

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **678     DENY ANCILLARY SVC WHEN BILLED W/451 REV (DTL)**

**ERROR TYPE:**     Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when ancillary services are billed on an outpatient or outpatient crossover claim along with revenue code 451.

### **CRITERIA:**

Set this edit if an ancillary service is billed on an outpatient or outpatient crossover claim with a revenue code 451 with EOB 4180.

Edit 678 will Set on O and C claim types if each of the following statements is true:

1. The Revenue Code is in Group 100010 (Emergency Room) for the effective Detail DoFS. (Group contains only 1 revenue code, 451, EMERGENCY ROOM).
2. Another detail is billed with the same from date of service and does NOT contain a revenue code in group 100010-Emergency Room.  
and;
3. The Revenue Code on the additional detail(s) is NOT in group 100006 (Surgery, codes 360, 361, 362, 367, 369, 460, 499).

Revenue Group 100010-Emergency Room and 100006-Surgery can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Revenue 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:** PASMR    **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|-----|-------------|
|----------|--------|-----|-------------|

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|    |    |      |     |
|----|----|------|-----|
| 04 | 00 | 9999 | PAY |
|----|----|------|-----|

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

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

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

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

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

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

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

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 04       | 00     | 4180 | DENY        |
| 04       | 70     | 4180 | PAY         |
| 04       | 72     | 4180 | PAY         |
| 04       | 73     | 4180 | PAY         |
| 04       | 74     | 4180 | PAY         |

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

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 04       | 00     | 4180 | DENY        |
| 04       | 30     | 4180 | PAY         |
| 04       | 32     | 4180 | PAY         |
| 04       | 33     | 4180 | PAY         |
| 04       | 34     | 4180 | PAY         |
| 04       | 70     | 4180 | PAY         |
| 04       | 72     | 4180 | PAY         |
| 04       | 73     | 4180 | PAY         |
| 04       | 74     | 4180 | PAY         |

**EOB: 4180** - WHEN REVENUE CODE 451 IS BILLED ON AN OUTPATIENT OR OUTPATIENT CROSSOVER CLAIM, ALL OTHER SERVICES BILLED ARE NOT PAYABLE

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| <b>ARC Code</b> | <b>ARC Description</b>                                                                                                                                                                                                                                                                                       | <b>Effective Date</b> | <b>End Date</b> |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| 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        |

| <b>Remark Code</b> | <b>Remark Description</b>                                                                   | <b>Effective Date</b> | <b>End Date</b> |
|--------------------|---------------------------------------------------------------------------------------------|-----------------------|-----------------|
| N180               | This item or service does not meet the criteria for the category under which it was billed. | 20030228              | 22991231        |

**EOB: 9999 - PROCESSED PER POLICY.**

| <b>ARC Code</b> | <b>ARC Description</b>                                                                                                                                                                      | <b>Effective Date</b> | <b>End Date</b> |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| 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 | 19950101              | 22991231        |

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Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4180.  
Encounter claims will post and pay for this edit.