Indiana Medicaid Resolutions Manual

NAME: **5008 SUSPECT DUPE - HEADER**

ERROR TYPE: Form Audit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

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

CRITERIA:

When the claim being processed is a suspect duplicate of a claim in the history or another claim being processed in the same cycle and the following matches are found, set this audit with EOB 5008.

All Crossovers:
Same recipient and provider number and an overlapping, but not equal Header From and Thru DOS as a paid claim in history or a claim that has been approved to pay.

Inpatient claims:
Same recipient number and overlapping dates of service (history claim FROM DOS is less than or equal to the current claim TO DOS AND history claim TO DOS is greater than the current claim FROM DOS AND Current header From DOS = History header last DOS) as a paid claim in history or a claim that has been approved to pay AND does NOT have a same day transfer patient status code (02 or 05 or 62 or 63).

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

Location	Region	EOB	Disposition
20	00	5000	SUSPEND
20	52	5000	SUSPEND
20	64	5000	SUSPEND
20	70	5000	PAY
20	72	5000	PAY
20	73	5000	PAY
20	74	5000	PAY
20	91	5000	SUSPEND

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

Location	Region	EOB	Disposition
20	00	5000	SUSPEND
20	30	5000	PAY
20	32	5000	PAY
20	33	5000	PAY
20	34	5000	PAY
20	52	5000	SUSPEND
20	64	5000	SUSPEND
20	70	5000	PAY
20	72	5000	PAY
20	73	5000	PAY
20	74	5000	PAY
20	80	5000	SUSPEND
20	91	5000	SUSPEND

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

ARC Code	ARC Description	Effective Date	End Date
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.

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:

There are several different methods of correction listed below by specific claim type, please use the properly identified claim type and make correction.

Note: If the Related ICN is a Shadow or Encounter Claim (region 70), deny the claim and add EOB 2018.

X-Over Physician Claims: (Currently Inactive on this Audit)

- Click on the related ICN(s) in the related history box.
- If the procedure codes are the same. Deny the claim.
- If the procedure code has a modifier and they are different modifiers. Force to pay.
- If the current procedure code is the same procedure as in the history ICN(s). Deny the claim.

Modifier TC and 26:

- If you have a procedure code with the modifier 26 or TC.
- If the procedure code on one claim has a modifier of 26 and on the other claim it has a TC. Force the claim to pay.
- If one claim has a procedure code with no modifier and the other claim has a procedure code with a 26 or TC modifier. Deny the claim.
- If the procedure code and the modifier are the same on both claims. Deny the claim.
- Remember the procedure code has to be the same on both claims.

Modifier 62:
If two different providers bill the same surgical procedure (10000-69999) with a 62 modifier (two Surgeons), for the same recipient and on the same date of service, the audit can be forced for payment.

Inpatient:
Note: If the related ICN is a Shadow or Encounter claim (region 22) deny the claim, with EOB 2018.

Mental Health Providers are allowed to bill leave days, effective 1/1/05.

Ancillary Dupes:
**** Please pay attention to the guidelines below*****

If the ancillaries are already paid when a surgery code claim suspends

- Force the duplicate audit.
- Write up an adjustment for the ancillary claim.
- Write the adjustment to recoup the dollar amount for the ancillary revenue code charges only.

  If the surgery claim has already been paid and the claim with ancillary codes suspend
  - Deny the ancillary claim.
  - Add the EOB 5012.

  Inpatient Versus Outpatient/X-Over Outpatient:
  - Click on the relate history claim(s).
  - Check the revenue/procedure codes. If the revenue codes are on both claims without a different procedure code. Deny the claim.
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  - If the revenue codes are the same and has a procedure code or a different procedure code. Force claim to pay.
  - If the revenue codes are different. Force the claim to pay.

  On bed rate revenue codes, 100-179, 200-219, and 230-239, you cannot be in two beds at one time. Exception: If one of the claims is a long term care claim (L) and the provider is billing for leave days (180-185 rev. codes) Force to pay. If revenue code 250 (drug, supply) is billed, look at the billed amount, if they are the same, deny the claims. If the billed amount is different on revenue code 250, Force to pay.

Inpatient versus LTC:

- Click on the related history claim(s).
- Check dates of service.
- If the dates of service look like a continuation, (if the last date of service is the beginning date of the other claim). Force to pay.
- If the dates of service are the same and the revenue codes are different, and they are not the bed revenue codes, (look at the list above for bed revenue codes). Force to pay.
- If the current claim and the related claim(s) has the bed revenue code, check to see if there are leave days on the LTC (L) claim. If the leave days equal or exceed the days for the hospital claim. Force to pay.
- If no leave days are on the LTC claim and the dates of service are the same as the hospital with the same revenue codes. Deny the claim.
- If the dates are overlapping, look to see if there are leave days on the LTC claim. The leave days must equal or be greater than the amount of days for the hospital stay.
- Exception: If the revenue code is 250 (drug, supply) look at the billed amount, if they are the same deny the claim. If the billed amount is different for revenue code 250. Force to pay.

NOTE:
Leave day revenue codes are 180-185. You may have to count the days if they are overlapping. Example: If the hospital claim has four days, then the LTC claim must have four days for leave days and no more. Force to pay.
On bed rate revenue codes, 100-179, 200-219, and 230-239 you cannot be in two beds at one time. Exception: If one claim is a LTC claim and the provider is billing leave days.

Inpatient Vs Inpatient:

- Click on the related history claim(s).
- Check the dates of service.
- If the dates of service is a continuation. Force to pay.
- If the dates of service is overlapping. Deny.
- If the date of service is the same. Deny.
- Exception: If the revenue code is 250 (drug, supply) look at the billed amount, if they are the same deny the claim. If the billed amount is different for revenue code 250. Force to pay.

On bed rate code 100-179, 200-219, and 230-239, you cannot be in two beds at one time.

Inpatient Xover versus LTC:

- Click on the related history claim (s).
- Check dates of service.
- If the dates of service look like a continuation, (if the last date of service, is the beginning date of the other claim). Force to pay.

- If the dates of service are the same and the revenue codes are different and they are not the bed revenue codes, (look at the list above for the bed revenue codes). Force the claim to pay.
- If the current claim and the related claim(s) has the bed revenue code. Check to see if there are leave days on the LTC claim. If the leave days, equal or exceed the days for the hospital claim. Force to pay.
- If no leave days are on the LTC claim and the date of service is the same as the hospital with the same revenue code. Deny the claim.
- If the dates are overlapping, look to see if there are leave days on the LTC claim. The leave days must equal or be greater than the amount of days billed by hospital stay.
- Exception: If the revenue code is 250 (drug, supply) look at the billed amount, if they are the same deny the claim. If the billed amount is different for revenue code 250. Force to pay.

NOTE: Leave day revenue codes are 180-185. You may have to count the days if they are overlapping. Example: If the hospital claim has four days, then the LTC claim must have four days for leave days and no more. Force to pay.
On bed rate revenue codes, 100-179, 200-219, and 230-239 you cannot be in two beds at one time. Exception: If one claim is a LTC claim and the provider is billing leave days.

Inpatient Xovers Versus Inpatient Xovers:

- Click on the related history claim(s).
- Check dates of service.
- If the dates of service are the same or overlapping. Deny.
- If the dates of service are a continuation. Force to pay.
- Exception: If the revenue code is 250 (which is drug supply), look at the billed amount, if they are the same Deny the claims. If the billed amount is different on revenue code 250, Force to pay. On bed rate revenue codes 100-179, 200-219, and 230-239, you cannot be in two beds at one time.

Inpatient Xovers versus Outpatient Xovers:

- Click on the relate history claim (s).
- Check the dates of service.
- Check the revenue/procedure codes. If the revenue codes are on both claims. Deny.
- If the revenue codes are different. Force to pay.
- If one of the claims has a procedure code with a revenue code. Force claim to pay.
- Exception: If the revenue code is 250 (which is drug supply), look at the billed amount, if they are the same Deny the claims. If the billed amount is different on revenue code 250, Force to pay. On bed rate revenue codes 100-179, 200-219, and 230-239, you cannot be in two beds at one time.

Inpatient versus Home Health:

- Click on the related history claim (s).
- Check the dates of service.
- Check the revenue/procedure codes.

- If the revenue codes are on both claims. Deny the claim.
- If the revenue codes are different. Force the claim.
- If one of the claims has a procedure code with the revenue code. Force the claim to pay.
- If the dates of service are overlapping. Deny the claim. If the claim has supporting documentation, please review to determine if services truly overlap. FORCE.
- Exception: If the revenue code is 250 (which is drug supply), look at the billed amount, if they are the same Deny the claims. If the billed amount is different on revenue code 250, Force to pay.