

Indiana Medicaid Resolutions Manual

NAME: 2603 MBR LOCKED-IN TO SPECIFIC PROV (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member is locked in to a specific billing, rendering, and/or referring provider on the restricted services screen and that provider is not present on the claim.

CRITERIA:

Set this edit if ALL of the following criteria are true:

1. The member is in the lock in member benefit plan group 2001-LOCKIN
2. The member is enrolled in an assignment plan as of the detail FDOS. Assignment plans RCP, Phys and Pharmacy which are sak pub hlth 41-44.
3. The system will check to see if the billing provider or header/detail rendering provider is if the primary physician lockin provider on the member's assignment plan, if no, then set with EOB 7502.
4. If a referring provider (If allowed by the assignment plan, IND Referral flag is "Y") is allowed to be the member's PCP for the from DOS on the claim, then bypass edit 2603, otherwise, deny with EOB 7502.

There are 4 different Right Choices plans based on claim type since there will be different primary/referral providers locked in that are associated per member.

- RCPP RCP-Physician
- RCPRX RCP-Pharmacy

There are situations where a primary referral would not be required and is configured in the rules.

- Services rendered in an emergency situation. Prior to 12/27/2015, this is identified by emergency diagnosis group 21 (diagnosis from group in any header position) Located Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type. After 12/28/2015 for CT M this will be the emergency flag Y on claim detail, on CT I will

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be admit types 1 and 5 for services prior to 1/1/2020, and on CT O this will remain to be the diagnosis group 21.

- Diabetes self-management training services (G0108 and G0109)
- Dental Services (CT D)
- Services billed by PT/PS
- 03/000-Extended Care Facility
- 05/000-Home Health Agency
- 06/000-Hospice
- 08/083-Family Planning Clinic
- 11/110-Outpatient Mental Health Clinic
- 11/111-Community Mental Health Center
- 11/112-Psychologist
- 11/113-Certified Psychologist
- 11/114-Health Services Psychology
- 12/000-School Corp
- 14/000-Podiatrist
- 15/000-Chiropractic
- 18/000-Optometrist
- 19/000-Optician
- 21/000-Case Management
- 26/000-Transportation
- 31/330-Ophthalmologist
- 31/339-Psychiatrist
- 32/000-Waiver

Example of rules:

Restricted service screen is located Main Menu>Member>Search>Once member is located click Open tab>member>Right Choice Periods. You will be able to tell if the member is restricted and to what provider they are restricted to.

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: Post

Location	Region	EOB	Disposition
22	91	7502	SUSPEND
31	00	7502	DENY
31	30	7502	PAY
31	32	7502	PAY
31	33	7502	PAY
31	34	7502	PAY

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31	70	7502	PAY
31	72	7502	PAY
31	73	7502	PAY
31	74	7502	PAY
31	80	7502	DENY

Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
31	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
31	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
31	00	9999	PAY

EOB: 7502 - MEMBER LOCKED IN TO A SPECIFIC PROVIDER

ARC Code	ARC Description	Effective Date	End Date
185	The rendering provider is not eligible to perform the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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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
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METHOD OF CORRECTION:

Claims failing this edit will systematically process.

Special Batch Region 91

Claims suspended for Medical Review will be processed according to the special instructions noted on the special batch form or based on the member's RCP provider assignment.