

Indiana Medicaid Resolutions Manual

NAME: **4090 DRUG/SUPPLY/INFUSION INCLUDED IN TREATMENT RM(DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the following revenue codes (250, 251, 252, 257, 259, 27X) or 260 reported with a procedure code in group 100030 are billed in conjunction with a treatment room and the dates of service are on or after 3/1/94.

CRITERIA:

Set this edit for one of the following situations:

- Revenue codes 250, 251, 252, 257, 259, 270-273 or 275-279 are billed in conjunction with a treatment room.

If a detail is found with this criteria, we then loop through all of the details again. If there is at least one PAID Treatment Room Revenue Code (Group 3) on the claim, then any detail that has an Add On Revenue Code (Group 100007) or Include In Treatment Room Revenue Code (Group 100008) will be denied for 4090. This applies for dates of service on or after 3/1/94.

- Revenue code 260 and a procedure code not in procedure group 100030 is billed in conjunction with a treatment room. This applies for dates of service on or after 3/1/94.

If a detail is found with this criteria, we then loop through all of the details again. If there is at least one PAID Treatment Room Revenue Code (Group 3) on the claim, then any detail that has revenue code 260 (Group 100027) without an Infusion Procedures Separately Reimbursable (Group 100030) will be denied for 4090. This applies for dates of receipt on or after 5/1/19.

Reference Revenue groups can be found in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type >Select the appropriate group number.

Reference Procedure groups can be found in MMIS>Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type >Select the appropriate group number.

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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: PASM Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: 0 - All Claim Types Member Plan: PASMI Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: 0 - All Claim Types Member Plan: ALL Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: 0 - All Claim Types Member Plan: MRT Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4090	DENY

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

Location	Region	EOB	Disposition
04	00	4090	DENY
04	30	4090	PAY
04	32	4090	PAY
04	33	4090	PAY
04	34	4090	PAY
04	70	4090	PAY
04	72	4090	PAY
04	73	4090	PAY
04	74	4090	PAY

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EOB: 4090 - PAYMENT FOR 250, 251, 252, 257, 259, 270-273 and 275-279 DRUG AND SUPPLY REVENUE CODES AND INFUSIONS ARE INCLUDED IN THE TREATMENT ROOM REIMBURSEMENT-PLEASE VERIFY AND RESUBMIT.

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

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

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4090.