

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4179 INCOMPLETE APR DRG ASSIGNMENT

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this edit if an Inpatient or Inpatient crossover claim cannot get to 3M for processing.

### **CRITERIA:**

Set this edit if an Inpatient or Inpatient Crossover claims can not get to 3M for processing.

### **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

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

Location	Region	EOB	Disposition
00	00	4179	SUSPEND

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

Location	Region	EOB	Disposition
00	00	4179	SUSPEND

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### **EOB: 4179 - INCOMPLETE APR DRG ASSIGNMENT, CLAIM TO BE REPROCESSED**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
132	Prearranged demonstration project adjustment.	19970228	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 Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

If a claim suspends for this edit escalate to the BPA manager for review and research.