

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3307 DIAB TEST STRIPS/MONITOR LIMIT TO SPECIFIC  
NDC DTL

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if a diabetic test strip and/or monitor is billed without the appropriate NDC and procedure code.

### **CRITERIA:**

Set this edit if diabetic test strips and/or monitor is billed without the appropriate NDC and procedure code, with EOB 4360.

This edit will post when the following statements are true:

A procedure code is found in HCPCS procedure group 100007-Diabetic Test Strips or HCPCS procedure group 100012-Diabetic Test Monitors, and; any of the following 3 conditions occur:

- a. A modifier in modifier group 100004-Diabetic Test Supplies is present on the detail, along with an NDC on either of the preferred NDC lists in NDC group 100002-Diabetic Test Strips Preferred or NDC Group 100003-Diabetic Test Monitors Preferred
- b. no modifier from modifier group 100004-Diabetic Test Supplies is present on the detail, AND there is NOT an NDC in either of the preferred NDC lists from NDC group 100002-Diabetic Test Strips, Preferred or 100003-Diabetic Test Strips-Non-Preferred.
- c. A modifier in modifier group 100004-Diabetic Test Supplies is present on the detail AND the NDC is in either of the non-preferred NDC list from HIC4 Group 100002-Diabetic Test Strips-Non Preferred or HIC4 Group 100003-Diabetic Test Monitors-Non Preferred.

HCPCS Procedure, Modifier, NDC and HIC4 groups can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other.

### **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.

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** 0 - All Claim Types    **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
04	00	4360	DENY
04	11	4360	SUSPEND
04	21	4360	SUSPEND
04	23	4360	SUSPEND
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	50	4360	SUSPEND
04	51	4360	SUSPEND
04	52	4360	SUSPEND
04	61	4360	SUSPEND
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	91	4360	SUSPEND

**EOB: 4360** - DIABETIC TEST STRIPS AND MONITORS ARE LIMITED TO SPECIFIC MANUFACTURERS. PLEASE REFER TO BT20155 FOR MOR INFORMATION.

ARC Code	ARC Description	Effective Date	End Date
95	Plan procedures not followed.	19950101	22991231

**EOB: 9999** - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

the  
payment/allowance  
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 setting this edit will be systematically denied with EOB 4360.

For suspended regions review the associated EOB from the member's third party insurance carrier to verify coverage of the test strips and/or monitor. If the service was covered by the TPL carrier, but the payment has gone to the member's co-insurance or deductible, FORCE the detail to pay. If the product was not covered by the TPL carrier, then DENY the detail with EOB 4360.

