

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3318 ESRD PROC REQUIRES MANUAL REVIEW (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if a procedure code submitted on an ESRD claim is included in the ESRD composite rate, and the provider has indicated and attached proof of medical necessity for the procedure.

### **CRITERIA:**

Set this edit if an outpatient/outpatient crossover is submitted with an ESRD revenue code from Revenue Group 100014-ESRD Composite Rate and a procedure code is submitted on a separate detail from Procedure Group 100016-ESRD Composite Rate Inclusive Procedures unless and AY modifier (Modifier Group 100005-ESRD Medical Necessity) is present on the detail, with, EOB 3318.

Reference HCPCS Procedure Group 100016 and 100017 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type.

Revenue Group 100014 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type.

Modifier Group 100005 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Modifier 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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	3318	DENY
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY
26	11	3318	SUSPEND
26	21	3318	SUSPEND
26	23	3318	SUSPEND
26	61	3318	SUSPEND
26	91	3318	SUSPEND

**EOB: 3318** - ESRD PROCEDURE REQUIRES ATTACHMENT INDICATING MEDICAL NECESSITY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
252	An attachment/other documentation is required to adjudicate this claim/service. 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).	20120930	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N170	A new/revised/renewed	20030228	22991231

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certificate of medical  
necessity is needed.

**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. 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 with an attachment region will suspend to Medical Policy for review. If the AY modifier is submitted, the provider has submitted an attachment, and the procedure code is included in Procedure Group 100017 - Allowable ESRD Procedure Codes with Medical Necessity), the claim will suspend. The analyst will review the attached documentation and Force the claim if documentation is appropriate and Deny the claim if documentation does not support medical necessity for the procedure.

Claims with a non attachment region will be systematically denied with EOB 3318.

Encounter claims will post and pay for this edit.

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

