

Indiana Medicaid Resolutions Manual

NAME: 3418 TRANS CATH STENT LIMITED TO SPECIFIC DX (DTL)

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit when a procedure code for Transcatheter placement of intravascular stent(s) is billed with a diagnosis not allowed for the procedure with EOB 6691.

CRITERIA:

Set this form edit if procedure code 37215-Trans Cath Stent is billed with a diagnosis not listed in Diagnosis group 100032-Transcath Stent with, EOB 6691.

Form edits are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select FE for form edits and select edit 3418 to display the rule configuration.

Diagnosis group 100032 can be located Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type.

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: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
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Indiana Medicaid Resolutions Manual

21	00	6691	DENY
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Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6691	DENY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6691	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6691	DENY

EOB: 6691 - PROCEDURE CODE MUST BE BILLED WITH ICD DIAGNOSIS CODE IN ORDER TO REIMBURSE FOR PERCUTANEOUS ANGIOPLASTY OF THE CAROTID ARTERY

ARC Code	ARC Description	Effective Date	End Date
12	The diagnosis is inconsistent with the provider type. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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. Note: Refer to	19950101	22991231

Indiana Medicaid Resolutions Manual

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 6691.

