

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3317 ESRD PROC INCLUDED IN COMPOSITE RATE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the procedure submitted on the ESRD claim is included in the composite rate payment for the claim.

### **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, then deny with procedure detail with, EOB 3317.

Reference HCPCS Procedure Group 100016 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.

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

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 00              | 00            | 3317       | DENY               |

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

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 00              | 00            | 3317       | DENY               |

**EOB: 3317** - THE PROCEDURE BILLED ON THIS DETAIL IS INCLUDED IN THE COMPOSITE RATE REVENUE CODE.

| <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        |

| <b>Remark Code</b> | <b>Remark Description</b>                        | <b>Effective Date</b> | <b>End Date</b> |
|--------------------|--|-----------------------|-----------------|
| N390               | This service/report cannot be billed separately. | 20070801              | 22991231        |

**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 | 19950101              | 22991231        |

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(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3317.

