

Indiana Medicaid Resolutions Manual

NAME: 3411 **OBSOLETE PET SCAN REFRACTORY SEIZURE LMTD DX (DTL)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit when the provider bills a PET scan procedure code for refractory seizures and uses a diagnosis code not allowable for the procedure.

CRITERIA:

Set this form edit if any provider bills PET scan procedure codes 78608-78609 when billed with a diagnosis code not in diagnosis group 100025-Pet Scan Refractory Seizures with EOB 6280. The diagnosis codes listed in this diagnosis group can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type>Select Diagnosis Group 100025.

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	6280	DENY

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
04	00	6280	DENY

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

Location	Region	EOB	Disposition
04	00	6280	DENY

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

Location	Region	EOB	Disposition
04	00	6280	DENY

EOB: 6280 - PET SCAN PROCEDURES REFRACTORY SEIZURES LIMITED TO 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

Indiana Medicaid Resolutions Manual

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 6280.

