

Indiana Medicaid Resolutions Manual

NAME: 682 HOSPICE REV CODE/UNITS MISMATCH (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this edit when the hospice units billed are not in the range for the revenue code billed.

CRITERIA:

Set this edit when the hospice revenue code is billed without corresponding units with, EOB 0563.

Edit 682 will set on claims received with a type of bill that starts with 81 or 82 for and either of the following:

1. Detail has a Hospice Revenue code Group 100011-Hospice Revenue Codes, and the provider bills more than 1 unit on the detail.
2. Detail has a Hospice Multiple Units Revenue code group 100012-Hospice Revenue codes-Multiple Units and the provider bills less than 8 OR more than 24 units on the detail.

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
00	00	9999	PAY

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

Indiana Medicaid Resolutions Manual

Location	Region	EOB	Disposition
00	00	0563	DENY

EOB: 0563 - HOSPICE UNITS BILLED INCOMPATIBLE WITH ALLOWED UNITS FOR THE HOSPICE REVENUE CODE.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M53	Missing/incomplete/invalid days or units of service.	19970101	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	19950101	22991231

Indiana Medicaid Resolutions Manual

adjudicated. Note: Refer to
the 835 Healthcare Policy
Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0563.

