

Indiana Medicaid Resolutions Manual

NAME: 4208 CLIA LICENSE NUMBER INVALID/NOT ON FILE (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a CLIA laboratory procedure code is billed on the claim detail and an effective CLIA number is not on file in the provider's record for the date of service billed on the claim detail.

CRITERIA:

If a procedure code listed in Group 1051-All CLIA, Highest Level Certification, 1052-CLIA Waiver providers with Waiver Certification or 1054-CLIA PPMP Provider Performing Microscopy Procedure, is on the claim detail, and an effective CLIA number is not in the provider's record for the date of service billed, set this edit with EOB 4207.

The procedure codes listed in these groups can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type. Select the appropriate group number.

This edit is inactive for specialties 282 - Independent Diagnostic Test Facility (IDTF), 283 - Mobile Independent Diagnostic Test Facility (IDTF), and 300 - Free-standing Renal Dialysis Clinics.

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

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Claim Type: M - Professional Claims

Member Plan: ALL **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	4207	DENY
04	30	4207	PAY
04	32	4207	PAY
04	33	4207	PAY
04	34	4207	PAY
04	35	4207	PAY
04	36	4207	PAY
04	37	4207	PAY
04	38	4207	PAY
04	70	4207	PAY
04	72	4207	PAY
04	73	4207	PAY
04	74	4207	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4207	DENY
04	30	4207	PAY
04	32	4207	PAY
04	33	4207	PAY
04	34	4207	PAY
04	35	4207	PAY
04	36	4207	PAY
04	37	4207	PAY
04	38	4207	PAY
04	70	4207	PAY
04	72	4207	PAY
04	73	4207	PAY
04	74	4207	PAY

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EOB: 4207 - EFFECTIVE CLIA NUMBER NOT ON FILE FOR DATES OF SERVICE BILLED.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N12	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

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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 4207.
Encounter claims will post and pay for this edit.