

Indiana Medicaid Resolutions Manual

NAME: 4865 CLAIM REGION RESTRICTION ON PROC BILL RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if there is a claim region restriction on the procedure code coverage rule.

CRITERIA:

Set this edit if there is a claim region restriction on the procedure coverage rule, with EOB 2008.

Procedure coverage rules can be located in CoreMMIS under Main Menu>BPA>Business Rules Editor>Provider Contract>Select appropriate contract to view the 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:** Post

Location	Region	EOB	Disposition
04	00	4865	DENY

EOB: 4865 - SERVICE BILLED NOT ALLOWED FOR THIS CLAIM REGION, CLAIM MUST BE SPECIAL BATCHED WITH PROPER DOCUMENTATION FOR REVIEW AND APPROVAL.

ARC Code	ARC Description	Effective Date	End Date
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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
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Remark Code	Remark Description	Effective Date	End Date
M51	Missing/incomplete/invalid procedure code(s).	19970101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4865.