

Indiana Medicaid Resolutions Manual

NAME: 4105 NO FLAT FEE ON FILE (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the flat fee for the revenue code billed is not on file.

CRITERIA:

Set this edit if no fee is found on the flat fee file for the revenue code billed with, EOB 4105.
The system will review the pricing indicator to set this edit.

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 |

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

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 04 | 00 | 4105 | DENY |

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 04 | 00 | 4105 | DENY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 4105 | DENY |
| 04 | 30 | 4105 | DENY |
| 04 | 32 | 4105 | DENY |
| 04 | 33 | 4105 | DENY |
| 04 | 34 | 4105 | DENY |
| 04 | 70 | 4105 | DENY |
| 04 | 72 | 4105 | DENY |
| 04 | 73 | 4105 | DENY |
| 04 | 74 | 4105 | DENY |

EOB: 4105 - PRICING BEING REVIEWED

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 133 | The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837). | 20140701 | 22991231 |

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|--|-----------------------|-----------------|
| N65 | Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider. | 20000101 | 22991231 |

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EOB: 9999 - PROCESSED PER POLICY.

| 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 4105.

