

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3415 VEP LIMITED TO SPECIFIC DX (DTL)

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this form edit when provider type/specialty 18/180-optometrist bills Visual Evoked Potential (VEP) with a diagnosis code not allowed for the procedure.

### **CRITERIA:**

Set this edit if VEP is billed by a provider type and specialty 18/180 with a diagnosis code on the claim not in diagnosis group 100029-Visual Evoked Potential with, EOB 6299.

Diagnosis group 100029 can be located 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:** B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6299	DENY

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6299	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6299	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6299	DENY

### **EOB: 6299 - VEP LIMITED TO SPECIFIC DIAGNOSIS CODES**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
272	Coverage/program guidelines were not met.	20151101	22991231

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

### **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 6299.

