

Indiana Medicaid Resolutions Manual

NAME: **3429 INPATIENT CLAIM EXCEEDED 60 DAYS OF HOSPITAL STAY**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when inpatient care rendered in an institution for mental disease, is billed for members between 21 and 64 years of age and the length of stay is over 60 days.

CRITERIA:

Post this edit when inpatient claim is billed by a provider in category type 1000-IMDs for Medicaid enrollees with Serious Mental Illness (SMI).

Medicaid enrollee is between the ages of 21 through 64.

Provider specialty 011-Psychiatric and hospital stay has exceeded limitation of 60 days.

The edit will bypass if the DRG is in Group 1003-Substance Abuse DRG.

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
02	00	9999	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

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Location	Region	EOB	Disposition
02	00	3429	DENY
02	91	3429	SUSPEND

EOB: 3429 - Inpatient claim has exceeded 60 days of hospital stay.

ARC Code	ARC Description	Effective Date	End Date
273	Coverage/program guidelines were exceeded.	20151101	22991231

Remark Code	Remark Description	Effective Date	End Date
N362	The number of Days or Units of Service exceeds our acceptable maximum.	20051118	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 3429.

