

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4121 D9999 & T1015 MUST BE BILLED WITH A VALID CPT/HCPC

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a claim is submitted for a FQHC/RHC provider with a Place of Service of 02, 03, 04, 10, 11, 12, 31, 32, 50 or 72 with D9999 (dental claims) or T1015 (medical claims) and valid encounter procedure is not billed.

### **CRITERIA:**

Set this edit when Provider Type/ Provider Specialties group 100-FQHC and RHC submits a claim with a place of service 02, 03, 04, 10, 11, 12, 31, 32 , 50 or 72 with D9999 (dental claims) or T1015 (medical claims) and a valid encounter code is not billed with, EOB 4121.

Valid encounter codes are located in procedure groups 100049-FQHC/RHC Dental Valid Encounter and 100011-FQHC Valid Encounter.

Groups can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type>Group.

The provider type and specialty group type 100-FQHC and RHC, can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Provider Type/Prov Specialty Group Type 100.

### **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
00	00	9999	PAY

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**Claim Type:** D - Dental Claims      **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
00	00	4121	DENY

**Claim Type:** D - Dental Claims      **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4121	DENY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	4121	DENY
00	30	4121	PAY
00	32	4121	PAY
00	33	4121	PAY
00	34	4121	PAY
00	70	4121	PAY
00	72	4121	PAY
00	73	4121	PAY
00	74	4121	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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**EOB: 4121 - D9999 & T1015 MUST BE BILLED WITH A VALID CPT/HCPCS CODE**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
272	Coverage/program guidelines were not met.	20151101	22991231

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M67	Missing/incomplete/invalid other procedure code(s).	19970101	22991231

**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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4121.