

Indiana Medicaid Resolutions Manual

NAME: 671 TEN MILES NOT REIMBURSABLE PER ONE WAY TRIP (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the number of miles the member is transported is less than or equal to 10 miles per one way trip.

CRITERIA:

Set this edit if the number of miles the member is transported is less than or equal to 10 miles per one way trip, with EOB 4080.

Reference Procedure Group 10-Transportation Deduct 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	4080	DENY
04	91	4080	SUSPEND

Indiana Medicaid Resolutions Manual

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	4080	DENY
04	91	4080	SUSPEND

EOB: 4080 - MILEAGE IS NOT REIMBURSABLE UNLESS THE MEMBER IS TRANSPORTED 11 MILES OR MORE ONE WAY-PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N180	This item or service does not meet the criteria for	20030228	22991231

Indiana Medicaid Resolutions Manual

the category under which
it was billed.

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. 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 4080.

Encounter claims are Set to post and pay for this edit.

For special batch claims, follow special instructions to adjudicate the claim.

