

## Indiana Medicaid Resolutions Manual

**NAME:** 3896 PROCEDURE RSTCN FOR REV BILL RULE

**ERROR TYPE:** Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if the procedure billed is restricted on the revenue billing rule.

### CRITERIA:

Set this edit if the procedure billed is restricted from the revenue code billed in the billing rule with, EOB 0520.

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

Location	Region	EOB	Disposition
04	00	0520	DENY

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

Location	Region	EOB	Disposition
04	00	0520	DENY

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

Location	Region	EOB	Disposition
04	00	0520	DENY

**EOB: 0520** - INVALID REVENUE CODE AND PROCEDURE CODE COMBINATION - PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
199	Revenue code and Procedure code do not match.	20061031	22991231

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. Note: 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 0520.