

Indiana Medicaid Resolutions Manual

NAME: 4094 **PROCEDURE CODE VS PLACE OF SERVICE RSTN (DTL)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the procedure code is not allowed for the place of service billed.

CRITERIA:

Set this edit if medical claim is received with a place of service code 09-Prision Correctional Facility or 16-Lodging is billed with any procedure code for the from date of service at the detail, with EOB 4036.

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	4036	DENY

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

Location	Region	EOB	Disposition
04	00	4036	DENY

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

Location	Region	EOB	Disposition
04	00	4036	DENY

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EOB: 4036 - THIS PROCEDURE IS NOT PAYABLE WHEN PERFORMED IN THIS PLACE OF SERVICE. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
5	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M77	Missing/incomplete/invalid/inappropriate place of service.	19970101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4036.