

Quick Reference Guide: Understanding Claim Error 4082

Overview:

Rules for Claim Error 4082

Claim Error 4082: Inpatient/ PRTF Psych Age Restriction has rules which must be followed in order for claims to pay based on claim type.

For Professional Claims:

1. The place of service on the claim will be either 51 (inpatient psychiatric facility) or 56 (psychiatric residential treatment facility)
2. The age restriction for claim error 4082 is 21 years old. If the member is 21 years old or older during the time of the PRTF Psych service, the error will set.

For Inpatient or Long-Term Care Claims:

1. The **Billing** provider taxonomy is either 283Q00000X-Psychiatric Hospital or 323P00000X-PRTF
2. The member must be less than 21 years old for PRTF Psych services.

Error 4082 – Inpatient / PRTF Psych Age Restriction

Common Causes:

- **Member Age:** The member is 21 or older on or during the dates of service.

Explanation of Benefits (EOB)

Error 4082 will have the following explanation (Claim Detail Error):

EOB	Description
4082	Member does not meet the age restriction for Inpatient/PRTF Psychiatric service.

Member Demographics Search via the Provider Portal

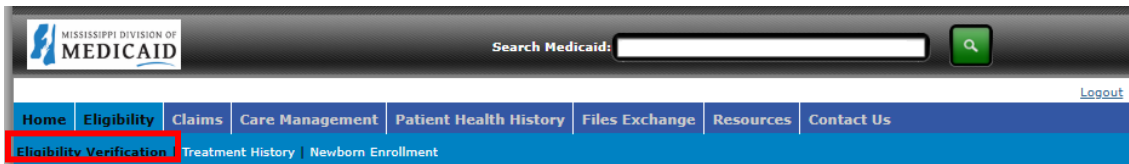
Visit the Provider Portal on the Mississippi Medicaid website to verify a member's demographic information in the system.

- **Note:** Provider credentials are needed to log into the portal to use this functionality.

<https://portal.msxix.net/ms/provider/Home/tabid/135/Default.aspx>

On the Provider Portal Home Page:

1. Hover the mouse pointer over the Eligibility tab at the top of the page. The Eligibility Verification link will appear.
2. Click on Eligibility Verification.



Eligibility Verification Request ?

* Indicates a required field. [Click here for Coverage Descriptions](#)

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
Note: Click on the Reset button to perform a new inquiry

Member ID	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
SSN	<input type="text"/>	Birth Date	<input type="text"/>		
* Begin Date	<input type="text" value="01/14/2026"/>	End Date	<input type="text"/>		

The Eligibility Verification Request search panel is displayed.

3. Enter either the **Member ID** (Medicaid ID) or two of the following fields: **Name**, **SSN**, or **Birth Date**.

Eligibility Verification Request ?

* Indicates a required field. [Click here for Coverage Descriptions](#)

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
Note: Click on the Reset button to perform a new inquiry

Member ID	<input type="text"/>	Last Name	<input type="text" value="DOE"/>	First Name	<input type="text" value="JANE"/>
SSN	<input type="text"/>	Birth Date	<input type="text" value="01/01/1900"/>		
* Begin Date	<input type="text" value="01/14/2026"/>	End Date	<input type="text" value="01/14/2026"/>		

The **Eligibility Verification Information** panel will display the Member’s demographics at the top of the page.

The screenshot shows a web interface titled "Eligibility Verification Information for [redacted] for 1/16/2026 to 1/16/2026". The panel contains the following information:

- Member ID:** [redacted]
- Birth Date:** 03/01/1991
- Gender:** Male
- Head of Household:** N/A
- Authorized Rep:** No
- Authorized Rep Name:** N/A
- Authorized Rep Phone #:** N/A
- Verification Response ID:** [redacted]

There are links for "Expand All" and "Collapse All" on the right side of the panel. Below this is a "Demographic Details" section with a minus sign icon, containing:

- Street Address:** [redacted]
- City:** [redacted]
- State:** Louisiana
- Zip Code:** [redacted]

Member Eligibility via the AVRS:

Automated Voice Response System (AVRS) 1-800-884-3222

The AVRS is a quick phone call using the automated voice response system to see what eligibility a member has.

- **Medicaid ID or NPI Number** is required to use the AVRS.
- *Note:** If multiple locations are associated with the NPI number, a taxonomy code will be required.

Steps to hear Member Eligibility

1. Select 2 for Provider.
2. Enter the provider’s NPI or Medicaid ID when prompted.
3. Select 2 to hear about Member Eligibility.
4. Enter Member Medicaid ID or social security number.
5. Select 1 to hear Member Eligibility
 - a. If the member is enrolled in a Managed Care program, the program and managed care provider information is communicated.

When the Member’s DOB is incorrect:

If the member’s DOB is not correct in the system, then the information can be updated by the member's regional office.

Job Aid Reference:

Member Eligibility on the Provider Portal:

https://medicaid.ms.gov/wp-content/uploads/2024/03/20240213_MES_Gainwell_PRP-101_Job_Aid_Eligibility_Verification_v1.9-1.pdf

MS Automated Voice Response System (AVRS):

<https://medicaid.ms.gov/wp-content/uploads/2022/10/PRP-100-Job-Aid-AVRS-Provider.pdf>

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	01/16/2026	Gainwell	Initial publication
1	02/18/2026	Gainwell	Updated per DOM Feedback