

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **4100    NO DRG BASE AMT FOUND FOR DATES OF SVC (HDR)**

**ERROR TYPE:**        Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if there is no DRG base amount found for date of service.

### **CRITERIA:**

Set this edit if no DRG base amount is found for dates of service with, EOB 4100.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4100	DENY
04	10	4100	SUSPEND
04	11	4100	SUSPEND
04	70	4100	PAY
04	72	4100	PAY
04	73	4100	PAY
04	74	4100	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4100	DENY
04	10	4100	SUSPEND
04	11	4100	SUSPEND
04	30	4100	PAY
04	32	4100	PAY
04	33	4100	PAY
04	34	4100	PAY
04	64	4100	PAY
04	70	4100	PAY
04	72	4100	PAY
04	73	4100	PAY
04	74	4100	PAY

**EOB: 4100 - PRICING BEING REVIEWED.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
133	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).	20140701	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for	20000101	22991231

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the date of  
service/provider.

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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 4100.  
Encounter claims will post and pay for this edit.

