

Indiana Medicaid Resolutions Manual

NAME: 4095 NONSURGICAL SRVS NOT REIMBURSED
INDIVIDUALLY DTL

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a claim detail has a non-surgical revenue code and a different detail has a valid surgical revenue code.

CRITERIA:

Set this edit if a claim detail has a non-surgical revenue code and a different detail has a valid surgical revenue code, with EOB 4095.

Surgical revenue codes are 36X and 49X.

A detail is also considered a surgery if billed with revenue code 45X, 48X, 51X, 52X, 70X, 710, 72X or 76X and accompanied by a HCPCS procedure code priced by ASC or in procedure group 100031 Manually Priced Surgical Procedures-Outpatient.

Revenue Groups 100007 and 100009 apply to this edit and a description of the impact for this edit is located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type>Select the appropriate group number.

Procedure Groups 100005, 100006 and 100031 also apply to this edit and a description of the impact for this edit is located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type >Select the appropriate group number.

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.

Indiana Medicaid Resolutions Manual

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4095	DENY

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

Location	Region	EOB	Disposition
04	00	4095	DENY

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

Location	Region	EOB	Disposition
04	00	4095	DENY

EOB: 4095 - A NON-SURGICAL SERVICE IS NOT REIMBURSED INDIVIDUALLY IF PERFORMED IN CONJUNCTION WITH AN OUTPATIENT SURGERY-PLEASE VERIFY AND RESUBMIT.

ARC Code
B15

ARC Description
This
service/procedure
requires that a
qualifying
service/procedure be
received and covered.
The qualifying other
service/procedure has
not been
received/adjudicated.
Usage: Refer to the
835 Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Effective Date
19950101

End Date
22991231

Indiana Medicaid Resolutions Manual

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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claim setting this edit will be systematically denied with EOB 4095.

