

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3417 BOTULINUM TOXIN INJECTS LIMITED TO DX (DTL)

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this edit when a procedure for Botox or Myobolic injections is billed with a diagnosis code not allowed for the procedure with EOB 6612.

### **CRITERIA:**

Set this edit if a procedure code for Botox or Myobolic Injections is billed with a diagnosis code not in group 100031-Botulinum Toxin with EOB 6612.

Diagnosis groups can be located in 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:** M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6612	DENY

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### **EOB: 6612 - LIMIT BOTULINUM INJECTIONS TO IDENTIFIED DIAGNOSIS CODES**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.	20130715	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 has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 6612.

