

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3416 DRUGS LIMITED TO SPECIFIC ESRD DX (DTL)

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when procedure code J0890-Injection, Peginestatide, 0.1 MG (for ESRD on dialysis) or J0882-Injection, Darbepoetin Alpha, .1 micrograms (for ESRD on dialysis) is billed with a diagnosis code other than a diagnosis listed in the form edit.

### **CRITERIA:**

Set this edit if procedure code J0890 or J0882 is billed and the diagnosis code on the claim is not a diagnosis code listed in the form edit with, EOB 6300.

Form edits are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select FE for form edits and select edit 3416 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
00	00	9999	PAY

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

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

Location	Region	EOB	Disposition
21	00	6300	DENY
21	70	6300	PAY
21	72	6300	PAY

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21	73	6300	PAY
21	74	6300	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6300	DENY
21	70	6300	PAY
21	72	6300	PAY
21	73	6300	PAY
21	74	6300	PAY

**Claim Type:** M - Professional Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6300	DENY
21	30	6300	PAY
21	32	6300	PAY
21	33	6300	PAY
21	34	6300	PAY
21	70	6300	PAY
21	72	6300	PAY
21	73	6300	PAY
21	74	6300	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6300	DENY
21	30	6300	PAY
21	32	6300	PAY
21	33	6300	PAY
21	34	6300	PAY
21	70	6300	PAY
21	72	6300	PAY
21	73	6300	PAY
21	74	6300	PAY

**EOB: 6300 - DRUGS LIMITED TO SPECIFIC ESRD DX (DTL)**

**ARC Code**

**ARC Description**

**Effective Date**

**End Date**

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272	Coverage/program guidelines were not met.	20151101	22991231
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<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

**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:**

Claims setting this edit will be systematically denied with EOB 6300.  
Encounter claims are set to post and pay for this edit.

