

Indiana Medicaid Resolutions Manual

NAME: 3413 **OBSOLETE PET SCAN IMAGING LIMITED TO SPEC DX (DTL)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a procedure code 78811 - 78816 (PET scan procedure code for breast, whole body or regional head and neck procedures) is billed with a diagnosis code not allowed for the procedure with, EOB 6288.

CRITERIA:

Set this form edit if pet scan procedures 78811 - 78816 are billed and the diagnosis code on the claim is not in diagnosis group 100027-Pet Scan Imaging with EOB 6288.

Diagnosis group 100027 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type>Group 100027.

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
04	00	6288	DENY

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

Location	Region	EOB	Disposition
04	00	6288	DENY

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

Location	Region	EOB	Disposition
04	00	6288	DENY

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

Location	Region	EOB	Disposition
04	00	6288	DENY

EOB: 6288 - PET SCAN IMAGING (BREAST CANCER, WHOLE BODY OR REGIONAL FOR NECK AND HEAD CANCER) ARE LIMITED TO SPECIFIC DIAGNOSIS CODES

ARC Code	ARC Description	Effective Date	End Date
12	The diagnosis is inconsistent with the provider type. Usage: 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	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 6288.

