

## **Indiana Medicaid Resolutions Manual**

**NAME:**                **3757    OTHER INSURANCE PAID RSTN ON PROC BILLING (DTL)**

**ERROR TYPE:**      Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a non-contracted provider submits a claim for incontinence, urological and ostomy supplies for an eligible member without Third Party Liability (TPL) coverage or when Other Insurance paid \$0.00 and HIPAA adjustment reason code in group 1003 is not present on a claim.

### **CRITERIA:**

Set this edit if a claim is submitted by a provider other than the following two approved vendors for incontinence, urological and ostomy supplies for a member without TPL coverage with, EOB 4168.

Approved Vendors:

- Binson's Home Health Care Center  
(LPI 200360060 A, NPI 1922001189)
- J and B Medical Supply Co.  
(LPI 200521780 A, NPI 1417941774)

Claims for members with TPL coverage will set this edit if the member's other insurance has not paid (TPL amount is \$0.00) and HIPAA adjustment reason code in group 1003 is not present on a claim.

Adjustment reason code (ARC) groups are in CoreMMIS at BPA > Related Data > Other > HIPAA Adjust. Reason Group Type.

For historical purposes, the following provider was valid through 1/31/2012.

- Healthcare Products Delivery, Inc. (HPD)  
(LPI 100131580 A, NPI 1679653356)

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Members with TPL coverage, but submit a claim with a TPL amount of \$0.00 will Set this edit if the member's other insurance has not paid.

### **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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4168	DENY
04	30	4168	PAY
04	32	4168	PAY
04	33	4168	PAY
04	34	4168	PAY
04	70	4168	PAY
04	72	4168	PAY
04	73	4168	PAY
04	74	4168	PAY
04	91	4168	SUSPEND

**EOB: 4168** - INCONTINENCE, OSTOMY AND UROLOGICAL SUPPLIES ARE PROVIDED BY MAIL ORDER THROUGH APPROVED STATE CONTRACTED VENDORS.

**ARC Code**  
B7

**ARC Description**  
This provider was not  
certified/eligible to be  
paid for this  
procedure/service on  
this date of service.  
Usage: Refer to the

**Effective Date**  
19950101

**End Date**  
22991231

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835 Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
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 4168.  
For special batch claims, follow special instructions to adjudicate the claim.

