

## Indiana Medicaid Resolutions Manual

**NAME:** 4098 RVU NOT ON FILE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if there is no relative value unit (RVU) on the RBRVS panel for the procedure billed.

### CRITERIA:

Set this edit if the procedure code found on the claim for the detail from date of service is not on the resource based related value scale (RBRVS) panel for the procedure billed with, EOB 4098.

### 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:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
04	00	4098	DENY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
04	00	4098	DENY
04	30	4098	DENY
04	32	4098	DENY

## Indiana Medicaid Resolutions Manual

04	33	4098	DENY
04	34	4098	DENY
04	70	4098	DENY
04	72	4098	DENY
04	73	4098	DENY
04	74	4098	DENY

### **EOB: 4098 - PRICING BEING REVIEWED.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
133	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).	20140701	22991231

### **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	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4098.

