

Indiana Medicaid Resolutions Manual

NAME: 518 OBSOLETE COVD AND NONCOVD DAYS EXCEED STATEMENT PE

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the "covered or not covered days" entered exceed the number of days spanned by the "statement covers period" dates.

CRITERIA:

For inpatient claims, if the covered or non-covered days exceed the number of days represented by the "statement covers period from and through dates" minus the day of discharge, Set this edit with EOB 0518.

If the "from" and "through" dates are the same, then the covered days should allow for "1" day.

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

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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The benefit for this service	19950101	22991231
is included in the		
payment/allowance for		
another service/procedure		
that has already been		
adjudicated. Note: 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 0518.
- For paper claims, check the covered days. If correct, verify the header from/through dates were keyed correctly. Correct as needed and resubmit (do not force). If keyed correctly, then deny the claim and post edit 0518.