

Indiana Medicaid Resolutions Manual

NAME: **669 NO MILEAGE FOR MULTIPLE PASSENGER BASE RATE (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit for mileage when an all-inclusive multiple passenger code is billed for the same dates of service as a transportation mileage procedure code.

CRITERIA:

Set this edit if the procedure billed is in the Transportation Related Services (group 100010), and has a procedure code on the claim from group multiple passengers (group 100009), and Mileage (group 1), with EOB 4069.

Reference Procedure Group 1-Transportation Mileage, 100009-Transportation Multi Pass and procedure group 100010-Trans related services 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

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	4069	PAY
04	75	4069	PAY

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04	76	4069	PAY
04	78	4069	PAY
04	79	4069	PAY

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: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4069	DENY
04	30	4069	PAY
04	32	4069	PAY
04	33	4069	PAY
04	34	4069	PAY
04	70	4069	PAY
04	72	4069	PAY
04	73	4069	PAY
04	74	4069	PAY

Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4069 - MILEAGE NOT PAYABLE FOR MULTIPLE PASSENGER WHEN BASE RATE IS NOT PRESENT.

ARC Code

107

ARC Description

The related or qualifying claim/service was not identified on this claim. Usage: Refer to the 835 Healthcare Policy Identification

Effective Date

19950101

End Date

22991231

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Segment (loop 2110
Service Payment
Information REF), if
present.

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 be systematically denied with EOB 4069.
Encounter claims will be Set to post to pay for this edit.

