

## Indiana Medicaid Resolutions Manual

**NAME:** 4214 HOSPICE/WAIVER DUPE SVCS (DTL)

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if a Waiver provider bills for a Waiver procedure code which is covered under the Hospice Benefit Plan.

### CRITERIA:

Set this edit if the provider specialty is 350-354 or 356-365 (Waivers), and the member is a Hospice member for the dates of service, and the procedure code billed is one of the procedure codes listed in form edit 4214 with EOB 4212.

Form Edit 4214 can be found by going to Main Menu, BPA, Business Rules Editor, and select Form Edits, Edit 4214.

### 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
04	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** PASMI

**Status:** Do Not Post

## **Indiana Medicaid Resolutions Manual**

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4212	PAY
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	35	9999	PAY
04	36	9999	PAY
04	37	9999	PAY
04	38	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	80	4212	SUSPEND
04	91	4212	SUSPEND

**Claim Type:** M - Professional Claims

**Member Plan:** PASM

**Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

**EOB: 4212** - THIS SERVICE IS COVERED UNDER THE HOSPICE PROGRAM.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B9	Patient is enrolled in a Hospice.	19950101	22991231

**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	19950101	22991231

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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.

### **METHOD OF CORRECTION:**

Claims setting this edit will systematically denied with EOB 4212.  
For special batch claims, follow special instructions to adjudicate the claim.

