

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

Location	Region	EOB	Disposition
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4100	DENY
04	10	4100	SUSPEND
04	11	4100	SUSPEND
04	35	4100	PAY
04	36	4100	PAY
04	37	4100	PAY
04	38	4100	PAY
04	70	4100	PAY

Indiana Medicaid Resolutions Manual

04	72	4100	PAY
04	73	4100	PAY
04	74	4100	PAY

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

Location	Region	EOB	Disposition
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	35	4100	PAY
04	36	4100	PAY
04	37	4100	PAY
04	38	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.

ARC Code	ARC Description	Effective Date	End Date
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

Indiana Medicaid Resolutions Manual

Remark Code	Remark Description	Effective Date	End Date
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	20000101	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. 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.

