

Indiana Medicaid Resolutions Manual

NAME: 1035 PROV NOT LISTED AS HOSPICE PROV (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the billing provider is not the same provider listed as the member's authorized hospice provider for date of service.

CRITERIA:

Set this edit when the billing provider is not the same provider listed as the member's authorized hospice provider for the date of service billed on the member's Level of Care file, with EOB1035. You can review the member's LOC by pulling up the member panel. Enter the Member ID and Search then go to open tab>Level of Care. Compare the date of service to the LOC effective and end-dates. The provider ID listed on the LOC table must be the same provider ID on the claim, if not it will set this edit.

Hospice assignment plans used in this edit can be located under benefit plan group 3007. The Hospice LOC must also be part of benefit plan group 3010-All assignment plans when determining to set this edit.

Reference Benefit Plan 3007 and 3010 located in CoreMMIS>Main Menu>BPA>Related Data>Open Tab>Other>Benefit Plan Group Type.

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
01	00	9999	PAY

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Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1035	DENY
01	30	9999	PAY
01	32	9999	PAY
01	33	9999	PAY
01	34	9999	PAY
01	70	9999	PAY
01	72	9999	PAY
01	73	9999	PAY
01	74	9999	PAY
01	91	9999	SUSPEND

EOB: 1035 - BILLING PROVIDER IS NOT MEMBERS LISTED HOSPICE PROVIDER.
PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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	19950101	22991231

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service/procedure that
has already been
adjudicated. Usage:
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 1035.
Encounter claims will post and pay for this edit.

