

## **Indiana Medicaid Resolutions Manual**

**NAME:** 872 NDC HAS BEEN TERMINATED BY CMS (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the NDC has been terminated by CMS.

### **CRITERIA:**

Set this edit if the NDC has been terminated by CMS, with EOB 4007. This is updated from the First Data Bank file processed weekly.

NDC information can be located in CoreMMIS under BPA>Main Menu>Drug then search the NDC for the base information to populate.

### **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:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
04	00	4007	DENY

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

Location	Region	EOB	Disposition
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04	00	4007	DENY
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**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4007	DENY
04	30	4007	PAY
04	32	4007	PAY
04	33	4007	PAY
04	34	4007	PAY
04	70	4007	PAY
04	72	4007	PAY
04	73	4007	PAY
04	74	4007	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	4007	DENY
04	30	4007	PAY
04	32	4007	PAY
04	33	4007	PAY
04	34	4007	PAY
04	70	4007	PAY
04	72	4007	PAY
04	73	4007	PAY
04	74	4007	PAY

**EOB: 4007** - NON-COVERED NDC DUE TO CMS TERMINATION - CLAIMS WITH AN NDC THAT HAS BEEN TERMINATED BY CMS, WILL NOT BE REIMBURSABLE

### **ARC Code**

16

### **ARC Description**

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

### **Effective Date**

19950101

### **End Date**

22991231

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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.

<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 has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4007.