

Indiana Medicaid Resolutions Manual

NAME: 3414 HBO THERAPY IS LIMITED TO SPECIFIC DX (DTL)

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the provider bills revenue code 413 and the member does not have one of the diagnosis codes allowed for this revenue code with EOB 6290.

CRITERIA:

Set this edit if the provider bills revenue code 413 and the claim does not have a diagnosis codes listed in diagnosis group 100028-Hyperbaric Oxygen Therapy (HBO) with EOB 6290.

Diagnosis groups can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type.

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

Location	Region	EOB	Disposition
04	00	6290	DENY

Indiana Medicaid Resolutions Manual

EOB: 6290 - HBO LIMITED BY DIAGNOSIS CODE

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 Medical Necessity.	19970101	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

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 6290.

