

## **Indiana Medicaid Resolutions Manual**

**NAME:** 871 HCPCS/NDC COMBINATION NOT VALID (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the NDC submitted on claim is not valid for the HCPCS Procedure code billed.

### **CRITERIA:**

Set this edit if the NDC/HCPC combination is not valid, with EOB 4300.

Procedure Group 100019-PAD Procedure/NDC Crosswalk Bypass. Edit 871 will post on claim types C,O,M,B if each of the following statements is true:

1. The Procedure code is NOT in the PAD crosswalk bypass group (proc group 100019) on the detail based on the from date service.
2. The procedure code on the detail could not be X-walked to the NDC on the claim or is not valid on the NDC/HCPCS Procedure crosswalk table.
3. The drug does NOT have a GCN sequence number grouping for the from date of service on the detail.

The codes in this group can be located in the group in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other> HCPCS Procedure Group Type. Select the appropriate group to see the codes included in the group.

NDC/HCPCS crosswalk information can be located in Core MMIS under Main Menu>BPA>Related Data then go to open tab and go to Xref>NDC/HCPCS Procedure.

### **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

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Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
00	00	4300	DENY
00	91	4300	SUSPEND

**Claim Type:** C - Outpatient Xover Claims

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

Location	Region	EOB	Disposition
00	00	4300	DENY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	4300	DENY
00	30	4300	PAY
00	32	4300	PAY
00	33	4300	PAY
00	34	4300	PAY
00	70	4300	PAY
00	72	4300	PAY
00	73	4300	PAY
00	74	4300	PAY

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

Location	Region	EOB	Disposition
00	00	4300	DENY
00	30	4300	PAY
00	32	4300	PAY
00	33	4300	PAY
00	34	4300	PAY
00	70	4300	PAY
00	72	4300	PAY
00	73	4300	PAY
00	74	4300	PAY

**EOB: 4300 - INVALID NDC TO PROCEDURE CODE COMBINATION**

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<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) 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>
M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	19970101	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	19950101	22991231

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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 systematically denied with EOB 4300.

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

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