

Indiana Medicaid Resolutions Manual

NAME: 4821 PLACE OF SERVICE RSTN ON PROC BILLING RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the place of service is restricted for the procedure code billed.

CRITERIA:

Set this edit when the place of service is restricted for the procedure code billed with EOB 4036. For benefit plans TMIH and PEIH claims will be denied with EOB 4170.

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	4036	DENY

Claim Type: 0 - All Claim Types **Member Plan:** PEIH **Status:** Post

Location	Region	EOB	Disposition
00	00	4170	DENY

Claim Type: 0 - All Claim Types **Member Plan:** TMIH **Status:** Post

Location	Region	EOB	Disposition
00	00	4170	DENY

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EOB: 4036 - THIS PROCEDURE IS NOT PAYABLE WHEN PERFORMED IN THIS PLACE OF SERVICE. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
5	The procedure code/bill type is inconsistent with the place of service. 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
M77	Missing/incomplete/invalid/inappropriate place of service.	19970101	22991231

EOB: 4170 - THE POS IS NOT COVERED FOR A MEMBER IN A COUNTY, STATE OR FEDERAL FACILITY.

ARC Code	ARC Description	Effective Date	End Date
5	The procedure code/bill type is inconsistent with the place of service. 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
M77	Missing/incomplete/invalid/inappropriate place of service.	19970101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4036, however, PEIH and TMIH benefit plans will be denied with EOB 4170.

