

Indiana Medicaid Resolutions Manual

NAME: 683 CPT/HCPCS CODE BILLED IS NOT A VALID ENCOUNTER HDR

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This edit will Set when a provider bills a CPT or HCPCS code in conjunction with a T1015 (medical claims) or D9999 (dental claims) that is not an allowable procedure code. All CPT or HCPCS codes will systematically process.

CRITERIA:

Set this edit if the CPT or HCPCS code billed is not a valid encounter and is billed with T1015 (medical claims) or D9999 (dental claims) present on the claim, the detail for the CPT or HCPCS code will deny with EOB 4124. Valid encounter codes are located in procedure groups 100049-FQHC/RHC Dental Valid Encounter and 100011-FQHC Valid Encounter.

Reference Procedure Group 100011-FQHC Valid Encounter 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: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	4124	DENY

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Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4124	DENY

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	4124	DENY
04	30	4124	PAY
04	32	4124	PAY
04	33	4124	PAY
04	34	4124	PAY
04	70	4124	PAY
04	72	4124	PAY
04	73	4124	PAY
04	74	4124	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMI **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4124 - THE CPT/HCPCS CODE BILLED IS NOT A VALID ENCOUNTER

ARC Code

ARC Description

Effective Date

End Date

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96	Non-covered charge(s). At least 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.	19950101	22991231
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Remark Code	Remark Description	Effective Date	End Date
N431	Not covered with this procedure.	20071105	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 Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4124.