

Indiana Medicaid Resolutions Manual

NAME: 5002 POSSIBLE DUPE (DTL)

ERROR TYPE: Form Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This audit will set when the claim being processed is a possible duplicate of a claim(s) on the history file or another claim being processed in the same cycle.

CRITERIA:

When another claim is found with the following matches, set this audit with EOB 5000.

The current claim detail will be compared to the history claim detail as follows:

- Same recipient number
- Same rendering provider number
- Same or overlapping dates of service
- Same procedure code
- Same NDC Code (when applicable)
 - AND, the current detail (on the same claim only) does NOT have a KQ or KP modifier
 - Set AU 5002 and end.
- Where NDC is not required:
 - All Modifiers Match
 - The current and history detail do NOT have an modifier AS
 - The current and history detail do NOT have a Dupe Audit bypass modifier; values include: 22, 26, 32, 50-54, 58-59, 63, 76-79, 99, A1-A9, CA, CC, E1-E4, F1-F9, FA, GA, GY, H9, HN, HO, HP, LC, LD, LT, Q2-Q3, Q7-Q9, QJ, QQ, QV, RC, RT, SA, SC, ST, T1-T9, TA, TF, TG, TN, U1-U9, UA-UD, UF-UH, UJ, XE, XP, XS, XU.

DISPOSITION:

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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
20	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	5000	DENY
20	70	5000	PAY
20	72	5000	PAY
20	73	5000	PAY
20	74	5000	PAY
20	91	5000	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	5000	DENY
20	30	5000	PAY
20	32	5000	PAY
20	33	5000	PAY
20	34	5000	PAY
20	70	5000	PAY
20	72	5000	PAY
20	73	5000	PAY
20	74	5000	PAY
20	91	5000	SUSPEND

EOB: 5000 - THIS IS A DUPLICATE OF ANOTHER CLAIM.

ARC Code
18

ARC Description
Exact duplicate
claim/service (Use
only with Group
Code OA except
where state workers'
compensation

Effective Date
19950101

End Date
22991231

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regulations requires
CO)

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

METHOD OF CORRECTION:

Claims will systematically deny.

