NAME: **3756 DIAGNOSIS GROUP HDR ANY RSTCN ON DRG REIMB RULE**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a diagnosis group for a DRG is not found in the reimbursement rule.

CRITERIA:

Set this edit if a diagnosis group for a DRG is not found in the reimbursement rule.
This edit uses the variable DGRP. DRG 429 is used for ICD-9 (AP DRG) and DRG 757 (APR DRG) is used for ICD-10.
Reimbursement rules are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select RA for reimbursement agreement and select the appropriate RA rules for the procedure to display the rule configuration.

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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY

00	74	9998	DENY
80	00	9999	SUSPEND

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

Location	Region	EOB	Disposition
00	30	9998	DENY
00	32	9998	DENY
00	33	9998	DENY
00	34	9998	DENY
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
80	00	9999	SUSPEND

EOB: 9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

ARC Code	ARC Description	Effective Date	End Date
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	19950101	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:

Suspended claims should be forwarded to the BPA unit for further review to analyze why the diagnosis group up for a DRG is not found in the reimbursement rule.