

Indiana Medicaid Resolutions Manual

NAME: **6046 EXCESSIVE HOSPITAL LEAVE DAYS.**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will fail if the recipient is on leave for more than the allowed number of days.

CRITERIA:

If the recipient is on hospital leave (revenue code 180 & 185) for more than fifteen (15) days per occurrence, fail this audit with EOB 6046. The nursing facility is allowed a total of fifteen (15) consecutive days of reserved bed per hospitalization. If the recipient needs more than fifteen (15) days of hospitalization, the recipient must be discharged from the nursing facility. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6046	PAY
21	50	6046	SUSPEND
21	56	6046	SUSPEND
21	91	6046	SUSPEND

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Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6046	DENY
21	30	6046	PAY
21	32	6046	PAY
21	33	6046	PAY
21	34	6046	PAY
21	52	6046	PAY
21	55	6046	PAY
21	64	6046	PAY
21	70	6046	PAY
21	72	6046	PAY
21	73	6046	PAY
21	74	6046	PAY
21	91	6046	SUSPEND

EOB: 6046 - SERVICES CUTBACK-EXCEEDS ALLOWABLE LEAVE DAYS UNDER THE INDIANA HEALTH COVERAGE PROGRAMS.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N640	Exceeds number/frequency approved/allowed within time period.	20130715	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in	19950101	22991231

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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.

METHOD OF CORRECTION:

For claims that are special batched, this audit should be forced. The 15 days is per hospital admission, which means that more than 15 days is allowed if provider indicates 2 admissions. Full Failure Claims failing this audit will be systematically denied. Cutback Claims failing this audit will be systematically cutback.

