Indiana Medicaid Resolutions Manual

NAME: **4076   ORGAN TRANSPLANTS ARE NON-COVERED FOR PKG C (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this batch edit when an inpatient claim groups to a non-experimental organ transplant DRG for Package C only.

CRITERIA:

Set this edit when inpatient care (Type of bill 111) groups to DRG Organ Transplant Group 1008, Set this edit with EOB 4062.
The group of DRG codes can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>DRG Group Type >Select group number 1008.

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:** PKGC   **Status:** Post

Location	Region	EOB	Disposition
04	00	4062	DENY
04	30	4062	PAY
04	32	4062	PAY
04	33	4062	PAY
04	34	4062	PAY
04	70	4062	PAY
04	72	4062	PAY
04	73	4062	PAY
04	74	4062	PAY

04	91	4062	SUSPEND

Claim Type: 0 - All Claim Types   **Member Plan:** ALL   **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4062 - ORGAN TRANSPLANTS ARRE NON-COVERED FOR PACKAGE C. VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
96	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.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N30	Patient ineligible for this service.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in	19950101	22991231

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.

<u>METHOD OF CORRECTION:</u>

Claims setting this edit will be systematically denied with EOB 4062.
Special batched claims should be processed according to the Special Processing Request.