

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3371 99354 TH not valid encounter FQHC/RHC MCE claims

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the FQHC/RHC encounter claim is billed with procedure code 99354 and modifier TH indicating the service provided was for a Notice of Pregnancy (NOP) when this is the only other detail submitted with T1015.

### **CRITERIA:**

Set this edit if 99354 TH is not a valid encounter for FQHC/RHC MCE claims.

### **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:** Post

Location	Region	EOB	Disposition
00	00	3371	PAY
00	30	3371	DENY
00	32	3371	DENY
00	33	3371	DENY
00	34	3371	DENY
00	70	3371	DENY

## **Indiana Medicaid Resolutions Manual**

00	72	3371	DENY
00	73	3371	DENY
00	74	3371	DENY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**EOB: 3371** - The service submitted for the FQHC/RHC encounter claim is not payable when billed with a Notice of Pregnancy (NOP).

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
49	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.	20130715	22991231

**EOB: 9999** - PROCESSED PER POLICY.

## **Indiana Medicaid Resolutions Manual**

<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:**

Claims setting this edit will be systematically denied with EOB 3371.

