

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3406 OBSOLETE COGNITIVE REHAB LIMITED TO SPEC DX (DTL)

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this edit when an incorrect diagnosis is billed for Cognitive Rehab.

### **CRITERIA:**

Set this edit if the wrong diagnosis is billed with Cognitive Rehab with, EOB 6125.

### **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

**Claim Type:** M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	6125	DENY
00	70	6125	PAY
00	72	6125	PAY
00	73	6125	PAY

## **Indiana Medicaid Resolutions Manual**

00	74	6125	PAY
----	----	------	-----

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	6125	DENY
00	70	6125	PAY
00	72	6125	PAY
00	73	6125	PAY
00	74	6125	PAY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**EOB: 6125 - COGNITIVE REHABILITATION IS LIMITED TO PROCEDURE AND DIAGNOSIS**

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

Remark Code	Remark Description	Effective Date	End Date
M60	Missing Certificate of	19970101	22991231

## **Indiana Medicaid Resolutions Manual**

Medical Necessity.

**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 (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

Claims failing this edit will be systematically denied with EOB 3406.

