

Indiana Medicaid Resolutions Manual

NAME: **4088 REVENUE CODE REQUIRES HCPCS FOR TYPE OF BILL (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the revenue code entered in any of the detail lines, requires a HCPCS and none is entered.

CRITERIA:

Set this edit if the revenue code entered in any of the detail lines requires a HCPCS code (per revenue code reference table), but none is entered with, EOB 0389.

The revenue codes can be referenced in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type >Select group number 1035

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
00	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	0389	DENY

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

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Location	Region	EOB	Disposition
00	00	0389	DENY
00	30	0389	PAY
00	32	0389	PAY
00	33	0389	PAY
00	34	0389	PAY
00	64	9999	PAY
00	70	0389	PAY
00	72	0389	PAY
00	73	0389	PAY
00	74	0389	PAY

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

Location	Region	EOB	Disposition
00	00	0389	DENY
00	30	0389	PAY
00	32	0389	PAY
00	33	0389	PAY
00	34	0389	PAY
00	70	0389	PAY
00	72	0389	PAY
00	73	0389	PAY
00	74	0389	PAY

EOB: 0389 - THE REVENUE CODE SUBMITTED REQUIRES A CORRESPONDING HCPCS CODE.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or	19950101	22991231

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Remittance Advice
Remark Code that is
not an ALERT.)
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
M20	Missing/incomplete/invalid HCPCS.	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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 389.

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