

Indiana Medicaid Resolutions Manual

NAME: 4990 BENEFIT PLAN RSTN FOR PROC BILLING RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the procedure code billed is restricted to a specific benefit plan in the member coverage rule.

CRITERIA:

Set this edit if the procedure code billed is restricted to a specific benefit plan for the dates of service billed with, EOB 4021.

For MRT, PASMI and PASMR benefit plans will be systematically denied with EOB 2029.

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	4021	DENY

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

Location	Region	EOB	Disposition
04	00	2029	DENY

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

Location	Region	EOB	Disposition
04	00	2029	DENY

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

Location	Region	EOB	Disposition
04	00	2029	DENY

EOB: 2029 - MEMBER NOT ELIGIBLE FOR IHCP BENEFITS FOR DATES OF SERVICE.

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 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
N30	Patient ineligible for this service.	20000101	22991231

EOB: 4021 - PROCEDURE CODE IS NOT COVERED FOR THE DATES OF SERVICE FOR THE PROGRAM BILLED. PLEASE VERIFY AND RESUBMIT.

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 NCPDP Reject Reason	19950101	22991231

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Code, or Remittance
Advice Remark Code that
is not an ALERT.) Note:
Refer to the 835
Healthcare Policy
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(loop 2110 Service
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REF), if present.

Remark Code	Remark Description	Effective Date	End Date
N30	Patient ineligible for this service.	20000101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4021.

For MRT, PASMI and PASMR benefit plans claims will be systematically denied with EOB 2029.

