

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 conversion 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
04	35	4115	PAY
04	36	4115	PAY
04	37	4115	PAY

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04	38	4115	PAY
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Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4115	DENY
04	30	4115	PAY
04	32	4115	PAY
04	33	4115	PAY
04	34	4115	PAY
04	35	4115	PAY
04	36	4115	PAY
04	37	4115	PAY
04	38	4115	PAY
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.

ARC Code

45

ARC Description

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
Usage: This adjustment amount cannot equal the total

Effective Date

19950101

End Date

22991231

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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)

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. Usage: 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.

