

Indiana Medicaid Resolutions Manual

NAME: 4134 DRG GROUPER UNABLE TO GROUP/PRICE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Inpatient claim submitted contains information such as diagnosis, ICD procedures, gender, age, patient status that will prevent the claim from grouping in the system.

CRITERIA:

Set this edit if a claim is submitted and the information on the claim contains errors that will prevent the claim from grouping to a DRG, and the claim has not Set one of the edits noted below with, EOB 4128.

4099-DRG not on file

4330-DRG grouper unable to group/price-Principal DX HDR

4333-Invalid Admit/Discharge age (HDR)

4334-DRG Grouper unable to group/price-Gender (HDR)

4336-Invalid Discharge Status (HDR)

4354-Invalid or conflicting birth weight (HDR)

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.

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Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	SUSPEND

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

Location	Region	EOB	Disposition
04	00	4128	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4128	DENY

EOB: 4128 - AN UNSPECIFIED ERROR WAS GENERATED BY THE GROUPER. PLEASE VERIFY THE CONTENTS OF THE CLAIM AND RESUBMIT (FOR CROSSOVERS, SUBMIT AN ADJUSTMENT).

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

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with, EOB 4128.

Inpatient Crossovers will be set to post and pay for this edit.

