

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4221 DX GRP HDR RSTN MBR REV CVG RULE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a diagnosis code does not match the diagnosis group restriction on the member revenue coverage rule.

### **CRITERIA:**

Set this edit if a claim is submitted which has a diagnosis that does not meet the diagnosis code restrictions of the Revenue Coverage Rules for the Member Benefit Plan, deny the detail with EOB 2006.

For member in PKGE the rule will Set if the diagnosis code is not found in Diagnosis Group 21. For PKGE members, deny the claim with EOB 2006.

For members in PEPW the rule will Set if the diagnosis code is not found in Diagnosis Group 51. For Presumptive Eligibility members, deny the claim with EOB 4125.

Refer to the Operational Manual> BPA Reference>Member Plan for further information.

### **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:** PKGB    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	DENY

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**Claim Type:** 0 - All Claim Types    **Member Plan:** PKGE    **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	2006	DENY

**Claim Type:** 0 - All Claim Types    **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	2006	DENY

**Claim Type:** 0 - All Claim Types    **Member Plan:** PEPW    **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

**Claim Type:** C - Outpatient Xover Claims    **Member Plan:** PEPW    **Status:** Post

Location	Region	EOB	Disposition
04	00	2006	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

**Claim Type:** I - Inpatient Claims    **Member Plan:** PKGB    **Status:** Post

Location	Region	EOB	Disposition
04	00	2006	DENY

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

Location	Region	EOB	Disposition
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04	00	2006	DENY
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**Claim Type:** O - Outpatient Claims **Member Plan:** PEPW **Status:** Post

Location	Region	EOB	Disposition
04	00	2006	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

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

Location	Region	EOB	Disposition
04	00	2006	DENY

**EOB: 2006** - DIAGNOSIS CODE BILLED IS NOT COVERED FOR THE MEMBER'S BENEFIT PLAN.

ARC Code	ARC Description	Effective Date	End Date
40	Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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	19950101	22991231

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 2006.

Claims for a member with Presumptive Eligibility will be systematically denied with EOB 4125.