Indiana Medicaid Resolutions Manual

NAME: **3767   DX GROUP FOR ALL DX DTL RSTCN ON PROC CVG RULE DTL**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if there is a diagnosis group restriction for the detail on the procedure coverage rule.

CRITERIA:

Set this edit if there is a diagnosis group restriction for the detail on the procedure coverage rule with, EOB 2057.

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	2057	DENY

Claim Type: B - Professional Xover Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	2057	DENY

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

Location	Region	EOB	Disposition
04	00	2057	DENY

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Claim Type: H - Home Health Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	2057	DENY

Claim Type: M - Professional Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	2057	DENY

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

Location	Region	EOB	Disposition
04	00	2057	DENY

EOB: 2057 - DIAGNOSIS NOT COVERED FOR THE MEMBER'S BENEFIT PLAN

ARC Code	ARC Description	Effective Date	End Date
167	This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2057.