

Indiana Medicaid Resolutions Manual

NAME: 3336 HOSPITAL LEAVE DAYS ARE LTD TO 15 PER
HOSPITAL DTL

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a claim is billed with the hospital leave days for more than the allowed 15 consecutive units.

CRITERIA:

Set this edit if a claim is billed with the hospital leave day (Revenue Codes listed in Revenue Group 100003-Hospital Leave Days) for more than the allowed 15 consecutive units, with, EOB 9605.

After the fifteenth day the member must be discharged from the facility.

This edit will only apply to members residing in an ICF/IID.

Revenue codes in Group 100003 can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type >Select group number 100003.

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
04	00	9605	DENY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY

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Claim Type: A - Inpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	9605	DENY
04	70	9605	PAY
04	72	9605	PAY
04	73	9605	PAY
04	74	9605	PAY

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	9605	DENY
04	30	9605	PAY
04	32	9605	PAY
04	33	9605	PAY
04	34	9605	PAY
04	70	9605	PAY
04	72	9605	PAY
04	73	9605	PAY
04	74	9605	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 9605 - HOSPITAL LEAVE DAYS ARE LIMITED TO 15 PER HOSPITALIZATION. THE PATIENT SHOULD BE DISCHARGED AND READMITTED FOLLOWING THE HOSPITAL STAY.

ARC Code

ARC Description

Effective Date

End Date

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119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231
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Remark Code	Remark Description	Effective Date	End Date
N640	Exceeds number/frequency approved/allowed within time period.	20130715	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.
Encounter claims will post and pay.

