

**SD/MC – Eligibility Edits**  
Updated February 3, 2011

**SD/MC Medicare Dual Coverage Billing Edits**

An 837 Professional Claim will be denied for non-coordination of benefits with Medicare, unless any one of the following is true:

1. Procedure Code equal to (G8437, H0034, T1017, H2011, H2013, H0018, H0019, S9484, H2012, H2019, H2017, H0032, H2015:HE:SC, or H2010:HE:SC) (SC means telephone)
2. If Procedure Code = (H2015 or H2010) and,
  - (Taxonomy Code is not blank and Taxonomy Code prefix not equal to (364, 104, 363, 207, 208, or 103) or
  - Taxonomy Code is blank and submission date <= 3/31/2011 and CLM07 (provider assignment code) is equal to 'C' ('C' means not assigned))
3. Place of Service equal to (03 or 15)
4. Place of Service equal to 99 (Other) and Procedure Code is equal to (H2015:HE:HQ or H2010:HE:HQ) (HQ means community)
5. 'FAME-MEDICARE-STATUS' 2nd Digit does not equal (1, 2, 3, 4, or 5)
6. Beneficiary OHC Indicator on FAME response (FAME-OTHER-COV) is equal to 'F'
7. Any instances of SBR09 of "Other Subscriber Information" Loop is Equal to 'MB' (Medicare Part B) or '16' (HMO Medicare Risk) #

# This edit determines if the billing provider included Medicare COB information on the claim.

## MEDS Medicare and OHC Values

<b>Medicare Values</b>	
1 <sup>st</sup> Digit =	Part A (Hospital)
2 <sup>nd</sup> Digit =	Part B (Medical)
3 <sup>rd</sup> Digit =	Part D (Prescription Drug)
<b>1st and 2nd Digits</b>	
<b>Code</b>	<b>Description</b>
0 or Blank	No Coverage (Directly Billable to Medi-Cal if 2 <sup>nd</sup> digit)
1	Paid for by Beneficiary
2	Paid for by State Buy-In
3	Free (Part A)
4	Paid by other State (Part B only)
5	Buy-in reject, eligible per Bendex
7	Presumed eligible (Directly Billable to Medi-Cal if 2 <sup>nd</sup> digit)
9	Aged alien ineligible for Medicare (Directly Billable to Medi-Cal if 2 <sup>nd</sup> digit)
<b>3rd Digit</b>	
<b>Code</b>	<b>Description</b>
0 or Blank	No Coverage
1	Approved Low Income Subsidy Status
2	Beneficiary is eligible for Part D
3	Beneficiary deemed Low Income Subsidy eligible
7	Presumed eligible
9	Beneficiary has refused Part D

<b>OHC Values</b>	
<b>Code</b>	<b>Description</b>
A	Any carrier (includes multiple coverage)
C	Champus Prime HMO
D	Medicare Part D
F	Medicare RISK HMO (Directly Billable to Medi-Cal)
K	Kaiser
L	Dental only policies
P	PHP/HMO's & EPO (Exclusive Provider Option) not otherwise specified
V	Any carrier (other than the above, includes multiple coverage)
9	Healthy Families
N	None
O	Override - Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) --- changes OHC to A