

Indiana Medicaid Resolutions Manual

NAME: **6516 OP SERVICES PERFORMED 3 DAYS PRIOR TO IP
ADMISSION**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

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

CRITERIA:

When an outpatient date of service is within three days prior to the admit 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 6516. 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: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	6516	DENY
20	70	6516	PAY
20	72	6516	PAY
20	73	6516	PAY

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20	74	6516	PAY
20	91	6516	SUSPEND

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	6516	DENY
20	30	6516	PAY
20	32	6516	PAY
20	33	6516	PAY
20	34	6516	PAY
20	70	6516	PAY
20	72	6516	PAY
20	73	6516	PAY
20	74	6516	PAY
20	91	6516	SUSPEND

EOB: 6516 - OUTPATIENT SERVICES PERFORMED THREE DAYS PRIOR TO INPATIENT ADMISSION

ARC Code	ARC Description	Effective Date	End Date
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	19950101	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	19950101	22991231

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adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

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.

