

Indiana Medicaid Resolutions Manual

NAME: **3361 DENY ENCOUNTER FOR SVCS CARVED OUT OF MCO (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the encounter claim is billed for a carved out service.

CRITERIA:

Set this edit if the member is in benefit plan group 3002-Managed Care and the member has a PMP assignment for DOS span, with EOB 2054.

Reference Benefit Plan Group 3002 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Benefit Plan 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 |
|----------|--------|------|-------------|
| 04 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims **Member Plan:** HIP **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 |
|----------|--------|-----|-------------|
|----------|--------|-----|-------------|

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| | | | |
|----|----|------|------|
| 04 | 00 | 9999 | PAY |
| 04 | 30 | 2054 | DENY |
| 04 | 32 | 2054 | DENY |
| 04 | 33 | 2054 | DENY |
| 04 | 34 | 2054 | DENY |
| 04 | 70 | 2054 | DENY |
| 04 | 72 | 2054 | DENY |
| 04 | 73 | 2054 | DENY |
| 04 | 74 | 2054 | DENY |
| 04 | 75 | 2054 | DENY |
| 04 | 76 | 2054 | DENY |
| 04 | 78 | 2054 | DENY |
| 04 | 79 | 2054 | DENY |

EOB: 2054 - SERVICES FOR THESE ITEMS SHOULD NOT BE REIMBURSED BY THE MCO/HIP PLAN

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|---|-----------------------|-----------------|
| 129 | Prior processing information appears incorrect. 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.) | 19970228 | 22991231 |

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|---|-----------------------|-----------------|
| MA130 | Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the | 20011012 | 22991231 |

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complete/correct
information.

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 has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. | 19950101 | 22991231 |

METHOD OF CORRECTION:

Claims setting this edit will post and pay for this edit.

Encounter claims setting this edit will be systematically denied with EOB 2054.

