

Indiana Medicaid Resolutions Manual

NAME: 663 DENIAL DUE TO PROVIDER PREVENTABLE CONDITION (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when diagnosis codes applicable to provider preventable conditions are submitted on claim.

CRITERIA:

Set this edit if a claim includes diagnosis codes applicable to provider preventable conditions (Group 100016), with EOB 4172.

Reference ICD-DX Group 100016-Provider Preventable Conditions can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis 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.

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

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4172	DENY

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Claim Type: B - Professional Xover Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4172	DENY

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

Location	Region	EOB	Disposition
04	00	4172	DENY

Claim Type: I - Inpatient Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4172	DENY

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

Location	Region	EOB	Disposition
04	00	4172	DENY

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

Location	Region	EOB	Disposition
04	00	4172	DENY

EOB: 4172 - CLAIM DENIED DUE TO PROVIDER PREVENTABLE CONDITION. REFER TO FEDERAL REGISTER, VOL.76, NO.108 FOR FURTHER INFORMATION.

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

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

EOB: 9999 - PROCESSED PER POLICY.

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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. Note: 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 systematically denied with EOB 4172.

