

Indiana Medicaid Resolutions Manual

NAME: **3026 OUT OF STATE BILLING PROVIDER REQUIRES PA (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a claim is submitted by an out-of-state billing provider for non-emergency services and there is no prior authorization on file for the service. See below for what constitutes an emergency.

CRITERIA:

When an inpatient claim is paid by DRG and is submitted by an out-of-state billing provider (locality = out-of-state), for any non-emergency services and there is no prior authorization on file, set this edit with EOB 3010.

For inpatient claims the system will only look for prior authorization if the revenue code billed is in Revenue Group 100002-Inpatient Accommodation.

Bypass Conditions for edit 3026 include:

1. The Member has appropriate PA for the revenue code.
2. The Admit type is 1 (Emergency), 4(Newborn), 5 (Trauma).

Revenue group number 100002 can be located in Core MMIS under Main Menu>BPA>Related Data>Open>Revenue Group Type

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
03	00	3010	DENY

Indiana Medicaid Resolutions Manual

03	70	3010	PAY
03	72	3010	PAY
03	73	3010	PAY
03	74	3010	PAY
03	91	3010	SUSPEND

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

Location	Region	EOB	Disposition
03	00	3010	DENY
03	30	3010	PAY
03	32	3010	PAY
03	33	3010	PAY
03	34	3010	PAY
03	70	3010	PAY
03	72	3010	PAY
03	73	3010	PAY
03	74	3010	PAY
03	91	3010	SUSPEND

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

Location	Region	EOB	Disposition
03	00	9999	PAY

EOB: 3010 - NON-EMERGENCY OUT OF STATE SERVICES REQUIRE PRIOR AUTHORIZATION.

Indiana Medicaid Resolutions Manual

ARC Code	ARC Description	Effective Date	End Date
197	Precertification/authorization/notification/pre-treatment 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 3010.
Encounter claims will post and pay for this edit.

