

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3011 OUT-OF-STATE PROVIDER REQUIRES PA (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a claim is submitted and the billing provider is out of state without PA on file.

### **CRITERIA:**

Set this edit when a claim is submitted for a billing provider who is out of state without a prior authorization on file for the date of service billed, with EOB 3011.

For claim type H, when a claim is submitted for an out of state Home Health Agency, with a type of bill 330, 331 or 335 Set the edit with EOB 3016.

This system will bypass this edit under the following conditions:

Dental- the header emergency indicator is Set to a "Y" (This indicator is then applied to all details)

Medical-the emergency indicator is Set to Y on the detail. If the from DOS is prior to go live, an emergency diagnosis will also bypass the PA requirement.

Outpatient- the diagnosis on the claims is either in diagnosis group 21-Emergency or group 100034-Trauma.

NOTE: There is no bypass conditions for a non covered service.

Reference ICD-DX group 21-Emergency and group 100034 Trauma can be located in Core MMIS under Main Menu > BPA > Related Data > Open Tab > Other > Diagnosis 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
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03	00	9999	PAY
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**Claim Type:** D - Dental Claims      **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3011	DENY
03	30	9999	PAY
03	32	9999	PAY
03	33	9999	PAY
03	34	9999	PAY
03	70	9999	PAY
03	72	9999	PAY
03	73	9999	PAY
03	74	9999	PAY
03	91	3011	SUSPEND

**Claim Type:** H - Home Health Claims      **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3016	DENY
03	30	3016	PAY
03	32	3016	PAY
03	33	3016	PAY
03	34	3016	PAY
03	70	3016	PAY
03	72	3016	PAY
03	73	3016	PAY
03	74	3016	PAY
03	91	3016	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3011	DENY
03	30	3011	PAY
03	32	3011	PAY
03	33	3011	PAY
03	34	3011	PAY
03	70	3011	PAY
03	72	3011	PAY
03	73	3011	PAY
03	74	3011	PAY
03	91	3011	SUSPEND

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**Claim Type:** M - Professional Claims

**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:** M - Professional Claims

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

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

**Claim Type:** M - Professional Claims

**Member Plan:** PASMR

**Status:** Do Not Post

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

**Claim Type:** M - Professional Claims

**Member Plan:** PASMI

**Status:** Do Not Post

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

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3011	DENY
03	30	3011	PAY
03	32	3011	PAY
03	33	3011	PAY
03	34	3011	PAY
03	70	3011	PAY
03	72	3011	PAY
03	73	3011	PAY
03	74	3011	PAY
03	91	3011	SUSPEND

**EOB: 3011 - NON EMERGENCY OUT-OF-STATE SERVICES REQUIRE PRIOR AUTHORIZATION.**

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

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**EOB: 3016** - HOME HEALTH SERVICES PROVIDED OUTSIDE OF INDIANA ARE NON COVERED SERVICES.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place 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 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:**

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Claims setting this edit will be systematically denied with EOB 3011. However, claim type H will post EOB 3016.

Encounter claims will post and pay for this edit except for dental which are inactive for this edit.

