

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4013 PROC CODE IS NOT CVRD FOR DATE OF SERV (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the procedure code billed is not effective (valid by CMS) for the date of service submitted on the claim.

### **CRITERIA:**

Set this edit the procedure code billed is not effective procedure code (valid by CMS) for the date of service, with EOB 4801.

This edit sets based on the effective and end-date of the procedure code on the base information panel.

### **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	SUSPEND

**Claim Type:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
04	00	4801	DENY

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Do Not Post

## **Indiana Medicaid Resolutions Manual**

Location	Region	EOB	Disposition
04	00	9999	DENY

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	DENY

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

Location	Region	EOB	Disposition
04	00	4801	DENY

**Claim Type:** D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4801	DENY

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

Location	Region	EOB	Disposition
04	00	4801	DENY

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

Location	Region	EOB	Disposition
04	00	4801	DENY

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

Location	Region	EOB	Disposition
04	00	4801	DENY

**EOB: 4801** - Procedure code not covered for benefit plan.

ARC Code	ARC Description	Effective Date	End Date
204	This service/equipment/drug is not covered under the patient's current benefit plan	20070228	22991231

## **Indiana Medicaid Resolutions Manual**

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	20021031	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 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 4801.

