

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **2031    ONLY FREESTNDING/DPU PROVS CAN BILL LEAVE DAYS DTL**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**   Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a provider that is not freestanding or a distinct part unit (DPU) bills leave days on an inpatient psychiatric claim.

### **CRITERIA:**

Set this edit on Inpatient claims when the following criteria has be met:

1. The DRG is in group 1010-Inpatient LOC-Psych Group or in DRG Group 1013-Inpatient LOC-Psych by Diagnosis, and does not have a diagnosis code in diagnosis group 100006-psychiatric diagnosis for inpatient.
2. The revenue code on the current claim detail is in revenue group 100003-Hospital Leave Days or 100004-Theapy Leave Days.
3. The provider service location is not in provider category type 153-Psych Facilities allowed leave days.

Provider category type can be found in CoreMMIS under Provider Menu>Search Provider>go to service location and locate provider category type.

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

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

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**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>
01	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
01	00	2031	DENY
01	30	2031	PAY
01	32	2031	PAY
01	33	2031	PAY
01	34	2031	PAY
01	70	2031	PAY
01	72	2031	PAY
01	73	2031	PAY
01	74	2031	PAY

**EOB: 2031** - ONLY FREESTANDING AND DPU FACILITIES ARE ALLOWED TO BILL LEAVE DAYS ON INPATIENT PSYCHIATRIC CLAIMS.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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	19950101	22991231

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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.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 2031.  
Encounter claims are set to post and pay for this edit.

