

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4354 INVALID OR CONFLICTING BIRTH WEIGHT (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This edit will set when, the Inpatient claim is submitted and the birth weight extracted from the patient record (in grams) was non-numeric or not in the grouper's range of minimum and maximum birthright values.

### **CRITERIA:**

Set this edit when an Inpatient claim is submitted and the birth weight on the claim (in grams) (value code 54) is non-numeric or not in the grouper's range of minimum and maximum birth weight values or birth weight categories with, EOB 4127.

The claim will post edit 4127 based on the ICD type and DRG error code for each of the following combinations:

1. ICD9, error 15 (Invalid birth weight)
2. ICD9, error 16 (Conflicting birth weights)
3. ICD9 error 17 (Non-specific birth weight)
4. ICD10 error 06 (Invalid birth weight)
5. ICD10, error 12 (Conflicting birth weight)

### **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

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<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	4127	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4127	DENY

**EOB: 4127** - THE BIRTH WEIGHT DIAGNOSIS CODES SUBMITTED ON THIS CLAIM ARE EITHER INVALID OR CONFLICTING. PLEASE VERIFY AND RESUBMIT (FOR CROSSOVERS, SUBMIT AN ADJUSTMENT).

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
A8	Ungroupable DRG.	19950101	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

**METHOD OF CORRECTION:**

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Claims setting this edit for Crossover claims will systematically post and pay with EOB 4127.

Claims setting this edit for Inpatient claims will systematically deny with EOB 4127.

