

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3772 BENEFIT PLAN RESTRICTION ON PROC CVG RULE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if there is a benefit plan restriction on the procedure coverage rule.

### **CRITERIA:**

Set this edit if there is a benefit plan restriction on the procedure coverage rule, with EOB 3771.

Procedure coverage rules can be located in CoreMMIS under Main Menu>BPA>Business Rules Editor>Provider Contract>Select appropriate contract to view the rule configuration.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	3771	DENY

**EOB: 3771 - MEMBER NOT ELIGIBLE TO RECEIVE SERVICES UNDER THIS BENEFIT PLAN.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
31	Patient cannot be	19950101	22991231

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identified as our insured.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3771.