

## **Indiana Medicaid Resolutions Manual**

**NAME:** 868 HCPCS/NDC NOT A REBATABLE DRUG (DTL)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the HCPCS/NDC is not a rebatable drug.

### **CRITERIA:**

Set this edit if a claim is submitted with a HCPCS/NDC and it is not a rebatable drug, with EOB 1016.

This edit will set on claim types, C, O, M and B if each of the following statements are true:

1. The claim has a valid NDC on it and did not set edits 870-NDC missing/invalid (DTL), 871-HCPCS/NDC Combination not valid (DTL) or 872-NDC has been terminated by CMS (DTL).
2. Table drug rebate labler and status were X-referenced and a drug rebate labeler for the NDC for the detail "from" DOS has been found.
3. A generic drug with Therapeutic drug class 345 cannot be found (X-reference tables t\_drug, t\_generic\_drug, t\_therapeutic, to get the drug class of the generic version of the drug that was on the claim). (Drug class 345 is taken from table t\_therapeutic\_group group 1040).

GCN Sequence # Group 2010 is applicable to this edit. This group description can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>GCN Sequence Number Group Type.

### **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.

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** 0 - All Claim Types    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

**Claim Type:** B - Professional Xover Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	1016	DENY

**Claim Type:** C - Outpatient Xover Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	1016	DENY

**Claim Type:** M - Professional Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	1016	DENY

**Claim Type:** O - Outpatient Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	1016	DENY

**EOB: 1016** - THIS MANUFACTURER DOES NOT PARTICIPATE IN THE DRUG REBATE PROGRAM.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
272	Coverage/program guidelines were not met.	20151101	22991231

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101 22991231
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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 1016.

