

Indiana Medicaid Resolutions Manual

NAME: 681 LAB PANEL COMPONENT REBUNDLING (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set claim details with this edit when multiple lab procedure codes are unbundled and a single comprehensive code should have been billed.

CRITERIA:

Set this edit if multiple procedure codes are billed for a group of procedures that are covered by a single comprehensive code, with EOB 4186.

The panels codes are being read from table t_claim_atp_panel_procs. If all the procedure codes that comprise a lab panel are found to be billed on a claim for the same DoS, then all of those procedure codes will be denied with edit 681.

This edit is applicable to claim details with dates of receipt on or after April 1, 2011. This applies to all dates of service.

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

Location	Region	EOB	Disposition
04	00	4186	DENY

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04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4186	DENY
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY

EOB: 4186 - THIS IS A COMPONENT OF A MORE COMPREHENSIVE SERVICE. PLEASE RESUBMIT CLAIM WITH THE PROCEDURE CODE THAT MOST COMPREHENSIVELY DESCRIBES THE SERVICES PERFORMED.

ARC Code	ARC Description	Effective Date	End Date
236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	20110130	22991231

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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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4186.

