

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3760 PROC RSTCN ON REV REIMB RULE

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a procedure code/revenue combination is not listed on the reimbursement rule.

### **CRITERIA:**

Set this edit if a procedure code/revenue combination is not listed in the reimbursement rule.

### **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
80	00	9998	SUSPEND

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

Location	Region	EOB	Disposition
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
80	00	9998	SUSPEND

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

Location	Region	EOB	Disposition
----------	--------	-----	-------------

## **Indiana Medicaid Resolutions Manual**

00	30	9998	DENY
00	32	9998	DENY
00	33	9998	DENY
00	34	9998	DENY
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
80	00	9998	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	30	9998	DENY
00	32	9998	DENY
00	33	9998	DENY
00	34	9998	DENY
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
80	00	9998	SUSPEND

**EOB: 9998** - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

payer(s) adjudication.  
(Use only with Group  
Codes PR or CO  
depending upon  
liability)

### **METHOD OF CORRECTION:**

Suspended claims should be forwarded to the BPA unit for further review to analyze why the detail does not have a reimbursement rule.

