

Indiana Medicaid Resolutions Manual

NAME: 4227 NO CVG RULE FOR MBR REV CODE (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 revenue code billed.

CRITERIA:

Set this edit if there is not matching member coverage rule for the revenue code billed with, EOB 4107.

For members in QDWI, QI, and SLMB post EOB 2019.

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
04	00	4107	DENY

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

Indiana Medicaid Resolutions Manual

Claim Type: 0 - All Claim Types **Member Plan:** SLMB **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 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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

EOB: 4107 - REVENUE CODE OR TYPE OF CLAIM IS NOT APPROPRIATE/NOT COVERED FOR THE TYPE OF SERVICE OR TYPE OF PROVIDER.

ARC Code	ARC Description	Effective Date	End Date
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	19950101	22991231

Indiana Medicaid Resolutions Manual

Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4107.

