

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3959 NO REIMB RULE FOR REV CODE

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when no reimbursement rule is found for the revenue code billed.

### **CRITERIA:**

Set this edit when no reimbursement rule is for the revenue code billed with, EOB 4107.

### **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
00	30	4107	DENY
00	32	4107	DENY
00	33	4107	DENY
00	34	4107	DENY
00	70	4107	DENY
00	72	4107	DENY
00	73	4107	DENY
00	74	4107	DENY
04	00	4107	SUSPEND

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

Location	Region	EOB	Disposition
04	00	4107	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4107	DENY

**EOB: 4107** - REVENUE CODE OR TYPE OF CLAIM IS NOT APPROPRIATE/NOT COVERED FOR THE TYPE OF SERVICE OR TYPE OF PROVIDER.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. 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 4107.