

## Indiana Medicaid Resolutions Manual

**NAME:** 4975 BENEFIT PLAN RSTN FOR REV BILLING RULE (DTL)

**ERROR TYPE:** Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if the revenue code billed is not allowed for the member benefit plan.

### CRITERIA:

Set this edit if the revenue code billed is not allowed for the member benefit plan with, EOB 4975.

### 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:** Post

Location	Region	EOB	Disposition
04	00	4975	DENY

**EOB: 4975 - THE SERVICE BILLED IS NOT APPLICABLE FOR THE MEMBER'S BENEFIT PLAN.**

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	19950101	22991231

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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.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N30	Patient ineligible for this service.	20000101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4975.