

## **Indiana Medicaid Resolutions Manual**

**NAME:** 5007 EXACT DUPLICATE - HEADER

**ERROR TYPE:** Form Audit

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This audit will set when the claim being processed is an exact duplicate of a claim in history or another claim being processed in the same cycle.

### **CRITERIA:**

When the claim being processed is an exact duplicate of a claim in history or another claim being processed in the same cycle and the following matches are found, set this audit with EOB 5007.

#### **INPATIENT CROSSOVER CLAIMS:**

Same recipient, same billing provider number, same To and From dates of service, and same co-insurance and/or deductible as a paid claim in history or a claim that has been approved to pay.

#### **INPATIENT CLAIMS:**

Same recipient, same billing provider number, and same To and From header dates of service as a paid claim in history or a claim that has been approved to pay.

### **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
20	00	9999	PAY

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	5007	DENY
20	70	5007	PAY
20	72	5007	PAY
20	73	5007	PAY
20	74	5007	PAY
20	91	5007	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	5007	DENY
20	30	5007	DENY
20	32	5007	DENY
20	33	5007	DENY
20	34	5007	DENY
20	70	5007	DENY
20	72	5007	DENY
20	73	5007	DENY
20	74	5007	DENY
20	91	5007	SUSPEND

**EOB: 5007** - THIS IS A DUPLICATE OF ANOTHER CLAIM. IF THIS CLAIM WAS INTENDED TO BE AN ADJUSTMENT, PLEASE SUBMIT THE APPROPRIATE ADJUSTMENT REQUEST FORM.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	19950101	22991231

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

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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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
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### **METHOD OF CORRECTION:**

- Claims setting this audit will systematically deny.
- Region 91 claims (special batch) will suspend so they can be forced to pay per State instructions.

