

Indiana Medicaid Resolutions Manual

NAME: 4874 CLAIM TYPE RSTN ON REV CODE BILLING RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the claim type billed is not allowed for the revenue code billed.

CRITERIA:

Set this edit when the claim type billed is not allowed for the revenue code billed with EOB 4218.

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
21	00	4218	DENY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	4218	DENY

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

Location	Region	EOB	Disposition
21	00	4218	DENY

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

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Location	Region	EOB	Disposition
21	00	4218	DENY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	4218	DENY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	4218	DENY

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

Location	Region	EOB	Disposition
21	00	4218	DENY

EOB: 4218 - SERVICE BILLED IS NOT ALLOWED ON THIS CLAIM TYPE

ARC Code	ARC Description	Effective Date	End Date
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

Remark Code	Remark Description	Effective Date	End Date
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N34	Incorrect claim form/format for this service.	20000101	22991231
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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4218.

