

Indiana Medicaid Resolutions Manual

NAME: 3748 NO PROC REIMB RULE FOR CLAIM TYPE

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if no pricing is found for the procedure code based on the claim type.

CRITERIA:

Set this edit if there is a claim type restriction on the procedure reimbursement rule, with EOB 4218.

Reimbursement rules can be located in CoreMMIS under Main Menu>BPA>Business Rules Editor>Reimbursement Agreement>Select appropriate contract to view the rule configuration.

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: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4218	DENY

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

Location	Region	EOB	Disposition
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04	00	4218	DENY
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Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4218	DENY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4218	DENY

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

Location	Region	EOB	Disposition
04	00	4218	DENY

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

Location	Region	EOB	Disposition
04	00	4218	DENY

EOB: 4218 - SERVICE BILLED IS NOT ALLOWED ON THIS CLAIM TYPE

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. 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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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Remark Code	Remark Description	Effective Date	End Date
N34	Incorrect claim form/format for this service.	20000101	22991231

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. Note: 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 be systematically denied with EOB 4218.

