

## Indiana Medicaid Resolutions Manual

**NAME:** 3737 DETAIL PRIMARY DIAGNOSIS ON REIMB RULE

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit when the detail primary diagnosis code is not found in the reimbursement rules.

### CRITERIA:

Set this edit if the detail primary diagnosis code is not found in the reimbursement rules.

Reimbursement rules with a diagnosis restriction will be found in the reimbursement rule with a variable of DDP.

Reimbursement rules are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select RA for reimbursement agreement and select the appropriate RA rules for the procedure to display 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
80	00	9999	SUSPEND

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY

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00	74	9998	DENY
80	00	9999	SUPER-SUSPEND

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	30	9998	DENY
00	32	9998	DENY
00	33	9998	DENY
00	34	9998	DENY
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
80	00	9999	SUSPEND

**EOB: 9998** - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

**ARC Code**  
45

**ARC Description**  
Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.  
Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

**Effective Date**  
19950101

**End Date**  
22991231

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**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:**

Suspended claims should be forwarded to the BPA unit for further review to analyze why the diagnosis code is not found in the reimbursement rules and to determine pricing.

