

## Update: DRG Claims Denied with RAD Code 0314 May Be Reprocessed

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May 26, 2016

A previously-published *NewsFlash* identified a claim processing issue that caused diagnosis-related group (DRG) claims to be erroneously denied with Remittance Advice Details (RAD) code **0314: Recipient is not eligible for the month of service billed**. This issue has been resolved.

DRG providers may resubmit affected claims that were previously denied with RAD code **0314: Recipient is not eligible for the month of service billed** and with admission dates on July 1, 2013, through April 25, 2016.

Resubmission claims must contain the following information to receive reimbursement:

- Appropriate type of bill
- Actual admission date and discharge date
- “Statement Covers Period From-Through” dates limited to the recipient’s fee-for-service eligibility dates
- Service and supplies incurred only during the recipient’s fee-for-service eligibility dates
- Diagnosis and procedure codes associated only to treatment provided during the recipient’s fee-for-service eligibility dates
- Appropriate delay reason code
  - — Delay reason code “11” in Box 37 if the claim is submitted more than six months but fewer than 12 months from the date of admission
  - — Delay reason code “10” in Box 37 if the claim is submitted more than 12 months from the date of admission
- The following statement in the *Remarks* field (Box 80): “DRG claim that previously denied with RAD code 0314”

Timeliness for resubmitted claims that meet the above criteria will be waived through **October 16, 2016**. Failure to follow the above instructions could result in denied or incorrectly-processed claims.