

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6515    INPATIENT SERVICES PERFORMED 3 DAYS AFTER  
OP DOS**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This audit will set when an inpatient admit date is within 3 days after the date of service of a paid outpatient claim in history.

### **CRITERIA:**

When an inpatient admit date is within 3 days after the date of service of a paid outpatient claim in history (or in the same billing cycle) and has the same or related primary diagnosis and same provider, set this audit with EOB 6515. 405 IAC 1-8-3 part G This audit excludes Provider Type 03; Extended Care Facility (ex. nursing homes, residential homes); with all specialties.

### **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:** A - Inpatient Xover Claims    **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
20	00	6515	DENY
20	70	6515	PAY
20	72	6515	PAY
20	73	6515	PAY

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20	74	6515	PAY
20	91	6515	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	6515	DENY
20	30	6515	PAY
20	32	6515	PAY
20	33	6515	PAY
20	34	6515	PAY
20	70	6515	PAY
20	72	6515	PAY
20	73	6515	PAY
20	74	6515	PAY
20	91	6515	SUSPEND

**EOB: 6515** - INPATIENT SERVICES PERFORMED THREE DAYS AFTER OUTPATIENT DOS

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
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N180	This item or service does not meet the criteria for the category under which it was billed.	20030228	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 will systematically process according to IHCP policy. Special batched claims will suspend for the Resolutions Analyst to determine appropriate processing of the claim by attachments.

