

Indiana Medicaid Resolutions Manual

NAME: 4804 NO BILLING RULE FOR REV CODE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if there is no billing rule for the revenue code at the detail.

CRITERIA:

Set this with EOB 4218, if the procedure billed is within procedure group 100 and the claim type is "H", "O", or "D."

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	4107	DENY

EOB: 4107 - REVENUE CODE OR TYPE OF CLAIM IS NOT APPROPRIATE/NOT COVERED FOR THE TYPE OF SERVICE OR TYPE OF PROVIDER.

ARC Code
B7

ARC Description
This provider was not
certified/eligible to be
paid for this
procedure/service on

Effective Date
19950101

End Date
22991231

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this date of service.
Usage: Refer to the
835 Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4218.