

Indiana Medicaid Resolutions Manual

NAME: **679 30 MINUTES OF WAITING TIME NOT REIMBURSABLE (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when 30 minutes or less of waiting time is billed.

CRITERIA:

Set this edit if a procedure code for waiting time listed on Procedure Group 9 is billed and the quantity submitted equals "1" (30 minutes), with EOB 4078.

Reference Procedure Group 9-Transportation Waiting can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure 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 |
|----------|--------|------|-------------|
| 04 | 00 | 9999 | PAY |

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 04 | 00 | 4078 | DENY |
| 04 | 70 | 4078 | PAY |
| 04 | 72 | 4078 | PAY |
| 04 | 73 | 4078 | PAY |
| 04 | 74 | 4078 | PAY |

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| | | | |
|----|----|------|-----|
| 04 | 75 | 4078 | PAY |
| 04 | 76 | 4078 | PAY |
| 04 | 78 | 4078 | PAY |
| 04 | 79 | 4078 | PAY |

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 4078 | DENY |
| 04 | 30 | 4078 | PAY |
| 04 | 32 | 4078 | PAY |
| 04 | 33 | 4078 | PAY |
| 04 | 34 | 4078 | PAY |
| 04 | 70 | 4078 | PAY |
| 04 | 72 | 4078 | PAY |
| 04 | 73 | 4078 | PAY |
| 04 | 74 | 4078 | PAY |
| 04 | 75 | 4078 | PAY |
| 04 | 76 | 4078 | PAY |
| 04 | 78 | 4078 | PAY |
| 04 | 79 | 4078 | PAY |

EOB: 4078 - 30 MINUTES OF WAITING TIME IS NOT REIMBURSABLE.

ARC Code

96

ARC Description

Non-covered
charge(s). At least

Effective Date

19950101

End Date

22991231

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

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|--|-----------------------|-----------------|
| N159 | Payment denied/reduced because mileage is not covered when the patient is not in the ambulance. | 20030228 | 22991231 |

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 | 19950101 | 22991231 |

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Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4078.
Encounters are Set to post and pay for this edit.