

Indiana Medicaid Resolutions Manual

NAME: 3029 BENEFITS NOT ELIGIBLE FOR MRO DATES OF SVC (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the date of service indicated on the detail for the MRO service does not fall within the authorized start and stop dates prior authorized for the procedure code.

CRITERIA:

Set this edit if the date of service indicated on the detail does not fall within the authorized start and stop dates prior authorized for that procedure code with, EOB 3029.

NOTE: MRO members with a qualifying diagnosis will be assigned a service package based on their individual level of need (LON). There are eight service packages, each with a Set of services and units of service designed to meet the consumer.s intensity of need. These packages will be loaded into the PA database for the member.

- Child/Adolescent packages: 2, 3, 4, 5
- Adult packages: 3, 4, 5, 5A

MRO members may also have individual MRO services prior authorized. For an MRO provider to receive reimbursement for the delivery of MRO services, a member must have an assigned MRO service package or prior authorized units of service.

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.

Indiana Medicaid Resolutions Manual

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMR **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMI **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
03	00	3029	DENY
03	91	3029	SUSPEND

Claim Type: M - Professional Claims **Member Plan:** MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

EOB: 3029 - BENEFITS NOT ELIGIBLE FOR MRO DATES OF SERVICE

ARC Code	ARC Description	Effective Date	End Date
197	Precertification/authorization/notification absent.	20061031	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	19950101	22991231

Indiana Medicaid Resolutions Manual

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 3029.

For special batch claims, follow special instructions to adjudicate the claim.

