelines.
- All claims submitted for payment are subject to verification. ODH and DODD may contact providers, insurance companies, employers, families and others, as necessary, to request further information or verification.
- POLR Claims must be submitted to
 - **Fax:** (614) 961-1161 ATTN: POLR
 - **Email:** POLRclaims@odh.ohio.gov



Invoice Forms

POLR uses one basic billing forms:

CMS – 1500 (2/2012) – Used as a multipurpose basic medical billing form:

Claim Form Completion Tips

- Must be submitted on red claims forms
- Must be typed as the scanner does not recognize handwritten information
- Must be ARIAL font, size 10
- Box 1a- Insured's ID number is the child's case number from the Letter of Approval (LOA)
- Box 24- Nothing should be included in the upper red shaded area
- Box 24J- The rendering physician number must be the approved *POLR Provider's* NPI#
- Box 33a- Approved *POLR Provider's* NPI#
- Services provided on the same day with the same CPT code must be combined together on one line
- Services with dates on two different LOA's must be on two different claims.

Submitting Claims for Adjustment

Should a claim need to be adjusted for additional payment due to an error, the provider must submit the following information:

- A copy of the original claim that has been corrected, if necessary
- A copy of the original Remittance Advice (Voucher)
- A notation attached to the claim requesting an adjustment and an explanation of the request
- If a line item was rejected for insurance, submit a claim for that item only. Attach a copy of the Explanation of Benefits (EOB), if applied to the family's deductible, or a copy of the insurance rejection letter.
- Claims for adjustment should be submitted to

**Ohio Department of Health
BCMH
Attention: EI POLR- claims adjustment
246 North High Street, 8th Floor
Columbus, Ohio 43215**