

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1018 NO RATE SEGMENT FOR LOC (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if there is no rate segment on file for level of care.

### **CRITERIA:**

Set this edit if there is no rate segment on file for the Nursing Facility level of care indicated with EOB 1018.

For hospice members, if a revenue code of 653, 654, or 659 is billed, then identify the nursing home provider off the member's level of care for the dates of service billed. Check to see if the nursing home provider's rate is on file for the dates of service. If the rate is not found, fail this edit with EOB 1018.

For institutional claims reimbursing by per diem (psych, burn or rehab) the system will look at the provider file to determine if a provider specific rate can be found, If not, the system will look to the statewide rate table to determine the appropriate rate to pay. If no rate is found, set edit 1018. Provider Rates can be found by navigating to the Provider Panel>Open Tab>Provider Service Location>Provider NH Rates to verify a rate is on file for the date of service on the claim.

### **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
01	00	9999	SUSPEND

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	70	1018	DENY
00	72	1018	DENY
00	73	1018	DENY
00	74	1018	DENY
01	00	1018	SUSPEND

**Claim Type:** H - Home Health Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	30	1018	DENY
00	32	1018	DENY
00	33	1018	DENY
00	34	1018	DENY
00	70	1018	DENY
00	72	1018	DENY
00	73	1018	DENY
00	74	1018	DENY
01	00	1018	SUSPEND

**Claim Type:** I - Inpatient Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	30	1018	DENY
00	32	1018	DENY
00	33	1018	DENY
00	34	1018	DENY
00	70	1018	DENY
00	72	1018	DENY
00	73	1018	DENY
00	74	1018	DENY
01	00	1018	SUSPEND

**Claim Type:** L - Long Term Care Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	30	1018	DENY
00	32	1018	DENY
00	33	1018	DENY
00	34	1018	DENY
00	70	1018	DENY
00	72	1018	DENY
00	73	1018	DENY
00	74	1018	DENY
01	00	1018	SUSPEND

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**EOB: 1018** - NO RATE SEGMENT ON FILE FOR LEVEL OF CARE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

**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

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### **METHOD OF CORRECTION:**

Should a claim suspend for edit 1018, please contact the provider enrollment supervisor to determine why the rates are not present for the provider.