Indiana Medicaid Resolutions Manual

NAME: **3771**   **BENEFIT PLAN RESTRICTION ON REV CVG RULE (DTL**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member has a benefit plan restriction for the revenue coverage rule.

CRITERIA:

Set this edit if the member has a benefit plan that is not within the benefit plan restriction of the coverage rule for the revenue code with, EOB 3771.

The detail FDOS/TDOS range is used to compare to the rule effective dates.

This edit uses the variable BPLN in the benefit plan rules. This variable is used in Pkg C and QMB benefit plans.

Benefit Plan coverage rules are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select BP for benefit plan and select the appropriate BP rules for the procedure 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:** Post

Location	Region	EOB	Disposition
02	00	3771	DENY

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EOB: 3771 - MEMBER NOT ELIGIBLE TO RECEIVE SERVICES UNDER THIS BENEFIT PLAN.

ARC Code	ARC Description	Effective Date	End Date
31	Patient cannot be identified as our insured.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 3771.