Indiana Medicaid Resolutions Manual

NAME: **3905   BENEFIT PLAN GROUP RSTN ON REV BILLING RULE (DTL)**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This edit systematically denies if the member's level of care/assignment plan does not match the revenue code coverage rule.

CRITERIA:

This edit sets if the member's level of care does not match the level of care/assignment plan restriction on the revenue coverage rule, with EOB 2008.

Hospice

This edit sets when the member does not have a hospice level of care/assignment plan.

Long Term Care

This edit sets for long term care claims if either of the below conditions are met:

- The member does not have a long term level of care/assignment plan.
- The member's level of care/assignment plan is not appropriate for the type of bill.

    The member's level of care is located at in CoreMMIS under Main Menu > Member > Search > Open Tab > Member > [Nursing Home Level of Care or Hospice].

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.

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Claim Type: 0 - All Claim Types   **Member Plan:** ALL   **Status:** Post

Location	Region	EOB	Disposition
02	00	2008	DENY

EOB: 2008 - MEMBER NOT ELIGIBLE FOR THIS LEVEL OF CARE FOR DATES OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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
N182	This claim/service must be billed according to the schedule for this plan.	20030228	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2008.