

Indiana Medicaid Resolutions Manual

NAME: 4036 POS RSTN ON MBR PROC CVG RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the POS billed is restricted on the member procedure coverage rule.

CRITERIA:

Set this edit if the place of service billed on the claim detail is not within the place of service restriction for the procedure coverage rule with, EOB 4036.

For members in PEPW, the detail will be denied with EOB 4170 for a claim billed with POS 21, inpatient hospital.

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:** PEPW **Status:** Post

Location	Region	EOB	Disposition
04	00	4170	DENY

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

Location	Region	EOB	Disposition
04	00	4036	DENY

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

Location	Region	EOB	Disposition
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Indiana Medicaid Resolutions Manual

04	00	4036	DENY
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Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4036	DENY

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

Location	Region	EOB	Disposition
04	00	4036	DENY

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

Location	Region	EOB	Disposition
04	00	4036	DENY

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

Location	Region	EOB	Disposition
04	00	4036	DENY

EOB: 4036 - THIS PROCEDURE IS NOT PAYABLE WHEN PERFORMED IN THIS PLACE OF SERVICE. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
5	The procedure code/bill type is inconsistent with the place of service. 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
M77	Missing/incomplete/invalid/inappropriate place of service.	19970101	22991231

Indiana Medicaid Resolutions Manual

EOB: 4170 - THE POS IS NOT COVERED FOR A MEMBER IN A COUNTY, STATE OR FEDERAL FACILITY.

ARC Code	ARC Description	Effective Date	End Date
5	The procedure code/bill type is inconsistent with the place of service. 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
M77	Missing/incomplete/invalid/inappropriate place of service.	19970101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4036.

For Benefit Plan PEPW deny the claim with EOB 4170.

