

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4125 PROC CODE BILLED IS NOT PAYABLE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the procedure code billed is not a valid FQHC/RHC encounter based on the "from" date of service at the detail.

### **CRITERIA:**

Set this edit if the procedure code billed is not a valid FQHC/RHC encounter code, the detail for the CPT or HCPCS code will deny with EOB 4173. 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.

### **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

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

Location	Region	EOB	Disposition
00	00	4173	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	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>
00	00	4173	DENY
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	4173	DENY

**EOB: 4173** - THE CPT/HCPCS CODE BILLED IS NOT PAYABLE ACCORDING TO THE PPS REIMBURSEMENT METHODOLOGY.

<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

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**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

### **METHOD OF CORRECTION:**

Claims setting this edit will be denied with EOB 4173.

