

Indiana Medicaid Resolutions Manual

NAME: 3758 DIAGNOSIS GROUP HDR ANY RSTCN ON PROC BILL
RULE

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when there is a diagnosis group restriction on the procedure billing rule.

CRITERIA:

Set this edit when there is a diagnosis group restriction on the procedure billing rule with, EOB 3758.

This edit uses the variable DGRP in the following rules; assignment plan-RCPOH and RCPP, provider contract outpatient billing rules, benefit plan revenue rules, PEPW, package E, package B and multiple form edits.

Provider Contract billing rules are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select PC for provider contract and select the appropriate PC 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:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	SUSPEND

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Indiana Medicaid Resolutions Manual

Location	Region	EOB	Disposition
04	00	3758	DENY

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

Location	Region	EOB	Disposition
04	00	3758	DENY

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

Location	Region	EOB	Disposition
04	00	3758	DENY

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

Location	Region	EOB	Disposition
04	00	3758	DENY

EOB: 3758 - DIAGNOSIS GROUP RESTRICTION ON PROCEDURE/REVENUE RULE DOES NOT MATCH THE MEMBER 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

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	19950101	22991231

Indiana Medicaid Resolutions Manual

REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 3758.

