

Indiana Medicaid Resolutions Manual

NAME: 4333 INVALID ADMIT/DISCHARGE AGE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member's age at the time of admission and/or discharge is not between the range of 0-124 years.

CRITERIA:

Set this edit if the member's age is non- numeric or not between the range of 0 -124 years of age at the time of admission and/or discharge with, EOB 2015.

The age is determined from the Member Base Information received from ICES/IEDDS.

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 |
|----------|--------|------|-------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 2015 | PAY |
| 02 | 70 | 9999 | PAY |
| 02 | 72 | 9999 | PAY |
| 02 | 73 | 9999 | PAY |
| 02 | 74 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 02 | 00 | 2015 | DENY |

EOB: 2015 - THE MEMBER'S AGE IS INVALID FOR THE ADMIT DATE-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 |
|--------------------|---|-----------------------|-----------------|
| M60 | Missing Certificate of Medical Necessity. | 19970101 | 22991231 |

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|--|-----------------------|-----------------|
| M40 | Claim must be assigned and must be filed by the practitioner's employer. | 19970101 | 22991231 |

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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 |

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2015.

