

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3373 T1015/D9999 clm other dtls inval POS for FQHC/RHC

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Post the edit on FQHC/RHC claims with T1015 or D9999 with EOB 3373 when all other details are submitted with invalid place of service for FQHC/RHC type/specialty.

### **CRITERIA:**

Post the edit on FQHC/RHC claims with T1015 or D9999 when all other details are submitted with invalid place of service for FQHC/RHC type/specialty.

### **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:** Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** D - Dental Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	3373	DENY

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**Claim Type:** M - Professional Claims

**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
00	00	3373	DENY

**EOB: 3373** - Deny FQHC/RHC claim with T1015 or D9999 procedure code when all other details are submitted with invalid Place of service for FQHC/RHC

ARC Code	ARC Description	Effective Date	End Date
5	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M77	Missing/incomplete/invalid/inappropriate place of service.	19970101	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	19950101	22991231

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for another  
service/procedure that  
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 posting this edit will be systematically denied with EOB 3373.

