

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3428 Telemedicine svc req POS 02 or 10 and mod 95 or 93

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the telemedicine services are billed with place of service other than 02 Telehealth or 10 Telehealth Provided in Patient's Home without modifier 95 SYNCHRONOUS TELEMED SV or 93 SYNC TELEMED SVC AUDIO ONLY. The edit will also set if a service that is not in telemedicine code set is submitted with POS 02 or 10 and/or modifier 95 or 93.

### **CRITERIA:**

Set this edit when the telemedicine services are billed with place of service other than 02 Telehealth or 10 Telehealth Provided in Patient's Home without modifier 95 SYNCHRONOUS TELEMED SV or 93 SYNC TELEMED SVC AUDIO ONLY. The edit will also set if a service that is not in telemedicine code set is submitted with POS 02 or 10 and/or modifier 95 or 93.

### **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	3428	PAY

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

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

Location	Region	EOB	Disposition
21	00	3428	PAY

## **Indiana Medicaid Resolutions Manual**

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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	3428	DENY
21	91	3428	SUSPEND

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	3428	DENY
21	30	3428	PAY
21	32	3428	PAY
21	33	3428	PAY
21	34	3428	PAY
21	70	3428	PAY
21	72	3428	PAY
21	73	3428	PAY
21	74	3428	PAY
21	91	3428	SUSPEND

**EOB: 3428** - Telemedicine services require place of service 02 or 10 and modifier 93 or 95

### **ARC Code**

96

### **ARC Description**

Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

### **Effective Date**

19950101

### **End Date**

22991231

## **Indiana Medicaid Resolutions Manual**

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N776	This service is not a covered Telehealth service.	20161101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will systematically deny. Special bathes (region 91) will suspend.

