

Indiana Medicaid Resolutions Manual

NAME: 4220 DX GRP HDR RSTN MBR PROC CVG RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the claim is submitted with a diagnosis code that does not match the member procedure coverage rule.

CRITERIA:

Set this edit if a claim is submitted which has a diagnosis that does not match the Procedure Coverage Rules for the Member Benefit Plan, with EOB 2057.

For Presumptive Eligibility for Pregnant Woman, Set EOB 4125.

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	4125	DENY

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

Location	Region	EOB	Disposition
04	00	2057	DENY

Indiana Medicaid Resolutions Manual

EOB: 2057 - DIAGNOSIS NOT COVERED FOR THE MEMBER'S BENEFIT PLAN

ARC Code	ARC Description	Effective Date	End Date
167	This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

EOB: 4125 - INVALID DIAGNOSIS FOR PRESUMPTIVE ELIGIBILITY. CLAIMS MUST HAVE A VALID PRESUMPTIVE ELIGIBILITY DIAGNOSIS IN ORDER TO RECEIVE PAYMENT.

ARC Code	ARC Description	Effective Date	End Date
167	This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

Remark Code	Remark Description	Effective Date	End Date
N30	Patient ineligible for this service.	20000101	22991231

METHOD OF CORRECTION:

Claims setting this edit will systematically deny with EOB 2057 or 4125 (PEPW).