

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4115 NO RBRVS CONVERSION FACTOR (DTL)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if there is no RBRVS conversion factor on the RBRVS conversion factor table located in Core MMIS.

### **CRITERIA:**

Set this edit when a medical or medical crossover claim is billed with a procedure code for the DOS with a rate type of RBRVS and there is no RBRVS conversio+D69n factor on the RBRVS conversion factor table located in Core MMIS with, EOB 4115.

The RBRVS Conversion Factor can be located in Core MMIS under Main Menu > BPA > Procedure > Open Tab > RBRVS.

### **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	PAY

**Claim Type:** B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4115	DENY

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** M - Professional Claims      **Member Plan:** PASMR      **Status:** Do Not Post

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

**Claim Type:** M - Professional Claims      **Member Plan:** PASMI      **Status:** Do Not Post

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

**Claim Type:** M - Professional Claims      **Member Plan:** ALL      **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4115	DENY
04	50	9999	PAY
04	51	9999	PAY
04	70	4115	PAY
04	72	4115	PAY
04	73	4115	PAY
04	74	4115	PAY
04	91	4115	SUSPEND

**EOB: 4115 - PRICING BEING REVIEWED.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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 4115.

Encounter claims will post and pay.

