

Indiana Medicaid Resolutions Manual

NAME: **3753 DX GRP PRIMARY RSTN ON MBR REV CVG RULE (DTL)**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the primary diagnosis code billed does match the revenue coverage rule for the member's benefit plan.

CRITERIA:

If a claim is submitted with a primary diagnosis code that does not match the revenue coverage rule for the member's benefit plan Set this edit with EOB 4167.

To determine the primary diagnosis code restrictions, review the member's benefit plan. Go to the BPA, business rules editor and select MP-Member Benefit Plan then under the dropdown choose the member's benefit plan and select ALL REVENUE-STD. This will display the primary diagnosis restrictions that apply for the benefit plan.

EOB 2043 . used for claims with members enrolled in HIP.

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:** HIP **Status:** Post

Location	Region	EOB	Disposition
04	00	2043	DENY

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

Location	Region	EOB	Disposition
04	00	4167	DENY

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EOB: 2043 - THE MEMBER IS ENROLLED IN THE HEALTHY INDIANA PLAN. PLEASE SUBMIT CLAIM TO THE APPROPRIATE INSURER FOR THE MEMBER'S DATE OF SERVICE

ARC Code	ARC Description	Effective Date	End Date
109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	19950101	22991231

EOB: 4167 - PRIMARY DIAGNOSIS IS NOT COVERED FOR THE BENEFIT PLAN BILLED

ARC Code	ARC Description	Effective Date	End Date
204	This service/equipment/drug is not covered under the patient's current benefit plan	20070228	22991231

Remark Code	Remark Description	Effective Date	End Date
N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	20021031	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4167.

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