

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **4108    NO ASC ON FILE (DTL)**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the HCPCS procedure code does not have a related ASC on file for dates of service billed.

### **CRITERIA:**

Set this edit if the HCPCS procedure code does not have a related ASC on file for dates of service billed with, EOB 4108.

### **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

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

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4108	DENY
04	70	4108	DENY
04	72	4108	DENY
04	73	4108	DENY
04	74	4108	DENY

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4108	DENY
04	70	4108	DENY
04	72	4108	DENY
04	73	4108	DENY
04	74	4108	DENY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4108	DENY
04	30	4108	DENY
04	32	4108	DENY
04	33	4108	DENY
04	34	4108	DENY
04	70	4108	DENY
04	72	4108	DENY
04	73	4108	DENY
04	74	4108	DENY

**EOB: 4108** - THERE IS NO ASC ON FILE FOR THIS PROCEDURE CODE. PLEASE VERIFY THAT THE APPROPRIATE OUTPATIENT SURGERY CODE WAS BILLED.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
171	Payment is denied when performed/billed by this type of provider in this type of facility. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

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

## **Indiana Medicaid Resolutions Manual**

<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 systematically denied with EOB 4108.

