

Indiana Medicaid Resolutions Manual

NAME: 5009 SUSPECT DUPE - DIFFERENT PROV/ALLOWED

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(s) on the history file or another claim being processed in the same cycle.

CRITERIA:

When another claim is found with the following matches (compare the claim being processed with paid claims in history and other claims being processed in the same cycle), set this audit with EOB 5000:

All Crossover claims:

The claim being submitted has the same member number, different billing provider number, same 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

Location	Region	EOB	Disposition
20	00	5000	DENY
20	70	5000	PAY

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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	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. Note: 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 systematically post and pay or deny, depending on the claim type.