

Indiana Medicaid Resolutions Manual

NAME: **664 BED RESERVATIONS IN PSYCHIATRIC HOSPITAL (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when inpatient care rendered in an institution for mental disease, is billed with a Package C member and for leave days.

CRITERIA:

Set this edit when a distinct-part or free-standing facility bills for inpatient care (Type of bill 111) rendered in an institution for mental health to a Package C member with revenue codes listed in the groups below, with EOB 4082.

Reference Revenue Groups 100003-Hospital Leave Days and 100004-Therapeutic Leave Days located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type.

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: I - Inpatient Claims **Member Plan:** PKGC **Status:** Post

Location	Region	EOB	Disposition
04	00	4082	DENY
04	30	4082	PAY
04	32	4082	PAY

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04	33	4082	PAY
04	34	4082	PAY
04	70	4082	PAY
04	72	4082	PAY
04	73	4082	PAY
04	74	4082	PAY
04	91	4082	SUSPEND

EOB: 4082 - BED RESERVATIONS IN AN INSTITUTION FOR MENTAL HEALTH DISEASE IS A NON-COVERED SERVICE FOR PACKAGE C. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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.) Usage: 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
N30	Patient ineligible for this service.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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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
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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4082.
For special batch claims, follow special instructions to adjudicate the claim.

