NAME: **4092**   **MEDICAL/NON-MEDICAL SUPPLIES AND ROUTINE DME (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the item billed is for a medical or non-medical supply, and the member has a level of care on file in interChange MMIS/Main Menu/Member/Member Search/Enter Member number/Open tab/Member/Search for LOC (may be listed under the type of Level of Care, i.e. Nursing Home Level of Care) or the place of service is a 31 (Skilled Nursing Facility), 32 (Nursing Facility) or 54 (Intermediate Care Facility for the Mentally Retarded).

CRITERIA:

Set this edit if the member has a level of care on file in Benefit Plan Group Type 2002-LOC or the place of service is a 31 (Skilled Nursing Facility), 32 (Nursing Facility) or 54 (Intermediate Care Facility Individuals with Intellectual Disabilities) and the procedure code billed is located in HCPCS Procedure Group 100008-Included in the LTC per diem rate, deny the detail with EOB 2034.
To locate benefit group 2002 in Core MMIS > Main Menu > BPA > Related Data > Open Tab > Other > Benefit Plan Group Type, select group 2002.
Procedure group 100008 in Core MMIS > Main Menu > BPA > Related Data > Open Tab > Other > HCPCS Procedure Group Type, select group 100008.

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
02	00	9999	PAY

Claim Type: B - Professional Xover Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2034	DENY
02	91	2034	SUSPEND

Claim Type: M - Professional Claims   **Member Plan:** PASMI   **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: M - Professional Claims   **Member Plan:** MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: M - Professional Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2034	DENY
02	30	2034	PAY
02	32	2034	PAY
02	33	2034	PAY
02	34	2034	PAY
02	70	2034	PAY
02	72	2034	PAY
02	73	2034	PAY
02	74	2034	PAY
02	91	2034	SUSPEND

Claim Type: M - Professional Claims   **Member Plan:** PASMR   **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

EOB: 2034 - MEDICAL AND NON-MEDICAL SUPPLIES AND ROUTINE DME ITEMS ARE COVERED IN THE PER DIEM RATE PAID TO THE LONG TERM CARE FACILITY AND MAY NOT BE BILLED SEPARATELY TO THE IHCP.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). At least	19950101	22991231

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.)
Usage: Refer to the
835 Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
M2	Not paid separately when the patient is an inpatient.	19970101	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<u>METHOD OF CORRECTION:</u>

Claims setting this edit will systematically deny with EOB 2034.
For special batch claims, follow special instructions to adjudicate the claim.