

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **638     PRIOR AUTHORIZED UNITS EQUAL ZERO (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if there are no units prior authorized on file procedure code being billed.

### **CRITERIA:**

Set this edit if no units are present on the prior authorization file for the accommodation revenue code (Revenue Group 100002) being billed, with EOB 3008.

Reference Revenue group 100002-Inpatient Accommodation can be 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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3008	DENY
03	30	3008	PAY
03	32	3008	PAY
03	33	3008	PAY
03	34	3008	PAY

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03	70	3008	PAY
03	72	3008	PAY
03	73	3008	PAY
03	74	3008	PAY
03	91	3008	SUSPEND

**Claim Type:** I - Inpatient Claims    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	9999	PAY

**EOB: 3008** - THERE ARE NO UNITS PRIOR AUTHORIZED ON FILE FOR LEVEL OF CARE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
197	Precertification/authorization/notification/pre-treatment absent.	20061031	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

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3008.

