

Indiana Medicaid Resolutions Manual

NAME: 4037 PROC CODE VS. DX (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the procedure code is not allowed for the diagnosis submitted on the claim.

CRITERIA:

Set this edit if the procedure code billed does not match the diagnosis code contract billing rules with, EOB 4037.

The diagnosis code restrictions can be found in Core MMIS under Main Menu>BPA>Diagnosis. Enter the diagnosis code billed and hit search. Then go to open tab>Provider Contract Billing Rules to view the restrictions.

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	PAY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4037	DENY
04	30	4037	PAY
04	32	4037	PAY
04	33	4037	PAY
04	34	4037	PAY

Indiana Medicaid Resolutions Manual

04	70	4037	PAY
04	72	4037	PAY
04	73	4037	PAY
04	74	4037	PAY
04	91	4037	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4037	DENY
04	30	4037	PAY
04	32	4037	PAY
04	33	4037	PAY
04	34	4037	PAY
04	70	4037	PAY
04	72	4037	PAY
04	73	4037	PAY
04	74	4037	PAY
04	91	4037	SUSPEND

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

Location	Region	EOB	Disposition
04	00	4037	DENY
04	30	4037	PAY
04	32	4037	PAY
04	33	4037	PAY
04	34	4037	PAY
04	70	4037	PAY
04	72	4037	PAY
04	73	4037	PAY
04	74	4037	PAY
04	91	4037	SUSPEND

EOB: 4037 - THIS PROCEDURE IS NOT CONSISTENT WITH THE DIAGNOSIS BILLED. PLEASE VERIFY AND RESUBMIT.

ARC Code

11

ARC Description

The diagnosis is inconsistent with the procedure. Usage:
Refer to the 835

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
N657	This should be billed with the appropriate code for these services.	20130715	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 4037.

Encounter claims are Set to post and pay for this edit.

For special batch claims, follow special instructions to adjudicate the claim.

Indiana Medicaid Resolutions Manual