

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **4091    ADD-ON SVC W/O A TREATMENT RM OR STAND ALONE SVC**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if add-on services (RG 100007) are not billed with a treatment room (RG 3) or stand alone service (RG 100009).

### **CRITERIA:**

Set this edit if add-on services in Revenue Group Type 100007-Add On (25X, 270-273 and 275-279, 29X, 37X, 38X, 39X, 62X) are billed without a treatment room revenue code, Revenue Group Type 3-Treatment Room or a stand alone service revenue code Revenue Group Type 100009-Stand Alone deny the detail with EOB 4091.

The revenue codes for the above Revenue Group Types can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type >Select the appropriate group number.

### **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
04	00	9999	PAY

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	4091	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4091	DENY
04	30	4091	PAY
04	32	4091	PAY
04	33	4091	PAY
04	34	4091	PAY
04	70	4091	PAY
04	72	4091	PAY
04	73	4091	PAY
04	74	4091	PAY
04	91	4091	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4091	DENY
04	91	4091	SUSPEND

**EOB: 4091** - ADD ON SERVICES (25X, 270-273 and 275-279, 29X, 37X, 38X, 39X, 62X) ARE ONLY PAYABLE WHEN PERFORMED IN CONJUNCTION WITH A PAID TREATMENT ROOM, EMERGENCY ROOM, OR A STAND ALONE PROCEDURE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment	19950101	22991231

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Information REF), if present.

**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 4091. For special batched claims, if detail has add on services (RG 100007), and a treatment room service (RG 3) and/or a stand alone service (RG 100009) force edit 4091. If the detail had add on services and no treatment room or stand alone service on the claim, deny with EOB 4091.

#### **Add On Service Revenue Codes:**

250-252, 255, 257-259, 270-273, 275-279, 290-292, 294, 370, 383-384, 386-387, 621-622

#### **Treatment Room Services:**

450-451, 456, 459, 480-483, 489, 510-517, 519-521, 523, 529, 700, 710, 720-721, 724, 760-762, 900, 907, 914-916, 918

#### **Stand Alone Services:**

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260-264, 274, 280, 289, 300-307, 309-312, 314, 319-324, 329-333, 335, 339-344, 349-352, 359, 390-391, 400-404, 409-410, 412-413, 419-424, 429-434, 439-444, 449, 460, 469-472, 479, 530, 610-612, 614-616, 618-619, 634-636, 730-732, 739, 740, 750, 780, 790, 799, 810-814, 819-821, 823, 825, 829-831, 841, 851, 860-861, 881, 905-906, 920-925, 929, 940, 943