

Indiana Medicaid Resolutions Manual

NAME: 2017 MBR SRVS CVRD BY MGD PLAN (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member was not eligible for fee-for-service medical assistance under the IHCP at the time of service due to enrollment with a Managed Care Entity (MCE).

CRITERIA:

Set this edit if the date(s) of service on the claim falls within the time period the recipient was enrolled in one of the following MCOs with, EOB 2017.

For Dental, Physician, Physician Crossover and Home Health if all of the following are true, post the edit:

- The member is enrolled in a member assignment plan on the detail FDOS/TDOS range and the assignment plan is in benefit plan group 3010 (Assignment Plans) on the detail FDOS.
- The member's assignment plan is in the Managed Care benefit plan group (3002) on the detail FDOS
- A rule for the assignment plan is found that meets all criteria on the detail FDOS for the procedure.

Outpatient and Outpatient Crossover:

If all of the following are true, post the edit:

- The member is enrolled in a member assignment plan as of the detail FDOS/TDOS range and the assignment plan is in benefit plan group 3010 (Assignment Plans) as of the detail FDOS
- The member's assignment plan is in the Managed Care benefit plan group (3002) as of the detail FDOS
- A rule for the assignment plan is found that meets all criteria as of the detail FDOS for the procedure or revenue code.

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Inpatient, Inpatient Crossover, and Long Term Care:

If all of the following are true, post the edit:

- The member is enrolled in a member assignment plan as of the detail FDOS/TDOS range and the assignment plan is in benefit plan group 3010 (Assignment Plans) as of the detail FDOS.
- The member's assignment plan is in the Managed Care benefit plan group (3002) as of the detail FDOS
- A rule for the assignment plan is found that meets all criteria as of the detail FDOS for the revenue code.

Bypass this edit for:

- MRO
- 1915i mental health services
- Adult Mental Health and Habilitation (AMHH),
- Child Mental Health Wraparound (CMHW)
- Behavioral and Primary Healthcare Coordination (BPHC)

Bypass this edit for the claim types indicated below:

Claim types H, M, and O:

Claim types H, M, and O will bypass this edit if the rendering or billing provider specialty is 034 (Psychiatric Residential Treatment Facility)

Claim type M

Claim type M will bypass this edit if the procedure group is 154, 200 and 201 and the provider specialty is 240 or 250.

Claim type M:

Claim types M will bypass this edit when the procedure code billed is listed as non-covered for the RBMC program in the Program to HCPCS Procedure restrictions window.

Claim types H, M, O, P and Q

Claim types H, M, O, P and Q will bypass this edit if the provider specialty is 212 (CSHCS Care Coordinator).

Claim type M

Claim type M will bypass this edit if the provider specialty is 120 (School Corporation).

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
02	00	9999	PAY

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Claim Type: A - Inpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	91	2017	SUSPEND

Claim Type: A - Inpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	2017	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	75	2065	PAY
02	76	2065	PAY
02	78	2065	PAY
02	79	2065	PAY
02	91	2017	SUSPEND

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	2017	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	2017	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	91	2017	SUSPEND

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
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02	00	2017	DENY
02	91	2017	SUSPEND

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	55	2017	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY
02	91	2017	SUSPEND

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	55	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY
02	91	2017	SUSPEND

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY

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02	91	2017	SUSPEND
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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2017	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY
02	75	2065	PAY
02	76	2065	PAY
02	78	2065	PAY
02	79	2065	PAY
02	91	2017	SUSPEND

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

Location	Region	EOB	Disposition
02	00	2017	DENY
02	30	9999	PAY
02	32	9999	PAY
02	33	9999	PAY
02	34	9999	PAY
02	70	9999	PAY
02	72	9999	PAY
02	73	9999	PAY
02	74	9999	PAY
02	91	2017	SUSPEND

EOB: 2017 - THE MEMBER IS ENROLLED IN THE RISK BASED MANAGED CARE PORTION OF THE HOOSIER HEALTHWISE PROGRAM OR HAS BEEN IDENTIFIED AS A MEMBER OF THE HOOSIER CARE CONNECT PROGRAM. THE MEMBER MUST SEEK CARE FROM THE APPROPRIATE MANAGED CARE ENTITY.

ARC Code

24

ARC Description

Charges are covered
under a capitation

Effective Date

19950101

End Date

22991231

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agreement/managed
care plan.

EOB: 2065 - The member has been identified as being enrolled in the Non-Emergency Medical Transportation assignment plan. The claim should be billed to the NEMT broker.

ARC Code	ARC Description	Effective Date	End Date
272	Coverage/program guidelines were not met.	20151101	22991231

Remark Code	Remark Description	Effective Date	End Date
N584	Not covered based on the insured's noncompliance with policy or statutory conditions.	20130715	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims Setting this edit will be systematically denied with EOB 2017.

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

Encounter claims will be set to post and pay for this edit.

