

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    673        **TRANS WAITING TIME BILLED W/O MILEAGE PROC (DTL)**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if a procedure code from group 9 (Transportation waiting) is billed and no procedure code from procedure group 1 (Transportation Mileage) is billed on the claim.

### **CRITERIA:**

Set this edit if a procedure code from group 9 (Transportation waiting) is billed and no procedure code from procedure group 1 (Transportation Mileage) is billed on the claim with, EOB 4016.

Edit 673 will post on claim types M,B if each of the following statements is true:

1. The Detail has billed a Procedure code in Group 9 (Transportation Waiting) for the Effective Detail from date of service. and;
2. No procedure code form proc group 1- Transportation Mileage was billed on the from date of service.  
Procedure groups can be 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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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**Claim Type:** B - Professional Xover Claims      **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
04	00	4016	DENY

**Claim Type:** M - Professional Claims      **Member Plan:** PASMI      **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

**Claim Type:** M - Professional Claims      **Member Plan:** PASMR      **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

**Claim Type:** M - Professional Claims      **Member Plan:** MRT    **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	4016	DENY
04	64	9999	PAY

**EOB: 4016** - Transportation mileage procedure code is required when waiting time is billed. Please verify and resubmit.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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.) Note:	19950101	22991231

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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>
M22	Missing/incomplete/invalid number of miles traveled.	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. Note: 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 for EOB 4016.

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

