

Indiana Medicaid Resolutions Manual

NAME: 658 **DATE OF DEATH/DISCHARGE IS NOT CVRD (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the date of death/discharge is not covered.

CRITERIA:

Set this edit if the date of death/discharge is not covered on Home Health Claims with, EOB 4233.

The nursing home room and board billed under revenue code 659, is not covered for the date of death when a member is dually eligible as noted below in the following criteria:

1. Verify the claim has a occurrence code of discharge-Occurrence group 100003-Date of Discharge.
2. Determine if the revenue code is for dually eligible members (revenue group 100013-Hospice Nursing Home QMB).
3. Check to see if the member is Part A eligible. If yes, bypass the edit. If no, then check to see if they are in a benefit plan in benefit group 3007. If the member is in benefit group 3007 then deny the detail, otherwise bypass the edit.

Reference Revenue Group 100013 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type.

Reference Benefit Group 3007 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Benefit Group Type.

Reference Occurrence Group 100003 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Occurrence Group Type.

DISPOSITION:

Indiana Medicaid Resolutions Manual

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: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	4233	DENY

EOB: 4233 - DATE OF DEATH/DISCHARGE IS NOT COVERED

ARC Code	ARC Description	Effective Date	End Date
13	The date of death precedes the date of service.	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:

Indiana Medicaid Resolutions Manual

Claims setting this edit will be systematically denied with EOB 4233.

