

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3745 DX GRP DTL RSTN ON MBR PROC CVG RULE (DTL)

**ERROR TYPE:** Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the diagnosis submitted on the claim is not allowed for the benefit plan.

### **CRITERIA:**

Set this edit when a diagnosis restriction exists on the member coverage rule for the member benefit plan, with EOB 2057.

Member Coverage Rule restrictions can be found in Core MMIS under Main Menu>Reference>BPA>Procedure>Open Tab>Business Rules Editor.

### **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:** HIP **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	2043	DENY

**Claim Type:** 0 - All Claim Types **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	2057	DENY
04	91	2057	SUSPEND

## **Indiana Medicaid Resolutions Manual**

**EOB: 2043** - THE MEMBER IS ENROLLED IN THE HEALTHY INDIANA PLAN. PLEASE SUBMIT CLAIM TO THE APPROPRIATE INSURER FOR THE MEMBER'S DATE OF SERVICE

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
31	Patient cannot be identified as our insured.	19950101	22991231

**EOB: 2057** - DIAGNOSIS NOT COVERED FOR THE MEMBER'S BENEFIT PLAN

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
167	This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 2057.

For special batch claims, follow special instructions to adjudicate the claim.