

Indiana Medicaid Resolutions Manual

NAME: 4336 INVALID DISCHARGE STATUS (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the patient status is not a valid patient status value for the type of DRG.

Patient Status codes can be located in Core MMIS under Main Menu>BPA>Related Data>Codes O-Z>Patient Status for a list of valid values.

CRITERIA:

Set this edit if the patient status is not a valid patient status value for the DRG with, EOB 0528.

Note: This edit will post when an inpatient claim groups to an AP or APR DRG and is billed with patient status code '30 - Still Patient' to indicate the patient has not been discharged. Patient status code '30' is only allowed on inpatient/inpatient crossover claims that group to an AP or APR DRG for Psych, Rehab or Burn Level of Care (LOC).

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
00	00	0528	DENY
00	64	9999	PAY

Indiana Medicaid Resolutions Manual

00	70	9999	PAY
00	72	0528	PAY
00	73	9999	PAY
00	74	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0528	DENY
00	64	9999	PAY

EOB: 0528 - INVALID DISCHARGE STATUS-PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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.) Note: 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
N50	Missing/incomplete/invalid discharge information.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

Indiana Medicaid Resolutions Manual

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. Note: 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 0528.

