

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **639     NO PRIOR AUTHORIZATION SEGMENT FOR LOC (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if no prior authorization segment is listed on file for the level of care.

### **CRITERIA:**

Set this edit if no prior authorization segment is listed on file for the level of care (Psych Burn or Rehab), with EOB 3007.

Edit 639 will Set on an Inpatient claim under the following conditions:

The DRG is in group 1010-Psychiatric, 1009-Burn, 1011-Rehab, 1012-Long Term Acute Care, or 1013-Psych by Diag, but without a diagnosis in 100006-Inpatient Psych and, none of the following conditions occur;

2a. The Revenue Code is not in 100002 (Inpatient Revenue) group

2b. The Revenue Code is in 100002 (Inpatient Revenue) and NOT 100003 (Hospital Leave Days and NOT 100004 (Therapeutic Leave Days) and in 100005 (Other Leave Days) and has a DRG code of 1010 (Psychiatric) or 1013 (Psych) by Diag, but without a diagnosis in 100006 (Inpatient Psych).

2c. The Provider is in 152 (State Hospital) group.

2d. The DRG is 1009 (Burn)

2e. Prior Authorization was found for the Revenue code.

Reference Revenue, DRG and Diagnosis Groups can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other, then 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.

## **Indiana Medicaid Resolutions Manual**

**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:** PEIH    **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:** TMIH    **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:** 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	3007	DENY
03	30	3007	PAY
03	32	3007	PAY
03	33	3007	PAY
03	34	3007	PAY
03	70	3007	PAY
03	72	3007	PAY
03	73	3007	PAY
03	74	3007	PAY
03	91	3007	SUSPEND

**EOB: 3007** - NO PRIOR AUTHORIZATION SEGMENT ON FILE FOR THE 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

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**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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3007.  
Encounter claims will be Set to post and pay for this edit.

