

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6009    OBSOLETE---MED   VS   MED   OVERLAP   HOSPITAL  
   SAME PROV**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

OBSOLETE effective 12/12/2019----This limitation audit will set with EOB 6009 when claims are billed for medical in-hospital services which overlap previous medical in-hospital care services paid to the same provider.

### **CRITERIA:**

When hospital care visits (see procedure codes within audit rules) are billed and payment has been made to the same rendering provider for any of the configured procedure codes on the same date of service, suspend the claim for manual review. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

### **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

**Claim Type:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
22	00	6009	PAY
22	64	6009	SUSPEND
22	70	6009	DENY

## **Indiana Medicaid Resolutions Manual**

22	72	6009	DENY
22	73	6009	DENY
22	74	6009	DENY

**Claim Type:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
22	00	6009	DENY
22	64	6009	SUSPEND

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
22	00	6009	DENY
22	50	6009	SUSPEND
22	51	6009	SUSPEND
22	56	6009	SUSPEND
22	57	6009	SUSPEND
22	91	6009	SUSPEND

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
22	00	6009	PAY
22	30	6009	DENY
22	32	6009	DENY
22	33	6009	DENY
22	34	6009	DENY
22	64	6009	SUSPEND
22	70	6009	DENY
22	72	6009	DENY
22	73	6009	DENY
22	74	6009	DENY
22	91	6009	SUSPEND

**EOB: 6009** - SERVICE DENIED. REIMBURSEMENT FOR INPATIENT HOSPITAL CARE IS LIMITED TO ONCE PER DAY

**ARC Code**  
B20

**ARC Description**  
Procedure/service was  
partially or fully

**Effective Date**  
19950101

**End Date**  
22991231

## **Indiana Medicaid Resolutions Manual**

furnished by another  
provider.

**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 setting this audit will process according to IHCP policy.

