

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **3001    PRIOR AUTHORIZATION NOT FOUND (DTL)**

**ERROR TYPE:**        Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the the procedure code submitted requires PA for the Benefit Plan of which the member is enrolled for the date of service billed.

### **CRITERIA:**

Set this edit when the procedure code billed requires PA for the Benefit Plan of which the member is enrolled. If the procedure code billed requires PA for that Benefit Plan, and the date(s ) of service indicated on the claim do not fall within the start/stop dates prior authorized for the procedure code or is not on file for the procedure code, set this edit with, EOB 3001.

Claims for members enrolled with the MRO benefit plan and PA is not on file for the date(s) of service indicated on the claim do not fall within the start/stop dates prior authorized for the procedure code or is not on file for the procedure code will set this edit with, EOB 3029.

PA will be bypassed under the following conditions:

1. This edit will bypass 590 claims with a detailed billed amount less than or equal to \$500.00.
2. Claims billed with a provider specialty of 120 (School Corporation) or 212 (CSHCS Health Care Coordinator-First Steps Program Provider) will bypass this edit.
3. For Medical claims with dates of service prior to go live the emergency diagnosis group 21 or the emergency indicator is used to bypass PA. For dates of service on or after go live the emergency indicator only is used to bypass PA.
4. For outpatient claims, the emergency diagnosis group 21 is used to bypass PA regardless of the DOS.

Diagnosis groups can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type.

### **DISPOSITION:**

## **Indiana Medicaid Resolutions Manual**

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: Post**

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3001	DENY
03	30	3001	PAY
03	32	3001	PAY
03	33	3001	PAY
03	34	3001	PAY
03	70	3001	PAY
03	72	3001	PAY
03	73	3001	PAY
03	74	3001	PAY
03	75	3001	PAY
03	76	3001	PAY
03	78	3001	PAY
03	79	3001	PAY
03	91	3001	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	9999	PAY

**Claim Type: 0 - All Claim Types    Member Plan: ALL    Status: Post**

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3001	DENY
03	30	3001	PAY
03	32	3001	PAY
03	33	3001	PAY
03	34	3001	PAY
03	70	3001	PAY
03	72	3001	PAY
03	73	3001	PAY
03	74	3001	PAY
03	75	3001	DENY
03	76	3001	DENY
03	77	3001	DENY
03	78	3001	DENY
03	79	3001	DENY
03	91	3001	SUSPEND

## **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:** B - Professional Xover Claims    **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

**Claim Type:** C - Outpatient Xover Claims    **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

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

Location	Region	EOB	Disposition
03	00	3029	DENY
03	30	3029	PAY
03	32	3029	PAY
03	33	3029	PAY
03	34	3029	PAY
03	70	3029	PAY
03	72	3029	PAY
03	73	3029	PAY
03	74	3029	PAY

**EOB: 3001** - DATES OF SERVICE NOT ON THE P.A. MASTER FILE.

ARC Code	ARC Description	Effective Date	End Date
197	Precertification/authorization/notification/pre-treatment absent.	20061031	22991231

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

ARC Code	ARC Description	Effective Date	End Date
----------	-----------------	----------------	----------

## **Indiana Medicaid Resolutions Manual**

197	Precertification/authorization/notification/pre-treatment absent.	20061031	22991231
-----	---	----------	----------

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

### **METHOD OF CORRECTION:**

Encounter Claims setting this edit will be set to post and pay.

Other claims When an outpatient claim suspends for this edit, and the revenue codes are 420, 430, or 440 for therapy services, the analyst needs to check the members age to see if they are 21 years of age or older. If the member meets that criteria of being 21 years of age or older, then force the detail. If the member is 20 years of age and under, deny the claim with EOB 3001.