

## **Indiana Medicaid Resolutions Manual**

**NAME:** 869 LESS THAN EFFECTIVE DRUG (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the NDC is a drug classified as "less than effective" for the dispensed date by the IFSSA and an approved an PA is not on file.

### **CRITERIA:**

Set this edit when the NDC is not on the state DESI table with an effective date for the dispense date or the DESI table contains a "5" or "6" (meaning less than effective) and an approved PA is not on file with, EOB 4003.

Edit 869 will post on claim types C,O,M,B if each of the following statements is true: 1. An Active NDC is present on the claim for the effective Detail from date of service. 2. The NDC has a DESI TYPE 'H' AND a STATUS '0', AND a DESI CODE of 5 (Less than Effective DESI/IRS Drugs for All Indications) or 6 (Less than Effective Desi/IRS Drugs Removed From the Market).

Drug information can be located in COREMMIS under Main Menu>BPA>DRUG. Search the NDC and review on the based information for the Drug status. If the drug is active, go to open tab and review DESI information for the DESI TYPE, STATUS and DESI CODE.

### **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
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04	00	9999	PAY
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**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4003	DENY
04	70	4003	PAY
04	72	4003	PAY
04	73	4003	PAY
04	74	4003	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4003	DENY
04	70	4003	PAY
04	72	4003	PAY
04	73	4003	PAY
04	74	4003	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4003	DENY
04	30	4003	PAY
04	32	4003	PAY
04	33	4003	PAY
04	34	4003	PAY
04	70	4003	PAY
04	72	4003	PAY
04	73	4003	PAY
04	74	4003	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4003	DENY
04	30	4003	PAY
04	32	4003	PAY
04	33	4003	PAY
04	34	4003	PAY
04	70	4003	PAY
04	72	4003	PAY
04	73	4003	PAY
04	74	4003	PAY

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### **EOB: 4003 - LESS THAN EFFECTIVE DRUGS ARE NOT COVERED UNDER INDIANA HEALTH COVERAGE PROGRAM**

<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>
N448	This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	20080701	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	19950101	22991231

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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.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systemically denied with EOB 4003.

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