

## Indiana Medicaid Resolutions Manual

**NAME:**                    **3770    PROC GROUP RSTN ON REV REIMB RULE (DTL)**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

**DESCRIPTION:**

Set this edit when a procedure group for a revenue code is not listed in the reimbursement rules.

**CRITERIA:**

Set this edit if the revenue code billed has no procedure group listed in the revenue code reimbursement rule.

This edit uses the variable to distinguish the pricing method. Procedure codes submitted with a Treatment Room revenue code in procedure group 100024 price off the procedure ASC rate. If not, the detail is priced off of the revenue Flat Fee.

**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>
00	30	9998	DENY
00	32	9998	DENY
00	33	9998	DENY
00	34	9998	DENY
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
80	00	9999	SUSPEND

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**EOB: 9998** - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	19950101	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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	19950101	22991231

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Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Suspended claims should be forwarded to the BPA unit for further review to analyze why the revenue code billed has no procedure group in the reimbursement rules and to determine a rate for pricing.

