

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4241 MBR INELIGIBLE FOR LEVEL OF CARE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the member is not eligible for the institutional level of care billed for the date of service.

### **CRITERIA:**

Set this edit if a claim is submitted and the member is ineligible for the institutional level of care (Benefit Plan Group 2002-LOC) for the dates of service billed, with EOB 2026.

- A detail is being priced with either a LTCLOC or HSPLOC pricing indicator.
- Either of the following conditions occurs:
  - a. The Member does not have a valid assignment plan for the entire DOS (table t\_re\_assign\_plan).
  - b. The Member has an assignment plan, however it is not a valid LOC assignment plan for the DOS for the Assignment plan (2002)

Benefit plan group 2002-LOC, can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Benefit Plan 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

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** A - Inpatient Xover Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	2026	DENY

**Claim Type:** H - Home Health Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY
02	00	2026	DENY

**Claim Type:** L - Long Term Care Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	2026	DENY
00	30	2026	PAY
00	32	2026	PAY
00	33	2026	PAY
00	34	2026	PAY
00	70	2026	PAY
00	72	2026	PAY
00	73	2026	PAY
00	74	2026	PAY

**EOB: 2026** - MEMBER NOT ELIGIBLE FOR THIS LEVEL OF CARE FOR THE DATES OF SERVICE AND REVENUE CODES BILLED.

### **ARC Code**

16

### **ARC Description**

Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other

### **Effective Date**

19950101

### **End Date**

22991231

## **Indiana Medicaid Resolutions Manual**

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.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N182	This claim/service must be billed according to the schedule for this plan.	20030228	22991231

**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	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 2026.  
Encounter claims will post and pay for this edit.