

Indiana Medicaid Resolutions Manual

NAME: 3754 EMERGENCY RSTN ON MBR PROC CVG RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if non-emergency service is billed for a member who has a benefit plan assignment of Package E and the emergency indicator is not present on the detail.

CRITERIA:

Set this edit if a claim is billed for a member who has a benefit plan assignment of Package E and the emergency indicator is not present on the detail for the dates of service billed. with EOB 2006.

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
02	00	2006	SUSPEND

Claim Type: D - Dental Claims **Member Plan:** PKGB **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	2012	SUSPEND

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

Location	Region	EOB	Disposition
04	00	2006	DENY

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Claim Type: I - Inpatient Claims **Member Plan:** PKGB **Status:** Post

Location	Region	EOB	Disposition
04	00	2012	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

Claim Type: M - Professional Claims **Member Plan:** PKGB **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	2012	SUSPEND

EOB: 2006 - DIAGNOSIS CODE BILLED IS NOT COVERED FOR THE MEMBER'S BENEFIT PLAN.

ARC Code	ARC Description	Effective Date	End Date
40	Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

EOB: 2012 - THIS SERVICE IS NOT PAYABLE FOR PREGNANT & URGENT CARE MEMBER'S WITH THE INDICATED DIAGNOSIS.

ARC Code	ARC Description	Effective Date	End Date
B22	This payment is adjusted based on the diagnosis.	19950101	22991231

METHOD OF CORRECTION:

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Claims setting this edit will be systematically denied with EOB 2006.

For special batch claims, follow special instructions to adjudicate the claim.

