

Indiana Medicaid Resolutions Manual

NAME: 6518 INPT CLAIM ADMIT DATE 3 DAYS AFTER DISCHARGE DATE

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 discharge date of a paid inpatient claim in history.

CRITERIA:

When an inpatient admit date is within 3 days after the discharge date of a paid inpatient 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 6518. 405 IAC 1-8-3 part G This audit excludes Provider Type 03; Extended Care Facility (ex. nursing homes, residential homes); with all specialties. Also excluded are claims with Transfer status codes (see audit configuration for list of current patient status codes).

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
20	00	9999	PAY

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

Location	Region	EOB	Disposition
20	00	9999	PAY

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

Location	Region	EOB	Disposition
20	00	6518	DENY
20	52	6518	PAY
20	70	6518	PAY
20	72	6518	PAY
20	73	6518	PAY
20	74	6518	PAY
20	80	6518	PAY
20	91	6518	SUSPEND

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

Location	Region	EOB	Disposition
20	00	6518	DENY
20	30	6518	PAY
20	32	6518	PAY
20	33	6518	PAY
20	34	6518	PAY
20	52	6518	PAY
20	70	6518	PAY
20	72	6518	PAY
20	73	6518	PAY
20	74	6518	PAY
20	80	6518	PAY
20	91	6518	SUSPEND

EOB: 6518 - INPATIENT CLAIM ADMIT DATE IS THREE DAYS AFTER THE DISCHARGE DATE OF ANOTHER PAID INPATIENT CLAIM

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	19950101	22991231

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835 Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
N180	This item or service does not meet the criteria for the category under which it was billed.	20030228	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. 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.

