NAME: **501** **DISCHARGE WITHIN 24 HOURS OF INPT ADMISSION (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if an inpatient claim is billed with the same admit and discharge date.

CRITERIA:

Set this edit if an inpatient claim is billed with the same admit and discharge date with EOB 0501. Neonate DRG's (Group 1007) are exempt from this edit if the patient expires within 24 hours.

To access group 1007-Neonate Exempt 501, in Core MMIS > 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.

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
21	00	0501	DENY

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

Location	Region	EOB	Disposition
21	00	0501	DENY
21	30	0501	PAY
21	32	0501	PAY
21	33	0501	PAY
21	34	0501	PAY
21	52	0501	SUSPEND
21	70	0501	PAY
21	72	0501	PAY
21	73	0501	PAY
21	74	0501	PAY
21	91	0501	SUSPEND

EOB: 0501 - THE DISCHARGE DATE/TIME IS WITHIN 24 HOURS OF THE ADMIT DATE/TIME. PLEASE VERIFY AND RESUBMIT. IF CORRECT, PLEASE REBILL AS AN OUTPATIENT CLAIM.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N64	The "from" and "to" dates must be different.	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 0501.
Providers will need to resubmit the claim as an outpatient claim per instruction noted in BT201559.
For special batch claims, follow special instructions to adjudicate the claim.
NOTE: Inpatient stay less than 24 hours with a discharge date different than the admit date will be reviewed in back end audits.