

Indiana Medicaid Resolutions Manual

NAME: **3420 NON-REIMBURSABLE WHEN HOSPITAL BILLS ON
CMS 1500**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a hospital bills a procedure code not separately billable on a CMS-1500.

CRITERIA:

This form edit will set when a hospital bills a procedure code not billable on a CMS 1500. The associated procedure codes that will be allowed to bypass this edit and be billed by Hospital providers on a CMS 1500 can be located in CoreMMIS under Main Menu>BPA>Related Data>Other>HCPCS Procedure Group Type 100029.

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:** Post

Location	Region	EOB	Disposition
21	00	3338	DENY

EOB: 3338 - SERVICE IS NON COVERED UNDER THE INDIANA HEALTH COVERAGE PROGRAMS

ARC Code

ARC Description

Effective Date

End Date

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96	Non-covered charge(s). 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
N431	Not covered with this procedure.	20071105	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 3338.