

Indiana Medicaid Resolutions Manual

NAME: 676 CANNOT BILL NDC ON HH OR LONG TERM CARE (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this edit if an NDC (National Drug Code) is billed on the LTC (Long Term Care) or H (Home Health) claim in the detail portion of the UB-04 claim form.

CRITERIA:

Set this edit if an NDC code appears in the detail of the claim for LTC or H claim type, with EOB 0581.

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
00	00	9999	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0581	DENY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0581	DENY

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EOB: 0581 - NDC CODES ARE NOT BILLABLE ON HOME HEALTH OR LONG TERM CARE CLAIMS.

ARC Code	ARC Description	Effective Date	End Date
A1	Claim/Service denied. 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.)	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N34	Incorrect claim form/format for this service.	20000101	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. 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 with EOB 0581.