

Indiana Medicaid Resolutions Manual

NAME: 4751 TYPE OF BILL 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 if the type of bill on the claim does not match the revenue code billing rule.

CRITERIA:

Set this edit if the claim is submitted with a type of bill that does not match the revenue code billing rule with EOB 0546.

To view the revenue billing rules, access the main menu, BPA, Business Rules Editor, select the appropriate provider contract to review rule configuration.

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 | 0546 | DENY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 0546 | DENY |

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

Indiana Medicaid Resolutions Manual

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 0546 | DENY |

EOB: 0546 - TYPE OF BILL INCOMPATIBLE FOR SERVICE BILLED

| 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 |
|--------------------|--|-----------------------|-----------------|
| MA30 | Missing/incomplete/invalid type of bill. | 19970101 | 22991231 |

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0546.