

Indiana Medicaid Resolutions Manual

NAME: 637 INVALID SVC - PER DIEM (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if ancillaries are separately billed for the date of service.

CRITERIA:

Set this edit on an Inpatient claim when billing Level of Care (LOC) or the DRG is in group 1010-Psyciatric, group 1009-Burn, group 1011-Rehab, 1012-Long Term Acute Care, or 1013-Psych by Diagnosis but without a diagnosis in group 100006-Inpatient Psych, and the revenue code is not in revenue group 100002-Inpatient Revenue, with EOB 4081.

Reference DRG, Diagnosis and Revenue groups can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other the select the appropriate 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: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4081	DENY

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

Location	Region	EOB	Disposition
04	00	4081	DENY

EOB: 4081 - THE MAXIMUM ALLOWABLE PER DIEM HAS BEEN PAID. ANCILLARIES ARE INCLUDED IN THE ALL-INCLUSIVE PER DIEM RATE AND ARE NOT PAID SEPARATELY.

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.) 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
N30	Patient ineligible for this service.	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. Note: Refer to the 835 Healthcare Policy Identification Segment	19950101	22991231

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(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4081.

Encounter claims are Set to post and pay for this edit.

