

Indiana Medicaid Resolutions Manual

NAME: **6517 IP CLAIM DISCHARGE DATE 3 DAYS BEFORE ADMIT DATE**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This audit will set when an inpatient discharge date is within 3 days prior the admit date of paid inpatient claim in history.

CRITERIA:

When an inpatient discharge date is within 3 days prior the admit date of 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 6517. 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 |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 20 | 00 | 6517 | DENY |
| 20 | 70 | 6517 | PAY |

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| | | | |
|----|----|------|---------|
| 20 | 72 | 6517 | PAY |
| 20 | 73 | 6517 | PAY |
| 20 | 74 | 6517 | PAY |
| 20 | 91 | 6517 | SUSPEND |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 20 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 20 | 00 | 6517 | DENY |
| 20 | 30 | 6517 | PAY |
| 20 | 32 | 6517 | PAY |
| 20 | 33 | 6517 | PAY |
| 20 | 34 | 6517 | PAY |
| 20 | 70 | 6517 | PAY |
| 20 | 72 | 6517 | PAY |
| 20 | 73 | 6517 | PAY |
| 20 | 74 | 6517 | PAY |
| 20 | 91 | 6517 | SUSPEND |

EOB: 6517 - INPATIENT CLAIM DISCHARGE DATE IS THREE DAYS BEFORE THE
ADMISSION 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 835 Healthcare Policy Identification Segment (loop 2110 Service Payment | 19950101 | 22991231 |

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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.

