

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1811 OUT OF STATE NON-COVERED SERVICES - LTC (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a claim is submitted for an out of state nursing facility, or any other extended care service when the billing provider's locality or county code = out of state, OOS-Ward, or IFSSA on the provider service location window.

### **CRITERIA:**

Set this edit when a out of state nursing facility or any other extended care service is billed when the billing provider's locality or county code is OOS with, edit 3015.

According to 405 IAC 5-5-2 (b)(1 and 2), the following services will not be covered outside of Indiana and are not covered outside of Indiana for designated cities listed in 405 IAC 5-5-2 (a)(3 through 4):

1. Nursing facilities or ICF/IID facility,
2. Any other type of long term care facility, including facilities directly associated with or part of an acute general hospital.

### **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
21	00	9999	PAY

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** L - Long Term Care Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	3015	DENY
21	30	3015	PAY
21	32	3015	PAY
21	33	3015	PAY
21	34	3015	PAY
21	70	3015	PAY
21	72	3015	PAY
21	73	3015	PAY
21	74	3015	PAY

**EOB: 3015** - LONG TERM CARE SERVICES PROVIDED OUTSIDE OF INDIANA ARE NON COVERED SERVICES.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place 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	19950101	22991231

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3015.

