

Top Five Suspension Reasons

1. All mandatory signatures not included in documentation.
All signatures dates within ten days of election must be included in documentation.
 2. Documentation does not support terminal illness.
Diagnosis alone may not support terminal illness. A clinical picture must be included to allow contractor to approve hospice level of care.
 3. Medicaid Nursing Facility Level of Care not complete.
 4. Inappropriate forms- must use one page form for dual eligible members.
 5. Nursing facility provider ID not included.
HCE cannot process request without prior Indiana Medicaid Provider Identification Number.
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Hospice Top 10 Denials - Calendar Year 2006

Edit	Description	% of Total
2024	Recipient Ineligible for Hospice Level of Care	38.36%
594	Type of Bill Not Covered by IHCP	14.22%
558	Coinsurance and Deductible Amount Missing	14.20%
5001	Exact Duplicate	6.22%
2505	Recipient Covered by Private Insurance (w/ attachment)	4.21%
564	Revenue Code/QMB-Also Eligibility Combination Invalid	3.47%
1035	Hospice Provider Billing for Hospice Services	3.41%
1044	Recipient's PMP Missing - Medicaid Select	2.36%
1042	Certification Code is Missing - Medicaid Select	2.00%
2026	Hospice Recipient Ineligible for Nursing Home Level of Care	1.56%

Correction Steps

Approved Hospice Election Statement not on file in IndianaAIM.
Statement must be approved by HCE before claims can be billed.
Enter valid hospice type of bill (822)
Enter Medicare paid, coinsurance, and deductible amounts as applicable
Review remittance advice for paid claim for same date of service

Primary payor denial must be valid, not conditional. Primary EOB must contain name of payor, name of member, and revenue code
Correct revenue code to 183, 185, or 659. If member is non-QMB, do not bill revenue code 659
Billing hospice different from election hospice. The *Hospice Provider Change Request Between Indiana Hospice Provider* form must be approved and on file in IndianaAIM
Medicaid Select PMP name & provider # missing. May need to be special batched.
Enter two-digit certification code for Medicaid Select members. May need to be special batched
Approved 450B not on file in IndianaAIM. Provider should hold paperwork until notified by NH that 450B approved with an effective reimbursement date