

Indiana Medicaid Resolutions Manual

**NAME: 628 TRANSPORTATION EXCEEDING FIFTY MILES
REQUIRES PA**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if no prior authorization is found on the P.A. file for over fifty miles.

CRITERIA:

Set this edit If an excess of fifty miles is billed and no PA is on file with, EOB 3012.
Claims with provider specialty 212 (CSHCS Care Coordinator) will bypass this edit.
Claims with an emergency indicator of .Y. will bypass this edit.
The following criteria will be used to set this edit:

1. The detail has a Proc Code in the Transportation Requires PA group (100003), and
2. The claim an average of 50 miles per one way trip (or more) billed on the same Date of Last Service, and
3. Prior Authorization is NOT on file for this Proc Code.

Reference group information is located in Core MMIS under 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 |
|----------|--------|------|-------------|
| 03 | 00 | 9999 | PAY |

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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 03 | 00 | 3012 | PAY |
| 03 | 75 | 3012 | PAY |
| 03 | 76 | 3012 | PAY |
| 03 | 78 | 3012 | PAY |
| 03 | 79 | 3012 | PAY |

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 03 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

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

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 03 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 03 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 03 | 00 | 3012 | PAY |
| 03 | 30 | 3012 | PAY |
| 03 | 32 | 3012 | PAY |
| 03 | 33 | 3012 | PAY |
| 03 | 34 | 3012 | PAY |
| 03 | 70 | 3012 | PAY |
| 03 | 72 | 3012 | PAY |
| 03 | 73 | 3012 | PAY |
| 03 | 74 | 3012 | PAY |
| 03 | 91 | 3012 | SUSPEND |

EOB: 3012 - TRANSPORTATION EXCEEDING FIFTY MILES REQUIRES PA

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| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|---|-----------------------|-----------------|
| 197 | Precertification/authorization/notification/pre-treatment absent. | 20061031 | 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 |

METHOD OF CORRECTION:

Claims setting this edit will systematically denied with EOB 3012.
Encounter claims are set to post and pay for this edit.

