Indiana Medicaid Resolutions Manual

NAME: **3958**   **NO REIMB RULE FOR PROC**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if no reimbursement rule is found for the procedure code billed.

CRITERIA:

Set this edit if no reimbursement rule is found for the procedure with EOB 4014.
This edit uses the effective and end-dates for the DOS to determine if a valid rule exists.
Reimbursement rules are located in Core MMIS under Main Menu>BPA>Business Rules Editor.
Select RA for reimbursement agreement and select the appropriate RA rules for the procedure to display the rule configuration.

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

Location	Region	EOB	Disposition
04	00	4014	DENY

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

Location	Region	EOB	Disposition

| 04 | 00 | 4014 | DENY |

Claim Type: D - Dental Claims   **Member Plan:** ALL   **Status:** Post

Location	Region	EOB	Disposition
04	00	4014	DENY

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

Location	Region	EOB	Disposition
04	00	4014	DENY

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

Location	Region	EOB	Disposition
04	00	4014	DENY

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

Location	Region	EOB	Disposition
04	00	4014	DENY

EOB: 4014 - CLAIM BEING REVIEWED FOR PRICING

ARC Code	ARC Description	Effective Date	End Date
274	Fee/Service not payable per patient Care Coordination arrangement.	20151101	22991231

ARC Code	ARC Description	Effective Date	End Date
133	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in	20140701	22991231

Loop 2110 CAS
segment of the 835 or
Loop 2430 of the
837).

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 4014.