Indiana Medicaid Resolutions Manual

NAME: **4077   REV CODE NOT EFFECTIVE FOR DOS (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the revenue code billed is not effective for the detail DOS submitted on the claim.

CRITERIA:

Set this edit if the revenue code billed is not effective for the detail DOS billed with, EOB 4077.

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	SUSPEND

Claim Type: A - Inpatient Xover Claims   **Member Plan:** ALL   **Status:** Post

Location	Region	EOB	Disposition
04	00	4077	DENY

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

Location	Region	EOB	Disposition
04	00	4077	DENY

Claim Type: H - Home Health Claims   **Member Plan:** ALL   **Status:** Post

Location	Region	EOB	Disposition
04	00	4077	DENY

Claim Type: I - Inpatient Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4077	DENY

Claim Type: L - Long Term Care Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4077	DENY

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

Location	Region	EOB	Disposition
04	00	4077	DENY

EOB: 4077 - The revenue code billed is not effective for this date of service. Please verify and resubmit.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: 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 4077.