

## **Indiana Medicaid Resolutions Manual**

**NAME: 4340 HOSPICE CLAIM DOES NOT MEET BILLING RQMTS (HDR)**

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the hospice service intensity add-on service claim does not meet billing requirements.

### **CRITERIA:**

Set this edit when the hospice service intensity add-on payment revenue code 551 or 561 is not reported on the same date of service with:

\*Revenue code 651 or 650.

\*Occurrence code 55 and member's date of death.

\*Patient discharge status code 20, 40, 41 or 42.

### **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
21	00	9999	PAY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
21	00	4340	DENY

## Indiana Medicaid Resolutions Manual

**Claim Type:** H - Home Health Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	4340	DENY

**EOB: 4340** - INCOMPLETE BILLING INFORMATION FOR HOSPICE SIA REVENUE CODES 551/561. REVENUE CODES 551/561 REQUIRE REVENUE CODES 651 OR 650 (653 THRU 12/31/2018) ON SAME DOS, PLUS OCCURRENCE CODE 55 AND MEMBER'S DATE OF DEATH, AND PATIENT DISCHARGE STATUS 20, 40, 41, OR 42.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M84	Medical code sets used must be the codes in effect at the time of service.	19970101	22991231

## **Indiana Medicaid Resolutions Manual**

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

### **METHOD OF CORRECTION:**

Claims failing this edit will be systemically denied, with EOB 4340.

