

Indiana Medicaid Resolutions Manual

NAME: 2025 REV CODE/MCARE ELIG COMBINATION INVALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the revenue code and Medicare eligibility combination is invalid.

CRITERIA:

Set this edit for Hospice members if the revenue code is not allowed for the member's Medicare Part A eligibility, with EOB 0564.

Edit 2025 will post on claim type H under the following conditions:

The Type of Bill starts with 81 or 82 and the member is Part A eligible AND the detail includes a revenue code in group 100018 (Exclude Hospice Part A). OR The member is NOT Part A eligible AND the detail includes a revenue code in group 100017 (Included in Hospice Part A).

Revenue groups are located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Revenue Group Type.

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0564	DENY

EOB: 0564 - THIS REVENUE CODE IS NOT ALLOWED FOR THIS MEMBER'S ELIGIBILITY.

ARC Code	ARC Description	Effective Date	End Date
204	This service/equipment/drug is not covered under the patient's current benefit plan	20070228	22991231

Remark Code	Remark Description	Effective Date	End Date
N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	20021031	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0564.

