

Indiana Medicaid Resolutions Manual

NAME: **3328 INPATIENT CARE/PSYCH HOSP FOR MEMBERS 22-64 HDR**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when inpatient care rendered in an institution for mental disease(IMD), is billed for members between 22 and 64 years of age.

CRITERIA:

Set this edit when a service is rendered in an institution for mental diseases for a member between 22 and 64 years of age with EOB 4085.

This edit will be bypassed under the following conditions:

1. The provider is in provider group 151-16 beds or less or in provider group 1000-IMDs for Medicaid enrollees with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).
2. The member is younger than 22 and older than 64
3. The edit will bypass if the provider specialty is anything other than 011-Psychiatric or 014-IATF Facility.
4. TOB is 11X

In order for claims to pay for members between 22 and 64, the facility must be designated by the ISDH as a 16 bed or less facility or an IMD facility. Claims will bypass this edit if the provider is listed in Core MMIS provider category type-151-IMD 16 Beds or Less or provider category type 1000-IMD provider.

Provider category types can be located in Core MMIS under Main Menu>Provider>Related Data>Other>Provider Category Type.

The Provider Enrollment Department is responsible for adding the appropriate certified providers to the provider category type.

DISPOSITION:

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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
02	00	9999	PAY

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

Location	Region	EOB	Disposition
02	00	9999	PAY

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

Location	Region	EOB	Disposition
02	00	4085	DENY
02	30	4085	PAY
02	32	4085	PAY
02	33	4085	PAY
02	34	4085	PAY
02	70	4085	PAY
02	72	4085	PAY
02	73	4085	PAY
02	74	4085	PAY

EOB: 4085 - INPATIENT CARE RENDERED IN AN INSTITUTION FOR MENTAL HEALTH DISEASES IS A MEDICAID NON-COVERED SERVICE FOR MEMBER'S AGES 22 THRU 64. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the	19950101	22991231

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835 Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
N30	Patient ineligible for this service.	20000101	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 4085.

