

Indiana Medicaid Resolutions Manual

NAME: **4093 HOSPICE SERVICES NOT BILLED CORRECTLY (HDR)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit if the member has Hospice Level of Care but the claim is not billed using Assignment Plan Group 3007 (HDR).

CRITERIA:

Set this edit if the member's level of care is not billed using the LOC codes listed in Group 3007- Hospice Benefit Plan for the dates of service billed, with EOB 2027.

ICF/IID facilities are excluded from posting edit 4093.

The LOC codes can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other/Benefit Plan Group Type and Select Group 3007.

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
02	00	9999	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2027	PAY
02	30	9999	PAY
02	32	9999	PAY

Indiana Medicaid Resolutions Manual

02	33	9999	PAY
02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2027	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2027	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2027	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY

Indiana Medicaid Resolutions Manual

02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

EOB: 2027 - HOSPICE MEMBER BEING BILLED FOR NON-HOSPICE SERVICES.

ARC Code	ARC Description	Effective Date	End Date
B9	Patient is enrolled in a Hospice.	19950101	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Claims setting this edit will systematically denied with EOB 2027.
Encounter claims will post and pay for this edit.