

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4371 CLAIM TYPE RSTN ON MBR PROC CVG RULE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when there is a claim type restriction on the member procedure coverage rule.

### **CRITERIA:**

Set this edit if a claim if the claim type billed is restricted on the member procedure coverage rule with, EOB 2033.

Claims submitted and processed under the MRO benefit plan for the incorrect claim type will set EOB 1040.

### **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:** MRO **Status:** Post

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 04              | 00            | 1040       | DENY               |

**Claim Type:** 0 - All Claim Types **Member Plan:** ALL **Status:** Post

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 04              | 00            | 2033       | DENY               |

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### **EOB: 1040 - MRO SERVICES CAN ONLY BE BILLED ON A CMS 1500 BY A CMHC**

| <b>ARC Code</b> | <b>ARC Description</b>   | <b>Effective Date</b> | <b>End Date</b> |
|-----------------|--|-----------------------|-----------------|
| 16              | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. 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        |

| <b>Remark Code</b> | <b>Remark Description</b>                     | <b>Effective Date</b> | <b>End Date</b> |
|--------------------|---|-----------------------|-----------------|
| N34                | Incorrect claim form/format for this service. | 20000101              | 22991231        |

### **EOB: 2033 - INVALID CLAIM TYPE FOR THE PROGRAM BILLED**

| <b>ARC Code</b> | <b>ARC Description</b>  | <b>Effective Date</b> | <b>End Date</b> |
|-----------------|---|-----------------------|-----------------|
| 16              | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the | 19950101              | 22991231        |

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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.

| <b>Remark Code</b> | <b>Remark Description</b>                           | <b>Effective Date</b> | <b>End Date</b> |
|--------------------|---|-----------------------|-----------------|
| N34                | Incorrect claim<br>form/format for this<br>service. | 20000101              | 22991231        |

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 2033.

MRO claims will be systematically denied with EOB 1040.

