

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4037 PROC CODE VS. DX (DTL)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the procedure code is not allowed for the diagnosis submitted on the claim.

### **CRITERIA:**

Set this edit if the procedure code billed does not match the diagnosis code contract billing rules with, EOB 4037.

The diagnosis code restrictions can be found in Core MMIS under Main Menu>BPA>Diagnosis. Enter the diagnosis code billed and hit search. Then go to open tab>Provider Contract Billing Rules to view the restrictions.

### **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:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

**Claim Type:** H - Home Health Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4037	DENY
04	30	4037	PAY
04	32	4037	PAY
04	33	4037	PAY
04	34	4037	PAY

## **Indiana Medicaid Resolutions Manual**

04	70	4037	PAY
04	72	4037	PAY
04	73	4037	PAY
04	74	4037	PAY
04	91	4037	SUSPEND

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4037	DENY
04	30	4037	PAY
04	32	4037	PAY
04	33	4037	PAY
04	34	4037	PAY
04	70	4037	PAY
04	72	4037	PAY
04	73	4037	PAY
04	74	4037	PAY
04	91	4037	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4037	DENY
04	30	4037	PAY
04	32	4037	PAY
04	33	4037	PAY
04	34	4037	PAY
04	70	4037	PAY
04	72	4037	PAY
04	73	4037	PAY
04	74	4037	PAY
04	91	4037	SUSPEND

**EOB: 4037** - THIS PROCEDURE IS NOT CONSISTENT WITH THE DIAGNOSIS BILLED.  
PLEASE VERIFY AND RESUBMIT.

**ARC Code**

11

**ARC Description**

The diagnosis is  
inconsistent with the  
procedure. Usage:  
Refer to the 835

**Effective Date**

19950101

**End Date**

22991231

## **Indiana Medicaid Resolutions Manual**

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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N657	This should be billed with the appropriate code for these services.	20130715	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 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4037.

Encounter claims are Set to post and pay for this edit.

For special batch claims, follow special instructions to adjudicate the claim.

# **Indiana Medicaid Resolutions Manual**