

## Indiana Medicaid Resolutions Manual

**NAME:** 4021 NO CVG RULE FOR MBR PROC (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if there is no matching coverage rule for the member's benefit plan for the procedure code billed.

### CRITERIA:

Set this edit if a claim is submitted with a procedure code without a coverage rule for the member's benefit plan with, EOB 4021 .

The detail FDOS/TDOS range is used to compare to the rule effective dates. If no active coverage rules exist for the procedure, post the edit.

EOB 2019 (Member is not eligible for Indiana Health Coverage Plan benefits) is used for Benefit Plans QDWI, QI, SLMB.

EOB 2060 (Services billed is not covered as a family planning service benefit) is used for Benefit Plan FPS and PEFP.

EOB 2047 (Members are eligible for Dental Emergency services only as listed in IHCP Reference Module) is used for Package E.

### 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:** Post

Location	Region	EOB	Disposition
----------	--------	-----	-------------

## Indiana Medicaid Resolutions Manual

04	00	4021	DENY
----	----	------	------

**Claim Type: 0 - All Claim Types    Member Plan: SLMB    Status: Post**

Location	Region	EOB	Disposition
04	00	2019	DENY

**Claim Type: 0 - All Claim Types    Member Plan: QDWI    Status: Post**

Location	Region	EOB	Disposition
04	00	2019	DENY

**Claim Type: 0 - All Claim Types    Member Plan: PEPF    Status: Post**

Location	Region	EOB	Disposition
04	00	2060	DENY

**Claim Type: 0 - All Claim Types    Member Plan: PKGE    Status: Post**

Location	Region	EOB	Disposition
04	00	2047	DENY

**Claim Type: 0 - All Claim Types    Member Plan: FPS    Status: Post**

Location	Region	EOB	Disposition
04	00	2060	DENY

**Claim Type: 0 - All Claim Types    Member Plan: QI    Status: Post**

Location	Region	EOB	Disposition
04	00	2019	DENY

**EOB: 2019 - MEMBER IS NOT ELIGIBLE FOR INDIANA HEALTH COVERAGE PROGRAM BENEFITS.**

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835	19950101	22991231

## Indiana Medicaid Resolutions Manual

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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N30	Patient ineligible for this service.	20000101	22991231

**EOB: 2047 - MEMBERS ARE ELIGIBLE FOR DENTAL EMERGENCY SERVICES ONLY AS LISTED IN IHCP PROVIDER MODULE - DENTAL SERVICES**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N30	Patient ineligible for this service.	20000101	22991231

**EOB: 2060 - SERVICES BILLED IS NOT COVERED AS A FAMILY PLANNING SERVICE BENEFIT**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
96	Non-covered charge(s). At	19950101	22991231

## Indiana Medicaid Resolutions Manual

least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N30	Patient ineligible for this service.	20000101	22991231

**EOB: 4021 - PROCEDURE CODE IS NOT COVERED FOR THE DATES OF SERVICE FOR THE PROGRAM BILLED. PLEASE VERIFY AND RESUBMIT.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N30	Patient ineligible for this service.	20000101	22991231

## **Indiana Medicaid Resolutions Manual**

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with the appropriate EOB based on the member's benefit plan.

