

Indiana Medicaid Resolutions Manual

NAME: **572 ACCOMM UNITS NOT EQUAL TO COVD AND
NONCOVD DAYS**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the accommodation units are not equal to covered and non-covered days.

CRITERIA:

Set this edit if the accommodation units are not equal to the covered and non-covered days, with EOB 4219.

Reference revenue group 1003-LTC Accomodation 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
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	4219	DENY
00	30	4219	PAY
00	32	4219	PAY
00	33	4219	PAY
00	34	4219	PAY

Indiana Medicaid Resolutions Manual

00	52	4219	PAY
00	55	4219	PAY
00	70	4219	PAY
00	72	4219	PAY
00	73	4219	PAY
00	74	4219	PAY
00	80	4219	PAY

EOB: 4219 - COVERED AND NON-COVERED DAYS DO NOT MATCH NUMBER OF ACCOMMODATION DAYS BILLED

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
N362	The number of Days or Units of Service exceeds our acceptable maximum.	20051118	22991231

EOB: 9999 - PROCESSED PER POLICY.

Indiana Medicaid Resolutions Manual

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 4219.
Encounter claims will post and pay for this edit.

