

Indiana Medicaid Resolutions Manual

NAME: **653 INVALID REV CODE/PROC CODE COMBINATION (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the procedure code entered in any of the detail lines is not compatible or linked to the revenue code billed on the same line.

CRITERIA:

Set this edit if the procedure code entered at the detail is not valid for the revenue code, with EOB 0520.

Revenue to procedure code linkage can be located under Main Menu>BPA>Related Data

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:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	0520	DENY
00	70	0520	PAY
00	72	0520	PAY
00	73	0520	PAY
00	74	0520	PAY

Indiana Medicaid Resolutions Manual

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0520	PAY
00	30	0520	PAY
00	32	0520	PAY
00	33	0520	PAY
00	34	0520	PAY
00	70	0520	PAY
00	72	0520	PAY
00	73	0520	PAY
00	74	0520	PAY

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

Location	Region	EOB	Disposition
00	00	0520	DENY
00	30	0520	PAY
00	32	0520	PAY
00	33	0520	PAY
00	34	0520	PAY
00	70	0520	PAY
00	72	0520	PAY
00	73	0520	PAY
00	74	0520	PAY

EOB: 0520 - INVALID REVENUE CODE AND PROCEDURE CODE COMBINATION - PLEASE VERIFY AND RESUBMIT.

ARC Code
199

ARC Description
Revenue code and
Procedure code do
not match.

Effective Date
20061031

End Date
22991231

Remark Code
N657

Remark Description
This should be billed
with the appropriate
code for these
services.

Effective Date
20130715

End Date
22991231

Indiana Medicaid Resolutions Manual

EOB: 9999 - PROCESSED PER POLICY.

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

METHOD OF CORRECTION:

Claims setting this edit will be systemically denied with EOB 0520.
Encounter claims are Set to post and pay for this edit.

